

**Information Governance Management System
Performance and Assurance Report Quarter 3 – 2021/2022**

Compliance

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

(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
KRI1							
KRI2							
KRI3							

Code		KRI - Normal		KRI - Triggered
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Headlines

This paper reports on Information Governance performance over the period – Quarter 3 2021-22.

All five areas covered by this report are showing sub-optimal levels of performance, with 4 showing a continued deterioration. Mandatory Training has improved marginally across the organisation but still gives cause for concern.

There was a decrease in Freedom of Information requests with 73 received in the reporting period, which excludes a further 22 requests which were received and processed but required no response. Key risk indicator 3 remains red as requests have been above 50 for 3 consecutive quarters, this has been ongoing since the start of the pandemic.

There were eleven Subject Access Requests received in Q3. Two deadlines were not met within 31 days. Key risk indicators remain green.

There was an increase in data breaches reported in Q3 and three were reportable to the ICO, two being reported within 72 hours. Key risk indicator 3 is red due to data breaches being reported to the ICO for 3 consecutive quarters.

All three Key Risk Indicators have been triggered for Mandatory Training as two Directorates have been below 85% compliance for 2 reporting periods and Corporate have been out of compliance for more than 3 consecutive quarters.

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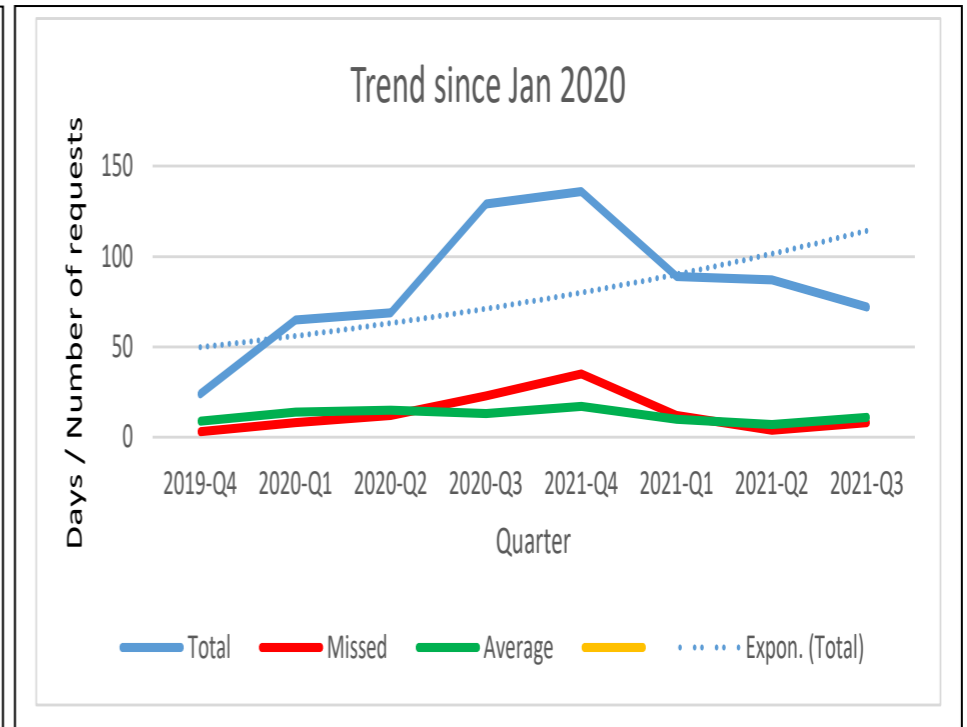
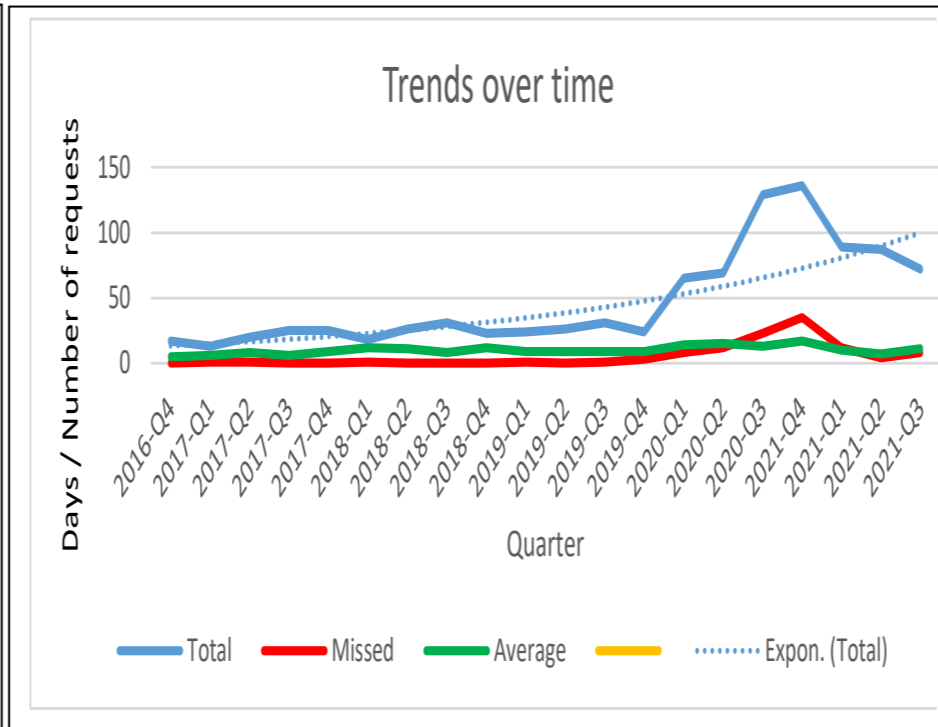
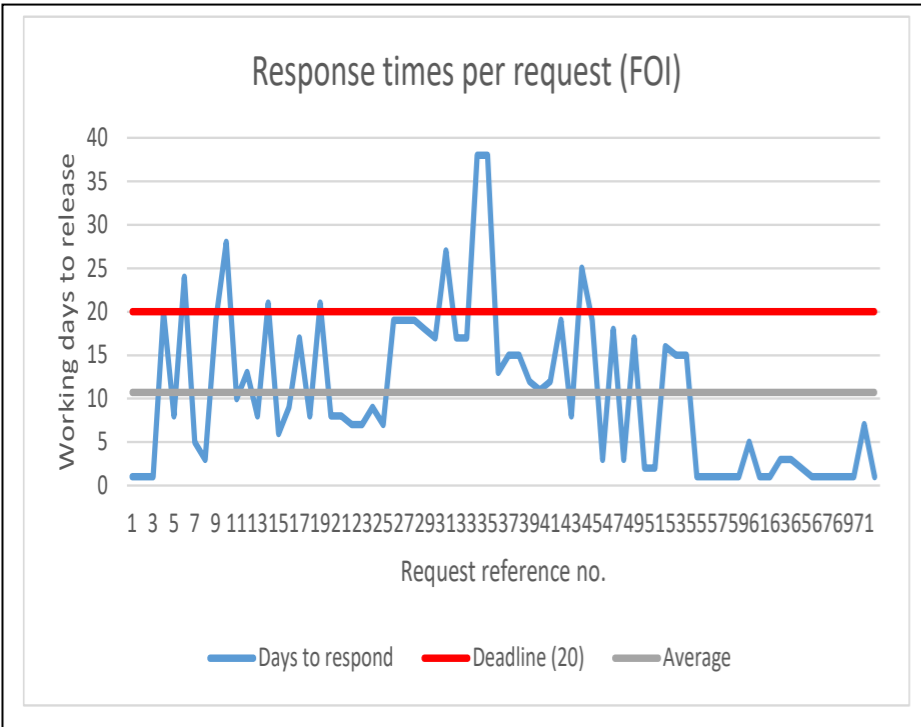
Glossary

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	
	Single legislative non-compliance	X
	Fully compliant	



Narrative

The overall number of requests has fallen for the third quarter since the high point in 2021, however the charts show that the total number of requests is still three times higher than the last quarter pre-pandemic. The centre chart shows the rising trend in the number of requests over time since the start of these reports in 2017. For comparison, the right hand chart shows the number since the start of the pandemic in Q4 2019/2020. It should be noted that although requests continue to fall the upward trend over the past two years is very similar to the general upward trend. Due to the considerable spike in the autumn / winter of 2020/2021 it will be some time before any real conclusions can be drawn on likely future trends. Since April 2021 following the triggering of a KRI, a process has been in place which encourages requestors to do their own research before confirming their requests to us. As a result a further 22 requests were processed but were not responded to and so do not appear in the chart above.

The average time to respond to requests was 11 days, which is under the KRI threshold of 15 days, however this number is artificially low due to the one outstanding request that will push the average response time higher when finalised. Eight responses during Q3 went over the 20 day period with 1 response still outstanding. Delays are mainly caused by a combination of resourcing issues in the Health Protection Team (within the Health Protection and Screening Services Directorate – HPSS)) and the complex nature of the requests. The Information Governance Team is currently engaging temporary additional resource to help manage the process more efficiently and effectively. An investment bid to increase the Team’s capacity has also been prepared for Business Executive Team consideration.

Seven requests for information were refused with exemptions being engaged under Section 38 (Health & Safety), Section 21, (Information readily accessible by other means) and Section 40 (Personal information covered by the Data Protection Act 2018).

The key risk indicator is again triggered as requests have now been in excess of 50 per quarter for over a year. This is now subject to a risk entry on the Information Governance Risk Register. The measures being undertaken to address improved capacity within the Information Governance Team are referred to above. The work pressures across the organisation continue to be an issue with response times, particularly in the area of Health Protection where the higher volume of more complex requests are received, but if the numbers do not continue to fall back to pre-pandemic levels the likelihood of continued non-compliances remains.

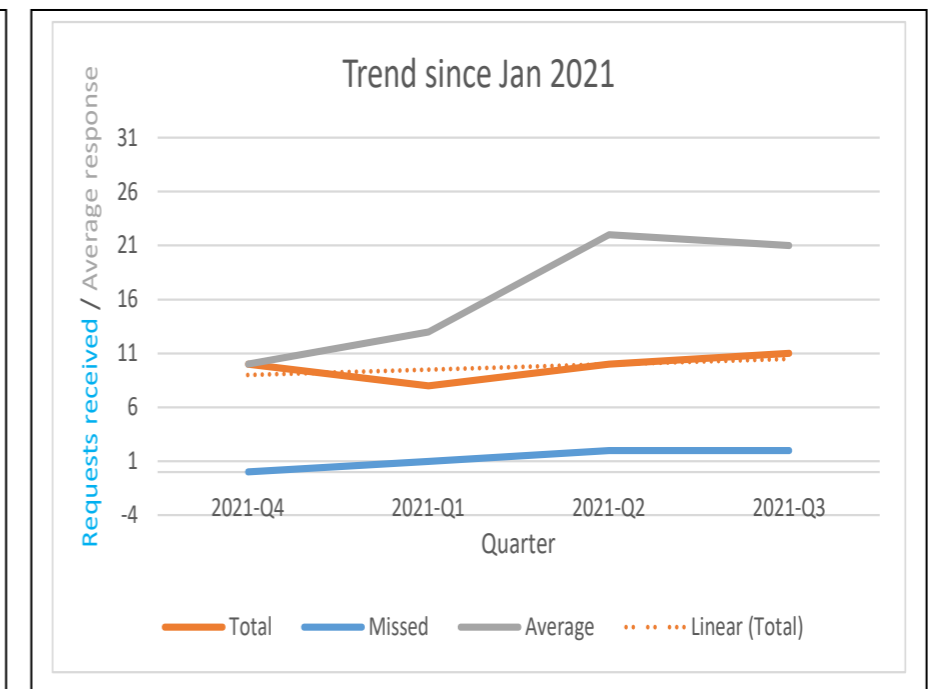
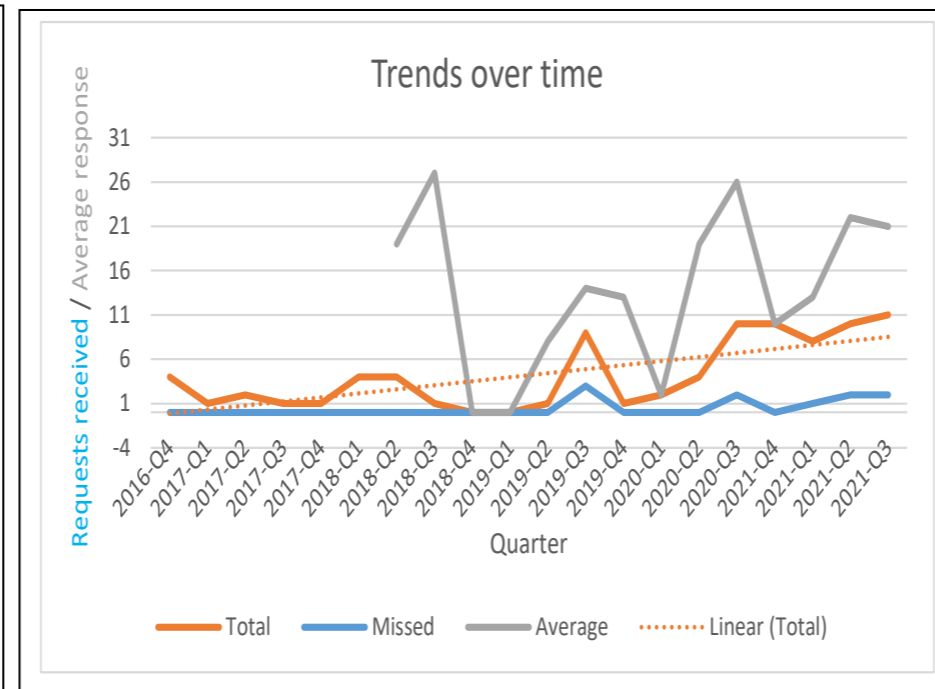
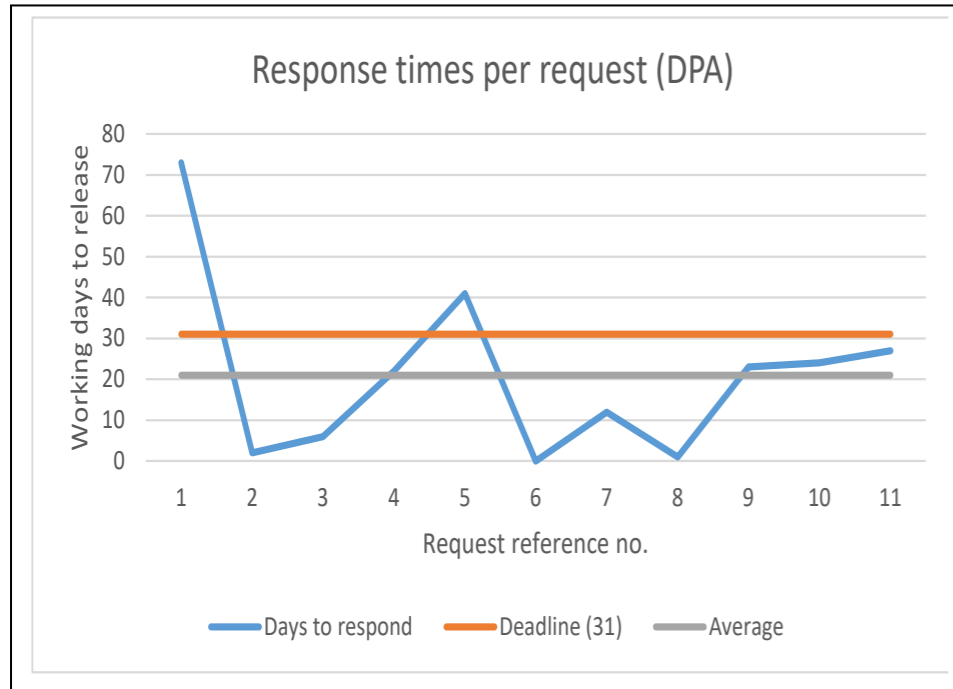
Performance Indicator		No	Target	Remarks
Total Requests Received		73	N/A	Includes one request that has yet to be processed
Requests not requiring a response		22	N/A	
Full Release		25	N/A	
Partial release with exemptions		5	N/A	Section 21 – information already accessible, Section 38 endangering health & safety and Section 40 personal information
Release declined – Exemptions engaged		10	N/A	Section 21 – information already accessible, Section 38 endangering health & safety and Section 40 personal information
Release declined – Information not held		32	N/A	
Deadline not met*		8	0%	
Requests overdue for release and still outstanding*		1	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	
	Fully compliant	X



Narrative

Eleven Subject Access Requests were received during the reporting period. The requests were for screening records, Covid variant, Tarian records, personal data and police requests. Two requests went over the timescale of one calendar month due to a delay in receiving the request from the department and work pressures.

No exemptions were engaged but one proof of identity was not received and so this request was not processed. The information was not held for one request and the requestor was told to contact the Health Board for the information.

The centre chart shows the rising trend in the number of requests over time since the start of these reports in 2017. For comparison, the right hand chart shows the number since the start of the pandemic in Q4 2019/2020. Whilst the data are not conclusive the much gentler upward trend over the last two years would suggest that although some requests are for Covid related personal data, the rise in requests is probably not directly related to the pandemic and is more likely to be connected with a growing awareness of data subjects' rights following implementation of the General Data Protection Regulation. If that is the case then the upward trend is likely to continue for the foreseeable future.

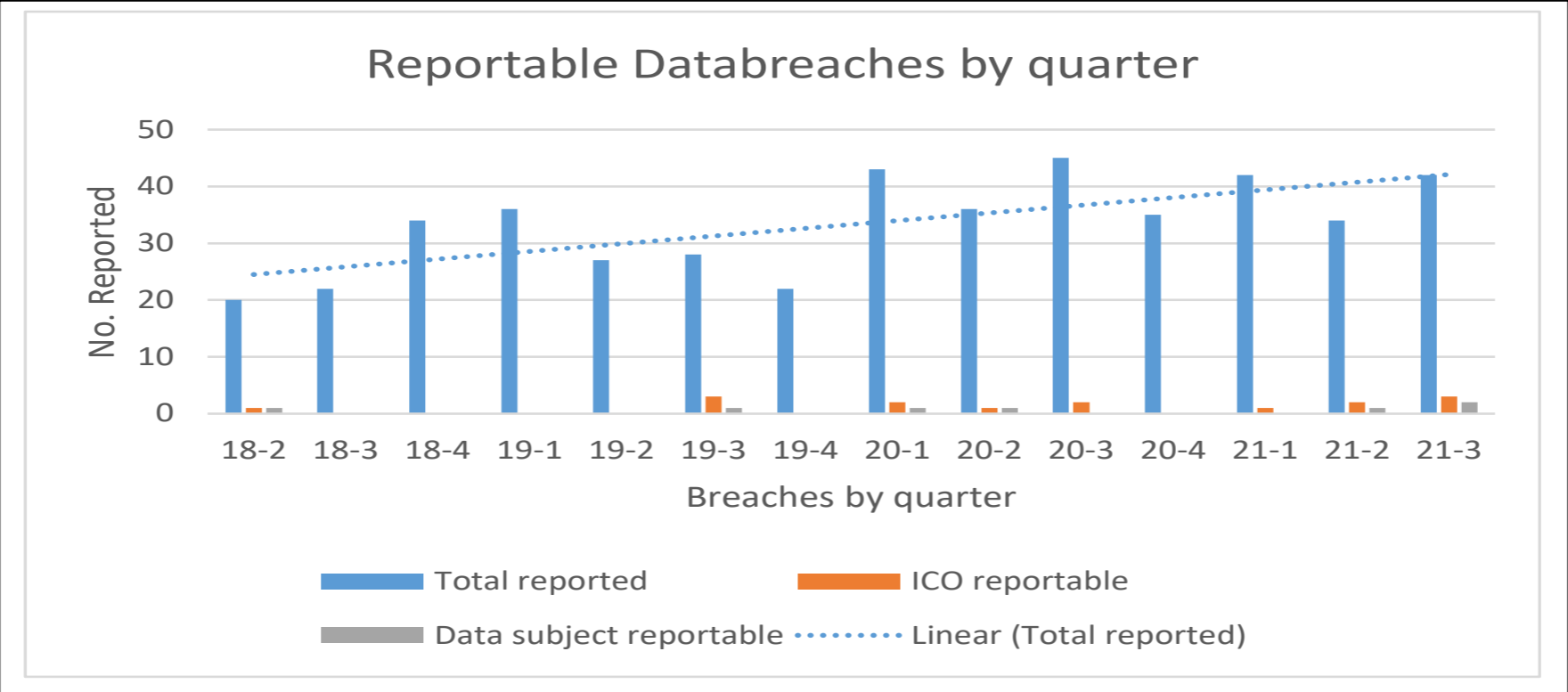
Performance Indicator		No	Target	Remarks
Total Requests Received		11	N/A	
Full Release		9	N/A	
Release declined – Exemptions engaged		2	N/A	
Deadline not met*		2	0%	
Key Risk Indicators				Status
KRI1	Average time to release information >25 days for three consecutive quarters			
KRI2	Increase in requests 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	X
	Fully compliant	



Narrative

There was a total of 42 data breaches reported during the period, three of which required reporting to the Information Commissioner. The first reportable data breach occurred when a batch of result letters were sent with another participant’s personal data attached. The second data breach involved a mix up of two individuals resulting in the sexual health test kits being sent with details of the person requesting sent to the wrong person. A complaint was received from one of the recipients. The third data breach involves an unknown number of paper records relating to the treatment of patients suffering from Hepatitis B are presumed missing‡. The date the records were lost is not yet known, the investigation is ongoing.

The ICO decision for data breaches one and two was that no further action required. The ICO investigation continues on the third data breach.

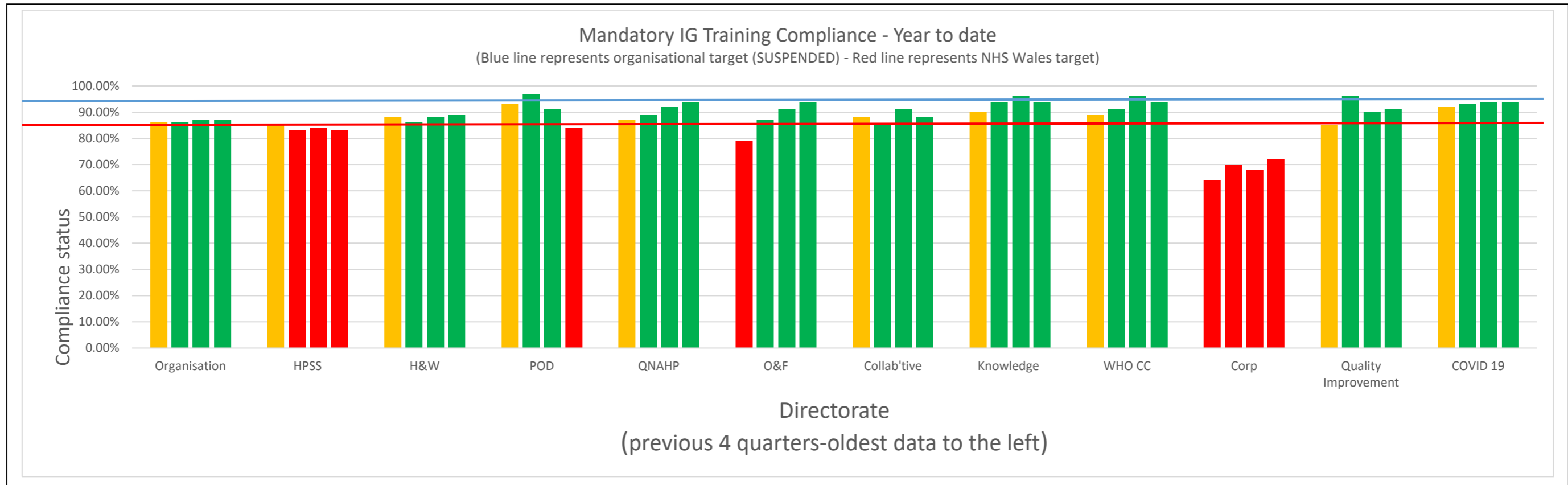
There is a slow upwards trend in the reporting of data breaches internally. Whilst this can partly be due to the way that awareness of the issue has been raised over the past 3 years resulting in more reports, there is a need for further analysis of the causes.

Performance Indicator		No	Target	Remarks
Total no. of databreaches reported*		42		
Databreaches reported internally after > 48hours*		2		
Databreaches reported to ICO <72hours		0		
Databreaches reported to ICO >72hours †		1		Not known at this time
Databreaches reported to Data Subject		2		
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	



WG Narrative

Organisation-wide compliance with mandatory training remains a concern. Three Directorates are below the NHS Wales compliance target of 85%. It should be noted that one of the first questions raised by the Information Commissioner when investigating a data breach is to confirm mandatory training status of people involved.

People and Organisational Development have dropped below 85% for the first time, and Health Protection and Screening Services are currently at 83%, having been below the target for 3 consecutive quarters. Corporate which includes the Board, Board Business Unit and the Executive Team still remains below 85% compliance where it has been since Q3 2018/2019. All three KRIs are triggered for mandatory training.

Organisational compliance stands at 87%, and of the two Directorates that remain below the WG target, Health Protection and Screening Services stand at 83% whereas Corporate has slightly improved at 72%. Work has commenced on a fully revised Training Needs Analysis for Information Governance in an effort to determine the efficacy of the existing all Wales training that is currently mandated.

Performance Indicator		No	Remarks
Directorates compliant with Public Health Wales target		0	
Directorates compliant with NHS Wales target		8	
Directorates below 85% compliance		3	HPSS 83%, Corporate 68%, POD 84%
Key Risk Indicators			Status
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 – 1st September 2021

Key points

- An update and discussion on the Artificial Intelligence project underway within Breast Test Wales took place.
- There was a discussion on the use of the Caldicott Issues log.
- The impact on other departments, including IG of the removal of the General Enquiries mailbox was highlighted.
- The revised Terms of Reference were produced and agreed
- The CCTV procedure was presented for consultation
- It was agreed that there was a need for an Information Governance risk workshop to refresh the IG risk register

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