

**Information Governance Management System
Performance and Assurance Report Quarter 2 – 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 2 2021-22.

There was an increase in Freedom of Information requests with 131 received in the reporting period. However this reflects a change in reporting which now includes all requests received, including those processed but not requiring a response (see FOI section for details.).

There were 10 Subject Access Requests received in Q2. Two deadlines were not met within 31 days. One Subject Access request remains open and out of compliance but not included in the charts.

There was a decrease in data breaches reported in Q2 and two were reportable to the ICO, both being reported within 72 hours. The three key risk indicators remain green.

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. Directorates are being reminded, including through representation at the Business Leads Group, of the need to ensure that staff maintain complete and up to date Mandatory Information Governance Training.

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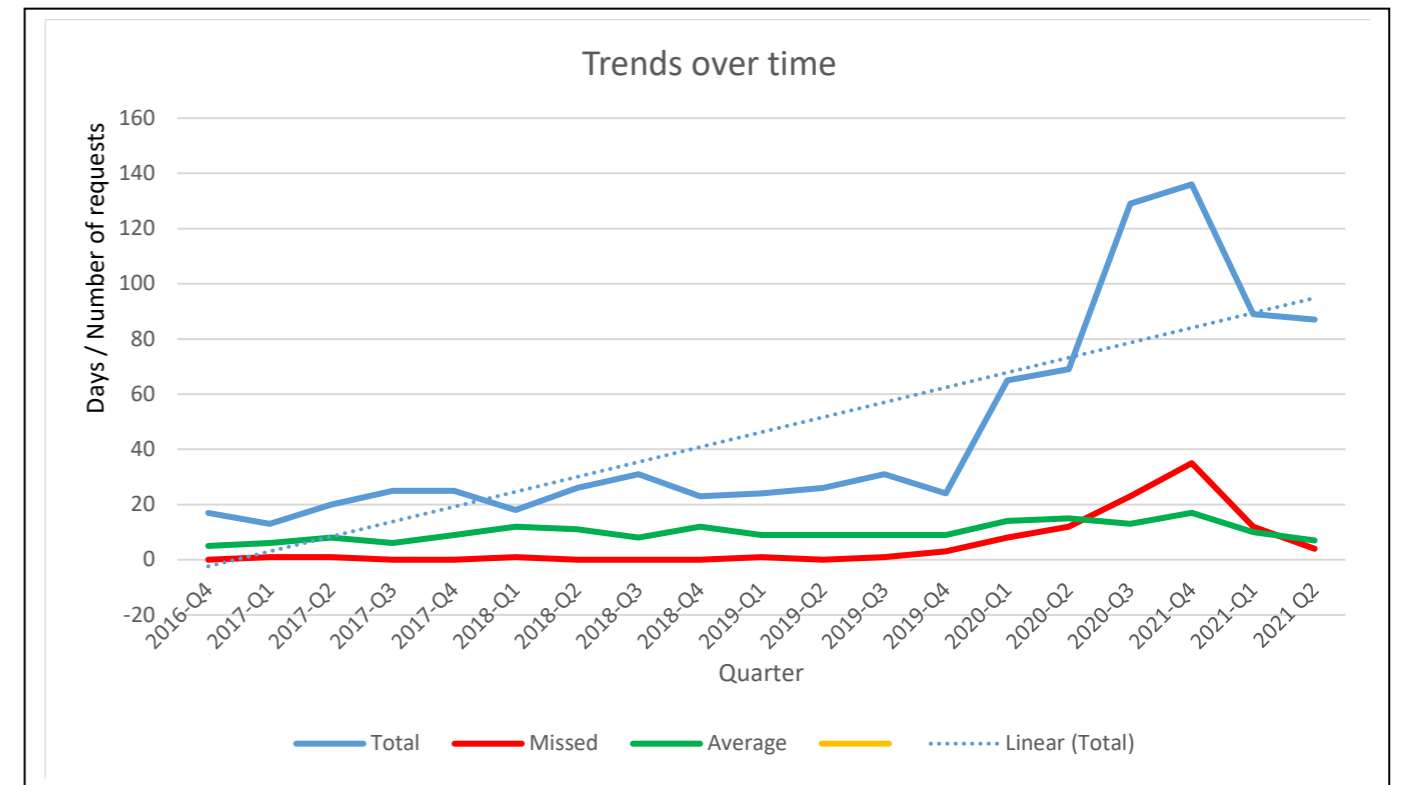
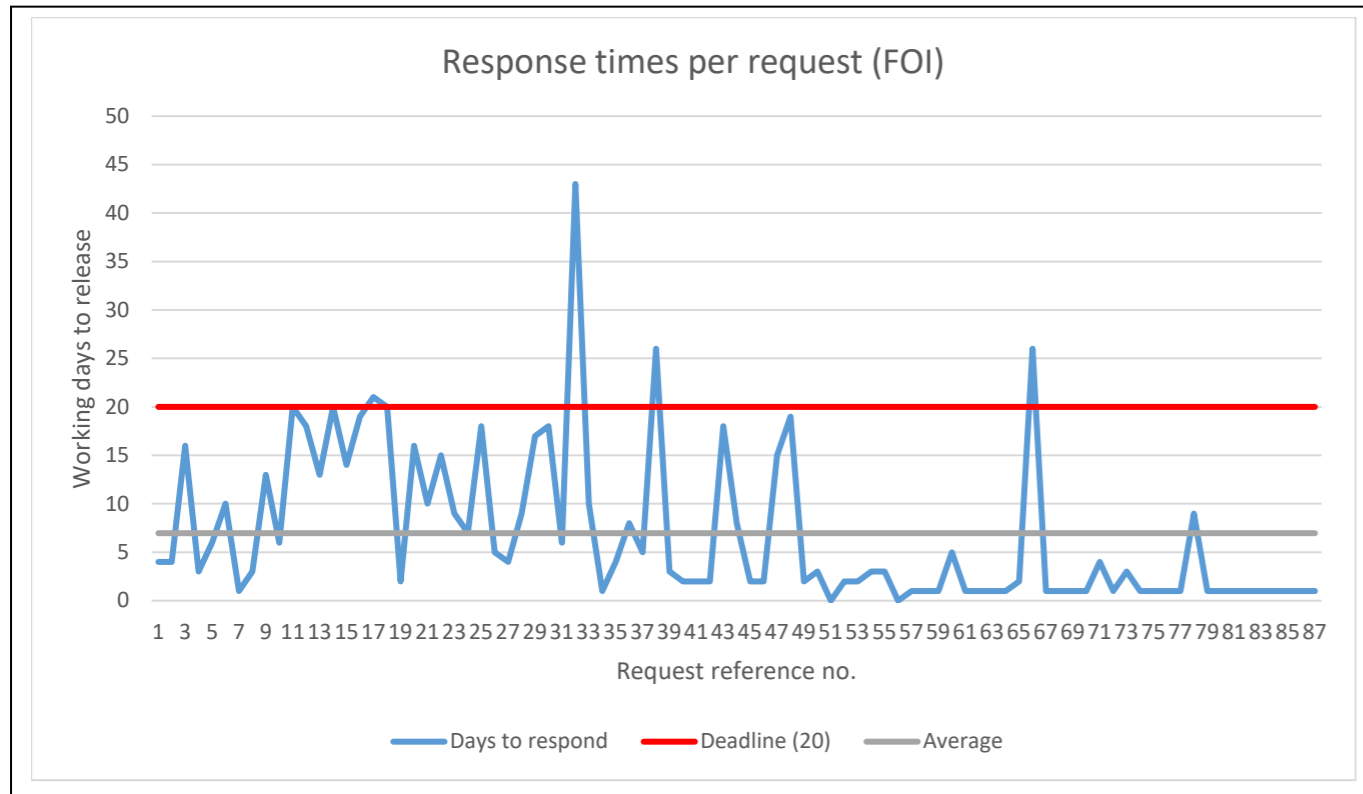
Glossary

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	X
	Single legislative non-compliance	
	Fully compliant	



Narrative

There has been a very slight fall in numbers of requests received on the previous quarter but the trend continues upwards and the numbers are still more than five times higher than the start of the pandemic. Since April 21, a new process has been in place which encourages requestors to do their own research before making requests to us. As a result a further 39 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 7 days, under the KRI threshold of 15 days, however this number is artificially low due to the five outstanding requests that will push the average response time considerably higher when finalised. Four responses during Q2 went over the 20 day period and another five are still awaiting a response. These delays are due to resourcing pressures in the Health Protection Team as they continue to deal with the pandemic response.

Two exemptions were engaged under Section 21 as the information is already in the public domain and accessible to the requestor.

One refusal was made under section 14[1] Vexatious request. An assessment was made of the request and its impact.

The key risk indicator is again triggered as requests have now been in excess of 50 for over a year. Options for mitigating this risk have been limited because of resource pressures in the Information Governance team, but temporary resource has been engaged to alleviate this and to help implement improvement measures.

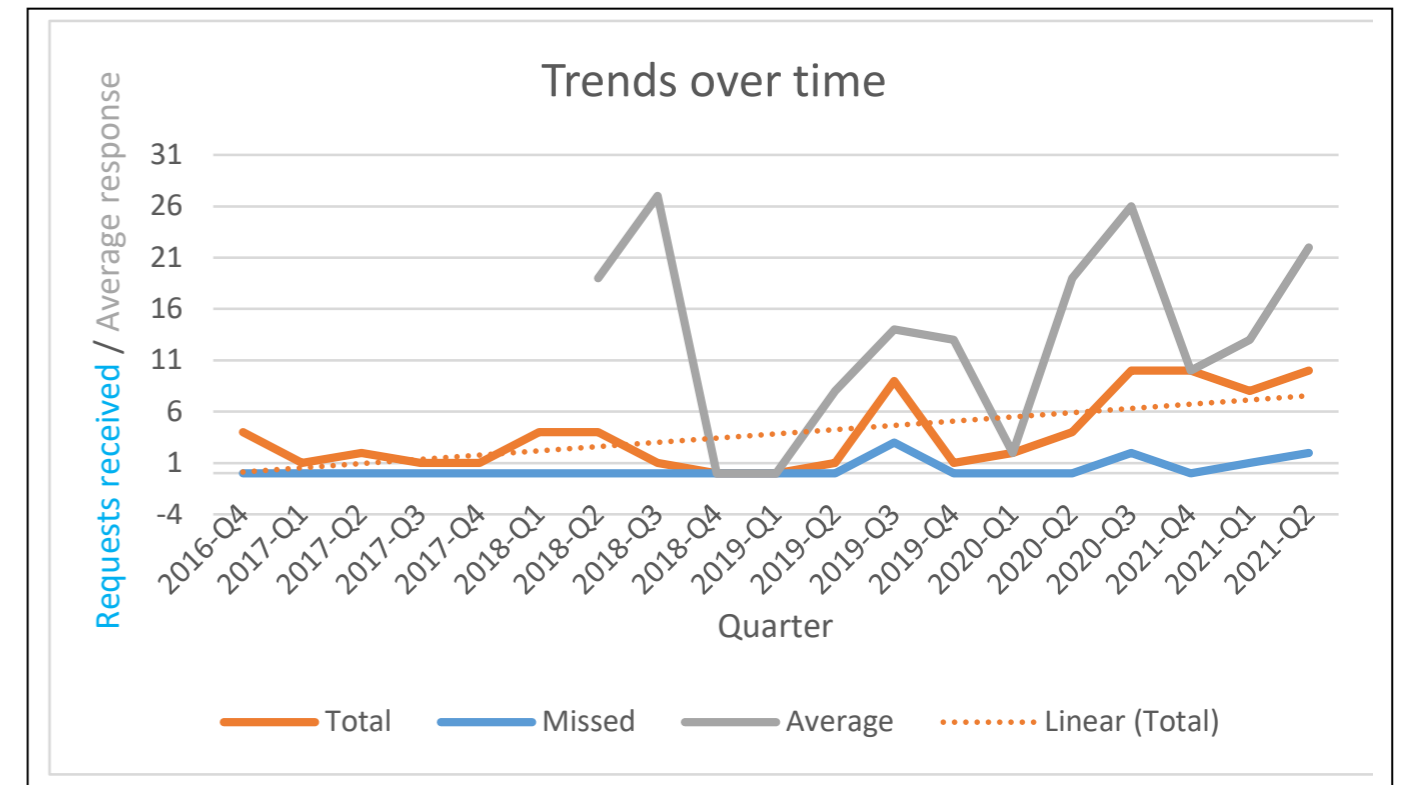
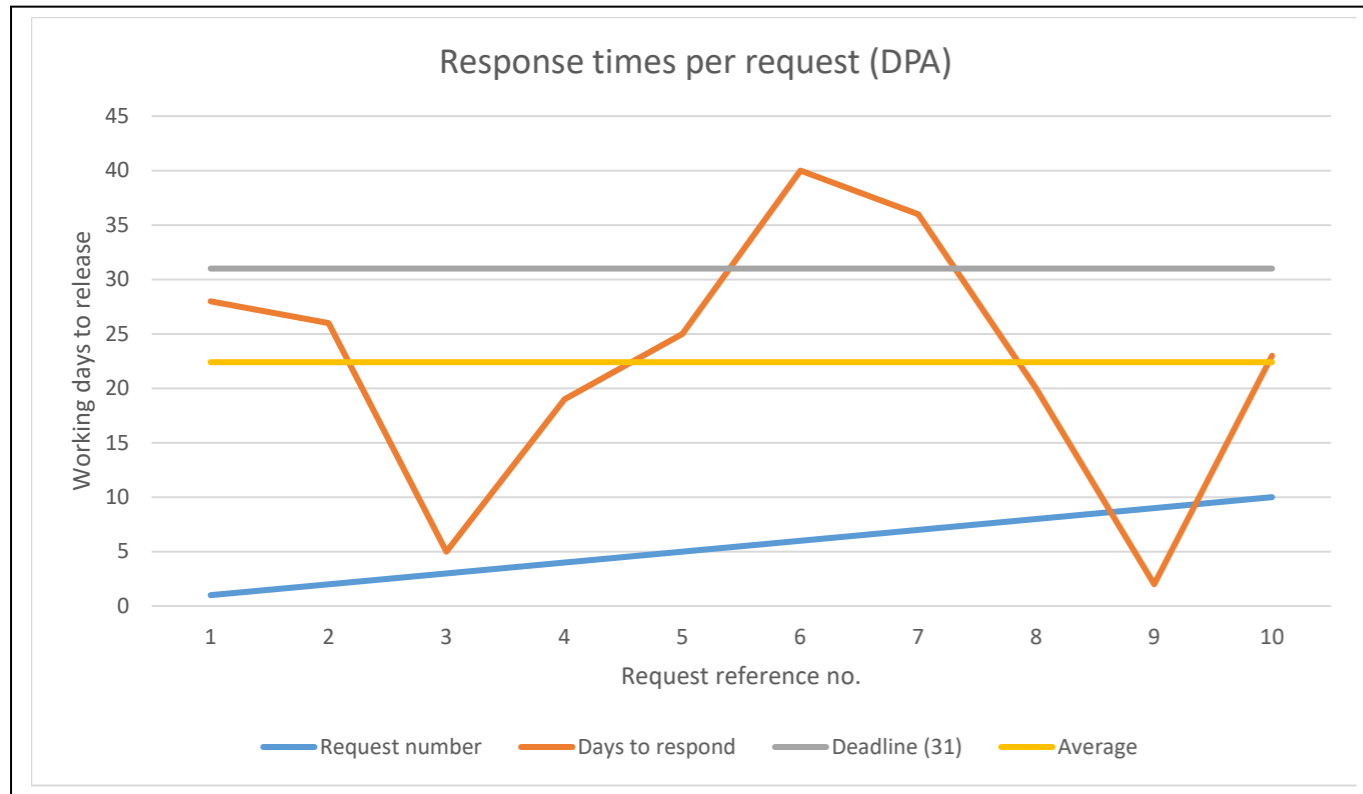
Performance Indicator		No	Target	Remarks
Total Requests Received		131	N/A	Includes five requests that have yet to be processed
Requests not requiring a response		39	N/A	
Full Release		22	N/A	
Partial release with exemptions		2	N/A	Section 21 – information already accessible
Release declined – Exemptions engaged		2	N/A	1 Vexatious, 1 section 21 – information already accessible
Release declined – Information not held		61	N/A	
Deadline not met*		4	0%	
Requests overdue for release and still outstanding*		5	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

Ten Subject Access Requests were received during the reporting period. The requests were for screening records, environmental health report, personal data and a police request. Two requests went over the timescale of one calendar month due to a delay in receiving the request from the department and work pressures. There is a continuing upward trend in requests although the data do not support any conclusions as to the reason.

One Subject Access Request remains outstanding for Q2 (not included in the charts above), as information has not yet been received from the department concerned to respond.

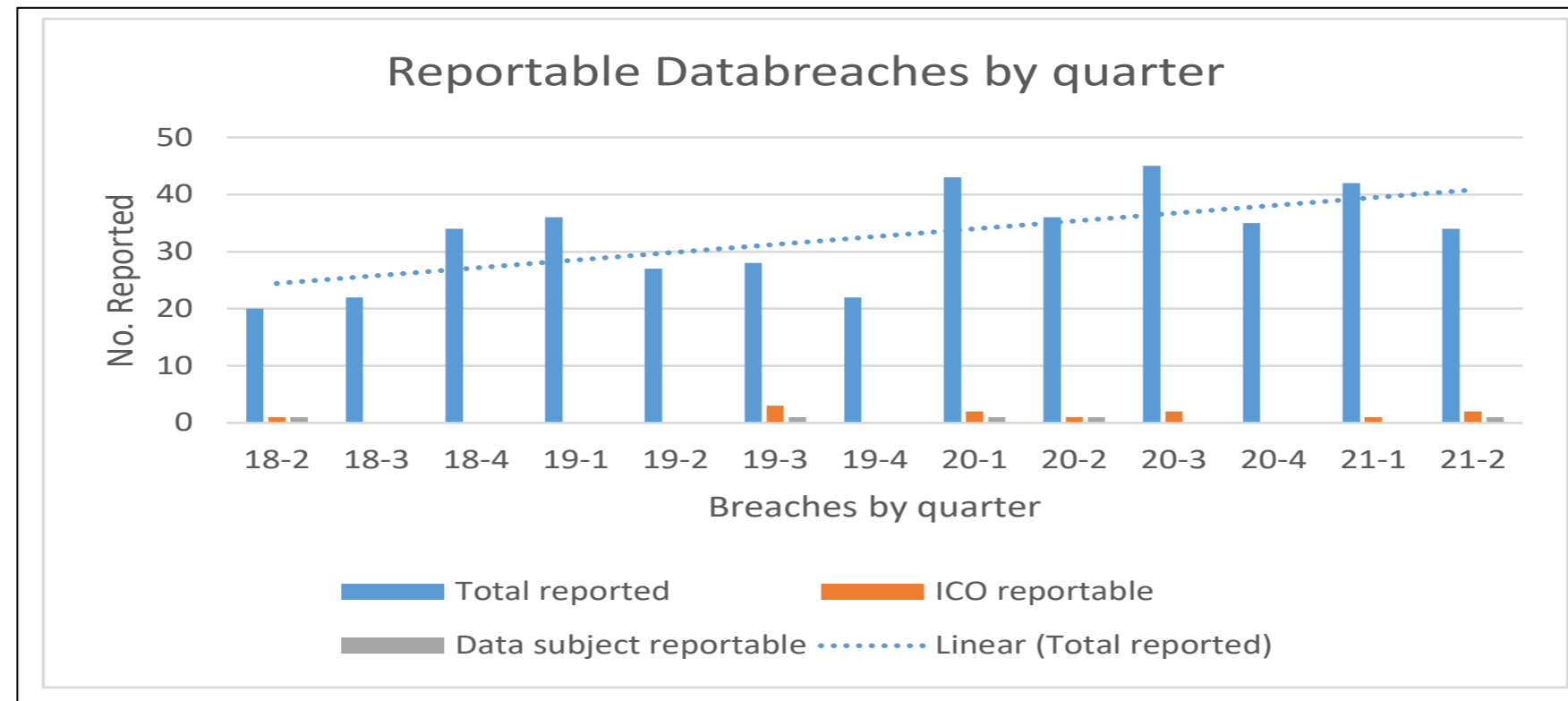
Performance Indicator		No	Target	Remarks
Total Requests Received		10	N/A	
Full Release		9	N/A	
Release declined – Exemptions engaged		0	N/A	
Deadline not met*		2	0%	
Key Risk Indicators				Status
KRI1	Average time to release information >25 days for three consecutive quarters			
KRI2	Increase in requests 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	
	Fully compliant	X



Narrative

There was a total of 34 data breaches reported during the period, two of which required reporting to the Information Commissioner. The first reportable data breach involved a staff member who inappropriately accessed the health record of a family relation, and the second involved the theft at a courier depot used to deliver samples from PHW to St. Georges Hospital in London for quantiferon testing. These deliveries are carried out under a long standing arrangement with Public Health England, who carried out an investigation in conjunction with the Courier company. It was established that four boxes of samples together with the personal data of the individuals involved were identified as missing presumed stolen. The issue was reported to the local Police, the data subjects were informed and arrangements made for retesting. The boxes have never been traced.

The ICO decision for both data breaches was that no further action required.

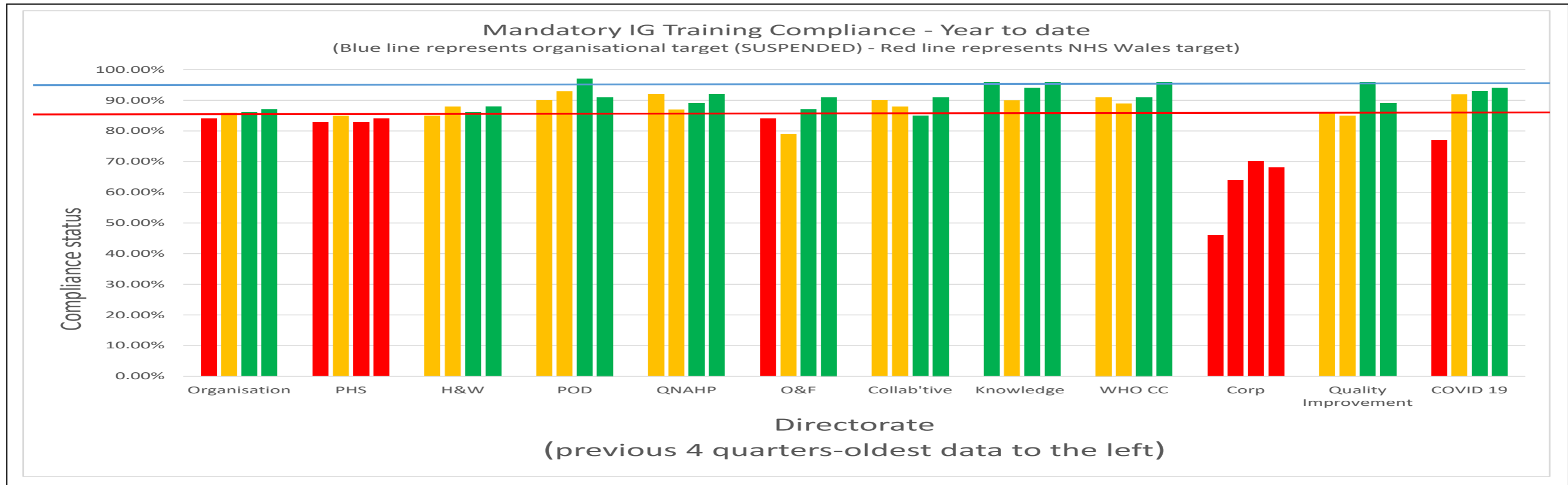
There is a slow upwards trend in the reporting of data breaches internally. Whilst this can partly be due to the way that awareness of the issue has been raised over the past 3 years resulting in more reports, there is a need for further analysis of the causes.

Performance Indicator		No	Target	Remarks
Total no. of databreaches reported*		34		
Databreaches reported internally after > 48hours*		0		
Databreaches reported to ICO <72hours		2		
Databreaches reported to ICO >72hours*		0		
Databreaches reported to Data Subject		1		
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. Health Protection and Screening Services also remain 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. It should be noted that were this target still in place, only two Directorates would show compliance.

Organisational compliance stands at 87%, and of the two Directorates that remain below the WG target, Health Protection and Screening Services stand at 84% whereas Corporate has fallen further to 68%. All Directorates have been reminded, including through representation at Business Leads Group, of the need to ensure that Mandatory Information Governance Training is kept up to date by all staff.

Performance Indicator		No	Remarks
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%
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