 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Audit and Corporate Governance Committee Date of Meeting 19 March 2024 Agenda item: 6.2 </p>
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Integrated Governance Division: Information Governance Performance Report Q3 2023/2024	
Executive lead:	Claire Birchall, Executive Director of Quality, Nursing and Allied Health Professionals
Author(s):	Lisa Partridge, Information Governance Manager John Lawson, Head of Information Governance Katie Donelon, Head of Records Management
Approval/Scrutiny route:	Stuart Silcox, Assistant Director, Integrated Governance

<p>Purpose</p> <p>To provide assurance and updates from the Integrated Governance Division for Q3 2023-2024, specifically the following:</p> <ul style="list-style-type: none"> - Information Governance Performance Report for Q3 2023-2024, including an update from the Information Governance Working Group - Update on the progress of the Records Management SharePoint Implementation Programme

Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive and Consider the Information Governance Performance Report. • Receive assurance that the Records Management SharePoint Implementation Programme is on track with the implementation plan. 				



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
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Summary impact analysis

Equality and Health Impact Assessment	No Equality and Health Impact Assessment is required.
Risk and Assurance	<p>This report will provide assurance that:</p> <p>The Information Governance Management System is operating effectively. The risks associated with Information Governance are included in the Information Governance Risk Register.</p> <p>The Records Management Sharepoint Implementation Programme is on track. Reference to: Datix Risk 1453 - There is a risk that PHW will run ineffective and inefficient services through poor record keeping. This will be caused by a lack of a coherent, organisation wide records management system and process.</p>
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u> .
Financial implications	<p>The Information Governance Performance report outlines the performance of the Information Governance Management System to further reduce the risk of breaches of data protection legislation with the associated risk of significant fines and sanctions from the Information Commissioner.</p> <p>Progression of a corporate approach to Records Management has required financial investment.</p>
People implications	Progression of a corporate approach to Records Management will continue to require significant levels of training across the organisation. The full people implications are addressed in the paper below.

1. Purpose / situation

To provide assurance and progress updates from the Integrated Governance Division for Q3 2023-2024, specifically the following:

- Information Governance Performance Report for Q3 2023-2024
- Provide an update from the work of the Information Governance Working Group
- Updates on the Records Management SharePoint Implementation Project

2. Information Governance Update

Background

The Information Governance Performance Report provides assurance that Public Health Wales maintains an Information Governance System in order to:

- discharge its responsibilities to ensure the security and appropriate use of personal information; and
- demonstrate compliance with data protection legislation.

Executive Director accountability and greater assurance that information risks are addressed is provided by Public Health Wales's designated Senior Information Risk Owner (SIRO), the National Director for Public Health Knowledge and Research.

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

Freedom Of Information Act (FOI)

Under the Freedom of Information Act 2000, the organisation is required to comply with the appropriate release of information within the legislative timeframe.

In quarter 3, the number of missed deadlines has maintained the average response of 18 days as with quarter 2. This is over the Key Risk Indicator (KRI) of 15 days but is within the 20-working day deadline. Seventeen responses during Q3 were over the 20-working-day threshold, mostly due to the complexity of some of the requests, requiring significant time and resource to address from both the Directorate / Division concerned and the Information Governance Service.

The Information Governance Service now has an Information Governance Support Officer, whose duties include the administration of the FOI system. This team member has now passed the professional qualifications required for the post. We are continuing to embed the new Sharepoint based FOI administration system and we will provide an assessment of the impact of the system in the quarter 4 performance report.

Subject Access Requests (SAR)

The organisation has responsibility to provide information if it is requested by a staff member in the form of a SAR. The number of requests has increased very slightly since the previous quarter, no deadlines were missed with an average of 12 days taken to respond and therefore well within the target 30-day timescale.

Personal data breaches

There is a requirement under the General Data Protection Regulation 2016 (GDPR), in which we are required to risk assess all personal data breaches and under certain circumstances to report them to the ICO, and the data subjects involved.

All personal data breaches are reported on Datix and are automatically flagged to the Information Governance Service. A risk assessment is then carried out through an SOP and if the risk assessment suggests that the breach is either ICO or data subject reportable, the breach is referred to the SIRO for a decision.

There were 14 data breaches reported, with one incident reported to the Information Commissioner (ICO) during quarter 3. There was no requirement to report to the data subject under GDPR but there was a service requirement, an amended result letter was sent to the correct address along with an apology letter to Participant.



Action	Status
1. [Redacted]	Complete
2. [Redacted]	Complete

3.		Complete
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ICO decision - no further action required.

Work is ongoing to reduce the number of data breaches across the organisation following an extensive piece of work with support from the Improvement and Innovation Hub. Work is progressing on the new policy framework and revised data breach assessment and reporting procedure.

Mandatory Information Governance Training

Organisational wide compliance has dropped to 89% which is above the NHS target of 85%. Corporate services remain out of compliance at 75% which is below the previous quarter of 77%. , This is partly driven by people on secondment out of the organisation who are still captured within figures despite not being under requirement to complete training. Ongoing discussions are taking place with the BBU regarding the support required for the Board.

Directorates are regularly reminded to ensure that staff maintain complete and up to date Mandatory Information Governance Training as there is a risk that reportable data breaches may occur where staff are not compliant with their mandatory training.

The Information Governance Group (IGG) Update

The IGG met in June 2023 and subsequently in December 2023. The IGG discussed the future format and direction of the Group under the leadership of the new SIRO, the National Director of Public Health Knowledge and Research. It was agreed to re-establish and strengthen the role of Information Asset Owners across the organisation in managing their respective information risks including the update and maintenance of Information Asset Registers (including the NHS Executive).

The Group is also strengthening the links and decision making on Information Governance and Information Security and developing more efficient and effective reporting to the Business Executive Team. IGG will have a key role in dissemination and implementing the revised Information Governance policy and related procedures. These work elements will be completed by the end of quarter 4.

The next meeting scheduled in March will focus on the new style of the Information Asset Register and Information Asset Management Procedure with Information Asset Owners to move forward with this work.

Assurance can be received that;

The IG work of PHW continues to progress and maturing in light of the Information Governance Development Plan, and the revised focus and relationship with the new SIRO.

The role and responsibilities of IGG are being significantly strengthened to deliver more effective organisational oversight and management of Public Health Wales's Information Governance Framework, policies and procedures (including the NHS Executive).

3. Records Management Project update

The transition to SharePoint as a document store is currently on track, with the following directorates now moved over to SharePoint: (new directorates since last update in red)

- QNAHPS*
- Board Business Unit
- People and Organisational Development
- Data, Knowledge, and Research
- **Policy and International Health, WHO Collaborating Centre**
- **Operations and Finance (final completion due end of March 2024)**

The next areas of the organisation making the transition, are Health Protection and Screening Services, with particular focus on Screening over April and May 2024. By the end of March 1000 training hours will have been completed, in End User, Super User and Power Apps.

The initial draft of an assurance report around the RM project conducted by the PMO has been received and has reflected the progress so far favourably. The policy and procedure, along with accompanying guidance is in the final draft stage and will shortly be presented to BET for approval. There are no significant delays to delivery and the project plan still has 3 months built in for slippage. The team continue to engage with staff around the organisation for the development of their SharePoint sites and infrastructure, with particular emphasis on ensuring tools and support are in place prior to migration.

Organisational wide communications are improving, with more detailed updates and information being cascaded by the Communications Team as well as the development of a Records Management Intranet Page for staff to be able to access easily for updates and transition support.

Assurance can be received that the Records Management programme is progressing to the planned implementation timetable, with improving levels of engagement and communication with key stakeholders. The assurance



report undertaken by the PMO will give additional detail and assurance and will form part of the next update to Committee.

4. Well-being of Future Generations (Wales) Act 2015t



Analysis of trends the Information Governance team deal with and a proactive approach to FOI administration alongside a streamlined Records Management is essential to ensure the long-term viability and effectiveness of the organisation.



Training and guidance on best practice plus adherence to Records Management policies will proactively prevent the organisation from failing to comply with legislation including the requirements of the Freedom of Information Act 2000 and the Public Records Act 1958.



Integrated Governance's work is designed to integrate efficient processes and procedures for the benefit of all areas across the organisation.



Integrated Governance works regularly in collaboration with all PHW Directorates, and the Office for National Statistics have shared organisational learning from the recent implementation of a Records Management system.



All parts of the business will be involved in developing the Records Management system to ensure its proper integration across all business areas and all staff are encouraged to provide feedback on the Integrated Governance products they would like to see or any assistance needed.

5. Recommendation

The Business Executive Team is asked to:

- **Receive** and **Consider** the Integrated Governance Report, which provides assurance around:
 - Information Governance Performance
 - The progress being made by the Information Governance Group
 - That the Records Management Programme is on track with the implementation plan.



- **Approve** the report for submission to the Audit and Corporate Governance Committee.

Appendix 1

Glossary

DPA	Data Protection Act 2018
DPO	Data Protection Officer
FOIA	Freedom of Information Act 2000
GDPR	General Data Protection Regulation 2016
ICO	Information Commissioner’s Office
IGWG	Information Governance Working Group
KPI	Key Performance Indicator

KRI	Key Risk Indicator
RIGM	Risk and Information Governance Manager
SAR	Subject Access Request
SIRO	Senior Information Risk Officer.

**Information Governance Management System
Performance and Assurance Report Quarter 3 – 2023/2024**

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

A slight decline in Freedom of Information requests with 57 received in the reporting period down from 68. However, requests remain above 50 for 3 consecutive quarters so the Key Risk Indicator 3 is triggered.

There were thirteen Subject Access Requests received in the reporting period. One response was not sent within the 30 day deadline due to the complex nature of the request and was linked to an FOI request. Key risk indicator 3 has been triggered as requests remain above 10 for three consecutive quarters.

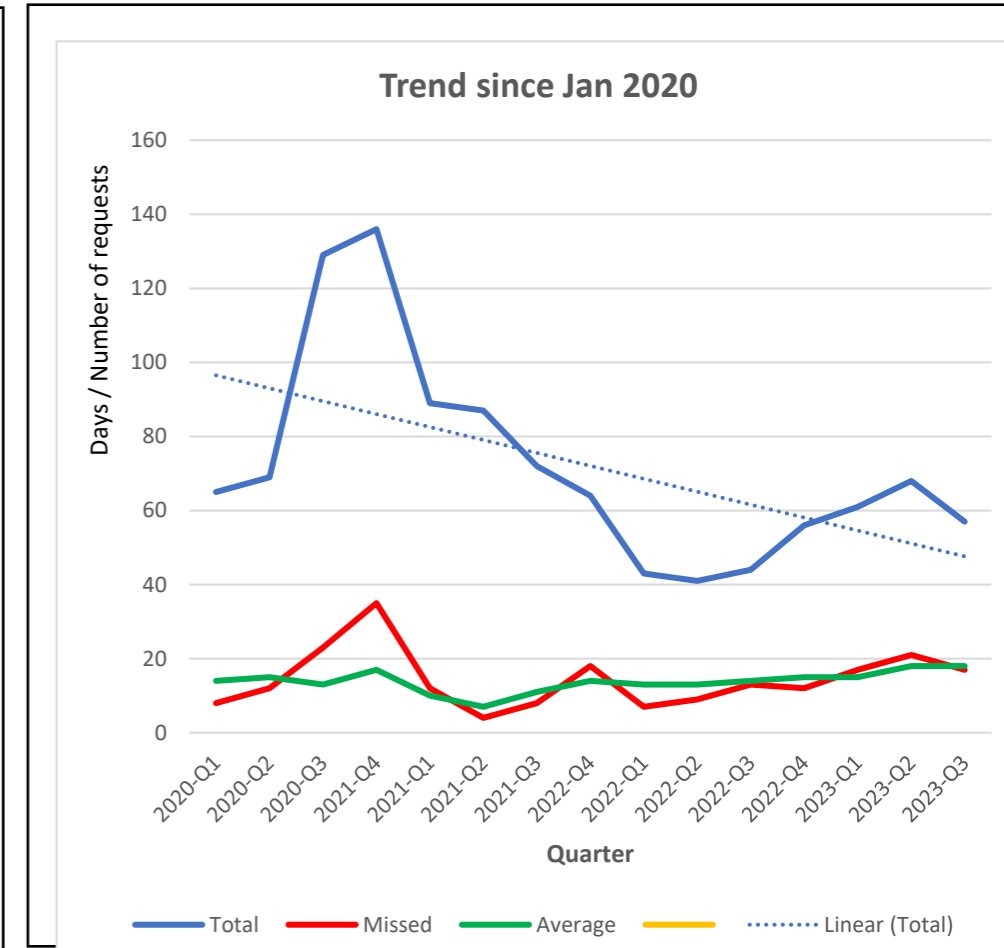
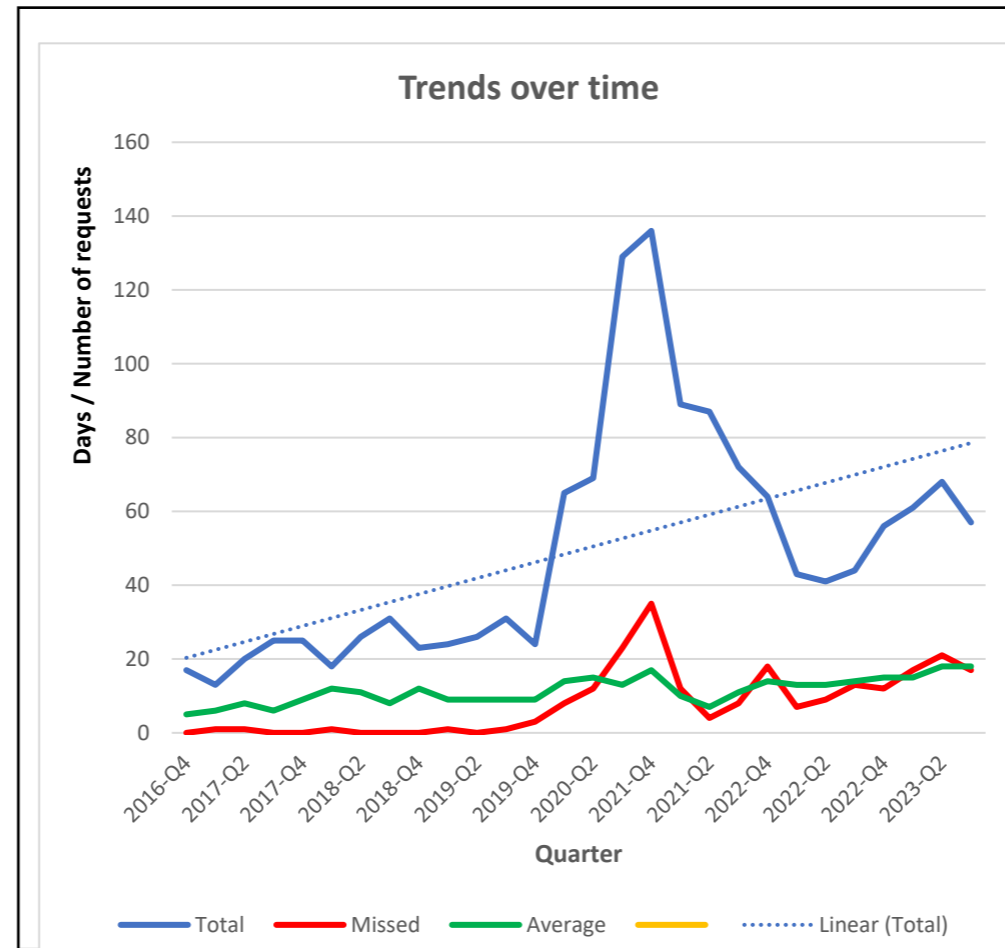
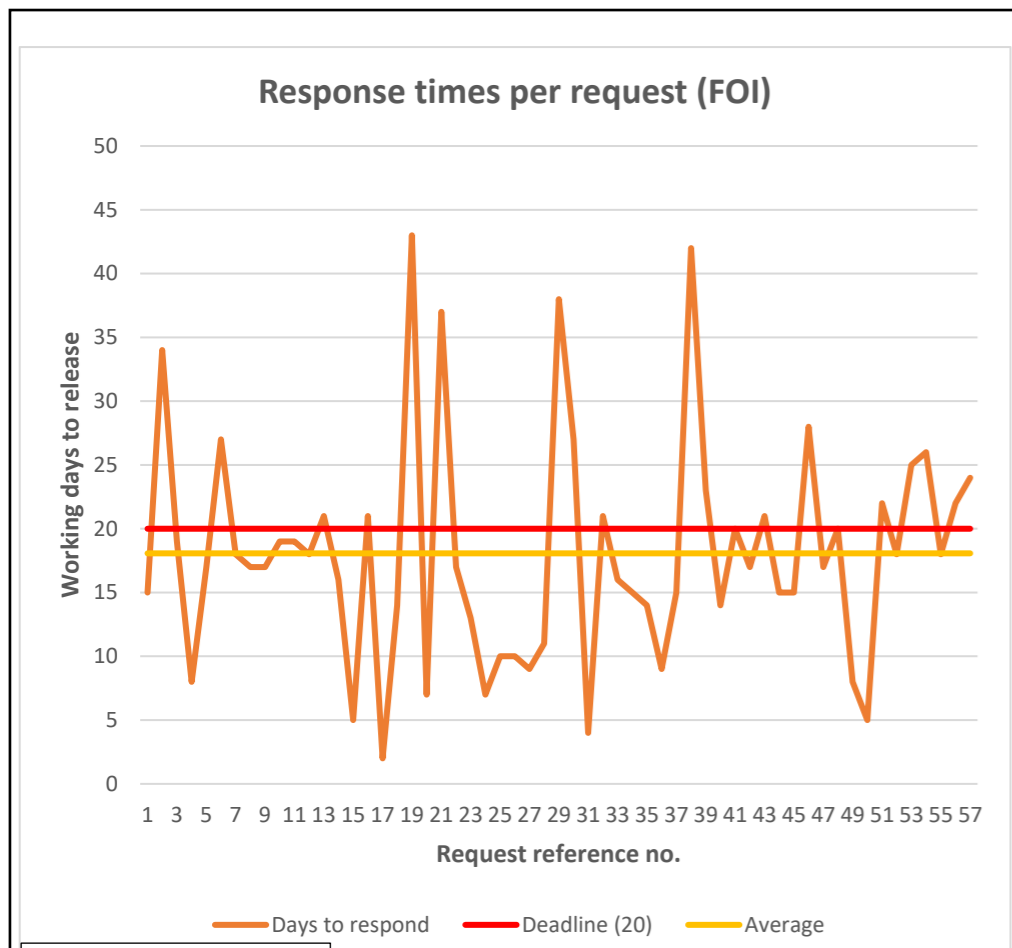
One data breach was reported to the ICO this quarter. Key risk indicators remain green.

There was a slight reduction in mandatory training and key risk indicator green has been triggered again as the Corporate Directorate remain below the NHS target of 85%.

Freedom of Information Requests

Compliance Status

	2 or more legislative non-compliances	X
	Single legislative non-compliance	
	Fully compliant	



Narrative

The average time to respond to requests was 18 days, which is over the KRI threshold of 15 days. Seventeen responses during Q3 went over the 20 day period, with these delays due to resourcing and the complex nature of the requests. Four exemptions were engaged under Section 40 Personal Data, Section 22 the information is intended for future publication and section 12 refusal notice due to the cost time to find and retrieve the information. Key risk indicator 3 remains active as requests remain above 50 for three consecutive quarters. The indicators are intended to provide early warning of risks to the organisation through non-compliance with legislative targets. It must be noted that the third graph (trend since 2020) was requested during the pandemic, but is no longer providing a representative view as requests remain significantly higher than pre-pandemic levels. Actions have been taken that will mitigate the risk to an extent including upskilling of staff and development of a new administrative system through Sharepoint. The burden on the organisation of servicing requests however remains and is unlikely to recede in the foreseeable future.

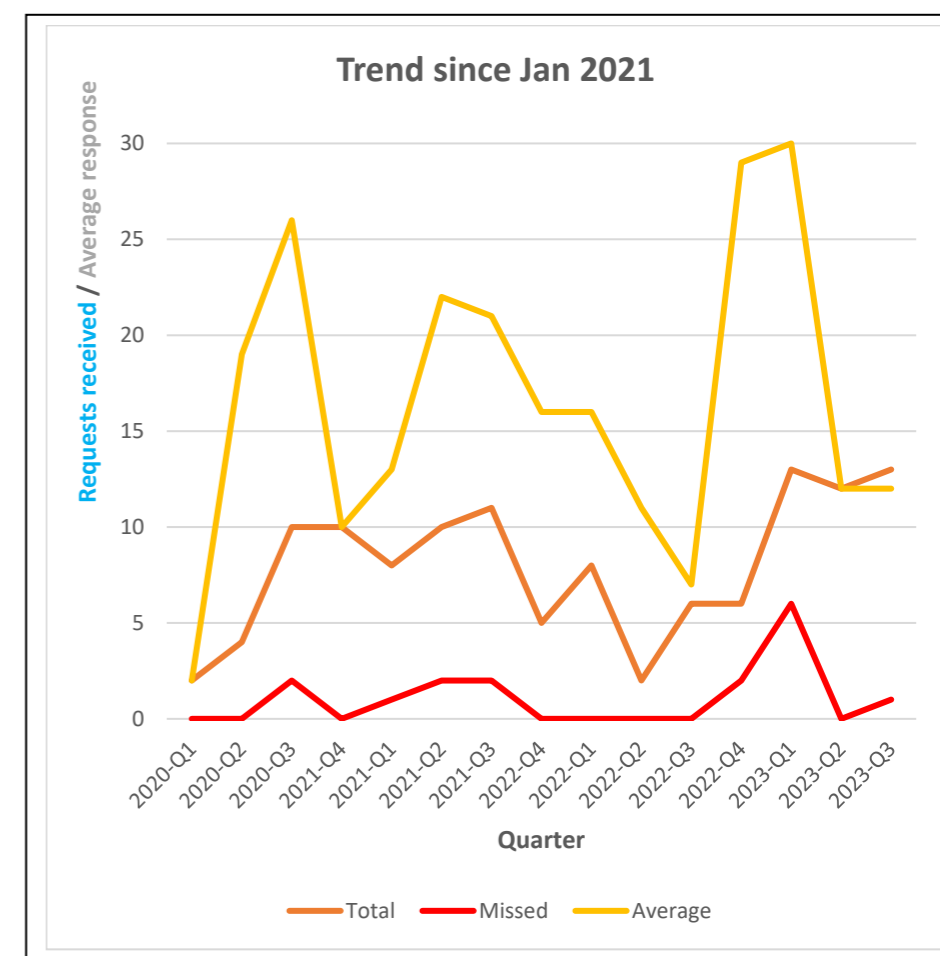
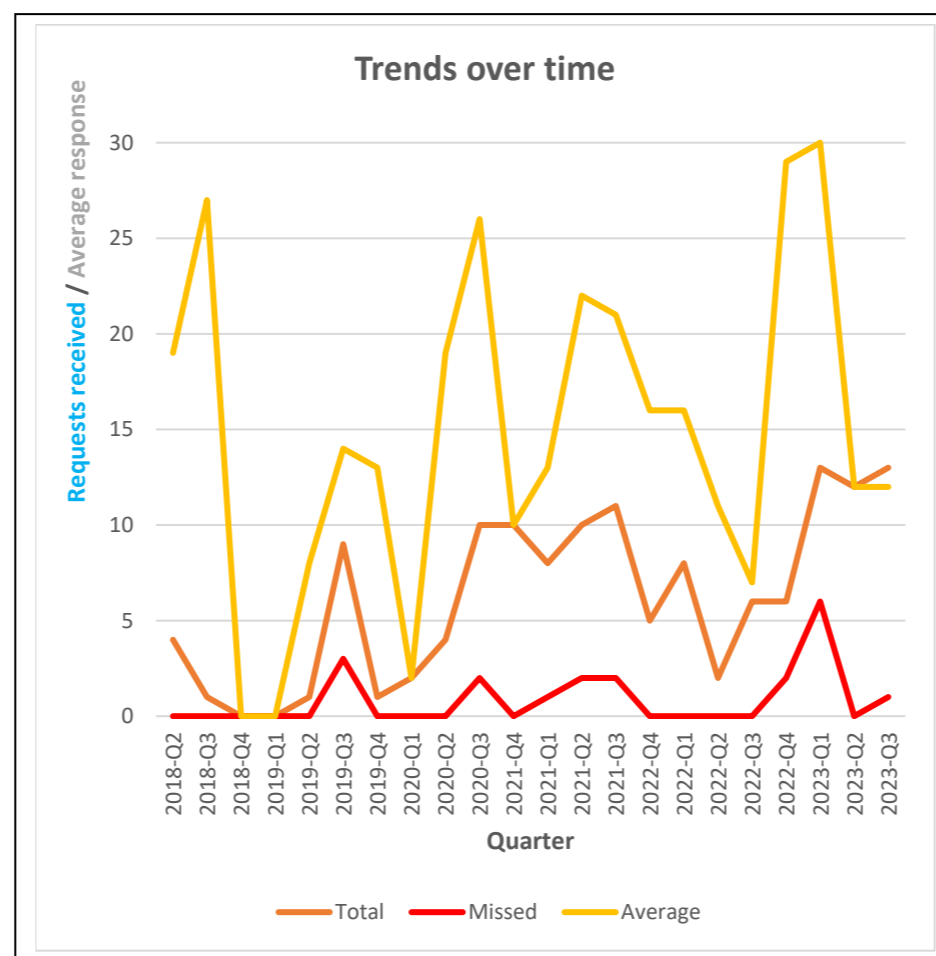
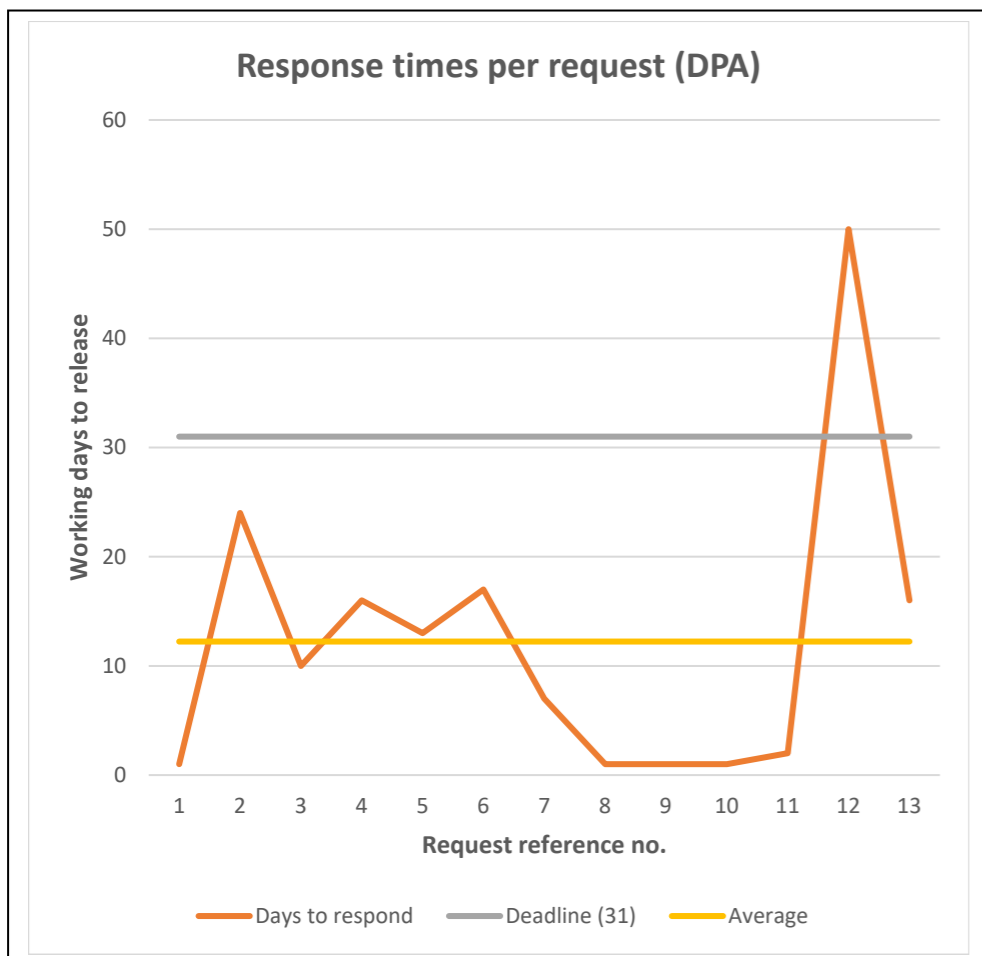
Performance Indicator		No	Target	Remarks
Total Requests Received		57	N/A	
Requests not requiring a response		0	N/A	
Full Release		18	N/A	
Partial release		8	N/A	
Release declined – Exemptions engaged		4	N/A	Section 40 – Personal data Section 22 – Intended for future publication (2) Section 12 refusal – Cost/time
Release declined – Information not held		27	N/A	
Deadline not met*		17	0%	
Requests overdue for release and still outstanding		0	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	X
	Fully compliant	



Narrative

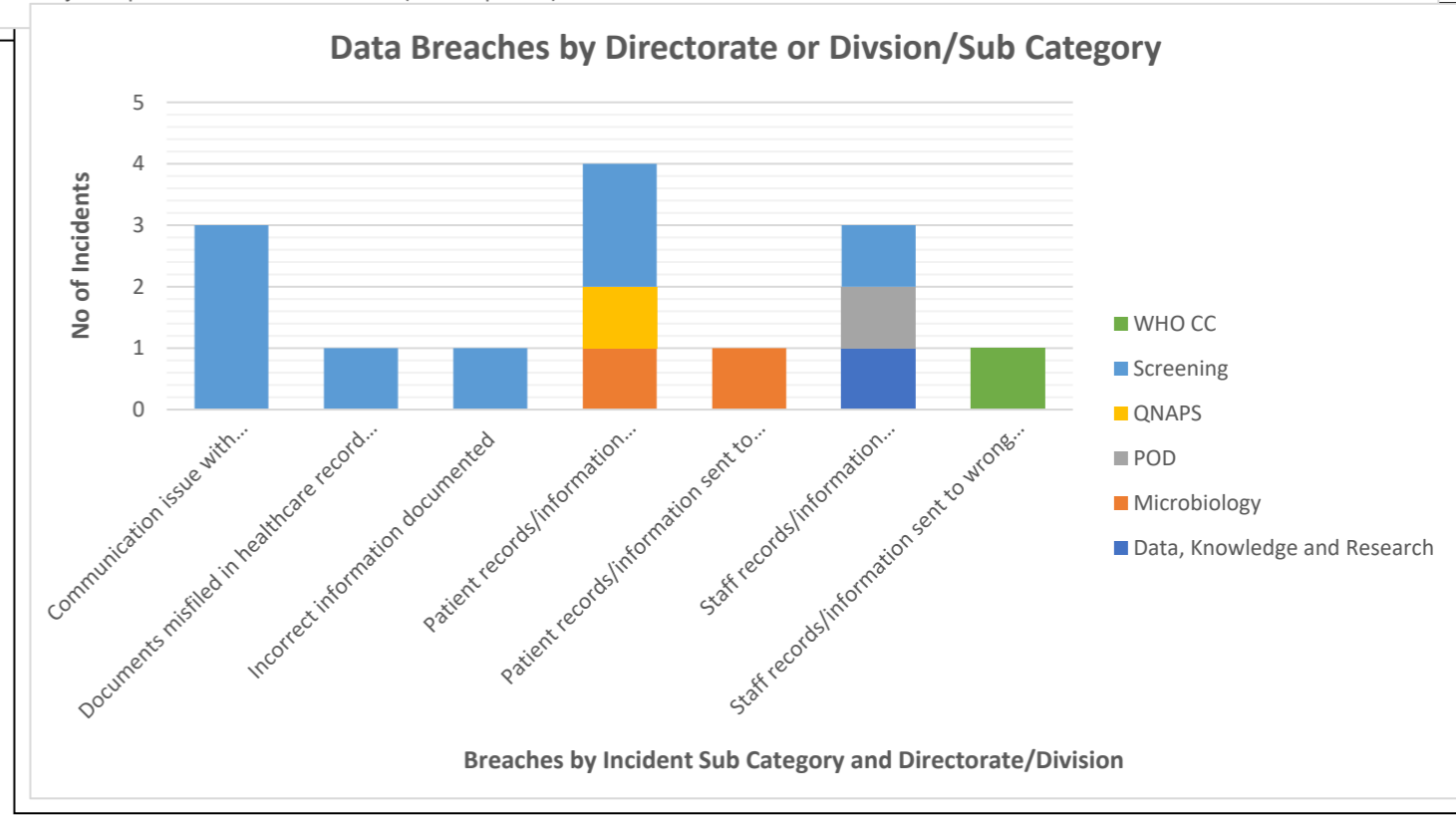
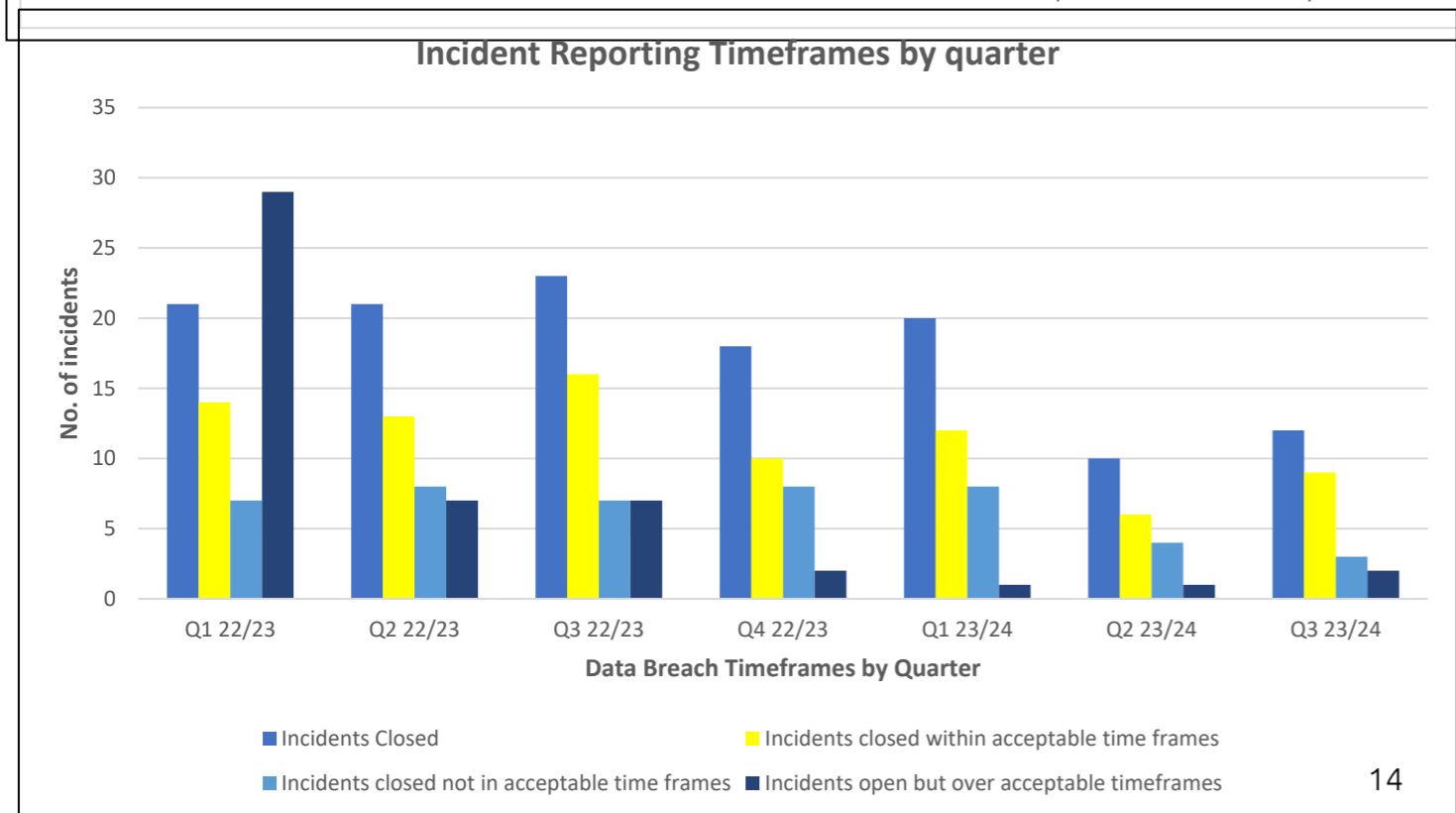
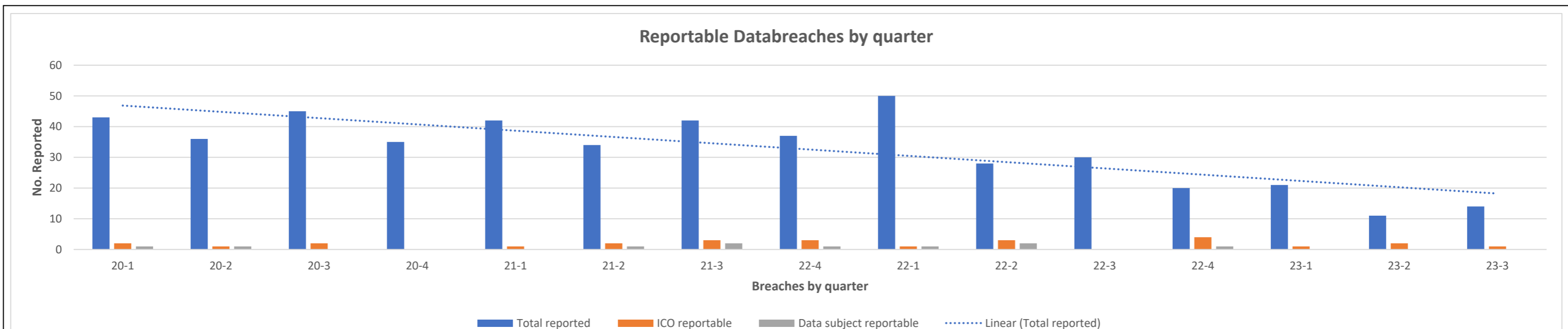
Thirteen Subject Access Requests were received during the reporting period. The requests were for personal data, health protection information, screening records and a police request. One request went over the deadline due to the complex nature of the request and it was linked to an FOI request.

No exemptions were engaged.

Reported Data Breaches

Compliance Status

	2 or more legislative non-compliances	
	Single legislative non-compliance	
	Fully compliant	X



Narrative

There was a total of 14 data breaches reported during the period. One incident required reporting to the Information Commissioner. There has been a steady decrease in data breaches over the past three years, but the data do not support any conclusions as to why this may be happening. The vast majority are very low risk breaches of GDPR provisions, which present little or no risk to the data subjects. Examples are where data are entered inaccurately on a person's record but the error is noticed and corrected quickly, or misfiling of documents in a record. Two additional charts are provided on this report to show the breakdown of incidents by sub-type and time taken to manage. These must be read with due consideration for the limitations of the Datix reporting system, and the known issue of data quality within Datix. These issues mean that without going into every individual incident that is reported which at this time is not manageable, it is difficult to provide greater clarity on the nature of the incidents. Whilst data breaches such as these are almost inevitable, given the amount of personal data that the organisation handles on a daily basis, there is clearly a need for further work.

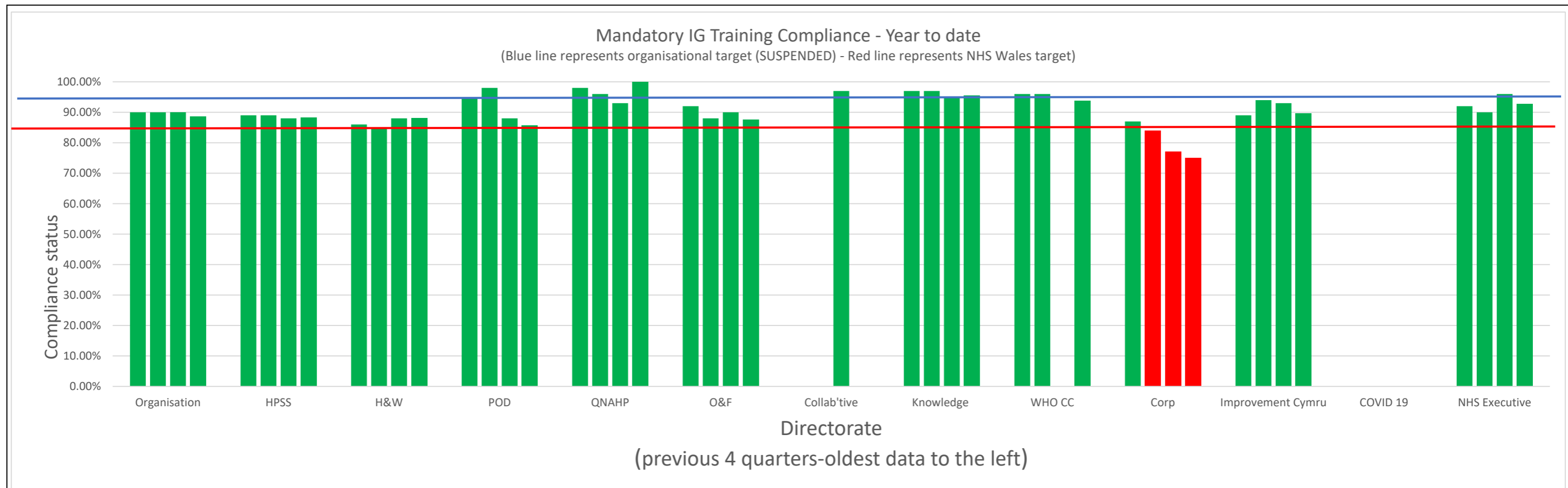
Key risk indicator 3 has been triggered as there have now been ICO reportable data breaches over the past 3 reporting periods. The indicators are intended to provide early warning of risks to the organisation through non-compliance GDPR. Work undertaken to mitigate the risk includes an extensive piece of work which is ongoing with the Quality and Improvement Hub to identify quality improvement initiatives that can help to reduce the instances of data breaches, a new IG Policy Framework has been developed and is currently going through approval and new Procedures for Impact Assessments and the management of Personal Data Breaches are also going through approval.

Performance Indicator		No	Target	Remarks
Total no. of databreaches reported*		14		
Databreaches reported internally after > 48hours*		10		
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	
	Single Directorate non-compliance with NHS Wales target	X
	Fully compliant	



Narrative

A very slight reduction in compliance since last quarter across the organisation. There has been a further decrease within the Corporate Directorate which includes the Board, Board Business Unit and the Executive Team now at 75% which is below the target of 85%.

Performance Indicator		No	Remarks
Directorates compliant with Public Health Wales target		0	Target currently suspended
Directorates compliant with NHS Wales target		9	
Directorates below 85% compliance		1	
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 Group

Date of last meeting – 20th December 2023

Key points

The Information Governance Group met on 20th December under the Chairmanship of the new SIRO, Iain Bell, National Director of Public Health Knowledge, Data and Research. The group comprised the Information Asset Owners (IAO) from across PHW and for the first time included IAOs from the NHS Wales Executive. The meeting was a consultation exercise on the revised approach to Information Asset Management and was both well attended and well received. The next meeting is on 25th March 2024

Assurance report

Internal audit reports

External audit reports

Self-inspection reports