

---

### Internal Assurance Report - June 2021

---

#### Executive Summary

This paper provides information on internal assurance activities that have taken place since March 2021 and activities that are ongoing in this period. This report includes the following areas

- A – Quality Assurance
- B – Organisational Compliance
- C – Information Governance
- D – Complaints and Feedback

#### Appendices

- 1– Quality Assurance 2020-21 summary
- 2 – Information Governance Annual Report 2020-21

Following discussion with the Chair of the Committee the format of the report will be amended for the September 2021 iteration with an aim of providing a more joined up narrative structured around our assurance map.

---

Previous consideration	This is a standing item considered at each meeting of the Committee.
Decision	The Committee is invited to discuss the report.
Next steps	The next report will be received in September 2021, this will include the annual complaints and feedback report.
Strategic priority	Strategy aim 1 - Continuously improve and innovate  Strategy aim 5 - Build a resilient, healthy, capable and sustainable organisation
Risk	Strategic Risk 1 - Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas.  Strategic Risk 5 - The resources we require to achieve our strategy are not in place or are not sustainable.

---

---

Strategic Risk 6 - We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice.

---

Financial and  
resource  
implications

None

---

Author Claire Amor, Head of Governance [claire.amor@hcpc-uk.org](mailto:claire.amor@hcpc-uk.org)  
Anna Raftery, QA Lead [anna.raftery@hcpc-uk.org](mailto:anna.raftery@hcpc-uk.org)  
Roy Dunn, CISRO [roy.dunn@hcpc-uk.org](mailto:roy.dunn@hcpc-uk.org)  
Maxine Noel, Information Governance Manager  
[maxine.noel@hcpc-uk.org](mailto:maxine.noel@hcpc-uk.org)

## Quality Assurance department update – June 2021

### 1. Executive Summary

1.1 This report covers the departmental activities from March 2021 – May 2021. In this time QA completed the 2020/21 QA framework and started the 2021/22 QA framework successfully.

Completed	In Progress	Up Next
<ul style="list-style-type: none"> <li>• Digital Applications, Registration, Assurance: LOW</li> <li>• SDM Decisions, FTP, Assurance: SATISFACTORY</li> <li>• Review of new FTP guidance, FTP, Advice given</li> </ul>	<ul style="list-style-type: none"> <li>• Education QA Pilot Advisory Activity, Education</li> <li>• Reflective Review of Registration Improvements Project Phase 2, Registration</li> <li>• Approved Programmes, Education</li> </ul>	<ul style="list-style-type: none"> <li>• Risk Assessment 1st line check assurance, FTP</li> <li>• Risk Assessment live audit, FTP</li> <li>• Online CPD, Registration</li> </ul>

### 2 QA Framework 2021-22

2.1 The QA 2021-22 Framework was approved by SMT in April 2021 and agreed with the Regulatory Department Heads. This plan includes:

FTP	<ul style="list-style-type: none"> <li>• Assurance of new FtP Risk Assessment process from go live for the new FTP system (delayed to 7 June 2021).</li> <li>• Advising on the implementation of 1<sup>st</sup> line QA at triage stage in Q3, followed up by a QA review in Q4 to provide assurance that the checks appropriately mitigate risks.</li> <li>• Involvement and support of the FtP Improvement Plan.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Assurance of Education readiness prior to full implementation of the new procedures, as part of the Education QA Pilot.</li> </ul>
Registration	<ul style="list-style-type: none"> <li>• A Lessons Learned reflection on the implementation of phase 2 of the Registration improvement project.</li> <li>• Involvement and support of future iterations of the Registration Transformation and Improvement Project.</li> <li>• Assurance of the new Registration CPD Online system.</li> <li>• Follow up targeted reviews in all regulatory areas.</li> </ul>

### 3 QA team development 2021-22

3.1 We are confident that through the improvements implemented in 2020, we have demonstrated the value a robust QA service can give to SMT, Council and ARAC. The focus for 2021-22 will be to raise the profile of QA with the rest of the organisation. This will allow us to share that our aim is always to support continuous improvement, and QA should not be seen as a policing function or something to fear.

3.2 Following on from the team training at the end of 2020-21, we will undertake a series of lean six sigma process improvement projects starting in Q2. Regular updates will be shared with ARAC through these papers.

## 4 QA Activity

4.1 All QA activities are progressing well according to the QA schedule to date:

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
Health and Wellbeing Strategy and Tone of voice QA are involved in the implementation of the new strategy. This work will involve quality assuring new templates produced through the Tone of Voice review in 21-22 and other areas of the Health and Wellbeing Strategy throughout 21-22.	04/2021	3, 18	4, 6	On Hold	n/a	The tone of voice project is on hold and expected to initiate in Q2.
<i>Registration:</i> Digital Applications An audit of the digital registration applications, newly introduced due to the COVID-19 lockdown	02/2021	11	1	Completed	Low	Seven Recommendations: 1 High – Accepted 4 Medium – Completed 3 Low – 2 Completed, 1 Accepted
<i>FTP:</i> SDM Decisions An audit of the decision made by the new SDMs to assure quality and consistency	03/2021	15	4	Completed	Satisfactory	Two Recommendations: 2 Medium – Accepted
<i>Education:</i> Education QA Pilot - Preliminary Advisory Activities Advisory work feeding into the development of strategic overview of guidance documentation, first line checks and an assessment of risks considered	04/2021	5, 9	2, 5, 6	In Progress	n/a	QA have held workshops with Education on implementing first line checks, and on producing accessible and robust guidance. This stage of work is in the final stages, though further involvement is in the workplans including audits, reviews, and further support.
<i>Registration:</i> Reflective Review of Phase 2 RTIP A reflective review of phase 2 of the Registration Transformation and Improvement Project, specifically looking at the build and project management. This is the first of a series of reviews to feed into the ongoing plans of this project.	03/2021	11	4	In Progress	n/a	This review is in the final stages, and will be reported to SMT in June.
<i>Education:</i> List of Approved Programmes An annual audit to assess the accuracy of newly created programme records, as well as the impact of programme record changes.	04/2021	1	4	In Progress	n/a	This audit will also ensure that programmes approved through the Education QA pilot appear accurately in the List.

## 5 QA Activity



## B. Organisational compliance

### Information security

- *ISO27001* – The HCPC passed a comprehensive six day recertification audit and so our ISO27001 accreditation will be maintained. This is an achievement for the entire organisation, given the extra challenge of remote working over the last year. Most of the organisation was involved either as specific areas of audit, or as sample employees being interviewed on information security within their jobs. two minor non-conformances and one opportunity for improvement are being actioned and will be complete by 4 June.

This achievement should provide the Committee with some assurance that our Information Security and Compliance is robust and following best practice.

- *Training* - Information security training and anti-bribery & fraud prevention for employees was rolled out in early April with the assistance of Learning & Development. A snapshot from toward the end of May provides the results below.



Note Partner training from 2020 is included in the Anti-Fraud & Bribery results and employees are now completing the same course. We are following up with individual line managers to address those not yet completed.

- *Update on supplier incident* - A supplier suffered a ransomware attack in December 2020, and their service was unavailable for some time due to data encryption and a requirement for completely new IT infrastructure as part of their breach response. The exact route of the breach has not been determined. Following submission of extracts from penetration tests at the supplier the ISMS Board met to evaluate their solutions. They are now likely to be secure enough for our continued use. This commenced in late May.

### Risk Management

- The Risk Management review project has completed, and a new Operational Risk Register been created. Policy and process have also been produced. Operational risks have been mapped to strategic risks, and mitigations are being populated over the current month.

## Near Miss Reports (NMR) summary.

- Near Miss Reports in progress at present are:
  - NMR77 which relates to difficulties with the new registration system direct debit payment collection process. This is now looking at the incident management process, and is under review.
  - NMR78 which relates to a Partner payment flag being incorrectly reset causing multiple CPD assessment Partner payments. Testing of system changes have been completed and are live in production systems, although additional monitoring of payments is currently being undertaken.

## Health and Safety

- While no reportable incidents have occurred in the reporting period there was one near miss. A ceiling tile fell down in our main office due to incorrect installation by the building contractors. No one was injured. Since this we have had all such ceiling tiles reviewed and secured.

## Other compliance

- No employee whistleblowing disclosures, instances of reported fraud or bribery occurred in the reporting period.

## C. Information Governance

Data is provided below of the rolling year's information governance activity. The HCPC has for some time reported and risk assessed personal data incidents. Reporting period and annual figures are set out below. Incidents that meet the Information Commissioners (ICO) criteria for reporting are notified to the ICO.

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
<b>Information rights requests</b>													
FOI	15	24	13	21	14	14	18	8	8	16	27	15	14
SAR	11	7	3	2	11	9	10	10	8	10	12	12	11
Disclosure requests	3	1	7	8	4	4	5	1	6	6	4	3	6
Internal reviews	2	1	1	1	2	3	3	0	1	1	2	1	6
ICO	0	0	0	0	0	0	0	0	2	0	1	0	0
Total requests received	<b>31</b>	<b>33</b>	<b>24</b>	<b>32</b>	<b>31</b>	<b>30</b>	<b>36</b>	<b>19</b>	<b>25</b>	<b>33</b>	<b>46</b>	<b>31</b>	<b>37</b>
Total closed	31	27	32	30	22	33	30	26	17	22	37	35	28
% within statutory period	100%	93%	94%	100%	96%	92%	100%	100%	81%	96%	90%	83%	93%
<b>Data incidents</b>													
No. of data incidents	7	10	4	1	8	3	3	1	2	0	4	4	5
No. reported to the ICO	0	1	0	0	0	0	0	1	0	0	0	0	0

## D. Feedback and Complaints

The annual feedback and complaints report for 2020-21 is on the Audit Committee agenda for September 2021. Data for 2022-22 to date is provided below.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total	Monthly average
<b>2019</b>	49	44	45	48	62	35	38	39	42	72	79	36	589	<b>50</b>
<b>2020</b>	43	44	30	26	23	29	35	25	44	34	38	34	405	<b>34</b>
<b>2021</b>	56	38	66	57	43									

There is a service standard of 15 working days to provide a substantive response to complaints. Since we adapted our internal process in July 2020, there have been only three complaints which have breached this service standard, a considerable achievement for everyone involved in responding to concerns.

The main theme of complaints for April and May have continued to mirror those received in March. In registration they related to accessing the online renewal portal(15), delays with applications (UK 4, Readmission 3 and International 24), communication issues (13) and fee refund issues (6). In FTP the main issues have been investigating handling and communication issues (9), and decision to close cases at the threshold stage pre-ICP (6).

We also record positive feedback received we have started recording this for named individuals on our new performance platform along with a thank you from SMT.

Council has agreed to monitor the number of upheld complaints as a new KPI from July 2021 onwards.

## Appendix 1

### Quality Assurance summary 2020-21

#### 1. Introduction

1.1 This report summarises the work of the QA department in 2020-21, focusing on achievement of the annual framework and team development.

#### 2. QA Framework

2.1 The 2020-21 QA Framework was successfully completed. In total 15 pieces of QA activity were delivered between June 2020 and March 2021, and 3 more were started in Q4 and completed in Q1 of the 2021-22 workplan.

Assurance Rating	Education	FTP	Registration	Total
Full	1	0	0	1
Satisfactory	1	3	3	7
Limited	1	1	1	3
Low	0	1	1	2
No Assurance	0	0	0	0
N/A	1	3	1	5
<b>Total</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>18</b>

Figure 1: Breakdown of QA activity by assurance rating and area

2.2 Overall, the significant majority of QA activity gave a satisfactory assurance rating, which shows that there is room for improvement, or evidence of sustained impact is needed, but overall, the performance is good.

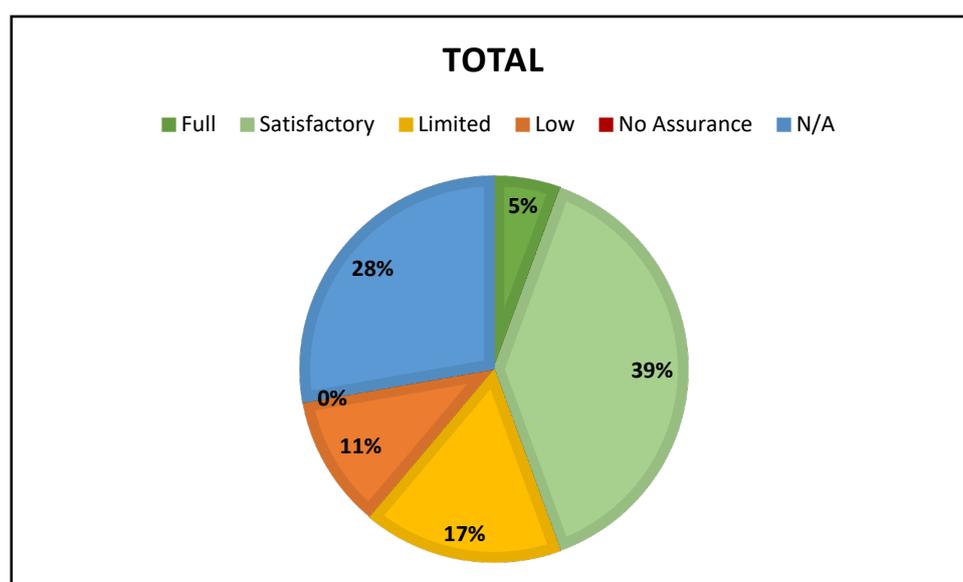


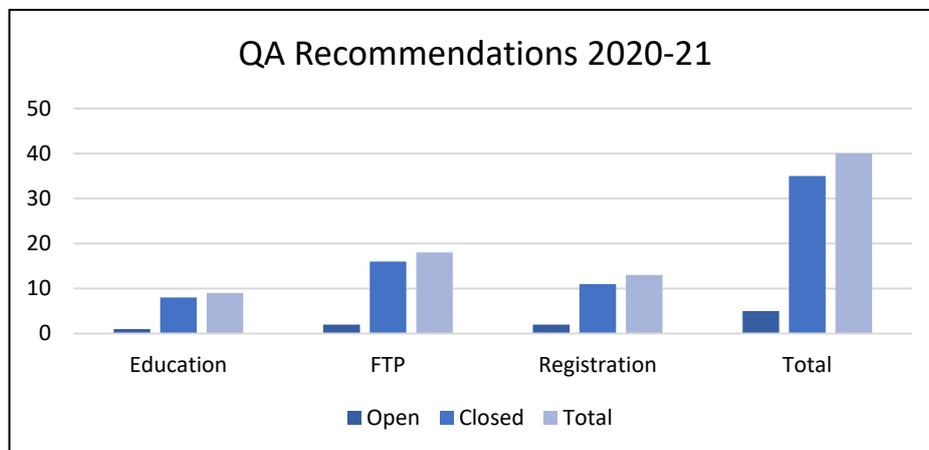
Figure 2: QA activity by assurance rating

2.3 We also found that for 28% 'Limited' or 'Low assurance' was given, which means there are more significant improvements to be done to be performing as expected, and that there are potential risks in these areas.

- 2.4 ARAC can take assurance that no activity was given a ‘No Assurance’ rating, which would signify that the performance was so lacking that the risks were significant and immediate.
- 2.5 For activity that does not have an assurance rating (N/A) the QA department were working as advisors or support to provide an unbiased, independent view. This is something that was not done prior to this workplan but has been a valuable resource for the regulatory department, as well as useful development for the team. This is something we are continuing to expand on in the 2021-22 workplan.

*Recommendations*

- 2.6 For the QA activity delivered to the 2020/21 workplan, 40 recommendations were made in total and only five remain open:



**3. QA development**

- 3.2 In 2020/21 the QA department also undertook significant development to move away from the previous backwards looking compliance focused role, to be a robust and proactive Quality Assurance resource for the organisation.

*Framework*

- 3.3 In Q2, with the introduction of a new QA Lead, the 2020/21 QA framework needed to be finalised.

The new QA framework approach is more flexible and focuses on delivering timely and targeted QA activity that will make an immediate impact. the work is planned according to a risk-based prioritisation and allows for work in one area to feed learning into work completed in another.

There is also a focus on transparency in the actual timelines of QA activity, including projected SMT reporting throughout the year. This reminder is there to see the impact of delays and missed deadlines outside of the team also clearly.

As part of being more transparent all the activity on the QA framework is mapped against the PSA standards, the Strategic Risk Register, and the Corporate Strategy. By doing this there is a clear link for each piece of work we are doing to the bigger picture of our regulatory responsibilities, mitigating risks, and supporting the HCPC in achieving its goal.

## *Assurance Rating*

- 3.4 At this time, an assurance rating system was also introduced. By implementing this assurance rating, it allows the QA department to give a clear indication of where we are succeeding as well as areas that need to be focused on.
- 3.5 Part of the value of providing a clear assurance rating is that improvements can be evidenced in a tangible way to departments, SMT, ARAC and Council. One example of this is for the FTP decision making at the threshold stage.

From July – September 2020 a QA audit was completed on these decisions which gave a Low assurance rating due to the significant issues and risks identified. FTP took the recommendations and implemented these alongside the new Senior Decision Maker role.



The QA department supported the implementation of first line checks to be made for this stage, and then assured the application of these checks along with further recommendations on how to ensure these checks are robust.



From March – April 2021 a QA audit was completed on the new Senior Decision Makers decisions, for which QA gave a Satisfactory assurance rating, and only one questionable decision was found.

- 3.6 This shows a significant improvement for the quality of the decisions at this stage and shows how QA is an integral part of effective continuous improvement for the HCPC.

## *Best Practice and Cross Skilling*

- 3.7 In Q2 the QA department also started a series of workshops to identify best practice within the team. These meetings supported the QA methodology, which is designed to be a living document and continues to be updated when needed.
- 3.8 From these workshops the QA department identified that due to remote working, collaborative working is something that needed to be prioritised. This has led to team scope and exit meetings which allow each member of the team the opportunity to test their theories and conclusions with the team, and open them up for debate, prior to meeting with the effected department.
- 3.9 This approach has also helped in implementing a fulling integrated QA department, moving away from having a specified regulatory department each member works on.
- 3.10 This in particular was a recommendation from the BDO report, backed by ARAC (nee AC). This recommendation was to ensure that all members of the team cross-skilled in all regulatory areas instead of having subject matter experts.

## *Reporting*

3.11 In Q3 the QA department implemented a new way of reporting findings for QA activity. The previous reports were laborious to read and contained a lot of superfluous information, running up to 35 pages. These reports were also not delivered in a timely manner, being delivered on average 6 months or more after the audit was completed.

3.12 The new reporting approach includes:

Projected report deadlines are included in the initial scoping meeting.

Initial findings and exit meetings aimed to be delivered to the relevant department within 2 weeks of the QA activity completing.

QA reports aim to be delivered to SMT within a month of the exit meeting (dependent of SMT dates).

The new QA Report cover sheet giving a clear and transparent overview of the QA activity, assurance rating, the findings, and any recommendations.

Concise reports, focusing only on the relevant information. They are generally now 8-10 pages including recommendations.

A recommendation template, meaning that there is a clear understanding of responsibility and deadlines for the relevant department.

Use of Graphs, Charts, and smart art to present information in a more visual and accessible way.

## *Lean Six Sigma*

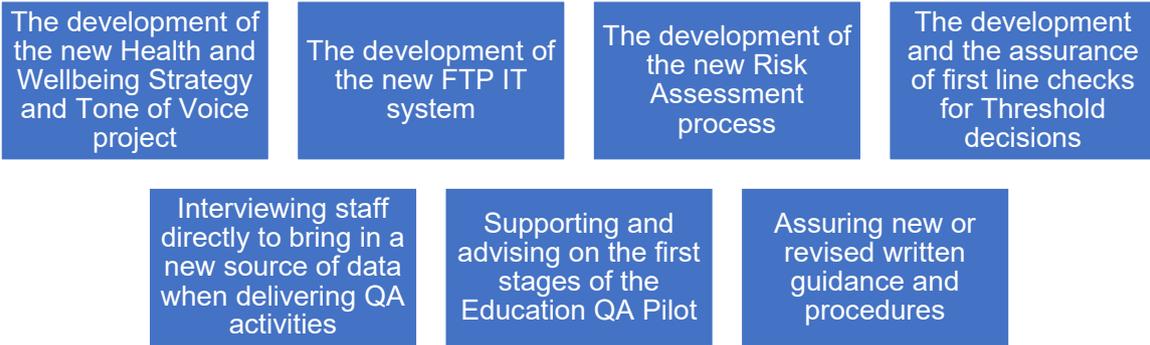
3.13 In March 2021 the QA Lead and 3 QA Managers completed the Lean Six Sigma Green Belt training. This training focuses on problem solving and process improvement methods, identifying metrics and using root cause and value analysis. By using this learning the team now has a wider range of skills which to provide assurance and give robust and evidence based recommendations.

3.14 In order to fully complete this training and be awarded the Green Belt Practitioner qualification, each of these members of QA will need to complete a lean six sigma project, which will reduce waste and add value to the business. These projects will be reported on in the quarterly QA updates to ARAC.

## *Proactive Preventative Impact*

3.15 Throughout the development and implementation of the above, the influence and impact of the QA department grew, which allowed the opportunity to identify types of QA activity which could be more preventative and proactive.

3.16 In the last year, as well as more traditional audits, the QA department has also been involved in:



3.17 These new QA activities are continuing into 2021/22 and are now a part of the common toolbox used by the QA department.

3.18 As a team, we are taking the next step of this and focusing on sharing good practice and learning that can be applied across the organisation.

---

## Information Governance Annual Report 2020-21

### Introduction

- 1.1 The Information Governance (IG) function within the Governance Department is responsible for the HCPC's ongoing compliance with the Freedom of Information Act 2000 (FOIA), the Environmental Information Regulations 2004 (EIR), the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR). The Department also manages the HCPC's relationship with the Information Commissioner's Office (ICO), the information rights body.
- 1.2 FOI and EIR legislation provide public access to information held by public authorities. Public authorities are obliged to publish certain information about their activities and members of the public are entitled to request information from public authorities. Both Acts contain defined exemptions to the right of access, which means that there are clear criteria on what information can and cannot be requested.
- 1.3 The DPA governs the protection of personal data in the UK. It also enables individuals to obtain their personal data from a data controller processing their data. This is called a subject access request. Data subjects also have certain other rights under data protection legislation. Namely:
  - to be informed – the right to be informed about the collection and use of their personal data.
  - to rectification – the right to have inaccurate personal data rectified or completed if it is incomplete.
  - to erasure – the right to have personal data erased. The right is absolute and only applies in certain circumstances.
  - to restrict processing - the right to request the restriction or suppression of their personal data. The right is not absolute and only applies in certain circumstances.
  - to data portability – the right to data portability allows individuals to obtain and reuse their personal data for their own purposes across different services.
  - to object – the right to object to processing based on the legitimate interests or performance of a task in the public interest/exercise of official authority (including profiling); direct marketing (including profiling); and processes for the purposes of scientific/historical research and statistics.
  - in relation to automated decision making and profiling – the right to be provided with information about automated individual decision-making including profiling.
- 1.4 This report provides an update on IG activity for the period 1 April 2020 to 31 March 2021.

## Information requests

- 2.1 During the reporting period we received a total of 367 requests for information. This is a decrease to the total of 559 information requests received in the previous year. An overall reduction was expected following the change of regulator for social workers (in England) from the HCPC to Social Work England. A breakdown of the annual figures can be found at Appendix 1.
- 2.2 95% (165) of the 174 FOI requests completed within the reporting period were responded to within the statutory deadline of 20 working days. 95% was the same figure achieved last year. The ICO toolkit which is designed to help public authorities assess their current FOI performance and provide indicators of where efforts should be focused in order to improve, categorises as 'good' 95% or more of FOI requests that are responded to within the statutory timeframe. 90%-95% is assessed as 'adequate' and fewer than 90% is assessed as 'unsatisfactory'.
- 2.3 91% (88) of the 97 subject access requests (SAR) completed within the reporting period were responded to within the statutory deadline of one month. This is a slight improvement to the 90% achieved last year.
- 2.4 We received several more complex requests which required a search of more than one system including some SARs from members of staff. Some delays also occurred when requests are not passed to the Information Governance team within the statutory time frame. Details of the organisation's obligations for dealing with such requests is covered in the annual information security training.
- 2.5 Common FOI themes during the reporting period included information about registrants with breakdown by region, registrants with annotations, ethnicity of registrants and fitness to practise hearing transcripts (under our FOI Policy we charge a fee for transcripts that we do not already hold).
- 2.6 Subject access requests (SARs) most often related to fitness to practise cases. For example, a request for a copy of the case file, usually from the registrant but also from the complainant. We often receive widely scoped requests for 'a copy of all personal data held.'
- 2.7 Under the FOIA organisations are required to carry out an internal review of an initial response where someone expresses dissatisfaction. Whilst not specified in the DPA, we also conduct internal reviews of subject access requests where asked. We received 19 internal review requests. This compares to 34 received in the previous year.
- 2.8 The team responded to five data erasure requests. This compares to three requests received in the previous year.

## **Information incident management**

- 3.1 The HCPC encourages an open incident reporting culture, with an emphasis on analysis and learning in order to identify any weaknesses in our processes and make appropriate changes. Since February 2015, all incidents, regardless of how minor they may initially appear, are reported centrally and risk scored. A breakdown of the number of incidents that were reported can be found at Appendix 2.
- 3.2 In the reporting period, we recorded 51 incidents. This compares to 87 recorded for the previous year. The majority of incidents reported occurred in FTP followed by Registration. These areas of the organisation handle large volumes of personal data. The main cause of incidents was human error.
- 3.3 Two incidents were reported to the ICO:
  - The skeleton argument to be used for the hearing for Registrant B was sent by password protected email in error to Registrant A. Registrant A was later sent the password.
  - One of our transcription and recording services suffered a Ransomware attack. We determined to report the matter to the ICO even though at the time we were unaware whether HCPC data had been extracted by the hackers. We have since been informed by the supplier that HCPC data was not extracted and assurance that our data is encrypted on their server at rest.
- 3.4 For both incidents reported to the ICO, the ICO determined there was no further action required and closed both matters.

## **ICO Complaints and decisions**

- 4.1 Part of the role of the Information Commissioner's Office (ICO) is to improve the information rights practices of organisations by gathering and dealing with concerns raised by members of the public about information rights issues.
- 4.2 We received three complaints from the Information Commissioner as follows:
  - The ICO asked that we review how we handled a request for our internal process documents (or standard operating procedures) that staff follow when processing a registration request. Our initial response was to withhold the information on the grounds that the documents we hold detail how to process a registration application within our registration computer system. We felt disclosure would be likely to prejudice the effectiveness of our registration system or expose it to security attacks. On further review we determined that we could release redacted copies of these documents.
  - In two separate cases we withheld some information in response to two subject access requests. In both cases the ICO decision was that we had correctly applied the DPA/GDPR exemption, and they closed the complaints with no further action.

## **Information Governance**

- 5.1 During the reporting period the Information Governance team continued to develop and improve the information governance framework; the way we manage and dispose of information, identify and respond to data security incidents and ensure compliance with the FOIA, DPA and UK GDPR.
- 5.2 FOI responses are reviewed, and appropriate data is published online on our FOI disclosure log.
- 5.3 Since January 2021, we have started to publish on the HCPC website on a quarterly basis our FOI compliance statistics. It is good practice to publish these statistics as detailed in the Freedom of Information Code of Practice 2018, Section 8 Publication Schemes (paragraphs 8.5 and 8.6).
- 5.4 During the year, data privacy impact assessments (DPIA's) became a more formal part of our procurement and project management processes. DPIA is a process to help identify and minimise the data protection risks of a project. A DPIA must be carried out for processing that is likely to result in a high risk to individuals. The team has advised, and assisted colleagues complete the screening questions and on those pieces of work requiring a full DPIA.
- 5.5 The Information Governance team works closely with the Chief Information Security & Risk Officer (CISRO) who delivers annual information security training to all staff (including contractors). Partners and Council members are also asked to complete the training.
- 5.6 At the time of writing, 86% of staff have completed this year's information security training.

## **Appendices**

### Appendix A – Annual information requests 2020/2021

- Quarterly breakdown
- SAR/FOI Requests received and completed monthly breakdown

### Appendix B – Annual information incidents 2020/2021

- Data incidents monthly breakdown
- Data incidents by category

## Appendix A – Annual information requests

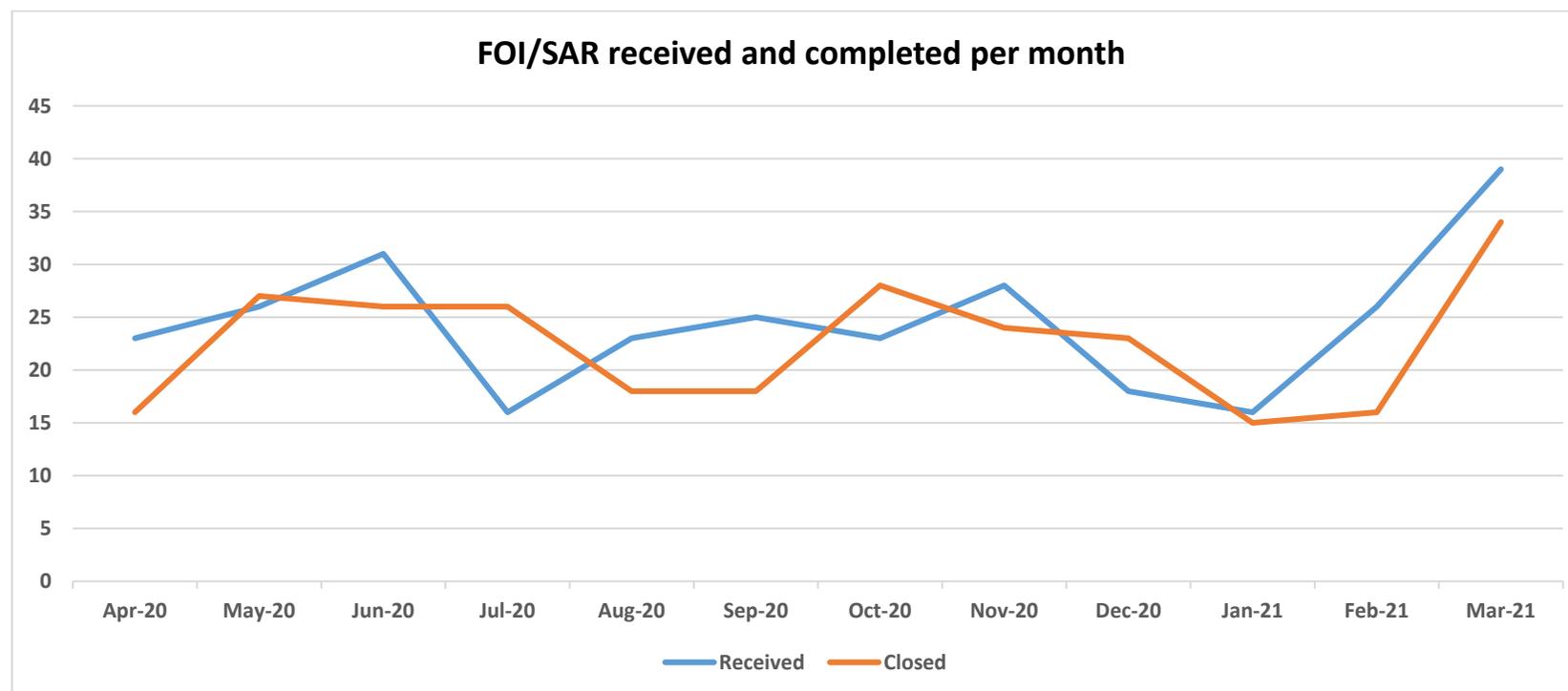
### Breakdown of SAR and FOI requests completed 1 April 2020 to 31 March 2021

#### Quarterly breakdown

	Q1	Q2	Q3	Q4	Total 2020/21	Total 2019/20
FOI	52	48	40	51	191	266
SAR	28	16	29	30	103	196
Disclosure requests	6	19	10	16	51	57
Internal reviews	5	4	6	4	19	34
ICO	0	0	0	3	3	6
Total requests received	<b>91</b>	<b>87</b>	<b>85</b>	<b>104</b>	<b>367</b>	<b>559</b>
Total closed	82	87	92	85	346	565
Response within statutory timescale	79	84	89	76	328	533
Response in breach of statutory timescale	3	3	3	9	18	32
% within statutory timescale	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>89%</b>	<b>95%</b>	<b>94%</b>

### SAR/FOI Requests received and completed monthly breakdown

FOI/SAR	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Received	23	26	31	16	23	25	23	28	18	16	26	39	<b>294</b>
Closed	16	27	26	26	18	18	28	24	23	15	16	34	<b>271</b>



## Appendix B – Annual information incidents

### Data incidents monthly breakdown

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Annual Total 2020/21	Annual Total 2019/20	Annual Total 2018/19
No. of data incidents	8	7	10	4	1	8	3	3	1	2	0	4	51	87	79

