

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 27 April 2023

Public Authority: Department of Health Northern Ireland

Address: Castle Buildings

Stormont

Belfast

BT43SQ

Decision (including any steps ordered)

1. The complainant requested information from the Department of Health Northern Ireland (the 'DoH') about the Vaccination Status of Deaths and Hospitalisations on its website. The DoH stated that it did not hold the requested information.
2. The Commissioner's decision is that, on the balance of probabilities, the DoH does not hold the requested information.
3. The Commissioner requires no steps to be taken as a result of this decision.

Background

4. The complainant's request in this case is related to two specific weeks which were not published by the DoH within its four weekly reporting schedules.
5. The period in question had seen an overlapping report which meant some weeks were double reported.
6. This decision notice is related to a previous decision notice [IC-157420-B5S1](#), where given the information provided, the Commissioner considered the DoH did hold some information in scope of the request.

Request and response

7. On 23 June 2020, the complainant contacted the DoH and requested information in the following terms:

"I notice that weeks 47 to 50 were published, then yesterday weeks 49 to 52 were published. This is very misleading as week 49 & 50 is recorded twice.

1/ Please provide the figure for just weeks 51 & 52."
8. The DoH explained that the figures were aggregated over a four-week period, that it did not hold information by week for the publication and that it would need to create this from "extensive analysis."
9. The requester set out the grounds for internal review, stating that: "clearly the department has weekly statistics." The final position of the DoH is that it does not hold information relating to the request.

Scope of the case

10. The complainant contacted the Commissioner on 21 December 2022 to complain about the way their request for information had been handled. The complainant remained of the view that the DoH was likely to hold the information falling within the scope of his request.

11. Therefore, the scope of the case is to determine whether the requested information is held by the DoH in its own right.

Reasons for decision

Section 1 FOIA - determining whether information is held

12. Section 1 of FOIA says that a public authority is required to confirm or deny that it holds the requested information, and disclose relevant information that it holds, unless an exemption or exclusion applies. If a public authority does not hold recorded information that falls within the scope of the request, the Commissioner cannot require the authority to take any further action.
13. In cases where there is a dispute as to the information held by a public authority, the Commissioner will use the civil standard of proof, i.e., the balance of probabilities. In order to determine such complaints, the Commissioner must decide whether, on the balance of probabilities, a public authority holds any information which falls within the scope of the request.
14. This reasoning covers whether the DoH is correct when it says that it does not hold the information the complainant requested.
15. There is no requirement for the DoH to create information in order to answer a requester's question, its obligation is to supply information it held at the time of the request. However, in the Commissioner's [guidance on determining whether information is held](#) it states

"If you have the "building blocks" necessary to produce a particular type of information, it is likely that you would hold that information unless it requires particular skills or expertise to put the building blocks together."
16. The Commissioner asked the DoH to provide a full explanation of its response for the requested information, and how it had concluded that it did not hold it.
17. In its response to the Commissioner the DoH explained that: "Since October 2021, the Department had been publishing a report every two weeks on 'Vaccination status of deaths and hospitalisations', however the report was suspended in February 2022 as a result of data access

restriction to the Public Health Agency's (PHA) Vaccination Management System (VMS). The report included both counts and rates per 100,000 over the most recent 4-week period."

18. The DoH explained to the Commissioner that: "Admissions and deaths data used for the report were based on those reported on the Department's main COVID-19 dashboard. The vaccination status of each patient was determined from their vaccine history as recorded on the Vaccine Management System (VMS). This was done by matching the admission and deaths cases with the patient's vaccination dates on the VMS using the patient's Health & Care Number (HCN). The VMS is controlled by the PHA and Information Analysis Division (IAD) within the Department were able to access the data via a Virtual Machine until access was withdrawn by the PHA in February 2022."
19. The DoH included the below process in order to assist in understanding how the reports were produced during the time in question.

Process for producing the report:

1. IAD Dashboard admissions and deaths data files were uploaded via Sharepoint to the Virtual Machine where R scripts were utilized to query the VMS to calculate vaccinated population by dose and week number.
 2. Further R scripts were then run to join dashboard (admissions & deaths) files to VMS data using HCN. Totals were then downloaded to an IAD local machine via Sharepoint.
 3. These totals were then pasted into an Excel template.
 4. SAS code was then run to cross check the data and calculate confidence intervals for the latest four-week period.
 5. The PowerPoint publication is then created.
20. They also explained that the Staff Officer responsible for production of the report left the Department on 01/02/22. File searches and assessments of production procedures (which were documented by the officer responsible for the analysis) subsequent to this date have been carried out by IAD staff that did not work with this data in order to advise and assist in subsequent correspondence on this matter. And went on to say that from analysing the process guidance that the explanation for the response was:
 1. Data for the report was routinely refreshed – the files held at the time of the request were based on a more up-to-date download from the DoH dashboard and subsequent download from VMS (as

per step 2) and therefore differed from the publication referenced. Data was refreshed after each publication which then overwrote the previous versions of the files. This is due to the fact that the data used were taken from live systems and the information used from those systems was constantly being revised as records were updated. This means that any subsequent extraction of data is likely to be materially different as patients will have been admitted and discharged during the interval between the published week and subsequent analysis. The fact that the system is live and continually refreshed means it is not possible at a later date to 'recreate' the database at the time of publication.

2. Further processing required – the only files held on the local machine at any given time were the latest extract taken from the VMS that was produced from Step 2 outlined in the process above. Steps 4 and 5 would have needed to be executed to produce the final outputs required. Step 4 involved running SAS code to crosscheck and validate figures, calculate confidence intervals, and produce the final output. The SAS code aggregated and analysed the latest four weeks of data and did not analyse or output results by individual weeks. A number of changes would have been required to be made to the SAS code to analyse alternative week ranges and even then, it is very unlikely that the subsequent analysis would correspond to the original output in the report.
21. The DoH further explained that: "Given the above we would not have had the 'building blocks' to undertake an analysis that would have effectively been a disaggregation of the original 4 weekly data output. The DoH did not hold all the raw data at the time of the request to undertake the analysis and for the reasons outlined above the refreshed data would in any case have changed had we been in a position to undertake the additional analysis required to respond to this FOI. Moreover, it should be noted that the data in question is not owned by the DoH but rather the DoH access data from both the HSC and the PHA to enable the analysis to be undertaken and there were restrictions on what could be extracted from the VMS."
22. They added that the report was intended to provide a snapshot at a point in time to report on the effects of the vaccination programme on hospital pressures and was never intended to focus on individual patients. Therefore overlapping periods which included patients twice was not a concern as the aim was to report how many patients were in hospital at a given point in time and what their vaccination status was. The report was simply a situation report to monitor what if any impact

the vaccination programme was having on hospital pressures. And reiterated that: "The report was intended simply as a situation report to monitor what if any impact the vaccination programme was having on hospital pressures. An overlapping four-week reporting period was used to:

- (i) ensure statistical robustness of the data (particularly for age standardised rates),
- (ii) smooth the data (less volatility to provide a more informative assessment),
- (iii) to stabilize the data (a 1-week reporting lag and a broader timeframe allows for more reliability in admission data which can take several days to stabilize due to clinical coding. Similarly, there could have been delays in death registrations, particularly during public holidays including Christmas), and
- (iv) disclosure control (to avoid potential disclosure of individual details, particularly with deaths)."

The Commissioner's view

23. The Commissioner has carefully considered the points made by the complainant and the DoH.
24. The Commissioner appreciates that the complainant has raised specific grounds of complaint which set out why, in their view, the DoH would hold relevant information. However, the Commissioner considers that the DoH's submissions to him have now adequately addressed these points.
25. In addition, the Commissioner is unable to identify any further action that the DoH could reasonably be expected to take as part of its statutory obligations under FOIA in order to identify or locate the requested information. As has been set out above, if information is not held then it cannot be disclosed in response to a request.
26. In conclusion, the Commissioner finds, on the balance of probabilities, the DoH does not hold information falling within the scope of the request.

Right of appeal

27. Either party has the right to appeal against this decision notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)
GRC & GRP Tribunals,
PO Box 9300,
LEICESTER,
LE1 8DJ

Tel: 0203 936 8963
Fax: 0870 739 5836
Email: grc@justice.gov.uk

Website: www.justice.gov.uk/tribunals/general-regulatory-chamber

28. If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.
29. Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this decision notice is sent.

Signed

Joanna Marshall
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