

FREEDOM OF INFORMATION POLICY

		POLICY
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1.0 INTRODUCTION

The Freedom of Information (FOI) Act 2000 ('the Act') gives a right of access to information. Any person who makes a request to a public authority (in this case the Trust) for information is entitled:

- To be informed in writing by a public authority whether it holds information meeting the description set out in the request; and
- To have information the public authority holds relating to the request communicated to them.

These rights apply unless an exemption applies, or the request can be refused.

2.0 POLICY STATEMENT

This policy is intended to provide guidance and support to all staff that receive Freedom of Information requests or be required to provide data in a response to requests.

3.0 DEFINITIONS/ ABBREVIATIONS

- [Publication scheme](#) – a list of information that should be routinely published via the Trust's website. The Trust adheres to the ICO's Model Publication Scheme for health organisations.
- Public Interest Panel – a group established to apply the Public Interest Test.
- Public Interest Test – weighing up whether the public interest in disclosing information outweighs the public interest in withholding the information.

Glossary

- DPA - Data Protection Legislation
- EIR - Environmental Information Regulations 2005,
- FOIA - Freedom of Information Act 2000
- ICO – Information Commissioner's Office.

4.0 ROLES AND RESPONSIBILITIES

4.1.1 The Trust Board is responsible for approving the policy.

4.1.2 The Information Governance (IG) Committee is responsible for:

- Reviewing progress on the Trust's compliance with the Act
- Reporting on FOIA developments to the Board

4.1.3 The Information Governance Team are responsible for:

- Ensuring the availability of the Trust's Publication Scheme and for issuing reminders to those responsible for providing up to date information content.
- Processing requests in the Trust.

4.2 Individual Officers

4.2.1 The Chief Executive has overall responsibility for the Trust's compliance with FOIA.

4.2.2 The Director of Corporate Affairs and the Senior Information Risk Owner (SIRO) is responsible for ensuring the provision of the FOIA Service.

4.2.3 The Information Governance Team are responsible for:

- Checking the accuracy and content of information with their FOI Leads before disclosure.
- Advising the Head of Data Security & Privacy if they believe an exemption may apply (or, if they have reason to believe that the disclosure may be used in a contentious or malicious way) and for ensuring that.
- Nominating a senior person within the Division's to act as a single point of contact for FOIA for the Division. The nominee must have their responsibility and key actions for FOIA included in their job description.
- Ensuring Divisional records and information is created, maintained, retained, and disposed of in accordance with the Trust's Records Management Policies and the NHS Records Management: Code of Practice's procedures and processes to enable easy identification and retrieval when required.
- Maintaining up to date information within the Publication Scheme.
- Providing Division held information promptly within the given timescales to the IG Team, including any opinion and supporting detail if there is a concern that the information should not be disclosed.
- Ensuring written requests for information that should be dealt with under the Act are referred promptly to the IG Team.
- Ensuring simple requests for information received by the Division are dealt with promptly.
- Providing assistance to the IG Team with investigations into appeals and complaints.

Corporate and Clinical Directors are also responsible for ensuring that any records created and maintained by their respective Division are registered on the Trust's Information Asset Register, and for the regular review and upkeep of that entry.

4.2.4 The Trust's Head of Data Security and Privacy is responsible for:

- Providing specialist advice and support to the organisation on FOIA matters.
- Deciding whether requests are vexatious.
- Assisting with investigations into complaints and appeals.
- Processing appeals against the non-supply of exempt information.
- Maintaining the currency of this policy and the Publication Scheme.
- Promoting FOI awareness throughout the organisation.
- Ensuring that the general public has access to information about their rights under the Act.
- Reviewing annually the completeness and accuracy of information published under the Trust's Publication Scheme and take action to resolve discrepancies.
- Liaising and working with other employees responsible for information handling activities, e.g. Public Interest Panel, Caldicott Guardian, Information Governance Manager, etc.
- Convening a Public Interest Test Panel for consideration of PIT Exemptions requested by Divisional FOI Leads.

4.2.5 The Information Governance Supervisor & Data Compliance & Security Administrator is responsible for:

- Administrating the FOI requests process.
- Ensuring that responses are sent to the requestor in PDF format, no editable documents are to be shared (e.g. Excel or Word documents)
- Processing and maintaining a record of all FOI requests received by the Trust.
- Reminding FOI Leads of impending deadlines.
- Liaising with FOI Leads on wording of responses.
- Escalating missed deadlines to the SIRO and Director of Corporate Affairs.
- Preparing regular reports on FOI activity and turnaround times.

4.2.6 FOI Leads are responsible for:

- Ensuring requests for information are properly dealt with in accordance with the Act, either by supply of the information or application and explanation of an appropriate exemption.
- Attending periodic FOI Lead training sessions.

4.2.7 All Staff:

- Who record information, whether on paper or by electronic means, have responsibilities under the Act, this policy and also the NHS Records Management: Code of Practice.
- Should be aware of this policy in order to deal with or direct requests for information accordingly.
- Are responsible for the creation and management of records and information in accordance with the Trust's Records Management policies and procedures.

Do...

- Direct all FOI requests to the central FOI administration team – sfh-tr.foi.requests@nhs.net
- Provide accurate and timely responses. We have a total of 20 working days to respond.
- Ask requesters to be more specific if their request is vague, or when our effort to retrieve and produce the information would exceed 18 hours.
- Keep information in the Publication Scheme accurate and up to date. You can add other information that is routinely requested.
- Ensure responses are signed off by the relevant Corporate or Divisional Director(s).

Do not...

- Ignore requests for information. The clock starts ticking once we receive a request.
- Use exemptions as an excuse not to respond. They must be used correctly.
- Change or delete information simply to respond to a request, even if it is inaccurate and/or out of date.

5.0 APPROVAL

This policy has been approved by the Information Governance Committee.

6.0 DOCUMENT REQUIREMENTS

6.1. The Act defines the 'information' a public authority can be asked to provide under the Act. It makes clear that it means recorded information held in any form, electronic or paper.

This includes email messages, electronic records, and manual records. Staff should be aware that personal emails can be caught by the Act where the content includes a mix of personal matters and business matters performed in the course of duty.

6.2 Public authorities are not required to create new information in order to comply with a request for information under the Act. We only need to consider information already in existence at the time a request is received.

6.3 A request to a public authority for recorded information will be treated as a request under the Act, other than:

- information given out as part of routine business, for example, standard responses to general enquiries.
- a request for environmental information; or
- the requester's own personal data.

6.4 A request for environmental information only should be dealt with under the Environmental Information Regulations 2004 and a request for a person's own personal data should be dealt with under the [subject access](#) provisions of the Data Protection Act 2018. Sometimes it may be necessary to consider a request under more than one access regime.

6.5 The Act provides a right to information. Disclosing existing documents will often be the most straightforward way of providing information. However, in other cases it may be appropriate to extract the relevant information for disclosure and put in a single document rather than redact the existing document that contains it.

6.6 There will be occasions where a request is made under the Act but does not in fact meet the above description of being a request for recorded information. This may include requests for explanations, clarification of policy, comments on the public authority's business, and any other correspondence that does not follow the definition of a valid request. The Trust will provide an applicant with an explanation of why their request will not be treated under the Act if this is the case and to respond to their correspondence through other channels as appropriate. It is open to the applicant to appeal the handling of their correspondence to the Information Commissioner's Office.

Information held.

6.7 In order to respond to a request for information we need to consider whether the requested information is 'held' for the purposes of the Act. This includes:

- information held by a public authority at the time of the request.
- information stored in off-site servers or cloud storage; and
- information held by other organisations and authorities on behalf of the public authority including, for example, off-site storage or information provided to lawyers for the purposes of litigation.

6.8 Information is 'held' by the public authority if it is retained for the purposes of the public authority's business. Purely personal, political, constituency, or trade union information, for example, will not be 'held' for the purposes of the Act and so will not be relevant for the purposes of the request. Where a public authority holds or stores information solely on behalf of another person or body that material will also not be 'held' by that authority for the purposes of the Act.

6.9 Information created after a request is received is not within the scope of the application and is therefore not "held" for the purposes of the Act. A search for information which has been deleted from a public authority's records before a request is received, and is only held in electronic back up files, should generally be regarded as not being held.

6.10 Public authorities need to search for requested information in order to communicate to the applicant whether the information they are seeking is held or not held. These searches should be conducted in a reasonable and intelligent way based on an understanding of how the public authority manages its records. Public authorities should concentrate their efforts on areas most likely to hold the requested information. If a reasonable search in the areas most likely to hold the requested information does not reveal the information sought, the public authority may consider that on the balance of probabilities the information is not held.

Section 77 (Offence of altering records etc. with intent to prevent disclosure)

6.11 Under section 77 of the Act it is a criminal offence to alter, deface, block, erase, destroy or conceal any information held by the public authority with the intention of preventing disclosure following a request under the Act for the information.

Valid requests

6.12 The following criteria constitute a valid request under the Act:

- a request for information must be made in writing. This can either be in hard copy or electronically.
- a request for information must state the name of the applicant and an address for correspondence. Applicants must provide their real name and not use a pseudonym. Both email and postal addresses are acceptable.
- a request for information must also adequately describe the information sought.

6.13 Public authorities do not have to comply with requests that do not meet the criteria. The Trust will write to the applicant and explain this if this is the case.

6.14 A request submitted through social media will be valid where it meets the criteria by providing an applicant's name and address for correspondence and a clear request for information. Addresses for correspondence can take the form of an email address or a unique name or identifier on a social media platform (for example a Twitter handle), as well as postal addresses. Requests must be addressed directly to the public authority the applicant is seeking information from, which includes elected officials and appointed representatives, when acting in their formal capacity. In order to be addressed directly, a public authority must have a formal, monitorable presence on the particular platform being used by an applicant.

6.15 Requests submitted in a foreign language are not generally considered valid requests. Public authorities are not expected to obtain translations of suspected requests for information. When receiving a request in a foreign language we will ask the applicant to provide their request in English in order for the request to be processed.

Fees

6.16 The Trust will not charge for any staff time where the cost of compliance falls below the cost limit (£450, 18 hours). The Trust is under no obligation to comply with any request exceeding the cost limit. However, if the Trust decides to respond to a request that exceeds the cost limit on a voluntary basis, we can charge for the staff time needed to do so. In such circumstances staff time is chargeable at a standard rate, including the cost of making redactions (but only the physical cost of making redactions and not staff time for considering whether exemptions apply), to be included in the initial fees notice.

6.17 It is open to the Trust, to charge for the cost of providing information requested under the Act. However, the majority of public authorities do not currently do so. It is also only possible to charge where information will be released. It is not possible for the Trust to charge for requests where, for example, information is being withheld under exemptions.

6.18 Where the Trust intends to charge for the cost of providing information, we will send a fee's notice stating the amount to be paid, including how this has been calculated, as soon as possible within the 20-working day response period. The notice will inform applicants:

- that the 20-working day period for responding to the request will be paused until payment is received (it is reasonable to set a deadline of three months in which the fee should be paid).
- how to pay the fee; and
- their rights of complaint via internal review and to the Information Commissioner about the fee levied.

6.19 The Trust may charge for:

- actual production expenses (e.g., redacting exempt information, printing, or photocopying).
- transmission costs (e.g., postage); and
- complying with the applicant's preferences about the format in which they would like to receive the information (section 11) (e.g., scanning to a CD).

6.20 Once the fee is received, the Trust will process it promptly and inform the applicant of the revised 20 working day response deadline. Should the Trust underestimate the costs to be charged, we will not issue a second fees notice and will bear the additional cost itself.

Means of communication

6.21 If an applicant states a preference for receiving information in a specific format (electronic or hard copy) the Trust will aim to meet this preference as far as is reasonably practicable.

6.22 When considering whether it is reasonable to meet an applicant's wishes, the Trust may, consider the cost and complexity of providing information in the format requested and the resources they have available.

6.23 If an applicant does not state a preference, the Trust can communicate information by "any means which are reasonable in the circumstances." For example, where the platform used by an applicant to make their request imposes restrictions on the format of a response (for example, Twitter restricts the length of a response and does not allow the direct attachment of documents) it would be reasonable to respond in another format.

Statutory deadlines

6.24 The Trust must respond to requests for information promptly and within 20 working days following the date of receipt of the request.

6.25 The date on which a request is received is the day on which it arrives or, if this is not a working day, the first working day following its arrival. Non-working days include weekends and public holidays anywhere in the UK.

6.26 The Trust is required to have in place:

- Documented and implemented procedures for the creation and filing of electronic corporate records to enable efficient retrieval and effective records management.
- Documented and implemented procedures for the creation, filing and tracking of paper corporate records to enable efficient retrieval and effective records management.
- Publicly available, documented and implemented procedures to ensure compliance with FOIA and:
- An inventory of corporate records held by the organisation, established, and verified through a process of audit and kept up to date by the owners of the data collections.

6.27 The ICO will assess the Trust's records management procedures against its codes of practice and standards in the event of a complaint being made against the Trust for a failure to comply with any of the information access law provisions. The ICO has the power to enforce compliance.

What is a Freedom of Information request?

6.28 Information is routinely made available by the Trust to its patients and the public on a daily basis. It would be overly bureaucratic and unnecessary to attempt to record and address all of this routine activity for FOIA purposes.

6.29 Requests for information, either verbal or written, that are received and dealt with as part of the normal day-to-day routine should continue to be dealt with as 'business as usual' practice with no need to refer to this policy.

6.30 Requests for information that fall outside this business-as-usual scope or where there is a concern about providing the information should be referred to the Head of Data Security and Privacy to be dealt with under the provisions of the Act.

6.31 It is not necessary for an applicant to state that they are making the request under FOIA. It is the nature of the information asked for that determines how it should be handled; therefore, a request can be a FOI request even if it makes no mention of the Act.

Requests for Environmental Information

6.32 Requests for information that falls into the following six main areas are environmental information, which is exempt from the Freedom of Information Act provisions and is dealt with under the Environmental Information Regulations 2005 (EIR):

- The state of the elements of the environment, such as air, water, soil, land, fauna (including human beings).
- Emissions and discharges, noise, energy, radiation, waste, and other such substances.
- Measures and activities such as policies, plans, and agreements affecting or likely to affect the state of the elements of the environment.
- Reports, cost-benefit, and economic analyses.
- The state of human health and safety, contamination of the food chain.
- Cultural sites and built structures (to the extent they may be affected by the state of the elements of the environment).

6.33 Environmental Information Regulations 2005 (EIR) requests differ from FOIA requests as they (a) can be either a verbal or written request and, (b) there is a greater obligation upon the Trust to disclose as there are fewer exemptions and each of them require the application of the Public Interest Test.

6.34 Environmental Information Regulations 2005 (EIR) requests should be made via the IG Team and referred to the Head of Estates and Facilities.

6.35 The names and job titles of senior staff should be published as a matter of routine on the Trust's Publication Scheme.

6.36 The Data Protection Legislation is intended to protect the private lives of individuals. Where information is requested about staff acting in a work capacity e.g. the names of officials, their grades, job functions, salaries, or decisions which they have made in their official capacities, then disclosure of such information would normally be made if information relates to staff of sufficient seniority (As listed in our Organisational Organogram) unless there is adequate reason to think that disclosure of that information would put someone at risk.

Publication scheme

6.37 The Trust is required to make information available to the public as a part of normal business activities by proactively publishing it under a Publication scheme. The ICO definitions document for health organisations is [here](https://ico.org.uk/media/for-organisations/documents/1220/definition-document-health-bodies-in-england.pdf)¹.

¹ <https://ico.org.uk/media/for-organisations/documents/1220/definition-document-health-bodies-in-england.pdf>

The scheme commits the Trust to:

- Proactively publish or otherwise make available as a matter of routine, information, including environmental information, which is held by the authority and falls within the classifications below.
- Specify the information, which is held by the authority and falls within the classifications below.
- Proactively publish or otherwise make available as a matter of routine, information in line with the statements contained within this scheme.
- Produce and publish the methods by which the specific information is made routinely available so that it can be easily identified and accessed by members of the public.
- Review and update on a regular basis the information the authority makes available under this scheme.
- Produce a schedule of any fees charged for access to information which is made proactively available.
- Make this publication scheme available to the public.

Classes of Information

6.38 The classes of information that must be included in the Publication scheme are:

1. [Who we are and what we do](#)²
2. [What we spend and how we spend it](#)³
3. [What our priorities are and how we are doing](#)⁴
4. [How we make decisions](#)⁵
5. [Our policies and procedures](#)⁶
6. Lists and Registers
7. [The Services we offer](#)⁷

Monitoring and maintenance of the Publication scheme

6.39 Publication scheme compliance with the FOIA will be subject to both Internal and External Audit reviews.

6.40 The ICO may review model publication schemes and definition guidance. Public authorities such as the Trust are required to review and update their guide to information and its contents on a regular basis.

6.41 The ICO proactively monitors the adoption of, and publication of information in accordance with the required model Publication schemes.

² <https://www.sfh-tr.nhs.uk/about-us/>

³ <https://www.sfh-tr.nhs.uk/about-us/finances/>

⁴ <https://www.sfh-tr.nhs.uk/about-us/publications-and-reports/annual-report-and-accounts/>

⁵ <https://www.sfh-tr.nhs.uk/about-us/our-board-of-directors/>

⁶ <https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/>

⁷ <https://www.sfh-tr.nhs.uk/our-services/>

6.42 Monitoring will review general compliance with the Freedom of Information Act and the Environmental Information Regulations 2005 (EIR) to assess the practices of NHS organisations.

6.43 Monitoring of the operation of Publication schemes and the routine release of information will generally be carried out by reviewing the Trust's website.

Typically, ICO monitoring will involve:

1. Confirming that the authority has adopted the model Publication scheme.
2. Confirming that the authority has produced a guide to information.
3. An initial check against the key types of information identified in the ICO sector-specific definitions document e.g. for health bodies - performance against targets (KPI) and/or a performance framework.
4. A review of an authority's guide to information with particular emphasis on the medium and accessibility of that information, and any charges made.
5. Checking that any charging regime is clear and coherent and backed by published policies.
6. Establishing that internal review procedures and timeframes conform with our guidance and the codes of practice.
7. A review of general request handling procedures in use at the authority, including those for transfer of requests.
8. An analysis of the authority's statistics in relation to request and complaint handling.
9. A review of the authority's disclosure log (where one exists).

6.44 The Trust's Publication scheme – Guide of published information

To counter claims that information is difficult to find the ICO expects all the Trust to publish on their websites a guide to what information has been published in association with the scheme and where/how it is made available.

6.45 It is a premise of the Publication scheme that as much information as possible should be published electronically and that only information which is not available in that format should be made available by individual request.

Commitment to Publication

6.46 The Trust's website will clearly state that the Trust has adopted the model Publication Scheme and is legally committed to automatically publishing the information it holds, which falls within the scheme.

6.47 The only acceptable reason for not including information, which is held, and which is identified in the definition document is that, if the information was subject to an individual request under the FOIA, it would be subject to an exemption set out within the FOIA. It is also clear that the ICO does not consider that any of the information identified in the definition document would be subject to such exemption.

6.48 Once information falls within the scope of the publication scheme identified, Divisions must provide it automatically and in a timely way; there can be no question of withholding it for any reason and inclusion in the Publication Scheme cannot be revoked.

6.49 Corporate and Clinical Directors are not permitted to decline to publish information on the FOI Publication Scheme on the Trust's website and instead ask the public to write in for hard copies and to decide whether to provide the information or not using the exemptions; this is not an option if it is information required within the Publication Scheme.

Responsibilities for populating and maintaining the Trust's Publication scheme.

6.50 A list of Freedom of Information departmental contacts are provided in the Freedom of Information Procedure.

6.51 The Head of Data Security and Privacy is responsible for monitoring maintenance of the Publication scheme.

6.52 Information provided in response to a request will be routinely published on the Publication scheme disclosure log.

Contracts with third parties

6.53 A public authority cannot contract itself out of its responsibilities under the Act and, unless information is covered by an exemption, it must be released if requested.

6.54 When entering into contracts, the Trust will not agree to hold information received from a third party "in confidence", where information is not confidential in nature and would unnecessarily prevent the Trust from discharging its lawful functions under the Act. An FOIA request for any information held in the contract must be considered for disclosure. It is not acceptable to apply a blanket confidentiality exemption to a whole contract as not all the information contained will be confidential. The third party will need to identify areas of their contract/information they believe to be of a commercial interest/trade secret in line with the Act. However, the final arbitrator for release lies with the Trust. A public interest test will be undertaken in conjunction with the third party.

6.55 If the third-party objects to a disclosure, it does not mean that the information should or will be withheld. In those circumstances, it is the responsibility of the Trust to make a decision balancing its public duty to uphold the terms of the Act and disclose information in the public interest against the opinion of the third party to withhold it, taking into account the consequences of disclosure under those circumstances.

6.56 A decision not to disclose information on the basis of any confidential provisions must be for good reason and be capable of satisfying the ICO that the application of the qualified exemption was a fair decision within the public interest.

6.57 It is the responsibility of the Public Interest Panel to make the final decision about disclosure.

6.58 When entering into contracts, the Trust will only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Trust's functions and, it would not otherwise be provided if those terms were not agreed and, any unauthorised use of the information would constitute an actionable breach of confidence.

Duty to assist.

6.59 The Trust has a duty to provide reasonable advice and assistance to applicants in order to help them to make a request for information. This includes a duty to ask for further information from the applicant if the request is too broad, or if it is not clear what information is required.

6.60 There may be circumstances where a person is unable to frame their request in writing, for example owing to a disability. In these instances, the Trust should make sure that assistance is given to enable them to make a request for information. For example, advising the person that another person or agency (such as a Citizens Advice Bureau) may be able to assist them with the application, or make the application on their behalf.

6.61 The Trust may also consider, in exceptional circumstances, offering to take a note of the application over the telephone and sending the note to the applicant for confirmation. Once verified by the applicant this would constitute a written request for information and the statutory time limit for reply would begin when the written confirmation was received.

Exemptions

6.62 The right to know within the FOIA may be limited by the application of an exemption. Some sections of the FOIA confer an absolute exemption on information. This has the effect of exempting the Trust from even confirming or denying that the information exists, or from disclosing any information.

6.63 Other qualified exemptions direct the Trust to consider whether the public interest in maintaining the exemption is greater than the public interest in disclosing the information.

6.64 Where a division is concerned about the disclosure of information in response to a FOI request, they should notify the Information Governance Co-ordinator as soon as possible and no later than 5 working days from receipt of the request to ensure that adequate time is left within the statutory 20-day compliance period to consider the application of an exemption, the public interest and, where appropriate, to take legal advice. The information should be disclosed in its entirety to the IG team for review in line with the Act.

6.65 Information will be disclosed if the Trust's legal advisers say that it should be, or where the ICO or Information Tribunal has previously ruled that it should be, or where the public interest in disclosure is equally balanced against the public interest in non-disclosure. The IG Manager will consult a Public Interest Test Panel to make the final decision, taking into account Divisional views.

6.66 If the Trust receives a vexatious request or repeated request it is not obliged to comply with the request.

6.67 The Head of Data Security and Privacy will decide whether a request is vexatious with the assistance of legal advice where necessary.

6.68 Repeated requests from the same person for information that has already been supplied to them will not be met unless there has been a reasonable interval between the requests. The reasonable interval will be decided by the Trust's Data Security and Privacy.

The Public Interest Test (PIT)

6.69 The Trust is required to apply a PIT when making a decision about applying a qualified exemption.

6.70 This requires a Public Interest Panel to reach a decision on whether the public interest in favour of the disclosure of information outweighs the public interest in favour of withholding the information. Where the interests are evenly balanced, the information should be disclosed. This process is set out in the Freedom of Information Procedure.

Re-use of Public Sector Information Regulations 2015

6.71 The Trust will specify in its response to applicants that:

- All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015.
- If the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. The applicant must not re-use any previously unreleased information without having the consent from the Trust.
- Should the applicant wish to re-use previously unreleased information then they must make a request in writing.
- All requests for re-use will be responded to within 20 working days of receipt.

6.72 In the event of any re-use, the information must be reproduced accurately and not used in a misleading manner.

6.73 Information provided that identifies a member of staff must not be further used in any way that would be in breach of the Data Protection regulations, for example publishing information or using it for direct marketing purposes without the consent of the individual concerned.

Internal reviews (complaints)

6.74 Appeals against any decision not to supply exempt information should be made to the Director of Corporate Affairs who will convene a review and decision from the PIT Panel.

6.75 A complaint about the Trust's Freedom of Information processes or procedures should be made to the Director of Corporate Affairs. The Trust will ensure there is a clear demarcation between the way in which the request has been handled and review of those procedures.

Complaints will be dealt with by:

Director of Corporate Affairs

Trust Headquarters

Level 1

Kings Mill Hospital

Mansfield Road

Sutton in Ashfield

Nottinghamshire

NG17 4JL

6.76 If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot make a decision unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>. Complaints to the Information Commissioner's Office should be sent to: FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113, email casework@ico.org.uk.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (e.g., verbal, formal report etc) and by who)
FOI activity and performance	Data Protection & Security Compliance Administrator and Information Governance Manager	Analysis of requests and responses	Quarterly	Information Governance Committee

8.0 TRAINING AND IMPLEMENTATION

8.1 Training

It is important that Divisional FOI Leads receive an awareness of FOIA. The FOIA features in IG training which all staff complete annually.

8.2 Implementation

8.2.1 The Head of Data Security and Privacy is responsible for the design and management of the Trust's FOIA procedures on behalf of the Director of Corporate Affairs.

8.2.2 All Corporate and Clinical Directors are responsible for implementing this policy and associated procedures within their respective Division.

8.2.3 All members of staff are responsible for the Trust's information that they create and use, which may be subject to a request for information under these access regimes and as such everyone should be made aware of this policy and supporting procedures.

8.2.4 Managers should ensure their staff are made aware of this policy and procedure.

8.2.5 The Information Governance Committee are responsible for reviewing and revising the policy/procedure by the specified review date or earlier if a review is considered necessary following a change in the law.

8.3 Resources

No additional resources are required.

9.0 IMPACT ASSESSMENTS

9.1 Equality Impact Assessment

An equality impact assessment has been undertaken and has not indicated that any additional considerations are necessary.

9.2 Environmental Impact Assessment

An environmental impact assessment has been undertaken and has not indicated that any additional considerations are necessary.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Data Protection Legislation
- Data Protection, Confidentiality and Disclosures Policy
- [Definition documents](#)⁸ on ICO Guidance on Model Publication Schemes
- Environmental Information Regulations 2005

⁸ <https://ico.org.uk/media/for-organisations/documents/1220/definition-document-health-bodies-in-england.pdf>

Related SFHFT Documents:

- Corporate Records Policy
- Email and Internet Policy
- Freedom of Information Procedure
- Information Governance Policy
- Information Security Policy
- Publication Scheme.

11.0 KEYWORDS

Publication scheme, requests, environmental requests.

12.0 APPENDICES

Refer to the list in contents table.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Freedom of Information Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 6th October 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	This policy can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.	This policy can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	Visual accessibility of this policy	Already in Arial font size 12. Use of technology by end user. This policy can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request	None
Sexuality	None	Not applicable	None

Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None
Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None
What consultation with protected characteristic groups including patient groups have you carried out?			
<ul style="list-style-type: none"> None 			
What data or information did you use in support of this EqIA?			
<ul style="list-style-type: none"> Trust guidance for completion of the Equality Impact Assessments. 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints, or compliments?			
<ul style="list-style-type: none"> No 			
Level of impact			
<p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p>			
Name of Responsible Person undertaking this assessment: Gina Robinson			
Signature: Jody Davies			
Date: 6th October 2023			

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce, and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider.	Yes/No	Action Taken (Where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No	
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.) 	No	
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No	
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example, use of a furnaces; combustion of fuels, emission, or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No	
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours, and other relevant stakeholders)? 	No	