

FREEDOM OF INFORMATION POLICY

Version Number	3.1	Version Date	June 2021
Policy Owner	Corporate Governance & Risk Manager		
Author	Corporate Governance & Risk Manager		
First approval date	September 2008		
Staff/Groups Consulted	Information Governance and Information Technology Oversight Group Company Secretary Corporate Governance & Risk Manager Corporate Services Assistant		
Approved by Information Governance and Information Technology Oversight Group	21 June 2021		
Next Review Due [6 month prior to expiry date]	December 2023		
Policy Expiry Date	June 2024		
Equality Impact Assessment Completed	Yes		

CONTENTS

1	RATIONALE	4
2	AIM	4
3	DEFINITIONS	4
4	SUBSIDIARY COMPANIES OF YDH	
5	ROLES & RESPONSIBILITIES	4
	5.1 Company Secretary	4
	5.2 Executive Directors	5
	5.3 General Managers	5
	5.4 All staff	5
6	GUIDELINES	5
	6.1 Receiving requests	5
	6.2 Administering a copying fee	5
	6.3 Charges for staff resources	5
	6.4 Timetable for requests	5
	6.5 Supplying information	6
	6.6 Signing off requests	6
	6.7 Refusal of requests	6
	6.8 Complaints procedure	6
	6.9 Advice and assistance	7
	6.10 Publication of responses	7
7	RAISING STAFF AWARENESS	7
8	PUBLICATION SCHEME	7
9	IMPLEMENTATION, MONITORING AND EVALUATION	7
10	ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL	8

1. RATIONALE

Yeovil District Hospital NHS Foundation Trust regards the Freedom of Information Act 2000 as an important mechanism in achieving an honest and safe relationship with the Public in accordance with the Government's commitment to greater openness in the public sector. In certain circumstances, failure to comply with the Act becomes a criminal offence.

2. AIM

This policy relates to records held by the Trust and applies to all Trust staff who must adhere to this policy. Managers must ensure that employees, locums, bank nurses, agency nurses, volunteers and other contractual staff are made aware of this document. Patient records are not covered by this Act and remain confidential under the General Data Protection Regulations (GDPR) 2016 and Data Protection Act 2018.

Section 1 of the Freedom of Information Act gives a general right of access from 1 January 2005 to recorded information held by the Trust, subject to certain conditions and exemptions contained in the Act. Any applicant making a request in writing (including email and fax) is entitled:

- To be informed in writing whether the Trust holds the information described in the request
- If the Trust holds the information to have that information communicated to them.

The Freedom of Information Act does not change the right of patients to protection of their patient confidentiality in accordance with Article 8 of the Human Rights Convention, the Data Protection Act, GDPR and at common law. Maintaining the legal right to patient confidentiality continues to be an important commitment on our part.

3. DEFINITIONS

This is known as the "duty to confirm or deny" and is fully retrospective in that if the Trust holds the information it must, subject to certain terms and conditions, provide it.

4. SUBSIDIARY COMPANIES OF YEOVIL DISTRICT HOSPITAL (YDH)

Any employees of subsidiary companies of YDH will adhere to this policy and will receive consistent training in relation to policy implementation.

Requests for information regarding information held by Yeovil Hospital or Simply Serve Limited will be managed by the YDH FOI Team. Requests received by Symphony Healthcare Services Limited (SHS) will be managed by the Central SHS Team with advice and support provided by the YDH FOI Team.

5. ROLES AND RESPONSIBILITIES

To assist the Trust in fulfilling its statutory obligations:

5.1 Corporate Governance & Risk Manager

The Corporate Governance & Risk Manager is accountable for the administration of this policy. They will have overall responsibility for the implementation of this policy and for monitoring and reviewing its effectiveness. They will:

- i) Ensure that senior managers and consultants fulfil their responsibility in ensuring that this policy is adhered to.
- ii) Ensure that full commitment and support is provided and maintained in relation to the administration of this policy.
- iii) Ensure an organisation Freedom of Information (FOI) Lead is appointed as a point of contact for all FOI matters. The FOI Lead will be the Corporate Services Assistant.
- iv) To deal with complaints under the FOI Act (Section 6.8)

5.2 Executive directors

Executive Directors are managerially responsible for ensuring that this policy/procedure is followed within their area of responsibility. They will:

- i) Provide support to all staff that may be faced with difficulty in implementing this policy.
- ii) Ensure service managers are aware of the identity of the FOI Lead.

5.3 General Managers

General Managers are managerially accountable for all staff in their area of responsibility. They will:

- i) Ensure their department provides the information for the FOI lead within the timescale required
- ii) Ensure all their staff are aware of and adhere to this policy.
- iii) Ensure their staff are aware of whom to go to for day-to-day advice.
- iv) Identify the systems or databases used to record information in their service area.
- v) Maintain a database of records kept within their areas.

5.4 All staff

All staff are obliged to adhere to this policy. A failure to adhere to this policy and its associated procedures may result in disciplinary action.

6. GUIDELINES

6.1 Receiving requests

Requests must be made in writing; this includes e-mails. The request must include the name of the applicant and an address for correspondence. It must fully describe the information requested. Requests received by any member of staff must be forwarded to the FOI Lead immediately.

6.2 Administering a copying fee

Charges will be levied for hard copies amounting to more than ten pages, multiple copies or copying onto media. These are published on the Trust website.

6.3 Charges for staff resources

The Act provides guidance on charging for staff time taken to extract the information. The Trust reserves the right to make a charge for providing information which takes longer than the recommended time to extract. The FOI lead will exercise discretion in applying any charges. If a charge is made, the FOI lead will inform the applicant in writing before proceeding.

6.4 Timetable for requests

Requests will be responded to within the 20 day limit set by the Act, provided that all of the criteria set for the request, sufficient information, name, address, fee, etc. have been satisfied.

6.5 Supplying information

When responding to a request for information consideration must be given to any preferences expressed in the request for method of communication of the reply. The Trust will so far as is reasonably practicable give effect to that preference in accordance with Section 11 of the Act.

6.6 Signing off requests

The Corporate Governance and Risk Manager has delegated responsibility to sign off FOI requests. When appropriate, at the Corporate Governance and Risk Manager's discretion, requests will be referred to the relevant Executive Director or the Chief Executive for final approval. All media requests will require sign off by the Associate Director of Communications.

6.7 Refusal of requests

The Trust may refuse a request for information for a number of valid reasons, some examples are:

- Exemptions
- Data Protection Act 2018 and the General Data Protection Regulations
- Publication Scheme

Where a request for information has been refused, the Applicant must be informed of the refusal and reason why, in writing, within the time defined in the Act.

The Act provides for exemptions to be made in the provision of information. These include:

- Information reasonably accessible by the applicant elsewhere.
- Information intended for future publication.
- Personal Data (as defined by the Data Protection Act 2018 and the General Data Protection Regulations).
- Information likely to prejudice the commercial interests of the Trust.
- Information relating to security.

Where there is a decision to rely on an exemption from the obligation to disclose the information, the applicant must be informed within 20 working days. This notice must state which exemption is being applied and the reason why.

The FOI Lead will provide guidance on these exemptions as required.

6.8 Complaints procedure

The Trust shall set in place a system for dealing with any complaint from an applicant. A formal process for complaints shall address the most common issues, such as non-disclosure of information or undue delay in responding.

The Corporate Governance and Risk Manager will, on receipt of a complaint, refer the complaint to the Trust's Company Secretary to consider the complaint and response from the Trust. The complainant must be informed in writing of the outcome of the complaint. If the requestor is still dissatisfied with the response provided by the Trust, the requestor has the right to refer the matter to the Information Commissioner and must be informed of this right.

6.9 Advice and assistance

The Trust has a duty to provide advice and assistance to applicants and would-be applicants - it will do this taking into account other statutory duties, e.g. the Disability Discrimination Act 1995. The FOI Lead will co-ordinate the discharge of this duty.

6.10 Publication of responses

Responses will be published on the Trust website as part of the Publication Scheme

7. RAISING STAFF AWARENESS

All staff need to be aware that any information which they write down, either by hand or on a computer, could be subject to a FOI request. Staff are made aware of this during staff induction and through information governance mandatory training.

8. PUBLICATION SCHEME

The Freedom of Information Act will support the Trust Publication Scheme which is a complete guide to the information routinely published by Yeovil District Hospital NHS Foundation Trust. It is a description of the information about our Trust, which we make publicly available.

9. IMPLEMENTATION, MONITORING AND EVALUATION

Responsibility for implementation, monitoring and evaluation is identified in the Trust's Policy on Procedural Documents. The FOI Lead will review the policy to see if it is working effectively by the analysis of responses made from FOI requestors. These will be reported to the Information Governance and Information Technology Oversight Group

ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer

Organisation prepared for	Yeovil District Hospital NHS Foundation Trust		
Version	2	Date Completed	14 June 2021
Description of what is being impact assessed			
Freedom of Information Policy			
Evidence			
What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics , Somerset Intelligence Partnership , Somerset's Joint Strategic Needs Analysis (JSNA) , Staff and/ or area profiles ,, should be detailed here			
Not applicable – no impact as requests are considered motive and applicant blind.			
Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?			
Not applicable – no impact as requests are considered motive and applicant blind.			

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Disability	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Gender reassignment	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Marriage and civil partnership	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Pregnancy and maternity	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Race and ethnicity	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Religion or belief	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Sex	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Sexual orientation	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	<ul style="list-style-type: none"> n/a 	<input type="checkbox"/>	✓	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
n/a	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

n/a

Completed by:	Samantha Hann
Date	14 June 2021
Signed off by:	Ben Edgar-Attwell
Date	14 June 2021
Equality Lead/Manager sign off date:	Not required as no significant change to the policy
To be reviewed by: (officer name)	Not required as no significant change to the policy
Review date:	June 2024