



Freedom of Information Policy

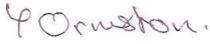
Document Control Sheet

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Originating Directorate	Chief Executive
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Date Approved by Policy Review Group	Not applicable
Ratifying Committee	Executive Risk Management Group
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Signature of Chairman of Ratification Committee	<i>P. Ormston</i>
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Table of Revisions

Version number	Status	Document section	Description of change	Author	Date revised
02	Draft	Full Review	Full review of previous version. Policy also incorporates the recommendations from Sunderland Internal Audit's report of the Fol process in December 2014	Assistant Director of Communications & Engagement	02 April 2015
03	LIVE	Q-Pulse ref	Updating q-pulse ref number		18th December 2015

Executive Directors Signature

Directors signature	Print name	Date
	Yvonne Ormston	25 August 2015
	Roger French	24 August 2015
	Paul Liversidge	24 August 2015
	Joanne Baxter	24 August 2015
	Caroline Thurlbeck	24 August 2015

Executive Directors who will be responsible for ensuring staff within their directorates abide by the policy should sign here to evidence they have seen the policy and agree to its content.

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1. Introduction

- 1.1. The Freedom of Information Act 2000 ('the FoI Act') provides individuals and organisations with the right to request information held by public authorities. Requests must be made in writing and the information must be provided to those who request it within 20 working days, subject to exemptions.
- 1.2. The North East Ambulance Service NHS Foundation Trust ('the Trust') is fully committed to the aims of the FoI Act and recognises its importance. To assist organisational compliance with the Act, the Trust will endeavour to ensure that:
 - The majority of information is made available through the Trust Publication Scheme which is based on and in-line with, the new model produced by the Information Commissioner's Office in 2008.
 - Other information is readily available on request.
 - If the information requested is subject to an exemption and it is not an absolute exemption, then the Trust will conduct a 'public interest test' to determine whether the information can be released.

2. Purpose

- 2.1 This policy outlines the Trust's approach to responding to requests for information made under the FoI Act (see Appendix E for process map).
- 2.2 It provides a framework to ensure that the Trust fully endorses and adheres to the principles of the Act and meets the standards set out in the Lord Chancellor's Code of Practice on satisfying public authorities' obligations under this legislation.
- 2.3. This policy aims to ensure access to information in order to promote greater openness and to build public trust. Access to information about decisions we take can help local people to influence local service provision. This will be balanced against the need to ensure the confidentiality of certain information in areas such as personal information and commercially sensitive information.

3. Scope

- 3.1 This policy is intended to cover all records created in the course of the business of the Trust. This includes email messages and other electronic records.
- 3.2. The policy covers all requests for information except requests from individuals for their own personal data and normal 'business as usual' type requests.

- 3.3 The policy outlines good practice and identifies the responsibilities of Trust staff in terms of the FoI Act.

4. Roles & Responsibilities/Duties

- 4.1 Ultimate responsibility for Freedom of Information rests with the Chief Executive of the Trust but all staff members who record information, whether on paper or by electronic means, also have responsibilities under the Act and under this policy.

4.2 The Freedom of Information Lead

- 4.2.1 The FoI Lead (Trust Secretary) is responsible for responding to and processing all non-routine FoI requests received by the Trust. The role is a co-ordinating, enabling and advising one in respect of both policy and best practice.

- 4.2.2 The Assistant Director of Communications & Engagement will act as FOI lead in the absence of the Trust Secretary or as deputy when appropriate.

- 4.2.3 The Freedom of Information Lead within NEAS is:

The Trust Secretary,
Chief Executive Office,
North East Ambulance Service NHS Foundation Trust,
Bernicia House,
The Waterfront,
Goldcrest Way,
Newburn Riverside,
Newcastle upon Tyne
NE15 8NY

- 4.2.4 It is this person's responsibility to liaise with the Information Governance (IG) Manager and the Information Governance Working Group to:

- a) Ensure organisational compliance with the FoI Act.
- b) Maintain the currency of this policy and liaise with the communications department to maintain the NEAS Publication Scheme.
- c) Promote FOI awareness throughout the organisation.
- d) Ensure the general public has access to information about their rights under the FOI Act.
- e) Assist with investigations into complaints and appeals connected to FoI.
- f) Initiate the setting up of an ad-hoc FoI review group as and when required.

- g) Liaise and work with other employees responsible for information handling activities, e.g., Caldicott Guardian and Information Governance Manager.

4.3 Departmental Managers

4.3.1 Managers are responsible for ensuring that:

- a) Information is supplied to the Fol Lead when requested for inclusion within the Publication Scheme or for replying to an information request within the timeframe outlined.
- b) Freedom of Information issues within their areas are managed in a way that meets the provisions of the Trust's Fol policy.
- c) Information not included within the Scheme is created and stored in accordance with Trust procedures and processes to enable easy location when required.

4.4 Fol Group/sub-group of Information Governance Working Group

4.4.1 A Fol group, involving interested parties, will be formed on an ad-hoc basis to consider any specific Fol requests which require the application of the 'public interest test' (see paragraphs 5.16 to 5.18) or further discussion on whether to disclose information.

4.4.2 The Information Governance Working Group is responsible for:

- Monitoring progress on the Trust's compliance with the Act
- Reporting on Fol issues to the Board, as appropriate
- Ratifying decisions on contentious Fol matters, e.g.:
 - whether to supply information to which an exemption applies
 - deciding whether requests are vexatious

4.5 Other members of staff

4.5.1 All staff have individual responsibility for:

- complying with the provisions of the Fol Act
- making themselves aware of their obligations under the Act
- creation of their own records and for adhering to the Trust's Records Management procedures and processes
- informing their Departmental or line managers of the creation of any new categories of document

4.5.2 A directory of roles and areas of responsibility has been prepared and is available for use by the Fol team to direct requests and ensure consistency. A lead and deputy has been identified for each department/functional area and requests will be coordinated through those individuals.

5. Policy Content

5.1 Publication Scheme

5.1.1 To comply with the FoI Act, the Trust has a Publication Scheme which specifies:

- what the Trust makes routinely available to the public as a matter of course
- how it will make the information available (i.e., electronic or hard-copy)
- whether the information is available free of charge or if payment is required

5.1.2 The Trust has completed its Scheme and made it available on-line. The Publication Scheme will be regularly reviewed and updated to ensure that the information contained within it is fully up to date and relevant. The Information Governance Manager will be responsible, in liaison with the Communications Department, for co-ordinating these reviews.

5.1.3 Requests for a copy of the Publication Scheme and requests for information contained within the Scheme may be made to the Trust Secretary, or on the internet site <http://www.neas.nhs.uk/about-us/information-and-assets.aspx>

5.1.4 Responses to FOI requests will be published on the Trust's website (with personal information of the requester redacted) by the Governor Support Officer. The frequency of publication will be such that responses from any month will be uploaded to the website www.neas.nhs.uk by the end of the following month at the latest.

5.2 Non-Routine /Specific Requests

5.2.1 The FoI Act confers three general rights on the public, a right to:

- be informed whether a public body holds certain information
- obtain a copy of that information, and
- to an internal and external review in the event of any decision to withhold information

5.2.2 Information that is not already available to the public via the Trust's Publication Scheme will be generally accessible via the mechanism of a written request, this includes email.

5.2.3 The requestor does not need to tell the Trust that their request is made under the FoI Act and the Trust is not entitled to know why the requestor wants the information.

5.2.4 Where possible, the information will be supplied in the format requested by the applicant. However, requests can be met by providing a copy of the original document, as a summary of the original or even by allowing the applicant to visit the Trust to read the document(s).

5.2.5 Although the Trust must respond to any request within 20 working days, further details can be requested by the Trust in order to clarify, identify and locate the information being requested.

5.3 Charges and Fees

5.3.1 Information made available through the Trust's Publication Scheme will be free of charge unless otherwise specified, however; In cases where the cost of providing a written request exceeds the appropriate limit (as specified in the Fees Regulations) the Trust may charge a fee for dealing with it. Any fee levied will be calculated according to the provisions of the Fees Regulations published by the Ministry of Justice. However, a public authority is not obliged to comply with a request for information if it estimates that the cost of determining if it holds the information, locating and retrieving the information and where necessary, extracting the information would exceed the appropriate fees limit set down under Section 12 of the Act.

5.3.2 The Trust will, where possible, work with the requestor to try to reduce the amount of work involved so that some of the information can be provided. In certain circumstances the Trust can offer the requestor the option of paying for the information. In this instance, the requestor would have to pay the full cost.

5.4 Exemptions

5.4.1 Whilst the FoI Act provides for the right of access to information held, it also affords a number of exemptions from this right in order to permit public authorities to withhold some or all of the information requested where justifiable.

5.4.2 The exemptions fall into two categories:

- those that are 'absolute' where the Trust may withhold the information without considering any public interest arguments, and
- those that are 'qualified' i.e., that, although an exemption may apply to the information, it will nevertheless have to be disclosed (unless the public interest in withholding it is greater than the public interest in releasing it)

5.4.3 In respect of the absolute exemptions, the Trust does not have to confirm or deny that it holds the information if, to do so, would in itself provide exempt information.

5.4.4 The 'public interest test' requires that the information should be withheld under exemption if, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing it.

- 5.4.5 If the Trust receives a vexatious request or repeated request it is not obliged to comply with the request. Decisions on whether a request is vexatious will be taken by the Fol Group with the assistance of legal advice where necessary.
- 5.4.6 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. Reasonableness will be determined by the Fol Group.

5.5 Appeals and Complaints

- 5.5.1 In the first instance, if requestors are not satisfied with any aspect of their response, they can request the Trust to undertake an internal review which will be carried out by someone not involved with the original request (see Appendix F for the process of the review).
- 5.5.2 Generally, the Trust’s Consultant Paramedic will undertake this review and will aim to provide a full response to the requestor within 20 working days of receiving it. If the complaint is complicated and takes longer to investigate, an explanation will be given as to why and when the requestor can expect a response.
- 5.5.3 If a requestor is dissatisfied with the outcome of the internal review, they can seek a further review with the Information Commissioner directly:

Post: Information Commissioner's Office,

WycliffeHouse
 WaterLane
 Wilmslow
 Cheshire
 SK9 5AF

Fax: 01625 524 510

Tel: 01625 545 700

Email: mail@ico.gsi.gov.uk

6. Glossary of terms

This policy uses the following terms:

Freedom of Information (Fol) Act	The Fol Act provides individuals and organisations with the right to request information held by public authorities.
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7. Monitoring

7.1 Compliance and Effectiveness Monitoring Table

Monitoring Criterion	Number of FOI requests received per month and number responded to within timescales
Who will perform the monitoring?	FOI Officer provides data to Performance Manager for inclusion in the Board Performance Report
What are you monitoring?	20 working days to respond to FOI requests
When will the monitoring be performed?	For each FOI request received
How are you going to monitor?	Date check in Ulysses system
What will happen if any shortfalls are identified?	Escalated to FOI lead
Where will the results of the monitoring be reported?	Information Governance working group
How will the resulting action plan be progressed and monitored?	As above
How will learning take place?	As above

7.2 Key Performance Indicators (KPI)

Key Performance Indicators have been agreed with the Information Governance Working Group and are reported to that forum as a standing agenda item at each of its meetings

8. References

This document refers to the following guidance, including national and international standards:

Procedural Governance Documents must list any legislation that they refer to or are based on. Document Owners should provide an evidence base for Procedural Governance Documents with up to date references. It is recommended that all references are cited in full with the date of issue. Where applicable, these Documents should refer to the relevant NICE guidance.

9. Associated Documentation

This document refers to the following Trust policies and procedures:

The Freedom of Information Policy is part of a set of Information Governance policies that form a basis for the sound management of the Trust's information resources. Other key documents include:

- Information Governance Strategy (QSSD 1309)
- Procedure for Handling Requests for Information under the FoI Act (GEN 304)
- NEAS Publication Scheme (NEAS website (<http://www.neas.nhs.uk/about-us/information-and-assets.aspx>))
- Records Management Policy (QSSD 1315)
- Data Protection Policy (QSSD 1316)
- Subject Access Requests (QSSD 1318)
- Confidentiality Code of Conduct (QSSD 1302)
- Environmental Information Regulations – NEAS Procedure Note

Appendices

Appendix A Equality Screening

Equality screening which must be conducted to determine if there is a potential differential impact. If there is, a full Equality Impact Assessment must then be carried out.

Date of screening	30 March 2015
Name of assessor	Mark Cotton
Job title	Assistant Director of Communications & Engagement
Signature of assessor	

Equality Group	Does this document have a potential impact on any of the equality groups?	If yes, please describe the potential impact	Is this impact legal and justifiable? If yes, please explain how
Age	No		
Disability	No		
Gender	No		
Gender reassignment	No		
Marriage and civil partnership	No		
Maternity and pregnancy	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		

Equality Impact Assessment required?	No
1. Identify the aims of the document	
From the screening, what are the key issues and which equality groups are affected?	
What is the aim of the document?	
What are the intended outcomes of the document	
How will you measure the outcomes?	
Who is intended to benefit and how?	
2. Legislative compliance	
Does the document prevent the promotion of equality of opportunity or good relations between different equality groups? Please state how.	
Does the document/service provision infringe an individual's human rights? Please state how.	

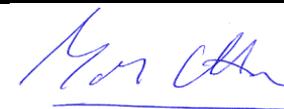
3. Considering alternatives	
Can changes be made to the document/service to reduce the impact? (such as amending the wording of a policy or changing a procedure) If Yes, please detail the changes and proceed to Section 6. If No, proceed to section 4	
4. Gathering information	
Please state the relevant qualitative information that is already available that is being used for this EIA.	
Please state the relevant quantitative information that is already available that is being used for this EIA.	
Are there any gaps in your information and if so how are you going to address those?	
5. Partnership working, consultation and involvement	
Do you need to involve, consult or work in partnership with any community group? Y / N If Yes, please state which community group(s).	
Do you need to involve, consult or work in partnership with any staff groups? Y / N If Yes, please state which staff group(s).	
Do you need to involve, consult or work in partnership any specialist services, groups or practitioners? Y / N If Yes, please state which services, groups or practitioners.	

Action	Benefits / Rationale	Lead	Timescale	Measures of Success	Age	Disability	Gender	Gender reassignment	Marriage and civil partnership	Maternity and pregnancy	Race	Religion or belief	Sexual orientation
1.													
2.													
3.													
4.													

Appendix B Review Process Checklist – Author to complete

Compliance Checks	Author to Complete			
	Yes/ No	Details	Comments	Action Needed
Has the document been consulted upon? (please detail stakeholders that have been consulted)	Y	IG Working Group Members/ Governor Support Officers(2) & Fol Lead		
Has the document been agreed by a sub group of the relevant Approval Committee? (if so, please specify the subgroup(s) here and confirm the date the document was endorsed by the group.	Y	IG Working Group		
Approval: JCC (if appropriate)?	N/A			
Why has this document been amended? i.e. full review, particular section/new etc.		Review		
Has table of revisions been completed?	Y			
Has the document author clearly identified?	Y			
Has the document sponsor been identified and consulted with	Y			
Has the date of the Ratifying Committee meeting to which the document will be submitted been specified?	N	Yes		
Has the Ratifying Committee been correctly identified?	N	Yes		
Has the Originating Directorate been notified?	Y			
Has the scope of the document been identified?	Y			
Content: intended outcomes clearly described?	Y			
Has the date the Document will next be reviewed been noted? (If less than the standard 3 years, please provide an explanation why)	Y			
Has the monitoring table been correctly completed?	Y			
Has the Equality Impact Screening been completed?	Y			
If warranted from the above has the Equality Impact Assessment been completed?	Y			
Has the financial implications been considered?	Y			
Has the Document been assessed as to whether its circulation should be restricted/unrestricted? If so, the outcome of this assessment should be noted on the front sheet	Y	Unrestricted		
Does the policy need to be available to the public? If so once ratified Communication team need a copy				
Name a member from the subgroup to be present to respond to any questions if author unavailable		Tracy Mullen		
Date of Policy Review Group Submitted to			02.04.15	
Authors Name			Mark Cotton	

Authors Signature



Appendix C Compliance Checklist – Policy Review Group

Approving Sub Committee:	Policy Review Group to Complete		
Compliance Checks	Yes/No	Comments	Actions Needed
Has the front page document been completed fully?	Yes		
Has the author completed checklist? And has this been checked by the group?	Yes		
Style and Format			
Has the correct template been used?	Yes		
Procedural Documents must use the Arial font style bold text size 12	Yes		
Section and paragraph heading should be numbered and in bold.	Yes		
Is it the EIS and EIA if applicable the latest version?	N/A		
Is the title of the Document clear and unambiguous?	Yes		
Has the new version number been amended on the Control Sheet, and Footer of each section?	No	To Add	Added
Has the version control/revision table been updated?	Yes		
Has the Document type been identified? (Policy/Procedure?)	Yes		
Explanation of Terms Used			
Acronyms are first used with explanation.	Yes		
Glossary of Terms used if helpful to the procedural documents understanding.	Yes		
Consultation & Review Arrangements			
Is it clearly apparent that the document has been consulted upon?	Yes		
Has the monitoring table been completed?	Yes		
If the monitoring of this document involves members of other teams or Health Groups, have they been informed?	N/A		
Has the name/job title of the Non Executive Chairman of the Approval Committee been correctly identified?	Yes		
Associated documents and supporting references			
Are there full references to other Trust Policies that the Policy refers to or is associated with.	Yes		
Following satisfactory review by Policy Review Group			
Has the ratification Committee been identified and is this the right committee?	Yes		

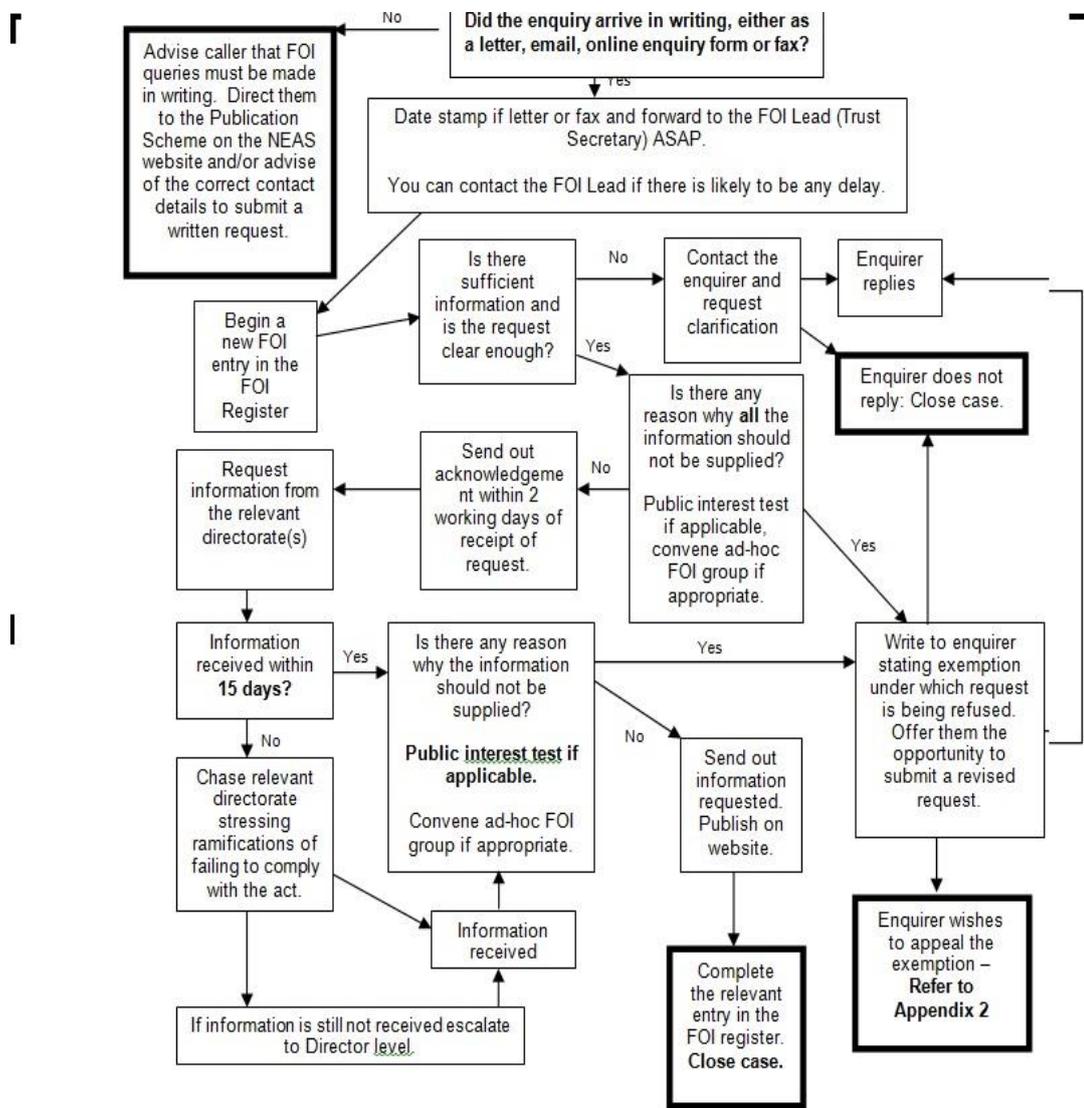
Is there timescales identified for monitoring and reporting to appropriate committee?	Yes		
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Policy Review Group Outcome	Reviewed successful
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Appendix D Quality Team Checklist

Quality Team Checklist	Yes/No	Comments
Document Control Sheet complete with signatures?		
Table of revisions complete?		
All footers and watermark updated?		
Page numbers updated?		
Review process checklist and compliance checklist complete?		
Previous version of policy archived?		
QPulse upload date complete?		
Policy available to relevant staff groups?		
Process completed: Quality Team	Date	Signature

Appendix E Freedom of Information Process



Appendix F Freedom of Information Review Process

