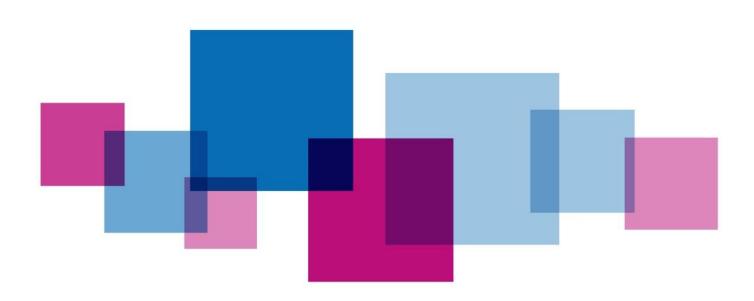


Freedom of Information Policy



Please complete the table below:

To be added by corporate team once policy approved and before placing on website

Policy ref no:	8
Responsible Executive Director:	Shane Devlin, Chief Executive
Author and Job Title:	Lucy Powell, Corporate Support Officer
Date Approved:	1 July 2022 (as part of the Core Policies approval)
	1 st February 2024
Approved by:	ICB Board
Date of next review:	February 2026 (Every two years)

Policy Review Checklist

	Yes/ No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	See Appendix 1
Has the review taken account of latest Guidance/Legislation?	Yes	The Policy is compliant with: the Freedom of Information Act 2000, and the Data Protection Act 2018 and the UK General Data Protection Regulation 2018 (the Data Protection legislation)
Has legal advice been sought?	No	Specialist advice has been taken from the Information Governance Advisors. Information Governance is represented on the Corporate Policy Review Group.

	Yes/ No/NA	Supporting information
Has HR been consulted?	Yes	Specialist advice has been taken from HR. HR is represented on the Corporate Policy Review Group
Have training issues been addressed?	Yes	Training is referenced in the policy. The ICB's Information Governance training includes Freedom of Information; this training is mandatory and annual. Training on ICB specific procedures as set out in the appendix will be tailored to relevant staff groups and will be at least annual.
Are there other HR related issues that need to be considered?	No	There are no HR issues raised in the policy
Has the policy been reviewed by Staff Partnership Forum?	No	The policy does not raise HR issues and has not been reviewed by the Staff Partnership Forum
Are there financial issues and have they been addressed?	No	There are no financial issues.
What engagement has there been with patients/members of the public in preparing this policy?	N/A	This policy describes a statutory responsibility and there has been no engagement with patients/members of the public beyond that undertaken by government as part of the legislative process
Are there linked policies and procedures?	Yes	Associated policies and procedures are recorded in the policy



	Yes/ No/NA	Supporting information
Has the lead Executive Director approved the policy?	Yes	Shane Devlin, Chief Executive
Which Committees have assured the policy?		Corporate Policy Review Group and Audit and Risk Committee. Both provided feedback which has been included.
Has an implementation plan been provided?	Yes	See Appendix 2
How will the policy be shared with staff, patients and the public?	Yes	The policy will be published on the ICB website and intranet and will be featured in the internal news communication. Implementation will be monitored through Information Rights reports to the Audit and Risk Committee
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	Yes	A DPIA has been developed and approved
Have Data Protection implications have been considered?	Yes	The Policy is compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation 2018 (Data Protection Legislation)



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Freedom of Information Policy

1 Introduction

The Freedom of Information (FOI) Act 2000 provides clear statutory rights granting the public access to recorded information held by Public Authorities, subject to certain exemptions as outlined in the Act. It is intended to promote a culture of openness and accountability of public sector bodies.

Within the context of the Freedom of Information Act, the term 'information' is defined as every piece of information held by NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB), whether paper or electronic. It includes but is not limited to all documents, agendas, minutes, emails and calendar entries and is inclusive of handwritten notes and draft documents.

The FOI legislation is applied to all information held by public authorities regardless of the date, for BNSSG ICB this includes information held by predecessor organisations.

BNSSG ICB also has a duty to provide and maintain a publication scheme, detailing information that it holds and how this can be accessed.

1.1 BNSSG ICB Values

This policy supports the values by outlining the process through which a statutory obligation will be fulfilled therefore demonstrating "We do the right thing". This Policy outlines the expectation that staff will "Act with integrity" by complying with the Freedom of Information Act 2000. The Policy also "Supports each other" by providing information to support staff in responding to requests.

2 Purpose and scope

This policy sets out the ICB's legal obligation to comply with the Freedom of Information Act 2000, in providing access to the public, service users, staff, journalists and anybody else who wishes to see BNSSG ICB's information. The policy is not designed to be a guide for ICB staff in complying with the Freedom of Information Act. Guidance for staff will be provided through training and the procedural documentation (Appendix 3).

This policy applies to all staff, regardless of whether they hold a corporate or clinical role and includes:

- Individuals on the ICB Board and Committees
- Employees including those seconded to BNSSG ICB



- Third parties acting on BNSSG ICB's behalf (including commissioning support and shared services)
- Agency, locum and other temporary staff engaged by BNSSG ICB
- Students, including those on work experience, trainees and apprentices.

3 Duties - legal framework for this policy

The Freedom of Information (FOI) Act 2000 provides public access to information held by public authorities. Public authorities are obliged to publish certain information about their activities and members of the public are entitled to request information from public authorities.

The Freedom of Information Act 2000 covers any recorded information that is held by a public authority.

The FOI legislation is retrospective and applies to all information held by public authorities. It does not oblige public authorities to retain information which is no longer useful to the authority.

The FOI Act is overseen by the Information Commissioner who has the ability to monitor organisational compliance, issue undertakings, serve information and enforcement notices and, if needed, initiate court proceedings to ensure compliance.

The Act does not give people access to their own personal data such as their health records. If a member of the public wants to see information that a public authority holds about them, they should make a data protection Subject Access Request. The processes for these requests are included in the ICB Individual Rights Policy.

4 Responsibilities and Accountabilities

The Chief Executive has overall responsibility for the Freedom of Information policy. The implementation and compliance with the policy is delegated to the Corporate Secretary. This responsibility includes:

- Setting out a process for dealing with Information requests
- Facilitating the provision of education and awareness for staff, ensuring that basic principles are part of the ICB's induction processes.
- Developing the approach to publication and maintenance of the publication scheme
- Bi-Annual review of policy, process and code of practice (or more frequently if appropriate, with regard to changes in legislation or guidance from the Information Commissioner)



 Management of the team responsible for the delivery of functions set out in this policy.

The Information Rights team are responsible for the delivery of the functions related to processing and responding to FOI requests. This responsibility includes:

- · Acknowledging and logging request
- Sending requests to the appropriate team for a response
- Undertaking redactions and writing public interest tests as required
- Facilitating Executive Director approval processes and sending the final response to the requester
- Processes and manages the internal review process

BNSSG ICB has designated the Corporate Support Officer as the Publication Scheme Co-ordinator.

Line Managers are responsible for ensuring that staff undertake their mandatory training and are aware of requirements associated with FOI, and that time is prioritised to support timely responses to FOI enquiries.

All staff are responsible for:

- Creating and maintaining records which are accurate, appropriate and retrievable. This will include adherence to standards for referencing, titling, filing and authoring documents, both electronically and on paper. The Records Management Policy defines the expectations of staff and should be read in conjunction with the FOI Policy.
- Ensuring that requests for information are passed in a timely manner to staff who are responsible for processing FOI requests, including where a request has been sent to the wrong recipient in the ICB by the Information Rights team.
- Ensuring that disclosures are not made outside of the defined FOI process, so that inappropriate disclosures are avoided.
- Ensuring that documents that are within the classes of information of BNSSG ICB's publication scheme are provided for publication in a timely manner.
- Bringing new documents or classes of information that have not been previously published to the attention of the Corporate Support Officer in a timely manner, who will facilitate agreement on publication of information.

Staff responsibilities are set out in contracts of employment. A breach of these responsibilities could result in disciplinary action.



The Freedom of Information Act makes it an offence to alter, deface, block, erase, destroy or conceal any record held by BNSSG ICB, with the intention of preventing disclosure to all or part of the information that an applicant is entitled to. Penalties can be imposed on both BNSSG ICB and employees for non-compliance with the Freedom of Information Act.

5 Definitions/explanations of terms used

The Freedom of Information Act 2000 covers any recorded information that is held by a public authority. Recorded information includes printed documents, computer files, letters, emails, photographs and sound or video recordings.

There are special categories of personal data which require a higher level of protection. These are: race, ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, health data, sex life and sexual orientation. Consideration of these characteristics has been set out in section 8.1.

6 Publication Scheme

The Freedom of Information Act Section 19 makes it a duty for every public authority to adopt and maintain a scheme relating to the publication of information by that authority, which is approved by the Information Commissioner. It is also a duty to publish information detailed in the scheme and to review the scheme regularly.

Information that BNSSG ICB publishes as part of its publication scheme and website will be the list of information available for re-use. Any published document can be re-used without charge, provided BNSSG ICB is quoted as the source and retains copyright where appropriate. This will be noted on the publication scheme.

The scheme must specify the classes of information, the manner of publication and whether the material will be provided free of charge or on payment.

The general headings of the scheme are as follows:

- 1. Who we are and what we do
- 2. What we spend and how we spend it
- 3. What our priorities are and how are we doing
- 4. How we make decisions
- 5. Our policies and procedures
- 6. Lists and registers
- 7. The services we offer



The publication scheme of BNSSG ICB can be found on its website.

Freedom of Information Publication Scheme - NHS BNSSG ICB

The Corporate Support Officer is responsible for ensuring the review of the scheme on at least an annual basis, seeking revised approval from the Information Commissioner's Office if classes are added or deleted from the scheme. The Publication Scheme will also state what sort of information is regarded as exempt, outlining the nature of the exemption applied.

BNSSG ICB will publish FOI request responses on its website.

7 Managing Requests for Information

The Corporate Secretary will ensure that the ICB has a full and efficient process for responding to requests received. This will include awareness for all staff of how the ICB will manage a request.

Staff receiving requests for information should pass them as soon as they are received to the Freedom of Information Team through their dedicated email address bnssg.foi@nhs.net

The ICB has 20 days after the date of receipt to respond to the request. The date of receipt is the day on which the request is delivered anywhere within the ICB. An exception to this is where te request has been emailed to an absent member of staff, with an out of office containing instructions on how to redirect the message. If this is so, the date of receipt will be the day the request arrives in the inbox of the contact.

All requests will be logged and the response process and outcome documented.

7.1 Defining a Valid FOI Request

As defined in Section 8 of the FOI Act, to meet all the requirements of a valid FOI request, a request must:

- be received in writing
- contain the name and correspondence address for the applicant
- include sufficient information to enable BNSSG ICB to identify the information requested.
- be received in a legible form
- be capable of being used for subsequent reference

The term "in writing" covers requests submitted by letter and electronic form, including those sent via social media. The request does not have to make a direct reference to the Act or be the sole or main theme of the requester's correspondence.



When determining whether or not a name is valid, where a requesters name is an obvious pseudonym or only includes a part of their real name then the request will only be valid if their real name is visible elsewhere in the body of the request. There are sections under the FOI Act where a requester's identity can be relevant such as when the ICB is considering:

- aggerating the cost of requests (Section 12)
- refusing a request as vexatious or repeated (Section 14)
- whether information is reasonably accessible to the requester by other means (Section 21)
- whether the requester is requesting their own personal data (Section 40)

The Information Commissioner advises that in most cases it is appropriate to accept the name provided at face value and there is no requirement for public authorities to routinely check identities.

However, if the requester does not supply their real name, they will be unable to make a complaint to the Information Commissioner if they are dissatisfied with the ICB response. This is because the Information Commissioner's powers only extend to valid requests for information which include the name of the applicant.

BNSSG ICB, under Section 16 of the Act, is under a duty to provide advice and assistance to members of the public making a request and will take all reasonable steps to advise anyone whose request does not fulfil the above criteria about what is required by the ICB to progress their request. The timing for response does not commence until the ICB has sufficient detail to consider its response. Any communications to clarify a request will be undertaken without unnecessary delay.

Any requester whose request has been refused will be informed of this decision within twenty working days and be informed that they may request an internal review of the decision.

7.2 Vexatious Requests

Under Section 14(1) of the Act, the ICB does not have to comply with a request if it is vexatious. Section 14(1) can only be applied to the request and not the requester. If the ICB believes a request is vexatious it must be reviewed and considered whether it is disproportionate, manifestly unjustified, inappropriate or an improper use of the FOI Act. The four broad themes the ICB will consider are:

- The burden on the public authority and its staff
- The motive of the requester
- The value or serious purpose of the request
- · Any harassment or distress of and to staff

The ICB will review the detailed guidance provided by the ICO when considering whether a request is vexatious and will explain to the requester why the request is

considered vexatious and outline the recourse the applicant has if they are unhappy with this position.

7.3 Repeat Requests

Under section 14(2) of the Act, the ICB does not have to comply with a request which is identical or substantially similar to a previous request submitted by the same individual, unless a reasonable period has elapsed between the requests. The reasonable period is dependent on whether the information caught within the scope of the request has substantially changed since the information was provided previously. When responding in this manner the ICB will offer assistance to the individual by indicating why they consider the request is a 'repeat' under Section 14 of the Freedom of Information Act. They will also indicate what recourse the applicant has if they are unhappy with this position.

7.4 Time Limits for Compliance with Requests

BNSSG ICB has procedures in place to ensure that it complies with the duty to respond to requests within the statutory timeframe of twenty working days from a valid request being received. The time limit applies where the ICB refuses a request if repeated or if it exceeds the appropriate limits for costs of compliance. In most circumstances the 20 working day time limit applies where the ICB has applied an exemption.

Section 10(3) of the Act enables an authority to extend the 20 working day limit up to a 'reasonable' time where:

- It requires more time to determine whether or not the balance of the public interest lies in maintaining an exemption; **or**
- It needs further time to consider whether it would be in the public interest to confirm or deny whether the information is held

The extension will therefore only apply to requests where the ICB considers a 'qualified exemption'. The Act does not define a 'reasonable' time, however the Information Commissioners Office view is that the authority should not exceed an additional 20 working days meaning that the request should not exceed 40 working days. In any case, the ICB will provide a written response within 20 days to explain the extension and which exemptions the public interest test is being applied to.

7.5 Fees for Providing Information and Charges for Re-Use

BNSSG ICB may charge a fee for dealing with a request, in line with the National Fees regulations. Where the cost of the work to respond is estimated to be less than £450 then no fee can be charged. Where the cost is in excess of this amount, the ICB will correspond with the applicant to provide advice on how the scope of the FOI can be reduced (and therefore cost) or to agree a fee. If agreement cannot be reached on cost in such circumstances the ICB may decide not to respond to the request.



When the ICB is in receipt of a request that fulfils the criteria above, it will respond within 20 working days. Within this time the ICB must:

- identify what information it holds and whether any exemption applies in full or part to the information
- advise the applicant on any exemptions it believes apply (in full or part) to the information and inform them of their right to complain to the Information Commissioner's office
- inform the applicant of any fee to be charged
- provide any information not covered by an exemption to the applicant in any manner specified by the applicant within 20 working days of receiving the request, provided any applicable fee has been received

If a fee is proposed, then the clock measuring the 20 days can be paused, between the date the applicant is notified and the date the fee is received. If this period is in excess of 3 months, then the request can be rejected.

For re-use of information actively published, no charge will be raised.

Where information is requested for re-use that is not routinely published a reasonable charge will be applied. This will be applied on a cost recovery basis, of the costs to provide the information and up to 25% of the time costs spent on original creation. Any standard charging regimes set by the NHS in the future will apply.

7.6 Information Provided by Other Organisations

In deciding whether to disclose information provided by another organisation that is held by the ICB in response to a request, the ICB will apply the same process with regard to exemptions, and will if required involve staff from the source organisation in discussion about possible exemptions. If the response to a request is that the ICB does not hold any relevant information, then the ICB will endeavour to direct the applicant to organisations who may hold the information they seek.

7.7 Reuse of Information Provided by Other Organisations

If there is a request to re-use information provided by another organisation, the requester will be directed to the other organisation.

7.8 Redaction of Information

Redactions are made by the Information Rights Team. Decisions regarding data to be redacted will however be made with the input of colleagues who are knowledgeable about the specific data being requested.

Redaction is carried out in order to exempt specific information from a document so that it can be released without an exemption being applied. This is achieved by blocking out individual words, sentences or paragraphs or by removing whole pages or sections prior to the release of the document. If the document is deemed unreadable following redaction, then the document should be withheld.

When responding to the requester with a redacted response, the response will state which exemption the information has been redacted under.

7.9 Internal Review

Requesters may ask BNSSG ICB to conduct an Internal Review of its handling of FOI requests and/or the response received. The Internal Review process will be enacted when a requester communicates in writing that they are unhappy with a response or the way the ICB has handled the request. The communication does not need to mention internal review or complaint. The Internal Review process is outlined in appendix 4 of this policy.

BNSSG ICB will conduct Internal Reviews within 20 working days or 40 working days where a review is shown to be particularly complex. The Corporate Support Officer will review for complexity with support from appropriate staff members.

Requesters who are not satisfied with the outcome of the internal review may ask the Information Commissioners Office to review how the ICB has performed in response to the request. Should the ICB receive any notices served by the Information Commissioner it will make all endeavours to comply unless it feels the need to appeal to the Information Rights Tribunal.

8 Exemptions and Public Interest

The Freedom of Information Act sets out 23 exemptions to the general right of access to information, these are outlined in Appendix 5. Some of these are 'absolute', but the majority are 'qualified', in that if the release of information is deemed to be 'in the public interest' then the exemption does not apply.

The Corporate Support Officer will facilitate decision making about exemptions and undertake the public interest test by engaging staff involved in the areas the information relates to. The majority of exemptions are subject to the public interest test, where the ICB must determine if public interest in disclosure outweighs the reason for exemption. This will be decided on a case by case basis, and where necessary require applying the 'test' to multiple items of information in a request. Exemptions can be applied in full or part to information related to a request.

8.1 Personal Identifiable Information

BNSSG ICB will review all FOI responses for the potential to identify individuals from requested data. Where the information requested includes data defined as 'special categories of personal data' (see section 5), the ICB will exempt from the response figures less than 10 through Section 40 of the FOI Act. The public interest test will still apply to this exemption. ICO guidance indicates that figures less than 5 are likely to be identifiable, however there is provision for higher numbers to be subject to exemption depending on the sensitivity of the data being considered. BNSSG ICB will review the impact of disclosure to individuals, particularly concerning health data,



and will apply the exemption to numbers less than 10 where appropriate. This will be reviewed on a case by case basis. Consideration will also be taken of previous FOI responses to ensure that individuals cannot be identified from the requested information when combined with previous requests or other information available to the public.

9 Requests relating to personal data

If a request is seeking personal data either from a requester about themselves or, from a requester on behalf of another individual, then it is exempt under Freedom of Information legislation. Such requests for personal data are however covered by the individual rights provisions within data protection legislation.

This legislation gives individuals a variety of 'rights' in respect of their personal data and this includes the ability to request a copy of their personal data. This is known as the right of access or more commonly as a subject access request. It should be noted that the right of access does not provide an automatic right to information about third parties. Further information on providing personal data can be found in the Individual Rights policy.

10 Requests relating to Environmental Information

If a request is seeking information relating to Environmental Information then the request should be processed under the Environmental Information Regulations (EIR) rather than the FOI Act. The principles under which the requests would be processed are similar however there are some notable differences:

- The reasons why you can withhold information are different under the FOI Act (exemptions) from under the EIR (exceptions)
- Requests under EIR can be made verbally
- There is no equivalent to the "appropriate limit" exemption under section 12 of the FOI Act.

Where requests relate to environmental information, the ICB will process the request under the EIR legislation.

11 Contracts with other organisations

All operational contracts BNSSG ICB will have a clause detailing that information may be disclosed under the terms of the Freedom of Information Act and this Policy. For existing contracts, the clause will be inserted at the next review.



12 Our Freedom of Information Procedure

This policy sets out requirements for a number of processes to be in place, such as response to requests and managing exemptions. Detail of these processes are set out in the 'Freedom of Information Procedure" (Appendix 3). This will allow process to be changed as experience is gained and as dictated by organisational changes, without the need for a revision of this policy document. Should significant change be encountered, then it will be the responsibility of the Corporate Secretary to determine whether this policy needs to be reviewed outside of the normal schedule.

13 Training requirements

The information and responsibilities within this policy will be disseminated to staff by the publication of this policy on the BNSSG ICB website and intranet, and also via training with all members of BNSSG ICB staff through mandatory Information Governance training completed annually. Awareness of responsibilities associated with FOI will be covered at induction.

14 Equality Impact Assessment

Equality Impact Assessment Screening has been completed and is included at Appendix 1. Screening indicates that a full assessment is not required.

15 Implementation and Monitoring Compliance and Effectiveness

An implementation plan has been prepared and is included at Appendix 2. Compliance with this policy and The Freedom of Information Act will be monitored by reporting to the Audit and Risk Committee, including information regarding the number of requests received, the percentage responded to within 20 working days, the number of exemptions applied and whether the ICB has been asked to undertake any internal reviews.

16 Countering Fraud, Bribery and Corruption

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur in this area and our responses to these acts during the development of this policy document.

ICB employees should be aware of the consequences of using social media platforms to post content which conflicts with information provided to the ICB, including their health and fitness to work, and secondary employment (for example, posting evidence of undertaking unapproved secondary employment whilst receiving sick pay from the ICB). If an instance such as this occurs, an employee may be subject to criminal or disciplinary proceedings, which could result in dismissal.



17 References, acknowledgements and associated documents

The following related documents may be accessed through our website:

BNSSG Information Governance Policy

BNSSG Records Management Policy

BNSSG Individual Rights Policy

BNSSG Disciplinary Policy

https://bnssgICB.nhs.uk/

Freedom of Information Act 2000

https://www.legislation.gov.uk/ukpga/2000/36/contents

Data Protection Act 2018

https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted

General Data Protection Regulations (GDPR)

https://www.legislation.gov.uk/eur/2016/679/contents

Access to Health Records Act 1990

https://www.legislation.gov.uk/ukpga/1990/23/contents

18 Appendices

18.1 Equality Impact Assessment

Other documents required to complete the Equality & Health Inequality Impact Assessment:

- Equality & Health Inequality Impact Assessment Guidance
- Equality & Health Inequality Impact Assessment Resources

Title of proposal: Freedom of Information Policy			Date: 17/10/23			
x Policy	☐ Strategy	□ Service	☐ Function	□ Other (<i>please state</i>)		
EHIA type:	Screening EHIA x	Full EHIA □	HEAT in progress/ completed □	Has an EHIA been previously undertaken? Yes □ No x EIA undertaken on previous policy version		
Is the policy under:	Development □	Implementation □	Review x			
Which groups will this se	Which groups will this service/proposal impact (e.g. patients, service users, carers/family, staff, general public, partner organisations)?					
All BNSSG ICB employees and members of the public						
Lead person(s) completing this assessment: Lucy Powell						
Lead person job title(s) a	Lead person job title(s) and service area: Corporate Support Officer					

Briefly describe the proposal

Give a brief description of the context, purpose, aims and objectives of the proposal. Describe what services are currently being provided. Describe the intended outcomes and benefits and who these might impact. Include whether it is a new

proposal or change to an existing one and the key decision that will be informed by the EHIA (e.g. whether or not to proceed with the proposal to publish an employee handbook)

This is an update to the current Individual Rights policy in line with best practice and national guidance. The aim is to ensure that all ICB employees understand the arrangements that BNSSG ICB has in place for the management of individual rights requests. This policy also outlines how members of the public and ICB staff can exercise their individual rights, including the information required by the ICB to process requests.

Health inequalities (HI) are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. Reducing health inequalities improves life expectancy and reduces disability across the social gradient. What health inequalities have or might emerge and what actions can you take to reduce or eliminate them? Include details of any evidence, research or data used to support your work, e.g. JSNA, ward data, meeting papers, NICE etc below. You can also consider completing the HEAT tool to support summarising key issues, this can help to systematically evaluate HI:

This policy will not directly impact Health Inequalities. However, the ICB does not undertake equality monitoring of requesters and therefore there is no data which shows whether those with protected characteristics are more/less likely to request information.

Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal. Note, where the proposed change results in significant variation public consultation is required, seek advice from your PPI team. If you have not undertaken any engagement, state how you will involve people with protected characteristics or vulnerable groups in the project or explain why there is not likely to be any involvement.

N/A The policy describes the ICB's statutory and legal responsibilities and there had been no engagement with patients/members of the public in preparing this policy beyond that undertaken by the government as part of the legislative process

Has the project/service ensured that they have/will comply with the Accessible Information Standards (AIS)? Yes or No

Describe how the project/service will ensure staff are in compliance and have a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

For more information on AIS please refer to and NHS England » Accessible Information Standard and AIS at NBT - YouTube.

The policy has been written with a view to be accessible to all individuals and can be requested in other formats as per ICB processes. The policy has been included on the ICB website, and further information about requests has been included on the Contact Us webpage. Additional information for staff is on the intranet and sent out regularly through the newsletter.

Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?

Although some of your conclusions will be widely known and accepted (e.g. need for accessible information), your analysis should include evidence to support your statements to aid the decision-maker – references and links to documents can be listed in section 4.1. Evidence might include insights from your engagement, focus groups, stakeholder meeting notes, surveys, research paper, national directives, expert opinion etc. If there is insufficient evidence, state this and include an action to find out more in the action plan in Step 3. In addition to having due regard for the Equality Act 2010 Public Sector Equality Duty to eliminate unlawful discrimination, advance equality and foster good relationship between protected groups; you must also have due regard to the principles of the Armed Forces Act 2021 including regarding the unique obligations and sacrifices they make, removing disadvantage and making special provision to ensure services and employment opportunities are accessible.

Positive Impact:					
□ Sex	□ Race	☐ Disability	☐ Religion & Belief	☐ Sexual Orientation	
□ Age	☐ Pregnancy & Maternity	☐ Marriage & Civil Partnership	☐ Gender Reassignment	☐ Armed Forces	
				☐ Other	
				health inequality (please state below)	
Provide a narrative about the benefits including benefits to any of the protected characteristic groups plus health inequality groups (such as digital exclusion). Also include intersectional impact where possible here:					
There is no positive impact on those holding protected characteristics. The Freedom of Information Act applies to all. The policy outlines the arrangements that BNSSG ICB has in place for the management of freedom of information requests. This policy also outlines how members of the public exercise their right to equest information, and the policy outlines the how members of the public can do this.					
legative Impact					
□ Sex	□ Race	☐ Disability	☐ Religion & Belief	☐ Sexual Orientation	

Freedom of Information Policy

□ Age	☐ Pregnancy & Maternity	☐ Marriage and Civil	☐ Gender Reassignment	☐ Armed Forces
		Partnership		
				☐ Other
				health inequality (please state
				below)
Provide a parrative about	the negative impact for any of	the protected characteristic group	e plue health inequality groups (suc	h as digital exclusion). Also include
intersectional impact whe		the protected characteristic group	s plus fleatiff friequality groups (suc	in as digital exclusion). Also include
intersectional impact whe	e possible fiere.			
It is not believed that the	content of the policy would have	e a direct negative impact on thos	e holding protected characteristics.	The ICB has a duty to provide the
policy and information red	uested in various formats as re	equired to ensure equitable access	s to the information within the policy	and equitable access to information.
Unlike other rights of acce	ess, a valid Freedom of Informa	ation request must be made in writ	ing although this can be through let	ter, email or social media.
you can share further details and mitigations below in 2.2)				
No Effect				
NO LIICCI				
Your policy might not have	e a positive or negative impact	, or it might maintain a status quo	 complete this section if 'not applic 	cable'
This FIIIA is being undert	akan aa nast of the review prod	sees for a surrent ICD policy. Ther	a hava baan na aignificant amandm	ante made to the processes already
	aken as part of the review proc	ess for a current ICB policy. Then	e nave been no signilicant amendm	ents made to the processes already
in place.				

Outline any negative impacts of the proposal on people based on their protected characteristic or other relevant characteristic. Consider how you might level the 'playing field' for all people

Protected Characteristic(s)	Details of negative impact (e.g. access to service, health outcome, experience, workforce exclusion)	Identify any mitigations that would help to reduce or eliminate the negative impact
N/A		

Outline any benefits of the proposal for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

To eliminating discrimination, harassment and victimisation.		Χ
	Negative	
	No effect	
Please describe: This policy outlines the right for members of the public to access information held by public authorities. This right supports the ICB works and work of the NHS. The rights outlined in the policy also encourage transparency and staff are aware that any infrequested and disclosed.		ow the

To advance equality of opportunity between people who share a protected characteristic and those who don't	Positive	X
	Negative	
	No effect	
Please describe:		

The policy applies to all individuals equally. The aim is to ensure that everyone understands the arrangements that BNSSG ICB has in place for the management of Freedom of Information requests and provides clear guidance to staff who may have to process requests and members of the public who may want to request information.

To foster good relations between people who share a protected characteristic and those who don't (e.g. does the project	Positive	
raise any issues for community cohesion, or linked to current topics that are contentious in society; will it affect relationships	Negative	
between any groups)	No effect	Х
Please describe:		

Action Plan

What actions will you take to mitigate the negative impact outlined above?

Action	Timeframe	Success Measure	Lead
Senior support and promotion of the policy	From ICB Board approval on the 1st February 2024	ICB Board approval and subsequent promotion at staff meetings and through staff newsletters	RH/LP
Promotion of Freedom of Information on the ICB website	Ongoing	Freedom of Information requests continue to be received through the contact us page on the webpage	LP

How and when will you review the action plan (include specific dates)?

As part of the quarterly promotion of the policy and as part of the quarterly reporting to the Audit and Risk Committee

What are the main conclusions of this Equality & Health Inequality Impact Assessment?

Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have been taken to improve accessibility, and what recommendations you are making to the decision maker.

Explain how the EHIA has informed, influenced or changed the proposal and include a recommendation for the decision maker:

Freedom of Information Policy

The policy is for all individuals including all ICB staff and members of the public. The arrangements outlined are a legal requirement. The EHIA has	
highlighted the importance of promotion of the policy.	
Select a recommended course of action:	
Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified. E.g. proposal is not likely to have any detrimental impact on any group	x
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles. E.g. arrangements put in place to produce a BSL video to promote changes to a service	
Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out). E.g. pilot benefits one neighbourhood due to funding restrictions	
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified. E.g. dress code policy discriminates against people who practice particular religions; new service that proposes to detain patient but insufficient evidence of safeguarding or human rights considerations in place	
All Equality & Health Inequality Impact Assessments should be reviewed internally and obtain sign off to show an	

Reviewer's Feedback (this document should be reviewed by an equality officer or trained project lead/senior manager)	
Equality Officer Name:	
Equality and Inclusion Team Signature:	
Date:	

Equality Delivery System 2022

Equality, Diversity & Inclusion is an evidence-based practice, Healthier Together partners are committed to demonstrating how we have taken steps to improve patient and service user access, experience and outcomes and how we have created an inclusive working environment for our staff, including supporting our workforce to have healthy and fulfilled lives. Please indicate which Domain your project will deliver against:

Domain 1 - Commissioned & Provided services

- 1A: People can readily access the service.
- 1B: Individual people's health needs are met
- 1C: When people use the service, they are free from harm.
- 1D:People report positive experiences of the service.

Domain 2 – Workforce health and wellbeing

- 2A: When at work, staff are provided with support to promote healthy lifestyles and manage their long term conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
- 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19)
- 2D: Staff recommend the organisation as a place to work

Domain 3 - Inclusive Leadership

- 3A: Board members and senior leaders (Band 9 and VSM) routinely demonstrate their commitment to equality.
- 3B: Board/Committee papers (including minutes) identify equality related impacts and risks and how they will be mitigated and managed
- 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

The policy aims to provide clear guidance to staff on the responsibilities for managing Freedom of Information requests. Having a clear policy in place with support from the appropriate teams supports all three domains. Domain 1 as Freedom of Information supports people to understand work of the NHS. Domain 2 as the policy provides clear guidance to support staff to action Freedom of Information requests. Domain 3 as the policy provides a framework for Board/Committee members and senior managers to monitor impact and risk.

18.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
ICB Board	Ensure the ICB Board is aware of ICB's responsibilities and provide assurance that appropriate process is established to ensure legal compliance	Cover paper to the policy to be presented to the ICB Board	Chief of Staff	1 st Feb 2024	1 st Feb 2024	Staff time, Board members time
Executive Directors	Ensure awareness of responsibilities of ICB process to ensure compliance. This includes the requirement of Director approval processes	Email confirmation of policy implementation to Executive Directors highlighting sign off procedures for requests	Corporate Support Officer	2 nd Feb 2024	2 nd Feb 2024	Staff time, Executive Director time
Executive Director PAs	Ensure awareness of ICB process and Executive Director approval role in process	Email confirmation of policy implementation to Executive Directors highlighting sign off procedures for requests to be copied into PAs	Corporate Support Officer	2 nd Feb 2024	2 nd Feb 2024	Staff time
All staff	Ensure awareness of ICB processes and procedures	Reviewed policy to be placed on website Information about the policy and ICB process to be placed on the Hub and announced at staff meetings Information about the policy and ICB process to be communicated through internal newsletter Data Security Awareness training module to be completed by all staff	Corporate Support Officer	1 st Feb 2024	Ongoing	Staff time IG training module

18.3 Freedom of Information Procedure

FOI request received by Corporate Services via writing(day zero)

NB: in the event that a request is received elsewhere in the ICB, it must be forwarded to the FOI Inbox immediately

1

FOI request loggged onto FOI Log (and creates ref number)



FOI request acknowledged (must be within 3 working days)



Information Rights (IR) Administrator anonymises request and puts onto template (completing where possible)



IR Administrator emails template to an appropriate member of staff/team, who then completes the template within the timescales given.

If sent to wrong team member, team member redirects or flags to IR Administrator, copying in FOI inbox

(An FOI request must be completed, without unreasonable delay and within 20 working days)



Team member returns request to FOI Inbox (this is usually referred to as the '10 day information return deadline')



IR Administrator checks template detail



IR Administrator sends final draft resonse to appropriate Director, copying in Exec PA, for approval



Director/Exec PA returns signed off template to FOI Administrator



IR Administrator finalises template for requester



IR Administrator updates FOI Log



IR Administrator sends completed template to requester within 20 working days of receipt



IR Administrator publishes response on ICB website and maintains library of responses



18.4 Internal Review Procedure

IR Administrator receives internal review request in writing

NB: in the event that a request is received by another member of staff/team it must be forwarded to the FOI Inbox immediately



IR Administrator logs internal review request on to the FOI Log



IR Administrator acknowledges internal review request to requester within 3 working days



IR Administrator adopts the internal review template and completes relevant sections



IR Administrator forwards template to member of staff/team who completed the original response, asking them to complete the rationale for the original response with 5 working days' timescale

(Once the Internal Review request has been received it should be completed, without unreasonable delay and within 20 working days)



Staff member completes the template and sends to IR

Administrator



IR Administrator receives completed internal review template and sends to an independent reviewer, requesting that a response is received by the date provided



Independent reviewer reviews the rationale for the response and agrees to:

- Provide the information as requested,
- Provide some of the information requested, or
 - Maintain the original position



IR Administrator reviews internal review template and completes FOI response template outlining the decision and reason behind this



Both the internal review template and final response template are sent to Chief Executive, or Chair of the ICB if appropriate, to review and approve the position



Once approved, the IR Administrator sends the response template to the requester (the internal review template is not sent to the requester)

18.5 Exempt Information under Part 2 of the Act – The Exemptions

Section	
in the Act	EVENDTION
ACI	EXEMPTION
	Qualified Exemptions (Subject to the Public Interest test)
(22)	Information intended for future publication
(24)	Information for the purpose of safeguarding national security.
	Information that would prejudice the
(26)	a) Defence of the British Islands or any colony, or
	b) The capability, effectiveness or security of any relevant forces.
(27)	International relations: Information that would prejudice the relations between the UK and any other State/any international organisation/or any international court and the interests of the UK abroad
(28)	Internal Relations: Information that would prejudice relations between any administration in the UK
(29)	Information that would prejudice the economic interests of the UK
(30)	Investigations/ proceedings - Investigations to ascertain whether a person should be charged with an offence
(31)	Law enforcement - Information that would be likely to prejudice the prevention or detection of crime, the apprehension or prosecution of offenders, the administration of justice etc. (see ACT)
(33)	Information in relation to the audit of other public authorities
	(Accounts, economy, efficiency and effectiveness)
(35)	Information held by a government department if it relates to the formulation of government policy .
(36)	Prejudice to effective conduct of public affairs.
(37)	Communications with Her Majesty, with other members of the Royal Family, the Royal Household, or the conferring by the Crown of any honour or dignity.
(38)	Health and Safety - Information, which is likely to endanger the physical/ mental health or safety of any individual or group.
(39)	Environmental information

(40)	Personal data - Patient/client identifiable information
(42)	Legal professional privilege - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
(43)	Commercially sensitive - Information that constitutes a trade secret, that could if released: a) Result in competitive harm to a company
	b) Prejudice BNSSG ICB's or any person's commercial interests or
	c) Impair BNSSG ICB's ability to obtain similar information in the future
	Absolute Exemptions (Not subject to the Public Interest test)
(21)	Information accessible to applicant by other means
(23)	Information supplied by, or relating to, bodies dealing with security matters. The bodies referred to are the Security Service, the Secret Intelligence Service, the Government Communications Headquarters, the special forces and others (see ACT)
(32)	Court records - Document for the purposes of proceedings in a particular cause or matter (e.g. post-mortem examination)
(34)	Information required for the purpose of avoiding an infringement of the privileges of either House of Parliament.
(35)	Information held by a government department if it relates to the formulation of government policy .
(40)	Personal data – If the information requested is the personal data of the requester.
(41)	 Confidential information Information provided to BNSSG ICB by another person not employed by it (an individual, a company or another public authority e.g. social services) Disclosure would give raise to an actionable breach of confidence If the information is requested, BNSSG ICB can ask the third party for permission to share it or direct the requester to the originator of the document.
(44)	Disclosure would constitute contempt of court or disclosure is prohibited by an enactment