Freedom of Information Policy



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| ***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:** | Sarah Truelove, Deputy Chief Executive and Chief Finance Officer |
| **Author and Job Title:** | Lucy Powell, Corporate Support Officer |
| **Date Approved:** | 1 July 2022 (as part of the Core Policies approval) |
| **Approved by:** | ICB Board |
| **Date of next review:** | February 2024 |

**Policy Review Checklist**

|  | **Yes/ No/NA**  | **Supporting information** |
| --- | --- | --- |
| Has an Equality Impact Assessment Screening been completed? | Yes | EIA Screening has been completed which indicates that a full assessment is not required |
| Has the review taken account of latest Guidance/Legislation? | Yes | The Policy is compliant with: the Data Protection Act 2018, the Freedom of Information Act 2000, the General Data Protection Regulation 2018 |
| Has legal advice been sought? | No | Specialist advice has been taken from the ICBInformation Governance Advisors |
| Has HR been consulted? | Yes | Specialist advice has been taken from the ICBInformation Governance Advisors. 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 |
| Has the lead Executive Director approved the policy? | Yes | Executive Director chairs Policy Review Group |
| Which Committees have assured the policy? |  | Corporate Policy Review Group |
| Has an implementation plan been provided? | Yes |  |
| 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 FOI reports to the Audit, Governance 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 General Data Protection Regulation 2018 |

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Freedom of Information Policy

# Introduction

The Freedom of Information 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 Clinical Commissioning Group (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 the three predecessor ICBs.

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

## 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.

# 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 ICBstaff in complying with the Freedom of Information Act. Guidance for staff will be provided through training and the procedural documentation (Appendix 2).

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

* Member practices and their employees (in the context of any work for BNSSG ICB)
* Individuals on the ICBGoverning Body 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.

# 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 public authority holds about them, they should make a data protection Subject Access Request. The processes for these requests are included in the ICBIndividual Rights Policy.

#  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)

BNSSG ICBhas 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.

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.
* 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 Manager in a timely manner, who will facilitate agreement on publication of information.

Staff responsibilities will be 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.

# 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.

# 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 from time to time.

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. [https://bnssgICB.nhs.uk/about-us/publication-scheme/](https://bnssgccg.nhs.uk/about-us/publication-scheme/)

The Corporate Manager 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.

# Managing Requests for Information

The Corporate Secretarywill 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 to the Freedom of Information Team through their dedicated email address bnssg.foi@nhs.net

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

## 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 (e.g. Twitter). 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 and/or address 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.

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 ICBto progress their request. The timing for response does not commence until the ICBhas 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.

## Repeat Requests

Under section 14(2) of the Act, the ICBdoes 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 ICBwill 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.

## Time Limits for Compliance with Requests

BNSSG ICBhas 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 ICBrefuses 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 ICBhas 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.

## 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.

## 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.

## 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.

## Redaction of Information

Redactions are made by the FOI 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.

## 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 the Corporate Secretary.

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.

# 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 Manager 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 ICBmust 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.

## 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.

# Requests relating to personal information

If a request is seeking personal information 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.

# 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.

# 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.

# 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, 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.

# 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.

# 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.

# 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, Governance 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.

# Countering Fraud

We are committed to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this policy document.

# 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/](https://bnssgccg.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://gdpr.eu/>

Access to Health Records Act 1990

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

# Appendices

## Equality Impact Assessment

|  |
| --- |
| Equality Impact Assessment Screening |
| Query | Response |
| What is the aim of the document? | The policy sets out the key objectives for the management of FOI requests as well as setting out roles and responsibilities within the ICB. The policy ensures the ICB is operating within legislative requirements.  |
| Who is the target audience of thedocument (which staff groups)? | All staff |
| Who is it likely to impact on andhow? | Staff | Yes in that it describes the way in which staff are required to manage and process FOI requests. It does not have an impact on staff in terms of Equalities and Human Rights (see below) |
| Patients | no |
| Visitors | no |
| Carers | no |
| Visitors | no |
| Other – governors, volunteers etc  | no |
| Does the document affect one group more or less favourably than another based on the ‘protected characteristics’ in the Equality Act2010: | Age (younger and older people)  | no |
| Disability (includes physical and sensory impairments,learning disabilities, mental health) | This policy can be made available in another format if requested.  |
| Gender (men or women) | no |
| Pregnancy and maternity | no |
| Race (includes ethnicity as well as gypsy travellers) | no |
| Sexual Orientation (lesbian, gay and bisexual people) | no |
| Transgender people | no |
| Groups at risk of stigma or social exclusion (e.g. offenders, homeless people) | no |
| Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment) | no  |

## Implementation Plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Target Group**  | **Implementation or Training objective**  | **Method**  | **Lead**  | **Target start date**  | **Target End date**  | **Resources Required**  |
| Governing Body | Ensure GB is aware of ICB’s responsibilities for FOI and provide assurance that appropriate process is established to ensure legal compliance  | Cover paper to the policy to be presented to the Governing Body  | CorporateSecretary | Nov-21 | Nov-21 | staff time, governing body time |
| Executive Directors | Ensure awareness of responsibilities of ICBprocess to ensure compliance.Individual Executive Director responsibilities Directorate Responsibilities  | Discussion at SMT and discussion with individual directors(comment: FOI issues have been discussed with Executive Directors from December 2017) | Corporate Support Officer | Nov-21 | Jan-22 | staff time, executive director time |
| Executive Director PAs | Ensure awareness of ICBprocess and Executive Director Role in process | Specific training session to be set up with Executive Director PAs 1:1 support to be provided to Executive Director PAs by Corporate team | Corporate Support Officer  | Nov-21 | Ongoing | staff time |
| AllStaff | Ensure awareness of ICBprocesses and procedures  | Policy to be placed on website Information about the policy and ICBprocess to be placed on the Hub and announced at HWGNFYInformation about the policy and ICBprocess to be communicated through internal newsletterAwareness raising item at individual Directorate SMT and Directorate team meetings and the Business Admin NetworkFOI included in the annual Information governance training module | Corporate Support Officer/Training manager | Nov-21 | Ongoing | staff timeIG training module   |

## Freedom of Information Procedure

## Internal Review Procedure

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

|  |  |
| --- | --- |
| **Section in the Act** | **EXEMPTION** |
| (40) | **Personal** information - Patient/client identifiable information |
| (41) | **Confidential** information* Information provided to BNSSG ICBby 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 ICBcan ask the third party for permission to share it or direct the requester to the originator of the document.
 |
| (43) | **Commercially sensitive** - Information that constitutes a trade secret, that could if released: a) Result in competitive harm to a companyb) Prejudice BNSSG ICB’s or any person’s commercial interests orc) Impair BNSSG ICB’s ability to obtain similar information in the future |
| (38) | **Health and Safety -** Information, which is likely to endanger the physical/ mental health or safety of any individual or group. |
| (32) | **Court records** - Document for the purposes of proceedings in a particular cause or matter (e.g. post-mortem examination) |
| (42) | **Legal professional privilege** - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings |
| (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) |
| (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. |
| (39) | **Environmental information** |
| (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) |
| (24) | Information for the purpose of safeguarding **national security**. |
| (25) | **Certificates** under 11 and 12. |
| (26) | Information that would prejudice the 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  |
| (33) | Information in relation to the **audit of other public authorities**(Accounts, economy, efficiency and effectiveness) |
| (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**. |
| (36) | **Prejudice to effective conduct of public affairs.** |
| (21) | Information **accessible to applicant by other means** |
| (22) | Information intended for **future publication** |