DOC ID: 27

East and North Hertfordshire Teaching NHS Trust

Freedom of Information

About this document	
Document ID	27 **Version:** 09
Full review due before	01 January 2029
Document type	Policy
Version type	Full review of document - no changes to content, still fit for use
Usage & applicability	For use Trust wide by All roles at All sites

Summary

- This policy applies to all Freedom of Information requests made to East and North Hertfordshire NHS Trust and aims to promote a culture of openness and transparency in line with the Trust's values

What you need to know about this version

- No changes to the contents, transferred to new template

Contents

Part 1 – Preliminary document information

1. Scope

This policy applies to all Freedom of Information requests made to East and North Hertfordshire NHS Trust

2. Purpose

The policy aims to ensure full compliance with the Freedom of Information Act 2000 and to promote a culture of openness and transparency in line with the Trust's values.

3. Definitions

List terms and phrases useful to know when reading this document.

Term/acronym	Definition
Freedom of Information Act	The Act that gave members of the public the right to ask for and receive information about public bodies.
Freedom of Information Request	A request made for information held by the Trust. The request does not have to state that it is making a Freedom of Information request.
Requestor	The person making a request. This may be an interested member of the public, a commercial body, journalist or MP. We are obliged to disclose information regardless of who has requested it.

4. Duties

The Chief Executive has the ultimate responsibility for the Trust's compliance with the Act and has delegated responsibility for this to the Trust Secretary who acts as the Freedom of Information Lead. The Chief Executive will act as the qualified person when the Trust considers making information exempt under section 36 (prejudice to effective conduct of public affairs).

The Trust Secretary acts as the Freedom of Information Lead and ensures that organisational procedures and processes are in place to comply with the FOIA and to report this to the Board via the Quality and Safety Committee.

The Freedom of Information Officer role is carried out by the Trust Secretary who manages the FOI processes and supports staff with the support from the FOI co-ordinator (currently the Corporate Governance Officer).

Directors and Heads of Service need to all be aware that any information created may be requested under the Freedom of Information Act and should ensure that all staff in their teams are aware of their duties to comply with the FOIA. The FOI Officer and FOI co-ordinator will be pleased to meet with departmental leads to offer support and guidance and if required will attend divisional meetings to raise awareness of Freedom of Information.

All Trust staff need to familiarise themselves with this policy and to comply with requests for information from the FOI team. Divisions and departments are advised to identify a lead who will co-ordinate their FOI responses.

Further details of the roles and oversight arrangements are set out in **appendix 1**.

5. Associated Documents

The following documents are related Trust policies and procedural documents, which are advised reading to supplement this document and/or process. These items are different to the titles listed in Part 1 References, which contains external resources referenced in the development of this document.

Document title	Doc ID	Originator
N/A		☐ENHT | ☐Affiliated network | ☐National/ regional

6. Monitoring compliance

This document will be reviewed in **3 years** or earlier if any evidence or change in practice comes to light requiring an update to the document. Any further activity to monitor to the use and compliance of the document at the Trust is documented below.

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Changes to FOI requirements	National Guidance/Annually/ Information Governance Steering Group	Susie Willder	Ollie Morley	N/A

6.1. Equality Impact assessment

The Trust supports the practice of evidencing due regard to equality considerations. This means those involved have ensured the document and the function, outlined therein, applies to all, regardless of protected characteristic - age, sex, disability, gender-re-assignment, race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

This evidence is in the form of an equality impact assessment (only if initial screening form below prompts a full EIA) – a process which should be embedded within the early stages of planning or developments that relate to or impact on equality diversity and inclusion. This also applies to new proposals or changes on previous policy, procedure, strategy or processes that are coming up for review. More on this process for completing Equality Impact Assessments can be found on the Equality, Diversity & Inclusion section of the intranet.

Initial EIA screening form

<table>
<tr><th colspan="2">The document author has ensured the policy/guideline avoids affecting one group less or more favourably than another on the basis of:</th><th>Impact Yes/No</th><th>Comments</th></tr>
<tr><td>1</td><td>Age
(younger people & children & older people)</td><td>No</td><td></td></tr>
<tr><td>2</td><td>Gender
(men & women)</td><td>No</td><td></td></tr>
<tr><td>3</td><td>Race
(include travellers)</td><td>No</td><td></td></tr>
<tr><td>4</td><td>Disability*
(LD, hearing/visual impairment, physical disability, mental illness)</td><td>No</td><td></td></tr>
<tr><td>5</td><td>Religion/Belief</td><td>No</td><td></td></tr>
<tr><td>6</td><td>Sexual Orientation
(Gay, Lesbian, Bisexual)</td><td>No</td><td></td></tr>
<tr><td>7</td><td>Gender Re-assignment</td><td>No</td><td></td></tr>
<tr><td>8</td><td>Marriage & Civil Partnership</td><td>No</td><td></td></tr>
<tr><td>9</td><td>Pregnancy & Maternity</td><td>No</td><td></td></tr>
<tr><td>10</td><td>Is there any evidence that some groups maybe affected differently?</td><td>No</td><td></td></tr>
<tr><td>11</td><td>Could this document have an impact on other groups not covered by a protected characteristic? (e.g.: low wage earners or carers)</td><td>No</td><td></td></tr>
<tr><td colspan="4">If ‘NO IMPACT’ is identified for any of the above protected characteristics, then no further action is required.</td></tr>
<tr><td colspan="4">If ‘YES IMPACT’ is identified a full impact assessment should be carried out in compliance with HR028 Equality & Human Rights Policy and linked to this document</td></tr>
<tr><td colspan="4">Any other comments:
[Default statement: There is no evidence that this policy will impact on any of the protected characteristics listed above, or other groups not covered by protected characteristics.]</td></tr>
<tr><td colspan="4">EIA screening form completed by: name, role Lisa Carpenter Digital Service Manager
Date completed: 06/01/2026</td></tr>
</table>

* **Positively supporting individuals with a learning disability or Autism:** All Trust documents should include service arrangements relating to the provision of reasonable adjustments to support the care or management of service users who have an LD or Autism.

6.2. Dissemination and Access

This document is considered valid when viewed via the staff intranet for East & North Hertfordshire NHS Trust. If this document is printed (in hard copy), or saved at another location, users of this document must ensure they are using the same version that is on the intranet.

7. References

Not applicable

8. Acknowledgements

Not applicable

Part 2 – Insert condensed policy title

1. Publication Scheme

Under the Freedom of Information Act 2000, every public authority has a duty to specify what information they publish, how the information is made available, and whether it is available for free or if there is a charge. East and North Hertfordshire NHS Trust's Publication Scheme explains what information the Trust makes available to the public. Wherever possible, we aim to make it easy for information to be obtained. We review the scheme at regular intervals and monitor how it is operating.

The publication scheme can be accessed from the following page of the Trust website: https://www.enherts-tr.nhs.uk/about-the-trust/freedom-of-information/

2. Procedure for responding to a FOI request

Members of the public are invited to direct FOI requests to foi.enh-tr@nhs.net or via post to

Freedom of Information Officer (L68)
East and North Hertfordshire NHS Trust
Lister Hospital
Coreys Mill Lane
Stevenage
SG1 4AB

Once a response has been received it must be answered within 20 working days. As some FOI requests may be directed elsewhere in the organisation it is vital that all staff forward FOI requests to the FOI team immediately.
The FOI Co-ordinator (Corporate Governance Officer) logs all requests and directs them to the most appropriate division or department to obtain the required information. Once this information has been received the FOI Co-ordinator will draft a response and consider whether any exemptions apply. The response and rationale for applying any exemptions will be reviewed by the FOI Officer (Trust Secretary) and the response will be sent to the requestor within 20 working days.
The information provided may need to be clarified or set into context before the response is sent so it is important that all divisions and departments respond promptly and within the deadline set by the FOI co-ordinator.

Section 102 of the Protection of Freedoms Act 2012 amended sections 11 and 12 of the FOIA giving rights to receive data in a reusable format (such as an excel spreadsheet), often referred to as datasets. The Trust will comply with this where possible and will publish the requested datasets where appropriate. This does not give additional rights to information but does allow members of the public to re-use information.

A diagram showing the process followed is set out as **appendix 2**.

3. Exempt information

The starting point for all responses is to respond fully and openly. However, there are some types of information that the FOIA considers to be exempt from disclosure. There are 23 exemptions which all fall into two categories

Qualified exemptions: Even if the information qualifies for one of these forms of exemption (such as commercial interests) then once it has been shown that it falls into that category of exemption the Trust must consider the public interest test (whether it would be more in the public interests to disclose the information than to withhold it).

Absolute exemptions: If the information qualifies for one of these forms of exemption, then it will not be released and does not need to be subject to the public interest test.

In many cases some of the information requested will be suitable for disclosure so divisions and departments are asked to respond to the FOI team in full. If a division or department believes that an exemption applies, they are welcome to make the FOI co-ordinator aware of this at the earliest opportunity so that the FOI team can decide on the correct course of action. The FOI Co-ordinator and FOI Officer consider whether exemptions apply and will apply the public interest test if necessary.

Please note that only the FOI team may determine whether an exemption applies so it is important to respond in full to the request as soon as possible to allow time for them to consider the exemptions.

4. Vexatious and manifestly unreasonable requests

In exceptional circumstances if the Trust believes that it has received a vexatious or manifestly unreasonable request then the FOI team will consider the Information Commissioner's Office guidance on these and will act accordingly. Divisions and departments are asked to continue gathering the information to meet any requests that they feel may fall into this category unless they are advised not to by the FOI team.

Circular (Round Robin) requests will be considered in line with the Information Commissioner's latest guidance on circular requests and if required guidance on vexatious requests and manifestly unreasonable requests.

5. Costs and staff time in responding to a request

The Trust does not need to respond to a request where to do so would cost more that £450 (the appropriate limit set by the FOIA). Staff time is calculated as £25 per hour (regardless of actual salary), this equates to 18 hours of staff time. The costs that can be taken into account are limited to those that an authority reasonably expects to incur in:

- Determining whether it holds the information requested
- Locating the information or documents containing the information
- Retrieving the information or documents
- Extracting the information (including time spent redacting the information).

No other costs or staff time can be taken into account (such as time spent considering exemptions or taking legal advice)

Where the cost of responding in full would exceed £450 the Trust has a duty to help the requestor identify the aspects of the request that can be responded to within the time limit.

The Trust may charge the requestor for printing and postage costs where the cost to the Trust would exceed £10. Printing and photocopying will be charged at 10p per page and would not apply unless the requestor has asked for the response to be sent in hard copy.

6. Complaints and Appeals

If a requestor is not satisfied with the Trust's response they can ask for an internal review. The FOI Lead (Trust Secretary) will arrange for the review to be carried out and will communicate the outcome of this to the requestor. Internal Reviews will usually be carried out by a senior manager who was not involved with the original response (usually the Senior Information Risk Officer or a Director). The Information Commissioner's Office can also consider whether the Trust has complied with the FOIA and can publish decision or enforcement notices and order the Trust to pay costs.

Part 3 – Appendices

Appendix 1 – Roles and Responsibilities

CEO – ultimate responsibility for the Trust's compliance with the FOI Act. Qualified person for s36 exemptions.

Freedom of Information Lead

(Trust Secretary).

Ensures that the organisation complies with all aspects of the FOI Act and related provisions;

Reports to the Board highlighting issues;

Maintains the FOI policy

Ensures all staff are aware of their responsibilities for complying with the FOI Act;

Ensures that the public is made aware of their rights under the FOI Act;

Makes arrangements to hear appeals and investigate complaints regarding

FOI Officer (Trust Secretary): supports the FOI Lead and all Trust staff carrying out day to day management of the FOI process. Approves all FOI responses and ensures that FOI Co-ordinator is properly trained to carry out role and is up to date with changes to law.

FOI Co-ordinator: receives all FOI requests, logs these and contacts relevant departments for information. Drafts FOI responses.

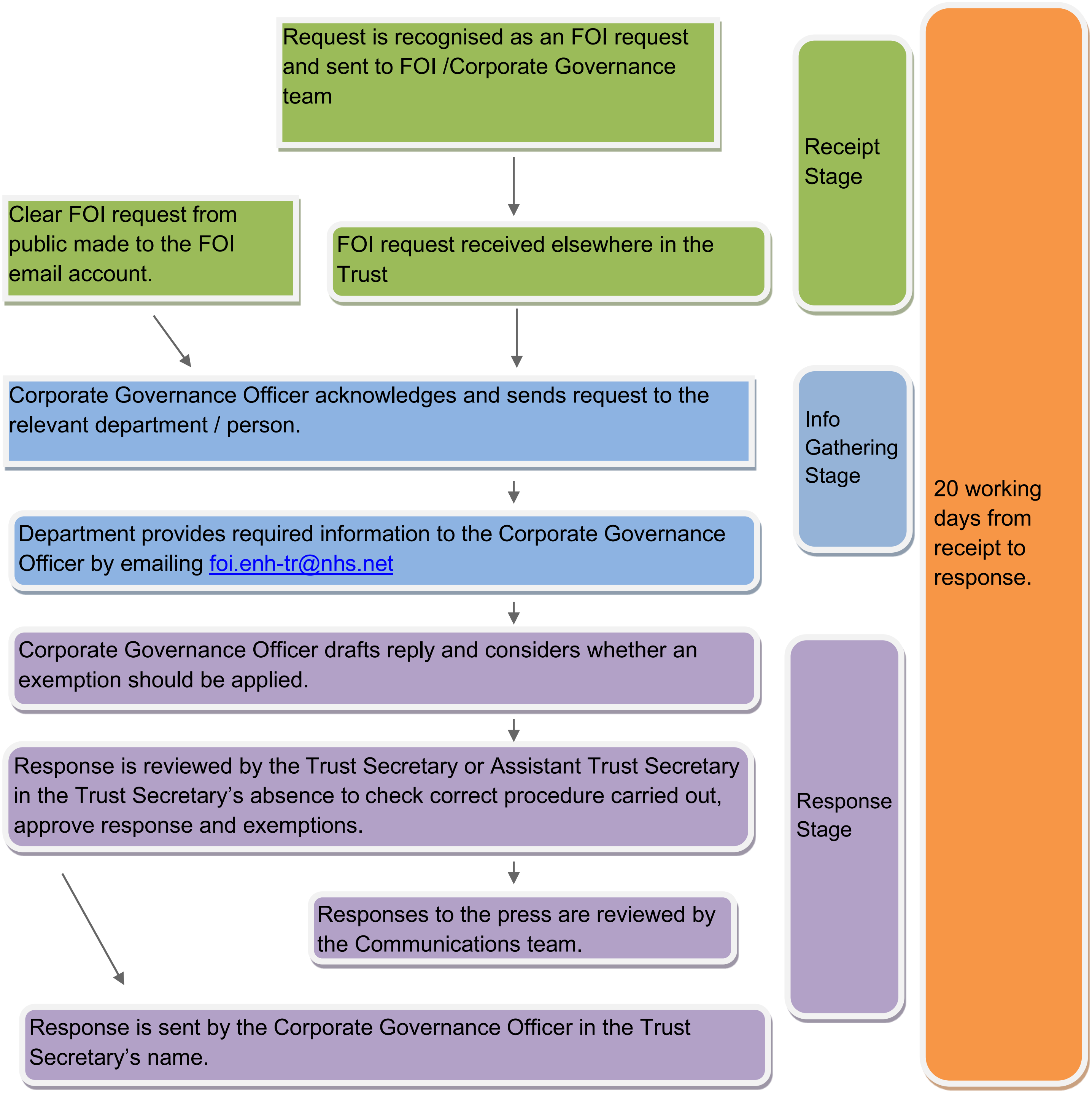
Trust Board – receives regular reports from the Chief Executive and Quality and Safety Committee.

Quality and Safety Committee - meets on a monthly basis. Routinely considers regulation and compliance on a quarterly basis.

Information Governance Steering Group - meets on a quarterly basis, chaired by Senior Information Risk Officer. Monitors volumes of FOI requests and responses, discusses concerns, complaints and justification for exemptions. Agrees improvement plan.

Reports into.

Appendix 2 – FOI Process



Part 4 - Document record

As per policy **97 Trust policies and procedural documents**, this document is using the latest format of **Template for Trust-approved documents TMP 001.**

Document info	Doc ID: 27, Version – 09 Freedom of Information This version is using TMP 001, Version date 27 December 2023
Document type	**Policy**
Document applicability across the organisation	SELECT ONE for each of the 3 items 1. **For use** ☒Trust wide (at corporate level for both clinical and non-clinical roles); ☐ clinical cross specialty; ☐ in multiple areas (non-clinical); ☐ locally 2. **For use by** (ROLES): ☒All roles, ☐clinical roles only, ☐ non-clinical roles only 3. **For use at** (SITES): ☒All sites,☐ Lister Hospital, ☐New QEII, ☐Hertford County Hospital, ☐Renal Satellite sites, ☐ Mount Vernon Cancer Centre, ☐Other: **Input your selection here:** **For use Trust wide by All roles at All sites**
Review cycle	☒ Every 3 years (standard) ☐Annual review ☐ Other: **01 January 2029**
Version type	SELECT ONE ☐New document – full consultation and endorsements ☐Full review of document - various amendments/ complete re-write ☐Full review of document - minor amendments ☒Full review of document - no changes to content, still fit for use ☐Interim update - document not fully reviewed, amendments only **Full review of document - no changes to content, still fit for use**
Keywords	Freedom of Information, FOI, Information Request, Data Protection, Disclosure, Confidentiality, GDPR
Version author/owner	Lisa Carpenter, Digital Service Manager, Procurement & Switchboard Lead ☐Cancer ☐Planned ☐Unplanned ☐Women & Children ☒Corporate/Directorate
Document classifications	Please select all that apply to this document ☐ **Sensitive information**: This document contains sensitive information that should not be shared outside the organisation ☐ **Public website**: this document has been selected for publication on the Trust website, maintained by the Communications Dept. ☐ **Patient Consent**: This document contains content about patient consent ☐ **Forms** - This document contains forms in use at the Trust ☒ None of the above

Consultation & review

In the checklist below, the document author has considered the following **resource implications** and **impact to Trust-wide functions/services**, which also require **oversight** of local processes. Any of these listed stakeholders may also be an endorser of the final version of this document in the Record of agreement section.

If a new document, or newly amended content to this version contains processes that will have an impact on Trust functions and their users, the following actions are required.

Trust stakeholder	Action required by author
1. **Equality, Diversity & inclusion**	Trust **policies** require an Equality Impact Assessment (EIA) as evidence that the protected characteristics under Equality Act 2010 have been considered, as per Part 1, section 6.1 in this document. If the initial EIA screening in Part 1, section 6.1 determines a full EIA is required, visit the Equality, Diversity & Inclusion intranet section for next steps, which could take **3 to 4 weeks to receive approval.** EIA approval (supplied via email): Click or tap to enter a date.
2. Clinical Ethics Committee	This document may contain content that is contentious or raises moral debate. ☒No – proceed to next item ☐Yes – please see following actions **Step 1**: Seek advice from Clinical Ethics committee: ethics.enh-tr@nhs.net **Step 2**: Please provide the following info: Date of recommendations received: Were recommendations implemented and/or incorporated into document? ☐yes ☐no What was recommendation:
3. Medicines Management (Pharmacy)	This document contains processes about the use of medicines at the Trust. ☒No – proceed to next item ☐Yes – please follow these steps **Step 1**: Contact local pharmacy lead to coordinate presentation to Therapeutics Policy Committee to request their **endorsement (formal agreement the document is fit for use at the Trust)** **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: TPC requires sign off on the final file and will be the final approver in the Record of agreement.

Trust stakeholder	Action required by author
4. Nursing, Midwifery & AHP	This document contains processes that will have an impact on staff and care or that would affect work routines. ☒No – proceed to next item ☐Yes – please see following steps **Step 1:** For documents that are for Trust-wide use, **contact Nursing & Midwifery Excellence team** to discuss who would need to be involved in reviewing and agreeing the document is fit for use at the Trust. ☐Clinical skills group and/or ☐Nursing, Midwifery, AHP Quality Committee and/or ☐The appropriate training team eg Nursing/Maternity Training Team (For documents for local use, contact in the first instance). ☐Other: **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: If stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
5. Safeguarding	This document (either for local or Trust-wide use) contains processes or information that may have an impact on children or vulnerable adults using our services. ☒No – proceed to next item ☐Yes **Step 1**: Contact **Safeguarding** team for initial discussion. **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders**
6. People (Human resources)	This document (either for local or Trust-wide use) contains processes or information about the recruitment or management of staff or other processes applicable to staff. ☒No – proceed to next item ☐Yes **Step 1**: Contact Trust Partnership committee, staff side and/or staff network groups for initial discussions. **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: In most cases, for these Trust-wide documents owned by the People team, the **Trust Partnership** requires sign off on the final file and should be the **approver** in the Record of agreement.
7. Finance	This document contains processes or information that affects the acquisition of resources (recurring or one-off) or payments of salaries or anything that has financial implications either Trust wide or locally within the Trust.

Trust stakeholder	Action required by author
	☒No – proceed to next item ☐Yes – please follow steps **Step 1**: Involve/request input from: ☐payroll, ☐local budget holders, ☐anti-fraud team Name of contact: **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
8. Estates & Facilities	This document contains processes or information about the use of Trust property or affects facilities and security on Trust premises. ☒No – proceed to next item ☐Yes **Step 1**: Involve/request input from ☐Estates ☐Facilities **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
9. Digital (IT)	This document contains processes or information about the use of Trust computer hardware, software or systems. This includes systems either managed by our local Digital team or an external supplier. ☐No – proceed to next item ☒Yes **Step 1**: Involve/request input from the appropriate team in Digital services **Step 2**: Record consultation activity in item 10 in this list: **Other areas or stakeholders** **Step 3**: If the stakeholder requires sign off on final file, they can be an endorser in the Record of agreement.
10. Senior division/ directorate staff	Document owner must apprise senior staff in their relevant area of this new or fully reviewed document. **Step 1** **Divisions (clinical areas)**: Apprise **divisional clinical governance group** of document development or send final draft for the formal meeting record and so respective the clinical director is apprised at that meeting.

Trust stakeholder	Action required by author
	Directorate (corporate/ non-clinical areas): Advise respective senior level group meeting of updated document so this activity is on the formal record. **Step 2** In item 11 below, record date and name of clinical governance meeting/ senior level group meeting as a stakeholder (select external). Select the activity type as "other" and indicate "for information only".
11. Document stakeholders	In the table below, please record evidence (ie date of meetings or email) of activity with departments, groups, stakeholders involved in the update/development of this document. A minimum of one stakeholder must be listed. Please delete unused rows.

List of document stakeholders

Document stakeholder	Date	Activity type
Mark Stanton, Chief Information Officer ☒ **Internal*** ☐ **External****	06-01-2026 ☐ Meeting date ☒ Email date	☐ Content contribution ☒ Read and agree fit for use ☐ Other:
Ollie Morley, Digital Operations Director ☒ **Internal*** ☐ **External****	07-01-2026 ☐ Meeting date ☒ Email date	☐ Content contribution ☒ Read and agree fit for use ☐ Other:

***Internal** – a stakeholder within document author's dept/service/area – a service manager, team meeting, etc.
****External** - a stakeholder outside of dept/service/area or outside the organisation

☒At least one of the above in the consultation list is a formal endorser in the [Record of agreement.] NOTE: An endorser and/or approver may request evidence of consultation (with any of the above or others not mentioned) before their sign off is granted.

Other consultation and stakeholder actions required

Not applicable

Record of agreement

Full details of the **endorsement and approval process** can be found in policy **97 - Trust policies and procedural documents**.

DOC ID & title	27, Version: 09 - Freedom of Information
Due date of next full review	01 January 2029
Document type	Policy
Version type	Full review of document - no changes to content, still fit for use
Applicability	For use Trust wide by All roles at All sites
Version author	Lisa Carpenter, Digital Service Manager, Procurement & Switchboard Lead
Legacy ID	IG 008

Endorsement	Record of formal agreement this version is fit for use at the Trust by **Digital Team meeting (internal)** is supplied in the meeting held on 07/01/2025
Additional endorsement	Record of formal agreement this version is fit for use at the Trust by **Ollie Morley Digital Operations Director, Digital,** is supplied in email dated 06/01/2026
Approval	Upon considering the above endorsements, the approver* Mark Stanton, Chief Information Officer agrees this document is fit for use at the Trust. Confirmation of this agreement is supplied in email dated 07/01/2026
Trust endorsement	Record of formal agreement this version is fit for use at the Trust by **Policy Compliance Group** at meeting held on **15/01/2026**.
Governance checks	Policy Officer – Policy Documents Management, 15/01/2026

*Types of approvers (as per policy 97):

- A member of senior leadership or divisional triumvirate, a Trust committee/group or Trust function stakeholder (including name, role, dept) can approve a fully reviewed and endorsed document.
    - The Trust delegation of standards cites specific policies that require board approval.
- A head of service, or stakeholder or committee chairperson (usually endorser listed at the last full review) can approve an interim update of a document.
- A head of service or department can approve documents for local use only (for all version types).
- All policies require “Trust endorsement” from the Policy Compliance Group.