

Freedom of Information Request: Our Reference CTHB_269_17

You asked:

Please could you provide me with the following information:

1. Copy of your information governance structure with bandings

Please see attachment 1 for the Information Governance Team structure.

2. Copy of your information governance SLA, or equivalent

We do not have an information governance SLA or equivalent. Services are provided in house.

3. Policy for managing SAR and FOI

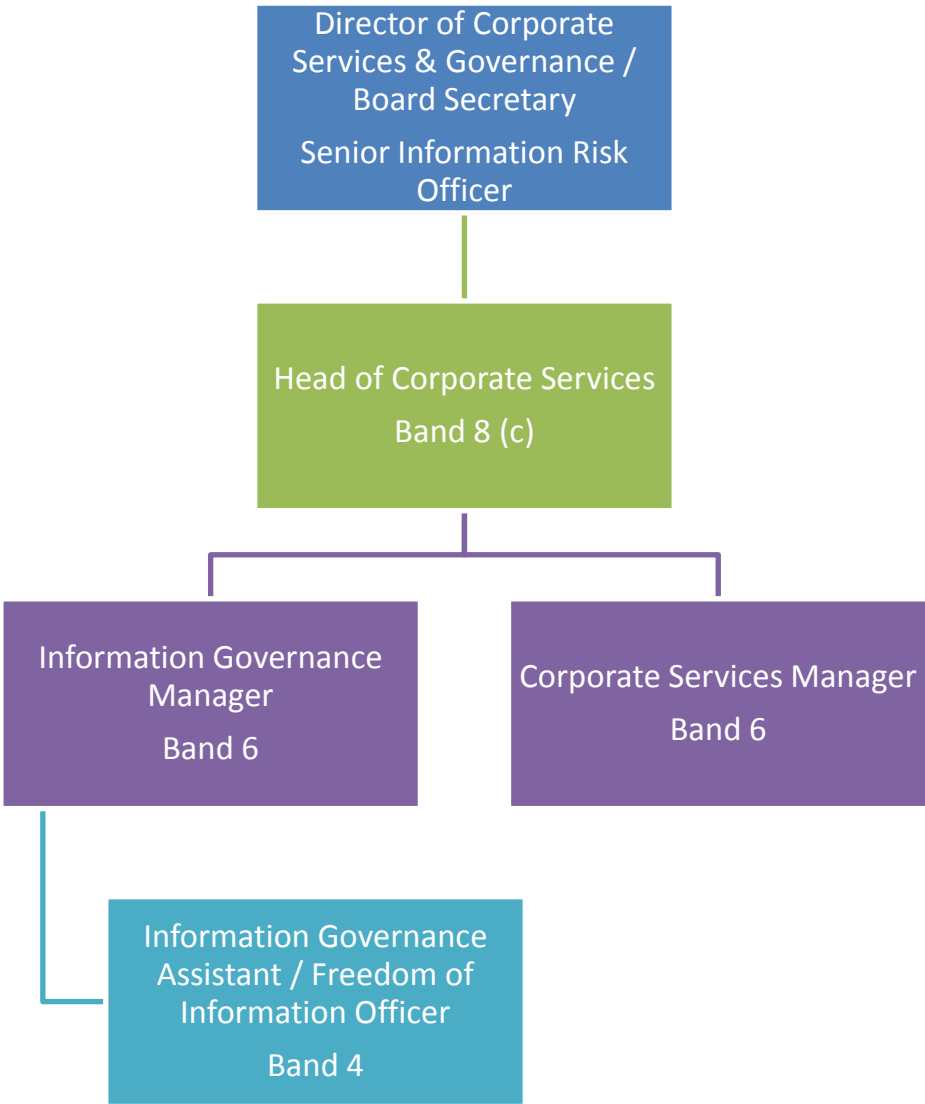
Please see attachments 2 & 3 for the Subject Access Procedure and Freedom of Information Act policy.

4. Completion of the attached table

Please see attachment 4. Please note that subject access requests are not centrally processed. Mental Health, Child and Adolescent Mental Health Service (CAMHS) and Occupational Therapy process directly within their departments whilst the Information Governance Department process non clinical requests. The information that has been provided is based on the reports presented to the Information Governance Group. Where monthly breakdowns have not been received from the directorates, we have been unable to provide. The totals include all Health Board areas.

I trust that this provides the information that you require. Under the terms of the Health Board's Freedom of Information policy, individuals seeking access to recorded information held by the Health Board are entitled to request an internal review of the handling of their requests.

Information Governance Structure Cwm Taf University Health Board





Subject Access Request Procedure

Introduction

The procedure for is a detailed document in a specialist area that sets out an overview of the Data Protection Act 1998 and the UHB's legal obligation to provide information to requestors for access to information held about them.

Objectives

The main objective is to set out in unambiguous wording the steps to be followed and the rights held by people requesting information and the organisation.

Issues discussed include:

- Making a request;
- Charging for subject access requests;
- Exemptions;
- A flowchart to make the issue simpler and more consistent;
- A request form.

Operational Date

TBC

Scope

The procedure applies to all staff. Managers will need to be aware of the general content and aims and further advice is available from Information Governance colleagues.

Equality Impact Assessment

An Equality Impact Assessment has not been completed. This is because the UHB's policy is under review. It is unlikely that the Policy will attract any negative impact.

Distribution

All Staff

To be read by

All staff via Internet and Core Brief.

Documents to read alongside this Protocol

Information Governance Policy
Data Protection Policy

Approved by

Information Governance Group

Accountable Executive

Board Secretary / Director of Corporate Services & Governance

Author

Gwenan Roberts, Head of Corporate Services

Freedom of Information Status

Open

If the review date of this policy has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Services Department

Out of date policies cannot be relied upon

Amendment Record

If a change has been made to the document, the changes must be noted and circulated to the appropriate colleagues.

Detail of change	Why change made?	Page number(s)	Date of change	Version	Name of Policy Author
Small changes to presentation	To make procedure more reader friendly	Various	Nov 2016	2	Gwenan Roberts

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1. Purpose

The purpose of this procedure is to provide an overview of the Data Protection Act 1998 (the Act) and the Health Board's legal obligation to provide information to requestors for access to information held about them. The procedure sets out who can apply for access, what information can be requested and who has responsibilities for consenting to the release of information. The procedure also states the reasons why information maybe withheld.

The Act, is the main piece of legislation that governs the protection of personal data in the UK. Under the Act any living individual (or their nominated representative e.g. a solicitor) has the right to contact an organisation and ask to 'see' and / or request a copy of any personal information that the organisation is holding about them. This is known as a subject access request.

The Act refers to a living individual who is the subject of personal data as the 'data subject', the 'data controller' is a person or organisation who makes decisions in regard to personal data, including decisions regarding the purposes for which and the manner in which personal data may be processed and the health records themselves as the 'information constituting data'.

The Act defines personal data as that which relates to a living individual who:

- can be identified from that data, or
- from that data and any other information which is in the possession of, or likely to come into the possession of, the data controller.

Data is defined as information which is:

- processed automatically or recorded with the intention to process automatically, or
- recorded as, or with the intention that it be, part of a manual "relevant filing system" which is further defined in the Act, or
- contained in a health record.

2. Principles

All processing of data to which the Act applies must comply with 8 principles. These are outlined below:

1. Personal data shall be processed fairly and lawfully.
2. Personal data shall be obtained only for a specified and lawful purpose or purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken to prevent the unauthorised or unlawful processing of personal data and the accidental loss, destruction of, or damage to personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

In accordance with the Act, the procedure will ensure that the Health Board will:

- Process all subject access requests within the legislative timeframe
- Release appropriate information in accordance with the Act
- Provide advice and assistance where appropriate
- Deal with complaints about any aspect of the Health Board's compliance with the Act promptly and impartially
- Respect the interests of third parties who may be affected by any disclosure of information

3. Roles and Responsibilities

- 3.1 The Board Secretary/Director of Corporate Services and Governance is responsible for ensuring the Health Board's overall compliance with the Data Protection Act. The routine processing of all subject access requests will be co-ordinated by the Information Governance (IG) team.
- 3.2 The IG team will act as a source of advice and support for all Health Board staff with regard to the Act and will be responsible for releasing the information.
- 3.3 An administrator will be nominated within the IG team and will become the initial contact point for receiving, logging and acknowledging requests.
- 3.4 Requests for access to Medical Records will be dealt by the Medical Records Manager.

- 3.5 Requests for access to Human Resource Records will be dealt by the Human Resources Directorate.

4. Making a Data Subject Access Request

- 4.1 Applicants who make contact either in person or by telephone should be advised that they are required to make their request in writing by fully completing the Subject Access Request (SAR) form and returning the form to the IG Team. Requests may also be received by way of a letter, fax or e-mail and must be directed immediately to a member of the IG Team.
- 4.2 Requests must be made in writing, either manually or electronically, and should include the fact that the request is being made under the terms of the Data Protection Act 1998.
- 4.3 The applicant will be expected to supply two forms of identity with the application form. Forms of identity may include copies of driving licence, passport or birth certificate in addition to other relevant information confirming the applicant's address e.g. copy of a utility bill.
- 4.4 Requests submitted by a nominated representative (e.g. Solicitor) acting on behalf of an individual should obtain the individual's consent in writing and include a copy of this with the fully completed SAR form.
- 4.5 The Health Board is legally obliged to comply with all subject access requests within 40 calendar days of receipt of request, or, within 40 calendar days of receipt of verified proof of identity and the necessary fee.
- 4.6 Where there is a claim against the Health Board or if the application states there is a claim against the Health Board, the Department of Investigation and Redress must be informed and all correspondence sent to them immediately.
- 4.7 **Appendix A** outlines the steps needed to be taken in flowchart form.

5. Charging for Subject Access Requests

- 5.1 The fee must be requested promptly on receipt of the subject access request. The 40 calendar day deadline will not begin until the fee has been received from the applicant.
- 5.2 The normal amount charged for processing a subject access request providing non-medical personal information is £10. This charge applies to both electronic and manual information. The fee covers the cost of either viewing or providing copies of the information. No

further charges may be made by the Health Board to cover photocopying or postage fees.

- 5.3 If the fee has not been received with the initial application but all of the necessary information required to process the request has been included, a standard letter should be sent to the applicant to request the payment. The 40 calendar day counter is then halted on the day that the letter is sent and re-started when payment has been received.

6. Considerations

Where the holder of the records is a health service body such as an NHS Health Board, the holder needs to take advice from the appropriate health professional about any matter on which they are required to form an opinion. The appropriate health professional should advise on:

- Whether the disclosure would be likely to cause serious harm to the physical or mental health or education of the patient or any other person.
- Whether, in conjunction with an application for access to a child's record, the child is capable of understanding the nature and purposes of the application.
- Where the application is made by a person having parental responsibility for the child, whether giving access would be in the child's best interests.

The following questions should be asked in all cases:

- Is the applicant within the class of persons entitled to access?
- Is there appropriate written authority?
- Are all, part or none of the records covered by the Act?
- Do any of the grounds of exemption apply?
- What arrangements for access are appropriate?
- By what date must access be given?
- How much can be charged?

The applicant must be within the category of persons entitled to access information, under the Act and be one of the following:

- The patient, provided he / she is 16 years of age or more (if the patient is under 16 he / she is only entitled to access in his or her own right if in the opinion of the record holder, he / she is capable of understanding the nature of the application).
- A person with parental responsibility for a child patient. However, an application can only be made by this person where:
 - The child has consented to the application, or

- The child is incapable of understanding the nature of the application and giving access would be in the child's best interest. Unmarried fathers of a child born prior to 1st December 2003 must have a 'Parental Responsibility Agreement' with the mother, or a 'Court Parental Responsibility Order'. After 1st December 2003, fathers who jointly register the child's birth will have 'Parental Responsibility'.
- A person authorised in writing to make the application on the patient's behalf.
- A person appointed by a Court to manage the affairs of a patient where the patient is incapable of managing his own affairs.
- The Personal Representative of a deceased patient and any person who may have a claim arising from the death.

Exemptions from Disclosure

Under the Data Protection (Subject Access Modification) (Health) Order 2000, paragraph 5, access must not be given to any part of a health record which, in the opinion of the holder of the record:

- Would be likely to cause serious harm to the physical or mental health or condition of the patient or of any other individual, or
- Relates to or has been provided by a third party who could be identified from that information, unless that individual consents to the application, or it is reasonable to give access to the information without that consent
- This last ground of exemption only applies if the applicant is not the patient. Where this is the case access must not be given to any part of a record which in the opinion of the holder would disclose information provided by a patient in the expectation that it would not be disclosed to the applicant, or information obtained as a result of any examination or investigation to which the patient consented in the expectation that the information would not be disclosed.
- Where the child is under 16, data should not be released to a person with parental responsibility if:
 - the information has been provided by the child in the expectation
 - that it would not be disclosed to the person making the request;
 - obtained as a result of any examination or investigation to which the child consented in the expectation that the information would not be disclosed;
 - which the child has expressly indicated should not be so disclosed.

7. Non Conformance

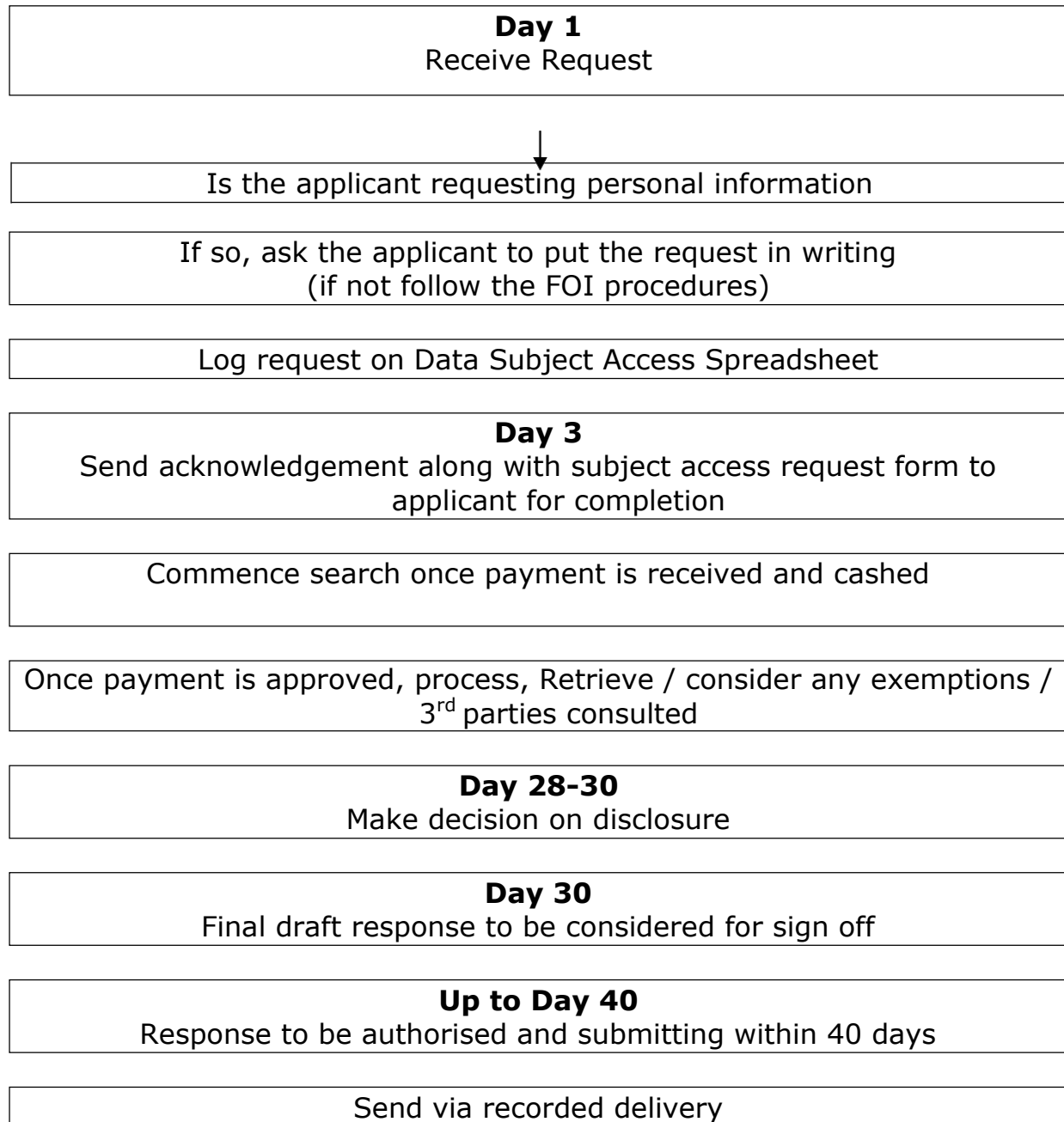
There is a requirement for all staff to be aware of this policy and comply with the procedure outlined. Failure to comply will be dealt with under the appropriate Health Board Human Resources Policy.

8. Equality Impact Assessment Statement

All Procedures require an EqIA. Further advice is available via the UHB's Diversity, Equality and Standards Manager on 01443 744800.

Appendix A – Subject Access Flowchart

All staff have a duty to provide advice and assistance to anyone requesting information. However, all Subject Access Requests must be logged within the *Information Governance Department*. Final responses must be sent out within 40 days to comply with the Data Protection Act.



The timescales above are the upper limits for all requests, however simpler requests will pass through a number of stages much quicker.

Appendix B Subject Access Request Form

REQUEST FOR ACCESS TO PERSONAL DATA

DATA PROTECTION ACT 1998

This form is used to confirm the identity of the patient, the identity and authority of the applicant (where applicable) and to assist in locating information requested by the applicant. Please complete and send it to the address at the end of the form. If you need any help please call **01443 744835** or email:

Claire.northwell2@wales.nhs.uk

PLEASE READ FEES SECTION ON PAGE 6 BEFORE COMPLETING THIS FORM

Section 1 – Information requested for:

Surname	
Forename (s)	
Address	
Post Code	
Telephone number	
Email address	

SECTION 2 – What are your personal details?

Are you the requester (please tick)	Yes		No	
--	------------	--	-----------	--

If you have answered 'YES', go straight to Section 3 on page 3.

Otherwise please provide the information below:

Surname	
Forename (s)	
Address	
Post Code	
Telephone number	
Email address	

(b) If you are **NOT** the requester please tick the appropriate box below to state your relationship with them:

	I am the patient's parent (with parental responsibility) and the patient is under 16 years old and: *is incapable of understanding the request/has consented to my making this request. *Delete as appropriate.
	I have been asked to act by the patient and attach the patient's written authorisation.
	I am the deceased patient's Personal Representative and attach confirmation of this.
	I have a claim arising from the patient's death and wish to access information relevant to my claim and attach an explanation of the claim being considered.
	I have been appointed as the Mental Capacity Advocate/Power of Attorney for this patient and wish to access copies of their records. I attach confirmation of my appointment.
Other please state	

(c) If you are applying on behalf of another person, you will also need to show proof that you have permission to act on their behalf. We will accept one of the following as proof. Please tick the appropriate box to indicate which document you have enclosed.

	A signed declaration by the requester.
	A signed declaration by a health professional, police officer or MP confirming that the patient is unable to make the request themselves.
	A document confirming that you are the parent or guardian of the patient (if this is the case and the patient is under 16).
	Proof of appointment that the patient is incapable of managing his/her own affairs and you have been appointed by the courts to manage those affairs.

SECTION 3 – Confirming your identity and address

(a) In order to confirm your identity, you will need to send us a **photocopy** of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

	Full valid current passport
	Identification Card
	Full valid driving licence
	Birth certificate or certificate of registry of birth or adoption certificate
Other please state	

If your name is now different from that shown on the document you submit to confirm your identity, you must also supply documentary evidence to confirm the change of name, i.e. photocopy of Marriage Certificate or Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.

Note: If you wish to deliver your original documents in person we will verify these at the time of your visit and retain copies of these documents.

SECTION 4 – What information is requested

Please tick the appropriate box to indicate if you wish to access:

☐

ALL records

or

☐

Specific records please state correspondence/ letters/ minutes/ individuals involved and approximate dates

SECTION 5 – Formal Declaration

Under the terms of the DATA PROTECTION ACT 1988/ACCESS TO HEALTH RECORDS ACT 1990 (access to deceased records only), I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I also confirm that I am either the requester / patient, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such information, e.g. by impersonating the individual.

I certify that the information given on this form is true. I understand that it is necessary for Cwm Taf University Health Board to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

SIGNED:	
PRINT NAME:	
DATE:	

Please make sure you have:

- completed the form in full
- signed the declaration above
- enclosed the relevant proof of identity
- enclosed the relevant proof of address
- if applying on behalf of another person, their permission together with any authorities to act on their behalf.
- enclosed the relevant Payment Fee – See overleaf for list of costs.

Note: If you deliver your documents in person we will verify these at the time of your visit and retain copies of these documents.

Send the completed form and enclosures to: Information

**Governance Department
Cwm Taf Health Board
Ynysmeurig House
Navigation Park
Abercynon
CF45 4SN**

FEES

Fees for Subject Access Requests (SAR)

Viewing health records is **free** of charge if the records have been updated in the previous 40 days and you **don't** require a copy. You will need to make an appointment to come to the hospital Medical Records Department to view the records.

- **There is a £10 charge** to process a Subject Access Request. This applies whether the records are held on computer or in paper form. This payment is required to process your request and does not guarantee disclosure. No refund is applicable. All cheques must be made payable to Cwm Taf University Health Board.

We aim to provide you with access/copies as soon as possible, usually within 40 days of receiving your request.



Freedom of Information Act Policy

INITIATED BY: Board Secretary / Corporate Director

APPROVED BY: Corporate Risk Committee

DATE APPROVED: December 2015

VERSION: 3

OPERATIONAL DATE: December 2015

DATE FOR REVIEW: December 2017

DISTRIBUTION: All Staff via Intranet & Core Brief Message

FREEDOM OF INFORMATION STATUS: OPEN

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1. PURPOSE

The purpose of this Policy is to outline what Cwm Taf University Health Board intends to do to ensure compliance with the Freedom of Information Act, referred to hereafter as the Act. The Act, introduced in January 2005, deals with access to official recorded information held by public authorities. Parallel regulations deal with access to environmental information which are only referenced within this Policy.

2. POLICY STATEMENT

The University Health Board is committed to compliance with the Act and recognises in full the rights and obligations established by the Act, particularly in relation to access to the recorded information it holds. This Policy and its supporting procedures and documentation is the framework by which the University Health Board aims to meet its obligations.

3. PRINCIPLES

The Act created rights of access to official recorded information held by public authorities. The University Health Board supports a climate of openness and will take measures to help and inform the public in relation to their rights as contained within the Act based on the following principles:

- A general right of access in relation to recorded information held by public authorities, subject to certain conditions and exemptions
- A duty on public authorities to provide a reason for refusal where access to information is refused in reliance on an exemption from disclosure
- A duty on every public authority to adopt and maintain a publication scheme, approved by the Information Commissioner, and to publish information in accordance with that scheme

4. SCOPE

This Policy applies to all official recorded information held by the University Health Board, irrespective of age, format or location.

All University Health Board staff are required to comply with this Policy. The term staff includes permanent, temporary and contracted staff of the University Health Board, including Independent Board Members and those with honorary contracts

with the University Health Board who have access to and create officially recorded information.

5. LEGISLATIVE AND NHS REQUIREMENTS

- Freedom of Information Act 2000
- Environmental Information Regulations 2000
- Data Protection Act 1998
- Welsh Health Circular WHC (2000) 71 – For the Record

6. PROCEDURE

A significant amount of information will be routinely published via the Publication Scheme. Requests for other information will be dealt with in a timely manner as required by the Act, however in cases where the requested information is covered by an exemption, consideration will be given as to whether or not the information should be released. Detailed procedures for dealing with Rights of Access will be followed and can be accessed at Appendix 1. University Health Board staff have a duty to provide reasonable advice and assistance to applicants requesting information as outlined within the Act.

Requesters may direct a complaint to the Corporate Services Department and are entitled to request an internal review of the handling of their requests. If after an internal review they remain dissatisfied they are entitled to refer the matter directly to the Information Commissioners Office.

The University Health Board acknowledges that patients and staff have a right to privacy and confidentiality and this Policy does not overturn the common law duty of confidentiality or statutory provisions that prevent disclosure of personal identifiable information. The release of such information is still covered by the subject access provisions of the Data Protection Act 1998. Requests for information relating to staff will be considered using the Guidelines on the Disclosure of Staff Information at Appendix 2.

Guidelines for the Reuse of Public Sector Information can be found at Appendix 3.

7. TRAINING IMPLICATIONS

All staff must be aware of the key principles of the Act to enable the University Health Board to meet its legal responsibilities. Staff should be able to:

- identify a publication scheme request for information and advise where the scheme can be found
- identify a general request for information
- direct FOI requests to the Corporate Services Department
- understand their responsibilities where requests are made concerning their area of responsibility

Staff awareness and training will be provided by a variety of methods including formal training, departmental induction and information provided on the Information Governance intranet pages.

8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

A full review of this Policy will be undertaken every two years or sooner if there are changes to guidance or legislation. On-going monitoring and auditing of this Policy will be undertaken by the Corporate Services Department or the Information Governance Group who receive regular reports on compliance with the Act.

9. MANAGERIAL RESPONSIBILITIES

The Chief Executive will act as the qualified person within the University Health Board and as such will consider the application of exemptions under Section 36 of the Act: Prejudice to the Effective Conduct of Public Affairs.

The University Health Board will nominate an Independent Board Member to act as the FOI Act Champion, this will usually be the Chair of the Information Governance Group.

The Board Secretary / Corporate Director will be responsible for ensuring that there are effective arrangements in place to enable compliance with the provisions of the Act as well as providing periodic reports to the Executive Board and the Board as required.

The Corporate Services Department will undertake the administration of this Policy including the implementation of procedures to ensure compliance with the

requirements of the Act. The Department will co-ordinate effective discharge of the duty to provide advice and assistance to applicants and would be applicants imposed under Section 16 of the Act.

All Directors and Departmental Managers are responsible for ensuring that this Policy, and the associated procedures, are implemented in a timely manner within their area of responsibility and communicated to their staff. Further information or guidance may be sought from the Corporate Services Department.

10. RETENTION / ARCHIVING

Requests for information under the Act will be retained and archived in line with National Records Management Guidance. This Policy will be subject to version control and archived as required by local policy.

11. NON CONFORMANCE

All staff are required to comply with this Policy and where requested demonstrate such compliance. Failure to comply will be dealt with under the appropriate Workforce Policy.

It is important to note that it is an offence to alter, deface, block, erase, destroy or conceal any record held by the public authority, with the intention of preventing the disclosure and offenders may be subject to legal proceedings.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

Following assessment this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality standards:

Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

13. REFERENCES

- Freedom of Information Act 2000
- Environmental Information Regulations 2000
- Data Protection Act 1998
- Welsh Health Circular WHC (2000) 71 – For the Record
- Human Rights Act 1998
- Lord Chancellor's Code of Practice on the Discharge of Public Authorities' Functions under Part I of the Freedom of Information Act 2000, issued under section 45 of the Act (Nov 2002)

- Lord Chancellor's Code of Practice on the Management of Records under section 46 of the Act (Nov 2002)
- Cwm Taf University Health Board Records Management Policy
- Cwm Taf University Health Board Information Governance Policy

14. APPENDICIES

Appendix 1 – Right of Access Detailed Procedures

Appendix 2 – Guidelines on the Disclosure of Staff Information

Appendix 3 – Guidelines for the Reuse of Public Sector Information



Freedom of Information Act Right of Access

Detailed Procedures

INITIATED BY:	Board Secretary / Director of Corporate Services
APPROVED BY:	Corporate Risk Committee
DATE APPROVED:	December 2015
VERSION:	3
OPERATIONAL DATE:	December 2015
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DISTRIBUTION:	All Staff via Intranet & Core Brief Message
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PROCEDURE 1: Where sufficient details are provided to locate the requested information

The Corporate Services Department (CSD) will send an acknowledgement letter within two working days of receipt of the request. The acknowledgement letter will state that the request has been received and is being processed. This contact will be recorded on the Freedom of Information request database.

Where the CSD has sufficient information to locate and process the request, the CSD will identify the appropriate 'link' person and forward the request to them by email within 2 working days. The email will request that a response is returned by day 15, this timescale will be closely monitored. At this stage, the link person will also be asked if they have any objection to the identified information being disclosed. This contact will be recorded on the Freedom of Information request database.

The information provided by the 'link' will be scrutinised and reviewed within the CSD to ensure the information is appropriate, that it fully answers the request, whether exemptions apply and whether fees or charges are payable. A decision is then made regarding the information's suitability for disclosure within two working days.

If any exemptions are applicable, the Procedure: Refusal of Requests – Use of Exemptions will be activated. If the cost of retrieving the requested information exceeds the appropriate limit the Procedure: Refusal on the Grounds of Cost will be activated.

PROCEDURE 2: Where insufficient details are provided to locate the requested information

The Corporate Services Department (CSD) will send an acknowledgement letter within two working days of receipt of the request. The acknowledgement letter will state that the request has been received and is being processed. This contact will be recorded on the Freedom of Information requests database.

Where an applicant has not described the information sought in a way that would enable the University Health Board to identify or locate it, assistance will be provided to enable him or her to describe more clearly the information requested.

The purpose of this contact will be to clarify the nature of the information sought, not to determine the aims or motivation of the applicant. This contact will be recorded on the Freedom of Information request database.

The twenty working day time limit is not activated until the applicant has provided sufficient information for the University Health Board to proceed. If no response is received within three months, the request will be closed. If a response is received the appropriate procedure will be followed.

PROCEDURE 3: Information requested is not held

If, after following the appropriate procedure, it is established that the University Health Board does not hold the requested information, the applicant will be informed as soon as possible within the twenty working day limit. The contact will be recorded within the Freedom of Information request database.

PROCEDURE 4: Requests that Exceed the Appropriate Limit

Section 12 of the Freedom of Information Act 2000 (FOIA) provides an exemption from the obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit. The appropriate limit is the key concept concerning fees.

Where the University Health Board is concerned, the appropriate limit is set at £450. If the cost of complying with a request exceeds the appropriate limit, the University Health Board can:

- refuse to supply the information on the grounds of cost, or
- can offer to provide the information if the applicant is prepared to pay a fee.

Where it has been estimated that cost of compliance exceeds £450, the University Health Board can charge the total amount for:

- determining whether it holds the information;
- locating the information, or documents which may contain the information;
- retrieving the information, or documents which may contain the information, and
- extracting the information from a document(s) in which the information is contained.

The four activities are sequential.

NB: The University Health Board can take into account the costs attributable to the time that staff (and if applicable, external contractors) are expected to spend on these activities. Such costs are calculated at £25 per hour per person regardless of the actual cost or rate of pay, which means that the limit will be exceeded if these activities exceed 18 hrs.

The University Health Board is not permitted to take into account any time likely to be spent:

- considering exemptions that may apply to the information requested, and
- redacting exempt material.

NB: If the University Health Board refuses a request because the appropriate limit has been exceeded, it must bear in mind the duty under Section 16 of the FOIA to advise and assist an applicant; such advice could include how to 'refine or limit' the request to bring it within the cost limit.

Refusal on the Grounds of Cost

Where a decision is made to refuse a request because the cost of compliance exceeds the appropriate limit, the requester will be informed via a Refusal Notice issued at the earliest opportunity and within the twenty working day time limit.

The Refusal Notice must:

- Confirm or deny whether the information is held (unless cost of this alone would exceed the appropriate limit)
- Specify the reason for refusal
- Quote the (Appropriate Limit and Fees) Regulations 2004
- Provide an estimate of the cost of complying with the request
- Specify the exemption, (Section 12 (1))

As set out in Section 17(7) the applicant will also be informed of the University Health Board's complaints procedure and of their right to complain to the Information Commissioner.

NB: The Fees Regulations state that two or more requests to the University Health Board can be aggregated for the purposes of calculating costs if they are:

- by one person, or by different persons who appear to the University Health Board to be acting in concert or in pursuance of a campaign;
- for the same or similar information; and
- the subsequent request is received by the University Health Board within 60 working days of the previous request.

The intention of this provision is to prevent individuals or organisations evading the appropriate limit by dividing a request into smaller parts.

Example Refusal Notice

"Retrieval of the information requested would require a trawl of patient case notes. Whilst these case notes are held by the University Health Board, the Freedom of Information and Data Protection Acts set a limit on the cost of compliance with a request. This limit is set at £450 and we are allowed to aggregate requests, such as those referred to above, for the purposes of calculating the cost of compliance. In relation to your request Q.1 ii), taken as an example, we estimate that the cost of compliance with this element of your request alone would be in excess of £1000 because the University Health Board would need to check 253 sets of casenotes, taking an estimated 15 minutes for each case note".

Accordingly, I find that the cost of compliance with your requests would be excessive such that the exemption at Section 12 (1) of the Freedom of Information Act is engaged."

If you are dissatisfied, either because the information has not been provided to you, or with the way your request has been handled by the University Health Board, you have the right to complain and request a review. If you are still dissatisfied at the end of any review, you may ask the Information Commissioner to adjudicate.

Provision of the information where the applicant is prepared to pay a fee

The University Health Board may take a decision to provide the requested information if the requester is prepared to pay the fee. Where this is the case, the requester will be issued with a Fees Notice. The Fees Notice will specify the fee, (payable in advance), provide the calculations and specify the time limit for a response.

NB: The period from the day the Fees Notice is issued to the day the fee is received does not count towards the 20 working day limit for response. Where the requester wishes to pay the fee, the 20 working days would resume once the cheque is cleared. The University Health Board must ensure that cheques are banked promptly.

If, following the issue of a Fees Notice, the specified fee is not paid within three months beginning on the day on which the fees notice was given to the requester, the request will be closed.

PROCEDURE 5: Refusal of a Request Utilising the Exemptions

The Freedom of Information Act 2000 (the Act) recognises that there are valid reasons for withholding information by setting out a number of exemptions from the right to know. There are 23 exemptions in all, some of which are absolute exemptions, and others which 'qualified' and subject to a 'public interest test'. These exemptions mark out the limits of the right of access to information. If information is properly exempt then there is no right of access to it under the Act.

The exemptions operate in different ways and, when considering applying individual exemptions, the University Health Board will need to consider the following factors:

- The content of the information
- The effect disclosure would have
- The source of the information
- The purpose for which the information was recorded

The Act provides two distinct, but related rights of access to information, which impose corresponding duties on the University Health Board, these are:

- the duty to inform the requester whether or not information is held by the University Health Board (the duty to confirm or deny), and if so,
- the duty to provide that information to the requester.

Both of these elements are subject to exemptions contained within FOIA.

The Duty to Confirm or Deny in Relation to Exempt Information

This element will be managed by the CSD referring to Information Commissioner's Office (ICO) [Awareness Guidance 21](#).

Refusal of a Request where the Information Requested is Exempt from Disclosure under Part II of FOIA (the Exemptions)

The exemptions, listed below, are contained within Sections 21 – 44 of the Act. The ICO has issued guidance on the application of each of the exemptions. This element will be managed by the CSD referring to the guidance. Exemptions may be absolute or qualified.

- 21. Information accessible to applicant by other means (absolute)
- 22. Information intended for future publication (qualified)
- 23. Information supplied by, or relating to, bodies dealing with security matters (absolute)
- 24. National security (qualified)

- 25. Certificates under ss. 23 and 24: supplementary provisions.
- 26. Defence (qualified)
- 27. International relations (qualified)
- 28. Relations within the United Kingdom (qualified)
- 29. The economy (qualified)
- 30. Investigations and proceedings conducted by public authorities (qualified)
- 31. Law enforcement (qualified)
- 32. Court records, etc. (absolute)
- 33. Audit functions (qualified)
- 34. Parliamentary privilege (absolute)
- 35. Formulation of government policy, etc. (qualified)
- 36. Prejudice to effective conduct of public affairs (qualified)
- 37. Communications with Her Majesty, etc. and honours. (qualified)
- 38. Health and safety (qualified)
- 39. Environmental information (qualified)
- 40. Personal information (qualified)
- 41. Information provided in confidence (absolute)
- 42. Legal professional privilege (qualified)
- 43. Commercial interests (qualified)
- 44. Prohibitions on disclosure (absolute)

Where a decision has been taken to withhold requested information utilising one (or more) of the exemptions, a notice will be issued within twenty working days (Section 17 of the Act). The notice will:

- a. state that fact,
- b. specify the exemption in question, and
- c. state (if that would not otherwise be apparent) why the exemption applies.

When it is anticipated that the twenty working day limit will be exceeded when considering exemptions, the applicant will:

- a. be informed that an exemption is being considered and that a decision has not yet been reached;
- b. be provided with an estimated date by which they may expect a decision (the estimate should be realistic and reasonable and must be complied with unless there are extenuating circumstances).

If an estimate is exceeded, the applicant will be given a reason(s) for the delay and offered an apology by the CSD.

If the CSD finds that the estimate is proving unrealistic, the applicant will be kept informed. A record will be kept of instances where estimates are exceeded, and where this happens more than occasionally, steps will be taken to identify the problem and rectify it.

Public Interest Test

In applying a qualified exemption the University Health Board must consider whether the public interest in maintaining the exemption is greater than that in confirming or denying the existence of the information requested and providing the information to the applicant.

If a qualified exemption is being applied, the CSD will, either in the notice issued, (see above) or in a separate notice, state the reasons for claiming:

- a. that, in all the circumstances of the case, the public interest in maintaining the exclusion of the duty to confirm or deny outweighs the public interest in disclosing whether the University Health Board holds the information, or
- b. that, in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The statement will not involve the disclosure of information which would itself be exempt information.

The CSD will record all information request refusal notices. These will be subject to periodic review to maintain consistency in decision making. When considering exemptions, the CSD will consult with the appropriate Executive Director or Senior Managers and the final decision on the application of the public interest test will rest with the Board level champion for information governance issues.

PROCEDURE 6: Refusal of Requests that are Deemed Vexatious or Repeated (Section 14)

The Information Commissioner's general approach is that a request (which may be the latest in a series of requests) can be treated as vexatious where it would impose a significant burden on the University Health Board in terms of expense or distraction and meets at least one of the following criteria:

- it clearly does not have any serious purpose or value;
- it is designed to cause disruption or annoyance;
- it has the effect of harassing the public authority;
- it can otherwise fairly be characterised as obsessive or manifestly unreasonable.

This is not, however, intended to be a formulaic approach for every request, and each specific request should be looked at and assessed individually.

A request for information which should be available through the University Health Board's Publication Scheme cannot be refused on the grounds that it is vexatious. Requests which may be deemed vexatious or repeated will be dealt with using [Freedom of Information Act Awareness Guidance: Number 22](#) as the reference document.

If a decision is made to refuse a request on the grounds that it is vexatious or repeated, a Section 17 Refusal Notice will be issued. If the University Health Board is relying on a claim that the request is vexatious or repeated under Section 14 of the Act, and a notice under Section 17 has already been issued to the applicant stating this fact, a further notice is not required.

PROCEDURE 7: Transfer of requests for information

Where the University Health Board receives a request for information which it does not hold, but which it believes may be held by another public authority, the CSD will consult with that authority to ascertain whether it holds the information requested. If held by the other public authority, consideration will be given to whether the request should be transferred. If appropriate, the CSD will oversee the transfer of that request.

If the University Health Board holds some of the information requested, a transfer will be made in respect of the information that the University Health Board does not hold (but is held by another public authority).

When it becomes apparent to the CSD that the University Health Board does not hold all or part of the information requested, they will advise the applicant of this fact.

A request (or part of a request) will not be transferred without confirmation by the second authority that it holds the information. If this course of action is pursued, the applicant will be informed of this and updated on progress by the CSD.

Before transferring a request for information to another authority, the CSD will consider whether a transfer is appropriate. If this is the case, the CSD will consult with the applicant to determine whether they have any objections to the transfer.

If appropriate, the CSD will transfer the request to the other authority if the applicant consents. If the applicant refuses to give consent, the CSD will advise that he or she can submit a new request to the other authority.

All transfers of requests should take place as soon as practicable, and the applicant should be informed as soon as possible following the transfer. All transfers must be processed within the twenty working day timescale. A record will be kept of all activity associated with the transfer of requests for information to other public authorities.

NB: Where a request, or part of a request, is transferred from one public authority to another, the receiving authority has an obligation under Part I of the Act to treat the transferred application as it would a request received directly from an applicant.

PROCEDURE 8: Consultation with Third Parties

There will be occasions when requested information will contain information that relates to third parties. Disclosure of such information may affect the interests of the third parties and in some instances may also affect their legal rights.

The University Health Board will take appropriate steps to ensure that such third parties, and those who supply public authorities with information, are aware of the University Health Board's duty to comply with the Freedom of Information Act, and that information will have to be disclosed upon request unless an exemption applies.

In some cases it will be necessary to consult with third parties in order to establish their views on disclosure of requested information or in order to help determine whether or not an exemption applies to the information requested. The views of the third party may also assist the University Health Board to determine where the public interest lies under Section 2 of the Act.

Where information is subject to the common law duty of confidence or where it constitutes "personal data" within the meaning of the Data Protection Act 1998 (DPA), unless a FOIA exemption applies, the University Health Board is obliged to disclose that information. Where it is determined that the requested information constitutes "personal data" within the meaning of the DPA, the CSD will have regard to Section 40 of the Act.

In some cases disclosure of information cannot be made without the consent of a third party. For example, where information has been obtained from a third party and the disclosure of the information without their consent would constitute an actionable breach of confidence (such that the exemption at Section 41 of the Act would apply). In such cases the CSD will consult the third party seeking their consent to the disclosure, unless this is not practicable, for example because the third party cannot be located or because the costs of consulting them would be disproportionate.

A record will be kept of all contacts with third parties regarding consultations and decision making on the disclosure of information that may affect their legal rights.

Consultation with a number of third parties

Where the interests of a number of third parties may be affected by a disclosure and those parties have a representative organisation which can express views on their behalf, the CSD could, if consultation is considered

appropriate, decide that it would be sufficient to consult that representative organisation.

If there is no representative organisation, the CSD may consider that it would be sufficient to consult a representative sample of the third parties concerned. A record will be kept of all contacts with representative organisations or representative samples of third parties in respect of consultations and decision making on the disclosure of information.

Where there is no response or there is a refusal to consent by the third party

If a third party has not responded to consultation, the University Health Board is not relieved of its duty to disclose information under the Act, or its duty to reply within the time specified in the Act.

Similarly, a refusal to consent to disclosure by a third party does not, in itself, mean information should be withheld.

In all cases, it is for the University Health Board, through the CSD, not the third party (or representative of a third party) to determine whether or not information should be disclosed under the Act. A record will be kept of all responses to consultations and the decision making processes that arise from them.

Procedure 9: Freedom of Information Complaints and Feedback

All complaints, verbal or written (including those transmitted by electronic means), must be referred immediately to the CSD.

Requesters may direct a complaint to the Board Secretary / Corporate Director and are entitled to request an internal review of the handling of their requests.

If complainants remain dissatisfied they will be informed of their right to complain directly to the Information Commissioner. The standard response template will also include this information.

All comments and feedback regarding the discharge of the duties of the University Health Board in respect of the FOI Act will be forwarded to the CSD.



Guidelines on the Disclosure of Staff Information under the Freedom of Information Act 2000

INITIATED BY:	Board Secretary / Corporate Director
APPROVED BY:	Information Governance Group
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1. Background

The Freedom of Information Act 2000 gives the public the right to access official information held by Public Authorities. The University Health Board is committed to public openness and routinely publishes information under the Publication Scheme as well as dealing with individual requests for information.

2. Purpose

The purpose of these guidelines is to:

- Advise staff that information may be disclosed about them under the Freedom of Information Act 2000;
- Explain the types of information covered;
- Explain the factors that will be taken into consideration when deciding whether or not to disclose any requested information.

These guidelines do not cover aggregated or anonymised data where individuals cannot be identified.

3. Principles

The University Health Board holds a great deal of information about its employees some of which may be sensitive, personal or information provided in confidence. In most cases it would not be appropriate to release this type of information. Personal information is exempt from disclosure under the Freedom of Information Act 2000 if disclosure would lead to a breach of the data protection principles, for example, if disclosure would be unfair to the employee. This exemption is intended to ensure public openness does not compromise personal privacy.

In addition, there may be other exemptions to be considered that could protect personal information from disclosure. For example, if disclosure constitutes a breach of confidence or would endanger an employee. The University Health Board is also bound by human rights principles to respect employees' rights to respect for their private and family life when deciding whether to disclose information about them.

The University Health Board will inform any employees concerned prior to deciding whether to disclose any information about them. Should an employee object to the disclosure, this will be taken into account, however it may not prevent the disclosure if it is in the public interest to do so and there is no breach of the data protection or human right principles.

In line with guidance from the Information Commissioner, the University Health Board would consider the following principles to assist in deciding whether or not information should be disclosed:

- Whether the information requested is about an employees' professional or personal life.
- Whether the information requested can be edited to remove personal information.
- Whether employees would expect information to be disclosed. In general more senior staff and those carrying out public functions should expect information to be disclosed.
- Whether the information requested relates to a disciplinary matters. Generally arguments for disclosure are stronger for more serious matters such as serious allegations of impropriety or criminality.
- Whether the employee has objected to disclosure or where disclosure could be damaging to the employee.
- The sensitivity of the information requested.

The University Health Board will generally disclose work-related information about senior staff or those in a public facing role. Genuinely personal, sensitive and non work-related information will not normally be disclosed. It is less likely that information about more junior staff or those not dealing directly with the public will be disclosed.

Annex A describes some of the employee information held by the University Health Board and lists which information would normally and not normally be disclosed categorised by senior or public facing staff and junior staff.

4. Review

A review of content will take place within 3 years of the approval date or sooner if required by legislation or policy.

5. Summary

These guidelines will be distributed to all staff using the team brief mechanism, intranet and induction processes. Staff are asked to familiarise themselves with the content and direct any queries to the Corporate Services Department, Ynysmeurig House, Navigation Park, Abercynon, Tel. 01443 744800.

6. Annex A - Employee Information for Disclosure

This is a generic list of information held by the University Health Board about its employees, although the list is not exhaustive, it provides advice for staff on the types of information that may or may not be disclosed.

	Information that will normally be disclosed	Information that will NOT normally be disclosed
Senior or Public Facing Staff	• Information already published by the University Health Board in Annual Reports, such as Executive Director salaries. • Photographs and biographical information relating to staff whose role may be the subject of publicity. • Names, job titles, work e-mail addresses and work telephone numbers. • Years in post, previous positions held in the NHS. • Position within organisational structures, role, duties, work-related responsibilities. • Salary levels or pay bands (not net salary). • Summaries of expense claims, amounts claimed by named employees. • Vocational training or secondments undertaken whilst employed within the University Health Board. • Qualifications relevant to carrying out duties. • Business-related entries in office diaries or schedules.	• Personal details obtained as part of the recruitment process, e.g. CVs, application forms, references, etc. • Photographs and biographical information relating to staff whose role is not likely to be the subject of publicity, unless they have consented. • Non-work related information, e.g. personal financial details, sickness records, medical information, family information. • Details of PDRs or other staff interviews, e.g. disciplinary proceedings. • Net salaries or specific information about salaries, pensions or financial benefits. • Home addresses/contact details, next of kin, non-work related information. • Non-work related exams, qualification or training. • Annual leave records, flexi or special leave. • Security clearance information. • Private entries in office diaries or schedules. • Photographs and other details maintained as part of the staff directory.

	Information that will normally be disclosed	Information that will NOT normally be disclosed
Junior Staff	- Names, job titles, work e-mail address and work telephone numbers of staff in a public-facing role. - Salary levels or pay bands (not net salary) - Summaries of expense claims, amounts claimed by named employees.	- Names, job titles, work e-mail addresses and work telephone numbers of staff NOT in a public-facing role. - Personal details obtained as part of the recruitment process, e.g. CVs, application forms, references, etc. - Photographs and biographical information, unless they have consented. - Non-work related information, e.g. personal financial details, sickness records, medical information, family information. - Details of PDRs or other staff interviews, e.g. disciplinary proceedings. - Net salaries or specific information about salaries, pensions or financial benefits. - Home addresses/contact details, next of kin, non-work related information. - Non-work related exams, qualifications or training. - Annual leave records, flexi or special leave. - Security clearance information. - Private entries in office diaries or schedules. - Years in post, previous positions held within the NHS. - Position within organisational structures, role, duties, work-related responsibilities of staff NOT in public facing role. - Vocational training or secondments undertaken whilst employed within the University University Health Board. - Qualifications even if relevant to carrying out NHS duties. - Photographs and other details maintained as part of the staff directory.



Guidelines for the Reuse of Public Sector Information

INITIATED BY: Board Secretary / Corporate Director

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1. Purpose

This guidance states our commitment to meet the requirements of the Re-use of Public Sector Information Regulations and any associated guidance from the Lord Chancellor's and the Information Commissioner's Office and outlines mechanisms for ensuring this takes place.

2. Objectives

To outline the requirements for Cwm Taf Local University Health Board to provide or permit re-use of information held (in any particular media format) and to ensure that all requests for information received are processed in accordance with the provisions of the Re-use of Public Sector Information Regulations 2005 ('RPSI').

3. Principles

The University Health Board will comply with the requirements of the RPSI, and in particular will:

- Identify public sector information documents that are available for re-use
- Assess whether to charge for re-use of its documents
- Provide a licence, listing the conditions of re-use
- Provide information categories of published and unpublished material available for re-use, for example, databases, statistics and research. The University Health Board's Freedom of Information Publication Scheme lists the broad categories of published materials
- Respond to written requests for information as quickly as possible, and in any event within the statutory timescales
- Follow the appeals procedures detailed within the Freedom of Information Act Policy
- In exceptional circumstances, where the University Health Board cannot respond fully within the statutory timescale (for example, where the public interest test must be considered), the University Health Board will:
 - Advise the requester, and give an estimated date by which the information will be provided; and
 - Provide as much of the information as possible within the earlier timescale
 - Apply exclusions appropriately and consistently
 - Provide training to users

4. Scope

This guidance applies to the following:

- Employees, including permanent, temporary, contractual and agency
- Independent Board members
- People, partner agencies, 3rd party suppliers and organisations contracted to work or process any information on behalf of the University Health Board
- Volunteers, students or any other authorized people working with or for the University Health Board

Hosting arrangements

The group will also consider issues in respect of the roles and responsibilities of any Committees hosted by the UHB on behalf of NHS Wales as appropriate. This being the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC).

5. Rights of Access

Rights of access will apply to all types of information held by the University Health Board regardless of the date of the information:

- Any person or organisation may apply. Access is not confined to UK citizens and permanent residents; foreign nationals may also apply.
- The request must be in writing.
- The requester must state their full name (pseudonyms are not valid) in writing.
- The requester must specify the document requested.
- The requester must state the purpose for which the document is to be re-used.
- The University Health Board must acknowledge receipt of the request within two working days.
- A request for information must be answered within 20 working days of receipt of the request. This period may be extended where the request is extensive or complex; and the requester must be informed of this in writing.
- Information will be reusable subject to changes on a case-by-case basis, except where it is produced for statutory reasons. Each response will detail any conditions for re-use

Re-use can be refused if the information requested falls within one or more of the exclusions permitted by RPSI:

Where requests are refused, the applicant will be advised of the decision and has a right to ask for that decision to be reviewed under the University Health Board's FOIA and Environmental Information Regulations (EIR) appeals procedures. If the information is still not released, the applicant will be advised of their right to ask the Office for Public Sector Information (OPSI) to review the decision.

6. Risks

The University Health Board recognises that there are risks associated with non-compliance with the law. This guidance aims to mitigate risks such as:

- Significant risk to the University Health Board, its customers, partner agencies and stakeholders;
- Inappropriate use or disclosure of information, leading to major incidents;
- Breach of the University Health Board's or other's copyright;

- Legislative or financial penalties;
- Loss of reputation and damage to the University Health Board's corporate image.

7. Charging

Although there is no obligation on the University Health Board to make a charge it retains the right to charge, and where a charge is made it will be noted in the Publication Scheme. This will also apply where existing statutory charging arrangements apply

Where the requests are made through other regimes of access, such as EIR and FOI, charging mechanisms will apply, for obtaining this information as well as for disbursements (e.g. postage, printing and photocopying).

The University Health Board will strive to work together and share information with other public sector bodies.

The University Health Board will reserve the right to impose conditions on the re-use of information and levy a charge where this has involved a considerable amount of officer time in either the preparation or release of the information.

Where a number of other public sector organisations are interested in the work of the University Health Board, officers would be encouraged to present seminars, chargeable at prices that are benchmarked in line with other University Health Boards.

Where charges are made, the total income should not exceed the cost of collection, production, reproduction and dissemination of documents and a reasonable return on investment.

Users must ensure that any future contracts with external organisations clearly states which party owns copyright to information.

8. Legislative and NHS Requirement

All policies and procedures must provide clarity to meet external legislative and NHS requirements such as Health and Safety, European legislation and Health Care Inspectorate Wales.

The following legislation and national guidance must be considered in the development and maintenance of this guidance and its supporting documents:-

- Data Protection Act 1998
- The Human Rights Act 1998
- The Common Law Duty of Confidentiality
- The Freedom of Information Act 2000

- NHS Wales Caldicott and its requirements
- Welsh Language Act 1993
- Equality Act 2010
- Environmental Information Regulations

9. Training

To enable users to comply with this guidance and with the RPSI, the University Health Board will:

- Establish and maintain an RPSI framework and promote compliance with the legislation;
- Provide adequate and appropriate training and guidance to all users;
- Maintain a register of requests;
- Ensure that audit trails of all written correspondence in relation to a request for information are maintained;
- Monitor application of guidance;
- Revise guidance and training as appropriate.

10. Review, Monitoring and Audit Arrangements

This guidance will be continually monitored and will be subject to review at three yearly intervals.

An earlier review may be warranted if one or more of the following occurs:-

- As a result of regulatory / statutory changes or developments;
- Due to the results / effects of critical incidents;
- For any other relevant or compelling reason.

11. Managerial Responsibilities

The Chief Executive has overall responsibility for RPSI within the University Health Board. The Board Secretary / Corporate Director has delegated responsibility for the corporate implementation, co-ordination and monitoring of compliance with the legislation.

All users will:

- Understand and adhere to their responsibilities for handling RPSI requests in line with policy and procedures
- Respond to both written and verbal requests in line with the University Health Board procedures and guidelines

The Board Secretary / Corporate Director is responsible for the strategic elements, taking into account all related legal and NHS requirements.

The Head of Corporate Services is the senior professional lead for the development and coordination of effective governance within the University Health Board and with its partners.

Managers at all levels within the University Health Board are responsible for continuing compliance within their areas, and ensuring that this guidance is built into local processes.

12. Retention or Archiving

In cases of incidents, / complaints / claims and other legal processes it is often necessary to demonstrate the guidance in place at the time of the investigation. Therefore this guidance will be archived and stored in line with the Records Management Policy.

13. Non Conformance

The University Health Board views RPSI compliance seriously. Compliance is monitored by, but not limited to, regular quality checking and ad hoc audits of Directorates as required. The nature of non-compliance will dictate the course of action to be taken, for example:

- Employees may be subject to the disciplinary process;
- Issues involving Independent Board members will be referred to the Chairman;
- Third Party issues will be handled via contractual arrangements.

	No of SAR received			No of SAR completed 0-40 days			No of SAR over 40 days			No of FOI requests received			No of FOI requests completed 0-20 days			No of FOI requests over 20 days		
	2015/16	2016/17	2017/18 to date	2015/16	2016/17	2017/18 to date	2015/16	2016/17	2017/18 to date	2015	2016	2017 to date	2015	2016	2017 to date	2015	2016	2017 to date
January	N/A	N/A	44			44	Not held	N/A	0	33	34	52	29	30	43	4	4	9
February	N/A	N/A	40			39			1	38	18	38	38	17	32	0	1	6
March	28	59	52	25	58	52	3	0	0	33	24	35	33	22	34	0	2	1
April	29	66	55	29	66	54	0	0	1	24	31	26	24	27	25	0	4	1
May	35	27	Not reported until Sept meeting	35	27	Not reported until Sept meeting	0	0		27	37	30	25	35	26	2	2	4
June	32	61		32	61		0	0		35	36	43	35	29	42	0	7	1
July	42	48		42	48		0	0		31	42	31	29	38	30	2	4	1
August	28	41		28	41		0	0		34	32		30	30		4	2	
September	29	44		29	44		0	0		22	46	N/A	20	44	N/A	2	2	
October	35	48		35	48		0	0		25	42	N/A	25	40	N/A	0	2	
November		44			44		0	0		28	41	N/A	23	40	N/A	5	1	
December	available49	49			47		0	2		18	30	N/A	15	27	N/A	3	3	