



## Information Request Policy

**Approved by:** Governance sub-committee

**Lead Director(s):** Chair of the Governance sub committee

**Originator(s):** CEO

**Date of Approval:** Feb 2021

**Version:** Final Feb 2021

**Review Interval:** Every three years

**Review due by:** February 2024

**Appended Documents:**

**Responsibility for Dissemination and Implementation:** CEO

**Implementation date:** February 2021

### POLICY STATEMENT

This policy sets out the process followed by Beaumont House Hospice Care for external requests for information that would not normally be in the public domain.

Beaumont House is committed to being open and transparent where reasonable requests for information are made. This policy sets out the process to be followed should a request for information be made which is outside the remit of usual communication channels.

Version Control	Amendments Made	Amended by	Date
<b>Version 1</b>	Original version put onto new template and minor updates with dates and job titles. Sent to PH	DA	02 03 21
<b>Version 2</b>	Minor amendment to wording on para 5 p4	DA	04 02 21
<b>Version 3</b>	Clarification that requests will only be accepted by letter or email and DPA ref updated	<b>DA</b>	09 02 21
<b>Final</b>	Approved by email	NP JM IP PH	09 02 21

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### 1. Introduction

At our Hospice we are aware that an individual might like to ask us for the recorded information we have about any subject.

This 'opportunity of access' includes all non-confidential information about our work and also an individual's own personal data.

We are committed to being as open and transparent about our work as possible and much of our information and all our published documents are available on our website.

This policy sets out how people can ask us for information. People are able to request, in writing and as specific as possible the information they want. They can request:

- **Official information held by us:** Some organisations respond to this under the Freedom of Information Act. However, we are not bound by that act as Beaumont House is not a public body. [Freedom of Information Act \(FOIA\) 2000](#) or the Environmental Information Regulations (EIR) 2004.
- **Information about an individual:** [General Data Protection Regulations 2018](#). This aims to protect the information held about an individual by setting out how organisations find, keep and share that information. It also gives a person certain rights to see that information. Beaumont House has a separate data protection policy that has further details on this.

- **Information about other people:** These requests may come under several acts, such as the [Access to Health Records Act](#).

## **2. Policy and Procedure Drafting and Approval**

This policy is drafted by the CEO and approved by the Governance Risk and Scrutiny sub-committee of the Board of Directors.

## **3. Associated Policies, Procedures and Guidance**

- Data protection policy
- Information governance policy
- Confidentiality Statement

## **4. Aims and Objectives**

The aims of this policy are to set out how a person can request information and describe how that request will be handled.

## **5. Scope of the policy**

This policy applies to any request for information that is not held already in the public domain and which is not confidential.

## **6. Accountabilities and Responsibilities**

The Chief Executive is accountable for oversight of and ensuring an appropriate response to requests for information. Where responses may be particularly sensitive sign off for any response will be required from a Director

## **7. Method**

*To request information people must write to the Chief Executive of Beaumont House, by letter or email, and include:*

- their full name.
- their home or email address.
- a description of the information they want - making sure the request is clear and specific or it may be delayed.

We will respond to formal requests made in writing by letter or submitted by email but are unable to accept requests via Facebook or Twitter

### **Cost**

We do not charge for the information request response itself, but we may charge for the costs of printing and photocopying information depending on the response required.

### **What happens next?**

After a person sends us their request, we will write to them either to:

- tell them we have received and are processing the request
- ask for more information.

We will reply to the person within 20 working days of receiving the request.

In our reply, we will say whether we hold the information or not and whether there are any legal or other reasons which may prevent us from sending it to the person requesting it.

Sometimes we may need more time to consider our response, for example where there is a question of public interest. We will always write to the individual to explain any delay. Ultimately it is at the discretion of the Board as to whether something is commercially sensitive or whether it contains personally identifiable information, in which case we may decline the request.

### **What we won't do**

We do not have to create new information to answer an information request – the opportunity of access only extends to information held by us at the time a person makes a request.

## **8. Equality Impact Assessment**

The impact assessment tool below must be carried out on the policy and considered for aspects of it.

	<b>Name of Policy/Procedure</b>	<b>Yes/No/NA</b>	<b>Comments</b>
1	Does the policy or guidance affect one group less or more favourably than another based on:		
	• Race	No	
	• Ethnic Origin	No	
	• Nationality	No	
	• Gender (Male/Female/Transgender)	No	
	• Culture	No	
	• Religion or Belief	No	

	• Sexual Orientation (Lesbian/Gay/Bisexual)	No	
	• Age	No	
	• Disability (learning disabilities, physical disability, sensory impairment and mental health problems etc)	No	
	Employment status (full/part/bank/retired)	No	
	Marital Status/Civil Partnership	No	
	Trade union membership/non-membership	No	
2	Is there any evident that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so, can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	
	<b>Name of Assessor</b>		<b>Signed</b>
	CEO		

## 9. Training Needs Analysis -Staff Training requirements

The Leadership team will be made aware of the contents of this policy at the monthly Leadership Team Meeting. No training requirements are anticipated.

## 10. Monitoring Compliance with the policy / procedure

Any requests for information will be recorded on a log sheet and this will be submitted for scrutiny to the Governance sub-committee of the Board.

## 11. References

None in addition to those set out in section 1

## 12. Policy Review

This policy will be reviewed every 3 years or sooner in the light of changes in the law or following investigations of incidents that indicate a change is required.

## 13. Sign off sheet regarding dissemination of procedural documents.

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<b>Title of document:</b>	<b>Complete and sign</b>
<b>Lead Director:</b>	Chair of Governance
<b>Sub Committee:</b>	Governance
<b>Date Approved:</b>	Feb2021
<b>Ratified by Board:</b>	Delegated to sub committee
<b>Dissemination Lead:</b>	CEO
<b>All relevant staff informed of changes, training plan in place to allow for full implementation.</b>	Separately recorded
<b>Date placed in policy files:</b>	Feb 2021
<b>Review Date:</b>	Feb 2024