

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 17 December 2021

Public Authority: University Hospitals of North Midlands
NHS Trust

Address: Royal Stoke University Hospital
Newcastle Road
Stoke-on-Trent
ST4 6QG

Decision (including any steps ordered)

1. In a four part request, the complainant has requested from University Hospitals of North Midlands NHS Trust ('the Trust') information associated with its vascular services. The Trust released information within scope of Q1 and Q2 of the request, released information relevant to Q3 and directed the complainant to where other relevant information is published, and advised that it does not hold information relevant to Q4.
2. The Commissioner's decision is as follows:
 - On the balance of probabilities the Trust has released all the information it holds that is relevant to Q3 and Q4 of the request and has complied with section 1(1) with regard to those questions.
 - The Trust breached section 10(1) of the FOIA as it did not comply with section 1(1) within 20 working days of the complainant's request.
3. The Commissioner does not require the Trust to take any remedial steps.

Request and response

4. On 7 January 2021 the complainant wrote to the Trust and requested information in the following terms:

"With regards to the Main Arterial centre within your group of hospitals I request electronic copies of the following information.

1. The 2019/2020 annual self-assessment that was submitted via the Quality Surveillance Programme relating to the Specialised Vascular Services (Adult) Specification 170004/S.
2. If the Main Arterial centre declared a positive result (stated Yes)/compliance with indicator 170004S-001 - "There is an agreement outlining the network configuration", then I request copies of the evidence documents: operational policy (or part of) that supported this positive declaration.
3. If the Main Arterial centre declared a positive result (stated Yes)/compliance with indicator 170004S-017 - "There are patient pathways in place", then I request copies of the evidence documents: operational policy (or part of) including pathways that supported this positive declaration.

In order to reduce the scope of this part of the request, I include part of the indicator description that highlights my main interest:

Descriptor:

The AC should agree with the relevant service providers and relevant commissioners, network wide patient pathways for:

Peripheral Arterial Disease including:

- The management of acute limb ischaemia.

The pathway should include the following specifics;

- that emergency admissions should be reviewed by a consultant vascular surgeon within 12 hours

All the pathways should specify:

- the specific responsibilities of the involved providers, including the AC, the NAVCs and other providers;
- the indications for referral between providers (compatible with the levels of care model in the introduction to these indicators);
- the arrangements for transfer between providers for emergency surgery or interventions;
- any indications for case discussion at the weekly network MDT meeting;

- the relative responsibilities of the endovascular and open surgical specialists;
- referral pathways to other relevant specialties;
- the essential communications between professionals—what information should pass between which providers by which timelines;
- arrangements for patients who are turned down for vascular intervention and require palliative admission;
- locally relevant items including named providers and contact points.

Notes:

Pathways specify how the different Centres and groups of professionals should interact at defined stages of the patient journey, for diagnosis, assessment, management or follow up, as relevant.

4. If the Main Arterial centre declared a positive result (stated Yes)/compliance with indicator 170004S-021 - "There are clinical guidelines in place", then I request copies of the evidence documents: operational policy (or part of) including guidelines that supported this positive declaration.

In order to reduce the scope of this part of the request, I include part of the indicator description that highlights my main interest:

Descriptor:

The AC should agree with relevant service providers and relevant commissioners, network wide clinical guidelines for patients with:

- peripheral arterial disease including amputation;
- vascular injury

The guidelines should cover diagnosis, assessment, treatment and follow up.

Notes:

Clinical guidelines cover guidelines, protocols, 'SOPs' which describe how to manage a patient in a given clinical situation or specified point on the pathway. Examples include assessment checklists, surgical procedures, treatment protocols, key investigations at follow-up visits etc.

The Centre may wish to agree additional clinical guidelines to those specified in the indicators.

Network guidelines should be compliant with current national guidelines where relevant.

If any part of this request is unclear, then please do not hesitate to contact me for clarification."

5. Following the Commissioner's intervention, on 22 June 2021 the Trust responded to the request. It released information relevant to Q1, Q2 and Q3 (whilst noting that it had been unable to locate a more recent version of the operational policy it disclosed) and advised it does not hold information relevant to Q4 but follows national guidelines eg NICE guidance.
6. The complainant requested an internal review on 23 June 2021 with regard to the Trust's response to Q2, Q3 and Q4.
7. The Trust provided an internal review on 2 August 2021. It released further information within scope of Q2 and directed the complainant to where further information within scope of Q3 is published. With regard to Q4, the Trust advised it has no written pathway for Peripheral Arterial Disease.
8. In a response to the Trust on 2 August 2021 the complainant confirmed that he was satisfied with the Trust's response to Q1 and Q2.

Scope of the case

9. The complainant first contacted the Commissioner on 1 June 2021 as he had not received a response to his request.
10. In his subsequent response to the Trust of 2 August 2021 the complainant had advised that he remained dissatisfied with the Trust's response to Q3 and Q4 of his request. The Commissioner's investigation has therefore focussed on whether, on the balance of probabilities, the Trust holds any further information within scope of these two questions. She has also considered the timeliness of the Trust's response.
11. The complainant has made certain allegations about the Trust's submission to the Quality Surveillance Programme – those allegations are not within the Commissioner's role to consider.

Reasons for decision

12. Under section 1(1) of the FOIA anyone who requests information from a public authority is entitled under subsection (a) to be told if the authority holds the information and, under subsection (b), to have the information communicated to them if it is held and is not exempt information.

13. Under section 10(1), an authority must comply with section 1(1) promptly and within 20 working days following the date of receipt of the request.
14. The Trust has begun its submission by explaining that the Quality Surveillance Programme (QSP) relating to the Specialised Vascular Services (Adult) Specification 170004/S (which is now no longer in use) is about the ability to deliver a service. It references national and regional guidance alongside clinical judgement, primarily based on the clinician's ability to treat the patient. The QSP is not about providing assurance or submitting evidence for each question.
15. Question 3 and question 4 of the request is for evidence that supported the Trust's Main Arterial Centre's "positive declaration" to two indicators in the QSP, if such "positive declaration[s]" had been made.
16. In its submission to the Commissioner, the Trust has confirmed that, in response to Q3, it had released to the complainant a copy of its Operational Policy. It had noted that this Policy was dated '2012' and had advised that it did not have an updated version it could send to him.
17. The Trust confirmed that with regard to the indicators referred to in Q3 and Q4 - that there are 'patient pathways' and 'clinical guidelines' - such documentation is in place. As it has noted above, the Trust says that it refers to national and regional guidance. Responding to the QSP does not require the Trust to provide assurance or evidence that it has its own internal patient pathways and clinical guidance.
18. Before going on to address the specific questions that the Commissioner put to it, the Trust has confirmed its position that, where it holds relevant information, it has provided this to the complainant and where it does not hold relevant information it has explained that the pathways and guidance it draws on are national and regional guidance and, in addition, the Trust draws on clinical judgement [internally].
19. The Trust has told the Commissioner that the Vascular Data Manager gathered all the clinical data provided for the QSP from the National Vascular Registry (NVR). The Trust did not hold or download any information from the Registry to its own systems.
20. As the name suggests, the NVR is a national registry. It audits the care provided by NHS vascular units in England and Wales, and reports on the process and outcomes of care for certain conditions.
21. The QPS asked for the information about particular surgical procedures, such as: numbers; mortality rates and length of stay. All the information required is held in the NVR, so the Vascular Data Manager

searched for the specific operations [on the NVR] to gather the data to answer the specific questions in the QPS.

22. The Trust says it discussed the request and the QPS response with clinicians but that it did not consider searches of its systems were necessary because, as noted above, nothing was downloaded or stored (from the NVR) on to its network. All clinical data for the QPS was obtained from the NVR; all pathways/guidance referenced [for the QPS] related to national, publicly available guidance.

The Commissioner's conclusion

23. The Trust has explained that responding to the Quality Surveillance Programme did not require it to submit evidence or documents to support its answer to any of the Programme's questions. The Trust drew on information in the NVR to inform its responses to the questions – the NVR is a national registry; it is not a local registry, and the Trust did not download or store on its systems any of the information it accessed from the Registry. The Trust has also explained that in its treatment of vascular conditions it draws on the clinical judgement of its staff and on national and regional guidelines and pathways – it does not hold guidelines and pathways that are local only to the Trust.
24. The Commissioner accepts the Trust's explanation and therefore finds that, on the balance of probabilities, the Trust does not hold any further information falling within the scope of Q3 and Q4 of the request and has complied with section 1(1) of the FOIA.
25. However, the complainant submitted his request on 7 January 2021 and the Trust did not provide a response under section 1(1) until 22 June 2021, when instructed to by the Commissioner. The Trust therefore breached section 10(1) of the FOIA on this occasion.

Right of appeal

26. Either party has the right to appeal against this decision notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)
GRC & GRP Tribunals
PO Box 9300
LEICESTER
LE1 8DJ

Tel: 0203 936 8963

Fax: 0870 739 5836

Email: grc@justice.gov.uk

Website: www.justice.gov.uk/tribunals/general-regulatory-chamber

27. If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.
28. Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this decision notice is sent.

Signed

Cressida Woodall
Senior Case Officer
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF