

Freedom of Information Act 2000

Decision notice

Date: 21 January 2013

Public Authority: South London Healthcare NHS Trust

Address: Queen Mary's – Sidcup
Frogna Avenue
Sidcup
Kent
DA14 6LT

Decision (including any steps ordered)

1. The complainant has requested information from South London Healthcare NHS Trust (the Trust) about a number of different issues, largely related to patient care.
2. The Commissioner's decision is that the Trust failed to provide the information within the statutory time limit and has breached section 10 of the Freedom of Information Act (the Act). However, the Trust has now disclosed all of the relevant information and no further action is required.

Request and response

3. The complainant submitted requests for information to the Trust which were contained in five letters sent on the following dates:
 - 1) 28 January 2012
 - 2) 6 March 2012
 - 3) 10 March 2012
 - 4) 20 April 2012
 - 5) 22 April 2012

The Commissioner has reproduced these requests in [annex A](#).

4. The Trust responded to the requests of 28 January 2012 on 13 March 2012. It provided information for each of the requested items except for items 4 – 7, which it stated were not held and could be obtained from Oxleas NHS Foundation Trust, although this was later found to be inaccurate. A response was made on 19 October 2012 which addressed items 4 - 7 of the 28 January 2012 requests.
5. The Trust did not respond to the other four letters until prompted by the Commissioner during his investigation. The Trust then responded to the requests of 6 March 2012, 10 March 2012 and 20 April 2012 on 19 October 2012. Further information was provided for the requests of 6 March 2012 and items 1, 2 and 6 of the requests of 10 March 2012 in the Trust's response dated 8 November 2012. The requests in the letter dated 22 April 2012 were responded to on 8 August 2012, except for items 1, 11 and 12 which were responded to on 29 October 2012.
6. The Trust conducted an internal review on 19 June 2012 which was sent to the complainant on 21 June 2012. It stated that the Trust had failed to provide a response to the requests of 28 January 2012 within the statutory time limit. The review mentioned that it had received letters from the complainant dated 6 March 2012 and 20 April 2012, although it did not acknowledge that these letters contained requests for information. No mention was made of the letters dated 10 March 2012 or 22 April 2012.

Scope of the case

7. The complainant contacted the Commissioner on 11 June 2012 to complain that his requests for information had not been responded to within the statutory 20 working day limit.
8. The Commissioner considers the scope of the case to be about the Trust's response times to the complainant's requests.

Reasons for decision

9. Section 1 of the Act states that:

(1) Any person making a request for information to a public authority is entitled—

(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and

(b) if that is the case, to have that information communicated to him.

10. Section 10 of the Act states that:

(1) Subject to subsections (2) and (3), a public authority must comply with section 1(1) promptly and in any event not later than the twentieth working day following the date of receipt.

11. Each of the requests was responded to after the 20 working day limit. Therefore the Trust has breached section 10 of the Act on each occasion.

12. The complainant is now satisfied that all of his requests have been addressed. The Commissioner considers that the Trust has now met its obligations under section 1 of the Act and does not require the Trust to take any further action.

Other matters

13. It was not until the Commissioner became involved that four of the sets of requests were responded to. Whilst the Commissioner notes in the Trust's response that it was experiencing a high volume of requests this does not excuse the length of delay in responding to the complainant's requests, which in some instances were well in excess of 100 working days.

14. The Commissioner notes that the Trust's internal review did not state whether the Trust held information relevant to the complainant's requests or inform him if further information was to be disclosed. The Commissioner also considers that the internal review was inadequate, given that at the time the requests contained in four of the letters remained outstanding.

Right of appeal

15. 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: 0300 1234504

Fax: 0116 249 4253

Email: informationtribunal@hmcts.gsi.gov.uk

Website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/information-rights/index.htm

16. 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.
17. 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

Alexander Ganotis
Group Manager – Complaints Resolution
Information Commissioner’s Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Annex A

Requests made 28 January 2012:

Safety

1. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the use bed rails and 'bumper' protectors?

Dignity and confusion (No 2 and 3a-e)

2. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to protect and preserve the dignity of confused patients, who because of their confused state are for example unaware they are removing their night dress/pyjamas and/or other clothing.
3. With regard to confused patients who, because of their confused state, have repeatedly, and unknown to them removed their night dress/pyjamas and/or other clothing;
 - a. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to take to prevent distress and upset relatives of patients; who because of the patients confused state are unaware they are removing their night dress/pyjamas and/or other clothing.
 - b. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to take to protect other patients who may be embarrassed, upset and/or distressed at seeing and/or being 'bedded' in the same ward as the confused/naked patient.
 - c. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to take to protect visitors of other patients who may be embarrassed/distressed by the sight of naked patients while visiting their own relatives/friends in the hospital.

- d. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to take to protect young children from the sight of naked patients while they are visiting their own relatives/friends in the hospital.
- e. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the measures the hospital require and/or expect their staff to take to protect the dignity of patients when they are changing a patients the clothing a patient [sic] is having their night dress/pyjamas and/or other clothing changed by hospital staff during visiting hours.

CATHERISATION AND BLADDER TRAINING

- 4. With regard to the period from 01 January 2010 through to the present day. Where a patients has [sic] been catheterised in hospital for an extended period of time, as a result of which they are therefore likely to have lost some or indeed all bladder control; could you please send me you policies, internal guidelines and other related information on what, if any 'bladder training' was/is carried out by hospital staff prior to the removal of catheters from patients?

INCONTINENCE (NO 5 -7)

- 5. With regard to the period from 01 January 2010 through to the present day. Where a patient has become incontinent of urine and/or faeces during their stay in hospital, please could you send me your policies, internal guidelines and other related information on what measures the hospital take to correct/treat (i.e. put the patient back in the same continent condition they were in before their admission) the patients [sic] incontinence while they are in hospital.
- 6. With regard to the period from 01 January 2010 through to the present day. Where a patient has become incontinent of urine and/or faeces during their stay in hospital and is due to be discharged home, please could you send me your policies, internal guidelines and other related information on what, if any, assessments of the patients [sic] continence needs the hospital staff made/make prior to the patients [sic] discharge?
- 7. Following on from question 6 above. With regards to the period from 01 January 2010 through to the present day, if the hospital did/do carry out any assessments of the patients [sic] continence needs prior to their discharge home, please could you send me your policies,

internal guidelines and other related information, on to whom, if anyone, the assessment was/is then provided so that the patients [sic] continence needs (continence products and treatment for their incontinence) are then – after the patients [sic] discharge home – able to be immediately addressed in the community?

NO 8 – 12 ORTHOTICS, SURGICAL APPLIANCES/SUPPORTS, (e.g. 'Hippo' adjustable hip braces)

(Information requested for the period from 01 January 2011 through to those currently in operation).

8. With regard to the period 01 January 2011 to the present day, Please [sic] send me your policies, internal guidelines and other information relating to whether the hospital maintain a stock of 'Hippo' hip braces – which I understand are available in small, medium, large and extra large sizes –and if so what is the acceptable minimum level of stock held.
9. With regard to the period 01 January 2011 to the present day, please send me your policies, internal guidelines and other related information regarding the hospitals policy/procedure for the ordering/procuring of surgical appliances
10. With regard to the period 01 January 2011 to the present day, please send me your policies, internal guidelines and other related information relating to how long in days/weeks/months did – an if over that period of time its changed – does the hospital expect it to reasonably take once a patient had/has been assessed as needing a surgical appliances/supports (e.g. 'Hippo' hip braces) for a correctly sized appliance to be 'fitted' to the patient.
11. With regard to the period 01 January 2011 to the present day, please send me your policies, internal guidelines and other related information as to what checks and reviews were/are expected and/or required to made [sic] while the patient was/is still in the hospital, to check the patients [sic] surgical appliances/supports (e.g. 'Hippo' hip braces) is still of the correct size and fitment?
12. With regard to the period 01 January 2011 to the present day, please send me your policies, internal guidelines and other related information regarding what, if any follow up/out patient appointments or other arrangements are made by the hospital to review the patient and their surgical appliances/supports (e.g. 'Hippo' hip braces) after the patient has been discharged home from a ward?

NO 13 –17 SURGICAL ADMISSIONS, FAILED DISCHARGES AND INJURIES TO PATIENTS WHILE IN HOSPITAL.

(Information requested for the years 2007, 2008, 2009, 2010, 2011).

13. Please could you provide information on numbers of surgical admissions and the number of failed discharges for each of the following years;

A) 2007

B) 2008

C) 2009

D) 2010

E) 2011

14. Please could you provide information on the numbers of patients who having been admitted for prearranged surgery in each of the years 2007, 2008, 2009, 2010 and 2011 who then, as a result of an injury sustained during surgery or while they were still in hospital recuperating, needed another operation to correct the injury?

15. Please could you provide information on the number of patients who, having been admitted – via Accident and Emergency – to the hospital in each of the years 2007, 2008, 2009, 2010 and 2011 as the result of an injury (e.g. hip joint dislocation) that required a general anaesthetic and an operation/surgical procedure to relocate/correct; then sustained at least one other injury while they were still in hospital recuperating from the initial operation/surgical procedure which then meant the patient needed another general anaesthetic and operation/surgical procedure to correct to the new/additional injury.

16. Please could you provide information which orthopaedic consultants have – in years 2007, 2008, 2009, 2010 and 2011 – the least readmissions/failed discharges?

17. Please could you provide information regarding which orthopaedic consultants have – in the years 2007, 2008, 2009, 2010 and 2011 – the most readmissions/failed discharges?

DISCLOSURE OF MEDICAL AND SURGICAL INFORMATION TO OTHER NHS TRUSTS, THEIR CONSULTANTS AND THEIR STAFF

(Information requested for the period from 01 January 2010 through to those currently in operation).

18. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the requirement and/or expectation that

hospital staff provide full, open, accurate and honest disclosure of the medical and surgical procedures a patient had recently undergone while they were hospital to members of other NHS Trust [sic]; who for example may have been called in by hospital staff to give an opinion on a patients [sic] mental state?

PORTRAYAL OF A PATIENT'S PRE ADMISSION CONDITION TO SOCIAL SERVICES STAFF.

(Information requested for the period from 01 January 2010 through to those currently in operation).

19. Please send me your policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on the requirement and/or expectation that hospital staff provide an accurate and truthful portrayal of patients [sic] pre admission mental and physical condition to Social Services staff who have been contacted by the hospital staff as part of the patients [sic] discharge arrangements?

RECORDING OF PATIENT'S BEHAVIOUR, ACTIONS AND LANGUAGE IN THE PATIENT'S MEDICAL RECORDS.

(Information requested for the period from 01 January 2010 through to those currently in operation).

20. With regard to the hospital staff noting and recording a patients [sic] behaviour, actions and language etc. while they were in hospital as being inappropriate, threatening and/or aggressive etc. in the patients [sic] records.

Please send me you policies, internal guidelines and other related information (for the period from 01 January 2010 through to those currently in operation) on how the hospital require and/or expect their staff to openly, honestly, truthfully and equitably/fairly also record in the patient's records the causes and reasons for the patient behaviour, actions and language becoming – while they were in hospital – inappropriate, threatening and/or aggressive etc.

Requests made 6 March 2012:

1. I request a copy of the Trusts [sic] Privacy Notice

Requests made 10 March 2012:

1. What systems, procedures or policies does the Trust have in place to identify where appointments for diagnostic procedures – specifically MRI scans – have for any reason failed to be arranged as stated by Trust staff?
2. If the Trust has systems etc in place to identify where an appointment for a diagnostic procedure – specifically MRI scans – has not to have been arranged as stated by Trust staff, would the Trust contact the patient to apologise for the failure to arrange the appointment and find out if they still wanted/needed an appointment?
3. What systems, procedures or policies does the Trust have in place to ensure patients have actually received information about appointment dates; are patients for example asked, expected or required upon receipt of an appointment letter to contact the hospital to acknowledge they have received an appointment date and/or confirm they will be attending?
4. If the patient is expected to contact the hospital to acknowledge their attendance for an appointment and fails to do so, is there any follow up communication made to the patient to ensure the patient has actually received the appointment letters and/or to confirm the patient will be attending?
5. Where there is no confirmation of the patients intended attendance and no confirmation of the patient having actually received the appointment letter, what happens if the patient then does not attend the appointment, e.g. would the patient be informed of the missed appointment and/or is another appointment made?
6. Please could you provide a document I have been informed is entitled Access Policy.
7. How many letters does the Trust, on average, send out per week?

Requests made 20 April 2012:

1. Is it a contractual requirement, obligation or expectation of the Trust that their staff comply with the requirements of their respective registration bodies?
2. I note that in '*TM27 Slips, Trips and Falls Policy*' there is an "Assessment Tool for Specialising of a Confused Patient"; is this, or is there another "Assessment Tool" used within the Trust to assess the

nursing needs and care of confused patients who have demonstrated restless, disruptive, inappropriate, aggressive physically and/or verbal behaviour to other patients, relatives/visitors and members of NHS staff, but who haven't attempted to wander or leave the unit and are in effect bed bound.

If there is, then I request a copy of the assessment tool/policy etc. and any associated information.

In the Trust's response they reworded this to:

May I request a copy of the assessment tool/policy and any other associated documentation used within the Trust to assess the nursing needs and care of confused patients who have demonstrated restless, disruptive, inappropriate, aggressive physically and/or verbal behaviour to other patients, relatives / visitors and members of NHS staff, but who haven't attempted to wander or leave the unit are in effect bed bound.

3. Oxleas NHS Foundation Trust is the community Mental Health Trust and does not apparently assess patients for the continence needs or facilitate the provision of incontinence products. The assessment of a patient's continence needs and the provision of any products (catheters, pads, stoma supplies etc) I understand is, or should be, arranged by the hospital referring the patient to the District Nurses who I have been told are supposed to be provided with at least an indication of the patient's continence needs (catheterised, urinary and / or faecal incontinence, stoma etc) at the time of the patients discharge; the District Nurses are then supposed to carry out a "Community assessment" and any continence products then being facilitated by the Continence Service.
4. In your response Q10 you have informed me that when a consultant or GP makes a referral to the Orthotist they are prioritised 1) urgent, 2) routine or 3) stock. How long (hours, days, Weeks, etc) in each of the three prioritising criteria would a patient expect to wait for an Orthotist assessment?
5. Am I correct in my understanding that a patient who has been discharged home following surgical procedures to relocate a dislocated artificial hip – and is wearing a leg brace would have an out-patients appointment "booked / arranged" by the hospital for a follow up / review of the patient, their hip (function, mobility, discomfort, problems caused etc) and also to check if any adjustment and/or maintenance was necessary and / or required to hip/brace appliance?
6. With reference to your response to Q13 I was surprised to read the Trust is not familiar with the term "failed discharge" because it was a

term used by Trust staff during a number of conversations I have had with them.

The term "failed discharge" was being used in connection to a patient's discharge that according to those Trust employees should not – because of the patient's evident ill health and poor condition – have been made, which has resulted in the patient being re-admitted to the hospital just two days later.

I have also been informed, though I may have been misinformed, readmissions of the "failed discharge" kind are supposed to be logged and recorded by the Trust, as they apparently have a detrimental effect on the financing / funding to the hospital for the whole period of the patients readmission care.

7. "Table One" the total number of "Emergency" admissions for all doctors (Code 1-25) adds up to 175, the total "Elective" comes to 118 added together these come 293, not 294. Am I correct that the figure of 127 you have given as the number re-admitted under the Care of a Trauma and Orthopaedic consultant, means that most the remaining 166 (of the 293 total) were readmitted to general medicine?
8. Would I also be correct that in the case of, for example the Doctor with Code Number 1, that in the period (April to November 2011) they have treated an unspecified total number (all emergency + all elective admissions) of patients, of which 18 who had been admitted as the result of an emergency admission and discharges, were within 30 days subsequently readmitted; and of the total number of patients the Doctor 1 treated as the result of Elective surgery admission 13 were subsequently also readmitted within 30 days of their previous discharge?
9. Therefore having provided me with the re-admission figures for the period April to November 2011 is it possible to provide me with the total number of patients each doctor (Code 1-25) treated as a result of Emergency admissions and treated as the result of elective admissions and in the same period; and / or the percentage of readmissions (for each category emergency and elective admissions) for each doctor (Code 1-25)?

Requests made 22 April 2012:

1. Firstly what does the abbreviation ICT *actually* stand for?
2. Please provide information specifying which healthcare professions are required to be involved in the clinical screening process of patients [sic] for ICT?

3. Please provide information specifying and explaining the criteria (medical, physical, mental etc.) which someone has to fulfil for them to be accepted for and admitted to ICT.
4. Please provide information specifying and explaining the decision making process by which it is determined a patient is either accepted or rejected for ICT?
5. The 'Mission statement' and/or other information within which the intending purpose/remit of ICT is stated/specified?
6. Please provide information about the range of services, care and/or treatments etc. ICT provides to patients [sic] who are accepted.
7. What is the maximum period of time a patient can remain in the ITC unit?
8. Further to question 5, if there is a maximum period of stay/admission to the ICT unit, and the patient/client has not by then been discharged medically/clinically fit and able, what happens to the person; are they just discharged or are they for instance referred or transferred to some other service(s)?
9. Further to question 6 if the patient/client is referred or transferred to other service(s) what options are available?
10. What is the total number of beds in the ICT bedded unit?
11. Further to question 8 as it may be a low figure, how many ICT unit beds have actually been available for use for the past two fiscal years i.e. 2010-2011 and 2011-2012?
12. For each of the past two fiscal years (i.e. 2010-2011 and 2011-2012) what has the level of bed occupancy been within the bedded unit?
13. The total annual operational budget for the ICT unit for the past two fiscal years i.e. 2010-2011 and 2011-2012?
14. Did the ICT unit stay within its budget for the past two fiscal years i.e. 2010-2011 and 2011-2012, if not what additional funding was necessary?