

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 31 October 2022

Public Authority: Dudley Group NHS Foundation Trust
Address: Russells Hall Hospital
Pensnett Road
Dudley
DY1 2HQ

Decision (including any steps ordered)

1. The complainant has requested documents used to support a self-assessment of vascular services sent to NHS England by Dudley Group NHS Foundation Trust ("the Trust"). The Trust provided information for the first 3 parts of the request but stated no information was held for part 4 of the request.
2. The Commissioner's decision is that the Trust has complied with its obligations under section 1(1) of the FOIA and that, on balance, no further information is held.

Request and response

3. On 22 June 2021, the complainant wrote to the Trust and requested information in the following terms:

"With regards to your vascular services and its annual self-assessment (2019/2020) submission 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."

4. Answers and evidence documents were provided by the Trust for the first three parts of the request but the Trust failed to address part 4 of the request. The complainant responded and asked the Trust:

"May I ask where are your network wide clinical guidelines or the list of those that your network members have all agreed to follow, even if it is just a simple document with a list of pointers to nationally recognised clinical guidelines?"

5. Following an internal review the complainant remained dissatisfied with the lack of response to part 4 of the request.

Scope of the case

6. The Commissioner and complainant agreed the scope of the investigation would be to establish if the Trust held the information requested at part 4 i.e. the documents containing the clinical guidelines.

Reasons for decision

7. Section 1(1) of the FOIA requires that any person making a request for information to a public authority must be informed in writing by the public authority whether it holds information relevant to the request, and if so, to have that information communicated to them. This is subject to any exclusions or exemptions that may apply.
8. In scenarios where there is some dispute between the amount of information located by a public authority and the amount of information that a complainant believes may be held, the ICO, following the lead of a number of First-tier Tribunal (Information Rights) decisions, applies the civil standard of the balance of probabilities.
9. In other words, in order to determine such complaints, the ICO must decide whether on the balance of probabilities a public authority holds any - or additional - information which falls within the scope of the request (or was held at the time of the request).
10. The Commissioner understands that Trusts are commissioned by NHS England (NHSE) to provide vascular services subject to the Specialised Vascular Services Specification (Adults)¹. Trusts and hospitals can join together to create a vascular network with one hospital acting as the Main Arterial Centre. In this case, the Trust advised they were in a network of only one Trust – themselves.
11. Each year the Main Arterial Centre in the network will submit a self-assessment to NHSE which is then reviewed by a quality surveillance team, looking for any negative responses or compliance issues. The self-assessment does not require the Main Arterial Centre to provide documents but simply to provide a positive or negative indicator to statements within the assessment and confirm what documents are held to support this.
12. The request asked to see the evidence documents relating to 4 out of the 27 service indicators on the Trust's official 2019/2020 annual vascular self-assessment.
13. The complainant listed the indicators within his request (170004S-001, 170004S-017 and 170004S-021) and asked if a positive indicator was

¹ [specialised-vascular-services-service-specification-adults.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/clinical-standards/wp-content/uploads/2019/07/specialised-vascular-services-service-specification-adults.pdf)

listed then copies of the evidence documents were requested; specifically the operational policy, pathway documents and clinical guidelines.

14. The Commissioner has viewed the Trust's self-assessment document for 2019/2020 and has looked specifically at 170004S-021 - There are clinical guidelines in place.
15. A positive response was given to this indicator by the Trust and therefore there should be evidence documents to support the positive declaration.
16. The Trust accepted it held no evidentiary documentation in regard to part 4 of the request. It stated it did not have a document titled 'clinical guidelines' and its policies and pathways are what its practices are based on. The Trust also stated it worked with NICE guidelines issued by various bodies.
17. The Trust has categorically stated that documentary evidence in relation to part 4 of the request is not held and explained why this is the case. The Commissioner is not in a position to comment on why the self-assessment form indicated otherwise and whether this was an error in the submission. The Commissioner notes the response is somewhat misleading as it refers to not holding a document titled 'clinical guidelines' which is not what the complainant asked for. The complainant wanted the evidence documents to support the positive response that the Trust has clinical guidelines in place. This did not have to be in the form of a document with this title. What is clear is that the Trust do not hold the evidence documents relating to this positive indicator, not just a document with a specific title.
18. In conclusion, the Commissioner is satisfied that the Trust has complied with section 1(1) of FOIA by providing the information it holds in scope of the all parts of the request. The Commissioner accepts the position that the Trust uses national clinical guidelines rather than creating its own and thus no further information in relation to part 4 of the request is held.

Right of appeal

19. 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: 0870 739 5836

Email: grc@justice.gov.uk

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

20. 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.
21. 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

Jill Hulley
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