

## **Freedom of Information Act 2000 (FOIA)**

### **Decision notice**

**Date:** 2 September 2022

**Public Authority:** University Hospitals Coventry and Warwickshire  
NHS Trust

**Address:** Clifford Bridge Road  
Walsgrave  
Coventry  
CV2 2DX

#### **Decision (including any steps ordered)**

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1. The complainant has requested information about its vascular services self-assessment from University Hospitals Coventry and Warwickshire NHS Trust ('the Trust'). The Trust released relevant information but the complainant considers that it holds further information relevant to two parts of their request.
2. The Commissioner's decision is as follows:
  - On the balance of probabilities, the Trust has disclosed all the information it holds that falls within scope of Q2 and Q4 of the complainant's request and has complied with section 1(1) of FOIA.
  - The Trust breached section 10(1) as it did not comply with section 1(1) within 20 working days.
3. The Commissioner does not require the Trust to take any corrective steps.

#### **Background and context**

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4. As a result of similar complaints that the complainant has submitted to him, the Commissioner is aware that the Quality Surveillance

Information System (QIS) is a national system that NHS England operates which facilitates the mandatory collection of data about the quality of services from providers of Specialised Services.

5. These include Arterial Centres (Vascular Network Hubs) which are delivering care under the 170004/S Specialised Vascular Services (Adults) Service Specification.
6. The Specialised Commissioning Standard Operating Procedure for the Annual Assessment Quality Assurance Process states:

“When completing the self-declaration, all data fields will require an entry against them. Non-completion of any data entry fields will prevent the self-declaration form from being submitted. Providers are expected to comment on reasons for answering negatively or not applicable against an indicator. No additional documentary evidence is required at the point of self-declaration.”
7. As outlined above, the QIS system only allows the entry of Yes, No and Not Applicable in response to the questions being asked. Comments are mandated where No, or Not Applicable responses have been provided. Comments are optional for Yes responses. The system does not have a facility to upload documentation to it. This was corroborated by NHS England in its response to a request the complainant submitted to it, which stated:

“Trusts are not required to submit the documentation described as part of the self-assessment process, only to say whether they have it. This documentation would be submitted as part of a peer review process. Peer review of vascular services has not yet taken place.”

## **Request and response**

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8. On 18 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 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.

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

9. The Trust responded on 29 September 2021. It disclosed information it holds that is within scope of Q1. Regarding Q2 and Q3, the Trust advised that there is a verbal agreement outlining the network configuration. It explained that the Trust employs all of the consultant surgeons who provide vascular surgery services across the network. Therefore, as the main arterial centre and the employing organisation of all the consultant surgeons within the network, this agreement is well established within the team. Regarding Q4, the Trust advised that there are a range of clinical guidelines in place within vascular services and that these are not developed "specifically with the network in place". The Trust provided one set of guidelines as an example.
10. Following an internal review the Trust wrote to the complainant on 26 October 2021. It released further information within scope of Q1 and Q4 and upheld its response to Q2 and Q3.

## Scope of the case

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11. The complainant contacted the Commissioner on 1 November 2021 to complain about the way their request for information had been handled. They confirmed that they remained dissatisfied with the Trust's response to Q2 and Q4 of their request.
12. The Commissioner's investigation has therefore focussed on whether the Trust has disclosed all the information it holds that is relevant to those two parts. The Commissioner has also considered the timeliness of the Trust's response.

## Reasons for decision

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13. Under section 1(1) of 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.
14. Under section 10(1) a public authority must comply with section 1(1) promptly and within 20 working days following the date of receipt of the request.
15. In Q2, the complainant has requested:

"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."
16. The Trust advised the complainant that the agreement it has in place is a verbal agreement and that the Trust does not hold any recorded agreement.
17. In Q4, the complainant has requested:

"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."
18. The Trust advised the complainant that a range of clinical guidelines are in place and provided one example. At internal review the Trust provided

links to where other relevant guidelines are published on the National Institute for Health and Care Excellence (NICE) website.

19. In its brief submission to the Commissioner, the Trust has confirmed that its position remains as it was in its internal review; namely, that it has now provided all the information that it holds that is relevant to the complainant's request. The Trust has confirmed that no document has been destroyed and that it cannot provide a document which the complainant believes that the Trust should have provided, relating to its self-assessment on the Quality Surveillance Programme for Specialised Vascular Services, because the document does not exist.
20. The Trust went on to advise that it was unable to answer questions the Commissioner had put to it in his written correspondence – relating to searches the Trust may have carried out – because it is not refusing to provide any document to the complainant. The Trust noted that the complainant believes it should hold a policy document. It has explained, however, that such a policy does not exist because it was not required as part of the self-assessment.

### **The Commissioner's conclusion**

21. The Commissioner has no view on whether the Trust **should** or **ought to** hold further information relevant to the complainant's request. Nor does the Commissioner have a view on whether or not the Trust completed the QGIS self-assessment correctly. The Commissioner is concerned solely with whether the Trust does or does not hold further information relevant to Q2 and Q4 of the request, on the balance of probabilities.
22. The Commissioner is satisfied that the Trust has disclosed all the information it holds that is relevant to Q2 and Q4. Regarding Q2, the Commissioner accepts that only a verbal agreement about how the Trust's vascular services network is configured is in place, and that it does not hold a written agreement. The Commissioner has made decisions in IC-109910-W9H2 and IC-121447-H8S6 which also considered aspects of other Trusts' QGIS vascular services self-assessments. As in those cases, the Commissioner accepts that this Trust's treatment of vascular conditions draws on national NICE guidelines – it does not hold any additional guidelines or policies that are local only to the Trust. The Commissioner has therefore decided that the Trust's response to Q4 of the request complied with section 1(1) of FOIA.
23. However, the complainant submitted their request on 18 June 2021 and the Trust did not provide a response to the request until 29 September 2021. The Trust therefore breached section 10(1) of FOIA.

## Right of appeal

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24. 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](mailto:grc@justice.gov.uk)

Website: [www.justice.gov.uk/tribunals/general-regulatory-chamber](http://www.justice.gov.uk/tribunals/general-regulatory-chamber)

25. 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.
26. 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**