

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 29 April 2022

Public Authority: University Hospitals of Leicester NHS Trust
Address: Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

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 University Hospitals of Leicester NHS Trust ("the Trust"). The Trust provided an operational policy document but stated that no further information was held.
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 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."

4. The Trust responded on 4 February 2021. It stated that it would exceed 18 hours of work to respond to the request and therefore the request was refused under section 12 of the FOIA.
5. The complainant responded on the same date refining their request to focus on parts 1, 2 and 3 and to part 4 only insofar as it could be processed within the remaining time.
6. The Trust responded on 14 May 2021. In response to part 1 of the request the Trust provided its 2019/20 submission and stated that the trust was in a network consisting of just one Trust. It also provided a copy of its operational policy which it stated covered parts 2,3 and 4 of the request.
7. The complainant responded on 14 May 2021 requesting an internal review and stating they were satisfied with the response to part 1 of the request. For part 2 the complainant asked the Trust to clarify the comment that the Trust was in a network consisting of one. For part 2 the complainant acknowledged receipt of the operational policy but noted it was draft version 1.0. The complainant asked the Trust to either provide the working version or confirm that draft 1.0 was the evidence

documentation referred to in the request. For part 4, the complainant asked where the declared clinical guidelines were.

8. Following an internal review the Trust wrote to the complainant on 4 June 2021. It stated that it considered it had complied with the request by providing all the evidence that was submitted in support of the self-assessment and that the internal review sought to ask for additional information not in the scope of the original request.

Scope of the case

9. The complainant contacted the Commissioner on 19 June 2021 to complain about the way their request for information had been handled.
10. The Commissioner considers the scope of his investigation to be to determine if any further information is held within the scope of the request.

Reasons for decision

11. 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.
12. 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.
13. 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).
14. 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

¹ [specialised-vascular-services-service-specification-adults.pdf \(england.nhs.uk\)](https://www.nhs.uk/consult/ia/136466main)

Main Arterial Centre. In this case, the Trust advised they were in a network of only one Trust – themselves.

15. 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.
16. 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.
17. The complainant listed the indicators within his request (170004S-001, 170004S-017 and 170004S-021) and asked if a positive indicator was listed then copies of the evidence documents were requested; specifically the operational policy, pathway documents and clinical guidelines.
18. The Commissioner has viewed the Trust's self-assessment document for 2019/2020 and has looked at each of these in turn.

170004S-001 - There is an agreement outlining the network configuration
19. The Commissioner notes a positive response to this and the evidence document listed in support as being the Operational policy document.

170004S-017 - There are patient pathways in place
20. A positive response was given to this indicator and the evidence document listed as being the Operational policy including pathways.

170004S-021 - There are clinical guidelines in place.
21. A positive response was given to this indicator and the evidence document listed as being the Operational policy including guidelines.
22. The Trust did provide the complainant with a copy of its Operational policy which is listed as the documentary evidence for the positive indicator at part 2 of the complainant's request. The Commissioner therefore considers the Trust has provided the information requested at part 2.
23. The Commissioner's enquiries with the Trust focused on part 3 and 4 of the request and whether any information was held relating to patient pathways and clinical guidelines, given that this was listed as being

evidence held by the Trust to support its positive answers to 170004S-017 and 021.

24. The Trust stated that with regard to part 3 of the request it did not hold documented patient pathways in relation to vascular surgical services. It stressed that this did not mean that pathways do not exist as in fact they do in the form of operational arrangements in place that are agreed and implemented by members of the clinical team. However, a plan to introduce documented patient pathways was put on hold due to the pandemic.
25. For part 4 the Trust stated it has not developed, and so does not hold, its own clinical guidelines in relation to vascular surgical services. It states that clinicians work to national guidelines issued by bodies such as the Royal College of Surgeons.
26. Based on the self-assessment form and the documentary evidence listed on this by the Trust the Commissioner can understand why the complainant considered further information on patient pathways and clinical guidelines would be held, at the very least contained within the operational policy document provided in response to part 1 and 2 of the request.
27. However, the Trust has categorically stated that documentary evidence in relation to parts 3 and 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.
28. 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 Trust has provided its operational policy and clearly explained why recorded documentary information on patient pathways is not held even though there is clearly an intent to develop this in the future. Similarly, 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

29. 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

30. 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.
31. 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
Senior Case Officer
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