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Request for Information Reference: 01.20.59

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Email only

19 March 2020

Freedom of Information Act 2000 – Request for Information

Thank you for your request for information received on 30 January 2020 in relation to the County Durham and Darlington NHS Foundation Trust (Trust). We are dealing with your request under the provisions of the Freedom of Information Act 2000.

You requested information regarding Royal College report. Specifically you requested information as follows. We have provided our response to each question in turn.

I am submitting a Freedom of Information Request to the Trust relating to the Royal College Report.

Q1. Since Jan 1 2016 have you commissioned or received any reports from a royal college into one or more of your services? Please state number, and, for each, which college and service/s was involved, date commissioned and date final report received.

The Trust commissioned a report from the Royal College of Paediatrics and Child Health, in December 2017, to inform a review of options to develop and sustain Paediatric services within the Trust. The final report was received in June 2018.

The Trust also commissioned a case note review from the Royal College of Ophthalmologists, in respect of its Oculopastics service. The terms of reference for the review were agreed between the Trust and the Royal College in December 2018 and the final report received in January 2019.

Q2. When did you inform a. the CQC and b. NHSE/I (or their predecessors) that a report had been commissioned and when were they told it had been received?

The report into Paediatric Services was not commissioned in connection with any concerns relating to service quality and there is no formal requirement to inform CQC, or NHSE, or share the reports with them. The Trust was in regular dialogue with

NHSI from December 2017 and through 2018, through the normal Quarterly Review Meetings at which NHSI were kept informed of the work on Paediatric Services including the use of use of the Royal College.

As noted above, there is no requirement to inform CQC or NHSE/I (or its predecessors) that a report has been commissioned or received. The report highlighted no safety concerns and CQC and NHSE/I were not informed.

Q3. When was the full report shared with:

a. CQC

b. NHSE/I? When was it seen by the full board?

Please see the response to Question 3 above and Question 4 below.

Q4. Was the full report made public and, if so, when and how (eg on public board papers)?

Neither report has been made public.

The report into Paediatric Services was received in a Private and Confidential meeting of the Board, in July 2018, as it set out draft options and recommendations to inform future developments. Updates on the development of the Paediatric service have subsequently been provided in public meetings of the Board and the Council of Governors.

The Trust Board was advised, by the Medical Director, that the review had been commissioned, in January 2019, and of the outcomes of the review, in April 2019. Each of these updates was delivered in Private and Confidential Meetings. The detailed findings from the Royal College of Ophthalmologists review, action plan and subsequent improvements were reported to an Executive Committee of the Board, the Clinical Effectiveness Committee, on 7th October 2019.

Q5. Was an action plan or similar produced in response to the report/s? If so, when was this seen by?

a. CQC and

b. NHSE/I? When was it seen by the full board?

As per the answers to Questions 3 and 4 above.

Q6. Was the full action plan or similar made public and, if so, when and how?

As per the answers to Questions 3 and 4 above.

Q7. Please release to us a. the full report (which we appreciate may need to be redacted in part if individual cases are mentioned)

b. the action plan or similar developed in response to this.

The Trust is exempting the report into Paediatric Services from release under Section 36 (2)(b)(ii): Information which would / or would be likely to prejudice the conduct of public affairs. This is on the grounds that the publication of the report would inhibit the free and frank exchange of views by decision-makers.

The report was commissioned to provide independent, expert views on options to address service risks and challenges on a confidential basis. The many staff, clinicians, clinical leaders and senior managers who contributed to the review understood that their views were being shared on a strictly confidential basis and the report makes this clear. The review was wide ranging and the report includes opinions and suggestions from both the reviewers and internal interviewees (although summarised) which are wide-ranging and cover not only the Trust but links and interfaces with primary care, commissioners, the wider system and neighbouring Trusts. The report includes consideration of options by site, and frank views on service challenges and risks. If the reviewers and interviews had understood / anticipated publication of the report they would not have shared views freely and frankly, or put forward a range of raw options without inhibition. This would, in turn, have defeated the Trust's purpose in commissioning the advice and undermined the Clinical Leadership and the Board's ability to make fully informed decisions.

In addition, the Board needed the ability to review the report and to discuss it freely and frankly in making such decisions.

Publication of the report would therefore establish a precedent which would inhibit staff, clinical leaders and reviewers from sharing views openly and honestly in order to fully inform the consideration of raw options in forming policy / strategy in future. There is a strong public interest in preserving the ability of a public authority to obtain full views and information from its staff and reviewers in order to make the most informed and best decisions in the interests of patients when challenges and risks are experienced, which would be likely to be compromised by the fear that views would be published even in summary form.

It should be noted that the extent of the above within the report is so extensive that a process of redacting the report would result in the report being difficult for the reader to understand.

In summary, the report set out staffing challenges in the current service and a number of options to address them. In the event, none of the options proved necessary as – working with the existing staff and as a result of successful recruitment activity – the service was sustained on both of the Trust's main sites.

The Royal College of Ophthalmologists report is attached. Some passages refer to an individual consultant and others include summaries of case note reviews and or specific circumstances for individual patients. The Trust has assessed the risk that the identities of these individuals could be inferred, and judges that possibility to be real. It has therefore taken the decision to redact such passages under Section 40

of the Freedom of Information Act. The Trust is relying, in part, on the absolute exemption available under Section 40(3) (a) (i), where information would be shared in contravention of the principles in the Data Protection Act and the qualified exemption in Section (40) (3) (a) (ii), where the information published could allow the identify of individual patients to be inferred causing damage or distress to themselves or their families. The Trust has weighed the public interest in preventing that distress with the public interest in transparency and has concluded that the former interest carries greater weight, in particular because it is not necessary to disclose specific cases or information relating to individuals for the reader to understand the reasons for the review, the scope and approach, and the review findings, conclusions and recommendations.

The report identified some deficiencies in clinical record-keeping within the service. Since the report was issued, the service has implemented the following improvements:

- The report, findings and learning have been shared with the clinicians providing the service through the Ophthalmology speciality governance meetings.
- Development of minimum datasets for the Medisoft system and work with IT to include relevant fields within the system (to prompt and enhance the completeness of the record-keeping);
- A re-audit of electronic notes with reference to the enhanced minimum dataset.
- Development of a programme for annual audits of documentation and record-keeping for every clinician in the service;
- Development of a bespoke clinical audit programme for the Oculoplastics service.

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the County Durham and Darlington NHS Foundation Trust website.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the way your request for information has been handled, you can request a review by writing to:

The Chief Executive
County Durham & Darlington NHS Foundation Trust
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX

If, you remain dissatisfied with the handling of your request or complaint, you have a right to appeal to the Information Commissioner at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Telephone: 0303 123 1113
Website: www.ico.gov.uk.

There is no charge for making an appeal.

Yours sincerely

Joanna Tyrrell
Freedom of Information Officer