

Date: Tuesday, 23rd February 2021
Our Ref: MB/SS FOI 4621

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Re: Freedom of Information Request FOI 4621

We are writing in response to your request submitted under the Freedom of Information Act, received in this office on 12th February 2021.

Your request was as follows:

1. Why was there such a large increase in legal fees to Hill Dickinson in 2020, which saw an increase of over £90k, which in real terms was more than the entire budget for the previous 2 years, by £6000-00?

The Walton Centre NHS Foundation Trust (WCFT) may require legal advice/support for a varied range of issues/enquiries some of which can be ongoing for a long period of time. For these types of enquiries the legal fees can be high due to the legal assistance required.

2. Is this increase due to the increasing need to seek specialist legal advice more frequently on a rising number of important issues?

See above.

3. Does this massive increase of expenditure reflect an increasing number of potential breaches of a duty of candour?

No.

4. How many individual cases were worked on by Hill Dickinson in 2018, 2019 and 2020?

2018 & 2019 - I confirm that The Walton Centre NHS Foundation Trust holds the information you have requested. However, I am unable to provide you with that information as I consider that the following exemptions apply to it:

Section 40 (2) - Third Party Data

This information is exempt from disclosure under Section 40(2) of the Freedom of Information Act 2000 (FOIA), due to the minimal number of patients identified, and in answering your query may lead to the undue stress of families and patients as this information may still lead to patients being identified.

However, Section 16 of the FOIA places a duty on us to provide help and assistance where possible and I am able to advise you that we cannot provide a breakdown for each year we can advise that for years 2018 and 2019 combined there was a total of 10 cases worked on by Hill Dickinson.

2020 - 7 cases



5. How many times have Care Quality Commission inspected the hospital in 2017, 2018, 2019, 2020 and 2021?

WCFT was inspected 2 since 2016. We were inspected in April 2016 and the report was published October 2016. We were also inspected in April 2018 and the report was published August 2019.

6. Have the Care Quality Commission reported following their visits?

Yes.

7. Are these reports disclosable and if so may I have a copy?

I confirm that The Walton Centre NHS Foundation Trust (WCFT) holds the information you have requested. However, I am unable to provide you with that information as I consider that the following exemptions apply to it.

Section 21 - Information already reasonably accessible to you

This information is exempt from disclosure under Section 21 of the Freedom of Information Act 2000 (FOIA), as it is already reasonably accessible to you. The information you have requested is published on The CQC website. Please use the following link:

<https://www.cqc.org.uk/provider/RET>

This exemption is not subject to the public interest test.

This response therefore acts as a refusal notice under section 17 of the FOIA.

8. How were staff trained on the Duty of Candour issued in April 2018?

In 2018, staff were initially trained on the requirements of Duty of Candour via the Patient Experience induction presentation. Additional sessions throughout the year were also delivered.

9. What audited evidence exists to verify that each staff member has undergone and understood this regime?

Mandatory training compliance.

10. The same questions as in 8 and 9 above for 2016, and 2017.

Staff were initially trained on the requirements of Duty of Candour via the Patient Experience induction presentation. Additional sessions throughout the year were also delivered.

11. What is the Trust policy for the recording of Manuscript Patient records?

All entries in the health record will be:

- Legible and completed in black/blue ball point pen
- A factual, accurate record of event of intervention, including the provision and identification of medical equipment
- Written up as soon as possible after an intervention has occurred
- First daily entry must be dated, timed using 24 hour clock and signed with full name and job title printed
- Subsequent entries must be dated and timed using 24 hour clock and signed
- Written in such a way that any alterations or additions are dated, timed and signed whilst ensuring the original entry

can still be read - the use of correction fluid is forbidden

- records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or speculation or offensive, subjective statements
- Countersigned by the registered practitioner responsible for the care of the patient, if made by non-registered practitioner in the course of nursing care. (Paper records)
- Completed in line with professional codes of practice in relation to record keeping standards e.g. NMC, GMC

12. Should all notes be TIMED and DATED and SIGNED?

Yes ideally.

13. Should the TIME represent the TIME of the EVENT, or the TIME THE NOTE WAS CREATED?

Providing it is clear what it relates to it could be either of these as at times entries may be written up after the event has occurred.

14. The same as 11, 12 and 13, for all COMPUTER GENERATED NOTES please.

Information should be recorded at the time wherever possible and is time stamped with the user name completed on the entry electronically.

15. What is the Trust Policy for ENSURING that EACH PATIENT PROVIDES INFORMED CONSENT for EACH TREATMENT DELIVERED, and PRESCRIPTION/MEDICATION/or OTHER THERAPY DELIVERED To each PATIENT?

"Consent" is a patient's agreement for a health professional to provide care and/or treatment. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing.

The context of consent can take many different forms, ranging from the active request by a patient of a particular treatment (which may or may not be appropriate or available) to the passive acceptance of a health professional's advice. In some cases, the health professional will suggest a particular form of treatment or investigation and after discussion the patient may agree to accept it. In others, there may be a number of ways of treating a condition, and the health professional will help the patient to decide between them.

Some patients, especially those with chronic conditions, become very well informed about their illness and may actively request particular treatments. In many cases, 'seeking consent' is better described as 'joint decision-making': the patient and health professional need to come to an agreement on the best way forward, based on the patient's values and preferences and the health professional's clinical knowledge.

16. How is 15 applied when the PATIENT LACKS CAPACITY, or HAS A LASTING POWER OF ATTORNEY IN PLACE?

Where an adult patient does not have the capacity to give or withhold consent to a significant intervention, this fact should be documented in Form 4 (form for adults who are unable to consent to investigation or treatment Appendix B), along with the formal outcome of the assessment of the patient's capacity. If the clinician is proceeding with treatment in reliance on "best interests" they should record details of why the health professional believes the treatment to be in the patient's best interests, having applied the principles in Section 4 below and having had regard to appendix K.

Please see our response above in blue.

Re-Use of Public Sector Information

All information supplied by the Trust in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2005, Statutory Instrument 2005 No. 1515 which came into effect on 1st July 2005.

Under the terms of the Regulations, the Trust will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however the Trust reserves the right, in certain circumstances, to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information can be found at www.opsi.gov.uk where a sample license terms and fees can be found with guidance on copyright and publishing notes and a Guide to Best Practice and regulated advice and case studies, at www.opsi.gov.uk/advice/psi-regulations/index.htm

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to the Freedom of Information Office at the address above.

Please remember to quote the reference number, FOI 4621 in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioners Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Mike Burns

Mr. Mike Burns, Executive Lead for Freedom of Information