

## Freedom of Information Act 2000 (FOIA)

### Decision notice

**Date:** 15 July 2021

**Public Authority:** Betsi Cadwaladr University Health Board

**Address:** [BCU.FOI@wales.nhs.uk](mailto:BCU.FOI@wales.nhs.uk)

### Decision (including any steps ordered)

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1. The complainant has requested a triage protocol procedure document from Betsi Cadwaladr University Health Board. The Health Board provided some information but informed the complainant that it could not provide the actual document he requested as it is not held in hard copy format. The Commissioner's decision is that Betsi Cadwaladr University Health Board, does not hold the requested document in hard copy format and has therefore complied with the requirements of section 1(1)(a) (confirmation or denial as to whether requested information is held) of the FOIA. The Commissioner does not require the public authority to take any steps.

### Request and response

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### Original request and response

2. On 14 October 2019, the complainant wrote to Betsi Cadwaladr University Health Board and requested the following information:

*"...a full and unredacted copy of the protocol procedure as laid down by Betsi Cadwaladr Health Board which serves as guidance, in all circumstances, to Health board staff as to the care regime to be undertaken in patient care according to their triaged assessment. This must include a definition of terminology i.e. RED acute medical emergency and AMBER secondary status together with the standard of care and supervision to be afforded accordingly."*

3. The Health Board responded on 7 November 2019. It informed the complainant that its three Emergency Departments follow the Manchester Triage Tool (MTS) which is loaded onto its Patient Administration System (PAS). Staff triage depending on the problem and

symptoms the patient has presented to the department with. It provided details of the triage categories in a table and a link to the Manchester Triage Tool.

4. In respect of its three Oncology and Haematology Units, the Health Board confirmed that it uses the United Kingdom Oncology Nursing Society (UKONS) 24 hour triage tool and embedded a copy with its response.

### **Amended request and response**

5. The complainant contacted the Health Board on 12 November 2019 stating that his request was for the Triage Protocol for Wrexham Maelor's Emergency Department (ED) and its Shooting Star Department. He added that the link to the Manchester Triage System can only be accessed by medical personnel, therefore he had not been able to access it. He amended his request, confirming that at this stage all he needed was:

*"... confirmation that both E.D and the Shooting Star use the same identical RED (Acute Medical Emergency) Triage guidelines, or, if different, how so, in addition, to know whether the RED patient monitoring and supervision guidelines are identical for both specific Depts, or, if not, how they are at variance. I am sure there must be protocol rules issued by the Board to both depts, which would provide this information, and which should be available as public documentation under the terms of the Act."*

6. The Health Board responded on 11 December 2019 stating that it does not hold documentation on the MTS as it is automated within its clinical systems. It also confirmed that the tool is intended for use by medical professionals but informed the complainant that there is a guidance book on the MTS available to purchase through online book retailers, and provided the link to the book on Amazon UK.
7. It also informed the complainant that the ED and Shooting Star Unit within Wrexham Maelor Hospital do not follow the same triage guidelines reiterating its point in the original response that the ED department use the MTS and the Shooting Star Unit, uses the UKONS 24 hour triage tool.
8. It embedded within its response the UKONS document and the Acute Oncology Initial Management Guide (national guidelines followed by its Oncology and Haematology departments including the Shooting Star Unit).

9. In respect of its ED departments, it provided detail of the protocol for situations when a patient is triaged red using the MTS.
10. The complainant contacted the Health Board on the same date, informing it that he was unable to access the Acute Oncology Initial Management Guide and stated that an IT expert had confirmed that no document had been appended and requesting an internal review of both his original and amended requests.
11. Following further correspondence from the Health Board, the complainant stated on 29 December 2019 that he could not accept the Health Board's assertion that it could not provide a hard copy of the MTS.
12. Following an internal review the Health Board wrote to the complainant on 6 February 2020. It stated that it was unable to provide a hard copy of the MTS as it is an electronic decision support tool which is integrated into clinical systems within its EDs. It added that whilst there is a cost to subscribe to using it, (which may limit access to non-subscribers), the cost has been paid by the Health Board, and is therefore freely available to all clinical staff who need access to it. The complainant was further informed that staff also have access to the Emergency Triage reference book within each department, which compliments the tool.

### **Scope of the case**

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13. The complainant contacted the Commissioner on 11 March 2020 to complain about the way his request for information had been handled.
14. He provided some background to his request stating that it is the result of matters arising from an Inquest into the circumstances of his late wife's death whilst in the care of Wrexham Maelor Hospital. He believes that the Triaging and consequential care package provided to his late wife gave rise to a situation which normally warrants a RED acute emergency status being downgraded to the inferior code AMBER.
15. He added that his original request for a copy of the Health Board's triage documents was to clarify the correct procedure which should have been followed by both the Oncology and the Emergency Department of Wrexham Maelor Hospital. However, the Health Board has denied access to the MTS used by its Emergency Departments on the basis that it is automated within its clinical systems and is an electronic support tool.
16. He further stated that the Health Board has gone on to say that only medical personnel can access it but that they can be accessed at a cost.

However, he had already informed them that he is willing to pay any reasonable costs. The complainant is concerned that the Health Board's refusal to provide the information is an attempt to conceal their culpability in a patient's death whilst in their charge, and considers that the Health Board's initial response (providing a link to the MTS) was an admission that he was entitled to receive the information

17. The Commissioner would firstly like to take this opportunity to offer her sincere condolences to the complainant for the loss of his wife.
18. The Commissioner's remit is restricted to determining whether on the balance of probabilities, the Health Board has complied with its obligations under section 1(1) of the FOIA.

## **Reasons for decision**

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### **Section 1 – General right of access to information held**

19. Section 1(1) of the FOIA provides a general right of access to information held by public authorities and states:

*Any person making a request for information to a public authority is entitled-*

*(a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and*

*(b) if that is the case, to have that information communicated to him."*

20. Under section 1(1), in response to a request for information a public authority is only required to provide recorded information it holds and is not therefore required to create new information in order to respond to a request.
21. In scenarios where there is some dispute between the information held by a public authority and the information that a complainant believes may be held, the Commissioner, following the lead of a number of Information Tribunal decisions, applies the civil standard of the balance of probabilities.
22. The Commissioner's judgement in such cases is based on the complainant's arguments and the public authority's submissions and where relevant, details of any searches undertaken. The Commissioner expects the public authority to conduct a reasonable and proportionate search in all cases.

23. In this particular case the complainant does not accept that the Health Board can't provide a version of the MTS which is used on a regular basis by all of its EDs. In essence, based on his amended request for information, the Commissioner considers that at the root of what he wants to know is whether the ED and the Shooting Stars Unit of Wrexham Maelor hospital use the same triage system, and if not, how they differ, particularly in respect of the RED patient monitoring and supervision guidelines.
24. The Commissioner's investigation must therefore determine whether the Health Board is able to provide a copy of the MTS, and if not, whether its responses have already answered the complainant's request as far as it can.
25. The Commissioner asked the Health Board a series of questions in respect of the MTS with the Health Board confirming that it is an electronic clinical risk management tool developed solely for registered experienced Health Care Professionals due to the clinical skills and knowledge required in performing a triage assessment. Set up in 1994 by a group of Emergency Nurses and Physicians from each of the Manchester Emergency Departments, the emergency element consists of a large number of emergency triage charts based on the presentation of the patient, which are reviewed and amended on a regular basis.
26. The Health Board further confirmed that it has never downloaded or printed the MTS as it has not been designed to do so as it is fully embedded within the PAS used within the Health Board's three EDs.
27. As a clinical decision tool, it requires details about how a patient is presenting in order to provide a response. It further confirmed that it is ordinarily used at the point of triage for walk in patients, and for those who do not require urgent life-saving treatment. However, for those patients requiring urgent life-saving treatment, the MTS will be used at the earliest opportunity.
28. The Health Board added that it had approached its IT department to establish whether a hard copy of the MTS could in fact be provided, which confirmed that it is not physically possible due to the nature and complexity of the software.
29. The Health Board further confirmed that the MTS is installed as an add-on to the ED module of each of the PAS.
30. Based on the above, the Commissioner accepts it is not possible to provide a hard copy of the MTS.
31. The Commissioner also considered the responses provided by the Health Board and notes that in its original response dated 7 November 2019 the Health Board confirmed that its Emergency Departments follow the

Manchester Triage Tool and provided a table of five distinct categories based on the severity of the symptoms the patient presented with, whilst its three Oncology and Haematology units use the UKONS 24 hour triage tool and provided a link to an electronic copy for the complainant's information.

32. ON 11 December 2019, the HB subsequently confirmed that:

*"The ED and Shooting Star Unit within Wrexham Maelor Hospital do not follow the same triage guidelines. Within the ED the MTS is followed, whereas the Shooting Star Unit follows the United Kingdom Oncology Nursing Society 24 hour triage tool."*

33. The Health Board confirmed that if an ED patient is triaged red using the MTS they would be cared for in the resuscitation room with continuous monitoring of vital signs, with the ED team providing an immediate response. If the patient required ongoing advanced life support, including ventilation, the medical response team would be called to provide further assistance. It added, that the other red response would be those who present with chemical eye injury, and confirmed that this type of patient would get immediate treatment.

34. In addition to the link to the UKONS toolkit, the Health Board provided a link to the Acute Oncology Initial Management Guidelines (national guidelines for the initial management of adult patients, who have a cancer diagnosis, and present as an emergency or unplanned admission with a complication of their disease or cancer treatment.)

35. Based on the above responses, it is clear to the Commissioner that the two different wards are using two different systems. She also viewed both the UKONS toolkit and the Acute Oncology Initial Management Guidelines which she compared with the table and explanation of the MTS to establish how they differ.

36. The UKONS triage system is outlined on pages 4-6 of the toolkit and follows a red, amber, green system, whilst the Acute Oncology Initial Management Guidelines is a 59 page document specifically for adult patients who have a cancer diagnosis and present as an emergency or unplanned admission. It also follows a red, amber and green system for various scenarios for a multitude of health issues a patient could present with.

37. The Commissioner is satisfied that the Health Board's response, combined with the two documents referred to above provide enough information for the complainant to determine how they differ.

38. However, the Commissioner has also considered whether the Emergency Triage reference book referred to in the Health Board's internal review which compliments the tool could provide more information to the complainant, and as part of her investigation asked the Health Board for more details regarding the book.
39. The Health Board explained that the book in question is an essential text for all ED staff using the MTS, adding that it is both a training tool and reference guide for daily use within the ED and is updated when the electronic tool is updated. The book has been specifically purchased by the Health Board for use by its clinical ED staff.
40. The Health Board provided the link for the complainant to purchase this book with its internal review and the Commissioner is mindful that the complainant confirmed to both the Health Board and the Commissioner that he is willing to pay for access to MTS. Purchasing a copy of the book might therefore provide more detail.
41. Having taken all of the above factors into consideration, the Commissioner is satisfied that the Health Board has complied with section 1 of the FOIA in its response to both the complainant's original and amended requests.

## **Right of appeal**

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

43. 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.
44. 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 .....**

**Catherine Dickenson  
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