

Freedom of Information Act 2000 (FOIA)

Decision notice

Date: 21 March 2022

Public Authority: Camden and Islington NHS Foundation Trust
Address: St Pancras Hospital
4 St Pancras Way
London
NW1 0PE

Decision (including any steps ordered)

1. The complainant has requested information relating to the services under Camden and Islington NHS Foundation Trust ('the Trust').
2. In relation to parts 1-6 of the request, the Trust disclosed some information but confirmed that it does not hold any further information that falls within the scope of the request.
3. In relation to part 7 of the request, the Trust has explained that it cannot comply citing section 12(1) (cost of compliance exceeds the appropriate limit) of FOIA.
4. The Commissioner's decision is as follows:
 - On the balance of probabilities, the Trust does not hold any further information within the scope of parts 1-6 of the request.
 - The Trust is entitled to rely upon section 12 as to comply with part 7 of the request would exceed the appropriate limit.
 - The Trust has breached section 16 (duty to provide advice and assistance) in failing to provide meaningful advice and assistance to the complainant in relation to part 7 of their request.
5. The Commissioner requires the public authority to take the following steps to ensure compliance with the legislation.
 - Provide meaningful advice and assistance to the complainant in relation to part 7 of their request.
6. The public authority must take these steps within 35 calendar days of the date of this decision notice. Failure to comply may result in the

Commissioner making written certification of this fact to the High Court pursuant to section 54 of FOIA and may be dealt with as a contempt of court.

Request and response

7. On 22 April 2021, the complainant wrote to the Trust and made a request for information. Due to the length of this request, it is outlined in Annex 1 of this notice.
8. The Trust responded on 18 May 2021. It stated that the requested information was held, however, was exempt from disclosure in accordance with section 12 (cost of compliance exceeds appropriate limit). The Trust advised the complainant to narrow their request to bring it within the appropriate limit.
9. Therefore, on 19 May 2021 the complainant requested an internal review and refined the scope of their request request to include 30 services instead of 60. Due to the length of this revised request, it is outlined in Annex 2 of this notice.
10. Following an internal review the Trust wrote to the complainant on 18 June 2021. It explained that it was previously incorrect to apply section 12 as the requested information is, in fact, not held by the Trust.
11. The Trust explained that, in line with its section 16 (duty to provide advice and assistance) obligations, it was providing the complainant with links to publicly available information relating to Camden ICope, Islington ICope and Kingston ICope¹. The Trust explained to the complainant that 'the wait times are calculated differently to how you have requested them.'

¹ [Psychological Therapies: reports on the use of IAPT services, England March 2021 Final including a report on the IAPT Employment Advisors Pilot and Quarter 4 2020-21 data - NHS Digital](#)

Scope of the case

12. The complainant contacted the Commissioner on 18 May 2021 to complain about the way that their request for information had been handled. The complainant believes that the Trust holds further information in response to their request.
13. During the course of this investigation, the Trust changed its position in relation to part 7 of the request. It confirmed that to comply with this part of the request would exceed the appropriate limit and therefore it went back to applying section 12.
14. The Commissioner considers the scope of his investigation to be to determine whether, on the balance of probabilities, the Trust is correct when it says it does not hold any further information, besides the information it has already disclosed, that falls within the scope of parts 1-6 of the request.
15. The Commissioner will also consider if the Trust is correct when it says that to comply with part 7 of the request would exceed the appropriate limit and if the Trust offered meaningful advice and assistance to the complainant.

Reasons for decision

16. Section 1 of the FOIA states that:

"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."
17. In this case, the complainant disputes the Trust's position that it does not hold any further information that falls within the scope of this request. The Commissioner acknowledges that this dispute has probably come from the Trust's initial application, and then withdrawal, of section 12.
18. In cases where a dispute arises over the recorded information held by a public authority at the time of a request, the Commissioner, following the outcome of a number of First-tier Tribunal decisions, applies the civil standard of the balance of probabilities. This means that the Commissioner will determine whether it is likely, or unlikely, that the

public authority held information relevant to the complainant's request at the time that the request was received.

19. In order to reach his determination, the Commissioner asked the Trust to provide detailed explanations as to why the requested information was not held at the time that the request was received. The Commissioner also asked the Trust to explain the searches it had undertaken to locate any information that would fall within the scope of this request and to explain why these searches would have been likely to locate all of the information in scope.
20. The complainant's request is split into seven parts which cover three topics: the wait times of patients accessing the services named in the request, details of any waiting lists for the services named in the request and details of any patients who died by suicide whilst awaiting access to the services named in the request.

The Trust's position

Information about the average wait time

21. Parts 1-4 of the request deals with the wait time between a patient's referral and their accessing of a specific service. The Trust has confirmed that 'although we may have the initial referral date, we cannot calculate the wait time.'
22. The Trust has explained 'when we receive a referral from a GP, this would lead to an assessment, the assessment for the person may mean the person needs to access multiple services within Camden and Islington. Each clinic has different waiting times and is calculated differently; each clinic may then decide to reassess the patient to understand their needs.'
23. The Trust has explained that different clinical teams may add additional referrals to the initial referral and 'although only one referral has been made, each appointment is not badged to one referral.'
24. The Commissioner's guidance 'Determining whether information is held'² states that 'A public authority will hold information if it holds the building blocks required to generate it and no complex judgement is required to produce it.'

² [determining whether information is held foi eir.pdf \(ico.org.uk\)](https://ico.org.uk/for-organisations/our-approach-to-transparency/foi/determining-whether-information-is-held-foi-eir.pdf)

25. Whilst the Trust may hold the date of the initial referral, patients may be seen at one service whilst waiting for another. The Trust has confirmed that 'this is not a straightforward relationship that is simple to report on and complex judgement would need to be applied and the building blocks required do not exist to be able to connect the relationship between all the referrals and appointments.'
26. The Trust has also explained 'if a patient does not attend their appointment and they are not discharged, then the appointment is kept open until they do attend, therefore referral date and appointment attended date is not a true reflection of the wait time.'
27. The Trust has confirmed that waiting time targets are not a mandatory reporting requirement for all NHS Mental Health Trusts except for certain services including Camden ICope, Islington ICope and Kingston ICope. This is the information referred to within paragraph 11 that has already been disclosed to the complainant.
28. The Commissioner understands that the Trust spoke to frontline staff to better understand patient referral and the process that followed. It also interrogated electronic patient records, the Trust's data warehouse and its Business Performance Managers. It searched the Electronic Patient Record System and 'search terms included but were not limited to: Patient ID or NHS number, referral dates, admission date, team names, appointment dates.'
29. All searches confirmed that this information is not held because previously there has been no requirement to report this information. Therefore, there was no requirement to link patient referrals to appointments and the Trust's system was not configured to do so.
30. The Trust have confirmed that 'reporting on waiting times will be a requirement for year 2022/23³ and the Trust has put processes together to improve and enable the recording of our waiting times.'
31. The scope of this request is clear and only deals with the years 2017-2021. Whilst reporting on waiting times for Camden ICope, Islington ICope and Kingston ICope were mandatory for the period covered in the request, it was not for the other services listed in the request.

³ [NHS England » NHS England proposes new mental health access standards](#)

32. The Commissioner is satisfied that, on the balance of probabilities, the Trust does not hold any further relevant information in response to this part of the request.

Information about waiting lists

33. Parts 5 and 6 of the request deals with the waiting lists of specific services. The Trust has confirmed 'we are unable to calculate whether the patient was on a waiting list for assessment or treatment due to the reasons provided above.'
34. The Trust has confirmed to the Commissioner that it does not hold any further information on waiting lists for the services in question. This is because, like information on waiting times, 'the Trust was historically not required to keep any snapshot of the number of people waiting at any point in time.'
35. In the same way that the Trust's systems are not configured to calculate wait times between referrals and appointments, it was not configured to keep a record of the number of patients awaiting referral to specific services for the years listed.
36. The Trust has explained that, despite knowing there was no requirement for this information to be held for the years covered by the request, it conducted similar searches to those outlined in paragraph 28 to confirm that this is the case. These searches confirmed that the information being requested in part 5 is not held.
37. The Trust has explained 'Whilst it is possible to provide information on the waiting list performance for some teams, which is in the board reports, the Trust was not historically required to keep any snapshot of the number of people waiting at any point in time. Therefore, the Trust does not hold the information about the number of people on our waiting list as of the 31 March for each year requested.'
38. The Trust has also explained 'In the interest of being helpful under section 16 of FOIA, we have asked the team to provide the current snapshot of the current number of patients waiting for access to the Camden ICope, Islington ICope and Kingston ICope services.' Again, information relating to waiting lists for these services has always been a reporting requirement and this is the information that is referred to within paragraph 11.

Incomplete pathways (size of waiting list to first treatment) (NHS Digital 'WaitingForTreatment') December 2021	
ICOPE Team	Number of patients Dec-21
Camden	1346
Islington	1426
Kingston	567

39. The Trust has explained 'While these numbers give an indicative number of people on the waiting list currently, this does not necessarily give an accurate reflection of people who waited in the last 5 years due to the nature of the changing demand for iCope services.'
40. The Trust has confirmed that 'With regard to question six, the waiting list was not shut for any service at any point in time.'
41. Again, the scope of this request is clear and will only deals with the years 2017-2021. Whilst reporting on waiting lists for Camden ICope, Islington ICope and Kingston ICope were mandatory for the period covered in the request, it was not for the other services listed in the request.
42. The Commissioner is satisfied that, on the balance of probabilities, the Trust does not hold any further relevant information in response to this part of the request.

Section 12 – cost of compliance exceeds appropriate limit

43. Section 12(1) of the FOIA states that a public authority is not obliged to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.
44. The "Appropriate Limit" is defined in the Regulations and is set at £450 for a public authority such as the Trust. The Regulations also state that staff time should be charged at a flat rate of £25 per hour, giving an effective time limit of 18 hours for compliance with a request.
45. When considering whether section 12(1) applies, the authority can only take into account certain costs, as set out in The Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 ('the Regulations'). These are set out at Regulation 4(3) and are:
- "(a) determining whether it holds the information,
 - (b) locating the information, or a document which may contain the information,

(c) retrieving the information, or a document which may contain the information, and

(d) extracting the information from a document containing it.”

46. When determining whether section 12 applies, the Commissioner will consider a public authority's estimate of how long compliance with the request would take. Any estimate must be sensible, realistic and supported by cogent evidence.
47. Part 7 of the request deals with patients who have died from suicide whilst waiting for an assessment, treatment or admission to one of the services specified and what the service in question was.
48. The Trust has explained to the Commissioner 'Upon consideration and instruction from the Commissioner we have been able to provide the number of patients with the services they were under at the time of their death. As previously explained the data held on suicides is likely to be incomplete due to difficulties in obtaining conclusions from the Coroner's courts. Please also note that as previously stated patients may have been under the care of more than one service at the time of their death, therefore the information is not a full representation of our data.'
49. The Trust has provided a breakdown of this information to the Commissioner but not to the complainant.
50. The Trust has explained that '66 patients have died under Trust services from 01/01/17 to 31/03/21.' However, 'In order to ascertain whether each patient (who died from suicide) was waiting for assessment, treatment or referral at the time of their death, we would have to investigate each patient file and apply complex judgement by a clinician.'
51. The Trust has also explained 'For incidents in which patients have died from suicide, it is only possible to locate the name of the patient, incident date and services on our incident management system (Datix) in which suicides are recorded. Although the patient ID can be found, it is not linked to our other systems. This information would then need to be cross referenced with our three other systems to access the patient's notes.'
52. Furthermore, 'In cases where the patient ID is not accessible, in searching for the patient, we would have to manually search for their name across the different systems to find their file and ensure it is the correct patient.'
53. If the Trust is confident that it has the correct patient record and date of incident, 'the patient would then need to be mapped to each service at the time of their death. Once we can match the patient to services, the

patient pathway would need to be investigated, with each service contacted to ascertain if the patient was awaiting referral, assessment, or treatment.'

54. The Commissioner understands that the relationship of the patient to a single service within the Trust is not a straightforward one. The Trust has explained 'a patient may have been referred to the Depression and Anxiety Service, but during the course of the referral, appointments could also have been made with the Psychotherapy service. We would then need to map if the patient was awaiting referral, assessment, or treatment with either the Depression and Anxiety Service or the Psychotherapy service.'
55. The Trust has estimated that it would take approximately 20 minutes for each patient record to be investigated. The Trust has determined that, with 66 patient records to check, it would take 1320 minutes (22 hours) to comply with part 7 of the request.
56. The Trust has also explained that 'we have not incorporated the amount of time already spent responding to this request.' It is correct that the Trust doesn't include this work in its estimate, since it does not fall within the activities listed in paragraph 45.
57. The Commissioner has considered the Trust's estimate that it would take 22 hours to comply with part 7 of the request. Specifically, the Commissioner has considered the Trust's estimate that it would take 20 minutes to check each patient record. The Trust would need to contact each service that the patient was under at the time of their death and, as we have previously established, the Trust's systems is not a simple one to report on.
58. Keeping in mind the nature of the Trust's services, it is likely that of the 66 patients who died from suicide, some patient records may need to be mapped to more than one service. As the complainant's request specifies, enquiries would then need to be made to each service to ascertain whether the patient was awaiting assessment, treatment or admission and what they were waiting for.
59. Taking all of this into account, the Commissioner considers that the Trust's estimate of 20 minutes per patient record is a reasonable one and therefore to comply with part 7 of the request would exceed the appropriate limit.

Section 16 – duty to provide meaningful advice and assistance

60. Section 16 of FOIA states:

'(1) It shall be the duty of a public authority to provide advice and assistance, so far as it would be reasonable to expect the authority to

do so, to persons who propose to make, or have made, requests for information to it.

(2) Any public authority which, in relation to the provision of advice or assistance in any case, conforms with the code of practice under section 45 is to be taken to comply with the duty imposed by subsection (1) in relation to that case.'

58. Paragraph 2.10 of the section 45 Code of Practice⁴ states:

'Where it is estimated the cost of answering a request would exceed the 'cost limit' beyond which the public authority is not required to answer a request (and the authority is not prepared to answer it), public authorities should provide applicants with advice and assistance to help them reframe or refocus their request with a view to bringing it within the costs limit.'

61. As previously discussed, the Trust has been able to provide the number of patients who died from suicide with the services they were under at the time of their death, even though it may not be able to identify if the patient was awaiting assessment, treatment and/or admission or what they were waiting for.
62. The Commissioner understands that the Trust has concerns about the accuracy of this information and whether it may be exempt information. However, the Commissioner is unclear as to why the Trust has failed to offer any meaningful advice and assistance to the complainant to assist them in bringing part 7 of the request in line with the cost limit. Compliance with at least part of the request can clearly be achieved within this limit and whether or not the information may be exempt is a separate matter.

Right of appeal

63. 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

Website: www.justice.gov.uk/tribunals/general-regulatory-chamber

64. 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.
65. 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

Alice Gradwell
Senior Case Officer
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Annex 1

"For each of the following 60 services:

Aberdeen Park

Amber Ward

Approved Mental Health Professional Duty Team

Better Lives- Islington's Drug and Alcohol Service

Camden Acute Day Unit

Camden and Islington Personality Disorder Service

Camden Assertive Outreach Team (AOT)

Camden Early Intervention Service (EIS)

Camden Learning Disabilities Service

Camden Memory Service

Camden Minding the Gap Meeting

Community Recovery Service for Older People

Complex Depression, Anxiety and Trauma Service (CDAT)

Cornwallis Intensive Support Service

Dementia Navigator Service

Drayton Park Women's Crisis House

Focus Homeless Outreach and Street Population

Garnet Ward

Grip Club Drugs Service

Highview Residential and Rehabilitation Services

Home Treatment Team

iCope Psychological Therapies Service- North Camden

iCope Psychological Therapies Service- North Islington

iCope Psychological Therapies Service- South Camden

Reference: IC-113330-N2F8

Integrated Camden Alcohol Service (ICAS)

Intensive Support Team

Islington Assertive Outreach Team (AOT)

Islington Early Intervention Service (EIS)

Islington Integrated Gangs Team

Islington Learning Disabilities Service

Islington Memory Service

Islington Services for Ageing and Mental Health- Community Mental Health Team
Islington Transitions Meeting

Kidstime Workshops

Laffan Ward

Malachite ward

North Camden Crisis House

North Camden Crisis Resolution Team

North Camden Drugs Service (Response)

North Camden Recovery Team

North Islington Recovery Team

Opal Ward

Pearl Ward

Rosewood unit

Sapphire Ward

Sexual Problems Clinic

South Camden Crisis Resolution Team

South Camden Drug Service

South Camden Recovery Centre

South Camden Recovery Team

South Islington Recovery Team

Sutherland Ward

The Benzodiazepine and Opiate Withdrawal Service (BOWS)

The Camden Parents' Wellbeing Service

The Greenwood Centre

The Intensive Support and Re-ablement Team

The Rivers Crisis House

Tile House

Topaz Ward

Traumatic Stress Clinic

Please provide the following information, for the following 5 time periods:

1st January 2017 to 31st December 2017

1st January 2018 to 31st December 2018

1st January 2019 to 31st December 2019

1st January 2020 to 31st December 2020

1st January 2021 to 31st March 2021.

1. For each service, for the above 5 time periods, what was the average waiting time in weeks and days between a patient being referred to the service/unit and the patient being assessed?

2. For each service, for the above 5 time periods, what was the average waiting time in weeks and days between a patient being referred the service/unit and the patient being admitted (if inpatient unit) or receiving their first treatment session?

3. For each service, for the above 5 time periods, what was the longest waiting time in weeks and days between a patient being referred to the service/unit and the patient being assessed?

4. For each service, for the above 5 time periods, what was the longest waiting time in weeks and days between a patient being referred to the service/unit and the patient being admitted (if inpatient unit) or receiving their first treatment session?

5. For each service, for the above 5 time periods, what was the number of people on the waiting list as of 31st March each year?

6. Please specify for each service if the waiting list has been shut at any point during the 5 specified time periods, giving the date on which, it was shut (and, if applicable, reopened) and why.

7. For each service, for the above 5 time periods, please give the number of people who died from suicide while waiting for an assessment, treatment and / or admission, specifying what they were waiting for.

For questions two and four, please measure wait time between first assessment and first treatment session or admission, and do not just measure wait time between assessment and first treatment session or admission. E.g. if a patient is referred on January 1st, 2021 and assessed on February 1st, 2021 and first seen for treatment on March 1st, 2021, then between referral and treatment they were waiting 8 weeks and 3 days."

Annex 2

"Camden and Islington Personality Disorder Service

Camden Early Intervention Service (EIS)

Complex Depression, Anxiety and Trauma Service (CDAT)

Drayton Park Women's Crisis House

Intensive Support Team

Islington Early Intervention Service (EIS)

Islington Integrated Gangs Team

North Camden Recovery Team

North Islington Recovery Team

South Camden Recovery Team

South Islington Recovery Team

The Intensive Support and Re-ablement Team

Traumatic Stress Clinic

Islington Services for Ageing and Mental Health- Community Mental Health Team

iCope Psychological Therapies Service- North Camden

iCope Psychological Therapies Service- North Islington

iCope Psychological Therapies Service- South Camden

Camden Learning Disabilities Service

Islington Learning Disabilities Service

Better Lives- Islington's Drug and Alcohol Service

South Camden Drug Service

Camden Assertive Outreach Team (AOT)

Grip Club Drugs Service

Islington Assertive Outreach Team (AOT)

Integrated Camden Alcohol Service (ICAS)

Cornwallis Intensive Support Service

Home Treatment Team

Rosewood unit

South Camden Recovery Centre

The Camden Parents' Wellbeing Service

Please provide the following information, for the following 5 time periods:

1st January 2017 to 31st December 2017

1st January 2018 to 31st December 2018

1st January 2019 to 31st December 2019

1st January 2020 to 31st December 2020

1st January 2021 to 31st March 2021

1. For each service, for the above 5 time periods, what was the average (mean) waiting time in weeks and days between a patient being referred to the service/unit and the patient being assessed?

2. For each service, for the above 5 time periods, what was the average (mean) waiting time in weeks and days between a patient being referred the service/unit and the patient receiving their first treatment session (or being admitted, if inpatient service)?

3. For each service, for the above 5 time periods, what was the longest waiting time in weeks and days between a patient being referred to the service/unit and the patient being assessed?
4. For each service, for the above 5 time periods, what was the longest waiting time in weeks and days between a patient being referred to the service/unit and the patient being admitted (if inpatient unit) or receiving their first treatment session?
5. For each service, for the above 5 time periods, what was the number of people on the waiting list as of 31st March each year?
6. Please specify for each service if the waiting list has been shut at any point during the 5 specified time periods, giving the date on which it was shut (and, if applicable, reopened) and why.
7. For each service, for the above 5 time periods, please give the number of people who died from suicide while waiting for an assessment, treatment and / or admission?

For questions two and four, please measure wait time between first assessment and first treatment session or admission, and do not just measure wait time between assessment and first treatment session or admission. E.g. if a patient is referred on January 1st 2021 and assessed on February 1st 2021 and first seen for treatment on March 1st 2021, then between referral and treatment they were waiting 8 weeks and 3 days.

For the fifth time period (1st January 2021 to 31st March 2021), for questions 1. and 2. you may need to provide the projected average (mean) waiting time between referral to assessment / treatment, e.g. "12+ months", i.e. the time period you are giving clients currently on your waiting lists."