

30 May 2014
Our reference: FOIRQ2111

Dear Ms McCormack

Please find below the information you requested under the Freedom of Information Act.

The Freedom of Information Act (FOI) allows you and other members of the public access to information held by public authorities, such as hospitals. The Trust has a duty to provide information we hold in response to requests (unless exempt). This duty does not extend to answering questions or providing opinions. For this reason, the Trust is unable to answer some of your questions below.

We have provided the information we hold and we have tried to make it clear where we are not able to provide information. However, we would be willing to reconsider if you were able to rephrase or clarify some of the questions where the Trust has not been able to provide you with information.

1. How many cases of Suspected Factitious Illness by mothers do you investigate each year?

Whilst our social workers and the Trust's Safeguarding Team do get involved in cases of this nature, they do not hold statistics on the number of suspected cases or the specialities they come from. (We do hold this information for individual patients, but not in a format which would make the numbers readily available to us.)

2. How many cases do you investigate in the following departments? Out of how many new children each year Psychiatry Cardiology Gastroenterology Infectious Diseases Renal PICU

We do not understand your question; however, if you are able to clarify or rephrase your question we would be willing to reconsider.

3. Do you have hospital wide protocols for the investigation of presumed FII? Please can you provide this

FII is part of the Trust's *Child Protection Policy, Procedures and Guidance*. This policy and our *Guidance on the Management of Perplexing Presentations at GOSH* are attached.

Please note that these are policy and guidelines rather than protocols.

4. If so, have you performed regular audits on these protocols and has this been published?

Audits on our Child Protection procedures (as outlined in our attached policy) are carried out periodically, but the results are not published externally.

5. In what percentage of cases is an organic diagnosis found that was originally missed?

This information is not held; a specific audit on this matter has not been carried out.

6. If another diagnosis is finally found, How is that diagnosis given to the family?

Would there be a face to face meeting? And how soon?

This information is not held by the Trust; this information has not been specified in our relevant policies or guidelines.

Should that information ever be left on an answer machine?

Should a request to meet to discuss care of this new diagnosis ever be refused for 6 months?

Should an apology be given to the family?

This request is for an opinion; therefore it is not a valid request under the Freedom of Information Act. Please note that FOI gives rights of access to recorded information held by the Trust only, not to general information or opinions. However, if you are able to clarify or rephrase your question we would be willing to reconsider.

7. What support is given to the family during the investigation and after?

Please see the *Guidance on Management of Perplexing Presentations at GOSH*.

All families have access to our on-site support including Patient Advice and Liaison Service, Chaplaincy and Spiritual Care and Social work and Family Support services.

8. Have you done any research on the impact of false allegations of FII on mothers in particular but also on the wider family?

No

9. Have you done any research on the impact of disorganised communication between professionals leading to a delay in diagnosis?

No

10. Have you done any research on the impact of significant delays in diagnosis and the impact on anxiety in mothers?

No

11. Have you done any research on how the lack of diagnosis and effect on maternal mental health impacts on how professionals judge the mother

No

12. FII is more commonly described in parents who are health care professionals. Have you done any research on the following:

a. Whether similar cases are more likely to be ascribed to FII by your staff when the mother is an HCP? ie a diagnostic bias

No

b. Whether because mothers who are HCPs are likely to be able to express what they think is wrong has an effect on perceptions of staff, particularly more junior staff or staff with a different expertise

No

c. Most HCPs who are parents who have worked in child health will know that they are seen as a 'risk factor'. Have you done any research on the impact of this knowledge on mothers' mental health and behaviour when they have concerns regarding their child's health?

No

13. What impact does maternal physical illness have on perception of the possibility of FII in children?

This information is not held by the Trust.

Would you contact the mother's physician or surgeon or GP in order to find out more details? How would this be recorded?

Please see the *Guidance on Management of Perplexing Presentations at GOSH* and the *Child Protection Policy, Procedures and Guidelines*.

If a diagnosis is then made in the child do you get back to the adult team informing them of the diagnosis?

We do not understand the question; GOSH is a paediatric hospital and does not have an 'adult team'. If you are able to clarify or rephrase your question we would be willing to reconsider.

14. Where are records on communications written, email and telephone regarding suspected FII allegations with other professionals kept?

Social workers and the Safeguarding Team would hold records of cases in which they have been involved.

Exempt information

The Trust considers that the contact information held within the *Child Protection Policy, Procedures and Guidelines* is exempt from disclosure under s38(1) of the Freedom of Information Act (Health & Safety)

Any information disclosed under the Freedom of Information Act is considered disclosed 'to the world'. The Trust believes that disclosure of this information to the public would be likely to endanger the health and/or safety of patients, staff, visitors or other individuals involved in an emergency or major incident. This information has therefore been redacted (blacked out).

Section 38 is a qualified exemption and the Trust has conducted a public interest test to weigh the interests for and against disclosures. The Trust has considered the following arguments:

Arguments in favour of disclosure:

- The public needs to be able to contact and communicate with a public authority

Arguments against disclosure:

- These numbers are used during emergencies by internal staff. If the numbers were used by the public to communicate with staff during an emergency situation this would disrupt or delay internal communications or communications with other bodies involved in the incident, for instance by blocking access to lines or creating a confusion regarding information and appropriate/inappropriate access to information. Delays in communications could lead to delayed action or treatment by staff which in turn could endanger the health and/or safety of individuals.

Other considerations:

The Trust has also considered the factors the Information Commissioner states would weigh in favour of disclosure¹:

- Understanding and participation in the public debate.
- Promoting accountability and transparency for decisions taken by public authorities.
- Promoting accountability and transparency for spend by public authorities.
- Promoting understanding of how decisions taken by public authorities affect the public.
- Informing the public of issues affecting public health and safety

The Trust considers that the factors the Information commissioner mentions above are not applicable to the withheld information.

Conclusion:

The Trust considers that the argument for withholding the redacted information outweighs the arguments for disclosure on the basis that the public has access to other means of contacting the Trust (via switchboard, email or post) and the risk posed by improper use of emergency numbers outweighs the convenience of additional contact routes for the public to the Trust

I trust that the information provided is sufficient and helps to answer any concerns, questions or issues you may have.

If you should have any further queries related to this request, please do not hesitate to contact me. Please ensure that the above reference number is quoted on any correspondence.

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Yours sincerely

Maria Björklund
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Email foiteam@gosh.nhs.uk

[enclosed – Your rights – see next page]

Your rights

If you are not satisfied with the response to your request for information, please do not hesitate to contact the member of the FOI team whose name appears on the response letter. Please quote your reference number on any correspondence.

You can also write to the Head of Clinical Governance & Safety at the following address:

Clinical Governance & Safety Team
Great Ormond Street Hospital
LONDON
WC1N 3JH

If you are still not satisfied with your response, you also have the right to appeal to the Information Commissioner.

You can contact the Information Commissioner's Office at the following address:

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