University Hospitals Bristol NHS

NHS Foundation Trust

Freedom of Information Request

Ref: UHB 17-517

Date 12 October 2017



Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

1) VTE RISK ASSESSMENT AND DIAGNOSIS

a. Are in-patients who are considered to be at risk of VTE in your Trust routinely checked for <u>both</u> proximal and distal DVT? (*Tick one box*)

Yes	\checkmark
No	

b. For in-patients diagnosed with VTE in your Trust between 1 April 2016 and 31 March 2017, what was the average time from first clinical suspicion of VTE to diagnosis?

In order for us to fully respond to your request to the level of detail requested would require a manual trawl through each of the patient notes and our database which would significantly exceed the 18 hours limit set down by the FOI as the reasonable limit. Section 12 of the FOIA provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

c. For in-patients diagnosed with VTE in your Trust between 1 April 2016 and 31 March 2017, what was the average time from diagnosis to first treatment?

In order for us to fully respond to your request to the level of detail requested would require a manual trawl through each of the patient notes and our database which would significantly exceed the 18 hours limit set down by the FOI as the reasonable limit. Section 12 of the FOIA provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

- 2) ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS
 - a. How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters?

Quarter	Total recorded number of HAT
2016 Q2 (Apr –Jun)	14
2016 Q3 (Jul – Sep)	15
2016 Q4 (Oct – Dec)	17
2017 Q1 (Jan – Mar)	16

b. How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?

Quarter	Number of Root Cause Analyses performed
2016 Q2 (Apr – Jun)	13
2016 Q3 (Jul – Sep)	14
2016 Q4 (Oct – Dec)	15
2017 Q1 (Jan – Mar)	13

c. According to the Root Cause Analyses of confirmed HAT in your Trust between 1st April 2016 and 31st March 2017, in how many cases:

Did patients have distal DVT?	30
Did patients have proximal DVT?	12
Were patients not receiving Thromboprophylaxis prior to the episode of HAT?	39
Did HAT occur in surgical patients?	17
Did HAT occur in general medicine patients?	22
Did HAT occur in cancer patients?	23

3) ADMISSION TO HOSPITAL FOR VTE

a. How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2016 and 31 March 2017?

In order for us to fully respond to your request to the level of detail requested would require a manual trawl through each of the patient notes and our database which would significantly exceed the 18 hours limit set down by the FOI as the reasonable limit. Section 12 of the FOIA provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

b. Of these patients, how many:

Had a previous inpatient stay in your	In order for us to fully respond to your	
Trust up to 90 days prior to their	request to the level of detail requested	
admission?	would require a manual trawl through	
Were care home residents?	each of the patient notes and our database which would significantly	
Were female?	exceed the 18 hours limit set down by	
Were male?	the FOI as the reasonable limit. Section	
Were not native English speakers?	12 of the FOIA provides that we are not	
Were from a minority ethnic group?	obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.	

c. Of the patients admitted to your Trust for VTE occurring between 1 April 2016 and 31 March 2017 who had a previous inpatient stay in your Trust up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

This information is not currently recorded in any of our systems as it is usually free-text in discharge summaries for patients as required. In order for us to obtain this information would require a manual trawl through each of the patient notes and our database which would significantly exceed the 18 hours limit set down by the FOI as the reasonable limit. Section 12 of the FOIA provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

d. Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

The VTE information is included in the following fields within the discharge summary:

- Significant in hospital investigations/ treatment and radiology with results.
- Case Management and complications

4) INCENTIVES AND SANCTIONS

a. Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2016 and 31 March 2017 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? (*Tick one box*)



b. Between 1 April 2016 and 31 March 2017, has your Trust received any sanctions, verbal or written warnings from your local commissioning body for failing to deliver the minimal VTE risk assessment threshold? (*Tick one box*)

Yes If yes, please detail the level of sanction or type of warning received:	
Νο	\checkmark

5) PATIENT INFORMATION

The NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal and written information on VTE prevention as part of the admission as well as the discharge processes.

a. What steps does your Trust take to ensure patients are adequately informed about VTE prevention? (*Tick each box that applies*)

Distribution of own patient information leaflet	\checkmark
Distribution of patient information leaflet produced by an external organisation	
If yes, please specify which organisation(s):	
Documented patient discussion with healthcare professional	
Information provided in other format (please specify)	

b. If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (*Tick each box that applies*)

Yes If yes, please specify which languages: Leaflet translated upon request.	V
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This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, 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:

Trust Secretary University Hospitals Bristol NHS Foundation Trust Trust Headquarters Marlborough Street Bristol BS1 3NU

Please remember to quote the reference number above 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 Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

To view the Freedom of Information Act in full please click here.

Yours sincerely,