

Information Governance

Wrightington Hospital
Hall Lane
Appley Bridge
Lancashire
WN6 9EP

Tel: 01257 488271
Email: FOI@wwl.nhs.uk
Web: www.wwl.nhs.uk

Ref: FOI2017/4158

Date Received: 24th August 2017
Response Due: 22nd September 2017

19th September 2017

Dear

INFORMATION REQUEST UNDER THE FREEDOM OF INFORMATION ACT 2000

We are now pleased to respond to your request for information under the FOI Act.

QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS

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

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

For patients suspected of having a DVT we perform whole leg Doppler scans. (If the question is implying whether we routinely examine every patient's legs who is admitted to hospital and is felt to be at risk of a VTE then the answer is 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?

We do not have an easy way to collect this data without examining large numbers of individual patient case notes. However for reviewing RCAs for hospital acquired VTEs most patients have dopplers within 24 hours of first clinical suspicion.

The question is not all that useful either, as some patients have no symptoms of a VTE and are found to have one incidentally on a scan to look for some other pathology.

- 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?

Most inpatients (over 95% from RCAs) have treatment started even before the diagnosis is confirmed as it tends to be given on clinical suspicion.

QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2016/17, the provider must:

“Perform Root Cause Analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months).”

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on a monthly basis.

- 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)	17
2016 Q3 (Jul – Sep)	13
2016 Q4 (Oct – Dec)	10
2017 Q1 (Jan – Mar)	9

- 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)	17
	13

2016 Q3 (Jul – Sep)	
2016 Q4 (Oct – Dec)	10
2017 Q1 (Jan – Mar)	4 (the remaining 5 were completed in the following quarter due to when the events happened)

- 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?	5
Did patients have proximal DVT?	7
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	7 (all of them had documented reasons why thromboprophylaxis was being withheld).
Did HAT occur in surgical patients?	14
Did HAT occur in general medicine patients?	35
Did HAT occur in cancer patients?	13

QUESTION THREE – 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?

159

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	We do not ask staff to examine case notes.
Were care home residents?	See above
Were female?	71
Were male?	88
Were not native English speakers?	See above

Were from a minority ethnic group?	See above
------------------------------------	-----------

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?

We do not ask staff to examine case notes.

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

We do not routinely state a patient’s VTE risk status unless the patient is being discharged with ongoing VTE prophylaxis.

If this is the case then it is documented in a free hand section of the discharge summary along with an electronic copy of the medications. The discharge summary should state what prophylaxis is required and for how long.

QUESTION FOUR – 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)

Yes If yes, please detail the level of sanction or type of warning received:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

The NHS Standard Contract 2016/17 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE.

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:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

QUESTION FIVE – 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	<input checked="" type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	<input type="checkbox"/>
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>
-----	-------------------------------------

If yes, please specify which languages:	
No	<input type="checkbox"/>

I trust that this information is helpful to you, however if you are not entirely satisfied with this response please do not hesitate to contact the Information Governance Department on 01257 488271. If we do not hear from you within 28 days we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Andrew Foster
Chief Executive

PLEASE NOTE:

The information supplied to you continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research you are doing and for the purposes of news reporting. Any other reuse, for example commercial publication, would require the permission of the copyright holder. You must ensure you gain their permission before reproducing any third party information.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Wrightington Hospital, Hall Lane, Appley Bridge, Wigan, WN6 9EP

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF