**FREEDOM OF INFORMATION REQUEST**

**FOI request into compliance of Trust Venous Thromboembolism (VTE) prevention policies with national VTE guidance**

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*Please note that additional paper or electronic copies are available on request from the All-Party Parliamentary Thrombosis Group secretariat*

**Please return your completed response to the All-Party Parliamentary Thrombosis Group secretariat:**

James Le Grice

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Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information:

**QUESTION ONE – WRITTEN VTE PREVENTION POLICY**

1. **Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy.** *(Place an X in one box)*

|  |  |
| --- | --- |
| Yes, the policy is attached.  | X |
| No |  |

1. **If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below?** *(Place one X in each box to indicate whether or not the policy includes the principle listed)*
* [Statement 1](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-1-vte-and-bleeding-risk-assessment): All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

* [Statement 2](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-2-verbal-and-written-information-on-vte-prevention): Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

* [Statement 3](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-3-anti-embolism-stockings): Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

* [Statement 4](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-4-re-assessment): Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

|  |  |
| --- | --- |
| Yes |  |
| No | X |

* [Statement 5](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-5-vte-prophylaxis): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

* [Statement 6](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-6-information-for-patients-and-carers): Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

* [Statement 7](http://publications.nice.org.uk/venous-thromboembolism-prevention-quality-standard-qs3/quality-statement-7-extended-vte-prophylaxis): Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

|  |  |
| --- | --- |
| Yes | X |
| No |  |

**QUESTION TWO – ROOT CAUSE ANALYSIS**

According to Service Condition 20 of the NHS Standard Contract 2014/15, 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 request

1. **How many cases of hospital associated thrombosis (HAT) were recorded in your Trust in each of the following quarters?**

|  |  |
| --- | --- |
| **Quarter** | **Recorded number of HAT** |
| 2013 Q1 (Jan –Mar) | NA |
| 2013 Q2 (Apr – Jun) | 47 |
| 2013 Q3 (Jul – Sep) | 56 |
| 2013 Q4 (Oct – Dec) | 41 |
| 2014 Q1 (Jan – Mar) | 38 |
| 2014 Q2 (Apr – Jun) | 24 |

1. **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** |
| 2013 Q1 (Jan – Mar) | NA |
| 2013 Q2 (Apr –Jun) | 47 |
| 2013 Q3 (Jul – Sep) | 56 |
| 2013 Q4 (Oct – Dec) | 41 |
| 2014 Q1 (Jan – Mar) | 38 |
| 2014 Q2 (Apr – Jun) | 24 |

1. **How does your local commissioner quality assure that as a provider, you are complying with your obligation to perform Root Cause Analyses of all confirmed cases of HAT? (***Please place an X in as many boxes that apply)*

|  |  |
| --- | --- |
| **Method**  | **Place an X as applicable** |
| Requests real-time submission of Root Cause Analyses on completion |  |
| Requests a monthly report of Root Cause Analyses | X |
| Requests a quarterly report of Root Cause Analyses |  |
| Requests an annual report of Root Cause Analyses |  |
| Requests a face-to-face meeting to discuss Root Cause Analyses |  |
| Request made by other means not listed. (Please specify)  |  |
| Commissioners yet to request this information |  |

1. **Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT?**

|  |  |
| --- | --- |
| Yes | X |
| No |  |

1. **Has your Trust received any sanctions, verbal or written warnings from your local commissioning body for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT?**

|  |  |
| --- | --- |
| Yes |  |
| No | X |

**QUESTION THREE – NHS LITIGATION AUTHORITY RISK MANAGEMENT STANDARDS**

1. **How many negligence claims relating to VTE (as defined by ICD-10 codes I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9) have been made against your Trust in each of the past three years?**

|  |  |
| --- | --- |
| **Year** | **Number of negligence claims made** |
| 2013/14 |  |
| 2012/13 |  |
| 2011/12 |  |

1. **How many negligence claims relating to VTE (as defined by ICD-10 codes I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9) made against your Trust have been settled in each of the past three years?**

|  |  |  |
| --- | --- | --- |
| **Year** | **Number of negligence claims settled** | **Value of settled claims (£)** |
| 2013/14 |  |  |
| 2012/13 |  |  |
| 2011/12 |  |  |

**QUESTION FOUR – NATIONAL VTE PREVENTION CQUIN GOAL**

0.5 per cent of the value for all healthcare services commissioned through the NHS Standard Contract is linked to the national CQUIN goals, where these apply. There were four national CQUIN goals for 2013/14, one of which was:

“Venous thromboembolism – 95 per cent of patients being risk assessed and achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis.”

1. **Was a CQUIN payment (or a proportion of it) withheld from your Trust due to non-compliance with the National VTE Prevention CQUIN Goal in 2013/14?** *(Place an X in one box)*

|  |  |
| --- | --- |
| Yes |  |
| No | X |

1. **Has your local commissioning body imposed a sanction on your trust for failing to deliver the minimal VTE risk assessment threshold?** *(Place an X in one box)*

|  |  |
| --- | --- |
| Yes |  |
| No | X |

**QUESTION FIVE – PATIENT INFORMATION**

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.

1. **Is your Trust aware of the NICE Quality Standard on VTE Prevention’s patient awareness requirement?** *(Place an X in one box)*

|  |  |
| --- | --- |
| Yes | X |
| No |  |

1. **What steps does your Trust take to ensure patients are adequately informed about VTE prevention?** *(Place an X in each box that applies)*

|  |  |
| --- | --- |
| Distribution of own patient information leaflet | X |
| Distribution of the ‘Preventing hospital-acquired blood clots’ leaflet produced by the NHS in conjunction with Lifeblood: The Thrombosis Charity  |  |
| Documented patient discussion with healthcare professional (If yes, please attach documented evidence that these discussions have taken place) |  |
| Other (please specify) |  |

1. **Please attach a copy of the written information on VTE prevention that your Trust provides to patients upon admission and discharge.**

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