Healthier Communities, Outstanding Care



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RE: Freedom of Information Request

11th January 2024

Dear Sir/Madam

With reference to your request for information received on 1st December 2023, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

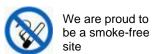
In your request you asked:

 How many patients in your Trust had SNOMED CT code Venous Thromboembolic Disease: 429098002, included in their patient record during A) 2021, B) 2022, C) 2023.

Discharge Month/Discharge Year	2021	2022	2023	Grand Total
Jan	54	54	64	172
Feb	50	57	46	153
Mar	63	39	60	162
Apr	68	51	46	165
May	47	47	56	150
Jun	42	53	68	163
Jul	45	52	53	150
Aug	63	58	56	177
Sep	66	50	64	180
Oct	58	57	57	172
Nov	69	46	64	179
Dec	61	50	19	130
Grand Total	686	614	653	1953

Please note this table reflets all inpatient spells where a patient was coded with one of the below in the **primary** position. This would indicate that it was the main reason for admission.





- I260 Pulmonary embolism with mention of acute cor pulmonale
- I269 Pulmonary embolism without mention of acute cor pulmonale
- I630 Cerebral infarction due to thrombosis of precerebral arteries
- 1631 Cerebral infarction due to embolism of precerebral arteries
- I633 Cerebral infarction due to thrombosis of cerebral arteries
- I634 Cerebral infarction due to embolism of cerebral arteries
- 1636 Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
- 1650 Occlusion and stenosis of vertebral artery
- 1651 Occlusion and stenosis of basilar artery
- 1652 Occlusion and stenosis of carotid artery
- I658 Occlusion and stenosis of other precerebral artery
- I659 Occlusion and stenosis of unspecified precerebral artery
- 174 Arterial embolism and thrombosis
- 180 Phlebitis and thrombophlebitis
- 181 Portal vein thrombosis
- 182 Other venous embolism and thrombosis

2. Does your Trust use the National Venous Thromboembolism (VTE) risk assessment tool? If no, does your Trust have its own risk assessment tool?

VTE prophylaxis is completed on the Electronic Prescribing Medicines Administration (EPMA) system via an electronic VTE assessment tool.

This tool helps to record the risk factors that a patient has for either a clot or a bleed. This information is then used to decide if a patient needs either mechanical or pharmacological thromboprophylaxis (or nothing)

The tool is however not a prescription, and the Drs must prescribe the thromboprophylaxis (if required) when the assessment is complete.

3. Who is responsible for the implementation of your Trust's VTE risk assessment tool?

VTE risk assessment is completed on the EPMA system via an electronic VTE assessment tool. There is a designated team comprising of IT specialist, Pharmacy Lead and senior clinicians.

4. What training do you have in place to ensure the adoption of the VTE risk assessment tool in clinical practice?

Training is undertaken on the Drs induction and there are also links on the intranet if anyone needs any prompts or further assistance. The EPMA team are also available within normal working hours to assist and support.

https://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=66517

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, 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: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/your-data-matters/official-information/.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the Open Government Licence (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.