

Primary Hip Replacement

Reference Number: RDF1032-22 Date of Response: 30/11/2022

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please provide the following data for each year for your trust for 2017, 2018, 2021 and 2022 (year so far)

1. Average length of inpatient stay of <u>Primary</u> hip replacement patients post surgery.

Area	Year	Days
East	2017	4.1
North	2017	4.7
East	2018	3.8
North	2018	4.2
East	2021	5.8
North	2021	2.4
East & North	2022	3.1

2. Number of ITU admissions post primary hip replacement.

Area	Year	Days
East	2017	10
North	2017	11
East	2018	27
North	2018	8
East	2021	*<5
North	2021	6
East & North	2022	16

*<5 - In accordance with Section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of patients/staff is less than or equal to five and could risk the identification of those patients/staff and breach Caldicott principles.

In these cases ≤5 is used to indicate that a figure between 1 and 5 is being suppressed.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, CCG's providers and Trusts may allow identification of patients/staff and should not be published.

3. ASA grades per patient that have had Primary hip replacement.

The Trust holds this information.

2017-2018: data for the Eastern site would take too long to extract/filter as legacy admission and theatre data extracted from different systems with no common identifier apart from patient number.

The Trust has considered your request, however to provide you with the information requested would require the manual extraction and manipulation of information from various sources. To carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

Under the Freedom of Information Act 2000 Section 12 (1) and defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004, a public authority is not obliged to comply with a request for information if it estimates that the cost of complying would exceed the appropriate limit. The limit of £450 represents the estimated cost of one person spending two and a half days in determining whether the Trust holds the information, locating, retrieving and extracting that information.

Row Labels	2021	2022
Healthy	37	123
Incapacitating Disease	5	*<5
Mild Systemic Disease	161	437
Severe Systemic Disease	93	155

2021-2022: *including North Devon site since July 2022 as follows:-

Below table for Northern legacy IT System data 01/01/2017 to current IT System July 2022 go-live

ASA	2017	2018	2019	2020	2021	2022
Description						
ASA1	45	22	27	20	18	<5
Healthy						
ASA 2 Mild	167	206	160	110	143	36
Systemic						
Disease						
Severe	76	73	82	64	91	22
Systemic						
Disease						
ASA4 Life	<5	<5	<5	<5	5	<5
threatening						
severe						

4. Cancellations of primary hip replacements

If this dataset exceeds that allowed time for FOI's, then please focus on the average length of stay data.

The Trust holds this information.

2017-2018: data for the Eastern Service would take too long to extract as procedure information was input free text within the legacy cancellation data. Time needed to review the record would be to long

The Trust has considered your request, however to provide you with the information requested would require the manual extraction and manipulation of information from various sources. To carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

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2021-2022

*including North Devon site since July 2022.

*Please note this count includes all surgical cases that have been rescheduled for any hospital or patient cancellation reasons. Some cases may be counted more than once if rescheduled multiple times.

RowLabels	Count of LOG_ID
2021	230
2022	354

Below table for Northern legacy IT System data 01/01/2017 to current IT System July 2022 go-live

Row Labels	Count of Casenote ID
2017	49
2018	33
2019	41
2020	28
2021	83
2022	55