

Venous thromboembolism risk assessment data collection

Quarter 2 2017/18 (July to September 2017)

1 December 2017

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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1. Background

Venous thromboembolism (VTE), commonly known as blood clots, is a significant international patient safety issue. The first step in preventing death and disability from VTE is to identify those at risk so that preventative treatments (prophylaxis) can be given. This data collection quantifies the numbers of adult hospital admissions who are being risk assessed for VTE to identify those who should be given appropriate prophylaxis based on guidance from the National Institute for Health and Care Excellence (NICE).¹ Such measures have the potential to save many lives each year.

This data collection is intended to embed VTE risk assessment across the NHS and will be critical in evaluating the impact of the National VTE Prevention Programme on improving health outcomes for patients. The VTE risk assessment is a former national CQUIN indicator and is a National Quality Requirement in the NHS Standard Contract for 2017/18.² It sets a threshold rate of 95% of adult inpatients being risk assessed for VTE on admission each month.

The data collection asks for three items of information:

1. number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the national VTE risk assessment tool
2. total number of adult inpatients admitted in the month
3. calculated from 1 and 2, the percentage of adult inpatients admitted within the month assessed for risk of VTE on admission.

All providers of NHS-funded acute care (that is, NHS trusts and foundation trusts and independent sector providers of acute NHS services) must complete this data collection. Providers of non-acute health services are not asked to complete this data collection, although they should be aware that all patients should be protected from unnecessary risk of VTE.

This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates.

¹ <http://pathways.nice.org.uk/pathways/venous-thromboembolism>

² <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

2. Key findings for quarter 2 2017/18

- 95% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 2 (Q2) 2017/18.
- The percentage of patients risk assessed for VTE remained at 96% from Q3 2015/16 to Q4 2016/17. It decreased to 95% in Q1 2017/18 and has remained at 95% in Q2 2017/18.
- The percentage assessed for VTE risk was slightly lower for NHS acute care providers (95%) compared to independent sector providers (97%).
- All regions (London, North, South, and Midlands and East) achieved the 95% NHS Standard Contract threshold in Q2 2017/18 (see Table 2).

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q2 2017/18 all providers of NHS-funded acute care (NHS trusts and foundation trusts and independent sector providers) reported just over 3.7 million admissions. Of these, just over 3.5 million (95%) received a VTE risk assessment on admission (see Table 1).
- In Q2 2017/18, the percentage of adult inpatient admissions receiving a VTE risk assessment was slightly lower for NHS acute care providers (95%) compared to independent sector providers (97%), with NHS acute care providers carrying out 97% of all VTE risk assessments and independent sector providers carrying out 3%.

Table 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2017/18, England)

	July 2017	August 2017	September 2017	Q2 2017/18
NHS acute care providers	95.3%	95.2%	95.1%	95.2%
Independent sector providers	98.0%	96.5%	95.8%	96.8%
All providers of NHS-funded acute care	95.4%	95.3%	95.1%	95.3%

- There has been a steady increase in the percentage of risk assessments for adult admissions across NHS-funded acute care in England, from 53% in Q2 2010/11 (the first mandatory data collection) to 96% in Q2 2013/14. The percentage of patients risk assessed for VTE remained at 96% from Q2 2013/14 to Q2 2015/16, before dropping in Q3 2015/16 to 95%. From Q4 2015/16 to Q4 2016/17 the percentage of patients risk assessed for VTE was stable at 96%. The results for Q1 2017/18 showed a reduction of 1% with 95% of patients being risk assessed for VTE and for Q2 2017/18 the percentage has remained at 95%. Figure 1 below shows the percentage of adult admissions risk assessed for VTE since Q2 2010/11.
- All regions (London, North, South, and Midlands and East) achieved the 95% NHS Standard Contract threshold in Q2 2017/18.

Figure 1: Percentage of adult hospital admissions risk assessed for VTE, (Q2 2010/11 to Q2 2017/18, England)

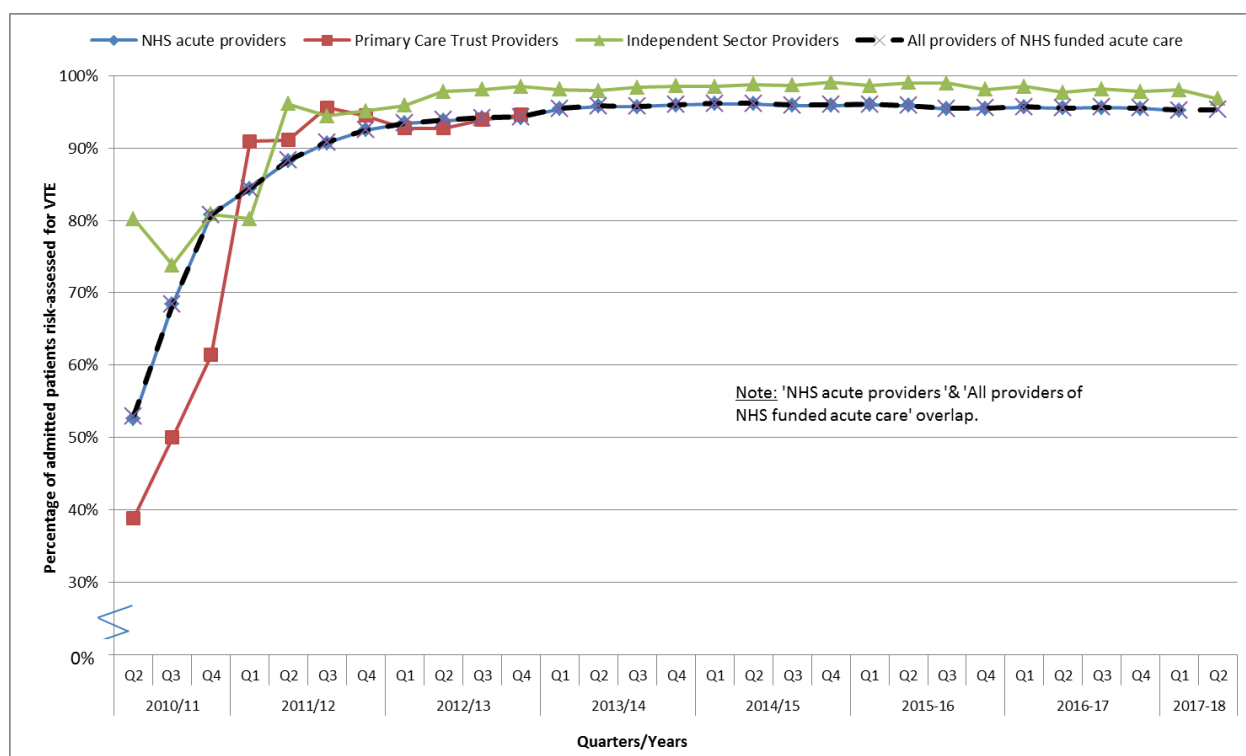


Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q2 2017/18, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North	95.2%	95.1%	98.0%
Midlands and East	95.1%	95.0%	95.8%
London	95.6%	95.6%	94.8%
South	95.4%	95.3%	96.9%

Percentage of providers above and below 95% of admissions receiving a VTE risk assessment

- In Q2 2017/18, 81% of providers (249 of the 306 providers) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 74.2% of NHS acute providers (115 of 155) and 88.7% of independent sector providers (134 of 151). This is a decrease compared to Q1 2017/18 when 84% (256 of 306) of NHS acute and independent providers risk assessed 95% or more of admissions for VTE.
- These percentages are lower for NHS acute care providers compared to independent sector providers, with NHS acute care providers carrying out around 97% of all VTE risk assessments.
- Of those providers not achieving the 95% threshold, how many are close to achieving the NHS Standard Contract threshold? To answer this, the number of providers carrying out a VTE risk assessment for 90% to 95% of their admissions is assessed. Table 3 below shows that in Q2 2017/18 57 providers (19% of the 306 that submitted data) fell below the 95% threshold; however, 58% of providers (33 of 57) risk assessed 90% to 95% of their total admissions for VTE.

Table 3: Providers reporting rates above and below 95% of admissions receiving a VTE risk assessment (Q2 2017/18, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
90% to 95%	33	10.8	26	16.8	7	4.6
Below 95%	57	18.6	40	25.8	17	11.3
95% and above	249	81.4	115	74.2	134	88.7

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care over Q2 2017/18 was 306 in each month of July, August and September.

- The number of NHS acute care providers submitting a data return in each month over Q2 2017/18 was 155 in each month of July, August and September.
- For independent sector providers, it was 151 in each month of July, August and September.

4. Further information on how the statistics are produced

Nil returns

Providers are required to submit information based on a census of patients. Providers that submit data based on a sample or audit of patients are not included in the figures below, and are classed as a 'nil return'. Those that did not have any admissions in a particular month in the quarter are also classed as a 'nil return' in that month.

Timings and publication

Providers must collect and submit data onto UNIFY 2. The deadline is 20 working days after the quarter end. The full data tables can be found at:

<https://improvement.nhs.uk/resources/vte>

Data are submitted and published according to the timings below:

Timing	Process
Month A (eg June)	Data are collected from patients in each provider for the quarter
Month B (eg July)	Providers submit their data quarterly for the previous quarter with a deadline of 20 working days after the end of that quarter (eg Q1 data is submitted towards the end of July)
Month C (eg August)	Data is quality assured
Month D (eg September)	Data for the quarter is published on the NHS Improvement website in UNIFY 2.0 at the beginning of month D (eg Q1 data is published in early September)

Guidance

Guidance on the data collection is given in the 2017/18 NHS Standard Contract and can be found at: <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

Quality assurance

Data quality assurance focuses on identifying missing data, data errors (eg the numerator should not be greater than the denominator) and data consistency over time. Any issues identified are discussed with providers and they are given the opportunity to clarify or resubmit their data within the quality assurance period.

Data quality issues

As from Q3 2015/16 for the purposes of transparency we report any data quality issues reported to us by trusts.

No submission

Bridgewater Community Healthcare NHS Foundation Trust (RY2) is no longer submitting a return. The trust has reviewed all bed-based services to ascertain which mandatory data returns it needs to complete. As the trust is not an acute provider and it has therefore stopped submitting a VTE risk assessment return.

East and North Hertfordshire NHS Trust (RWH) did not make a submission for this quarter.

Data quality issues

Bradford Teaching Hospitals NHS Foundation Trust (RAE) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. The trust implemented a new electronic patient record (EPR), from which the VTE risk assessment data is derived, in September 2017 but the report was generated using the old system. The new VTE report providing post-EPR implementation data is near completion.

Calderdale and Huddersfield NHS Foundation Trust (RWY) started using a new EPR in May 2017. The trust is analysing this information and working to improve measurement and compliance against the 95% threshold.

Chelsea and Westminster Hospital NHS Foundation Trust (RQM) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. Performance has declined because of problems with the IT infrastructure (including collecting the VTE risk assessment data at the West Middlesex hospital site). Performance is unlikely to improve until a new patient administration system (PAS) is implemented. The VTE team is working with clinicians to improve performance at the trust's two hospital sites and an action plan has been implemented.

Gloucestershire Hospitals NHS Foundation Trust (RTE) resumed reporting of the VTE Risk assessment in September 2017 following the implementation of a new PAS. While the trust is reporting a good level of compliance, the numbers have changed significantly since the implementation. This relates to how raw data is entered. There is a need to train staff.

Hull and East Yorkshire Hospitals NHS Trust (RWA) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. The decrease in performance is being investigated.

Mid Essex Hospital Services NHS Trust (RQ8) reported performance below the 95% threshold. Following the implementation of a new EPR the trust is now recording VTE risk assessment data using a new vital signs monitoring system. This change has resulted in more accurate monitoring of VTE risk assessments but not all sections of the system are live. The trust has recently reviewed the cohorts of patients to be included in the mandatory data returns and is also addressing training needs and other issues resulting from the system changeover. The trust expects performance to increase once actions to address these issues are complete.

Milton Keynes University Hospital NHS Foundation Trust (RD8) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. Some of the data for this metric is collected manually. A new EPR is being implemented in 2018/19 and improvements are expected.

Northern Devon Healthcare NHS Trust (RBZ) moved to a new PAS in April 2017. The VTE risk assessment field is not mandatory in the new system. Staff are being trained on the system. The trust has been validating the data as the percentage has dropped below the 95% threshold and is confident of improvement in the future.

Royal United Hospitals Bath NHS Foundation Trust (RD1) reported performance below the 95% threshold. At the start of 2017/18, the trust changed the way it audits the VTE risk assessments for the VTE data return. How the VTE risk assessment documentation is completed has not changed and the drop in performance is due to the change in the audit process. The trust is working on improvements.

West Suffolk NHS Foundation Trust (RGR) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. Reporting has only recently resumed due to various changes to the VTE workflow to allow greater focus on VTE compliance. Staff are gaining experience with the new workflow and recording of risk assessments.

Worcestershire Acute Hospitals NHS Trust (RWP) has reported lower numbers of total admissions and VTE risk-assessed admissions since August 2017. The figures are now based on a new reporting source and updated agreed local exclusion.

Wrightington, Wigan and Leigh NHS Foundation Trust (RRF) reported an unvalidated position in Q2 2017/18.

Wye Valley NHS Trust (RLQ) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. The trust migrated to a new PAS at the end of July 2017. As a result, lower performance in August 2017 and September 2017 was recorded and this is being investigated.

5. Additional information

Data for individual organisations are available at:

<https://improvement.nhs.uk/resources/vte>

Please email press enquiries to NHS Improvement Press Office at: press.office@improvement.nhs.uk or call 020 3737 0800/07795 962933.

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