

# Venous thromboembolism risk assessment data collection

## Quarter 3 2017/18 (October to December 2017)

2 March 2018

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

# Contents

1. Background.....	2
2. Key findings for quarter 3 2017/18.....	3
3. Findings .....	3
4. Further information on how the statistics are produced .....	7
5. Additional information .....	9

# 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).<sup>1</sup> 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.<sup>2</sup> 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.

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

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

## 2. Key findings for quarter 3 2017/18

- 95% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 3 (Q3) 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 and Q3 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 Q3 2017/18 (see Table 2).

## 3. Findings

### Percentage of total admissions risk assessed for VTE

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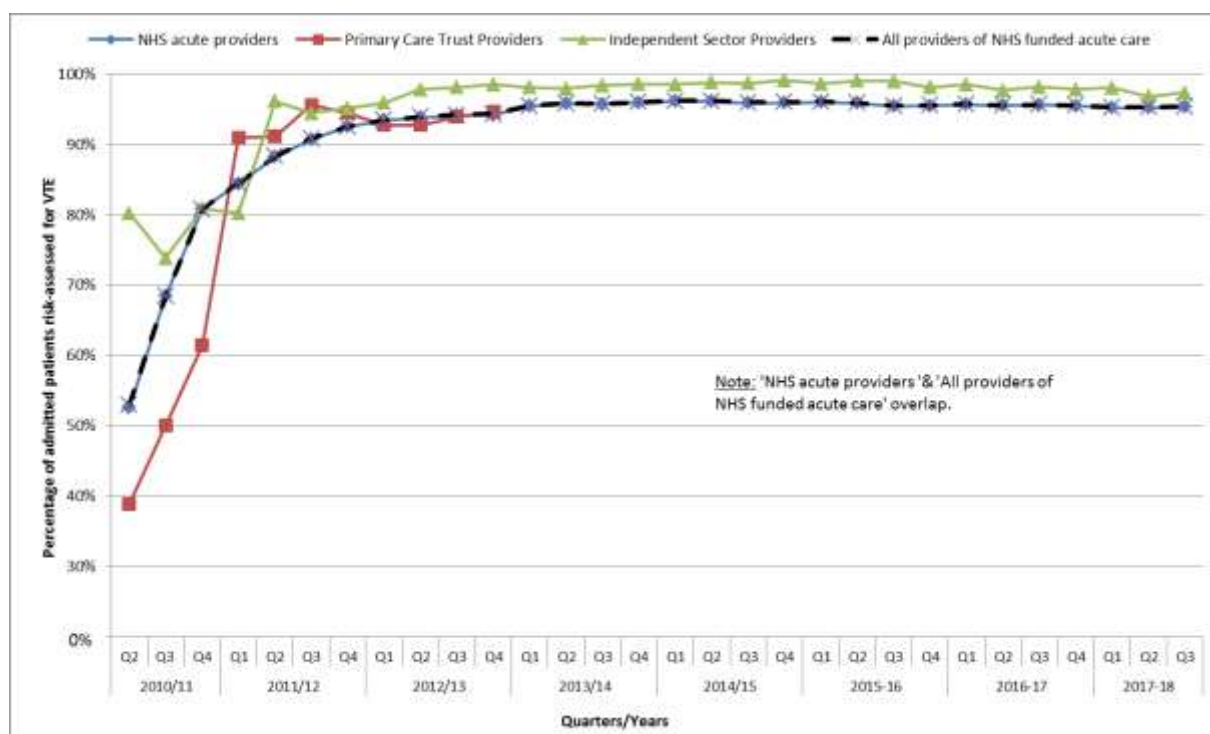
- In Q3 2017/18 all providers of NHS-funded acute care (NHS trusts and foundation trusts and independent sector providers) reported just over 3.7 million admissions. Of these, just over 3.5 million (95%) received a VTE risk assessment on admission (see Table 1).
- In Q3 2017/18, the percentage of adult 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 (Q3 2017/18, England)**

	October 2017	November 2017	December 2017	Q3 2017/18
NHS acute care providers	95.4%	95.5%	94.9%	95.3%
Independent sector providers	97.6%	97.4%	97.0%	97.3%
<b>All providers of NHS-funded acute care</b>	<b>95.5%</b>	<b>95.6%</b>	<b>95.0%</b>	<b>95.4%</b>

- 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 and Q3 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 Q3 2017/18.

**Figure 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2010/11 to Q3 2017/18, England)**



**Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q3 2017/18, England)**

NHS region	All providers	NHS acute care providers	Independent sector providers
North	95.2%	95.1%	98.8%
Midlands and East	95.1%	95.1%	96.0%
London	95.7%	95.7%	96.7%
South	95.5%	95.4%	97.3%

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

- In Q3 2017/18, 82% of providers (245 of the 300 providers that submitted data) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 73.4% of NHS acute providers (113 of 154) and 90.4% of independent sector providers (132 of 146). This is an increase compared to Q2 2017/18 when 81% (249 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 Q3 2017/18 55 providers (18% of the 300 that submitted data) fell below the 95% threshold; however, 62% of providers (34 of 55) 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 (Q3 2017/18, England)**

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
90% to 95%	34	11.3	29	18.8	5	3.4
Below 95%	55	18.3	41	26.6	14	9.6
95% and above	245	81.7	113	73.4	132	90.4

### Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care over Q3 2017/18 was 300 in each month of October, November and December.



- The number of NHS acute care providers submitting a data return in each month over Q3 2017/18 was 154 in each month of October, November and December.
- For independent sector providers, it was 146 in each month of October, November and December.

## 4. Further information on how the statistics are produced

### Nil returns

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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

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Providers must collect and submit data onto the Strategic Data Collection Service run by NHS Digital. 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 at the beginning of month D (eg Q1 data is published in early September)

## Guidance

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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

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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

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

### No submission

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

### Data quality issues

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.

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.

South Warwickshire NHS Foundation Trust (RJC) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. The performance is correct and is being reviewed. The trust uses a manual audit process for all assessments but is in the process of scoping and

implementing an electronic risk assessment form and data extraction process. This will ensure accurate reporting and compliance with the deadline for this. The trust is working with its business change team to develop an implementation plan. In future the trust may make a request to NHS Improvement to resubmit validated Q3 VTE data to ensure accurate compliance is reported.

## 5. Additional information

Data for individual organisations is available at:

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

Please email press enquiries to NHS Improvement Press Office at:

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