

Venous thromboembolism risk assessment data collection

Quarter 4 2017/18 (January to March 2018)

1 June 2018

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 4 2017/18

- 95% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 4 (Q4) 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, Q3 and Q4 2017/18.
- The percentage assessed for VTE risk was slightly lower for NHS acute care providers (95%) compared to independent sector providers (96%).
- Three regions (London, North and South) achieved the 95% NHS Standard Contract threshold in Q4 2017/18 (see Table 2). Midlands and East did not meet the threshold, achieving 94.66%.

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q4 2017/18 all providers of NHS-funded acute care (NHS trusts and foundation trusts and independent sector providers) reported just below 3.7 million admissions. Of these, just over 3.5 million (95%) received a VTE risk assessment on admission (see Table 1).
- In Q4 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 (96%), 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 (Q4 2017/18, England)

	January 2018	February 2018	March 2018	Q4 2017/18
NHS acute care providers	95.2%	95.3%	95.1%	95.2%
Independent sector providers	96.3%	95.4%	95.9%	95.9%
All providers of NHS-funded acute care	95.2%	95.3%	95.1%	95.2%

- 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, Q3 2017/18 and Q4 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.
- Three regions (London, North and South) achieved the 95% NHS Standard Contract threshold in Q4 2017/18 (see Table 2). Midlands and East did not meet the threshold, achieving 94.66%.

Figure 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2010/11 to Q4 2017/18, England)

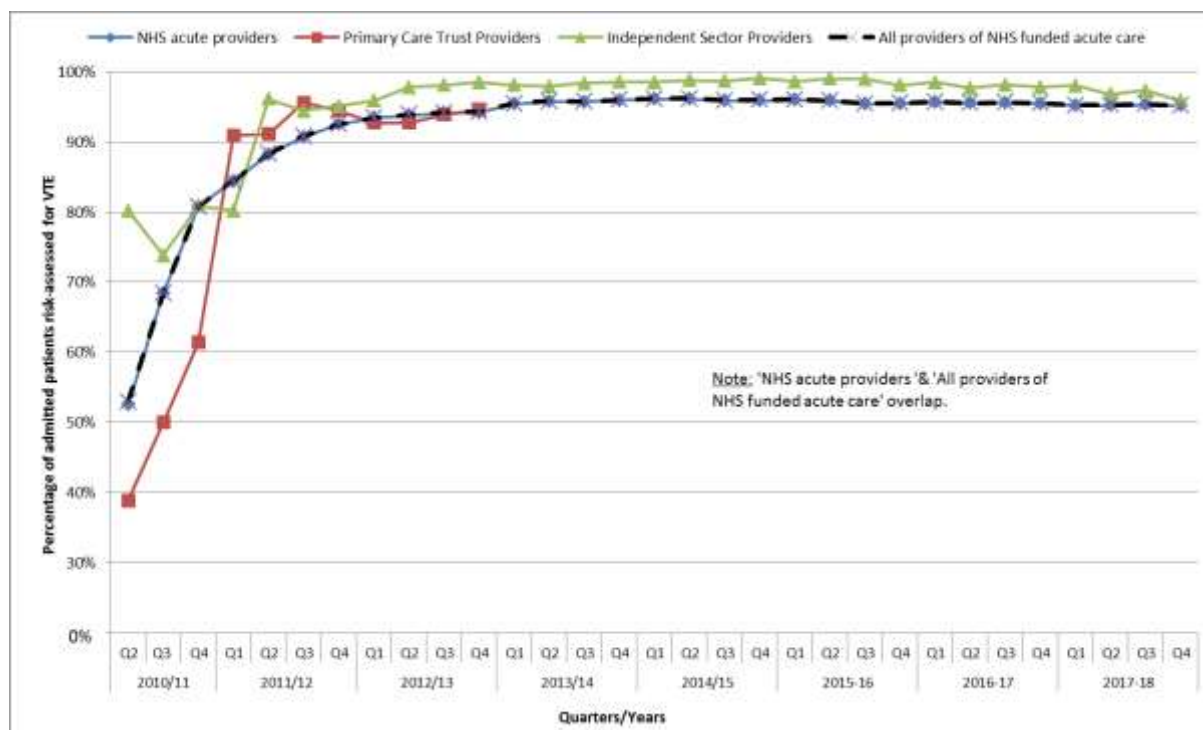


Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q4 2017/18, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North	95.3%	95.2%	98.6%
Midlands and East	94.7%	94.7%	92.3%
London	95.7%	95.7%	98.0%
South	95.4%	95.4%	96.4%

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

- In Q4 2017/18, 82% of providers (248 of the 303 providers) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 72.7% of NHS acute providers (112 of 154) and 91.3% of independent sector providers (136 of 149).
- 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 Q4 2017/18 55 providers (18% of the 303 that submitted data) fell below the 95% threshold; however, 58% of providers (32 of 55) risk assessed 90% to 95% of their total admissions for VTE.

Table 3: Providers reporting rates above 95%, between 90% and 95% and below 95% of admissions receiving a VTE risk assessment (Q4 2017/18, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
95% and above	248	81.8	112	72.7	136	91.3
90% to 95%	32	10.6	30	19.5	2	1.3
Below 90%	23	14.9	12	7.8	11	7.1

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care in each month of Q4 2017/18 (January, February and March) was 303.
- The number of NHS acute care providers submitting a data return in each month of Q4 2017/18 (January, February and March) was 154.
- For independent sector providers, it was 149 in each month of January, February and March.

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 data and submit it to 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 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

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

Data quality issues

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. One trust site has problems with reporting solution. Progress has been made with this but lack of resources is impacting on delivery.

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. While the trust does run data quality checks, ongoing problems are being addressed through the Trak Recovery Group. New operational plans to deliver improvement are underway.

Mid Essex Hospital Services NHS Trust (RQ8) reported a percentage of patients being VTE risk assessed below the 95% threshold. The trust has implemented a

new electronic recording system for VTE risk assessment and is working through problems with the transition.

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. This quarter the trust reported staffing issues relating to data collection. A new electronic patient record (EPR) system is being implemented in 2018/19 and improvements are expected.

Northern Devon Healthcare NHS Trust (RBZ) reported performance below 95%. The VTE risk assessment field is a voluntary field on the trust data collection system. The trust is aware that improvement is needed.

Papworth Hospital NHS Foundation Trust (RGM) 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 EPR and there have been ongoing issues with the system's ability to record VTE risk assessments. The trust is working to resolve these.

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. This performance has been correctly reported and is being reviewed. The trust currently uses a manual audit process for all assessments and is in the process of scoping and implementing an electronic risk assessment form and data extraction process. This will ensure timely and accurate reporting of compliance.

University Hospitals of Morecambe Bay NHS Foundation Trust (RTX) reported a lower percentage of patients being VTE risk assessed than in the previous quarter and below the 95% threshold. The trust has implemented a new electronic recording system for VTE risk assessment and is working through problems with the transition.

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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