Belfast Health and Social Care Trust
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# FOI/38528

**29 October 2026**

# Venous Thromboembolism Risk Assessment and Prevention Policies

**1. VTE PREVENTION POLICY**

**1.1 A copy of the trust's current VTE prevention policy for adult inpatients, including all appendices. Where the policy is published, a direct link to the current version is sufficient.**

https://bhsct.sharepoint.com/:b:/r/sites/Policies/PolicyLibrary/Venous%20Thromboembolism%20in%20over%2016%27s.pdf?d=we5adaa1ce8cf44b48bbdec64b2f5cc60&csf=1&web=1&e=FifGFm

**Pending update, in progress.**

**Questions 2 to 4 concern matters that may already be addressed in the documents requested above. Where the answer is clearly stated in a document you supply, please feel free to refer to the document rather than repeating the answer.**

**2. SPECIALITY-SPECIFIC PROVISION**

**2.1 Whether the policy at 1.1 contains speciality-specific guidance, and if so for which specialities.**

The policy is a direct copy from the NICE guidelines for reducing in hospital VTE in the over 16's.

**2.2 Where VTE prevention for any speciality is governed by a separate document rather than the main policy, a copy of that document.**

This is the trust specific guidance on reducing VTE in the over 16's.

**2.3 Confirmation of whether the trust is designated as a Major Trauma Centre, a Trauma Unit, or neither, and whether there is any trauma-specific guidance.**

Major Trauma Centre

**3. RISK ASSESSMENT**

**3.1 The name of the risk assessment model in use for adult inpatients, for example the Department of Health national tool, Padua, IMPROVE, Caprini, or a locally developed or modified tool.**

Standard Department of Health national tool which is embedded into the electronic record system

**3.2 A copy of the risk assessment proforma or form, if it is not reproduced within the policy supplied at 1.1.**

Standard Department of Health national tool which is embedded into the electronic record system

**3.3 Whether a single model applies trust wide, or whether different models are used for different specialities or admission routes. If the latter, please state which model applies to which group.**

Same risk assessment for all admitted adult patients aged over 16's, excluding obstetric patients who follow the standard RCOG risk assessment

**3.4 How risk assessment is recorded: on paper, electronically, or a combination.**

Electronically

**4. PROPHYLAXIS**

**4.1 The pharmacological agents recommended as first line for adult inpatients, with doses.**

LMWH as first line therapy, following specific product characteristics on dosing

**4.2 Whether weight-based or weight-banded dosing is specified, and the thresholds used.**

Weight based dosing advised for those greater than 100 kg

**4.3 The recommended duration of prophylaxis, and any criteria for extended prophylaxis after discharge.**

As per the policy

**4.4 The mechanical prophylaxis modalities recommended, for example anti-embolism stockings or intermittent pneumatic compression, and the circumstances in which each is indicated.**

As per the policy

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## 5. AUDIT AND COMPLIANCE

**5.1 Copies of, or extracts from, any local audit of thromboprophylaxis prescribing, policy compliance, or risk assessment completion undertaken in the last 24 months. Board papers, quality account extracts or thrombosis committee reports are acceptable.**

Monthly completion of VTE risk assessment completed – see below last month results – blinded by site

**5.2 The number of cases of hospital-acquired thrombosis (HAT) recorded by the trust in each of the last two full financial years.**

This is not collated

**5.3 Whether the trust undertakes root cause analysis of HAT cases, and the criteria determining which cases are investigated.**

This is not currently undertaken routinely

| SITE SUMMARY | | Oct2026 % compliance |
|---|---|---|
| RVH | | 93.91 |
| MIH | | 97.87 |
| MPH | | 98.22 |
| BCH | | 95.24 |
| KBHCP | | 97.92 |

Standard for completion set, within the trust, at 95%