

Venous thromboembolism risk assessment data collection

Quarter 1 2018/19 (April to June 2018)

4 September 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 could 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 CQUIN² indicator and is a National Quality Requirement in the NHS Standard Contract for 2018/19.³ 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/nhs-standard-contract/cquin/>

³ <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

2. Key findings for quarter 1 2018/19

- 96% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 1 (Q1) 2018/19.
- The percentage of patients risk assessed for VTE remained at 96% from Q3 2015/16 to Q4 2016/17. It decreased to 95% between Q1 2017/18 and Q4 2017/18. In Q1 2018/19 performance increased to 96%.
- The percentage assessed for VTE risk was 96% for both NHS acute care providers and independent sector providers.
- All five regions (London, North, Midlands and East, South East and South West) achieved the 95% NHS Standard Contract threshold in Q1 2018/19 (see Table 2).

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q1 2018/19 all providers of NHS-funded acute care (NHS trusts, foundation trusts and independent sector providers) reported just over 3.7 million admissions. Of these, just below 3.6 million (96%) received a VTE risk assessment on admission (see Table 1).
- In Q1 2018/19, the percentage of adult inpatient admissions receiving a VTE risk assessment was 96% for NHS acute care providers and independent sector providers. NHS acute care providers carry out 97% of all VTE risk assessments and independent sector providers carry out 3%.

Table 1: Percentage of adult hospital admissions risk assessed for VTE (Q1 2018/19, England)

	April 2018	May 2018	June 2018	Q1 2018/19
NHS acute care providers	95.6%	95.7%	95.5%	95.6%
Independent sector providers	96.6%	96.0%	95.4%	96.0%
All providers of NHS-funded acute care	95.6%	95.7%	95.5%	95.6%

- There has been a steady increase in the percentage of VTE 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 this remained static until Q4 2017/18. In Q1 2018/19 the percentage of patients being risk assessed for VTE increased to 96%. Figure 1 below shows the percentage of adult admissions risk assessed for VTE since Q2 2010/11.
- All five regions (London, North, Midlands and East, South East and South West) achieved the 95% NHS Standard Contract threshold in Q1 2018/19 (see Table 2).

Figure 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2010/11 to Q1 2018/19, England)

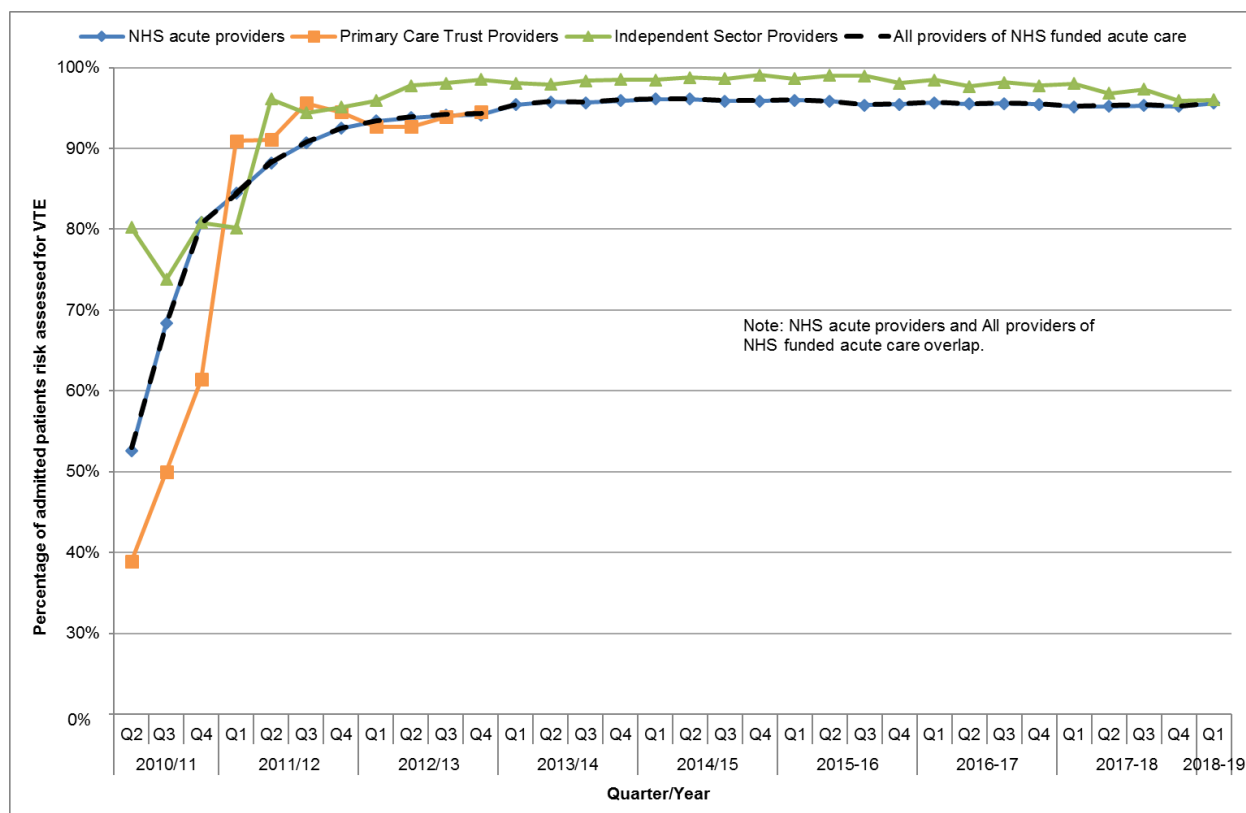


Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q1 2018/19, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North	95.7%	95.7%	97.7%
Midlands and East	95.3%	95.4%	93.7%
London	95.7%	95.7%	97.1%
South East	96.0%	96.0%	95.3%
South West	95.4%	95.3%	98.3%

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

- In Q1 2018/19, 79% of providers (240 of the 304 providers) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 75% of NHS acute providers (114 of 152) and 83% of independent sector providers (126 of 152).
- 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 Q1 2018/19 64 providers (21% of the 304 that submitted data) fell below the 95% threshold; however, 63% of providers (40 of 64) risk assessed 90% to 95% of their total admissions for VTE.

Table 3: Providers reporting rates above 95%, between 90% and 95% and below 90% of adult hospital admissions receiving a VTE risk assessment (Q1 2018/19, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
95% and above	240	78.9	114	75.0	126	82.9
90% to 95%	40	13.2	30	19.7	10	6.6
Below 90%	24	15.8	8	5.3	16	10.5

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care in each month of Q1 2018/19 (April, May and June) was 304.
- The number of NHS acute care providers submitting a data return in each month of Q1 2018/19 (April, May and June) was 152.
- For independent sector providers, it was 152 in each month of April, May and June.

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 and 2018/19 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/partial submission

Birmingham Women's and Children's NHS Foundation Trust (RQ3) did not make a submission this quarter. Between July and December 2017, staff reported several safety incidents relating to VTE risk assessments, leading to a series of root cause analysis sessions. The trust learned that quantitative data about whether a VTE risk assessment had been undertaken or not was insufficient to meet its needs. When reviewed, risk assessments had been completed incorrectly, used out-of-date guidelines and were not repeated as required, which in turn affected the prescription and promptness of treatment. The trust agreed with local commissioners to adopt a qualitative approach based on monthly audits across its services at the women's hospital and to temporarily suspend collating and submitting quantitative data. This is enabling the trust to establish and embed a new audit-based approach and a paper-based risk assessment linked closely to drug charts while also building this functionality into a new electronic system that is being rolled out across maternity services.

Chelsea and Westminster Hospital NHS Foundation Trust (RQM) made a partial submission this quarter for the Chelsea and Westminster Hospital only. Several technical issues at West Middlesex University Hospital affected both the collection and reporting of VTE outcomes, so information for this hospital was not submitted this quarter.

St George's University Hospitals NHS Foundation Trust (RJ7) 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 patient administration system. While the trust is reporting good 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 make improvements are underway.

Ipswich Hospital NHS Trust (RGQ) reported a percentage of patients being VTE risk assessed below the 95% threshold and a large difference in the numbers compared to the previous quarter. The difference in numbers is due to the change of system for recording VTE risk assessments. The new system is now fully implemented.

Milton Keynes University Hospital NHS Foundation Trust (RD8) reported performance below the 95% threshold. The data collection is partially a manual process. Improvements are expected in Q2 2018/19 when the new electronic patient record system is implemented.

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.

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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