

Venous thromboembolism risk assessment data collection

Quarter 4 2018/19 (January to March 2019)

4 June 2019



The NHS Long Term Plan says that when organisations work together they provide better care for the public. That is why on 1 April 2019 NHS Improvement and NHS England united as one – our aim, to provide leadership and support to the wider NHS. Nationally, regionally and locally, we champion frontline staff who provide a world-class service and constantly work to improve the care given to the people of England.

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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 2018/19.² 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 in the month who have been risk assessed for 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 www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf

2. Key findings for quarter 4 2018/19

- 96% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 4 (Q4) 2018/19.
- The percentage of inpatients 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% but decreased in Q2 2018/19 to 95%. In Q3 2018/19 performance increased to 96% and remained at 96% in Q4 2018/19.
- The percentage assessed for VTE risk was 96% for NHS acute care providers and 98% for independent sector providers.
- All regions (North, Midlands and East, London, South East and South West) achieved the 95% NHS Standard Contract threshold in Q4 2018/19 (see Table 2).

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q4 2018/19 all providers of NHS-funded acute care (NHS trusts, foundation trusts and independent sector providers) reported just under 3.9 million admissions. Of these, just under 3.7 million (96%) received a VTE risk assessment on admission (see Table 1).
- In Q4 2018/19, the percentage of adult inpatient admissions receiving a VTE risk assessment was 96% for NHS acute care providers and 98% for 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 (Q4 2018/19, England)

	January 2019	February 2019	March 2019	Q4 2018/19
NHS acute care providers	95.8%	95.6%	95.6%	95.7%
Independent sector providers	97.9%	97.7%	97.9%	97.8%
All providers of NHS-funded acute care	95.8%	95.7%	95.7%	95.7%

- 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 inpatients 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 inpatients 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% but decreased again in Q2 2018/19 to 95%. In Q3 2018/19 performance increased to 96% and remained at 96% in Q4 2018/19. Figure 1 shows the percentage of adult admissions risk assessed for VTE since Q2 2010/11.
- All regions (North, Midlands and East, London, South East and South West) achieved the 95% NHS Standard Contract threshold in Q4 2018/19 (see Table 2).

Figure 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2010/11 to Q4 2018/19, England)

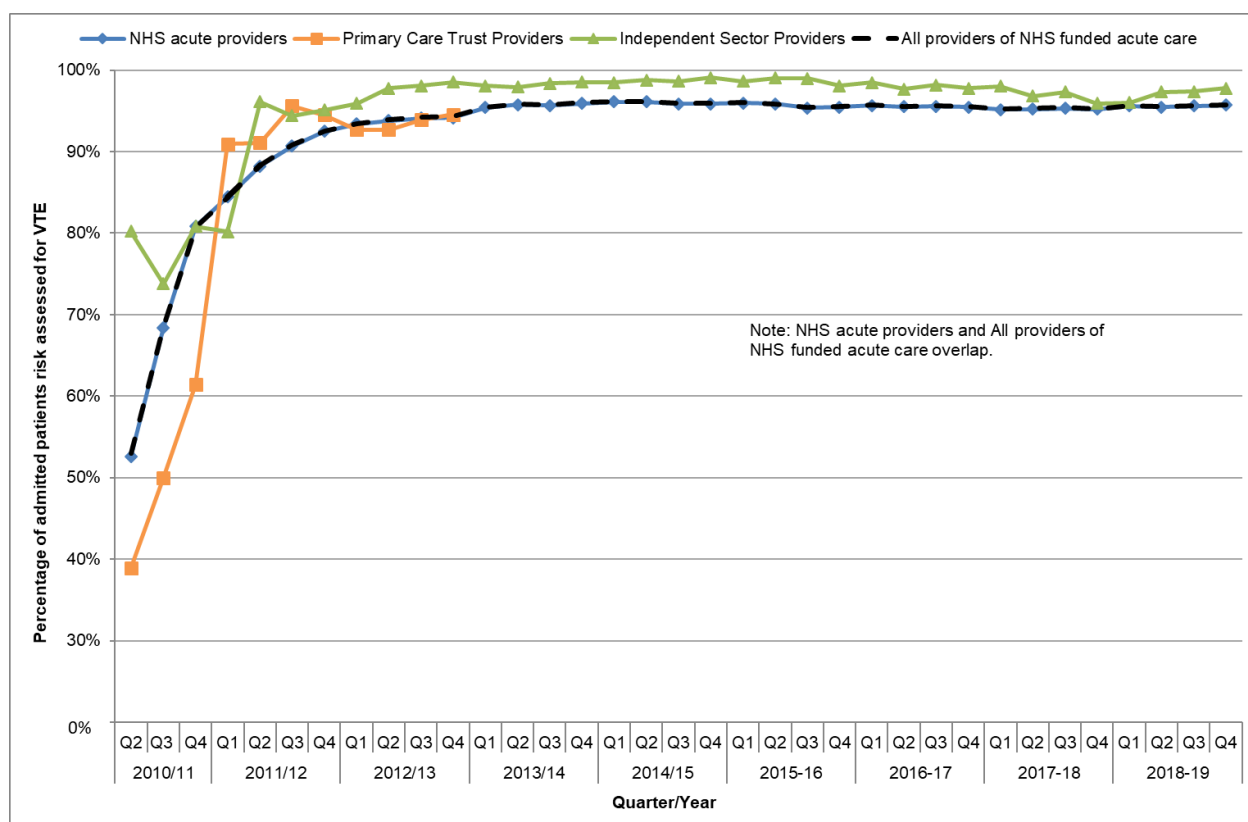


Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q4 2018/19, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North	95.2%	95.1%	97.7%
Midlands and East	96.1%	96.1%	97.2%
London	96.1%	96.1%	99.0%
South East	96.1%	95.9%	98.7%
South West	95.2%	95.1%	97.4%

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

- In Q4 2018/19, 83% of providers (252 of the 302 providers) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 77% of NHS acute providers (115 of 149) and 90% of independent sector providers (137 of 153).
- 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 2018/19 50 providers (17% of the 302 that submitted data) fell below the 95% threshold; however, 76% of those providers (38 of 50) 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 admissions receiving a VTE risk assessment (Q4 2018/19, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
95% and above	252	83.4	115	77.2	137	89.5
90% to 95%	38	12.6	27	18.1	11	7.2
Below 90%	12	4.0	7	4.7	5	3.3

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care in each month of Q4 2018/19 (January, February and March) was 302.
- The number of NHS acute care providers submitting a data return in each month of Q4 2018/19 (January, February and March) was 149.
- For independent sector providers, it was 153 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 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 their needs.

Review showed risk assessments had been completed incorrectly, used out-of-date guidelines and were not repeated as required, which in turn affected the prescription and delivery 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.

Brighton and Sussex University Hospitals NHS Trust (RXH) did not make a submission this quarter.

Buckinghamshire Healthcare NHS Trust (RXQ) did not make a submission this quarter. Due to a decrease in compliance figures in November and December 2018

the trust is reviewing the accuracy of its data. This review will ensure that all eligible groups are being risk assessed.

Data quality issues

Gloucestershire Hospitals NHS Foundation Trust (RTE) resumed VTE risk assessment reporting in September 2017 after it implemented a new Patient Administration System (PAS). While the trust is reporting a good compliance, the numbers have changed significantly since the implementation. The trust runs data quality checks and is addressing ongoing problems through the Trak Recovery Group. New operational plans to deliver improvement are underway. Data submitted this quarter was extrapolated from an audit for January to March 2019.

Northern Devon Healthcare NHS Trust (RBZ) reported performance below the 95% threshold. An internal trust audit provided assurance that at least 95% of patients were being risk assessed but the information was not being recorded on the PAS. Staff are receiving training to improve accurate data entry.

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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