

Venous thromboembolism risk assessment data collection

Quarter 1 2019/20 (April to June 2019)

4 September 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 hospital admissions (aged 16 and over at the time of admission) 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 2019/20.² It sets an operational standard of 95% of inpatients aged 16 and over being risk assessed for VTE on admission each month. Prior to April 2019 the operational standard related to adult inpatients aged 18 and over.

The data collection asks for three items of information:

1. number of inpatient admissions (aged 16 and over at the time of admission) reported as having had a VTE risk assessment on admission to hospital using the clinical criteria of a national tool
2. total number of inpatients (aged 16 and over at the time of admission) admitted in the month
3. calculated from 1 and 2, the percentage of inpatients (aged 16 and over at the time of admission) 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.

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

² www.england.nhs.uk/publication/nhs-standard-contract-2019-20-technical-guidance/

This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates.

2. Key findings for quarter 1 2019/20

- 96% of inpatients (aged 16 and over at the time of admission) admitted to NHS-funded acute care received a VTE risk assessment in quarter 1 (Q1) 2019/20.
- 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 and Q1 2019/20.
- The percentage assessed for VTE risk was 96% for NHS acute care providers and 98% for independent sector providers.
- Six regions (North East and Yorkshire, North West, Midlands, East of England, London and South East) achieved the 95% NHS Standard Contract operational standard in Q1 2019/20 (see Table 2). The South West did not meet the operational standard and risk assessed 94.7% of inpatients.

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q1 2019/20 all providers of NHS-funded acute care (NHS trusts, foundation trusts and independent sector providers) reported just over 3.8 million admissions. Of these, just under 3.7 million (96%) received a VTE risk assessment on admission (see Table 1).
- In Q1 2019/20, the percentage of inpatient admissions (aged 16 and over at the time of admission) 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%.

- The five NHS acute providers with the lowest percentage of inpatients being risk assessed were Blackpool Teaching Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust, Mid Essex Hospital Services NHS Trust, Northern Devon Healthcare NHS Trust and St George's University Hospitals NHS Foundation Trust.

Table 1: Percentage of hospital admissions (aged 16 and over at the time of admission) risk assessed for VTE (Q1 2019/20, England)

	April 2019	May 2019	June 2019	Q1 2019/20
NHS acute care providers	95.6%	95.5%	95.6%	95.6%
Independent sector providers	97.5%	97.8%	97.8%	97.7%
All providers of NHS-funded acute care	95.6%	95.6%	95.7%	95.6%

- 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. From April 2019 the data collection changed to include inpatients aged 16 and over at the time of admission. In Q1 2019/20 the percentage of inpatients risk assessed was 96%.
- Six regions (North East and Yorkshire, North West, Midlands, East of England, London and South East) achieved the 95% NHS Standard Contract operational standard in Q1 2019/20 (see Table 2). The South West did not meet the operational standard and risk assessed 94.7% of inpatients.

Table 2: Percentage of hospital admissions (aged 16 and over at the time of admission) risk assessed for VTE by region (Q1 2019/20, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North East and Yorkshire	95.5%	95.5%	98.7%
North West	95.2%	95.1%	98.5%
Midlands	96.1%	96.0%	96.9%
East of England	96.5%	96.5%	95.8%
London	95.4%	95.4%	97.7%
South East	95.9%	95.8%	99.0%
South West	94.7%	94.6%	96.8%

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

- In Q1 2019/20, 80% of providers (240 of the 299 providers) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract operational standard). This breaks down as 72% of NHS acute providers (106 of 147) and 88% of independent sector providers (134 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 95%, how many are close to achieving the NHS Standard Contract operational standard? 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 2019/20 59 providers (20% of the 299 that submitted data) fell below the 95% operational standard; however, 76% of those providers (45 of 59) 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 (Q1 2019/20, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
95% and above	240	80.3	106	72.1	134	88.2
90% to 95%	45	15.0	34	23.1	11	7.2
Below 90%	14	4.7	7	4.8	7	4.6

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care in each month of Q1 2019/20 (April, May and June) was 299.
- The number of NHS acute care providers submitting a data return in each month of Q1 2019/20 (April, May and June) was 147.
- 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 2019/20 NHS Standard Contract and can be found at: <https://www.england.nhs.uk/publication/nhs-standard-contract-2019-20-technical-guidance/>

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. Staff had 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.

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

Nottingham University Hospitals NHS Trust (RX1) reported that they had made a partial submission.

The Rotherham NHS Foundation Trust (RFR) did not make a submission this quarter.

University College London Hospitals NHS Foundation Trust (RRV) did not make a submission this quarter due to problems collecting the data following the implementation of a new Patient Administration System (PAS).

Data quality issues

Gloucestershire Hospitals NHS Foundation Trust (RTE) resumed VTE risk assessment reporting in September 2017 after it implemented a new 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 April to June 2019.

Lewisham and Greenwich NHS Trust (RJ2) implemented a new electronic clinical documentation system in May 2019. This caused problems with the linked PAS and staff were not able to capture VTE risk assessments electronically. These issues have now been rectified with no further problems anticipated with future submissions.

Northern Devon Healthcare NHS Trust (RBZ) reported performance below the 95% operational standard. 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.

St George's University Hospitals NHS Foundation Trust (RJ7) reported issues with the rollout of the new PAS to the maternity department resulting in missing data and other risk assessments that had not been entered on the electronic system. Data collection is due to resume next quarter.

5. Additional information

Data for individual organisations is available at:

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

Please email press enquiries to NHS England and NHS Improvement Press Office at: nhsengland.media@nhs.net or call 0113 925 0958/0113 825 0959.

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