

All Wales Thromboprophylaxis Model Policy



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Documents to read alongside of this policy:	National Institute for Health and Care Excellence (NICE) Guideline NG 89. Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism NICE Venous thromboembolism in adults: Quality standard QS201
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1. Overview

This policy is based on National Institute for Health and Care Excellence (NICE) 2018 Venous thromboembolism in over 16's: reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism Guideline (NG) 89¹ and National Institute for Health and Care Excellence (NICE) 2021 Venous thromboembolism in adults: Quality standard QS201.²

NICE NG89¹ (updated August 2019) was published in 2018 providing clear guidance regarding National Standards. The guideline forms the foundation for thromboprophylaxis risk assessment tools for all patient groups. NICE has subsequently reviewed the guidance in surveillance reviews in 2022, 2023, and 2024 and no amendments have been made.

Hospital-acquired venous thromboembolism (HAT) remains a significant and largely preventable cause of harm across NHS Wales, and its prevention is a core patient-safety priority for every Health Body.

VTE is a major cause of death and disability in the UK³ and continues to be the leading cause of mortality and morbidity⁴. Welsh Risk Pool data demonstrates the clinical impact and scale of avoidable system failures. Since 2022, 38 VTE-related claims were submitted for reimbursement totalling almost £20 million, reflecting missed opportunities to deliver timely assessment, diagnosis, and prophylaxis.

Common contributory factors included delayed or missed diagnosis, inadequate clinical examination, failure to undertake appropriate investigations, absent or incomplete VTE risk assessments, limited documentation, poor escalation, and weaknesses in medicines management.

These findings reinforce the need for consistent harm-prevention practice and for improved data quality, including accurate, timely and standardised information to ensure clear understanding of where harms occur to target improvement efforts, and track progress.

This policy sets out a unified national approach to VTE prevention designed to support clinicians in meeting their professional duty to reduce harm, by strengthening risk assessment, improving recognition and management of VTE, and ensuring a reliable system of reporting and learning across Wales.

Who is this policy for?

- Healthcare professionals
- People going into hospital who are at risk of venous thromboembolism (VTE). This includes people discharged from hospital, (including from accident and emergency departments) with lower limb devices such as plaster casts and braces, people attending hospital for day procedures including cancer treatment and surgery, and pregnant women admitted to hospital or a midwife-led unit including up to 6 weeks after giving birth, and their carers.

2. Background

Up to 60% of all VTEs are hospital-acquired, accounting for 10% of all hospital deaths. VTE is the number one cause of preventable hospital mortality³ and the leading cause of maternal death.⁴ Hospital acquired thrombosis (HAT) may be preventable if patients are offered a VTE risk assessment on admission to hospital and appropriate thromboprophylaxis.

Hospital Acquired Thrombosis (HAT)

Hospital acquired thrombosis (HAT), also known as hospital acquired venous thromboembolism is defined as venous thromboembolism (VTE) that develops either during a hospital admission or within 90 days post hospital discharge.

In 2022 and 2025 the Welsh Risk Pool (WRP) undertook national reviews into the prevention of VTE in NHS Wales and made the following recommendations for NHS Wales:

Recommendation 1: All health bodies within NHS Wales adopt the All-Wales Thromboprophylaxis Policy

Recommendation 2: All clinical staff undertake All Wales training, both in relation to the recognition of patients presenting with symptoms of a VTE and in the prevention of hospital acquired thrombosis (HAT).

Recommendation 3: All patients receive a documented VTE risk assessment, using a Department of Health Risk Assessment Tool (or similar) on admission, as part of the initial patient clerking.

Recommendation 4: An All-Wales checklist for the investigation of HAT is developed in order to maintain a uniform investigative approach across NHS Wales.

Recommendation 5: VTE risk assessment compliance data and all HAT data is shared at appropriate health body governance meetings.

In 2024, the Welsh Risk Pool developed an All-Wales VTE programme called VTE Wales. In 2025, the All-Wales HAT steering committee disassembled and the VTE Wales programme board agreed to incorporate the responsibilities of the All Wales Thromboprophylaxis Policy and VTE education as part of the VTE Wales programme.

3. Policy Statements

All patients aged 16 years and over admitted to Welsh hospitals require a VTE risk assessment using an appropriate VTE risk assessment tool which is to be documented. The risk assessment should not only consider the individual's risk of VTE but also their risk of bleeding, to assess the appropriateness of administering thromboprophylaxis.

1. All patients admitted to Welsh hospitals will have their risk of developing a VTE assessed on admission:
 - Using a tool published by a national UK body, professional network, peer reviewed journal, or one supported by electronic prescribing and medicines administration (ePMA).
 - Referring to the appropriate treatment intervention as per [NICE NG89¹](#) and prescribing of pharmacological or mechanical prophylaxis as appropriate in accordance with local formulary, as per [NICE QS201²](#).
2. Where thromboprophylaxis, chemical or mechanical, is **not** required or is contraindicated this must be documented.
3. Reassess medical, surgical and trauma patients for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes. See recommendations [Assessment of Risk of VTE and bleeding \(NICE NG89\)](#).¹
4. All potential HAT cases (confirmed Deep Vein Thrombosis [DVT] and confirmed Pulmonary Embolism [PE]) must be recorded on the Datix Cymru system for investigation and recorded as:
 - HAT excluded
 - HAT confirmed and further defined as
 - Potentially Preventable
 - Not Preventable
5. HAT data to be collected via the Datix Cymru system.
6. HAT data to be reported regularly at local governance meetings.
7. HAT data to reported to the VTE Wales Board quarterly.

Definitions for Datix Cymru coding guide for reporting potential Hospital Acquired Thrombosis

Venous thromboembolism (VTE)

Venous thromboembolism (VTE) is an umbrella term referring to a blood clot which has formed within a vein (venous system) and includes deep vein thrombosis (DVT) and pulmonary embolism (PE).

Deep Vein Thrombosis (DVT)

DVTs are blood clots which most commonly form in the deep veins of the legs but can occur in any deep vein in the body.

DVT (confirmed)

- An acute lower limb DVT that has been diagnosed on ultrasound investigation and confirmed in writing on a radiology report.
- Datix all acute lower limb DVTs, as well as DVTs where the chronicity of the clot is indeterminate on the scan report for further investigation.

Pulmonary Embolism (PE)

Most PEs originate from blood clots that form in a deep vein in the leg where a part of the clot can break off and travel to the lungs.

PE (confirmed)

- A PE that has been diagnosed on a CT scan or VQ scan investigation and confirmed in writing on a radiology report.
- Datix all acute PE for further investigation.

Hospital Acquired Thrombosis (HAT)

Hospital acquired thrombosis (HAT), also known as hospital acquired venous thromboembolism, is defined as

- venous thromboembolism (VTE) that develops either during a hospital admission or within 90 days post hospital discharge.

HAT Potentially Preventable

Hospital admission within 90 days of VTE diagnosis in a patient who received **suboptimal thromboprophylaxis** as defined by:

- Thromboprophylaxis not prescribed and no reason documented
 - Wrong dose based on
 - Body weight
 - Renal function
 - One or more missed dose(s)
 - More than 14-hour delay in starting thromboprophylaxis after admission
- ❖ HAT potentially preventable case will trigger a redress process.

HAT Not Preventable

Hospital admission within 90 days of VTE diagnosis in a patient who received **optimal thromboprophylaxis**.

HAT Excluded

- No hospital admission in the previous 90 days
- Patient admitted with known/suspected VTE
- VTE diagnosed within 24 hours of admission

4. Principles

- Consultants and relevant clinicians within their teams, supported by nursing and pharmacy staff, are responsible for the uptake of thromboprophylaxis risk assessment for all patients on admission and for re-assessment during the hospital stay.
- Documentation of the VTE risk assessment to be completed either as part of the clerking documentation or on the electronic prescribing and medicines administration (ePMA) system.
- Patients admitted to hospital or presenting with a lower limb injury require a VTE risk assessment and full explanation of thromboprophylaxis and signs and symptoms of VTE as per [NICE NG89,¹](#) supported by an appropriate patient information leaflet, such as Thrombosis UK Lowering Your Risk of Blood Clots⁵ or EIDO: Reducing your risk of developing a blood clot (DP01)⁶ available on [Venous Thrombo-Embolicism - NHS Wales Shared Services Partnership](#).
- Maternity and cancer services may wish to consider additional patient information leaflets relevant to their speciality which have been produced by Thrombosis UK.

5. Policy Review

The VTE Wales Board are responsible for approval and the Welsh Risk Pool Committee for ratifying this policy 3 yearly, or earlier if NICE publishes an updated guideline.

6. Duties and Responsibilities

Overarching Managerial Responsibility

Clinical Directors / Heads of Nursing / Heads of Midwifery / Heads of Pharmacy are responsible for ensuring that this policy and associated clinical guidance, procedures and risk assessments are available for the relevant staff within their clinical area.

Clinician Responsibilities

All clinical staff should follow NICE guidelines, the All Wales Thromboprophylaxis Policy, and their Health Body's locally implemented policies and procedures.

7. Education

Patient facing staff to maintain their competency by completing the VTE e-Learning package available on the electronic staff record (ESR).

8. Local Health Body Audit Standards

- a) Staff VTE ESR compliance
- b) Datix Cymru HAT cases recorded
- c) Improved compliance on WRP scoping reviews
- d) Decreased claim profiles in relation to VTE
- e) Achieving and maintaining VTE exemplar site status

9. References

1. National Institute for Health and Care Excellence (NICE). 2018. Venous thromboembolism in over 16's: reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism. Guideline (NG) 89. [Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE](#)
2. National Institute for Health and Care Excellence (NICE). 2021. Venous thromboembolism in adults: Quality standard QS201. www.nice.org.uk/guidance/qs201
3. Thrombosis UK. 2026. Why VTE Matters. <https://thrombosisuk.org/thrombosis-for-health-care-professionals/why-vte-matters/>
4. Felker A, Patel R, Kotnis R, Kenyon S, Knight M. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford; 2024. <https://www.npeu.ox.ac.uk/mbrance-uk/reports/maternal-reports/maternal-report-2020-2022>
5. Thrombosis UK. 2025. Lowering Your Risk of Blood Clots. [A5-LoweringYourRiskofBloodClots-F.pdf](#)
6. EIDO. 2025. Reducing your risk of developing a blood clot (DP01). [Venous Thrombo-Embolic - NHS Wales Shared Services Partnership](#)



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Mae copi o'r ddogfen yma ar gael yn
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A copy of this document is available in
Welsh on our website.

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