

## VTE Committee

### MINUTES OF THE MEETING HELD ON 12/11/2019 at 13.00 Clinical Quality Seminar Room

Present: Mr A Shah **AS** Orthopaedics consultant/Trust Lead VTE ( Chairman)  
Cherith Haythornthwaite **CH** Clinical Improvement & Effectiveness Manager  
Anna Dallow **AD** Clinical Improvement & Effectiveness Manager  
Magnus Hird **MH** Clinical Pharmacist/DVT Bloomfield  
Amanda Hough **AH** Surgical ANP  
Jo Lickiss **JL** ADON Scheduled care  
Ibrahim Ishaque **II** Clinical Pharmacist General surgery

Minutes: Anna Dallow

#### Apologies for absence

Apologies received from Ms Haslett Gynae Consultant

1. VTE action plan discussed all items no longer relevant removed. Compliance performance noted.  
Outstanding actions include divisional assurance (this has been asked of by the board)  
Divisions should be completing individual audits aside from the live audits to improve compliance and assurance. AS to discuss with the board on the 16<sup>th</sup> and report back on standardised report. Ortho to trial a yearly audit, this them to be adopted within other areas.as To email all divisions before next safety Panel Meeting.

#### ACTION AS

2. EPMA to be introduced which will help increase assessments, no medication of any sort to be prescribed until this has been completed. This will go directly to the consultant Dr to show non-compliance. Also need a facility to alert for the reassessment to ensure this isn't missed. AS/CH will update the committee w hen confirmation from EPMA team confirmed

#### ACTION AS/CH.

3. Scheduled care compliance dropped this month by 1% JL to speak to Matron C Higgins to look at the patients not captured for second assessment. SC Divisional Director has supported the action of no patients going to theatre without 2nd assessment. General surgery and Ortho are compliant. JL will raise at divisional governance meeting.

#### ACTION JL

4. Training update. KCH VTE training now approved and online, some other VTE training also online this needs to be removed to avoid confusion. KCH training reflective of current guidelines, added to this will be some further training concentration on trust guidance and VTE protocol. AH to look at training and assessment for local assessment against local documentation and guidance .CH will email policy and other documentation that is relevant to local training questions

#### ACTION CH/AH

5. IH and MH are in agreement the information is correct on the link on the intranet page. Training to be circulated to the committee.

#### ACTION CH

6. Pre op booklets need to be updated JL to send As a electronic copy of the pre op VTE assessment and discuss with lead Specialist Nurses in Pre- Op

**ACTION JL**

7. AS to send JL electronic copy of the trust admission booklet.

**ACTION AS**

8. CH highlighted if there was a need for a further reassessment document, after discussion it was acknowledged that a further assessment if the condition changes is expected and documented at point 5.2 in the policy. This can be highlighted within the eLearning. Currently no further reassessment prompt required within formal documentation. Any further assessment due to condition change must be documented within the medical notes. In addition to this low, medium and high risk no longer used within trust VTE documentation. This has been confirmed by the committee following an enquiry from Dof QI

***Post meeting discussion with Director of Quality Improvement, AS, ADt: requirement for review of VTE assessment document and RCA template to incorporate points highlighted as lessons learned from recent VTE UIR and to be circulated to Committee for comments***

**ACTION AS/AD/CH**

9. JL raised some issues with ward managers completing RCA's as perhaps they were not aware of all documentations. For this reason CH will help with any RCA's if needed. CH also to bring 2 RCA's/incidents per VTE committee for review

**ACTION CH**

10. Noted no representation from unscheduled care or women's and children's. Relevant contacts to be informed of importance of attending Committee. This will be highlighted in email to all from AS.

**ACTION AS**

11. VTE Risk assessment - adherence to poor compliance throughout trust noted at Clinical Effectiveness Committee and need for Divisional engagement and improved compliance.

***Post meeting discussion with Director of Quality Improvement, this will be monitored and form part of divisional performance Board as per recommendations of VTE Report to report to committee. Updates should be provided and monitored at VTE Committee***

**ACTION Divisional VTE Leads**

**12. Attendance monitoring**

Division	Date of meeting 25/1/19	Date of meeting 18/3/19	Date of meeting May cancelled	Date of meeting 9/7/19	Date of meeting 17/9/19	Date of meeting 12/11/19
Unscheduled care						
Scheduled care						
Families						
ALTC						

<b>Represented</b>	
<b>Not represented</b>	
<b>Apologies</b>	

**Meeting dates for 2020**

Tuesday 21<sup>st</sup> January 2020 14:00- 15:30

Tuesday 17<sup>th</sup> March 2020 14:00- 15:30

Tuesday 12<sup>th</sup> May 2020 14:00- 15:30

Tuesday 7<sup>th</sup> July 2020 14:00- 15:30

Tuesday 15<sup>th</sup> Sept 2020 14:00- 15:30

Tuesday 10<sup>th</sup> November 2020 14:00-15:30