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Bwrdd Iechyd
Cwm Taf
Health Board

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Mark Drakeford AC/ AM
Chair
Health & Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
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Dear Mr. Drakeford,

Re: Venous thrombo-embolism prevention in hospitalised patients in Wales.

Thank you for the letter dated 13th March 2012 requesting submissions to the Health & Social Care Committee. Please accept the following information from Cwm Taf Local Health Board.

- There is Executive leadership across Cwm Taf Health Board on the initiatives to reduce the incidence of hospital acquired venous thrombo-embolism. Direction and scrutiny on the implementation of the National Institute for Clinical Excellence (NICE) guidance and the application of the 1,000 Lives Plus risk assessment tool is through the Thrombosis Committee, which is Chaired by the Assistant Medical Director. There is extensive engagement from the Directorates to ensure a collaborative approach to implementation and sharing of audit outcomes for learning across the organisation, with the approach endorsed by the Thrombosis Committee in October 2010.
- Awareness of the risk assessment tool and prevention actions is raised in the induction programmes for all junior doctors and at both the audit meetings and the Integrated Governance meetings in the Directorates. During 2011 awareness raising Directorate sessions have been held to assess the quality standards for the prevention of venous thrombo-embolism.
- There has been extensive audit activity across all relevant Directorates to assess compliance with NICE Clinical Guidance 92 - Venous Thromboembolism : reducing the risk, and NICE Clinical Guidance 46 - VTE in Inpatients undergoing surgery. The outcomes of the audits demonstrate a good awareness of the need to apply the prevention actions but there are opportunities to improve the documentation and record keeping. For example, following

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assessment of the patient where the balance of risk demonstrates a risk of bleeding for the patient, the entry in the medical record is not always completed to indicate that an active decision has been taken NOT to instigate pharmacological prophylaxis.

- Audit outcomes demonstrated greater compliance in surgical/orthopaedic/anaesthetics/ENT and obstetric & gynaecology specialities. The roll out of Post - Operative instructions for the application of mechanical prophylaxis is underway with blanket application of TED stockings/calf pumps in some specialities where the risk of VTE is high - trauma/orthopaedics. Audits continue on utilisation and effectiveness of Rivoroxiban, Enoxaprin, Clexane and mechanical prophylaxis.
- Patient information leaflets have been developed and with the roll out of Pre-Operative Assessment patients are being advised of the self care they can engage in during a hospital stay - passive exercise etc. The detailed pre-disposing history is being documented at the pre-operative stage and recorded on the pre-admission check list. In some specialities the Clinical Nurse Specialists and Nurse Practitioners are completing further checks at admission utilising the 1,000 Lives Plus audit tool - this approach is subject to audit to assess the best mechanism to improve compliance across Cwm Taf Health Board.
- To support self care and full engagement by patients and carers in the VTE prevention actions consideration is being given to developing a 'care contract' to be provided at admission which describes the actions patients should take to reduce the risk of development of VTE. The 'care contract' will also contain information for patients on infection prevention & control approaches and general public health information to support a rapid return to normal health.
- Information Technology and Radiological reporting systems are being aligned to provide evidence for the HAT rate. Development of outcome measures to compare incidence prior to and following implementation of thromboprophylaxis is underway and Cwm Taf Health Board is committed to full engagement with the achievement of a National HAT rate.

I do hope the information from Cwm Taf Health Board is useful in the submission to the Health & Social Care Committee.

Yours sincerely,



Allison Williams,
Chief Executive Officer

cc Felicity Barclay, NHS Institute for Innovation & Improvement.
cc Grant Robinson, Medical Director, Aneurin Bevan Health Board