LIFEBLOOD THE Thrombosis CHARITY

SETTING UP AND RUNNING THROMBOSIS & THROMBOPROPHYLAXIS COMMITTEES

A PRACTICAL GUIDE FOR NHS TRUSTS

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Introduction

Why read this guide?

This guide offers practical advice on how to set up thrombosis and thromboprophylaxis committees within UK NHS Trusts.

The need for such committees was first identified by the House of Commons Health Committee in February 2005, and reiterated in April 2007 in a report by the Department of Health's Independent Expert Working Group entitled The Prevention of Venous Thromboembolism in Hospitalised Patients.

The rationale for this advice was that a committee in each Trust dedicated to overseeing responsible thromboprophylaxis for hospital inpatients would play a key part in a wider concerted effort to reduce the incidence of death related to venous thromboembolism (VTE).

Currently, the number of deaths associated with this largely preventable disease is calculated at 25,000 each year, which is more than 5 times the total of all hospital-acquired infections.

By properly and systematically assessing patients throughout each hospital, appropriate prophylaxis can be targeted at those identified as having the greatest risk for VTE. This risk assessment can also be extended into the community where appropriate.

Who should read it?

The information in this guide is aimed chiefly at four groups:

- Firstly, it should be essential reading for those in each Trust with a responsibility for, or interest in, ensuring that an effective policy is in place for the prevention and management of VTE.
- Secondly, it should be of general interest to all hospital and community based healthcare staff with direct clinical responsibility for patients – either during hospital admission or after discharge.
- Thirdly, by reading this document, senior hospital and PCT/LHB managers may be encouraged to facilitate the formation of thromboprophylaxis committees to drive VTE prophylaxis by releasing the necessary time, finances and other resources.
- Finally, it may also help to raise the awareness of patients to this life-threatening disease, and to highlight ways in which the associated risks can be reduced.

How to use it

The sections in this guide outline the key steps needed to set up such committees (for example, developing terms of reference), and provide guidance on who needs to be involved.

For instance, in my own Trust, the involvement of multi-professional groups has been crucial to ensure buy-in to the process from all involved.

This has also helped to ensure an appropriate division of labour in the development and maintenance of effective thromboprophylaxis procedures across all hospital groups, extending into the community where necessary.

This guide also contains helpful advice on how a committee should be run and how its effectiveness can be assessed.

Expected benefits

The overall outcome of setting up such committees should be a reduction in hospital-acquired thrombosis.

Although this may be difficult to recognise currently, this guide offers advice on ways to audit a range of outcome measures as part of the challenging agenda of thrombosis and thromboprophylaxis committees in all NHS Trusts.

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The rationale for thrombosis and thromboprophylaxis committees

Venous thromboembolic disease – "the silent killer"

Venous thromboembolism (VTE) is a well-known and considerable risk for hospital inpatients.

It can also lead to long term morbidity through debilitating conditions such as venous leg ulceration.

Overall, in the UK it has been estimated that:

- Pulmonary embolism (PE) following hospital acquired deep vein thrombosis (DVT) causes between 25,000 and 32,000 deaths each year[1]
- DVT occurs in more than 20% of patients having major surgery and more than 40% of patients having major orthopaedic surgery when no prophylaxis is used[2]
- The total cost (direct and indirect) to the UK of managing VTE is around £640 million – which is equivalent to £1 million per 100,000 population[1]

The potential benefits of prophylactic therapy

Unfortunately, despite evidence that thromboprophylaxis can greatly reduce the likelihood of VTE in high-risk patients, there is still a major shortfall in the number of patients receiving appropriate treatment. For instance, it has been found that:

- Up to 40% of patients undergoing major surgery do not receive effective prophylaxis[1]
- In addition only 40% of medical patients who are eligible for preventative treatment receive an effective prophylactic[1]

National guidance

During March/April 2007 two key documents were issued by the Department of Health and NICE.

- The NICE guidelines focused on the prophylaxis of VTE for inpatients undergoing surgery[2]
- The report to the Chief Medical Officer (CMO) by the independent expert working group on the prevention of VTE in hospitalised patients identified how current best practice could be promoted and implemented, and what resources might be needed to support delivery of any strategy recommended[3]

Key recommendations of the CMO report included:

- Mandatory VTE risk assessment – which should be embedded within the Clinical Negligence Scheme for Trusts
- Improvement of public and professional understanding of VTE
- Core standards to be established and included within Standards for Better Health and in Independent Health Care

The main recommendation in this report not covered by NICE guidance was that all medical patients should, as part of a mandatory risk assessment, be considered for prophylactic measures.

Lack of implementation

Despite the publication of NICE guidelines and recommendations from the Chief Medical Officer, uptake of VTE prophylaxis measures has been slow.

For example, one study found that although 99% of Acute Trusts were aware of the guidelines, only 32% carried out mandatory risk assessment of every hospital patient.[4]

Thrombosis & thromboprophylaxis committees

In 2005 the House of Commons Health Committee recommended that Trusts should establish a multidisciplinary committee or team responsible for improving the management of patients with VTE.

However, an audit of Acute Trusts in November 2007 showed that 42% have yet to take this step.[3]

10 reasons for setting up a thrombosis & thromboprophylaxis committee in your Trust		
1	The incidence of VTE within 3 months of major surgery at your Trust is higher than average, or varies between surgeons with a similar case load and case mix	❑
2	The mortality from hospital-associated VTE at your Trust is higher than average, or shows inexplicable variation	❑
3	The treatment of hospital-associated VTE at your Trust is expensive, in terms of the cost of therapy or lost activity	❑
4	Hospital-associated VTE causes logistical problems at your Trust – such as "blocked beds" or cancelled operations	❑
5	Your Trust does not have a VTE prevention policy	❑
6	Your Trust does have a VTE prevention policy, but it is out of date or not being used	❑
7	VTE risk assessments are not carried out routinely on patients at your Trust	❑
8	The number of high-risk patients receiving effective prophylaxis against VTE (unless contraindicated) is less than 100%	❑
9	Your Trust has not yet considered or implemented the latest NICE/ CMO guidance on thrombosis and thromboprophylaxis	❑
10	You don't know the answers to these questions	❑

Making the case for a committee in your NHS Trust

Why is this step important?

The fact that you are reading this guide means that you are probably already receptive to the idea of trying to improve the management of VTE in your Trust.

Unfortunately, you are probably also aware that not all your colleagues will share your enthusiasm. Indeed, you can probably already imagine certain people's eyes glazing over at the words "thrombosis and thromboprophylaxis", especially if the next word you throw at them is "committee".

So, faced with the reality that neither your clinician nor manager colleagues are likely to leap at the idea of setting up another talking shop, your first step is to persuade them of two things:

- That there is a real opportunity to make a difference in your Trust to the clinical outcome for patients at risk of VTE
- That your proposed committee will be effective in what it sets out to do to achieve this

Leading the process

Before going any further, it is important to ask yourself, honestly, if you are the right person to take this on.
In particular, the following questions may be worth thinking about (see box).

General considerations

- Which specialties have the greatest influence in your Trust? For instance, would this proposal stand more chance of getting off the ground if it came from a haematologist, a general physician, or an orthopaedic surgeon?
- Is someone else already supposed to be sorting this out (and if so, how are they getting on)?

Personal considerations

- Do you have the time, energy and enthusiasm to see the project through?
- Are you better at supporting others than leading from the front?
- Do you have a track record of delivering change?
- Are you fluently bilingual – in other words, can you speak to both your clinician and management colleagues in language that they can understand?

Having thought about these points, you should have a good idea if you are the most appropriate person to lead this initiative yourself, or whether it would be better (in terms of achieving your goal) to persuade someone else to do so.

Knowing what (and who) you are up against

As with any new proposal, the idea of setting up a thrombosis and thrombo-prophylaxis committee is likely to generate a range of responses from your colleagues.

Typically, you will find that:

- Some people will immediately see the benefit of your proposal, and will be keen supporters
- Others (and fortunately, this is likely to be the majority) will not feel strongly one way or the other, and can be relied on to "go with the flow"
- A third group (probably quite small, but the one that is guaranteed to create the loudest noise) includes those who object to what you are proposing, and may actively resist you
- A small but sneaky fourth group will give the outward appearance of going along with you, but will use opportunities to undermine your plans

Talking to people who may be affected by the committee's decisions will help you to find out where they stand.

At the same time, you will be able to raise awareness of the problem, explain the committee's role more clearly, hear any concerns, and correct any misunderstandings.

Understanding negative feelings & concerns

Don't be surprised if some of the feedback you receive from your colleagues is less than enthusiastic.

Generally, this is likely to be related to their lack of awareness of the problem, their (possibly ill-informed) perception of the purpose of the proposed committee, or their concern about its impact on them personally (see box).

Negative feelings about the proposed committee

Look out for any of the following common reactions:

- Apathy or indifference to the problem or what is being proposed
- A degree of concern, based on a lack of understanding about the problem or what is being proposed
- Cynicism about the problem or what is being proposed
- A fundamental disagreement about the problem or what is being proposed
- Active resistance to the problem or what is being proposed

Concerns about the personal implications

People tend to weigh up the benefits and disadvantages of new ideas from their own point of view, such as:

- Inconvenience, or lack of time
- Insufficient perceived gain for the anticipated effort involved
- A general aversion to participating in committee work (often based on a previous bad experience)

Gaining commitment from colleagues

Having sounded out your colleagues, you may find that you need to do some targeted lobbying to bring one or two of them on board – particularly if they are in a key position to influence the success (or otherwise) of your plans.

One way of doing this is to list everyone who is likely to be affected by your proposal – such as potential members of your group, and others affected by its activities and outputs.

Then a tried and tested exercise is to imagine yourself in their position, and – for each stakeholder you have identified – consider the question: "what's in it for me?" Some of the more obvious clinical and managerial benefits are listed in the box opposite.

Having completed this exercise, there are a number of tactics you can use to overcome any blocks (see overleaf).

Clinically attractive benefits

- Pride in doing the best for patients
- Implementing best clinical practice
- Reducing morbidity and mortality

Managerially attractive benefits

- Reducing the number of significant adverse events
- Hitting national targets, healthcare standards or other performance measures e.g. NICE / CMO recommendations
- Enhancing the Trust's reputation with patients, the local community and healthcare commissioners
- Improving the Trust's financial balance sheet
- Reduced litigation and adverse publicity
- Improving the efficiency of bed occupancy
- Reducing the number of delayed discharges
- More throughput of surgical operations

Obstacle/block	Possible solutions
Apathy/indifference Lack of understanding/ misunderstanding Cynicism Disagreement	Provide information, to include: ◆ Evidence about the extent of the problem within the Trust (if known) – for instance, as shown by: • The results of clinical audit within the Trust • Findings from critical/significant incident analysis ◆ National findings & recommendations
Active resistance	Consider inviting onto the committee, to act as devil's advocate
Inconvenience/lack of time	Share notes of meetings and ask for comments on proposals
Insufficient perceived gain for the anticipated effort involved	Highlight the clinical and managerial benefits generated in the "what's in it for me" exercise
A general aversion to committee work	Don't call it a committee! A "VTE prevention group" sounds a much more attractive proposition

Identifying & persuading the decision-makers

To head off any further objections to your committee, it is worth seeking top-level backing from the Trust.

This will signal clearly the importance that the Trust places in your work – which in turn will increase your chance of receiving funds and other forms of support. It will also give your group more "clout" to carry out its tasks.

To complete this step you need to find out which individual or group has the authority to approve your committee, and then prepare a case based on the arguments you have put together.

Key people to engage

- The Trust's medical director and director of nursing
- Other senior clinicians with managerial responsibility
- The clinical governance committee chairperson
- Non-executive directors with a role in clinical governance
- External influences e.g. coroner

10 things that will help you to get a thrombosis & thromboprophylaxis committee set up in your Trust		
1	Identify the person best placed (in terms of time, skills, authority and influence) to lead the initiative, which may or may not be you, and gain their commitment to champion the cause	❑
2	Lobby, and get endorsement from, your Trust's Medical Director	❑
3	Create a list of all those who need to be on-board (or will be affected in some way), and divide the names into four groups: ◆ Active supporters (those who you know to be on-side) ◆ Potential supporters (those who will go with the flow) ◆ Active obstructers (the noisy awkward squad) ◆ Hidden obstructers (the quiet underminers)	❑
4	Talk to people from each group – and listen carefully to the obstructers, who will help you to hone your arguments	❑
5	Let each group know that you have heard their views and that you will take account of their specific concerns	❑
6	List all the barriers and objections that you have identified – and for each one, identify a way of overcoming or circumventing it	❑
7	Prepare your case, making sure that you cover: ◆ The rationale outlined in the previous section ◆ The benefits expected – to patients, clinicians, managers, and to the Trust as a whole ◆ The resources (time, funds, admin support etc) required ◆ The key actions needed and the timescale ◆ Examples of where this has worked well elsewhere	❑
8	Rehearse and refine your sales pitch until you can present it clearly, concisely and persuasively (it may help to imagine that you have been given two minutes to do this on Radio 4's Today programme!)	❑
9	Identify the appropriate individual or group with the authority to decide whether a thrombosis & thromboprophylaxis committee goes ahead, and approach them directly with your proposal	❑
10	Emphasise the points that will sway the decision-maker(s) in your favour, and provide a single-page summary of your case	❑

Establishing the committee

Why is this step important?

Once your committee has been given the green light, your next task is to make sure it doesn't become one of those groups that quickly falls by the wayside and fails to deliver. There are three things you can do to avoid this:

- First, the bureaucratic reality is that for a committee to survive, thrive and drive things forward, it needs to have a formal place in the Trust's governance structure
- Secondly, you will now be expected to clarify the purpose and role of your committee, along with its decision-making powers
- Thirdly, you need to ensure that you recruit the right people on to your group

Clarifying the committee's position in the Trust

At first sight, your Trust's committee structure is likely to resemble a complex jigsaw puzzle. In spite of this, you need to study it carefully to work out the best place for your group to sit.

Most likely, this will mean becoming a sub-group of, and therefore reporting to, the Trust's clinical governance or risk management committee.

Defining the committee's purpose & powers

To avoid any misunderstanding, either among the members of your group or elsewhere, it is essential for everyone to be clear about what the committee is expected to do, along with the limits of its authority.

These aspects, plus other procedural points relating to how the committee will function, should be encapsulated on a single side of A4 as "terms of reference" (see box below).

Terms of reference – headings

- Name of the committee or group
- Overall purpose – in a single sentence
- A list of key responsibilities and tasks
- Membership and quorum arrangements
- Frequency of meetings
- Reporting arrangements – to which committee and how often

Identify and recruit the right committee members

This key step frequently involves a delicate trade-off between two things:

- The need to include a wide range of views, perspectives and skills
- The need to limit the committee to a manageable size

Membership – try to include:

- Those with specific expertise
- Those who will be directly affected by the committee's decisions
- Those in a position to implement decisions
- Those in a position to influence others – both positively and negatively
- Those who will benefit most from the committee's work – i.e. aim for some form of patient representation or input

Accommodate others by listing:

- Those who need to be included in the group itself
- Those who need to be involved from time to time
- Those who need to be informed about the group, its activities and outputs

Appointing a chairperson

Having an effective chairperson can have a big impact on the effectiveness of your committee.

Instead of appointing the most senior person, or the most vocal (both of which are commonly chosen), it is better to identify the member of your group who most closely fits with the requirements of this role (see box).

Chairperson – key attributes

- Able to command the respect of group members – and others
- Clear about the purpose of the group
- Encourages contributions from all group members – and shows that they have been heard
- Sums up regularly
- Keeps to time and task

Terms of reference: a suggested model

Purpose:

To develop and oversee the implementation of guidelines for the prevention and management of hospital associated venous thromboembolism within the Trust.

Tasks:

- To agree a policy for the prevention and management of hospital associated VTE in the Trust, based on national guidance and other examples of best practice
- To ensure that the policy is communicated appropriately and effectively across the Trust
- To develop and oversee an action plan to ensure the effective implementation of the policy across the Trust
- To advise on appropriate training to be included in the Trust's induction and mandatory training programme for clinicians
- To advise on criteria and standards for clinical audit to monitor the effectiveness of the policy within the Trust
- To consider the findings from relevant clinical audits, critical incident analysis and significant adverse event investigations within the Trust, and make recommendations for further action as necessary
- To update the policy from time to time in the light of new evidence or national guidance
- To evaluate new treatments and prepare formulary and funding applications as necessary
- To report quarterly to the Trust's clinical governance committee
- To produce an annual report on hospital associated venous thromboembolism for the Trust Board

Committee membership & involvement planner

Those who need to be included in the group itself	Those who need to be involved from time to time	Those who need to be informed about the group
◆ Consultant haematologist with haemostasis interest ◆ Consultant surgeon – both general and orthopaedic ◆ Consultant anaesthetist ◆ Consultant physician ◆ Senior pharmacist ◆ Senior nurse (e.g. with responsibility for pre-op assessments or administrative role) ◆ Clinical governance or risk manager	◆ Other surgical specialists ◆ Specialist nurses ◆ Interested GPs ◆ Senior midwife ◆ Community matron ◆ Procurement manager ◆ Medicines management specialist	◆ All clinical staff within the Trust ◆ All GPs ◆ Community nurses ◆ Patients and patient groups ◆ PCT/LHBs ◆ Practice-based commissioners

10 practical things to sort out when setting up a thrombosis & thromboprophylaxis committee in your Trust		
1	Agree the name of the committee or group that best encapsulates its purpose, and is likely to encourage participation	❏
2	Identify an appropriate place in the Trust's committee structure	❏
3	Consider the membership, listing separately those who need to be included, involved and informed	❏
4	Identify an appropriate person to chair the committee	❏
5	Draw up terms of reference, to include the purpose of the committee and key tasks to be carried out	❏
6	Agree the location, timing, frequency and duration of meetings to ensure maximum attendance	❏
7	Agree the admin support for the committee – and any other resources that it will need	❏
8	Agree how the committee will communicate between members, and communicate its workings and decisions to others	❏
9	Determine the reporting arrangements	❏
10	Arrange your first meeting	❏

Getting started and setting direction

Why is this step important?

Now that you've managed to assemble your group (and well done for getting this far, by the way) you need to deliver on your earlier promise that this will be one of those rare things – a committee that gets things done!

It is therefore really important to use your first few meetings to gain the commitment of your members and to set a clear, common agenda for the future. A little extra effort at the outset will increase your committee's chance of being effective in the longer term.

Agreeing priorities

Before going any further, your group needs to consider two questions:

- What are the national expectations (which means that all members of the group need to read the NICE/CMO guidelines and be aware of the House of Commons Health Committee's recommendations)?
- How well (or otherwise) is the Trust performing (and if the answer isn't known, then finding out becomes your first priority!)?

Once you have established the Trust's performance against the national average, ideally broken down by specialty, specialist or procedure, you will be able to judge what (if anything) needs to be tackled.

For instance, this exercise may reveal an urgent need to develop or update the Trust's policy, or to focus on its implementation in relation to a particular specialty, specialist, department, ward or procedure.

Potential priority areas

- Improving the clinical outcome for a particular patient group
- Enabling a department or process to run more efficiently
- Reducing variation in clinical practice
- Improving cost-effectiveness
- Restoring the Trust's reputation

Setting objectives

It is only by being clear at the outset about what your committee wishes to achieve that you will be able to tell if you have been successful.

There is an art to setting objectives – but fortunately it is not difficult to master. Essentially, you just need to think SMART (see below and on next page), and remember to include some "quick wins"!

SMART objectives are:

- Specific
- Measurable
- Achievable
- Realistic
- Time-explicit

This is a good intention, but not a SMART objective:

- To reduce the incidence of hospital associated VTE episodes within the Trust

These are all very SMART objectives:

Structure-orientated objectives

- To (agree / develop / revise / update) a policy for the prevention and management of VTE in the Trust by (date)
- To ensure that the prevention and management of VTE is included in the Trust's induction and training programme by (date)

Process-orientated objectives

- To ensure that all relevant departments within the Trust have received a copy of the Trust's agreed policy for the prevention and management of VTE by (date)
- To ensure that, within three months of joining the Trust, all new clinical members of staff receive training on the prevention and management of VTE by (date)
- To ensure that all clinical members of staff have attended training on the prevention and management of VTE within the last (x) years by (date)
- To ensure that a VTE risk assessment is carried out on all patients undergoing major abdominal or orthopaedic surgery by (date)
- To ensure that all patients undergoing major abdominal or orthopaedic surgery receive written information about the risk of VTE and the role of preventive therapy by (date)
- To ensure that 100% of patients assessed as having a high risk of VTE are offered preventive treatment unless otherwise contraindicated, by (date)
- To ensure that, in 100% of cases where treatment is deemed to be appropriate, it is given in accordance with the Trust's policy for the prevention and management of VTE by (date)

Outcomes-orientated objectives

- To reduce the number of episodes of VTE occurring during hospital admission and for the following three month period (to less than x / by y %) by (date)
- To reduce the number of deaths caused by VTE occurring during hospital admission and for the following three month period (to less than x / by y %) by (date)
- To reduce the number of bed-days lost due to hospital associated VTE (to less than x / by y %) by (date)

Specifying actions & developing a plan

For each objective, simply list the actions needed to achieve the goal, in the order that they need to be done – being sure to include costs and deadlines for completion, and to assign lead responsibilities (see template on next page).

The last step (in this section) is to ensure that the plan is embedded into the Trust's overall action plan and the organisation's performance management arrangements.

Action planning template

Description of priority No. 1

Objectives		Actions required		Costs	Lead person	Deadline
1.1	Description of 1st objective	1.1.1	Description of 1st task	£££	initials	date
		1.1.2	Description of 2nd task	£££	initials	date
		1.1.3	Description of 3rd task	£££	initials	date
1.2	Description of 2nd objective	1.2.1	Description of 1st task	£££	initials	date
		1.2.2	Description of 2nd task	£££	initials	date

Description of priority No. 2

Objectives		Actions required		Costs	Lead person	Deadline
2.1	Description of 1st objective	2.1.1	Description of 1st task	£££	initials	date
		2.1.2	Description of 2nd task	£££	initials	date

10 ways to ensure that a thrombosis & thromboprophylaxis committee gets off to a good start in your Trust		
1	Ask all members to read – and be familiar with – the NICE/ CMO guidance and Health Select Committee recommendations before the first meeting	❑
2	Confirm the purpose of the committee, and ensure that all members are signed up	❑
3	Circulate a copy of the Trust's current VTE prevention policy (if it exists)	❑
4	Establish if there is any information about the Trust's current level of performance in this clinical area – and if so, circulate it for discussion	❑
5	Identify the issues requiring attention and agree the most important things that need to be tackled first – being sure to include some "quick wins"	❑
6	For the top priority areas, agree SMART objectives that you wish to achieve	❑
7	For each objective, list in chronological order the things that need to be done and create an overall action plan	❑
8	Assign areas of responsibility to individual members of the group. Set up working parties as manageable sized groups to drive specific policies in designated areas	❑
9	Ensure that the task list is embedded within the Trust's action plan for the year, and that it is included within the Trust's performance monitoring arrangements	❑
10	Communicate your priorities, objectives and action plan to others across the Trust	❑

Managing the committee and its meetings

Why is this step important?

Many committees start off with good intentions, but too often what follows is drift, dissatisfaction, disillusionment – and dwindling attendance.

To maintain the commitment of your members, meetings therefore need to be run in a businesslike fashion. That way, your committee is more likely to be valued by other stakeholders, and to be seen to be effective.

Running effective meetings

Although the knack of running a good meeting comes with practice, there are several things that are known to help.

Taking a few moments to consider (or add to) the points listed in the box below at your first meeting will help to get your group working as a team.

Getting the basics right

- Dates and times of meetings to be fixed 6 months ahead
- Meetings to start and finish on time
- Agendas and all paperwork to be circulated 1 week before meetings
- Progress with action plan to be reviewed at each meeting
- Meeting notes to be full minutes / brief notes / decisions or actions agreed
- Notes from meetings to be circulated in draft form within 10 days

Understanding roles & responsibilities

In the best-run committees, everyone knows why they are there and what is expected of them. This sense of being part of a team is helped by agreeing some "ground rules" (see box below).

Roles & responsibilities

Chair

- Keep meetings to time and on-task
- Formulate agendas to ensure that all issues are covered, key items first
- Present topics for discussion clearly
- Encourage contributions from all members, but at the same time keep discussions focussed
- Sum up regularly

Members

- Regular attendance expected
- Active listening and participation
- Respect for the chairperson's role
- Commitment to agreed decisions
- Follow-through of designated tasks
- Agree key communication messages
- Link back to departments and teams

Admin support

- Arrange venues +/- refreshments
- Act as contact point for all members
- Take notes during meetings
- Prepare and circulate agendas, minutes and papers

Establishing communication channels

Sadly, it is all too easy for a committee to become isolated from the rest of the organisation – and, in particular, from those who may be affected by its deliberations and decisions.

You can avoid falling into this trap by communicating regularly across the Trust (and more widely, where appropriate) about the committee's work, and asking for feedback on proposals before finalising decisions. This will also increase the likelihood of your recommendations and plans being accepted and adopted.

For instance, you could share learning and obtain feedback by talking about your work at the Trust's audit meeting.

Key communication channels

- Between committee members
- With other key colleagues whose input is required from time to time
- With Trust staff in general
- With others outside the Trust (such as GPs) who need to understand the Trust's policy
- With the Trust's clinical governance committee

Communication methods

- Construct a group email list for committee members
- Issue a brief bulletin after each meeting – with three key messages
- Send emails to key people
- Use the Trust's noticeboards, newsletter or website
- Trust audit meetings

10 ways to ensure the smooth running of a thrombosis & thromboprophylaxis committee in your Trust		
1	Ensure that members of the group are clear about their expected role and responsibilities	❑
2	Agree a set of "ground rules" for how meetings will be conducted	❑
3	Prepare and circulate agendas and all paperwork in good time before meetings	❑
4	Ensure that meetings start and finish on time	❑
5	Make notes of decisions made or actions agreed, instead of taking formal minutes	❑
6	Plan the dates and times of meetings well ahead, to avoid as far as possible scheduled clinical activity such as outpatient clinics and theatre sessions	❑
7	Review progress with the action plan at each meeting	❑
8	Establish ways of communicating quickly and easily between committee members for instance, by setting up a group email list	❑
9	Create a list of other key colleagues who need to be involved from time to time, and establish ways of gaining their input	❑
10	Use existing channels (or – if they are poor – develop new ones) to communicate the activities and decisions of the committee across the Trust	❑

Reviewing the committee's effectiveness

Why is this step important?

It's not unknown for some committees, once they have been established, to take on a life of their own (the original purpose of the group having been long-forgotten). Others just seem to lose their way. To keep themselves on track and on their toes, the very best committees constantly ask two broad questions:

- Does the reason for the committee still exist?
- Is the group achieving what it set out to do?

Gaining feedback & measuring outcomes

These questions can be answered by seeking feedback (see box) from:

- Committee members themselves – for instance, regarding the way in which meetings are conducted or the progress made with plans
- Those affected by the committee's activities and decisions – to assess the committee's effectiveness, as seen by other clinicians and managers
- Formal assessment (for instance through clinical audit) of whether or not the committee's original objectives are being met

Is the committee working well?

- Frequency of / attendance at meetings
- Participation in discussions
- Communication channels

What is the committee doing?

- Progress with action plan
- Decisions made/guidelines produced
- Information circulated

Has the committee had an effect?

- Impact on clinical practice
    - Critical incidents/serious adverse events (SAEs)
    - Changes to standard procedures
- Effect on morbidity or mortality
- Efficiency or cost-effectiveness
- Patient awareness/involvement

Celebrating success & learning from mistakes

Taking time to complete (and repeat) this final exercise will ensure that your group does two important things:

- Recognises its achievements (however small) – and gives itself a collective pat on the back
- Considers what could have been done better (there's always something!), and what needs to change for the future

Committee evaluation template

Questions	Always ⟵⟶ Never				How could this be improved?
Is the committee working well?					
• Meetings start & finish on time	❑	❑	❑	❑	
• Attendance is good	❑	❑	❑	❑	
• Agendas & papers are circulated in good time	❑	❑	❑	❑	
• Discussions are inclusive	❑	❑	❑	❑	
• Decisions are followed through	❑	❑	❑	❑	
• Progress with action plan is monitored	❑	❑	❑	❑	
• Communication within the group is good	❑	❑	❑	❑	
What is the committee doing?					
• The input of others is sought appropriately	❑	❑	❑	❑	
• Information about the committee's work is being communicated across the Trust	❑	❑	❑	❑	
Has the committee had an effect?					
• The committee is meeting its agreed objectives:	Yes ⟵⟶ No				
Objective 1	❑	❑	❑	❑	
Objective 2	❑	❑	❑	❑	
Objective 3	❑	❑	❑	❑	
Objective 4	❑	❑	❑	❑	
Objective 5	❑	❑	❑	❑	
Objective 6	❑	❑	❑	❑	
Objective 7	❑	❑	❑	❑	
Objective 8	❑	❑	❑	❑	
Objective 9	❑	❑	❑	❑	
Objective 10	❑	❑	❑	❑	

10 tips for reviewing the effectiveness of a thrombosis & thromboprophylaxis committee in your Trust		
1	Review the committee's action plan at each meeting, and ensure that any outstanding or overdue items are addressed	❑
2	Schedule a regular, brief review of how the committee is working, using the previously agreed "ground rules" as a guide	❑
3	Ask committee members for feedback on how well the meetings are being conducted, and how this could be improved	❑
4	Ask key non-member colleagues if they feel that they are being consulted and involved appropriately, and how this could be improved	❑
5	Seek feedback from other members of staff on the information that they are receiving about the committee's activities and outputs, and how this could be improved	❑
6	Carry out simple audits to establish the awareness and uptake of any new policies and guidelines across the Trust – as determined by: • changes to day-to-day clinical practice • important measurable outcomes – both clinical and managerial	❑
7	Publicise your achievements through the Trust's internal communication system	❑
8	Reflect upon the reasons for any lack of progress, and revise your plans accordingly	❑
9	Prepare a brief annual report on the committee's activities and achievements	❑
10	Recognise your hard work, and celebrate the success of your committee!	❑

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Notes

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