

**1.a) Has your CCG appointed a person with responsibility for quality assurance of VTE prevention delivered by local healthcare providers?**

Yes

**b) If yes, please provide the name and the job title of the person responsible for quality assurance of VTE prevention delivered by local healthcare providers.**

Linda Dowse, Chief Nurse

**2.a) Where local providers are already achieving over 95 per cent of all adult inpatients being risk assessed for VTE on admission, local commissioning organisations may choose to adopt a higher threshold. Has your CCG set a threshold higher than 95 per cent?**

No, local providers have reached the 95 per cent target; however, we have not raised the threshold.

**If yes, please specify the local threshold for the proportion of all adult inpatients that have had a VTE risk assessment on admission to hospital:**

N/A

**b) What is the locally agreed goal for the proportion of VTE admissions that are reviewed through root cause analysis necessary for the achievement of the National VTE prevention CQUIN Goal requirement?**

Root cause analysis undertaken each month, Quarter 1 data being analysed to set target for Q2 onward.

**c) Please describe the process through which the root cause analysis reports submitted by providers are evaluated and outline the criteria used to determine their adequacy.**

Through standing agenda item at Clinical Quality Review Group held monthly with Providers.

**d) Have any of your healthcare providers failed to meet the thresholds specified for the VTE risk assessment and root cause analysis elements of the National VTE Prevention CQUIN Goal in any reporting period since April 2013?**

Yes

**e) If yes, has your CCG withheld or is it planning to withhold a proportion of the CQUIN payment from the provider in question?**

Yes – currently being set

**f) If yes, please provide details:**

The Provider has been undertaking root cause analysis on VTE from 1st April 2013 – 1st quarter data currently being analysed and target agreed.

**3.a) Does your CCG have in place a prescribing protocol / prescribing guidance for the use of NOACs (Rivaroxaban) for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism?**

Yes

**b) If yes, please attach the protocol.**



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Guidelines Revised FI