

South regional Safety and Learning quarterly networking meeting

24 February 2026

12:00 – 14:00



@NHSResolution

Missed fracture claims:

Updated insights for the NHS
Resolution regional networks

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MBChB, FRCEM, FRCS.Ed, DipHEPPR, MFMLM.



Comparison of findings NHS Resolution publication to 2026

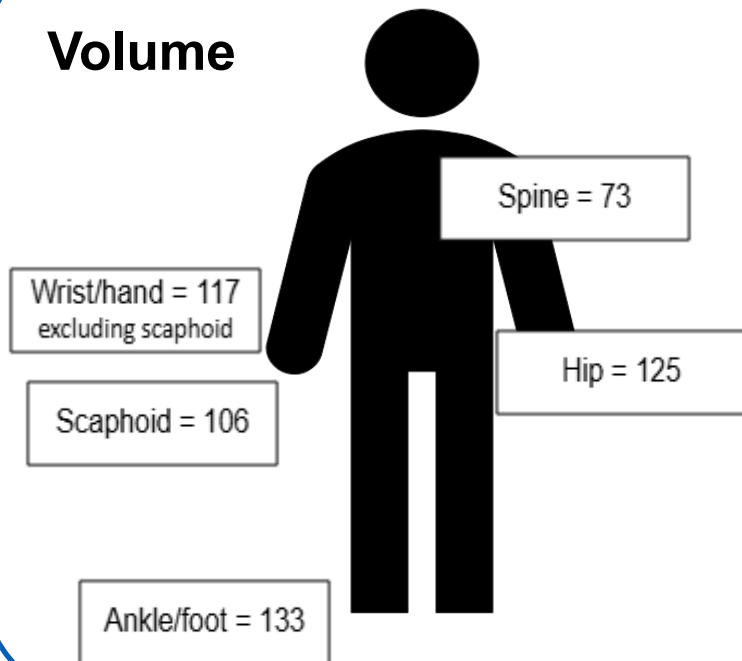


Resolution

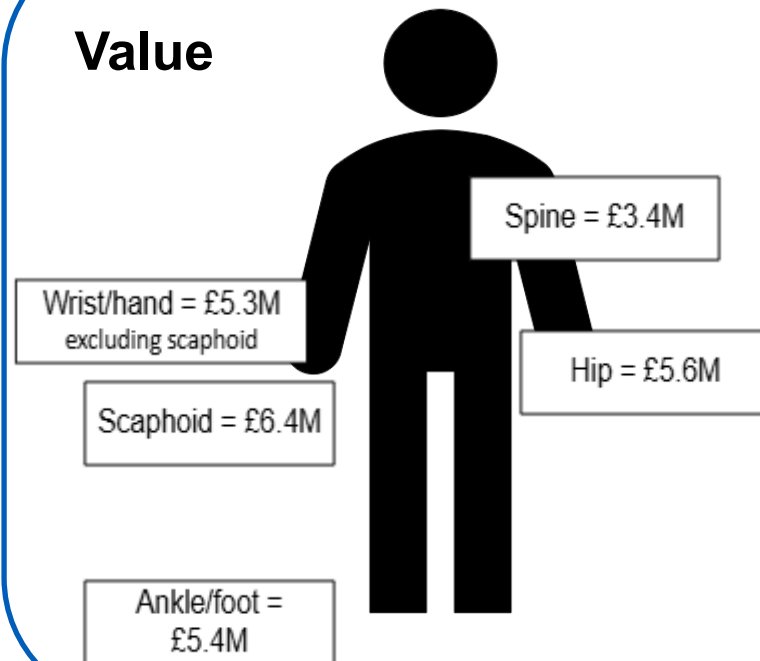
2022 Missed Fracture Report 2 years of claims data Specialties: Emergency Medicine	Between 2015/16 and 2017/18 there were 78 closed claims where damages were paid	Total Cost £1.1 million	Total damages paid £469,611	Injury site by volume of claims 1. Hip (n=19) 2. Finger (n=10) 3. Spine (n=10)
2026 Missed Fracture Analysis 5 years of claims data Specialties: Emergency Medicine Orthopaedics Radiology	Between 2017/18 and 2022/23 there were 826 closed claims where damages were paid	Total Cost £43.1 million	Total damages paid £18 million	Injury site by volume of claims 1. Ankle (n=133) 2. Hip (n=125) 3. Scaphoid (n=106)

2026 analysis: top five injury sites

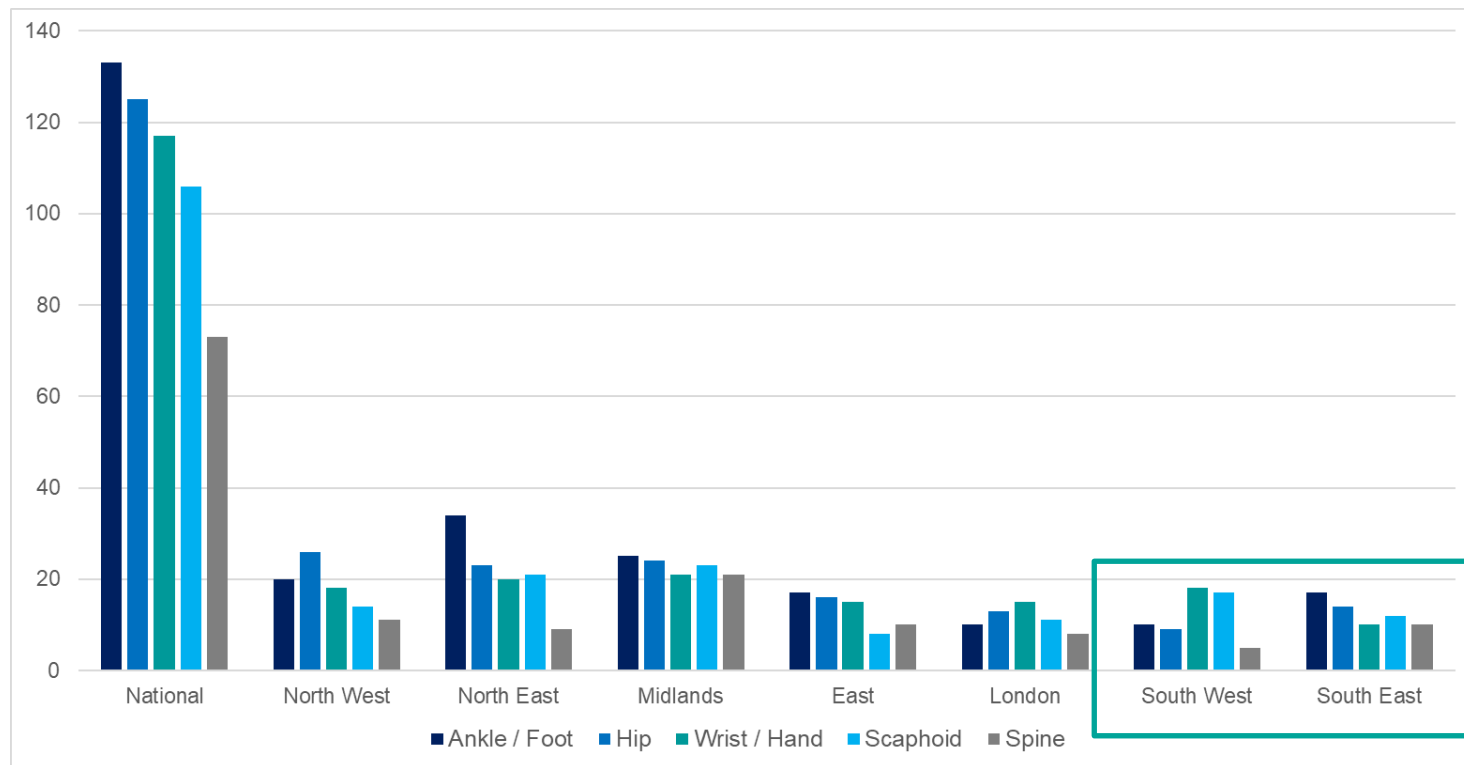
Volume



Value



Top five injury sites by region



Regional insights – South West

77 closed claims
with damages paid

Total cost of closed claims
= **£4 million**

Total damages paid
= **£1.8 million**

40 female claimants
Average age = **52** years

37 male claimants
Average age = **44** years

Top 5 missed fracture claims by injury site

Scaphoid = 17 claims
Total cost = £1.5 million

Wrist /hand= 18 claims
Total cost = £837,231

Spine = >5 claims
Total cost =£174,956

Hip = 9 claims
Total cost = £401,826

Ankle / foot = 10 claims
Total cost = £208,798



Regional insights – South East

96 closed claims
with damages paid

Total cost of closed claims
= **£4.7 million**

Total damages paid
= **£2 million**

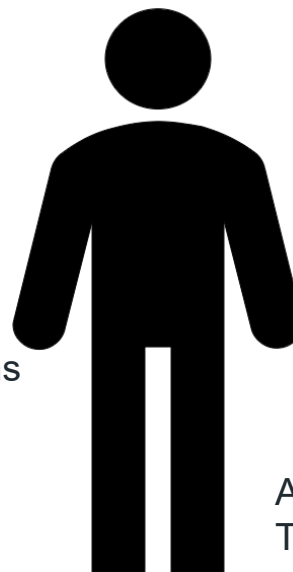
39 female claimants
Average age = **52** years

57 male claimants
Average age = **43** years

Top 5 missed fracture claims by injury site

Scaphoid = 12 claims
Total cost = £545,468

Wrist /hand= 10 claims
Total cost = £349,584



Spine = 10 claims
Total cost =£295,674

Hip = 14 claims
Total cost = £531,0119

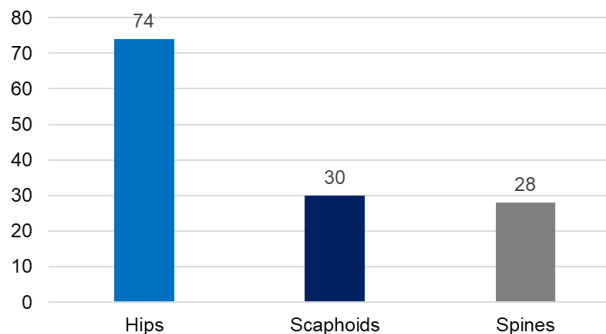
Ankle / foot = 17 claims
Total cost = £1.1 million

Overview of 132 missed fracture claims

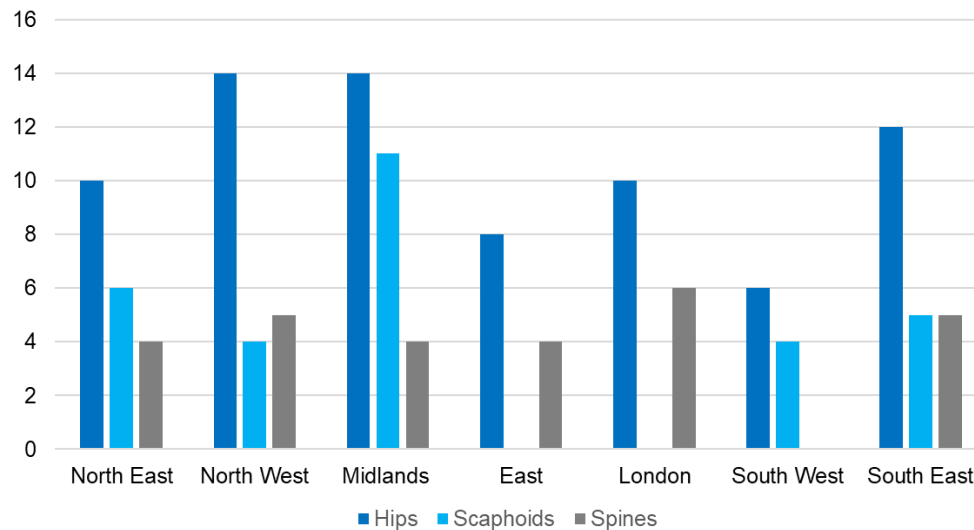
Average age = 58 years
Range = 14 years to 94 years

♀ = 75

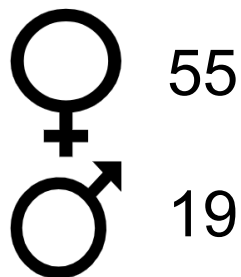
♂ = 57



Missed fracture claims by region

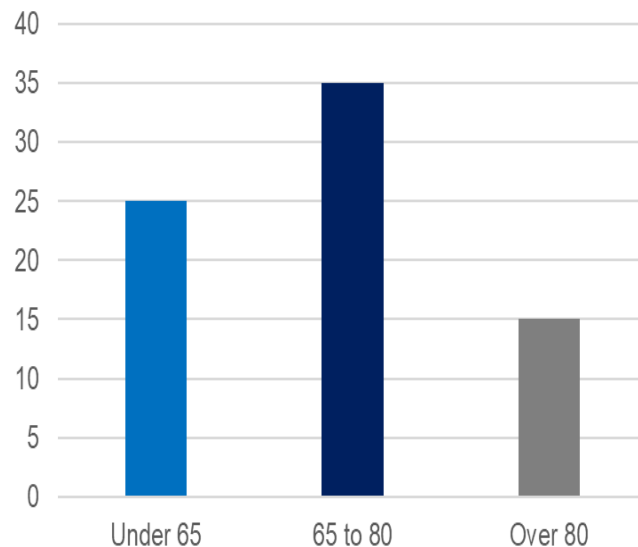


Overview of 74 missed hip fracture claims

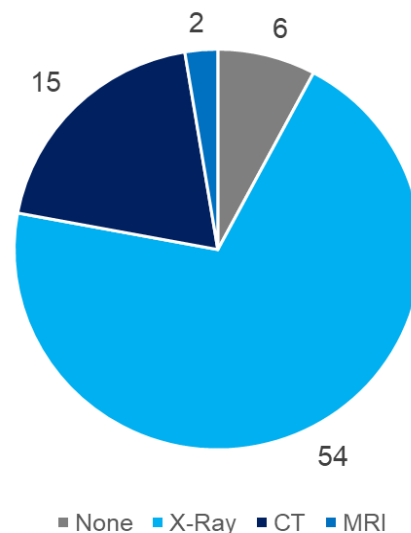


Mechanism
Fall
Resistance
Running

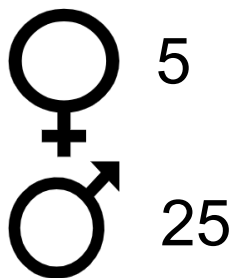
Claimant age at incident



Imaging performed at initial presentation

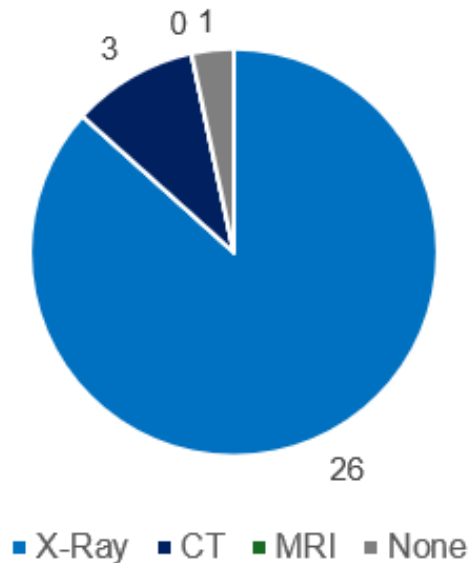


Overview of 30 missed scaphoid fracture claims

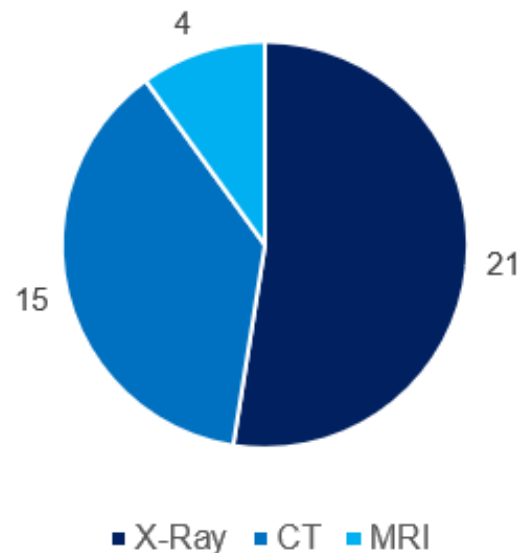


Mechanism
FOOSH
Non-weight
bearing impact
RTA

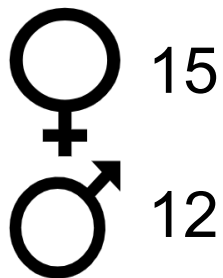
Imaging at initial presentation



Subsequent imaging

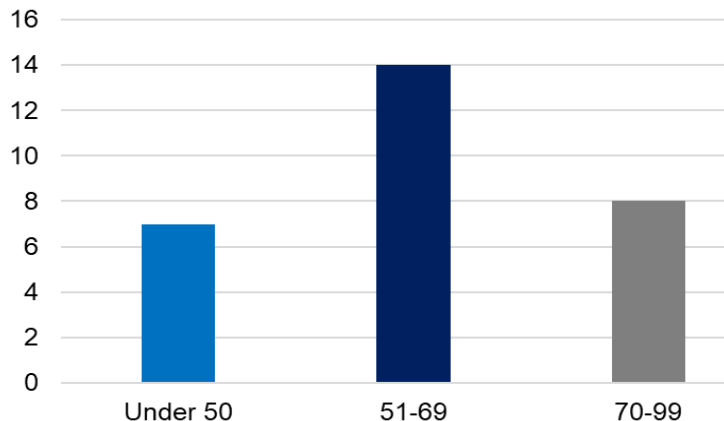


Overview of 28 missed spinal fracture claims

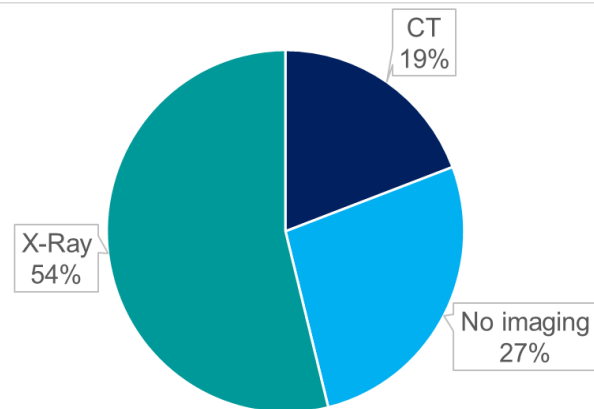


Mechanism
Majority had
a fall from
under 3m

Claimant age at incident



Imaging performed at initial presentation



Themes within missed fracture claims

Primary care review
in 50% of claims

Ambulance service
involvement in 15%
of claims

Poor bone health
indicated across
claims

Theme	2022 Report	2026 Analysis
Clinical examination	✓	✓
Imaging request	✓	✓
Imaging review	✓	✓
Delay in follow-up	✓	✓
Communication and teamwork	✓	✓

What's next?

Population health management lens to the analysis

Potential impact of optimising bone health in fracture prevention

What do you think would be helpful outputs from this updated analysis?

Contact Safety and Learning



020 7811 2700



nhsr.safetyandlearningenquiries@nhs.net



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@NHSResolution



<https://resolution.nhs.uk>

Imaging AI intergration at Royal Cornwall Hospitals NHS Trust

Current active software and planned
Fracture Detection software

Presentation overview

1. Introduction
2. Background
3. Existing AI technology
 - Bone age calculation – paediatric x-ray
 - Stroke imaging – brain CT
 - Prostate cancer detection and risk score – Prostate MRI
 - Lung cancer detection – Chest CT
4. Current project - Fracture detection – standard x-ray
5. Key Take Aways

Introductions

- Nicholas Ashley – Research Data Manager, Clinical Imaging
- Dr Tom Bean – Consultant Radiologist & Imaging Research Lead
- Chrissie Eade – Consultant Radiographer

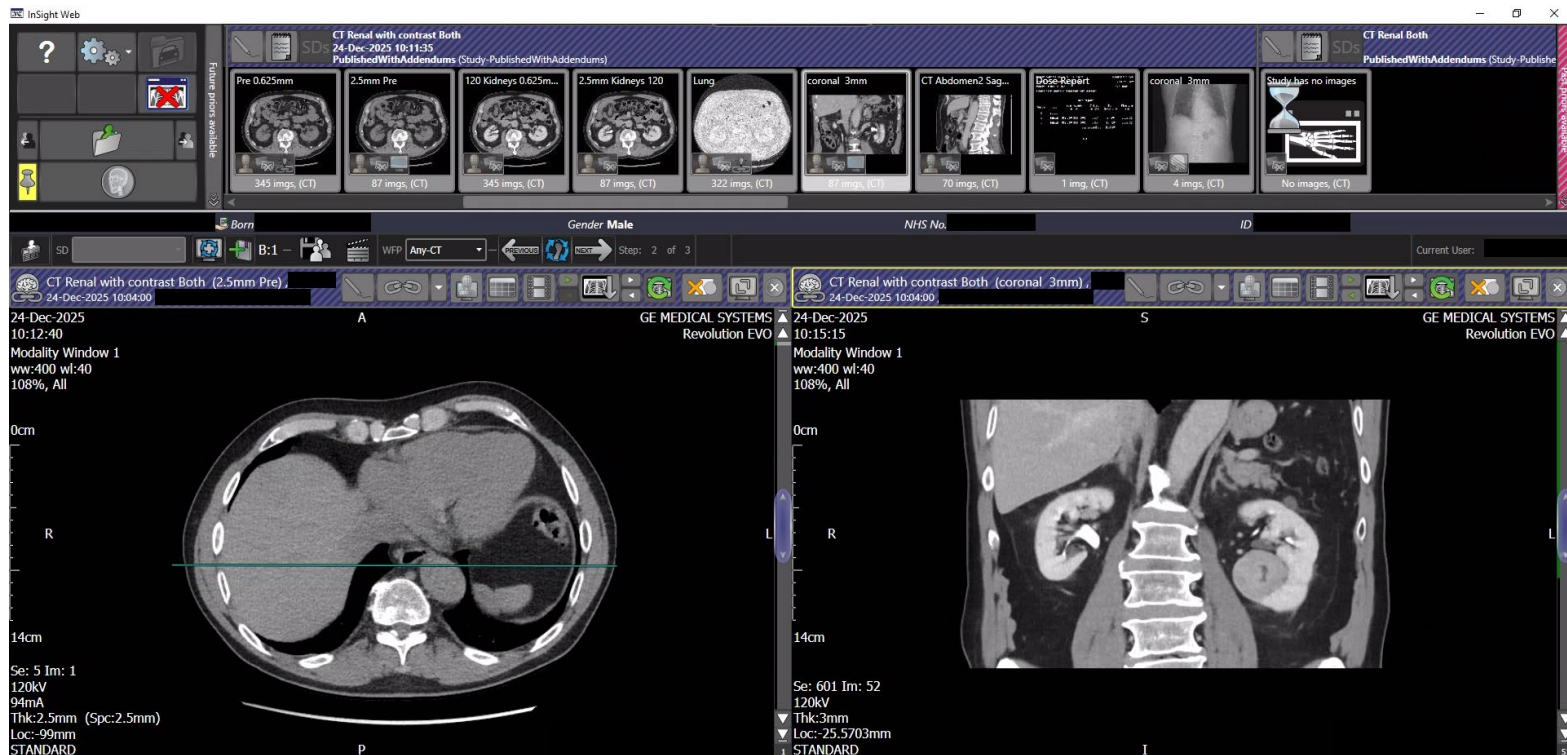
Managed by and working closely with:

- Dan Powell – PACS Manager and Radiographer

Background and Purpose

- Royal Cornwall Hospitals NHS Trust has established itself as an innovative centre for Healthcare Research and Development
- Clinical Imaging is heavily involved in supporting Clinical Trials lead by other departments and specifically active with the provision of data for, and integration of, Imaging AI software
- Currently we have four Imaging AI software solutions fully approved and in day-to-day use in a clinical setting, over a range of modalities:
 1. Bone age calculation – Paediatric hand x-ray
 2. Stroke imaging – Brain CT
 3. Prostate cancer detection and risk score – Prostate MRI
 4. Lung cancer detection – Chest CT
- Of particular interest for discussion today we also have in the set-up phase:
 5. Fracture detection – Standard x-ray

PACS - Picture Archiving & Communications System Overview



1. Bone age calculation – paediatric x-ray

- A patient's bone age; how well developed their bones are and if they are reaching certain developmental milestones, can differ from their 'true' age
- Bone age is essential to calculate in children with, or with suspected, poor development, due to a range of potential factors
- X-ray of the wrist and fingers is used to assess bone age, requiring accurate measurements of length and position to assess against calibrated standards
- Prior to the introduction of the AI solution this took a trained Radiologist or Diagnostic Radiographer approximately 30 mins, with the potential for human error
- Bone age calculation software now provides an accurate and reliable assessment in approximately 1 minute
- In use since May 2017 – approximately 1700 cases assessed, 850 reporting hours saved or 35 ½ days

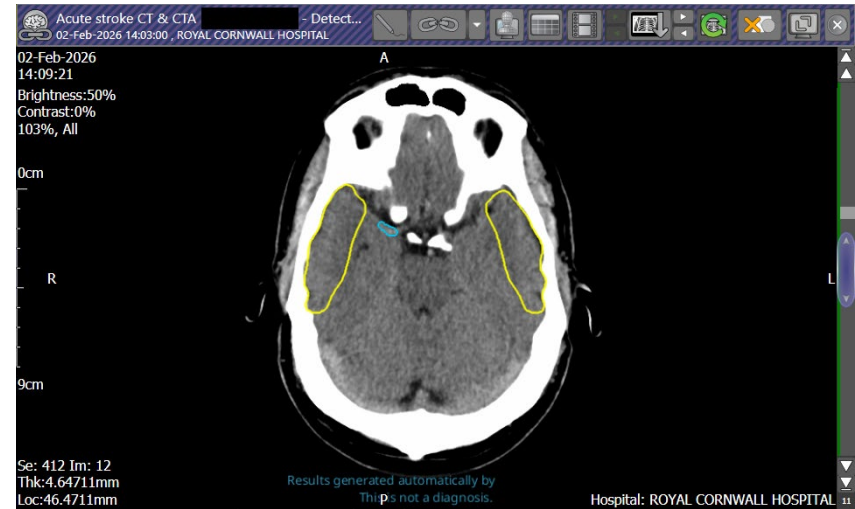
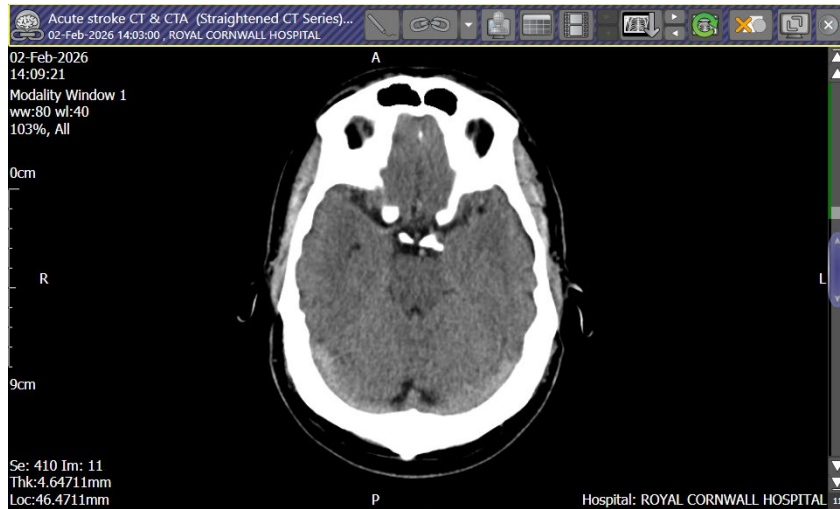
Bone age calculation - example



2. Stroke imaging – brain CT

- Accurate and rapid assessment of blood flow supplying the brain and potential brain injury is vital in patients with suspected stroke
- Two main mechanisms of stroke; blood clot within the blood vessels supplying the brain or bleed on the brain
- Rapid but radically different treatment for each mechanism; blood clot requires blood thinning agents and / or thrombectomy (physical removal via catheter) but extremely dangerous to administer if patient has had a bleed
- Stroke AI solution can highlight regions of interest within brain CT and crucially distinguish between blood clot and bleed
- Major strength is integration with Plymouth Neurology where thrombectomy is performed; AI will automatically alert Plymouth Neurology team who can urgently arrange patient transport and procedure
- In use since Feb 2021 – small number of total patients alerted to Plymouth Neurology but critical for those individuals

Stroke imaging - example



3. Prostate cancer detection and risk score – Prostate MRI

- Prostate cancer is notoriously difficult to detect and assess with regards to the benefit versus risk of any potential treatment:

Prostate tissue itself undergoes pre-cancerous changes as patients age

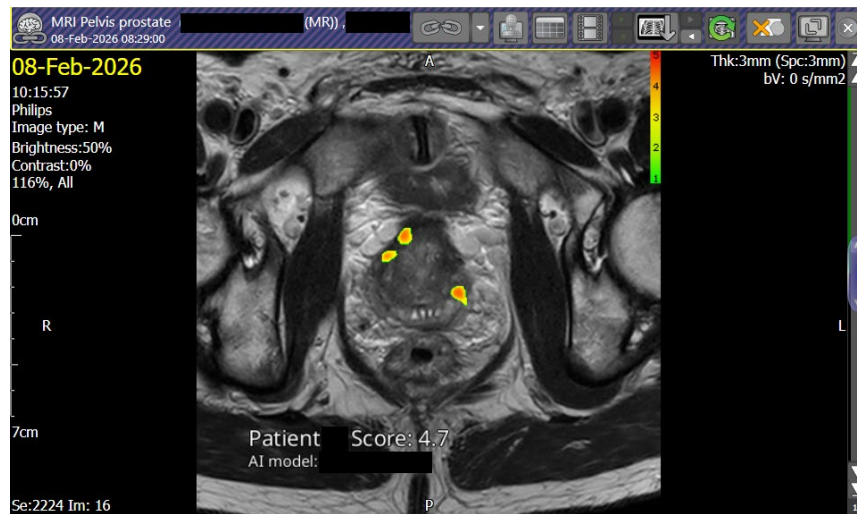
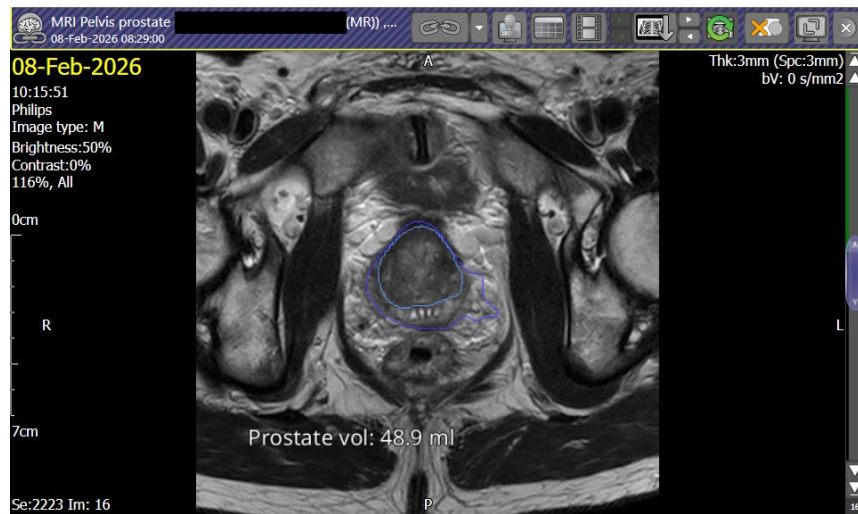
Prostate is in a difficult anatomical location to palpate or image

Older men are the least likely demographic to seek medical aid and symptoms can be non-existent, easily missed or mistaken for regular aging process, all resulting in late diagnosis

Treatment options have significant side effects which can outweigh potential benefit

- AI support for prostate cancer detection is therefore extremely valuable
- The software first detects the prostate itself and calculates volume, which can in itself be an indication of pathology, then 'segments', highlights suspicious regions, giving a risk score from 1 lowest to 5 highest
- In use since Sept 2024 – Remains in review stage, difficult to quantify impact at this stage, certainly regarded positively by primary prostate Radiologist

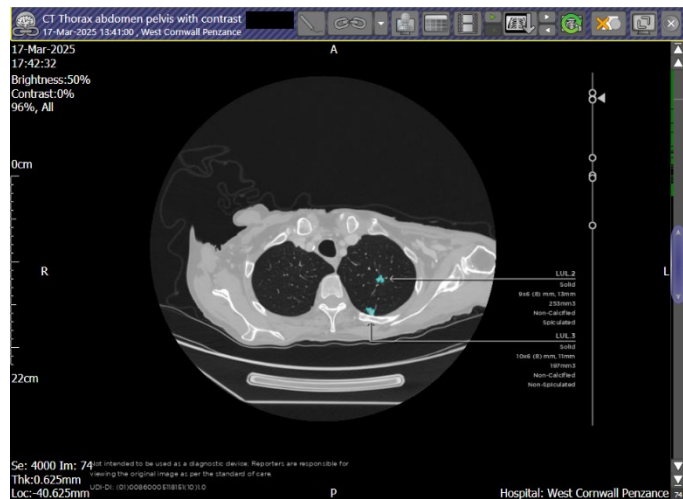
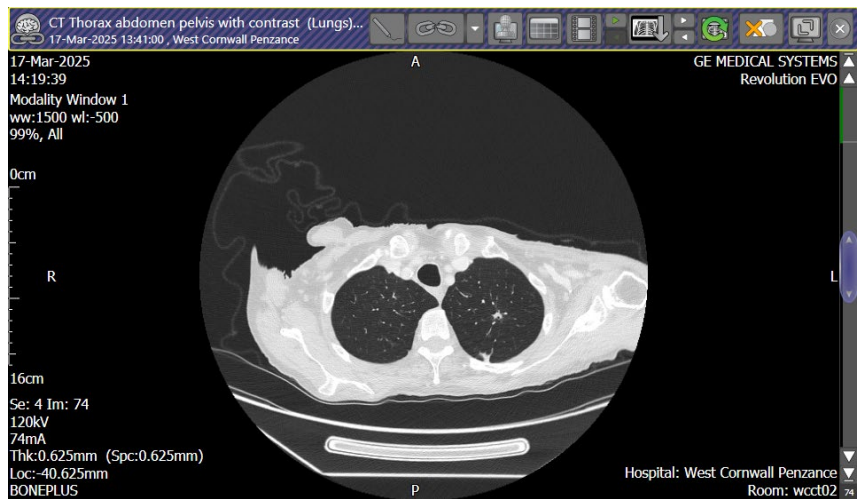
Prostate cancer detection - example



4. Lung cancer detection – Chest CT

- Whilst lung cancer rates are falling in the UK as tobacco use drops, it remains a significant cause of illness and mortality
- Early detection and treatment is vital to improve prognosis
- Lung cancer lesions, particularly in early stages, can be very subtle and difficult to distinguish from less threatening conditions
- Lung cancer AI detects and highlights lung lesions for chest CT, including very small / subtle lesions
- Strength is ability to pull up previous chest CT and plot development of detected lesions over time; increase / decrease in size, change in shape, etc
- Tendency to ‘over-call’; highlight lesions or anatomical structures that are not cancer, partly by design but may need adjusting during review phase
- In use since Feb 2025 – Remains in review stage but already adds confidence and supports Radiologist diagnosis

Lung cancer detection - example



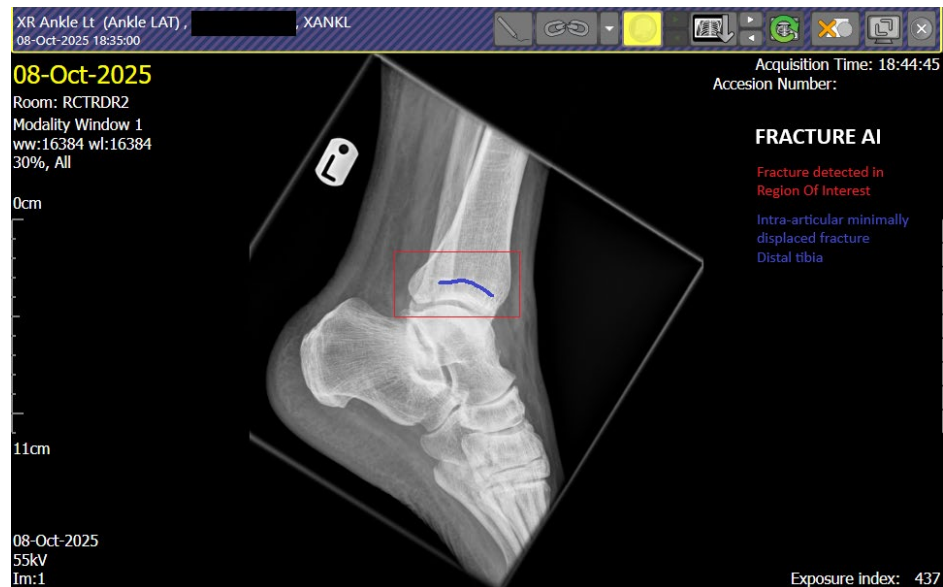
5. Fracture detection project – standard x-ray

- Currently in the set-up of Service Evaluation phase but expected to perform in a similar manner to AI software already in use
- Many types of fracture are extremely subtle, do not necessarily have obvious or consistent symptoms and are difficult to detect for even experienced Radiologists
- Radiologists view hundreds of very similar x-ray images during regular reporting, with the potential to miss subtle or unusual fractures
- Particular issue with over-calling fracture resulting in unnecessary examinations and concern for patients, and unnecessary pressure on Trust resources
- Service Evaluation phase will involve testing software on two distinct sets of standard x-ray data:

Regular real-world retrospective x-rays from Fracture clinic with no filters applied
Radiologist selected cases of particular interest, generally the most subtle and difficult to assess cases

- Plan to begin Service Evaluation phase in first quarter of this year
- If successful a full trial of the software may follow

Fracture detection project – illustrative example



Fracture detection project & challenges

- Study set-up, governance and approval
- Engagement of Radiologists already balancing a busy schedule
- Public perception – essential to reiterate that AI software is used only to support trained and experienced Diagnostic Radiologists, it does not give a diagnosis
- Robust anonymisation, secure transfer, secure storage and appropriate deletion of large volumes of data
- Integration of AI software into established Imaging software applications (PACS)
- Current practice is to have AI software set to high sensitivity, correctly but can result in ‘over-calling’ fractures / lesions

Fracture detection project & strengths

- Fully integrated into diagnostic PACS system with automatic assessment; no requirement for Reporter to specifically flag cases or upload to application
- Reporter can however, if required, apply software to specific cases retrospectively, for example where performed at a different Trust
- Extremely rapid assessment
- Accurate reproducible results to proven high standards
- Potential to reduce missed fractures and also to reduce 'over-calling' of non fractures
- Cost effective *expand – will take time, business costs will have been made*

Key Take Aways

- Royal Cornwall Hospitals continues to promote, assess and integrate AI diagnostic Imaging AI tools within a clinical setting
- With the exception of Bone age calculation AI, Health Economic benefits are difficult to quantify, however AI tools are positively received by Users and increasingly becoming a standard diagnostic aid
- AI tools support the reporting Radiologist and / or Radiographer to arrive at a diagnosis, it's essential to stress that AI does not produce a diagnosis but supports the Clinician
- Potential to reduce claims against the Trust for misdiagnosis has not been fully explored for these tools, however supporting and improving Reporters diagnosis cannot fail to have a positive impact

Thank you!

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Improving VTE Education on discharge from hospital



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Presented by Mariana de Mascarenhas
VTE Prevention Lead Nurse

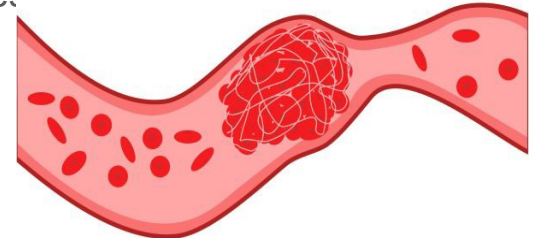


QIP: Discharge VTE Education

Background – What is VTE?

- Venous thromboembolism (VTE) are venous blood clots.
- Includes blood clots in the deep veins of the legs or pelvis (DVT),
- Sometimes can break free and travel to the lungs (PE)
- PE in some cases can be fatal
- Hospital-acquired VTE (HAT) accounts for >50% of all VTE seen
- HAT includes all VTE that occurs in hospital and within 90 days after discharge
- Fatal PE remains a common cause of in-hospital mortality
- It is the leading cause of direct maternal death
- It is common. It can be prevented with awareness, medication & lifestyle
- It is costly: diagnosis, treatment and related long-term problems

BLOOD CLOT



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QIP: Discharge VTE Education

Background – Public awareness and patient experience

- Study (2015) aimed to measure the global awareness of thrombosis
- Surveyed 800 respondents in their native language (Argentina, Australia, Canada, Germany, Japan, Thailand, Netherlands, UK and US)
- Only 68% of respondents had heard of thrombosis
- More than 80% heard of heart attack, stroke, hypertension, common cancers
- Only 45% of respondents knew that blood clots are preventable
- Less than 36% knew major risk factors (cancer, hospitalization, surgery)

VTE survivors report (reference: many survivor testimonials on youtube)

Dismissing symptoms

Delaying to seek help

Multiple appointments until VTE is suspected

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[WTD Study Reveals Low Awareness of VTE, DVT and PE Globally - World Thrombosis Day](#)



**LACK OF
AWARENESS**

QIP: Discharge VTE Education

Background – NICE guidance on VTE patient education

As part of the discharge plan, give patients verbal and written information on:

Signs and symptoms

How to reduce the risk of VTE

The importance of seeking help if DVT, PE are suspected

Give people discharged with VTE prophylaxis verbal and written information on:

The importance of using VTE prophylaxis correctly, for the recommended duration

Adverse events related to VTE prophylaxis

The importance of seeking help and who to contact if people have problems using VTE prophylaxis

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NICE

National Institute for
Health and Care Excellence

[Overview](#) | [Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism](#) | [Guidance](#) | [NICE](#)



**PATIENT
EDUCATION**

QIP: Discharge VTE Education

Background – the discharge illusion



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HEALTHY COMMUNITIES

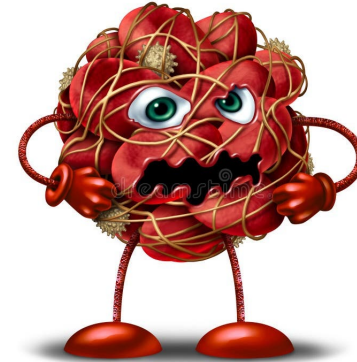
AND A GREAT PLACE TO WORK

QIP: Discharge VTE Education

Background – the discharge illusion



What about VTE risk? How well are we teaching our patients on discharge?



Often left out of discharge instructions
Even when discharged on prophylaxis
Poor documentation about what has been said

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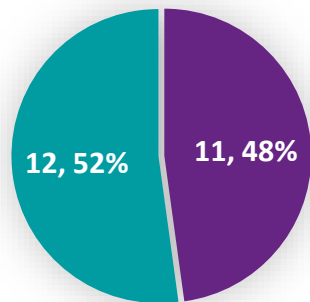
HEALTHY COMMUNITIES

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QIP: Discharge VTE Education

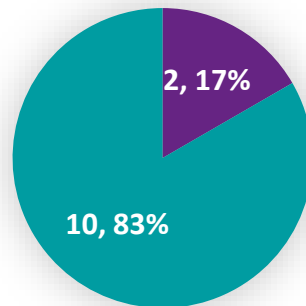
Background Data from QT3 2022-23

Number of
Inpatient HATs VS post discharge HAT
Total HATs 23



■ Inpatient HAT ■ Post discharge HAT

Number of Post discharge HATs with
discharge VTE education/documentation
Post discharge HATs 12



■ Yes VTE education documented ■ No, not documented

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QIP: Discharge VTE Education

Background – Lack of documentation

Lack of evidence of patient education on discharge.

All these patients have been discharged self-administering dalteparin

Date, Time (24 hour clock) and Location	Nursing Notes
27/4/22 18:50	Received Patient in bed awake and alert. Prepared breakfast of choice. Patient washed herself independently. Patient mobile independently with frame. Patient ate well. Observations taken and recorded. Pressure areas intact. Patient has been discharged home.

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QIP: Discharge VTE Education

Aim

Providing patients with clear VTE prevention advice on discharge to enable them to make healthy choices, recognise signs and symptoms and seek timely VTE diagnosis and treatment.

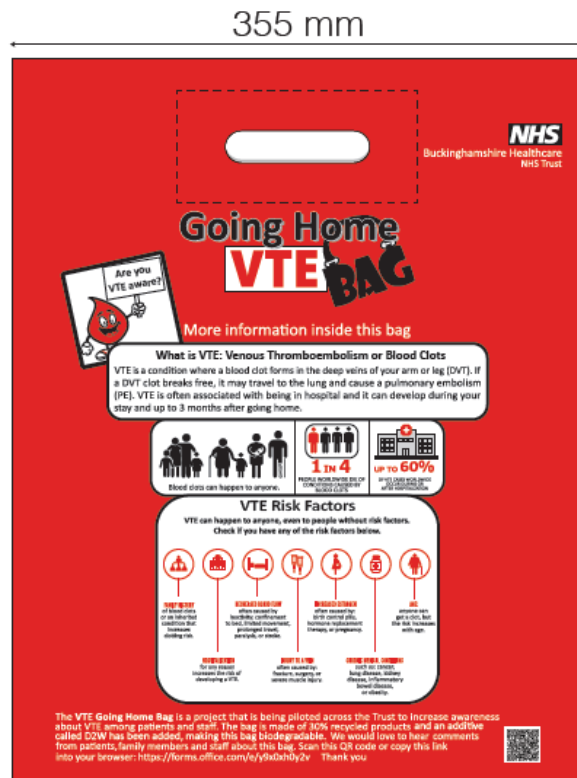
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QIP: Discharge VTE Education

Aim – the VTE Going Home Bag + Documentation Sticker



Going Home VTE BAG

The Going Home VTE Bag should be given & explained to all patients. To evidence this, complete this sticker and affix it on your clinical notes.

1 All patients

must have one of these leaflets inside the Going Home VTE bag

Tick which one you gave

Blood Clots ☐ Pregnancy ☐
Easy Read ☐ Leg Cast ☐
NSIC paed ☐ Cancer ☐

You may give additional leaflets:
Specify: _____

2 Going home with stockings?

Ensure patient or carer... (tick when done)

- ☐ Was advised to wear them day & night
- ☐ Was advised to wear them for ___ days/weeks
- ☐ Knows how to wear them correctly & will remove them daily (max 30 mins) to check for skin marks
- ☐ If skin is marking: remove both stockings & contact GP
- ☐ Machine washes (max 70°C) every 2-3 days or if soiled
- ☐ Re-measures the legs on discharge (nurse/midwife)
- ☐ Writes down the leg measurements (patient/carer)
- ☐ Received 2 pairs of stockings & the tape measure

3 Going home with Dalteparin? Ensure patient or carer: (tick when done)

- ☐ Received the full course of Dalteparin & sufficient sharps bins
- ☐ Advised to keep injections in the box
- ☐ Received the Dalteparin injection leaflet
- ☐ Knows to alternate injection sites
- ☐ Is advised to not miss any injections, to take them every day at the same time, and to not stop unless advised by a doctor
- ☐ Knows expected side effects & will call the GP if concerned

Self/Peer-injection Competency Assessment

- ☐ Agreed to self or peer-inject Dalteparin
- ☐ Has good eyesight, dexterity and memory
- ☐ Washes hands, opens packet & removes syringe lid
- ☐ Chooses appropriate site for injection
- ☐ Pinches skin and keeps hold until needle is removed
- ☐ Injects all the liquid ensure none is left in the syringe
- ☐ Does not rub skin after injection
- ☐ Disposes of syringe in sharps bin
- ☐ If all the above are ticked, patient/carer is competent

4 Going home with oral anticoagulants?

- ☐ If new anticoagulation or already on Warfarin prior to admission -> Refer to anti-coagulation team before discharge
- ☐ Advise Patient/carer not to miss any dose, to take them every day at the same time and to not stop in advance unless advised by the doctor
- ☐ Common side effects discussed & advised to call the GP if concerned

If unable to self/peer-inject, doctor may consider alternative oral anticoagulants OR refer to the district nurse/midwife > First home visit on: ___/___/___ am/pm

Patient / carer name: _____

Patient / carer signature: _____

5 Discharging nurse/midwife name:

Signature: _____

Job role: _____

Date: ___/___/___

The VTE going home bag

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Going Home VTE BAG



More information inside this bag

Venous thromboembolism (VTE or Blood Clots)

Is a condition where a blood clot forms in the deep veins of your arm or leg (DVT). If a DVT clot breaks free, it may travel to the lung and cause a pulmonary embolism (PE). VTE is often associated with being in hospital and it can develop during your stay and up to 3 months after going home.



Blood clots can happen to anyone.



1 IN 4

PEOPLE WHOSE DVT OR CONDITIONS CAUSED BY BLOOD CLOTS



UP TO 60%

OF VTE CASES WORSEWIDE OCCUR DURING OR AFTER HOSPITAL STAY

VTE Risk Factors

VTE can happen to anyone, even to people without risk factors. Check if you have any of the risk factors below.



FAMILY HISTORY
of blood clots or an inherited condition that increases clotting risk.



DECREASED BLOOD FLOW
often caused by: long-term confinement to bed, limited movement, prolonged travel, paralysis, or stroke.



INCREASED COAGULATION
often caused by: birth control pills, hormone replacement therapy, or pregnancy.



AGE:
anyone can get a clot, but the risk increases with age.



HOSPITALISATION
for any reason increases the risk of developing a VTE.



INJURY TO A LIMB
often caused by: fracture, surgery, or severe muscle injury.



CHRONIC MEDICAL CONDITIONS
such as: cancer, lung disease, kidney disease, inflammatory bowel disease, or obesity.

The VTE Going Home Bag is a project that is being piloted across the Trust to increase awareness about VTE among patients and staff. The bag is made of 30% recycled products and D2W has been added (biodegradable additive). We would love to hear your comments about the bag. Please let us know what you think about it by emailing mariana.mascarenhas@nhs.net. Thank you

The VTE going home bag

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Buckinghamshire Healthcare NHS Trust



What can you do to reduce your risk of VTE?

 **KEEP MOBILE**

 **KEEP WELL HYDRATED**

 **ADHERE TO TREATMENT BEING ADVISED**

What if it happens to you? Know the signs

Signs of DVT

Leg or arm pain, not explained by injury
Leg or arm swelling or tenderness
Leg or arm redness
Leg or arm feels hot to touch

Signs of PE

Shortness of breath or rapid breathing
Chest pain or fast heart beats
Feeling dizzy or passing out
Coughing up blood

! If you think you have a DVT call 111 urgently !

! If you think you have a PE call 999 immediately !

Before leaving the hospital

Read the leaflet in this bag
Check if you need anticlotting medication
If so, ask the nurse how to take it correctly
Do not miss any doses

After leaving the hospital

Don't sit for longer than 1 hour at a time
Keep pain under control to allow movement
Do the leg and breathing exercises 3x/day

If you already have DVT or PE

- Take anticlotting medication as advised
- Your leg will remain swollen (DVT) or you may continue to feel shortness of breath or chest pain (PE) for a while
- Gentle exercise (walking, swimming) is good
- Avoid flying/long journeys for 2 weeks
- www.ThrombosisUK.org has information for patients on exercise, lifestyle, coping with worries, menopause, cancer and more
- On facebook: join Thrombosis UK Group which is a patient support closed group

The documentation sticker

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Going Home VTE BAG

The **Going Home VTE Bag** should be given & explained to all patients. To evidence this, complete this sticker and affix it on your clinical notes.

1 All patients

must have one of these leaflets inside the Going Home VTE bag

Tick which one you gave

Blood Clots ☐ Pregnancy ☐

Easy Read ☐ Leg Cast ☐

NSIC paed ☐ Cancer ☐

You may give additional leaflets:

Specify: _____

2 Going home with stockings?

Ensure patient or carer... (tick when done)

- ☐ Was advised to wear them day & night
- ☐ Was advised to wear them for ___ days/weeks
- ☐ Knows how to wear them correctly & will remove them daily (max 30 mins) to check for skin marks
- ☐ If skin is marking: remove both stockings & contact GP
- ☐ Machine washes (max 70°C) every 2-3 days or if soiled
- ☐ Re-measures the legs on discharge (nurse/midwife)
- ☐ Writes down the leg measurements (patient/carers)
- ☐ Received 2 pairs of stockings & the tape measure

3 Going home with Dalteparin? *Ensure patient or carer: (tick when done)*

- ☐ Received the full course of Dalteparin & sufficient sharps bins
- ☐ Advised to keep injections in the box
- ☐ Received the Dalteparin injection leaflet
- ☐ Knows to alternate injection sites
- ☐ Is advised to not miss any injections, to take them every day at the same time, and to not stop unless advised by a doctor
- ☐ Knows expected side effects & will call the GP if concerned

Self/Peer-injection Competency Assessment

- ☐ Agreed to self or peer-inject Dalteparin
- ☐ Has good eyesight, dexterity and memory
- ☐ Washes hands, opens packet & removes syringe lid
- ☐ Chooses appropriate site for injection
- ☐ Pinches skin and keeps hold until needle is removed
- ☐ Injects all the liquid ensure none is left in the syringe
- ☐ Does not rub skin after injection
- ☐ Disposes of syringe in sharps bin
- ☐ If all the above are ticked, patient/carers is competent

If unable to self/peer-inject, doctor may consider alternative oral anticoagulants OR refer to the district nurse/midwife > First home visit on: ___ / ___ / ___ am/pm

Patient / carer name: _____

Patient / carer signature: _____

4 Going home with oral anticoagulants?

- ☐ If new anticoagulation or already on Warfarin prior to admission -> Refer to anti-coagulation team before discharge
- ☐ Advise Patient/carers not to miss any dose, to take them every day at the same time and to not stop in advance unless advised by the doctor
- ☐ Common side effects discussed & advised to call the GP if concerned

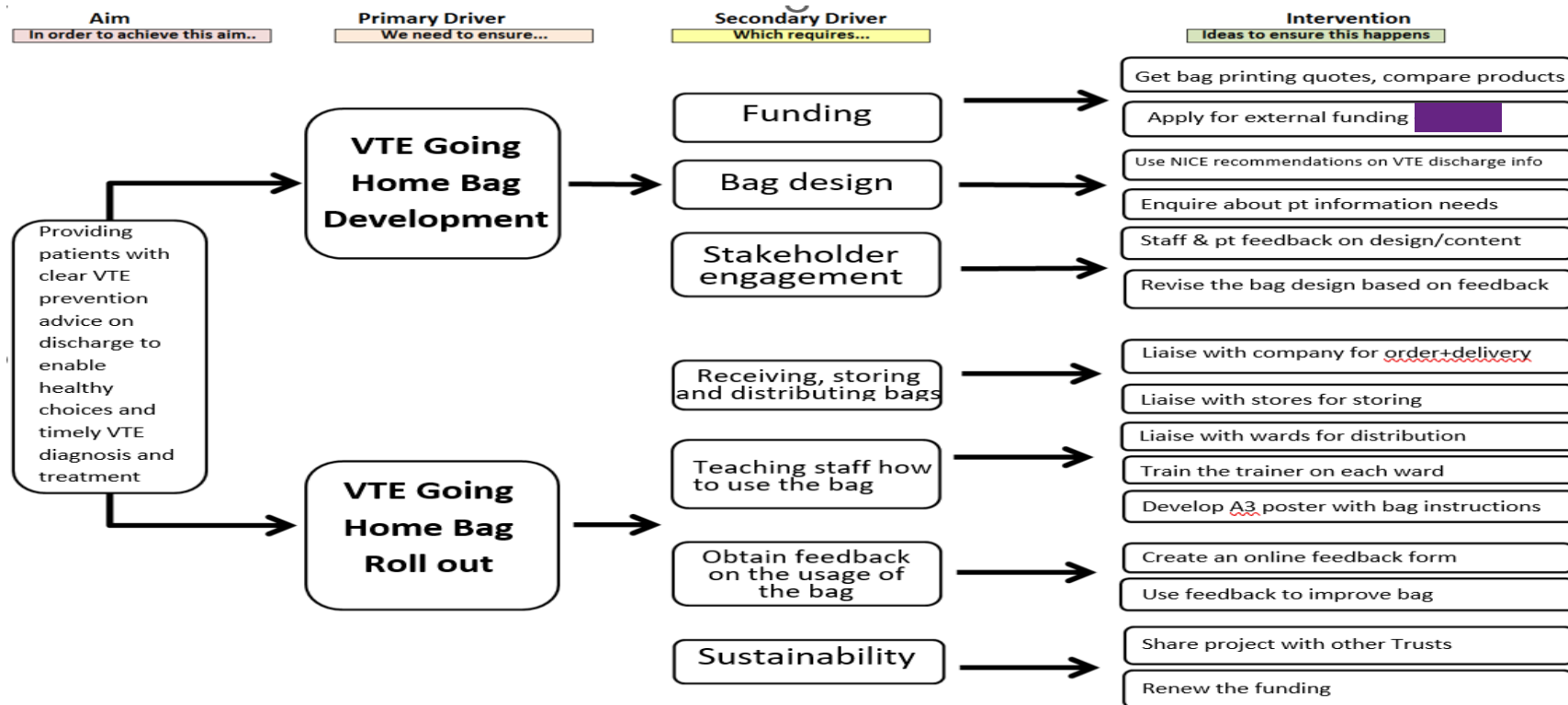
5 Discharging nurse/midwife name: _____

Signature: _____

Job role: _____ Date: ___ / ___ / ___

QIP: Discharge VTE Education

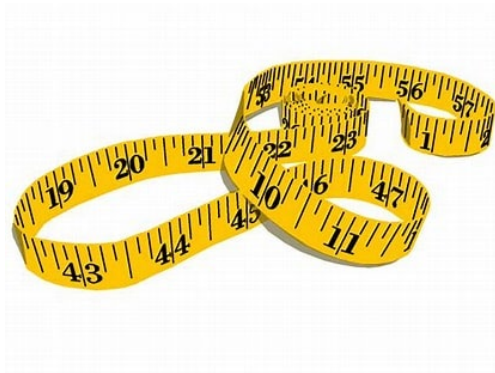
Driver Diagram



QIP: Discharge VTE Education

Measures

- Documentation sticker audited
- Patient and family feedback
- Staff feedback



OUTSTANDING CARE

HEALTHY COMMUNITIES

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QIP: Discharge VTE Education

Risks and Benefits

Risks to delivery

- Inability to obtain funding
- Not given out to patients
- Not documented

100k bags
8k pounds
8p per bag

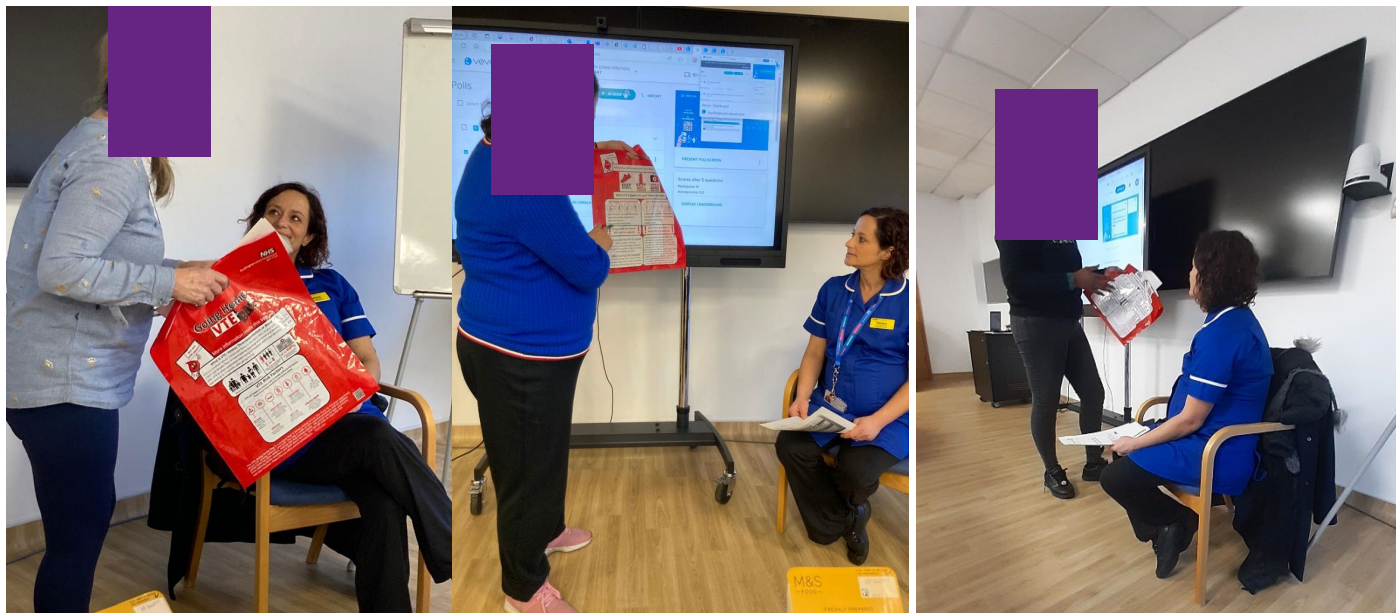
If we prevent 1 PE
We have paid for all of
the bags

Benefits

- Creative and innovative
- Compliance with national guidance/high standards of care
- It's efficient because is catchy
- Potential to influence behaviour (healthier choices, prompt diagnosis)
- Reduced costs? Increased quality of life?
- Sustainable resource: reusable and fully biodegradable

QIP: Discharge VTE Education

Teaching VTE link nurses using role play



OUTSTANDING CARE

HEALTHY COMMUNITIES

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QIP: Discharge VTE Education

Start Date: January 2024

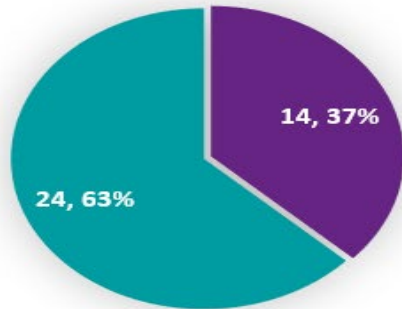
2 years on....

70k bags have been given out
(3k bags per month)

QIP: Discharge VTE Education

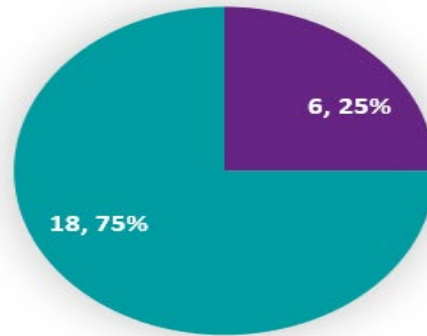
Measures: Current Data QT3 2025-26

Number of Inpatient HATs VS post discharge HAT
Total HATs = 38



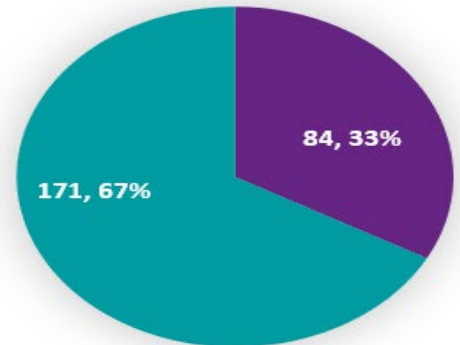
■ Inpatient HAT ■ Post discharge HAT

Number of Post discharge HATs with discharge VTE education/documentation
Post discharge HATs = 24



■ Yes VTE education documented
■ No, not documented

VTE Audit
255 patients audited



■ Yes VTE education documented
■ No, not documented

The data does not discourage me, it means there is still work to be done!

16/1/25

Going Home VTE BAG

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NHS

shire Healthcare
NHS Trust

1 All patients

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inside the Going Home VTE bag

Tick which one you gave

- Blood Clots ☒ Pregnancy ☐
Easy Read ☒ Leg Cast ☐
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Patient / carer
Patient / carer

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☒ Common side effects discussed &

5 Discharge
Signature: _____
Job role: _____

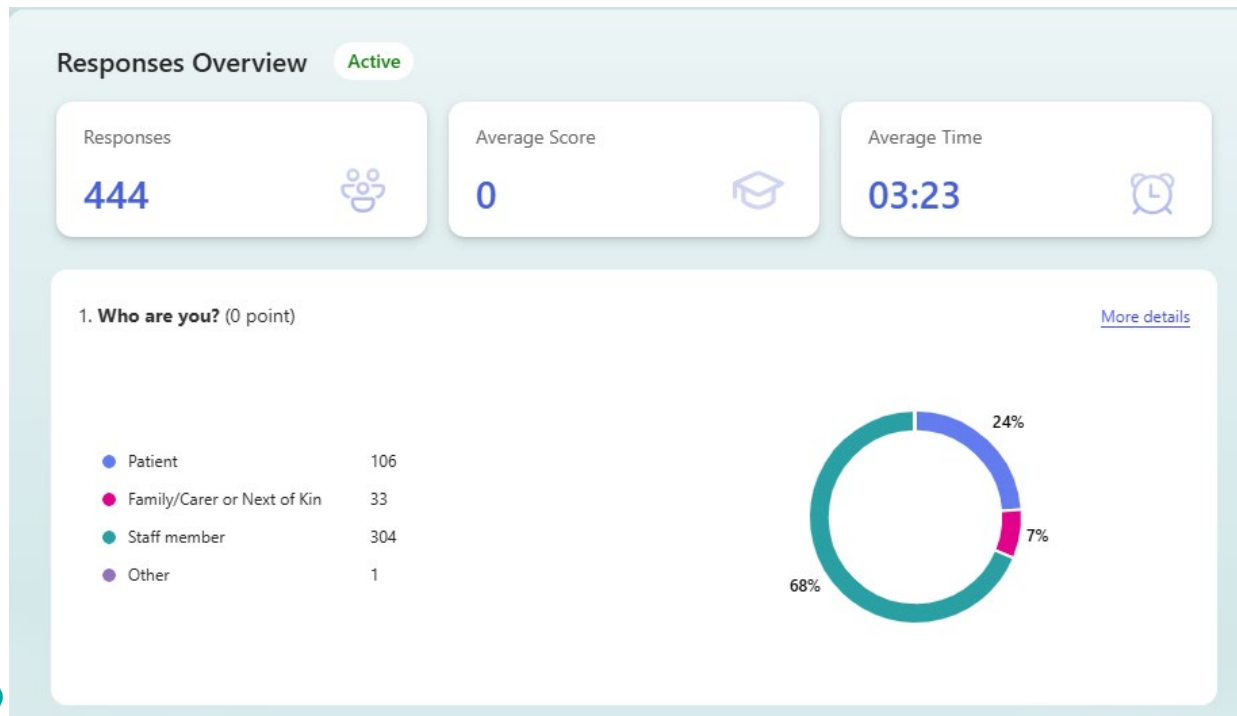
OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

QIP: Discharge VTE Education

Measures – Feedback



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

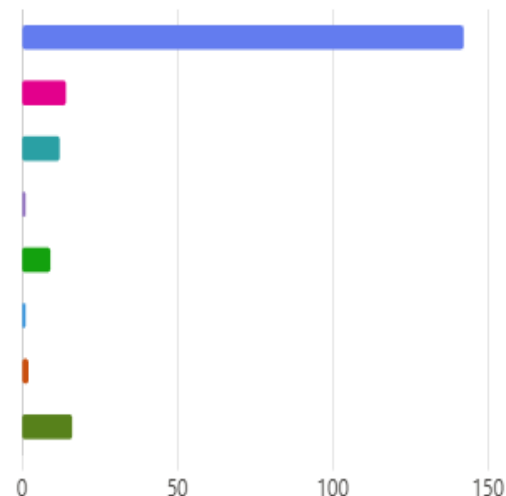
QIP: Discharge VTE Education

Measures – Feedback

2. Which staff group do you belong to? (0 point)

[More details](#)

● Nursing staff	142
● Medical Staff	14
● Admin staff	12
● Educators (e.g. PDNs)	1
● Physio / OT	9
● Porter / Stores	1
● Pharmacist	2
● Other	16



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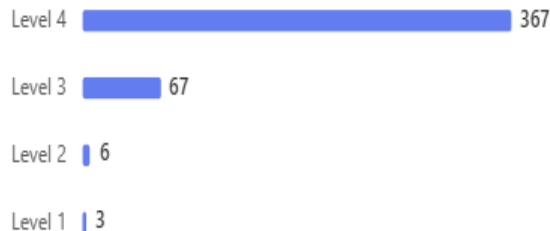
QIP: Discharge VTE Education

Measures – Feedback

5. Overall, please rate the Going Home VTE Bag

[More details](#)

1 star: poor 2 stars: fair 3 stars: good 4 stars: excellent (0 point)



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

QIP: Discharge VTE Education

Measures – Feedback

6. How useful was the information printed on the bag?

Please rate each section of the VTE Going Home Bag as Not useful, Useful or Very Useful (0 point)

[More details](#)

● Not Useful ● Useful ● Very Useful

What is VTE?

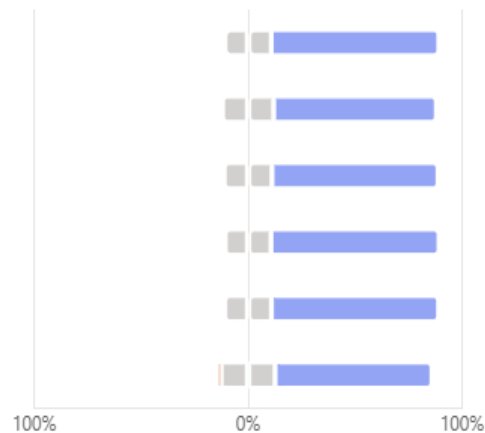
VTE Risk Factors

How to reduce the risk?

Know the Signs of DVT and PE

Advice for before and after leaving the hospital

If you already have a DVT or PE



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HEALTHY COMMUNITIES

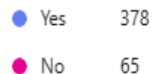
AND A GREAT PLACE TO WORK

QIP: Discharge VTE Education

Measures – Feedback

7. Did you use the information printed on the bag?

For example by making different choices, planning your life differently or noting signs or symptoms, information used to teach patient, as a reminder, etc (0 point) [More details](#)



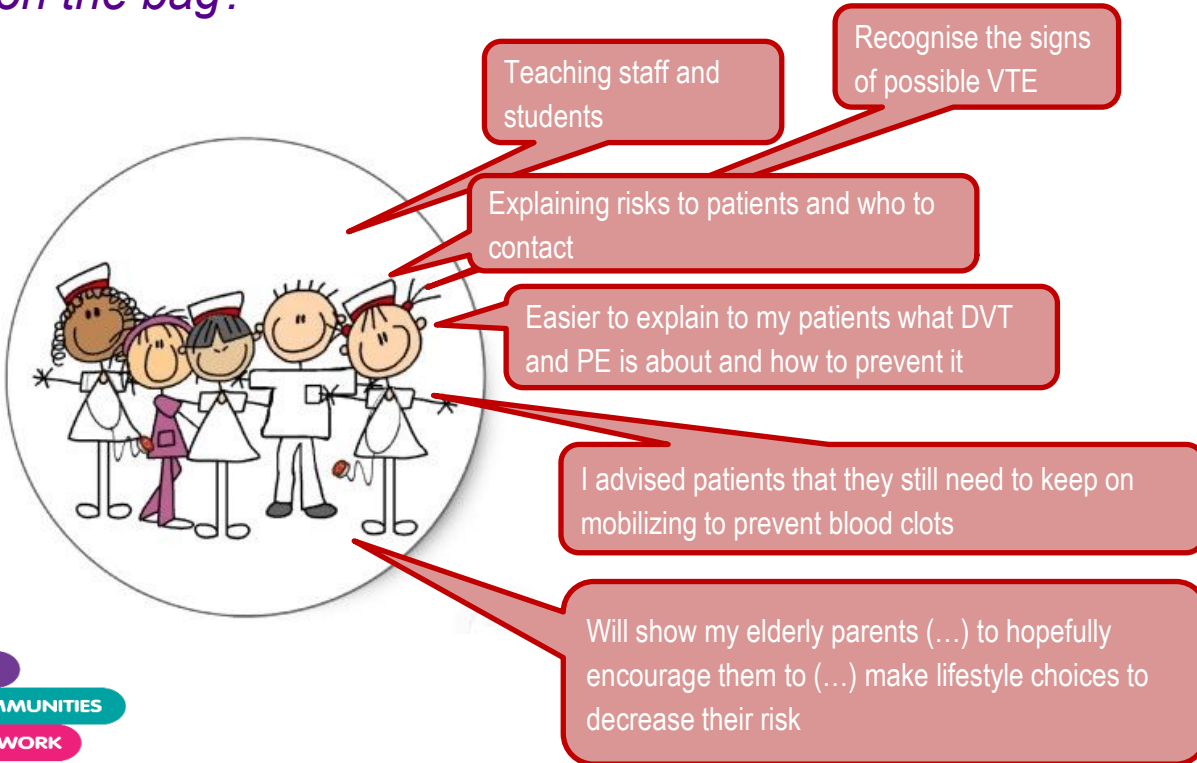
OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

QIP: Discharge VTE Education

Measures – Staff Feedback: how did you use the information on the bag?



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HEALTHY COMMUNITIES

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QIP: Discharge VTE Education

Measures – Patient Feedback: how did you use the information on the bag?

Awareness of the risks - greater than I thought. Better consideration of my own needs on leaving hospital

Passed information onto family members

Made myself aware of symptoms for any issues relating. I think this is an excellent idea. Very impressed

The information on the bag has enabled me to look for signs that I would have otherwise been unaware of

I am following the advice regarding not sitting for long periods and I spoken to friends and neighbours about my condition in case I need urgent care

I am the originator of a club for older people. I know this bag will start conversations around the lunch table

I just used it as a normal bag

Made sure that I kept moving. Gentle walk around the block each day and made sure that I didn't sit/lay down for too long without moving

It powerfully reinforced, through its timing and the dramatic colour of the bag, the information (...) prior to my operations. I may not otherwise have given the precautions the attention they obviously deserve.

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QIP: Discharge VTE Education

Measures – Feedback – Award winning



About

Know Thrombosis

Support For You

Events

Take Action

World Thrombosis Day 2025 Award Winners

Activity of the Year (High-Income Country category):

Buckinghamshire NHS Trust
United Kingdom

The campaign recognizes **Buckinghamshire Healthcare NHS Trust** as the WTD 2025 Activity of the Year Award in the High-Income Country category. The organization includes the locations of Aylesbury, Amersham, High Wycombe and Buckingham NHS hospitals in the United Kingdom.

The hospital system collaborated across locations to provide Venous Thromboembolism (VTE) Going Home Bags for all in-patient stays upon discharge, including day surgery, ambulatory lower limb immobilization and patients recently diagnosed with VTE.

The bright red bags contain printed information about blood clots that was reviewed and supported through feedback from nurses, pharmacy representatives and patients, as well as the national charity **Thrombosis UK**. Through a systematic roll-out that included staff training, more than 100,000 bags were passed out across 50+ hospital wards in 2024.

I am thrilled that our VTE Going Home Bags have been recognized with such a prestigious award," said Mariana de Mascarenhas, VTE prevention lead nurse at Buckinghamshire Healthcare NHS Trust. "The VTE Going Home Bag was provided to patients upon discharge, with the aim of increasing awareness about hospital-acquired VTE. Patient feedback indicated that the bag helped them make healthier choices and share information with others, while staff found it very helpful as a patient teaching tool.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



QIP: Discharge VTE Education

Local improvement plans



OUTSTANDING CARE

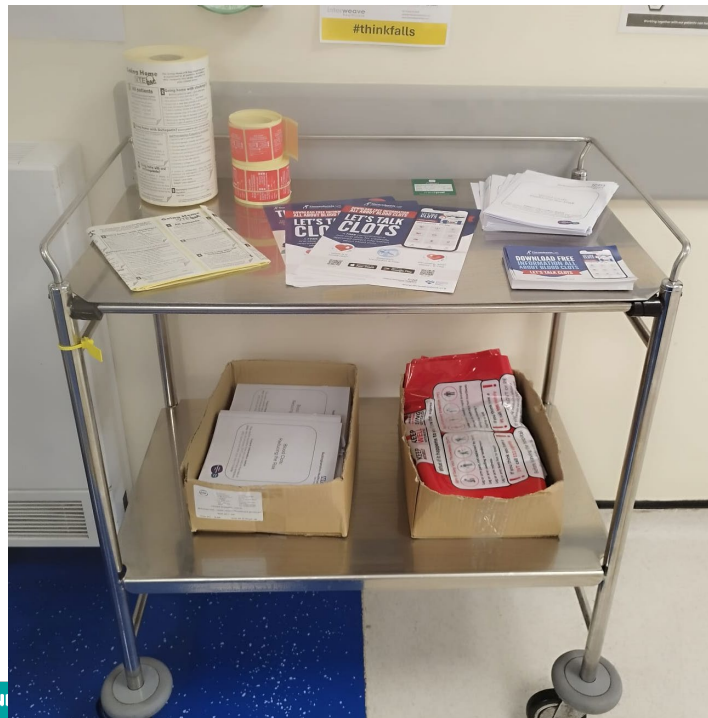
HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



QIP: Discharge VTE Education

Local improvement plans



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QIP: Discharge VTE Education

The bags being used



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QIP: Discharge VTE Education

Next steps

- Funding – first and foremost
- Continue to support local improvement plans
- Pharmacy to give out bag with TTOS?
- Electronic sticker or embed in electronic nursing discharge document
- Maternity specific VTE going home bag?

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HEALTHY COMMUNITIES

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Thank you
mariana.mascarenhas@nhs.net

How to give feedback on the VTE Going Home Bag? Scan this QR code or click on the link



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<https://forms.office.com/e/y9x0xh0y2v>