

Health Scrutiny Panel

Thursday 7 April 2016

Report title Pressure ulcer report- modified from The Royal Wolverhampton NHS Trust patient safety report

Accountable director Cheryl Etches

Originating service Tissue Viability

Accountable employee(s) Lorraine Jones – Tissue Viability Lead Nurse

PRESENTED BY	Lorraine Jones, Tissue Viability Lead Nurse							
Author	Lorraine Jones							
DATE PREPARED	5/3/16							
SUBJECT/Title of Report	Pressure ulcer and tissue viability update							
PURPOSE/SUMMARY	To provide assurance of pressure ulcer prevention and prevention of chronic wounds strategy							
ACTION REQUIRED OF GROUP/COMMITTEE	Decision		Approval		Receive for Information		Receive for Assurance	x
STRATEGIC OBJECTIVE	To achieve no avoidable pressure ulcer and prevent hospital admission for chronic wounds							
OVERVIEW OF ASSURANCE THEMES HIGHLIGHTED IN THE REPORT	CQC STANDARDS						CLINICAL OUTCOMES	
	NHSLA						CLINICAL EFFECTIVENESS	x
	REGULATORY STANDARDS						RISK REGISTERS (BAF/TRR/Ops RR)	
	BEST PRACTICE & SHARED LEARNING					x	POLICY	
	EXTERNAL REVIEWS/NATIONAL AUDITS					x	KPI (add PI measure in section 1)	
	INTERNAL REVIEWS						Other issues/Report areas	

1. Executive Summary (summarise/add context to issues/report items below including clinical implications/outcomes , resources required, any proposed risks for escalation, positive/negative impact of assurance given detail below eg CQC, NHSLA, HSE, MHRA, other)

Pressure ulcers

- The total incidents have seen a slight reduction since October 2015, including a reduction of avoidable acquired incidents
- The Trust has not achieved zero number of avoidable incidents, with common themes of gaps in documentation, particularly repositioning charts, holistic assessment and advice issued to patients.
- Each May there has been an increase of incidents, the reason is unknown. One possibility is climate change.
- The Trust is experiencing a high level of Trust inherited incidents (Patient not currently actively care for a RWT service), this may be Wolverhampton residents, or residents from other areas.
- There has been a particular rise in cast related incident's, trauma and orthopaedics are examining competency development of medical staff applying casts in theatre.
- Neonates department have experienced a couple of unavoidable incidents whereby the NIV mask seal is so intense, it causes pressure ulceration on babies born 24 weeks premature. Nationally, others areas using the same NIV system have reported higher rates than RWT and the company is working with these units to find solutions, without compromising the efficiency of the NIV as neonates are surviving at a younger age with this device.
- The rate per occupied bed days has seen a reduction on last year but not 2013/14. Many non-device related incidents reported by inpatients, have resulted in a new reported grade ie: from grade 3 inherited to grade 4 acquired once the wound has debrided and exposed the true depth of the wound
- The CCG have launched a health economy pressure ulcer steering group, first meeting was, 25TH February 2016
- The Trust has written a Tissue Viability Strategy, which currently out for comments to senior nurses, and will be sent to CCG, Public health and other relevant leaders.
- New pressure ulcer related documents have been checked by the Tissue Viability steering group, and now await approval at the documentation group. The documents have reduced based on lessons learnt from incidents. Neonate documents require additional work.
- CCG have confirmed tendering processes have commenced for the community equipment service, but will not be completed by 1st July 2016, therefore ILS contract will be extended. ILS compliance with delivering equipment has improved.
- Heel devices are still a challenge. The dynatek boots are not suitable for many types of patients. Podiatry are starting a cast service for patients living with diabetes.

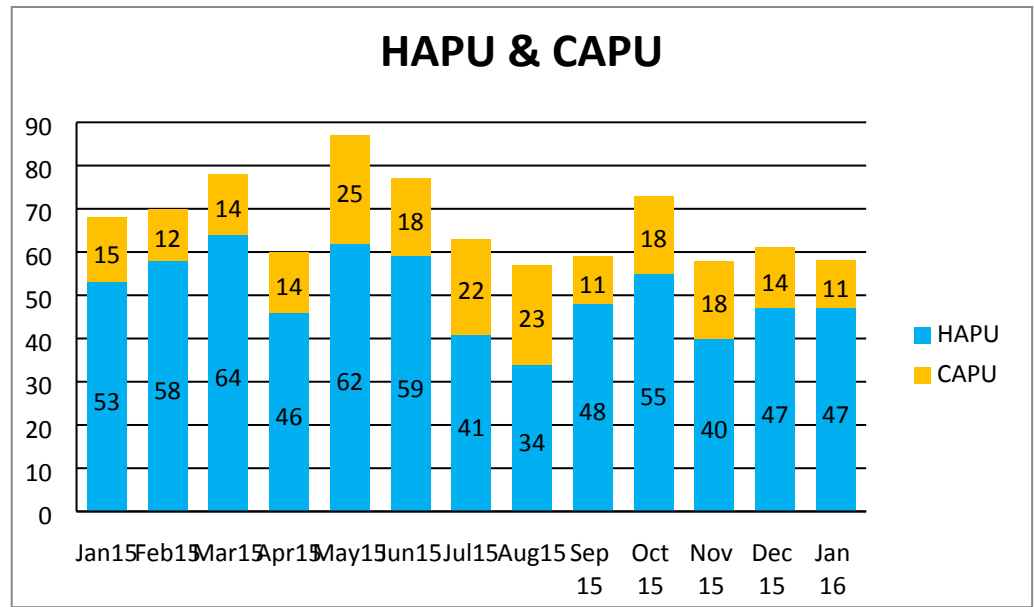
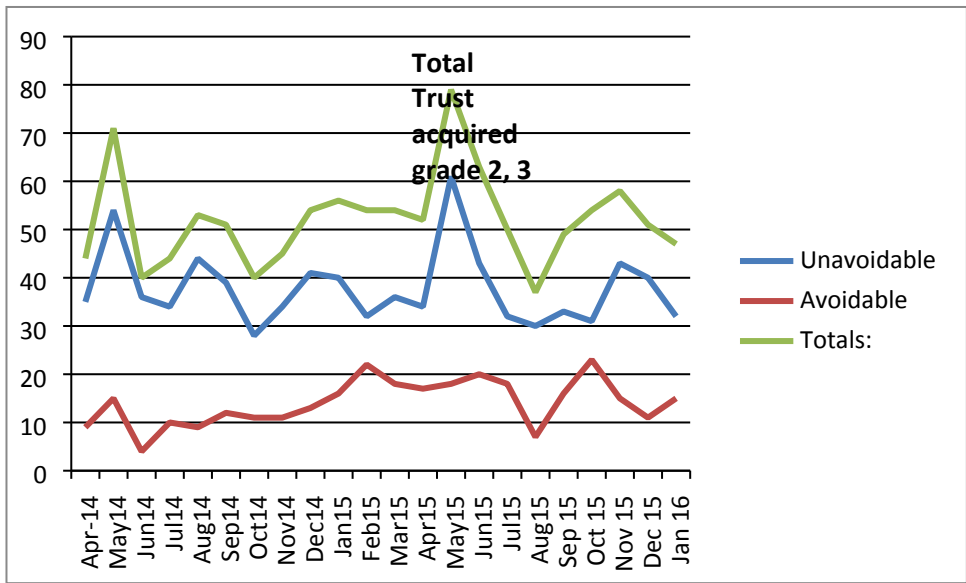
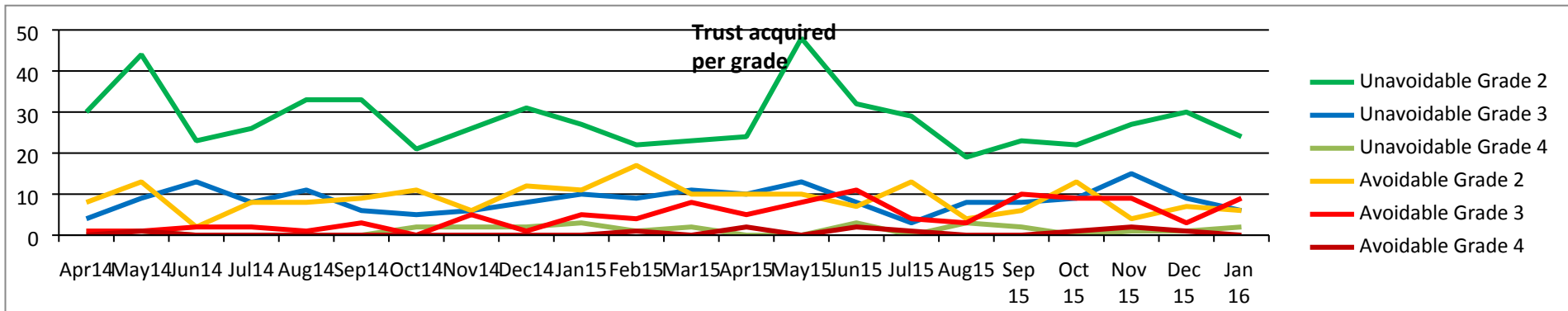
Birmingham community have used these, along with a selection of 4 other devices and have not reported a community acquired grade 3 or 4 for many months. Tissue Viability has requested heels devices as part of the tender for a community equipment service.

- CCG have sent a letter confirming they will not accept individual funding requests for TOTO's from April 16. Contracting team informed, CCG have recommended a business case, which may delay access to equipment from 1st April. Contracting team negotiating an interim arrangement until a business case is approved.
- A TOTO is now in use within the medical directorate, as well as a number of homes within the community with positive healing outcomes.
- Wound formulary has been deled due to NHS supply chain framework being updated. Formulary process can restart July 2016.
- Patients with no nursing needs but at risk of pressure ulcers are discharged from Adult community services

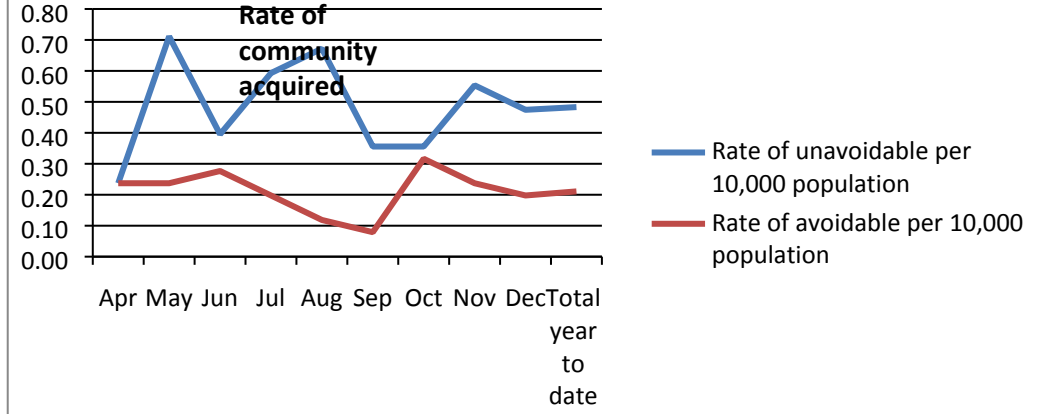
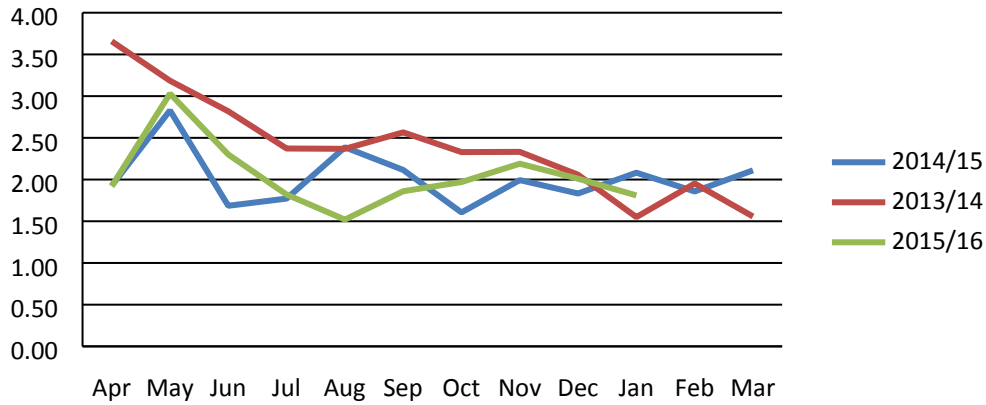
Recommendations for action

- Health and social care pressure ulcer prevention strategy, including education of relevant social care staff, residential homes and media support for the public, to prevent all types of avoidable pressure ulcers.- CCG leading the steering group
- Standardise equipment specifications in all residential and nursing care homes.
- Business case to support the use of TOTO's to minimise increase of care packages or transfer to 24 hour care.
- CCG ton consider a service to support patients at risk and regular monitoring- part of Health and social care steering group and TV strategy recommendations.
- Review of all heel devices and tender for Community equipment provision
- Patients with long term conditions to be made aware of risks at early stages of diagnosis.
- All care services to be aware of correct continence management and skin care to prevent moisture lesions, which increase risk of pressure ulceration
- Contracture prevention pathway

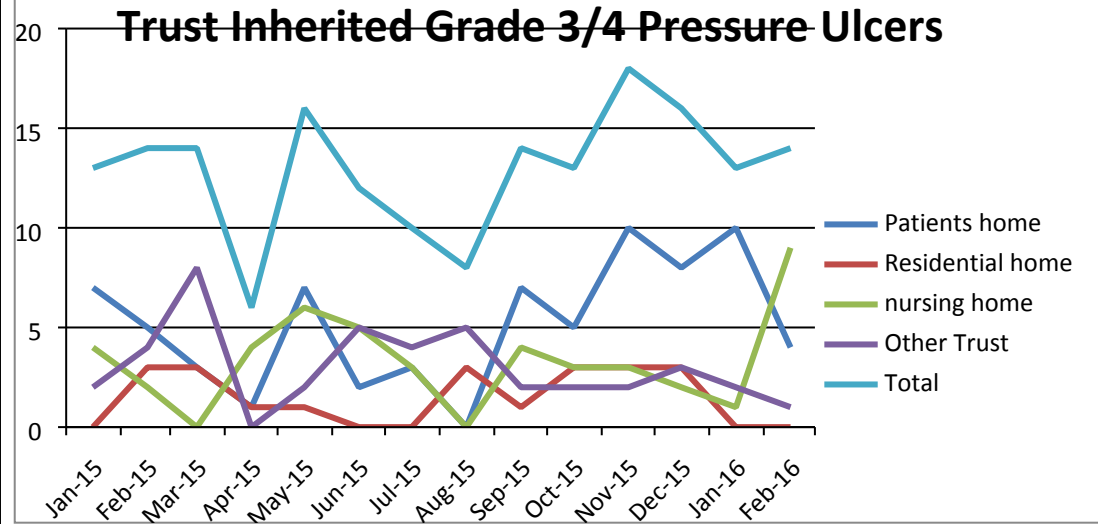
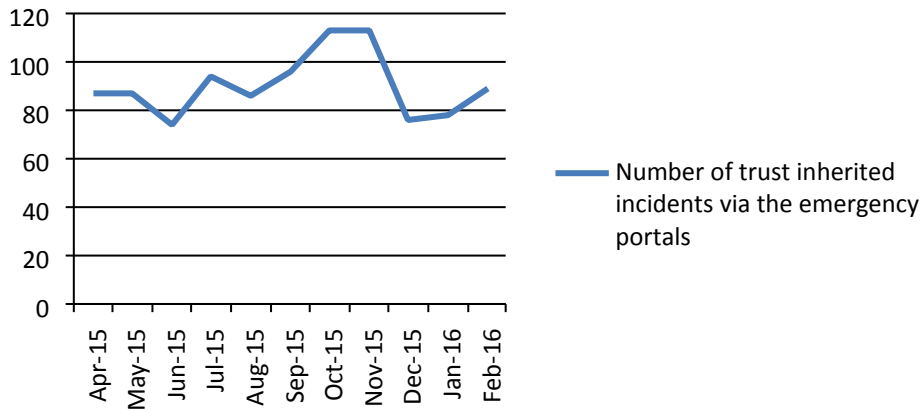
Data



PU's per 1000 occupied bed days



Number of Trust inherited incidents via the emergency portals



2. Indicator/standard monitoring undertaken e.g. from national audit/national guidance/legislation etc. (Each group/author to add own key for RAG status below):

Assurance Theme	Indicator/Standard/ Question.	Target	R	A	G	Prev Rep	This Rep	Commentary
Best practice and shared learning/ external review	To achieve no avoidable pressure ulcers	100%						Refer to TV strategy and peer review action plan
Clinical effectiveness	Cost effective wound formulary	NA						Task group working on systems/ products to gain the best benefits for RWT and CCG.

3. Emerging issues/themes (summarise issues or information which is impacting on the area/compliance) refer to pressure ulcer peer review action plan

Assurance Theme	Specific Item Reviewed (Data source)	Information you have used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					
Best practice and shared learning/ external review	Datix data, safety thermometer, per 1000 bed days data	Divisions have overarching comprehensive action plans. Wards/ services produce a lessons learnt board	Gaps with repositioning/ holistic assessment- common theme for avoidable outcome.	3	Omissions in documentation N	Refer to peer review action plan	Refer to peer review action plan	Refer to peer review action plan
Clinical effectiveness	Wound formulary	Product Procurement are sending out and quality/ cost analysis working on benefits in line with carter report		2		Agree and launch a formulary	L Jones	Sept 16

Assurance Theme	Specific Item Reviewed (Data source)	Information you have used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					

Any independent assurance provided in the above table is time limited – please indicate (x) the overall level of independent assurance based on descriptions below (where applicable in the IA* column above).

If you have included any independent assurance in the above – it is important to be clear in terms of the reliance the Trust can place on it – identify using the table below.

3 ***	Recent (less than one year old) independent assurance.
2 **	Less Recent (more than one less than two years old) independent assurance.
1 *	Historical (more than two years old) independent assurance.

4. Risk identified (new or existing risks identified from report issues):

Risk register 2952- The risk of patients developing a pressure ulcer due to inadequacies of pressure ulcer prevention equipment currently available.

Key Risks being addressed:	Datix No	Risk level BAF/TRR/ Ops (Div/Dir)	Previously reported risk rating	Current Risk Rating (C x L) categorisation matrix	Target grade (date to be achieved by)
Review of independent living service	Risk register 2952	corporate	amber	yellow	Await outcome from CCG