



QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT

***PRESSURE ULCERS
April 2023 - March 2024***

5 September 2024

PROGRESS TO DATE

All Acute adult inpatient wards are expected to complete the Skin Care Bundle audits on a Bi-monthly basis, their compliance is subsequently reported quarterly to the PHA. To support staff and patients with regards to pressure ulcers there are regionally produced pressure ulcer leaflets available, all areas within the Trust are aware of how to access these resources. The Tissue Viability (TV) team continue to share all relevant information via the TV SharePoint site, which all Trust staff can access. The streamlined TV SharePoint site has a focus on accessibility for staff with a section specifically for Pressure Ulcers (PU), and an additional section on PU within maternity services.

Face to face, education sessions on PU prevention and management have been ongoing in an effort to improve knowledge and skills, particularly in departments where avoidable PU occur. Avoidable PU's are followed-up with an action plan for the area to reduce the risk of re-occurrence. Despite development of action plans, it is apparent that departments are not implementing or reviewing their progress. The regionally endorsed PHA eLearning Programme is available for staff to access via HRPTS, and is actively promoted by the TV Team. The eLearning programme would be considered essential training for nursing staff and may become mandatory in the future.

The TV Team host quarterly TV Link Nurse meetings to promote learning and evidence based practice around all issues related to TV. Within these forums, PUs and their management are a standing agenda item; time is allocated to discuss current issues around trends and management of PUs across the Western Trust. It is worth noting that in recent years there has been an increase in attendance from Community and Private Nursing Home staff at these meetings (Breakdown available on request). Staff from the acute wards within the hospitals are encouraged to attend, but attendance is often poor however Emergency Department (ED) staff are now attending more frequently.

Post Incident Reviews have been established with ward/department managers completing the investigation for Stage 2 PU, and in conjunction with TV Nurse for Stage 3, Stage 4, un-stageable and suspected Deep Tissue Injuries (DTI's). If an avoidable PU has been identified the TV Nurse aims to conduct a spot audit on the adherence to the SSKIN Bundle and arrange a meeting with the manager to develop an action plan going forward, the aim being to consolidate learning and reduce risk of re-occurrence. This is also recorded on the Trust DATIX system.

The regionally agreed Purpose T and SSKIN Bundle was launched in July 2023. Purpose T is a validated Risk Assessment Tool, which has robust evidence to indicate that it is more accurate in identifying those patients at risk of PU development than the previous Braden Risk Assessment Tool. The new SSKIN bundle will provide evidence based care and ensure better continuity of care across Trust hospitals and departments if completed accurately. Despite extensive training provided by CEC, TVN Team and HSC Learn the team have continued to note omissions and errors in the documentation. Further training is ongoing by the CEC and ad hoc by TVN when issues around

compliance are identified. The e-learning module on Purpose T remains available via HSC Learn, which staff have been encouraged to complete.

The PU Guidance has been reviewed and a number of pathways developed relating to PU prevention and management. These have been submitted to record keeping for adoption and approval. It is anticipated that these will be disseminated in late 2024 for general use and will be available on TV SharePoint.

DATIX reports are screened daily, this enables the team to remove inappropriate/inaccurate reports and to identify patients at greater risk who require TV input prior to an official referral to the service. This process also supports staff to ensure appropriate care plans have been implemented.

Guest et al (2020) reports on average there is an annual increase of 32% in PU development across the UK. Hospital acquired PU data (reported below) for 2023/24 showed an overall decrease of 6.2% from the previous year. There has been a further 32.4% decrease in stage 3 and above PU and a 24.3% decrease in avoidable stage 3 and above PU. Although this is a decrease on last year's figure we did note a significant rise in the last reported quarter for 23/2024. This decrease is probably as a result of ongoing targeted education and action plans provided by and facilitated by the TV within a small number of areas/departments across the Trust where there were identified issues around knowledge and practice. The team will endeavour to continue this as resources allow, with the aim of further reducing PU in 2024/25. On reviewing the compliance of the Skin Care bundle the Trust's performance is relatively static. Overall there were 73 stage 3 & 4 PU's of which 28 (38%) were avoidable. This further demonstrates that the patient cohort within the acute wards are much more complex with multiple co-morbidities, thus increasing susceptibility to PU's.

The Trust Accountability and Assurance Framework replaced the Safe and Effective Care meetings in January 2024 and in this forum discussion takes place around areas that are struggling to maintain an acceptable level of compliance with all audits including the Skin Bundle. At the Accountability and Assurance meetings all audits are discussed directly with the Assistant Directors and their lead Nurses and where needed, action plans will be created and reviewed. The Nursing and Midwifery Quality and Assurance Network completed a review and refresh of Nursing Key Performance Indicators (KPI'S) reported to the Public Health Agency (PHA) to ensure they are fit for purpose, these include the Skin Bundle. The Tissue Viability team were involved in a collaborative project between the PHA and all five Tissue Viability Leads to develop a regionally agreed PU Definition Booklet. This booklet will help standardise reporting across the region. This was subsequently launched by the PHA in July 2024 and has been disseminated to all staff via Trust Communications and to managers at the monthly TN&MG meeting.

Currently there is no requirement to report on PU development in paediatric patients. The absence of an allocated Paediatric Tissue Viability Nurse is recorded on the Trust Risk Register as an unmet need for this cohort of patients.

There has been a focus on the maintenance of mattresses in relation to appropriate decontamination and audit. If mattresses/cushions are not maintained adequately, there is an increased risk of patients developing skin damage and infection. The Tissue Viability Team are currently involved in the development of pathways for the correct procedure in decontaminating mattress's and cushions. There remains a rolling programme for replacement of mattresses across all hospital sites. Altnagelvin and Omagh sites currently have AtmosAir Hybrid mattresses as standard on all bed frames, these are suitable for nursing patients with PU up to and including stage 3. There has been a recent purchase of 70 of these AtmosAir Hybrid mattresses to replace Pentaflex Foam stock in SWAH, many which have been in place since 2012 when the hospital first opened (it is estimated that the life span of a foam mattress is around 10 years therefore it is a priority to complete this replacement programme).

Figure 1: Record of Pressure Ulceration development across WHSCT since 2013-2024

Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired stage 3 and 4 pressure ulcers	Hospital acquired stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43
2021-22	1.1	277	-28.2	76	36
2022-23	1.2	341	+23.1	108	37
2023-24	1.1	321	-5.9	73	28

Figure 2: Compliance with SKIN bundle completion across acute wards

2023/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 92%	90%	93%	93%	91%
Overall PU Rate: 1.1 per 1000 bed days	1.09	1.03	1.02	1.25

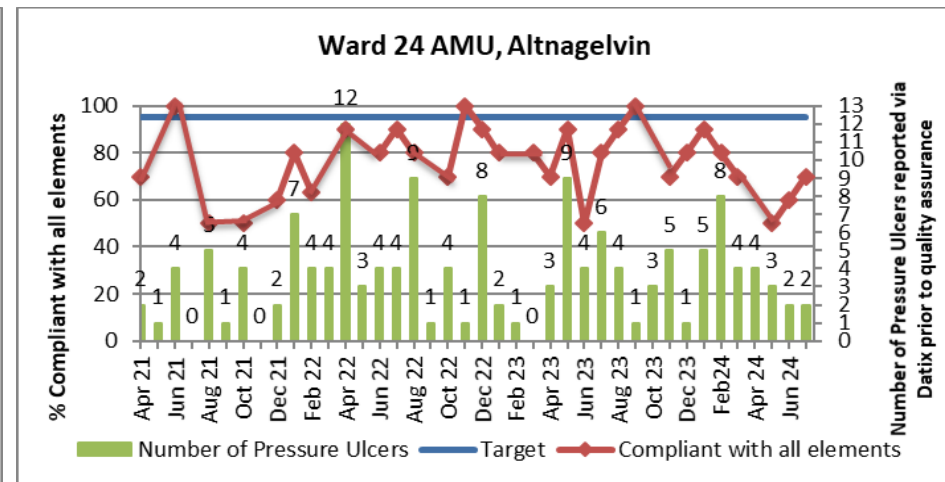
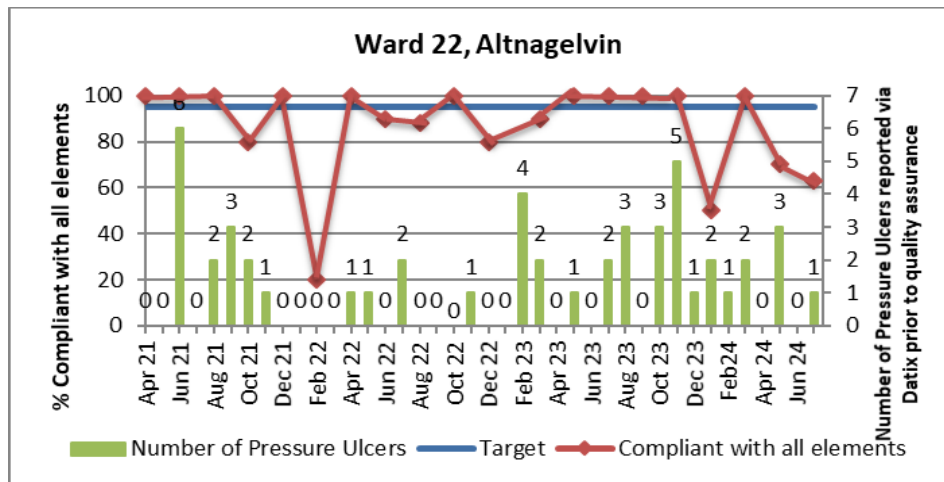
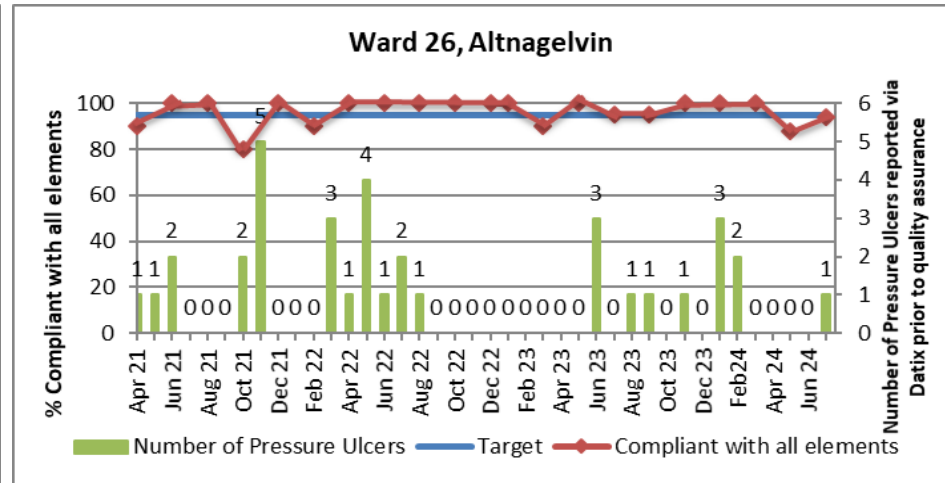
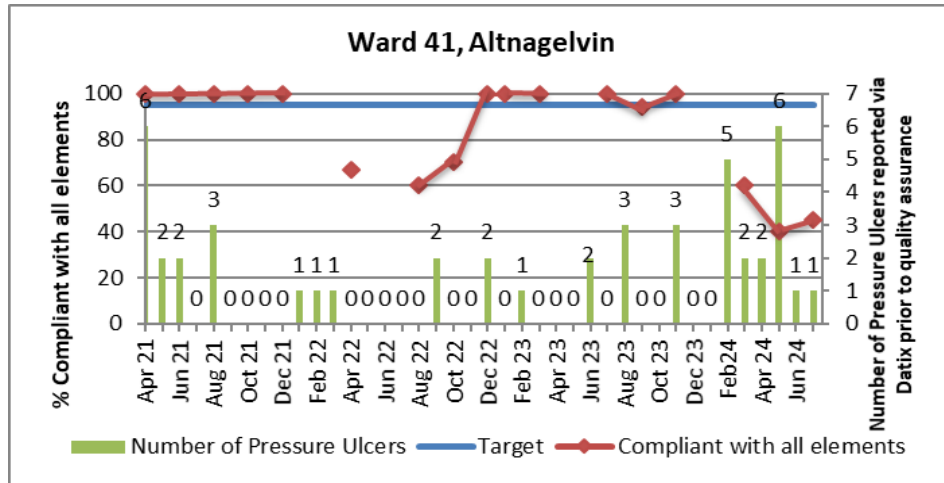
Figure 3: Pressure ulcers reported to PHA following data cleansing and quality assurance 2023/24

Total number of pressure ulcers reported across Acute sites 2023/24	Pressure Ulcers Stage 3 and 4	Avoidable pressure ulcers
321	73	28

Figure 4: Compliance with the Skin Care Bundle for each adult inpatient ward is demonstrated in the graphs below and numbers of pressure injury developed prior to data cleansing:-

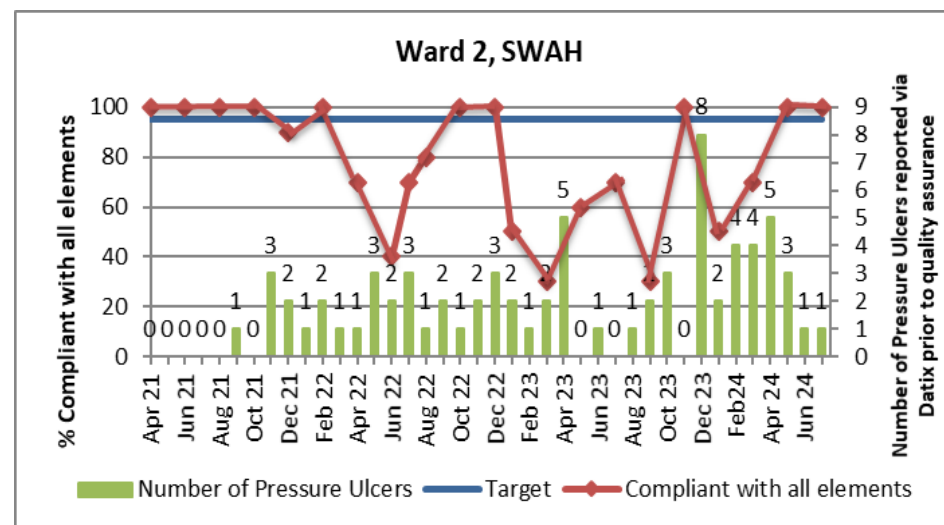
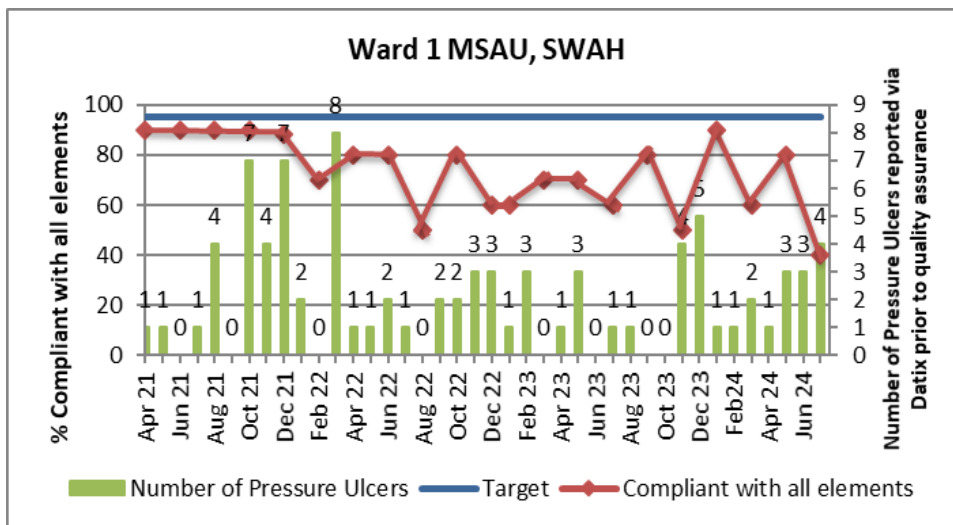
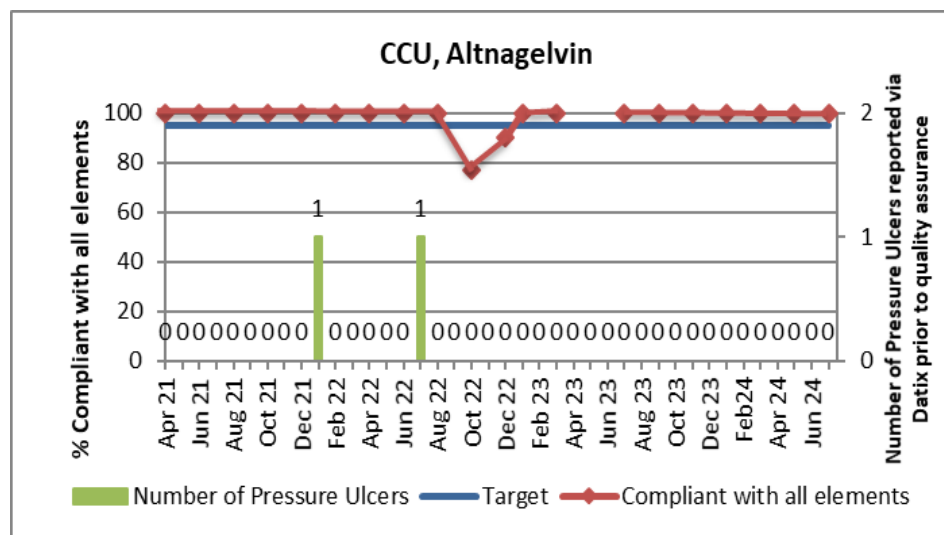
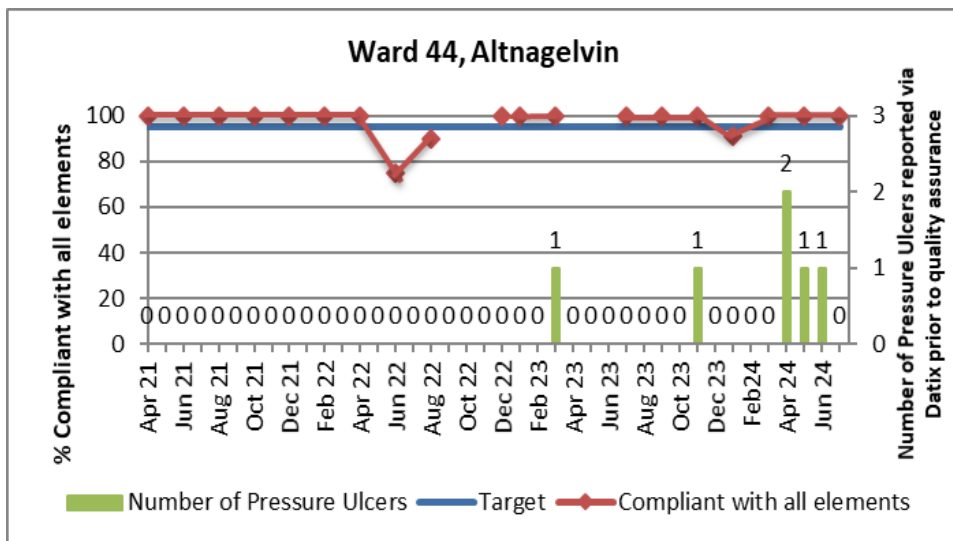
Pressure Ulcers

Target: From April 2016 measure the Incidents of pressure ulcers (stage 3&4) occurring in all adult inpatient wards and the number of those which were avoidable. To monitor and provide reports on Skin Care bundle compliance and the rate of pressure ulcers per 1,000 bed days.



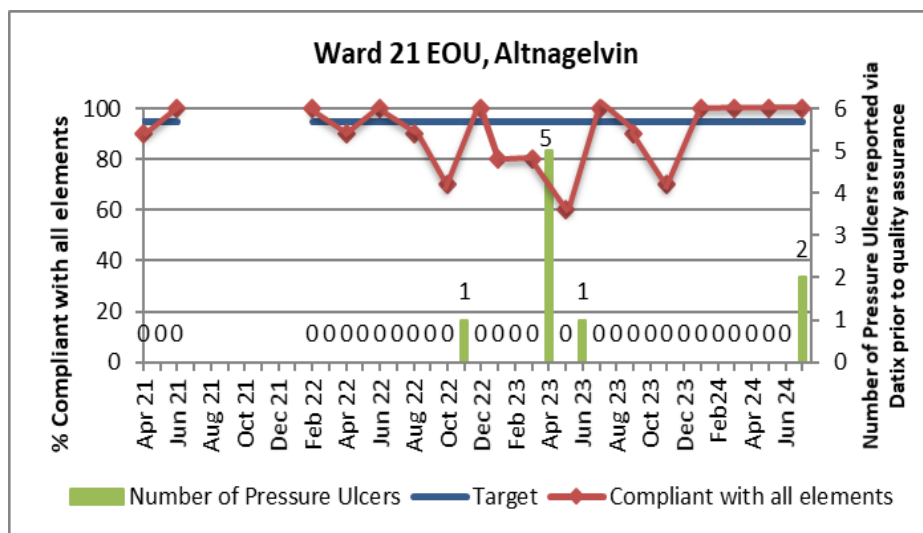
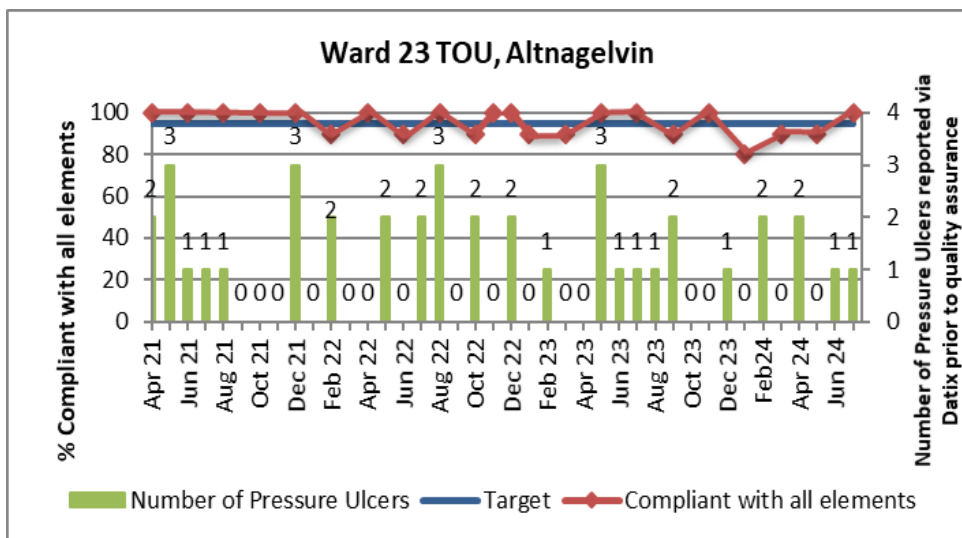
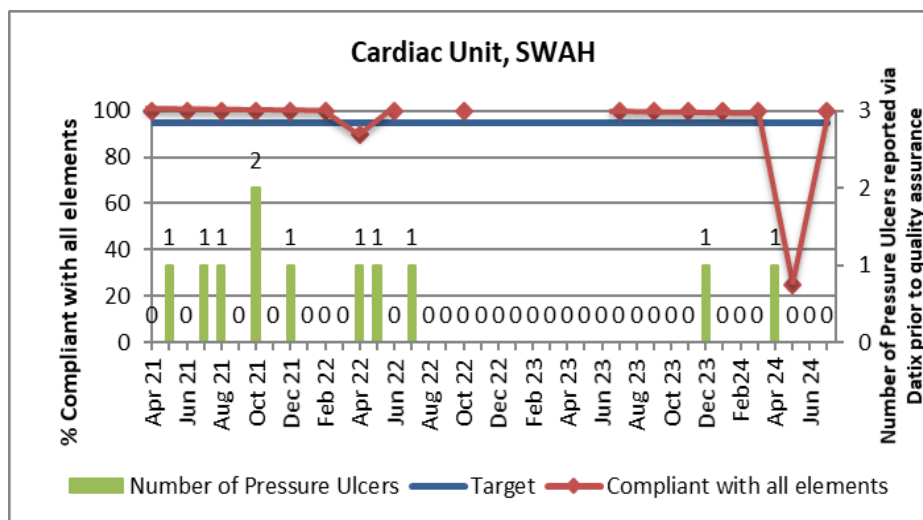
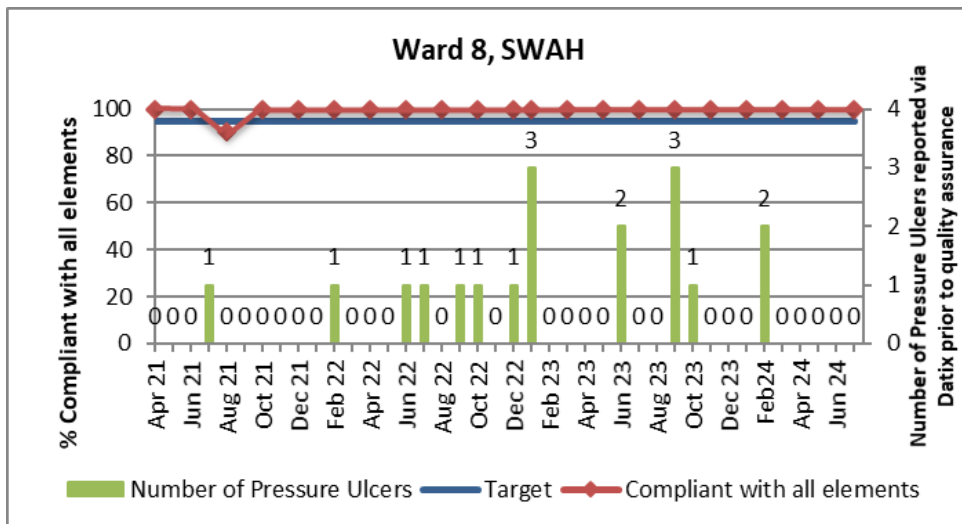
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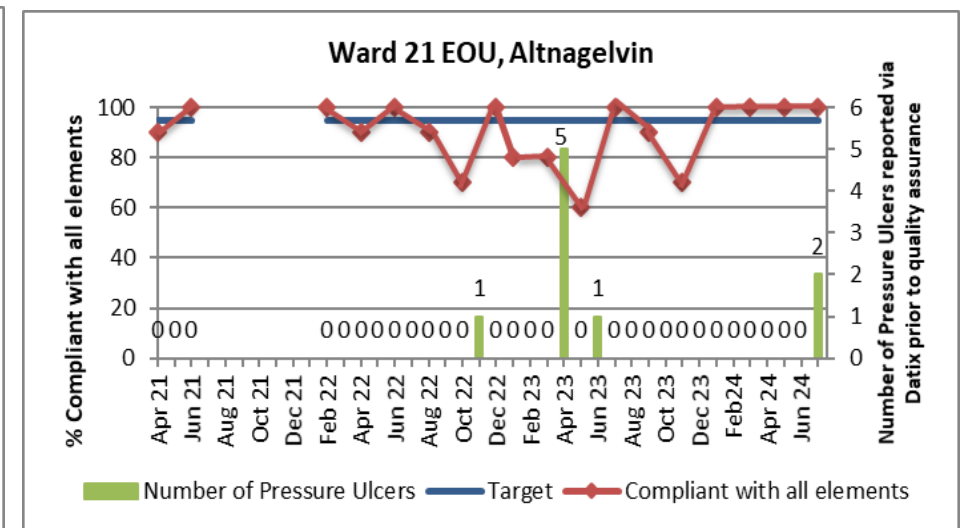
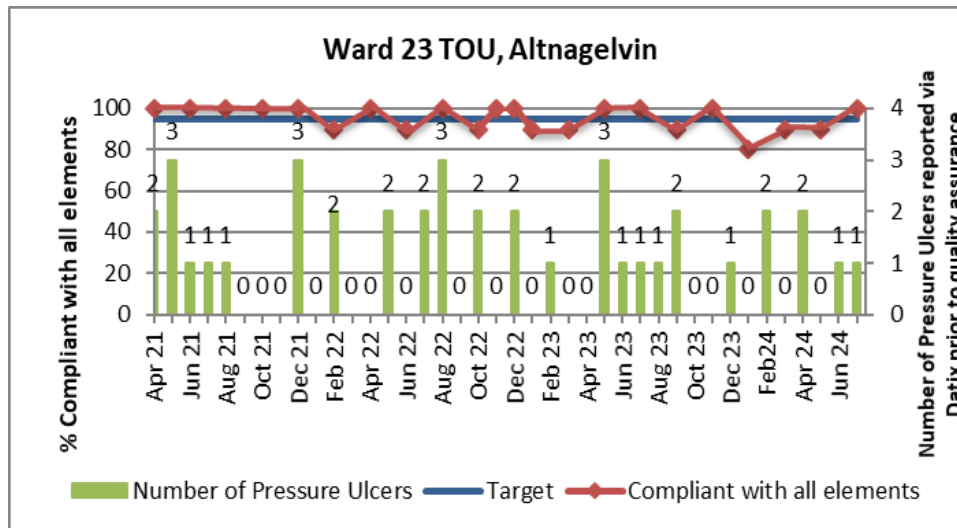
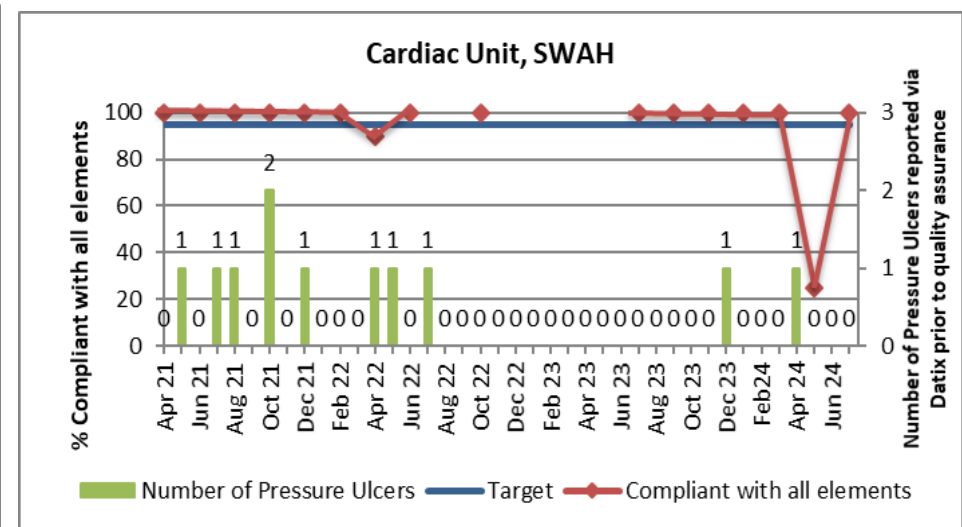
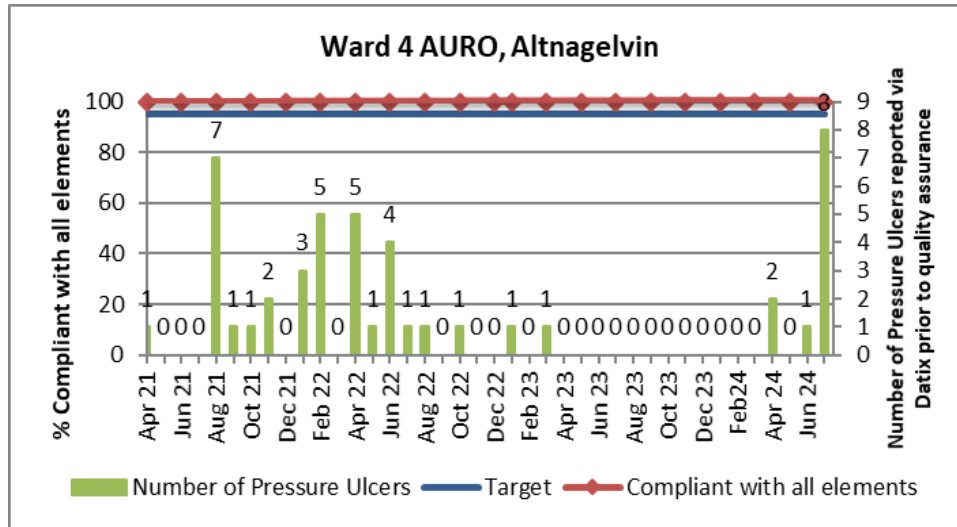
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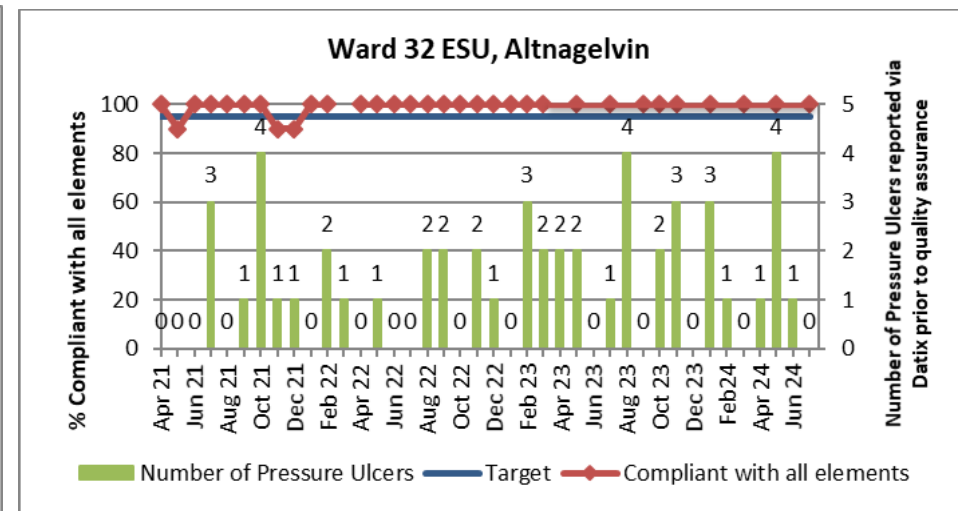
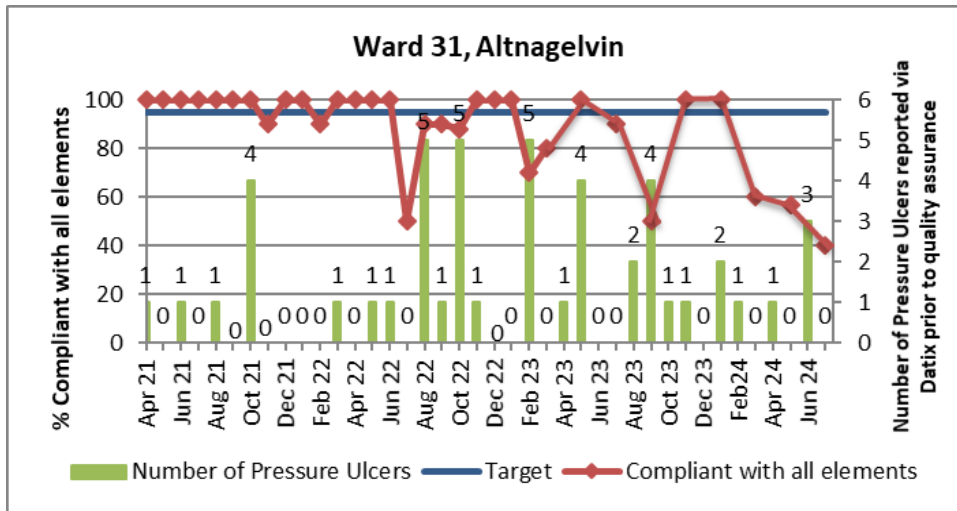
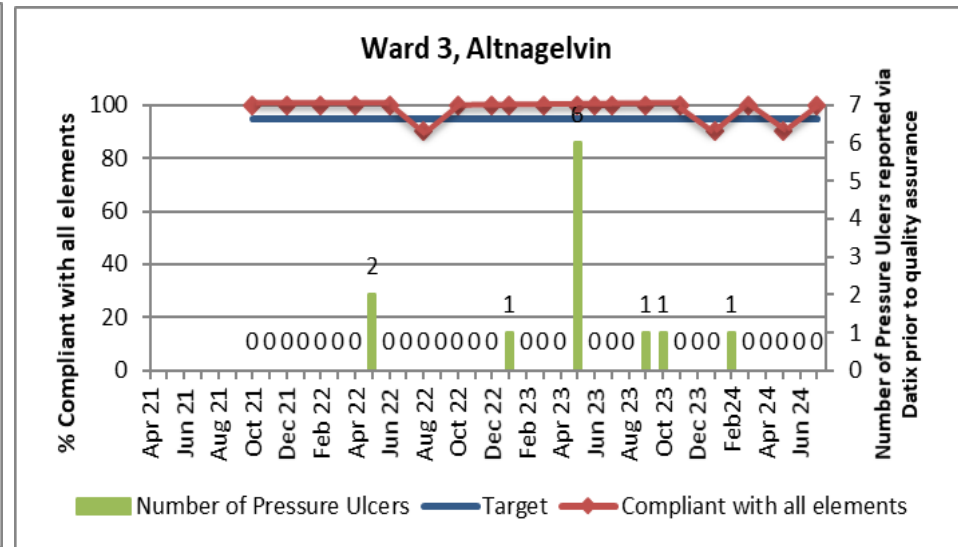
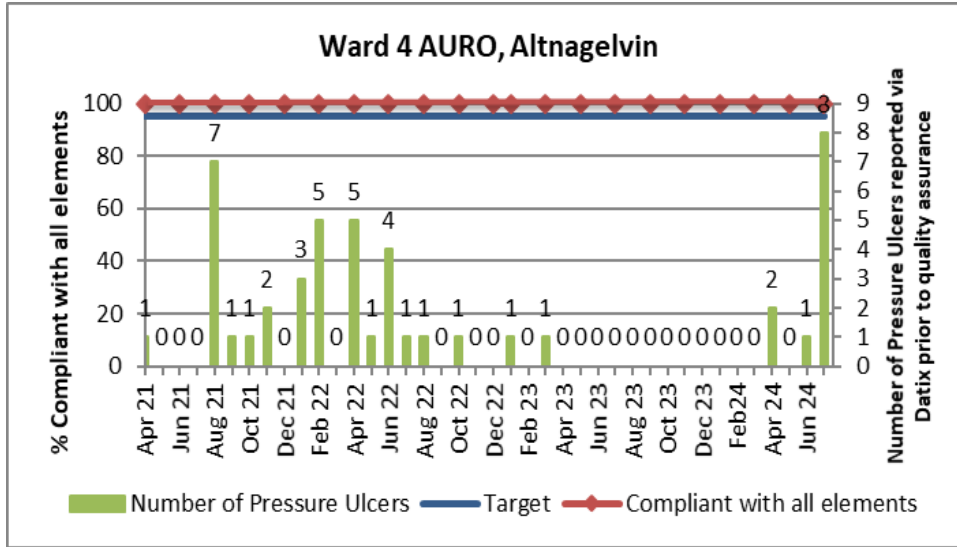
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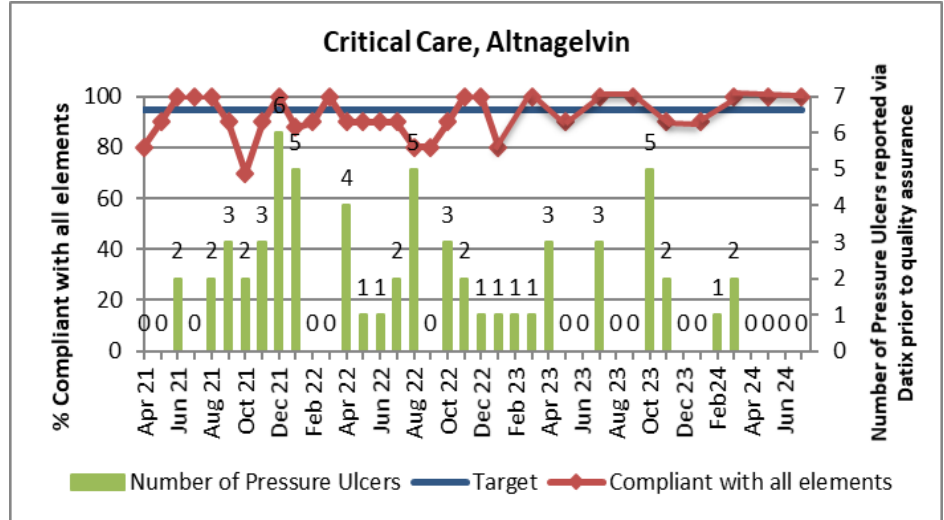
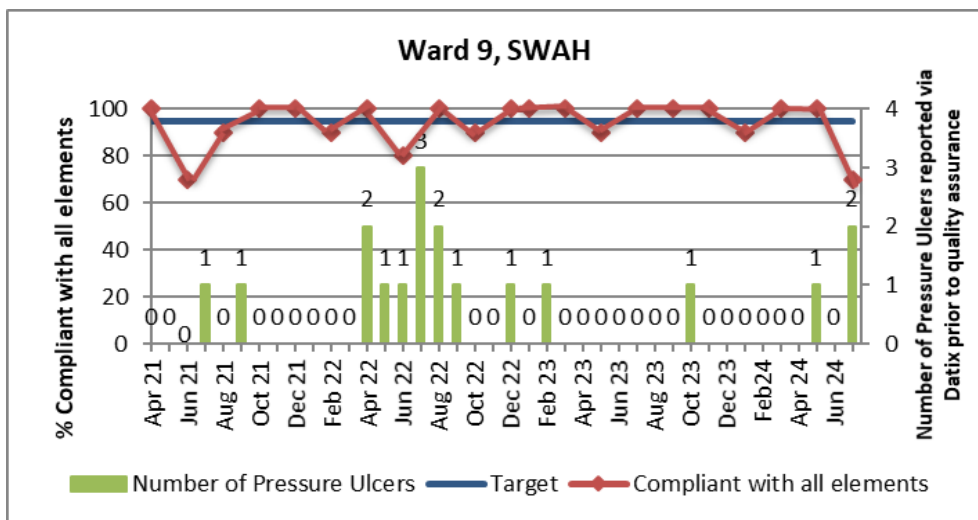
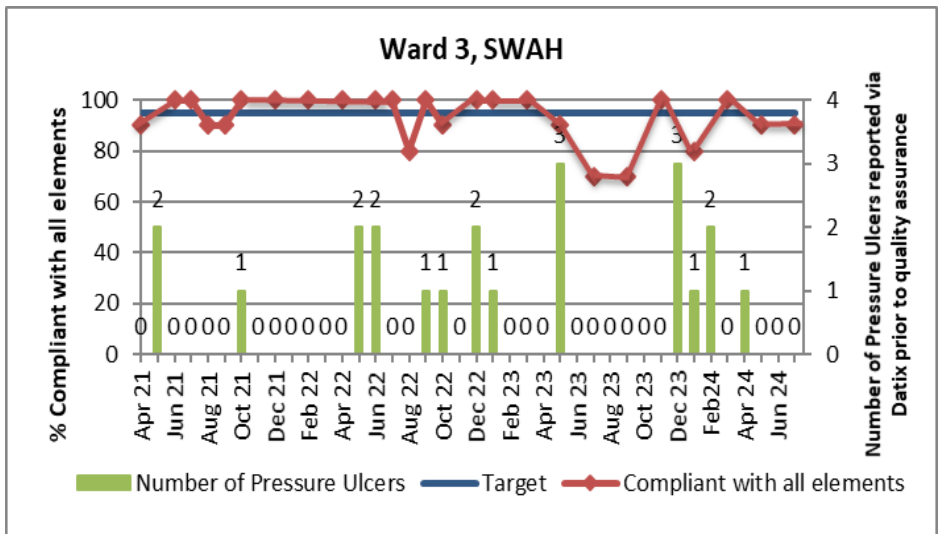
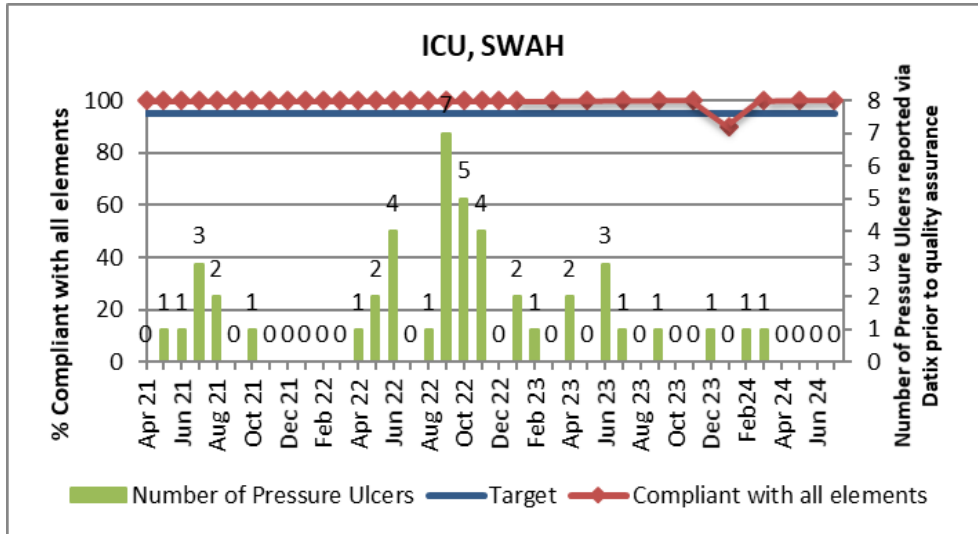
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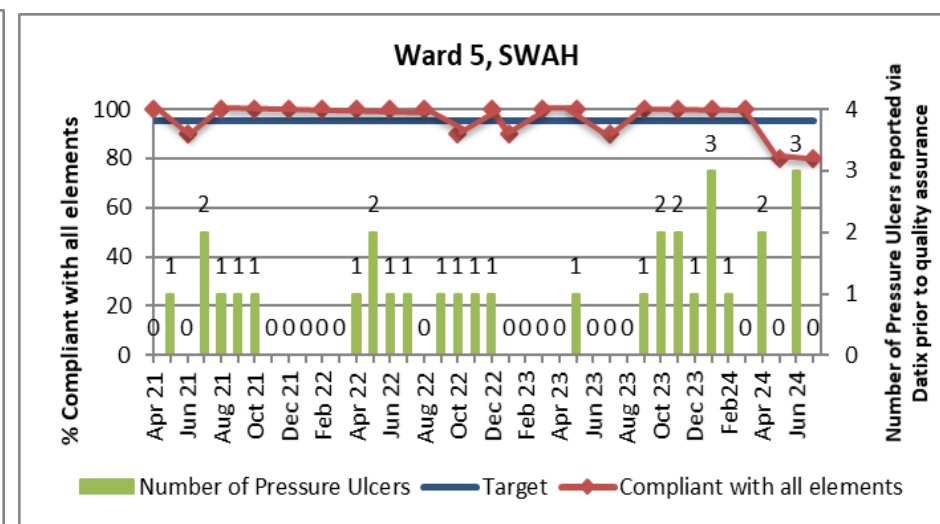
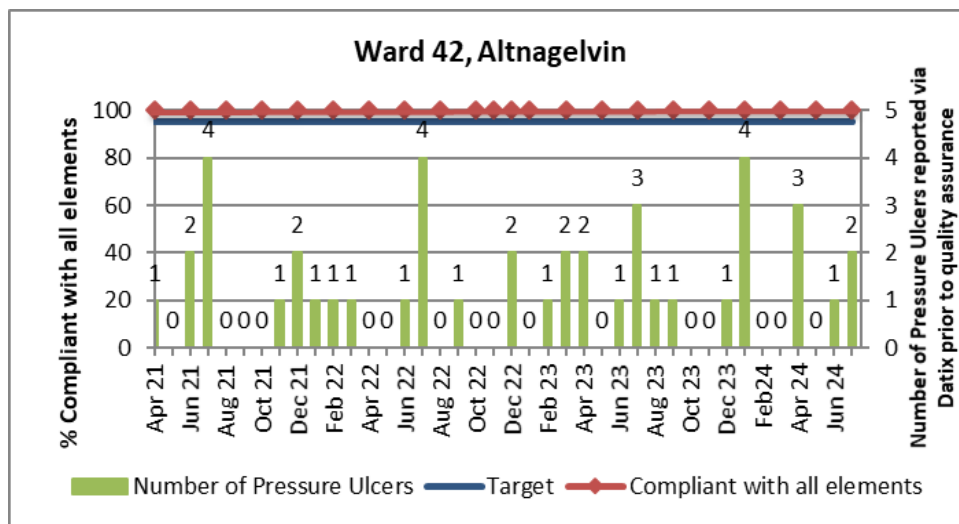
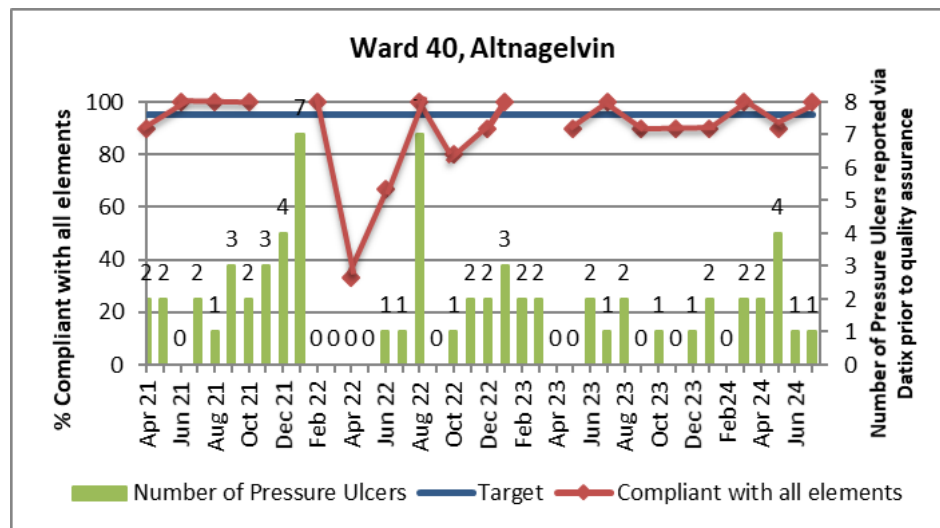
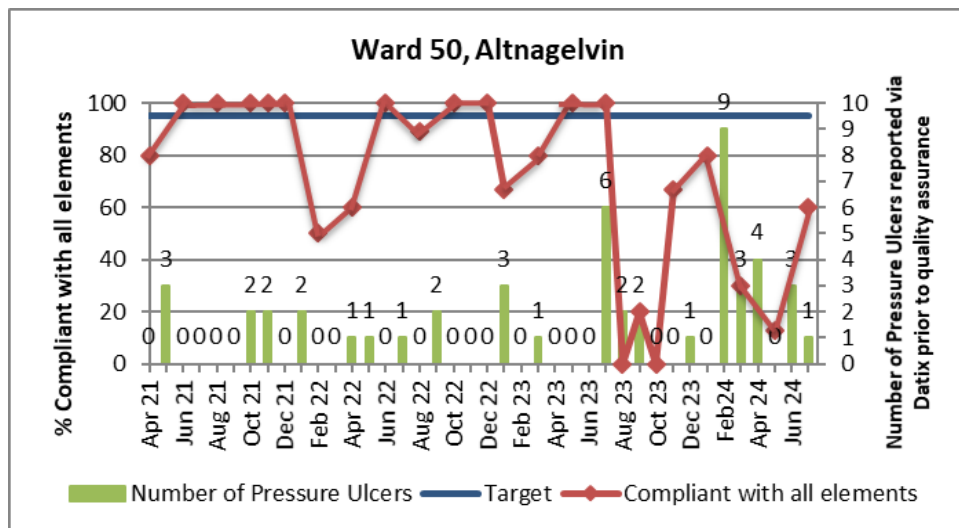
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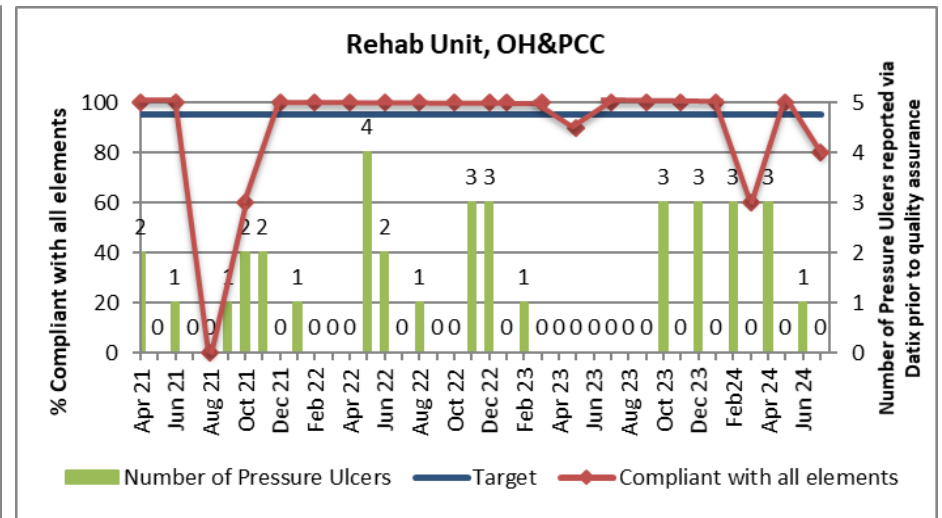
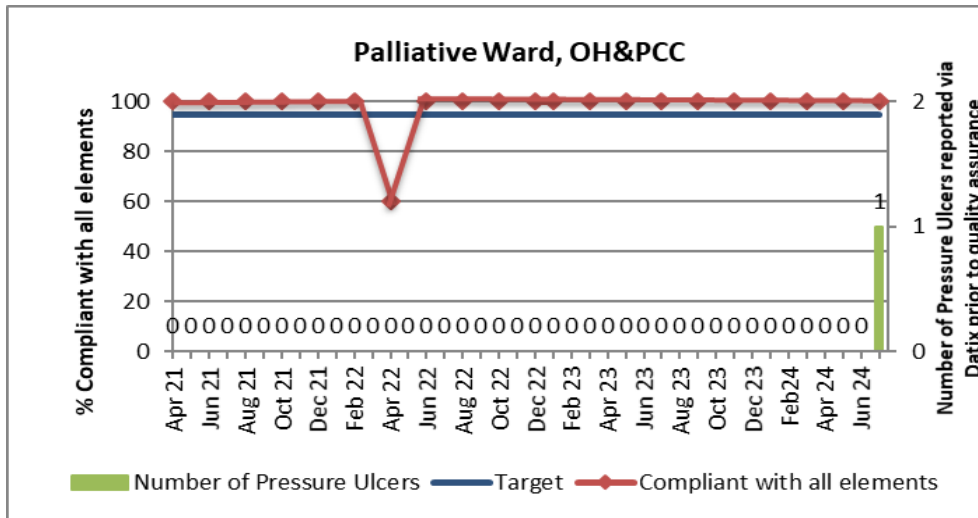
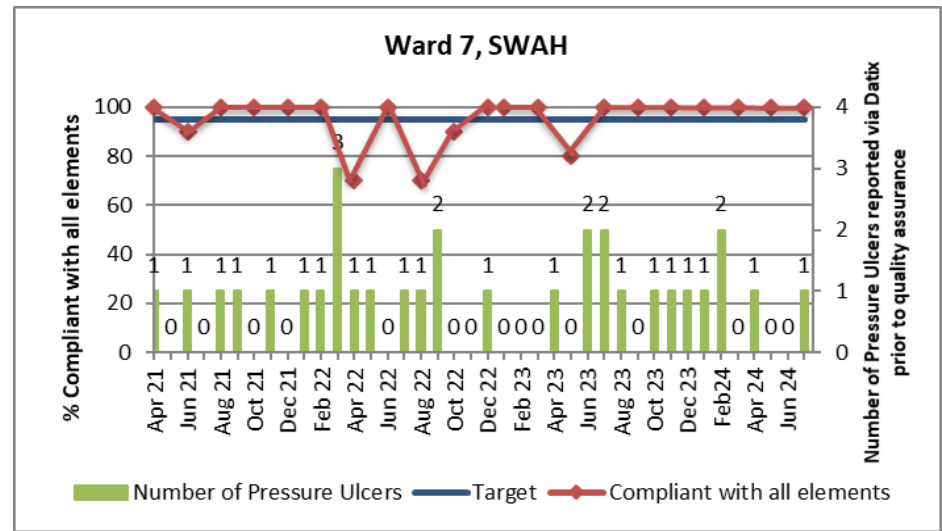
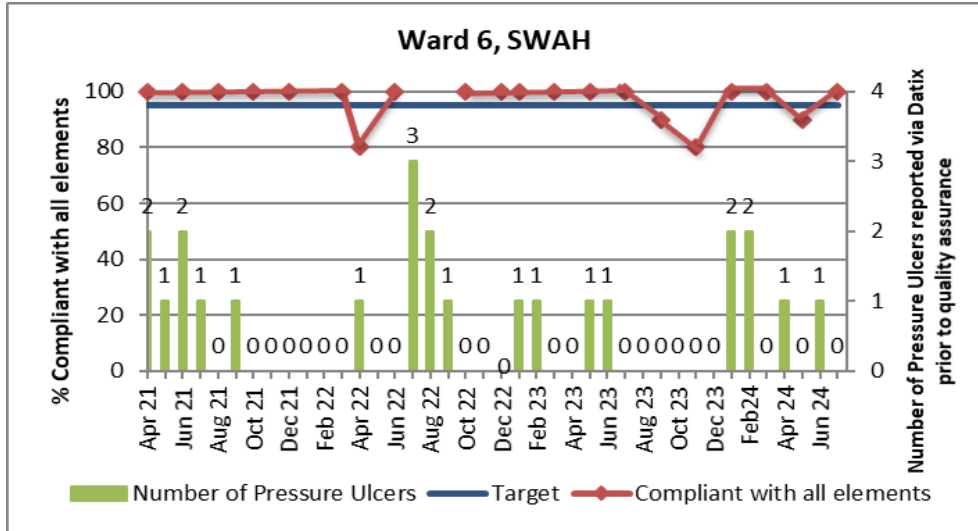
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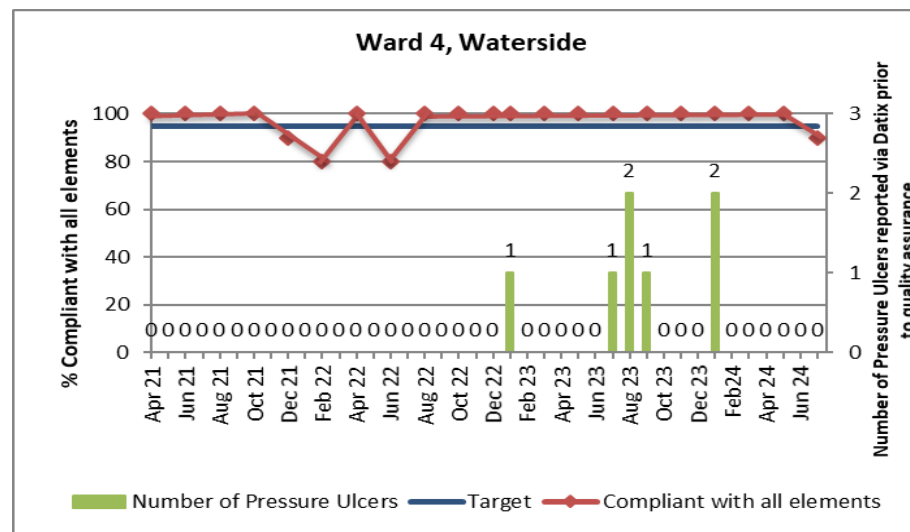
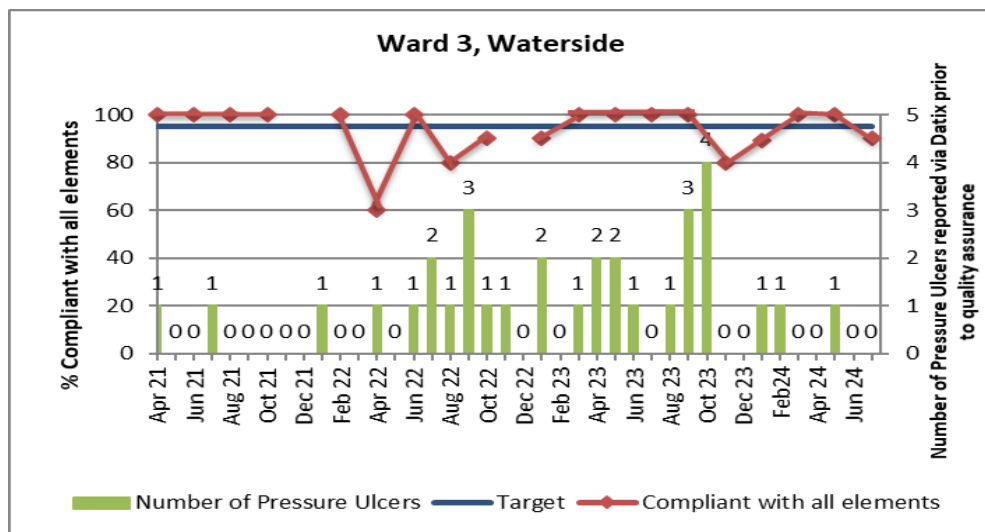
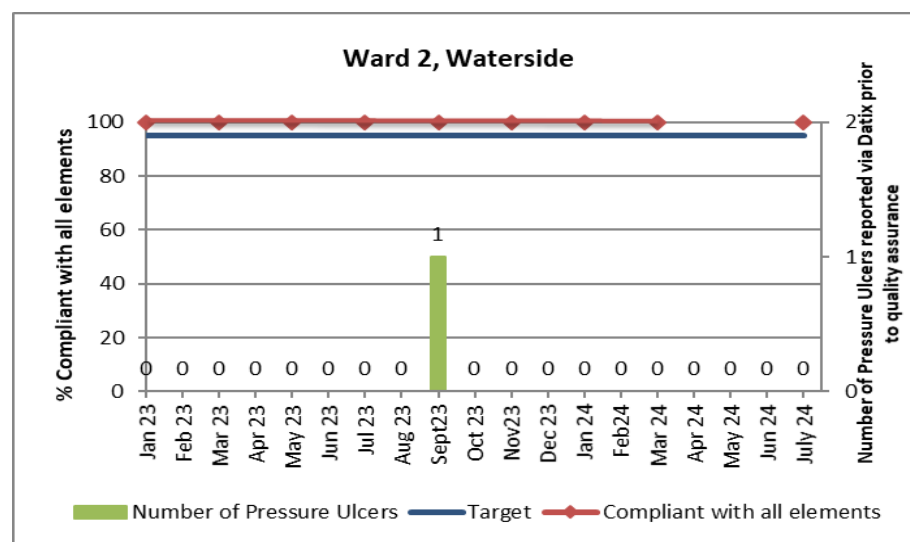
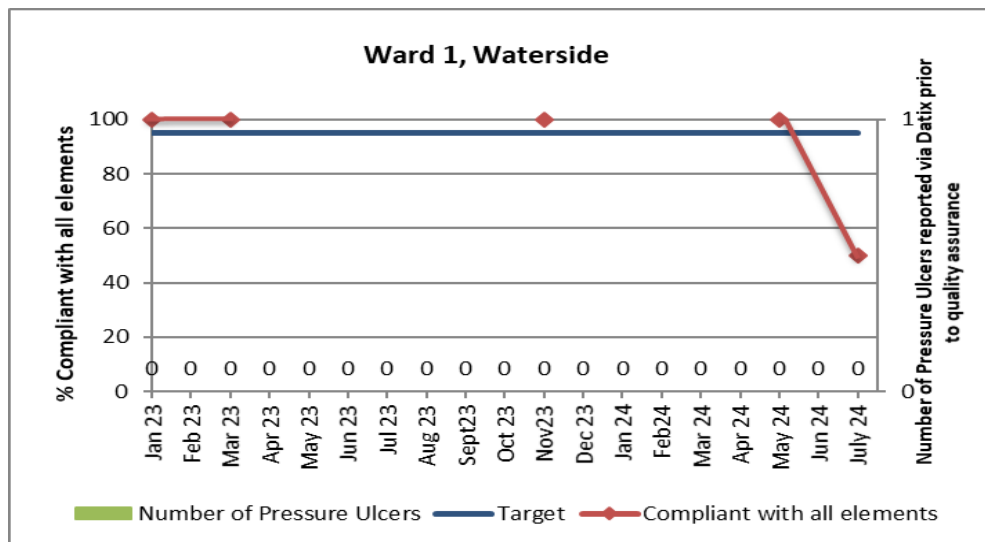
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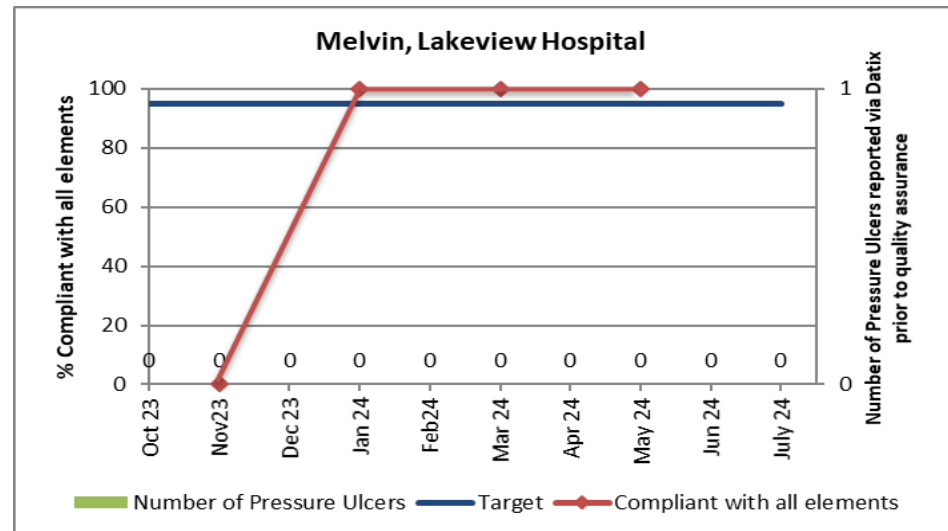
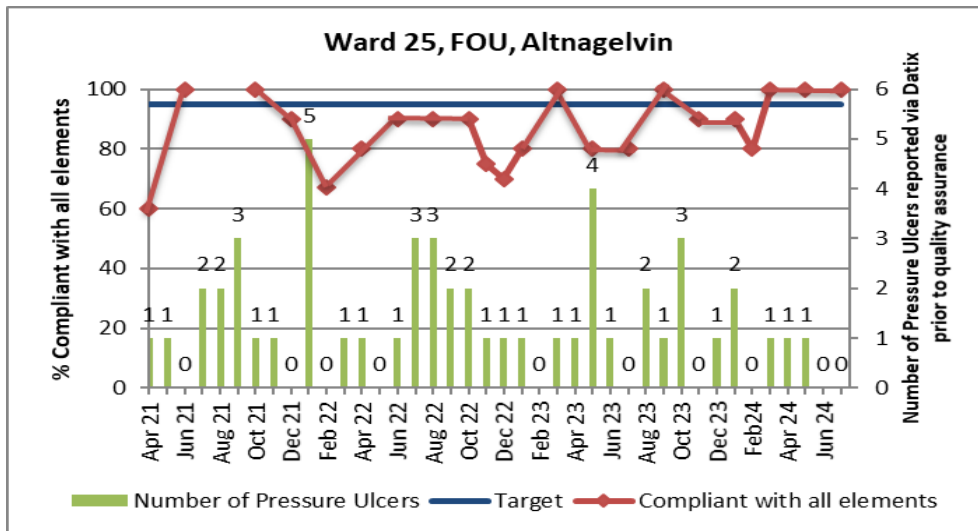
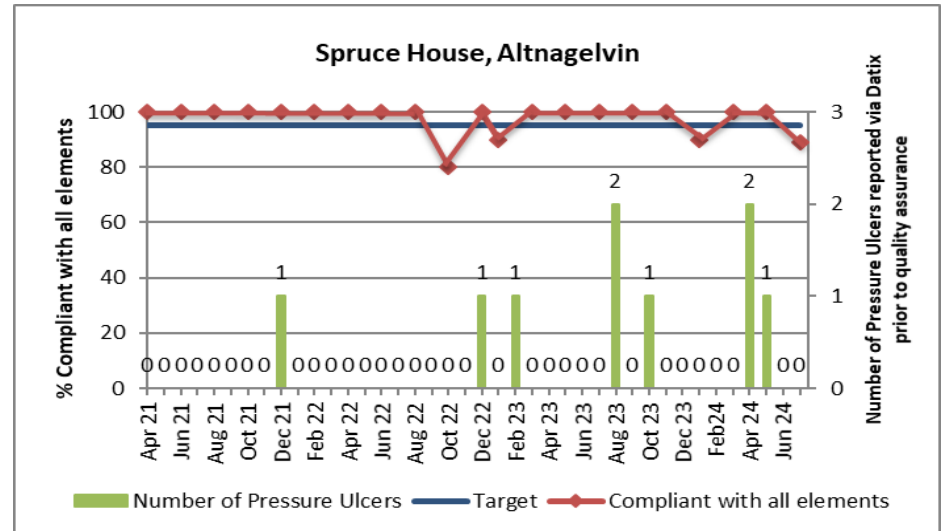
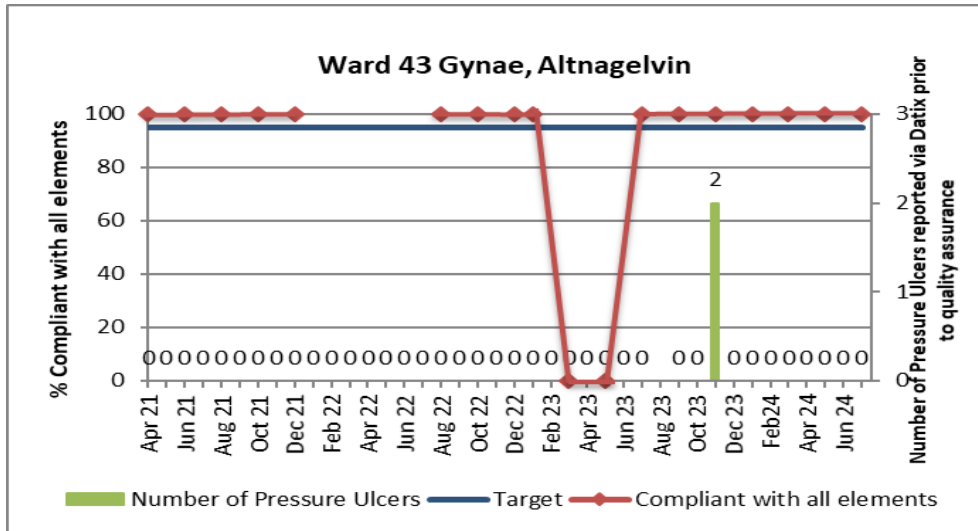
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