

QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT

PRESSURE ULCERS

4 September 2025

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. The TV team continue to provide face to face educational sessions on PU prevention and management 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. In addition the regionally endorsed PHA eLearning Programme is available for staff to access via HRPTS, and is actively promoted by the TV Team.

The TV Team hold quarterly meetings with the TV link nurses to provide them with the evidence based practice for all issues related to TV and the current themes / trends that have been identified for dissemination and implementation into clinical practice.

The Post Incident Reviews (PIR) are well established with ward / department managers completing the investigation for Stage 2 PU, and Stage 3, Stage 4, un-stageable and suspected Deep Tissue Injuries (DTI's) with the assistance of the TV team. 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 has been well established in practice. 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 and associated documentation has been approved by Trust Record Keeping and has since been disseminated and is 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) reported on average there is an annual increase of 32% in PU development across the UK. Hospital acquired PU data (reported below) for 2024 / 25 showed an overall increase of 2.2% from the previous year. There was a 16% decrease in stage 3 and above PU and a 21% increase in avoidable stage 3 and above PU. It is significant to note that although we had a notable decrease in stage 3 and

above PU, that this is not reflected in the avoidable PU and in fact, we have seen a significant increase in the avoidable Pressure Ulcers particularly in Quarter 1. Almost half of these avoidable pressure ulcers occurred in Quarter 1. Significant TV resources were applied to the areas identified with high avoidable damage. The team will endeavour to continue this as resources allow, with the aim of further reducing PU in 2025 / 26. Overall there were 61 stage 3 and above PU's of which 34 (56%) 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.

Areas of concern and recommendations for improvement related to Tissue Viability (TV) and compliance with the relevant audits including the Skin Bundle , are highlighted at the Trust Accountability and Assurance meeting with the Assistant Directors and their lead Nurses. 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. Moving forward the data for this Key Performance Indicator (KPI) will be available on the new digital platform -encompass .The regionally agreed PU Definition Booklet continues to be used in clinical practice to standardise reporting across the region.

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. The current Tissue Viability Team continue to support the Paediatric teams as required.

The focus on the maintenance, decontamination and audit of mattresses continues to ensure that pressure relieving equipment is fit for purpose. 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.

The Tissue Viability Team continue to support Maternity Services Trust wide with the regionally agreed Maternity SSKIN Bundle and are working collaboratively with the Practise Development Midwife.

Figure 1: Record of Pressure Ulceration development across WHSCT since 2013-2025

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
2024/25	*Not available	328	+2.2	61	34

*Rates for 2024/25 are not yet available from the PHA

Figure 2: Compliance with SKIN bundle completion across acute wards

2024/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 88%	87%	87%	90%	89%
Overall PU Rate: per 1000 bed days	*Not available			

*Rates for 2024/25 are not yet available from the PHA

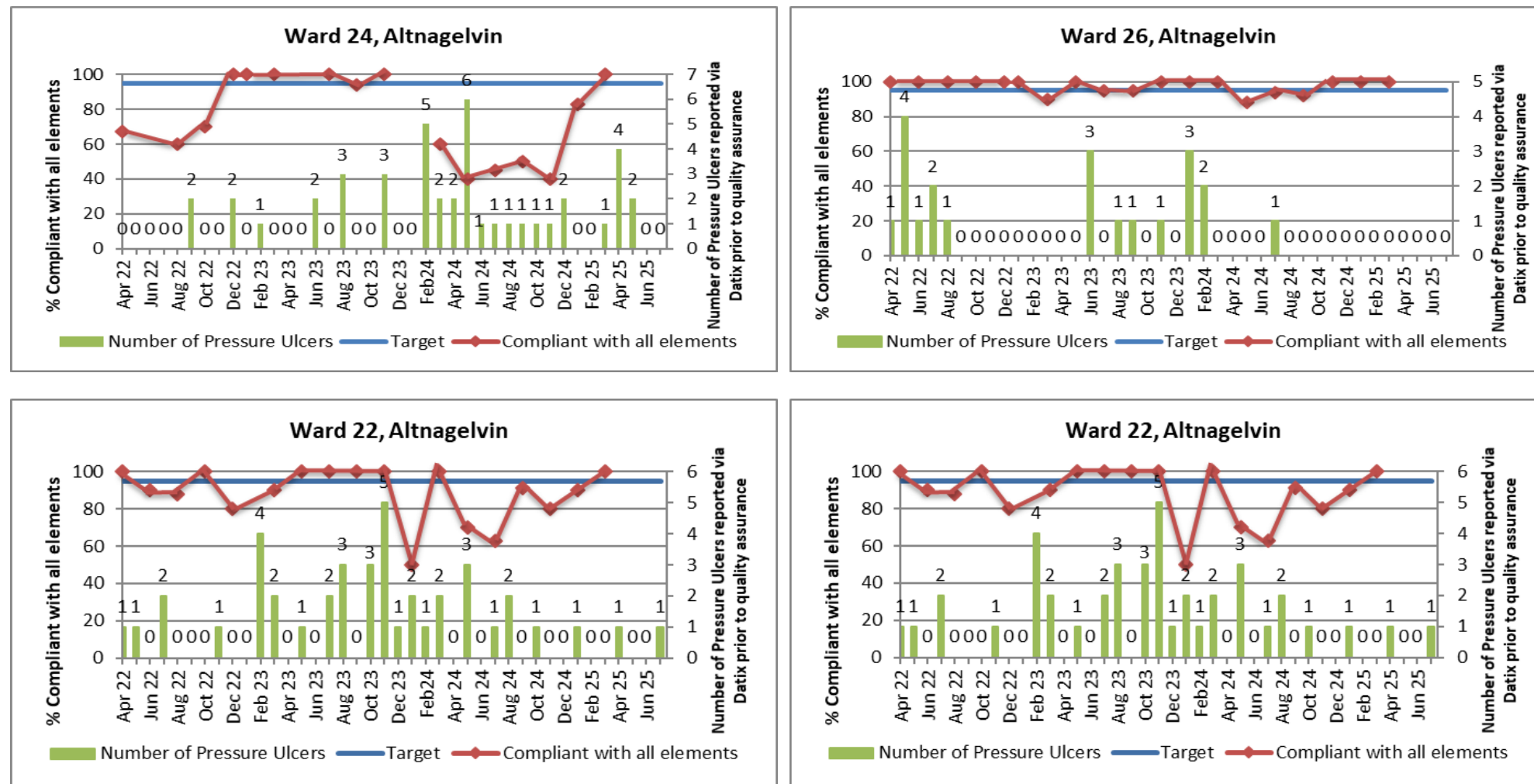
Figure 3: Pressure ulcers reported to PHA following data cleansing and quality assurance 2024/25

Total number of pressure ulcers reported across Acute sites 2024/25	Pressure Ulcers Stage 3 and 4	Avoidable pressure ulcers
328	61	34

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:-

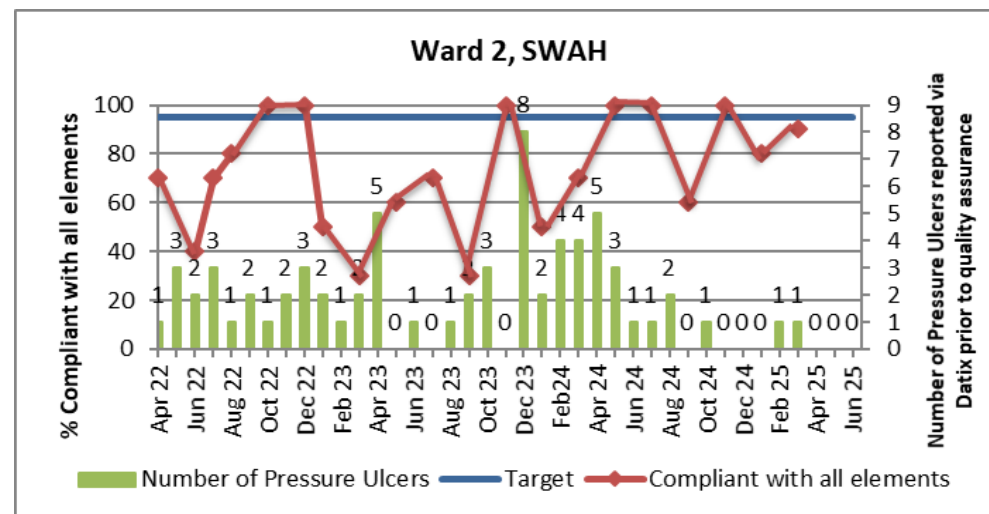
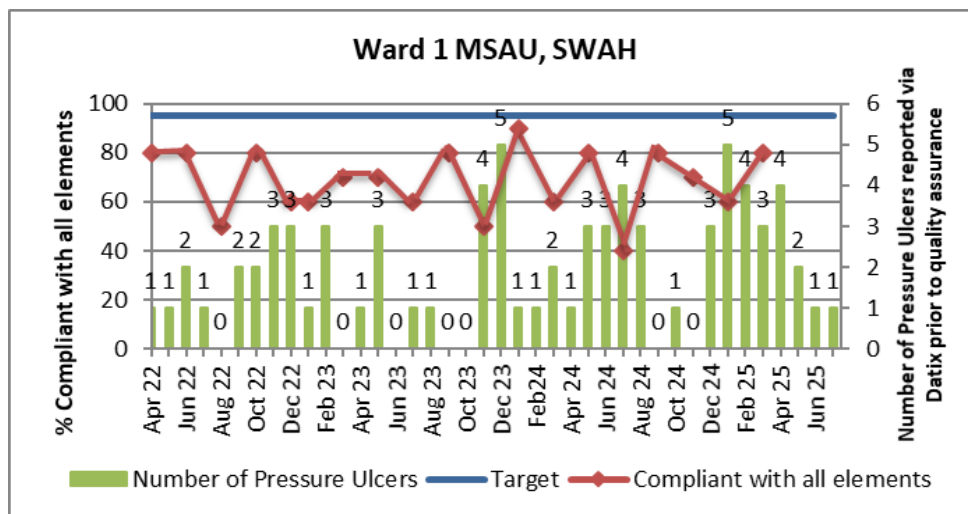
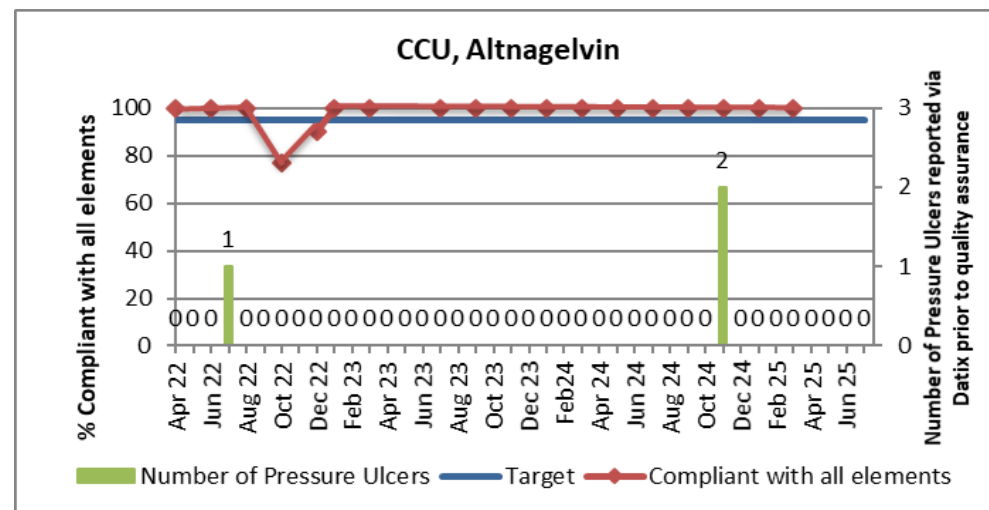
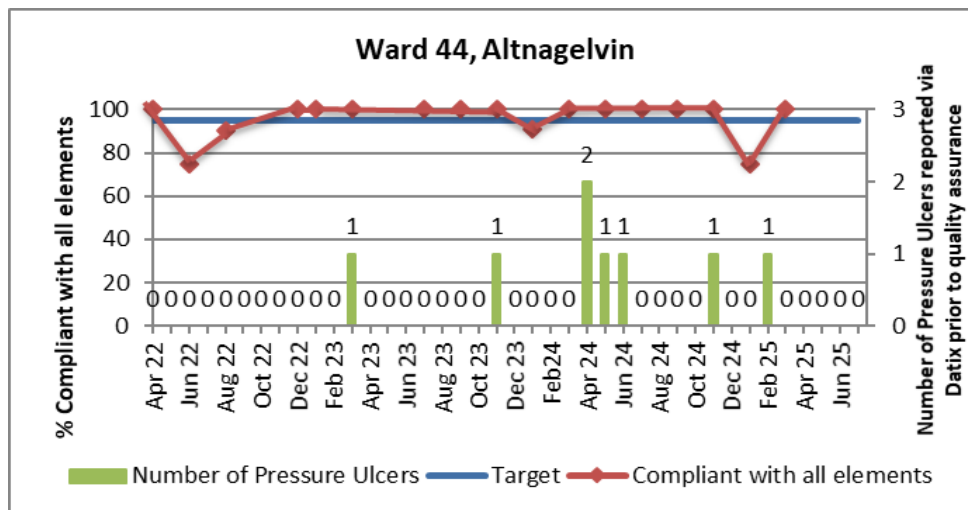
Pressure Ulcers

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.



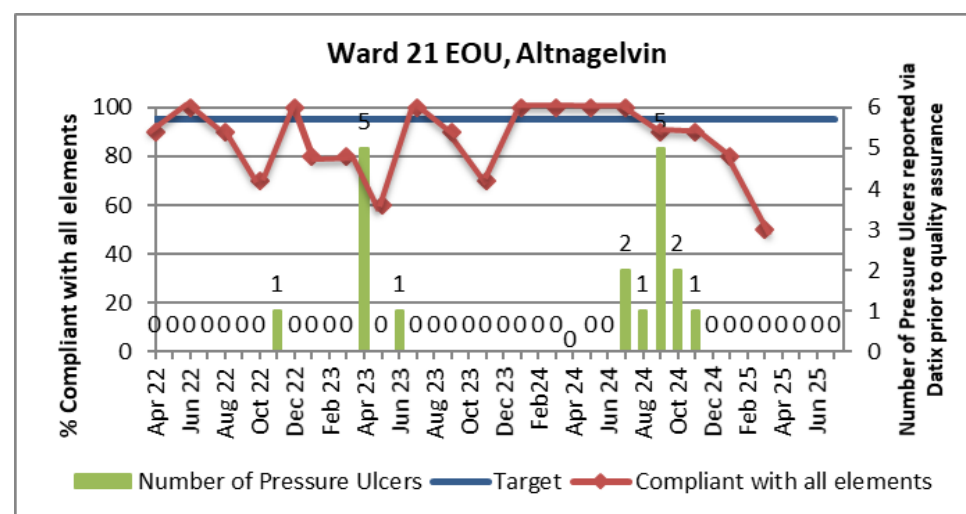
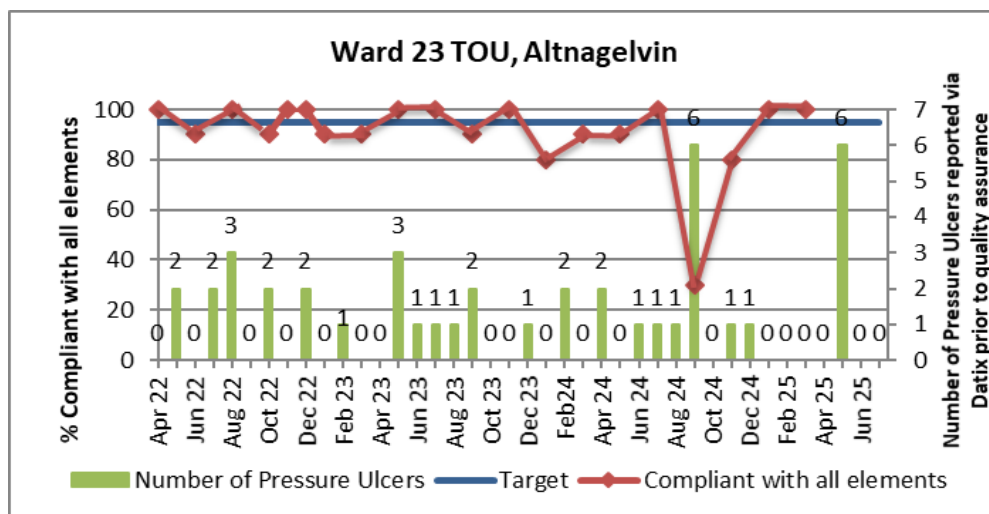
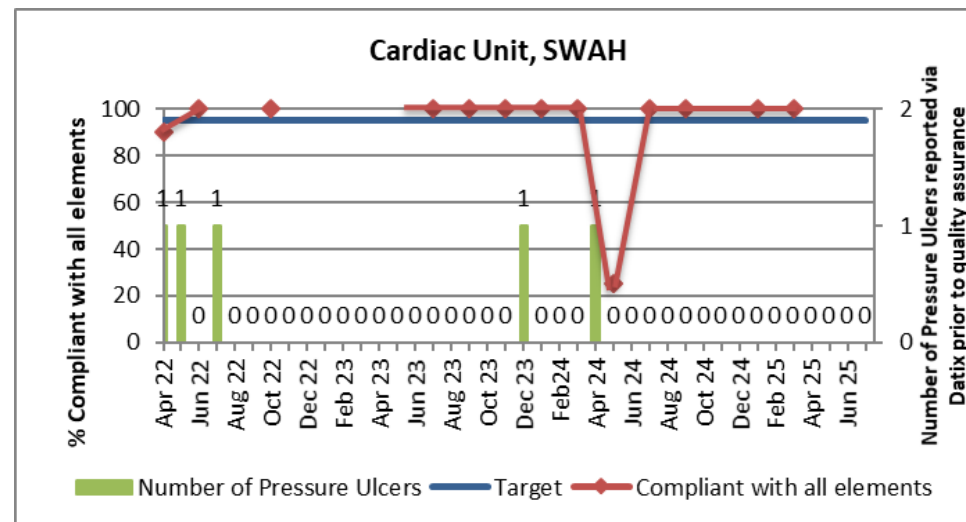
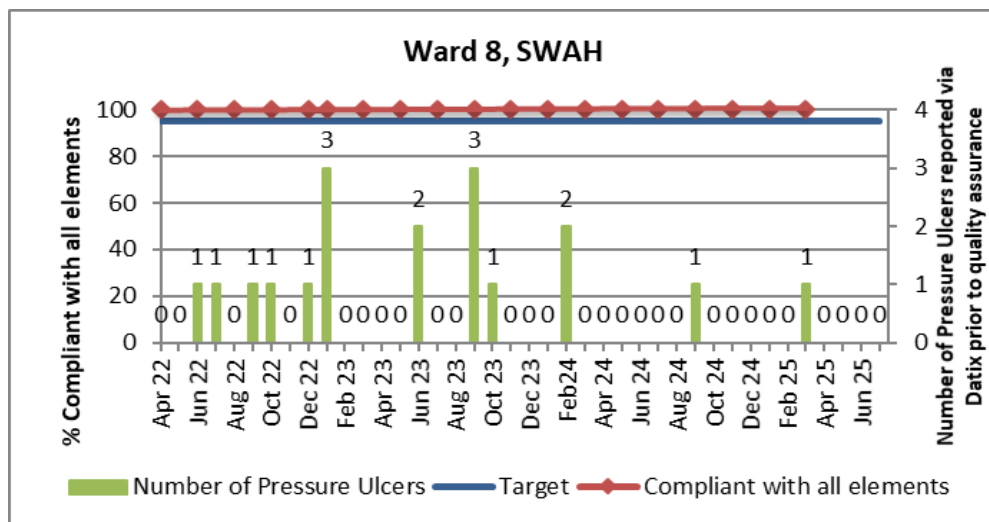
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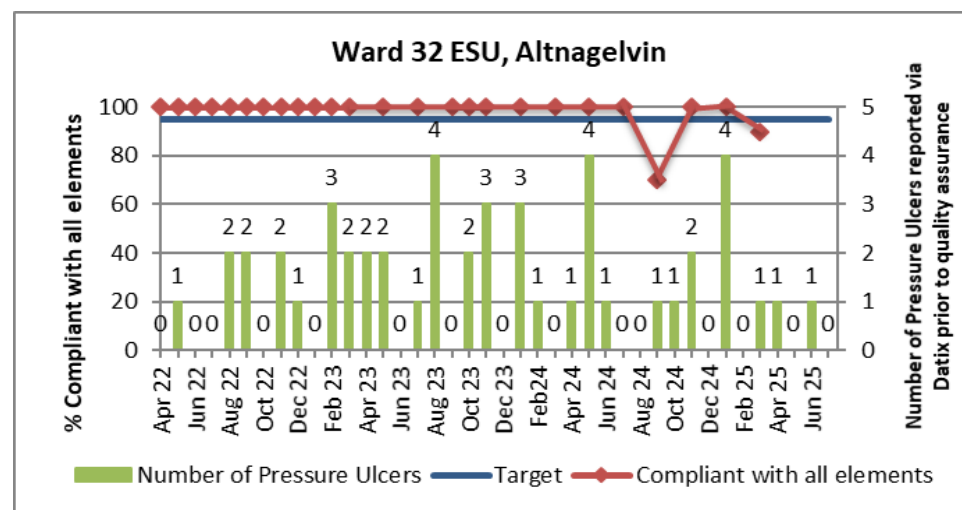
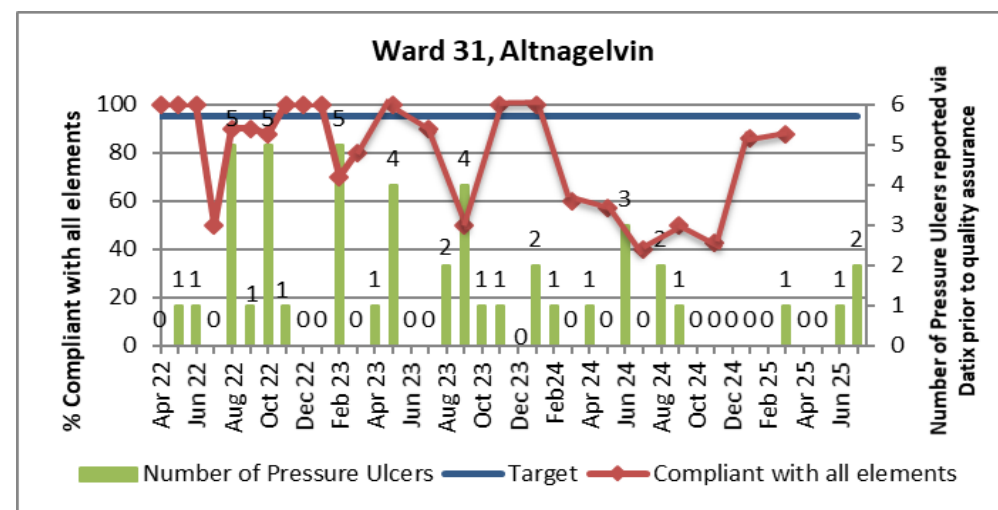
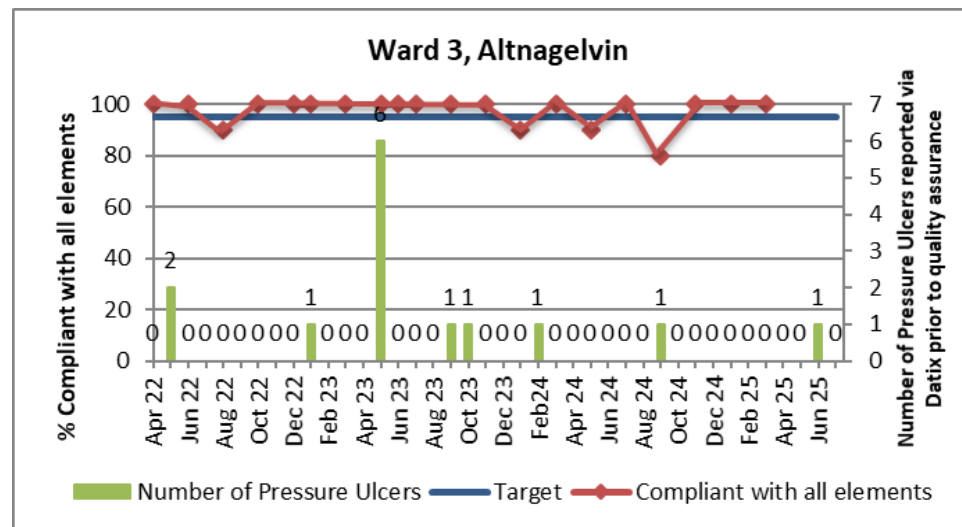
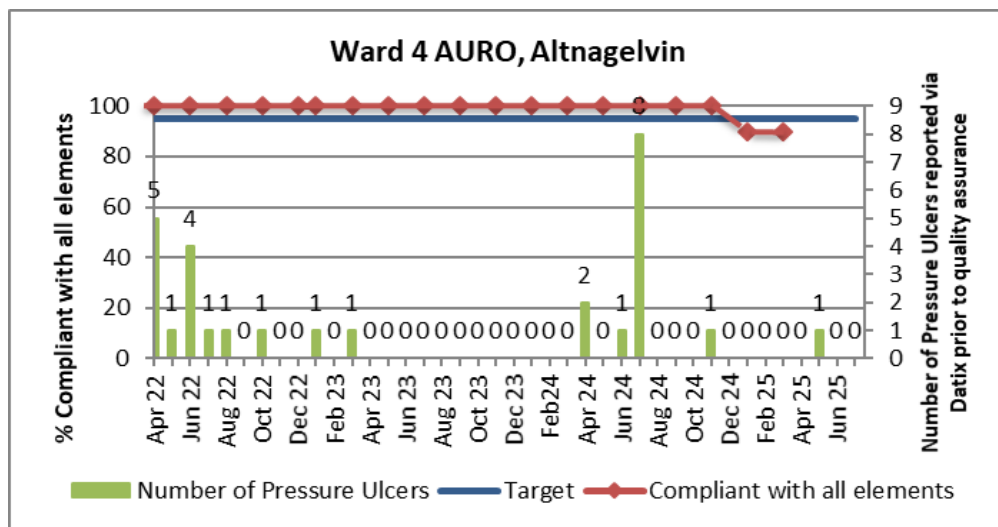
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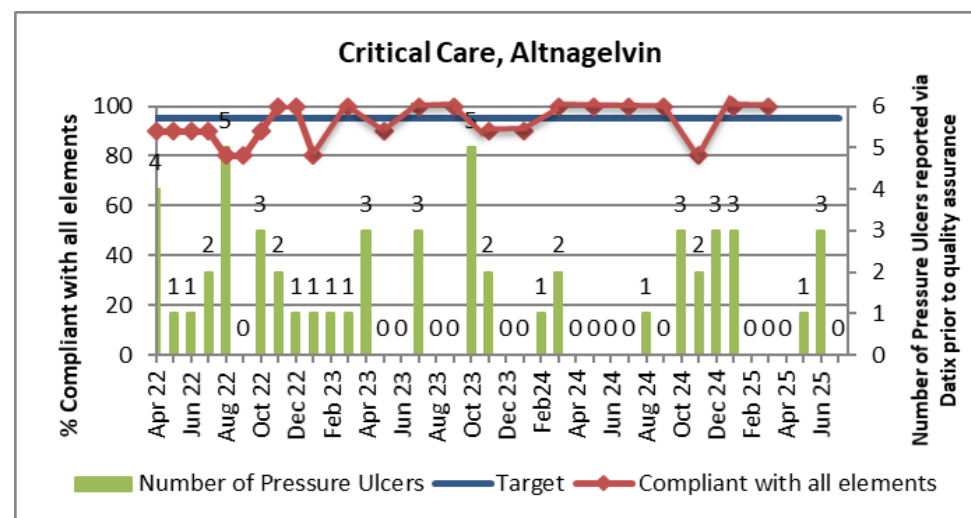
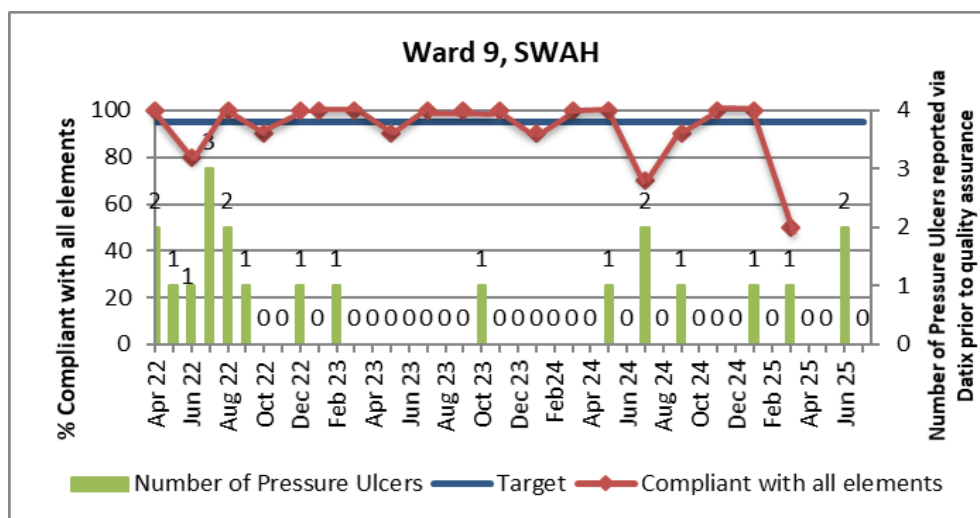
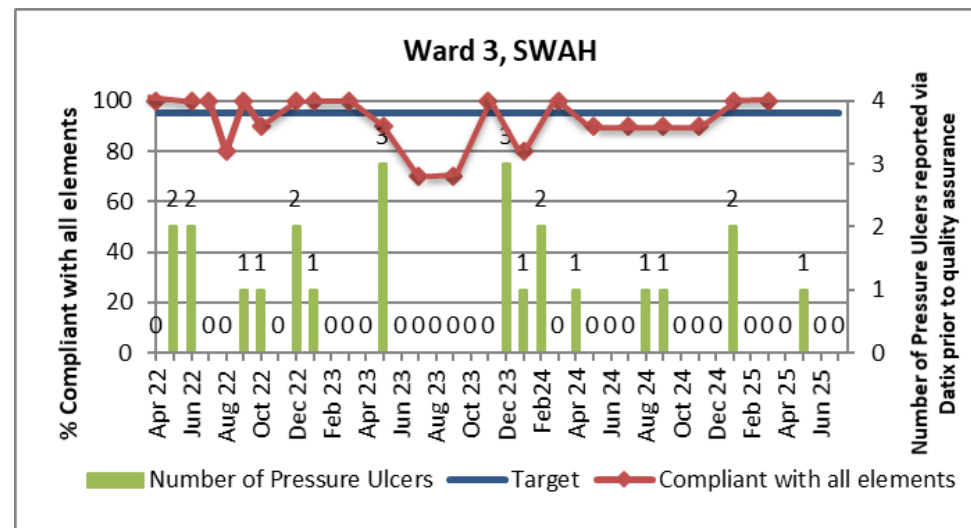
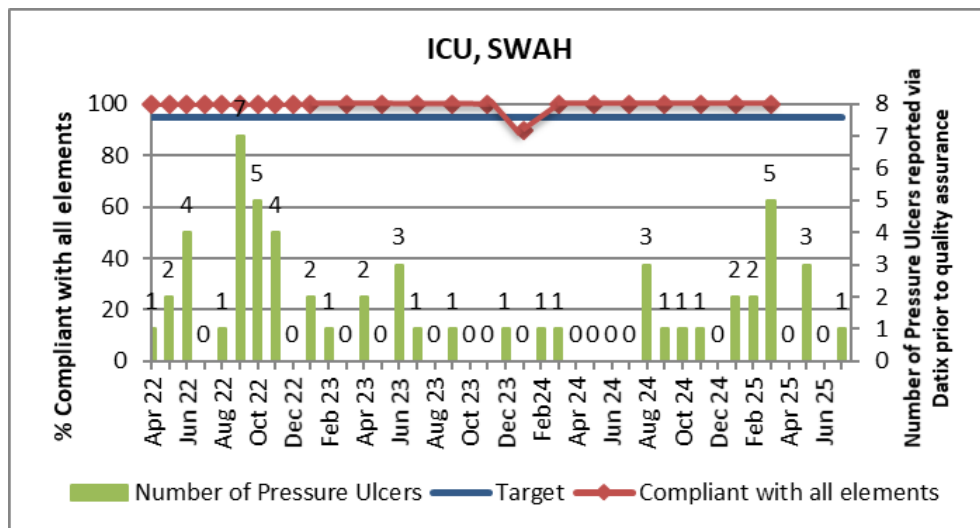
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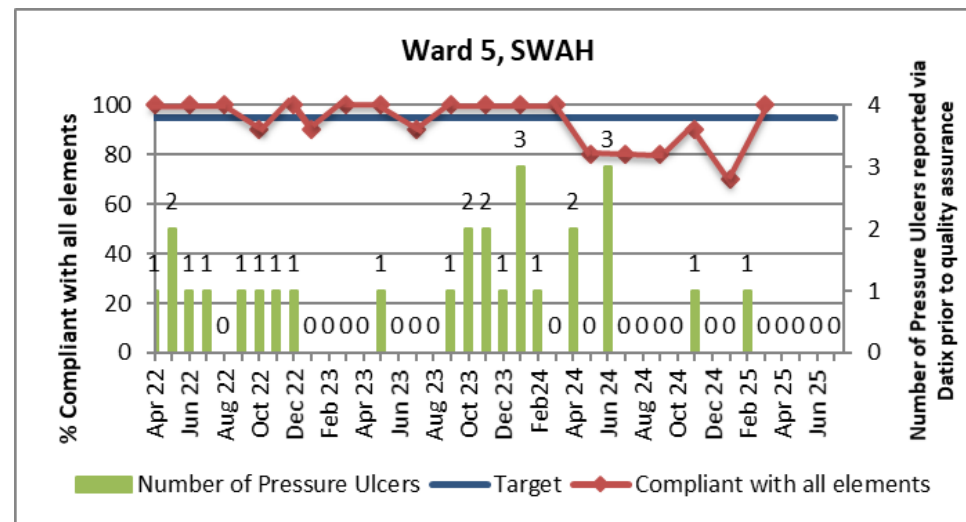
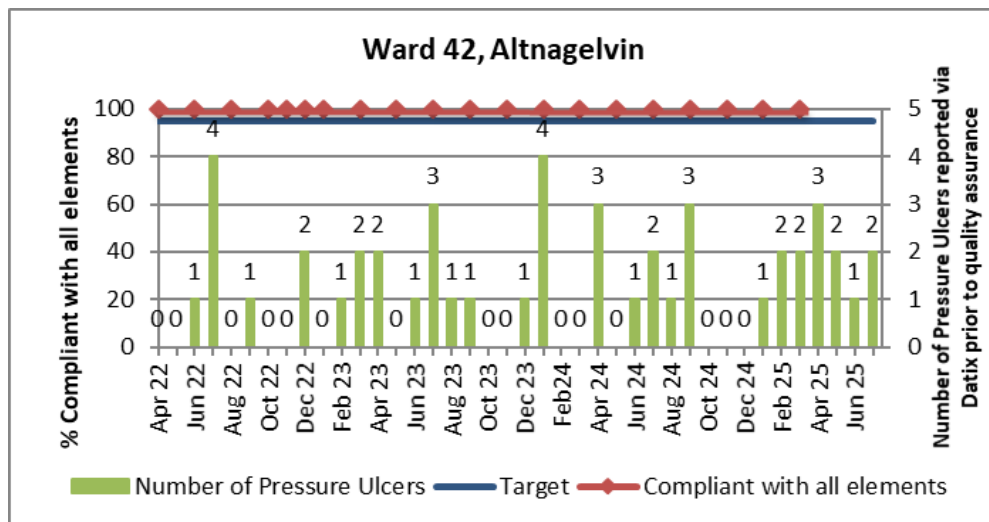
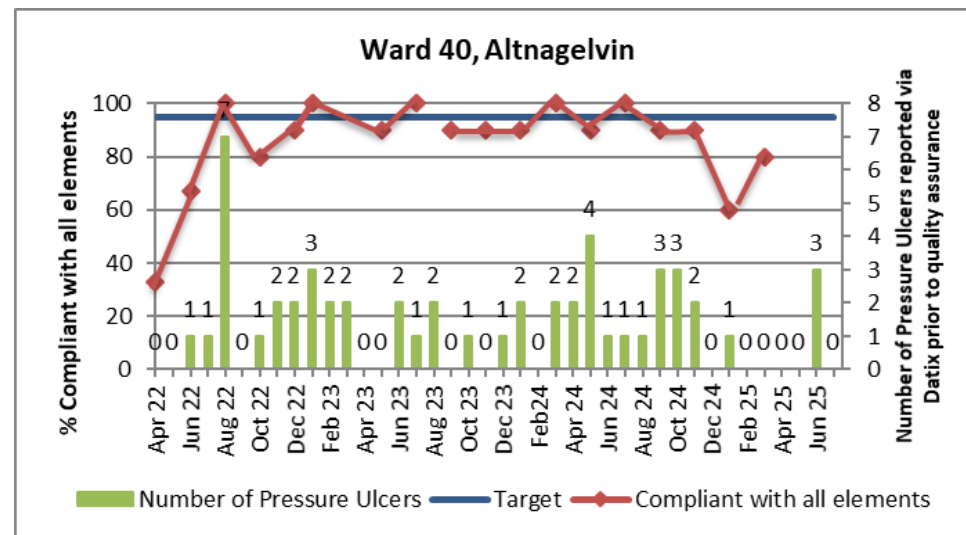
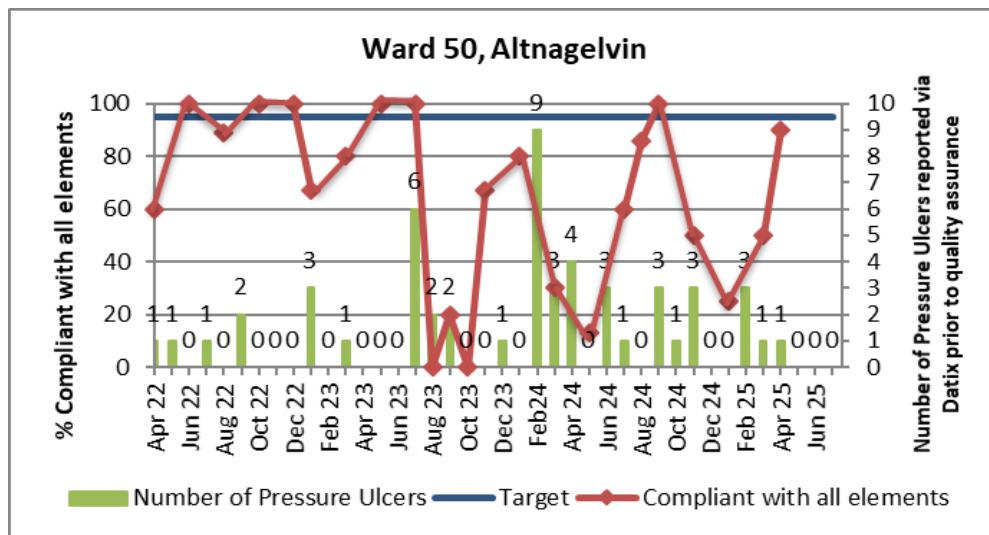
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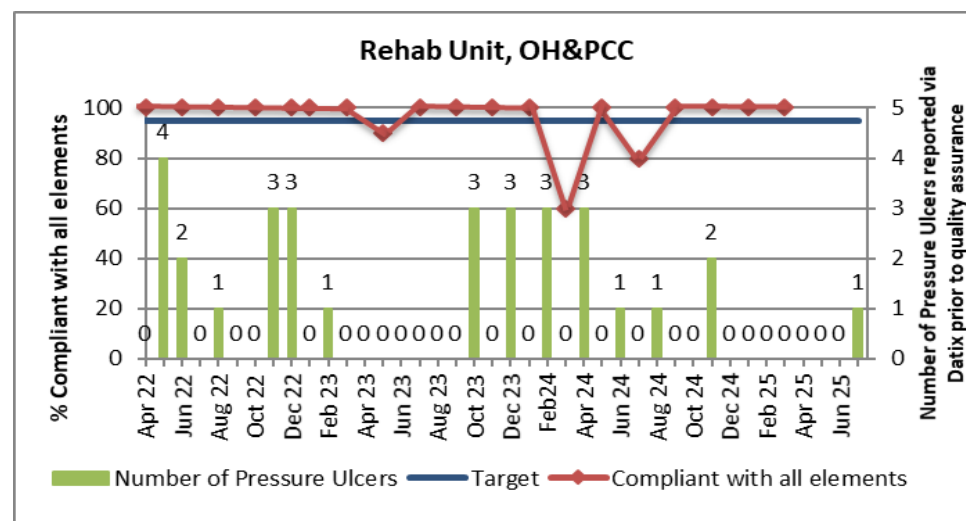
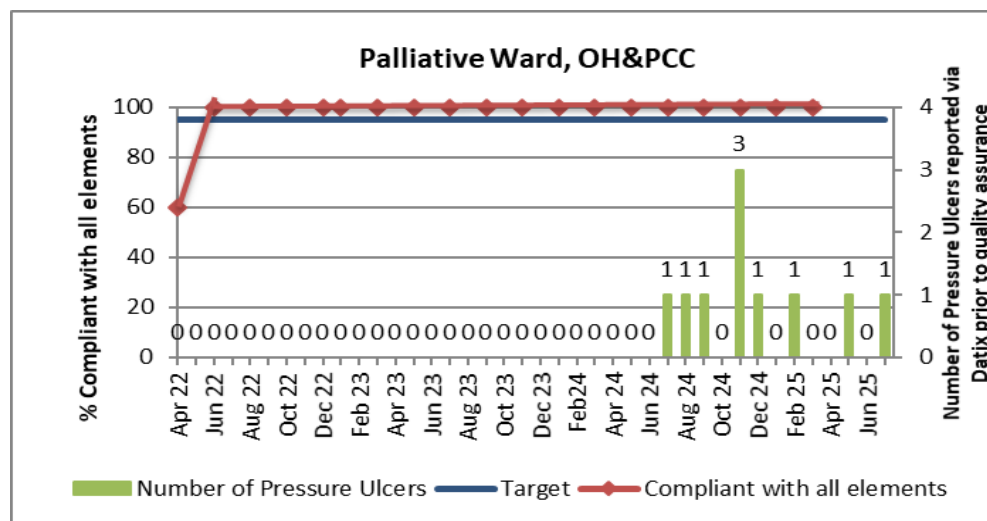
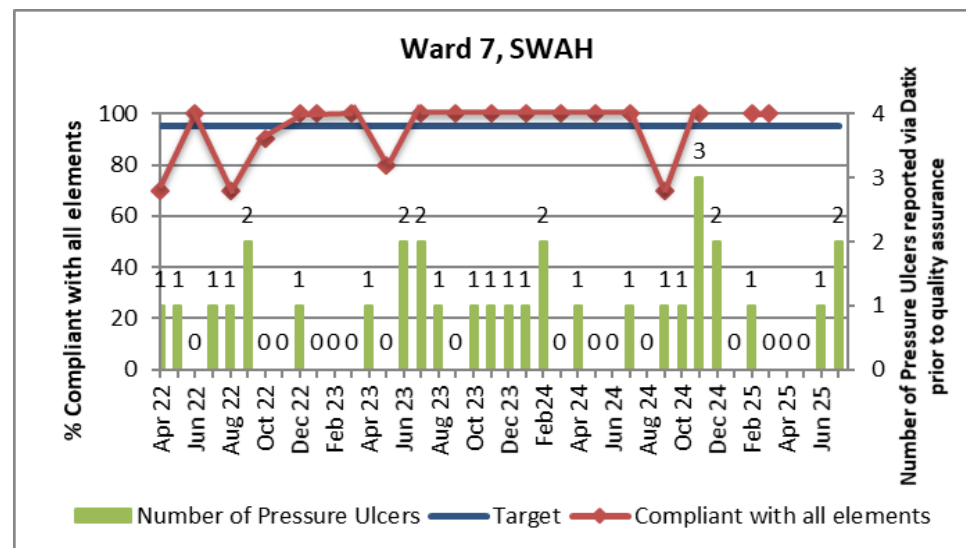
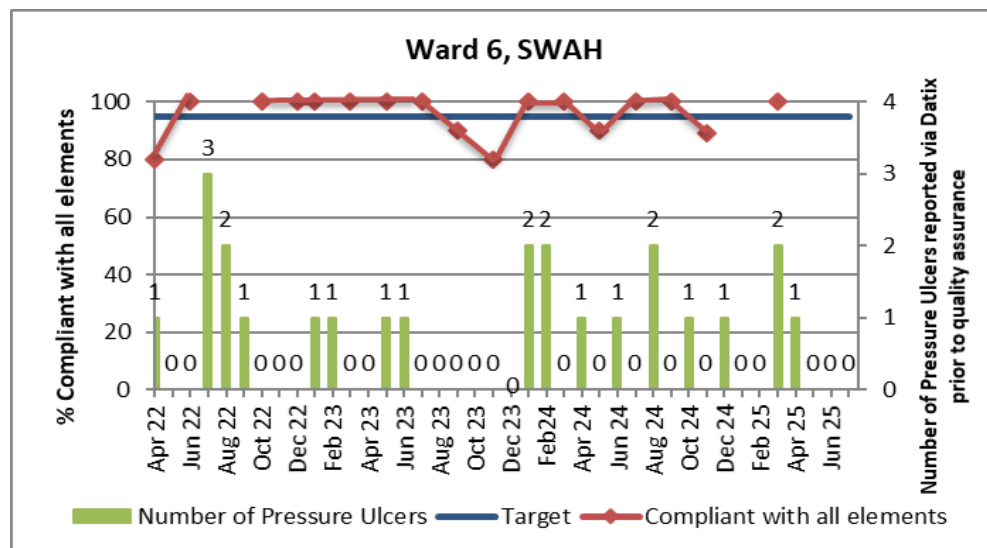
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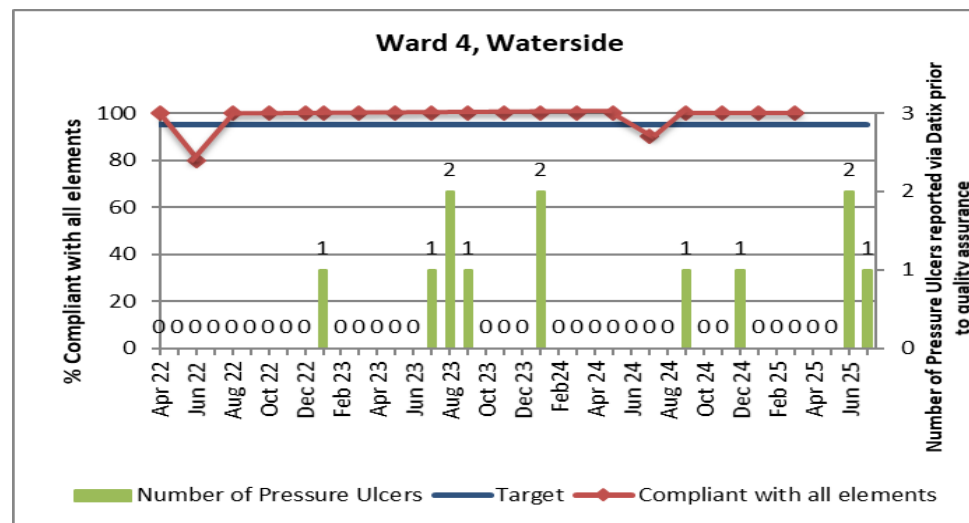
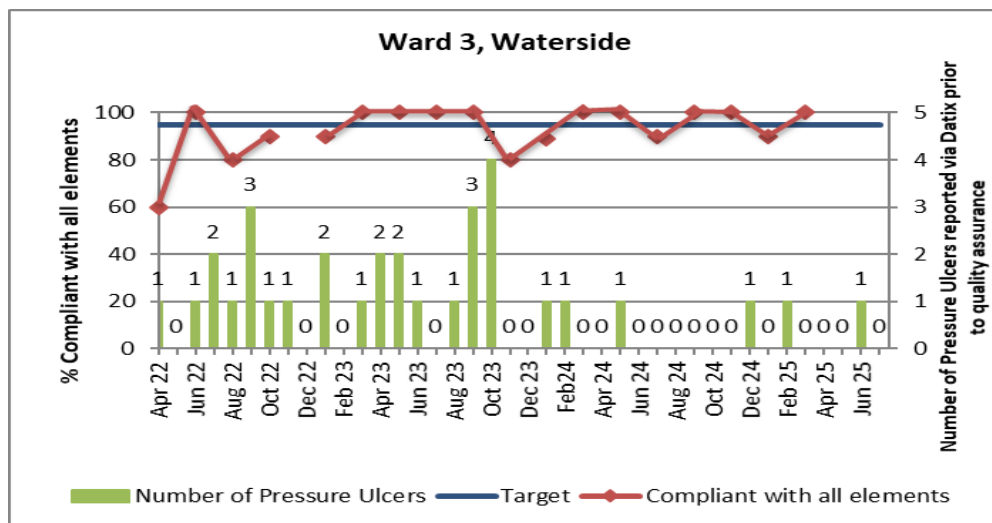
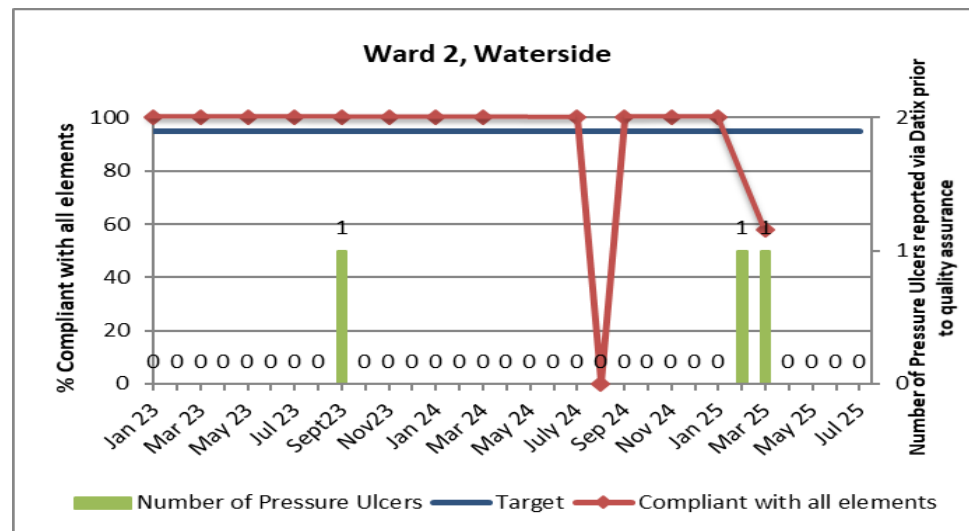
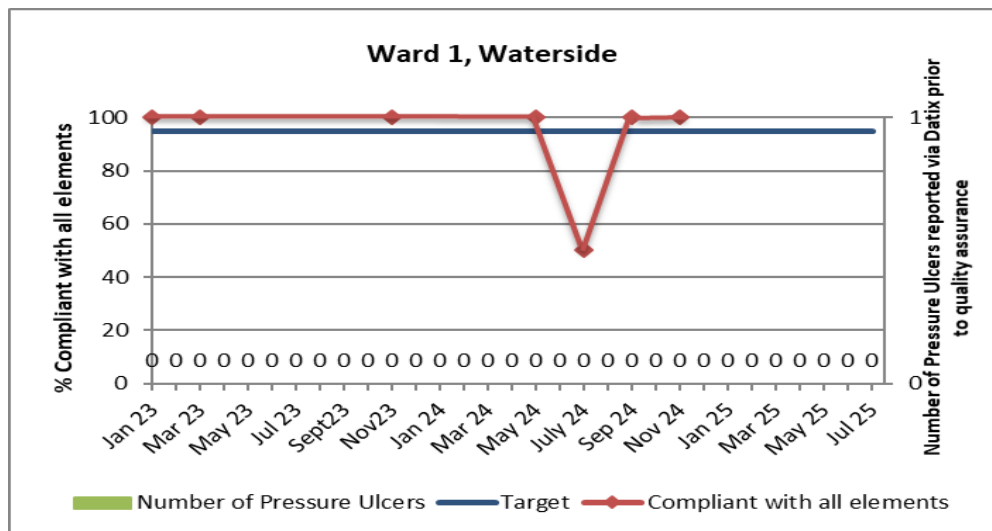
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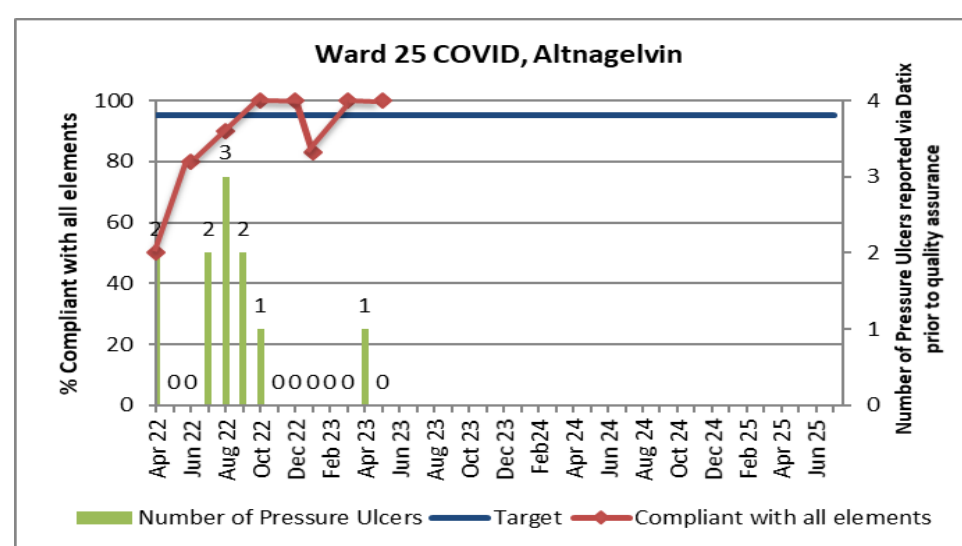
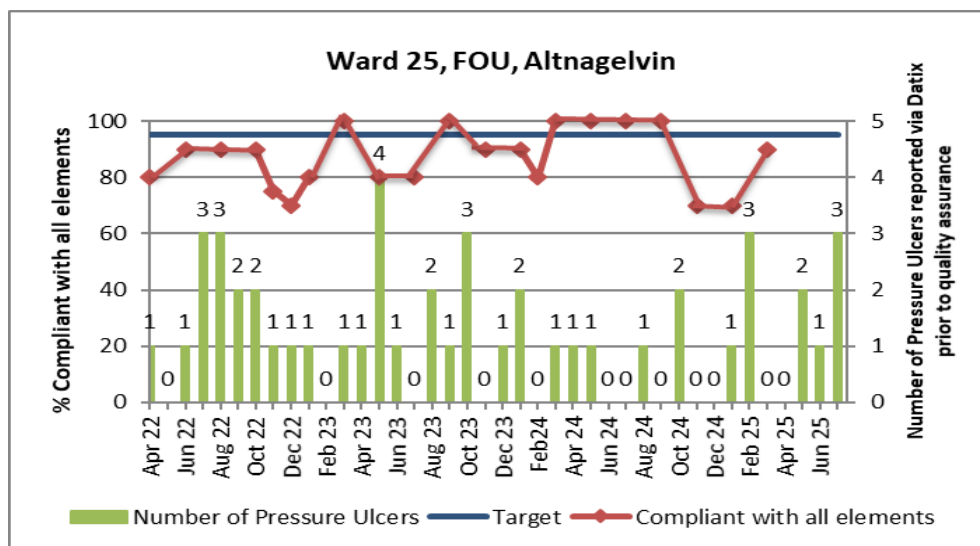
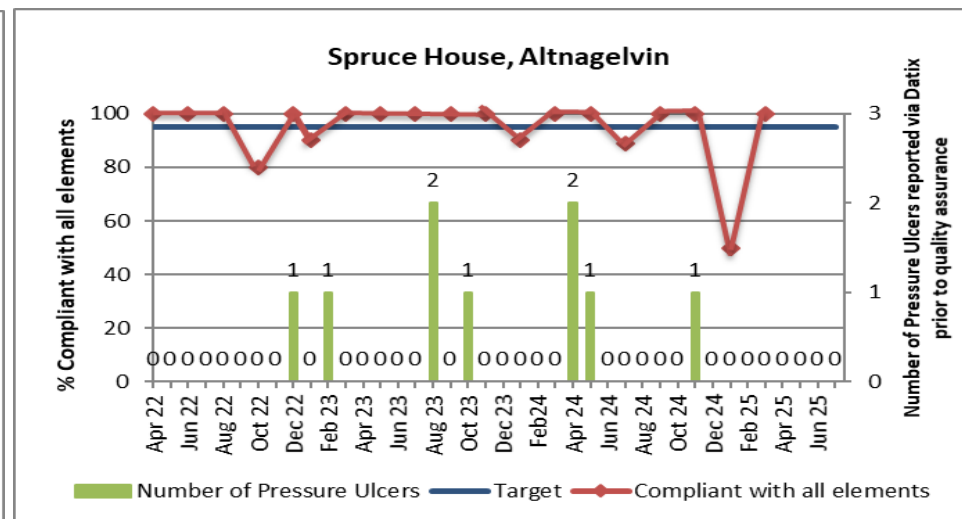
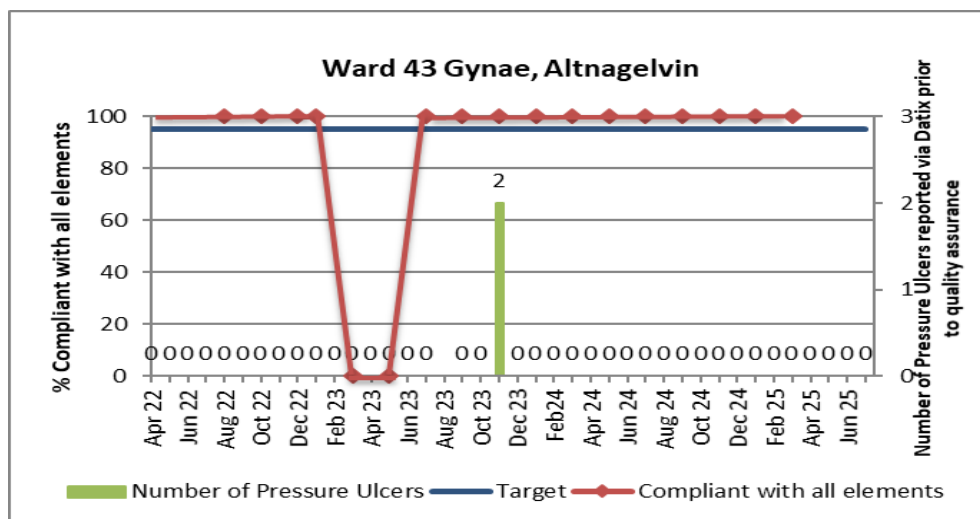
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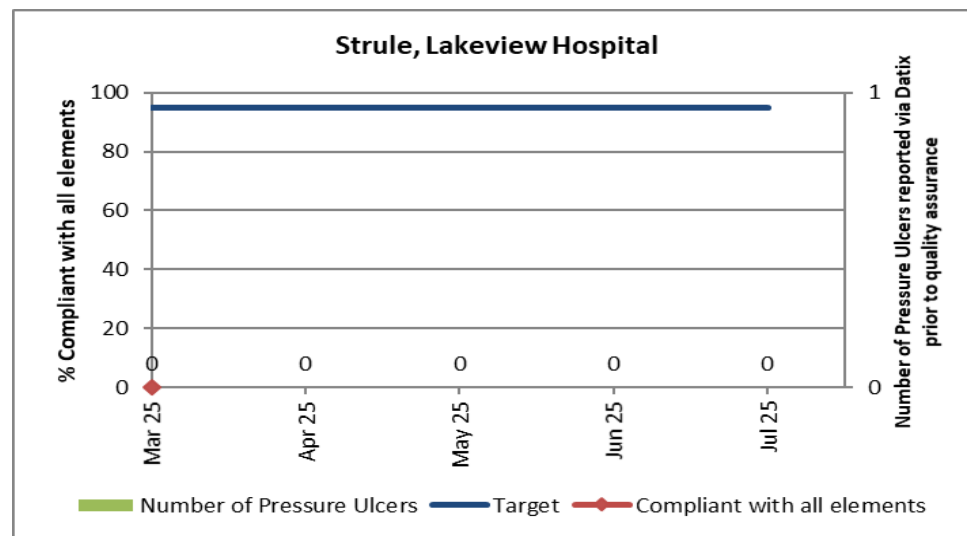
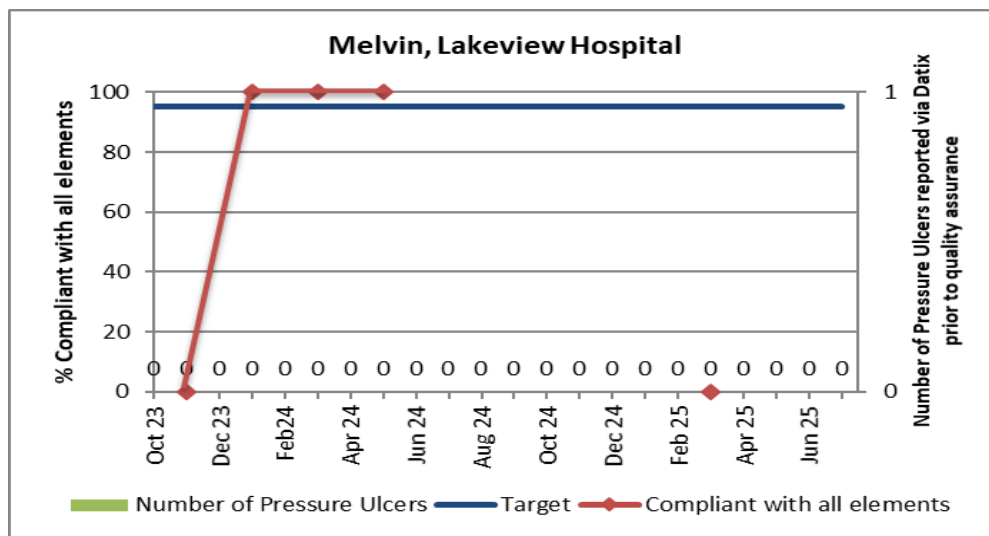
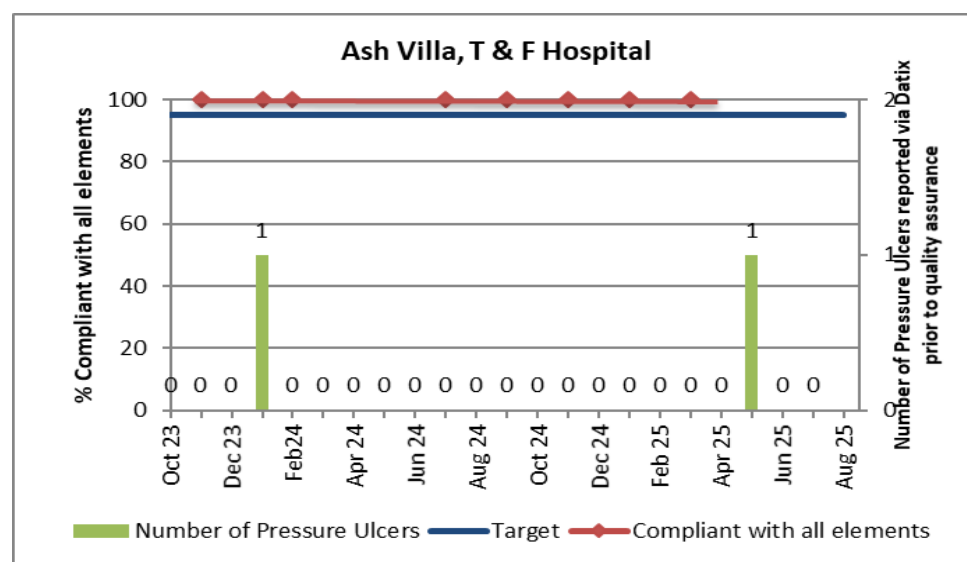
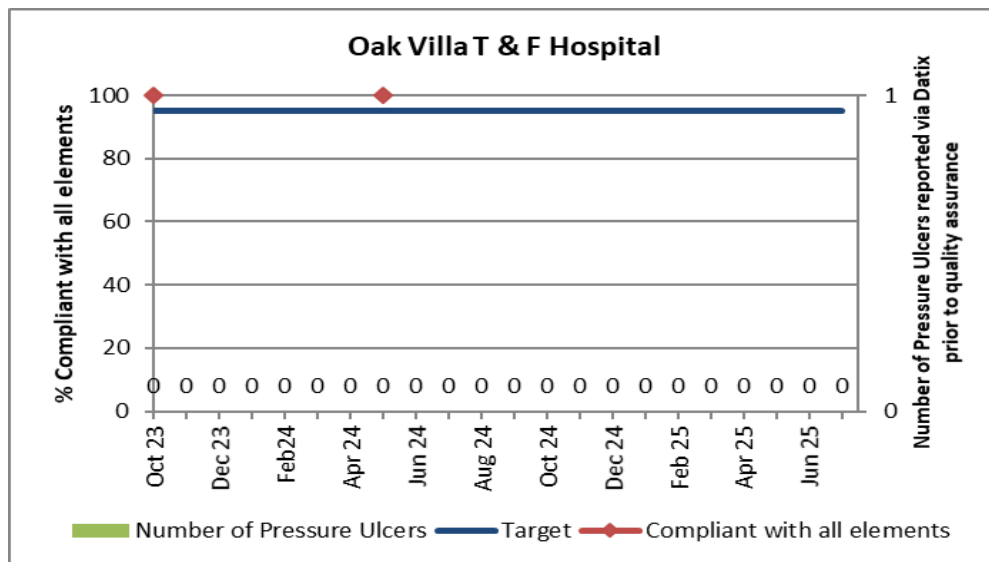
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