1. **Executive Summary of the Report**

The Tissue Viability Service (TVS) is part of the Bath Royal United Hospital NHS Foundation Trust. This annual report highlights the initiatives undertaken by the service, the training provided and the impact the service has had on improving the standard of tissue viability care at the RUH during 2014/15.

2. **Recommendations**

The Board is requested to note the report.

3. **Legal / Regulatory Implications**

None.

4. **Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

None.

5. **Resource Implications (Financial / staffing)**

None.

6. **Equality and Diversity**

Compliant.

7. **References to previous reports**


8. **Freedom of Information**

None.
1. Introduction

In 2014 the Trust Board of Directors agreed a new two year Quality Strategy which outlines our approach that we want to see all staff working to improve quality. The emphasis is on ensuring that our patients have the best clinical outcomes, delivered with compassion, in a safe environment, resulting in the best possible patient experience - Quality Strategy 2014.

2. Tissue Viability Service (TVS)

The Tissue Viability Service (TVS) is part of the Bath Royal United Hospital NHS Foundation Trust. This annual report highlights the initiatives undertaken by the service, the training provided and the impact the service has had on improving the standard of tissue viability care at the RUH during 2014/15.

The TVS received an average of 180 patients per month and had over 2,000 contacts with patients in 2014-15. The level of referrals has continued to rise year on year as detailed in the main body of the report. Policies, procedures and guidelines have been developed and updated; the web site has been further developed and updated along with electronic reporting for pressure ulcers via Millennium. Training provision has substantially increased over the last year.

The Tissue Viability Team continues to work in close collaboration with the Pressure Ulcer Steering Group (PUSG), the Patient Safety Steering Group (PSSG) and the Professional Nurse Forum.

In March 2014 a Rapid Spread solutions programme for the elimination of pressure ulcers was procured and the TVS played an integral part in its development. The work undertaken led to an 83% reduction in the development of all hospital acquired pressure ulcers.

Further success measures are detailed in Appendix 1 and the TVS are instrumental in monitoring and sustaining the work.

2.1 Tissue Viability Service Activity and Establishment

The number of clinical referrals to Tissue Viability is continuing to increase year on year as can be seen from Table 1 and Graph 2 below.

The service 2014/15 consisted of:

- Band 8a Lead TVN WTE,
- Band 7 TVN WTE
- Band 6 Pressure Ulcer Nurse 0.6 WTE who from April 2015 is being developed as a permanent band 6 TVN

Table 1: Number of clinical referrals to Tissue Viability

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patient referrals</td>
<td>156</td>
<td>207</td>
<td>251</td>
<td>333</td>
<td>377</td>
<td>458</td>
<td>606</td>
<td>989</td>
<td>1507</td>
<td>2053</td>
<td>2062</td>
</tr>
</tbody>
</table>
The referrals are managed on a daily basis as per the TVS referral protocol and visits planned with the wards or telephone advice given. The TVS continue to be a visible daily presence on the wards and departments.

The clinical referrals consist of the following categories:

- Pressure ulcers
- Surgical wounds and infection
- Open abdomens
- Complex leg ulcers
- Incontinence associated dermatitis (IAD)
- Severe cellulitis
- Diabetic foot ulcers
- Vascular wounds
- Burn injuries pre and post transfer to the regional burns unit if appropriate
- Children’s and neonatal wounds
- Trauma wounds
- Wounds requiring topical negative pressure and larval therapy.

3. Pressure ulcers

Pressure ulcers are considered a largely avoidable complication of care with significant associated resource and human costs. Pressure ulcers are often preventable and their prevention is included in domain 5.3 of the Department of Health’s NHS outcomes framework 2015/16. However, there is a notable lack of up-to-date quality research or data regarding the prevalence and incidence of pressure ulcers in the UK and there are wide variations in the numbers of pressure ulcers reported in hospital populations.

Based on available data, new pressure ulcers are estimated to occur in 4-10% of patients admitted to hospitals in the UK; the precise rate depends on case mix, affecting 700,000 people a year with around 186,000 people developing a pressure ulcer whilst in
hospital\(^3\). In 2004 the annual cost of pressure ulcers care in the UK was between £1.4 billion and £2.1 billion (4% of the total NHS expenditure) \(^4\).

### 3.1 Pressure ulcer prevalence

The national safety thermometer data suggests a prevalence of new ulcers of 1.0% (Graph 3) and a prevalence of existing (old) of 4.0% (Graph 4) in the U.K.

**Graph 3 New**

**Graph 4 Old**

The prevalence of new pressure ulcers at the RUH is shown in Graph 5. The red line is the national value, showing the RUH to be well below at a median of 0.35 per number of patients surveyed as inpatients on the day of the audit.

**Graph 5**

Data is collected one day per month for all new RUH acquired pressure ulcers (point prevalence) shown in Table 2 below.

**Table 2**

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
3.2 Pressure ulcer Incidence
In line with NICE, best practice and commissioning requirements, the RUH collects and reports incidence data for category 2, 3 and 4 pressure ulcers. This report will demonstrate the end of year results with regards to hospital acquired pressure ulcers and provide incidence data and per 1000 bed days’ rates for pressure ulcers for the period April 2014 – March 2015.

The reduction in all hospital acquired pressure ulcers has been unprecedented. The reduction in Category 2 pressure ulcers (superficial ulcerations) has been by 82%. The reduction in category 3 pressure ulcers (deeper ulcerations) has been by 50%. There have been no category 4 pressure ulcers. It has been over 800 days since we last reported a category 4 pressure ulcer.

The Lead TVN is responsible for reporting to the Quality Board on a quarterly basis and the Director of nursing, Deputy Director of Nursing, Heads of nursing for medicine and surgery, PUSG, matrons and ward senior sisters on a monthly basis.

Nurses report any pressure ulcers onto Millennium and the hospital acquired patients with pressure ulcers are validated by the TVS.

During the period from April 2014 until March 2015, 35 patients developed pressure ulcers at the RUH. Using the Department of Health calculator (Department of Health, 2010), using the mid-point range comprised:

31 Category 2 pressure ulcers develop at a cost of £185,000
4 Category 3 pressure ulcers at a cost of £40,000
0 Category 4 pressure ulcers.

This gives a grand total of £225,000 per annum.

Table 3 Comparison below

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>2013-14</th>
<th>Number</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>191</td>
<td>1,142,000</td>
<td>31</td>
<td>185,000</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>79,000</td>
<td>4</td>
<td>40,000</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>14,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>1,235,000</td>
<td>35</td>
<td>225,000</td>
</tr>
</tbody>
</table>

It is widely accepted that any pressure ulcer is painful and debilitating, deeper pressure ulcers can be life changing and indeed life threatening. The work of the RUH in reducing these serious harms has also reduced the pain and discomfort of our patients.

The more serious pressure ulcers can lead to months of painful healing and inconvenience, and lead to not only a burden on families but also financially for the local NHS budgets.
3. 3 Rates of Pressure Ulcers per 1000 bed days
The Chief Nursing Officer has published a *Pressure Ulcer Nurse Sensitive Indicator* which requires pressure ulcers to be reported per 1000 bed days as reported in Chart 1 below.

*Chart 1* Pressure ulcer (category 2-4) / 1000 bed days 2014/15

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates</td>
<td>0.51</td>
<td>0.27</td>
<td>0.27</td>
<td>0.15</td>
<td>0.28</td>
<td>0.1</td>
<td>0.1</td>
<td>0.11</td>
<td>0.21</td>
<td>0.05</td>
<td>0.17</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Chart 2 below demonstrates a decreasing trend of all hospital-acquired pressure ulcers (category 2-4) during the reporting year.

*Chart 2*

1. Pressure ulcer incidence data is collected for patients with category 2, 3 and 4 pressure ulcers as per NICE recommendations. This is the number of
new/previously unrecorded RUH acquired pressure ulcers from validated harm events on Millennium from April 2014 – March 2015.

2. The trust has set a trajectory to further reduce the number of pressure ulcers over 2014-2015. It can be seen from the charts below that there was a decreasing trend in numbers of RUH-acquired pressure ulcers during the reporting year. The targets for reduction of category 2, 3 and 4 pressure ulcers were exceeded, i.e. the numbers of pressure ulcers were less than expected.

Chart 4 Category 2 trajectory and actual

Chart 5 Category 3-4 pressure ulcer incidence
3.4 Ward by ward incidence

The incidence of pressure ulcer on each ward is shown in table 8 below. *Table 8 Pressure ulcer incidence (category 2-4)*

![Hospital acquired PU cumulative 2014-15](image)

**Table 9 pressure ulcer incidence ward by ward 2013-4 and 2014-5 comparison**

![Pressure Ulcer ward incidence 2013-15](image)

In total, 35 category 2 pressure ulcers were reported, 4 category 3 and no category 4.
3.5 Tissue Viability Pressure Ulcer Reduction Strategy

Performance targets for 2014/15 were the elimination of RUH-acquired category 3 and 4 pressure ulcers and 50% reduction for category 2’s. Strategies to achieve this included:

1. The introduction of the Rapid spread programme for PU elimination commenced March 2014. New and improved ways of working were introduced, a clear pathway to follow, SSKIN bundle, screening in the Emergency department, inflated mattresses on beds provided for the admission wards. The programme involved rigorous monitoring and audit throughout the year against key success measures. The delivery team who drew the work together were the recipients of the “RUH Team of the Year 2014”.

Appendix 2 illustrates the final performance of the success measures.

2. All patients with category 3 or 4 pressure ulcers are seen by a Tissue Viability Nurse Specialist and a Serious Incident Investigation (SI) is completed if the pressure ulcer is RUH-acquired. The RCAs are presented at the Operational Governance Committee (OGC) and the Pressure Ulcer Steering Group (PUSG) and core themes are also shared with the CCG as part of a wider piece of work.

3. All patients with category 3 or 4 pressure ulcers are referred to the Trust safeguarding leads and assessed against a vulnerable adult framework and if required, are referred to social services for further safeguarding investigation. The majority of adult safeguarding referrals are due to pressure ulcers. However, with the new Care Act, from April 2015 pressure ulcers will now not automatically be safeguarded: the patient will be measured against a clear safeguarding criteria developed with the adult safeguarding leads for the RUH and Sirona.

4. Nurses on the wards report all pressure ulcers on Millennium, which means the TV team are responsive to the needs of the patient. All hospital acquired pressure ulcers are validated by the TV Team which informs accuracy of reporting.

5. The TVN role also includes delivery of a Trust-wide training/education programme which includes pressure ulcer prevention and management and sessions in both induction and core skills training.

6. The Tissue Viability service also provides a wide range of evidence-based resources for the prevention and management of pressure ulcers and wound management.

7. The TVNs maintain an active link nurse network where competency based assessments has been introduced.

8. The RUH provides high-specification pressure relieving mattresses, cushions and devices such as heel protectors for the prevention and management of pressure ulcers. The wound dressings formulary is subject to a rolling review programme to ensure it is both clinically and cost-effective.
4. Commissioning for Quality and Innovation (CQUIN) 2014/15
Following the rapid spread programme it was expected that the numbers of pressure ulcers would rise due to heightened awareness; however, this was not the case. The baseline was set for quarters 3 and 4, which were achieved for category 2 pressure ulcers. The target of 0 category 3 and 4 pressure ulcers was not met; quarter 3 had 4 patients developing category 3 pressure ulcers.

As the CQUIN was based on the work of the rapid spread programme, the Trust also identified a selection of the project success measures for inclusion in the quarter three and four targets for the scheme; these included the completion of key documentation as well as a reduction in pressure ulcers (2.1 and 2.2).

The scheme was largely successful with a payment of **£236,000.00** received.

A Comfort and Pressure Care Record is to be completed for adult inpatients

<table>
<thead>
<tr>
<th></th>
<th>Average Q2</th>
<th>Average Q3</th>
<th>Average Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

The Adult PU prevention and management care plan is commenced for adult patients with risk score of 12-32 (high risk) on the Braden risk assessment

<table>
<thead>
<tr>
<th></th>
<th>Average Q2</th>
<th>Average Q3</th>
<th>Average Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87%</td>
<td>91%</td>
<td>95%</td>
</tr>
</tbody>
</table>

5. Policies, procedures, guidelines that have been updated or introduced 2014-15
- Pressure Ulcer Prevention and management policy
- Anderson pressure ulcer risk screening tool implemented in ED.
- Pressure Ulcer Prevention Pathways (ED, adult, paediatric, neonatal and theatre) including the SSKIN bundle
- Wound Assessment adult and paediatric
- Pressure Ulcer Prevention care plan adult and paediatric.
- Braden modified for RUH risk assessment on Millennium for adults embedded in practice.
- Patient and carers information leaflet for the prevention of pressure ulceration for adult and paediatric services - revised
- Patient and carers information leaflet for the prevention of pressure ulceration and nutrition for adult services
- IAD protocol updated
- Pressure Ulcer Classification Guide and on line quiz
- Equipment selection algorithm updated
- Toolkit for pressure ulcer prevention
- Foot care protocol
- Flow chart for the prevention and management of patients at risk of developing device related pressure ulcers
- All resources updated with new Foundation Trust logos
• All Topical Negative Pressure resources updated with new branding in preparation for new contract.
• TV Link Nurse full pressure ulcer prevention competency implemented.
• RUH Wound Care Formulary review with improved guidelines for adult and paediatrics.
• Medical photography pathway and associated resources
• Review of provision for new services e.g. maternity

6. Tissue Viability Mandatory Training: Pressure Ulcer Prevention and Management
Tissue Viability Pressure Ulcer Prevention & Management training is now mandatory in the RUH and will be reported via STAR later this year. Staff can access this training via Patient at Risk, Core Skills 2 yearly or the Pressure Ulcer Prevention & Management study day.

• Pressure Ulcer Prevention & Management Training is provided to all new HCAs and registered nurses to the RUH via the Patient at Risk on Induction Programme. Registered nurses and HCAs also get a local induction that includes the Rapid Spread pressure ulcer competency.
• Occupational therapists are now included on the patient at risk induction day. OTs and Physiotherapists get a bi-annual tailor made pressure ulcer prevention & management training session taught by the TVN team.
• Junior Doctors (F1s and F2s) get a bespoke training session delivered by the TVN on induction (starting September 2015) as well as completing an e-learning package on pressure ulcer prevention & management.
• Pressure Ulcer Prevention & Management training is updated via Core Skills for Clinical Staff, where all registered nurses & HCAs working in inpatient areas receive a 2 yearly update.
• Pressure Ulcer Prevention Study Day: The Tissue Viability Service run a whole day study day three times a year focussing on pressure ulcer prevention. This is open to all nursing staff, HCAs and medical staff.
• All 3 ways to access the Pressure Ulcer Prevention & Management training are mandatory for the midwives & clinical staff from the RNHRD (registered nurses & HCAs).
• We have at least one Tissue Viability Link Nurse and one Tissue Viability Link HCA on each ward. We now have 78 Link Nurses across the trust who have all completed (or are in the process of completing) a thorough training programme to enable them to lead pressure ulcer prevention & management initiatives in their area of work. In June 2015 the TV Link Nurses were awarded “Team of the Month”.

On 1st June 2015 951 registered nurses & HCAs on inpatient wards were trained which equates to 82.90% of all staff. This accounted for members of staff that had received training from the Tissue Viability team. Ward breakdown is available in request to the author.
7. Research and development
This year the tissue viability team have embarked upon some innovative research. The PRESSURE 2 trial is comparing the outcomes of using two different mattress types to determine whether one is better than the other at preventing pressure ulcers. This is the biggest mattress trial in the UK and the RUH are pleased to be an important part of this research, which is managed by Leeds University. In all, 3000 patients will take part in this trial and the outcomes have the potential to change how we prevent and treat pressure ulcers throughout the entire NHS.

8. Safeguarding
There is a recognised link between pressure ulcers and safeguarding issues. Pressure ulcers may be the result of neglect, either deliberate or by omission. Trust policy requires that all patients with a category 3 or 4 pressure ulcer (present on admission or RUH-acquired) are:

- Referred to Tissue Viability
- Reported via Datix
- Referred to the Senior Nurse for Adult Safeguarding

Every patient with a pressure ulcer reviewed by Tissue Viability is assessed against the framework below:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have a grade 3 or 4 pressure ulcer/s?</td>
</tr>
<tr>
<td>Is there is evidence of poor practice?</td>
</tr>
<tr>
<td>Has there been a serious failure to take all reasonable steps to prevent the pressure ulcer from developing?</td>
</tr>
</tbody>
</table>

If the answer to all 3 questions is yes, Safeguarding procedures are instigated.

During the reporting year 176 pressure ulcer referrals were received by the adult safeguarding team. 172 were acquired within the community and 4 acquired in the RUH. 22 patients went on to follow the safeguarding process.

9. Specialist advice on the acquisition and management of equipment
The TV team work closely with the Medical Equipment Library (MEL) regarding the trialling, acquisition and management of specialist pressure relieving and wound therapy equipment.

The tender for Topical Negative Pressure has been led by TVS and procurement to secure the best value for money for the Trust. The award is expected in early June.

Mattress audits have been undertaken and a review of the systems for obtaining equipment has been developed with the MEL. Plans for new ITU beds and air mattresses are going ahead 2015/6. This is being monitored by the PUSG.
10. Liaison between primary and secondary care
Continuing care assessments for specialist wound therapy equipment have been prioritised by the TV team as part of discharge planning and specialist therapy has continued seamlessly into primary care.

The TV team continue to maintain the interface for communication between primary and secondary care in relation to wound care of individual patients and strategies for maintaining tissue viability.

11. Professional / Specialist advice to RUH Management
In the event of a complaint concerning a tissue viability issue the TV team can assist the RUH Manager investigating the complaint with the necessary advice/information/opinion to inform the process. The service has been used on several occasions during the last year for this purpose.

*The TV Team represent the speciality on the following groups:*

- Pressure Ulcer Steering Group
- Nutrition Steering Group
- Continence group
- Infection Prevention and Control Committee
- Somerset, Wiltshire and Banes TVN committee (external)
- Avon TVN committee (external)

12. Recommendations for 2015/16
- RUH staff will continue to promote a zero tolerance to pressure damage and there will be “no avoidable pressure ulcers” (High Impact Actions 2009).
- The Trust Pressure Ulcer Prevention and Management policy (2014) will continue to be actively promoted by the Tissue Viability service and Matrons. Senior sisters are to ensure that all patients are managed as per this policy.
- Every patient with a category 2, 3 or 4 pressure ulcer or suspected Deep Tissue injury (sDTI) is to be reported via Millennium.
- All RUH-acquired category 3 or 4 pressure ulcers are to be investigated as serious incidents and investigated locally by department managers as per trust policy.
- Senior sisters to ensure that all patients with category 2, 3 and 4 pressure ulcers and suspected Deep Tissue injury (SDTI) are referred to the TVS within 24 hours of the pressure ulcer being identified.
- All Senior sisters are to ensure that they have a named Tissue Viability link nurse (TVLN) and healthcare assistant and that these personnel regularly attends the meetings. The Role of the TVLN states that they should attend three link nurse meetings a year following attending the full pressure ulcer prevention and wound managements study days run by the TVS. This has been agreed by the Pressure Ulcer Steering group (PUSG) and the Deputy Director of Nursing.
- All TVLN will have a competency based role which is updated on a yearly basis. Records will be kept by the TVS and by the wards.
The RUH will continue to monitor pressure ulcer prevalence via the use of the safety thermometer which is used to measure “harm free care”. This tool is used to collect data nationally on a number of identified harms including pressure ulcers.

This involves all patients being audited on one day every month to identify pressure ulcer prevalence. This will allow for benchmarking of data with other Trusts / nationally.

The Tissue Viability Nurses will continue to contribute to the work of the trust Continence and Nutrition groups as there is evidence that these problems increase the risk of pressure ulcers.

The success of the pressure ulcer reduction will be shared in a “Showcase event” to be held in November 2015, where Trusts in England will be invited by the Director of Nursing Helen Blanchard, to come to the RUH to learn from us, as leaders in the field of pressure ulcer prevention.

Three articles have been published about the reduction; Wounds UK and the Nursing Standard regarding the methodology and results, and another in the Nursing Standard regarding the electronic method of recording pressure ulcer risk and incidence.

The Trust has been shortlisted for a Nursing Times award in the category of Patient Safety for the pressure ulcer reduction. The award evening is being held in November 2015.

Copies of this report will be circulated to the Assistant Directors of Nursing, Matrons and Ward Managers. Ward managers to ensure that this report is made available for all staff to read.

The work plan for the TV service in 2015/16 includes the following priority areas:

- Aiming for zero – further work around pressure ulcer reduction with an emphasis on involving doctors. Further work is being undertaken by the PUSG around the issue of heel ulcers.
- Review of provision for new services e.g. RNHRD
- New NICE Quality Standards – integrating them in to our policy and practice.
- Pressure 2 research programme

13. Conclusion

The work of the TVS continues to be an integral and essential part of maintaining and promoting best practise at the RUH, particularly around pressure ulcer prevention. The surveillance of pressure ulcers continues to be high on the Trust agenda and the rapid response the TVS provide to support staff in the prevention and management of these painful harms is key to the continuing reduction in incidence. As a leader in the field of pressure ulcer prevention and management, the Trust is a vital part of the community and the lessons learned are being widely disseminated throughout the UK.
References

1. Pressure ulcer prevention guidelines. European Pressure Ulcer Advisory Panel 2014

All RUH policy and guidelines are based upon:


## Appendix 1: Success measures – rapid spread programme

<table>
<thead>
<tr>
<th>No</th>
<th>Success Measure</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Andersen Pressure Ulcer Risk Assessment is completed for adult inpatients</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>(admitted through ED) within 2 hours of admission</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The Braden Risk Assessment is completed for adult inpatients within 6 hours of</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>admission</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Adult inpatients will be reassessed for risk of pressure ulcers every 48 hours</td>
<td>95%</td>
</tr>
<tr>
<td>4</td>
<td>The Adult Pressure Ulcer Prevention and Management Care Plan is commenced for</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>adult inpatients with a risk score of 12-32 (high risk) on the Braden Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The Comfort and Pressure Care Record is completed for adult inpatients</td>
<td>95%</td>
</tr>
<tr>
<td>6</td>
<td>Staff (in areas caring for adult inpatients) will be trained and assessed as</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>competent to prevent pressure damage (using the new training bundle)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Paediatric staff will be aware of how to minimise the risk of pressure damage</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>and appropriate reporting mechanisms</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Adult inpatients with a risk score of 12-32 (high risk) will receive a pressure</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>relieving mattress within 6 hours of the risk assessment</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>A comprehensive Root Cause Analysis will be carried out on all Category 3 and 4</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>pressure ulcers and completed within 15 working days</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Category 3 and 4 pressure ulcers will be reported to safeguarding within 24</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>hours</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Final Performance of the Success Measures – Rapid Spread Programme: Success Measures

<table>
<thead>
<tr>
<th>No</th>
<th>Success Measure</th>
<th>Target (%)</th>
<th>Baseline (w/e 8 June 2014)</th>
<th>Week 12 (w/e 24 August 2014)</th>
<th>Week 21 (w/e 26 October 2014)</th>
<th>Week 29 (w/e 21 December 2014)</th>
<th>Week 43 (w/e 29 March 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Andersen Pressure Ulcer Risk Assessment is completed for adult inpatients (admitted through ED) within 2 hours of admission</td>
<td>95%</td>
<td>62%</td>
<td>91%</td>
<td>88%</td>
<td>81%</td>
<td>90%</td>
</tr>
<tr>
<td>2</td>
<td>The Braden Risk Assessment is completed for adult inpatients within 6 hours of admission</td>
<td>95%</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>3</td>
<td>Adult inpatients will be reassessed for risk of pressure ulcers every 48 hours</td>
<td>95%</td>
<td>92%</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>4</td>
<td>The Adult Pressure Ulcer Prevention and Management Care Plan is commenced for adult inpatients with a risk score of 12-32 (high risk) on the Braden Risk Assessment</td>
<td>95%</td>
<td>96%</td>
<td>89%</td>
<td>89%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>5</td>
<td>The Comfort and Pressure Care Record is completed for adult inpatients</td>
<td>95%</td>
<td>85%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>Staff (in areas caring for adult inpatients) will be trained and assessed as competent to prevent pressure damage (using the new training bundle)</td>
<td>95%</td>
<td>89%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>7</td>
<td>Paediatric staff will be aware of how to minimise the risk of pressure damage and appropriate reporting mechanisms</td>
<td>95%</td>
<td>89%</td>
<td>96%</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>8</td>
<td>Adult inpatients with a risk score of 12-32 (high risk) will be placed on a pressure relieving mattress within 6 hours of the risk assessment</td>
<td>95%</td>
<td>88%</td>
<td>90%</td>
<td>81%</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>9</td>
<td>A comprehensive Root Cause Analysis will be carried out on all Category 3 and 4 pressure ulcers and completed within 15 working days</td>
<td>100%</td>
<td>No cases</td>
<td>No cases</td>
<td>RCA under investigation</td>
<td>RCA under investigation</td>
<td>No cases</td>
</tr>
<tr>
<td>10</td>
<td>Category 3 and 4 pressure ulcers will be reported to safeguarding within 24 hours *</td>
<td>100%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>