

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	26 September 2018		

Title of Report:	Annual Tissue Viability Report 2017-18
Status:	To Note
Board Sponsor:	Lisa Cheek, Acting Director of Nursing and Midwifery
Author:	Michaela Arrowsmith Lead Tissue Viability Nurse Specialist
Appendices	

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 2017-18

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)
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None.

6. Equality and Diversity

Compliant.

7. References to previous reports
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Previous TV Reports 2011/2012, 2013/2014, 2014/15, 2015/16, 2016/17

8. Freedom of Information

None.

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1.0 Executive summary

- This is the annual report of the Tissue Viability Service and summarises the work undertaken at the Royal United Hospitals Bath NHS Foundation Trust to manage pressure ulcers and the prevention of pressure ulcers during the period 1 April 2017 to 31 March 2018.
- The ambition for 2017/18 was a 25% reduction of category 2 pressure ulcers, 50% reduction of Medical Device Related pressure ulcers and the elimination of all category 3 and 4 pressure ulcers.
- The end of year 2017/18 resulted in an actual reduction of 57% of category 2 pressure ulcers, 47% reduction of Medical Device Related pressure ulcers. Although there was one avoidable category 3 pressure ulcer, there have been no category 4 pressure ulcers.
- There were 15 category 2 avoidable pressure ulcers reported, validated and investigated.
- There was 1 category 3 avoidable pressure ulcer reported, validated and investigated.
- There was 1 category 3 unavoidable pressure ulcer reported, validated and investigated.
- There were 0 category 4 pressure ulcers reported.
- There were 8 cases of avoidable medical device related pressure ulcers.

Category	2014-15	2015-16	2016-17	2017-18	% reduction on previous year	Did we improve from the previous year?
2	31	27	35	15	57%	✓
3	4	1	3	1	67%	✓
4	0	0	1	0	100%	✓
MDR	15	23	15	8	47%	✓

Strategies for further reduction of pressure ulcers 2018-19 are in place. The ambition for 2018/19 is a 20% reduction of category 2 pressure ulcers, 25% reduction of Medical Device Related pressure ulcers and the elimination of all category 3 and 4 pressure ulcers.

- The Trust continues to audit key performance indicators for pressure ulcer prevention on a monthly basis.

- The Tissue Viability Service continues to work closely with all safeguarding partners with regards to vulnerable patients.

Tissue Viability Annual Report 2017-18

2.0. Introduction

The prevention of pressure ulcers remains a Trust patient safety priority and continues as one of the Trusts Patient Safety Priorities for 2018 – 2019, with the Director of Nursing and Midwifery as the executive sponsor.

3.0. Tissue Viability Service

The Tissue Viability Service (TVS) is part of the Royal United Hospitals NHS Foundation Trust. This annual report highlights the initiatives undertaken by the service, the training provided and impact of the service on improving the standard of tissue viability care at the RUH during 2017/18.

The TVS received an average of 180 patient referrals each month from RUH staff for a variety of conditions. 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 the patient administration system - Millennium.

The Tissue Viability service is a collaborative service working across the organisation with other clinical specialists e.g. Adult Safeguarding, Vascular and Diabetic Nurse Specialists and the Diabetic Foot team.

The establishment for the service 2017/18 consisted of: one full time Lead Tissue Viability Nurse Specialist, one part time Tissue Viability Specialist Nurse, a full time Tissue Viability Nurse and the introduction of a part time band 3 Health Care Assistant post in January 2018.

The Tissue Viability Team continues to be a visible daily presence on the wards and departments. There is an active group of tissue viability link nurses across all wards and departments, who provide additional expertise and clinical guidance.

The clinical referrals consist of the following categories:

- Pressure ulcers
- Surgical wounds and infected wounds
- Open abdomens (a complex wound comprising a surgical and tissue viability emergency)
- Complex leg ulcers managed alongside the vascular and dermatology nursing services
- Incontinence associated dermatitis (IAD)
- Severe cellulitis

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- Diabetic foot ulcers managed alongside the diabetic foot inpatient service.
- Vascular wounds managed alongside the vascular team
- Burn/scald injuries
- Children's and neonatal wounds
- Trauma wounds
- Wounds requiring Topical Negative Pressure
- Wounds requiring complex debridement such as conservative Tissue Viability Nurse Specialist led sharp debridement and/or larval therapy.

4.0 Pressure ulcers

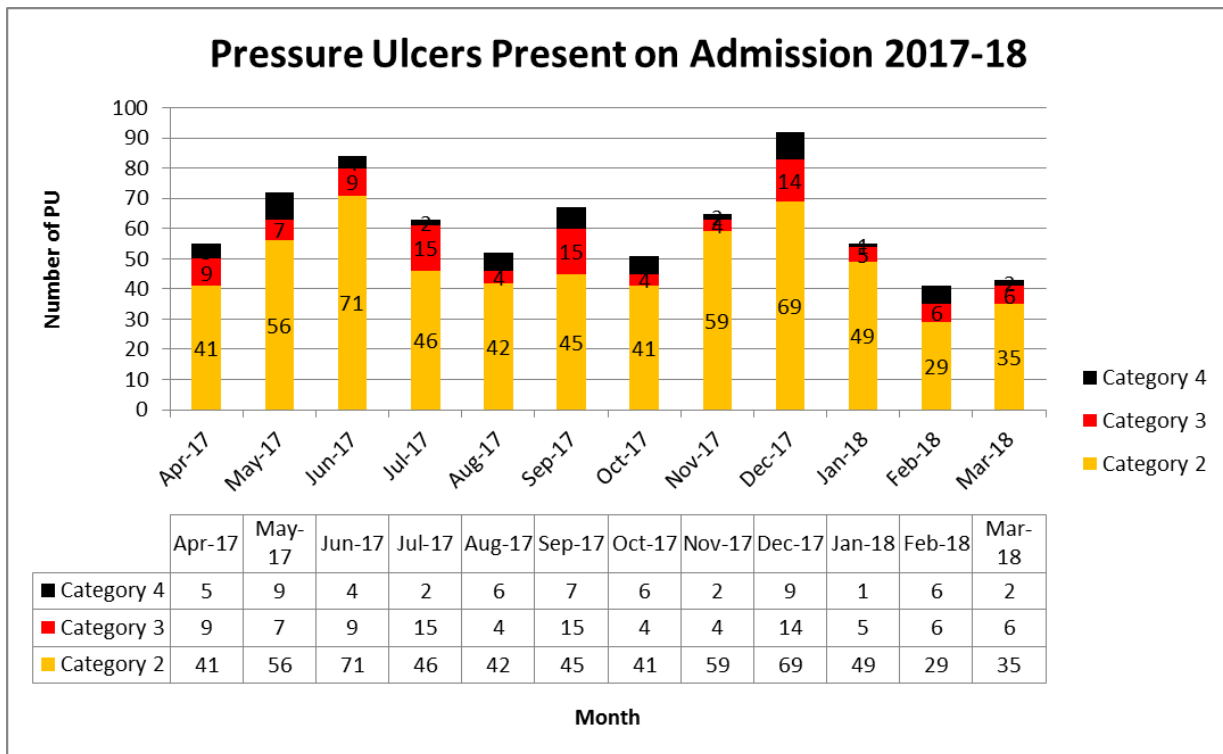
Pressure ulcers are considered a largely avoidable complication of care with significant associated resource and human costs¹. In the NHS in England 24,674² patients were reported to have developed a new pressure ulcer between April 2015 and March 2016. Treating pressure damage costs the NHS more than £3.8 million every day. The prevention of pressure ulcers is a priority for the NHS.

New recommendations have been developed as part of the National Stop the Pressure programme led by NHS Improvement in which Bath Royal United Hospitals NHS Foundation trust have a key role. Helen Blanchard Director of Nursing is a member of the national steering group and Michaela Arrowsmith Lead Tissue Viability Nurse Specialist is a member of the National worksteam working on data and measurement. This will support a consistent approach to defining, measuring and reporting pressure ulcers. The audit tool is expected in September 2018.

5.0 Pressure Ulcers Present on Admission

A large number of patients continue to be admitted to the RUH with existing pressure ulcers and these are recorded as follows (Figure 1). These numbers are representative of the high number of frail elderly patients who are nursed within the community. The RUH Tissue Viability Service and the community Tissue Viability services have established networks for reporting and monitoring existing pressure ulcers. It is recognised that more work needs to be done and is being planned for 2018-19.

Figure 1: Pressure Ulcers Present On Admission to the RUH April 2017-March 2018.



The cost of treating these pressure ulcers remains high. The new Department of Health calculator (2018) can be used to estimate the costs associated with the treatment of pressure ulcers. It is important to remember that these calculations are based on savings to the wider NHS community. Using the mid-point range, the costs comprised:

Category of pressure ulcer	Cost
Category 2	£3,948,000
Category 3	£1,102,000
Category 4	£958,000
Total	£6,008,000

5.0 Pressure Ulcer Prevalence

Every year in July the RUH participates in a Trust wide pressure ulcer prevalence audit. This has been delayed this year and will now take place in October following the introduction of a national prevalence audit tool developed by the NHS Improvement programme Stop the Pressure which is expected to be ready in September 2018. The RUH will be a pilot site for testing of the new national audit tool.

6.0 Pressure ulcer Incidence

In line with the National Institute for Health and Care Excellence (NICE), best practice recommendations 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 2017 – March 2018.

The RUH set an ambitious internal target to eliminate all avoidable category 3 and 4 pressure ulcers, a 25% reduction of avoidable category 2 pressure ulcers and a 50% reduction of avoidable Medical Device Related pressure ulcers from April 2017-March 2018.

During this time the RUH reported and investigated 24 hospital acquired category 2 pressure ulcers and 2 category 3 pressure ulcers. This demonstrates a 31% reduction in category 2 pressure ulcers and a 33% reduction in category 3 pressure ulcers.

Following a stringent investigation process where the Department of Health definition for avoidable/unavoidable pressure ulcers was used, the following pressure ulcer figures were adjusted.

Avoidable/Unavoidable adjustment

During 2017-18, there were a total of 24 category 2 pressure ulcers reported. In line with Trust Policy all were investigated and 9 of the 24 were deemed to be unavoidable, resulting in 15 avoidable category 2 pressure ulcers.

During 2017-18, there were a total of 2 category 3 pressure ulcers reported. In line with Trust Policy all were investigated and 1 of the 2 was deemed to be unavoidable, resulting in 1 avoidable category 3 pressure ulcer.

Following the publication of the National consensus document in June 2018 by NHSI, the terms avoidable/unavoidable are no longer recommended. This may have an impact on the reporting and investigating of pressure ulcers but the change is not anticipated until April 2019.

Investigation of category 2 pressure ulcers and Medical Device related pressure ulcers

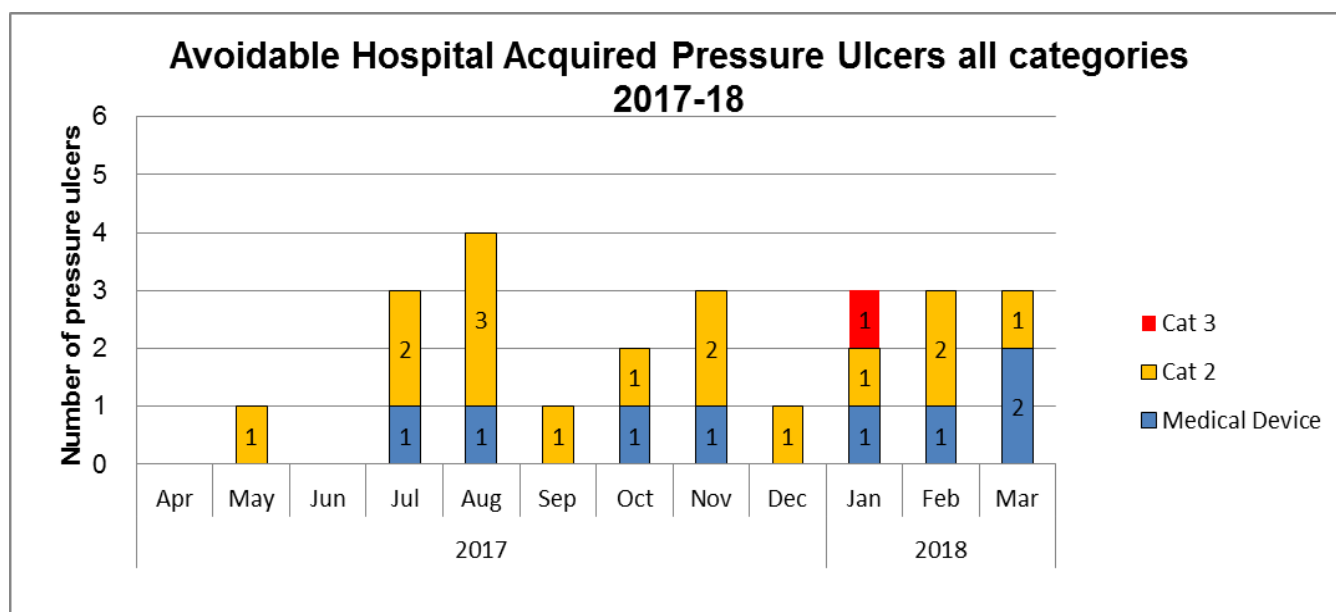
Investigation includes validation by at least 2 Tissue Viability Nurse Specialists, a written root cause analysis and action plan by a member of the ward team where the incident occurred (usually the senior sister/charge nurse or deputy). The root cause analysis is reviewed at ward level within 7 days to ensure that immediate actions are implemented. This meeting includes the Deputy Director of Nursing and Midwifery, Lead Tissue Viability Nurse Specialist, Matron and ward staff where the incident is presented and systematically reviewed then deemed avoidable/unavoidable, the action plan is discussed and assurance given that all actions are in place to avoid recurrence. The actions are monitored by the divisions and the Tissue Viability Steering group.

The end of year result is illustrated in Table 3 and Figure 3.

Table 3 Number of avoidable hospital acquired pressure ulcers 2017-18

Category	Number
2	15
3	1
4	0

Figure 3 Number of avoidable hospital acquired pressure ulcers 2017-18



The governance reporting structure is via Quality Board. The Lead Tissue Viability Nurse Specialist is responsible for providing quarterly reports to the Quality Board to provide assurance. There is a Board to Ward approach to providing further, regular oversight and scrutiny, this is provided by the Director of Nursing and Midwifery, Deputy Director of Nursing and Midwifery, Heads of Nursing for medicine and surgery, Tissue Viability Steering Group, Matrons and ward managers on a monthly basis through their regular professional forums.

The Tissue Viability Nurses are responsible for informing the Senior Nursing Team of the current acquired pressure ulcer position at the end of each week.

Nursing staff record any patient pressure ulcers directly onto Millennium, and all patients with hospital acquired pressure ulcers of category 2-4 and suspected deep tissue injury are all assessed and validated by the Tissue Viability Nurse Specialists.

7.0 Estimated costs of pressure ulcers

During 2017-18, 16 patients developed avoidable pressure ulcers at the RUH. The new Department of Health pressure ulcer calculator (Department of Health, 2018) can be used to estimate the costs associated with the treatment of pressure ulcers. It is important to remember that these calculations are based on savings to the wider NHS community. Using the mid-point range, the costs comprised:

Category	Number	Cost
2	15	£102,000
3	1	£11,000
4	0	£0

Table 2 provides a comparison of costs of pressure ulcers since 2014 -15 to 2017-18. The figures are calculated on the whole treatment cost to the National Health Service and not specifically for the RUH.

Table 2: Comparison of costs of pressure ulcers year on year?

Category	2	3	4	Total £
2014-15	185,000	40,000	0	225,000
2015-16	167,000	10,000	0	177,00
2016-17	208,750	30,000	14,000	252,750
2017-18	102,000	11,000	0	113,000

Planned for the year ahead 2018-19 a 20% reduction in category 2 pressure ulcer would save the NHS £19,400 and the elimination of category 3 and 4, saving £11,000.

It is widely accepted that any pressure ulcer is painful and debilitating, deeper pressure ulcers can be life changing and indeed life threatening. The more serious pressure ulcers can lead to months of painful healing and distress for the patient. This is not only a burden on families and carers but also a financial pressure for the local NHS budgets.

The RUH continues to work towards eliminating these pressure ulcers.

8.0 Rates of Pressure Ulcers per 1000 bed days

Figure 4 below shows the incidence of all avoidable hospital-acquired category 2-4 pressure ulcers per 1000 bed days.

The figures demonstrate a small peak in the numbers of pressure ulcers in August 2017, but no peaks during the EPMA programme over the winter months as anticipated.

Figure 4: RUH avoidable pressure ulcer incidences per 1000 bed days.

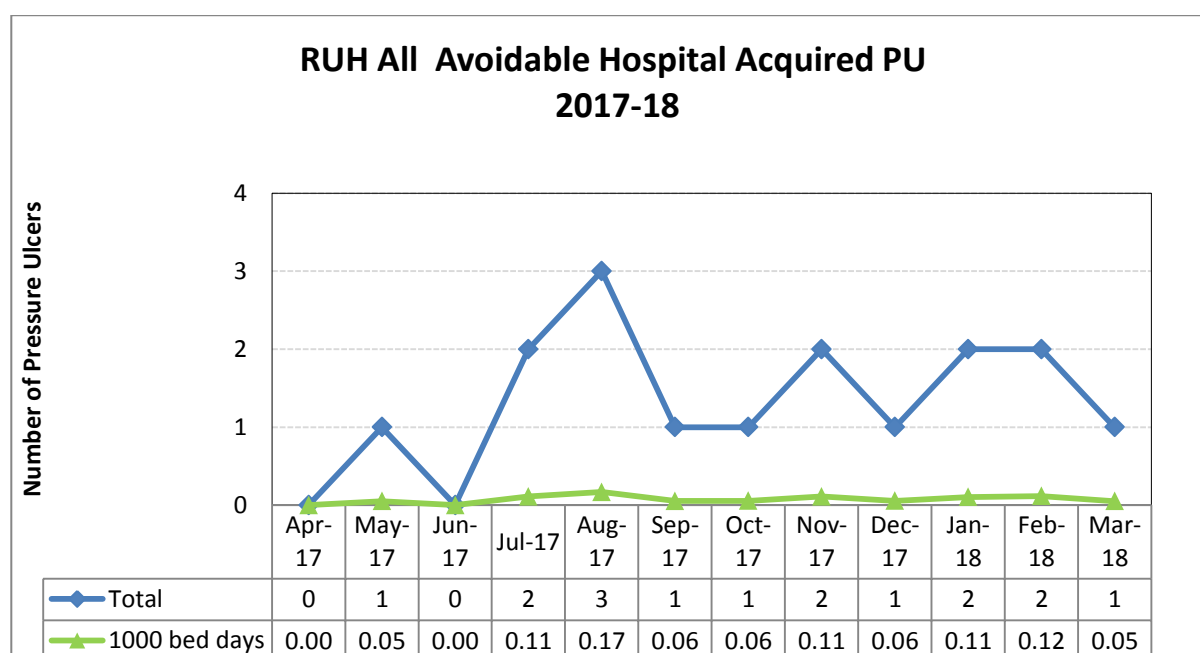


Figure 5: All avoidable hospital acquired pressure ulcers – SPC run chart

Figure 5 is a SPC run chart which indicates that a usual rate of variation exists and there are no shifts or patterns to the data, despite the readjustment of the Upper Control level to 4 (previously 6).

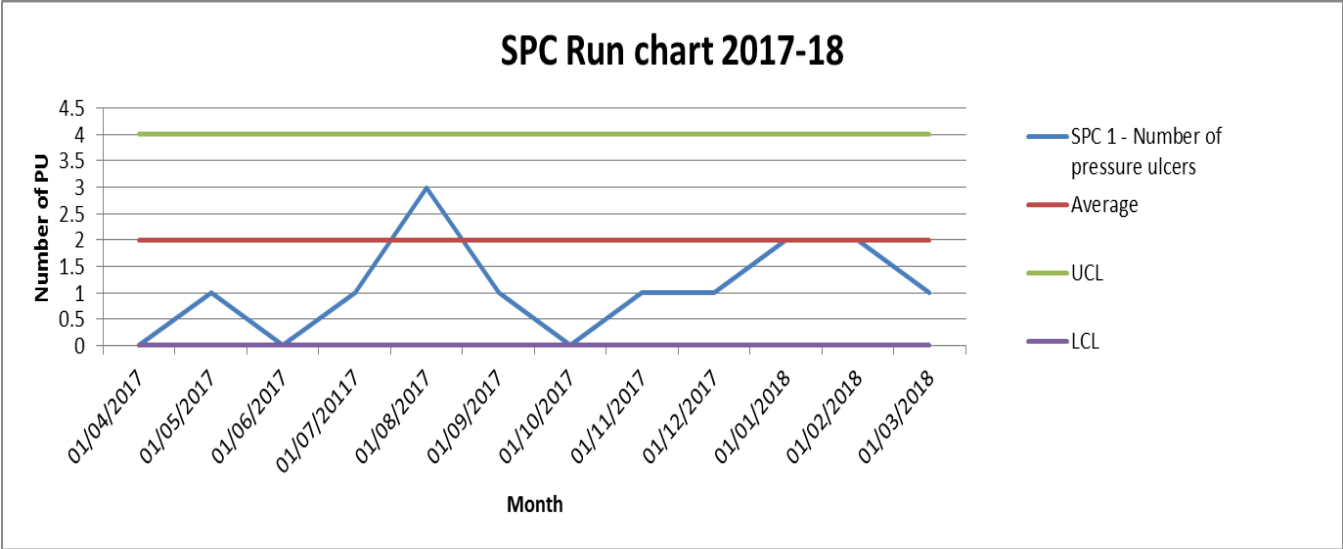
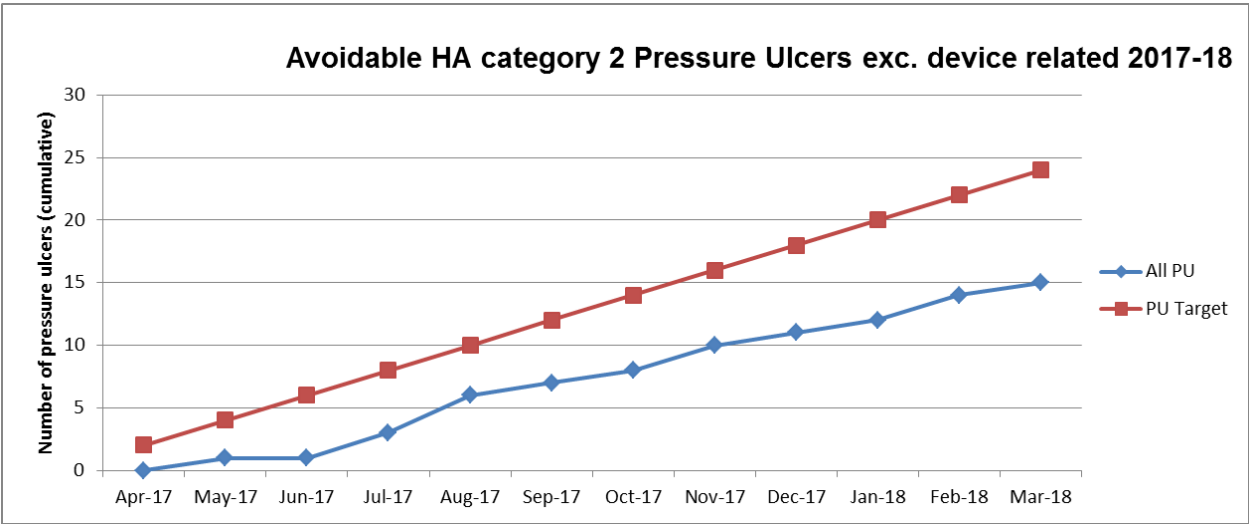


Figure 6 demonstrates the number of category 2-4 pressure ulcers per month against the internally set trajectory. This indicates a steady reduction in avoidable pressure ulcers 2017-18.

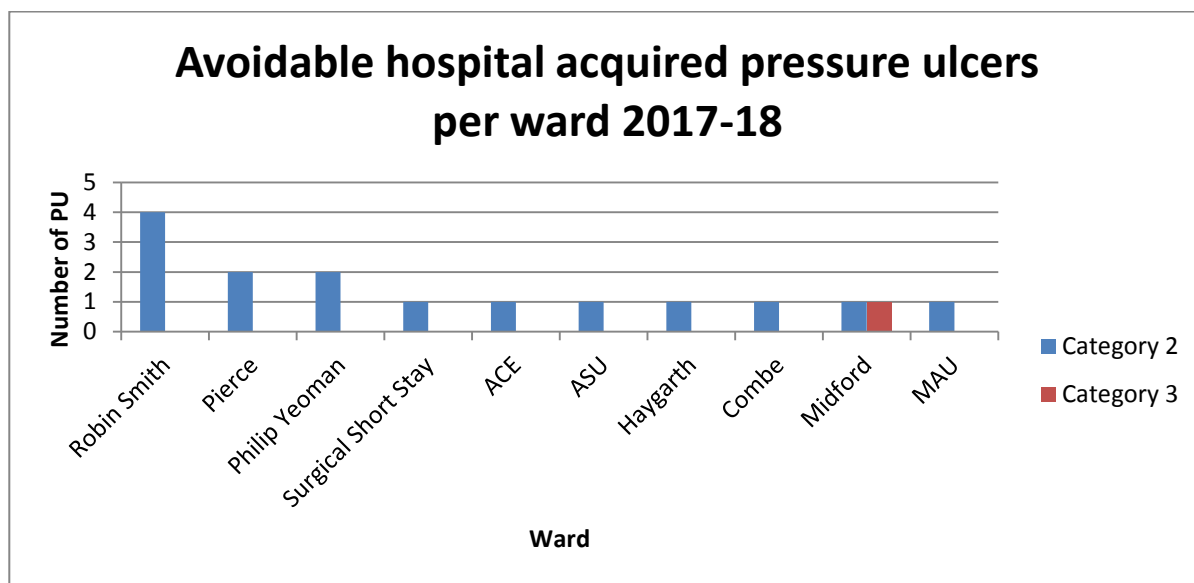
Figure 6: Category 2 pressure ulcer trajectory and actual, excluding medical device related.



9.0 Ward by ward incidence

The incidence of RUH acquired pressure ulcers on each ward is shown in figure 7 below. Wards with 0 incidents have been removed.

Figure 7: Pressure ulcer incidence (category 2-4) with 0 wards removed.



There have been some impressive achievements this year. The **pressure ulcer free wards** are listed below;

1 year	2 years	3 years	4 years	5 years
Respiratory	Pulteney	Children's Unit	Helena	CCU
Cheselden	Theatres	ED Obs Unit	Charlotte	
Forrester Brown				
Waterhouse				
Cardiac				

The Senior Sister of Helena said:

"We are a dedicated team of staff with a passion for pressure ulcer prevention – working together towards the same goal of no pressure damage has kept our patients safe"



The Medical Division

The Medical division had no avoidable pressure ulcers for 5 months during the year; April, May, September, December and February compared to 2 months the previous year.

The Respiratory ward has been amongst the most noticeable achievements over a five year period; previously the highest incidence, the ward has now been over 18 months pressure ulcer free.

The Surgical Division

The Surgical division had no avoidable pressure ulcers for 3 months during the year; April, June and October compared to 3 months the previous year.

10.0 Medical device related Pressure Ulcers

Medical device related pressure ulcers are defined as

“Pressure Ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure ulcer generally closely conforms to the pattern or shape of the device”

There were a total of 8 medical device related pressure ulcers across the trust during 2017-18, which have developed from the use of medical devices such as oxygen tubing, oxygen masks, nasogastric tubes and casts. This is almost half of the incidents recorded for the previous year.

Improvements in Critical Care Services (CCS) for Medical Device Related Pressure Ulcers

Following a year of higher incidence in the CCS, there have been some improvements made to ensure the harm to these vulnerable patients is avoided.

- Nasal high flow now comes in a pack with Kerrapro protection
- ET tapes have been changed and Anchorfast introduced

- New proning protocol with new techniques for changing the position of the face
 - New way of securing Nasogastric tubes to avoid nasal damage
- All medical device related pressure ulcers are investigated at ward level following the same process.

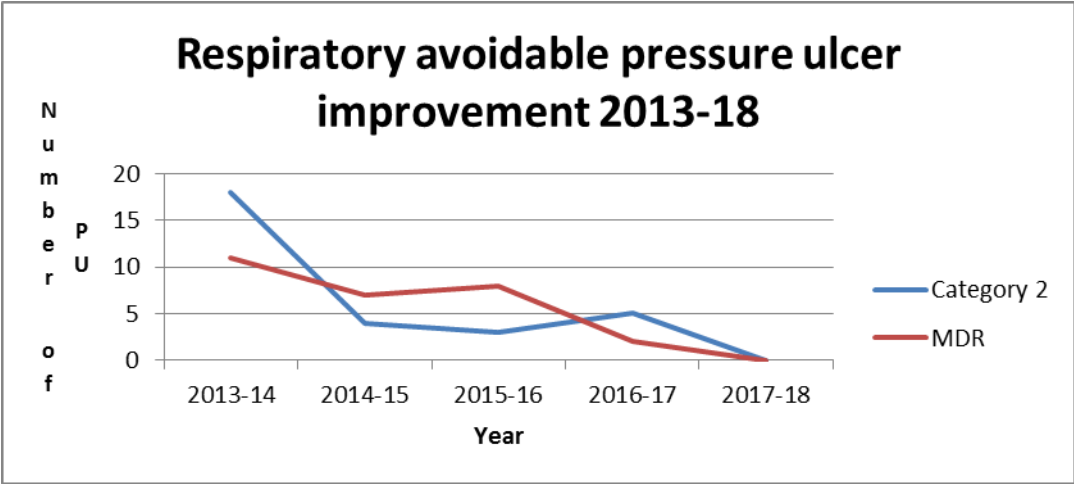
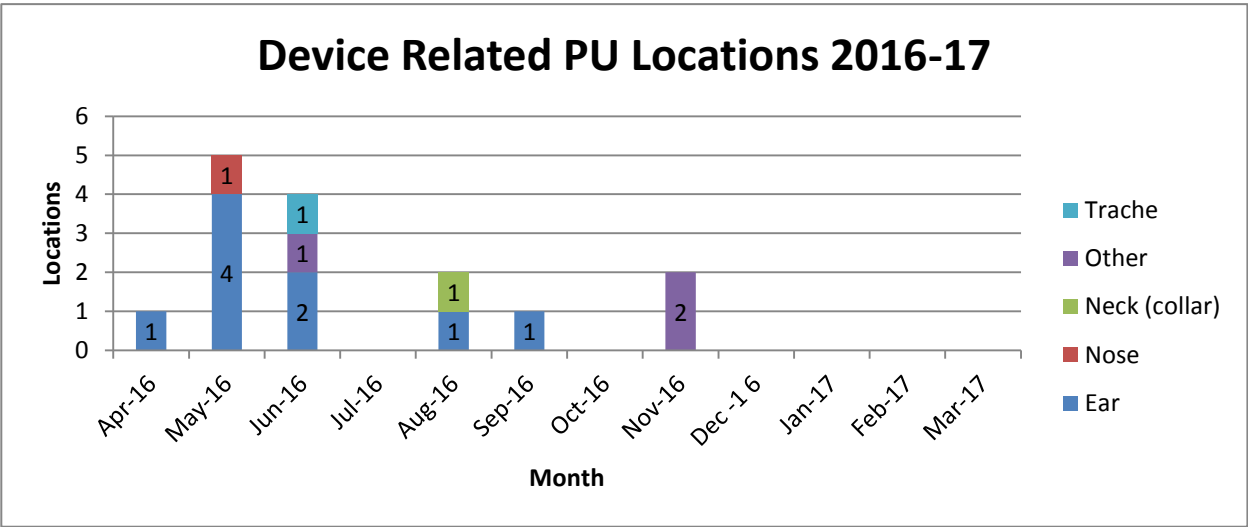


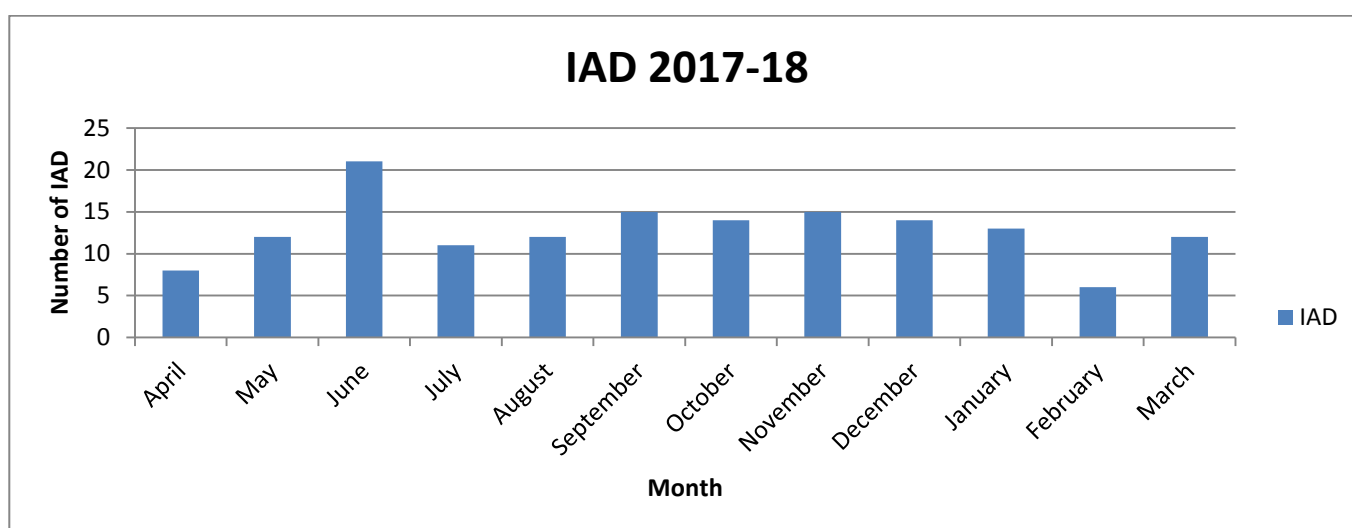
Figure 8: Numbers of RUH acquired device related pressure ulcers by location on the body, reported monthly from April 2016-March 2017



11.0 Incontinence Associated Dermatitis (IAD)

Incontinence Associated Dermatitis (IAD) describes skin damage that is associated with exposure to urine or faeces⁵. IAD is complex in nature and easy to confuse with a pressure ulcer as both IAD and pressure ulcers commonly exist in the same area of the body. Many patients are admitted into the RUH with IAD and the IAD protocol assists in healing this tissue damage without complications. During previous years the TVN's noted an increase in prevalence of IAD's; and consequently they monitor the numbers of cases of IAD through the harm events generated on Millennium. Figure 9 demonstrates the numbers of harm events generated per month. This in total was 180 during 2016-17

Figure 9: Harm events reported from April 2016-March 2017 for all patients with IAD



The TVN's have been working with the Continence Steering Group during 2016-17 and new improved incontinence products have been introduced and the removal of procedure sheets for incontinence is now embedded in practice. The overall number of patients with IAD has reduced but with the new recommendations from NHSI this is expected to increase as we will be monitoring all IAD as we do pressure ulcers.

12.0 Audit

All wards undertake audits on the completion of the comfort and pressure care record and pressure ulcer care plan which is now within the plan of care document. These are now undertaken on a monthly basis alongside other key audit following a redevelopment of the audit tool to include the SSKIN bundle. The audits are completed by the Senior Sister and a senior peer to assure consistency and objectivity.

The audit results are immediately fed back to the auditor and where the standards fall below 95% an action plan should be put in to place which is then monitored by the Senior sister/charge nurse and matron. This is overseen by the Tissue Viability Steering Group where the divisional representatives update the group on the progress of the action.

Table 3 shows the average compliance against the audit standards per month since the introduction of the peer audits on EQUEST. The audit findings show improved adherence on the whole compared with the old system. Improvement is required in the completion of the new plan of care, which has undergone regular testing and has now been finalised in July 2018. Key findings from the audits are reviewed at the Tissue Viability Steering Group on a bimonthly basis. Improvement is required for the screening tool used in the Emergency department on Millennium.

Table 3.

	2017	2018						Overall
Audits and standards	Dec	Jan	Feb	Mar	Apr	May	Jun	
Comfort and Pressure Care Record (Adult Wards)	93%	93%	95%	94%	96%	97%	88%	94%
03 Does the patient have an Anderson completed if admitted via ED?	66%	76%	75%	70%	77%	85%	88%	77%
04 Comfort round record completed?	99%	100%	100%	99%	100%	100%	99%	100%
11 Has the Braden been circled?	78%	81%	90%	88%	91%	93%	84%	87%
12 Daily skin check completed on comfort round within last 24 hours?	95%	91%	97%	96%	97%	93%	94%	95%
13 Frequency of repositioning circled within the past 24 hours?	77%	77%	82%	82%	84%	92%	100%	82%
30 Heels off loaded at all times when in bed?	89%	92%	95%	85%	88%	88%	100%	90%
Risk Assessments and Nursing Plan of Care Audit	94%	92%	97%	99%	93%	95%	73%	81%
32 Pressure ulcer prevention and skin integrity: Was the pressure ulcer prevention and skin integrity section completed appropriately?				100%	93%	95%		94%

14.0 Tissue Viability Training: Pressure Ulcer Prevention and Management

Tissue Viability Pressure Ulcer Prevention & Management training is essential in the RUH and is reported via the Staff Training Analysis Reports (STAR) electronic system. Staff can access this training via Patient at Risk, RUH ESR e-learning or the Pressure Ulcer Prevention & Management study day.

Registered nurse and HCA essential pressure ulcer prevention training

- **Initial training on Induction:**
Pressure Ulcer Prevention & Management Training is provided to all new inpatient HCAs, APs, NAs and registered nurses as well as Midwives to the RUH via the Patient at Risk on Induction Programme. Registered nurses and HCAs must subsequently all complete the RUH pressure ulcer prevention e-learning package on ESR within 3 months.
- **Refresher training:**
All adult inpatient registered nurses, APs, NAs and HCAs are required to update their essential pressure ulcer prevention training every 2 years, through the completion of the RUH pressure ulcer prevention e-learning package on ESR.
- Compliance with the above 'essential' pressure ulcer prevention training is monitored via STAR monthly and reported to the divisions and at the Tissue Viability Steering Group.

- Compliance with essential pressure ulcer prevention training is demonstrated below in table 4. This shows an increase in the number of registered nurses and health care assistants that have received pressure ulcer prevention training across the Trust over the past 12 months.

Table 4: Training compliance figures

Year	Target	Actual %	Actual number
March 2015	95%	82%	951
March 2016	95%	82.6%	1200
March 2017	95%	83.9%	1275
March 2018	95%	68.7%	1077

Pressure ulcer prevention training for other staff

- **The TVS have provided additional ongoing training for the band 4 posts emerging (Assistant Practitioners and Nursing Assistants).**
- Occupational therapists (OTs) are now included on the patient at risk induction day. OTs and Physiotherapists also get an annual tailor made pressure ulcer prevention & management training session taught by the TVS.
- Junior Doctors get a bespoke training session delivered by the TVS on induction to the RUH.
- Student nurses all receive pressure ulcer prevention and management training on induction to the RUH with an emphasis on 1st year students at the beginning of their training and 3rd year students' consolidating their knowledge and their responsibilities in future leadership roles.
- The new NHS Improvement Pressure ulcer core curriculum (2018) will be embedded into RUH essential training from December 2018 as per the local guidance.

Other training

- Pressure Ulcer Prevention Study Day: The Tissue Viability Service facilitate a study day three times a year focussing on pressure ulcer prevention. This is open to all nursing staff.
- International STOP the pressure day was held in November 2017 with activities and educational resources delivered to the wards by the TVS; ensuring the efforts were Tweeted across the Health community. There was also a stand in the Atrium for staff, patients and visitors, highlighting the importance of pressure ulcer prevention.
- Wound Assessment and Management Study Day: The Tissue Viability Service facilitate a study day three times a year focussing on the general assessment and management of wounds, such as leg ulcers, diabetic foot ulcers, dehiscent surgical wounds. This is open to all nursing staff.
- Topical Negative Pressure Therapy (TNP) teaching sessions: TNP training sessions are offered throughout the year consisting of a 2 hour teaching and practical session, followed by a self-assessment competency.

Link nurse training

There is at least one tissue viability link nurse (TVLN) and one tissue viability link HCA (TVLH) on every ward. The TVLN's have 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. This includes attending the Pressure ulcer prevention study day and the Wound assessment and management study day. They are also required to undertake a comprehensive pressure ulcer prevention competency with training support from the Tissue Viability Service. An annual update training session is delivered by the Tissue Viability Service. Links feedback changes to their ward areas. In September 2017 a Link Nurse Conference was held where all the TVLNs and TVLHs have the opportunity to undertake extensive training across many aspects of wound assessment and management. This provided a great opportunity for networking as well as training. A total of 58 TVLNs attended the day, and was supported by the Director of Nursing and Midwifery.

Research and development

In 2018 the TVS completed the PRESSURE 2 Randomised Controlled Trial. The trial compared the outcomes of using two different mattress types, to determine whether one is better than the other at preventing pressure ulcers. While the results were not clear-cut many interesting and useful insights were realised by this research. More research is planned in this area, which the RUH hopes to participate in.

This is the biggest mattress trial in the UK and the RUH were 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. During the trial, the RUH tissue viability team consistently exceeded their recruitment target and was ranked amongst the top 10 most successful trusts in the trial.

The trial results were published in April 2018 at the Tissue Viability Society Conference and demonstrated important new knowledge for pressure ulcer prevention. As is often the case with research of this nature, further research was needed and this is planned.

The RUH TVS gave a poster presentation at the annual Tissue Viability Society Conference in April 2018, demonstrating the low pressure ulcer prevalence that has been sustained since the implementation of the Rapid Spread project.

The TVS are also currently working on a poster presentation for Wounds UK in November 2018 detailing the care that bariatric patients receive as part of the pressure ulcer prevention strategy.

Looking ahead for 2018-19, the TVS are looking at new research projects to benefit patients and hope to work with Leeds University on the next phase of the PRESSURE research series.

15.0 Safeguarding Adults at risk of abuse or neglect and Non-Concordance with treatment or care

- There is a recognised link between pressure ulcers and safeguarding issues. Pressure ulcers may be the result of neglect, either deliberate or by omission.

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- Patients who are non-concordant with care (or intermittently non-concordant) should have their capacity assessed and be fully informed of why an aspect of the care is being provided; this includes family involvement where possible.
- For *all* patients with a category 3 or 4 pressure ulcer (present on admission or RUH-acquired) the following process is adhered to:
 - Referral to Tissue Viability
 - Completion of a Datix form
 - Completion of a Safeguarding Harm Event on Millennium for the Safeguarding team and record this in the medical notes.
- The team assesses these patients against the framework below. If the answer to all 3 questions is yes, Safeguarding procedures will be instigated.

1.	<p><i>Does the patient have:</i></p> <ul style="list-style-type: none"> ▪ Grade 3 or 4 pressure ulcer/s
2.	<p><i>Is there is evidence of poor practice? Possible indicators of poor practice are:</i></p> <ul style="list-style-type: none"> ▪ Failure to follow pressure ulcer prevention and management policy ▪ Lack of appropriate equipment or poorly maintained / used equipment ▪ Staff not trained in: use of equipment, manual handling or pressure ulcer prevention and management ▪ Nutritional assessment not undertaken / inadequate nutrition provided ▪ Repositioning chart / schedule not implemented ▪ Specialist advice not sought i.e. TVN referral ▪ Care staff in the community have not escalated the skin damage to the District Nurses.
3.	<ul style="list-style-type: none"> ▪ Has there been a serious failure to take all reasonable steps to prevent the pressure ulcer from developing?

Table 5 indicates the numbers of safeguarding referrals made in each quarter, the number of cases where the screening tool was completed and then referred in to adult safeguarding.

Table 5

		Q1	Q2	Q3	Q4
Safeguarding Adults criteria are applied to all new category 3 and 4 pressure ulcers	▪ No. of new category 3 & 4 pressure ulcers for period	41	49	39	27
	▪ No. assessed against adult	41	49	39	27

	safeguarding criteria & screening tool completed				
	▪ No. referred into adult safeguarding	41	49	39	27

16.0 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. Further information can be found on the Medical Equipment Library intranet site.

17.0 Liaison between primary and secondary care

The Tissue Viability Service continues 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.

The TV Team represent and are members on the following external groups:

- Bath, North East Somerset and Wiltshire TVN committee (external)
- West of England Regional Tissue Viability Group (external)
- South of England Regional Tissue Viability Group (external)

18.0 Achievements 2017/18

- Introduction of a leg and foot group led by TVNs.
- Programme of awareness for the high risk leg and foot – Tissue Viability, Podiatry, Diabetic Specialist Nurses, Vascular Specialist Nurses - bundle training across all wards.
- Sustainable Transformation Plan Formulary review across the region ongoing project.

Improved pathway for high risk mothers attending for emergency C-section.

- Redevelopment of medical photography with IM&T and Information Governance
- Training of student nurses working in the RUH
- Training of Trainee Nursing Associates in pressure ulcer categorisation and skin checking

19.0 Recommendations for 2018/19

The overall reduction in RUH acquired pressure ulcers remains a focus for the Tissue Viability Service.

To drive this reduction in avoidable harm for 2018/19 a further internal target has been set: to reduce the incidence of avoidable category 2 pressure ulcers by 20%, to

eliminate all avoidable category 3 and 4 pressure ulcers, to reduce the incidence of avoidable medical device related pressure ulcers by 25%.

We aim to achieve this by:

- Trust wide Pressure Ulcer Prevalence audit to be held in September 2018 which will provide more detailed information to inform the work plan going forward. The national audit tool is expected to be available by September 2018.
- TVLN conference planned September 2018 to keep link nurses up to date with current and new practices enabling them to disseminate to their areas
- Bimonthly awareness training across the Trust on different topics to ensure awareness is continually at the forefront.
- A week of Trust wide planned activities for the November 2018 International STOP the pressure day.
- Respond to areas of escalation proactively to ensure continuity of care
- Responsive to ward pressure ulcer performances, provide practical support where needed
- Introduction of Skin care work book initially for Bands 2-4
- Facilitation of an RUH Clinical Band 2-4 Forum where the focus will be on practice, development and peer support.
- Presentation of poster at National Tissue Viability Society in April 2018
- Presentation of poster at International skin care conference in Rome April 2018
- Sustainable Transformation Plan for dressings
- Develop 2018/19 work plan to include review of :
 - Incontinence Associated Dermatitis – surveillance to be mandatory as with pressure ulcers.

References

1. European Pressure Ulcer Advisory Panel, National Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. 2014. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel.
2. NHS Safety Thermometer
3. Department of Health, NHS Outcomes Framework 2016-17
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf
4. Incontinence Associated Dermatitis, Best Practice Statement
http://www.woundsinternational.com/media/other-resources/_/1154/files/iad_web.pdf

All RUH policy, guidelines and recommendations are based upon:

National Institute for Health and Care Excellence (2014) *Pressure Ulcers: Prevention and Management of Pressure Ulcers* CG179.

European Pressure Ulcer Advisory Panel, National Pressure Ulcer Advisory Panel and the Pan Pacific Pressure Injury Alliance (2014) *Pressure Ulcer Prevention Guidelines*.

National Health Service Improvement Stop the Pressure. *Pressure ulcers: revised definition and measurement, summary and recommendations*. June 2018
<https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/>