Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	26 July 2017		

Title of Report:	Annual Tissue Viability Report 2016/17
Status:	To Note
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Michaela Arrowsmith Lead Tissue Viability Nurse Specialist
Appendices	None

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 2016/17	

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
Previous TV REPORTS 2011/2012, 2013/2014, 2014/15, 2015/16	

8.	Freedom of Information
None.	

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1.0 Executive summary

1.1 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 during the period 1 April 2016 to 31 March 2017.

1.2 There were **35** category 2 avoidable pressure ulcers reported and validated by the Tissue Viability Service.

1.3 There were **3** category 3 avoidable pressure ulcers reported and validated by the Tissue Viability Service.

1.4 There was **1** category 4 avoidable pressure ulcer reported and validated by the Tissue Viability Service.

1.5 There were **15** cases of avoidable medical device related pressure ulcers.

1.7 Strategies for further reduction of pressure ulcers 2017-18 are in place.

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

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

Tissue Viability Annual Report 2016-17

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 2017 – 2018, 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 2016/17.

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.

In 2014-15 a successful Rapid Spread improvement program for the elimination of pressure ulcers resulted in an 83% reduction in the development of hospital acquired pressure ulcers, against a target of 50%. Following this dramatic reduction the target for 2015/16 was set at 22% to further improve the reduction in hospital acquired pressure ulcers and avoidable category 3 and 4 pressure ulcers. This was an ambitious target set internally to promote further reduction. Details of progress against this target are described in section 6.0.

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 2016/17 consisted of: one full time Lead Tissue Viability Nurse Specialist, and two full time Tissue Viability Specialist Nurses. The challenges for 2016/17 were covering one full time nurse on maternity leave and two prolonged periods of sick leave.

The Tissue Viability Nurses continue 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 an 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
- Diabetic foot ulcers managed alongside the diabetic foot clinic
- Vascular wounds managed alongside the vascular nursing team
- Burn 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.

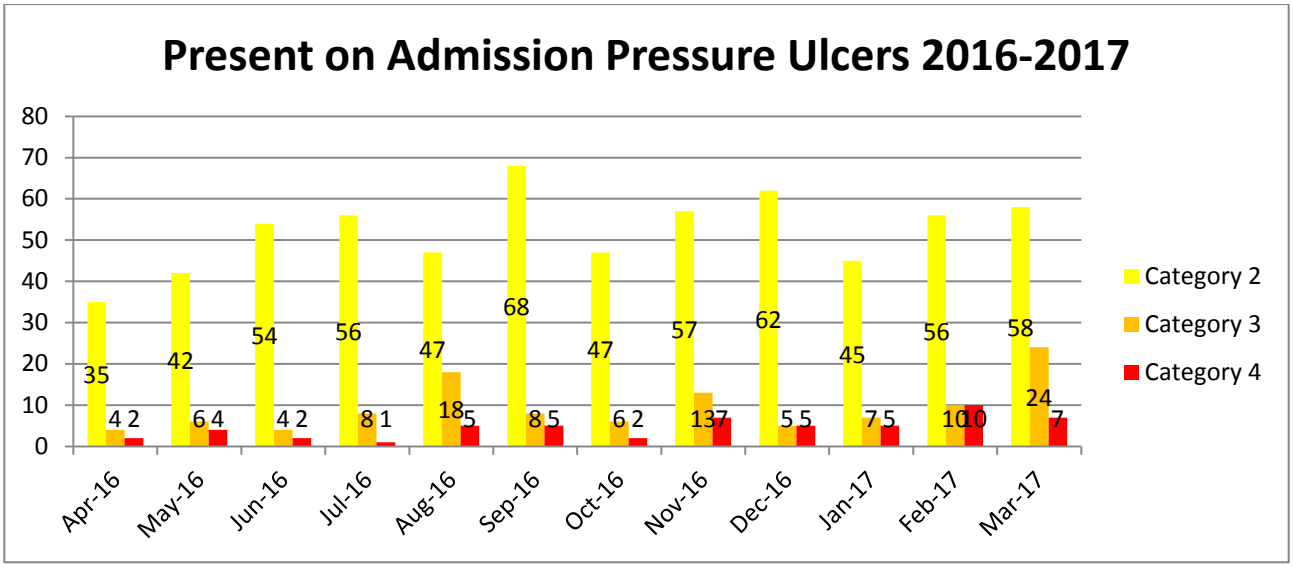
4.0 Pressure ulcers

Pressure ulcers are considered a largely avoidable complication of care with significant associated resource and human costs[1]. Pressure ulcers are often preventable and their prevention is included in domain 5.3 of the Department of Health's NHS Outcomes Framework 2016/17[2] reducing the incidence of avoidable harm; reducing the proportion of patients with category 2, 3 and 4 pressure ulcers. 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. This is largely due to a lack of a national consensus on pressure ulcer definition and reporting.

5.0 Pressure ulcer prevalence

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.

Figure 1: Pressure Ulcers Present On Admission to the RUH April 2016-March 2017.



5.1 The national picture

The NHS National Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The Safety Thermometer is a point prevalence study where by all NHS provider organisations audit the number of harms e.g. pressure ulcers that they have on one given day each month

Point prevalence data collected for the Safety Thermometer is demonstrated in Table 1 for all *new* RUH acquired pressure ulcers

Table 1: Safety Thermometer Data 2016 – 2017

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
0	3	2	1	1	2	2	0	0	1	0	1

Using the Safety Thermometer data, the prevalence of new pressure ulcers at the RUH is shown in figure 2. The red line is the national value, showing the RUH to be well below at a median of 0.16 per number of patients surveyed as inpatients on the day of the audit. Figure 2.1 illustrates the national figures for all participating acute hospitals in England.

Figure 2: Safety Thermometer; Prevalence of hospital acquired pressure ulcers category 2-4 2012-2017

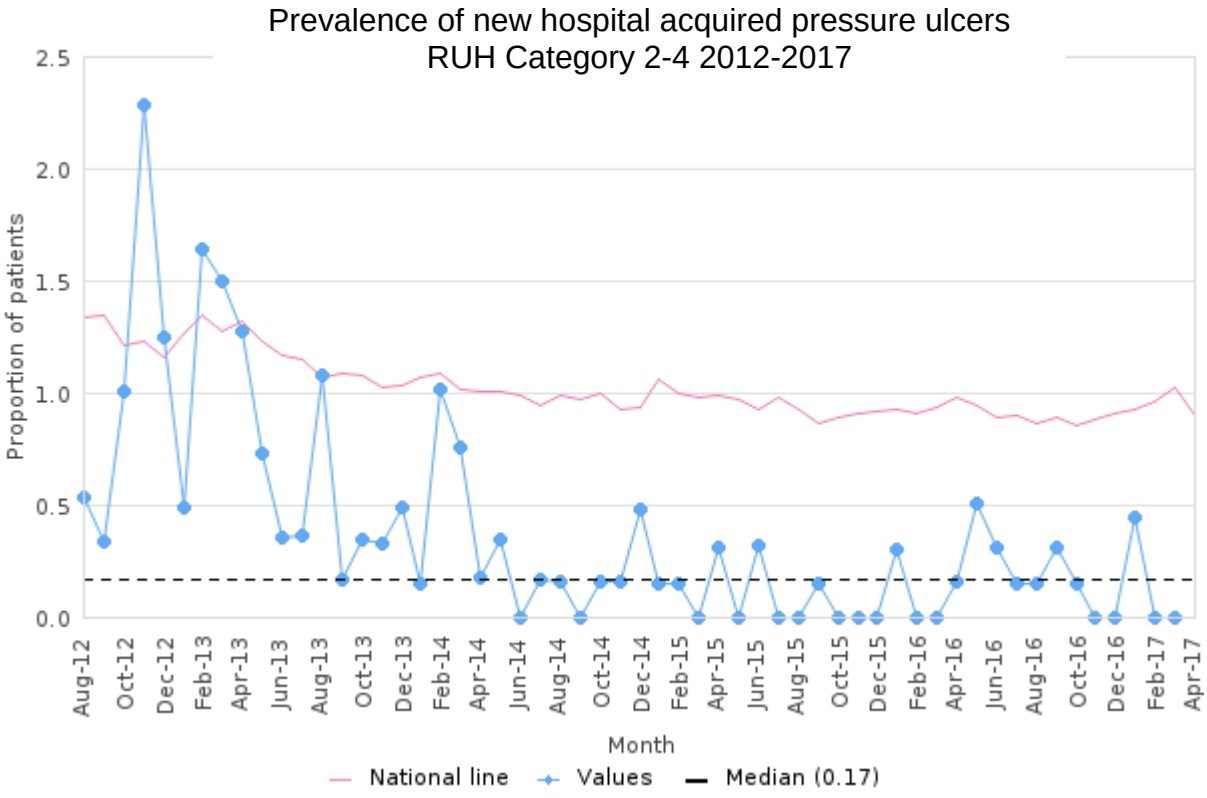


Figure 2.1: Safety Thermometer; Prevalence of hospital acquired pressure ulcers – acute hospitals England category 2-4 2012-2017

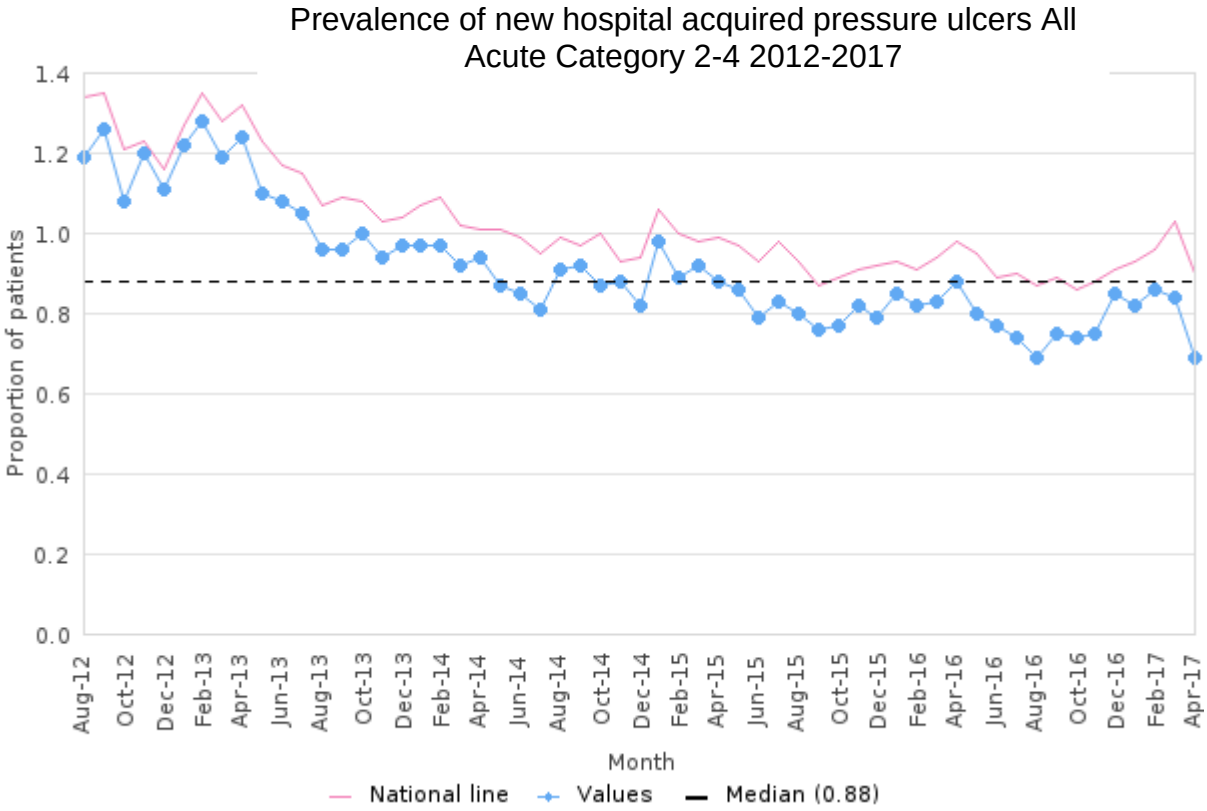
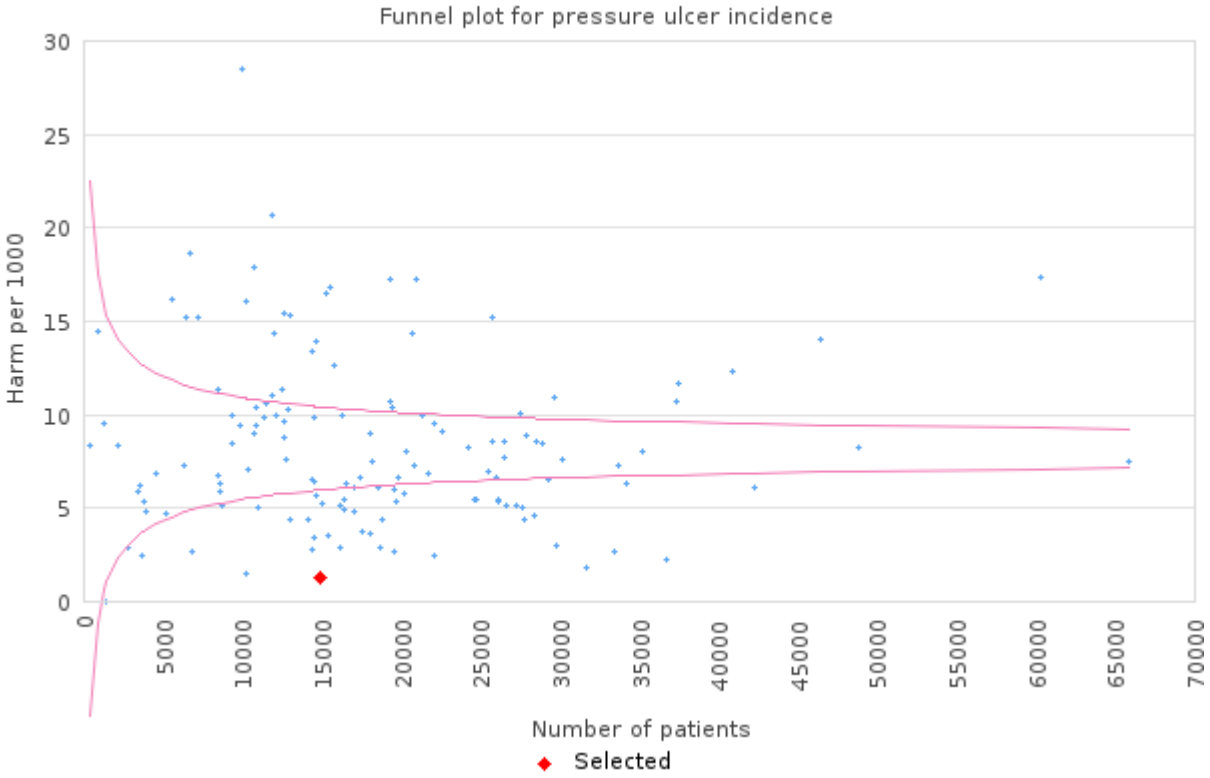


Figure 2.2 Funnel plot illustrates the RUH against all other trusts incidence, marked by a red dot. This shows the incidence of new pressure ulcers as significantly better than the standard control limit set.



The RUH has opted out of the safety thermometer in its current format for 2017-18.
The rationale behind this decision is because we are confident in the accuracy of incident reporting; this is backed up by a yearly prevalence of all inpatients which is carried out in July. The prevalence in July 2016 gave assurance of that accuracy.
The overall Trust pressure ulcer prevalence was **0.57%.**
Of the 519 inpatients' surveyed 3 patients had a hospital acquired pressure ulcers.
Of the 519 inpatients surveyed 2 patients had a device related pressure ulcer increasing the Trust prevalence to **0.96%.**
Of those 5 patients, each pressure ulcer had been reported and validated by the Tissue Viability Service.
There were no hospital acquired category 3 or 4 pressure ulcers recorded during the audit.

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 2016 – March 2017.

The RUH set an ambitious internal target to eliminate all avoidable category 3 and 4 pressure ulcers and a 22% reduction of all categories of pressure ulcers from April 2016-May 2017. This equates to no more than 2 avoidable pressure ulcers each month.

During this time the RUH reported and investigated 47 hospital acquired pressure ulcers.
Following a stringent investigation process where the Department of Heath definition for avoidable/unavoidable pressure ulcers was used, the following pressure ulcer figures were adjusted.

Avoidable/Unavoidable adjustment
During 2016-17, there were a total of 47 pressure ulcers reported. In line with Trust Policy all were investigated and 9 of the 47 were deemed to be unavoidable.
The aim was to reduce category 2 pressure ulcers by 22%. However due to some difficult challenges the year ended on a 29% increase on last years figures.
During 2016-17 we were unable to eliminate all category 3 and 4 pressure ulcers.

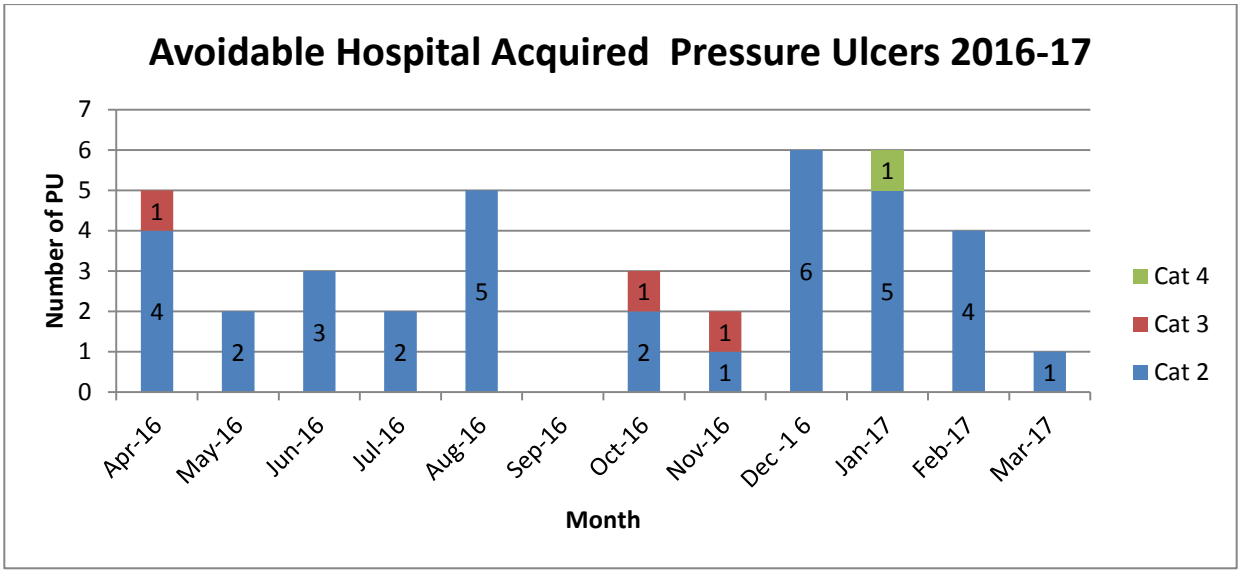
Investigation of category 2 pressure ulcers and medical device related pressure ulcers
Investigation includes validation by at least 2 Tissue Viability Nurse Specialists, a written root cause analysis and action plan by a member of the ward team where the incident occurred (usually the senior sister/charge nurse or deputy), a meeting at ward level with 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 end of year result is illustrated in Table 3 and Figure 3.

Table 3 Number of avoidable hospital acquired pressure ulcers 2016-17

Category	Number
2	35
3	3
4	1

Figure 3 Number of avoidable hospital acquired pressure ulcers 2016-17



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.

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 Service.

7.0 Estimated costs of pressure ulcers

During 2016-17, 39 patients developed avoidable pressure ulcers at the RUH. The Department of Health pressure ulcer calculator (Department of Health, 2010) 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:

35 Category 2 pressure ulcers at a cost of £208,750.
3 Category 3 pressure ulcers at a cost of £30,000
1 Category 4 pressure ulcer at a cost of £14,000

Table 2 below provides a comparison of costs of pressure ulcers since 2013 -14 to 2016-17. 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	No.	2013-14	No.	2014-15	No.	2015-16	No.	**2016-17**
2	191	1,142,000	31	185,000	28	167,000	35	**208,750**
3	8	79,000	4	40,000	1	10,000	3	**30,000**
4	1	14,000	0	0	0	0	1	**14,000**
Total	200	1,235,000	35	225,000	29	177,000	39	**252,750**

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. One patient who developed a category 3 pressure ulcer on their heel whilst in our care has described the impact this has had on her family life, not being able to drive her car, only able to go downstairs once a day due to the heel offloading boot she has to wear and her feelings of isolation at not being able to go out without being taken.

The work of the RUH continues to work towards eliminating these pressure ulcers but the past year has held many challenges.

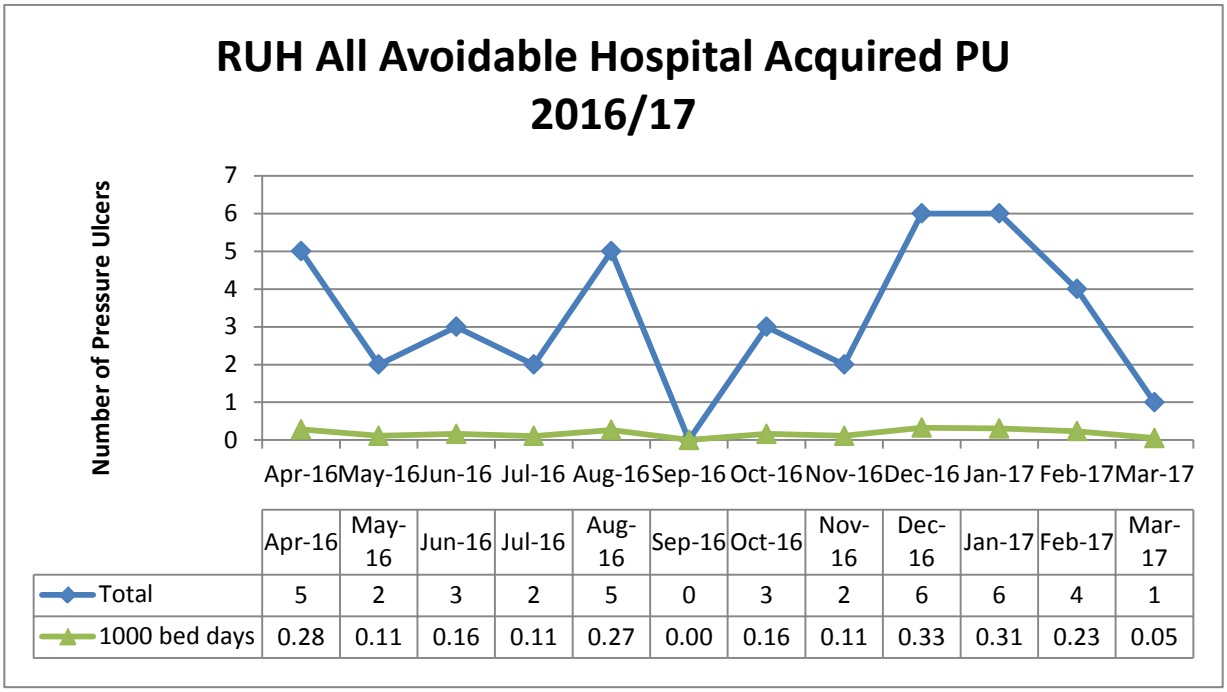
8.0 Rates of Pressure Ulcers per 1000 bed days

The Chief Nursing Officer for England has published a *Pressure Ulcer Nurse Sensitive Indicator* which requires pressure ulcers to be reported per 1000 bed days as reported in figure 6 below.

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

The figures demonstrate a peak in the numbers of pressure ulcers in December 2015 and January 2016; both of these months saw an unprecedented high patient attendance in the Emergency Department and a higher than usual number of non-elective patients being discharged from the RUH.

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



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total	5	2	3	2	5	0	3	2	6	6	4	1
1000 bed days	0.28	0.11	0.16	0.11	0.27	0.00	0.16	0.11	0.33	0.31	0.23	0.05

Pressure ulcer incidence data is collected for patients with category 2, 3 and 4 pressure ulcers as per NICE recommendations[3]. This is the number of new RUH acquired pressure ulcers from validated harm events on Millennium for 2016-17.

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

Figure 5 is a run chart which indicates that a usual rate of variation exists and there are no shifts or patterns to the data.

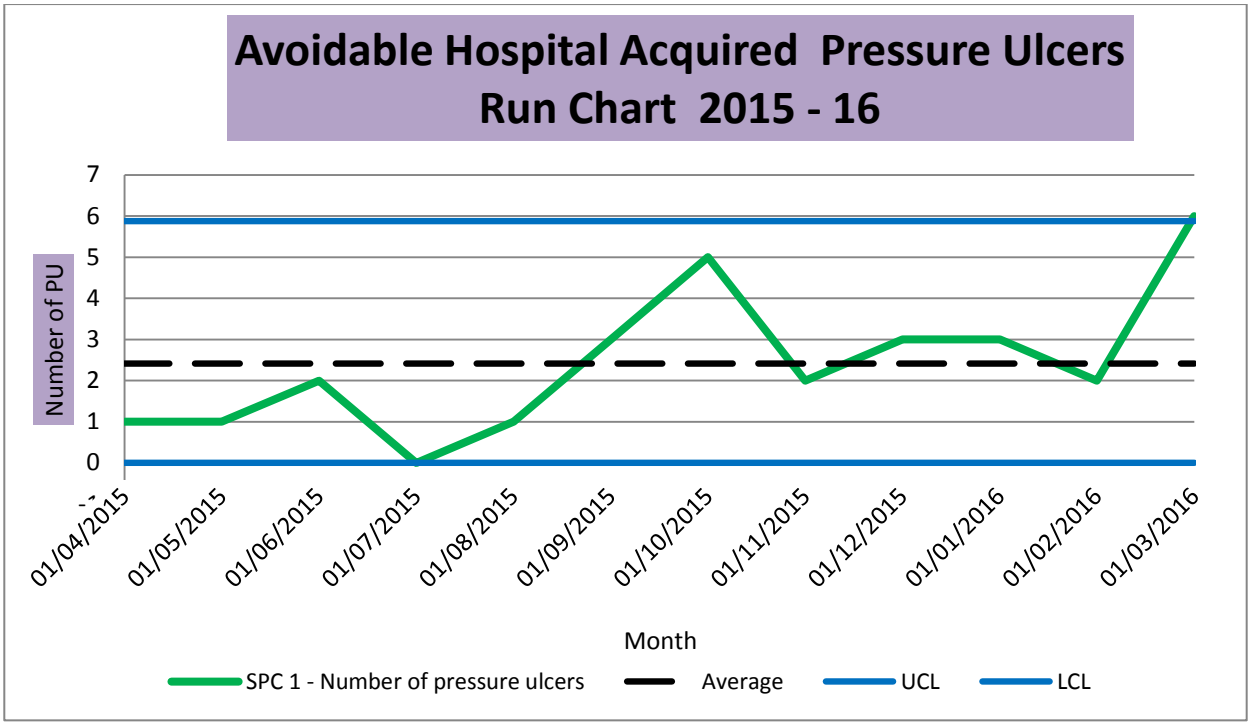
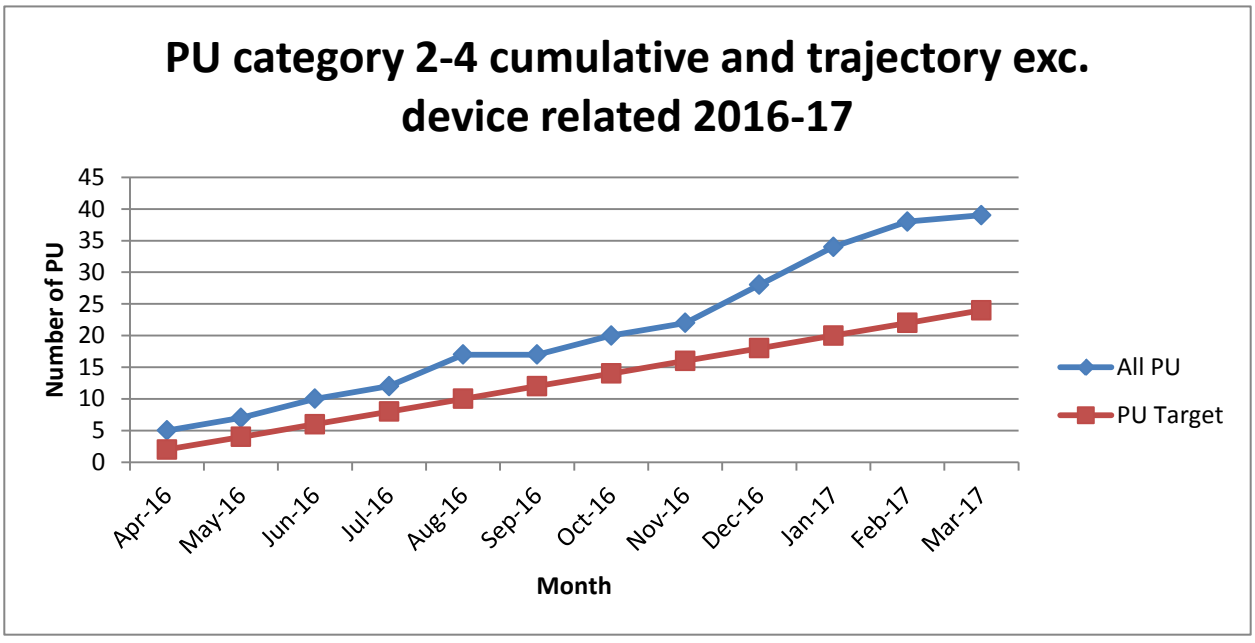


Figure 6 demonstrates the number of category 2-4 pressure ulcers per month against the internally set trajectory.

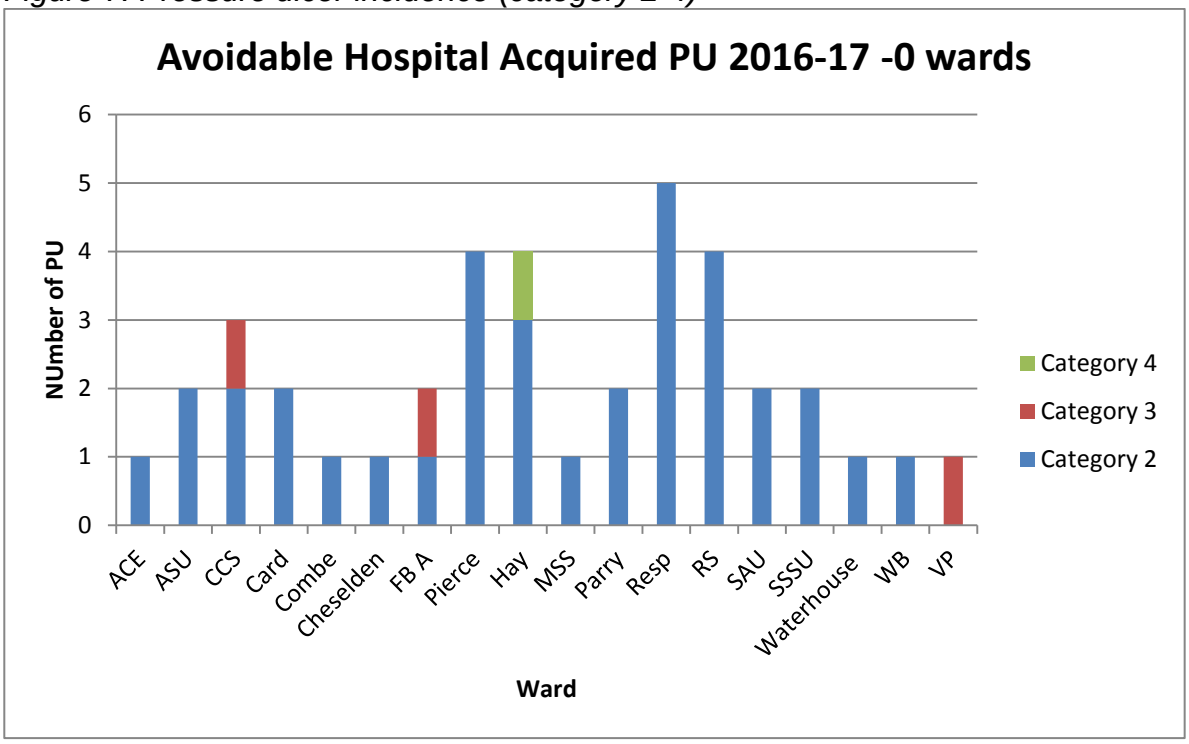
Figure 6: Category 2 pressure ulcer trajectory and actual, excluding medical device related.



9.0 Ward by ward incidence

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

Figure 7: Pressure ulcer incidence (category 2-4)



Two wards and two departments have been pressure ulcer free for 2016-17; they are Pulteney, Phillip Yeoman, Theatres and the Emergency Department Observation Unit.

There have also been five wards that have been pressure ulcer free for2015-17; they are Midford, Medical Assessment Unit, Helena, Charlotte, Coronary Care Unit and the Children's ward.
The Senior Sister of Midford said:

"Teamwork was paramount and ensuring all members of staff were involved. Continuous training was given and staff made to feel included as we all worked towards achieving our goal!! Roll on 3 years"

10.0 Medical device related Pressure Ulcers

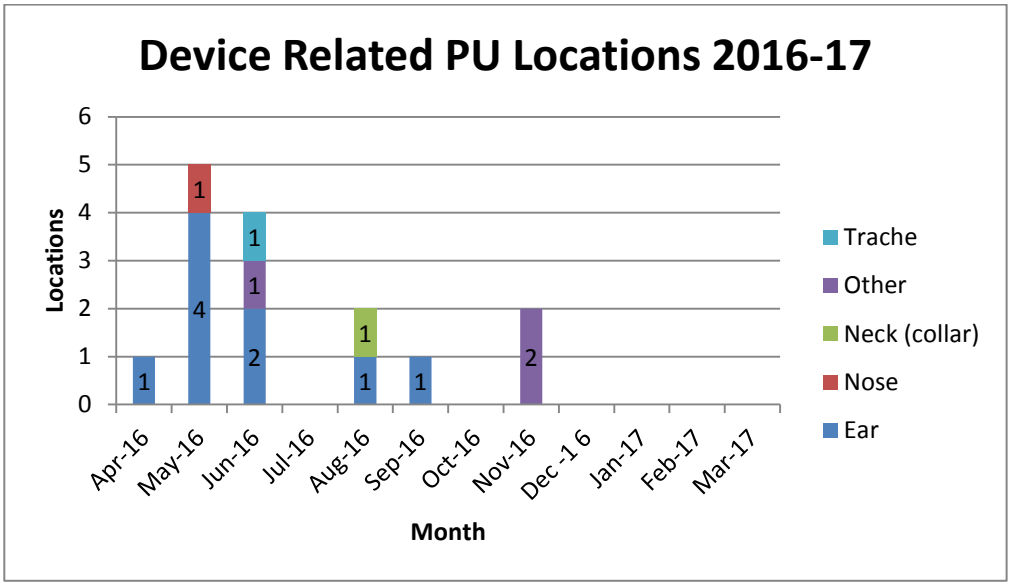
Medical device related pressure ulcers are defined as

> *"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"*[1]

There were a total of 15 medical device related pressure ulcers across the trust during 2016-17, which have developed from the use of medical devices such as oxygen tubing, oxygen masks, nasogastric tubes and neck collars. This is almost half of the incidents recorded for the previous year. Figure 8 below highlights the medical device related pressure ulcers by month.
Following a thematic review and the introduction of adjuncts to prevent these avoidable pressure ulcers, the incidents have halved this year.
There is a slightly higher number of medical device related pressure ulcers reported in both the Critical Care Unit. This area provides care and support for acutely unwell

patients requiring critical or high dependency care, therefore these patients are at a higher risk of developing pressure damage from devices.
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

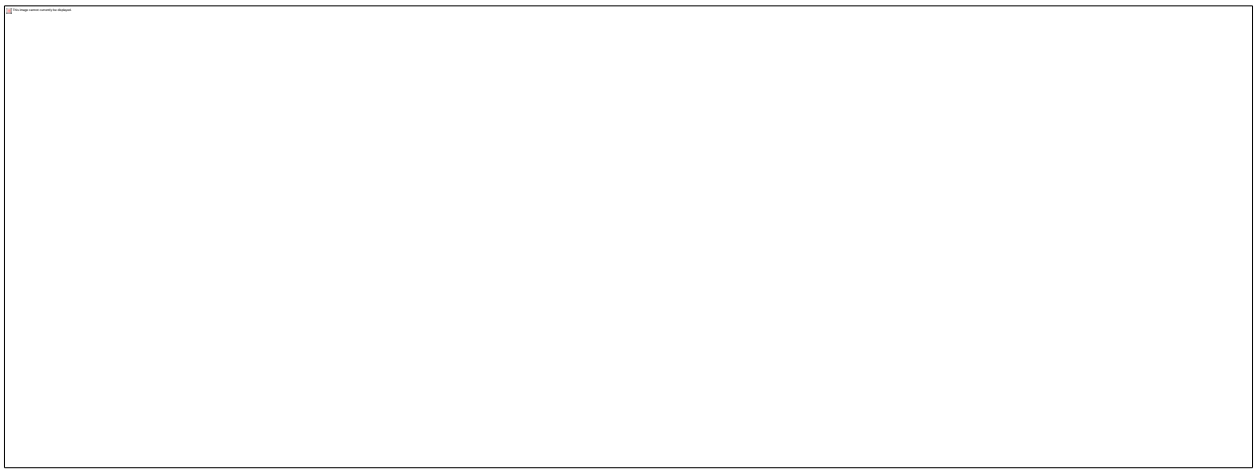


11.0 Incontinence Associated Dermatitis (IAD)

Incontinence Associated Dermatitis (IAD) describes skin damage that is associated with exposure to urine or faeces[5]. It is also commonly referred to as moisture lesions and or excoriation.

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 these wounds 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 pads and pants have been introduced and the removal of procedure sheets for incontinence is now embedded in practice.

12.0 Response to an increase in avoidable hospital acquired pressure ulcers

Towards the end of 2016 there was an increase in the number of hospital acquired pressure ulcers. The evidence showed that there was a need to re- focus on elements of the pressure ulcer prevention pathway.
The Senior Nursing Team immediately responded and held an extraordinary meeting in December 2016 with the Director of Nursing and Midwifery, the Deputy Director of Nursing and Midwifery, the Heads of Nursing and the Lead for Tissue Viability. The issues were identified and an action plan put in place.
The Heads of Nursing then reported directly back to the Board of Directors in January 2017 to give assurance that all efforts were being made to reduce avoidable harm to the patients.

13.0 Audit

All wards undertake audits on the completion of the comfort and pressure care record and pressure ulcer care plan. These are now undertaken on a monthly basis following a redevelopment of the audit tool to include the SSKIN bundle. 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 of the progress. the action..

Table 3 shows the average compliance against the audit standards per quarter.

Table 3.

Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
The Andersen Pressure Ulcer Risk Assessment is completed for adult inpatients (admitted through ED) within 2 hours of admission	93%	88%	93%	91%
The Braden Risk Assessment is completed for adult inpatients within 6 hours of admission	98%	95%	93%	91%
Adult inpatients will be reassessed for risk of pressure ulcers every 48 hours	96%	95%	90%	90%
The Comfort and Pressure Care Record is completed for adult inpatients (key pressure ulcer standards met)	95%	95%	95%	96%
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	98%	97%	98%	97%
Does the patient have a wound assessment?	-	-	-	84%
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	99%	97%	92%	96%
Has the patient received verbal / written information on pressure ulcers?*	-	-	-	57%
Has the patient received nutritional supplements?*	94%	95%	85%	87%
If a patient has a category 3/4 pressure ulcer have they been referred to the dietitian?*	-	-	-	85

Key	
Green	95% or above
Amber	65-94%
Red	64% or below

* Data collection did not commence for these standards until Quarter 4.

The audit findings show good adherence on the whole. Improvement is required for recording of re-positioning, verbal or written information given about pressure ulcers and patients receiving nutritional supplements where required. Key findings from the audits are reviewed at the Pressure Ulcer Steering Group and wards and standards requiring improvement are discussed and escalated to the senior nurses.

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	90%	82%	951
March 2016	90%	82.6%	1200
March 2017	90%	83.9%	1275

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.

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 2016 with activities and educational resources delivered to the wards by the TVS; ensuring the efforts were Tweeted across the Health community.
- 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, dehisced 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.
- Maggot therapy teaching sessions: The Tissue Viability Service run Maggot therapy training sessions throughout the year, followed by a self-assessment competency.

Link nurse training

We have 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 will be held where all the TVLNs and TVLHs have the opportunity to undertake extensive training across many aspects of wound assessment and management. This provides a great opportunity for networking as well as training.

Research and development

During 2016-17 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.

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 National trial results are to be presented at the Tissue Viability Society Conference in April 2018.

Looking ahead for 2017-18, the TVS are looking at new research projects to benefit patients.

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.
- Assess the patient's mental capacity to agree to their care and record concordance with their pressure ulcer prevention care plan.
- 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 included family involvement where possible.
- For *all* patients with a category 3 or 4 pressure ulcer (present on admission or RUH-acquired):
  - Refer to Tissue Viability
  - Complete a Datix form
  - Complete a Safeguarding Harm Event on Millennium for the Safeguarding team and record this in the medical notes.
- The team will assess these patients against the framework below. If the answer to all 3 questions is *yes***,** Safeguarding procedures will be instigated.

1.	*Does the patient have:* ▪ Grade 3 or 4 pressure ulcer/s
2.	*Is there is evidence of poor practice? Possible indicators of poor practice are:* ▪ 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.	▪ Has there been a serious failure to take all reasonable steps to prevent the pressure ulcer from developing?

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 2016/17

Successful Innovation panel bid for teaching resources
E-learning package developed and launched
Programme of awareness training – Tissue Viability Link Nurse cascade SSKIN (Surface Skincare Keep moving Incontinence and Nutrition) bundle training across all wards, resulting in a reduction in pressure ulcer development
Midford ward team of the month June 2017
Sustainable Transformation Plan Formulary review across the region
Critical Care Service documentation review
Device related algorithm introduced
Repose Heel Protector Amnesty & review of other foot protectors on the market
Redevelopment of the medical photography process/pathway
Train all student nurses working in the RUH
Train all APs in pressure ulcer categorisation and skin checking
Develop a pathway for pressure ulcer risk assessment by APs and NAs
Development and launch of an essential pressure ulcer prevention training e-learning package for all RNs APs NAs and HCAs
Re launch maggots training and TNP training

19.0 Recommendations for 2017/18

The overall reduction in RUH acquired pressure ulcers remains a focus for the Tissue Viability Service.
To drive this reduction in avoidable harm for 2017/18 a further internal target has been set: to reduce the incidence of avoidable category 2 pressure ulcers by 25%, to eliminate all avoidable category 3 and 4 pressure ulcers, to reduce the incidence of avoidable medical device related pressure ulcers by 50%.
We will achieve this by:

- Trust wide Pressure Ulcer Prevalence audit which will provide more detailed information to inform the work plan going forward.

- TVLN conference planned September 2017 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 2017 International STOP the pressure day
- Maintain daily visit to the Medical Assessment Unit to identify patients and ensure all care is in place at an early stage.
- Respond to areas of escalation proactively to ensure continuity of care
- Responsive to ward pressure ulcer performances, provide practical support where needed
- Develop 2017/18 work plan to include review of :
    - Incontinence associated dermatitis
    - Improved pathway for high risk mothers attending for emergency C-section.

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. 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

3. Incontinence Associated Dermatitis, Best Practice Statement http://www.woundsinternational.com/media/other-resources/_/1154/files/iad_web.pdf

All RUH policy and guidelines 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*.