

## Trust Board Report

<b>Meeting Date:</b>	26 <sup>th</sup> September 2011
<b>Title:</b>	Tissue Viability
<b>Executive Summary:</b>	Tissue Viability is described as maintaining skin integrity by preventing skin damage and promoting healing of wounds using evidence based clinical practice. Skin damage caused by pressure (pressure ulcers) is one of the national high impact actions that call practitioners to action to meet the challenge of prevention
<b>Action Requested:</b>	For information: To provide the board with information regarding tissue viability within the organisation
<b>Report of:</b>	Cheryl Etches, Director of Nursing & Midwifery
<b>Author: Contact Details:</b>	Mari Gay, Deputy Director of Nursing and Midwifery, Workforce and Transformation Tel 01902 695366      Email: mari.gay@nhs.net
<b>Resource Implications:</b>	
<b>Public or Private: (with reasons if private)</b>	Public
<b>References: (eg from/to other committees)</b>	Quality and Safety Committee
<b>Appendices/ References/ Background Reading</b>	High Impact Actions – Your Skin Matters
<b>NHS Constitution: (How it impacts on any decision-making)</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

## 1. Background Details

The patient experience of a break in skin integrity is recognised as causing significant pain, altered body image, loss of dignity and impacting on normal activities of daily living. The resulting wounds also place the individual at risk of developing infection. The resources required by health care to manage tissue viability are also recognised as significant with 4% of the NHS budget estimated to be spent on pressure ulcers alone.

The principles of tissue viability are to maintain skin integrity and where skin integrity is broken to improve outcomes for patients with wounds by promoting effective healing and preventing deterioration and infection. To achieve this, the organisation is taking a proactive approach to education, preventative strategies and the development of clinical pathways and is developing an organisational strategy to support this. As a result of Transforming Community Services the organisation has also integrated the specialist nursing resource of the city into a single team with integrated policies and operating procedures across acute and community services. The benefits of an integrated approach provide the ability to design and deliver consistent training and education, implement the effective clinical pathways and enhance the specialist support to generalist practitioners. In line with nationally recognised targets for improvements in tissue viability the organisation has agreed a performance management framework that sets the following metrics.

- Reduce the incidence of pressure ulcers by 80% for inpatients by 2014
- Reduce the incidence of pressure ulcers by 30% in community settings by 2014
- Reduce the incidence of chronic wounds by 50% city wide by 2014

The organisation is using 2011/12 outputs as the baseline for these metrics

### **Pressure Damage**

Damage caused to skin by pressure is recognised nationally as part of the High Impact Actions as being avoidable in most cases. Vulnerable patients are more prone to pressure damage and require an intensive programme of care to prevent damage. This includes identification of risk, enhanced nutrition, management of continence, consistent alteration of position and appropriate preventative equipment. Within inpatients this required care is incorporated at ward level in "comfort rounds" every 1-2 hours with each patient. In community this function is determined at each home visit and with education with the patient and carers.

Across the organisation there is a comprehensive education programme and the implementation of a care bundle to support this prevention. Identification of any skin damage within inpatient services or the community is now escalated and recorded consistently and root cause analysis is used to determine if the skin damage is avoidable or unavoidable using recognised guidance. The learning from this process is informing the education programme and care bundle.

Avoidable skin damage can be classed as neglect within safeguarding arrangements and as a serious incident (SI) for certain grades of pressure damage. Evidence of preventative strategies is also part of the CQUIN process for acute and community. Within the organisation improvements seen in a reduction in avoidable pressure damage need to continue and be sustained.

Benchmarking with similar organisations is recognised as challenging due the implementation of changes in classification of pressure damage and the organisational changes in recent times.

The evidence of Grade III and IV pressure ulcers presented to the SHA by trusts in the black country since April 2011 shows a positive benchmarking position with assurance from this organisation of consistent reporting (see attached)

## Chronic Wounds

The healthcare resource required to manage chronic wounds is also recognised as considerable. Chronic wounds can be categorised in a variety of ways and largely affect vulnerable groups with underlying disease. It is estimated that approximately 70% of a district nurses caseload is made up of care of chronic wounds. To meet the challenge of reducing the incidence by 50% the organisation is currently beginning a programme of identifying and recording all chronic wounds to establish the baseline and plans to implement a standard clinical care pathway that will use evidence based innovative therapies to treat these wounds. This will be combined with a programme of education for practitioners, patients and carers that will focus particularly on compliance to treatment.

Further benefits of transforming community services relating to tissue viability are being scoped in relation to

- the procurement of wound care products
- prevention of duplication of care and the provision of tissue viability services in the community rather than in acute care

Rapid improvement programmes are a tool utilised within the NHS to speedily realise improvements in patient care and is an approach planned within the organisation for tissue viability to facilitate achievement of the improvement targets.

## 2. Options

N/A

## 3. Recommendation

For Trust Board to support the organisations approach to tissue viability

Pressure Ulcers reported on STEIS (NHS West Midlands Region) Data period 01/04/2011 to 31/08/2011

	Grade 3 or 4	Grade 3	Grade 4	Total	Hospital reported	Community reported
Regional Total (All Clusters)	48	423	224	695	400	295

Birmingham Cluster - (Total Pressure Ulcers reported - 126)

Black Country Cluster - (Total Pressure Ulcers reported - 274)

Organisation	Grade 3 or 4	Grade 3	Grade 4	Total	Hospital reported	Community reported
Trust A	4	60	21	85	34	51
Trust B	0	31	34	65	59	6
The Royal Wolverhampton Hospitals NHS Trust	0	43	2	45	21	24
Trust C	2	25	17	44	38	6
Trust D	3	10	7	20	0	20
Trust E	0	9	4	13	0	13
Trust F	0	0	1	1	1	0
Trust G	0	0	1	1	0	1
	9	178	87	274	153	121

Arden Cluster - (Total Pressure Ulcers reported -128)

Staffordshire Cluster - (Total Pressure Ulcers reported -56)

West Mercia Cluster - (Total Pressure Ulcers reported -111)