



**National Wound Care
Strategy Programme**



**Pressure
Ulcers**

Improving pressure ulcer data and information using a diagnostic approach to pressure ulcer improvement

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Working in partnership with

**Health
Innovation
Network**

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**National Wound Care
Strategy Programme**



**Pressure
Ulcers**

How do we improve pressure ulcer prevention and management?

It's all about clinical care (but we need the data)

Working in partnership with

**Health
Innovation
Network**

NHS

Agenda

- Background
- Work to date
- The diagnostic programme



Our aims & vision



Process

- Redesign clinical pathways across primary care, community services and secondary care.
- Promote supported self-management.

Improve the knowledge and skills of the health and care workforce, patients and carers

Improve the systems and pathways for the delivery of care

Improve the quality of data and information



People

- National wound care core Capabilities Framework.
- Topic specific education curricula and online free-to-access wound care education resources.
- Patient resources to support self-management.



Technology

- Information feedback systems to inform clinical and business needs.
- Point of care NHS compliant mobile digital technology.

Risk Assessment and diagnosis

Identification of someone at risk* of pressure ulcers outside of health or social care

Manage immediate risks and seek assistance from a health or care professional

Screen/Assessment/Reassessment
Pressure ulcer risk assessment using PURPOSE T tool

* Risk factors include:

- Immobility or reducing mobility
- Early signs of skin damage
- Presence of a medical device which is against the skin
- Long lie
- Rapid deterioration in physical or mental health
- Existing pressure ulcer

No pressure ulcer and not currently at risk

- Record outcome
- Agree and record review process

No pressure ulcer and at risk

Pressure Ulcer Category 1 or above, or scarring from previous pressure ulcer

Category 1, or scarring

Category 2, Category 3, or Category 4

Ongoing care

Preventative care

- Implement and review the aSSKINg Bundle
- Skin assessment and skin care
- Surface
- Keep moving
- Incontinence and moisture
- Nutrition and hydration
- Giving information or getting help
- When appropriate, assessment and initiation of Self-Management
- Re-assess risk if condition changes
- Onward referral to specialist services, as needed

Escalate interventions if deterioration in skin or wound status noted

Wound care

- Wound assessment
- Wound bed cleansing and debridement
- Peri-wound skin cleaning
- Appropriate dressing
- Measure
- Record
- Onward referral to specialist services, as needed
- Review effectiveness of treatment plan

Review of risk, care delivered, status and healing

Formal review of risk status and interventions

Formal review of healing

- Regular review and monitoring of healing at least 4 weekly
- If unhealed at 12 weeks, detailed reassessment
- Onward referral to specialist services, as needed

Care following healing

Healed

Improving

Static

Deteriorated

Death

Ongoing Prevention and review of risk

Review/Escalate
Step up preventative care
Refer for surgery

Process

- Redesign clinical pathways across primary care, community services and secondary care
- Promote supported self-management

Data collection and feedback using point-of-care, NHS-compliant mobile digital technology

Support for the implementation of the pathway

- Specific assets
 - Pressure ulcer categorisation tool
 - aSSKINg framework
 - e-modules
- Implementation support package
 - Diagnostic
 - Literature review
 - Bundle (not aSSKINg)
 - Implementation report and guidance
 - Surveillance tool



Improve the knowledge and skills of the health and care workforce, patients and carers

Assets


- aSSKINg tool
- e-modules
 - Update of Essentials of Pressure Ulcers
 - New module on PURPOSE T
- Patient information

The aSSKINg Framework


N	Nutrition	<p>Consider the impact of key nutritional elements in wound healing.</p> <p>Understand the impact of disease on nutritional need and nutrient absorption.</p> <p>Utilise the relevant tools and documentation which should include food and fluid charts, for example, food diaries, MUST, BMI, MUAC, bloods, feeding risks and PEM assessment.</p> <p>Advise on food fortification, nutritional supplementation and moderation of dietary restrictions in event of pressure ulceration.</p> <p>Collaborate to deliver appropriate care with relevant members of the multidisciplinary teams (MDT) (dietician, speech and language therapist, occupational therapist).</p> <p>Consider the practical elements of maintaining nutrition and hydration including portion sizing, food texture, access and ease of use of implements and good dentition.</p>
g	Give Information	<p>Select and implement the most appropriate communication approach to increase awareness and facilitate concordance and engagement with pressure ulcer prevention strategies.</p> <p>Consider the patient's level of capacity and perform the necessary checks.</p> <p>Communicate effective and safe use of interventions effectively for the patient, family and within the MDT.</p> <p>Recognise when clinical concerns need to be escalated.</p> <p>Promote effective pressure ulcer prevention approaches.</p> <p>Consider effective resource allocation and escalate concerns when resources are unavailable.</p> <p>Be aware of safeguarding policies and take appropriate action when necessary.</p> <p>Use the clinical record as the source of documentation to ensure information is available to all members of the MDT.</p> <p>Use appropriate language to ensure the clinical record can be appropriately used for coding/analytic purposes.</p> <p>When capturing/using digital images, ensure appropriate consent has been obtained.</p>

Assets

- Categorisation tool
 - Will not look the same
 - Focus on getting the information RIGHT
 - The most important question **Is it a PU?**
 - Linked more closely to anatomy, understanding differences in tissues across body sites
 - Designed to reduce variation

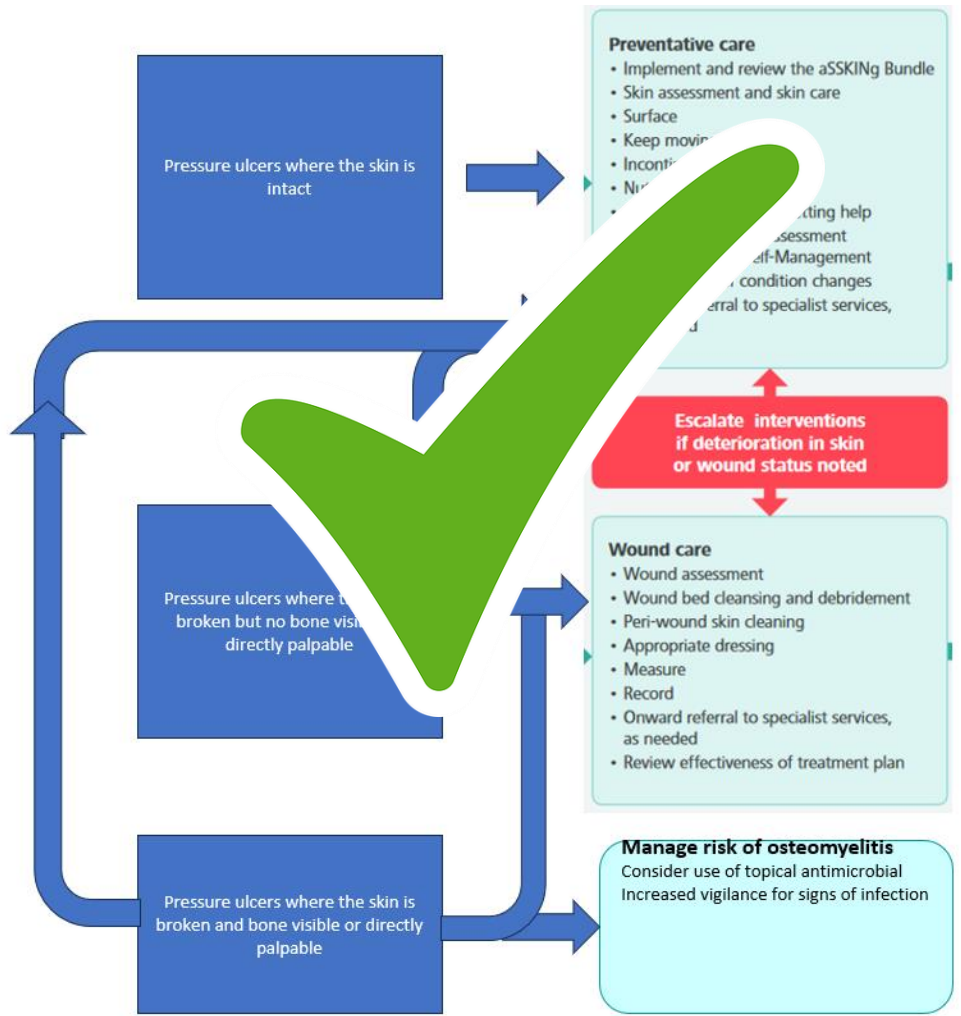


Improve the knowledge and skills of the health and care workforce, patients and carers



Improve the quality of data and information

Linking categories to care not reporting



2. Can category of pressure ulcer be matched to a LFPSE degree of harm?

No, the degree of harm depends on the actual impact for this patient as a result of the patient safety incident and does not correlate with the category of pressure ulcer. For example, a patient with a category 3 pressure ulcer could fall into moderate harm because they needed additional healthcare for 3 months.

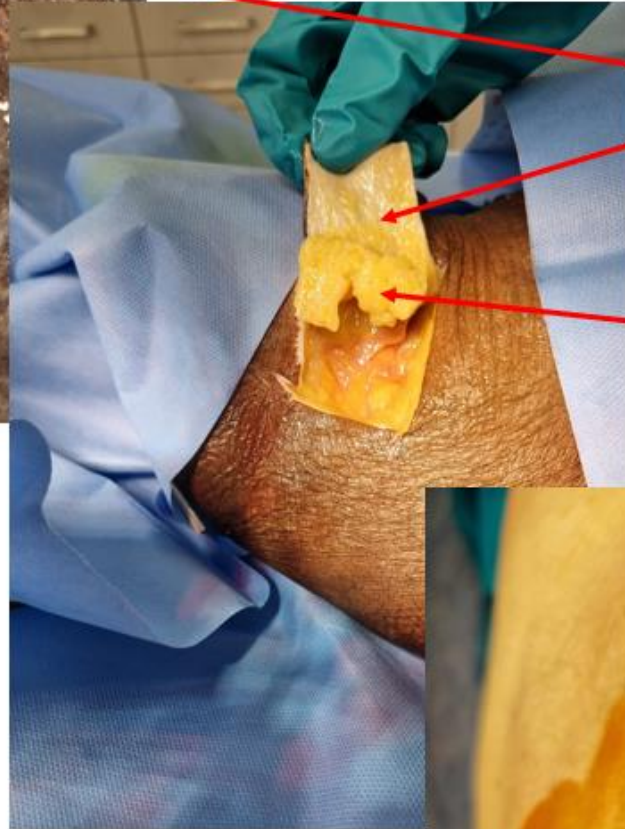
However, if the same ulcer was on the heel and expected to affect mobility even after healing, then that would be graded as severe harm. Each pressure ulcer must be assessed for degree of harm, using category of pressure ulcer only as a guide and the reason for the level of harm selected should be demonstrated in the free text description of the incident.

If a patient has multiple pressure ulcers that developed by the same mechanism, then only one incident need be recorded. The harm associated with this incident would be the actual level of harm to the patient (i.e., the highest level of harm the patient has incurred from any or all of the pressure ulcers).

If a patient has multiple pressure ulcers which developed due to different mechanisms (i.e. one develops due to a monitoring device, and the other is related to profiling bed equipment), two distinct incidents have occurred and should be recorded as such.

<https://www.england.nhs.uk/long-read/policy-guidance-on-recording-patient-safety-events-and-levels-of-harm/>

Tissue depth and categories

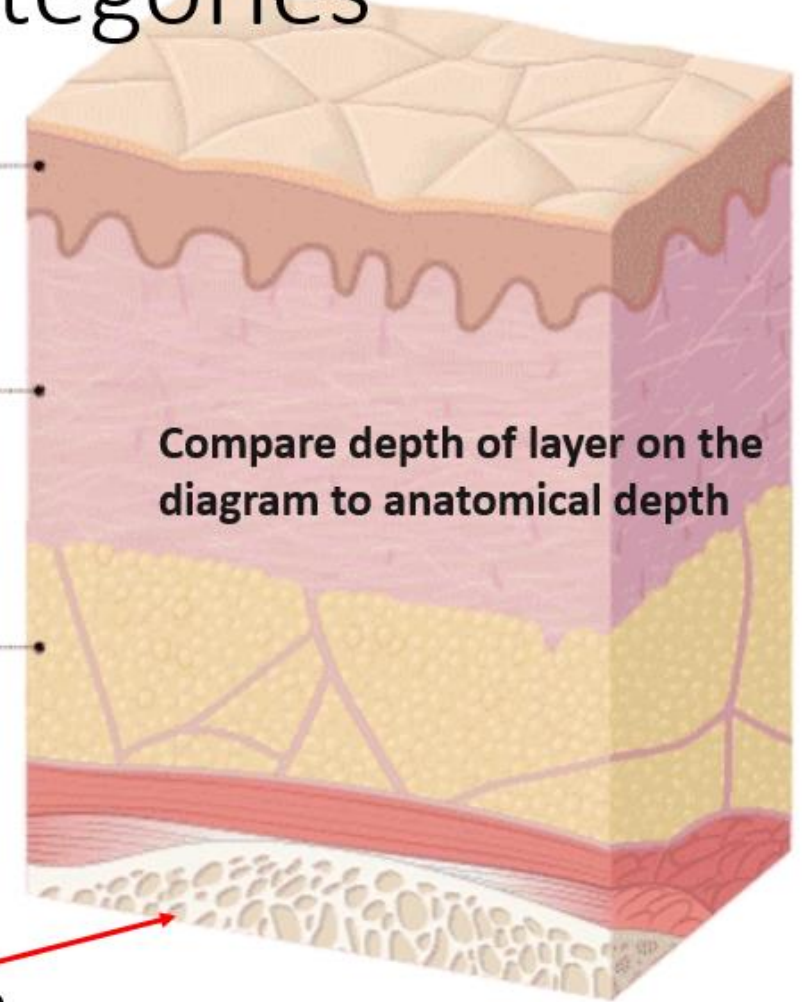


Epidermis

Dermis

Capillaries
Nerves


Fat



Bone

Understanding anatomy

Surveillance



Improve the
quality of data
and information



Technology

- Information feedback systems to inform clinical and business needs
- Point of care NHS compliant mobile digital technology



Pressure
Ulcers



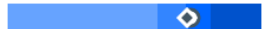

**Secondary Care
Pressure Ulcer
Surveillance using
Model Health System
Metrics**

Start with best practice clinical documentation.
Appropriate digital capture at point of care in all sectors.
Configure templates and or workflows to match activity being undertaken.
Standardise data across primary, community and secondary care.
Get data flowing into existing data sets at local, system and national level.

This is live for acute providers

Pressure Ulcers Beta

Cases of pressure ulcers, including breakdown by category and whether acquired in hospital, and an overview of the quality of pressure ulcer reporting.

Pressure ulcer overview	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart	Actions
Spells with a pressure ulcer diagnosis present as proportion of all spells (%)	Nov 2023	0.82%	0.94%	0.88%	Provider median		? i
Pressure ulcer by category	Data period	Provider value	Peer average ⓘ	National value	National value method	Chart	Actions
<p>The below metrics provide a breakdown by category of all hospital spells with at least one pressure ulcer diagnosis. If there are multiple pressure ulcers within a diagnosis, then the highest category pressure ulcer has been recorded below.</p> Spells with a pressure ulcer diagnosis present where the category of pressure ulcer is 1 (%)	Nov 2023	11.8%	11.1%	11.1%	Provider median		? i
Spells with a pressure ulcer diagnosis present where the category of pressure ulcer is 2 (%)	Nov 2023	50.5%	49.6%	49.6%	Provider median		? i
Spells with a pressure ulcer diagnosis present where the category of pressure ulcer is 3 (%)	Nov 2023	5.4%	10.9%	10.9%	Provider median		? i

Work on community data is underway

The Implementation programme



Diagnostic Phase National Pressure Ulcer Improvement Programme



OUR PURPOSE

To undertake a diagnostic phase of work to inform the development of a national improvement programme aimed at reducing harm from pressure ulcers and improving outcomes

AIMS & OBJECTIVES

Understand the current state and identify how to maximise impact
Identify what is currently working well and use this as a basis for scaling up and spreading best practice through

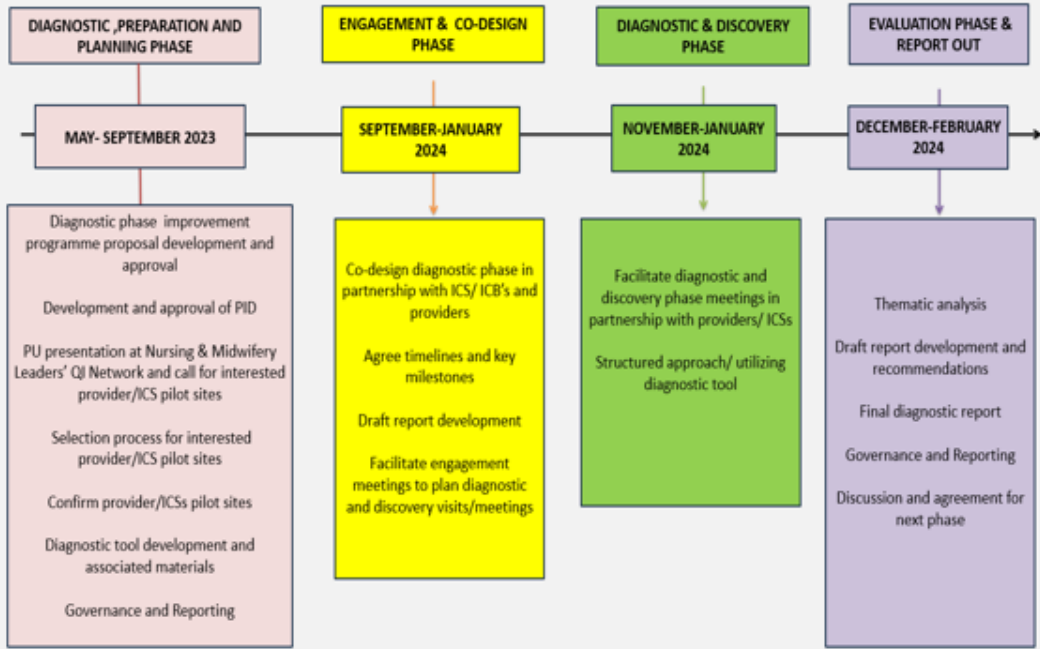
Reduce pressure ulcers and the harm associated with them and improve patient outcomes and experiences of care.

Understand what more can be done to reduce variation through the implementation of evidence-based practice to inform future pressure ulcer improvement work

Understand from providers and systems what potential support or assistance is required- elicit the enablers and barriers

Understand from providers and systems what potential support or assistance is required – elicit the enablers and barriers

HIGHLEVEL TIMELINE



National Partnership approach, National Nursing Directorate, National Wound Care Strategy Programme, Patient Safety Teams

Findings and report recommendations will inform phase 3 of the improvement approach as set out in the improvement proposal





Nottingham and Nottinghamshire



North Tees and Hartlepool NHS Foundation Trust

Our family portrait - Nottingham and Nottinghamshire Integrated Care System (ICS)							
Nottingham City PBP 396,000 population	South Nottinghamshire PBP 378,000 population	Mid Nottinghamshire PBP 334,000 population	Bassetlaw PBP 118,000 population				
8 PCNs	6 PCNs	6 PCNs	3 PCNs				
NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)							
Nottingham University Hospitals NHS Trust		Sherwood Forest NHS Foundation Trust		Doncaster and Bassetlaw NHS Foundation Trust			
Nottinghamshire Healthcare NHS Foundation Trust (mental health)							
Nottingham CityCare Partnership (community provider)	Nottinghamshire Healthcare NHS Foundation Trust (community provider)						
East Midlands Ambulance NHS Trust							
Nottingham City Council (Unitary)	Nottinghamshire County Council						
	Broxtowe Borough Council	Gedling Borough Council	Rushcliffe Borough Council	Ashfield District Council	Mansfield District Council	Newark & Sherwood District Council	Bassetlaw District Council



**North Tees and Hartlepool
NHS Foundation Trust**

Providing integrated hospital and community services across Hartlepool, Stockton and parts of County Durham.

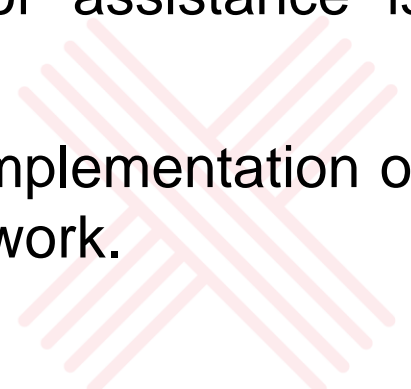
[About us >](#)

Working with 2 organisations

Why we are taking a Diagnostic Improvement Approach

Strategic Aims

- Reduce pressure ulcers, their associated harm and improve patient outcomes and experiences of care.
- Understand the current state and identify how to maximise impact.
- Identify what is currently working well and utilise this as a basis for scaling up and spreading best practice.
- Understand from providers and systems what potential support or assistance is required- elicit the enablers and barriers.
- Understand what more can be done to reduce variation through the implementation of evidence-based practice to inform future pressure ulcer improvement work.



Our engagement approach

1. Co-design
2. Partnership and collaborative working
3. Collective knowledge, skills and intelligence
4. Structured approach, improvement focused but flexible
5. A draft for discussion
6. Adapted to your context



Co-design approach

Co design A process not an event

- The act of creating with stakeholders specifically within the design and development process to ensure the results meet their needs and are usable
- Can combine professional expertise and lived experience
- All critical stakeholders from experts to end users are encouraged to participate and are respected as equal partners, sharing expertise in the design of services & products



Co-design principles



Inclusive: of critical stakeholders who will be involved or affected.



Respectful: all participants seen as experts, input is valued and has equal standing.



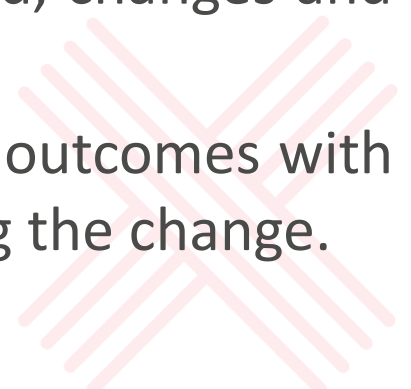
Participative: open, responsive and empathetic process. A series of conversations and activities where dialogue and engagement generate new shared meanings.



Iterative: ideas and solutions are continually tested and evaluated, changes and adaptations made.

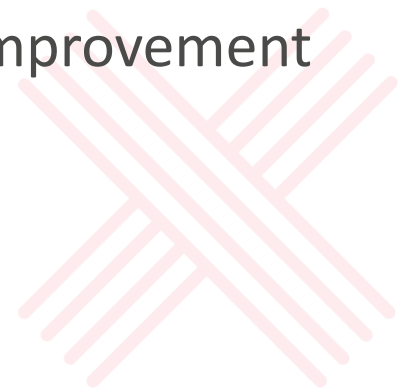


Outcomes focused: designed to achieve an outcome or series of outcomes with potential solutions rapidly tested prior to scaling up and spreading the change.



Our Key Lines of Enquiry

- Scope
- Discovery and strengths
- Leadership & Governance
- Co-design
- Integrated approach
- Education & training
- Learning from patient safety events
- Delivery of high-quality care & patient pathway
- Tools, documentation and record keeping
- Data & measurement for improvement
- Future state & sustainable improvement



Our key stakeholders

- Board level commitment - Executive Lead
- Multi-disciplinary and clinical leadership approach
- Tissue Viability Nurses, Ward/Community nurses, AHPs, Medical, Care support staff
- Data, Analytical, Digital
- Patient Safety Partners, Patient Safety and Quality Improvement Leads
- Patient experience leads and people with lived in experience
- Partnership working across the patient pathway, place based and ICS level



Expected outputs

- Practical guidance to support organisations to interrogate their community datasets to complement the existing NWCSP Guidance for Acute Care.
- Policy-level report which identifies the gaps and challenges in the Model Health reporting system for pressure ulcers and make recommendations for improvement.
- Recommendations for clinical documentation and national reporting.



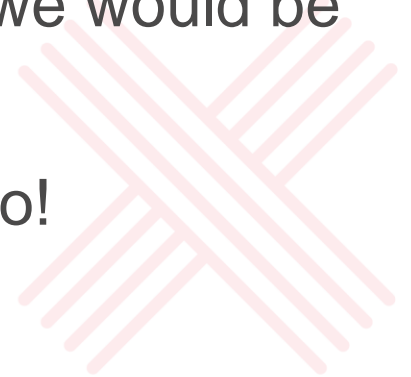
Expected outputs

- Produce practical guidance to allow Systems (e.g., ICS or integrated provider) to understand their system-wide pressure ulcer burden.
- Best Practice Bundle.
- Implementation Resource.
- Summary report and recommendations.



When do you have to do this....?

- Change is difficult
- Every organisation is at a different stage
- We are trying out the processes so that we can better support you and your organisation:
 - If you are in a position to start some, or all, of the changes we would be delighted!
 - If you need to wait for more help and support – that's OK too!



Q3 2023 - 2024

Q4 2023 - 2024

Q1 2024 - 2025

Q2 2024 - 2025

Clinical
recommendations and
Pathway published

Categorisation tool

E module PURPOSE T

E module Essentials of PU
update

PU Diagnostic with clinical partners

Underpinning
literature review

Bundle development

Bundle consultation

Guidance for
community surveillance

Implementation Final
report and
recommendations



Any questions?

Thank you

Connect with us



www.nationalwoundcarestrategy.net



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