



Quality Improvement Approach

November 2024

The national perspective

National Wound Care Strategy Programme: (2023) Pressure Ulcer Recommendations and Clinical Pathway [NWCSP-PU-Clinical-Recommendations-and-pathway-final-24.10.23.pdf](#) ([nationalwoundcarestrategy.net](#))

'The recommendations outline a pathway of care that promotes early risk identification and preventative care, enabling fast access to evidence-informed therapeutic interventions, with escalation of treatment or service provision for people requiring more complex care'(p.2)

Propose 5 phases of care:

1. Identification of someone at risk of pressure ulcers and immediate care.
2. Risk assessment and diagnosis including:
 - Initial screening for risk factors.
 - Risk assessment.
 - Primary and secondary diagnosis.
3. Ongoing care including:
 - Primary and secondary preventative care.
 - Wound care.
4. Review of healing.
5. Care following healing of a pressure ulcer

The national perspective

National Wound Care Strategy Programme (2023) Wound Care Workforce Framework [Wound-Care-Workforce-Framework-FINAL-for-publication.pdf \(skillsforhealth.org.uk\)](https://www.skillsforhealth.org.uk/publication.pdf)

This document states

'Wound care in England is thought to cost approximately £8.3 billion per annum. There is marked unwarranted variation in treatment of wounds, with underuse of evidence-based practice and overuse of ineffective interventions. Non-healing or delayed healing of wounds is a major factor in care costs and many of these wounds could be prevented or healed more quickly'(p.7)

Why is it important to take a System approach?



What is the Integrated Care System (ICS) Tissue Viability and Pressure Ulcer Prevention Quality Improvement Programme?

A System approach to delivering:

- reductions in the incidence of pressure damage occurring
- reduce variations in practice
- effective and efficient use of resources
- improve outcomes for patients and people receiving care.

LSAB Prevention Priority:

- Preventing and or limiting the impact of Pressure Ulcers - across NHS and Independent sector providers



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How have we decided what is important in the program of work?

- Initial stakeholder engagement events
- Stakeholder participation in Logic Model sessions
- Staff surveys
- Public survey
- Establishment of a co-production group

**Co-production at
the center of
everything**

What have people told us?

Staff:

- The importance of listening to patients/people in our care
- The importance of educating patients and family members
- Opportunities to improve care through better education/training on detection and prevention; access to appropriate equipment/resources
- Need access to wound care training
- The importance of having staff with the right skills and knowledge
- Need clear pathways of care including referring on/escalation
- Appropriate communication, information and documentation, particularly where there is a transfer of care
- Consistency in access to and use of dressings

Patients / Public & Informal Carers:

- Make people aware of the risks and what to do to prevent pressure damage – think about messaging used so it resonates with the public
- Information needs to be standardised and accessible
- Ensure all staff are trained
- Identify and use opportunities to share learning
- Standardise documentation to assist continuation of care
- Appropriate use of equipment and ideas of how to facilitate this
- Look at how we prescribe; supply and use dressings – avoid waste

What is the programme looking to deliver?

Prevention:

- ❑ Develop a prevention approach at 3 levels – population wide; NICE guidance (in relation to high-risk groups); in receipt of health and care and the giver of care.
- ❑ Will do this by using co-production; mapping prevention opportunities at the 3 levels; take learning from PSIRF to inform prevention priorities; utilise information and material generated by standardising care workstream
- ❑ Have a communication and engagement plan to ensure the right information is going to the right audience

Standardisation of Care:

- ❑ Lead on key elements of care delivery across hospital, home, residential and nursing care settings including effective assessment of risk; care planning; documentation; use of equipment; wound care formulary; competency and training need across the System.
- ❑ Will do this by developing and implementing a Lincolnshire ICS standardised care pathway in line with the National Wound Care Strategy Programme: (2023) Pressure Ulcer Recommendations and Clinical Pathway; identifying training required to achieve the core capabilities as mapped against the National Wound Care Strategy Programme (2023) Wound Care Workforce Framework; agree and implement an ICS wound care formulary; review of processes for use of equipment.
- ❑ Have a communication and engagement plan to ensure the right information is going to the right audience

What is the programme looking to deliver?

PSIRF (Patient Safety Incident Response Framework):

- ❑ Using the new NHS PSIRF framework assimilate information from across the participating organisations to develop themes where there is opportunity for learning at organisation and System level.
- ❑ Will do this by the implementation of PSIRF within participating organisations; identifying learning themes mapped against organisation specific and System; establishment of mechanisms for sharing System learning; highlight where there are interdependencies with other ICS programmes
- ❑ Have a comms and engagement plan that will support delivery of system-wide lessons learnt

Data & Intelligence:

Establish data sources that will inform understanding of incidence of pressure ulcers in the Lincolnshire population; and reported incidents of pressure damage.

- ❑ Will do this by establishing data and information sources that will provide a baseline position and demonstrate improved outcomes for patients; identify opportunity for benchmarking Lincolnshire position; by developing KPIs for the programme, including trajectories for improvement and establish processes for monitoring and reporting against these.
- ❑ Have a comms and engagement plan to ensure information is able to be reported through appropriate routes for monitoring and oversight, plus sharing / celebrating successes and informing System learning

What is the programme looking to deliver?

Comms and Engagement



Safeguarding perspective

Lincolnshire Adult Safeguarding Board are updating their procedures to reflect national guidance

[Pressure ulcers: how to safeguard adults - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/pressure-ulcers-how-to-safeguard-adults) risk assessment tool should be completed by a qualified member of staff who is a practising registered nurse (RN) with experience in wound management and where possible not directly involved in the provision of care to the service user at the time the pressure ulcer developed. This does not have to be a tissue viability nurse.

The pressure ulcer risk assessment tool [appendices-1-to-3-pressure-ulcers-safeguarding-adults-march-2024.odt \(live.com\)](https://www.live.com/appendices-1-to-3-pressure-ulcers-safeguarding-adults-march-2024.odt) should be completed immediately or within 48 hours or as soon as practicable of identifying the pressure ulcer. In exceptional circumstances this timescale may be extended but the reasons for extension should be recorded.

The outcome of the assessment should be documented on the adult safeguarding risk assessment tool. If further advice or support is needed with regards to making the decision to raise a concern to the local authority, the safeguarding adults lead or the next most senior manager within the organisation should be contacted.

The safeguarding risk assessment tool considers 6 important questions that together indicate a safeguarding risk score. This score should be used to help inform decision making regarding escalation of safeguarding concerns related to the pressure ulceration. It is not a tool to risk assess for the development of pressure damage.

The threshold for raising a concern is a score of 15 or above in most instances. However, this should not replace professional judgement.

Where there is no indication that a safeguarding concern needs to be raised the completed risk assessment tool should be retained in the service user's notes

Successes and challenges

- ✓ Level of engagement across the Lincolnshire System has been amazing
- ✓ Foundations established across NHS trusts that provide a starting point to developing System approach e.g. wound care formulary; introduction of revised pressure ulcer categorisation; and adoption of PURPOSE-T
- ✓ Establishment of the Lincolnshire Pressure Ulcer System Learning Group
- Engagement in the change required across the whole System
- Data in terms of what and how we record pressure damage
- How we map training requirements and develop proposals in a way that address the needs of a large and diverse workforce



Together, we can help prevent pressure ulcers and better the lives of the people in Lincolnshire.

Every contact matters:

With a clinician, healthcare professional or carer
with a bed, chair or other surface
with leaders in healthcare
with traditional or social media,

Some key contacts

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