

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 16 July 2014
AGENDA ITEM:	8
SUBJECT:	Achieving a reduction in Pressure Ulcers Across Croydon Health and Social Care Economy
BOARD SPONSOR:	Paula Swann, Chief Officer, Croydon Clinical Commissioning Group
CORPORATE PRIORITY/POLICY CONTEXT: <i>It is a national priority to reduce the prevalence of pressure ulcers across the population. This is reflecting in the Department of Health's Quality, Innovation, Productivity, Prevention (QIPP) programme and a key area for the reduction of harm for patients or service users of health and social care settings.</i>	
FINANCIAL IMPACT: <i>At present the financial implications are not properly understood as the work to establish priorities for action is currently underway and is not due to report until the end of August 2014.</i>	

1. RECOMMENDATIONS

This report recommends that, having considered the public sector equality duty and the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board:

1.1 Discuss the content of this report

- 1.2 It is recommended that the Health and Wellbeing Board extend the work initiated by Croydon Health Services by leading public awareness campaigns with the public, patients and carers including galvanising the support of voluntary sector organisations to assist in the focus of reducing the risk of pressure ulcers developing at home. This work cannot be delivered by one organisation and is therefore necessary to achieve a multi-agency approach.

2. EXECUTIVE SUMMARY

- 2.1. This report aims to raise the profile and issue of pressure ulcers acquired out of hospital settings and provides the background of the need to focus on the reduction of pressure ulcers to reduce harm but also to improve the health and wellbeing and tissue viability of both actual and potential users of health and social care services.
- 2.2. The treatment and prevention of pressure ulcers (PUs) is a critical part of providing holistic nursing care as pressure ulcers have a detrimental effect on patients' health, wellbeing, and experience of healthcare, as well as being a significant economic burden on the provision of healthcare within the NHS.

- 2.3. Patients with pressure ulcers experience pain and are at an increased risk of infection. This may severely impact on the ability to live independently at home.
- 2.4. The report highlights the national focus on the need to reduce pressure ulcers irrespective of where they occur and provides an update into the achievement of Croydon Health Services since September 2013, where the organisation achieved a reduction in hospital acquired grade 2 pressure ulcers by 25% and all pressure ulcers by 31% through nurse education and monitoring. Croydon Health Services through the national Commissioning for Quality and Innovation Scheme has been charged with the responsibility of leading work to reduce pressure ulcers irrespective of where they occur this is a wide and far-reaching responsibility and cannot be achieved without the full understanding and involvement of all stakeholders with the responsibility and interest in the health and wellbeing of Croydon's population.
- 2.5. Croydon's health and social care economy has a new challenge of addressing pressure ulcers that occur in patients at home and unknown to health or social care services. Table 1 below highlights that 45% of all pressure ulcers identified by Croydon Health Services occur in the patient's own home. This group of patients are not known to health services.

Table 1. Summary of Croydon Health Services DATIX reported Pressure Ulcers and their origin

Month 2013/14	Total Pressure Ulcers (Datix)	Trust Acquired PU,	Patients Home PU,	Nursing Home PU,	Other Location*
Total	1402	320	632	223	117
% of total	%	23%	45%	16%	8%

- 2.6. It is recommended that the Health and Wellbeing Board extend the work initiated by Croydon Health Services by contributing to raising the profile of the risks of developing pressure ulcers at home.
- 2.7. Croydon Health Services is seeking to address this issue through its listening into action programme and through targeted work on specific wards. The Health and Wellbeing Board and its partners will add value to the work of the trust by leading public awareness campaigns with carers and seeking the support of voluntary sector organisations.

3. Background

The purpose of this paper is to share the work that has been undertaken by Croydon Health Services (CHS) as part of the national Commissioning for Quality and Innovation Scheme initiated under the terms of the Department of Health National Standard Contract held with Croydon Clinical Commissioning Group (CCG)

A reduction in avoidable pressure ulcers became a key goal within the NHS following the Department of Health's Quality, Innovation, Productivity, Prevention (QIPP) programme, designed to improve health outcomes and quality care in four areas: pressure ulcers; falls; urinary tract infections and venous thrombosis¹.

Improvement goals on pressure ulcer prevalence for 2013/14 were set as a national CQUIN (Commissioning for Quality and Innovation), identifying that nationally pressure ulcers represent the highest burden of harm.

The treatment and prevention of pressure ulcers (PUs) is a critical part of providing holistic nursing care as pressure ulcers have a detrimental effect on patients' health, wellbeing, and experience of healthcare, as well as being a significant economic burden on the provision of healthcare within the NHS.

Croydon Health Services have managed a considerable reduction in the total prevalence of pressure ulcers across all services. Since September 2013, the organisation has reduced grade 2 pressure ulcers by 25% and all pressure ulcers by 31% through nurse education and monitoring.

However a large proportion of pressure ulcers in Croydon occur in patients who are not in receipt of health care services from CHS. This is also evident nationally; the current NHS Safety Thermometer results suggest that on average around 75% of patients with pressure ulcers are recorded as not being acquired whilst the patient was in the care of the current provider². Whilst some pressure ulcers occur during an inpatient stay some pressure ulcers originate across and outside of the health and social care system and in Croydon 45% of patients with pressure ulcers were identified as pressure ulcers that were acquired at home, these patients were unknown to health services, as noted in table 1.

The Local Authority has employed a number of tissue viability nurses that support patients in nursing homes and it is expected that this positive intervention will contribute to the reduction of pressure ulcers acquired in nursing homes.

3.1. Pressure Ulcer Data

To reduce avoidable harm from pressure ulcers it is essential to ensure that accurate data is collected.

It is a requirement for hospitals to evaluate PU rates through the Safety Thermometer national reporting tool, which gives the point prevalence of PUs on one day in the month; and also via their internal incident reporting and management system, for example Datix software. It is important to note that these are different

measures and therefore numbers do not line up. i.e prevalence data reflects the level of pressure ulcers at a particular point in time whilst datix reports incidence the total number of pressure ulcers that have occurred throughout the year.

Importance has been placed on data collection to enable organisations to monitor and improve the reduction of pressure ulcers. It is also necessary to distinguish whether the PU was present on admission or acquired during an inpatient stay. If a pressure ulcer is identified when the patient has been within the trust's care for more than 72 hours (i.e. a deterioration of a pressure ulcer grade while an inpatient, or the patient has been within a community hospital setting or on a district nurse caseload) then the pressure ulcer is attributed to the trust, or is a "new" pressure ulcer. If the pressure ulcer is identified within 72 hours of the patient coming into the care of the trust then it is attributed to the organisation or home from which the patient came, and is recorded as "old".

3.2 Croydon Health Services Datix Trends

To manage collection of pressure ulcer incidence a Datix Incident form is completed by the trust for all pressure ulcers Grade 1 – 4, on first assessment of a pressure ulcer (if not already reported at the current grade) and when there is deterioration of pressure ulcer grade.

- 1 <http://harmfreecare.org/wp-content/uploads/2012/06/NHS-ST-CQUIN-2012.pdf>
- 2 <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/09/CQUIN-Guidance-2014-15-PDF-751KB.pdf>

Table 1 contains data obtained from Croydon Health Services Quality Reports. This demonstrates the relative proportion of reported pressure ulcers that are validated by the trust as being trust acquired, or developed in the patients home, nursing home, other hospital or residential home (for 2013/14). Between 18-28% of Datix reported pressure ulcers are trust acquired. The majority occur in patients who are not receiving services from a healthcare provider. This is in line with the national picture, with on average 25% of pressure ulcers being trust acquired and 75% not attributable to the trust².

It may be that the patients who are developing pressure ulcers while not under healthcare provision are visiting their GP or receiving social care packages or home help, and therefore it is possible that targeting both Public Health as well as these organisations will help with the prevention of pressure ulcers by raising awareness, such as through awareness and communications campaigns, while also increasing their identification and opportunity for treatment.

Table 2. Croydon Health Services DATIX reported Pressure Ulcers and their origin

Month 2013/14	Total Pressure Ulcers (Datix)	Trust Acquired, % of total in ()	Patients Home, % of total in ()	Nursing Home, % of total in ()	Other Location*	Sub- category of those listed
April	155	39 (25%)	67 (43%)	25	13	11
May	-	-	-	-	-	-
June	136	26 (19%)	55 (40%)	23 (17%)	18	14

July	127	32 (25%)	67 (53%)	22 (17%)	9	6
August	107	30 (28%)	47 (44%)	17 (16%)	8	5
September	117	23 (20%)	47 (40%)	13 (11%)	6	28
October	115	30 (26%)	58 (50%)	16 (14%)	6	5
November	116	21 (18%)	50 (43%)	22 (19%)	12	11
December	125	32 (26%)	53 (42%)	20 (16%)	15	5
January	129	27 (21%)	58 (45%)	27 (21%)	10	7
February	130	36 (28%)	58 (45%)	16 (12%)	10	10
March	145	24 (17%)	72 (50%)	22 (15%)	10	17

Data source: Croydon Health Services NHS Trust Quality Report to Trust Board, reports from July 2013 to June 2014³

* For example residential homes or another hospital

2.1. Croydon Health Services Safety Thermometer Trends

Information gathered via thematic review of grade 3+ pressure ulcers acquired between April and October 2012 was used to develop an action plan for 2013/14 which concentrated on

- ◆ Raising awareness and developing a culture where risks are identified, understood and managed;
- ◆ Equipment provided;
- ◆ Learning from incidents occur.

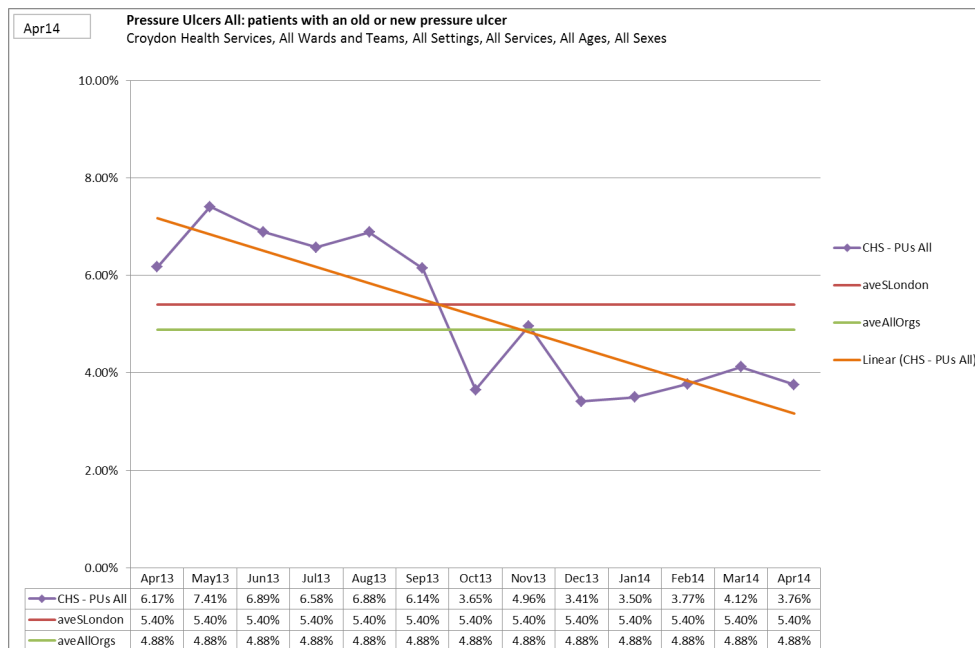
The action plan was monitored through 2013/14 by the Nursing and Midwifery Board, Clinical Quality Review meetings with commissioners and Patient Safety Committee.

During 2013/14 further work was implemented as new information was gathered. Compliance against pressure ulcer policy was checked using weekly audits. A trend analysis identified the common root causes for grade 3 pressure ulcers, relating to poor communication and lack of robust initial assessment of risk. These areas were then targeted. A pressure ulcer nurse was appointed on a 6 month secondment looking specifically at high reporting areas and areas that reported no pressure ulcers.

The action plan has had a good impact on the total prevalence of pressure ulcers identified in CHS acute and community services, but originating from any setting (Graph A). There is a clear reduction in numbers through the year, and CHS perform better than the average for both the South London subset and all organisations for the past 6 months.

³ <http://www.croydonhealthservices.nhs.uk/about-us/Timetable-and-Papers.htm>

Graph A. Total harms due to Old and New Pressure Ulcers, originating from all settings; detected in Croydon Health Services safety thermometer data, and comparison with average for South London and average for all organisations.



Data source: Health and Social Care Information Centre NHS Patient Safety Thermometer

3.4 StEIS Serious Incidents

Pressure ulcer grades 3 and 4 acquired under CHS care must be reported on the national Serious Incident database, StEIS, as an SI resulting in harm to a patient while under the care of the trust. Root Cause Analysis (RCA) is then initiated and local factors are identified that might have contributed to the development of the pressure ulcer (e.g. lack of staff attendance at study days, or late delivery of equipment). These factors are then highlighted and rectified.

Croydon Health Services reported 262 serious incidents in 2013/14, of which 152 were grade 3 or 4 pressure ulcers. Of these, 56 were de-escalated or closed as non-attributable to the trust, leaving a total of 96 for which investigations are either on-going or have been completed.

Of the 96 pressure ulcer investigations, 61 reports have been reviewed and the incidents closed, with action plans monitored by the trust and CCG. The remainder of reports (35) are currently either being critiqued by SLCSU clinical specialists or have been critiqued and questions have been raised prior to closure.

If a PU has occurred in a nursing/care home then the NHSE requirement is that this is closed on StEIS rather than de-escalated in order that there is a record on the system of the PU and to enable reporting and monitoring of these incidents.

Where a PU is acquired in a nursing home/care home then it will not be closed until there is confirmation that a safeguarding adult alert has been raised and information has been given as to where the PU originated. If it is a nursing or care home, then the SLCSU has developed a relationship with the Care Quality Committee, and a system is in place to ensure that they are made aware and can follow up any concerns.

Where the PU is attributable to another organisation then it is expected that the responsible organisation will report the pressure ulcer on StEIS and it will be de-escalated for the organisation who were not accountable for the pressure ulcer.

3.5. Actions

The emphasis of the national CQUIN Scheme is the Provider organisations need to work with their partners across their local health and social care system to address the causes of pressure ulcers and reduce their prevalence, regardless of source.

The CCG and CHS are aiming for a reduction of 15% pressure ulcer prevalence during 2014/15 this will mean reducing the median value to 30 from a median value of 35 this work is incentivised through the national CQUIN. The aim is to target improvements in the context of all relevant providers in a local health community, with a view to supporting joint working of organisations across a patient pathway. A working group has been established, led by the trust and with representation from the CCG, Public Health, Local Authority and Voluntary Sector stakeholders.

For 2014/15, the trust is developing an action plan with the emphasis on engaging with the whole health economy including GPs and nursing homes. Additionally, a pressure ulcer project has been included in wave 3 of the Listening into Action work. This forum will use stakeholder views to determine what the raft of issues are that impact on tissue viability across the health economy. The format of the Listening into Action Programme proposes ideas for action based on stakeholders considering 3 critical questions which will be developed by the Trust. The proposed date for this meeting is 20th August CHS are inviting stakeholders to attend. In addition to this the Head of Nursing for Patient Safety is meeting with Directorate leads to discuss trends in specific ward and community areas in order to further reduce the contribution of trust-acquired pressure ulcers to the total prevalence.

3.6. Recommendations

It is recommended that the Health and Wellbeing Board extend the work initiated by Croydon Health Services by leading public awareness campaigns with the public, patients and carers including galvanising the support of voluntary sector organisations to assist in the focus of reducing the risk of pressure ulcers developing at home. This work cannot be delivered by one organisation and is therefore necessary to achieve a multi-agency approach.

4. CONSULTATION

- 4.1. The consultation process is being led by Croydon Health Services through the listening into action work programme a stakeholder event is planned to take place 20th August,

5. SERVICE INTEGRATION

- 5.1. Not applicable at this stage but will need consideration as the recommendation

for actions are identified.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1. To be considered as part of the development process the stakeholder event will help to shape this.

6.2. Risks

The risk of not supporting this patient focused priority will mean Croydon Health and Social Care economy are nationally identified as a system that has not taken steps to support the Provider in achieving a reduction in pressure ulcers and by doing so not supporting a reduction of harm.

6.3. Options

6.4. Future savings/efficiencies

6.5. (Approved by: Paul Heynes, Head of Departmental Finance, Adult Services, Housing and Health OR Mirella Green, Finance Manager on behalf of Head of Departmental Finance, Adult Services, Housing and Health)

7. LEGAL CONSIDERATIONS

7.1. This has not been considered at this stage

7.2. (Approved by: J Harris Baker, head of social care and education law on behalf of the Council Solicitor & Director of Democratic & Legal Services)

8. HUMAN RESOURCES IMPACT

8.1. None currently

8.2. (Approved by: Michael Pichamuthu, HR Business Partner, on behalf of the Director of Workforce, Equality & Community Relations)

9. EQUALITIES IMPACT

9.1. An Equality Impact assessment has been undertaken and it concludes that there are no adverse impacts on the protected groups.

9.2. (Approved by: *[Equalities Team senior officer]*)

10. ENVIRONMENTAL IMPACT

10.1. There are none

11. CRIME AND DISORDER REDUCTION IMPACT

11.1. There are none

CONTACT OFFICER: Michelle Rahman, Interim Director, Quality and Governance
Michelle.rahman@croydonccg.nhs.uk, 020 3668 1328

APPENDIX: Equality Analysis