ANNUAL SELF ASSESSMENT
STANDARDS FOR HEALTH SERVICES IN WALES

S **Situation**	This report is intended to provide the Executive Director of Nursing and the Lead Independent Member with an update of compliance against Health And Care Standard 2.2 **Standard 2.2 Preventing Pressure Ulcers** *People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage*
B **Background**	The Health and Care standards were launched by Welsh Government in April 2015. Health Boards are required to complete an annual self-assessment of compliance against each of the 22 standards. This self-assessment includes their rating against compliance with the standard: Self-Assessment : Getting there
A **Assessment**	Cardiff and Vale University Health Board (UHB) aims to reduce the risk of our patients developing pressure damage. This will be achieved by:- • Promoting and implementing effective and consistent pressure ulcer assessment; • Ensuring that arrangements are in place to prevent pressure ulcers; • Effective treatment of pressure ulcers should they develop. • Ensuring staff are educated to understand preventative measures and assess pressure ulcers A pressure ulcer group was established in March 2017 and is chaired by the Director of Nursing for Surgery Clinical Board. The group is attended by representatives from all Clinical Boards and the Safeguarding team and is held on a monthly basis. There are several work streams arising from the group and some of

	the progress in work themes listed from the group are discussed below: • The Health Board is required by Law to report all categories of health acquired pressure damage and Clinical Boards are aware of this responsibility. The Health Board is also required to report any category III, IV or unstagable health acquired pressure damage to WG as an SI. The task and finish group has been closely involved in developing the All Wales Pressure Ulcer Reporting and Investigation Tool to support the overall compliance with and learning from clinical incidents. • UHB documentation in relation to the reporting of Serious Incident pressure Damage has been updated to ensure that it reflects the recent implementation of the safer staffing Act • The safeguarding team have updated their Standard Operating Procedure for the Management of Pressure Damage (PD) Grade 3, 4 and Unstagable Cases to ensure that all staff are aware of their requirements to report these via the safeguarding route • Over the last year the existing Health Board Policy and Procedure has been split into 2 separate documents. Revisions have been made to the original document to reflect current international and national Guidance on Pressure ulcer assessment prevention and treatment Changes made to the procedure include: Minor amendments to the flow chart to reflect the changes in barrier products on the UHB medicines formulary • The Mental Capacity assessment documentation form has been reviewed and updated to ensure that it is still fit for purpose • Work is progressing via the group to ensure that the beds and mattresses that the UHB use to prevent pressure damage are fit for purpose and readily available for all patients. A flow diagram has been developed and circulated which shows nursing staff working in both inpatient and community settings what mattresses are available and are suitable for the patient according to their risk assessment. We are in the process of rolling out and training on the use of new beds and mattresses which has replaced the older Surfaces.

- A sub group supported by the Continuous Service Improvement Team has been set up to look at the process mapping of pressure damage incident reporting and will specifically focus on the consistency of documentation completion of pressure damage; accuracy of pressure damage grading; duplication of incident reporting

The CNS's for wound healing continue to provide education sessions and bespoke teaching on the wards. This is in addition to the work completed by practice educators within clinical boards. The CNS team have reviewed the training they provide to ensure it is fit for purpose

A Nursing dashboard has been developed and will be launched in May 2018 which will enable a core dataset of indicators to be displayed in one area, highlighting errors in reporting, duplication of reporting and gaps in reporting. The underlying assumption is that ownership of data at a ward level will improve data quality.

A UHB audit was carried out in January 2018 by our tissue viability teams supported by Medstrom in which every inpatient with a Waterlow score of over 15 (no 1576) was review over a 2 day period. The audit has shown that we have reduce our hospital acquired pressure ulcer prevalence considerably over the last 5 years from 9.1% in 2013 to 3.1% in 2018. See below results

	2013	2014	2015	2018		2013	2014	2015	2018
Number of Patients	1495	984	1650	1576	Total Number of Pressure Ulcers	263	134	179	146
Number of Patients with Pressure Ulcers	201	95	153	117	Overall Prevalence	13.4%	9.6%	9.27%	7.4%
Number of Patients with Hospital Acquired Pressure Ulcers	136	61	88	50	Overall Prevalence Hospital Acquired	9.1%	6.2%	5.33%	3.1%

PU Category	2013		2014		2015		2018	
Category I	82	31%	36	27%	59	33%	34	23.3%
Category II	131	50%	59	44%	80	45%	40	27.4%
Category III	24	9%	20	15%	16	9%	34	23.3%
Category IV	26	10%	9	7%	22	12%	10	6.9%
Deep Tissue	Not Used		5	3%	Not Used		6	4.1%
Unstageable	Not Used		5	3%	2	1%	22	15%

The annual NHS Wales Health & Care Standards Monitoring Audit (formerly the National Fundamentals of Care (FOC) audit undertaken at the Cardiff and Vale University Health Board between 1st October and 30th November 2017.

The audit questions are aligned to the Health and Care standards. The audit outcome for Standard 2.2 Preventing Pressure Damage indicates that further improvement work is required on compliance around assessment of patient's skin. In the year ahead, the recommendations arising from the 2017 Health and Care Standards Monitoring audit report will be implemented locally by Clinical Boards and progress monitored by the Clinical Standards and Innovation Group

The Health Board Clinical Standards and Innovation Group will review the audit findings at its March 2018 meeting and agree any multi-professional activity to be undertaken to support clinical areas in driving improvement

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Recommendation

The following Key improvements for actions have been identified as key deliverables for 2018/19

- Develop audit tool of the risk assessment and delivery of pressure ulcer care
- Progress with the UHB new bed contract which is due for renewal in 2019 and roll out of UHB wide low profiling beds and new matresses.