

## Cover Sheet

Trust Board Meeting in Public: Wednesday 14 July 2021

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**Title:** Annual Report for Tissue Viability 2020/21

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**Status:** For Information

**History:** Paper presented at  
TME on 1 July 2021  
Nursing and Midwifery Board on 14 June 2021

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**Board Lead:** Chief Nursing Officer

**Author:** Ria Betteridge, Nurse Consultant

**Confidential:** No

**Key Purpose:** Strategy/Assurance

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## Executive Summary

1. This paper presents an overview of the work undertaken by the OUH FT, Tissue Viability Service (TVS) for the leadership in wound assessment and management at clinical level and the support provided to the Divisions to facilitate the reduction in the severity and number of Hospital Acquired Pressure Ulcers (HAPU).
2. Activity related to clinical referrals to the Tissue Viability Service from the clinical Divisions is presented with plans to continue to improve the service provided.
3. Hospital Acquired Pressure Ulcer audit data is provided with narrative on trends and thematic analysis identifying areas for further Trust-wide learning and professional growth.
4. Information is provided to demonstrate the financial clinical leadership of the Tissue Viability Service along with detail of associated efficiencies and improvements.

## Recommendations

5. The Trust Board is asked to note the contents of the report and to approve the recommendations;
  - A strategic action plan for the Trust is under development to address the remedial actions to address shortfalls in compliance and need to improve patient safety and clinical outcomes in relation to Hospital Acquired Pressure Ulceration (HAPU). This will be the responsibility of the Harm Free Assurance Forum and newly developed delivery group.
  - The ambition of the Trust is to continue to work towards zero Category 3 and 4 HAPU, this is to be reflected in the ongoing work of the Harm Free Assurance Forum and resulting action plan.
  - Annual audit against Policy for the prevention of pressure ulceration has been scheduled for October 2021.
  - A service specification will be developed for 2021/22 to support continued improvements in wound assessment and management at clinical level.
  - The Tissue Viability Service will continue to seek opportunities to significantly improve practice whilst being alert to potential financial efficiencies and clinical benefits.

## Annual Report for Tissue Viability 2020/21

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### 1. Purpose

- 1.1. The purpose of the report is information in relation to the significant work undertaken to improve the quality of patient care in associated with wound assessment and management and the efforts made to improve patient safety related to Hospital Acquired Pressure Ulceration (HAPU).

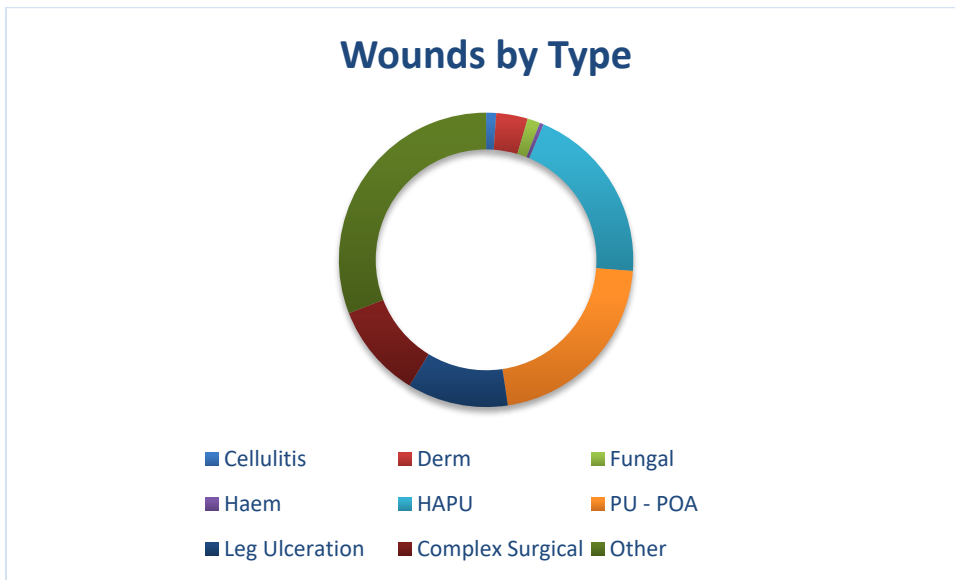
### 2. Background

- 2.1. This is an annual report, from the Tissue Viability Service, to reflect the continued focus on improving the quality and safety of patient care associated with the prevention and management of complex wounds.

### 3. Report

- 3.1. The Tissue Viability Service (TVS) is a Nurse Consultant led service, developed to provide advice, and specialist clinical support for the prevention and management of complex wounds across the Trust. The Service forms part of the Chief Nursing Officer's Team, within the Corporate Division, in order to provide strategic leadership and equitable provision to all clinical divisions. The service currently provides a 5 day a week provision for clinical, educational and management support and consists of 6.0 WTE (currently 5.0 WTE) Advanced Nurse Practitioners /Specialist Nurses. There has been a reduction in establishment for the past 18 months owing to Maternity Leave and from October 2020 until February 2021 a member of the team on long term sick leave. One member of the Team was redeployed to the Dialysis service, to support AICU, for 2 weeks between 20<sup>th</sup> December until 4<sup>th</sup> Jan for utilisation of their pre-existing specialist nursing skills. In essence the team has worked with 3.6 WTE for much of 2020/21.
- 3.2. Clinical - The service receives inpatient referrals from all divisions and clinical areas; the referrals are triaged and responded to in accordance with an agreed framework. A total of **4868** referrals were received between April 2020 and March 2021, either direct through EPR, phone, email, bleep or the Ulysses system, compared to 900 in 2015/16 a year after team inception. On average, **100** referrals are received and managed by the team per week, or 20 patients per working day. A total of **1753** patients were assessed directly in the clinical areas and the remainder of referrals managed through advice provided remotely.

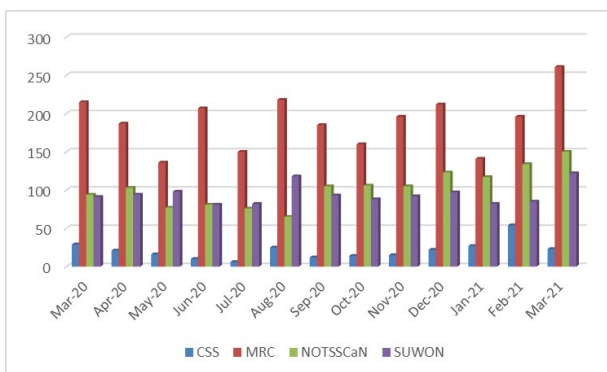
Chart One: Wounds referred by Type



Although significant referral activity is associated with pressure ulceration, whether acquired or present on admission, clinical support with leg ulceration and/or complex surgical wounds, including SSI and hard to heal wounds accounting for approximately 25% of all clinical activity and increased time.

The category “other” includes wounds such as trauma, cellulitis, skin tears and Moisture Associated Skin Damage (MASD).

Chart Two: Clinical referrals by Division



Although most of the clinical activity is focused within the MRC Division, specifically the EAU and AGM inpatient areas, over 90 patients with complex Topical Negative Pressure Therapy (TNPT) hospital discharges were facilitated within NOTSSCaN Division and the majority of patients supported with surgical wounds were within the SuWON Division.

During the 2020/21 the Tissue Viability Team continued to provide clinical support to all clinical areas across all sites of the OUH Trust. Support included the specialist assessment and diagnosis of complex wound aetiologies across multiple specialities. Referrals were received for advice and support in caring for patients with complex medical conditions, with hard to heal wounds, by providing a diagnosis, treatment recommendations, holistic care planning and support with discharge planning. In the past year the TV Team have often remained in the clinical areas to support the nursing teams with lengthy and sometimes challenging dressing changes. On many occasions the Team assisted busy clinical areas with additional nursing care relating to patient positioning, nutrition and personal care along with general nursing duties, as able.

**3.3. Support and Leadership** - The Tissue Viability Service has continued to develop and review the following supporting and guiding documents in 2020/21, including a significant review of the Wound Assessment and Management Policy.

- Wound Assessment and Management Policy
- Lower limb Management
- Topical Negative Pressure Therapy Guidelines
- Pressure Ulcer Prevention Policy – including care plans, End of Life care plan, flowchart of interventions and an associated care bundle
- Skin Care Guidelines
- Larvae Therapy Guidelines
- Leech Therapy Guidelines
- Wound Infection Management Guidelines
- Haematoma Guidelines
- Skin Tear Guidelines
- Competency Documents
- Process and procedural advice and support
- Patient information leaflets

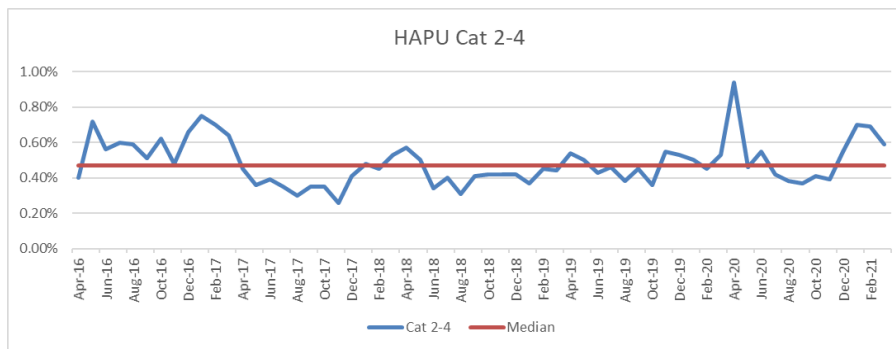
During April and May 2020, the team provided operational oversight of the JR bed-store to ensure efficient flow of clean and usable equipment to the clinical areas.

**3.4. Education related to Wound Prevention, Assessment and Management** - The team continued to provide educational support for Trust education programmes, including Induction and Foundation programmes for Registered Nurses, Nursing Assistants and Allied Health Professionals. Specific tailored sessions have also been established to support the specialist clinical areas, including inpatient wards, AICU, theatres and ambulatory areas. The education

delivered promotes the use of evidence-based practice, and approved protocols, with the aim to improve patient outcomes. The team worked in collaboration with the Divisional Education Leads and Oxford Brookes University to deliver identified programmes for Undergraduate and Registered Nurses.

- 3.5. This year saw a shift from face-to-face education sessions to several forms of remote learning. In response to this, the team reviewed many of the educational materials already available and provided backing narrative to the slide decks to facilitate remote learning, including the developed of an e-Learning Module for Wound Assessment. The opportunity to use an expanded platform on “Microguide” enabled the Team to develop a significant resource in App format that was launched in May 2020. The Tissue Viability Microguide can be accessed by any clinician within the Trust.
- 3.6. The team has continued to facilitate undergraduate student, pharmacy and medical team placements during 20/21, with consistently excellent feedback.
- 3.7. During the pandemic the team developed guidance documents and advice to support clinical staff to protect their own skin whilst wearing PPE. The team influenced the development of National guidance of the same, published by NHS Improvement in response to this new phenomenon.
- 3.8. Following the kind donation from the John Radcliffe League of Friends Charity for the welfare of clinical staff, the Tissue Viability team facilitated the purchase, supply and distribution of over 8000 units of emollient to care for the skin of the diverse OUH workforce.
- 3.9. Pressure Ulcer Prevention E-learning **2020/21 compliance was over 86%** for all clinical divisions.
- 3.10. Hospital Acquired Pressure Ulcer (HAPU) data, audit and analysis - the Trust continues to monitor the incidence of HAPU, from 0.60% Category 2-4 in 2016/17 to 0.49% for 2020/21. Two, Category 4, HAPU were reported in 2020, resulting in Serious Investigations, with associated embedded learning, one of which was presented at Trust Board as an example of MDT collaboration and learning.

Chart Three: Incidence of HAPU Cat 2-4 2016/21



- 3.11 The increased incidence in April, Jan and Feb of 2020/21 were associated in increased reporting of HAPU Cat 2. It is also of note that at the time not all Category 2 HAPU had been verified by the TVS due to reduced clinical capacity as detailed in section 3.1. Operational capacity in terms of admissions was also reduced across the Trust that may have affected the incidence percentages.
- 3.12 A total **115** Category 3 and 4 HAPU were verified by the Tissue Viability team who facilitated and supported the subsequent Patient Safety Reviews (**PSRs**) of these Harms as part of the embedded Governance processes.
- 3.13 Review of the HAPU Cat 3 and 4 incidents suggests that approximately 30% were associated with the increased use of medical devices during the Pandemic, only one incident had been reported at Category One ahead of the reporting of the Category 3 or 4. The early identification of pressure damage is essential to mitigating risk, with appropriate and timely interventions. It is noted that there was a general reduction of the reporting of Category One HAPU in 2020/21 compared to 2019/20.
- 3.14 Targets for 2021/22 therefore include a focus on **increasing the reporting of HAPU Cat 1, by 25%** based on outturn 2020/21 from 38 a month to 48, with a predicted 25% reduction in HAPU Cat 2-4 based on outturn figures from 2019/20 from **0.47% to 0.35%**. Areas for improvement have been identified to support this ambition and plans to operationalise the learning, across the Trust, are currently under development.
- 3.15 The Annual Pressure Ulcer Prevention Clinical Audit was led by the Tissue Viability Service in October 2020, as scheduled. A total of 756 of 848 inpatients were included in the audit from inpatient clinical areas.
- 3.16 The total prevalence of patients with Hospital Acquired Pressure Ulceration (HAPU) **Category 2-4 was 2.1%**, down from **2.3% in 2019**.

- Documentation of pressure ulcer risk assessment and skin assessment demonstrated an increase in completion from the previous year from **68% to 84%**.
- Documentation of preventative care planning also increased **from 65% to 89%**.
- All identified pressure damage was verified by the Tissue Viability Team.
- Overall Trust compliance with the audit care bundle was **89%**

The clinical audit was presented at the Clinical Effectiveness Committee in January 2021. Strategic and Divisional action plans will reflect the learning from the audit and ongoing focus on reducing harms associated with acquired pressure damage.

- 3.17 Harm Free Assurance Forum, this oversight group is chaired by the Chief Nursing Officer and Deputised by the Nurse Consultant in Tissue Viability. The principal function is the quality-of-care delivery and reduction in Harms related to HAPU, Falls and Nutrition and Hydration. The forum is represented by all Divisions, Allied Health Professionals, the education team, the Clinical Commissioning Group, and Central Patient Safety Team. The forum convenes monthly and monitors the incidents and the progress and closure of the action plans from subsequent Patient Safety Reviews (PSR). A subgroup to support this forum is under development to provide the operationalisation/delivery of the areas for improvement and learning across all Divisions. It is proposed that QI methodology will be used to facilitate this well-established approach to improvement works.
- 3.18 Tissue Viability Improvement Projects - The Tissue Viability Service lead on several strategic projects to ensure clinical efficacy and cost efficiency.
- 3.19 Patient Equipment Management Projects - a substantial project was undertaken in 2020/21 to provide a long-term solution for the procurement and effective management of hospital beds, dynamic mattresses, and other associated specialist supporting patient equipment. The Business Case was co-ordinated by the Nurse Consultant for Tissue Viability and approved at Trust Board in March 2021. Implementation is underway and the project is currently on schedule
- 3.20 In March 2021, an application for funding was successful to replace 1100 patient chairs across the OUH to improve the quality and consistency in chair provision that meet Trust Infection Prevention & Control, Moving and Handling and Tissue Viability standards. This project was sourced, co-ordinated and implemented by early April, complete with recycling of existing chairs, where appropriate. It is suggested that an annual audit of seating be undertaken to ensure ongoing efficacy.



#### **4. Recommendations**

- 4.1. A strategic action plan for the Trust is under development to address the remedial actions to address shortfalls in compliance and need to improve patient safety and clinical outcomes in relation to Hospital Acquired Pressure Ulceration (HAPU). This will be the responsibility of the Harm Free Assurance Forum and newly developed delivery group.
- 4.2. The ambition of the Trust is to continue to work towards zero Category 3 and 4 HAPU, this is to be reflected in the ongoing work of the Harm Free Assurance Forum and resulting action plan.
- 4.3. Annual audit against Policy for the prevention of pressure ulceration has been scheduled for October 2021.
- 4.4. A service specification will be developed for 2021/22 to support continued improvements in wound assessment and management at clinical level.
- 4.5. The Tissue Viability Service will continue to seek opportunities to significantly improve practice whilst being alert to potential financial efficiencies and clinical benefits.

#### **5. Conclusion**

- 5.1. This report highlights the continuing work of the OUH Tissue Viability Service leadership to address the issues associated with Hospital Acquired Pressure Ulceration, improvements in wound assessment and management and financial efficiency projects.

#### **6. Recommendation**

- 6.1. Trust Board are requested to note the content of the report and approve the recommendations.

Sam Foster, Chief Nursing Officer

Paper prepared by:

Ria Betteridge, Nurse Consultant, Tissue Viability Date: June 2021