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<b>Title:</b>	<b>Update on Pressure Ulcers acquired at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust</b>
<b>Date:</b>	19 <sup>th</sup> September 2017
<b>Submitted to:</b>	Health Overview and Scrutiny Committee
<b>Author:</b>	Jenny Goodridge, Director of Quality and Clinical Services, Barnet CCG

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## 1. Purpose

The purpose of this paper is to provide the Health Overview and Scrutiny Committee (HOSC) with more information on pressure ulcers. This follows a request – made by the HOSC in May 2017 – for an update on pressure ulcers at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust.

## 2. Background

Barnet CCG collects and reviews pressure ulcer data from the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust. This report focuses on pressure ulcers acquired whilst a patient is in care at these two providers and presents an analysis of the numbers and trends over time.

Please note this report does not include pressure ulcers identified in primary care as this data set is not currently recorded.

All pressure ulcers identified by the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust are reported using the trust incident reporting system.

## 3. Pressure ulcers – an introduction

A pressure ulcer is defined as a localised injury to the skin and or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with sheer.

There are four grades of pressure ulcers. These are:

### **Grade 1**

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Other signs of the area such as discolouration, oedema, warmer or cooler as compared to adjacent tissue may also indicate pressure injury. (Category 1 may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons.)

### **Grade 2**

Damage to the epidermis and/or dermis. The ulcer is superficial and may be visible as a blister on or an abrasion of the skin.

### **Category 3**

Involves damage to the full thickness of the skin and includes injury to, or necrosis of, the subcutaneous tissue layer, and may extend down to but not through the underlying fascia.

**Category 4**

Deep tissue damage, necrosis or damage to the muscle, bone or connective tissue with wound cavitations.

The data sets within this update focus on acquired grade two, three and four pressure ulcers.

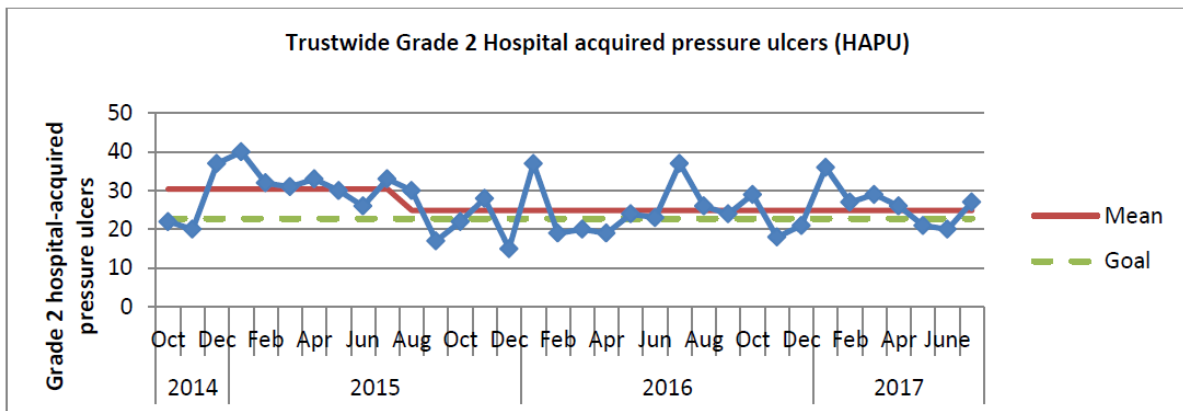
Pressure ulcers present costs both to patients and the wider NHS. For patients they can be life-threatening and debilitating, potentially leading to severe disabilities, amputation, infection and osteomyelitis. These can result in extended hospital stays and prolonged immobility for the patient.

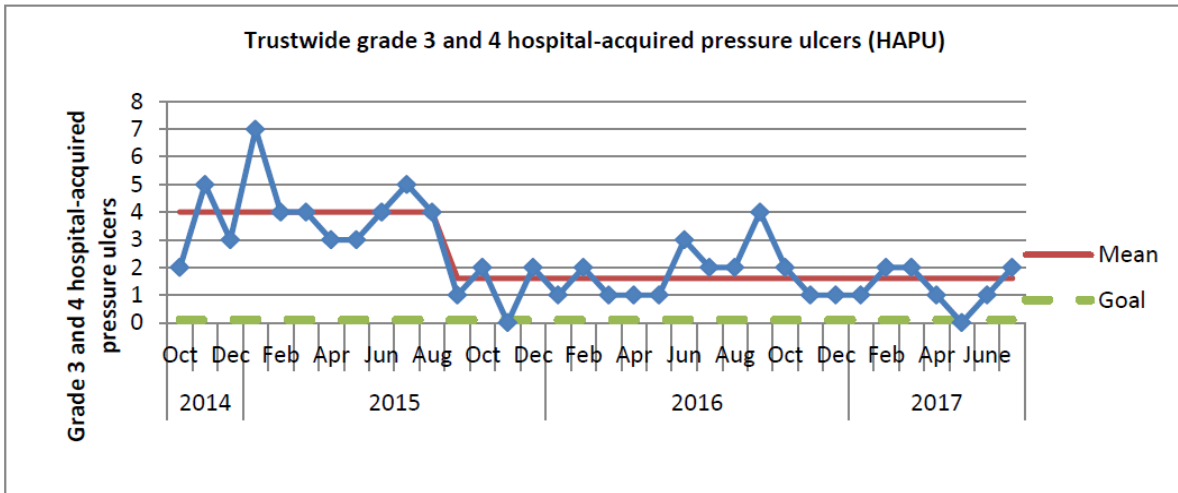
**4. Provider acquired pressure ulcer data**

Provider acquired pressure ulcers relate to pressure ulcers obtained during a patient's care at that provider. This section includes data around pressure ulcers acquired at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust.

**Royal Free London NHS Foundation Trust**

The following two graphs outline the number of grade two, three and four pressure ulcers acquired at the Royal Free London NHS Foundation Trust demonstrating the trend from October 2014 until June 2017.





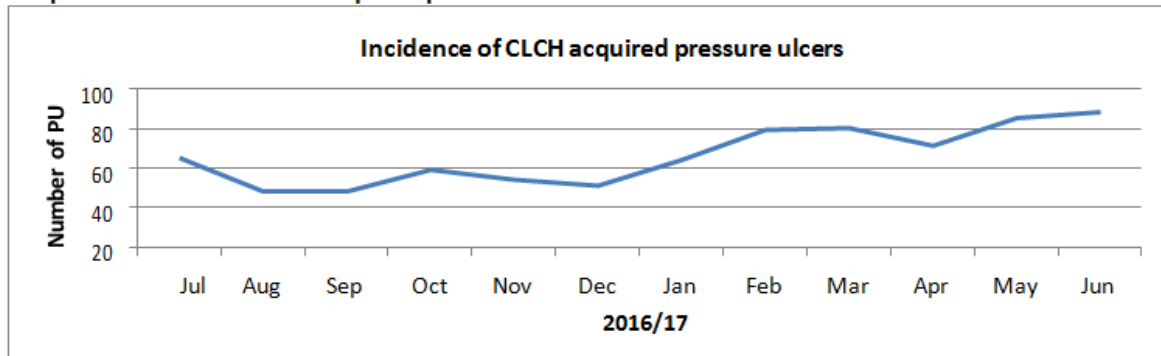
The step change in the second graph in August 2015 shows that not all grade three and four pressure ulcers needed to be reported as serious incidents as the national serious incident framework was revised.

The ongoing clinical focus of the Royal Free London NHS Foundation Trust is to:

- reduce grade two hospital acquired pressure ulcers by 25% between July 2016 and 31 March 2018.
- aim for zero grade 3 and 4 HAPUs by 31 March 2018.
- celebrate wards achieving 100+ days without a grade 2, 3 or 4 hospital acquired pressure ulcer.

**Central London Community Healthcare NHS Trust**

**Graph 1: Incidence of CLCH acquired pressure ulcers trust wide.**



The overall incidence of pressure ulcers acquired at the Central London Community Healthcare NHS Trust has increased slightly, but this is not statistically significant. No Community Nursing teams in Barnet CCG have shown any significant increase in incidence.

**5. National pressure ulcer incidence**

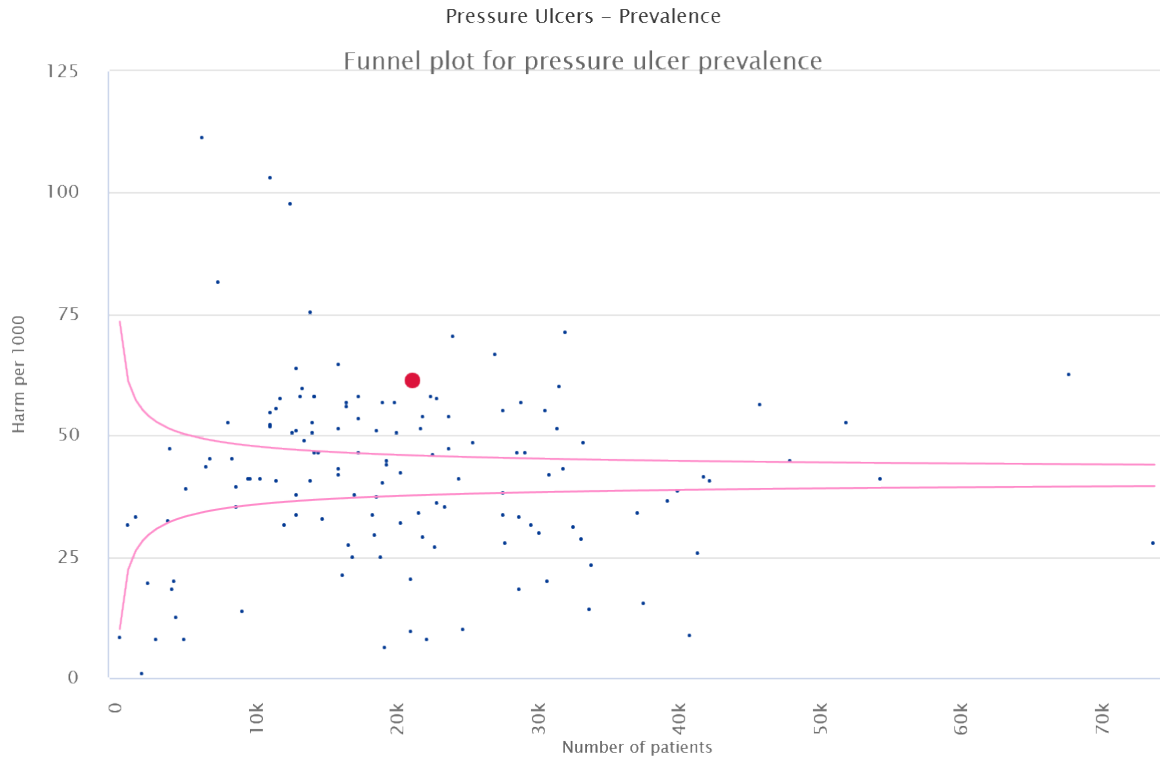
**NHS Safety Thermometer**

The NHS Safety Thermometer is a national prevalence survey. It is conducted on one day each month when trust nurses review all relevant patients to determine if they have experienced any harm as a result of their healthcare. This prevalence survey includes pressure ulcers from grades two to four. This prevalence data provides a benchmark to

compare the reported data from both the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust against.

The following graphs are based on data from the NHS Safety Thermometer, showing acquired pressure ulcer prevalence for the Royal Free London NHS Foundation Trust and Central London Community Healthcare Trust and how they benchmark nationally.

**Royal Free London NHS Foundation Trust**



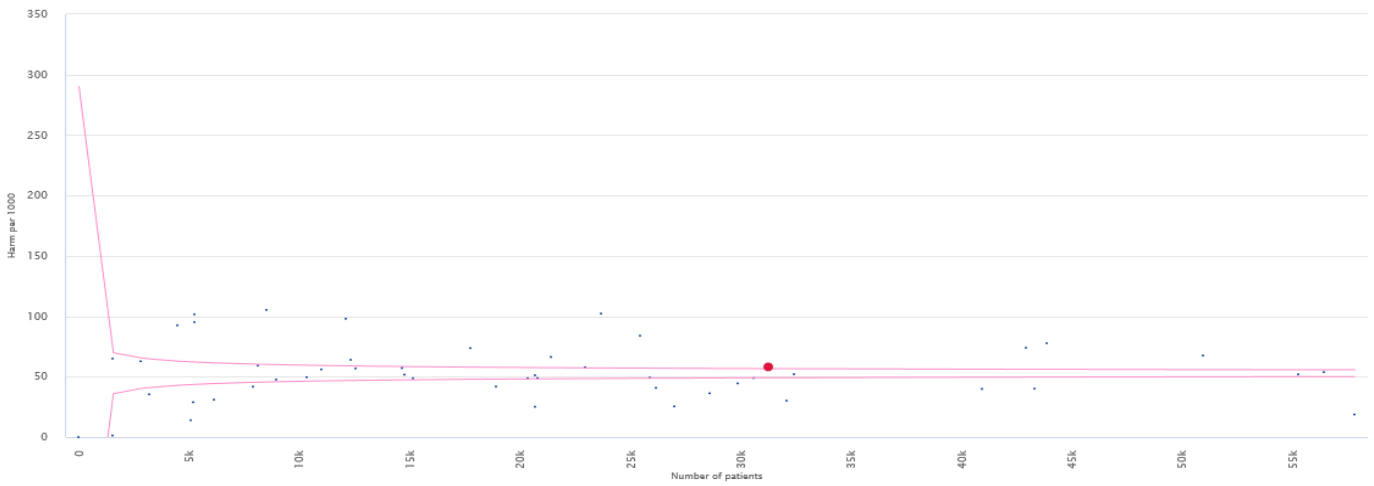
The pink dot represents the Royal Free London NHS Foundation Trust – the smaller blue dots represent data sets from similar acute NHS trusts in England.

This graph shows that the Royal Free London NHS Foundation Trust has a high prevalence of pressure ulcers.

**Funnel plot for prevalence of acquired pressure ulcers (selected) at the Central London Community Healthcare NHS Trust compared to other community trusts**



**Pressure Ulcers – Prevalence**  
Funnel plot for pressure ulcer prevalence



The overall incidence of acquired pressure ulcers at the Central London Community Healthcare NHS Trust has increased slightly, but this is not statistically significant.

## 6. Next steps

This report is for the Health Overview and Scrutiny Committee to note and to note the ongoing work being undertaken with both providers to reduce the number of provider acquired pressure ulcers.