

Briefing Note:

Health, Adult Social Care, Communities and Citizenship Overview and Scrutiny Sub-committee (HOSC)

## Community Acquired Pressure Ulcers

### 1. Introduction

- 1.1. The following briefing note provides further details in response to the sub-committee Chair's request in relation to the 92 community acquired pressure ulcers across south east London (SEL) reported to the SEL Joint PCT Boards on the 29 November 2012 within the Serious Incident (SI) summary report.
- 1.2. The SI summary report to the PCT Boards related to quarter two, 2012/13 or the period July to September 2012. The report identified 120 Pressure Ulcers of which 92 occurred in community settings. The summary report provided details across the six boroughs that make up SEL<sup>1</sup>. Of the 92 community cases in the report there were three cases in that period relating to Southwark residents. More detailed reporting indicates that:
  - One was acquired in a private home
  - One was acquired in Guys and St Thomas' Hospitals NHS Foundation Trust (GSTT)
  - One was acquired in a community setting (Source unknown)
- 1.3. It should be noted that in that same period 11 Pressure Ulcers were notified by Kings College Hospital NHS Foundation Trust (KCH) that had originated elsewhere (e.g. the patient had the Pressure Ulcer on admission) where the patient's borough of residence is unknown.

### 2. Pressure Ulcers in community settings

- 2.1. Pressure ulcers (PU) are caused by sustained pressure being placed on a particular part of the body. Blood contains oxygen and other nutrients that are needed to help keep tissue healthy. Without a constant blood supply, tissue is damaged and will eventually die<sup>2</sup>.
- 2.2. When diagnosed, Pressure Ulcers are categorised as being of grade 1, 2, 3 or 4 in an ascending order of severity. Grade 1 are superficial with discolouration of the skin and may be itchy, Grade 2 show damage to the outer or deeper layer of the skin leading to skin loss and may look like a blister, Grade 3 result in entire skin loss to the area, there is no underlying damage to the bone or muscle, Grade 4 is the most severe type in which skin tissue begins to die and underlying bones and muscle may be damaged, this may result in the development of life threatening

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<sup>1</sup> Bexley, Bromley, Greenwich, Lambeth, Southwark and Lewisham

<sup>2</sup> Further information on the causes of Pressure Ulcers and definitions can be found at: [www.nhs.uk/Conditions/Pressure-ulcers/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Pressure-ulcers/Pages/Causes.aspx), NHS Commissioning Board Patient Safety Action Team (PSAT) & NHSCB Serious Incident Framework

infections. The NHS regards PU grades 3 and 4 as being particularly severe and need to be recorded as a Serious Incident (SI). The 120 cases reported to the PCT Boards relate to grades 3 and 4.

2.3. The term “Community settings” refers to all environments apart from acute, mental health, or specialist hospitals. These settings include the following:

- Patients or relatives home
- Intermediate care setting
- Residential care homes
- NHS Funded continuing care placements

### **3. Commissioning actions**

- 3.1. Until 1 April 2013 the PCT is accountable for the commissioning of local health services. After that date NHS Southwark Clinical Commissioning Group (CCG) will be accountable for that commissioning and has acted with delegated responsibility from the PCT Board for those areas since 1 April 2012.
- 3.2. Across London CCGs have worked together to ensure the safe and effective commissioning of acute, mental health and community based services. Given the geography of providers and the populations they serve CCGs, like PCTs before them, have developed ‘Lead’ commissioning responsibilities for particular providers.
- 3.3. In the local context NHS Southwark CCG has taken the lead commissioning role for KCH, partners in NHS Lambeth CCG have lead commissioning responsibility for GSTT (including acute and community services) and Southwark CCG works in partnership with three other CCGs (Lewisham, Croydon and Lambeth) to commission and contract South London and the Maudsley Mental Health Foundation Trust (SLAM). Each CCG takes the lead role for the commissioning of other services, such as continuing care, for their own borough.
- 3.4. Whilst lead commissioning responsibilities allow for effective management of providers, each CCG remains fully responsible (and in future accountable) for the care commissioned from all providers for its population and holds t contract with those providers. As such NHS Southwark CCG is directly involved in the management of SI across all relevant providers.
- 3.5. The on-going management of SIs is undertaken within the wider arrangements for clinical quality and contract management. An established system exists whereby CCG commissioners come together with individual providers at monthly Clinical Quality Review Groups (CQRGs) to address quality items. Contract monitoring meetings also occur monthly between Commissioners and providers; these are serviced by the Commissioning Support Unit and focus is upon the monitoring of performance in line with Key Performance Indicators (KPIs) within individual contracts.
- 3.6. During 2012/13 the Integrated Governance Committee of the South East London Joint PCT Boards invited providers across South East London to present to the committee their approaches to managing and minimising pressure ulcers.
- 3.7. Any SI needs to be reported by the provider to external parties, including commissioners, and a thorough investigation undertaken to ensure the possibility of

the same incident occurring again is removed as far as possible. Pressure Ulcers are also reported to the Safeguarding team of the resident's Local Authority (if a safeguarding issue).

- 3.8. In addition to the arrangements above an initiative to connect agencies involved in delivering care in Southwark (and Lambeth), to focus on PU present when patients are admitted to hospital, and further minimise their occurrence is being progressed. The Safeguarding Lead at Southwark Council is involved in this, alongside Southwark and Lambeth CCGs, KCH and GSTT (including their Tissue Viability leads).

#### **4. Further action**

- 4.1. NHS Southwark CCG monitors patient safety issues with its providers via regular quality meetings, where pressure ulcers are dealt with in detail.
- 4.2. The initiatives currently in progress will ensure that a specialist focus is maintained on pressure ulcers. This is being commenced through development of a reporting pathway owned jointly by the two main providers, KCH and GSTT (including Community services), and involvement from the Continuing Care and Safeguarding lead at Southwark CCG. Monthly Clinical Quality Review Groups take place with providers which monitor all aspects of quality including pressure ulcers.
- 4.3. Co-ordinated monitoring of pressure ulcers and other patient quality indicators forms part of each commissioning organisation's responsibility, seeking assurance that trend and analysis data are reviewed and acted upon. Commissioners have requested action plans from providers and have played an active role in monitoring their delivery.