

**Patient Story
Community Nursing/ Pressure Ulcers**

Agenda Item:	1	Reference:	WCT14/15-096
Meeting Name:	Trust Board	Meeting Date:	4 August 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Governance		

Link to Business Plan:	Community contract and comply with national standards for quality				
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
Has the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>		
To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>			

Financial Implications:
*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

None Identified

Overall Cost / Pressure:	£N/A	Overall Income:	£N/A
Additional Funding Required:	£N/A	Funding Already Ring Fenced:	£N/A

Identified Risks:

No new risks identified

Assurance to Board:

This patient story provides assurance to Wirral Community NHS Trust Board regarding the delivery of high quality, safe and effective patient services.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History

Submitted to	Date	Brief Summary of Outcome
		No History

Wirral Community NHS Trust

Patient Story Community Nursing/ Pressure Ulcers

Purpose

1. A person's story enables the Board to hear directly from patients, their families or carers about their experience of care services. Patient stories engage service users, their families or carers in ways that use their knowledge and experience to directly influence the provision of care services. The person telling their story has consented to the story being heard at Trust Board meeting and has also consented to have her picture used within the story presentation.
2. In accordance with the Duty of Candour, this patient was invited to share their story of care delivery received from the Community Nursing service, following the completion of a root cause analysis investigation conducted in response to the development of a grade 3 (EPUAP) community acquired pressure ulcer.

Executive summary

3. In this story a patient describes the development and management of her pressure ulcers. A root cause analysis was undertaken. The patient was invited to participate with giving feedback to the trust and participate in a patient story.

Opportunities for learning and quality improvement

Safe

- The patient describes developing pressure ulcers on her right foot due to her positioning in her wheelchair. A transcript of the patient story is provided at **Appendix 2**.
- The developed pressure ulcer was initially self-reported by the team on Datix by the Community Nursing service as incident W6845. This is evidence of the open and honest culture in the organisation in relation to incident reporting. This incident was progressed to a root cause analysis investigation, which was undertaken by the Patient Safety Advanced Practitioner, Quality and Governance service. The report was shared with the operational management team and submitted to the Quality and Governance service in July 2014.
- From August 2014 the trust will publish the pressure ulcers prevalence data in the Open and Honest Report available on the trust website

Effective

- The patient describes that her pressure ulcers deteriorated very quickly and during a period of absence of her named community nurse her ulcers became infected. They are now almost healed
- All clinical staff are expected to undertake a full holistic assessment of the patient at regular review intervals and review progress/care given at each visit.
- The trust has the following protocols in place to support care delivery for this patient:

CP06 Malnutrition Universal Screening Tool (MUST)
CP15 Procedure for Pressure Ulcer Prevention and Management
GP49 Moving and Handling Policy
Community nursing documentation:
Pressure ulcer risk assessment form
Plan of Shared Care Prevention of Pressure Ulcers – Informal Carers
Skin Integrity check list

Caring

- The patient describes that she has received good care from all care staff. However she describes that while her named nurse was absent different nurses visited, who she felt she did not know as well, and she believed this led to her pressure ulcers becoming infected.

Responsive

- The patient reports that the Community Nursing service and the Wheelchair service have responded to her identification of needs without delay. Her wheelchair has now been adapted to ensure she is safely positioned.
- The trust has a commitment to patient experience feedback via a number of mechanisms. All clinical services undertake the standard Patient Experience Questionnaire. The community nursing services has returned 71 questionnaires (01/04/2014- 16/07/14)

Well led

- A RCA report and action plan has been submitted with regard to this patient following the reporting of the patient's grade 3 pressure ulcer on the Datix system. The action plan in relation to this incident is being monitored by the Quality and Governance Committee. Any other actions are included in the action plan (**Appendix 1**).
- A pressure ulcer improvement plan was submitted to the Quality and Governance Committee in July 2014, to focus on implementing quality improvement initiatives in relation to community acquired grade 3 and 4 (EPUAP) pressure ulcers.

Board Action

4. Wirral Community NHS Trust Board is asked to be assured of the delivery of high quality, safe and effective services; that the appropriate processes are in place when the standard of care expected is not provided and that the trust has complied with the expectations of being open and honest in relation to this incident and the Duty of Candour.

Sandra Christie

Director of Quality and Nursing

Contributors:

Sam Lacey, Patient Experience Advanced Practitioner
Krystle Everett, Patient Experience Officer

30 July 2014

Appendix 1: Patient Stories Action Plan

Service: Community Nursing

Subject: Patient Experience

Key (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

CQC Essential Standards: Outcome 1 Respecting and Involving People. Outcome 4 Care and Welfare of People

NHS Outcome Framework 2013/2014: Domain 4 Ensuring patients have a positive experience of care

Date action plan developed: July 2014

Date action plan completed: Monitored via Quality, Patient Experience and Risk Group

Recommendation	Actions required	Action by date	Person responsible (Name)	Comments/ action status	Change stage/ Evidence	Lesson's Learned If applicable following stage 3
Communication of patient story	Share patient story at community nurses Communications meeting and with community nursing team involved.	31.08.14	Community Nurse Manager	2.		
Patient allocation	Team leader to review the allocation of patients within a team to promote continuity of care	31.08.14	Community Nurse Manager	1.		
All other actions included in RCA action plan W6845						

Appendix 2 Patient Story transcript

In this story a patient tells of her experience following the development of a pressure ulcer.

'I suffer from Multiple Sclerosis. I started using a wheelchair about 15 years ago and I was doing very well up to about 4 or 5 years ago. I actually developed ulcers, got rushed in, they found I had an ulcer, but that perforated on the Sunday, and I lost half my stomach. They said 'who does this for you and who does that for you, who does the other?', and I said at the point I did everything, cleaning, my washing, the shopping, everything, the sister said, do you realise that you are not going home until we have a care package in place?

I muddled along with the care package, and I got taken in again with a urine infection, about 3 years ago. I was in hospital over Christmas again because I needed more extensive care package. Once I ask for help, I get it.

I have had ulcer/ pressure sores on my right foot. My left leg was knocking into my right leg causing my foot to turn. The pressure sores were developing so, now I've got a device at the side of my wheelchair that keeps my legs straight and I have now got a pummel, it goes in-between my legs that keeps my legs apart. That's from the wheelchair centre.

So I got them (ulcers) dressed once every other day. It was Monday, Wednesday and Friday, they have now put it down to Tuesdays and Fridays. They come in, just check it over, look it over, make sure it's not infected and change the dressing for me. They are healing. I've got another one developed on my right ankle which we think is my shoes pressing on it. They are treating that as well.'

'So when the care staff are here of a morning and they help you have a bed bath or a shower do they check your skin all over?'

'Yes, that's how we noticed the pressure sore. I keep an eye on my bottom and things like that, so it's checked a couple of times a day

'When you started to develop the redness on your foot, what happened after that?'

'Rang District nurses, they came out, they were looking after them but unfortunately the District nurse I had at the time, went on holiday for a fortnight and the girls were coming in, they were just changing the dressing, they weren't checking to make sure, they weren't looking at them, they were just changing the dressing and that when I got the infection in those two weeks. So I got taken into Arrowe Park and sorted out.

When I came home my district nurse that I had been seeing was home, she came back and she said she can't leave me alone, can't be left alone for 5 minutes and I get into trouble.

'Have you had discussion about any worries about developing pressure ulcers?'

'Ah yes, they check as a matter of course they check my bottom. Funny enough it's the one place I don't get them even though I am sitting all the time.'

'So when the redness started to develop, did it deteriorate quite quickly?'

Yes, I can't put any fault on the care I received, it was just they broke down quite quickly.

Do you think your nurse go on holiday resulted in them worsening?

Yes, because, she would get on the floor and check them properly. I couldn't name any body, because it was different nurses coming every time.

It's just that one to one. With a stranger you don't sort of feel as though you can talk to them. Somebody who you know, someone who comes regular, you can say, look the girls have pointed this out or I've got this worry. You feel better if you've got someone who you know.'

'Do you feel you got a lower standard of care whilst your nurse was away?

'Yes.'

Some days I knew them some days I didn't. They just changed the dressing; they didn't check the wound itself which my named nurse was doing. I think they are doing more so now because I am getting regular ones I know . As I say its nearly gone, they've nearly gone.