

Association of Personal Injury Lawyers

tackling negligence – preventing needless injury – reducing costs

The Association of Personal Injury Lawyers (APIL) is a not-for-profit membership organisation, established more than 20 years ago to fight for the rights of people injured needlessly, through no fault of their own.

5 point plan to eliminate pressure ulcers

- ✓ Government support for the roll-out of the NHS Midlands and East 'Stop the Pressure' campaign to all care providers.
- ✓ Mandatory training of all staff on the relevant NICE guidelines in all settings where patients or residents could suffer from a pressure ulcer. Training records should be kept by the Trust or care home, and training should be refreshed at least every three years.
- ✓ A dedicated tissue viability nurse for care homes in each county.
- ✓ A named individual or job role to be allocated to ensure appropriate care is provided for each person with an identified pressure ulcer, or known to be at risk.
- ✓ Data collection, analysis and publication standards should be agreed nationally, alongside the introduction of a regime of independent spot-checking of the statistics and recorded gradings to ensure compliance and consistency. Associated penalties should also be introduced for non-compliance and false recording in order to encourage compliance.

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Government support for the roll-out of the NHS Midlands and East ‘Stop the Pressure’ campaign to all care providers.

The NHS Midlands and East model which has recently been rolled out to trusts in England, introduces simple practises focussing on surface/support, skin inspection, movement, moisture/incontinence, and nutrition/hydration. It initially resulted in an almost 50 per cent drop in pressure ulcer occurrence in participating areas, and should be rolled out further to all care providers, including hospitals in Scotland and Wales as well as care homes across Britain.

Mandatory training of all staff on the relevant NICE guidelines in all settings where patients or residents could suffer from a pressure ulcer. Training records should be kept by the Trust or care home, and training should be refreshed at least every three years.

Knowledge of how to prevent pressure ulcers and the steps to take to ensure early detection and treatment is key to preventing pressure ulcers. There are specialists in the area of tissue viability who should always be available for the most serious ulcers, but much of the care that is required to identify and prevent pressure ulcers will be carried out by healthcare assistants or general nurses.

A dedicated tissue viability nurse (TVN) for care homes in each county.

Wound care is an important part of the nursing role. When wounds don't heal as expected, where they are complicated, or there are complex skin care needs, patients need TVN assessment. Specialist TVN assessment should stop pressure ulcers escalating, help to educate those caring for the patient, and ensure the correct care is implemented to heal the ulcer.

A named individual or job role should be allocated to ensure appropriate care is provided for each person with an identified pressure ulcer, or known to be at risk.

The named individual should have enough authority to ensure the correct care is employed; the individual should have the responsibility for ensuring pressure ulcers are identified and that a plan is put in place and carried out. These actions can be delegated but the responsibility for ensuring they happen can not.

Data collection, analysis, and publication standards should be agreed nationally, alongside the introduction of a regime of independent spot-checking of the statistics and recorded gradings to ensure compliance and consistency. Associated penalties should also be introduced for non-compliance and false recording.

There should be a consistent standard of recording pressure ulcers. Some Trusts are currently being judged harshly for being open and transparent by recording important information that others do not. This can be misleading and, in target-driven-times, ultimately lead to less information being recorded. Spot-check inspections could be carried out by a TVN employed by an independent body such as the Care Quality Commission.