



[Diane Murray](#), Associate Chief Nursing Officer, Scottish Government, got the day started with a personal story about the care of her uncle. Delegates were encouraged by such a warm story at the start of the day.

[Alison Hunter](#), Improvement Advisor, Healthcare Improvement Scotland, shared the national perspective on reducing pressure ulcers and how this work continues to be at the heart of improvement work across all areas.

Heather Hodgson, Lead Nurse Tissue Viability, and Rosie Cameron, Programme Manager, shared the work on reducing pressure ulcers in [NHS Greater Glasgow and Clyde](#).

[Marilyn Johnson](#), SCN Anaesthetics and Recovery, NHS Tayside revealed how using the data she already had on pressure ulcers, allowed her to persuade colleagues in theatres to make a change for improved outcomes for patients.

[Click on each link to view the presentations.](#)

Flash reports

The next session focused on hearing from three NHS boards, NHS Highland, NHS Lanarkshire and NHS Lothian. The boards were asked to consider:

- What progress has been made in their board?
- What challenges and success have they experienced?
- What are their plans for future pressure ulcer work?

[Click on each flash report to view online.](#)

Healthcare Improvement Scotland | SPSP Networking day – Pressure ulcers | May 2017 | NHS Highland | SCOTTISH PATIENT SAFETY PROGRAMME

What progress/successes have been made in your board?

- 50 day improvement programmes in two pilot areas – supported by TV Nurse's
- Achieved 302 days and 184 days between pressure ulcers
- All patients now assessed with 6 hrs of admission as per HIS standard
- All patients risk assessed daily
- Pressure relieving equipment purchased e.g. one ward: 20 *Repose* products (CATB), 2 CAT A mattresses, 16 CAT B cushions

What challenges have you experienced?

- Inappropriate identification and grading of tissue damage
- Lack of person-centred plan of care – bespoke to reliable interpretation of Risk Assessment
- Lack of dedicated QI support and staff capacity
- Lack of available stock and system for sharing and re-ordering

What are you plans for future pressure ulcer work?

- Education programmes at frontline – grading/care planning/support
- QI Facilitator
- QI Boards
- Test 'IHI' scale up and spread' model
- Care Home and community hospital collaborative



Healthcare Improvement Scotland | SPSP Networking day – Pressure ulcers | May 2017 | NHS Lanarkshire | SCOTTISH PATIENT SAFETY PROGRAMME

What progress has been made in your board?

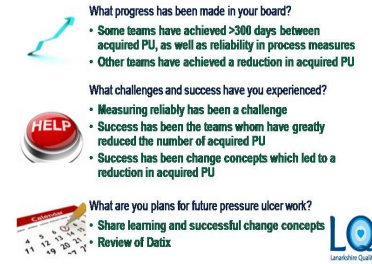
- Some teams have achieved >300 days between acquired PU, as well as reliability in process measures
- Other teams have achieved a reduction in acquired PU

What challenges and success have you experienced?

- Measuring reliably has been a challenge
- Success has been the teams whom have greatly reduced the number of acquired PU
- Success has been change concepts which led to a reduction in acquired PU

What are you plans for future pressure ulcer work?

- Share learning and successful change concepts
- Review of Data



Healthcare Improvement Scotland | SPSP Networking day – Pressure ulcers | May 2017 | NHS Lothian | SCOTTISH PATIENT SAFETY PROGRAMME

What progress has been made in your board?

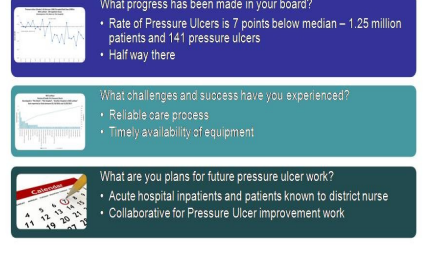
- Rate of Pressure Ulcers is 7 points below median – 1.25 million patients and 141 pressure ulcers
- Half way there

What challenges and success have you experienced?

- Reliable care process
- Timely availability of equipment

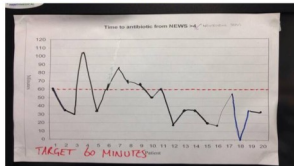
What are you plans for future pressure ulcer work?

- Acute hospital inpatients and patients known to district nurse
- Collaborative for Pressure Ulcer improvement work



Breakout sessions

It doesn't need to be complicated



Heather and Rosie delivered a session on [tissue viability education](#), which looked at pressure ulcers diagnosis and grading.

In the second room, Alison introduced [measurement for improvement](#), giving delegates a beginners insight into the basics of quality improvement.

Personal reflection on pressure ulcer diagnosis and grading



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