

# MAKING HEALTH SERVICE AMBITIONS A REALITY

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One of the NHS Midlands and East's ambitions during 2012/13 was to eliminate all avoidable category II, III, and IV pressure ulcers across our area. A great deal of resources were targeted at NHS staff with very good results achieved, but we were very aware that many of our patients were or could potentially be cared for in care homes.

The ethos of providing "harm free care" is that clinicians protect patients from harm wherever they are cared for – harm can occur anywhere. Therefore, it seemed only reasonable that resources should be given to those providing care for patients before they came to NHS care, or following discharge from NHS care. The population of care homes could generally be described as being one of the more at-risk populations – mainly older people or individuals with other high-level care requirements.

The resources from the NHS campaign focussed on the Stop the Pressure ([www.stopthepressure.com](http://www.stopthepressure.com)) campaign are available to anyone free of charge but many of the resources have an NHS focus and may not be easy to adapt and adopt in the care home setting. Equally, there may be many more non-registered staff caring for the patients in the care home setting so the information had to be targeted appropriately.

The Great Skin Campaign aimed to deliver quick and easy resources using a traffic light system to alert carers in a simple and immediate way to patients being at risk. The combination of laminated pocket resources and posters, with practical tools, such as the tear-off skin assessment chart and the plastic skin assessment disk provide community staff with all they need to make a start on good preventative care.

The focus of the actions remains the five key initiatives from the whole campaign, the SSKIN bundle: addressing **S**kin assessment, provision of appropriate support **S**urfaces, **K**eeping the patients moving, managing **I**ncontinence and keeping skin clean and dry and, finally, ensuring the patient receives adequate **N**utrition and hydration.

The *How To* series again reflects the SSKIN initiative, but gives a little more detail, ensuring that carers understand why certain procedures need to be adhered to. Throughout the resources

the traffic light system provides a quick reference to determine patient risk – not at risk (green), at risk (amber), very high risk (red). This system emphasises the urgency of specific cases, as well as the scale of action required to keep the individual harm free.

It is important that care home staff see their role in preventing pressure ulcers as being as crucial as their NHS counterparts. It is widely accepted that prevention is far better than cure, therefore, by preventing pressure ulcers they are not only preventing patients from harm, pain, and distress, but also supporting the NHS in employing resources where they are most needed.

It is hoped that visual mapping tools, such as the Safety Cross referred to in all of the *How To* documents, will help care homes see how well they are doing at preventing pressure ulcers locally – and, therefore, encourage them to take ownership of this issue. They can also use the Safety Cross to illustrate how effective the care they provide is to potential new residents and their families.

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If you are interested in finding out more about these resources for care homes, please contact Kathy Day at: [enquiries@woundsgroup.com](mailto:enquiries@woundsgroup.com)

