



(Agenda Item 5.1)		18/11/25		Quality, Safety and Experience Committee		Preventing Avoidable Pressure Damage in Unscheduled Care November 2025	
Report Details:				Impact Assessment:			
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Details implications for quality, safety and experience	Related Health and Care Standard		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No, this report is a factual account and analysis on issues surrounding pressure damage. There has been no current indication of language being a contributory factor. This will be an ongoing consideration.
If closed please indicate reason:		Are there any Legal Implications /Impact.	No	Are there any resource (capital/Revenue/Workforce Implications / Impact?	No	Link to Strategic Goals	Improving Care Creating Health
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Deborah Matthews, Care Group Nurse Director, Unscheduled Care	Report Purpose	For Discussion For Noting	Engagement undertaken to date:	Prepared for QSEC		
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Deborah Matthews, Care Group Nurse Director, Unscheduled Care	Approving Executive Sponsor:	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Care				



Introduction & Purpose

This spotlight provides a clear update on avoidable pressure damage across Unscheduled Care.

Overall performance has improved, and harm reduction continues, but variation has emerged particularly at RGH and within our Emergency Departments which will require focused senior oversight.

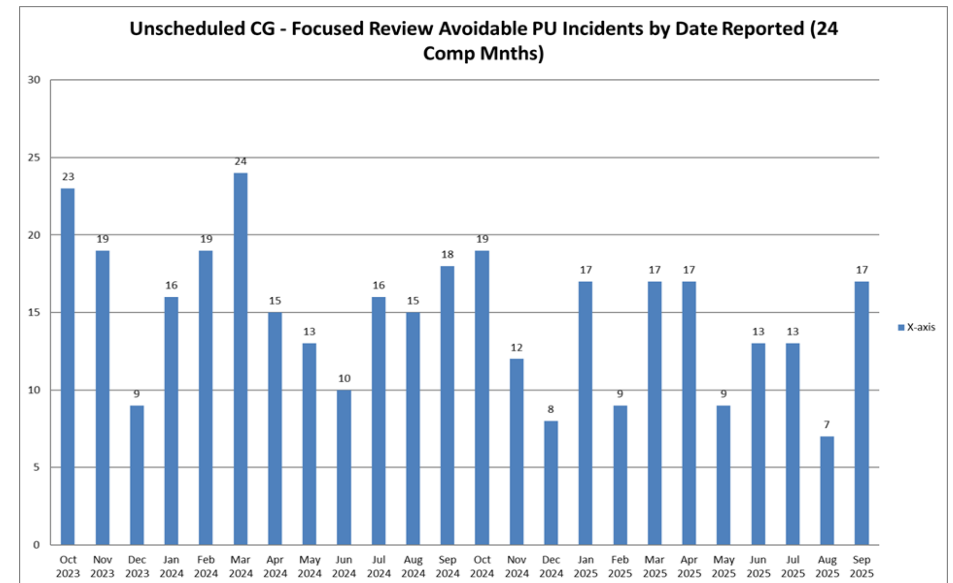
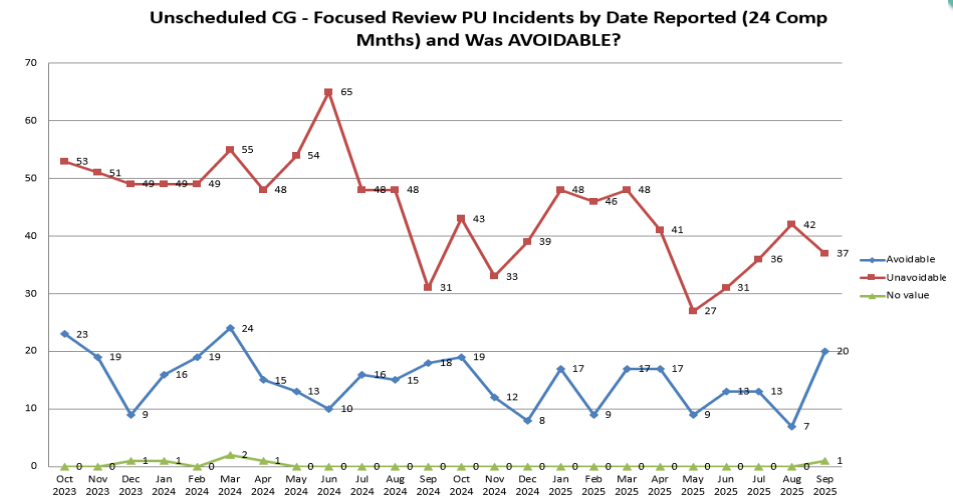
Purpose

- Provide executive-level assurance on pressure damage performance
- Highlight variation and priority focus areas
- Outline actions to maintain patient safety and quality



Key Data & Trends

- 19% reduction in avoidable pressure damage incidents (YoY)
- RGH increase aligned with bed base expansion + strengthened scrutiny
- ED risk emerging (prevalence audit, assessment delays)
- No correlation between staffing levels and avoidable pressure damage





Audit Findings

ED Clinical Prevalence Audit (June 2025)

- 4.35% prevalence; 0% facility-acquired
- 42% unmet clinical need in patients with pressure damage
- 52% risk assessment and 42% skin assessment within 6 hours
- Equipment: mattress + seating met 96%, slide sheet gaps
- Average ED stay 8h 17m → prolonged seated time

Priority Focus:

- Improve timeliness of risk + skin assessments
- Ensure consistent slide-sheet availability
- Reduce prolonged seated time during ED waits



Assurance Actions & Forward Priorities

Actions Taken

- Strengthened MDT panel scrutiny
- Targeted RGH audit cycle underway
- ED improvement actions live
- Bespoke training in low-compliance areas
- Datix dashboards live & monitored monthly
- Slide sheet procurement standardised

Next Steps & Priorities

- 90% ED assessment compliance within six hours
- Consistent senior nurse presence and oversight
- Routine ward audits sustained
- Equipment reliability embedded
- Variation reduced at RGH
- Continued reduction in DOC pressure-damage cases

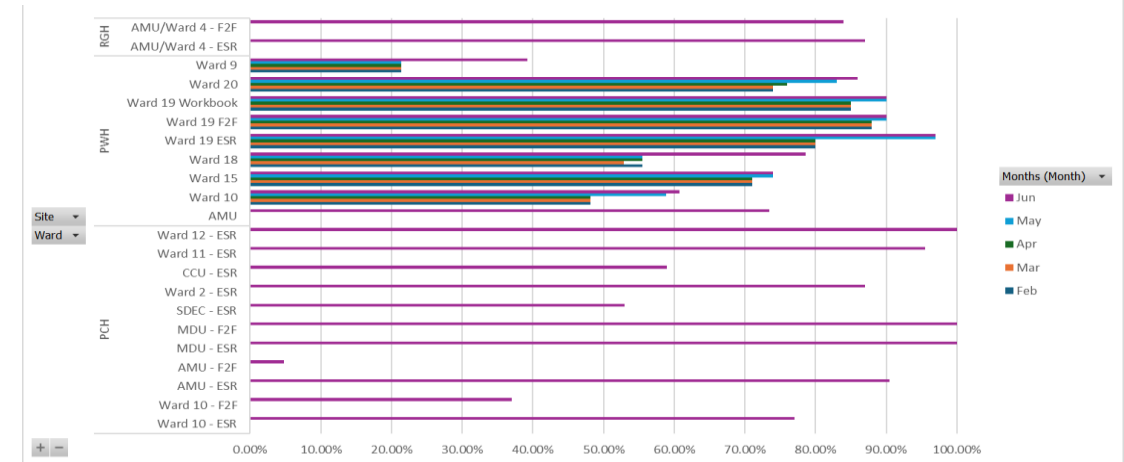


Assurance Position

Improvement is sustained. Variation has been identified early and targeted action is in place.

Focus remains on prevention reliability, senior oversight, and consistent delivery at pace.

Training Compliance Snapshot



Training compliance data highlights targeted areas; bespoke education in progress to lift compliance above 85%.





Recommendation

The Committee are asked to:

- *Note this spotlight presentation*

Next Steps

- *As outlined in slide 5*