NHS Vale of York approach to React to Red

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Summary

The NHS Vale of York CCG is committed to supporting Care Homes and Domiciliary care organisations in providing best care to residents and has participated in NHS England's work to spread the 'Stop the Pressure' campaign using the 'React to Red initiative'. Commencing in June 2017, the aim of the project was to support carers in the prevention and early recognition of skin damage, to reduce the incidence of serious injury from pressure by providing a standardised, consistent and collaborative approach to pressure ulcer prevention.

All care home providers within the Vale of York CCG were contacted and encouraged to participate in the programme.

React to Red has been a success across the Vale of York CCG, not only at reducing pressure ulcer incidence, severity and deterioration, but also as a successful example of collaborative working between health and social care. Sustainability of the programme could prove fragile without continuing wider support from health and social care colleagues. Some managers described the challenges in facilitating training for statutory and mandatory requirements due to both financial and operational constraints. React to Red is not a statutory or mandatory requirement but Local Authority colleagues have encouraged the project as have the CQC providing a system approach to support. One care home was recognised in their CQC report as having engaged with React to Red and successfully completed training. Many care homes have recognised the benefits of the programme and have embedded it into induction and annual updates. By continuing to work closely with all stakeholders to engage, enthuse and motivate, it is hoped that pressure ulcer prevention awareness continues and residents are protected from skin damage.

- Based on NHS Productivity calculator

A 75% decrease in the incidence of reported pressure ulcers in care homes across the Vale of York

Estimated cost saving of £159,000*

Background

The European Pressure ulcer Advisory Panel (EPUAP, 2014) describes Pressure ulcers as 'localised injury's to the skin and /or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear.' The risks can be further exacerbated by other factors such as moisture, nutritional status, reduced mobility, medical devices, and co morbidities

Whilst it is well recognised that the majority of pressure ulcers are preventable; unfortunately they remain a significant healthcare problem. The implications of pressure ulcers are vast and they can impact heavily on an individual's quality of life. According to The Revised Definition and Measurement of Pressure Ulcers (NHS Improvement 2018) pressure damage costs the NHS more than £3.8 million every day. Approximately 700,000 people are affected every year. (Guest et al 2017; NHS Improvement 2014)

Service User implications	Financial implications	Quality experience
Pain/discomfort	The estimated cost to the NHS and Care organisations in the UK is around £6.5 billion per year	Avoidable pressure ulcers are a key indication of the quality and experience of care
Enforced bed rest/ reduced mobility	Financial implications to resident and carers/ relatives	The development of pressure ulceration can be potentially regarded as indicative of poor care or neglect
Social isolation/depression		
Excessive hospital stay/ increased dependency		
Complications such as infection with potential for sepsis –morbidity/mortality		

The risk of developing pressure ulcers increases with age (smith et al 2015; Oliver, Foot and Humphries 2014). The number of individuals aged 65 years or older is growing and many of these people are living with long term conditions or disabilities. There is greater demand than ever before for long term care provision (NICE 2014; RCN 2012; BGS 2016).

People living in care homes often have complex care needs and are increasingly frail and therefore at high risk of developing pressure ulcers (Smith et al 2015; Little et al 2013; RCN 2012). Studies by NHS improvement suggest that pressure ulcers affect approximately 20% of people living in care homes in the UK and according to the British Geriatrics society (BGS)

There are approximately 405,000 older people living in care homes across England. This represents approximately 4% of people aged 65 and over and 16% of older people over the age of 85, with the number expected to rise over the coming years (Oliver, Foot and Humphries 2104; RCN 2012; Little 2013).

Within the Vale of York, there are 71,361 people aged 65 and over who are registered to VOY CCG GP practices, this figure accounts for 19.7% of the total registered population, 20.9% of the total registered female population is over 65 and 18.5% are male. Across the Vale of York CCG there are a total of 79 care homes with a bed base of 2527. Of these 53 are nursing and residential homes which account for 2273 beds.

The social care sector is currently facing challenges similar to those in the health sector such as financial constraints, reduced staffing and development opportunities which can affect morale, motivation and potentially care standards. Many care homes have reported they have neither the time nor the resources to properly meet required standards (RCN, 2012). In some care homes, it has been recognised that there is insufficient funding to provide the training and education necessary to ensure good quality and safe care which protects the most vulnerable members of society (Kingsmill 2014; RCN 2012;).

The five year forward view recognises the need for improved integration of services and the need to improve collaborative working to support frail, older people. The 'Framework for Enhanced Health in Care homes' (NHS England 2016) demonstrates how commissioners and providers can work together to overcome challenges. The Kings Fund (2017) advocate skilled leadership support and shared learning to challenge obstacles and consider how working practices can transcend organisational boundaries. Learning from the principles of the Enhanced Health in Care Homes framework alongside commitments identified within the Long Term Plan, which reinforces the need to 'dissolve' traditional divides between primary and secondary health services, aims to reduce harm, decrease unnecessary hospital admissions and improve quality of care provided in care homes. It is anticipated that more care will be delivered out of hospital and within residents own homes/ care homes.

Aims and Objectives

The NHS Vale of York CCG is committed to supporting Care Homes and Domiciliary Care organisations in providing best care to residents and participated in NHS England's work to advocate the 'Stop the Pressure' campaign using the 'React to Red initiative'. Commencing in June 2017, the aim of the project was to support carers in the prevention and early recognition of skin damage, to reduce the incidence of serious injury from pressure by providing a standardised, consistent and collaborative approach to pressure ulcer prevention.

React to Red

'React to Red' is an NHS pressure ulcer prevention campaign that is committed to educating about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. The educational package advocates the use of a simple, yet effective framework which supports carers in recognising when an individual may be at increased risk of pressure ulcer development. The framework known as SSKIN prompts carers to consider key areas important in maintaining skin integrity.

SSKIN stands for:

- **S**-Surface- what mattress/ cushion/ device does the individual need
- **S**-Skin Inspection- regular skin inspection and empower individuals to check and report if possible
- **K**-Keep Moving- repositioning and regular movement
- **I**-Incontinence/ moisture- prevention of moisture damaging the skin
- **N**-Nutrition- optimum nutrition and hydration

The key message promotes to carers if you see red skin or think someone is at risk report it; 'React to Red'

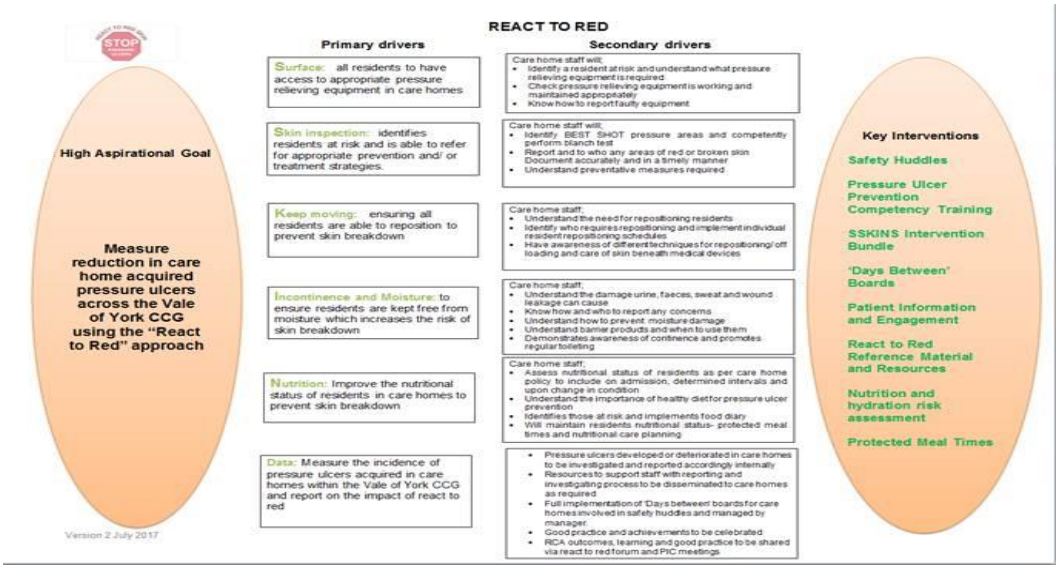
Staff are not expected to assess or manage wounds, they are empowered to escalate if they feel skin integrity is at risk or can identify skin damage.

The React to Red resources include guidance notes, a DVD and training book, posters, a pocket guide, a competency assessment and a patient information leaflet.

Method and Approach

A project plan was developed to ensure all key stakeholders were identified and to plan for the initial pilot phase and subsequent spread of the initiative (Appendix 1). Successful implementation of the pilot project combined with the Safety Huddle was introduced in two Care Homes within the Vale of York CCG led by the Senior Quality Lead, NHS Vale of York CCG (NHS VOY CCG) and the Yorkshire & Humber Academic Health Science Network, Improvement Academy (IA). Rationale and overview for implementation of React to Red was summarised by the Senior Quality Lead using the driver diagram below

React to Red Driver Diagram



GP and Primary care colleagues were briefed regarding the project. Benefits and possible challenges were identified such as the possibility for increased referrals, particularly amongst Community Nursing and the Tissue Viability Team initially as a result of increased awareness. Studies suggest a possible short term increase in reported skin breakdown immediately after successful implementation of such a programme, due to increased awareness, education and reporting among front line staff (AHSN Improvement academy, 2016)

All care home providers within the Vale of York were contacted and encouraged to participate in the programme via face to face contact and engagement at the local 'Partners in Care Forum'.

Engagement enables people to feel listened to, respected, empowered and able to influence and improve care. High engagement is linked to safer patient care (Kings Fund 2012). It was therefore recommended each care home recruited members of staff to act as designated skin champions to 'take ownership' of the programme, providing support and motivation to colleagues within their care setting. Emphasis was placed on teamwork and collaboration, promoting an environment where people have a shared vision and are passionate about the care they provide. Staff were encouraged to be proud of their achievements and success celebrated. This acknowledgement is known to drive up the quality of care (AHSN Improvement Academy 2016; Mountford and Webb 2009; Wheatley and Frieze 2010)

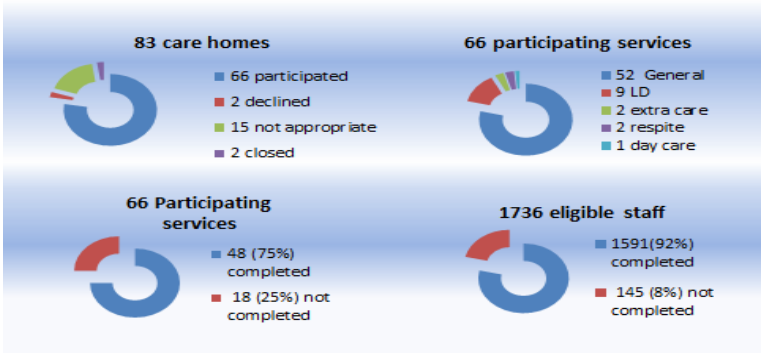
Participation

Out of a total of 83 care home providers that were contacted, a total of 66 took part in the programme. This included 52 nursing/ residential care homes, (2 of which permanently closed during the programme), 9 Learning Disability/Mental Health providers, 1 day care, 2 extra care housing facilities and 2 respite providers; amounting to a total of 1736 eligible staff. A home outside of the CCG boundary requested training and it was provided by the team.

Following training

- 1591 (92%) of eligible staff have received training and been assessed as competent.
- 48 (75%) of services have achieved 100% of staff trained and assessed as competent
- Certificates have been awarded to recognise participation for public view and to celebrate success of completion and milestones

It should be noted that further staff have been trained but are not included in these figures as training continues and is also supported by a domiciliary care provider who runs training for care staff across the patch. Two care homes declined to take part in the programme despite encouragement and support. 15 Learning Disability/Mental Health providers deemed themselves ineligible and declined the offer as it was felt the programme was not appropriate for their service users who were all active, mobile and at very low risk of pressure damage.



During the campaign, React to Red training was delivered to additional staff in 10 domiciliary care providers. Sessions were also delivered to tenants, relatives and staff in 5 sheltered housing complexes. A monthly newsletter was developed to provide pressure ulcer information and advice, progress updates and to celebrate achievements.

As part of the campaign, 'National Stop the Pressure Day, in November 2018, was recognised by raising awareness of pressure ulcers within the wider community. The team hosted a stand in a local supermarket where conversations regarding pressure damage were

held with over 200 people. Many of which either worked in the care sector, cared for relatives with pressure ulcer risk factors or had previous personal experience of pressure damage. A care home was also filmed for local television channel describing the React to Red training provided by the CCG and the benefit to staff and residents. A competition for care home staff also supported attendance for a member of staff at a national wound care conference.

Overcoming Challenges

There was a real appetite for the React to Red programme with care homes keen to engage with training, In several care homes it proved challenging to maintain enthusiasm and achieve 100% of staff trained and deemed competent. Training needs relating to pressure ulcer prevention are often not identified as a priority in the care home sector. Skin integrity/pressure ulcer prevention is not mandatory and often not included in annual refresher training. React to Red was perceived as a welcomed 'extra' and not a necessary requirement which in some instances resulted in a lack of commitment from some care home managers and link champions.

Care homes whilst providing care to vulnerable individuals are also businesses with differing client groups, different sizes and have varying priorities, agendas, resources and equipment. This inevitably leads to different ways of working.

There was at times a general reluctance of some staff to attend training, a lack of capacity to release staff from the floor to attend training and accessibility of training for night staff. The care home sector has a transient work force with varying educational skills, hence it proved challenging at times to maintain engagement and support for the Project. Plans for sustainability were discussed at the outset with care home managers and some opted to include the education package in both induction and annual refresher training.

The React to Red training package was originally planned to be implemented via a 'train the trainer' approach, recruiting and training volunteers from the care homes to act as link champions who would cascade training to colleagues, leading the programme within the home. It soon became evident that this system would not produce the required results, champions were frequently not able to have protected time to cascade training or there was apathy to do so. High turnover of staff frequently resulted in link champions leaving their organisations, often with nobody willing to take on the role and thus leaving some homes with no leadership for the programme. The majority of training was therefore delivered by the project team and proved to be more time intensive than initially anticipated.

Measurement Plan

Post training Staff evaluation

Staff were asked to complete a post training evaluation form and assess their own knowledge pre and post training on a scale of 1-10with the aim of providing both quantitative and qualitative feedback (Appendix 2). Limitations of this approach are acknowledged.

Pressure Ulcer Data collection

Prevalence and incidence describe the occurrence of pressure ulcers within a population. Prevalence refers to the number of cases in the population at a given time, i.e. how many pressure ulcers are present within the care home, Incidence is the number of new cases, i.e. how many pressure ulcers developed within the care home during a given period. Incidence is therefore seen as a marker of quality care in some metrics.

Pressure ulcers are categorised from 1 -4, Deep Tissue Injury and unstageable. (NPUAP/EPUAP, 2014). Point prevalence was taken for baseline data including incidence and then monthly data collected to measure improvement over time.

Qualitative data from care home managers, focus groups and District Nurses

Feedback was requested from care home managers and District Nurse teams. A focus group was facilitated in which stakeholders were invited to attend and evaluate the programme along with sharing learning and celebrating success.

Results and Evaluation

Post Training Evaluation result

A total of 914 evaluation forms were completed and returned, this included:

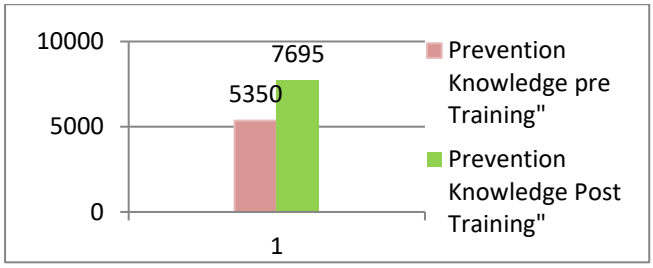
- 824 (90%) carers/team leaders
- 58 (6%) Qualified RGN's
- 39 (4%) others- including activities/domestic/laundry/kitchen/maintenance staff.

99.9% of participants reported they found the content/layout easy to follow. 99.3% of participants found training to be at an appropriate level. 3 responding that there was not enough depth, 1 felt that although the training was good, it was too much depth for qualified nurses and they should do a shorter session than carers. This was explored further and found to be appropriate to pre-existing knowledge base. Suggestions were made for useful additions to the training (Appendix 3)

How it will improve practice

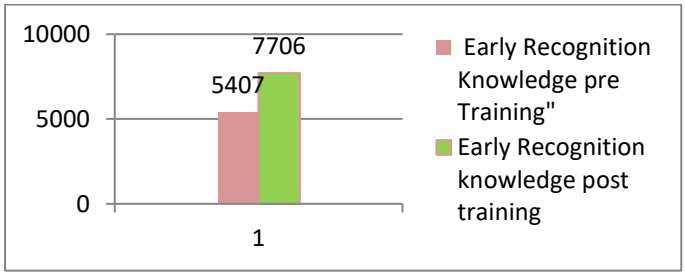
Knowledge of Pressure Ulcer Prevention

The data indicates a 43.83% improvement in knowledge regarding pressure ulcer prevention following training



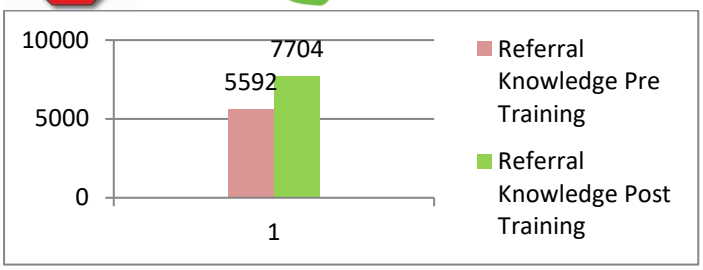
Pressure Ulcer Early Recognition

The data indicates a 42.51% improvement in knowledge regarding early recognition of pressure ulcers following training



Knowing How to Refer Pressure Ulcers

The data indicates a 37.76% improvement in knowledge regarding the referral of pressure ulcers following training



The findings from the post training evaluation suggest that the React to Red content and layout was easy to follow and overall at the correct level. Further information regarding available products and equipment would be welcomed as would an increase of available literature to take away following training. This demonstrates a real appetite for learning in this important issue.

Overall data indicates a significant increase in Knowledge following training and post training feedback is very positive with staff feeling far more confident in respect of how to prevent, recognise, manage and report pressure ulcers.

More in-depth feedback and comments from staff following the training were very positive (Appendix 4)

Pressure Ulcer Data Collection

Baseline data regarding prevalence and incidence of pressure ulcers was collected from each participating care home prior to commencing the programme; this included the number of pressure ulcers present, per person, the stage of the pressure ulcer, where it developed i.e., in the care home or elsewhere and any deterioration.

Total no. of residents	Total no. of residents with pressure ulcers *(Prevelance per person)*	Total no. of pressure ulcers *(Prevalence per ulcer)*	Total no. of pressure ulcers developed in the care home	Total no. of pressure ulcers developed in the care home in the last 3 months *(Incidence)*	Total no. of deteriorated pressure ulcers in the last 3 months
2041	73 (3.57%)	90 (4.40%)	58 (2.84%)	33 (1.61%)	8 (0.39%)

The Baseline data indicates that although the prevalence or number of pressure ulcers present within the care home sector is significant, the incidence, i.e., the number of service users developing pressure ulcers whilst resident in the care home, is on average notably

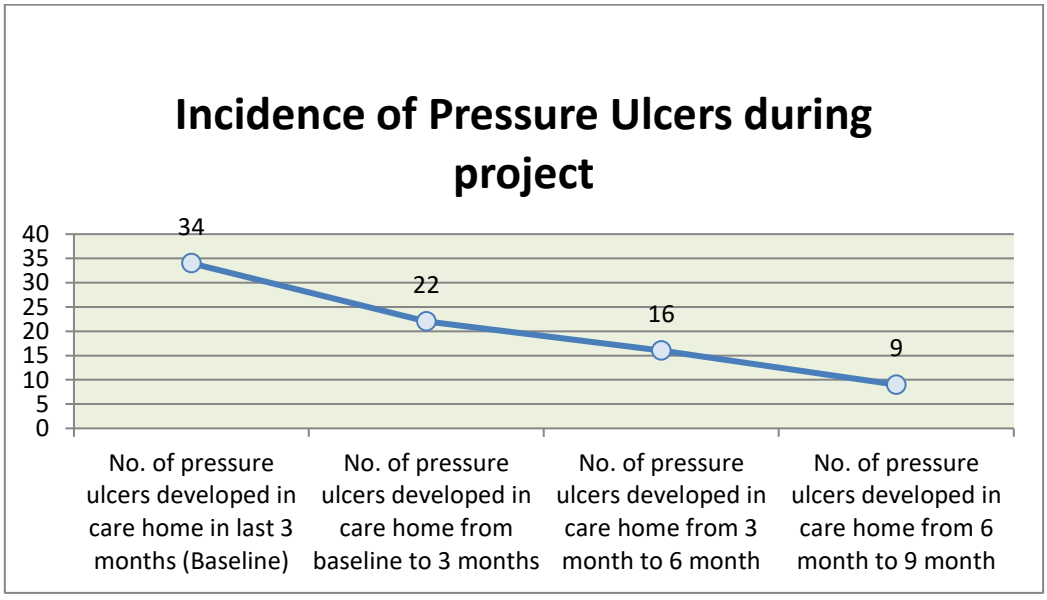
lower. This is due to service users being admitted to the care home from elsewhere with previously acquired pressure ulcers.

To effectively measure the impact of the programme on the incidence of pressure ulcers within the care homes pressure ulcer data was requested on a monthly basis. The requirement for data submission was agreed during initial discussions with care home managers although there was some difficulty obtaining reliable and robust data submissions from some care homes. This is largely due to changes in leadership, high turnover of staff particularly those acting as link champions and lack of commitment at senior level.

To ensure results are as accurate as possible, only consistent data provided by 47 participating care homes have been used for this evaluation. This is important to note as it is significantly less than the recruited cohort. It should be recognised that we are aware of several care homes that have engaged with React to Red training but are not returning data. This is possibly because these care homes have not seen an improvement in pressure ulcer incidence or severity or a reluctance to share data.

Incidence of pressure ulcers in care homes

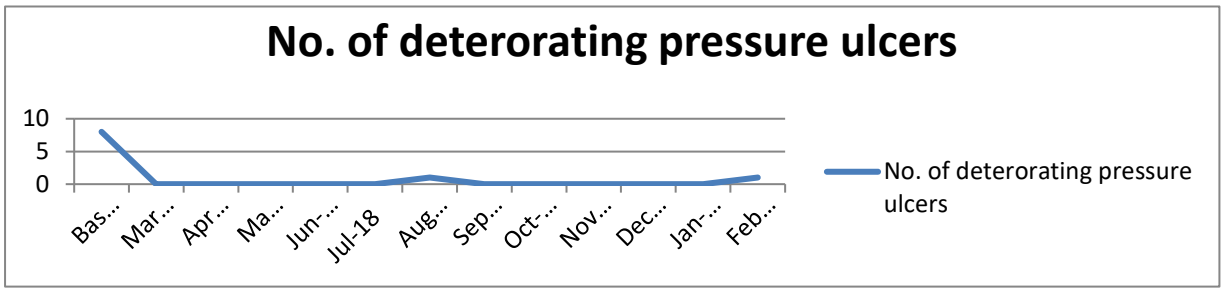
The graph below displays the incidence of pressure ulcers cross all 47 homes from baseline throughout a 9 month period from which individual care homes commenced the React to Red programme and shows a sustained reduction in the incidence of pressure ulcers acquired in the care homes that are engaged and participating in the React to Red programme.



Pressure Ulcer Deterioration

The graph below shows the reduction of deteriorating pressure ulcers from baseline over the 9 month period from when individual care homes commenced the programme. From

March 2018 to date there have been 2 recorded cases of pressure ulcer deterioration from data returned from the participating care homes. The deterioration reported in August 2018 declined from category 2 to Category 4 and occurred as a result of service user choice to stay in bed, not to change position, refusal to use appropriate pressure relieving equipment and not to take appropriate nutrition. With encouragement and patience, pressure ulcer care to this resident has been promoted and encouraged. The pressure ulcer is now healing. The deterioration reported in a further care home in February 2019 saw a pressure ulcer decline from category 2 to category 4. There are numerous reasons for deterioration but it also coincides with a period of change in management and staff. There is support and further React to Red training on-going in this home.



This data suggests that since participating in the React to Red programme care home staff are responding to and implementing preventative measures sooner to prevent pressure ulcers deteriorating

Injury From Pressure Damage

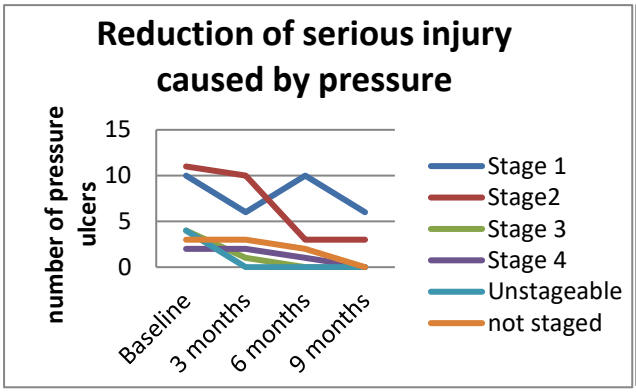
Data below demonstrates the categories of pressure damage taken at 3 month intervals from when individual care homes commenced the programme. This data is important to measure any impact of React to Red on reducing the incidence of serious injury caused by pressure (Categories 3, 4, deep tissue injury or unstageable)

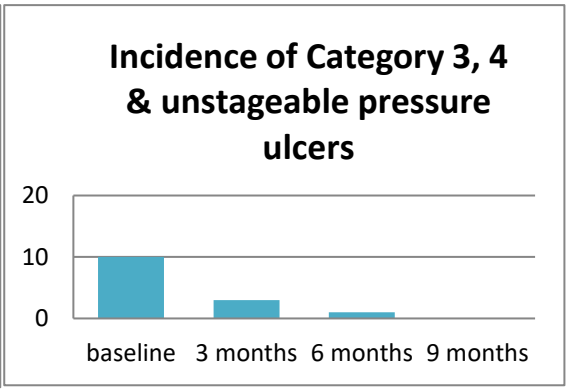
	Category 1	Category 2	Category 3	Category 4	DTI/unstageable	Not graded	Total
Baseline	10	11	4	2	4	3	34
3 months	6	10	1	2	0	3	22
6 months	10	3	0	1	0	2	16
9 months	6	3	0	0	0	0	9

Pressure ulcers are categorised according to the European Pressure Ulcer Advisory Panel (2014) on a scale of 1-4, deep tissue injury and unstageable damage; category 1 being non-

blanchable erythema, which is a sign of early pressure damage and frequently seen as a pre-cursor to the development of more serious damage; through to stage 4 being full thickness tissue loss, often very deep sores that affect muscle, tendon and bone; and unstageable damage where the depth is unknown as it is obscured by necrotic tissue or slough.

Data shows since implementing React to Red, there has been a significant reduction in the incidence of pressure ulcers categorised as 3 and above which would be defined as serious injury. The first 3 months saw a reduction of 70% followed by a reduction of 90% at 6 months. This would suggest staff are recognising and responding to the early signs of damage and preventing more serious injury occurring. This is a positive result which will inevitably contribute to an improvement in service user quality of life, a reduction of pain, discomfort and distress whilst having a positive financial impact across the health and social care sector





Further Examination of Data

Care homes with higher incidence/prevalence at baseline

The Incidence of pressure ulcers within care homes across the Vale of York is generally low; however there were 6 care homes at baseline who appeared to report a higher incidence and prevalence of pressure damage (See below)

Care home	Total no. of Residents	Total no. of residents with pressure ulcers *(Prevelance per person)*	Total no. of pressure ulcers *(Prevalence per ulcer)*	Total no. of pressure ulcers developed in the care home	Total no. of pressure ulcers developed in the care home in the last 3 months *(Incidence)*
1.	54	8 (14.81%)	11 (20.37%)	11 (20.37%)	3 (5.55%)
2.	46	3 (6.5%)	5 (6.5%)	3 (6.52%)	2 (4.34%)
3.	46	7 (15.21%)	8 (17.39)	7 (15.21%)	6 (13.04%)
4.	54	3 (5.5%)	4 (7.40%)	1 (1.85%)	1 (1.85%)
5.	34	4 (11.76%)	4 (11.76%)	4 (11.76%)	3 (8.8%)

6.	67	4 (5.97%)	4 (5.97%)	2 (2.98%)	2 (2.98%)

After collaborating with these care homes to implement React to Red, pressure ulcer incidence has had a significant and sustained reduction from baseline. Where pressure ulcers have occurred, they have been largely recognised early at category 1 or 2 that have not subsequently deteriorated and healed quickly (Appendix 5).

As anticipated there was an initial increase in the incidence of pressure ulcers evident in some care homes that participated in the programme. Increased awareness usually results in this trend. Following analysis of the data from these homes no clear conclusions could be drawn regarding key trends and themes accounting for the initial increase in the reporting of early pressure damage, not all of the reported ulcers were graded (Appendix 6).

In those care homes where there was no significant reduction or an increase in the incidence of pressure ulcers was observed it appeared to correlate with challenges such as high turnover of staff, poor recruitment of link champions, poor engagement/ commitment, two homes a change in leadership part way through the programme. Continuing support is being offered to these homes to sustain improvement in practice.

Several care homes reported category 1 damage which healed within days. The homes were encouraged to report all perceived skin damage although it is widely accepted that category 1 damage is often transient and will resolve upon repositioning very quickly. In most prevalence audits such as Safety Thermometer, nursing metrics, category 1 damage is not usually recorded as it is not perceived as a reliable measure. In this programme the team encouraged reporting of red skin as this was after all the aim of the programme; early recognition of skin changes. Greater dialogue at the category 1 stage, even if transient interruption to microcirculation, enabled the team to be assured that staff were discussing skin and providing appropriate interventions. As previously acknowledged the incidence of skin damage is relatively low in the care home population and so this kept the conversations around pressure ulcer prevention flowing and awareness in the minds of those involved. It was important to recognise where skin damage had not occurred, to reiterate that the interventions carers were providing translated into preventing skin damage, therefore the success of carers was often hidden- as in no ulcers reported, which was a positive. In other harms that are measured such as falls a reduction in numbers of falls is more tangible and can be motivating for staff to witness the reduction in numbers and/ or days between a fall. It was necessary to keep the topic of skin integrity in the forefront of carers minds and not risk the absence of skin damage resulting in it being a risk overshadowed by other potential harms or agendas.

The data recognises in some homes the incidence of pressure ulcers reduced to zero following implementation of React to Red, and this has been sustained to date. This

supports the notion that React to Red has been successful in improving care staff ability to recognise very early skin damage and put in appropriate measures to stop pressure ulcers from developing (Appendix 7).

There were 21 care homes that had no recorded pressure ulcers at baseline and have continued to have no recorded pressure ulcers throughout the programme. This could be for a variety of reasons including cohort of residents cared for, i.e more independent, lower dependency although it also provides assurance that following training carers are more aware of the principles of pressure ulcer prevention .

Discussion

Data demonstrates that the React to Red campaign has been successful in significantly reducing the incidence and severity of pressure ulcer development reported within participating care homes across the Vale of York. Quantitative and qualitative data demonstrates that following training care staff were able to use the knowledge and skills developed through React to Red to effectively manage pressure area care, promote skin integrity, recognise early signs of damage and prevent deterioration.

Whilst it is recognised that a significant proportion of providers have engaged fully with the programme and have rooted React to Red into their ethos, there is also an acknowledgment of the unique challenges facing many care homes. When the programme is used as part of induction with new starters, it helps to sustain and embed practice and it is hoped if others follow this example the initial positive results of the programme will continue. Evaluation of this work identifies incidence can be reduced and sustained when care homes are fully engaged with the programme at all levels. When staff are motivated, led by a committed leader and encouraged to learn and develop there are positive outcomes for both the service user and the service provider.

Cost impact

This was assessed using the Department of Health and Social Care Pressure Ulcer Productivity Calculator (2018). This tool is based on NHS calculated costing and does not take into account social care costs. An equivalent tool for social care does not currently exist as far as the authors are aware. Using the calculator has provided an estimated cost saving of £159,000 over a 9 month period, however it is acknowledged that this does not account for the other homes who did engage but did not submit data and may in fact be a higher figure.

Qualitative Data

An intense level of support was offered to the care homes throughout the delivery of React to Red Building relationships and inspiring engagement with the programme was perceived

by the project team as important for building networks and foundations for future improvement work within the sector. It is encouraging to see improvements in relationships and collaborative working with the CCG and colleagues in primary care have been recognised positively within the feedback.

Feedback from care home managers, link champions (Appendix 8) and District Nurses (Appendix 9) support both the data and training evaluations, recognising improved knowledge of pressure ulcer prevention interventions, early recognition and escalation by care staff. Many care home managers acknowledged that although the incidence of pressure ulcers prior to completing React to Red was generally low, the programme has nonetheless had a positive effect, not only by further reducing the incidence and severity of pressure ulcers in their homes but also by empowering staff, increasing their confidence and knowledge resulting in timely individualised care.

Discussions with the District nurses regarding React to Red were very positive. A more collaborative approach has been helpful for relationships and any further work supporting care homes is valued. They have recognised that Carer knowledge and skills regarding pressure ulcer prevention have improved and less pressure ulcers are reported to have developed within care homes. When pressure ulcers have developed there is a consensus that they have been identified and responded to in a timely manner, preventing deterioration and promoting healing. Reports of category 3, 4, deep tissue injury and unstageable pressure ulcers have reduced. In some care homes an initial increase in referrals following implementation of the programme was seen, as anticipated. District nurses also report more appropriate referrals with interventions for prevention in place

Qualitative data from focus groups

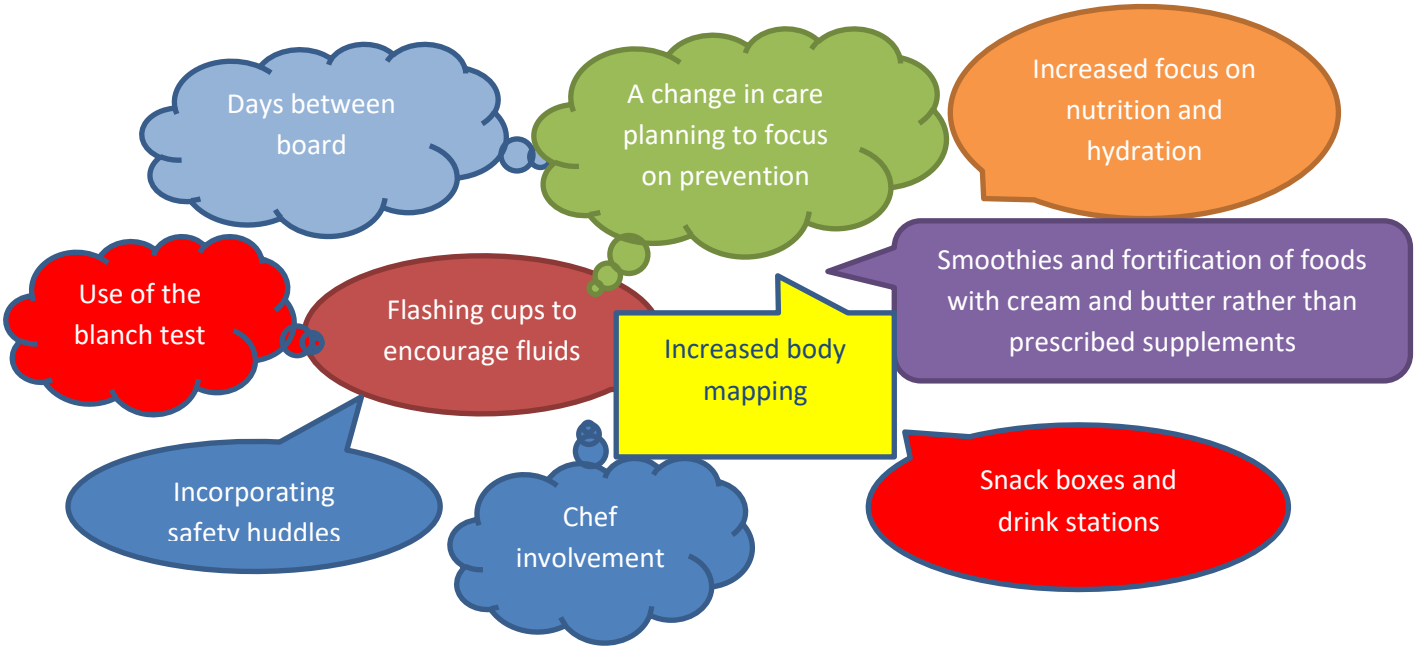
Following the implementation of React to Red across all care homes a celebration event was organised. This aimed to celebrate the success of all those involved acknowledging the link champions managers and staff who actively contributed to success of the programme. This was a valuable opportunity for reflection, discussion and evaluation and also to support and encourage staff to continue to use React to Red once the CCG were no longer providing formal training sessions. Managers and staff who were unable to attend but wished to partake in the evaluation of the programme were visited and their thoughts and opinions discussed. The discussions were based around the following questions

1. How has React to Red influenced your practice/how you manage pressure ulcers
2. Please give some examples if you have any e.g. catering around nutrition
3. Do you think that the training has contributed to the reduction of pressure ulcers in your home (if so how/ if not why?
4. How do you feel the programme has benefited your care home

5. How do you intend to continue with the programme e.g. incorporate into induction/develop champions/additional training

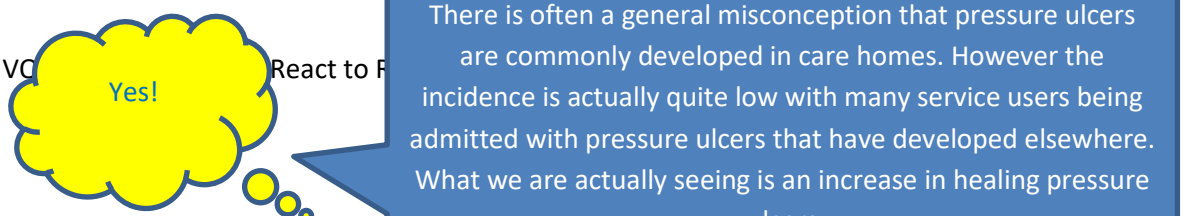
How has React to Red influenced your practice?

Please give examples if you have any

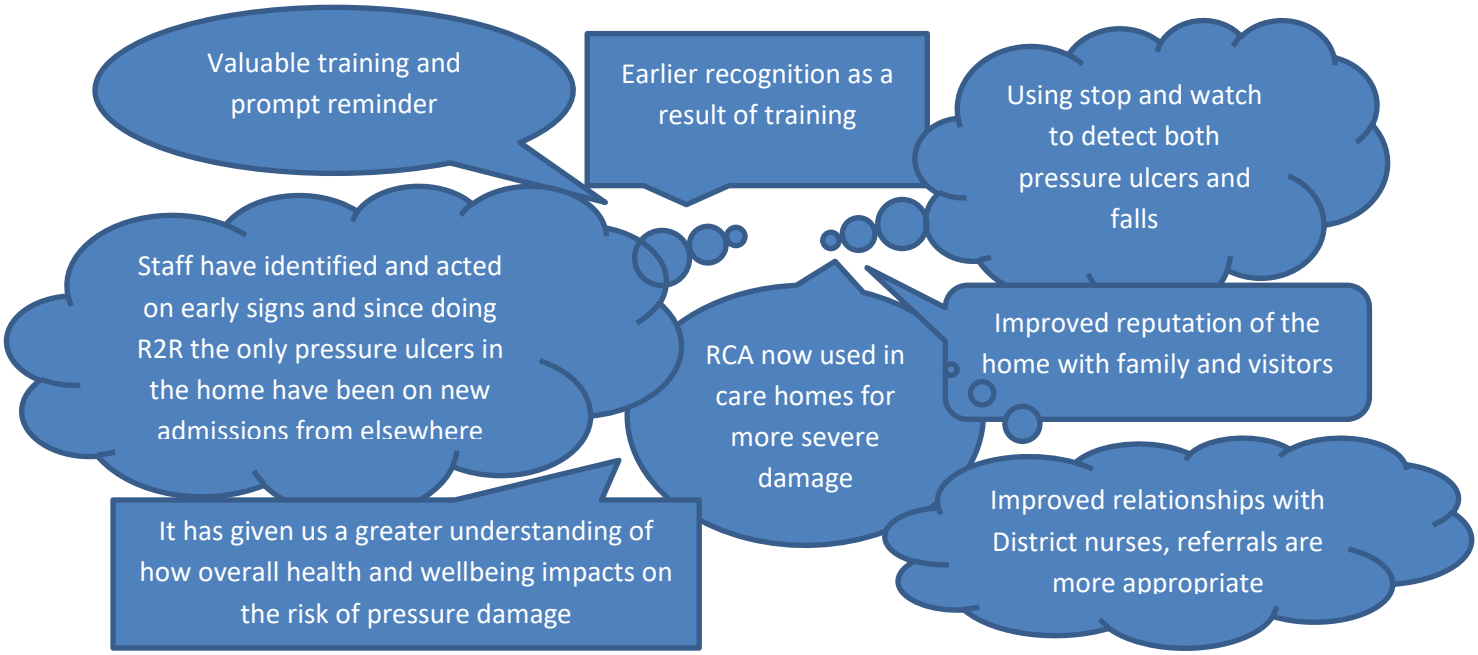


Do you think that the training has contributed to the reduction of pressure ulcers in your home (if so how/ if not

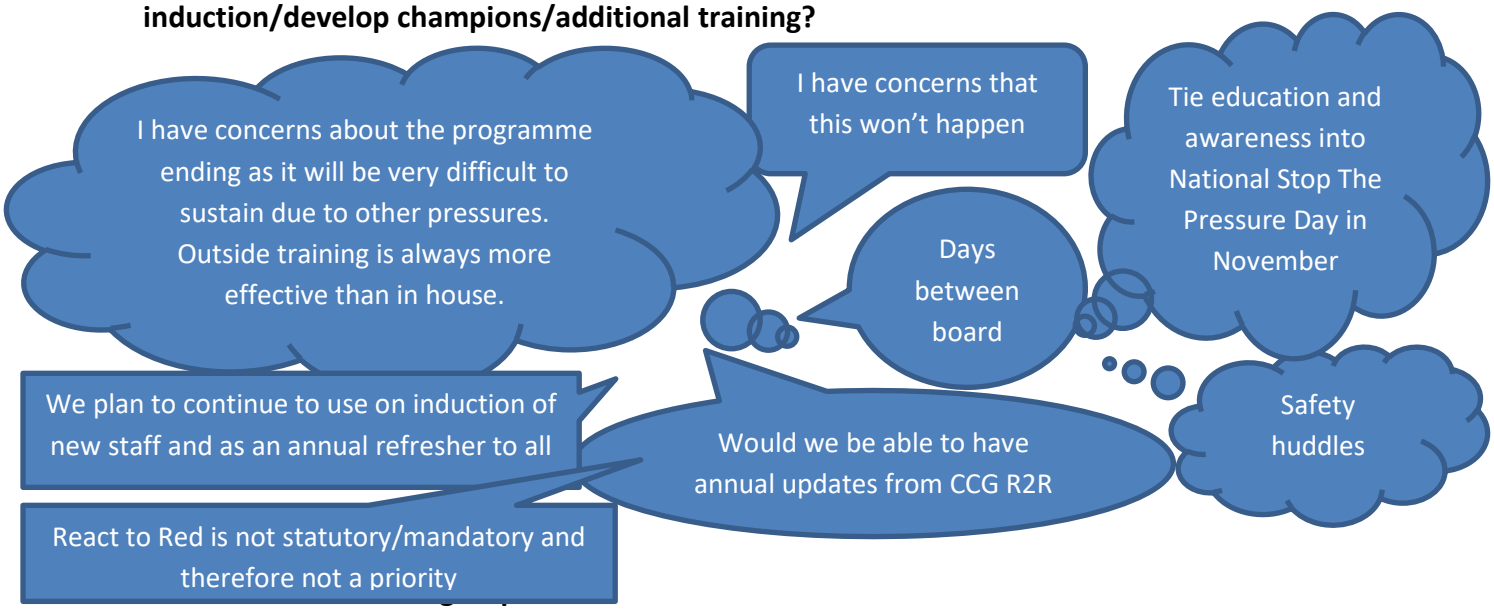
NHS VC React to F



How do you feel the programme has benefited your care home?



How do you intend to continue with the programme, e.g. incorporate into induction/develop champions/additional training?



React to Red has been recognised as a successful programme across the Vale of York, having a positive impact on carers working practices leading to improvement in care provided. This therefore has positive benefits to both service users and care provider reputation.

Sustainability

Sustainability of the programme was raised for discussion by both the care home managers, link champions and the District Nurses. The CCG will continue to support the care homes with React to Red however, managers will be encouraged and supported to take ownership and lead the work within their care setting as they see fit. Recognising the positive outcomes from the programme, the District Nurses are keen to support this where possible.

Going Forward

React to Red has been a success across the Vale of York, not only at reducing pressure ulcer incidence, severity and deterioration, but also as a successful example of collaborative working between health and social care. React to Red has cross cutting themes relating to nutrition and hydration, mobility and continence and is therefore able to impact on the reduction of other harms such as falls, UTI, AKI. React to Red is a valuable vehicle for reducing harm in the frail and vulnerable population and not just that associated with pressure ulcers.

Sustainability of the React to Red could prove fragile and requires wider support from health and social care colleagues. Some managers described the increasing pressures placed upon them to ensure that their staff receive training in countless aspects of care, many of which are statutory/mandatory/CQC requirement and report difficulties facilitating this due to both financial and physical constraints. React to Red is not a statutory or mandatory requirement but local authority colleagues have supported the project team in positive messages as have the CQC. One care home was recognised in their CQC report as having engaged with React to Red and successfully completed training. Many care homes have recognised the benefits of the programme and have embedded it into their home, using it in induction and as an annual update. Implementation of React to Red does not have to be a costly exercise and in the NHS Vale of York it was not delivered by subject specialists but a small team. The Senior Quality Lead led implementation delivered by a band 6 Project Nurse and a band 4 Assistant Practitioner who both had experience in community settings and education. Successful delivery depended on relationship building, trust and credibility on the small project team with care staff. There was a notable appetite for this work in both formal and informal care settings and it has stimulated enthusiasm for further work benefitting staff, informal carers and residents. The availability of E resources will undoubtedly facilitate the ability to cascade training and updates. The team in York will continue to support care settings as required with face to face training as the sector value peripatetic approach to learning. React to Red will be promoted at the local forum run by the CCG and in regular communications

By continuing to work closely with all stakeholders to engage, enthuse and motivate, it is hoped that pressure ulcer prevention awareness continues and residents are protected from skin damage.

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The 'Stop the Pressure' Campaign http://nhs.stopthepressure.co.uk/

Appendices

Appendix 1- The React to Red Pilot Combined with Safety Huddle

TheAHSNNetwork

NHS Vale of York Clinical Commissioning Group

NHS Vale of York Clinical Commissioning Group

NHS Improvement

The Implementation of React to Red Through Safety Huddles in Care Homes in Vale of York CCG

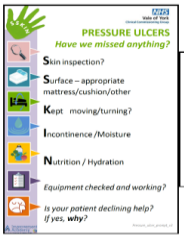
Background to the Project

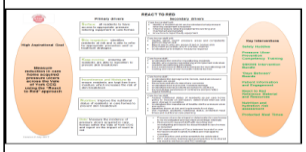
Pressure ulcers are a major cause of harm and distress and affect around 700,000 people annually. They have a huge impact on a resident's quality of life leading to increased pain, risk of infection, depression and an increased risk of mortality. The estimated cost to the NHS and care organisations in the UK is around £6.5 billion per year. Many pressure ulcers are avoidable if best practice is followed.

React to Red centres around a set of interventions known as the SSKIN bundle to support care staff in the prevention and management of pressure ulcers. Although this work focusses on pressure ulcers, the education and interventions promote improvements to cross cutting themes such as mobility, nutrition and hydration which contribute to the reduction of other avoidable harms.

Safety Huddles are short (5- 10 minute) conversations about a teams selected patient safety priority, they include all staff and allow for open and frank conversations on sharing learning and steps the team can take to prevent harm from happening .

The implementation of NHS England's 'React to Red' initiative combined with the Safety Huddle was introduced to Care Homes in Vale of York led by the Senior Quality Lead, Vale of York (VoY) CCG and the AHSN, Improvement Academy (IA).





Methods

The premise for the project was that by combining 'React to Red' with Safety Huddles would embed and sustain improvement; promoting improved safety culture and communication within the homes.

This was tested with an initial cohort of 2 care homes (225 Staff) for proof of concept before learning and adaptations to the project could lead to development of plans for wider scale spread.

Key Elements of a Safety Huddle

- **Informed** by QI tools and visual feedback
  - Review of days since last harm
- **Focused** meeting about one or more agreed patient harm
  - Who are the patients most likely at risk of harm?
- **Agreed actions**
  - Set of team/individual actions (aimed at reducing risk of patient harm)
- **Multidisciplinary** frontline team invited to attend
  - Including non-clinical
- **Senior clinical leadership**
  - Non-judgemental environment and all team staff empowered to speak up
- **Daily** (Monday—Friday as minimum)
  - **Predictable time and venue** (appropriate to team and context)
  - **Brief** (5-15 minutes)
- **Celebration and recognition of milestones**

Results

The initial cohort of 2 care homes (225 staff) allowed the project team to gather a better understanding of the specific challenges when working within the care home setting and adapt the work to address these. The care homes had an appetite to engage and achieved 100% completion with training and competency through a train the trainer approach , working with a group of identified champions allowed us to reach a critical mass to cascade the training (figure 1) . Outcome data was more of a challenge as Pressure Ulcers originating in care homes were relatively rare events , a data collection schedule was completed with baseline data and continues to be tracked (figure 2).

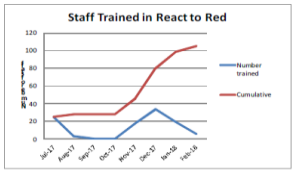


Figure 1

Date	Care Home	Total Number of Residents in the Care Home	Total Number of residents with pressure damage (Cat 1 -4, unstageable)	Total number of pressure ulcers	Total Number of residents who developed new pressure damage whilst in care home in the past month	Total number of residents who have developed pressure damage deterioration whilst in care home
20.07.17	1	34	1 (u)	1	0	0
21.07.17	2	72	3	4	0	0
21.07.17	3	24	1	1	0	0
21.07.17	4	49	2	2	0	0
total		179	7	8	0	0

Figure 2

Key Learning and Challenges

Engagement

- Drivers for QI differ to those for NHS colleagues, a key driver for is CQC requirements.
- A good relationship between stakeholders is crucial.
- Linking the work to a Care Home forum such as 'Partners in Care' allowed learning to be shared and has prepared the ground for natural spread of the work .
- Relationships both within the care home and with the wider team (health care professionals, local authority) can determine success.

Training

- Front line nurses and care workers generally have limited opportunities for learning and career development.
- The training provided was generally welcomed, it was peripatetic and accessible for all including colleagues (e.g. house keepers, receptionists, kitchen staff and facilities management).
- Training requirements are not always prioritised, training in skin integrity including pressure ulcer prevention was not recognised as a mandatory element for care staff and not included in annual refreshers training. So React to Red was perceived as extra work not part of core skills and knowledge.

Resources

- Dedicated resource to support the work was critical in order to maintain regular contact, collect data for measurement of improvement and provide face to face support and encouragement.
- Intense levels of support are often required to be provided in the care homes at the start of the programme to build momentum, embed change and to plan for sustainability
- Care homes are individual businesses and have differing business priorities and agendas, different equipment, dressings, resources for education.

Leadership / Workforce

- Care homes have a transient workforce (care staff and managers) and it can be challenging to maintain engagement and support for the work
- Clinical leadership can be difficult in some settings as senior staff can have diverse experience and skill sets which may not be predominantly health based
- Numeracy and literacy skills can also be a challenge in some care homes (particularly where English is a second language).
- The different size of homes with different client groups inevitably leads to different ways in working.

Conclusion:

The use of the Safety Huddle was found to have a positive impact on both safety culture and embedding learning regarding 'React to Red'. The Safety Huddles motivated staff and promoted a safer care environment through recognition of achievement and the sharing of learning from incidents and good practice. The Safety Huddle has provided a structure for further improvement work with care homes and subsequently some have chosen to include other harms e.g. falls and deterioration.

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Appendix 2 - Post training evaluation form

NHS VOY CCG Approach to React to Red 2019 V1 SF/HD

React to Red Training Resource Evaluation

Care Home……..

Date……..

1. **Which Staff Group best describes you?**

   Registered Nurse ☐ HCSW/HCA ☐ Carer ☐

   Other (please state)

2. **Which Healthcare Provider/Setting is your main area of work?**

   Residential Home ☐ Nursing Home ☐

   Other (please state)

3. **Did you find the resource content/layout easy to follow?**

   Yes ☐ No ☐ Comments

4. **Was the training content at the correct level for you to follow?**

   About right ☐ Too much depth ☐ Not enough depth ☐

   Comments

5. **Is there anything that you feel would be a useful addition to the training package?**

   Yes ☐ No ☐ Comments

PRIOR to the React to Red training how would you assess your own knowledge of:

6. **Pressure ulcer prevention -** on a scale of 1-10 (1 being low 10 being high)

7. **Pressure ulcer early recognition -** on a scale of 1-10 (1 being low 10 being high)

8. **Knowing how to refer any pressure ulcer problems** on a scale of 1-10 (1 being low 10 being high)

FOLLOWING the React to Red training how would you assess your own knowledge of:

9. **Pressure Ulcer prevention-** on a scale of 1-10 (1 being low 10 being high)

10. **Pressure ulcer early recognition -** on a scale of 1-10 (1 being low 10 being high)

11. **Knowing how to refer any pressure ulcer problems** on a scale of 1-10 (1 being low 10 being high)

Any other comments?

Appendix 3-Useful additions to the training

- Training book/more hand-outs to keep
- More real pictures/examples/case studies

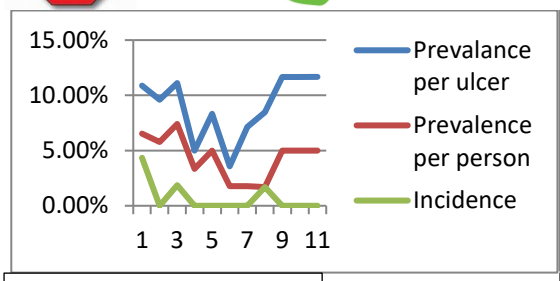
- More info regarding products and there properties
- More info about palliative care
- A Better training environment
- More information about grading for nurses
- More in-depth information on types of mattresses and cushions
- Availability of training in different languages
- Preferred the group interaction to watching the video

Appendix 4 - Post training Feedback

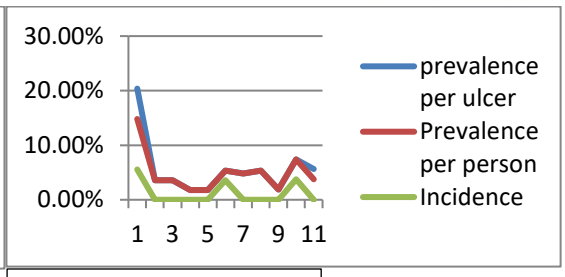
- Very important theme. Prevention much better than cure!
- Pressure ulcers can be prevented if it is discovered at early stage

- Very knowledgeable course and useful for the residents
- Knowledgeable, learned a lot.
- Very useful course
- Excellent course
- Everything I needed
- Brill training. Very informative
- 30 degree pressure relief with the cushions is not very familiar with the staff who work here, but now after this training is very helpful for the staff.
- It is always good to update knowledge and share experience with others in your team
- Appropriate training for my profession as a carer
- Trainer explained everything. Gave time for questions and answered very well, Ensured we all understood
- The training was very well structured and presented. Thank you
- Very useful training and content. Definitely an eye opening training course
- It has been interesting and made me aware to look for and action to take
- Lots of good ideas in enhancing nutrition. Course was good. Very informative
- Excellent training. Lots of up to date information
- Good basic training giving information pertinent to both RNs and care staff involved in residents care
- Found it very informative, especially about the creams not to use with incontinence pads
- Much more concise than previous training
- Found this training really informative and has refreshed my ability to recognise and treat pressure sores
- Really informative as I'm new to care. I learned a lot
- Fantastic, it will help me identify and prevent pressure sores
- I will be more aware of how to identify the early stages of pressure damage
- Very educational – stimulated
- Great training. Thank you so much!
- I feel confident in knowing how to care for residents with pressure sores and how to prevent them
- will be able to use knowledge in practice
- previously had very little knowledge, very useful & incredibly important
- I thought we knew a lot about pressure care but I feel we have learnt so much today
- very informative yet simple, catered to all very thorough
- Really enjoyed it and was presented at the correct level and correct language. Presented with enthusiasm
- Brilliant trainer

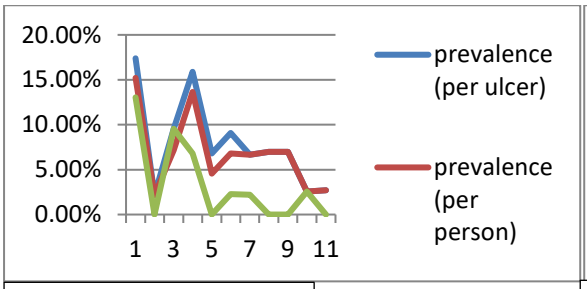
Appendix 5 – Further analysis of data from care homes 1-6



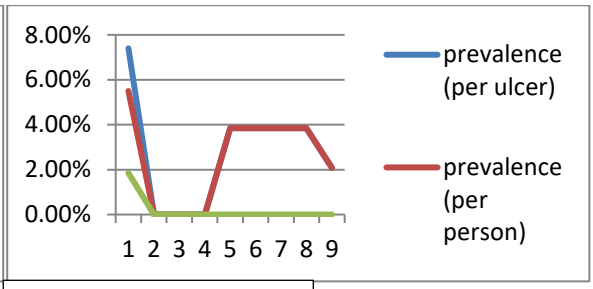
Care home 1



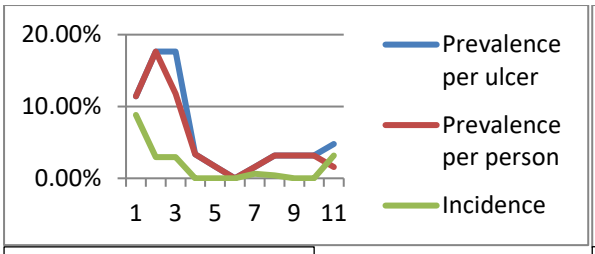
Care home 2



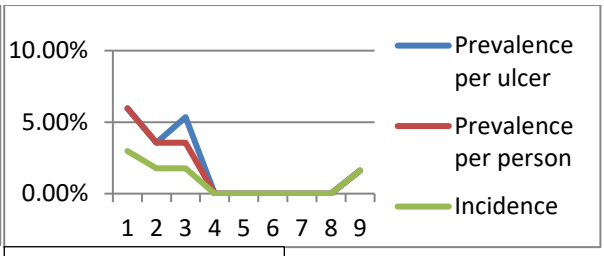
Care home 3



Care home 4



Care home 5



Care home 6

Care home 1 had the highest incidence of pressure damage at the start of the campaign, with a total of 11 pressure ulcers which developed whilst in the care home and of which 3 developed in the 3 months prior to commencing React to Red. Following the implementation of React to Red, the incidence of pressure ulcers in this care home significantly reduced and likewise the severity of the pressure damage also reduced. There were 2 incidents of category 2 damage in month 6 which had healed by the following month and 2 incidents of category 1 damage report in month 10. There have been no recorded incidents of more severe category 3, 4 or unstageable damage since the implementation of React to Red.

Care home 1	No. of category 1 pressure ulcers	No. of category 2 pressure ulcers	No. of category 3 pressure ulcers	No. of category 4 pressure ulcers	No. of un-stageable pressure ulcers	Total pressure ulcers
Baseline	3	4	3	0	1	11
3 months	0	0	0	0	0	0
6 months	0	2	0	0	0	2
9 months	0	0	0	0	0	0
12 month	1	0	0	0	0	1

Care home 2 had a baseline figure of 3 pressure ulcers developing in the care home, with 2 of these being in the 3 months up to commencing the programme. All of the pressure ulcers that developed in the care home were recorded as category 2 damage and there have been no incidents of reported severe category 3, 4 or unstageable damage since commencing React to Red.

Care home 3 had the 2nd highest incidence of reported pressure ulcers at baseline with a total of 7 pressure ulcers developing in the home and within the previous 3 months to baseline data being recorded. The categories of pressure damage have been recorded and as seen below, although on first glance this care home appears to continue to have a significantly high incidence of pressure ulcers, on closer examination of the data it is evident that the majority of the damage is category 1 which is healed within days following recognition. This demonstrates that the care home staff are being observant of skin and reporting early signs of damage. Recognising damage early and implementing appropriate pressure area care to these individuals has resulted in prompt action which has prevented further breakdown of skin.

Care home 3	No. of stage 1 pressure ulcers	No. of stage 2 pressure ulcers	No. of stage 3 pressure ulcers	No. of stage 4 pressure ulcers	No. of un-stageable pressure ulcers	Total pressure ulcers
Baseline	3	3	0	0	1	7
3 months	3	0	0	0	0	3
6 months	4	0	0	0	0	4
9 months	1	0	0	0	0	1
12 months	0	1	0	0	0	1

Care home 4 had a high prevalence of pressure ulcers at baseline, 1 of which had developed in the care home in the 3 months prior to recording baseline date. The ulcer was category 1

and it did not develop any further. Since commencing React to Red the care home have had zero incidents of pressure damage.

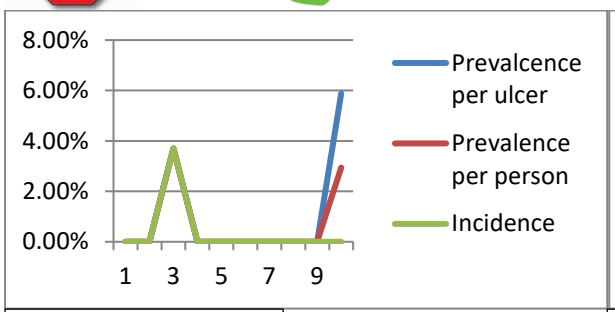
Care home 5 initially had 5 pressure ulcers that developed in the home at baseline, 3 of these developed in the 3 months prior to baseline data collection. Since commencing React to Red there has been a significant decrease in the incidence of pressure ulcers, and until month 11 there was no reported stage 3,4 or unstageable damage. There have been many recent changes within the care home; there is new management in place and many of the staff that had originally completed React to Red have left the company, including the link champion. There has been new staff employed but no cascading of React to Red training to new starters. It would appear that this has impacted negatively on the home as figures in month 11 reports both category 2 and unstageable pressure ulcers which developed within the home. This clearly demonstrates the need for continuing pressure ulcer prevention education and support due to the high turnover of staff. Work is on-going with this home to ensure all staff complete training and a new link champion is recruited.

Care home 5	No. of stage 1 pressure ulcers	No. of stage 2 pressure ulcers	No. of stage 3 pressure ulcers	No. of stage 4 pressure ulcers	No. of un-stageable pressure ulcers	Total pressure ulcers
Baseline	3	1	0	0	1	5
3 months	0	1	0	1	0	2
6 months	0	1	0	0	0	1
9 months	0	1	0	0	0	1
12 months	0	1	0	0	1	2

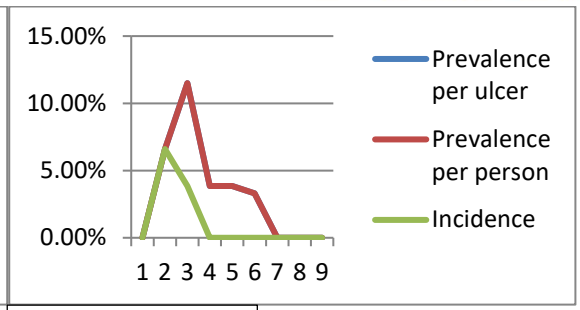
Care home 6 had 4 pressure ulcers recorded at baseline, 2 of which had developed in the care home in the previous 3 month period. Following React to Red the incidence of pressure ulcers have reduced with just 1 stage 1 ulcer reported. There have been no incidents of severe category 3, 4 or unstageable pressure ulcers since React to Red was implemented.

Care home 6	No. of category 1 pressure ulcers	No. of category 2 pressure ulcers	No. of category 3 pressure ulcers	No. of category 4 pressure ulcers	No. of unstageable pressure ulcers	Total pressure ulcers
Baseline	0	1	0	0	1	2
3 months	0	2	0	0	0	2
6 months	0	0	0	0	0	0
9 months	1	0	0	0	0	1

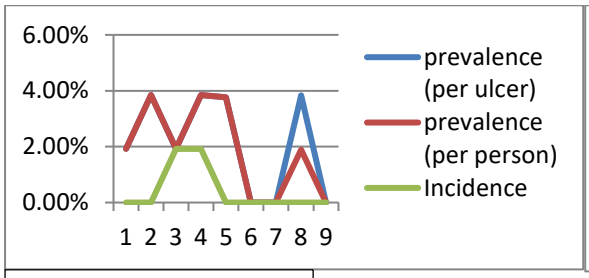
Appendix 6 -Further analysis of data from care homes 7-11



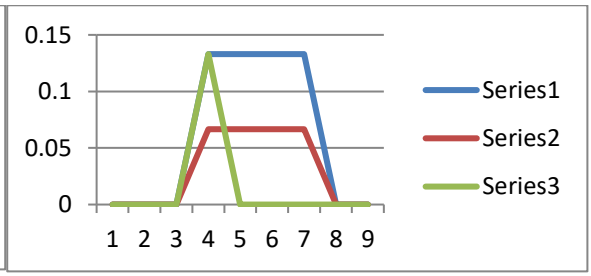
Care home 7



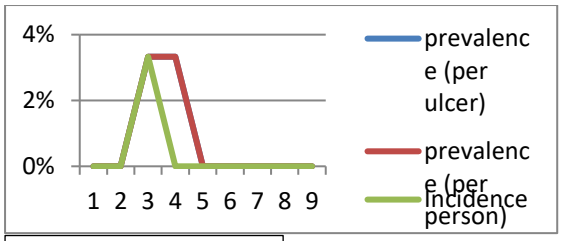
Care home 8



Care home 9



Care home 10



Care home 11

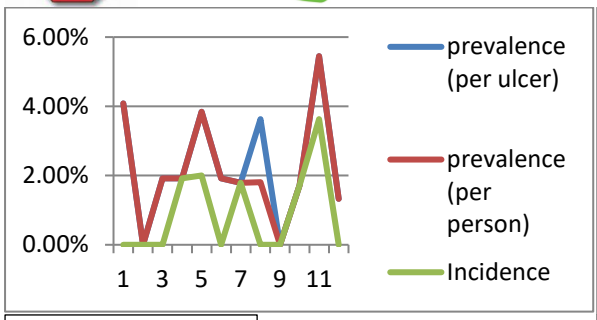
In care homes 7, 10 and 11, the data was examined in greater depth where it became evident that no clear conclusions could be drawn because the reported pressure ulcers had not been graded; therefore we are unable to assess if these incidents are the results of earlier recognition of early pressure damage or if it is in fact avoidable harm.

Care home 8

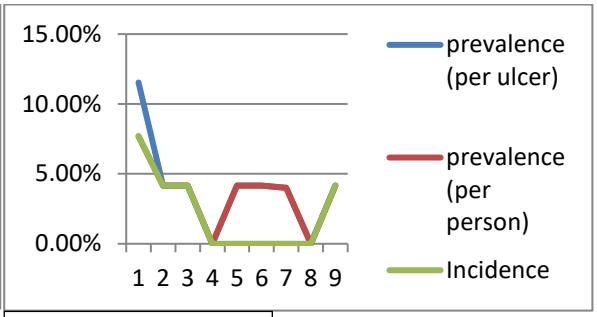
Care home 8	No. of category 1 pressure ulcers	No. of category 2 pressure ulcers	No. of category 3 pressure ulcers	No. of category 4 pressure ulcers	No. of unstageable pressure ulcers	Total pressure ulcers
Baseline	0	0	0	0	0	0
3 months	0	2	1	0	0	3
6 months	0	0	0	0	0	0
9 months	0	0	0	0	0	0
12 months	0	2	0	0	0	2

In care home 9, the pressure damage reported in months 3 and 4 following the implementation of React to Red was reported as category 1. This is an indicator that as a result of the programme pressure ulcers were recognised very promptly and managed effectively to improve skin integrity and prevent further deterioration.

Appendix 7- Further analysis of date from care homes 12-22



Care home 12



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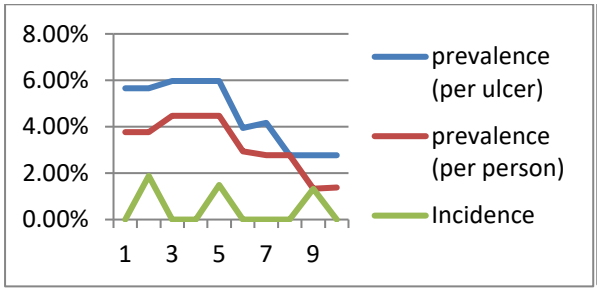

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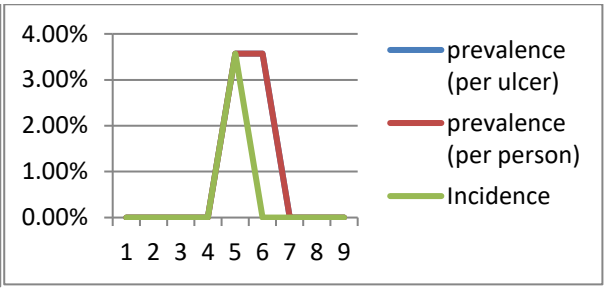

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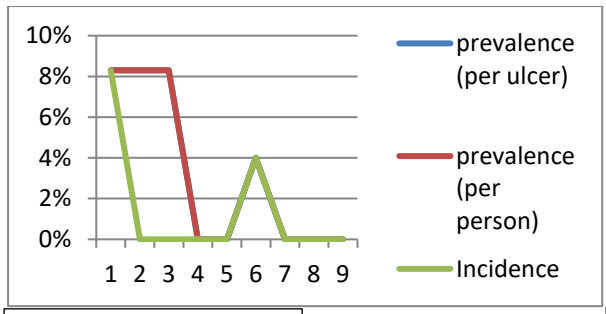

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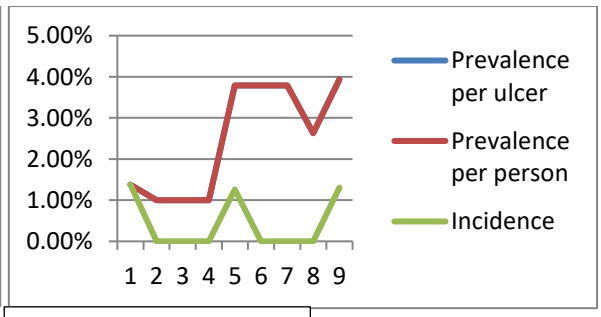

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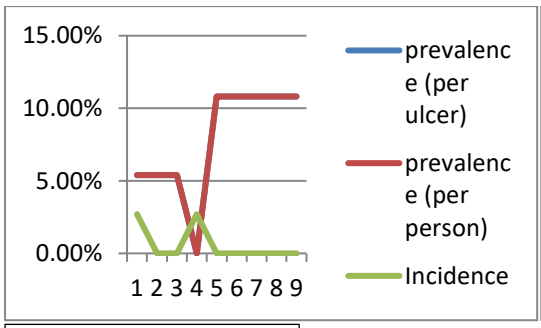

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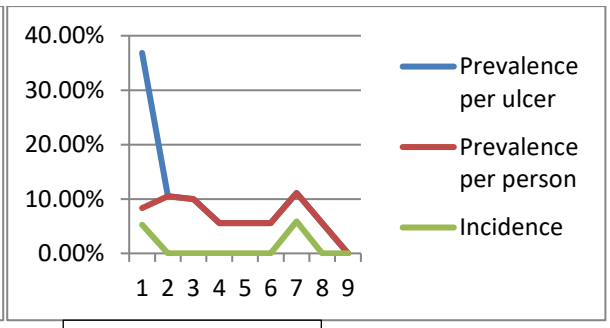

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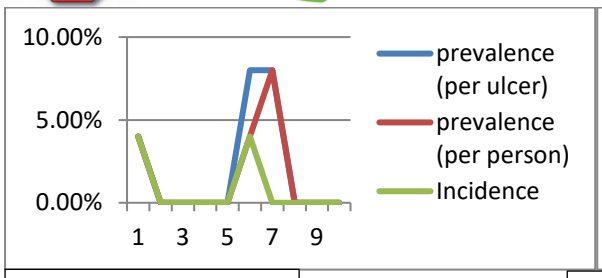

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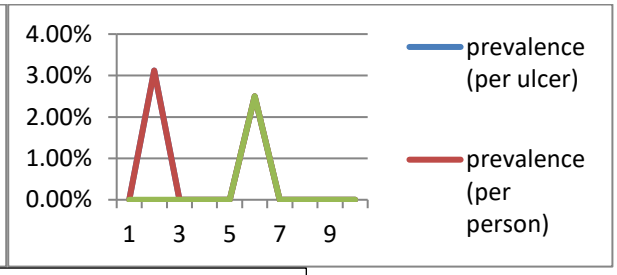

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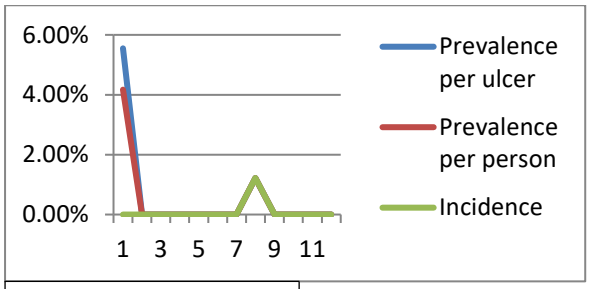

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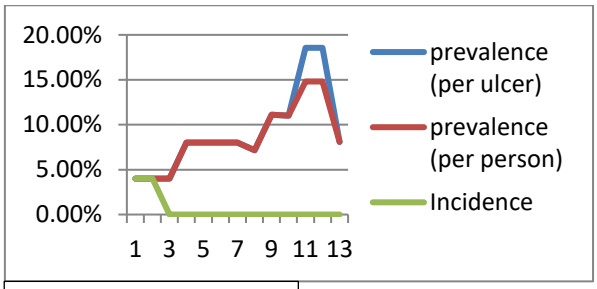

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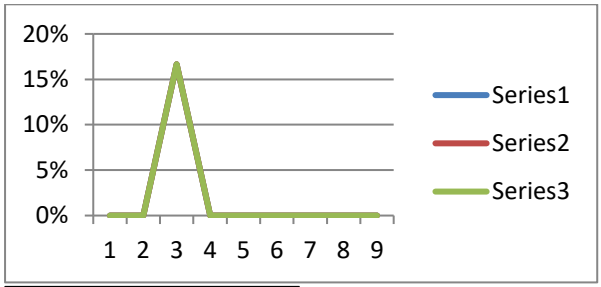

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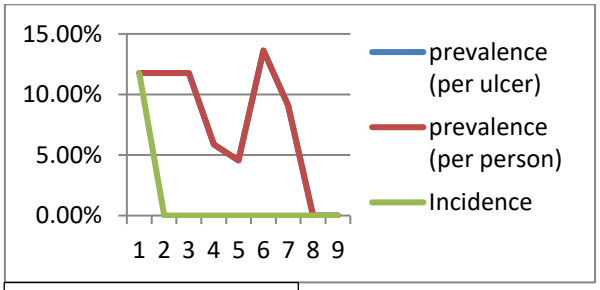


Care home 25

Further analysis of data from care homes 12-22

Although the manager at **care home 12** was initially keen to participate in the React to Red programme, engagement was not sustained. Training was provided to 13 of 30 eligible staff by the GGG and repeatedly offered, arranged and cancelled by the care home; or no staff would attend on the arranged day. This has resulted in less than half the staff within the care home receiving the training and considering the current high turnover of care home staff, there is no doubt that many of these will have now moved on. Added to this, there was no interest from staff regarding link champions to work with their colleagues to cascade the training. The pressure ulcers reported were mainly category 2, however 1 incident of unstageable damage was reported in month 11, as shown.

Care home 12	No. of category 1 pressure ulcers	No. of category 2 pressure ulcers	No. of category 3 pressure ulcers	No. of category 4 pressure ulcers	No. of unstageable pressure ulcers	Total pressure ulcers
Baseline	0	0	0	0	0	0
3 months	0	1	0	0	0	1
6 months	0	2	0	0	0	2
9 months	0	1	0	0	0	1
12 months	0	1	0	0	1	2

The manager in **care home 13** was very keen to complete the programme and training was implemented and link champions recruited. 86% of staff members completed the training and dates were arranged for completion. As shown there was an initial and sustained reduction in the incidence of pressure ulcers within the care home at this time. The manager then moved on and a new manager took over. Many of original staff including link champions also moved on at this time. The organised training was cancelled and like care home 12, several attempts at rearranging resulted in either cancellation or no shows. Unfortunately the home reported a category 2 pressure ulcer in month 9; work is on-going to try and re-engage the manager and care staff with React to Red

Care home 14 has engaged with the programme and despite slow progress the care staff received the training. The pressure ulcers that occurred during this time were stage 1 which were recognised early

Care home 15 had no pressure ulcers at baseline and none until month 5. The ulcer started as a moisture lesion during a period of decline in health and deteriorated very quickly overnight. Staff acted promptly and district nurses were contacted. The ulcer was never categorised, however appropriate pressure area care was implemented and the ulcer healed within a fortnight. It is difficult to assess if the ulcer could have been avoided but once recognised, staff acted appropriately and prevented further and more severe damage.

Following implementation of React to Red, **care home 16** showed an initial and sustained reduction in pressure ulcer incidence. However in month 6, as shown, there was 1 incident of pressure damage which was not categorised, to a service user that was receiving end of life care. Appropriate pressure relieving measures were implemented and the service user passed away peacefully.

Care home 17 saw an initial decrease in pressure ulcer incidence following implementation of React to Red. As shown, there was one incidence of category 2 pressure damage approximately half way through the programme. This coincides with an influx of new residents and staff members and a temporary suspension of the training to allow for

changes. Training was re-commenced and the care home has had no further pressure ulcers developing in the in the last four months.

Similarly, **care home 18** saw an initial decrease in pressure ulcer incidence followed by an incidence of a category 2 pressure ulcer half way through the programme. At this point approximately half of the staff had received the training. It will therefore be of benefit to continue to monitor the incidences of pressure damage now that all staff have received the training.

Care homes 19, 20, 21 & 22 all reported pressure ulcers that were early category 1 damage which healed within days

Appendix 8 - Feedback from Care home managers

- "The knowledge gained through React to Red has had a very positive impact on the team. All the staff are now more aware of the potential issues and have requested medical intervention at an earlier stage to help prevent pressure sores developing".

- The feedback from the team is also positive. This has helped them with their own personal development and confidence".

- "For me it's been fine and a useful tool to collate info around this subject. It is also acting as a prompt to keep an eye on any concerns/issues. The training was excellent as was the support".

- "The feedback from staff after they had completed the training was that they found the training beneficial as it was a refresher and gave them confidence in the knowledge that they already possessed, the practices they were doing to prevent pressure sores was correct. The staff attending found the training interesting and rather than just being e-learning found the video and hands on interaction interesting. Staff are more observant when carrying out tasks as they are aware of the early signs they need to be looking at when supporting a person with poor or vulnerable skin integrity. I found no issues with the programme and the trainer was very informative when delivering the training and keeping staff engaged".

- "I would say the React to Red programme has certainly increased my staff team's confidence and awareness. They are now being more observant when attending to personal care and flagging any slight red areas enabling us to intervene before the area breaks down. The staff have enjoyed the sessions too".

- "It has been really good; it has given my staff more confidence and has really helped them recognise the importance of pressure relief and recognising the early warning signs to help reduce pressure ulcers within the home. I have also noticed a big difference in care planning which I feel has been very positive in helping staff recognise the dangers of pressure ulcers within the elderly".

- "I think it has been a very good campaign, the best campaign to hit York in a long time, it has brought our home closer to understanding sores and how to eliminate pressure ulcers. It has also given a good and better relationship with the CCG and that is always a positive outcome. With your campaign on pressure ulcers we now attend the Partners in Care meetings which has given some great insight into new ideas and what is available in regards of help and new ways to care. I do believe

React to Red has been a great success, thank you for the insight and help. It has been a pleasure to participate"

- "The training was really helpful for our day service. Normally this training is only given to residential units, however as a team we often have to help carers who have service users with pressure issues and sometimes we notice things that can be missed. My staff team are now more informed and are confident in how to identify the start of a pressure issue and are therefore better able to discuss the issue with carers and help/support people to eliminate something that could become much more serious".

- "The training was excellent and helped staff identify problem areas and address before it became an issue. Staff have also gained confidence to make sure if they have concerns to check they are followed through and addressed accordingly with external professionals".

- "The training was very good and all my staff make full use of it. I feel that it has given carers more confidence in our home to use their own judgement".

- "The staff here really enjoyed the React to Red training and I have received very positive feedback from them about it. It has helped to fully focus staff on the importance of pressure area care and to be vigilant so that sores do not develop. It has resulted in staff being proactive and I am pleased to report that we have had no sores in the last 6 months".

- "Our District nurses praised the staff on their quick response to two of our poorly residents who had pink areas and how well managed the residents are, they asked what training we provided as an organisation. I informed them it is the 'React to Red' training which has highlighted the importance of reacting quickly. They are really impressed".

- "Some of the younger generation have found the training very useful and just recently they have asked a more senior member of staff to check what they have seen. The more experienced staff have said they found the red areas touching pressing in (blanch test) has been useful "

- "The React to Red project has definitely made our staff more aware and more confident in recognising the signs of pressure damage earlier. We have been able to prevent pressure ulcers from developing due to increased staff knowledge and them

reporting the signs promptly. It was a really worthwhile project and we will continue to use the DVD for our new staff and also to refresh knowledge."

- "The training that you facilitated made a massive difference. It could not have come at a better time. The support team are confident in their ability to spot and report correctly, any concerning signs that there may be a pressure area developing. The DVD and the pack that you left with us has also been used successfully with new support staff. It's the gift that keeps on giving. Had a little scare last week though, the team got on it with the GP and the DN, before anything could develop."

Appendix 9- District nursing feedback

In care home 14, an improvement was recognised by the team, reporting that care staff were more aware of what to look for and pressure ulcer prevention work had improved.

In care home 11, it was reported that staff had greatly improved their attitude and work practices, showing a much greater understanding of pressure ulcer prevention, and were able to work more closely with the D/N's to prevent pressure damage.

In care home 28, an initial rise in referrals was noted. Not all referrals' at this point were seen as appropriate and were possibly more a result of an 'Over Reaction to Red' This initial increase quickly settled and since then referrals have been more appropriate and overall much less

Appendix 10- NHS Vale of York approach to React to Red Poster

NHS Vale of York CCG approach to..

REACT TO RED

Who? What? Where? When? Why?

Pressure Ulcers cause distress so we really need to see them less!

The European Pressure ulcer Advisory Panel (EPUAP) describes Pressure ulcers as 'localised injury's to the skin and /or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear.' The risks can be exacerbated by factors such as moisture, nutritional status, reduced mobility and any underlying medical conditions/devices, illness or disease.

While it is well recognised that the majority of pressure ulcers are preventable, unfortunately they remain a significant healthcare problem with approximately 700,000 people affected every year. The implications of pressure ulcers are vast; they can impact heavily on an individual's quality of life and have huge financial and quality experience implications. (NHS Improvement 2014)

People living in care homes have complex care needs and are increasingly frail and therefore at high risk of developing pressure ulcers (RCN, 2012).

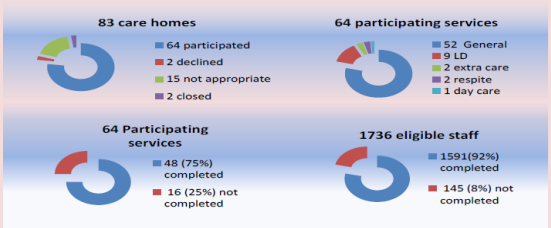
The Vale of York CCG are committed to supporting Care Homes in providing best care to residents and participated in NHS England's work to roll out the 'Stop the Pressure' campaign using the 'React to Red initiative'. Commencing in January 2018, the aim of the project was to replicate the successful outcomes of the programme when used in other areas; to reduce the incidence of serious injury from pressure, in care homes, by providing a standardised, consistent and collaborative approach to pressure ulcer prevention. All care home providers within the Vale of York were contacted and encouraged to engage with and participate in the programme.

React to Red is pressure ulcer education, designed to be shared across the nation

'React to Red' is an NHS pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. The emphasis of the training is the early recognition of skin damage and prompt reaction/ implementation of pressure ulcer prevention measures. The campaign involves an educational package and the use of a simple yet effective framework which supports carers in recognising when an individual may be at increased risk of pressure ulcer development.

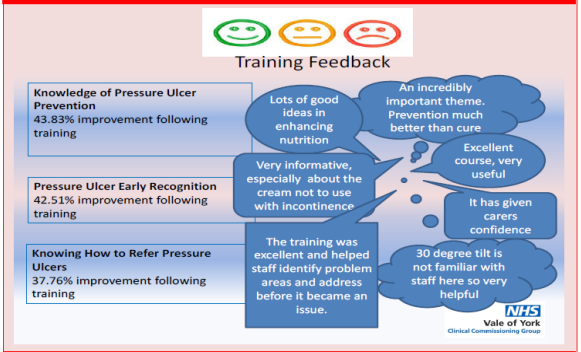
The key message is: - if you see red skin or think someone is at risk report it.... **'React to Red'**

Participation

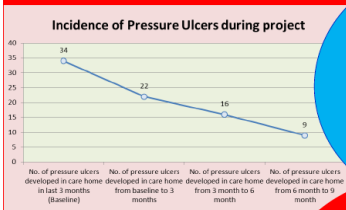


We learned together day by day and had some fun along the way.....

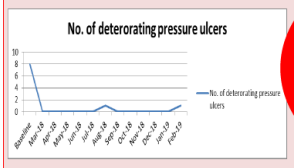
.....and then Participants had their say



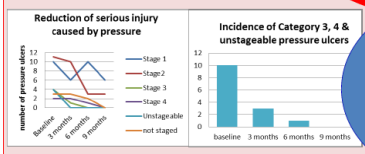
So as the figures appear, its becoming quite clear .....
.....that React to Red can put pressure ulcers to bed!



An overall 75% decrease in the incidence of pressure ulcers developing in care homes across the Vale of York



A reduction in the number of deteriorated pressure ulcers; from 8 at the start of the project to just 2 throughout the programme duration



A reduction in serious injury from pressure by 70% at 3 months, 90% at 6 months and 100% at 9 months

But when this project ceases, we don't want pressure ulcer increases... so to stop them returning, we need to keep up with the learning

React to Red has been a resounding success across the Vale of York, not only at reducing the incidence and severity of pressure damage but also as a successful example of collaborative working between health and social care; there is however growing concern about the challenges we now face sustaining the programme.

Challenges	Solutions
High staff turnover	Use in induction/annual refresher
Not mandatory/CQC requirement	Embed into your service ethos
Lack of commitment	Recruit and replace link champions
Lack of link champions to cascade	Stay committed
Not a priority	

Great things can be achieved when we work together!

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