Prevention and Management of Pressure Ulcers

Draft Standards

September 2019
We are committed to advancing equality, promoting diversity and championing human rights. The standards for the prevention and management of pressure ulcers are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way. A copy of the equality impact assessment is published on our website.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose, and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at hcis.standardsandindicators@nhs.net to notify us of any updates that the prevention and management of pressure ulcer standards project team may need to consider.

Supported by the Care Inspectorate

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First published September 2019

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www.healthcareimprovementscotland.org
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Introduction

Background to the prevention and management of pressure ulcers standards

Pressure ulcers are described as “an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure and are sometimes known as ‘bed sores’ or ‘pressure sores’”.

Pressure ulcers can occur in any person, regardless of age, who has, for example, limited mobility, cognitive impairment, palliative and end of life care needs or who is acutely ill. Other contributory factors include diabetes, compromised bladder or bowel function, or nutritional and hydration compromise.

In 2015, Healthcare Improvement Scotland was commissioned by the Scottish Government to develop standards for the prevention and management of pressure ulcers as part of a review of tissue viability services. During the development of the standards, published in September 2016, the development group requested that the 2009 best practice statement for the prevention and management of pressure ulcers be reviewed.

In March 2019, a Short Life Working Group, which included tissue viability experts, agreed that, rather than revise the 2009 best practice statement, the 2016 standards should be updated to include key aspects of the best practice statement.

This update includes frequent reference to the use of the SSKIN bundle. This tool helps to identify risk factors associated with the development or deterioration of pressure ulcers. The elements of the tool are:

- Surface – assessment of the appropriateness of mattresses and/or cushions and review of the functionality and integrity of equipment intended to reduce risk of pressure ulcers
- Skin Inspection – assessment of pressure areas and evaluation of skin reddening
- Keep moving – assessment of regularity of movement intended to prevent pressure ulcers or deterioration of existing pressure ulcers
- Incontinence – assessment of bowel and bladder function and control which may influence the risk of developing pressure ulcers, or the deterioration of existing pressure ulcers
- Nutrition – assessment of diet, fluids and supplements that may affect the risk of developing pressure ulcers, or influence deterioration of existing pressure ulcers

These standards reflect the collective opinion of an expert development group and current evidence, and encapsulate key elements of the best practice statement.

Following publication of these standards in spring 2020, the 2009 best practice statement will be withdrawn.
Scope of the standards

The standards apply to:

- any person at risk of developing, or identified with, pressure ulcers regardless of age (including babies and children)
- services and organisations responsible for pressure ulcer care across health and social care.

The standards take into account national health and wellbeing outcomes and the national Health and Social Care standards. In addition, they support the principles of realistic medicine recognising the importance and value of informed choice; putting patients and service users at the centre of care decisions and multidisciplinary working and Duty of Candour.

Within healthcare this includes primary care, secondary care, community nursing, hospices and independent clinics. In social care this includes care at home services and care homes with registered nursing staff.

The standards cover the following areas:

- leadership and governance
- education, training and information
- assessment of risk for pressure ulcer development
- reassessment of risk
- care planning for prevention and treatment, and
- assessment, grading and care planning for identified pressure ulcers.

Format of the standards

All our standards follow the same format. Each standard includes:

- a statement of the level of performance to be achieved
- a rationale providing reasons why the standard is considered important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence of achievement.

Within the standards, all criteria are considered ‘essential’ or ‘required’ in order to demonstrate the standard has been met. The implementation and monitoring of these standards will be for local determination. Information about the development of the standards is set out in Appendix 1.
Terminology
Wherever possible, we have incorporated generic terminology which can be applied across all health and social care settings. The following terms are used throughout the document:

- ‘person’ or ‘people’ refers to the person receiving care or support
- ‘representative’ refers to any person the individual wishes to be involved in their care. This includes, but is not limited to, carers, family (including parents for babies and young children), or independent advocates
- ‘person-centred’ includes, where appropriate, family, for example carers
- ‘equipment’ refers to items or devices designed to minimise pressure (including pressure redistributing mattresses, seating and cushions, including ‘heel off-loading devices). This is described in more detail throughout the standards when appropriate, for example, when it is necessary for equipment to be age appropriate, or suitable for a person’s size or weight. Additional detail is given when referring to reusable devices and the need to decontaminate to prevent infection, or cross-contamination.

Related Healthcare Improvement Scotland work programmes
This work complements quality assurance programmes currently taking place to identify strengths and areas for improvement across NHSScotland and community settings and supports implementation of the Health and Social Care standards and Healthcare Improvement Scotland standards.

The Scottish Patient Safety Programme (SPSP) was established to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. SPSP activity supports ‘National Health and Wellbeing Outcome 7: People using health and social care services are safe from harm’.

While there is no national target for the reduction of pressure ulcers in hospitals and care homes, it is recommended that NHS boards and organisations set locally-agreed targets. The use of online monitoring tools is recognised as being an effective means of measuring concordance with targets. SPSP helps to deliver local objectives though its partnership working with Scottish Care and the Care Inspectorate, and supports care providers to:

- understand their data in relation to processes and outcomes
- collaborate with and learn from other care providers, and
- test and implement interventions that will improve outcomes for people in health and care settings.

From April 2017 the Older People in Acute Care programme joined with the SPSP Acute Adults Programme to form the Acute Care Portfolio. Two critical areas of focus for improvement work in the care of older people in acute care are the identification and immediate management for older people with frailty and/or delirium. The aim of the Frailty at the Front Door Collaborative is to improve the process of identification of frailty and the coordination of care to deliver better experiences and outcomes for
people living with frailty who present to unscheduled care. While this specific work is focused on the front door of acute care, it is driven by an approach that recognises the importance of thinking about flow across the whole system.

**Quality of care approach and framework**

The Healthcare Improvement Scotland standards for the prevention and management of pressure ulcers are a key component in supporting organisation’s approaches to quality assurance. Monitoring and improving performance against these standards, at an organisational and national level, aims to improve the experiences and outcomes of people with, or at risk of developing, a pressure ulcer.

Healthcare Improvement Scotland is publishing these standards for services to use to inform their own self-evaluation and improvement of the care they provide. Our approach to quality assurance emphasises the importance of regular open and honest organisational self-evaluation using the quality framework as a basis. We may use these standards along with our Quality Framework, which underpins all our quality assurance activity, when undertaking inspections and reviews of the quality of health services. There is no plan to undertake any specific inspections or routine external quality assurance activity related to these standards.

The Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies may take into account these standards in relation to inspections, quality assurance functions and registration of health and social care services.
How to participate in the consultation process

We will welcome feedback on the draft standards and will review every comment received. We will use several different methods of consultation during the development of the draft standards, including:

- wide circulation of the draft standards to relevant professional groups, health service staff, social care staff, voluntary sector organisations and individuals
- targeted engagement with the public (such as people who use services and carers) and service providers (including staff at the point of care), and
- an online survey tool (https://www.smartsurvey.co.uk/s/HZN8Z/).

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Submitting your comments

Responses to the draft standards should be submitted using our online survey tool. The consultation closes on 1 November 2019. If you would like to submit your comments using a different format, please contact the standards and indicators team on the email address provided above.

Consultation feedback

At the end of the consultation period, all comments will be collated and the project group will respond to each comment received on the draft standards. The response will explain how the comments were taken into account in producing the final standards.

A summary of the responses to the consultation will be made available on the Healthcare Improvement Scotland website (www.healthcareimprovementscotland.org) and from Allan Barr, Project Officer.

The final prevention and management of pressure ulcers standards will be published in Spring 2020.
Summary of standards

**Standard 1:** The organisation demonstrates leadership and commitment to the prevention and management of pressure ulcers.

**Standard 2:** The organisation demonstrates commitment to the education and training of all staff involved in the prevention and management of pressure ulcers, appropriate to roles and workplace setting.

Information and support is available for people at risk of developing, or identified with, a pressure ulcer, and/or their representatives.

**Standard 3:** An assessment of whether an individual has existing pressure ulcer(s) and/or their risk of developing pressure ulceration is undertaken as part of initial admission or referral, and informs care planning.

**Standard 4:** Regular reassessment is used to evaluate an individual’s risk of developing a pressure ulcer, or experiencing further damage to an existing pressure ulcer(s).

**Standard 5:** A person-centred care plan is developed and implemented to reduce the risk of developing pressure ulcer(s) and to manage any existing pressure ulcer(s).

**Standard 6:** People with an identified pressure ulcer(s) will receive a person-centred assessment, a grading of the pressure ulcer(s) and an individualised care plan.
Standard 1: Leadership and governance

Standard statement
The organisation demonstrates leadership and commitment to the prevention and management of pressure ulcers.

Rationale
Health and wellbeing outcomes can be achieved through a strategic and co-ordinated organisational approach.6 This should adhere to the statutory Duty of Candour9, ensuring openness, honesty and support in the event of unintended or unexpected incidents causing harm or death.

Implementation of standards and guidance,2-4 training13, 14 and improvement programmes1, 12, 15 will support the reduction in the number of pressure ulcers and improve outcomes for those identified with, or at risk of developing, a pressure ulcer.

Criteria
1.1 For the prevention and management of pressure ulcers, the organisation can demonstrate:
- implementation of policies, procedures, guidance and standards
- a multi-professional approach
- collection, monitoring, review and action on data
- ongoing quality improvement, and
- adherence to Duty of Candour

1.2 The organisation has a designated lead person with responsibility for activities detailed in Criterion 1.1.

1.3 There are locally agreed pathways for the prevention and management of pressure ulcers, which:
- include response times,
- facilitate cross-organisational support
- enable access to specialist advice and equipment
- detail escalation levels, and
- support timely referral.

1.4 There is timely, effective, and person-centred communication, documentation and transfer of information to ensure continuity of care between teams and settings.
**What does the standard mean for you as a person receiving care?**

You will:

- receive a service provided by staff committed to the prevention and management of pressure ulcers
- be confident that the organisation will always communicate clearly and openly with you and your representatives where appropriate.

**What does the standard mean for you as a member of staff?**

You will have:

- an understanding of, and be fully engaged in, the organisation’s role in pressure ulcer prevention and management, and
- responsibility for identifying and escalating issues relating to pressure ulcer prevention and management including how and when to refer for specialist advice or support.

**What does the standard mean for the organisation?**

Each organisation:

- demonstrates its commitment to pressure ulcer prevention and management through robust governance structures
- ensures referral pathways for specialist advice and treatment are developed and implemented
- monitors data and undertakes learning to support improvement in care planning and delivery and sharing of information, particularly across care settings
- complies with Duty of Candour legislation where appropriate
- ensures that information is responsive to the needs of all, and is reviewed to ensure it is up to date.

**Practical examples of evidence of achievement** *(NOTE: this list is not exhaustive)*

- Organisational structures showing named lead(s) and/or supporting team(s) responsible for pressure ulcer prevention and management, for example, care home manager, director of nursing or professional lead.
- Pressure ulcer prevention and management local policies, protocols, pathways and tools, for example, SSKIN care bundles, risk assessment tools, safety cross.¹
- Improvement work including action plans, data collection and review of data.
- Use of improvement data, audit reports and adverse event reports to support learning and improvement.
- Referral pathways to local teams/services including nursing, Allied Health Professionals, social care professionals.
- Protocols for access to equipment, for example, dressings, bariatric equipment, seating, and pressure redistributing equipment.
- Completed care plans and transfer documents demonstrating multi-professional working and documentation, particularly during care transitions or discharge.
- Feedback from the person receiving care (and/or their representatives) using survey methods.
- Duty of Candour ‘monitoring’ including organisational openness, honesty and supportiveness after instances of harm or death.
Standard 2: Education, training and information

**Standard statement**

The organisation demonstrates commitment to the education and training of staff involved in the prevention and management of pressure ulcers, appropriate to roles and workplace setting.

Information and support is available for people at risk of developing, or identified with, a pressure ulcer, and/or their representatives.

**Rationale**

To minimise the incidence of people developing pressure ulcers, staff involved in delivering care are appropriately educated and trained in the prevention and management of pressure ulcers. A multifaceted, evidence based approach for pressure ulcer care is essential to improve health care and patient related outcomes. This is underpinned by a professional framework designed to support staff competency associated with the prevention and management of pressure ulcers.

Access to high quality and reliable information on the prevention and management of pressure ulcers ensures, and supports, informed choice. This supports realistic medicine, where those experiencing care have meaningful discussions with health and social care professionals regarding the risks and benefits of accepting or declining treatment.

**Criteria**

2.1 The organisation implements an education and training programme, using multifaceted approaches, which includes:

- assessment of needs appropriate to staff roles, responsibilities and workplace setting
- the Creating Viable Options tool
- training plans including updates for pressure ulcer prevention and management
- staff awareness of guidelines, policies, assessment tools and care planning
- application of improvement methodology for pressure ulcer prevention and management, and
- evaluation of the provision, quality and uptake of training.
2.2 The organisation commits to delivering education and multifaceted training programmes for pressure ulcer prevention and management, appropriate to roles and workplace setting, which includes:

- initial assessment and reassessment of risk, including other contributing factors, for example people with frailty, limited mobility or diabetes, and those who are nutritionally compromised, experience device-related pressure ulcer, or who are at end of life
- person-centred care planning for prevention and management
- assessment, grading and management of pressure ulcers
- prevention and management of wound and systemic infection, and
- the importance of the multi-professional approach such as access and referral for specialist advice, treatment and equipment.

2.3 The education and training needs of specialist practitioners, for example tissue viability nurses and podiatrists, are aligned to professional development frameworks.

2.4 All staff have access to clear guidance on:

- their roles and responsibilities in relation to pressure ulcer prevention and management, and
- identifying and addressing their own continuous professional development, education and training needs.

2.5 People at risk of developing, or identified with, a pressure ulcer (and/or their representatives) are provided with support and information, in a format appropriate to their needs. This enables people to:

- discuss with health and social care professionals the risks and benefits of treatment, or inaction
- understand the impact, consequences and risks of developing pressure ulcers, and
- make informed decisions.

2.6 Information is provided in a range of formats and languages which covers:

- risk factors associated with pressure ulcers
- how to prevent pressure ulcers
- early identification of signs and symptoms of pressure ulcer development
- when and who to report any concerns or skin changes to
- strategies for the management of pressure ulcers, including self-management and equipment, and
- wellbeing including nutrition and maintaining activity.
### What does the standard mean for you as a person receiving care?

You will:
- be confident that your health or social care professional is appropriately trained for their role in preventing and managing pressure ulcers, and
- receive accurate and reliable information in a format and language which meet your needs, which will enable you to make informed choices about your care and treatment.

### What does the standard mean for you as a member of staff?

You will be able to:
- demonstrate knowledge, skills and competence relevant to your role in the delivery of care to those at risk of developing pressure ulcers, including identification and referral of people requiring specialist services
- promote best practices in the prevention and management of pressure ulcers and, where appropriate to your role, effectively support colleagues, and
- provide people with information responsive to their needs that is accurate, reliable and has been quality assured.

### What does the standard mean for the organisation?

Each organisation ensures:
- a quality improvement approach and promotion of a learning culture to support effective prevention and management of pressure ulcers
- staff have the necessary knowledge and skills, appropriate to their roles and workplace setting in the prevention and management of pressure ulcers
- staff can access high quality information and support in a range of formats and languages, and
- staff are supported to access and to attend multifaceted training/education appropriate to their roles.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Training and development plans and records, for example, inductions, e-learning, completion of competencies, and conference or study day attendance.
- Staff competency and capabilities frameworks eg for Allied Health Professionals.¹⁷
- Use of incident reports or significant event analysis for learning, reflecting and supporting training action plans.
- Evaluation of training needs and training programmes.
- Application of improvement methodology training: Quality Improvement modules, Care Inspectorate, NES, Turas.
• Local or organisational education and training packages, for example, prevention and management of pressure ulcers,\textsuperscript{13, 14} training from local tissue viability nursing service\textsuperscript{13}, or Practice Education Teams and pressure ulcer classification\textsuperscript{2-18} and grading tools.

• Information and support for people at risk of developing, or receiving care for, pressure ulcers (and/or their representatives).\textsuperscript{1}

• Locally delivered digital solutions.
Standard 3: Assessment of risk of developing a pressure ulcer

**Standard statement**
An assessment of whether an individual has an existing pressure ulcer(s) and/or their risk of developing pressure ulceration is undertaken as part of initial admission or referral, and informs care planning.

**Rationale**
Pressure ulcers can develop and deteriorate quickly, particularly in people considered to be at high risk, for example neonates, people with frailty, limited mobility or diabetes, and those who are nutritionally compromised, or at end of life. A person may also be at risk of developing device-related pressure ulceration, or as a consequence of increased skin moisture. 2-4

An aim of a risk assessment (including skin inspection) is to prevent and reduce the likelihood of developing pressure ulcers and/or the further deterioration of any existing pressure ulcer(s). 4, 6

Structured risk assessment tools are used to support professional or clinical judgement. 4, 19

Risk assessment for pressure ulcers should be undertaken as soon as possible within the timeframes identified for each setting, and according to needs of the person and the care setting. 2-4, 20

**Criteria**

3.1 A structured risk assessment tool is used to support professional or clinical judgement. For neonates, children and young people at risk of developing pressure ulcers, an age-appropriate structured risk assessment tool is used.

3.2 Assessment and documentation of the risk of developing pressure ulcer development or further damage to existing pressure ulcers is:

- within **8 hours** of admission to hospital or care home
- within **24 hours** of admission to any other care setting, or
- on the **first visit** from community services or teams, for example, community nurse, hospital at home, social care or care at home.
3.3 Each formal assessment is undertaken by appropriately trained staff and includes:

- With appropriate consent, inspection of the person’s skin, particularly areas over bony prominences and areas in contact with equipment and devices - careful attention is paid to those individuals with darkly pigmented skin in order to identify early skin damage
- assessment of risk factors and other contributing factors, for example people with frailty, pain, limited mobility or diabetes, and those who are nutritionally compromised, or at end of life
- assessment of the person’s needs within their home or care setting, including positioning and equipment
- identifying self-management strategies for people (and/or their representative), and
- planned review of care plans and reassessment of risk.

3.4 Where an assessment of risk or skin inspection has not been undertaken within the agreed time frames (Criterion 3.2), staff record within the person’s care plan:

- the reason, or reasons, assessment or inspection has not been undertaken or was delayed
- the discussion with the person (and/or their representative), and
- any agreed actions.

What does the standard mean for you as a person receiving care?

You will:

- be assessed to identify your risk of developing a pressure ulcer
- be asked about your health, for example, any new or existing health problems, your eating habits, any problems with your bladder or bowel function, or restrictions with your movement
- be examined, with your consent, to identify changes in skin colour, possible numbness, or pain around the bony areas of your body
- be assessed to review any equipment you may use within your home or care setting to make sure it meets your needs, such as seats or mattresses
- advised how you may prevent pressure ulcer or improve existing ones
- be involved in agreeing a plan to review your treatment, or reassess your risk
- be listened to and your concerns will be acted upon when you report skin changes, or you raise concerns about your care, and
- have a responsive and age appropriate care plan developed for you which reflects your needs and wishes.
What does the standard mean for you as a member of staff?

You will:
- have an understanding of your roles and responsibilities in the assessment of development and management for pressure ulcers
- be able to demonstrate knowledge, skills and competence relevant to your role in the pressure ulcer risk assessment
- know how and when to access specialist advice and teams to support assessment of risk and care planning
- maintain your knowledge and skills in pressure ulcer risk assessment relevant to your role, and
- participate in improvement work to assess and reduce the risk of developing pressure(s) and to identify opportunities for improvement.

What does the standard mean for the organisation?

Each organisation provides:
- policies and procedures for the timely assessment of risk on admission or referral
- locally or organisationally agreed risk assessment tools
- pathways for timely referral and access to specialist advice and teams
- governance and reporting systems to ensure safe, effective and person centred risk assessment and to monitor adherence to local protocols for risk assessment,
- clear guidance on staff roles and responsibilities in assessing risk, care planning, referral and escalation processes.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Improvement approaches to test, implement and review measurement and monitoring tools, for example, SSKIN care bundle and safety cross.¹
- Data collection, monitoring and review of pain score tools.
- Output of governance/reporting system for risk assessment 'review'.
- Implementation and review of pathways for specialist referral and escalation.
- Care plans demonstrating a multidisciplinary approach to risk assessment, review/evaluation, communication with individuals (and/or their representatives), reasons for non-concordance, for example, incapacity, the person is acutely unwell or refuses a skin inspection.
- Use of structured risk assessment tools such as the Glamorgan paediatric risk assessment tool, Neonatal pressure ulcer daily risk assessment tool (NPUDRA), Waterlow, Braden and preliminary pressure ulcer risk assessment (PPURA).¹
- Use of other standards¹⁰, ¹¹, ²¹ and assessment tools to support care planning, for example, frailty assessment, comprehensive geriatric assessment, falls risk assessment, 4AT (delirium detection instrument), CPR for at risk feet, Malnutrition Universal Screening Tool (MUST) and Paediatric Yorkhill Malnutrition Score (PYMS).¹⁵, ²²-²⁴
Standard 4: Reassessment of Risk

**Standard statement**

Regular reassessment is used to evaluate an individual’s risk of developing a pressure ulcer, or experiencing further damage to an existing pressure ulcer(s).

**Rationale**

Regular reassessment of risk is essential for the prevention and management of pressure ulcer(s), and can prevent further damage to existing pressure ulcer(s). Risk reassessment ensures that any changes in a person’s circumstances, for example if the person becomes acutely unwell, has a fall, undergoes an operation or their mobility is reduced, are recorded and used to inform care plans. Regular review also ensures that an individual’s care plan is safe, effective and person-centred.

Reassessment, undertaken alongside the evaluation of existing care plans, also identifies whether existing interventions are managing the risk appropriately. It is important to note that there will not always be changes to the risk assessment score, particularly in those already identified as high risk despite further changes or deterioration to their condition (see Standard 3).

The timing of reassessment should be agreed with the person and according to local guidance.

**Criteria**

4.1 A reassessment of risk is undertaken and existing care plans are evaluated and revised (see Standards 3 and 5) when:

- an observed or reported change has occurred in the person’s condition or changes noted on skin inspection
- the person (and/or their representative) report a change, or
- the person is transferred to another care setting.

4.2 A structured risk assessment tool is used to support professional or clinical judgement. For neonates, children and young people at risk of developing pressure ulcers, an age-appropriate structured risk assessment tool is used.

4.3 Where a care plan has not been implemented or followed, staff record within the person’s care plan:

- the reason care has not been delivered such as the person’s choice or where there is no access to specific services
- the discussion with the person (and/or their representative), and
- any agreed actions.
## What does the standard mean for you as a person receiving care?

You will be:

- asked about your health, for example, any new or existing health problems, your eating habits, any problems with your bladder or bowel function, or any restrictions with your movement
- examined, with your consent, to identify changes in skin colour, possible numbness, or pain around the bony areas of your body
- assessed to review any equipment you may use, for example, seating, and your environment to make sure it meets your needs
- advised on how you can help prevent pressure ulcers or improve existing pressure ulcers
- given an opportunity to discuss plans to review any treatment or to undertake a reassessment, and develop or review your care plan on the basis of the information you give.

## What does the standard mean for you as a member of staff?

You will:

- have an understanding of your roles and responsibilities in the reassessment of risk for pressure ulcers and evaluation of care plans in line with local policies and procedures
- be able to demonstrate knowledge, skills and competence relevant to your role in the pressure ulcer risk reassessment
- be confident about risk factors that may trigger reassessment, for example, people at the end of life, or with frailty or sepsis, use of new medical equipment
- know how and when to access specialist advice and teams to support reassessment of risk and care planning, and
- participate in improvement work to assess and reduce the risk of developing pressure(s) and to identify opportunities for improvement.

## What does the standard mean for the organisation?

Each organisation:

- has guidance available for reassessment of risk, including timings, criteria for referral or transfer between care settings
- demonstrates effective referral and access to specialist teams, and
- has clearly defined staff roles and responsibilities for reviewing pressure ulcer risk.

### Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

- Policies and procedures for the management of high risk individuals, for example, end of life care, sepsis and frailty syndrome.  
- Use of structured risk assessment tools such as the paediatric risk assessment tool, Waterlow, Braden and PPUA.
- Monitoring and reporting of reassessment and evaluation of care plans.
- Care plans demonstrating reasons for non-concordance, for example, incapacity.
- Use of improvement and measurement tools to monitor reassessment of risk.
Standard 5: Care planning for prevention and treatment

Standard statement
A person-centred care plan is developed and implemented to reduce the risk of developing pressure ulcer(s) and to manage any existing pressure ulcer(s).

Rationale
Person-centred care planning supports the prevention of pressure ulcers for people at risk of developing pressure ulcers and management for those with an existing pressure ulcer(s). The care plan is based on the outcomes of risk assessment and professional or clinical judgement, taking into account risk factors and personal choice.

Preventative strategies such as the SSKIN care bundle should be initiated where a person is at risk of developing a pressure ulcer or to prevent further deterioration of an existing pressure ulcer(s). This should also include engagement with and support of the person (and/or their representative(s)) to self-manage their risk of developing pressure ulcer(s).

Staff implement locally agreed policies and processes to deliver safe, effective and person-centred care. This includes criteria and timings for referral or liaison with specialist teams such as podiatry, dietetics, tissue viability service, vascular service, occupational therapy, physiotherapy and pain management services.

Criteria
5.1 A person-centred care plan is developed and implemented for people at risk of developing, and/or identified with an existing, pressure ulcer(s).

5.2 The care plan is agreed with the person and includes:
- the outcome from the risk assessment and skin inspection
- identification and management of other risks or contributing factors, including, pain, skin tone, incontinence, nutritional compromise (SSKIN bundle)
- a treatment plan for any existing pressure ulcer(s) (see Standard 6)
- frequency of repositioning
- requirements for equipment
- skin cleansing and maintenance regime
- details of self-management strategies and information, and
- planned reassessment of risk and care plan.
5.3 The person-centred care plan is:

- reviewed to ensure it meets the ongoing needs of the person, and
- fully implemented and used to inform handovers, care transitions and discharge planning.

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<tr>
<th>What does the standard mean for you as a person receiving care?</th>
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<tr>
<td><strong>You will:</strong></td>
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<td>• be involved in developing your own care plan to reduce your</td>
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<td>risk of developing a pressure ulcer(s), or to prevent</td>
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<td>deterioration of an existing pressure ulcer(s). This will</td>
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<td>be informed by your needs and wishes, as well as professional</td>
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<td>judgement</td>
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<td>• be advised of ways to prevent skin damage, or avoid further</td>
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<td>damage to an existing pressure ulcer(s), such as how often</td>
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<td>to change your position, or how to look after your skin</td>
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<td>• be assessed by health and social care professionals to help</td>
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<td>manage possible contributing factors to developing or</td>
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<td>experiencing deterioration to existing pressure ulcer(s),</td>
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<td>nutrition, hydration and pain</td>
</tr>
<tr>
<td>• have your equipment needs assessed to determine whether or</td>
</tr>
<tr>
<td>not specific items will help redistribute pressure on your</td>
</tr>
<tr>
<td>skin, for example, special mattresses or seating, and</td>
</tr>
<tr>
<td>• receive information on diet and fluid intake.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for you as a member of staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You will:</strong></td>
</tr>
<tr>
<td>• develop, implement and/or review care plans throughout the</td>
</tr>
<tr>
<td>person’s care and treatment</td>
</tr>
<tr>
<td>• ensure all relevant document are accurately completed and</td>
</tr>
<tr>
<td>shared to support the continuity of care within and across</td>
</tr>
<tr>
<td>care settings and professional groups, and</td>
</tr>
<tr>
<td>• demonstrate an awareness of improvement work to assess</td>
</tr>
<tr>
<td>and reduce risk of developing pressure ulcer(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for the organisation?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each organisation:</strong></td>
</tr>
<tr>
<td>• has clear guidance on roles and responsibilities for care</td>
</tr>
<tr>
<td>planning, including referral for specialist advice,</td>
</tr>
<tr>
<td>treatment and equipment</td>
</tr>
<tr>
<td>• ensures systems are in place to enable the appropriate</td>
</tr>
<tr>
<td>sharing of information and care plans throughout the</td>
</tr>
<tr>
<td>person’s care and treatment, and</td>
</tr>
<tr>
<td>• monitors data and undertakes learning to improve care</td>
</tr>
<tr>
<td>planning and sharing of information, particularly across</td>
</tr>
<tr>
<td>care settings.</td>
</tr>
</tbody>
</table>
### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Information for people at risk of developing, or identified with, a pressure ulcer (and/or their representatives) is responsive to an individual’s need.
- Effective care plans demonstrating prevention and treatment strategies\(^1\).
- Care plans recording reasons for non-concordance, and strategies to improve and actions taken.
- Timely communications between health and social care staff, for example, discharge summaries to GPs, admission letters from care homes, and referral or escalation to specialist teams.
- Use of other standards\(^{10, 11, 21}\) and assessment tools in care planning such as comprehensive geriatric assessment, MUST, bladder and bowel function tools, and Paediatric Yorkhill Malnutrition Score (PYMS).\(^{15, 22, 23}\)
Standard 6: Assessment, grading and care planning for identified pressure ulcers

**Standard statement**
People with an identified pressure ulcer(s) will receive a person-centred assessment, a grading of the pressure ulcer(s), comprehensive wound assessment and an individualised care plan.

**Rationale**
A holistic assessment will help identify contributing factors that may prevent healing and ensure a person-centred care plan is developed and implemented. This will reflect the person’s needs, the care setting, equipment and support required to self-manage.2-4

There are recognised tools to support assessment and grading of pressure ulcers, wound assessment and to identify wound infection.1, 18, 27

Regular reassessment is also required to monitor the person’s condition, prevent the risk of developing further deterioration in any identified pressure ulcer(s) (see Standard 4), and to help identify potential infection or sepsis. Pressure ulcers graded as 2 and above are reported using a local recording system.

Health and social care professionals seek to minimise variance in the process of reassessment of pressure ulcers through the use of the SSKIN bundle.5

**Criteria**

6.1 For people with an identified pressure ulcer(s), an appropriately trained health or social care professional will:

- undertake a pressure ulcer assessment and grading, and a wound assessment using structured tools
- develop and implement a person-centred care plan for pressure ulcer management, with an identified review period (see Standard 5),
- assess the requirement for equipment and dressings/therapies to assist in the management of pressure ulcer(s) and prevention of further skin breakdown
- develop a skin cleansing and maintenance regime, and
- undertake regular reassessment of pressure ulcers and evaluation of care plans (see Standard 5).
6.2 A referral for a review of pressure ulcer(s) assessment and grading is made when:

- a member of staff is not an appropriately trained health or social care professional (see Criterion 3.2), or
- no health and social care professional is immediately available.

6.3 For grade 3 and 4 pressure ulcers, a significant event analysis (or root cause analysis) is undertaken and an action plan implemented as part of ongoing improvement.

6.4 An referral to a senior professional or specialist is made when indicated as per local policy, for example, if there is deterioration, poor healing and/or for signs of infection.

6.5 All people with a foot ulcer(s) who have diabetes are urgently referred to the diabetes multidisciplinary team (MDT) for specialist assessment.28

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<table>
<thead>
<tr>
<th>What does the standard mean for you as a person receiving care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will:</td>
</tr>
<tr>
<td>● be asked about your general health and wellbeing</td>
</tr>
<tr>
<td>● have your pressure ulcer(s) examined, with your consent, and possibly photographed for your health records 28</td>
</tr>
<tr>
<td>● have the opportunity to discuss how the pressure ulcer(s) will be treated and managed, for example, dressings, pain relief and equipment, and</td>
</tr>
<tr>
<td>● be confident that staff will listen to and act on any concerns you may have about pressure ulcer(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for you as a member of staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will:</td>
</tr>
<tr>
<td>● understand your role and responsibilities in relation to the prevention and management of pressure ulcers and the requirement to escalate or refer to an appropriate senior professional or specialist where appropriate</td>
</tr>
<tr>
<td>● access relevant tools and documentation to support a comprehensive wound assessment29</td>
</tr>
<tr>
<td>● demonstrate good record-keeping in line with local and professional standards</td>
</tr>
<tr>
<td>● effectively share and communicate information about the person’s care plan with the individual, their representatives and staff involved in their care, and</td>
</tr>
<tr>
<td>● implement effective management of pressure ulcer strategies, including supporting people to effectively self-manage their pressure ulcers.</td>
</tr>
</tbody>
</table>
What does the standard mean for the organisation?

The organisation ensures that:
- systems are in place to enable safe, effective, person-centred communication and management of information across teams and care settings
- pathways are available to support referral to specialist healthcare professionals where required, and
- ongoing monitoring of data and appropriate actions undertaken to learn from and reduce the incidence of pressure ulcers.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Use of wound assessment and grading tools, for example, Scottish Adaptation of the European pressure ulcer classification tool, Scottish excoriation and moisture related skin damage tool, and Healthcare Improvement Scotland tissue viability toolkit.\(^1\) add in SWAAG reference\(^2\), Pressure Ulcer microsite: [www.pressureulcer.scot](http://www.pressureulcer.scot).
- Local formulary guidance for wound cleansing and management.
- Pathways for referral to registered healthcare professionals for further assessment.
- Effective care plans demonstrating management and treatment options, reassessment and progress of care.
- Monitoring of data relating to pressure ulcer grading and incorporating data into improvement plans.
- Use of improvement tools and incident data to reduce the incidence of pressure ulcers.
- Communications demonstrating multidisciplinary and multi-professional working, for example, discharge summaries, referral letters, and clear handover plans between professionals in health and social care settings.
- Timely communications between health and social care staff, for example, discharge summaries to GPs, admission letters from care homes, and referral or escalation to specialist teams.
Appendix 1: Development of the prevention and management of pressure ulcers standards

The standards have been informed by current evidence, best practice recommendations and been developed by group consensus.

Evidence Base

A systematic review of the literature was carried out using an explicit search strategy devised by a KMT Evidence and Information Scientist. Databases searched include Cochrane Library, Embase and Medline. The year range covered was 2016-2019. Internet searches were carried out on various websites including BMJ, Dynamed, NICE and international websites. The results were summarised and presented to the standards development group. The main searches were supplemented by material identified by individual members of the development group.

At the start of the standards development process, a literature search for qualitative and quantitative studies that addressed patient issues of relevance to the prevention and management of pressure ulcers. Databases searched include Cochrane Library, Embase and Medline.

This evidence was also used to inform the Equality Impact Assessment and Communication and Engagement Strategy for the standards.

Development activities

To ensure each standard is underpinned with the views and expectations of both health and social care staff, third sector representatives, people receiving care and the public in relation to pressure ulcers, information has been gathered from a number of activities, including:

- a scoping meeting with a subset of project group members in March 2019
- a development group meeting July 2019.

The project group, chaired by Ruth Ropper, was convened to consider the evidence and to help identify key themes for standards development.

Membership of both the standards revision project group and 2016 standards development group are set out in Appendix 2 and 3 respectively.

Quality assurance

All project group members were responsible for advising on the professional aspects of the standards. Clinical members of the project group were also responsible for advising on clinical aspects of the work. The chair was assigned lead responsibility for providing formal assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All project group members and specialist review group members made Declaration of Interests at the beginning stages of the project. They also agreed to the project
group’s Terms of Reference. More details are available on request from hcis.standardsandindicators@nhs.net.

Healthcare Improvement Scotland also reviewed the standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of developing bias in the standards development process as a whole is minimised.

For more information about Healthcare Improvement Scotland’s role, direction and priorities, please visit: www.healthcareimprovementscotland.org/drivingimprovement.aspx.
## Appendix 2: Membership of the pressure ulcers standards revision project group (2019)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Ropper (Chair)</td>
<td>Lead tissue viability nurse</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Allan Barr</td>
<td>Project Officer</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Karen Davidson</td>
<td>Specialist Podiatrist</td>
<td>NHS Dumfries and Galloway</td>
</tr>
<tr>
<td>Heather Hodgson</td>
<td>Lead Nurse Tissue Viability</td>
<td>Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Catherine Logan</td>
<td>Inspector</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Joyce Murray</td>
<td>Manager: Improvement Support Team</td>
<td>Care Inspectorate</td>
</tr>
<tr>
<td>Susan Newman</td>
<td>Tissue Viability Nurse</td>
<td>NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>Wendy Nimmo</td>
<td>Associate Improvement Advisor</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Leigh Porter</td>
<td>Lead Podiatrist</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>Donna Richardson</td>
<td>Senior Nurse Tissue Viability</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Angela Rodgers</td>
<td>Paediatric tissue viability nurse</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Joan-Marie Sutherland</td>
<td>Associate Improvement Advisor</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Fiona Wardell</td>
<td>Standards and Indicators Lead</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Emma Whitby</td>
<td>Tissue Viability Nurse Specialist</td>
<td>NHS Dumfries and Galloway</td>
</tr>
<tr>
<td>Lorraine Wright (on behalf of Heather McGowan, Tissue Viability Nurse Specialist)</td>
<td>Tissue Viability Nurse</td>
<td>NHS Forth Valley</td>
</tr>
</tbody>
</table>
### Appendix 3: Membership of the pressure ulcers standards project group (2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Coldwells (Chair)</td>
<td>Chief Officer</td>
<td>Aberdeenshire Health and Social Care Partnership</td>
</tr>
<tr>
<td>Bernie Campbell</td>
<td>Carer representative</td>
<td>Scottish Care</td>
</tr>
<tr>
<td>Annette Carrick</td>
<td>Head of Care</td>
<td>Graham Anderson House Hospital, Glasgow</td>
</tr>
<tr>
<td>Shona Condie</td>
<td>Professional representative</td>
<td>Royal College of Nursing</td>
</tr>
<tr>
<td>Kenny Crosbie</td>
<td>Inspector</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Jane Douglas</td>
<td>Executive Care Director</td>
<td>Queen’s House Ltd</td>
</tr>
<tr>
<td>Gillian Fergusson</td>
<td>Outreach, Engagement &amp; Evaluation Officer</td>
<td>The Alliance</td>
</tr>
<tr>
<td>Karen Grant</td>
<td>Project Officer</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Heather Hodgson</td>
<td>Lead Nurse Tissue Viability – Acute and Partnerships</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Alison Hunter</td>
<td>Improvement Advisor, Scottish Patient Safety Programme</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Doreen Jardine</td>
<td>Senior Charge Nurse</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>Karen Johnson</td>
<td>Clinical Quality Manager</td>
<td>HC ONE Care Home</td>
</tr>
<tr>
<td>Jennifer Layden</td>
<td>Programme Manager</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Catherine Logan</td>
<td>Inspector</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Fiona MacKenzie (until December 2015)</td>
<td>Professional Advisor Nursing and Midwifery, Workload Planning and Acute Care</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Deirdre Moss</td>
<td>District Nurse</td>
<td>NHS Borders</td>
</tr>
<tr>
<td>Diane Murray</td>
<td>Associate Chief Nursing Officer</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organisation</td>
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</tr>
<tr>
<td>Bridget Nuttall</td>
<td>Continence and District Nurse Team Manager</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Joyce O'Hare</td>
<td>Health Improvement Manager</td>
<td>Care Inspectorate</td>
</tr>
<tr>
<td>Jill Patterson Fogg</td>
<td>Patient representative</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>Leigh Porter</td>
<td>Aberdeen City Lead Podiatrist/NHS Grampian Diabetes Podiatry Co-ordinator</td>
<td>Aberdeen</td>
</tr>
<tr>
<td>Linda Primmer</td>
<td>Tissue Viability Nurse</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Angela Rodgers</td>
<td>Paediatric Tissue Viability Nurse</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Duncan Stang</td>
<td>National Diabetes Foot Coordinator</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>Connie Traynor</td>
<td>Tissue Viability Nurse</td>
<td>Ross Hall Hospital, Glasgow</td>
</tr>
</tbody>
</table>

**Membership of the specialist review group (2016)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shona Blair</td>
<td>Care Home Manager</td>
<td>Douglas View Care Home</td>
</tr>
<tr>
<td>Rita Ciccu Moore</td>
<td>Associate Director of Nursing</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Karen Davidson</td>
<td>Specialist Podiatrist</td>
<td>NHS Dumfries &amp; Galloway</td>
</tr>
<tr>
<td>Norma Findlay</td>
<td>Occupational Therapist</td>
<td>City of Edinburgh Council</td>
</tr>
<tr>
<td>Claire Murphy</td>
<td>Senior Community Dietitian</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Rami Okasha</td>
<td>Executive Director of Strategy and Improvement</td>
<td>Care Inspectorate</td>
</tr>
</tbody>
</table>
References


14. NHS Education Scotland (NES). The prevention and management of pressure ulcers. 2015 [cited 2019 September 17]; Available from: