We are committed to equality and diversity. We have assessed these standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.
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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’”.¹ Pressure ulcers can occur in any person who has, for example, limited mobility, cognitive impairment, palliative and end of life care needs or who is acutely ill.² Other contributory factors include poorly controlled diabetes, poor bladder or bowel function, or poor nutrition and hydration.²⁻⁴

In 2015 Healthcare Improvement Scotland were 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.

Health and social care integration

In April 2016, following the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014,⁵ 31 Health and Social Care Partnerships were established. The aim of health and social care integration is to:

- improve the quality and consistency of care for patients, carers, service users and their families
- provide seamless, joined-up care that enables people to stay in their homes or homely setting, where it is safe for them to do so, and
- ensure that resources are used effectively and efficiently to deliver services that meet the needs of the growing population of people with longer term and often complex needs, many of whom are older.

These standards have been developed for the prevention and management of pressure ulcers within health and social care services and take into account the national health and wellbeing outcomes⁶ and revised National Health and Social Care Standards.⁷

Scope of the standards

These standards apply to any person at risk of, or identified with, pressure ulcers regardless of age (including babies and children).

These standards apply to services and organisations responsible for pressure ulcer care across health and social care. Within health care this includes primary care, secondary care, community nursing, hospices and independent clinics. Social care 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 term ‘person’ or ‘people’ is used to refer to the person receiving care or support. The term ‘representative’ is used to refer 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.

**Related Healthcare Improvement Scotland work programmes**

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.

As part of the programme, there is an aim to reduce pressure ulcers in hospitals and care homes by 50% by December 2017. This work with care homes is delivered in partnership with Scottish Care and the Care Inspectorate. SPSP will support delivery of this aim by working with 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.
The Older People in Acute Care improvement programme focuses on the identification and immediate management of frailty and delirium. This work complements the quality assurance programme currently taking place to identify strengths and areas for improvement across hospitals in NHSScotland.

The Older People in Acute Care quality assurance programme assesses standards of care within Scottish hospitals supported by Healthcare Improvement Scotland standards. Implementation of the standards

The standards for the prevention and management of pressure ulcers will be used to support the Healthcare Improvement Scotland Older People in Acute Care quality assurance programme from March 2017.

The Care Inspectorate inspects registered social care services against the National Care Standards and will use the standards for the prevention and management of pressure ulcers to support effective practice where appropriate. These standards will inform assessments and evaluations of quality in care services.
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, or identified with, a pressure ulcer, and/or their representatives.

**Standard 3:** An assessment of risk for pressure ulcer development is undertaken as part of initial admission or referral, and informs care planning.

**Standard 4:** Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care.

**Standard 5:** A care plan is developed and implemented to reduce the risk of pressure ulcer development and to manage any existing pressure ulcers.

**Standard 6:** People with an identified pressure ulcer will receive a person-centred assessment, a grading of the pressure ulcer and an individualised care plan.
Prevention and management of pressure ulcers standards

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.\(^6\)

Implementation of standards and guidance,\(^2-4\) training\(^12, 13\) and improvement programmes\(^1, 8, 9\) will support the reduction in the number of pressure ulcers and improve outcomes for those identified with, or at risk of, a pressure ulcer.

Criteria

1.1 For the prevention and management of pressure ulcers, the organisation can demonstrate:

   a) implementation of policies, procedures and guidance
   b) a multi-professional approach
   c) collection, monitoring, review and action on data
   d) ongoing quality improvement, and
   e) implementation of Healthcare Improvement Scotland standards for the prevention and management of pressure ulcers.

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, which include response times to facilitate cross-organisational support and:

   a) access to specialist advice and equipment
   b) escalation levels, and
   c) 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.
<table>
<thead>
<tr>
<th>What does the standard mean for you as a person receiving care?</th>
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<tbody>
<tr>
<td>• Whether you receive care at home, in hospital, in a care home or from any health and social care service, you can expect the service to be committed to the prevention and management of pressure ulcers.</td>
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<tr>
<th>What does the standard mean for you as a member of staff?</th>
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<tr>
<td>You will have:</td>
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<tr>
<td>• an understanding of, and are fully engaged in, the organisation’s role in pressure ulcer prevention and management, and</td>
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<tr>
<td>• responsibility for identifying and escalating issues relating to pressure ulcer prevention and management including how and when to refer for specialist advice or support.</td>
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<th>What does the standard mean for the organisation?</th>
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<tr>
<td>The organisation:</td>
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<tr>
<td>• demonstrates its commitment to pressure ulcer prevention and management through robust governance structures</td>
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<tr>
<td>• ensures referral pathways for specialist advice and treatment are developed and implemented, and</td>
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<tr>
<td>• monitors data and undertakes learning to improve care planning and sharing of information, particularly across care settings.</td>
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<thead>
<tr>
<th>Practical examples of evidence of achievement (NOTE: this list is not exhaustive)</th>
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<tbody>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Pressure ulcer prevention and management local policies, protocols, pathways and tools, for example, SSKIN care bundles, risk assessment tools, safety cross.¹</td>
</tr>
<tr>
<td>• Improvement work including action plans, data collection and review of data.</td>
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<tr>
<td>• Use of improvement data, audit reports and adverse event reports to support learning and improvement.</td>
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<tr>
<td>• Pathways to local teams/services, for example, social care, podiatry, tissue viability, community nursing dieticians, or occupational therapy.</td>
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<tr>
<td>• Protocols for access to equipment and devices, for example, dressings, bariatric equipment, seating, and pressure reducing mattresses and cushions.</td>
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<tr>
<td>• Completed care plans and transfer documents demonstrating multi-professional working and documentation, particularly during care transitions or discharge.</td>
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<tr>
<td>• Feedback from the person receiving care (and/or their representatives) using survey methods.</td>
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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, 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 educated and trained in the prevention and management of pressure ulcers.\textsuperscript{12, 13}

People at risk of pressure ulcers or currently receiving treatment (and/or their representatives) have access to information about how to prevent and manage pressure ulcers.\textsuperscript{1, 14}

Criteria

2.1 The organisation implements an education and training programme, which includes:
   a) assessment of needs appropriate to staff roles and workplace setting
   b) training plans including updates for pressure ulcer prevention and management
   c) staff awareness of guidelines, policies, assessment tools and care planning
   d) application of improvement methodology for pressure ulcer prevention and management, and
   e) evaluation of the provision, quality and uptake of training.

2.2 Education and training programmes for pressure ulcer prevention and management, appropriate to roles and workplace setting, include:
   a) initial assessment and reassessment of risk, including other contributing factors, for example people with frailty, limited mobility or diabetes, and those who are malnourished or at the end of life
   b) person-centred care planning for prevention and management
   c) assessment, grading and management of existing pressure ulcers
   d) prevention and management of wound and systemic infection, and
   e) the importance of the multi-professional approach such as access and referral for specialist advice and treatment.
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:

a) their roles and responsibilities in relation to pressure ulcer prevention and management, and

b) identifying and addressing their own continuous professional development, education and training needs.

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

a) risk factors associated with pressure ulcers
b) how to prevent pressure ulcers
c) early identification of signs and symptoms of pressure ulcer development
d) when and who to report any concerns or skin changes to, and
e) strategies for the management of pressure ulcers, including self-management, equipment and devices.

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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>Your care may be delivered by a number of different health and social care professionals. You (and/or your representative) can be confident that your health or social care professional will be trained in their role. You (and/or your representative) will receive information, in a way that is easy to understand, about how to prevent and treat pressure ulcers and who to contact if you have any concerns.</td>
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<th>What does the standard mean for you as a member of staff?</th>
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<tr>
<td>You will be able to:</td>
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<tr>
<td>• demonstrate knowledge, skills and competence relevant to your role in the delivery of care to those at risk of pressure ulcers, including identification and referral of people requiring specialist services, and</td>
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<td>• promote best practices in the prevention and management of pressure ulcers and, where appropriate to your role, effectively support colleagues.</td>
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<th>What does the standard mean for the organisation?</th>
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<tr>
<td>The organisation ensures:</td>
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<td>• a quality improvement approach and promotion of a learning culture to support effective prevention and management of pressure ulcers, and</td>
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<tr>
<td>• staff have the necessary knowledge and skills, appropriate to their roles and</td>
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workplace setting in the prevention and management of pressure ulcers.

**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 annual competencies, and conference or study day attendance.
- 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, for example, SPSP and *The 3-step improvement framework for Scotland’s public services*.
- Local or organisational education and training packages, for example, prevention and management of pressure ulcers, training from local tissue viability nursing service and pressure ulcer classification and grading tools.
- Information leaflets and support for people at risk of, or receiving care for, pressure ulcers (and/or their representatives).
Standard 3: Assessment of risk for pressure ulcer development

Standard statement
An assessment of risk for pressure ulcer development 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 people with frailty, limited mobility or diabetes, and those who are malnourished or at the end of life. The aim of a risk assessment is to prevent and reduce the likelihood of developing pressure ulcers or further damage to existing pressure ulcers.

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

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.

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 pressure ulcers, an age-appropriate structured risk assessment tool is used.

3.2 Trained health and social care staff assess and document the risk of pressure ulcer development or further damage to existing pressure ulcers:

a) within 8 hours of admission to hospital or care home
b) within 24 hours of admission to any other care setting, or
c) 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 of risk for pressure ulcer development includes:

a) inspection of the person’s skin, particularly areas over bony prominences and areas in contact with equipment and devices
b) assessment of risk factors and other contributing factors, for example people with frailty, limited mobility or diabetes, and those who are malnourished or at the end of life
c) assessment of the person’s needs within their home or care setting, including positioning, equipment and devices
d) identifying self-management strategies for people (and/or their representative), and
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:

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

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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>When you are admitted to a care setting or on the first visit from a community nursing or social care team, you will be assessed to see if you are at risk of developing a pressure ulcer. The assessment will be used to develop your care plan and will include your needs and wishes. The health or social care professional will:</td>
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<td>• ask you (and/or your representative) about your health, for example, any existing health problems, your eating habits, any problems with your bladder or bowel function, or any problems with movement</td>
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<tr>
<td>• with your permission, look at your skin, particularly for skin colour changes or any numbness or pain around bony areas of the body</td>
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<tr>
<td>• review any equipment you may use within your home or care setting to make sure it meets your needs such as seats or mattresses</td>
</tr>
<tr>
<td>• discuss with you how you can help prevent pressure ulcers or improve existing pressure ulcers</td>
</tr>
<tr>
<td>• discuss and agree plans to review any treatment or to reassess your risk, and</td>
</tr>
<tr>
<td>• listen to, and act on, your concerns when you report skin changes or concerns about your pressure care.</td>
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<td>You will have an understanding of:</td>
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<td>• your roles and responsibilities in the assessment of risk for pressure ulcers</td>
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<tr>
<td>• how and when to access specialist advice and teams to support assessment of risk and care planning</td>
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<tr>
<td>• how to maintain your knowledge and skills in pressure ulcer risk assessment relevant to your role, and</td>
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<tr>
<td>• improvement work to assess and reduce risk of pressure ulcer incidence and to identify opportunities for improvement.</td>
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<td>The organisation provides:</td>
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- policies and procedures for the timely assessment and reassessment 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 monitor compliance with local protocols for risk assessment, and
- 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
- 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-compliance, for example, incapacity, the person is acutely unwell or refuses a skin inspection.
- Use of structured risk assessment tools such as the paediatric risk assessment tool, Waterlow, Braden and preliminary pressure ulcer risk assessment (PPURA).¹
- Use of other standards¹⁰,¹¹,¹⁹ and assessment tools to support care planning, for example, frailty assessment, comprehensive geriatric assessment, falls risk assessment, 4AT, CPR for diabetic foot, Malnutrition Universal Screening Tool (MUST) and Paediatric Yorkhill Malnutrition Score (PYMS).⁹,²⁰,²¹
Standard 4: Reassessment of risk

**Standard statement**

Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care.

**Rationale**

Regular reassessment of risk is essential for the prevention and management of pressure ulcers, and can prevent further damage to existing pressure ulcers. 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.\(^2\)\(^-\)\(^4\)

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 at high risk despite further changes or deterioration to their condition (see Standard 3).\(^2\)\(^-\)\(^4\)

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 Standard 3):

a) when an observed or reported change has occurred in the person’s condition or changes noted on skin inspection

b) when the person (and/or their representative) report a change, or

c) on transfer 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 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:

a) the reason care has not been delivered such as the person’s choice or where there is no access to specific services

b) the discussion with the person (and/or their representative), and

c) any agreed actions.
What does the standard mean for you as a person receiving care?

Your health or social care professional will regularly review your risk of getting a pressure ulcer or prevent further damage to an existing pressure ulcer, and will:

- ask you (and/or your representative) about your health, for example, any new or existing health problems, changes in your eating habits, any problems with your bladder or bowel function, or any restrictions with your movement
- with your permission, look at your skin, particularly for skin colour changes or any numbness or pain around bony areas of the body
- review any equipment you may use, for example, seating, and your environment to make sure it meets your needs
- discuss with you how you can help prevent pressure ulcers or improve existing pressure ulcers
- 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.

You will be kept informed at all stages of your treatment.

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
- risk factors that may trigger reassessment, for example, people at the end of life, or with frailty or sepsis, use of new medical equipment or devices
- how to access specialist advice and teams to support assessment of risk and care planning, and
- improvement work to assess and reduce risk of pressure ulcers.

What does the standard mean for the organisation?

The organisation has guidance available for:

- reassessment of risk, including timings, criteria for referral or transfer between care settings
- referral and access to specialist teams, and
- 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.\(^\text{10, 22, 23}\)
- Use of structured risk assessment tools such as the paediatric risk assessment tool, Waterlow, Braden and PPURA.\(^\text{1}\)
- Monitoring and reporting of reassessment and evaluation of care plans.
- Care plans demonstrating reasons for non-compliance, 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 pressure ulcer development and to manage any existing pressure ulcers.

Rationale
Person-centred care planning supports the prevention of pressure ulcers for people at risk.\(^2\) The care plan is based on the outcomes of their risk assessment, consideration of risk factors, personal choice, and health and social care professional judgement.\(^3,4\)

Preventative strategies such as the SSKIN care bundle\(^2,4,24\) should be initiated where a person is at risk of developing a pressure ulcer or to prevent further deterioration of an existing pressure ulcer.\(^2,4\) This should also include engagement with and support of the person (and/or their representatives) to self-manage their risk of pressure ulcer development.\(^18\)

Staff are aware of 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 or vascular service.

Criteria

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

5.2 The care plan is agreed with the person and includes:

a) the outcome from the risk assessment and skin inspection
b) identification and management of other risks or contributing factors, for example, bowel and bladder function, nutritional or hydration status, or diabetes
c) a treatment plan for any existing pressure ulcer
d) frequency of repositioning and requirements for equipment and devices
e) details of self-management strategies and information, and
f) planned reassessment of risk.

5.3 The person-centred care plan is:

a) reviewed to ensure it meets the ongoing needs of the person, and
b) used to inform handovers, care transitions and discharge planning.
## What does the standard mean for you as a person receiving care?

You will have a care plan to help reduce the risk of getting a pressure ulcer or to prevent an existing pressure ulcer from getting worse. This plan will be based on your needs and wishes and informed by professional judgement, and include:

- the outcome of the risk assessment
- ways to prevent damage or further damage occurring such as how often to change your position or how to look after your skin
- management of possible contributing factors, for example, your bladder and bowel function, nutrition and hydration
- any equipment or devices that reduce pressure on your skin such as special mattresses or seating, and
- information on diet and fluid intake.

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

You will be able to:

- develop and review care plans throughout the person’s care and treatment
- communicate effectively, including completion of documentation to enable the continuity of care within and across care settings and professional groups, and
- demonstrate an awareness of improvement work to assess and reduce risk of pressure ulcers.

## What does the standard mean for the organisation?

The organisation:

- has clear guidance on roles and responsibilities of care planning, including referral for specialist advice and treatment
- ensures systems are in place to enable the appropriate sharing of information and care plans throughout the person’s care and treatment, and
- monitors data and undertakes learning to improve care planning and sharing of information, particularly across care settings.

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

- Information leaflets for people at risk of, or identified with, a pressure ulcer (and/or their representatives).
- Care plans demonstrating prevention and treatment strategies, for example, SSKIN care bundle and wound treatment plan.¹
- Care plans demonstrating reasons for non-compliance, for example, incapacity.
- 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 standards¹⁰, ¹¹, ¹⁹ and assessment tools in care planning such as comprehensive geriatric assessment, MUST, bladder and bowel function tools, and PYMS.⁹, ²⁰, ²¹
Standard 6: Assessment, grading and care planning for identified pressure ulcers

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

Rationale
Full assessment will help identify contributing factors that may prevent healing and ensure a person-centred care plan is developed and implemented. This assessment includes a holistic approach to the person’s needs, including care setting, equipment and ability to self-manage.\textsuperscript{2-4}

There are recognised tools to support assessment and grading of pressure ulcers, and wound assessment.\textsuperscript{1,16} Regular reassessment (see Standard 4) is also required to monitor the person’s condition, prevent the risk of further deterioration in any identified pressure ulcers (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.

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

a) undertake a pressure ulcer assessment and grading, and a wound assessment using structured tools

b) develop and implement a person-centred care plan for pressure ulcer management, with an identified review period (see Standard 5),

c) assess the requirement for equipment, devices and dressings to assist in the management of pressure ulcers and prevention of further skin breakdown, and

d) undertake regular reassessment of pressure ulcers and evaluation of care plans (see Standard 4).

6.2 A referral for a review of pressure ulcer assessment and grading is made when:

a) a member of staff is not a trained health or social care professional, or

b) no professional is 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.
What does the standard mean for you as a person receiving care?

If you have a pressure ulcer, or are at risk of getting other pressure ulcers, your health or social care professional will:

- ask you (and/or your representative) about your general health and wellbeing
- with your permission, look at the pressure ulcer wound, measure its size, including length, width and depth, and possibly photograph the wound
- discuss how the pressure ulcer will be treated, for example, dressings, pain relief, seating, specialist mattresses and seating
- discuss with you how often the pressure ulcer will be assessed
- discuss how you can manage the pressure ulcer, and
- listen and act on any concerns you may have about pressure ulcers.

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

You will:

- understand your roles and responsibilities in relation to the prevention and management of pressure ulcers and the requirement to escalate or refer to a more senior professional when necessary.
- demonstrate good record-keeping in line with local and professional standards
- effectively share and communicate information about the person’s care plan with the individual, their representatives and staff involved in their care, and
- implement effective management strategies.

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
- protocols are available for 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
- Protocols for referral to registered healthcare professionals for further assessment and grading.
- 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.
References


Appendix 1: Development of the standards

The standards have been informed by current evidence, best practice and developed by group consensus.² ⁴ ¹⁸ ²⁵

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 April 2015
- a scope engagement exercise in June 2015
- three project group meetings between August and November 2015
- a consultation exercise on the draft standards between February and April 2016, and
- a finalisation meeting with the project group in May 2016.

The project group, chaired by Adam Coldwells (Chief Officer, Aberdeenshire Health and Social Care Partnership), was convened to consider the evidence and to help identify key themes for standards development.

A specialist review group was convened to peer review the standards before consultation and final publication.

Membership of both the project group and specialist review group is set out in Appendix 2.

Consultation feedback and finalisation of standards

Following the consultation exercise, the project group reconvened to review all comments received and to make final decisions and changes relating to the content of the standards. More information can be found in the consultation feedback report which is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/pressure_ulcer_standards.aspx.

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, Adam Coldwells, 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 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: 
## Appendix 2: Membership of the pressure ulcers standards project group

<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>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>
</tbody>
</table>
## Membership of the specialist review group

<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>
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The Healthcare Environment Inspectorate, the Improvement Hub, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.