

<b>POLICY NAME:</b>	<b>Pressure Ulcer Prevention and Management Policy</b>
<b>POLICY ID NUMBER:</b>	<b>TW21-101</b> (Previously TW10-077 & CL/Pol/068)
<b>VERSION NUMBER:</b>	<b>2.1</b>
<b>APPROVING COMMITTEE:</b>	<b>Nursing Midwifery Allied Health Professionals (NMAHP) Safeguarding Executive Committee</b>
<b>DATE THIS VERSION APPROVED:</b>	<b>February 2022</b>
<b>RATIFYING COMMITTEE</b>	<b>PARG</b>
<b>DATE THIS VERSION RATIFIED:</b>	<b>April 2022</b>
<b>AUTHOR (S) (JOB TITLE)</b>	<b>Tissue Viability Specialist Nurse Interim Head of Safeguarding Quality Facilitator, Community</b>
<b>DIVISION/DIRECTORATE:</b>	<b>Corporate and Community (Trust Wide)</b>
<b>LINKS TO ANY OTHER POLICIES/PROCEDURES:</b>	<b>Pressure Ulcer Prevention and Management SOP, Safeguarding Adults at Risk Policy, Safeguarding Children and Young Peoples Policy, Clinical Photographic and Videographic Policy</b>
<b>CONSULTED WITH:</b>	<b>Nursing, Midwifery and Allied Health leadership teams (NMAHLT)</b>

<b>DATES PREVIOUS VERSION(s) APPROVED</b>	Version: 1	Date: December 2021
<b>NEXT REVIEW DATE:</b>	<b>April 2025</b>	
<b>MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)</b>	<b>Deputy Chief Nurse</b>	



## Version Control

Version	Date	Amendment
2	February 2022	Additions made to section 1 Responsibilities in section 4 updated.
2	April 2024	Unstageable Pressure Ulcer category removed in line with National Wound Care Strategy Programme, Pressure Ulcer Recommendations and Clinical Pathway Oct 2023

## CONTENTS PAGE

CONTENTS	TITLE	PAGE NUMBER
1	INTRODUCTION	2
2	POLICY STATEMENT	2
3	KEY PRINCIPLES	3
4	RESPONSIBILITIES	3
5	HUMAN RIGHTS ACT	6
6	INCLUSION AND DIVERSITY STATEMENT	6
7	MONITORING AND REVIEW	6
8	ACCESSIBILITY STATEMENT	7

APPENDICES		PAGE NUMBER
App 1	References	8
App 2	Equality Assessment Form	9
App 3	Monitoring and Review Form	10

<p><b>AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.</b></p>
---

## **1 INTRODUCTION**

- 1.1 A pressure ulcer is localised damage to the skin and/or underlying tissue usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful (NHSI 2018).
- 1.2 Pressure ulcers represent a major burden of sickness and reduced quality of life for patients and create significant difficulties for patients, their carers and families. The impact of pressure ulcers is psychologically, physically and clinically challenging for both patients and NHS staff. The total cost in the UK is estimated to be £3.8 million per day, with 24,674 patients developing new pressure ulcers between April 2015 and March 2016 (NHSI 2018).
- 1.3 Acute illness, immobility and poor nutrition are some of the factors that can contribute to the development of pressure ulcers and affect the healing process. The prevention and treatment of pressure ulcers can have a major impact on patients and carers and they are recognised as a major cost to the National Health Service. Wrightington Wigan and Leigh NHS Teaching Hospitals NHS Foundation Trust (hereafter referred to as the Trust) is committed to implementing and monitoring practice that is in line with guideline from the National Institute for Health and Care Excellence (NICE 2014).
- 1.4 New pressure ulcers affect an unknown proportion of people in the community, as reliable data is not available, but it is estimated that up to 30% of patients may suffer and 20% of patients in nursing and residential homes may be affected. The prevalence and incidence of pressure ulcers are recognised as key indicators of the quality of care delivered (Clay 2000). The Health of the Nation report set an annual reduction target of between 5-10% in the incidence of pressure ulcers (Stephen-Haynes 2006).
- 1.5 Reported prevalence rates range from 4.7% to 32.1% for hospital populations and up to 22% in nursing-home populations. It was further shown that the sacrum and heels were the most affected sites/ locations (Vanderwee et al. 2007).
- 1.6 Pressure ulcers may occur as a result of neglect. Neglect and acts of omission may include ignoring medical, emotional or physical needs, failure to provide access to healthcare and support or education services, and/ or the withholding of medication adequate nutrition and heating. This may result in preventable skin damage.
- 1.7 Where pressure ulcers do occur this policy offers clear processes for the clinical management of the removal and reduction of harm to the individual whilst considering if a safeguarding response is necessary under section 42 of the Care Act 2014.
- 1.8 Not all skin damage related to pressure/ shear can be prevented and the risk factors for each person should be looked at on an individual basis.
- 1.9 Whilst the treatment and response to the management of pressure ulcers is predominantly a clinical one the prevention of them is a shared responsibility.

## **2 POLICY STATEMENT**

- 2.1 This policy aims to provide Wrightington Wigan and Leigh Teaching Hospitals NHS Foundation Trust (hereafter referred to as the Trust) staff with guidance to ensure a consistent and unified approach for the prevention and management of pressure ulcers.
- 2.2 This policy supersedes previous Wrightington Wigan and Leigh Teaching Hospitals NHS Foundation Trust and Bridgewater NHS Foundation Trust pressure ulcer policies.
- 2.3 This policy is applicable to all clinical staff employed within the Trust who undertake patient assessments in relation to pressure ulcer prevention and management

## **3 KEY PRINCIPLES**

- 3.1 To provide organisational guidelines on the prevention and management of pressure ulcers to ensure: -
  - 3.1.1 Pressure ulcers are managed in accordance with NICE guidance and national best practice guidelines.
  - 3.1.2 Staff have the knowledge and competence to support patients and carers in preventative measures therefore aiding in the reduction of pressure ulcer development.
  - 3.1.3 All patients receive effective and efficient treatment of any pressure ulcer.
  - 3.1.4 That clinically effective pressure ulcer prevention and treatment practices can be monitored via audit.
  - 3.1.4 A continuing education and communication network for all practitioners.
  - 3.1.5 All multiple category 2 pressure ulcers and all 3,4 and DTI pressure ulcers will have the safeguarding decision guide completed and actioned as appropriate.

## **4 RESPONSIBILITIES**

- 4.1 **The Chief Executive**  
Is responsible for ensuring compliance with the policies and guidelines, legislation, NHS guidance and for ensuring the policy is effective.
- 4.2 **Trust Board**  
Are responsible for overall responsibility in ensuring the provision of effective clinical services within the organisation, and to ensure that the Trust complies with its statutory obligations.
- 4.3 **Chief Nurse / Deputy Chief Nurse**  
Are responsible for ensuring the provision of effective clinical services within the organisation, and to ensure that the Trust complies with its statutory obligations.
- 4.4 **Divisional Directors of Nursing/ Deputy Directors of Nursing**  
Are responsible for ensuring the provision of effective clinical services within the organisation, and to ensure that the Trust complies with its statutory obligations.
- 4.5 **Matrons/ Clinical Area Manager**  
Are responsible for: -
  - 4.5.1 Implementing this policy in their clinical area.
  - 4.5.2 Ensuring that staff understand their accountability and responsibility and comply with this policy.
  - 4.5.3 Ensuring that all staff have access to resources referred to within this policy and appropriate SOP for their area of work.
  - 4.5.4 Ensuring that the staff have the knowledge, skills and competence

commensurate with their role and responsibilities to care for patients who are at risk of pressure ulcer development by ensuring staff attend/ complete all necessary training linked to this policy.

4.5.5 Monitoring implementation of this policy via clinical audit and review.

4.5.6 Ensuring staff are aware to follow the appropriate SOP for their area of work to provide a consistent and safe process for all patients who are at risk or suffering from pressure and/ or moisture damage.

4.5.7 Attending education and training with regard to the prevention, recognition, response and investigation of pressure ulcer incidence.

#### **4.6 Team Leaders/Team Co-ordinators/ Ward and Department Managers/Deputy Ward and Department Managers**

Are responsible for: -

4.6.1 Implementing this policy in their clinical area.

4.6.2 Ensuring that the care of all patients is in accordance with the pressure ulcer prevention and management policy and SOP.

4.6.3 Ensuring that staff understand their accountability and responsibility and comply with this policy.

4.6.4 Ensuring that all staff have access to resources referred to within this policy and appropriate SOP for their area of work.

4.6.5 Ensuring that the staff have the knowledge, skills and competence commensurate with their role and responsibilities to care for patients who are at risk of pressure ulcer development by ensuring staff attend/ complete all necessary training linked to this policy.

4.6.6 Monitoring implementation of this policy via clinical audit and review.

4.6.7 Completion of investigations regarding pressure ulcer development within their department and presenting the report at the Trust pressure ulcer review panels.

4.6.8 Ensuring staff report all skin damage caused by pressure or moisture by completion of a Datix in both the acute and community settings.

4.6.9 Ensuring staff are aware to follow the appropriate SOP for their area of work to provide a consistent and safe process for all patients who are at risk or suffering from pressure and/ or moisture damage.

4.6.10 Ensuring all staff are aware to complete a non- compliance risk assessment for any patients who do not wish to concord to medical advice regarding pressure ulcer prevention.

4.6.11 Representing the Trust/ department at appropriate strategy meetings/ pressure ulcer panels as required.

4.6.12 Attending education and training with regards to the prevention, recognition, response and investigation of pressure ulcer incidence.

4.6.13 The team coordinators and ward managers are responsible for the verification of hospital acquired or community acquired pressure ulcers via Datix for their areas.

#### **4.7 The Tissue Viability Service**

Are responsible for: -

4.7.1 Supporting Clinical Service Managers in implementing this policy.

4.7.2 Provision of education and training (both formal and informal) for all nursing and therapy staff and relevant care givers in pressure ulcer prevention and management.

4.7.3 Provision of specialist advice to all Health Care Professionals, the Multi-disciplinary team, patients and carers where necessary.

4.7.4 Provision of specialist advice when attending Trust pressure ulcer review panels.

- 4.7.5 Provision of specialist advice to managers in relation to IPIR's/ case reviews/clinical incidents as required.
- 4.7.6 Developing policies, SOP's and clinical guidelines in relation to tissue viability issues.
- 4.7.7 Disseminating the information contained within the policies, SOP's and clinical guidelines to Trust staff and ensuring they are aware of the contents.
- 4.7.8 Supporting team coordinators and ward managers with the Verification of all skin damage related to pressure or moisture damage following completion of a Datix.
- 4.7.9 Amending the category and sub-category within the Datix, as required, following verification.
- 4.7.10 Providing a clinical update or representation at appropriate strategy meetings.

#### **4.8 Wound Care Link Practitioners**

Are responsible for: -

- 4.8.1 Ensuring best practice in relation to pressure ulcer prevention and management is implemented within the team/ ward/ department.
- 4.8.2 Acting as a teaching resource to other members within their team/ ward/ department.
- 4.8.3 Identifying any staff training issues within their team/ ward/ department.
- 4.8.4 Abide by the wound care link practitioner terms of reference.
- 4.8.5 Ensuring competency around prevention, recognition and response to pressure ulcer incidence.

#### **4.9 Registered Health Care Practitioners**

Are responsible for: -

- 4.9.1 Ensuring that the care of all patients is in accordance with the Pressure Ulcer Prevention and Management SOP applicable to their area of work.
- 4.9.2 Ensuring that they maintain their own knowledge and level of competence in relation to pressure ulcer prevention, recognition and response as appropriate to their role.
- 4.9.3 Reporting all skin damage caused by pressure or moisture by completion of a Datix.
- 4.9.4 The nurse in charge will complete the safeguarding decision guide for all multiple category 2 pressure ulcers and all 3,4 and DTI pressure ulcers. They will make the decision for an onward referral to the local authority for all patients scoring 15 or above.
- 4.9.5 For any patients scoring 15 or above where a local authority referral has been made a referral to WWL adult safeguarding team must be made.
- 4.9.6 Seeking the advice of/ referral to the Tissue Viability Service where appropriate whilst maintaining the on-going responsibility for the patient's episode of care.
- 4.9.7 Following the appropriate SOP for their area of work to provide a consistent and safe process for all patients who are at risk or suffering from pressure and/ or moisture damage.
- 4.9.8 Completing a non- compliance risk assessment for any patients who do not wish to concord to medical advice regarding pressure ulcer prevention.

#### **4.10 Health Care Practitioners**

Are responsible for: -

- 4.10.1 Ensuring that the care of all patients is in accordance with the Pressure Ulcer Prevention and Management SOP applicable to their area of work.
- 4.10.2 Ensuring that they maintain their own knowledge and level of competence in

relation to pressure ulcer prevention, recognition and response as appropriate to their role

4.10.3 Reporting all skin damage caused by pressure or moisture by completion of a Datix.

4.10.4 Escalating any concerns to the registered Health Care Professional in charge of the clinical area of work whilst maintaining the on-going responsibility for the patient's episode of care.

4.10.5 Following the appropriate SOP for their area of work to provide a consistent and safe process for all patients who are at risk or suffering from pressure and/ or moisture damage.

#### **4.11 The Safeguarding Team**

Are responsible for: -

4.11.1 Actioning the pressure ulcer referrals as appropriate that are generated from the health care professionals.

4.11.2 Supporting the staff who are representing the Trust/ department at appropriate strategy meetings.

4.11.3 Attending the Trust pressure ulcer review panel to ensure that all relevant referrals to the local authority have been completed.

#### **4.12 Pressure Ulcer Review Panel**

Are responsible for: -

4.12.1 Reviewing all Trust acquired skin damage related to pressure/ shear via the Category 2/ DTI panel and the Category 3/ 4 panel and ensuring a robust investigation has been undertaken to identify root causes and any potential lapse in care.

4.12.2 Ensuring that all relevant referrals to the local authority have been completed.

4.12.3 Review the level of harm of each incident and escalate/ de escalate as required and to the relevant agency e.g. StEIS, CCG

4.12.4 Identify if any lapses in care have occurred and ensure an appropriate clinical response has been actioned.

4.12.5 Themes and trends are captured and guide improvements for clinical practice.

4.12.6 The panels will determine whether the pressure ulcer has developed within the Trust or inherited from other care provider.

### **5 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

### **6 INCLUSION AND DIVERSITY**

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

### **7 MONITORING AND REVIEW**

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

### **8 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email [equalityanddiversity@wvl.nhs.uk](mailto:equalityanddiversity@wvl.nhs.uk)



## REFERENCES

## Appendix 1

Clay M (2000) Pressure sore prevention in nursing homes. *Nursing Standard*, 14 (44) pp 45-50

Department of Health and Social Care (2018) Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry [online]. Available at: <https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol>

European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (EPUAP 2014) Pressure Ulcer Treatment: quick reference guide <http://www.epuap.org>

European Pressure Ulcer Advisory Panel, National Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance (2014) Prevention and treatment of pressure ulcers: quick reference guide [online]. 2nd edition. Available at: <http://www.epuap.org/pu-guidelines/>

National institute for Health and Care Excellence (NICE) (2015) Pressure Ulcers (QS89) [online]. Available at: <https://www.nice.org.uk/guidance/qs89>

NHS Improvement (2018) Pressure ulcers: revised definition and measurement - summary and recommendations [online]. Available at: <https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/>

NHS Improvement (2018) Pressure ulcer core curriculum [online]. Available at: <https://improvement.nhs.uk/resources/pressure-ulcer-core-curriculum/>

Vanderwee K, Clark M, Dealey C, Gunningberg L, Defloor T (2007). Pressure ulcer prevalence in Europe: a pilot study. *Journal of Evaluation in Clinical Practice*, 13(2), pp227-235

## Equality Impact Assessment Form

**STAGE 1 - INITIAL ASSESSMENT**

For each of the protected characteristics listed answer the questions below using  Y to indicate Yes and N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	y	y	y	y	y	y	y	y	y	y	y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.

Job Title	Deputy Chief Nurse			Date	09/09/21
-----------	--------------------	--	--	------	----------

**IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via <http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>**

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

## POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Rolling monthly review of compliance of in date documents	Project Officer to advise author 6 months in advance of review date and advise CQEC of overall Trust compliance	Project Officer	Monthly rolling programme	CQEC	Monthly compliance report	Team Drive: Director of Nursing/Corporate QEC