Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

Prevention and Management of Pressure Ulcers

Standards

October 2020

NHS SCOTLAND

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 (EQIA) to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way, regardless of protected characteristic or experienced health inequalities. A copy of the EQIA 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

First published October 2020

www.healthcareimprovementscotland.org

Contents

Introduction

Pressure ulcers are injuries to the skin and underlying tissue caused by prolonged pressure on the skin. Anyone can get pressure ulcers (sometimes known as 'bed sores' or 'pressure sores')[1] but the following factors can make them more likely to develop, or for existing pressure ulcers, to deteriorate:

- reduced levels of mobility or physical activity (for example, when people spend extended periods in bed due to illness or following surgery)
- medical conditions that reduce blood supply or make the skin more fragile (for example, diabetes, peripheral arterial disease, kidney failure, heart failure, multiple sclerosis and Parkinson's disease)
- incontinence or other skin moisture
- compromised nutrition and hydration
- cognitive impairment
- palliative and end-of-life care needs
- acute illness.[2-5]

This document updates and replaces the clinical standards on prevention and management of pressure ulcers published by Healthcare Improvement Scotland in 2016 and incorporates advice contained in the (now withdrawn) 2009 Quality Improvement Scotland best practice statement. The standards are informed by current evidence, best practice and stakeholder recommendations. More information about the development process can be found at Appendix 1.

The standards include reference to the SSKIN care bundle[6] which is a tool designed to help identify risk factors linked to the development or deterioration of pressure ulcers. The SSKIN care bundle enables healthcare professionals to effectively assess key factors associated with the prevention and management of pressure ulcers. These include:

- **S**urface – 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
- **S**kin inspection – assessing pressure areas and monitoring skin reddening
- **K**eep moving – assessment of regularity of movement intended to prevent pressure ulcers or deterioration of existing pressure ulcers
- **I**ncontinence/Increased moisture – assessing bowel and bladder function and control, and other body fluids on the skin
- **N**utrition – ensuring the right diet, fluids and supplements.

The standards are a key component in supporting an organisation's approach to quality assurance of the prevention and management of pressure ulcers. Monitoring and improving performance against these standards, at both organisational and

national level, will improve the experiences and outcomes of people with, or at risk of developing, pressure ulcers.

Scope of the standards

The standards should be read alongside relevant legislation, policies, national health and wellbeing outcomes and health and social care standards.[3, 7-12] The standards support the principles of realistic medicine,[11] recognising the importance and value of informed choice and ensuring that people are at the centre of care decisions. In addition, the standards emphasise the role of multidisciplinary working and coordinated care and support for people with, or at risk of developing, pressure ulcers.

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, including:
    - primary and secondary care
    - hospices and independent clinics
    - care at home services
    - care homes.

The standards cover the following areas:

- leadership and governance
- staff education and training
- person-centred information and support
- initial assessment of risk of developing a pressure ulcer
- reassessment of risk
- care planning for prevention of pressure ulcers
- assessment, grading and care planning for identified pressure ulcers.

Using the standards for self-evaluation, assurance and improvement

All standards follow the same format which includes:

- a clear statement of the standard
- 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
- what the standards mean for organisations, including examples of evidence of achievement.

The implementation and monitoring of these standards will be for local determination by relevant organisations or services, for example NHS boards or care home providers.

Terminology

These standards, wherever possible, use generic terminology that can be applied across all health and social care settings. The following terms are used throughout the document:

- 'Person' or 'people' refers to the individual 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 of babies and children) and independent advocates
- 'Person-centred care plan' refers to a care plan for a specific individual's situation. Family and/or carers may also be involved in its development, where appropriate
- 'Allied health professionals' (AHPs) includes occupational therapists, podiatrists and physiotherapists.
- 'Nutritionally compromised' refers to any person who has inadequate nutritional intake to meet their body's requirements to prevent and heal pressure ulcers. This can include people who are obese, underweight or of normal body weight with a nutritionally unbalanced diet. It also includes people who are not able to eat or drink independently or who have unplanned weight loss.
- 'Equipment' refers to items or devices designed to redistribute or offload pressure, including pressure-redistributing mattresses, seating and cushions, and 'heel offloading' devices. Items and devices are described in more detail when it is necessary for equipment to be age-appropriate or suitable for a person's size or weight.

Supporting implementation

Healthcare Improvement Scotland has published these standards to inform organisational self-evaluation and improvement. Healthcare Improvement Scotland and other agencies, such as the Care Inspectorate, may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

There are no plans for Healthcare Improvement Scotland to use these standards as part of specific inspections or routine external quality assurance. These standards, however, complement existing Healthcare Improvement Scotland quality assurance programmes.

Hospitals and care homes currently do not have national targets for the reduction of pressure ulcers. It is, however, recommended that NHS boards and relevant organisations set locally-agreed targets. Healthcare Improvement Scotland's

Improvement Hub's Acute Care Portfolio, which includes the Scottish Patient Safety Programme (SPSP) Acute Adult programme,[13] helps identify community strengths and areas for improvement across NHSScotland. The SPSP helps to deliver local objectives through partnership working with Scottish Care and the Care Inspectorate. It supports care providers to:

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

Summary of standards

Standard 1: Leadership and governance

The organisation demonstrates leadership in the prevention and management of pressure ulcers.

Standard 2: Staff education and training

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.

Standard 3: Person-centred information and support

Information and support is available for people with, or at risk of developing, pressure ulcers, and/or their representatives where appropriate.

Standard 4: Initial assessment of risk of developing a pressure ulcer

An initial risk assessment is undertaken as part of admission to, or first contact with, a care service to inform care planning.

Standard 5: Reassessment of risk

Regular reassessment is used to re-evaluate an individual's risk of developing pressure ulcers or experiencing further damage to existing pressure ulcers.

Standard 6: Care planning for prevention of pressure ulcers

A person-centred care plan is developed and implemented to reduce the risk of developing pressure ulcers.

Standard 7: Assessment, grading and care planning of identified pressure ulcers

People with identified pressure ulcers will receive a holistic assessment and experience high quality and person-centred treatment and support.

Standard 1: Leadership and governance

Standard statement

The organisation demonstrates leadership in the prevention and management of pressure ulcers.

Rationale

A strategic and co-ordinated organisational approach can improve health and wellbeing outcomes.[14] Effective governance arrangements, including accountability, adverse events management,[15] escalation procedures and data monitoring, are critical for the delivery and assurance of prevention and management of pressure ulcers. These arrangements should adhere to the organisation's statutory duty of candour[12] responsibilities, ensuring openness, honesty and support in the event of unintended or unexpected incidents that cause harm or death.

Implementation of standards and guidance,[2-5, 11, 13] supported by training and improvement programmes,[1, 8, 10] enables the effective prevention and management of pressure ulcers.

Criteria

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

- implementation of national and local policies, procedures, guidance and standards
- a multidisciplinary approach
- collection, monitoring and review of data with action plans as required
- an education and training programme
- ongoing quality improvement
- adherence to duty of candour regulations and responsibilities.[12]

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 and procedures for the prevention and management of pressure ulcers, which:

- include response times
- facilitate cross-organisational support, appropriate referral processes and access to specialist advice and equipment when indicated
- detail escalation levels and reporting processes if access to specialist advice and equipment is not available when required.

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 people receiving care?
People: • are supported by staff who are committed to the prevention and management of pressure ulcers • can be confident that the organisation will always communicate clearly and openly with them (and their representatives, where appropriate).
What does the standard mean for staff?
Staff: • understand, and are fully engaged in, the organisation's approach to pressure ulcer prevention and management • are responsible for identifying and escalating issues relating to pressure ulcer prevention and management, including how and when to refer for specialist advice or support, such as from a tissue viability nurse or podiatrist.
What does the standard mean for the organisation?
Organisations: • demonstrate their commitment to pressure ulcer prevention and management through robust governance structures • ensure that effective and efficient pathways for specialist advice and treatment are developed and implemented, with clear timeframes for responses noted • monitor data and undertake learning to support improvement in care planning, delivery and sharing of information, particularly across care settings • comply with duty of candour regulations and responsibilities[12] where appropriate • ensure that information is responsive to everyone's needs, and is regularly reviewed to ensure it remains 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 a care home manager, director of nursing or professional lead
- Pressure ulcer prevention and management local policies, protocols, pathways and tools, for example SSKIN care bundle, risk assessment tools and the NHSScotland pressure ulcers safety cross[1, 6]
- Improvement work, including action plans, data collection and review of data
- Training data including cross-organisational working and evaluation reports
- Use of improvement data, audit reports and adverse event reports to support learning and improvement
- Referral pathways to local teams/services including nursing, AHPs and social care professionals
- Protocols, standard operating procedures or guidance for access to equipment, for example dressings, bariatric or paediatric equipment, seating and pressure redistributing equipment
- Completed care plans and transfer documents demonstrating multidisciplinary working and documentation, particularly during care transitions or discharge[16]
- Feedback from the person receiving care (and/or their representative) using survey methods
- Duty of candour[12] monitoring including organisational openness, honesty and supportiveness after instances of harm or death.

Standard 2: Staff education and training

Standard statement

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.

Rationale

Staff should be appropriately educated and trained in the prevention and management of pressure ulcers.[17-19] A multifaceted, evidence-based approach to pressure ulcer care is essential to improve health and wellbeing outcomes. This approach should be underpinned by a professional development framework to support staff competency in the prevention and management of pressure ulcers.[20, 21]

Criteria

2.1 The organisation implements a comprehensive and multifaceted education and training programme that includes:

- an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting
- validated online tools, such as the Creating Viable Options tool[17]
- training and continuing professional development plans, including updates for pressure ulcer prevention and management
- guidelines, policies, assessment tools and care planning
- application of quality improvement methodology for pressure ulcer prevention and management, including service developments
- evaluation of the provision, quality and uptake of training.

2.2 The organisation is committed to delivering education and training programmes for pressure ulcer prevention and management,[17] appropriate to roles and workplace setting, which include:

- initial assessment and reassessment of risk, including contributing factors, such as frailty, limited mobility and underlying health condition
- person-centred care planning for prevention of pressure ulcers, including management of risk
- assessment, grading and person-centred care planning
- prevention and management of wounds and systemic infection
- the importance of a multidisciplinary approach, such as access to 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
- identifying and addressing their own continuing professional development, education and training needs.

What does the standard mean for people receiving care?
People: • can be confident that their health or social care professional is appropriately trained and competent in their role in preventing and managing pressure ulcers • will receive care and support that is informed by evidence and best practice.
What does the standard mean for staff?
Staff: • demonstrate knowledge, skills and competence relevant to their role in the delivery of care to people with, or at risk of developing, pressure ulcers. This includes identification and referral of people requiring specialist services • promote best practice, consistency and continuity of care in the prevention and management of pressure ulcers, appropriate to their role.
What does the standard mean for the organisation?
Organisations: • ensure a quality improvement approach and promote a learning culture to support effective prevention and management of pressure ulcers • equip staff with the necessary knowledge and skills, appropriate to their roles and workplace setting, in the prevention and management of pressure ulcers • ensure staff are supported to access and attend multifaceted training and 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, safety briefs, conference or study day attendance
- Staff competency and capabilities frameworks, for example for AHPs[17]
- Use of incident reports or significant event analysis to support training and education programmes
- Evaluation of training needs and training programmes
- Application of improvement methodology training, such as quality improvement modules provided by the Care Inspectorate[22] and NHS Education for Scotland[23]
- Local or organisational education and training packages, for example prevention and management of pressure ulcers,[17-19] training from the local tissue viability nursing service,[19] or practice education teams and pressure ulcer classification[2, 5, 24] and grading tools
- Evidence of appropriate and person-centred information and support for people at risk of developing, or receiving care for, pressure ulcers (and/or their representatives)[1]
- Locally-delivered digital solutions, including technology-enabled care.

Standard 3: Person-centred information and support

Standard statement

Information and support is available for people with, or at risk of developing, pressure ulcers, and/or their representatives where appropriate.

Rationale

Access to high-quality, reliable information on the prevention and management of pressure ulcers enables and supports informed choice. This reflects the principles of realistic medicine,[11] which encourages people and their representatives to have meaningful discussions with health and social care professionals about their care and treatment. Information should be responsive to the needs of the individual and include the risks and benefits of accepting or declining treatment.

Criteria

3.1 People with, or at risk of developing, pressure ulcers (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 accepting or declining treatment
- understand the impact, consequences and risks of developing pressure ulcers
- make informed decisions about their care.

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

- risk factors associated with pressure ulcers
- how to prevent pressure ulcers
- early identification of signs and symptoms of pressure ulcer development
- how and when to report concerns and/or skin changes
- strategies for the management of pressure ulcers, including self-management and appropriate equipment
- wellbeing, including nutrition and maintaining activity.

What does the standard mean for people receiving care?

People:

- receive accurate and reliable information in a format and language that meets their needs and which will enable them to make informed choices about their care and treatment
- can be confident that, where appropriate, their representatives will receive information and support that enables them to be involved in and informed about their care and support.

What does the standard mean for staff?

Staff:

- are able to provide people (and/or their representatives) with information responsive to individual needs that is accurate and reliable and has been quality assured.

What does the standard mean for the organisation?

Organisations:

- ensure staff can access high-quality information and support in a range of formats and languages.

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

- Information and support for people at risk of developing, or receiving care for, pressure ulcers (and/or their representatives), including information leaflets available in a range of formats and languages.[1]

Standard 4: Initial assessment of risk of developing a pressure ulcer

Standard statement

An initial risk assessment is undertaken as part of admission to, or first contact with, a care service to inform care planning.

Rationale

Pressure ulcers can develop and deteriorate quickly, particularly in people considered to be at high risk. Those at high risk include babies, people with frailty, limited mobility or diabetes and those who have increased skin moisture, are nutritionally compromised or at end of life. A person may also be at risk of developing device-related pressure ulcers.[2-5]

The aim of a risk assessment is to prevent and reduce the likelihood of developing pressure ulcers or the further deterioration of any existing pressure ulcers.[4, 14]

Structured and validated risk assessment tools are used to support professional and clinical judgement.[4, 25]

Risk assessments should be undertaken as soon as possible within the timeframes identified for each setting and according to the needs of the person and the care setting.[2-5, 26] There should be clearly defined local timeframes with referral and escalation policies. The assessments should take into account the risk of pressure damage developing within a short time of an individual becoming immobile or acutely unwell. This information should be shared appropriately across care settings and teams.

For people assessed as having **no current pressure damage, but who may be at risk of developing a pressure ulcer**, refer to *Standard 6: Care planning for prevention of pressure ulcers*.

For people with **an identified pressure ulcer(s)**, refer to *Standard 7: Assessment, grading and treatment care planning for identified pressure ulcers*.

Criteria

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

4.2 Assessment and documentation of the risk of developing pressure ulcers or further damage to existing pressure ulcers is carried out based on professional and clinical judgement **as soon as possible** after admission to, or contact with, the care service.[5]

4.3 Each formal assessment is undertaken by appropriately trained and competent 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 when individuals have darkly pigmented skin in order to identify early skin damage
- an assessment of risk factors and other contributing factors, including people with frailty, pain, limited mobility or diabetes, and those who are nutritionally compromised, at the end of life or with increased skin moisture
- an assessment of the person's needs within their home or care setting, including positioning and equipment
- identification of self-management and self-assessment strategies for people (and/or their representatives)
- planned review of care plans and reassessment of risk.

4.4 Where an assessment of risk or skin inspection has not been undertaken within the agreed timeframes (Criterion 4.2), staff record within the person's care plan:

- the reason(s) assessment or inspection has not been undertaken or was delayed, including where request or referral has been sought for additional or specialist advice
- the discussion with the person (and/or their representative)
- any agreed actions.

4.5 Anyone presenting with a foot ulcer(s) and diabetes is referred within two working days to the diabetes multidisciplinary team or diabetic podiatry service for specialist assessment.[27]

What does the standard mean for people receiving care?

People:

- are assessed to identify their risk of developing a pressure ulcer
- will have an initial pressure ulcer risk assessment when they are admitted or at their first contact with a health or care service
- are asked about their health, for example any new or existing health problems, their eating habits, any problems with their bladder or bowel function, or restrictions to their movement
- will be examined, with their consent, to identify changes in skin colour, possible numbness or pain around the bony areas of their body
- are assessed to review any equipment, such as seats or mattresses, they may use within their home or care setting to make sure it meets their needs
- will be advised as to how they can prevent pressure ulcers or treat existing ones
- are involved in agreeing a plan to review their treatment or reassess their risk
- are listened to and have confidence that their concerns will be acted upon when they report skin changes or raise concerns about their care
- will be supported to self-examine and self-manage skin integrity and care where able
- have their own responsive and age-appropriate care plan developed that reflects their needs and wishes
- can be confident that, where appropriate, their representative will be involved in their risk assessment.

What does the standard mean for staff?

Staff:

- demonstrate skills and competence relevant to their role in pressure ulcer risk assessment
- undertake an initial pressure ulcer risk assessment when a person is admitted or has first contact with a health or care service
- know how and when to access specialist advice and teams for support to assess risk
- participate in, and identify opportunities for, improvement work to assess and reduce the risk of developing pressure ulcers
- demonstrate good record-keeping in line with local and professional standards.[28]

What does the standard mean for the organisation?

Organisations:

- have policies and procedures for the timely assessment of risk on admission or first contact, for example:
  - **within a maximum of 8 hours** of admission to a hospital, hospice or care home[5]
  - **within a maximum of 24 hours** of admission to any other care setting,
  - on a practitioner's **first visit** as part of any community service or team, for example community nurse, hospital at home, social care or care at home
- have locally or organisationally-agreed risk assessment tools
- follow pathways for appropriate referral processes and access to specialist advice and teams, with clear timeframes for responses noted
- have governance and reporting systems to ensure safe, effective and person-centred risk assessment, and to monitor adherence to relevant local protocols
- use 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)*

- Use of structured risk assessment tools such as:
  - for adults: Waterlow scale,[29] Braden scale,[30] Preliminary Pressure Ulcer Risk Assessment (PPURA) tool,[31] Pressure Ulcer Daily Risk Assessment (PUDRA) tool,[32] Pressure Ulcer Risk Primary or Secondary Evaluation Tool (PURPOSE-T)[33, 34]
  - for children and babies: Glamorgan paediatric pressure ulcer risk assessment tool[35]
- Care plans which demonstrate a multidisciplinary and person-centred approach to risk assessment, review and evaluation
- Care plans which document reasons for non-concordance, for example incapacity, the person is acutely unwell or refuses a skin inspection
- Use of other standards[7-9, 36] and assessment tools to support care planning, for example frailty assessment, comprehensive geriatric assessment, falls risk assessment,[4] AT rapid clinical test for delirium, Check, Protect, Refer (CPR) for Feet, Malnutrition Universal Screening Tool (MUST) and Paediatric Yorkhill Malnutrition Score (PYMS)[10, 37-39]
- Implementation and review of pathways for specialist referral and escalation
- Improvement tools to test, implement and review measurement and monitoring tools, for example the NHSScotland pressure ulcers safety cross[1]
- Data collection, monitoring and review, with appropriate action where necessary
- Output of the organisation's governance/reporting system for reviewing risk assessment.

Standard 5: Reassessment of risk

Standard statement

Regular reassessment is used to re-evaluate an individual's risk of developing pressure ulcers or experiencing further damage to existing pressure ulcers.

Rationale

Regular reassessment of risk is essential for the ongoing prevention and management of pressure ulcers, and can prevent further damage to existing pressure ulcers. Risk reassessment should be carried out when a person becomes acutely unwell or immobile, has a fall or following a medical procedure.[2-4]

Risk reassessment ensures that any changes in a person's circumstances are recorded and used to inform care plans. Robust documentation and regular review also ensures that a person'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 for people already identified as high risk, despite further changes or deterioration of existing pressure ulcers (see Standard 4).[2-5]

The timing of reassessment should be agreed with the person, in accordance with local guidance, and may be indicated during the initial risk assessment.

For people assessed as having **no current pressure damage, but who may be at risk of developing a pressure ulcer**, refer to *Standard 6: Care planning for prevention of pressure ulcers*.

For people with **an identified pressure ulcer(s)**, refer to *Standard 7: Assessment, grading and treatment care planning for identified pressure ulcers*.

Criteria

5.1 A structured and validated risk assessment tool is used to support professional and clinical judgement for each reassessment. For babies, children and young people at risk of developing pressure ulcers, an age-appropriate structured risk assessment tool is used.

5.2 Regular reassessment of risk is undertaken, using a structured and validated tool (see Standard 4) when:

- an observed or reported change has occurred in the person's condition or changes are noted upon skin inspection
- the person (and/or their representative) reports a change
- the person is transferred to another location or care setting within the same organisation.

Where appropriate, the person-centred care plan is revised (see Standards 6 and 7).

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

- the discussion with the person (and/or their representative)
- any agreed actions
- the reason care has not been delivered, such as the person's informed choice or where there is no access to specific services.

What does the standard mean for people receiving care?
People: • are asked about their health, including problems with their bladder or bowel function, their eating habits and any changes to their mobility • are examined, with their consent, to identify changes in skin colour, possible numbness or pain around the bony areas of their body • are assessed to review any equipment they might use, for example seating, and their environment to make sure it meets their needs • are advised on how they can help prevent pressure ulcers or improve existing pressure ulcers • are given opportunities to discuss plans to review any treatment or to undertake a reassessment, and to develop or review their care plan • are supported to self-examine and self-manage their skin integrity and care where able • can be confident that, where appropriate, their representatives will be involved in their risk reassessment.

What does the standard mean for staff?

Staff:

- have an understanding of their role and responsibilities in the reassessment of risk for pressure ulcers and evaluation of care plans in line with local policies and procedures
- are able to demonstrate knowledge, skills and competence relevant to their role in pressure ulcer risk reassessment
- are confident about factors that may trigger risk reassessment, for example people at the end of life or with frailty or sepsis, changes in nutritional intake or mobility, an acute illness episode or following a medical procedure or use of new medical equipment
- know how and when to access specialist advice and teams that support reassessment of risk and care planning
- participate in improvement work to assess and reduce the risk of further deterioration or development of pressure ulcers and to identify opportunities for improvement
- demonstrate good record-keeping in line with local and professional standards.[28]

What does the standard mean for the organisation?

Organisations:

- have guidance available for reassessment of risk, including timings and criteria for referral or transfer between care settings
- demonstrate effective referral and access to specialist teams
- have 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[7, 9, 40, 41]
- Use of structured risk assessment tools such as the paediatric risk assessment tool,[33] Waterlow scale,[27] Braden scale[28] and PPURA[29] (see Standard 4)
- Monitoring and reporting of reassessment and evaluation of care plans
- Person-centred care plans demonstrating reasons for non-concordance, strategies to improve and actions taken
- Use of improvement and measurement tools to monitor reassessment of risk.

Standard 6: Care planning for prevention of pressure ulcers

Standard statement

A person-centred care plan is developed and implemented to reduce the risk of developing pressure ulcers.

Rationale

Person-centred care planning supports the prevention of pressure ulcers in anyone at risk of developing pressure ulcers.[2] The care plan is based on the outcomes of risk assessment and professional and clinical judgement, taking into account risk factors and informed personal choice.[3, 4] Where appropriate, the person's representative will also be involved.

Preventative strategies, such as the SSKIN care bundle[6] underpin high-quality care.[2, 4, 5] These should be initiated when a person is at risk of developing a pressure ulcer. Preventative strategies should also include support and information for the person, and/or their representative, to self-manage their risk of developing pressure ulcers.[26]

The delivery of safe, effective and person-centred care should be supported by locally-agreed policies and processes. These should include criteria and timings for referral or liaison with specialist teams, such as dietetics, tissue viability service, vascular service, AHPs and pain management services.

For people with **identified pressure ulcers**, refer to *Standard 7: Assessment, grading and treatment care planning for identified pressure ulcers*.

Criteria

6.1 The person-centred care plan is agreed with the person (and/or their representative), 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 or nutritional compromise (SSKIN care bundle)
- frequency of repositioning
- frequency of skin inspection
- requirements for equipment
- skin cleansing and maintenance regime
- cross-references to other relevant care plans, such as falls risk or nutrition
- details of self-management strategies and information
- planned reassessment of risk and care plan.

6.2 The person-centred care plan is:

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

6.3 Where a person-centred care plan has not been agreed with the person (and/or their representative):

- the reason is documented and shared
- a date is scheduled to review the decision.

What does the standard mean for people receiving care?

People:

- are involved in developing their own care plan which is informed by their needs and wishes, as well as professional judgement
- are advised of ways to prevent skin damage, such as how often to change their position or how to look after their skin
- are assessed by health and social care professionals to help manage possible contributing factors to developing pressure ulcers. These include their bowel and bladder function, nutrition, hydration and pain
- have their equipment needs assessed to determine whether or not specific items, for example special mattresses or devices, will help redistribute pressure on their skin. Where equipment is provided, people will be supported to ensure they are confident using it and know who to contact to report any issues or concerns.
- receive information on diet and fluid intake
- can be confident that, where appropriate, their representative will be involved in their care planning.

What does the standard mean for staff?

Staff:

- develop, implement and review care plans throughout the person's care and treatment
- ensure all relevant documents are accurately completed and shared to support the continuity of care within and across care settings and professional groups
- know how and when to access specialist advice and teams that support care planning
- demonstrate an awareness of improvement work to assess and reduce the risk of developing pressure ulcers
- demonstrate good record-keeping in line with local and professional standards.[28]

What does the standard mean for the organisation?

Organisations:

- have clear guidance on roles and responsibilities for person-centred care planning, including referral for specialist advice, treatment and equipment
- ensure systems are in place to enable the appropriate sharing of information and care plans throughout the person's care and treatment
- monitor data and undertake 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 for people at risk of developing pressure ulcers (and/or their representative) is responsive to an individual's need.
- Effective person-centred care plans demonstrating prevention and treatment strategies.[1]
- Documentation of skin care that includes body mapping, photographs (with the person's consent) or SSKIN care bundle.
- Person-centred care plans that record reasons for non-concordance, strategies to improve and actions taken.
- Timely communications between health and social care staff, for example discharge summaries to general practitioners (GPs), admission letters from care homes and referral or escalation to specialist teams.
- Use of other standards[7-9, 36] and assessment tools in care planning, such as comprehensive geriatric assessment, MUST, bladder and bowel function tools, and PYMS.[10, 37, 38]

Standard 7: Assessment, grading and care planning of identified pressure ulcers

Standard statement

People with identified pressure ulcers will receive a holistic assessment and experience high quality and person-centred treatment and support.

Rationale

A holistic assessment takes into account the person's health and wellbeing needs, the care setting and any equipment and support required for self-management.[2-5] A holistic assessment ensures that a person-centred treatment care plan is developed and implemented. Where appropriate, the person's representative will also be involved in the assessment and care planning.

Each person's assessment will include a comprehensive wound assessment and pressure ulcer grading. There are recognised tools to support assessment and grading of pressure ulcers, assessment of wounds and identification of wound infection.[1, 24, 42] Health and social care professionals should seek to minimise variance in the assessment of pressure ulcers through the use of validated tools, such as the Scottish Adaptation of the European Pressure Ulcer Advisory Panel (EPUAP) Pressure Ulcer Classification Tool.[43]

Pressure ulcers which are graded at 2 or above are reported using a local recording system. These are reviewed to identify learning, and any actions are noted and implemented.

Regular assessment is required to monitor the person's condition (and any potential deterioration of existing pressure ulcers)[5, 26, 34, 41] and any changes in their health (including potential infection or sepsis), wellbeing and personal circumstances.

Criteria

7.1 Everyone with identified pressure ulcers will receive a holistic assessment. This will be completed by an appropriately trained health or social care professional who will:

- undertake a holistic pressure ulcer assessment, which includes grading the pressure ulcers, using validated structured tools
- complete a holistic wound assessment using validated structured tools
- develop and implement a person-centred treatment plan for pressure ulcer management, with an identified review period and cross-reference to other relevant care plans, including nutrition and risk of falls
- assess the requirement for equipment and dressings or therapies to assist in the management of pressure ulcers and prevention of further skin breakdown
- develop a skin cleansing and maintenance regime
- carry out regular assessment of pressure ulcers
- escalate any concerns through the local reporting process
- demonstrate good record-keeping.

7.2 When no appropriately trained and competent health and social care professional is available within the recommended timeframe:

- a referral for a review of pressure ulcer assessment, grading and care planning is made to an appropriately trained member of staff
- concerns are escalated to local management and recorded appropriately.

7.3 For all pressure ulcers that have developed while a person is in care, a review is undertaken with appropriate investigation, identification of learning and reporting of actions implemented, as part of ongoing improvement.

When a person has been transferred between care settings with existing pressure ulcers, the referring service is notified so it can undertake an appropriate review.

7.4 A referral to a specialist is made in accordance with local policy, for example if there is deterioration, poor healing, signs of infection[42] or sepsis,[44] or vascular compromise.

7.5 Anyone presenting with a foot ulcer and diabetes is referred within two working days to the diabetes multidisciplinary team or diabetic podiatry service for specialist assessment.[27]

What does the standard mean for people receiving care?

People:

- are asked about their general health and wellbeing
- have their pressure ulcers examined and, where appropriate and with their consent, photographed for their health records[27]
- have the opportunity to discuss how their pressure ulcers will be treated and managed, for example with dressings, pain relief and equipment
- are listened to by staff who will act on any concerns they may have about their pressure ulcers
- can be confident that, where appropriate, their representative will be involved in their assessment, grading and care planning.

What does the standard mean for staff?

Staff:

- understand their role and responsibilities in relation to the prevention and management of pressure ulcers and the requirement to escalate or refer to a specialist where appropriate
- access relevant tools and documentation to support a comprehensive wound assessment[45]
- demonstrate good record-keeping in line with local and professional standards[28]
- effectively share and communicate information with the individual, their representative and other staff involved in their care
- implement effective management of pressure ulcer strategies, including supporting people to effectively self-manage their pressure ulcers.

What does the standard mean for the organisation?

Organisations:

- ensure systems are in place to enable safe, effective, person-centred communication and management of information across teams and care settings
- provide clear guidance on staff roles and responsibilities for assessing, grading, care planning, referral and escalation processes, including timeframes
- ensure pathways are available to support referral to specialist healthcare professionals where required
- facilitate ongoing monitoring of acquired pressure ulcer incidents and data, and undertake appropriate actions 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 EPUAP Pressure Ulcer Classification Tool, Scottish Excoriation and Moisture-related Skin Damage Tool, Healthcare Improvement Scotland tissue viability toolkit[1, 45] and other tools available from the Pressure Ulcer microsite: 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 incidence data to reduce the incidence of pressure ulcers • Communications demonstrating multidisciplinary 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

A multidisciplinary pressure ulcers standards development group was convened in 2019, bringing together representatives from health and social care with expertise in pressure ulcers and tissue viability management. The group was chaired by Ruth Ropper, Lead Tissue Viability Nurse at NHS Lothian and Chair of the National Association of Tissue Viability Nurses Scotland. Membership of the group can be found at Appendix 2.

The group considered evidence published since 2016, reviewed best practice recommendations and identified key themes for standards development. The standards were developed using group consensus and were subject to a six-week consultation with stakeholders from across health and social care.

Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by a Healthcare Improvement Scotland evidence and information scientist. Databases searched include Cochrane Library, Embase and MEDLINE. The year range covered was 2016-2019. Searches were carried out on various websites including BMJ, DynaMed, NICE and international websites. These principal searches were supplemented by evidence, policy and practice identified by individual members of the development group. They were further informed by an equality impact assessment and consultation feedback.

The results were summarised and presented to the standards development group to identify which aspects of the 2016 standards should be revised.

Engagement activities

To ensure each standard is underpinned by the views and expectations of health and social care staff, third sector representatives, people receiving care and the public, information was also gathered through a targeted six-week consultation period. In addition to feedback from people receiving care, carers and staff, comments were received from the following organisations:

- Ardgowan Hospice
- NHS Ayrshire and Arran
- Marie Curie
- NHS Education for Scotland
- NHS England
- NHS Fife
- NHS Grampian
- The Golden Jubilee National Hospital
- NHS Highland
- NHS Improvement
- NHS Lanarkshire
- NHS Tayside
- The Prince and Princess of Wales Hospice

Quality assurance

All development 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 development group members declare any interests at the start of the project and at each meeting, and 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 throughout development. This ensures that:

- the standards are developed in accordance with agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope
- 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, visit: www.healthcareimprovementscotland.org/drivingimprovement.aspx.

Appendix 2: Membership of the pressure ulcers standards development group

Ruth Ropper *(Chair)*	Lead Tissue Viability Nurse, NHS Lothian/ Chair, National Association of Tissue Viability Nurses Scotland
Karen Davidson	Specialist Podiatrist, NHS Dumfries and Galloway
Heather Hodgson	Lead Tissue Viability Nurse, NHS Greater Glasgow and Clyde
Catherine Logan	Inspector, Healthcare Improvement Scotland
Joyce Murray	Manager, Improvement Support Team, Care Inspectorate
Susan Newman	Tissue Viability Nurse, NHS Ayrshire and Arran
Wendy Nimmo	Associate Improvement Advisor, Healthcare Improvement Scotland
Leigh Porter	Aberdeen City Lead Podiatrist/NHS Grampian Diabetes Podiatry Co-ordinator, NHS Grampian
Donna Richardson	Senior Nurse Tissue Viability, NHS Lanarkshire
Angela Rodgers	Paediatric Tissue Viability Nurse, NHS Greater Glasgow and Clyde
Joan-Marie Sutherland	Associate Improvement Advisor, Healthcare Improvement Scotland
Emma Whitby	Tissue Viability Nurse Specialist, NHS Dumfries and Galloway
Lorraine Wright	Clinical Nurse Manager Specialist Services, NHS Forth Valley **on behalf of Heather McGowan, Tissue Viability Nurse Specialist*

The standards development group was supported by the following members of Healthcare Improvement Scotland's Standards and Indicators team:

Allan Barr	Project Officer
Paula O'Brien	Administrative Officer
Fiona Wardell	Team Lead

References

1. Healthcare Improvement Scotland. Tissue Viability webpage. 2015 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.aspx.
2. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. 2014 [cited 2020 Sep 22]; Available from: http://www.internationalguideline.com/.
3. NHS Quality Improvement Scotland. Best Practice Statement - Prevention and management of pressure ulcers. 2009 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/pressure_ulcer_best_practice.aspx.
4. National Institute for Health and Care Excellence. Pressure ulcers: prevention and management of pressure ulcers, CG179. 2014 [cited 2020 Sep 22]; Available from: http://www.nice.org.uk/guidance/cg179.
5. National Pressure Ulcer Advisory Panel EPUAP, and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. 2019 [cited 2020 Sep 22]; Available from: https://www.epuap.org/download/11182/.
6. Healthcare Improvement Scotland. SSKIN care bundle. 2011 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/sskin_care_bundle.aspx.
7. Healthcare Improvement Scotland. Care of older people standards. 2015 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/opah_standards.aspx.
8. Healthcare Improvement Scotland. Complex nutritional care standards. 2015 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/complex_nutrition_standards.aspx.
9. Scottish Government. Health and Social Care Standards: my support, my life. 2017 [cited 2020 Sep 22]; Available from: http://www.gov.scot/Publications/2017/06/1327.
10. Healthcare Improvement Scotland. Older People in Acute Care Programme. 2016 [cited 2020 Sep 22]; Available from: http://ihub.scot/a-z-programmes/older-people-in-acute-care/.
11. NHS Inform. Realistic medicine. [cited 2020 Sep 22]; Available from: https://www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine.
12. Scottish Government. Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 [cited 2020 Sep 22]; Available from: http://www.legislation.gov.uk/asp/2016/14/pdfs/asp_20160014_en.pdf.
13. Healthcare Improvement Scotland. Scottish Patient Safety Programme. 2015 [cited 2020 Sep 22]; Available from: http://www.scottishpatientsafetyprogramme.scot.nhs.uk/.
14. Scottish Government. National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services.

2015 [cited 2020 Sep 22]; Available from: http://www.gov.scot/Resource/0047/00470219.pdf.
15. Healthcare Improvement Scotland. Learning from adverse events through reporting and review - A national framework for Scotland. 2019 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/learning_from_adverse_events/national_framework.aspx.
16. Scottish Government. Scotland's Digital Health and Care Strategy: enabling, connecting and empowering. 2018 [cited 2020 Sep 22]; Available from: https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/pages/2/.
17. NHS Education for Scotland (NES). Creating viable options: A tool for identifying key education content areas to support progressive development in tissue viability for health care staff. 2016 [cited 2020 Sep 22]; Available from: http://www.nes.scot.nhs.uk/media/3530995/creating_viable_option_tool_2016_final_version.pdf.
18. NHS Education Scotland (NES). The prevention and management of pressure ulcers. 2015 [cited 2020 Sep 22]; Available from: http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/online-short-courses/the-prevention-and-management-of-pressure-ulcers.aspx.
19. Wounds UK. Capability Framework For Integrated Diabetic Lower Limb Care: A User's Guide. [cited 2020 Sep 22]; Available from: https://www.wounds-uk.com/resources/details/capability-framework-integrated-diabetic-lower-limb-care-users-guide2.
20. Suva G, Sharma T, Campbell KE, Sibbald RG, An D, Woo K. Strategies to support pressure injury best practices by the inter-professional team: A systematic review. 2018 [cited 2020 Sep 22]; Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/iwj.12901.
21. The Rt Hon Lord MacLean. The Vale of Leven Hospital Inquiry Report. 2014 [cited 2020 Sep 22]; Available from: https://hub.careinspectorate.com/media/1415/vale-of-leven-hospital-inquiry-report.pdf.
22. Care Inspectorate. Quality framework. 2019 [cited 2020 Oct 19]; Available from: https://www.careinspectorate.com/index.php/news/9-professional/5214-the-guide-further-information-quality-framework.
23. NHS Education for Scotland. Prevention and Management of Pressure Ulcers. [cited; Available from: https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/prevention-and-management-of-pressure-ulcers.aspx.
24. National Association of Tissue Viability Nurse Specialist (NATVNS) Scotland. Scottish adaption of the European pressure ulcer advisory panel (EUPAP) pressure ulcer classification tool. 2014 [cited 2020 Sep 22]; Available from: https://hub.careinspectorate.com/media/1610/scottish-adapted-european-pressure-ulcer-advisory-panel-epuap.pdf.
25. Moore Zena EH, Cowman S. Risk assessment tools for the prevention of pressure ulcers. 2014 [cited 2020 Sep 22]; Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006471.pub3/epdf/full.

26. National Institute for Health and Care Excellence. Pressure ulcers: quality standard 89. 2015 [cited 2020 Sep 22]; Available from: https://www.nice.org.uk/guidance/qs89.
27. Scottish Intercollegiate Guidelines Network. SIGN 116, Management of diabetes. 2017 [cited 2020 Sep 22]; Available from: https://www.sign.ac.uk/assets/sign116.pdf.
28. Nursing & Midwifery Council. The Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates. 2015 (updated 2018) [cited 2020 Sep 22]; Available from: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf.
29. Waterlow J. The Waterlow Manual. 2005 [cited 2020 Sep 22]; Available from: http://www.judy-waterlow.co.uk/index.htm.
30. Barden B BN. Braden scale. 1988 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/programmes/patient_safety/tissue_viability_resources/braden_risk_assessment_tool.aspx.
31. Preliminary Pressure Ulcer Risk Assessment (PPURA) tool. [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/pura_pressure_ulcer_assessment.aspx#:~:text=This%20tool%20is%2.
32. Pressure Ulcer Daily Risk Assessment (PUDRA). [cited 2020 Sep 22]; Available from: http://www.pressureulcer.scot/wp-content/uploads/2017/11/NHS-GGC-Pressure-Ulcer-Daily-Risk-Assessment-PUDRA-Risk-Assessment-tool.pdf.
33. Coleman S, Smith IL, McGinnis E, Keen J, Muir D, Wilson L*, et al.* Clinical evaluation of a new pressure ulcer risk assessment instrument, the Pressure Ulcer Risk Primary or Secondary Evaluation Tool (PURPOSE T). 2018 Feb [cited 2020 Sep 22]; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5846883/.
34. Coleman S, Gorecki C, Nelson EA, Closs SJ, Defloor T, Halfens R*, et al.* Patient risk factors for pressure ulcer development: systematic review. 2013 Jul [cited 2020 Sep 22]; Available from: https://www.sciencedirect.com/science/article/pii/S002074891200421X?via%3Dihub.
35. Glamorgan paediatric pressure ulcer risk assessment tool. [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/paediatric_glamorgan_tool.aspx.
36. Healthcare Improvement Scotland. Food Fluid and Nutritional Care Standards. 2014 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/nutritional_care_standards.aspx.
37. Scottish Diabetes Foot Action Group. CPR for Diabetic Feet - national initiative. 2016 [cited 2020 Sep 22]; Available from: https://www.bgs.org.uk/sites/default/files/content/attachment/2019-05-03/Thurs_RB_9.30_Duncan%20Stang.pdf.
38. British Association for Parenteral and Enteral Nutrition (BAPEN). Malnutrition Universal Screening Tool (MUST). 2016 [cited 2020 Sep 22]; Available from: http://www.bapen.org.uk/screening-and-must/must.
39. Healthcare Improvement Scotland. Foot CPR. [cited 2020 Sep 22]; Available from: https://ihub.scot/project-toolkits/diabetes-think-check-act/diabetes-think-check-act/learning/foot-cpr/.
40. Healthcare Improvement Scotland, NHS Scotland. Scottish Palliative Care Guidelines. 2015 [cited 2020 Sep 22]; Available from: http://www.palliativecareguidelines.scot.nhs.uk/.

41. Scottish Intercollegiate Guidelines Network. Care of deteriorating patients: SIGN 139. 2014 [cited 2020 Sep 22]; Available from: https://www.sign.ac.uk/assets/sign139.pdf.
42. NHS Scotland. Resources to guide the management of suspected infection in chronic wounds. 2019 [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/infection_in_chronic_wounds.aspx.
43. NHSScotland S, Care Inspectorate, NATVNS,. Scottish Adaptation of the European Pressure Ulcer Advisory Panel (EPUAP) Pressure Ulcer Classification Tool. [cited 2020 Sep 22]; Available from: https://hub.careinspectorate.com/media/1610/scottish-adapted-european-pressure-ulcer-advisory-panel-epuap.pdf.
44. NHS Education for Scotland. Introducing the NHSScotland NEWS and Sepsis Screening Tool app. 2014 [cited 2020 Sep 22]; Available from: https://www.nes.scot.nhs.uk/about-us/whats-new/introducing-the-nhsscotland-news-and-sepsis-screening-tool-app.aspx.
45. Healthcare Improvement Scotland. Grading and prevalence tools. [cited 2020 Sep 22]; Available from: http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/grading_and_tools.aspx.

Published October 2020

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland
Standards and Indicators Team

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org