Adults in Hospital- Pressure Ulcers

What are we trying to achieve…	We need to ensure…	Which requires…
Reduce the rate of acquired pressure ulcers in adult inpatients by 20% by March 2028 Pressure ulcers Grade 2 and above including: • Combination lesions • Device-related pressure ulcers • Suspected Deep Tissue injury • Unstageable pressure ulcers	A people-led approach to the planning and delivery of safe care	People and professionals are equal partners in shared decision-making
		Care and support is shaped and planned to meet the needs of people
		Person, family, and carer informed in the prevention and treatment of pressure ulcers
		People, families, carers, and staff are systematically listened to, and concerns are acted upon
	Effective and inclusive communication	Communication and information tailored to individual needs and preferences
		People and teams feel safe and able to speak up
		Multi-disciplinary team (MDT) communication and collaboration
		Effective communication about risk at all transitions in care
	Leadership at all levels to support a culture of safety	Leadership is compassionate and inclusive
		Staff feel supported and valued
		Learning system for continuous improvement
		Everyone has the opportunity to learn and develop knowledge and skills in pressure ulcer prevention
	Safe clinical and care processes for pressure ulcer prevention, assessment, and treatment	Timely risk assessment, review and reassessment for pressure ulcers
		Accurate pressure ulcer grading
		Individualised re-positioning intervals and posture management
		Access to specialist tissue viability assessment and care
		Safe staffing and skill mix

A people-led approach to the planning and delivery of safe care

People and professionals are equal partners in shared decision-making	What matters to you' conversations to inform decision making	Use of a realistic medicine approach to inform decision-making	Provision of person-centred visiting for family/carer to discuss concerns about pressure ulcer prevention and management	Evidence of involving person, families, and carers in planning for transitions in care	
Care and support is shaped and planned to meet the needs of people	Evidence of collaborative care planning involving person, family, and carer	Regular multi-disciplinary review of person-centred care plan	Use of 4AT and appropriate multi-disciplinary tools to assess the person's cognitive and physical needs	Discharge planning includes discussions and agreement on plans for changes to / new equipment and support for pressure ulcer prevention / nutrition / hydration	
Person, family, and carer informed in the prevention and treatment of pressure ulcers	Patients have sufficient information to make informed choices about their care plan	Guidance on future support options for pressure care following discharge, for example, support for unpaid carers	Provision of accessible information and education for families / carers on pressure ulcer prevention and management (including worsening advice)	Prevention support offered to families / carers / POA for patients who lack capacity	Display pressure ulcer prevention messages in public waiting areas. For example, GP practice, waiting rooms
People, families, carers and staff are systematically listened to, and concerns are acted upon	The views and concerns of people with pressure ulcers, families, carers, and staff are regularly sought and recorded to inform person-centred care planning	Process for people, families, carers or staff to request a review, escalate concerns and receive a timely response			

Effective and inclusive communication

Communication and information tailored to individual needs and preferences	Use of structured communication prompts to support speaking up about concerns, for example, CUS or PACE	Use of communication aids and techniques, for example, teach back and chunk and check	Timely provision of information in accessible formats, access to translation services, Braille, British Sign Language	Evidence of locally agreed pressure ulcer prevention documentation
People and teams feel safe and able to speak up	Ensure all team members, new and temporary, know the mechanisms for raising concerns	Opportunities to seek, understand and act on safety concerns and positive stories in real time, for example at site safety huddles	At the time of joining team, reliably introduce new team members to MDT, including temporary staff to support team communication	
Multi-disciplinary team (MDT) communication and collaboration	Structured multi-disciplinary meetings include skin related concerns	Identification of people at risk of, or currently with pressure ulcers at team safety briefs, hand overs, huddles	All members of the MDT document positional changes which happen during their therapy in shared documentation	Skills of full MDT used in the prevention and treatment of pressure ulcers
Effective communication of risk at all points of transition	Use communication tool e.g. SBARD and include skin assessment in handover between care settings and other services	Reliable process for timely access to pressure redistributing equipment in new care setting	Process to include pressure ulcer information in immediate discharge letter	Process to share information about risk or presence of pressure ulcers to staff providing package of care

Leadership at all levels to support a culture of safety

Leadership is compassionate and inclusive	Process to access senior support discussions and clinical supervision	Visible and present leadership, for example leadership walk rounds at team, locality, and strategic levels	Leaders practice compassionate, reflective leadership behaviours		
Staff feel supported and valued	Process to invite, listen to and act on the experience, questions, and ideas of staff to improve pressure ulcer care	Use of standardised feedback tools e.g., iMatter	Celebrate success in pressure ulcer improvement work		
Learning system for continuous improvement	Use of systems to capture reliable pressure ulcer data to be shared with all staff to inform improvement	Use of locally agreed Pressure Ulcers investigation tool and agreed communication strategies to share learning for improvement	Accessing shared learning through formal and informal networks	Local and organisational level reporting for learning	Test ideas for improvements within an agreed timeframe
Everyone has the opportunity to learn and develop knowledge and skills in pressure ulcers	Completion of role specific pressure ulcers education	Local induction for staff and students includes pressure ulcers prevention, management, reporting and escalation processes			

Safe clinical and care processes for pressure ulcer prevention, assessment, and treatment

Timely risk assessment, review, and reassessment for pressure ulcers	Completion of pressure ulcer risk assessment and review within the designated timescale	Person-centered assessment and care planning is evident in documentation	Timely reassessment of skin	Completion of a wound chart for every wound requiring intervention, updated weekly	Full MDT involvement throughout risk assessment and reassessment process
Accurate pressure ulcer grading	Pressure ulcer grading for all skin tones using the Scottish Adapted Grading Tool	Access to tissue viability expertise to support consistent grading	Handovers during transitions in care include grade of pressure ulcers		
Individualised repositioning intervals and posture management	Appropriate and timely use of pressure redistributing equipment	Standardised process for accessing pressure redistributing equipment	Prioritise repositioning and frequency to support adequate reperfusion	Standardised care rounding process	Pressure ulcer prevention and management plan includes consideration for the patient's need for rest and sleep
Access to specialist assessment / advice	Locally defined criteria and process for pressure ulcer photography to inform wound management	Access to podiatry for specialist advice below for ankle wounds	Locally defined criteria and process for specialist review and intervention	Timely identification and effective management of nutritional risk to support pressure ulcer prevention and management	Access to evidence-based interventions from MDT to support the treatment and prevention of pressure ulcers
Appropriate safe staffing levels and skill mix	Process to use staffing level tools alongside the professional judgement tool, as part of the common staffing method to inform workforce planning		Systems and processes in place to monitor real time staffing and risk to inform decision making and escalation	Process in place to address severe and recurrent risk in relation to staffing	