

Pressure ulcers driver diagram

What are we trying to achieve...

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
- Ungradable pressure ulcers

We need to ensure...

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

Effective and inclusive communication

Leadership at all levels to support a culture of safety

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

Delivered through...

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

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 of risk at all points of transition

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 ulcers

Timely risk assessment, review and reassessment for pressure ulcers

Accurate pressure ulcer grading

Individualised re-positioning intervals and posture management

Access to specialist assessment / advice

Appropriate safe staffing levels and skill mix

Primary driver

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

Primary driver

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

Primary driver

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

Primary driver

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-centred 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, for below 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