

# Pressure ulcers

## NICE quality standard

### Draft for consultation

December 2014

## Introduction

This quality standard covers the prevention, assessment and management of pressure ulcers in people of all ages including neonates, infants, children, young people and adults. For more information see the [topic overview](#).

### ***Why this quality standard is needed***

Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under sufficient pressure to impair its blood supply. Typically they occur in a person confined to bed or a chair by an illness and as a result they are sometimes referred to as 'bedsores', or 'pressure sores'.

All people are potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity. Also, the use of equipment such as seating or beds that are not specifically designed to provide pressure relief, can cause pressure ulcers. As pressure ulcers can arise in a number of ways, interventions for prevention and treatment need to be applied across a wide range of settings including community, care homes and secondary care. This may require organisational and individual change and a commitment to ensure effective delivery. Staffing levels can also have an impact on the number of pressure ulcers. Guidance on safe staffing levels and the use of pressure ulcers as nursing red flags can be found in NICE'S safe staffing guideline on [safe staffing for nursing in adult inpatient wards in acute hospital](#).

Pressure ulcers represent a major burden of sickness and reduced quality of life for people and their carers. They can be debilitating for the patient, with the most vulnerable people being those aged over 75. Pressure ulcers can be serious and

lead to life-threatening complications such as blood poisoning or gangrene. Research suggests that between 80-95% are avoidable ([NHS improving quality](#)).

A review of death and severe harm incidents reported to the National Reporting and Learning System found in 2011/2012 that pressure ulcers were the largest proportion of patient safety incidents accounting for 19% of all reports.

The quality standard is expected to contribute to improvements in the following outcomes:

- Incidence of pressure ulcers
- Proportion of patients with category 2, 3 and 4 pressure ulcers
- Patient experience
- Service user experience
- Health related quality of life
- Length of hospital stay
- Discharge destination such as patients home or care home.

### ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014–15](#) (Department of Health, November 2013)
- [The Adult Social Care Outcomes Framework 2014–15](#) (Department of Health, November 2013)

Tables 1–2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [NHS Outcomes Framework 2014–15](#)**

Domain	Overarching indicators and improvement areas
3 Helping people to recover from episodes of ill health or following injury	<p><b>Improvement areas</b></p> <p><b>Helping older people to recover their independence after illness or injury</b></p> <p>3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services*</p>
4 Ensuring that people have a positive experience of care	<p><b>Overarching indicator</b></p> <p>4a Patient experience of primary care i GP services</p> <p>4b Patient experience of hospital care</p>
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	<p><b>Improvement areas</b></p> <p><b>Reducing the incidence of avoidable harm</b></p> <p>5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers</p>
<b>Aligning across the health and care system</b>	
* Indicator shared	

**Table 2 [The Adult Social Care Outcomes Framework 2014–15](#)**

Domain	Overarching and outcome measures
2 Delaying and reducing the need for care and support	<p><b>Outcome measures</b></p> <p><b>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</b></p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services*</p>
4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	<p><b>Overarching measure</b></p> <p>1A Social care-related quality of life**</p> <p><b>Outcome measures</b></p> <p><b>People are free from physical and emotional abuse, harassment, neglect and self-harm.</b></p> <p><b>People are protected as far as possible from avoidable harm, disease and injuries.</b></p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p>
<b>Aligning across the health and care system</b>	
* Indicator shared	
** Indicator complementary	

## ***Patient and service user experience and safety issues***

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to pressure ulcers.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source(s) for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

## ***Coordinated services***

The quality standard for pressure ulcers specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole pressure ulcer care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with pressure ulcers and to prevent the development of pressure ulcers in people at risk.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality pressure ulcer service are listed in related quality standards.

## **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in preventing, assessing, caring and treating people with pressure ulcers should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting people with pressure ulcers. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

## **List of quality statements**

Statement 1. People admitted to hospital or a care home have a pressure ulcer risk assessment on admission that is repeated following a change in clinical status.

Statement 2. People identified at high risk of developing a pressure ulcer in any setting have a skin assessment.

Statement 3. People identified at risk of developing a pressure ulcer in any setting are advised to change their position frequently and offered help to do so if needed.

Statement 4. People identified at high risk of developing a pressure ulcer in any setting, and their carers, are given information on how to prevent them.

Statement 5. People with an existing pressure ulcer or identified at high risk of developing one, in any setting, have access to pressure redistribution devices.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

**Question 3** For each quality statement what do you think could be done to support improvement and help overcome barriers?

### *Questions about the individual quality statements*

**Question 4** For draft quality statement 1: How, at an individual patient level, could a repeated risk assessment following a change in clinical status be measured?

## Quality statement 1: Pressure ulcer risk assessment

### ***Quality statement***

People admitted to hospital or a care home have a pressure ulcer risk assessment on admission that is repeated following a change in clinical status.

### ***Rationale***

Healthcare professionals can identify people at risk of pressure ulcers by performing and documenting a risk assessment. By doing this when a person is admitted to hospital or a care home and again if there is a change in a person's clinical status it can identify those at risk of developing a pressure ulcer. Acting on the results of the assessments allows healthcare professionals to offer appropriate preventative treatment to those people most at risk helping to reduce the number of people developing a pressure ulcer.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements to ensure healthcare professionals know how to use risk assessment tools to assess the risk of pressure ulcers.

**Data source:** Local data collection.

b) Evidence of local arrangements to ensure that people admitted to hospital or a care home have a pressure ulcer risk assessment on admission.

**Data source:** Local data collection.

c) Evidence of local arrangements to ensure that people admitted to hospital or a care home have a pressure ulcer risk assessment repeated if there is a change in clinical status.

**Data source:** Local data collection.

**Process**

a) Proportion of hospital admissions with a pressure ulcer risk assessment on admission.

Numerator – the number in the denominator with a pressure ulcer risk assessment.

Denominator – the number of hospital admissions.

**Data source:** Local data collection.

b) Proportion of care home admissions with a pressure ulcer risk assessment on admission.

Numerator – the number in the denominator with a pressure ulcer risk assessment on admission.

Denominator – the number of care home admissions.

**Data source:** Local data collection.

***What the quality statement means for service providers, healthcare professionals, and commissioners***

**Service providers** (secondary care, tertiary care and care homes) ensure that systems are in place for healthcare professionals to give and document people admitted to hospital or care home a pressure ulcer risk assessment on admission that is repeated following a change in clinical status.

**Healthcare professionals** ensure that they give people admitted to hospital or care home a pressure ulcer risk assessment on admission and that they repeat it when there is a change in clinical status. The results of the assessment should be documented.

**Commissioners** (clinical commissioning groups and local authorities) should specify that health and social care providers assess people admitted to hospital or care home for pressure ulcer risk on admission that is repeated following a change in clinical status. All results of the risk assessment should be documented.



## ***What the quality statement means for patients, service users and carers***

**People admitted to hospital or a care home** have a pressure ulcer risk assessment on admission to see if they have a high risk of developing a pressure ulcer. The assessment should be repeated following a change in clinical status.

### ***Source guidance***

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendations 1.1.2, 1.1.4 and 1.2.1 (key priority for implementation).

### ***Definitions of terms used in this quality statement***

**People (neonates, infants, children, young people and adults) admitted to hospital**

People admitted to hospital include:

- people admitted to secondary care
- people admitted to tertiary care

[\[Pressure ulcers\]](#) (NICE guideline CG179) recommendations 1.1.2 and 1.2.1]

### **Pressure ulcer risk assessment**

An assessment of pressure ulcer risk should be based on clinical judgement and/or the use of a validated scale such as the Braden scale, the Waterlow scale or the Norton risk-assessment scale for adults and the Braden Q scale for children.

[\[Pressure ulcers\]](#) (NICE guideline CG179) recommendations 1.1.3 and 1.2.2]

### **Change in clinical status**

A change in clinical status includes for example, after surgery, on worsening of an underlying condition or with a change in mobility. [\[Pressure ulcers\]](#) (NICE guideline CG179) recommendation 1.1.4]

***Equality and diversity considerations***

The validated scale to assess the risk of pressure ulcers must be suitable for the person being assessed. For example, when assessing children it is important to use a scale such as the Braden Q scale that is suitable for this age group.

***Question for consultation***

How, at an individual patient level, could a repeated risk assessment following a change in clinical status be measured?

## Quality statement 2: Skin assessment

### ***Quality statement***

People identified at high risk of developing a pressure ulcer in any setting have a skin assessment.

### ***Rationale***

The skin has many important functions including protection from harmful substances, and microbes, prevention of loss of body water and temperature control and therefore it needs to stay healthy. A skin assessment should be performed following a risk assessment and may predict the development of a pressure ulcer. Healthcare professionals can use the results of the assessment to offer preventative interventions to those people at high risk. Skin assessment is a process that needs to be repeated regularly to take account of any changes to the skin.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people identified at high risk of developing a pressure ulcer in any setting have a skin assessment.

***Data source:*** Local data collection.

#### **Process**

Proportion of people newly identified at high risk of developing a pressure ulcer who have a skin assessment.

Numerator – the number in the denominator who have a skin assessment.

Denominator – the number of people newly identified at high risk of developing a pressure ulcer.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals, and commissioners***

**Service providers** (primary care, community care, secondary care, tertiary care and care homes) ensure that healthcare professionals are trained in how to perform a skin assessment and that people identified at high risk of developing a pressure ulcer in any setting have a skin assessment.

**Healthcare professionals** ensure that they are trained in how to perform a skin assessment and give a skin assessment to people identified at high risk of developing a pressure ulcer in any setting.

**Commissioners** (NHS England area teams, clinical commissioning groups and local authorities) should include skin assessments for people identified at high risk of developing pressure ulcers within their service specifications for primary, secondary and community care and care homes.

### ***What the quality statement means for patients, service users and carers***

**People identified at high risk of developing a pressure ulcer in any setting** are offered a skin assessment.

### ***Source guidance***

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendations 1.1.5 (key priority for implementation) and 1.2.3.

### ***Definitions of terms used in this quality statement***

#### **People (neonates, infants, children, young people and adults) at high risk of developing a pressure ulcer**

People considered to be **at high risk** of developing a pressure ulcer will usually have multiple risk factors (for example, significantly limited mobility, nutritional deficiency, inability to reposition themselves, significant cognitive impairment) identified during risk assessment with or without a validated risk assessment tool. People with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[Pressure ulcers](#) (NICE guideline CG179)]

#### **Skin assessment for adults**

A skin assessment in adults should take into account:

- any pain or discomfort reported by the patient
- skin integrity in areas of pressure
- colour changes or discolouration
- variations in heat, firmness and moisture (for example because of incontinence, oedema, dry or inflamed skin).

[\[Pressure ulcers\]](#) (NICE guideline CG179) recommendation 1.1.5]

### **Skin assessment for neonates, infants, children and young people**

A skin assessment in neonates, infants, children and young people should take into account:

- skin changes in the occipital area (back of the head)
- skin temperature
- the presence of blanching erythema (redness on the skin that goes away when pressed with the fingers) or discoloured areas of skin.

[\[Pressure ulcers\]](#) (NICE guideline CG179) recommendation 1.2.3]

### ***Equality and diversity considerations***

Consideration should be given to people with dementia when reporting pain.

Healthcare professionals should be aware that non-blanchable erythema (redness on the skin that doesn't go away when pressed with the fingers) may present as colour changes or discolouration, particularly in darker skin tones or types.

## Quality statement 3: Repositioning

### ***Quality statement***

People identified at risk of developing a pressure ulcer in any setting are advised to change their position frequently and offered help to do so if needed.

### ***Rationale***

A lack of mobility and sensation are risk factors for developing of pressure ulcers. Repositioning, where the person moves into a different position in a chair or bed, aims to reduce or stop pressure on the area at risk. It can help to maintain muscle mass and tissue health and make sure that enough blood reaches the area at risk. A person can reposition themselves or they can be moved with the help of someone else. For some people who are unable to reposition themselves appropriate equipment may be needed. Moving to a different position may prevent the development of pressure ulcers.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements to ensure that people identified at risk of developing a pressure ulcer in any setting are advised to change their position regularly.

***Data source:*** Local data collection.

b) Evidence of local arrangements to ensure that people who are unable to reposition themselves, are offered help to do so using appropriate equipment if needed.

***Data source:*** Local data collection.

#### **Process**

a) Proportion of people identified at risk of developing a pressure ulcer who are advised to change position frequently.

Numerator – the number in the denominator who are advised to change position frequently.

Denominator – the number of people identified at risk of developing a pressure ulcer.

**Data source:** Local data collection.

b) Proportion of adults identified at risk of developing a pressure ulcer and needing help to change their position who have a record of repositioning every 6 hours.

Numerator – the number in the denominator who have a record of repositioning every 6 hours.

Denominator – the number of adults identified at risk of developing a pressure ulcer and needing help to change their position.

**Data source:** Local data collection.

c) Proportion of adults identified at high risk of developing a pressure ulcer and needing help to change their position who have a record of repositioning every 4 hours.

Numerator – the number in the denominator who have a record of repositioning every 4 hours.

Denominator – the number of adults identified at high risk of developing a pressure ulcer and needing help to change their position.

**Data source:** Local data collection.

d) Proportion of neonates, infants, children and young people identified at risk of developing a pressure ulcer and needing help to change their position who have a record of repositioning every 4 hours.

Numerator – the number in the denominator who have a record of repositioning every 4 hours.

Denominator – the number of neonates, infants, children and young people identified at risk of developing a pressure ulcer and needing help to change their position.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (primary care, community care, secondary care, tertiary care and care homes) ensure that systems are in place for people identified at risk of developing a pressure ulcer to be advised to change their position frequently and offered help to do so if needed.

**Health and social care practitioners** ensure that they advise people identified at risk of developing a pressure ulcer to change their position frequently and offer them help to do so if needed.

**Commissioners** (NHS England area team, clinical commissioning groups and local authorities) should include repositioning and any help needed for people identified at risk of developing pressure ulcers within their service specifications for primary, secondary, tertiary and community care and care homes.

### ***What the quality statement means for patients, service users and carers***

**People identified at risk of developing a pressure ulcer** are advised to change their position frequently and are offered help to do so if needed.

### ***Source guidance***

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendation 1.1.8 (key priority for implementation), 1.1.9 and 1.2.5.

### ***Definitions of terms used in this quality statement***

#### **People (neonates, infants, children, young people and adults) at risk of developing a pressure ulcer**

People at risk of developing a pressure ulcer are those who after assessment, using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. [[Pressure ulcers](#) (NICE guideline CG179)]



**People (neonates, infants, children, young people and adults) at high risk of developing a pressure ulcer**

People considered to be **at high risk** of developing a pressure ulcer will usually have multiple risk factors (for example, significantly limited mobility, nutritional deficiency, inability to reposition themselves, significant cognitive impairment) identified during risk assessment with or without a validated risk assessment tool. People with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[Pressure ulcers](#) (NICE guideline CG179)]

**People (neonates, infants, children, young people and adults) needing help to change their position**

Some people may not be able to reposition themselves and require help to do so. This may be for several reasons including those people with certain physical or mental health conditions.

## Quality statement 4: Information on preventing pressure ulcers

### ***Quality statement***

People identified at high risk of developing a pressure ulcer in any setting, and their carers, are given information on how to prevent them.

### ***Rationale***

Many pressure ulcers are preventable. Much of the care needed to prevent them takes place in a people's own home and needs to be delivered regularly.

Providing information and ensuring that people at high risk of developing a pressure ulcer, and their carers, are aware of the causes, early signs and ways to prevent pressure ulcers. It may stop ulcers from developing.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people identified at high risk of developing a pressure ulcer in any setting, and their carers, are given information on how to prevent them.

***Data source:*** Local data collection.

#### **Process**

a) Proportion of people newly identified at high risk of developing a pressure ulcer who are given information on how to prevent them.

Numerator – the number in the denominator given information on how to prevent pressure ulcers.

Denominator – the number of people newly identified at high risk of developing a pressure ulcer.

***Data source:*** Local data collection.

b) Proportion of people newly identified at high risk of developing a pressure ulcer whose carer is given information on how to prevent them.

Numerator – the number in the denominator whose carer is given information on how to prevent pressure ulcers.

Denominator – the number of people newly identified at high risk of developing a pressure ulcer.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (primary care, community care, secondary care, tertiary care and care homes) ensure the availability of information on how to prevent pressure ulcers. They should also ensure that protocols are in place for people identified at high risk of developing a pressure ulcer, and their carers, to be given this information.

**Health and social care practitioners** ensure that they give people identified at high risk of developing a pressure ulcer, and their carers, information on how to prevent them.

**Commissioners** (NHS England area teams, clinical commissioning groups and local authorities) should specify that primary, secondary, tertiary, community care and care homes give people identified as being high risk of developing a pressure ulcer, and their carers, information on how to prevent them.

### ***What the quality statement means for patients, service users and carers***

**People identified at high risk of developing a pressure ulcer in any setting, and their carers**, are given information on the causes, early signs and ways to prevent pressure ulcers from their healthcare professional.

### ***Source guidance***

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendation 1.3.2.

## ***Definitions of terms used in this quality statement***

### **People (neonates, infants, children, young people and adults) at high risk of developing a pressure ulcer**

People considered to be **at high risk** of developing a pressure ulcer will usually have multiple risk factors (for example, significantly limited mobility, nutritional deficiency, inability to reposition themselves, significant cognitive impairment) identified during risk assessment with or without a validated risk assessment tool. People with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[Pressure ulcers](#) (NICE guideline CG179)]

### **Information**

The information should include:

- the causes of pressure ulcers
- the early signs of pressure ulcers
- ways to prevent pressure ulcers
- the implications of having a pressure ulcer (for example, for general health, treatment options and the risk of developing pressure ulcers in the future).

[[Pressure ulcers](#) (NICE guideline CG179) recommendation 1.3.2]

### ***Equality and diversity considerations***

The information provided needs to be tailored to the individual. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, cognitive impairment, impaired tissue perfusion and differing skin tones and types.

The information should also be age-appropriate taking into account the needs of children and young people and their parents or carers.

## **Quality statement 5: Access to pressure redistribution devices**

### ***Quality statement***

People with an existing pressure ulcer or identified at high risk of developing one, in any setting, have access to pressure redistribution devices.

### ***Rationale***

Pressure redistribution devices such as mattresses and cushions work by reducing or redistributing pressure, friction or shearing forces. The type of device a person needs will depend on their circumstances including their mobility, the results of a skin assessment, the level of risk, the site that is at risk, the person's weight plus the person's general health. This is based on an assessment from a healthcare professional and documented in a care plan. Getting a device as soon as possible can help prevent an ulcer from developing and help when treating them if they do appear.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to provide pressure redistribution devices for people with an existing pressure ulcer or identified at high risk of developing one, in any setting.

**Data source:** Local data collection.

#### **Process**

- a) Proportion of people with an existing pressure ulcer or identified at high risk of developing one needing a pressure redistribution device who receive it.

Numerator – the number in the denominator who receive a pressure redistribution device.

Denominator – the number of people with an existing pressure ulcer or identified at high risk of developing one who need a pressure redistribution device.

b) Waiting times to receive pressure redistribution devices.

**Data source:** Local data collection.

### **Outcome**

Feedback from people with an existing pressure ulcer or identified at high risk of developing one and from their family or carers that they are satisfied with the care they have been given.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (primary care, community care, secondary care, tertiary care and care homes) ensure that people with an existing pressure ulcer or identified at high risk of developing one, in any setting can be provided with pressure redistribution devices.

**Health and social care practitioners** help people with an existing pressure ulcer or identified at high risk of developing one, in any setting to access pressure redistribution devices when needed.

**Commissioners** (NHS England area teams, clinical commissioning groups and local authorities) should specify that primary, secondary, community care and care homes have pressure redistribution devices available and that people with an existing pressure ulcer or identified at high risk of developing one, in any setting are assessed and given devices when they need them.

### ***What the quality statement means for patients, service users and carers***

**People with an existing pressure ulcer or identified at high risk of developing one** are given a pressure redistribution device when they need it.

## **Source guidance**

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendations 1.1.13 (key priority for implementation), 1.1.14, 1.1.17, 1.2.17, 1.2.18, 1.2.20, 1.2.21, 1.4.9, 1.4.12, 1.5.10, 1.5.11, 1.5.12.

## **Definitions of terms used in this quality statement**

### **People (neonates, infants, children, young people and adults) at high risk of developing a pressure ulcer**

People considered to be **at high risk** of developing a pressure ulcer will usually have multiple risk factors (for example, significantly limited mobility, nutritional deficiency, inability to reposition themselves, significant cognitive impairment) identified during risk assessment with or without a validated risk assessment tool. People with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk. [[Pressure ulcers](#) (NICE guideline CG179)]

### **Pressure redistribution devices**

Pressure redistribution devices include different types of mattresses, overlays, cushions and seating. [[Pressure ulcers](#) (NICE full guideline CG179)]

## Status of this quality standard

This is the draft quality standard released for consultation from 12 December 2014 to 20 January 2015. It is not NICE's final quality standard on pressure ulcers. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 20 January 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from May 2015.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of



100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and people with pressure ulcers is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with pressure ulcers should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the quality standards [process guide](#).

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Pressure ulcers](#) (2014) NICE guideline CG179.

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- [Best practice statement: eliminating pressure ulcers](#) Wounds UK (2014).
- [Essence of Care 2010](#) Department of Health (2010).
- [Pressure ulcers under plaster casts: Signal](#) National patient safety agency (2009).

## **Related NICE quality standards**

### ***Published***

- [Infection prevention and control](#) NICE quality standard 61 (2014).
- [Faecal incontinence](#) NICE quality standard 54 (2014).
- [Peripheral arterial disease](#) NICE quality standard 52 (2014).
- [Nutrition support in adults](#) NICE quality standard 24 (2012).
- [Patient experience in adult NHS services](#) NICE quality standard 15 (2012).
- [End of life care for adults](#) NICE quality standard 13 (2011).
- [Diabetes in adults](#) NICE quality standard 6 (2011).

### ***In development***

- [Urinary incontinence in women](#). Publication expected January 2015.

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Diabetes in children and young people.

- End of life care for infants, children and young people.
- Homecare.
- Multiple sclerosis.
- Nutrition in hospital, including young people.
- Social care of older people with more than one physical or mental long term condition in residential or community settings.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

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Lay member

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#### **Mrs Belinda Black**

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**Mr Gavin Lavery**

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**Miss Ruth Liley**

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Consultant Physician, Ealing Hospital NHS Trust

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**Dr Lindsay Smith**

GP, West Coker, Somerset

The following specialist members joined the committee to develop this quality standard:

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**Dr Richard Bull**

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## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

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