

# Pressure ulcers

Quality standard

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This standard is based on CG179.

This standard should be read in conjunction with QS6, QS13, QS24, QS52, QS54, QS61, QS108 and QS123.

## Introduction

This quality standard covers the prevention, assessment and management of pressure ulcers in all settings, including hospitals, care homes with and without nursing and people's own homes. It covers people of all ages: neonates, infants, children, young people and adults (including older people). For more information see the [topic overview](#).

### *Why this quality standard is needed*

Pressure ulcers are caused when an area of skin and/or the tissues below are damaged as a result of being placed under sufficient pressure or distortion to impair its blood supply. Typically they occur in a person confined to a bed or a chair most of the time by an illness; 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, poor posture or a deformity, compromised skin or who are malnourished. For adults with malnutrition, guidance on nutritional support can be found in the NICE guideline on [nutrition support in adults](#). The use of equipment such as seating or beds that are not specifically designed to provide pressure relief can also contribute to the development of 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 the community, care homes and hospitals. These interventions 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 the NICE guideline on [safe staffing for nursing in adult inpatient wards in acute hospitals](#).

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. Pressure ulcers are graded with increasing severity from category 1–4, according to the European Pressure Ulcer Advisory Panel classification system

(EPUAP, 2009).

A review of death and severe harm incidents reported to the [National Reporting and Learning System](#) found that pressure ulcers were the largest proportion of patient safety incidents in 2011/2012, accounting for 19% of all reports. It has been acknowledged that a significant proportion of pressure ulcers are avoidable ([NHS Stop The Pressure](#)). The prevalence of pressure ulcers is 1 of the 4 common harms recorded in the [NHS Safety Thermometer](#), a local improvement tool for measuring, monitoring and analysing patient harms across a range of settings, including care homes, community nursing and hospitals on a monthly basis.

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

- incidence of category 2 pressure ulcers
- incidence of category 3 pressure ulcers
- incidence of category 4 pressure ulcers
- health-related quality of life
- length of hospital stay
- discharge destination (such as a patient's 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 in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for 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 2015–16](#)
- [Adult Social Care Outcomes Framework 2015–16](#).

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 2015–16**

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>Helping older people to recover their independence after illness or injury</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> <p>4d Patient experience characterised as poor or worse i primary care ii hospital care</p> <p><b>Improvement areas</b></p> <p>Improving children and young people's experience of healthcare</p> <p>4.8 Children and young people's experience of inpatient services</p>
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	<p><b>Overarching indicator</b></p> <p>5b Severe harm attributable to problems in healthcare</p> <p><b>Improvement areas</b></p> <p>Reducing the incidence of avoidable harm</p> <p>5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers</p>
<p><b>Alignment with Adult Social Care Outcomes Framework</b></p> <p>* Indicator shared</p>	

**Table 2 The Adult Social Care Outcomes Framework 2015–16**

Domain	Overarching and outcome measures
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<p>2 Delaying and reducing the need for care and support</p>	<p><b>Outcome measures</b></p> <p>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</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>
<p>4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm</p>	<p><b>Overarching measure</b></p> <p>4A The proportion of people who use services who feel safe</p> <p><b>Outcome measures</b></p> <p>People are free from physical and emotional abuse, harassment, neglect and self-harm</p> <p>People are protected as far as possible from avoidable harm, disease and injuries</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p>
<p><b>Aligning across the health and care system</b></p> <p>* Indicator shared</p>	

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

Ensuring that care is safe and that people of all ages 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 are 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 healthcare professionals and social care practitioners involved in preventing, assessing, caring for 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, healthcare professionals 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 with nursing have a pressure ulcer risk assessment within 6 hours of admission.

Statement 2. People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

Statement 3. People have their risk of developing pressure ulcers reassessed after a surgical or interventional procedure, or after a change in their care environment following a transfer.

Statement 4. People have a skin assessment if they are identified as high risk of developing pressure ulcers.

Statement 5. People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

Statement 6. People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change their position.

Statement 7. People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

Statement 8. People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

Statement 9 (placeholder). Prevention of medical device-related pressure ulcers.

## Quality statement 1: Pressure ulcer risk assessment in hospitals and care homes with nursing

### *Quality statement*

People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

### *Rationale*

Healthcare professionals can identify people who are at risk of developing pressure ulcers by carrying out a pressure ulcer risk assessment. By doing this within 6 hours of when a person is admitted to hospital or a care home with nursing, those at risk or high risk of developing pressure ulcers can be identified without delay. Acting on the results of the risk assessments allows healthcare professionals to offer preventative treatment to people at risk, helping to reduce the number of people developing a pressure ulcer and ensuring patient safety.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that healthcare professionals in hospitals and care homes with nursing know how to carry out pressure ulcer risk assessments.

*Data source:* Local data collection.

b) Evidence of local arrangements to ensure that people admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

*Data source:* Local data collection.

#### **Process**

a) Proportion of new inpatient hospital admissions that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Numerator – the number in the denominator that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Denominator – the number of new inpatient hospital admissions.

*Data source:* Local data collection.

b) Proportion of new residential admissions to care homes with nursing that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Numerator – the number in the denominator that have a pressure ulcer risk assessment carried out within 6 hours of admission.

Denominator – the number of new residential admissions to care homes with nursing.

*Data source:* Local data collection.

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

**Service providers** (hospitals and care homes with nursing) ensure that systems are in place for healthcare professionals to be trained in assessing pressure ulcer risk, and that they carry out and document a pressure ulcer risk assessment within 6 hours of a person being admitted to hospital or a care home with nursing.

**Healthcare professionals** ensure that they know how to assess a person's pressure ulcer risk, and that they carry out and document a pressure ulcer risk assessment within 6 hours of a person being admitted to hospital or a care home with nursing.

**Commissioners** (clinical commissioning groups) should specify that a pressure ulcer risk assessment is carried out and documented within 6 hours of admission for all people admitted to hospital or a care home with nursing.

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

People admitted to hospital or a care home with nursing have their risk of developing a pressure ulcer assessed by a healthcare professional within 6 hours of being admitted.

### *Source guidance*

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

- for implementation)
- The 6-hour timeframe from admission was reached by expert consensus. This timeframe was recommended in Wounds UK (2014) [Best practice statement: eliminating pressure ulcers](#)

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

### **Care home with nursing**

The provision of 24-hour accommodation together with nursing care. This does not include residential care homes with non-nursing care.

### **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]

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

## High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk.

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

## *Equality and diversity considerations*

The validated scale to assess the risk of pressure ulcers should 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, which is suitable for this age group.

## Quality statement 2: Pressure ulcer risk assessment by community nursing services

### *Quality statement*

People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

### *Rationale*

People in community care settings who have 1 or more risk factors for pressure ulcers and have been referred to community nursing services should have a pressure ulcer risk assessment to help identify the need for preventative action. Risk factors include limited mobility, loss of sensation, previous or current pressure ulcers, malnutrition and cognitive impairment. It is important to carry out the pressure ulcer risk assessment at the person's first face-to-face visit with community nursing services to ensure patient safety.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that healthcare professionals from community nursing services know how to perform pressure ulcer risk assessments.

*Data source:* Local data collection.

b) Evidence of local arrangements to ensure that people with 1 or more risk factors for pressure ulcers referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

*Data source:* Local data collection.

#### **Process**

Proportion of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers in which a pressure ulcer risk assessment is carried out at the first face-to-face visit.

Numerator – the number in the denominator in which a pressure ulcer risk assessment is carried



out at the first face-to-face visit.

Denominator – the number of referrals to community nursing services for people with 1 or more risk factors for pressure ulcers.

*Data source:* Local data collection.

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

**Service providers** (community care) ensure that systems are in place for healthcare professionals from community nursing services to be trained in assessing pressure ulcer risk and that, if a person has 1 or more risk factors, they carry out a pressure ulcer risk assessment at the first face-to-face visit.

**Healthcare professionals** from community nursing services ensure that they know how to assess a person's pressure ulcer risk and that, if a person has 1 or more risk factors, they carry out a pressure ulcer risk assessment at the first face-to-face visit.

**Commissioners** (clinical commissioning groups) should specify that community nursing services carry out a pressure ulcer risk assessment at the first face-to-face visit for all people with 1 or more risk factors for pressure ulcers that are referred to them.

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

People referred to community nursing services who have 1 or more risk factors for pressure ulcers have their risk of developing a pressure ulcer assessed at the first face-to-face visit.

### *Source guidance*

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

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

#### **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]

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

### ***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, which is suitable for this age group.

## Quality statement 3: Pressure ulcer risk reassessment

### *Quality statement*

People have their risk of developing pressure ulcers reassessed after a surgical or interventional procedure, or after a change in their care environment following a transfer.

### *Rationale*

Pressure ulcer risk status is not constant and is likely to change during the course of care. A pressure ulcer risk assessment should be repeated if there is a change in a person's clinical status. However, changes in clinical status can be difficult to define. Specific instances where a reassessment should be carried out to ensure patient and service user safety have been identified as after a surgical or interventional procedure in hospital, and after a person's care environment changes following a transfer in any setting.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that healthcare professionals know how to carry out a risk assessment to reassess the risk of developing pressure ulcers.

**Data source:** Local data collection.

b) Evidence of local arrangements to ensure that people who have had a surgical or interventional procedure, or who have been transferred between care environments, have their pressure ulcer risk reassessed afterwards.

**Data source:** Local data collection.

#### **Process**

a) Proportion of inpatient hospital interventional or surgical procedures that have a pressure ulcer risk reassessment carried out while the person is in hospital.

Numerator – the number in the denominator that have a pressure ulcer risk reassessment carried out after the interventional or surgical procedure while the person is in hospital.

Denominator – the number of inpatient hospital interventional or surgical procedures.

*Data source:* Local data collection.

b) Proportion of changes in care environment following a transfer that have a pressure ulcer risk reassessment carried out afterwards.

Numerator – the number in the denominator that have a pressure ulcer risk reassessment carried out after the change in care environment.

Denominator – the number of changes in care environment following a transfer.

*Data source:* Local data collection.

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

**Service providers** (primary care, community care, hospitals and care homes with nursing) ensure that systems and protocols are in place for healthcare professionals to be trained in assessing pressure ulcer risk and that they carry out a pressure ulcer risk reassessment after an interventional or surgical procedure in hospital, or after a change in care environment following a transfer.

**Healthcare professionals** ensure that they know how to assess a person's pressure ulcer risk, and that they carry out a pressure ulcer risk reassessment after an interventional or surgical procedure in hospital, or after a person's care environment changes following a transfer.

**Commissioners** (NHS England area teams, clinical commissioning groups) ensure that a pressure ulcer risk reassessment is carried out for all people after a surgical or interventional procedure in hospital, or after a change in care environment following a transfer in all settings.

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

**People who have had an operation or investigation in hospital** have an assessment afterwards to see if they are at risk of developing a pressure ulcer.

**People who are discharged from hospital, or who move wards while they are in hospital,** have an assessment afterwards to see if they are at risk of developing a pressure ulcer.

## *Source guidance*

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendation 1.1.4

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

### **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 care environment following a transfer**

Examples of a change in a person's care environment following a transfer include:

- when moving between wards in a hospital
- on discharge from hospital to a care home, or their own home.

[Expert consensus]

## *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, which is suitable for this age group.

## Quality statement 4: Skin assessment

### *Quality statement*

People have a skin assessment if they are identified as high risk of developing pressure ulcers.

### *Rationale*

Whenever a person has a pressure ulcer risk assessment that shows they are at high risk of developing pressure ulcers, a follow-up skin assessment should be carried out. A clinical assessment of the skin by a healthcare professional, taking into account any pain reported by the person, may predict the development of a pressure ulcer. The results of the skin assessment can be used to offer suitable preventative interventions to people who are at high risk of developing pressure ulcers. A skin assessment needs to be repeated whenever a person is identified as at high risk as a result of a pressure ulcer risk assessment, to take account of any changes to the skin and to ensure patient and service user safety.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that people have a skin assessment if they are identified as high risk of developing pressure ulcers.

**Data source:** Local data collection.

#### **Process**

Proportion of pressure ulcer risk assessments with an identification of high risk that have a follow-up skin assessment.

Numerator – the number in the denominator with a skin assessment carried out following the pressure ulcer risk assessment or reassessment.

Denominator – the number of pressure ulcer risk assessments with an identification of high risk.

**Data source:** Local data collection.

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

**Service providers** (primary care, community care, hospitals and care homes with nursing) ensure that healthcare professionals are trained to carry out skin assessments, and that they carry out a skin assessment if a person is identified as high risk of developing pressure ulcers.

**Healthcare professionals** ensure that they know how to carry out a skin assessment, and that they carry out a skin assessment if a person in their care is identified as high risk of developing pressure ulcers.

**Commissioners** (NHS England area teams, clinical commissioning groups) should specify that a skin assessment is carried out if a person is identified as high risk of developing pressure ulcers.

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

**People identified as high risk of developing pressure ulcers** are offered a skin assessment by a healthcare professional to check their skin for signs of pressure ulcers. The skin assessment should be carried out every time they are identified as high risk following an assessment or reassessment of pressure ulcer risk.

## *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*

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer

- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

## High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults 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 discoloration
- 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 discolored areas of skin.



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

### *Equality and diversity considerations*

Consideration should be given to people with cognitive and behavioural difficulties who may have problems reporting pain when performing the skin assessment.

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 discoloration, particularly in darker skin tones or types.

## Quality statement 5: Advice on repositioning

### *Quality statement*

People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

### *Rationale*

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. To improve patient experience, health and social care professionals should advise people at risk of developing pressure ulcers (or their carers, as appropriate) about the importance of frequent repositioning, and that it may help to prevent pressure ulcers. The frequency of repositioning advised should be appropriate for the individual person and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk. For children and young people at risk, repositioning is recommended at least every 4 hours, and more frequently for those at high risk.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that people at risk of developing pressure ulcers are given advice on the benefits and frequency of repositioning.

**Data source:** Local data collection.

#### **Process**

a) Proportion of adults newly identified as being at risk of developing pressure ulcers that are given advice to change position at least every 6 hours.

**Numerator** – the number in the denominator, or their carers, who receive advice to change position at least every 6 hours.

**Denominator** – the number of adults newly identified as being at risk, but not at high risk, of developing pressure ulcers.

**Data source:** Local data collection.

b) Proportion of adults newly identified as being at high risk of developing pressure ulcers that are given advice to reposition at least every 4 hours.

Numerator – the number in the denominator, or their carers, who receive advice to change position at least every 4 hours.

Denominator – the number of adults newly identified as being at high risk of developing pressure ulcers.

**Data source:** Local data collection.

c) Proportion of children and young people newly identified as being at risk or high risk of developing pressure ulcers that are given advice to change position at least every 4 hours.

Numerator – the number in the denominator, or their carers, who receive advice to change position at least every 4 hours.

Denominator – the number of children and young people newly identified as being at risk or high risk of developing pressure ulcers.

**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, hospitals and care homes with nursing) ensure that people who are at risk of developing pressure ulcers are given advice on the benefits of repositioning and frequency of repositioning according to their level of risk.

**Health and social care practitioners** ensure that they give people at risk of developing pressure ulcers advice about the benefits of repositioning and the frequency of repositioning according to their level of risk.

**Commissioners** (NHS England area teams, clinical commissioning groups and local authorities) should specify that people who are at risk of developing pressure ulcers are given advice on the benefits of repositioning and frequency of repositioning according to their level of risk.

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

People who are at risk of developing pressure ulcers should receive advice about changing their position regularly, how changing position can help reduce the risk of developing a pressure ulcer, and how frequently they should change position (according to their individual risk of developing a pressure ulcer).

### *Source guidance*

- [Pressure ulcers](#) (2014) NICE guideline CG179, recommendations 1.1.8 (key priority for implementation), 1.1.9, 1.2.5, 1.2.6, 1.2.8 and 1.2.11

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

#### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

#### **High risk of developing pressure ulcers**

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk.

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

### *Equality and diversity considerations*

The advice on repositioning needs to be appropriate to the individual and take into account their needs and those of their carers. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, and cognitive and behavioural difficulties. The advice should also be age-appropriate, taking into account the needs of children and young people, and their parents or carers.

## Quality statement 6: Help with repositioning

### *Quality statement*

People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change their position.

### *Rationale*

A lack of mobility and sensation are risk factors for developing pressure ulcers. If a person is unable to reposition themselves, health and social care professionals should help them to change their position, to prevent the development of pressure ulcers. For some people, repositioning equipment may be needed. The frequency of repositioning should be appropriate for the individual and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk. For children and young people at risk, repositioning is recommended at least every 4 hours, and more frequently for those at high risk.

### *Quality measures*

#### **Structure**

- a) Evidence of local arrangements to ensure that people who are unable to reposition themselves at the appropriate frequency are helped to do so.
- b) Evidence of local arrangements to ensure that repositioning equipment is available to help with repositioning people who are unable to reposition themselves.

**Data source:** Local data collection.

#### **Process**

- a) Proportion of adults at risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 6 hours.

**Numerator** – the number in the denominator who have a plan for repositioning every 6 hours.

**Denominator** – the number of adults at risk, but not high risk, of developing pressure ulcers who need help to change their position.

**Data source:** Local data collection.

b) Proportion of adults at high risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 4 hours.

Numerator – the number in the denominator who have a plan for repositioning every 4 hours.

Denominator – the number of adults at high risk of developing pressure ulcers who need help to change their position.

**Data source:** Local data collection.

c) Proportion of neonates, infants, children and young people at risk or high risk of developing pressure ulcers and needing help to change their position who have a plan for repositioning every 4 hours.

Numerator – the number in the denominator who have a plan for repositioning every 4 hours.

Denominator – the number of neonates, infants, children and young people at risk or high risk of developing pressure ulcers who need 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** (community care, hospitals and care homes with nursing) ensure that training in repositioning techniques and use of repositioning equipment are provided for health and social care practitioners so that they can help to reposition people at risk of pressure ulcers if they are unable to reposition themselves.

**Health and social care practitioners** ensure that they know how to reposition people safely, and that they help people at risk of developing pressure ulcers with repositioning if they are unable to reposition themselves.

**Commissioners** (clinical commissioning groups and local authorities) should specify that help to change position is given to people in all settings who are at risk of developing pressure ulcers and are unable to reposition themselves.

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

People at risk of developing pressure ulcers who are unable to reposition themselves are helped to change their position at a frequency that is appropriate for their level of risk, and according to their wishes and needs.

### *Source guidance*

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

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

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

### **High risk of developing pressure ulcers**

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults 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 who need help to change their position

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

### *Equality and diversity considerations*

Help with repositioning needs to be tailored to the individual and takes into account their needs and those of their carers. This is especially the case for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, and cognitive and behavioural difficulties, who may have problems understanding the reasons why they are being repositioned. Help with repositioning should also be age-appropriate, taking into account the needs of children and young people, and their parents or carers.

## Quality statement 7: Information on preventing pressure ulcers

### *Quality statement*

People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

### *Rationale*

Many pressure ulcers are preventable. Much of the preventative care needed takes place in a person's own home and needs to be delivered regularly to ensure patient safety. Healthcare professionals should give information to people at high risk of developing pressure ulcers (and their carers, as appropriate) about preventative care that may stop pressure ulcers from developing. To improve patient experience, information about preventing pressure ulcers should be appropriate to the individual person and their carers. Information should include the causes and signs of pressure ulcers and how they affect health and quality of life. It should also include a demonstration of how to use equipment that may be supplied, and what people can do to help prevent pressure ulcers from developing.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that people at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

*Data source:* Local data collection.

#### **Process**

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

Numerator – the number in the denominator, or their carer, that receive information on how to prevent pressure ulcers.

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

*Data source:* Local data collection.

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

**Service providers** (primary care, community care, hospitals and care homes with nursing) ensure that systems are in place for healthcare professionals to give tailored information on preventing pressure ulcers to people who are at high risk of developing pressure ulcers (and to their carers, as appropriate).

**Healthcare professionals** ensure that they give people who are at high risk of developing pressure ulcers, (and to their carers, as appropriate), tailored information on how to prevent them.

**Commissioners** (NHS England area teams and clinical commissioning groups) should specify that tailored information on preventing pressure ulcers is given to people who are at high risk of developing pressure ulcers, (and to their carers, as appropriate).

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

People who have a high risk of developing pressure ulcers are given information by a healthcare professional about preventing pressure ulcers from developing. This should be tailored to the person's needs, and should include advice about the causes and early signs of pressure ulcers, and information on how pressure ulcers can affect health and quality of life. The information should also include a demonstration of how to use any equipment (for example, any mattresses or cushions) that may be supplied, and information about what people can do to help prevent pressure ulcers from developing.

## *Source guidance*

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

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

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)

- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

### High risk of developing pressure ulcers

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults 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 effect of having a pressure ulcer (for example, for general health, treatment options and the risk of developing pressure ulcers in the future)
- a demonstration of techniques and equipment used to prevent a pressure ulcer.

[[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 and behavioural difficulties, 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 8: Pressure redistribution devices

### *Quality statement*

People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

### *Rationale*

Pressure redistribution devices work by reducing or redistributing pressure, friction or shear forces. Devices include high-specification mattresses, pressure redistribution cushions and equipment that offloads heel pressure. The type of device a person needs will depend on their circumstances, for example, their mobility, the results of the skin assessment, their level of risk, the site that is at risk, the person's weight and the person's general health. Using pressure redistribution devices as soon as possible can prevent pressure ulcers developing and help to treat them if they do arise, ensuring patient safety and improving the experience of people at high risk of pressure ulcers.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to provide pressure redistribution devices for people at high risk of developing pressure ulcers.

*Data source:* Local data collection.

#### **Process**

Proportion of people newly identified as being at high risk of developing pressure ulcers who receive a pressure redistribution device.

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

Denominator – the number of people newly identified as being at high risk of developing pressure ulcers.

*Data source:* Local data collection.

## Outcomes

a) Waiting times from the identified need for a pressure redistribution device to the time the device is requested.

b) Waiting times from the time the pressure redistribution device is requested to the time the device is received.

*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, hospitals and care homes with nursing) ensure that people at high risk of developing pressure ulcers in all settings are provided with pressure redistribution devices when they need them.

Health and social care practitioners ensure that people at high risk of developing pressure ulcers in their care are provided with pressure redistribution devices.

Commissioners (NHS England area teams, clinical commissioning groups and local authorities) should specify that pressure redistribution devices are available and provided for people at high risk of developing pressure ulcers.

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

People who have a high risk of developing pressure ulcers are given 'pressure redistributing equipment'. This term is used to describe any item, such as a mattress or an overlay (a layer placed on top of a mattress), that either spreads out the pressure or removes pressure regularly from different parts of the body. (They may also be called 'pressure reducing', 'pressure relieving' or 'pressure redistributing devices'.) If you use a wheelchair or sit for long periods of time, you may also be offered a special cushion. Babies, children and young people at risk of developing a pressure ulcer on the back of the head should have a special pillow or pad.

## 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 and

- 1.5.12

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

### **Risk of developing pressure ulcers**

People considered to be 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. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

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

### **High risk of developing pressure ulcers**

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults 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 high-specification mattresses and overlays, pressure redistribution cushions and seating, and equipment that offloads heel pressure.

[[Pressure ulcers](#) (NICE full guideline CG179)]



## Quality statement 9 (placeholder): Prevention of medical device-related pressure ulcers

### *What is a placeholder statement?*

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee, but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

### *Rationale*

People with conditions that are managed with medical devices may be at risk of developing pressure ulcers, such as those cared for in intensive care units. Guidance is needed on pressure ulcer risk assessment and preventative measures for people at risk of medical device-related pressure ulcers.

## 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](#).

### *Information for the public*

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

## Diversity, equality and language

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

Good communication between healthcare professionals, social care practitioners and people with pressure ulcers is essential. This also applies to children and young adults with pressure ulcers, and their families or carers. Treatment, care and support, and the information given about it, should be both age-appropriate and 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 and their families or carers 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:

- Wounds UK (2014) [Best practice statement: eliminating pressure ulcers](#)
- Department of Health (2010) [Essence of Care 2010](#)
- National patient safety agency (2009) [Pressure ulcers under plaster casts: Signal](#)
- Department of Health (2007) [National Service Framework for Children, Young People and Maternity Services: Core Standards](#)

## Related NICE quality standards

### *Published*

- [Urinary incontinence in women](#) (2015) NICE quality standard 77
- [Infection prevention and control](#) (2014) NICE quality standard 61
- [Faecal incontinence](#) (2014) NICE quality standard 54
- [Peripheral arterial disease](#) (2014) NICE quality standard 52
- [Nutrition support in adults](#) (2012) NICE quality standard 24
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15
- [End of life care for adults](#) (2011) NICE quality standard 13
- [Diabetes in adults](#) (2011) NICE quality standard 6

### *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:

**Mr Ben Anderson**

Consultant in Public Health, Public Health England

**Mr Barry Attwood**

Lay member

**Professor Gillian Baird**

Consultant Developmental Paediatrician, Guy's and St Thomas' NHS Foundation Trust

**Mrs Belinda Black**

Chief Executive Officer, Sheffcare, Sheffield

**Dr Ashok Bohra**

Consultant Surgeon, Derby Hospitals Foundation Trust

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**Mr Jim Greer**

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**Mr Gavin Lavery**

Clinical Director, Public Health Agency

**Dr Tessa Lewis**

GP and Medical Adviser in Therapeutics, Carreg Wen Surgery

**Mr David Minto**

Adult Social Care Operations Manager, Northumbria Healthcare Foundation Trust

**Ms Robyn Noonan**

Lead Commissioner Adults, Oxfordshire County Council

**Dr Michael Rudolf (Chair)**

Consultant Physician, Ealing Hospital NHS Trust

**Dr Lindsay Smith**

GP, West Coker, Somerset

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

**Mr John Borthwick**

Lay member

**Dr Richard Bull**

Consultant Dermatologist, Homerton University Hospital and Barts Health, London

**Mr Mark Collier**

Lead Nurse Consultant Tissue Viability, United Lincolnshire Hospital Trust

**Mrs Sharon Gardner**

District Nurse Sister, Stockport NHS Foundation Trust

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Nursing Quality Practice Educator, Great Ormond Street Hospital for Children NHS Foundation Trust, London

**Professor Gerard Stansby**

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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](#).

This quality standard has been incorporated into the NICE pathway on [pressure ulcers](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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### *Endorsing organisation*

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

### *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based

guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Association of Dermatologists](#)
- [British Association of Prosthetists and Orthotists](#)
- [Royal College of Paediatrics and Child Health](#)
- [Royal College of General Practitioners \(RCGP\)](#)