

STANDARD OPERATING PROCEDURE PRESSURE ULCER MANAGEMENT

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VALIDITY – All local SOPS should be accessed via the intranet

CHANGE RECORD

Version	Date	Change details
1.0	September 2018	New SOP – PURL SOP
1.01	December 2018	Safeguarding amendments made to the Initial incident review document. Removed 'terminal ulcer' from the exclusion criteria for an IIR. Added moisture lesion (categorised) to the IIR exclusion criteria.
2.0	Sept 2020	Title changed to Pressure Ulcer Incident Management. Major amendment to the process that involve the community service being responsible for the administration of PURL. PU-IIR only to be requested where there is potential for an SEA or SI investigation All unstageable, category 3 and category 4 will be subject to a thorough Local review.

		Responsibility for delivering and monitoring the pressure ulcer QIP to be held by CRMG and the Community Services and Primary Care
3.0	October 2021	<p>Amendment to document to include –</p> <ol style="list-style-type: none"> 1. Weekly PURL meetings 2. Role and responsibility of PURL and its members 3. Reporting frequency to CRMG 4. Amendment of the Initial Incident Review process. <ul style="list-style-type: none"> • IMR amended to IIR. Clinical lead to close to the Datix • Appendix 2: IIR tool removed. Changes made to PURL administration. • Amendments to safeguarding duties and responsibilities and safeguarding considerations.

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1. INTRODUCTION

This standard operating procedure describes the process and procedures that are to be undertaken in reviewing all pressure ulcer related incidents reported by the Humber Teaching NHS Foundation Trust.

2. DUTIES AND RESPONSIBILITIES

Executive Director of Nursing, Allied Health and Social Care Professionals

- Maintain the executive lead for patient safety.
- Oversee the commissioning of serious incident investigations.
- Ensure duty of candour is completed in line with statutory requirements.

Locality Matrons and Divisional Clinical Lead

- To have representation at the weekly Pressure Ulcer Review and Learning forum [PURL] providing the deputy chair role as required
- To oversee the commissioning of Initial Incident Reviews (IIR) and allocate reviewers
- To report to the executive director potential serious lapses in care that resulted in severe harm or death of a patient.
- To ensure compliance with Duty of Candour and Safeguarding requirements
- To ensure the delivery action plans arising from IIRs, SEAs and SIs in relation to pressure ulcers.
- To close down, individual datix post PURL review.

Tissue Viability Service Lead (TVSL)

- To chair the weekly Pressure Ulcer Review and Learning Forum [PURL]
- To provide clinical expertise relating to pressure ulcer management and tissue viability in relation to reported pressure ulcer patient safety incidents.
- To request additional information from the team leader or clinical lead.
- To request where required, local review of an incident
- To review unstageable and category 3 and 4 pressure ulcers and deep tissue injuries.
- To work with Lead TVN, Divisional Clinical Lead and Locality Matrons in developing and monitoring actions plans to address concerns arising from local IIRs, SEAs or SIs.
- To establish tissue viability networks for sharing learning from incidents.
- To share learning from incidents with clinical networks.

Tissue Viability Nurses (TVN)

- To support the Lead TVN in providing clinical expertise relating to pressure ulcer management and tissue viability in relation to reported pressure ulcer patient safety incidents.
- To review unstageable and category 3 and 4 pressure ulcers and deep tissue injuries.
- To report and feedback to PURL findings following reviews of patients' care
- To attend PURL

Clinical Leads from community services

- Conduct IIRs within required timescales.
- Attend as required, the PURL meeting.
- Ensure actions are implemented and monitored for compliance.
- Share learning with the team.
- Close down individual datix post PURL review

Quality Standards and Practice Development Nurse (QSPDN)

- To review all pressure ulcer incidents reported via datix to determine if they meet the zero event or potential zero event threshold.
- To request via the Patient Safety Team, IIRs where there appears to be a lapse in care or opportunity for learning.
- To maintain clinical competency to enable the review pressure ulcer incidents
- To attend PURL once a month to review the zero events
- To report all pressure ulcers meeting the zero event threshold
- To conduct quarterly auditing and monitoring of PURL processes and quality of data within datix.

Patient Safety Officer

- Update Datix with decisions and actions from the daily Corporate Huddle
- To maintain a pressure ulcer IIR tracker which will be reviewed at CRMG.
- To share the IIR tracker with PURL for weekly review
- To run a report of all open incidents for PURL on the Friday before the meeting and send the Lead TVN, Quality Standards and Practice Development Nurse and the PURL administrator.
- To send out requests for IIRs as agreed by PURL.
- To ensure the IIRs are returned within the agreed timeframe and circulated sent to the chair of PURL and the Quality Standards and Practice Development Nurse and PURL administrator for review and circulation.
- To provide additional support for updating datix with comments and feedback as required
- Make amendments to Datix as requested by PURL or the patient safety team.

Safeguarding representative

- To attend the daily patient safety huddle.
- To attend the weekly PURL meeting as required
- To follow up referrals to Humber safeguarding team.
- To ensure, when applicable, that referrals have been made to the local authority safeguarding team.

PURL Administrator (Community Services & Primary Care division)

- To organise weekly MS Teams meetings, draft the agenda and send invites for the Pressure Ulcer Review and Learning Forum.
- Send the agenda and papers including IIRs to all members of PURL on the Monday morning ahead of the meeting.
- To maintain the PURL folder on the V-drive.
- To attend the weekly PURL meetings and update Datix following the meeting.
- To take meeting notes and distribute to the members of PURL within 72 hours.

3. PROCEDURES

3.1. Corporate Huddle

All pressure ulcer incidents reported via Datix will be reviewed by the Corporate Huddle daily, Monday to Friday.

Concerns relating to pressure ulcer incidents will be forwarded by the patient safety officer to the TVSL and the Quality Standards Practice Development Nurse.

3.2. Review by PURL

All pressure ulcer incidents will be reviewed by PURL

The PURL forum will conduct an initial review of the quality of the datix report and complete the PURL section within datix to determine:

- if the PU was acquired in our care
- the category
- whether the PU resulted from a medical device
- if it is a zero event or potential zero event

Following review of the incident PURL will request additional information from the team leader/clinical lead as required.

PURL will request an Initial Incident Review [IIR] of the incident if it meets the potential or confirmed zero event threshold. The local review will be conducted by the team leader and findings will be reported on datix. This will be reviewed at the next PURL meeting.

PURL will request an IIR if there are concerns that the incident may meet the threshold of an SEA or SI. See section 3.3 and 3.5.

Any request for an IIR will be considered and requested within PURL. The Locality Matron will allocate the investigation to the appropriate person/persons who will undertake the IIR.

3.3. Pressure Ulcer Category required action

- **Category 2 pressure ulcers**

Category 2 pressure ulcers will be reviewed by PURL to ensure all appropriate action has been taken. If all appropriate action has been taken, the incident will be closed to PURL. If further information is required this will be sought reviewed by PURL before final approval and closure.

- **Confirmed Category 3 and 4 Pressure Ulcers**

All reported Category 3 and Category 4 pressure ulcers will be subject to a thorough IIR by the team leader or clinical lead prior to the next PURL meeting.

The reviewer will take into account the following:

- Confirmation of category
- Confirmation of whether the PU was acquired or deteriorated in our care
- Consider any safeguarding concerns i.e. self-neglect, multiple pressure ulcers
- Review the clinical records and highlight any gaps in care i.e. skin inspections, initial holistic assessment, risk assessments, equipment, care plan

Remedial actions will be carried out to address immediate concerns. The actions will be monitored within PURL on a tracker within a specific allocated timeline.

If a lapse in care is identified which may trigger an SEA or SI investigation. All pressure ulcer IIRs will be presented to PURL and CRMG will be updated.

All confirmed category 3 and 4 pressure ulcers will be reported as zero events by the QSPDN. A pressure ulcer zero event is defined as any category 3 and 4 pressure ulcer the occurred or

deteriorated in our care. A quarterly report of the IIR/ Zero events will be produced by QSPDN/PURL

- **Unstageable 2/3**

Where a pressure ulcer is reported as a category 2/3 confirmation of category will be required. A local review will be requested and reviewed at the next PURL meeting. This will be reported as a potential zero event until category is confirmed. **This also includes patients who die with an Unstageable 2/3 unless it is identified as skin changes at life end [SCALE]**

Remedial actions will be carried out to address immediate concerns.

The Divisional Clinical Lead and Locality Matrons will be informed of all confirmed category 3 pressure ulcers.

If confirmed as a category 3 pressure ulcer and a lapse in care is identified which may trigger an SEA or SI investigation an IIR will be requested. All pressure ulcer IIRs will be presented to PURL and escalated should the need indicate for further investigation.

- **Unstageable 3/4 or deep tissue injury**

Where a pressure ulcer is reported as a category 3/4 or deep tissue injury confirmation of category will be required. An IIR will be requested and reviewed at the next PURL meeting. This will be reported as a zero event. **This also includes patient who die with an Unstageable 3/4 or deep tissue injury unless it is a SCALE ulcer**

The Divisional Clinical Lead and Locality Matrons will be informed of all unstageable 3/4 pressure ulcers and deep tissue injuries.

Remedial actions will be carried out to address immediate concerns.

An IIR will not be required if the Local Review [LR] undertaken by PURL concludes that the tissue damage is a result of:

- Moisture lesion (categorised)
- peripheral vascular disease/critical ischaemia
- moisture lesion
- diabetic ulcer; or
- confirmed as being related to something other than pressure or shear eg dermatological
- Skin changes at life end

3.4. Safeguarding considerations

The individual reporting the pressure ulcer on datix will complete the mandatory safeguarding field which will determine if a safeguarding review is required. The reporter will be responsible for submitting safeguarding concerns to the Trust Safeguarding team as well as where appropriate local authority safeguarding team. It is the responsibility of the reporter to follow up the outcome of any referral made to a local authority safeguarding team.

3.5. SEA and Serious Incident Investigations

Where there is a serious lapse in care resulting in severe harm or death this will be immediately escalated to the director of nursing and/or the medical director for consideration of a serious incident investigation. In all such cases a pressure ulcer IIR will be requested for completion within 72 hours.

Where moderate or above harm has resulted due to a potential lapse in care or where it is felt there is a significant opportunity for learning an SEA may be commissioned. In all such cases a pressure ulcer IIR will be requested for completion within 72 hours.

All pressure ulcer IIRs will be reviewed by PURL.

3.6. Community Services and Primary Care Division

The community services Quality Improvement Plan in relation to recurrent themes arising from pressure ulcer incidents will be monitored through the Community Services and Primary Care Governance Structure and updates will be presented to CRMG on a monthly basis.

The Community Services CNG will receive the minutes from each PURL meeting. The group will have a quarterly report of IIRs presented. The report will consider the number of IIRs and any themes/learning including missed opportunities and areas of good practice. CRMG will provide the assurance. The process is 1. IIR requested by PURL post patient case review following datix submission. 2. IIR document set out by Patient safety lead [PSL] with timeline for completion. 3. Matron allocates to appropriate clinician. 4. Investigation undertaken, sent back to the PSL and presented at the next PURL. 5. An action plan of any missed opportunities will be developed with named leads per action, with a specific timeline for completion. 5. IIR themes will be logged and tracked by PURL. This will form the narrative for the quarterly reports

The Community Services & Primary Care division will provide administrative support for PURL.

3.7. Clinical Risk Management Group

A pressure ulcer IIR tracker will be submitted to CRMG weekly, along with any Pressure Ulcer IIR quarterly report.

The quarterly report will provide IIR numbers, themes, missed opportunities, good quality care and learning actions with reference to the community services pressure ulcer QIP. Allowing assurance by CRMG.

3.8. The Pressure Ulcer Review and Learning Forum

PURL will meet weekly to review all pressure ulcers reported since the previous meeting and any incidents with outstanding actions, concerns or queries.

The pressure ulcer report will be run from Datix by the Patient Safety Officer. All incidents that have not been closed by PURL will appear on the report for discussion at the meeting.

All completed IIRs will be reviewed at this meeting.

PURL will provide CRMG with recommendations following review of PU IIRs i.e. escalate for consideration of an SEA or SI investigation

All decisions made at PURL will be documented within Datix by the PURL administrator. Datix will be updated following the meeting.

Serious Incident Investigation report and SEAs will be brought to the PURL and presented by the investigator with any learning disseminated to the relevant teams and clinical networks. The administrator will request the reports from the investigators so they can be circulated to the group prior to the meeting.

All incidents where no further action is required will be closed and finally approved on Datix by the administrator.

Actions from this meeting will be minuted by the PURL administrator. The minutes will be requested for noting at the Physical Health and Medical Devices Group and the Quality & Patient Safety Group. PURL minutes will also be sent to the Community Services & Primary Care Clinical Governance meeting for noting.

3.9. Closing incidents on Datix

When a pressure ulcer incident has been reviewed by the PURL and it has been concluded by the group that all appropriate action has been taken or an appropriate level of investigation has been commissioned then the incident can be closed and finally approved.

All Serious Incident, SEA and IIR reports will be stored by the patient safety team.

When closing the incident on Datix the zero event box will be appropriately completed and marked as either zero event or reviewed and not a zero event. This will only be conducted by the Quality Standards and Practice Development Nurse who has overall responsibility for the reporting of zero events. The potential zero event categories should not remain on incidents that are to be or have been closed.

4. RELATED POLICIES AND GUIDELINES

Pressure Ulcer Prevention and Management Policy and Procedure
Serious Incidents and Significant Events Policy and Procedure
Safeguarding Adults Policy and Procedures
Patient Safety Huddle Standard Operating Procedure

Appendix 1: Initial Incident Review

Initial Incident Review (IIR) tool for Pressure Ulcer Incidents

This tool is to capture findings of the IIR of all pressure ulcers (category 3, 4 and Unstageable suspected 3 and above) incidents that have developed whilst in the care of Humber Teaching NHS Foundation Trust. It is to be completed by the person allocated by the locality Matron and completed within 3 days of allocation for re submission to the next Pressure Ulcer Review and Learning [PURL] meeting that sits weekly

Patient's name		Age	
Datix no		DOB	
NHS no		Date reported	
Community team		Date completed	
Completed by	1.	2.	

SECTION A

Part 1 – Background information about the patient			
1.	Date of admission/transfer into the team		
2.	Reason for admission/transfer into the team		
3.	Date pressure ulcer detected/date deterioration of ulcer detected		
4.	Where was person resident when pressure ulcer detected? e.g. <i>Nursing home name and postcode</i>		
5.	What is the most recent Walsall / Waterlow score?	Score:	Date:
6.	Location and size of pressure ulcer/s		
7.	Category of pressure ulcer/s identified		
8.	Outline any relevant past medical history		
9.	What is the patient's mobility level?		
10.	Has a moving and handling assessment been completed? Yes/No		
11.	What was the staffing levels and skill mix in the last 48 hours prior to the development of the pressure ulcer?		
12.	Being open – has the patient / next of kin been informed of the development of the Pressure Ulcer as per the duty of candour? If No please add rationale -		

Part 2. TIMELINE OF THE INCIDENT		
Please complete the TIMELINE before proceeding.		
Date / Time	Event and Details	State any identified gaps in care or service delivery i.e. <ul style="list-style-type: none"> what happened that should not have what did not happen that should have

SECTION B

Part 3 – Findings from the initial investigation		Yes	No
1.	Has there been a rapid onset and/or deterioration of skin integrity?		
2.	Has there been a recent change in medical condition e.g.; skin or wound infection, pyrexia, anaemia, end of life care, that could have contributed to a sudden deterioration of pressure damage? If yes, explain briefly:		
3.	Were reasonable steps taken to prevent skin damage? (SKIN Bundle if in-patient unit)		
	Appropriate pressure relieving mattress		
	Regular turning		
	Heel protectors		
	Cushion for chair		
	Regular skin checks as per care plan		
	Advice and information leaflets provided to patient/carers		
	Other (please state):		
4.	Were there were any delays in using appropriate preventative equipment or nursing care? If yes, state reason and what action were taken to reduce the risk:		
5.	Were the pressure areas and any skin breaks monitored regularly, treatments reviewed and care plans updated accordingly using the documentation on S1? If yes, provide evidence (<i>frequency of care plan evaluation and consistency, appropriate actions were taken etc</i>)		

Part 3 – Findings from the initial investigation		Yes	No
6.	Was patient/carer/next of kin in concordance with the care plan? If No, explain why (<i>such as lacking capacity, patient declined, access issues, family issues</i>)		
7.	Was the pressure ulcer preventable to Humber Teaching NHS Foundation Trust? (<i>were there clear omissions of care, poor standards of care, inconsistency in care delivery, lack of skills and knowledge among staff, failure to seek specialist input in a timely manner</i>)		
8.	Are there any safeguarding concerns?		
	Has a Safeguarding Referral been completed?		
	If yes, what was the outcome?		
9.	Lessons learnt		
	1. 2. 3 4. 5. 6.		

This initial incident review must be completed within 72 hours of the datix review at the weekly PURL meeting and the completed form sent to the [TVN lead](#) and Quality Governance Team.

Part 4 – Investigators conclusion – <i>This section must be completed</i>			
PURL/TVN conclusion			
Conclusion			
Pressure ulcer incident to be escalated for further investigation			<input type="checkbox"/>
Pressure ulcer incident to be closed on Datix			<input type="checkbox"/>
Sign off			
Investigator (print name)		Date reviewed	
Approved by PURL (print name)		Date approved	