

<p><b>Reference Number:</b> UHB 155</p> <p><b>Version Number:</b> 2</p>	<p><b>Date of Next Review:</b> 13 Feb 2021</p> <p><b>Previous Trust/LHB Reference Number:</b> T/185</p>
<p align="center"><b>PRESSURE ULCER RISK ASSESSMENT, PREVENTION AND TREATMENT POLICY</b></p>	
<p><b>Policy Statement</b></p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently we will ensure that arrangements are in place to reduce the risk of our patients developing pressure damage.</p>	
<p><b>Policy Commitment</b></p> <p>This will be achieved by:-</p> <ul style="list-style-type: none"> <li>• Promoting and implementing effective and consistent pressure ulcer assessment;</li> <li>• Ensuring that arrangements are in place to prevent pressure ulcers; and</li> <li>• Effective treatment of pressure ulcers should they develop.</li> </ul>	
<p><b>Supporting Procedures and Written Control Documents</b></p> <ul style="list-style-type: none"> <li>• This Policy is to be used in conjunction with supporting documents listed below: EPUAP (2014) –Pressure ulcer prevention quick reference guide</li> <li>• AWTVN (2014) Essential elements of pressure ulcer prevention and management</li> <li>• AWTVN (2013) All Wales reporting and investigation guide.</li> <li>• NICE (2014) Pressure ulcers/prevention and treatment</li> <li>• Social Services and Wellbeing Act (2014)</li> </ul>	
<p><b>Scope</b></p> <p>This policy and any supporting procedures and guidelines will be implemented by all employees, including those with honorary contracts, whilst providing care to adult and paediatric patients. It will apply in all care settings, including the community.</p>	
<p><b>Equality and Health Impact Assessment</b></p>	<p>An Equality and Health Impact Assessment (EHIA) has been completed and found there to be little impact to the equality groups mentioned.</p> <p>Where appropriate we have taken or will make plans for the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.</p> <p><b>Note: Policies will not be considered for approval without an EHIA</b></p>

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<b>Policy Approved by</b>	Quality, Safety and Experience Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Nursing and Midwifery Board
<b>Accountable Executive or Clinical Board Director</b>	Executive Nurse Director

**Disclaimer**

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA <i>[To be inserted by the Gov. Dept]</i>	UHB 155 -The existing Policy and Procedure has been split into separate documents. Revision has been made to original document to reflect current international and national Guidance on Pressure ulcer assessment prevention and treatment Changes made to the Procedure include: Mental capacity Act added to documents to be read alongside. Minor amendments to the flow chart to reflect the changes in Barrier products on the UHB formulary
2	13/02/2018	19/02/2018	

## Equality & Health Impact Assessment for

### PRESSURE ULCER RISK ASSESSMENT, PREVENTION AND TREATMENT POLICY AND PROCEDURE

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Pressure ulcer risk assessment, prevention and treatment policy and procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Surgery Clinical Board/ PCIC Kirsty Mahoney/ Ceri Harris
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently.  We will ensure that arrangements are in place to reduce the risk of our patients developing pressure damage
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• EPUAP (2014)</li> <li>• AWTVN (2014)</li> <li>• NICE (2014)</li> </ul> <p><b>Pressure ulcer prevention: The prevention and management of pressure ulcers in primary and secondary care</b> <i>Clinical Guideline 179</i> at <a href="https://www.nice.org.uk/guidance/cg179/evidence/full-guideline-prevention-pdf-547610509">https://www.nice.org.uk/guidance/cg179/evidence/full-guideline-prevention-pdf-547610509</a></p>

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<ul style="list-style-type: none"> <li>list of stakeholders and how stakeholders have engaged in the development stages. This policy was sent for review to each Clinical Board</li> <li>comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>This states:</p> <p><b>Be aware that all patients are potentially at risk of developing a pressure ulcer.</b></p> <p>Neonates, infants, children and young people were also at risk of developing a pressure ulcer in a range of settings where NHS care is provided</p> <p>Neonates, infants, children and young people being admitted to secondary and tertiary care should receive a risk assessment. The Guideline Development Group (GDG) also felt that those receiving care in other situations, including those who receive on-going care in other NHS care settings such as primary care, community care or emergency departments may also be at risk.</p> <p>The GDG emphasised that neonates, infants, children and young people who are waiting to receive care, for example in an outpatient department may also be at risk.</p> <p>The prevention of pressure ulcers is becoming ever more important given an increase in the number of; older adults in the population, people with a disability and people being cared for in the community. People at risk of and who develop pressure ulcers exist within the entire healthcare framework, from people in their own home, to people in long term facilities such as residential and nursing home environments and those in acute care hospital settings.</p> <p>The below is taken from <b>Pressure ulcers: prevention and management of pressure ulcers -NICE guideline 2013</b></p> <p><u><a href="https://www.nice.org.uk/guidance/cg179/documents/pressure-ulcers-draft-nice-guideline-management-and-prevention2">https://www.nice.org.uk/guidance/cg179/documents/pressure-ulcers-draft-nice-guideline-management-and-prevention2</a></u></p>
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<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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		<p>All patients 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...</p> <p>Healthcare professionals should follow the Department of Health's advice on consent. If someone does not have capacity to make decisions, healthcare professionals should follow the code of practice that accompanies the Mental Capacity Act and the supplementary code of practice on deprivation of liberty safeguards. (Here) in Wales, healthcare professionals should follow advice on consent from the Welsh Government.</p> <p>Adult and paediatric healthcare teams should work jointly to provide assessment and services to young people at risk of developing or who have developed pressure ulcers. Diagnosis and management should be reviewed throughout the transition process, and there should be clarity about who is the lead clinician to ensure continuity of care.</p> <p>This guideline covers people of all ages at risk of, or who have, a pressure ulcer. These terms are defined as follows:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> adults: 18 years or older</li> <li><input type="checkbox"/> neonates: under 4 weeks</li> <li><input type="checkbox"/> infants: between 4 weeks and 1 year</li> <li><input type="checkbox"/> children: 1 year to under 13 years</li> <li><input type="checkbox"/> Young people: 13 to 17 years.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Health and Social Care Act (2015)</li> </ul> <p><b>PART 7</b> refers to SAFEGUARDING which is applicable to: An adult/child who—</p> <ul style="list-style-type: none"> <li>• (a) is experiencing or is at risk of abuse or neglect,</li> <li>• (b) has needs for care and support (whether or not the authority is meeting any of those needs), and</li> <li>• (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</li> </ul> <p>The 2011 Census indicates that the population of Cardiff and the Vale is 474989, with 169,893 men and 176,197 women resident in the city<sup>3</sup>. 17.1% of the population is 0-14 years old, 69.8% of the population is 15-64 years old and 13.2% is 65+ years<sup>3</sup>. In terms of ethnicity, 84.7% of the population report being White, 2.9% of mixed ethnicity, 8% Asian, 2.4% Black, and 2% 'other' ethnic group<sup>3</sup>. The majority of the population report having a religious faith with 51.4% of the population Christian, 31.8% of no religion, 6.8% Muslim, 1.4% Hindu, 0.5% Buddhist, 0.4% Sikh, 0.4% other religion<sup>3</sup>. The largest proportion of the population report being single (45%), followed by married (38.5%), divorced (8.2%), widowed (6%), separated (2.1%) and in a civil partnership (0.2%)<sup>3</sup>.</p> <p>National pressure ulcer prevalence audit:</p>
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<sup>3</sup> Cardiff Council (2015). Ask Cardiff: Cardiff and Vale profile. Available at: [http://formerly.cardiff.gov.uk/content.asp?nav=2872,3257,6571,6572&parent\\_directory\\_id=2865&id=13784](http://formerly.cardiff.gov.uk/content.asp?nav=2872,3257,6571,6572&parent_directory_id=2865&id=13784) [Accessed on 24<sup>th</sup> May 2016]

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		<p>The overall prevalence of pressure ulcers across Wales is 8.93% this is in line with data reported elsewhere, although higher than prevalence reported via Safety Thermometer from NHS England this audit reported all damage including category I whereas Safety Thermometer excludes Category I damage.</p> <p>Perhaps of greater significance the pressure ulcers identified as having occurred within the health boards (HAPU) are lower 4.02%, but this does equate to approximately 50% of the pressure ulcers recorded.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The Stake Holders include;</p> <p>All patients identified as being at risk of developing pressure damage  All staff within the UHB  Procurement in relation to TBM contract  Industry in relation to TBM contract</p>

**6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?**

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>The policy has a positive impact on patients Pressure damage can occur and effect all age groups, however the very young and very old are at more risk of developing pressure damage ( EPUAP 2014)</p>	<p>No recommendations</p>	
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The policy has a positive impact as pressure damage could effect service users with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p> <p>The positive impact is that individuals will receive high quality health care and will</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	be protected from harm and neglect		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	There appears to be no evidence to suggest that there has been a negative impact.		
<b>6.4 People who are married or who have a civil partner.</b>	There appears to be no evidence to suggest that		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	there has been a negative impact.		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There appears to be no evidence to suggest that there has been a negative impact.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	There appears to be no evidence to suggest that there has been a negative impact.		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>There appears to be no evidence to suggest that there has been a negative impact.</p>		
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>There appears to be no evidence to suggest that there has been a negative impact.</p>		
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p>	<p>Service user/relative information has been translation into the Welsh language</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There appears to be no evidence to suggest that there has been a negative impact.		
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There appears to be no evidence to suggest that there has been a negative impact.		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	Non applicable		

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	Access equitable across all areas of deprivation	No recommendations	
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus</p>	The purpose of this policy is to prevent pressure damage and to empower patients and relatives to be actively involved in preventing pressure damage	No recommendations	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b>            Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels,</p>	<p>Overall a positive impact</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
job security, working conditions  Well-being Goal – A prosperous Wales			
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to	Overall the policy has a positive impact	No recommendations	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>Overall a positive impact in prevention of pressure damage</p>	<p>No recommendations</p>	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of cohesive communities			
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p><b>This policy is influenced by Welsh Government programme to reduce to prevalence of pressure damage across Cardiff and Vale</b></p>	No recommendations	

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<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	The overall impact was determined to be a positive one
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### Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Bi-yearly prevalence Audits to monitor prevalence</p> <p>Be-spoke education, consider mandatory education for Staff</p> <p>Dissemination across all Clinical Boards for comments, recommendations to enable ownership of policy</p>	<p>Lead Nurses</p> <p>CNS wound healing</p> <p>Podiatry</p>	ongoing	

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	Not required			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>POD task and finish group</p> <p>Adherence to the policy will be monitored through each Clinical Board</p> <p>Pressure ulcer prevalence To be monitored on a UHB level to observe Reduction in pressure ulcer Development</p> <p>Safeguarding referrals for Cat iii and IV pressure ulcer To be monitored which Should be reduced if Policy is adhered to.</p>			

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<p><b>8.5 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>POD task and finish group</p> <p>Adherence to the policy will be monitored through each Clinical Board</p> <p>Pressure ulcer prevalence</p> <p>To be monitored on a UHB level to observe Reduction in pressure ulcer Development</p> <p>Safeguarding referrals for Cat iii and IV pressure ulcer</p> <p>To be monitored which Should be reduced if Policy is adhered to.</p>			
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Approved By: QSE Committee		

	<p>When this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			
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