

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	25 September 2019		

Title of Report:	Annual Tissue Viability Report 2018-19
Status:	For action/discussion
Board Sponsor:	Lisa Cheek, Director of Nursing and Midwifery
Author:	Michaela Arrowsmith, Lead Nurse Tissue Viability
Appendices	None

1. Executive Summary of the Report

The Tissue Viability Service (TVS) is part of the Bath Royal United Hospital NHS Foundation Trust. This annual report highlights the initiatives undertaken by the service, the training provided and the impact the service has had on improving the standard of tissue viability care at the RUH during 2018-19

2. Recommendations

The Board is requested to note the report

3. Legal / Regulatory Implications

None.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

None.

5. Resource Implications (Financial / staffing)
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None.

6. Equality and Diversity

Compliant.

7. References to previous reports
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Annual Tissue Viability Report 2017/18

8. Freedom of Information

None.

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1.0 Executive summary

- This is the annual report of the Tissue Viability Service and summarises the work undertaken at the Royal United Hospitals Bath NHS Foundation Trust to manage pressure ulcers and the prevention of pressure ulcers during the period 1 April 2018 to 31 March 2019.
- The ambition for 2018/19 is a **20%** reduction of avoidable category 2 pressure ulcers, **25%** reduction of avoidable Medical Device related pressure ulcers and the elimination of all avoidable category 3 and 4 pressure ulcers.
- At year end the Trust achieved a **33%** reduction of avoidable category 2 pressure ulcers and **37%** reduction of avoidable Medical Device Related pressure ulcers.
- The elimination of all avoidable category 3 and 4 pressure ulcers was not achieved.
- There were 8 category 2 avoidable pressure ulcers reported, validated and investigated.
- There were 2 category 3 avoidable pressure ulcers reported, validated and investigated.
- There was 1 category 4 unavoidable pressure ulcer reported, validated and investigated.
- There were 0 category 4 avoidable pressure ulcers reported.
- There were 5 cases of avoidable medical device related pressure ulcers.

		2018/19				Have we improved on 2017-18?	2017/18		2016/17	
		2018/19 Trust local target	2018/19 Total	2018/19 Average per month	Did we achieve in 2018-19 against our local target?		Total	Average per month	Total	Average per month
Category two	Category two	12	8	0.6	✓	✓	15	1	34	3
	Medical device related	8	5	0.4	✓	✓	6	0.5	15	1
Category three		0	2	0.1	✗	✗	1	0	3	0
Category four		0	0	0	✓	✓	0	0	1	0

Strategies for further reduction of pressure ulcers 2019 -20 are in place. The ambition for 2019/20 is a 10% reduction of category 2 pressure ulcers, 25% reduction of Medical Device Related pressure ulcers and the elimination of all category 3 and 4 pressure ulcers.

Tissue Viability Annual Report 2018-19

2.0. Introduction

The prevention of pressure ulcers remains a Trust patient safety priority and continues as one of the Trusts Patient Safety Priorities for 2018 – 2019, with the Director of Nursing and Midwifery as the executive sponsor.

3.0. Tissue Viability Service

The Tissue Viability Service (TVS) is part of the Royal United Hospitals NHS Foundation Trust. This annual report highlights the initiatives undertaken by the service, the training provided and impact of the service on improving the standard of tissue viability care at the RUH during 2018/19.

The TVS received an average of 180 patient referrals each month from RUH staff for a variety of conditions. Policies, procedures and guidelines have been developed and updated; the web site has been further developed and updated along with electronic reporting for pressure ulcers via the patient administration system - Millennium.

The Tissue Viability service is a collaborative service working across the organisation with other clinical specialists e.g. Adult Safeguarding, Vascular, Dermatology, Diabetic Nurse Specialists and the Diabetic Foot team.

The establishment for the service 2018/19 consisted of: one full time Lead Tissue Viability Nurse Specialist, one part time Tissue Viability Specialist Nurse, a full time Tissue Viability Nurse and a part time band 3 Health Care Assistant.

The Tissue Viability Team continues to be a visible daily presence on the wards and departments. There is an active group of tissue viability link nurses across all wards and departments, who provide additional expertise and clinical guidance.

The clinical referrals consist of the following categories:

- Pressure ulcers
- Surgical wounds and infected wounds
- Open abdomens (a complex wound comprising a surgical and tissue viability emergency)
- Complex leg ulcers managed alongside the vascular and dermatology nursing services
- Incontinence associated dermatitis (IAD)
- Severe cellulitis
- Diabetic foot ulcers managed alongside the diabetic foot inpatient service.
- Vascular wounds managed alongside the vascular team
- Burn/scald injuries
- Children's and neonatal wounds
- Trauma wounds
- Fungating cancer wounds
- Wounds requiring Topical Negative Pressure

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- Wounds requiring complex debridement such as conservative Tissue Viability Nurse Specialist led sharp debridement and/or larval therapy.

4.0 Pressure ulcers

Pressure ulcers are an avoidable and costly harm. In the NHS in England from April 2015 to the end of March 2016, 24,674 patients were reported to have developed a new pressure ulcer (according to NHS Digital) while the average length of stay in hospital for patients with pressure ulcers is 25 days¹

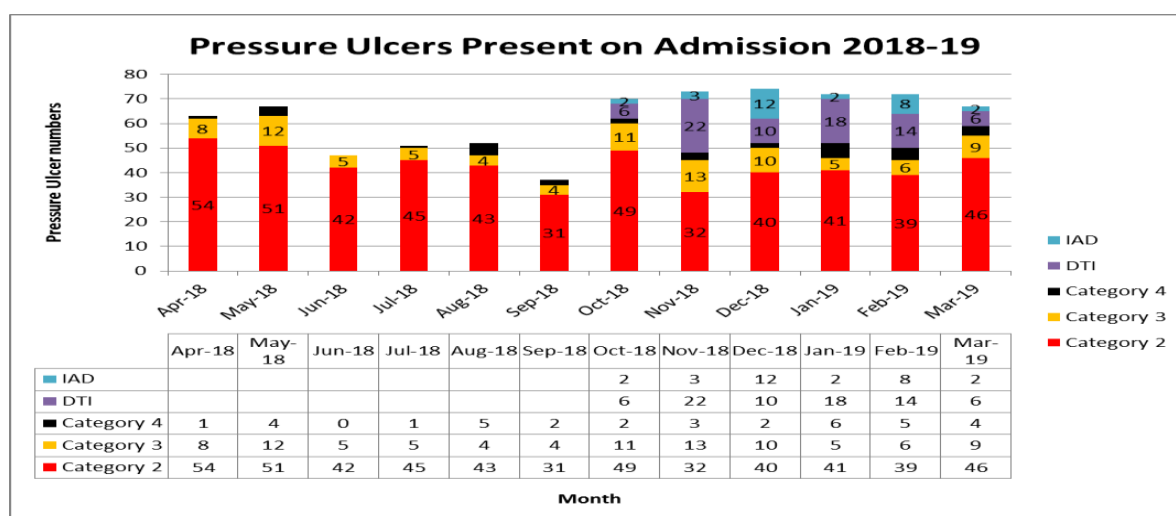
New recommendations have been developed as part of the National Stop the Pressure programme led by NHS Improvement in which Bath Royal United Hospitals NHS Foundation trust have a key role. The main changes have been around data collection – what category of pressure ulcer should be reported, the removal of the 72 hour rule (whereby if a patient comes in to hospital with a pressure ulcer within 72 hours it would be classed as present on admission) and the reporting of all hospital acquired pressure ulcers regardless of avoidable/unavoidable.

In line with new NHSI guidelines for the reporting of pressure ulcers the category of Unstageable has been added.

5.0 Pressure Ulcers Present on Admission

A large number of patients continue to be admitted to the RUH with existing pressure ulcers. (Figure 1). These numbers are representative of the high number of frail elderly patients who are nursed within the community. The RUH Tissue Viability Service and the community Tissue Viability services have established networks for reporting and monitoring existing pressure ulcers category 3 and 4 on an individual basis in order to ensure continuity of care. The RUH is leading the way in prevention and continues to share information with the surrounding acute trusts. An example is the approach we have taken in the Emergency Department of early screening and recognition of high risk patients present on admission to the hospital.

Figure 1: Pressure Ulcers Present On Admission to the RUH April 2018-March 2019.



6.0 Hospital acquired Pressure ulcer Incidence

In line with the National Institute for Health and Care Excellence (NICE), best practice recommendations and commissioning requirements, the RUH collect and reports incidence data for category 2, 3 and 4 pressure ulcers. From April 2019 the Trust will also collect and report data for Unstageable, Deep Tissue Injury (DTI) and Incontinence Associated Dermatitis (IAD) in line with the NHSI guidance (2018). This report will demonstrate the end of year results with regards to hospital acquired pressure ulcers and provide incidence data and per 1000 bed days' rates for pressure ulcers for the period April 2018– March 2019.

The RUH set an ambitious internal target to eliminate all avoidable category 3 and 4 pressure ulcers, a 20% reduction of avoidable category 2 pressure ulcers and a 25% reduction of avoidable Medical Device Related pressure ulcers from April 2018 - March 2019.

During this time the RUH reported and investigated 14 hospital acquired category 2 pressure ulcers. Following investigation 8 were found to be avoidable. This resulted in a **33%** reduction on the figures from 2017-18.

The RUH reported and investigated 2 hospital acquired category 3 pressure ulcers. Following investigation both were found to be avoidable. Unfortunately, this was an increase of 1 on last year's figures 2017-18.

The RUH reported and investigated 1 hospital acquired category 4 pressure ulcer. Following investigation this was found to be unavoidable.

Following the publication of the National consensus document in June 2018 by NHSI, the terms avoidable/unavoidable are no longer recommended. This may have an impact on the reporting and investigating of pressure ulcers but the change is not anticipated until April 2019. The percentage decrease for the year ahead 2019-20 has been adjusted accordingly.

Investigation of hospital acquired category 2 pressure ulcers and Medical Device related pressure ulcers

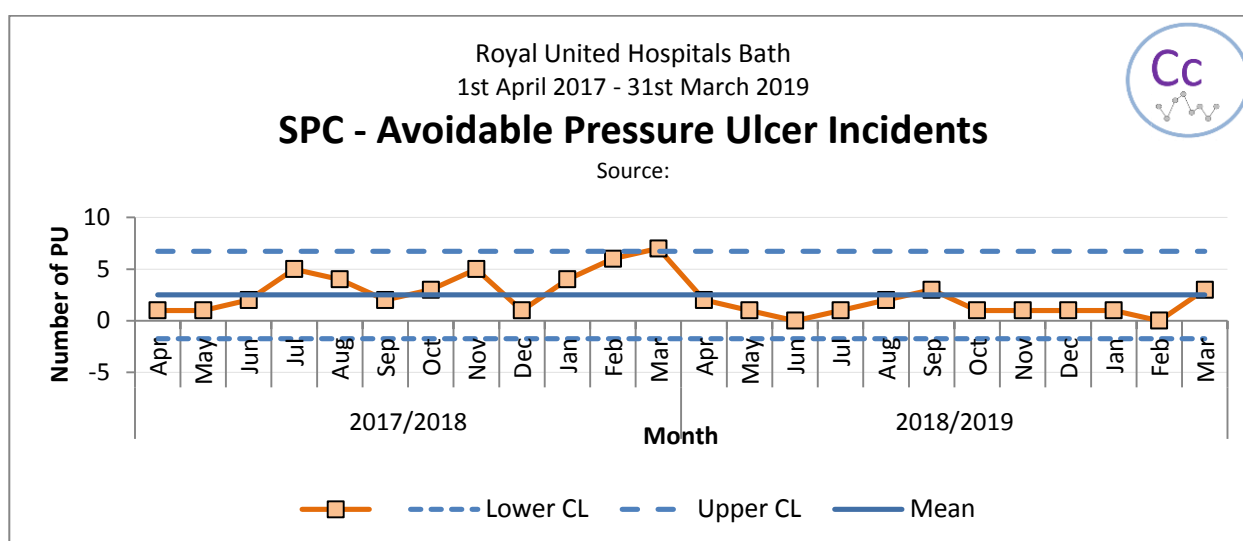
Investigation includes validation by at least 2 Tissue Viability Nurse Specialists and a written root cause analysis and action plan by a member of the ward team where the incident occurred (usually the senior sister/charge nurse or deputy). The root cause analysis is reviewed at ward level within 7 days to ensure that immediate actions are implemented. This meeting includes the Deputy Director of Nursing and Midwifery, Lead Nurse Tissue Viability, Matron and ward staff where the incident is presented and systematically reviewed then deemed avoidable/unavoidable, the action plan is discussed and assurance given that all actions are in place to avoid recurrence. The actions are monitored by the divisions and the Tissue Viability Steering group.

The end of year result is illustrated in Table 1 and Figure 2.

Table 1 Number of avoidable hospital acquired pressure ulcers 2018-19

Category	Number
2	8
3	2
4	0

Figure 2 Number of avoidable hospital acquired pressure ulcers 2018-19



This is a SPC run chart which indicates that a usual rate of variation exists and there are no shifts or patterns to the data.

The governance reporting structure is via Quality Board. The Lead Nurse Tissue Viability is responsible for providing quarterly reports to the Quality Board to provide assurance.

The Tissue Viability Steering Group meets bi-monthly to monitor however, the Matrons and ward managers are informed of the current incidence on a monthly basis by the Lead Tissue Viability Nurse.

The Tissue Viability Nurses are responsible for informing the Senior Nursing Team and Trust Matrons of the current acquired pressure ulcer position at the end of each week to ensure a swift response to any increase.

Nursing staff record any patient pressure ulcers directly onto Millennium, and all patients with hospital acquired pressure ulcers of category 2-4 and suspected deep tissue injury are all assessed and validated by the Tissue Viability Nurse Specialists.

7.0 Rates of Pressure Ulcers per 1000 bed days

Figure 3 below shows the incidence of all avoidable hospital-acquired category 2-4 pressure ulcers per 1000 bed days.

Figure 3: RUH avoidable pressure ulcer incidences per 1000 bed days 2018-19.

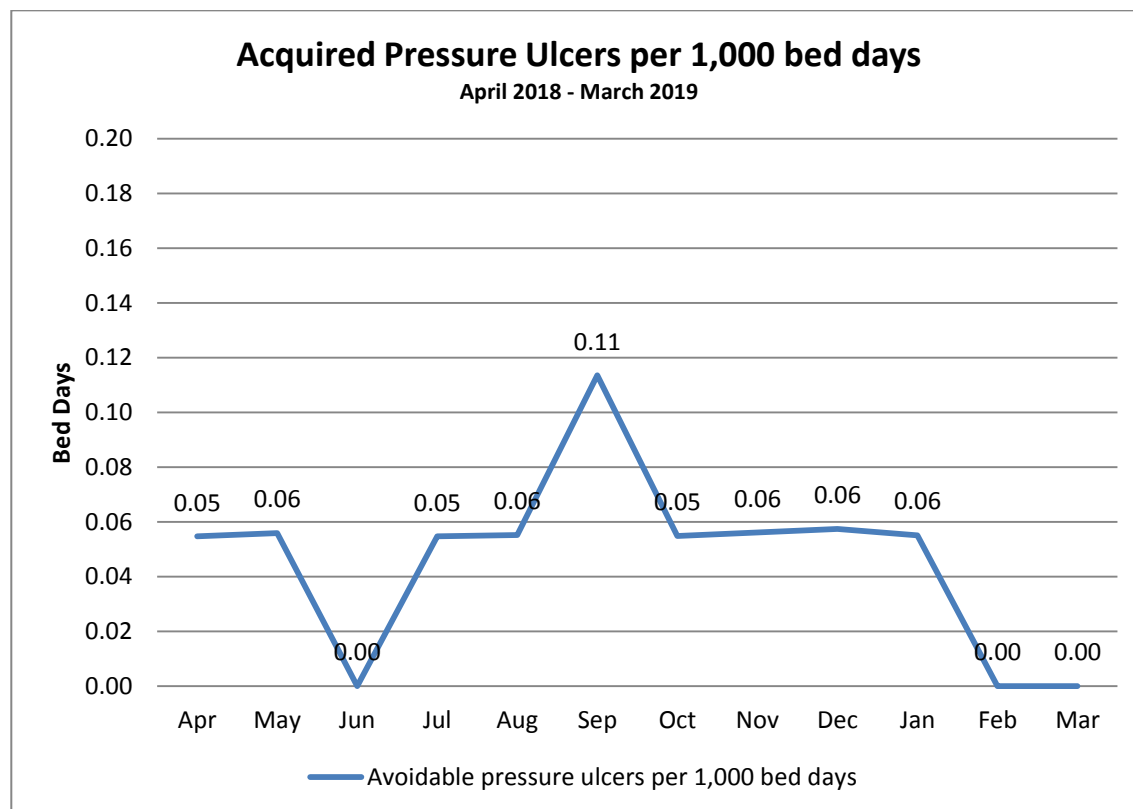


Figure 4: All avoidable hospital acquired pressure ulcers

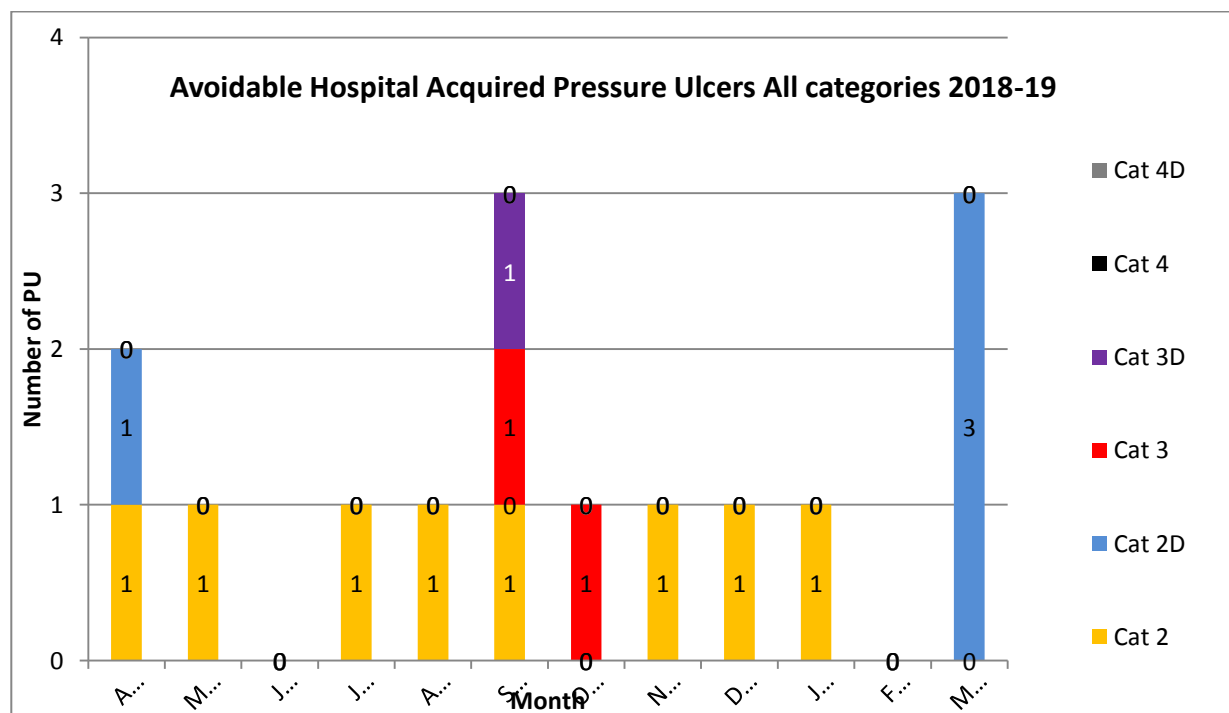
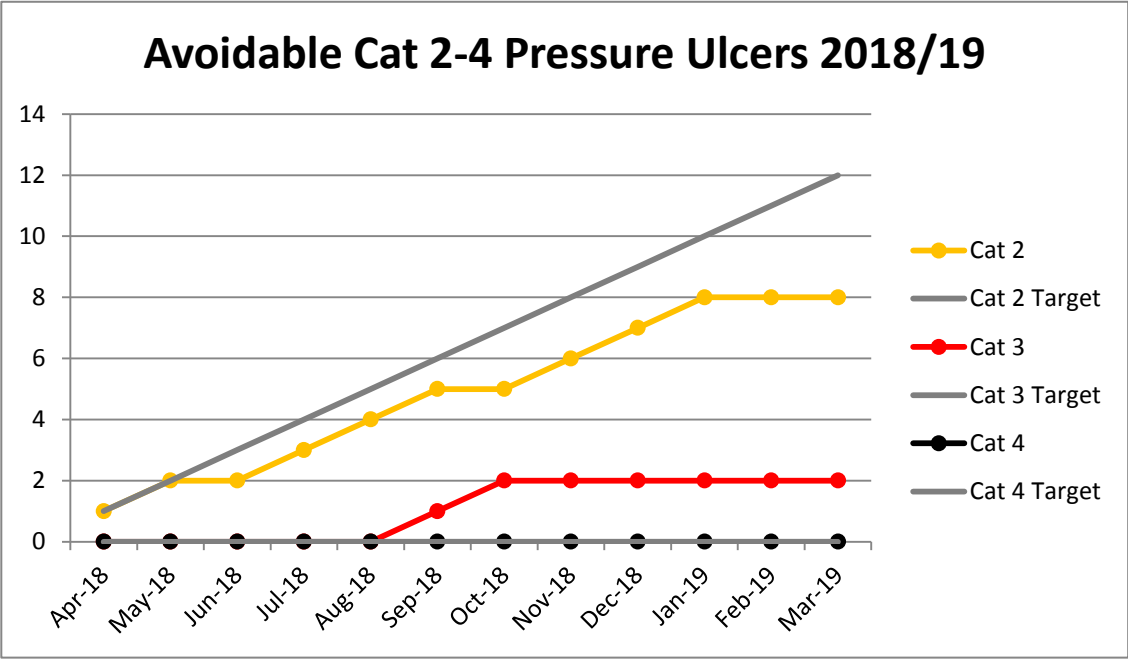


Figure 4 shows the numbers and category of avoidable pressure ulcers developed and investigated in the RUH 2018-19. D after a category represents Device related.

Figure 5 demonstrates the accumulative number of category 2-4 pressure ulcers per month against the internally set trajectory. This indicates a steady reduction in avoidable pressure ulcers 2018-19

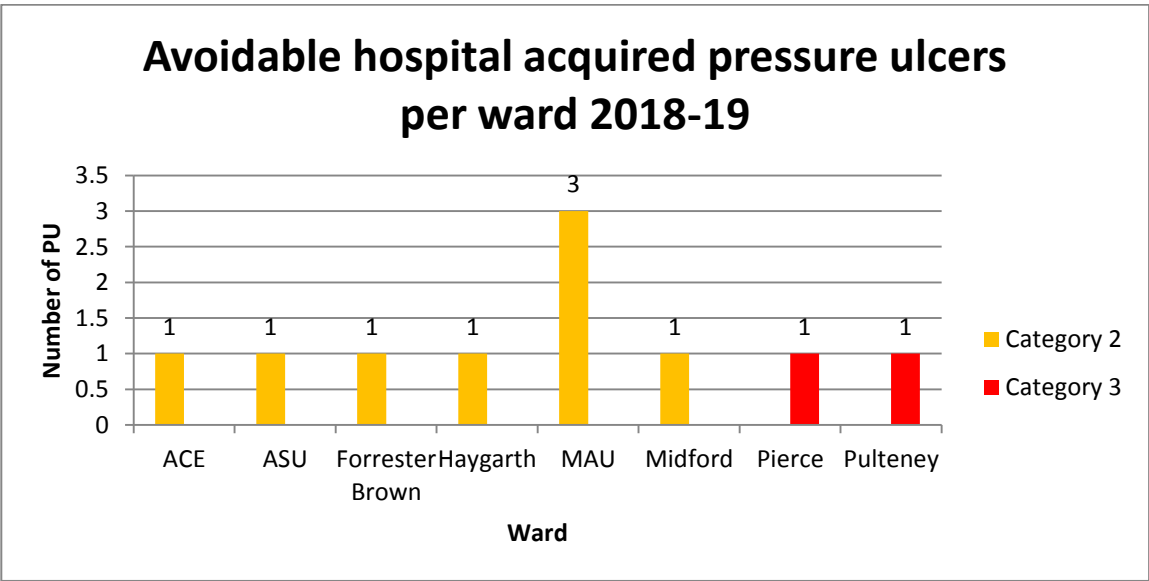
Figure 5: Pressure ulcer trajectory and actual, excluding medical device related.



8.0 Ward by ward incidence

The incidence of RUH acquired pressure ulcers on each ward is shown in figure 6 below. Wards with 0 incidents have been removed.

Figure 6: Pressure ulcer incidence (category 2-4) with 0 wards removed.



Pressure Ulcer Free wards

There have been some impressive achievements this year. The **pressure ulcer free wards** are listed below in table 2;

Table 2 Pressure Ulcer Free wards 2018-19

1 year	2 years	3 years	4 years	5 years	6 years	9 years
Parry	Respiratory	Theatres	Children's	Helena	CCU	Medical Therapy Unit
Robin Smith	Cheselden		ED Obs	Charlotte	NICU	
Combe	Waterhouse				Maternity	
Phillip Yeoman	SAU					
MSS	Violet Prince					
SSSU						

The Medical Division

The Medical division had no avoidable pressure ulcers for 2 months during the year; June and October.

The Respiratory ward has been amongst the most noticeable achievements over a five-year period; previously the highest incidence, the ward has now been over 2 years pressure ulcer free.

The Surgical Division

The Surgical division had no avoidable pressure ulcers for 5 months during the year; May, July, August, November and February.

9.0 Medical device related Pressure Ulcers

Medical device related pressure ulcers are defined as

“Pressure Ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure ulcer generally closely conforms to the pattern or shape of the device”

There were a total of 4 avoidable medical device related pressure ulcers across the trust during 2018-19, which have developed from the use of medical devices such as oxygen tubing, oxygen masks, nasogastric tubes and casts. This is half of the incidents recorded for the previous year.

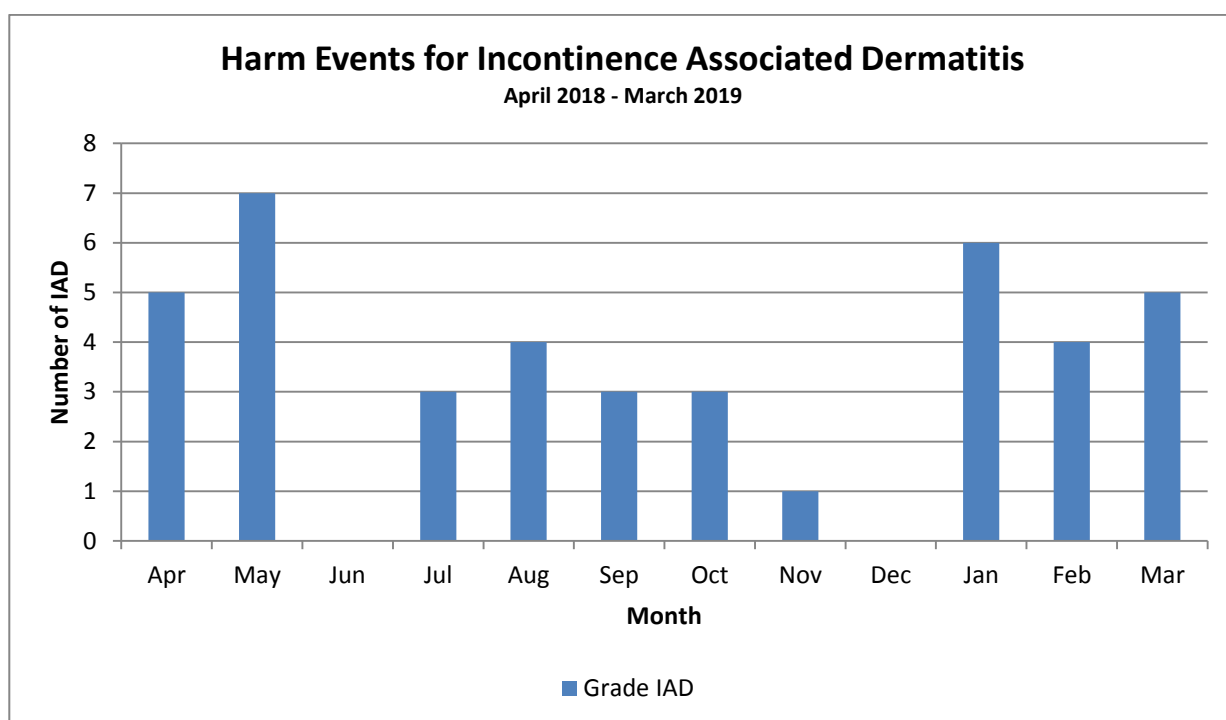
10.0 Incontinence Associated Dermatitis (IAD)

Incontinence Associated Dermatitis (IAD) describes skin damage that is associated with exposure to urine or faeces

IAD is complex in nature and easy to confuse with a pressure ulcer as both IAD and pressure ulcers commonly exist in the same area of the body. Many patients are admitted into the RUH with IAD and the IAD protocol assists in healing this tissue damage without complications.

During previous years the TVN's noted an increase in prevalence of IAD's; and consequently they monitor the numbers of cases of IAD through the harm events generated on Millennium. Figure 7 demonstrates the numbers of harm events generated per month and included both hospital acquired and community acquired.

Figure 7: Harm events reported from April 2018-March 2019 for all patients with IAD, hospital and community acquired.



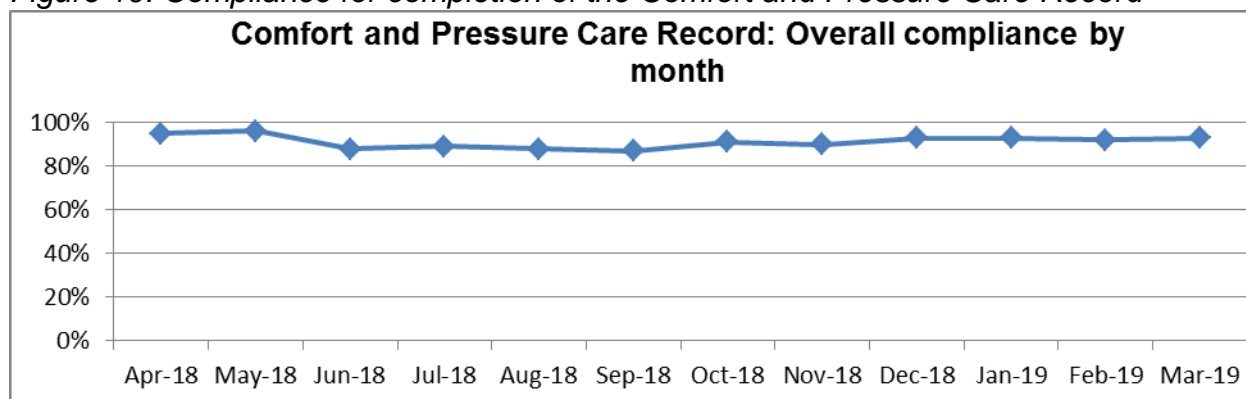
During 2018-19 the overall number of patients with IAD appears to have reduced. Although it should be noted that IAD reporting during this period was not mandatory.

However, with the new recommendations from NHSI the numbers of IAD skin damage are expected to increase as we will be monitoring IAD as we do pressure ulcers, both present on admission and hospital acquired.

11.0 Audit

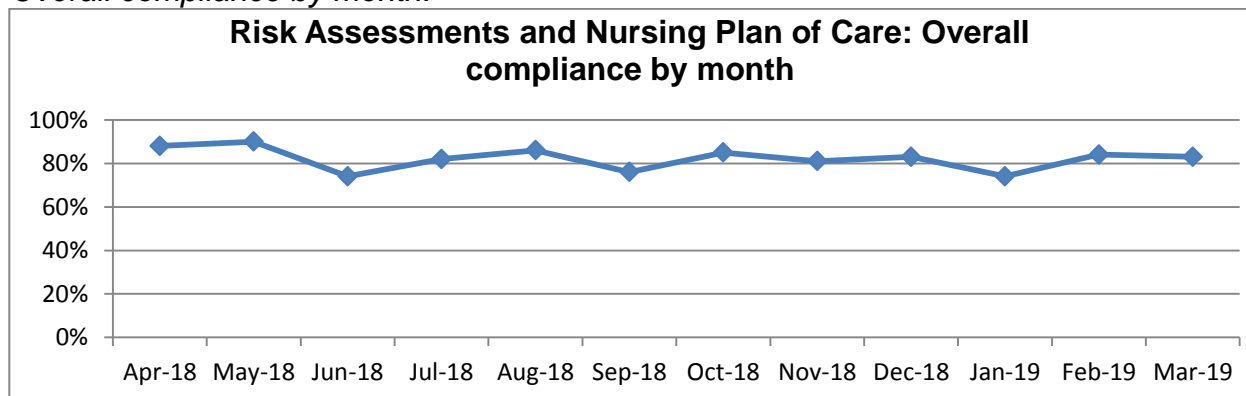
All wards undertake audits on the completion of the Comfort and Pressure Care Record and pressure ulcer prevention and skin integrity section of the Nursing Plan of Care document. These audits form part of the Nursing and Midwifery Peer Audit Programme. The audits are completed on a monthly basis by the Senior Sister and a peer auditor to assure consistency and objectivity. The peer auditor and Senior Sister are responsible for ensuring that the key findings from the audits are fed back to the ward staff on completion of the audits. The audit results are presented on the ward dashboard, accessible to all wards, and presented at the Tissue Viability Steering Group.

Figure 10: Compliance for completion of the Comfort and Pressure Care Record



Overall, compliance remains consistently high for completion of the Comfort and Pressure Care Record. Compliance was above 95% for the majority of standards. The Anderson assessment is not always completed where patients are admitted via the Emergency Department.

Figure 11: Compliance for completion of the risk assessments and nursing plan of care: Overall compliance by month.



The Risk Assessments and Nursing Plan of Care document includes the Pressure Ulcer Prevention Plan. This is not being consistently completed with the compliance for the majority of standards between 70% and 90%. The audit is fed back to the Matron and the Senior Sister the same day to ensure a rapid response to improve documentation and the audit is also presented to the Tissue Viability Steering Group on a bi-monthly basis. Both the Senior Sisters and the Matrons are responsible for randomly checking the quality of documentation on their own wards.

The pressure ulcer prevention and skin integrity checks are well completed within the daily plan of care.

12.0 Tissue Viability Training: Pressure Ulcer Prevention and Management

Tissue Viability Pressure Ulcer Prevention & Management training is essential in the RUH and is reported via the Staff Training Analysis Reports (STAR) electronic system. Staff can access this training via Patient at Risk, RUH ESR e-learning or the Pressure Ulcer Prevention & Management study day.

Registered nurse and HCA essential pressure ulcer prevention training

- **Initial training on Induction:**

Pressure Ulcer Prevention & Management Training is provided to all new inpatient Health Care Assistants (HCAs), Assistant Practitioners (APs), Nursing Associates (NAs) and registered nurses as well as Midwives to the RUH via bespoke e-learning packages on ESR.

- **Refresher training:**

All adult inpatient registered nurses, APs, NAs and HCAs are required to update their essential pressure ulcer prevention training every 2 years, through the completion of the bespoke RUH pressure ulcer prevention e-learning packages on ESR.

- Compliance with the above 'essential' pressure ulcer prevention training is monitored via STAR monthly and reported to the divisions and at the Tissue Viability Steering Group.
- Compliance with essential pressure ulcer prevention training is demonstrated below in table 3. This shows an increase in the number of registered nurses and health care assistants that have received pressure ulcer prevention training across the Trust over the past 12 months.

Table 3: Training compliance figures

Year	Target	Actual %	Actual number
March 2015	95%	82%	951
March 2016	95%	82.6%	1200
March 2017	95%	83.9%	1275
March 2018	95%	68.7%	1077
March 2019	95%	73.68%	1182

Pressure ulcer prevention training for other staff

- The TVS also provide additional ongoing training for the band 4 posts emerging (Assistant Practitioners and Nursing Assistants).
- Occupational Therapists and Physiotherapists also get an annual tailor made pressure ulcer prevention & management training session taught by the TVS.
- Junior Doctors get a bespoke training session delivered by the TVS on induction to the RUH.
- Student nurses all receive pressure ulcer prevention and management training on induction to the RUH with an emphasis on 1st year students at the beginning of their

- training and 3rd year students' consolidating their knowledge and their responsibilities in future leadership roles.
- The new NHS Improvement Pressure ulcer core curriculum has been embedded into RUH essential training from December 2018 as per the local guidance.

Other training

- Pressure Ulcer Prevention Study Day: The Tissue Viability Service facilitate a study day three times a year focussing on pressure ulcer prevention. This is open to all nursing staff.
- International STOP the pressure day was held in November 2018 with activities and educational resources delivered to the wards by the TVS; ensuring the efforts were Tweeted across the Health community. There was also a stand in the Atrium for staff, patients and visitors, highlighting the importance of pressure ulcer prevention.
- Legs matter week was held from 3rd until 6th June 2019, with stands in the Atrium at the RUH and ward training and quizzes. This is important as the heel is one of the three most common areas for pressure ulcers to occur.
- Wound Assessment and Management Study Day: The Tissue Viability Service facilitate a study day three times a year focussing on the general assessment and management of wounds, such as leg ulcers, diabetic foot ulcers, dehisced surgical wounds. This is open to all nursing staff of band 4 and above.
- Topical Negative Pressure Therapy (TNP) teaching sessions: TNP training sessions are offered throughout the year consisting of a 2-hour teaching and practical session, followed by a self-assessment competency.

Link nurse training

There is at least one tissue viability link nurse (TVLN) and one tissue viability link HCA (TVLH) on every ward. The TVLN's have completed a comprehensive training programme to enable them to lead pressure ulcer prevention & management initiatives in their area of work. This includes attending the Pressure ulcer prevention study day and the Wound assessment and management study day. They are also required to undertake a comprehensive pressure ulcer prevention competency with training support from the Tissue Viability Service. An annual update training session is delivered by the Tissue Viability Service. Links feedback changes to their ward areas. In July 2019 a Link Nurse study day will be held with extensive opportunities to improve skills and knowledge around wound infection. This study day combines the expertise of the in house RUH Tissue Viability Nursing team as well as external speakers, supported by industry.

13.0 Safeguarding Adults at risk of abuse or neglect and Non-Concordance with treatment or care

- There is a recognised link between pressure ulcers and safeguarding issues. Pressure ulcers may be the result of neglect, either deliberate or by omission.
- Patients who are non-concordant with care (or intermittently non-concordant) should have their capacity assessed and be fully informed of why an aspect of the care is being provided; this includes family involvement where possible.

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- For patients with a category 3 or 4 pressure ulcer RUH-acquired) the following process is adhered to:
- Referral to Tissue Viability
- Completion of a Datix
- Completion of a Safeguarding Harm Event on Millennium for the Safeguarding team and record this in the medical notes.
- The team assesses these patients against the framework below. If the answer to all 3 questions is yes, Safeguarding procedures will be instigated.

During 2018-19 there were 2 category 3 pressure ulcers and one category 3 medical device related pressure ulcer referred to safeguarding

14.0 Achievements 2018/19

- Introduction of Repose central stores for easy access to the foot protectors – especially in the Emergency Department, MAU and SAU. This has been instrumental in no heel ulcers from November 2018 – March 2019.
- Facilitation of an RUH Clinical Band 2-4 Forum where the focus will be on practice, development and peer support.
- Presentation of poster at National Tissue Viability Society in April 2019
- Key note lecture on a device for scanning wounds for infection at a national Tissue Viability and wound healing conference February 2019.
- British Journal of Nursing Nurse of the Year award 2019 for the Lead Nurse Tissue Viability in collaboration with 3 other TVNs who introduced a support network for TVNs in the UK via Facebook.
- Working with NHS supply chain on the Sustainable Transformation Plan and negotiating a 25% reduction in one of our major wound dressings and joining with the Pan Avon consortium. This will lead to greater savings in both costs of dressings and TVN time.
- Review of IAD protocol and commencement of surveillance as per NHSI guidance.

15.0 Recommendations for 2019/20

The overall reduction in RUH acquired pressure ulcers remains a focus for the Tissue Viability Service.

To drive this reduction in avoidable harm for 2019-20 a further internal target has been set: to reduce the incidence of avoidable category 2 pressure ulcers by 10%, to eliminate all avoidable category 3 and 4 pressure ulcers, to reduce the incidence of avoidable medical device related pressure ulcers by 25%.

We aim to achieve this by:

- TVLN conference planned 3rd July 2019 to keep link nurses up to date with current and new practices enabling them to disseminate to their areas

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- Bimonthly awareness training across the Trust on different topics to ensure awareness is continually at the forefront.
- Legs Matter week June 2019 to raise awareness to the public for leg and foot care – including pressure ulcers.
- Work to commence on the NHSI Stop the pressure collaborative – the RUH has been accepted on a 6 month improvement plan which will feed in to the National work for improvement. Updates on the programme of work will be via the Quality Board report.
- A week of Trust wide planned activities for the November 2019 International STOP the pressure day.
- Launch of HCA Pressure Ulcer Prevention and management e-learning package

References

1. Stop the pressure – one year on <https://improvement.nhs.uk/resources/national-stop-pressure-programme-one-year/>
2. Prevention and Treatment of Pressure Ulcers. EPUAP, NPUAP, PPPIA (2014). <http://www.epuap.org/pu-guidelines/>
3. Pressure ulcers: productivity calculator Department of Health (2018) <https://improvement.nhs.uk/resources/pressure-ulcers-productivity-calculator/>
4. Pressure ulcers: revised definition and measurement framework (2018) NHS Improvement <https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/>

All RUH policy, guidelines and recommendations are based upon:

National Institute for Health and Care Excellence (2014) *Pressure Ulcers: Prevention and Management of Pressure Ulcers* CG179.

European Pressure Ulcer Advisory Panel, National Pressure Ulcer Advisory Panel and the Pan Pacific Pressure Injury Alliance (2014) *Pressure Ulcer Prevention Guidelines*.

National Health Service Improvement Stop the Pressure. *Pressure ulcers: revised definition and measurement, summary and recommendations*. June 2018
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