



Professional
Record
Standards
Body

**Better records
for better care**

WOUND CARE INFORMATION STANDARD

FINAL REPORT

October 2023

Document Management

Revision History

Version	Date	Summary of Changes
0.1	09/03/2023	Initial Draft
0.2	21/03/2023	Updated following internal PRSB review
0.3	03/04/2023	Updates following review by Project Board and Assurance Board
1.0	26/06/2023	Final version for publication
1.1	12/10/2023	Changes to use of care professional (replaced by 'registered professional')

Reviewers

Reviewer name	Title / Responsibility	Date	Version
Martin Orton	Project Manager	09/03/2023	0.1
Andrew Sharpe	Clinical Lead	09/03/2023	0.1
Emily Dean	Clinical Lead	09/03/2023	0.1
Tracy Goodwin	Person Lead	09/03/2023	0.1
Ann Jacklin	NWCSP	09/03/2023	0.1
Mike Watson	NWSCP	09/03/2023	0.1

Approved by

Name	Title/Responsibility	Date	Version
Project Board			0.2
PRSB Assurance Committee			0.2

Glossary of Terms

Term / Abbreviation	What it stands for
Care Professional	A health or social care professional who is delivering wound care
Carer	An individual who provides care to a person in receipt of wound care
DAPB	Data Alliance Partnership Board
EPR	Electronic patient records
GP	General Practitioner
ISN	Information Standards Notice
MeSH	Medical Subject Heading
MoSCoW	Must have, should have, could have, Will not have
NHS	National Health Service
NHS E	NHS England
NICE	National Institute for Health and Care Excellence
NPWT	Negative pressure wound therapy
NWCSP	National Wound Care Strategy Programme
PCSP	Personalised Care and Support Plan
Person	A person in receipt of wound care
PRSB	Professional Record Standards Body
SNOMED CT	Systematized Nomenclature of Medicine -- Clinical Terms, a structured clinical vocabulary for use in an electronic health record.

Planned Review Date and Route for User Feedback

The next maintenance review of this document is planned for March 2026, subject to agreement with the National Wound Care Strategy Programme (NWCSP), or if the NWCSP has closed, NHS England as the commissioning body.

Please direct any comments or enquiries related to the project report and implementation of the standard to support@theprsb.org

Contents

1	Executive Summary	7
1.1	Background and Purpose	7
1.2	Methodology	7
1.3	Research and Evidence gathering	8
1.4	Stakeholder Engagement	8
1.5	The wound care record information standard	9
1.6	Conclusions and recommendations	10
2	Introduction	11
2.1	Background and Context	11
3	Methodology and Consultation Approach	12
3.1	Project Objectives	12
3.2	Project Scope	12
3.2.1	In Scope	12
3.2.2	Out of scope	13
3.3	Benefits	13
3.3.1	People benefits.	13
3.3.2	Care Professional benefits.	13
3.3.3	Organisational benefits	14
3.4	Research and Evidence Gathering	14
3.5	Consultation Approach	14
4	Findings and Recommendations	15
4.1	People Survey	15
4.2	Care professional and People online workshops.	18
4.3	Stakeholders' online consultation	21
4.4	Focus group on Paediatric Wound care.	25
4.5	Informaticians and System suppliers workshop	25
5	The Standard	26
5.1	High level view of the standard	26
5.2	Reuse of other PRSB data concepts	26
5.3	Terminology and codelist	28
5.4	User stories and simulation	28
5.5	Wound Assessment and Treatment Domain	28
5.6	Treatment Plan Domain	29

5.7	Supported Self Care (Self-Management) Domain	30
6	Conclusion and Recommendations	30
	Appendix 1 – Evidence Review	32
	Appendix 2 - Consultation events attendance	41
	Lower limb workshop	41
	Surgical Wound Workshop	45
	Pressure Ulcer Workshop	49
	Paediatric Focus Group	54
	Supplier and Informaticians workshop	55
	Supplier Consultation	57
	Appendix 3 - Survey report	58
	Appendix 4 - Implementation Guidance	58
	Appendix 5 - Clinical Safety Case and Hazard Log	58
	Appendix 6 - Stakeholders	58

1 Executive Summary

1.1 Background and Purpose

The Professional Record Standards Body has been commissioned by the National Wound Care Strategy Programme to produce a wound care record information standard that will support the programme's strategic aims to

- Reduce patient suffering.
- Improve healing rates.
- Prevent wounds occurring and recurring.
- Use clinical time and other health and care resources in the most effective way.

Wound care is provided by a wide range of professionals working as a care team that can include doctors, nurses, podiatrists, and others, as well as people themselves and their carer(s). As such it is vital that information is shared so that care is optimised. The leadership for this care is commonly facilitated by a registered nurse. However, there is currently no recognised standard for recording the details of the provision of wound care in a person's care record and documenting the assessments, observations and treatments that have been delivered in a way that can be shared between care professionals that provide wound care. The NWCSPP has identified the creation of an information standard as a key enabler to improving wound care services for people. PRSB working with its member organisations, representing the health and care professions and people who use services, set out to develop a standard to support sharing information digitally to deliver safe and effective care.

The PRSB information record standard on wound care provides a framework for clinicians to record the clinical assessment, observations and treatments delivered, based on professional guidance and the relevant NICE guideline, evidence review, and extensive consultation with healthcare professionals, people, and carers.

The information standard is a record standard and defines what items should be recorded for wound care: a very few are mandatory, some are required to be used where the information is available, and some are optional.

The standard will also allow the wound care information to be shared between professionals and their different record systems.

1.2 Methodology

The standard was developed over a nine-month period. The project team included two clinical leads covering podiatry and specialist nursing and a person lead to guide the project. The work was done in partnership with the NWCSPP data and digital programme leads and was under direction of a project board which included the NWCSPP clinical leads and representatives from NHS England, who commission the NWCSPP.

The project drew on the outputs from a short discovery project that was undertaken in early 2022 and then followed the standard PRSB methodology for developing information standards, this includes the following stages.

- Initiation
- Evidence gathering and research.

-
- Production of an initial draft standard
 - Consultation with People in receipt of wound care (and their carers) and with care professionals delivering wound care.
 - Refinement of the draft standard
 - Development of hazard log and safety case
 - Simulation to test the standard.
 - Second stage consultation with stakeholders including system suppliers.
 - Update of the draft standard to produce a final draft version.

The final draft standard will then be submitted for endorsement by key stakeholder organisations, and information standards notice will be sought. The standard will be supplemented with an implementation toolkit.

1.3 Research and Evidence gathering

The evidence review looked at a wide range of evidence, both UK based and internationally, a list of the key documents that were reviewed and have been used to inform the development of the information standard is included in the appendix to this document. This phase informed the development of an initial draft standard, which was then further developed in consultation with health and care professionals and other stakeholders in three workshops. There were over 100 attendees at each of the workshops and the views and feedback from these was used to further develop the standard.

1.4 Stakeholder Engagement

Stakeholder engagement included:

- Person survey allowing people with lived experience of wound care to express what was important to them.
- Three workshops to present and explain the model, each with over 100 attendees using breakout groups to examine key questions on the draft model.
- Online consultation allowing stakeholders to assess the model for completeness and for unnecessary items.
- A focussed workshop looking the potential of differences in the wound care for children.
- A workshop for informaticians and suppliers to present the final draft of the model and to allow detailed, data item level comments on the model.

Consultation with a wide range of stakeholders broadly confirmed that the structure and the content of the standard was sensible. The consultation did, however, raise several important issues, in addition to a few amendments to the model. These were.

- The relationship between a specialist wound care management system and general electronic patient record systems.
- The potential for care professionals to have to undertake too much data entry in order to satisfy the requirements of the data model.
- The need to provide care professionals, and people in receipt of wound care, with access to evidence based best practice guidance.

These issues can be partly addressed through the implementation guidance that supplements the model but are also dependent on the local IT system architecture and good system design.

1.5 The wound care record information standard

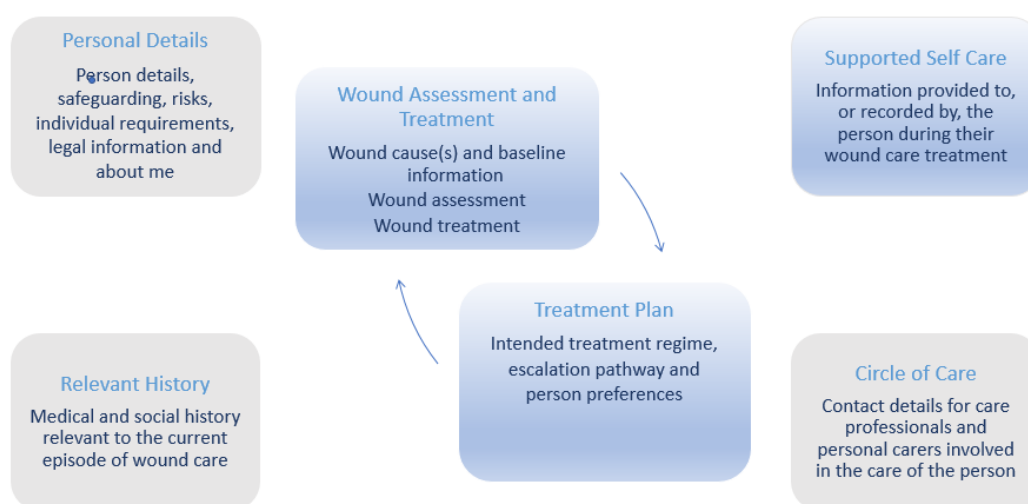
The wound care record information standard has been designed to support care professionals in the provision of high quality and effective care, meeting the person, who has the wound, preferences, objectives, and expectations.

To meet these expectations the wound care standard includes the following components.

- A treatment plan, which details what care is going to be delivered, over what timescales and to what effect, designed to meet the person's preferences. This includes a contingency plan for when things do not go as expected.
- Assessments undertaken by a registered professional, observations made by a registered professional, or by the person and treatments delivered by a registered professional.
- Support for self-care and self-management, allowing the person to have access to pertinent wound care information and education documentation or to share images and documents with the care professional.

The wound care record is dependent on other parts of the care record information environment, namely, information about the person's demographics and "About Me"¹, information about previous and concurrent care, and information about care professionals and other carers involved in the care of the person. The following diagram shows this interrelationship between the wound care domains and the supporting domains.

Structure of the draft standard



¹ About Me information is the most important details that a person wants to share with professionals in health and social care. This information might include how best to communicate with the person, how to help them feel at ease or details about how they like to take their medication. The PRSB has published a standard outlining how About Me information should be documented and shared in health and care records. <https://theprsb.org/standards/aboutme/>

1.6 Conclusions and recommendations

Whilst there was broad support from the consultation for the structure and content of the standard, there were a small number of updates that were required to be made to the model, these are summarised in section 4.3 below. These changes have been made.

Updates to the implementation guidance to provide greater support to system developers have also been made.

There are 3 recommendations that arise from the development of the wound care information standard.

1. Further exploration of the relationship between general electronic patient record systems and specialist systems,
2. NWCSP/PRSB should work with suppliers and local systems when piloting the standard as fundamentally, good IT system user centred design should reduce the onerous data entry.
3. While the implementation guidance includes links to best practice, it is reasonable to expect best practice guidance to evolve over time and therefore this will need to be maintained.
4. The NWCSP should have responsibility to establish an owner for the wound care information standard within NHS England before the programme finishes in September 2025. Consideration for this role should include the chief nurse in NHS England who already owns the nursing information standard in development in PRSB.

2 Introduction

2.1 Background and Context

The National Wound Care Strategy Programme (NWCSP) has developed from several previous initiatives which addressed the issue of sub-optimal wound care. Evidence points to marked unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices².

This offers major opportunities to improve the quality of wound care through innovative solutions that will improve wound healing, prevent harm, increase productivity of staff, and produce financial savings in line with the requirements of the recent NHS Long Term Plan³.

In September 2018, the NWCSP was launched to address this situation. The vision is to develop recommendations which support excellence in preventing, assessing, and treating people with wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers. The NWCSP was noted in the NHS Long Term Plan and in the National Patient Safety Strategy⁴, the NWCSP aim is to:

- Reduce patient suffering.
- Improve healing rates.
- Prevent wounds occurring and recurring.
- Use clinical time and other health and care resources in the most effective way.

There is currently no recognised standard for a generic information record that can support the delivery of wound care (including assessment, management, or prevention) across a care pathway.

This has been identified as a key priority and area requiring standardisation. The premise is that a generic information standard could be used to support the delivery of wound care processes across different scenarios and use cases. The standard will

- Complement the national wound care strategy and the adoption of best practice.
- Support national and local systems to create more efficient and effective care records for people and care providers, which in turn supports better experience and outcomes for people.
- Support the optimisation of wound care management decisions.

A wound care information standard will enable health systems and economies to accelerate the adoption of best practice wound care in their priority pathways/services which in turn can help them meet their Long-Term Plan and

² Gray T.A, Rhodes S., Atkinsons R.A., et al. Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. BMJ Open 2018 e019440.doi:10.1136/bmjopen-2017-019440.

³ NHS Long Term Plan 2019. Accessed at <https://www.england.nhs.uk/long-term-plan/> 02.04.19

⁴ NHS National Patient Safety Strategy 2019. Accessed at: https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf 28.10.19

Elective Recovery commitments; effectively increasing the quantity, quality, and impact of these approaches for their populations.

The PRSB information record standard for wound care aims to provide a framework for care professionals, people receiving wound care and their carers to record the information necessary to support the delivery of safe and effective care, in line with professional guidance.

The wound care standard focuses on 3 specific wound areas.

- Lower limb (leg and foot) wounds
- Pressure ulcers
- Surgical wound complications

Covering assessment, management, maintenance, and prevention of the wound, across all care settings

3 Methodology and Consultation Approach

3.1 Project Objectives

The critical success factors for the project were defined as:

- A wound care record standard which supports the National Wound Care strategy and the adoption of best practice
- A standard which is consistent with other record standards to support interoperability and sharing and long-term maintenance.
- Clinicians, providers, and system suppliers who have been engaged and are aware and keen to implement and adopt the standard.
- A wound care record standard endorsed by the relevant professional bodies and key stakeholders.
- A wound care record standard proven through simulation.

To satisfy these critical success factors, the project was established in 2022/23, following a discovery phase in early 2022, to define a wound care information standard.

The draft standard was developed following research and evidence gathering, a survey of people receiving, or caring for people receiving wound care, three multi-disciplinary webinars.

The draft standard was then subject to wide consultation with, care professionals, people in receipt of wound care, carers, system suppliers and informaticians to further test the standard and socialise the standard. To complete, and test, the development, 5 detailed clinical scenarios have been produced which have been used to validate the standard.

3.2 Project Scope

3.2.1 In Scope

The scope of the standard includes:

- Applicable to all UK nations
- All ages including children.
- Alignment with NWCSP and NICE guidance
- The standard was developed to be appropriate across the following areas of wound care.

-
- Lower limb wounds
 - Pressure ulcers
 - Surgical wounds complications
 - The standard will cover the assessment, management, maintenance, and prevention of the wound types listed above and will cover all settings including acute and community.
 - Endorsement by relevant professional bodies
 - Approval of an Information Standards Notice (ISN) by the DAPB

3.2.2 Out of scope

The scope of the standard excludes.

- Wound types not specified above, including those caused by external factors such as new trauma and burns.
- Prevention of peripheral vascular disease. While leg wounds often result from peripheral venous or arterial disease, prevention of vascular disease is beyond the scope of this standard.
- Management of Lymphoedema. While leg wounds may result from lower limb lymphoedema, management of lymphoedema is beyond the scope of this standard.
- Support for implementation and adoption of the standard by suppliers and providers, although PRSB would be keen to provide this in a separate phase of work to support the overall aims of the NWCSP.
- Development and clinical assurance of technical (FHIR - Fast Healthcare Interoperable Resources) specifications to support sharing of wound care information between systems and professionals.

3.3 Benefits

The project initiation document identified three areas of benefits associated with people in receipt of wound care, benefits for care professionals and organisational benefits.

3.3.1 People benefits.

The benefits to people in receipt of wound care and their careers are:

- Treatment with evidence based best practice techniques for wound care, leading to better prevention, faster healing, better management, and less suffering.
- Wound care information can be shared between clinicians providing treatment or prevention and potentially in future with the person themselves through access from shared care records or GP record systems.

3.3.2 Health and social care professional benefits.

- Supports and encourages best practice in wound care prevention, assessment, treatment, and management. Leading to increased professional job satisfaction
- Supports effective use of clinician time and healthcare resources.
- Supports sharing of information between clinicians, their systems and across settings through standardised information recording
- Supports public health, research and other indirect care uses through standardised information structured and coded information.

3.3.3 Organisational benefits

- Supports the exchange of wound care assessment and treatment data between care providers across the patient pathway.
- Supports care workers working with professionals to manage a person's wound prevention and treatment.
- Supports management and oversight of wound care assessment and treatment delivery.
- Supports the provision of metrics and business analytics.

3.4 Research and Evidence Gathering

The first phase of the project was to understand what work had been done elsewhere in relation to a wound care information standard. This involved looking at reference material, academic papers, data collection forms, from across the UK and internationally. A full list of the key reference material is included in the appendix to this document.

3.5 Consultation Approach

The aims of the consultation were to support the development of the wound care information standard by engaging with care professionals from a wide range of specialisms, people who are, or have been, in receipt of wound care and their carers, suppliers and developers of specialist wound care management systems and of general electronic patient record systems and informaticians.

A mixed methods consultation approach was adopted.

August	People who are, or have been, in receipt of wound care and their carers	A 4-week survey people using services to gain early insight into: <ul style="list-style-type: none">• What people/carers consider to be important to improving information sharing for both professionals and people themselves• What additional information should be built into the standard to improve care? to help build engagement and raise awareness of how wound care management will improve
September	Care professionals, people, and their carers	Three online workshops to test a draft standard identify gaps: <ul style="list-style-type: none">• Pressure ulcers• Surgical wound complications• Lower leg and foot wound care
November	All stakeholders	Survey to test the revised version of the standard, the survey report is referenced in Appendix 3.
December	System suppliers and informaticians	An online workshop for to test the standard from its ability to be implemented in systems, participants were also invited to review the standard at data item level and provide feedback

Details of the attendees of each of the workshops are listed in Appendix 2.

4 Findings and Recommendations

4.1 People Survey

The people online survey ran in August 2022, the survey focussed on the degree to which the care professional had information about the wound and the value of a wound care information record to people in receipt of wound care. There were 41 responses of which 11 were patients, 28 carers and 2 both, one response related to the care of a child.

The breakdown of response was as follows.

- Lower Limb 28
- Pressure Ulcer 10
- Surgical Wound 11
- Other 3 (post op fistula, gout infection, anal fistula)

70% of the care was delivered in a community setting, either in the person's home, a GP surgery or community clinic, the remaining 30% was delivered in a hospital setting, 21% outpatient and 9% inpatient. Nurses provided 63% of care, with 10% by other care professionals and 27% self-care or by a carer, friend, or family member.

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
Care professional access to information	10 respondents said that the care professional had full information about their wound, 17 said that they had partial information and 14 said that they had to tell the care professional everything.	Over 70% of people in receipt of wound care reported that they had to tell the care professional about their wound, in full or in part.	A wound care record that is accessible and shareable amongst care professionals delivering care would reduce the number of times that the person in receipt of wound care must repeat information	<p><i>"No information received from the acute setting, and it was to manage the wound conservatively. "</i></p> <p><i>"No frequency and what dressings to use. Hand over from different healthcare settings is poor. "</i></p>
Information received by the person in receipt of wound care	Whilst people reported that they had received Pain management, how to change dressings and what to look for to prevent the wound getting worse, there is clearly demand for other elements of information	30% of respondents asked for information relating to their care or related factors	The wound care record standard should include the facility for the care professional to provide educational / informative reference materials	<p><i>"Pressure care for children in my area is none existing. Only through my own research have I been able to provide pressure relief and treatment."</i></p> <p><i>"Education in relation to the importance of wearing compression hosiery if prescribed and to explain the rationale for this"</i></p>
Care Plans	Not all care professionals had access to the care plan, where care plans exist, these often are not shared with the people receiving care	<p>Only 30% of people said that the care professional had full access to the care plan.</p> <p>25% of people had access to a care plan</p>	The wound care record standard should include a care plan, the care plan should reflect the persons aims and targets alongside the clinical treatment that will be provided.	<p><i>"Detailed Care Plan with outcome measures "</i></p> <p><i>"A passport size booklet/leaflet with all the info in one place with colourful pictures, Who dresses the wound, where is it done,</i></p>

				<i>What should I look out for, Who to call if concerned etc if “</i>
--	--	--	--	--

4.2 Care professional and People online workshops.

Three online workshops were held in September 2022, the purpose of these workshops was to test the structure and content of the initial draft standard, to identify whether the structure made sense, whether there were any gaps in the draft standard and what the areas of focus should be.

Each workshop focused on one of the three areas of wound care scope.

- Lower limb wounds
- Pressure ulcers
- Surgical wounds complications

The webinars then split into 4 breakout groups to consider 6 detailed questions on the initial draft standard.

- Q1 - Is the overall structure of the draft standard reasonable?
- Q2 - Does the proposed treatment plan contain the sections that you would expect?
- Q3 - What patient preferences would you expect to record or to be recorded?
- Q4 - Is there anything missing or not needed in the wound assessment and treatment domain – consider what you would want to know about patients under your care, what you record now?
- Q5 - Is the ability to record the patient's consent for certain treatments, such as sharp debridement, important?
- Q6 – Does this cover how you would anticipate communicating with other professionals involved in a person's care?

Breakout groups worked well, 120 points made across 7 questions in the pressure ulcer breakout groups, 116 on surgical and 119 on Lower Limb across 6 questions, one question was dropped after the pressure ulcer session, there was some duplication in these numbers, where two or more breakout groups made similar points.

There were a further 11 points raised during plenary discussions.

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
Support for the structure	Feedback from response to question 1	Broad support for the draft standard structure of 7 domains, although there was a degree of lack of clarity about the some of the terminology that was used.	The wound care standard should focus on those areas that are not already defined to address areas of lack of clarity. Specifically, this means that that the core focus would be on the Wound Assessment and Treatment Domain, the Self Care Domain, and the Treatment plan Domain	Implementation Guidance and user stories and other supporting materials is critically important to help users and systems developers in implementing the standard.
Person Preferences	Feedback from responses to questions 2 & 3	<p>Person at the centre of care came across in all three workshops,</p> <p>Person preferences and treatment objectives need to be defined together (and iteratively)</p> <p>Need to acknowledge that patient preferences may change over time</p>	The existing PRSB definition of personalised care and support plans (PCSP)	<p><i>Ensure that patient is at the centre of care, and communication to patients needs to be included in the communication domain.</i> [OBJ]</p> <p>Patient at the centre of care came across in all three workshops</p>

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
System design	General comments	There was concern raised that the standard was large and could result in care professionals having to enter too much data	Mandatory data items to be should bare minimum. Implementation guidance should include subset of SNOMED CT to guide system designers. Risk should be documented in the hazard log	<i>“Design of IT systems is key, there was concern about the amount of information that the standard implies and the onus that this would put on health care professionals to enter data “</i>
Link to evidence based best practice	Feedback from question 4	The link between the standard and evidence-based practice guidance came across clearly, each online seminar identified the need for hyperlinks	Best practice hyperlinks from NWCSP and other sources to be included in implementation guidance	
Interoperability	Feedback from 6	Interoperability and the link to organisation EPRs and shared care records came across	Further exploration and workshop	

4.3 Stakeholders' online consultation

A detailed stakeholder survey was launched in November 2022, the principle aim of the survey was to test the content by asking respondents 2 questions:

1. Is there anything in the standard that is NOT needed?
2. Is there anything missing?

These questions were repeated against the main sections of the standard.

- Wound Assessment and observations
- Wound and skin care treatment.
- Supported self -management.

Respondents were also asked to.

- Identify any differences for wound care of children⁵
- Whether the treatment plan section met the needs of the person / carer
- Whether access to their wound care record would be beneficial to the person / carer

The survey also collected the role and discipline of the care professional completing the survey.

There was a total of 596 respondents to the survey, of whom 80% were care professionals, 5.5% people receiving wound care and 3% their carers. The remaining 11.5% were other stakeholders. The majority of care professionals were nurses and of these 70% were specialist nurses.

A detailed survey report is included in the appendix to this document, and the headlines are detailed in the table below.

⁵ A dedicated workshop with paediatric specialists was also held to look at this issue

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
Items not needed in the standard	Feedback from response to questions 4, 6 and 8	The majority of respondents against all three areas of the standard, did not consider that there was anything superfluous in the standard. Of the items that were identified there was no one single item that stood out for removal.	Nothing to be removed from the standard as a result of this survey	<p><i>"I think everything is covered here; FREQUENCY of dressing change will be covered in requested actions I suspect."</i></p> <p><i>"Yes and No. Again too much process. Just recording this would take a lot of time. Some elements are recorded already and need brought in electronically. The focus is patients with a problem. The biggest savings would be in prevention. I haven't got to the end and do not know if you will ask that."</i></p>
Items missing from the standard	Feedback from response to questions 5, 7 and 9	<p>The majority of respondents against all three of the areas of the standard did not identify data items that needed to be added to the survey.</p> <p>Of those who did, most people identified items that were already in the standard or were out of scope.</p> <p>There were a small number of proposed additions to the standard.</p>	<p>Update the information model (completed) to include.</p> <ul style="list-style-type: none"> • Wound swab taking • Oedema codelist • Hydration 	<p><i>"Details of any wound swab sent, specific section for NPWT, details of any nutritional plan and details about specific equipment in place for Pressure Ulcer prevention"</i></p> <p><i>"positive stemmers sign, fibrosis of the wound bed and the oedema, oedema to the foot and toes and above the knee"</i></p> <p><i>"Patient capacity alongside nutrition I think hydration needs to be included. Skin tone assessment Psychosocial assessment"</i></p>

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
Differences for children	Response to question 10 And workshop with paediatric specialists	Whilst 31% of respondents said that there were differences, most of these differences related using appropriate language, dressings, or safeguarding issues. The workshop with specialists assessed the information model and agreed that nothing extra was needed	The information model as developed is applicable to wound care of people of all ages	<i>“Children may prefer more visual material especially for the pain score and viewing the progress of their wound. Some children with a disability like to feel the product you are using on them. For example, what does wet Aqaucel feel like.”</i> <i>“Important to determine underlying cause of wound, consideration of inflicted wounds/abuse if no rational underlying cause can be determined.”</i>
Person preferences	Feedback from questions 11	84% of respondents agreed that the PCSP would capture people’s preferences. Several comments also identified barriers to treatment and patient concordance to treatment, patient capacity, and consent (and ability to consent).		<i>“Mostly yes. “What matters to me” is maybe the most important bit—specifically for patients with chronic wounds and helping them develop short term goals. Perhaps missing a goal section—are we aiming to manage the wound or heal the wound? I.e., setting expectations with the patient.”</i>

Themes	Evidence	Findings	Recommendations	Comments / sample quotes
Access to wound care information	Feedback from question 12 & 13	89% of respondents agreed that access to wound care information would be beneficial to the person in receipt of wound care (or their carer)		<i>"The information is very important to ensure there is open transparency that the professional is competent, and the person is carrying out the care"</i>
Surgical Wound Specific	Review of standard by NWCSP Surgical Wound Lead	The NWSCP reviewed the standard against the Coleman et al generic wound care assessment minimum data set ⁶ and made several recommendations of items specific to surgical wounds for inclusion in the model.	Include surgical specific sections in the wound assessment and treatment sections of the model, supported by appropriate SNOMED CT terminology	Type of surgery x Emergency /Elective Surgery y Duration of surgery z Antibiotic prophylaxis given.

⁶ Coleman, S., Nelson, E. A., Vowden, P. et al 2017. Development Of a Generic Wound Care Assessment Minimum Data Set. *Journal Of Tissue Viability*. 26 (4) 226-40
<https://www.sciencedirect.com/science/article/pii/S0965206X17300529?via%3Dihub>

4.4 Focus group on Paediatric Wound care.

A workshop was held in January 2023 to examine whether the standard needed to make any allowances for potential differences between the treatment of adults and wound care for children. This built on one of the questions in the online consultation and concluded that whilst there would be some children specific assessments and clinical processes and differences in the language and communication that would be used with children the information model presented would be able to encompass these differences.

4.5 Informaticians and System suppliers workshop

The workshop for informaticians and suppliers was held on 14th December.

Attendees included.

- Informaticians from NHS and other care organisations
- Representative from wound care management system providers
- Representative electronic patient record system providers

Representatives were asked to review the draft data model at a data item level and provide feedback, responses were received from 4 system providers.

- Health IO
- Essity
- eKare
- EPIC

From the wound assessment and treatment domain, which contains 534 data items, there were comments on 33 data items, of these,

- 3 resulted in an update to the model.
 - Update model to clarify that background conditions would be part of general health information.
 - Remove severity from the problem list (wound cause section of the model)
 - Redefine length, width, and depth of wound to remove references to a person's height.
- 23 updates to the implementation guidance, or provision of a codelist
 - 6 updates relating to wound cause (problem list)
 - Wound complications
 - Pressure ulcer categories
 - Codelist to represent assessments, skin (wound surround) colour.
 - Signs and symptoms of infection
 - Medication
 - Laterality
 - Wound care episode outcome
- 7 either related to other parts of the data model or required no action.

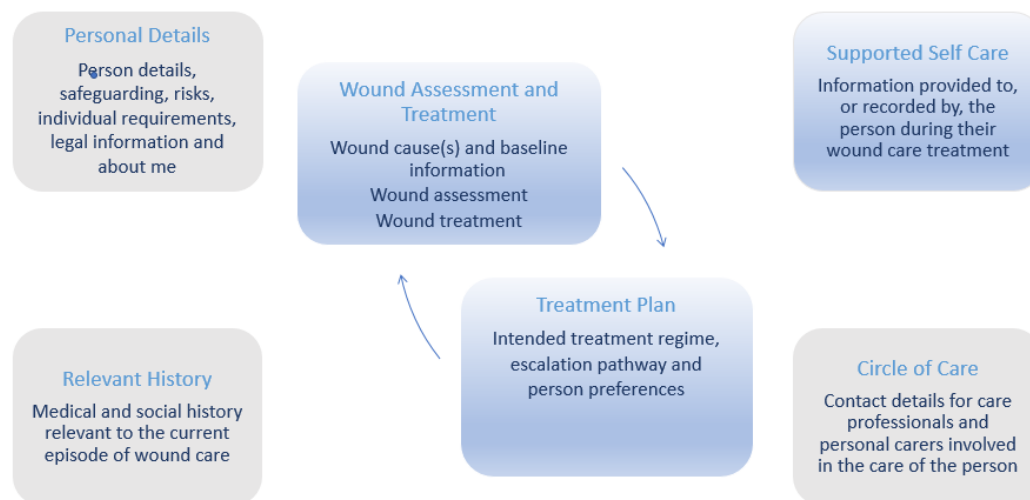
There were a small number of comments in the treatment plan and supported self-care domains, none of which resulted in an update to the model.

5 The Standard

5.1 High level view of the standard

The standard has 3 domains as shown in the diagram below.

Structure of the draft standard



Personal details, relevant history, and circle of care all use components from existing PRSB standards and are information which the health care professional providing wound care for the person should have access to from their electronic record. The other three domains constitute the main parts of the wound care standard and are the subject of this consultation.

It is recognised that for surgical wounds the treatment plan will be developed pre surgery, but for other wounds the treatment plan will come from the initial (baseline) assessment.

The information model includes conformance (Mandatory, Required & Optional) and cardinality for each data item, these were at an early stage of development at the time that the consultation survey was issue, but respondents were asked for comments. Conformance and cardinality are defined from the perspective of the person completing the record. System suppliers would be expected to implement all items in the standard, although a minimum viable product will be defined when the standard is published for initial implementation.

5.2 Reuse of other PRSB data concepts

When designing the wound care record information model, we have, where possible made use of existing PRSB data concepts. These have either been developed for other standards or are part of the reference library.

As noted above, the wound care record does not attempt to redefine the person demographics, general health and care information or information about care professionals or carers involved in the care of the person in receipt of wound care.

However, these domains are included in the wound care model as it is essential that the care professional delivering wound care has access to these domains of data whilst they are providing care to the person.

The wound assessment and treatment domain is described in detail below. The domain includes a number of concepts inherited from other standards, the major examples of these are.

Wound care concept	PRSB definition that the wound care concept is based on
Risks factors for delayed healing	Risks
Wound and person assessments, including pain score,	Structured assessment, this occurs many times within the wound care model, with the context being articulated in the model. This context forms part of the implementation guidance
Cause of wound	Problem list
Wound care products and medications	Medication
Procedures and therapies	Procedures
Treatment Plan	Personalised care and support plan (PCSP) standard. This is person centred plan, developed with the person to address their overall needs and goals. The PCSP includes sections for Care and support plan, Additional supporting plans, and Contingency plans. The treatment plan will feed into the person's care and support plan and where appropriate can use an additional supporting plan for treatment details which do not fit into the person orientated needs/goals/actions, and a contingency plan for when things do not go as expected.

Other borrowed concepts, such as contacts with care professionals are more obvious, and therefore not included in the above list.

It is also probable that concepts that have been developed for wound care may be used by new standards, for example, wound dimensions, length, width, and depth, is a generic definition of size which could be used to define any object with appropriate context.

5.3 Terminology and codelist

Where-ever possible SNOMED CT terms have been provided against data items. These have been built into the information model and will be available to system developers via the implementation guidance.

A list of assessments commonly used in wound care was developed with help from the project and the NWCSP clinical leads and from the children's online seminar. Those with SNOMED codes are shown in the implementation guidance, SNOMED terms are being requested for those which are not yet coded, and details will be added to the implementation guidance as and when those codes are published.

5.4 User stories and simulation

To support the development of the standard 5 user stories have been developed, these stories are each based around a fictitious person in receipt of wound care but have been clinically validated as representative of a realistic pathway that could be expected. The user stories cover the following areas.

Fictitious person	Pathway
Fenella	Caesarean Section
Betty	Grazes ankle whilst rambling. Self manages for a few days.
Janice	Leg ulcer due to trauma wound not healing
Mohammed	Lateral mid foot wound (non- diabetic)
Robert	Category 3 spine pressure ulcer caused by new wheelchair cushion which is causing skin to deteriorate

The user stories have been developed in detail to reflect the data that would be expected to be collected at each intervention and then a simulation tool used to confirm that this data can be recorded in the draft standard.

5.5 Wound Assessment and Treatment Domain

The wound assessment and treatment domain is the major development of the standard, it includes the following areas of data.

- Wound cause (aetiology)
- Risk factors for delayed healing
- Wound Baseline Information
- Contact with care professionals.
- Periodic assessment of each wound
- Observations and symptoms that are apparent to the care professional and / or the person at each visit.
- Wound Treatment

There are 402 rows in the information model, of which 268 are data items, the rest being section headings or grouping of data.

Data items and groups of data are classified as being either mandatory (M), required (R) or optional (O). The required classification indicates that data must be entered where it exists, i.e., where it is relevant and collected for that person.

The mandatory items are.

- Baseline information
- Anatomical site
- Contact with professionals.
- Wound and surround skin description.
- Signs and symptoms of infection

There are 105 required items, these span the following groups of data

- Risk to delayed healing
- Wound assessment and treatment
- Wound cause (problem list)
- Surgical wound specific items
- Pressure ulcer category
- Wound assessment (structured assessment)
- Wound length, width, and depth
- Clinical observations
- Pain score
- Swabs and investigations requested.
- Exudate
- Wound care product performance
- Examination findings
- Surgical wound specific symptoms and observations
 - Dehiscence
- Person observations
- Wound and skin care treatments
- Medications
- Procedures and therapies
- Information and advice given
- Future appointments
- Consent
- Wound care episode outcome
- Clinical summary

There are 127 optional items, the majority of which are free text items where no code exists.

5.6 Treatment Plan Domain

The wound care treatment plan is based on the Personalised care and support plan (PCSP) standard. This is person centred plan, developed with the person to address their overall needs and goals.

The domain includes 4 areas of data.

- Person preferences and treatment objectives.
- Care and support plan,
- Contingency plans

-
- Additional supporting plans, and.

There are 285 rows within the information model, of which 77 are data items and of these 59 are required items, there are no mandatory items.

The required items span all 4 areas of data and relate to the following groups.

- Strengths
- Needs concerns or problems.
- Goals and hopes.
- Actions and activities
- Agreed with person or legitimate representative.
- Care funding source
- Responsibility for review

There are 18 optional items, the majority of which are free text items where no code exists.

5.7 Supported Self Care (Self-Management) Domain

The supported self-care (self-management domain) includes two subsections.

- Documents (including correspondence, audio, and images)
- Structured education

There are 70 rows in the information model, of which 22 are data items, none of which are mandatory, and 16 are required, relating to metadata associated with images and documents.

6 Conclusion and Recommendations

The iterative development of the standard has allowed the inclusion of data items that were identified during the consultation phase. Thus, the final draft of the model resolves issues relating to data that were identified during the consultation.

There are 3 issues that have been identified that are beyond the scope of this development project. These are:

- The relationship between a specialist wound care management system and general electronic patient record systems.
- The potential for care professionals to have to undertake too much data entry to satisfy the requirements of the data model.
- The need to provide care professionals, and people in receipt of wound care, with access to evidence based best practice guidance.

The recommendations below are to address these issues.

- ❖ The first of these issues will need to be considered by care organisations and care communities as they are implementing the standard, it will be dependent on the capabilities that they have in place, and on local system architecture principles. The wound care standard defines the information that a care professional requires to delivery safe and effective wound care, regardless of which IT system the information is sourced from, it could be from a specialist wound care management system, a general care record system, or a combination of the two.
When piloting the standard, it may be appropriate to develop further guidance for others to address this issue.

Recommendation 1: Further exploration of the relationship between general electronic patient record systems and specialist systems

- ❖ NWCSP/PRSB work with suppliers and local systems when piloting the standard as fundamentally, good IT system user centred design should reduce the onerous data entry. The implementation guidance and the supporting business rules should also help mitigate this issue, and a minimum viable version of the standard identifies what the core set of data is and what data could be expected to be derived from other sources.

Recommendation 2: NWCSP/PRSB should work with suppliers and local systems when piloting the standard as fundamentally, good IT system user centred design should reduce the onerous data entry.

- ❖ While the implementation guidance includes links to best practice, it is reasonable to expect best practice guidance to evolve over time and therefore this will need to be maintained.

Recommendation 3: While the implementation guidance includes links to best practice, it is reasonable to expect best practice guidance to evolve over time and therefore this will need to be maintained.

In addition, it is noted that the NWCSP is time limited with the programme due to finish in September 2025. PRSB has a Core Information Standards Service (CISS) contract with NHS England which includes a support and maintenance service for PRSB standards. This support and maintenance service provides a responsive support function and small maintenance updates to cover minor changes or amendments resulting from implementation issues, updates to implementation guidance. The default maintenance release period is 3 years, although more frequent updates may occur where either urgent or a number of significant changes occur. The current CISS contract is a 4-year contract to end of 2025, but further on-going contracts are expected to follow proving continuity of the core information standards service.

The CISS support and maintenance service does not include more significant updates to the standard such as where new or changed functionality is required. In these cases, a review or update to the standard would require a commissioned project. To cover this and ensure the longevity of the standard, we recommend that a long-term owner is established in NHS England.

Recommendation 4: The NWCSP should have responsibility to establish an owner for the wound care information standard within NHS England before the programme finishes in September 2025. Consideration for this role should include the chief nurse in NHS England who already owns the nursing information standard in development in PRSB.

Appendix 1 – Evidence Review

The evidence review looked at a wide range of evidence, both UK based and internationally, the list below includes the key documents that were reviewed and have been used to inform the development of the information standard.

Source	Title	Link
NWCSP	Clinical resources Information about pressure ulcers, lower limb wounds and surgical wounds for health and care professionals, people with wounds and their carers.	https://www.nationalwoundcarestrategy.net
Science Direct	Development of a generic wound care assessment minimum data set	https://www.sciencedirect.com/science/article/pii/S0965206X17300529?via%3Dihub
BMJ	Burden of Wounds Study – implementation case based on numbers here from original paper	https://bmjopen.bmj.com/content/10/12/e045253
National Library of Medicine	Validation of Purpose T risk assessment and screening tool	https://pubmed.ncbi.nlm.nih.gov/28833356/
Nursing Times	More on Purpose T	https://www.nursingtimes.net/news/research-and-innovation/new-tool-could-transform-pressure-ulcer-risk-assessment-18-09-2017/
National Library of Medicine	PURPOSE-T user manual	https://www.ncbi.nlm.nih.gov/books/NBK321078/
Science Direct	Wound assessment Minimum data set	https://www.sciencedirect.com/science/article/pii/S0965206X17300529

Source	Title	Link
NICE	NICE pressure ulcer guidance	https://www.nice.org.uk/guidance/cg179 , https://www.nice.org.uk/guidance/cg179/resources/pressure-ulcers-prevention-and-management-pdf-35109760631749 , https://www.nice.org.uk/guidance/cg179/evidence/full-guideline-management-pdf-547610510
NICE	Surgical site infections: prevention and treatment	https://www.nice.org.uk/guidance/ng125 , https://www.nice.org.uk/guidance/ng125/resources/surgical-site-infections-prevention-and-treatment-pdf-66141660564421
NICE	NICE surgical site infection	https://www.nice.org.uk/guidance/qs49 , https://www.nice.org.uk/guidance/qs49/resources/surgical-site-infection-pdf-2098675107781
SIGN	SIGN leg ulcers	https://www.sign.ac.uk/our-guidelines/management-of-chronic-venous-leg-ulcers/ , https://www.sign.ac.uk/media/1058/sign120.pdf
NICE	NICE Diabetic foot	https://www.nice.org.uk/guidance/ng19 https://www.nice.org.uk/guidance/ng19/resources/diabetic-foot-problems-prevention-and-management-pdf-1837279828933 https://www.nice.org.uk/guidance/ng19/resources/2021-exceptional-surveillance-of-diabetic-foot-problems-prevention-and-management-nice-guideline-ng19-pdf-12000978886597
NICE	Peripheral arterial disease: diagnosis and management	https://www.nice.org.uk/guidance/cg147 https://www.nice.org.uk/guidance/cg147/resources/peripheral-arterial-disease-diagnosis-and-management-pdf-35109575873989
NICE	Varicose veins: diagnosis and management	https://www.nice.org.uk/guidance/cg168

Source	Title	Link
		https://www.nice.org.uk/guidance/cg168/resources/varicose-veins-diagnosis-and-management-pdf-35109698485957
NICE	NICE Guidance for Leg ulcer infection: antimicrobial prescribing	https://www.nice.org.uk/guidance/ng152 https://www.nice.org.uk/guidance/ng152/resources/leg-ulcer-infection-antimicrobial-prescribing-pdf-66141836924101
NICE	Chronic wounds: advanced wound dressings and antimicrobial dressings	https://www.nice.org.uk/advice/esmpb2/chapter/Key-points-from-the-evidence https://www.nice.org.uk/advice/esmpb2/resources/chronic-wounds-advanced-wound-dressings-and-antimicrobial-dressings-pdf-1502609570376901
Patients' association	Making Wound Care Work - rebuilding services for 3.8 million people living in the UK with a wound co-morbidity	https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=d3a62937-0feb-4a67-b9b0-e03f704d838d
Wounds-UK	Capability Framework for Integrated Diabetic Lower Limb Care: A User's Guide	https://www.wounds-uk.com/resources/details/capability-framework-integrated-diabetic-lower-limb-care-users-guide2
Wounds-UK	Lower leg improvements in secondary care: Implementing the National Wound Care Strategy Programme	https://www.wounds-uk.com/resources/details/lower-leg-improvements-secondary-care-implementing-national-wound-care-strategy-programme
Wounds-UK	Wound assessment made easy	https://www.wounds-uk.com/resources/details/wound-assessment-made-easy
Wounds International	Triangle of wound assessment	https://www.woundsinternational.com/uploads/resources/6b1de98d155522d8aa02e9c2f23b9cf1.pdf
National Library of Medicine	Advances in wound care (USA)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6906750/

Source	Title	Link
HSE EIRE	HSE National Wound Management Guidelines (EIRE)	www.hse.ie/eng/about/who/onmsd/practice/development/WoundManagement/
Swedish Quality Register	Experiences of the Swedish National Quality Registry – RiksSår	https://skr.se/en/kvalitetsregister/hittaregister/registerarkiv/svarlaktasar.44562.html https://dermicus.com/en/research-ai/research-within-wound-management/
Wounds International	Case series: Shared wound care discussion guide	https://www.woundsinternational.com/resources/details/case-series-shared-wound-care-discussion-guide
NHS E CQUIN	Leg ulceration and pressure ulcer risk assessment	https://www.england.nhs.uk/wp-content/uploads/2022/01/B1477-i-cquin-22-23-march-2022.pdf
NHS E CQUIN	CCG14: Assessment, diagnosis, and treatment of lower leg wounds	Applicability: Community nursing 22/23 CQUIN CCG14 goal: 25% to 50% 23/24 CQUIN CCG13 goal: 25% to 50% Supporting ref: NICE CG147 NICE CG168
NHS E CQUIN	CCG15: Assessment and documentation of pressure ulcer risk	Applicability: Community hospital inpatients 22/23 CQUIN CCG15 goal: 40% to 60% 23/24 CQUIN CCG12 goal: 70% to 80% Supporting ref: NICE CG179 NICE QS89
Cochrane Library	18 Cochrane reviews	
SIGN	SIGN Management of diabetes	https://www.sign.ac.uk/assets/sign116.pdf
SIGN	SIGN Diagnosis and management of peripheral arterial disease, which will cover ischaemic wounds	https://www.nhstaysideadtc.scot.nhs.uk/wound%20Formulary/Pdf%20docs/Sign%2089%20PAD.pdf

Source	Title	Link
Wounds International	The status of wound care units in Spain	https://www.woundsinternational.com/resources/details/the-status-of-wound-care-units-in-spain-1
Nursing Times	Clinical area focus: Chronic wound care	https://www.nursingtimes.net/events/watch-nt-events/clinical-area-focus-chronic-wound-care-14-06-2022/
Foot Diabetes UK	WORKING WITH YOU TO SAVE LIVES AND LIMBS	https://footindiabetes.org
Getting It right first time	Nothing specific on wound care	https://www.gettingitrightfirsttime.co.uk
Wounds-UK	Attitudes of UK based wound care specialists towards the use of mobile applications in wound care	https://flickread.com/edition/html/free/62aae4046d677#22
European Pressure Ulcer Prevention	European Pressure Ulcer Advisory panel	https://www.epuap.org
The European Wound Management Association	The European Wound Management Association (EWMA) is a European umbrella organisation that links wound management organisations, individuals, and groups with an interest in wound care	https://ewma.org https://ewma.org/resources/for-professionals/treatment-guidance-from-other-organisations
Wounds Australia	Wounds Australia is the peak body for wound prevention and management in Australia	https://www.woundsaustralia.com.au/Web/Home/Web/Default.aspx?hkey=d9aa22f6-6f04-4e5d-aea2-85bd4f79d951
Wounds Australia Journal	Getting lower leg ulcer evidence into primary	https://journals.cambridgemedia.com.au/wp/volume-27-no-2/getting-lower-leg-ulcer-

Source	Title	Link
	health care nursing practice: a case study	evidence-primary-health-care-nursing-practice-case-study
Association for the advancement of wound care	Managing Wounds as a Team	https://www.aawconline.org/professional-resources https://aawconline.memberclicks.net/guidelines
National Library of Medicine	Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Chapter 12 Pressure Ulcers: A Patient Safety Issue	https://www.ncbi.nlm.nih.gov/books/NBK2650/
Welsh Wound Innovation	Essential Elements of Pressure Ulcer Prevention & Management	https://www.wwic.wales/uploads/files/documents/Professionals/Clinical%20Partners/AWTVNF/PDF%20Essential%20Elements%20of%20Pressure%20Ulcer%20Prevention%20%20Management%20All%20Wales%20Guidance%202014%20Final%20Version.pdf
FHIR	Skin and Wound Assessment	https://confluence.hl7.org/display/FHIR/Skin+and+Wound+Assessment
The Academy of fabulous stuff	Helping patients to help themselves with wound care	https://fabnhsstuff.net/fab-stuff/helping-patients-to-help-themselves-with-wound-care
The Academy of fabulous stuff	Wounds - Making A Difference	https://fabnhsstuff.net/fab-stuff/wounds-making-a-difference
The European Wound Management Association	MANAGEMENT OF PATIENTS WITH VENOUS LEG ULCERS A JOINT DOCUMENT CHALLENGES AND CURRENT BEST PRACTICE	https://ewma.conference2web.com/#resources/management-of-patients-with-venous-leg-ulcers

Source	Title	Link
Huddersfield University	Diabetic Foot ulcers: update on management	https://pure.hud.ac.uk/ws/portalfiles/portal/15927705/Diabetic_Foot_Ulcer_authors_final_version.pdf
Wounds International	Advancing practice in holistic wound management: a consensus-based call to action	advancing-practice-holistic-wound-management-consensus-based-call-action.pdf
Wounds UK	Best practice recommendations for the implementation of a DFU treatment pathway	best-practice-recommendations-for-the-implementation-of-a-dfu-treatment-pathway.pdf
Wounds International	A focus on the Triangle of Wound Assessment — addressing the gap challenge and identifying suspected biofilm in clinical practice	focus-triangle-wound-assessment-addressing-gap-challenge-and-identifying-suspected-biofilm-clinical-practice.pdf
Wounds International	Taking wound assessment beyond the edge	taking-wound-assessment-beyond-the-edge.pdf
Wound Repair and Regeneration	Wound bed preparation: a systematic approach to wound management	Wound Repair Regeneration - 2003 - Schultz - Wound bed preparation a systematic approach to wound management.pdf
Geeky Medics	How to Document a Patient Assessment (SOAP)	https://geekymedics.com/document-patient-assessment-soap/
NHS E	Diabetes Footcare Pathway Blueprint (2017)	https://www.england.nhs.uk/north/wp-content/uploads/sites/5/2018/05/NWCSN_Diabetes_Footcare_Final_Report_2017-1.pdf
Diabetes UK	Diabetes Foot Care	https://www.diabetes.org.uk/resources-s3/2017-09/NDFA_EasyRead17%20FINAL.pdf

Source	Title	Link
Wounds Australia	Standards for Wound Prevention and Management (Third Edition)	https://www.woundsaustralia.com.au/Web/Resources/Publications/Publications_Users_Only/Standards for Wound Prevention and Management Third Edition 2016 .aspx
Wounds Australia	eHealth in Wound Care	https://www.woundsaustralia.com.au/Web/Resources/Publications/Publications_Users_Only/eHealth in Wound Care.aspx
National Library of Medicine	What Do Patients Want? Patient Preference in Wound Care	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4121048/
Welsh Wound Innovation	Cardiff Wound Impact Schedule (CWIS)	https://www.wwic.wales https://aci.health.nsw.gov.au/_data/assets/pdf_file/0006/632841/Cardiff-Wound-Impact-Schedule.pdf
Wounds UK	wound patient perception	https://www.wounds-uk.com/journals/isswound/patient-perceptionue/623/article-details/patients-perceptions-self-management-chronic-wounds
The European Wound Management Association	Evidence for Person-centred Care in Chronic Wound Care	https://ewma.org/what-we-do/projects/person-centred-care
Wounds Canada	Self-care	https://www.woundscanada.ca/patient-or-caregiver/resources/care-at-home-series
Wound Source	Wound Assessment and Documentation	https://www.woundsource.com/blog-category/wound-assessment-and-documentation
Scottish Drugs Forum	Scotland's Wound Care Guide	https://sdf.org.uk/wp-content/uploads/2022/02/National-Wound-Care-Guide.pdf https://www.sdf.org.uk/scotlands-wound-care-guide-launched

Source	Title	Link
Wounds UK	Improving holistic assessment of chronic wounds	https://www.wounds-uk.com/download/resource/6596
	ABBEY pain score	https://www.mdcalc.com/calc/3627/abbey-pain-scale-dementia-patients

Appendix 2 - Consultation events attendance

Lower limb workshop

Job Title	Organisation
Advanced Nurse Practitioner	Alastair Ross Medical Practice
Podiatrist	ARG Podiatry
Product Manager	B Braun Medical Ltd
Consultant Nurse- Tissue Viability	Barnet, Enfield, and Haringey Community Mental Health Services
Prevention of Harms Practitioner Pressure Ulcers	Birmingham Community Healthcare NHS Foundation Trust
Pharmacist	Boots
Podiatrist	Bradford District Care Trust
Lead ANP Tissue Viability	Bradford Teaching Hospitals
Community Practice Educator	Calderdale and Huddersfield NHS Foundation Trust
Podiatry Professional Lead	Cardiff and Vale University Health Board
Tissue Viability Nurse	Care Plus Group
Practice Principle	Carrol Thompson & Associates
Tissue Viability Nurse	Central Cheshire Integrated Care Partnership
Clinical Quality Lead	Central London Community Healthcare NHS Trust
Clinical Services Lead	Central London Community Healthcare NHS Trust
Tissue Viability Nurse	Cheshire and Wirral Partnership NHS Foundation Trust
Tissue Viability Nurse	Circle Health Group
Lead Nurse - Tissue Viability	County Durham and Darlington NHS Foundation Trust
Clinical Nurse Specialist Wound care	Coventry & Warwickshire partnership trust
Podiatry Team Leader	Croydon Health Services
Senior Tissue Viability Nurse	Dartford and Gravesham NHS Trust
Lead Specialist - Information Standards	Digital Health and Care Wales
Podiatrist	Dorset Health Care
Acting Podiatry Service Lead	East Lancashire Hospitals NHS Trust
ESP Podiatrist	East Lancashire Hospitals NHS Trust
Tissue Viability Nurse	East Lancashire Hospitals NHS Trust
Community Nurse	East Suffolk and North Essex NHS Foundation Trust
Healthcare Assistant	ECMC Network
Specialist podiatrist	ELHT
Clinical Workflow Specialist	EPR Workflow Analysis

Job Title	Organisation
Podiatrist	Epsom and St Helier University Hospitals NHS Trust
Clinical Nurse Education Manager / Honorary TVN	Essity
Public Affairs and Market Access	Essity
Podiatrist	Evolution Podiatry
Tissue Viability Nurse	Family Nursing and Home Care
Manager	Forget Me Not Home Care Ltd
Health and Social Care Informatics Consultant	freshEHR Clinical Informatics Ltd
CNS in Tissue Viability	Galway Clinic
District Nurse	Gloucestershire Health and Care NHS Foundation Trust
Podiatrist	Harrogate and District NHS Foundation Trust
Lead Tissue Viability Nurse	HCA healthcare UK
District Nurse	HCRG Care Group
Tissue Viability Lead Nurse	Herefordshire and Worcestershire Health and Care NHS Trust
Tissue Viability Matron	Hull University Teaching Hospitals NHS Trust
Lead Tissue Viability	Hywel Dda University Health Board
Tissue Viability Nurse	Imperial College Healthcare NHS Trust
Lead Nurse Tissue Viability	Leeds Teaching Hospitals NHS Trust
Clinical Lead Tissue Viability	Leicestershire Partnership NHS Trust
Podiatrist	Liverpool University Hospitals NHS Foundation Trust
Clinical Engagement Lead	Livewell Southwest
Project Manager	Livewell Southwest
Specialist Lead - Tissue Viability	Locala Community Partnerships CIC
Advanced Podiatrist	Manchester University NHS Foundation Trust
Podiatrist	Manchester University NHS Foundation Trust
Role not specified	Manchester University NHS FT
Podiatrist	Manx Care Isle of Man Podiatry Services
Tissue Viability Nurse	Medway Community Healthcare
Senior Global Medical Affairs Manager	Molnlycke Health Care
N/A	N/A
Clinical Lead - Implementation	National Wound Care Strategy Programme
Digital, Data and Information Programme Manager	National Wound Care Strategy Programme
Advance Podiatrist	NHS
Podiatrist	NHS Dorset
Lead Tissue Viability Nurse	NHS East Kent Hospitals University Foundation Trust

Job Title	Organisation
Digital Data and Information Lead - National Wound Care Strategy Programme	NHS England
Lead Stop the Pressure Programme	NHS England and National Wound Care Strategy
Podiatrist	NHS Greater Glasgow and Clyde
Tissue Viability Nurse	Norfolk Community Health and Care NHS Trust
Practice Nurse	North Croydon Medical Centre
Tissue Viability Nurse	Northeast London NHS Foundation Trust
Clinical Skills Tutor	Northwest Anglia NHS Foundation Trust
Advanced Podiatrist	Northern Care Alliance
Doctor	Organisation not specified
Nurse Consultant	Oxford University Hospitals NHS FT
Patient leader	PPI representative of charity
Business Analyst	PRSB
Director of Strategy, Communications and Engagement	PRSB
Head of Stakeholder Relations	PRSB
Lay member	Retired
Staff Nurse	Royal Berkshire NHS Foundation Trust
Director of Nursing	SEL ICS Training Hub
Tissue Viability Nurse Specialist	Southern Health NHS Foundation Trust
Tissue Viability Nurse Specialist	Southern Health NHS Foundation Trust
Tissue Viability Nurse Specialist	St Helens and Knowsley Trust
Tissue Viability Nurse	Surrey and Sussex Healthcare NHS Trust
Tissue Viability Nurse Specialist	Sussex Community NHS Foundation Trust
Clinical Lead and Assistant Head of Podiatry	Swansea Bay University Health Board
Clinical Lead Nurse	Swansea Bay University Health Board
Podiatrist	The Mid Yorkshire Hospitals NHS Trust
Registered Manager & Provider	Tinfloyd Healthcare T/A Ashtree House
Head of TVS	Torbay and South Devon NHS Foundation Trust
Product Technologist	TSL Healthcare
Clinical Lead / Head of IP & Acute Tissue Viability	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability Nurse	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability Nurse	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability Nurse	University Hospitals of Morecambe Bay NHS Foundation Trust

Job Title	Organisation
Lead for Tissue Viability and Continence	University Hospitals of North Midlands NHS Trust
Reader in Skin Integrity and Infection Prevention	University of Huddersfield
Podiatry Student	University of Northampton
Senior Lecturer	University of Northampton
Digital Healthcare Manager	Urgo
Role not specified	Watford General Hospital
Director of the New National Wound Care Strategy	Yorkshire & Humber Academic Health Science Network AHSN
Lower Limb Specialist Nurse	Your Healthcare
Lower Limb Clinic Sister	Your Healthcare CIC

Surgical Wound Workshop

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Practice Nurse	AT Medics
Senior Lecturer in Tissue Viability	Birmingham City University
Prevention of Harms Practitioner Pressure Ulcers	Birmingham Community Healthcare NHS Foundation Trust
Pharmacist	Boots
Tissue Viability Nurse	Bradford Teaching Hospitals
Vice President and Orthopaedic Surgeon	British Orthopaedic Association
Infection Prevention and Control Manager	British Virgin Islands Health Services Authority
Lead Nurse Tissue Viability	Calderdale and Huddersfield Trust
Tissue Viability Nurse	Circle Health Group
Lead Nurse - Tissue Viability	County Durham and Darlington NHS Foundation Trust
Clinical Nurse Specialist	Coventry and Warwickshire Partnership Trust
Senior Tissue Viability Nurse	Dartford and Gravesham NHS Trust
Senior IS& DQ Officer	Digital Health Care Northern Ireland
Role not specified	East Lancashire Hospitals NHS Trust
Senior Tissue Viability Nurse Specialist	East Suffolk and North Essex NHS Foundation Trust
Public Affairs and Market Access	Essity
Strategic Healthcare Partner	Essity
Director	Foxtrot
Clinical Nurse Specialist SSI Surveillance Leader	Guy's & St Thomas' NHS Foundation Trust
Podiatrist	Harrogate and District NHS Foundation Trust
Tissue Viability Nurse	Harrogate and District NHS Foundation Trust
Lead Tissue Viability Nurse	HCA healthcare UK
Clinical Lead Tissue Viability	HCT
Quality Lead - Practice Learning	Health Education England
Tissue Viability Services Lead	Hertfordshire Community NHS Trust
Tissue Viability Nurse	Homerton Healthcare NHS Foundation Trust
Student Nurse	Hull University Teaching Hospitals NHS Trust

Job Title	Organisation
Tissue Viability Matron	Hull University Teaching Hospitals NHS Trust
Tissue Viability Matron	Hull University Teaching Hospitals NHS Trust
Consultant Podiatric Surgeon	Kent Community Healthcare NHS Foundation Trust
Registered Nurse	Kettering General Hospital NHS Trust
Project Manager	KOB GmbH
Clinical Nurse Specialist	Leeds Teaching Hospitals
Lead Nurse Tissue Viability	Leeds Teaching Hospitals NHS Trust
Clinic Lead - Wound Clinic Service	Leicestershire Partnership Trust
Tissue Viability Nurse	Lincoln Community Health Services NHS Trust
Chair - Surgical Workstream (NWCSP)	Manchester University NHS Foundation Trust
Tissue Viability Nurse	Mid Cheshire Hospitals
Student	Middlesex University, London
Senior Global Medical Affairs Manager	Molnlycke Health Care
Head of Care	Nellsar
Nurse	Nellsar
Nurse	Nellsar
Consultant Nurse- Tissue Viability	NHS
Emergency Nurse Practitioner	NHS
Senior Sister	NHS Addenbrooke's Hospital
Podiatrist	NHS Dorset
National Medical Director's Clinical Fellow - Prevention Team	NHS England
National Programme Lead (Data & Development) - Antimicrobial resistance AMR	NHS England
Lead Stop the Pressure Programme	NHS England and National Wound Care Strategy
Plastic Surgery Nurse Specialist	NHS Fife
Practice Development Podiatrist	NHS Greater Glasgow & Clyde
Staff Nurse	NHS Greater Glasgow and Clyde
IPC Improvement Lead	NHSE/I

Job Title	Organisation
Community Tissue Viability Nurse	Norfolk Community Health and Care NHS Trust
Occupational Therapist	North Cumbria Integrated Care NHS Foundation Trust
Community Tissue viability nurse	North Cumbria Integrated Care NHS Trust
Advanced Podiatrist	Northern Care Alliance
Tissue Viability CNS	Northern Lincolnshire and Goole NHS Trust
Head of Customer Experience	Nourish Care
Nurse	One Hatfield Hospital
Infection Prevention and Control Lead	One Healthcare
Registered General Nurse	One Healthcare
Outpatient Manager	One Healthcare Partners
Agency Nurse	Organisation not specified
Chiropodist	Organisation not specified
Lead Nurse 18 Week Support	Organisation not specified
Student	Organisation not specified
CEO	Position Systems Limited
Patient leader	PPI representative of charity
Deputy CEO and COO	Professional Record Standards Body
Director of Strategy, Communications and Engagement	PRSB
Head of Stakeholder Relations	PRSB
Clinical Liaison BMS	Public Health Wales
Lay member	Retired
Staff Nurse	Royal Berkshire NHS Foundation Trust
Tissue Viability SSN	Royal Berkshire NHS Foundation Trust
Tissue Viability Nurse	Royal Surrey NHS Foundation Trust
CUR Project Manager and Phlebotomy Manager	Salford Royal NHS Foundation Trust
Healthcare Assistant	Shakespeare Health Centre
Practice Nurse	Shakespeare Health centre
Senior Healthcare Assistant	Slade Green Medical Centre
Tissue Viability Nurse Specialist	Southern Health NHS Foundation Trust

Job Title	Organisation
Product Marketing Manager	Spirit Health
Trainee Advanced Clinical Practitioner	St. Andrew's Healthcare
Tissue Viability Nurse	Surrey and Sussex Healthcare NHS Trust
Tissue Viability Specialist Nurse	Sussex Community NHS Foundation Trust
Business Analyst	The PRSB
Lead Nurse IPC	The Walton Centre
Nurse	Trinity Medical Centre
Healthcare Assistant	Tudor Lodge Health Centre
Practice Nurse	Tudor Lodge Health Centre
Clinical Lead / Head of IP & Acute Tissue Viability	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability Nurse	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability Nurse	University Hospitals of North Midlands NHS Trust
Senior Surgical Site Infection Surveillance Nurse	University Hospitals Sussex
Lecturer / Tissue Viability Nurse	University of Huddersfield
Professor of Skin Integrity and Director for the Institute of Skin Integrity and Infection Prevention	University of Huddersfield
Podiatry Student	University on Northampton
Clinical Lead	Wellcome Care Homes
Deputy DIPC	Wirral University Teaching Hospital NHS Foundation Trust
Director of the New National Wound Care Strategy	Yorkshire & Humber Academic Health Science Network AHSN

Pressure Ulcer Workshop

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Chief Operating Officer	APA Parafricta
Role not specified	Ashford and St. Peter's Hospitals NHS Foundation Trust
Consultant Nurse- Tissue Viability	Barnet, Enfield, and Haringey Community Mental Health Services
Community Wound Care Specialist Nurse	Berkshire Healthcare Foundation Trust
Advanced Practice Podiatrist	Betsi Cadwaladr University Health Board
Network Member	BIMHN
Senior Lecturer in Tissue Viability	Birmingham City University
Pharmacist	Boots
CNS Tissue Viability	Bradford Teaching Hospitals
Healthcare Assistant	Brunel Medical Centre
Community Practice Educator	Calderdale and Huddersfield NHS Foundation Trust
Lead Nurse Tissue Viability	Calderdale and Huddersfield Trust
Consultant Physician and Geriatrician	Cardiff and Vale University Health Board
Tissue Viability Nurse	Central Cheshire Integrated Care Partnership
Clinical Business Unit Manager	Central London Community Healthcare NHS Trust
Associate Director of Quality Effectiveness	Central London Community Healthcare NHS Trust
Tissue Viability Nurse	Cheshire and Wirral Partnership NHS Foundation Trust
Tissue Viability Nurse	Circle Health Group
Safeguarding Specialist Adult Nurse	CLCH
Lead Nurse, Wound Care Pathways	Coventry and Warwickshire NHS Partnership Trust
Lead Nurse Skin Integrity	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Tissue Viability Nurse	Dorset Health Care
Acting Podiatry Service Lead	East Lancashire Hospitals NHS Trust
ESP Podiatrist	East Lancashire Hospitals NHS Trust

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Tissue Viability Matron	East Lancashire Hospitals NHS Trust
Nurse Manager	Eliot House Nursing home
Clinical Nurse Education Manager / Honorary TVN	Essity
Registered General Nurse	Fremantle Trust
Health and Social Care Informatics Consultant	freshEHR Clinical Informatics Ltd
CNS in Tissue Viability	Galway Clinic
Clinical Lead	GMDN Agency
Lead Tissue Viability Nurse	Great Western NHS Foundation Trust
Practice development Podiatrist	Greater Glasgow & Clyde Health Board
Tissue Viability Specialist Lead	Guy's and St Thomas NHS Foundation Trust
Podiatrist	Harrogate and District NHS Foundation Trust
Tissue Viability Nurse - Interim Service Lead	Harrogate and District NHS Foundation Trust
Associate Director - Business Intelligence	Healthy.IO
Tissue Viability Lead Nurse	Herefordshire and Worcestershire Health and Care NHS Trust
Prescribing Support Consultant Dietitian	Hertfordshire and West Essex ICS
Tissue Viability Services Lead	Hertfordshire Community NHS Trust
Tissue Viability Specialist Nurse	Hertfordshire Partnership NHS Foundation Trust
Tissue Viability Matron	Hull University Teaching Hospitals NHS Trust
Head of tissue viability	Kent community healthcare NHS foundation trust
Senior Carer	Kesh Care Ltd
Quality & Regulatory Manager	L&R Medical UK Ltd
Lead Nurse Tissue Viability	Leeds Teaching Hospitals NHS Trust
Advanced Nurse Practitioner	Leicestershire Partnership NHS Trust
Deputy Head of Nursing	Leicestershire Partnership NHS Trust
Tissue Viability Nurse	Lincoln Community Health Services NHS Trust
Tissue Viability CNS	Lincolnshire Community Health Service

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Tissue Viability Nurse Consultant	Liverpool Heart and Chest Hospital NHS Foundation Trust
Lead Nurse Tissue Viability	Manchester University NHS Foundation Trust
Tissue Viability Nurse	Medway Community Healthcare
Podiatrist	Mid Cheshire Hospitals
Clinical Procurement Nurse Specialist	Milton Keynes University Hospital
Senior Global Medical Affairs Manager	Molnlycke Health Care
Clinical Lead - Implementation	National Wound Care Strategy Programme
Digital, Data and Information Programme Manager	National Wound Care Strategy Programme
Lead for Supply & Distribution	National Wound Care Strategy Programme
Deputy Manager	Nellsar
Head of Care	Nellsar
Home Trainer	Nellsar
Nurse	Nellsar
Senior Registered General Nurse	Nellsar
Podiatrist	NHS Dorset
Lead Tissue Viability Nurse	NHS East Kent Hospitals University Foundation Trust
Digital Data and Information Lead - National Wound Care Strategy Programme	NHS England
Lead Stop the Pressure Programme	NHS England and National Wound Care Strategy
Infection Prevention Control Tissue Viability Nurse	NHS Shetland
Doctor/ clinical fellow	NHSE
Tissue Viability Nurse	Norfolk Community Health and Care NHS Trust
CNS Tissue Viability	North Cumbria Integrated Care NHS Foundation Trust
Practice Nurse	North Hyde Practice
Advanced Podiatrist	Northern Care Alliance
Head of Customer Experience	Nourish Care

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Infection Prevention and Control Lead	One Healthcare
Patient / Lay Representative	Organisation not specified
Nurse Consultant	Oxford University Hospitals NHS FT
Product Manager	Person Centred Software
Patient leader	PPI representative of charity
Deputy Nurse Manager	Praxis care
Business Analyst	PRSB
Director of Strategy, Communications and Engagement	PRSB
Head of Stakeholder Relations	PRSB
SPS Assessor	PRSB
Medical Director	Quic
Senior Staff Nurse	Royal Berkshire NHS Foundation Trust
Staff Nurse	Royal Berkshire NHS Foundation Trust
Tissue Viability SSN	Royal Berkshire NHS Foundation Trust
Lead Nurse Tissue Viability	Royal Orthopaedic Hospital Birmingham
Tissue Viability Nurse	Royal Surrey NHS Foundation Trust
Director of Nursing	SEL ICS Training Hub
Lead Tissue Viability Nurse Specialist	Southern Health NHS Foundation Trust
Lead Tissue Viability Nurse	Southport and Ormskirk NHS Trust
Outpatient and Bupa Clinic Manager and Tissue Viability Lead	Spire Healthcare
Tissue Viability Nurse	Surrey and Sussex Healthcare NHS Trust
Tissue Viability Specialist Nurse	Sussex Community NHS Foundation Trust
Home Manager	The Orders of St. John Care Trust
Registered Manager & Provider	Tinfloyd Healthcare T/A Ashtree House
Lecturer in Nursing	Tissue Viability Society UK
Head of TVS	Torbay and South Devon NHS Foundation Trust
Lead Tissue Viability Nurse	University Hospitals Birmingham NHS Foundation Trust

Job Title	Organisation
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Tissue Viability Nurse	University Hospitals Bristol and Weston NHS Foundation trust
Staff Nurse	University Hospitals of Morecambe Bay NHS Foundation Trust
Tissue Viability CNS	University Hospitals Sussex NHS Foundation Trust
Tissue Viability Nurse	University Hospitals Sussex NHS Foundation Trust
Tissue Viability Nurse	University Hospitals Sussex NHS Foundation Trust
Lecturer / Tissue Viability Nurse	University of Huddersfield
Tissue Viability Lecturer	University of Huddersfield
Senior Lecturer	University of Northampton
Tissue Viability Lead	Wiltshire Health And Care
Lead Nurse	York and Scarborough Teaching Hospitals NHS Foundation Trust
Director of the New National Wound Care Strategy	Yorkshire & Humber Academic Health Science Network AHSN

Paediatric Focus Group

Job Title	Organisation
Tissue Viability Clinical Nurse Specialist	Great Ormond Street Hospital for Children NHS Trust
Senior Staff Nurse, Community Children's Nursing Team	NHS Greater Glasgow and Clyde
Paediatric Professional and Practise Development Nurse	NHS Wales
Communications Officer	PRSB
Role not specified	Manchester University NHS FT
Lead Tissue Viability Nurse	Alder Hey Children`s Hospital
Person with lived experience	Organisation not specified
Business Analyst	PRSB
Digital, Data and Information Programme Manager	National Wound Care Strategy Programme
Digital Data and Information Lead - National Wound Care Strategy Programme	NHS England
Tissue Viability Specialist Nurse	Sussex Community NHS Foundation Trust
Consultant Nurse Child Health	Aneurin Bevan University Health Board
Director of Strategy, Communications and Engagement	PRSB
Senior Clinical Lead	NHS Digital
Head of Stakeholder Relations	PRSB

Supplier and Informaticians workshop

Job Title	Organisation
Managing Director	ARANZ Medical Limited
Nurse Advisor	Carebeans
Service Manager	Cura
clinical advisor	Dedalus
VP ekare	eKare
CCIO	freshEHR
Senior Business Analyst	Health Innovation Manchester
Director of Minute! for Wound Services U.K.	Healthy.io
Developer	INPS
Student	London Metropolitan University
Role not specified	Manchester University NHS FT
Tissue Viability Clinical Lead	MPFT
Digital, Data and Information Programme Manager	National Wound Care Strategy Programme
Digital Data and Information Lead - National Wound Care Strategy Programme	NHS England
Advanced Podiatrist	Northern Care Alliance
Digital Research Executive	Nourish Care
Person with lived experience	Organisation not specified
Head of Healthcare Engagement	Person Centred Software
Product Manager	Person Centred Software
Director of Partner Solutions	Professional Record Standards Body
Business Analyst	PRSB
Communications Officer	PRSB
Director of Strategy, Communications and Engagement	PRSB
Head of Marketing & Communications	PRSB
Head of Stakeholder Relations	PRSB
Senior Programme Manager	PRSB
Healthcare Outcomes Manager	Smith & Nephew

Senior Healthcare Outcomes Manager	Smith and Nephew
Tissue Viability Specialist Nurse	Sussex Community NHS Foundation Trust
CNIO	UCLH

Supplier Consultation

Job Title	Company Name
VP - Engineering and Operations	ARANZ Medical Ltd
Medical support worker	Barts Health
Digital Partner Support Manager/ Programme Manager	City Health Care Partnership CIC
VP ekare	eKare
Managing Director	Entec Health
Developer	In Practice Systems Limited
Technical Programme Manager	Isla Care
CEO	Islacare
Programme Manager	Islacare
Head of IT Systems & Business Change	Kent Community Health
Analyst (Advanced) & Systems Thinking Apprentice	Kent Community Health Foundation Trust
Head of tissue viability	Kent community healthcare NHS foundation trust
Project Manager	Livewell Southwest
Programme Manager	Livewell Southwest CIC
Registered Nurse	Macccare
Quality Lead Nurse	Northern Lincolnshire and Goole NHS Foundation Trust
Physician	Redington General Merchandise
COO	Sabalan Scaffold Engineering
Healthcare outcomes manager	Smith and nephew
Vascular Nurse Specialist	Somerset Foundation Trust
Consultant	Wound Matrix
CTO	WoundMatrix
QMS and Regulatory Affairs	WoundMatrix
Senior Vice President, Owner	Wound Matrix, Inc

Appendix 3 - Survey report

The survey report is published on the Wound Care Information Standard webpage [add link to the page, not the actual document so it does not need updating on change of document]

Appendix 4 - Implementation Guidance

The full implementation guidance is included in the information model and in all, published, outputs from the model and therefore is not embedded as an appendix to this document.

Appendix 5 - Clinical Safety Case and Hazard Log

The safety case and hazard log are available on the wound care information standard webpage [add link to the page, not the actual document so it does not need updating on change of document]

Appendix 6 - Stakeholders

The following professional and patient organisations were identified as key stakeholders for this project.

Formal endorsement of the standard will be sought from a number of these key stakeholders where they are able to provide it. Not all organisations are able to formally endorse (as they do not have capacity to do so) and where the support of an organisation is deemed essential, but the organisation is not able to endorse, the PRSB will seek a statement of support for the standard. The organisations able to endorse are marked with an asterisk:

- Faculty of Public Health*
- Royal College of Emergency Medicine*
- Royal College of General Practitioners*
- Royal College of Paediatrics and Child Health*
- Royal College of Surgeons of England*
- Royal College of Occupational Therapists*
- Royal College of Nursing*
- National Voices*
- Patient Information Forum*
- Faculty of Clinical Informatics*
- techUK
- Royal College of Podiatry*