Trust Policy	Worcestershire Acute Hospitals NHS Trust

Prevention and Management of Pressure Ulcers Policy

Department / Service:	Tissue Viability
Originator:	Lead Nurse Tissue Viability : Claire Hughes
Accountable Director:	Chief Nurse
Approved by:	Clinical Governance Group
Date of approval:	2nd May 2025
Review date: **This is the most current document and should be used until a revised version is available**	2ND May 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Clinical Areas
Target staff categories	All Clinical Staff

Policy Overview:
The purpose of this document is to ensure that consistently high standards of care are achieved and maintained for patients at risk of or who have pressure damage. The implementation of care outlined in this document will help maintain patient safety and reduce the risk of acquiring a pressure ulcer and will help in ensuring optimal care for those patients who already have pressure damage.

Key amendments to this policy:

Date	Amendment	Approved By:
July 2011	No amendments made to policy	Louise Morris
October 2011	SSKIN bundle	Louise Morris
March 2012	RCA updated	Elaine Bethell
June 2015	References updated Changes to Safeguarding in light of the Care Act	Lisa Martin Suzanne Hardy
August 2017	Document extended for 6 months as per TMC approval	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
March 2020	Document extended for 3 months whilst review is completed	Lisa Hill
June 2020	Document extended for 6 months during COVID 19	

	period	
January 2021	Document Updated.	Lisa Hill
February 2021	Document extended as per Trust agreement 11.02.2021	
March 2021	Document approved for 3 years	CGG
19/03/2024	Document extended for six months	Claire Hughes
January 25	Document extended for 3 months	Claire Hughes/Alison Robinson
May 2025	Awaiting the updated guidelines from EPUAP (European Pressure Ulcer Advisory Panel) to be published to appropriately align PUP guidance within the above policy. Please continue to use current policy as guidance **Changes within policy;** *Patients admitted into the Emergency Department (ED) who are at increased risk will be assessed using PURAT within 1 hour of admittance to the dept. or as soon as the patient is critically stable to do so* :**Due to capacity and acuity constraints within the Emergency department, the practice of assessing high risk patients using PURAT within 1 hr of admission or upon critical stabilization is no longer consistently feasible** .	Alison Robinson/Claire Hughes

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1. Introduction & Scope of the Document

1.1. The purpose of this document is to detail the process for the prevention of pressure ulcers for those patients previously without skin damage, and the management of pre-existing pressure ulcers in patients admitted into the organisation. It provides a robust framework to ensure a consistent approach across the whole organisation.

1.2. The policy applies to all Trust staff.

1.3. Implementation of this policy will ensure that:

- All patients admitted to our care will have a pressure ulcer risk assessment carried out using an appropriate risk assessment tool.
- All patients admitted to our care will have a care plan devised based on their risk assessment to minimise their risk of developing a pressure ulcer or to minimise the risk of deterioration of any existing pressure ulcer.
- Care plans will be implemented and regularly evaluated to ensure their effectiveness. Care plans will be updated and amended in response to changes in patients risk or physical condition.
- Pressure relieving equipment resources are utilised appropriately.
- There is robust method for incident reporting pressure ulcers acquired in our care and those admitted to our care.

2. Definitions:

Pressure Ulcer

2.1. A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical device or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful. (NHS Improvement, 2018). (See Appendix 2 for guidance on the categorisation of pressure ulcers.)

Medical Device Related pressure ulcer

2.2. A pressure ulcer that has developed due to the presence of a medical device.
These are medical devices designed and applied for diagnostic or therapeutic purposes.

Hospital acquired pressure ulcer (HAPU)

2.3. A pressure ulcer that develops whilst the patient is receiving nursing care, services provided by Worcestershire Acute Hospitals NHS Trust. The pressure ulcer is first observed within the current episode of care.

Pressure Ulcer Present On Admission (POA)

2.4. A pressure ulcer that is observed during the skin assessment undertaken on admission to that service.

Moisture Associated Skin Damage

2.5. Moisture Associated Skin Damage (MASD) is damage to the skin resulting from the effects of moisture. Skin damage caused solely by exposure to moisture is known as moisture lesion. Pressure and moisture may combine to cause skin damage and where this occurs the resulting lesions will be classified as a pressure ulcer. (Appendix 8 MASD pathway)

3. Responsibilities and Duties

3.1. The Chief Nurse is responsible for:

- Tissue Viability as Lead Executive Director.
- Ensuring implementation of Tissue Viability processes/procedures within all Trust services.
- Ensuring resources are provided to fulfil service requirements.

3.2. The Tissue Viability Service is responsible for:

- Producing and updating a Pressure Ulcer Prevention and Management Policy
- Supporting the Trust to meet national and local performance targets/service objectives for pressure ulcer prevention and reduction
- Ensuring there is a system of pressure ulcer incidence monitoring that records the number of pressure ulcers and provides validated information and assurance to relevant staff/ teams and trust board
- Ensuring that education and training on the prevention and management of pressure ulceration is available throughout the organisation and is line with current guidance, based on NHSI Pressure Ulcer Core Curriculum(2018)
- Reviewing the care of patients with complex pressure ulceration within the organisation.
- Support managers/teams with investigations into the development of healthcare acquired Category 3, 4 & unstageable pressure ulcers.

3.3. Divisional Directors of Nursing /Clinical Matrons are responsible for:

- The reduction of pressure ulcers in the area of designated responsibility.

- Utilising data provided from the Trust's information systems to monitor the effectiveness of pressure ulcer reduction strategies.
- Ensuring staff are able to access appropriate training in relation to pressure ulcer prevention and management.
- Raising problems regarding pressure ulcer prevention and management at relevant operational forums.
- Sharing successful strategies for pressure ulcer prevention between divisions and engaging in benchmarking activities.
- Ensuring that investigation action plans are implemented.

3.4. Ward Managers are responsible for:

- Acting as a clinical lead for pressure ulcer prevention and care within their Ward or Department
- Ensuring that all their Ward/ Department staff are adequately trained to care for patients both at risk of and with pressure ulceration.
- Ensuring that patients are risk assessed and cared for in accordance with this policy through the supervision of his/ her staff
- Ensuring that incidence/ prevalence data provided to them is used to inform pressure ulcer reduction planning.
- Ensuring that his /her ward/department implements actions as identified by investigation action plans.

3.5. Registered Nurses/ Midwives/ Nursing Associates are responsible for:

- Risk assessment of the patients under their care
- Making and maintaining an effective written care plan for pressure ulcer prevention and or treatment
- Provision of care to prevent and or treat pressure ulcers either directly or by support workers under their supervision.
- Evaluating the effectiveness of the care plan and ensuring the care plan is revised and updated accordingly as patients conditions change.

3.6. Allied Health Professionals, Assistant Practitioners and Medical Staff are responsible for:

- Ensuring pressure ulcer prevention strategies continue when the patient is predominantly under their care rather than under nursing or midwifery supervision.

3.7. Health Care Assistants/Support workers/ Trainee Nursing Assistants or Assistant Practitioners and pre-registration students (nursing, midwives and AHP's) are responsible for:

- Performing delegated tasks from registered colleagues.
- Escalating/reporting any pressure ulcers identified to a registered nurse/midwife.
- Delivering care to patients as per the care plan.
- Documenting the patient's skin condition following any intervention that enables skin checks to be performed.

4. Prevention and Management of Pressure Ulcers

4.1. Assessment

- All adult in-patients will be assessed for their risk of pressure ulcers using an appropriate Pressure Ulcer Risk Assessment Tool (PURAT) within 6 hours of admission to the organisation.(Appendix 3)

- Patients admitted into the Emergency Department (ED) who are considered to be at increased risk will be assessed using PURAT within 1 hour of admittance to the dept. or as soon as the patient is critically stable to do so. Those patients who are going to be admitted to an in-patient bed will have their pressure ulcer risk assessed every 12 hours or unless their medical condition deteriorates, whilst in the emergency department.
- Maternity patients who are staying longer than 6 hours or those staying <6 hours but who are having spinal /epidural anaesthesia will have a pressure ulcer risk assessment completed
- Paediatric patients (>1 - <18 years) who are immobile either by temporary medical intervention (>2 hours) or medical necessity (e.g. desaturation on movement) or due to permanent disability will have their risk assessed using the Children's Pressure Ulcer Risk. (Appendix 16) Neonates and infants are normally excluded due to their frequency of movement (by themselves and carers).
- In-patients will have the PURAT completed daily or when their condition changes.
- Every risk assessment will include a check of the skin for damage in all patients. In particular the sacrum, buttocks, heels and any notable bony prominences will be viewed. Heels should be checked in all patients, especially those who are mobile, if they have diabetes, rheumatoid conditions, peripheral vascular disease or other condition that can cause peripheral neuropathy.

4.2. Documentation

- Adult pressure ulcer risk assessment will be documented on the Pressure Ulcer Risk Assessment Tool (PURAT). (See Appendix 3)
- Paediatric pressure ulcer risk assessment will be documented on the Children' Pressure Ulcer Risk Assessment chart. (See Appendix 16)
- All areas of pressure ulceration which involve broken skin must be recorded on a wound assessment/management form and have an appropriate care plan relating to management of the pressure ulcer.(Appendix 11)
- All patients at risk of or who have pressure ulceration will have a pressure ulcer prevention care plan devised, implemented and evaluated.
- A repositioning schedule, agreed with the individual where possible, will be a central part of the care plan. This should detail how often this will occur over a 24hour period.
- For in-patients, the frequency of re-positioning and skin checks will be documented on the Care & Comfort round chart. The frequency of **skin checks** does not need to be the same as the frequency of repositioning, but should be at least once per shift (twice daily) for those at High & Very High Risk of developing pressure ulcers.
- Patients and carers should be given written patient information leaflets (Appendix 7) and it should be documented in the care plan that these have been given and discussed.

4.3. Prevention of pressure ulcers

- Patients able to move independently must be encouraged to do so and advised how often they need to do this.
- Patients with some degree of movement dependency will be taught how best to move themselves within the confines of their ability.
- Patients unable to move themselves must be moved using methods and aids that minimise skin damage. These methods and aids will be consistent with the Trust's Manual Handling Policy. This will be documented on the patients moving and handling assessment.
- Nutritional risk assessment will be performed and regularly updated, using the Malnutrition Universal Screening Tool (M.U.S.T).in line with Trust policy on admission to hospital.

- Any patient identified as having urinary or faecal incontinence of any severity or frequency will require a continence assessment (Appendix 12) and will require a suitable barrier product applied to minimise the risk of moisture associated skin damage due to incontinence.(Appendix 8)
- Any patient with persistent and frequent liquid stool (with or without faecal incontinence) should be assessed for the use of a faecal management system (normally FlexiSeal®), to prevent the development of moisture lesions, improve dignity and minimise the risk of spread of infection. However the use of these products may increase the patient risk of Device Related Skin Damage.
- The use of barrier products is not required unless the patients' skin is exposed to moisture (incontinence/sweat etc.). Barrier products do not reduce pressure.
- Appropriate pressure relieving equipment will be utilised following risk assessment. Within in-patient areas all bed frames have high specification foam pressure relieving mattresses and Dynamic (air) mattresses are also available. (Appendix 5 ,5a) The provision of this equipment needs to be provided in a timely manner, within **1 hour** is considered an appropriate response time to ensure patients are receiving the correct level of equipment according to their risk
- Anyone identifying equipment shortages should raise this via the incident reporting system.

4.4. Treatment of Pressure Ulcers

- Treatment of pressure ulceration will be undertaken by provision of appropriate pressure relieving strategies and regular change of position. Appropriate pressure relieving equipment may also be implemented. These will be designated by the Registered Nurse/Midwife in charge of the patient's care and documented clearly in the care plan. In addition, any wound will have a wound assessment documented on a wound assessment form (Appendix 11) and an appropriate wound care plan in place also designated by the Registered Nurse/Midwife.

4.5. Incident Reporting

- All pressure ulcers and moisture associated skin damage should be reported via the Trusts incident reporting system, Datix.
- Pressure ulcers and moisture lesions will be reported:
  - If they develop whilst an inpatient
  - If they deteriorate during an in-patient stay
  - If they are present on admission to hospital or caseload.
- With patient consent, for in-patients a photo should be taken and attached to the Datix form. (Appendix 9)
- All pressure ulcer incidents will be reviewed by the designated Ward/ Department manager or their deputy, and Divisional Governance Team to confirm the incident severity.
- Incident reports that identify acquired or deteriorated pressure ulceration will undergo level 1 investigation and investigation tool. HAPU category 2/DTI (Appendix 14). HAPU category 3, 4 & Unstageable (Appendix 15) will be completed to identify any gaps in care provision and/or service delivery and identify learning actions. If proven omissions or causative factors identified this will be escalated as per Serious Incident undergo Level 2 investigation. as per the Incident reporting policy

4.6. Safeguarding

- Pressure ulcers may occur as a result of neglect. Neglect may involve the deliberate withholding or unintentional failure of a paid, or unpaid, carer to provide appropriate and adequate care and support. Where concerns are raised regarding skin damage as a result of pressure there is a need to raise it as a safeguarding concern with the local authority. (DOH 2018) (Appendix13).

4.7 Referrals to Tissue Viability

- Referrals will be made via the on line referral form (Appendix 1) or via the Tissue Viability Telephone messaging service.
- All category 3, 4 and unstageable pressure ulcers should be referred to Tissue Viability for assessment.
- Patients with foot ulceration should be considered for referral to Podiatry as per their referral criteria. The Diabetic Footcare Pathway (Appendix10) should be followed for patients who have diabetes and acute foot ulceration problems.

5. Implementation of key document

5.1 Plan for implementation:

- This is a reviewed document, to ensure all clinical staff are aware of the updated document via the Trust intranet and cascading through the Divisions

5.2 Dissemination:

- Circulation via Divisional Governance Groups, Divisional Directors of Nursing, Matrons, Ward/Dept. Managers and Tissue Viability Champions.

5.3 Training and awareness

- Tissue Viability Intranet Page
- Pressure Ulcer Prevention and Mangement Trust Training
- Tissue Viability Champions

6. Monitoring Compliance with and the Effectiveness of the Policy Standards/ Key Performance Indicators

6.1. Key performance indicators comprise:

- Monitoring of pressure ulcer prevalence and incidence.
- Matron audit of documentation.

6.2. Heads of Department are responsible for ensuring this policy is implemented in their areas.

6.3. Clinical support will be provided by the Tissue Viability Team.

6.4. Implementation of this policy will be monitored by:

- Monitoring of pressure ulcer incidence via the incident reporting system by the Tissue Viability team.
- Quarterly Safer Care Reports to Clinical Governance Group.
- Documentation audits by clinical teams.
- Concerns over non-compliance with the policy will be raised at Divisional Governance Groups, if this policy is not followed; appropriate action may be taken in line with the Trusts capability and conduct processes.

7. Policy review:

The policy will be reviewed in 3 years, by the Tissue Viability Lead Nurse.

8. References

Department of Health and Social Care (2018) Safeguarding Adults Protocol. Pressure Ulcers and the interface with a Safeguarding Enquiry. Department of Health and Social Care: London Available at: https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adultsprotocol

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcer/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed).EPUAP/NPIAP/PPPIA:2019

NHS Improvement (2018). Pressure ulcers: revised definition and measurement. Summary and recommendations. NHS Improvement: London. https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/

NHS Improvement (2018) Pressure Ulcer Core Curriculum. NHS Improvement London. https://improvement.nhs.uk/documents/2921/Pressure_ulcer_core_curriculum_2.pdf

National Institute for Health and Care Excellence (2014) Pressure ulcers: prevention and management of pressure ulcers. NICE Clinical guideline 179. Available at: https://www.nice.org.uk/guidance/cg179

National Institute for Health and Clinical Excellence (2015) Pressure Ulcers. Quality Standard. Available at https://www.nice.org.uk/guidance/qs89

Associated Trust Policies:

- Incident reporting policy
- Investigating Serious Incident Policy
- Moving & Handling Policy
- Safeguarding Adults Policy
- Safeguarding Children and Young Peoples Policy
- Wounds Assessment Policy

9. Background

9.1 Equality Impact Assessment

- **The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact. A brief description of the findings of the equality assessment Supporting Document 1]**

9.2 Financial Risk Assessment: No impact financially in implementing this policy. Supporting Document 2.

9.3 Consultation Process

This key document has been circulated to the following individuals for consultation;

Designation	

9.4 Approval Process

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee	Date
Clinical Governance Group	

Appendices

Appendix 1.Tissue Viability E-Referral:

Appendix 1
WAHT-CG-087.docx.

Appendix 2. Pressure Ulcer Categorisation Tool:

Appendix 2
WAHT-CG-087.pdf

Appendix 3. Pressure Ulcer Risk Assessment (PURA)

Appendix 3
WAHT-CG-087.pdf

Appendix 4. Skin Assessment

Appendix 4
WAHT-CG-087.pdf

Appendix 5 & 5a. Mattress Selection Guides

Appendix 5
WAHT-CG-087.pdf

Appendix 5a
WAHT-CG-087.pdf

Appendix 6. Pressure Ulcer Top Tips

Appendix 6
WAHT-CG-087.pdf

Appendix 7.Pressure Ulcer Prevention Leaflet

Appendix 7
WAHT-CG-087.pdf

Appendix 8.Moisture Associated Skin Damage Pathway

Appendix 8
WAHT-CG-087.pdf

Appendix 9: Photography Consent Form

Appendix 9
WAHT-CG-087.doc.p

Appendix 10.Diabetic Footcare Pathway

Appendix 10
WAHT-CG-087.pdf

Appendix 11.Wound Assessment Chart and Care Plan

Appendix 11
WAHT-CG-087.pdf

Appendix 12.Policy for the promotion of urinary continence and management of incontinence in adults:

WAHT-CG-652
V6.1.pdf

Appendix 13. Department of Health and Social Care (2018) Safeguarding Adults Protocol. Pressure Ulcers and the interface with a Safeguarding Enquiry. Department of Health and Social Care

Appendix 13
WAHT-CG-087.pdf

Appendix 14. Investigation Tool for HAPU Cat.2/DTI

Appendix 14
WAHT-CG-087.docx.

Appendix 15. SBAR Investigation Tool for HAPU Cat3, 4 & Unstageable



Appendix 15
WAHT-CG-087.docx.

Appendix 16: Children's pressure Ulcer Risk Assessment:



Appendix 16
WAHT-CG-087.pdf

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	All staff trained and updated Pressure Ulcer Prevention Training	All staff to attend Pressure Ulcer Prevention 2 yearly.	2 Yearly	Ward Manager , Matrons , DDNs	Ward Manager , Matrons , DDNs	2 Yearly

Supporting Document 1 - Equality Impact Assessment Tool
To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Lisa Hill Lead Nurse Tissue Viability**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Lisa Hill	**Lead Nurse Tissue Viability**	**Lisa.hill@nhs.net**
Date assessment completed	**21/1/21**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Prevention and Management of Pressure Ulcers Policy**			
What is the aim, purpose and/or intended outcomes of this Activity?	To Prevent Hospital Acquired Pressure Ulcers and prevent harm.			
Who will be affected by the development & implementation of this activity?	❑ X ❑	Service User Patient Carers	X ❑ ❑	Staff Communities Other _____

	❑	Visitors	❑	
Is this:	X **Review of an existing activity** ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)				
Summary of relevant findings				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc., and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Claire Hughes
Date signed	8.04.2021
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue : Rental / purchase of Pressure relieving mattress	YES
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval