

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2018 / 08
<b>Date of Issue:</b>	6 <sup>th</sup> September 2018

<b>Ministerial / Official Letter:</b> N/A	<b>Subject:</b> Pressure Ulcers Reporting
<b>Sponsor:</b> Martin Semple, Nursing Officer, Health and Social Services Group, Welsh Government	
<b>Implementation Date:</b> September 2018	
<p><b>DATA STANDARDS CHANGE NOTICE</b></p> <p>A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.</p> <p>This DSCN was approved by the Welsh Information Standards Board (WISB) 22<sup>nd</sup> August 2018</p> <p><b>WISB Reference:</b> ISRN 2017 / 008</p>	
<p><b>Summary:</b></p> <p>To introduce all-Wales pressure ulcers reporting.</p>	
<p><b>Data sets / returns affected:</b></p> <ul style="list-style-type: none"> <li>Pressure ulcers reporting</li> </ul>	
<p>Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service</p> <p>E-mail: <a href="mailto:data.standards@wales.nhs.uk">data.standards@wales.nhs.uk</a> / Tel: 029 2050 2539</p>	
<p>The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:</p> <p><a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&amp;pid=24632">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&amp;pid=24632</a></p>	

## **DATA STANDARDS CHANGE NOTICE**

### Introduction

Currently, health boards and trusts in Wales report avoidable and unavoidable incidents of pressure ulcers (Categories 3, 4 and unstageable) to Welsh Government using Serious Incident Reporting.

In order to provide a complete picture of the issue however, there remains a need to report on all categories of healthcare acquired pressure ulcers. This Standard addresses this and requires health boards and trusts in Wales to report the number of instances of all healthcare (hospital and outside hospital) acquired pressure ulcers injury via a monthly proforma as defined in Appendix B.

### Description of Change

To introduce a data collection to monitor all instances of healthcare acquired pressure ulcers.

Health boards and trusts are required to report (to Welsh Government) monthly on the number of instances of all healthcare acquired pressure ulcers (i.e. Categories 1, 2, 3, 4, unstageable).

The provided data will represent a census/snapshot at the end of the reporting period.

## Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.9 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.10 of the NHS Wales Data Dictionary.

## Actions Required

Local Health Boards / Trusts:

- Ensure that the number of instances of all healthcare acquired pressure ulcers (i.e. Categories 1, 2, 3, 4, unstageable) are submitted to Welsh Government on a monthly basis as per the proforma.

Actions for the Welsh Government Delivery & Performance Division:

- On an annual basis, make the form for reporting all healthcare (hospital and outside hospital) acquired pressure ulcers, available to Health Boards and NHS Trusts to complete, and notify them of the deadline for the submission of data.

**Appendix A: Table reflecting areas that are impacted as a result of this DSCN**

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/ Changed</b>	<b>Page Number</b>
Aggregate Proforma	Pressure Ulcers Reporting	New	5

## **Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary**

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

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### **Pressure Ulcers Reporting**

#### **Return Submission Details**

Health boards and trusts to provide one completed template on a monthly basis, containing a breakdown of each of the different categories of pressure ulcer.

Data should be split by secondary care hospital and healthcare acquired outside hospital (see definitions below).

The latest version of each form is available on the Welsh Government's Performance Management Website:

<http://howis.wales.nhs.uk/sitesplus/407/home>

Each Local Health Board (LHB) or Trust should complete forms by the submission dates provided on the Definitions and Guidance sheet of the pro forma, and submit to the Welsh Government Delivery & Performance Division:

[HSS.Performance@gov.wales](mailto:HSS.Performance@gov.wales)

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail:

[HSS.Performance@gov.wales](mailto:HSS.Performance@gov.wales)

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### **Information Requirements September 2018 onwards**

Health boards and trusts to provide monthly counts for the indicators outlined in the table below. Each indicator is split by:

- Hospital
- Outside hospital

Indicator Number	Definition
<b>All</b>	<p><b>Pressure Ulcer</b> – A localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.</p> <p><b>Health Care Acquired</b> - An incident which occurred during NHS funded care (this includes hospital and outside hospital).</p> <p><b>Hospital</b> - This includes where a patient receives NHS funded care in secondary care or community hospitals.</p> <p><b>Outside hospital</b> - This includes where a patient receives NHS funded care outside of a hospital setting e.g. where patients receive NHS funded care in their own home from community nurses and in nursing homes where Health Boards have commissioned the care.</p>
<b>1 - Number of instances of healthcare acquired Category 1 pressure ulcers developed in the reporting month</b>	<p><b>Category 1 Pressure Ulcer</b> - Non-blanchable erythema. Intact skin with non-blanchable redness of a localized area over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.</p>
<b>2 - Number of instances of healthcare acquired Category 2 pressure ulcers developed in the reporting month</b>	<p><b>Category 2 Pressure Ulcer</b> - Partial thickness skin loss. Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. Also presents as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising.* This category should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.</p> <p>*Bruising indicates suspected deep tissue injury.</p>
<b>3 - Number of instances of healthcare acquired Category 3 pressure ulcers developed in the reporting month</b>	<p><b>Category 3 Pressure Ulcer</b> - Full thickness skin loss. Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunnelling. The depth of a category 3 pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and category 3 ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep category 3 pressure ulcers.</p>
<b>4 - Number of instances of healthcare acquired Category 4 pressure ulcers developed in the reporting month</b>	<p><b>Category 4 Pressure Ulcer</b> - Full thickness tissue loss. Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunnelling. The depth of a category 4 pressure ulcer varies by anatomical location. The bridge of the nose,</p>

	ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Osteomyelitis possible.
<b>5 - Number of instances of healthcare acquired unstageable pressure ulcers developed in the reporting month</b>	<b>Unstageable Pressure Ulcer</b> - Depth unknown. Obscured full-thickness skin and tissue loss. Full thickness and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a category 3 or category 4 pressure injury will be revealed. Stable eschar (dry, intact) on the heel or ischemic limb should not be softened or removed.
<b>6 - Number of instances of healthcare acquired suspected deep tissue injury developed in the reporting month</b>	<b>Suspected Deep Tissue Injury</b> - Depth unknown. Purple or maroon localised area of discoloured intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed; the wound may further evolve and become covered with thin eschar.
<b>7 - Total number of instances of healthcare acquired pressure ulcers developed in the reporting month</b>	Automatically calculates a total of Indicators 1 to 6.