

1. These procedures are in addition to the current Serious incident reporting systems in place across NHS Midlands and NHS East of England and should be read in conjunction with local SI reporting procedures. All grade 3 and 4 pressure ulcers must be reported via the SI process.

2. **Attributing Grade 3 and 4 Pressure ulcers**

If the pressure ulcer develops 72 hours after admission to service then it is deemed as being acquired within the present provider organisation

If the pressure ulcer is present on admission or identified within 72 hours from entering the service, then it is deemed as NOT attributable within the present provider organisation. In this situation the provider organisation should complete an alert form for pressure ulcers acquired outside of the organisations care (i.e. pre 72 hours). An example of a pressure ulcer alert form can be found at appendix 1.

The PCT must put in place a process for agreeing which provider organisation the pressure ulcer is to be attributed to.

The PCT will log the pressure ulcer as theirs when they are attributable to:

- Primary care (GP). This will include Residential homes where there is no community health service involvement and patients who live at home and again have no community health service involved in their care
- Care homes registered with nursing
- Or not known to any service and not registered with a GP, e.g. Homeless, travellers

3. **Grade 2 pressure ulcers**

All grade 2 pressure ulcers should be reported through the provider incident system and the number per month reported as part of the monthly return to the PCT.

4. **Safeguarding**

Whenever a patient has a grade 3 or 4 pressure ulcer there must be consideration as to whether there is a safeguarding concern. The decision must be documented. If a concern is identified local procedures should be followed.