

1. Please provide the total number of patients treated where wound care represented the primary reason for admission, in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25. If available, please provide a breakdown of inpatients compared to outpatients/community visits.

Note

Due to the way referral reasons were recorded on our clinical system before April 2023 we are unable to identify specific referrals to our community services for wound care.

Community Referrals are counted as a referral to the Complex Leg Wound or Tissue Viability Services or a referral to another community service with a resferral reason of Leg Ulcer, Pressure Ulcer or Wound care.

Hospital admissions are counted where the Primary Diagnosis of an admission to one of the Trust's Community Hospital was one of the following codes

Z48.00: Encounter for change or removal of nonsurgical wound dressing

Z48.01: Encounter for change or removal of surgical wound dressing.

Z48.02: Encounter for removal of sutures

Z48.03: Encounter for change or removal of drains

L97 : Non-pressure chronic ulcer of lower limb

L89 : Pressure Ulcer

Type of Patient	2021/22	2022/23	2023/24	2024/25
Community Service Referral	-	-	18,235	19,720
Inpatient admission	26	22	35	15
Total	26	22	18,270	19,735

4. What is the average waiting time for an initial wound care assessment in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25?

Note

Wait is taken from date of referral to community service to date of first contact.

The data includes referrals to Urgent Community Response (UCR) services which have a primary referral reason of Leg Ulcer, Pressure Ulce or Wound care

UCR services deliver care to a patient within 2 hours of the referral request being made

Wait is reported in days

Type of Patient	2023/24	2024/25
Community Service Referral	2.7	2.9

5. What is the average waiting time for a referral to a specialist tissue viability nurse in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25?

Note

Wait is taken from date of referral to Complex Leg Wound or Tissue Viability Service to date of first contact.

Wait is reported in days

Type of Patient	2023/24	2024/25
Community Service Referral	9.4	12.8

6. Please provide the total number of patients referred from A&E or minor injury/urgent care units to any form of wound care service, in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25. Please provide the total number of A&E and minor injury/urgent care unit admissions in each financial year for comparison.

Note

Due to the way presenting complaint were recorded on our clinical system before April 2024 we are unable to identify specific MIU attendances for wound care.

Type of Patient	2024/25
Total MIU Attendances	98,479
Wound Care MIU Attendances	1,524

7. If available, please provide a breakdown of the nature of wounds or conditions most commonly referred to wound care services (e.g. pressure ulcers, leg ulcers, post-operative wounds, diabetic foot ulcers, traumatic wounds).

Note

Primary Reason for Referral for Commity Service Referrals, Primary diagnosis for Admissions or Presenting Complaint for an MIU Attendance

Reason for Referral	2023/24	2024/25
Wound Care	15,400	18,291
Leg Ulcer	1,638	1,747
Pressure Ulcer	1,209	1,210
Diabetic Ulcer	20	<5
Other	<5	9