



Creating viable options

A tool for identifying key education content areas to support progressive development in tissue viability for health and social care care staff

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Contents



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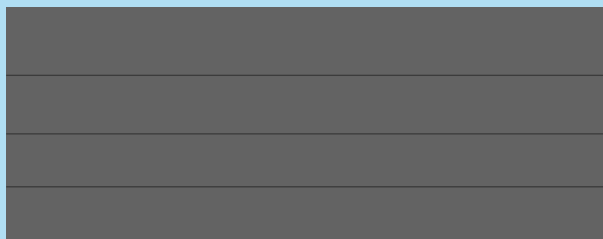
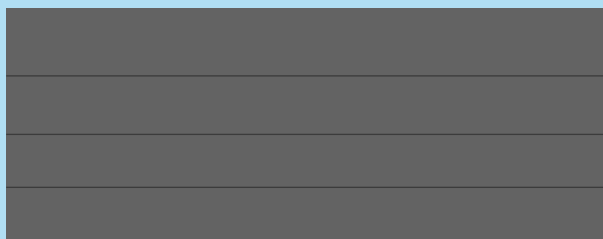
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background

to the tool

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The theory and practice of maintaining skin integrity and health is captured in the term “tissue viability”, which is now widely recognised throughout the health and social care world.

The integrity of people who use services skin is at risk from a variety of factors. Debilitating illness, immobility, incontinence, trauma, surgical interventions, shearing forces, infections – all of these can predispose to tissue damage, particularly if found in combination with extremes of age, malnutrition and dehydration, and in the absence of knowledge about aetiology, pathology, prevention and treatment.

Significant advances have been made in recent years in our understanding of how the integrity of the skin can be compromised and on measures we can take to reduce risk and enhance patient/client safety. Problems associated with tissue viability nevertheless continue to pose serious challenges to patients/clients, nurses, support workers and carers in all areas and specialties of practice in hospitals and in the community. They also continue to claim a substantial proportion of the annual NHS budget.

The challenge of tissue viability

The most common tissue viability problems encountered by nurses and support workers are:

- pressure ulcers
- leg ulcers
- surgical and traumatic wounds
- diabetic foot ulcers.
- Skin tears
- End of life care

It has been estimated that pressure ulcers affect 1 in 5 patients admitted to acute medical care units in the UK but there are currently no prevalence or incidence figures available for Scotland. As much as 4% of UK NHS spending (£2 billion) may be consumed by pressure ulcer care (Bennett et al, 2004), but it is widely considered that with appropriate assessment and intervention, many pressure ulcers are avoidable (Hibbs, 1998; Downie et al, 2013).

The prevalence of leg ulcers varies from 1–2% of the population, with increasing prevalence with age. The reduced mobility and diminution in quality of life (SIGN, 2010) caused by chronic leg ulcers can have deleterious effects on other aspects of individuals' health and wellbeing status, particularly among older people. This is also the case with neuropathic and ischaemic foot ulcers secondary to diabetes, which will affect 20% of people with diabetes over their lifetime (Singh et al, 2005).

Secondary infection of pressure, leg or foot ulcers is recognised as a serious complication which threatens patient/client safety, delays healing and functional recovery, diminishes quality of life and increases treatment duration and costs. The NHSScotland National Prevalence Survey commissioned by the Healthcare Associated Infection Task Force (HPS, 2007) found that in 2007, 26.8% of infections in community hospitals were related to skin and soft tissue damage, including pressure ulcers.

The management of tissue viability in Scotland

Tissue viability is an important clinical issue across all traditional sectors and specialties of health care. The specialty of tissue viability has consequently developed as one that is not specifically linked to any individual clinical specialty, but which operates across all clinical specialties to advise, educate and support practice.

Tissue viability in Scotland is largely a nurse-led specialty that operates in a multi-professional way to promote the prevention, assessment, treatment and management of a variety of wounds.

Tissue viability nurses (TVNs) are practitioners with specialist education and experience which enables them to provide tissue viability services, or to assume responsibility for the provision of such services, within a provider organisation. Their role involves clinical, leadership and education components and they work closely with other key services such as infection control, nutrition and continence teams. Not all NHS boards in Scotland currently have a designated TVN in place.

The National Association of Tissue Viability Nurse Specialists in Scotland (NATVNS) has been set up as a peer support network for TVNs and as a source of advice on important issues such as procurement and commissioning of tissue viability services. All TVNs in Scotland are members, as are other interested stakeholders who meet specified criteria.

The high value of the expertise brought to the service by TVNs has been demonstrated in several studies. It is widely recognised, however, that responsibility for ensuring patient/client safety and protecting the integrity of their skin and soft tissues is invested in all staff who have responsibility for providing close-contact services to patients/clients. It is therefore essential that each member of staff – from the porter who transports a patient/client in a wheelchair from one department to another to the specialist TVN taking responsibility for tissue viability services across a health board – has an appropriate understanding of tissue viability issues relevant to their specific roles and responsibilities and can effectively play their part in protecting patients/clients from harm.

Tissue viability in Scottish health and social care policy

Tissue viability has high visibility within Scottish Government policy for health and social care. For instance, it has been identified as a key area for education and interventions by the Scottish HAI Task Force and pressure ulcer prevention is one of the nine points of care priorities in Adult Acute Care element of the Scottish Patient Safety Programme. Moreover, Grade 2-4 pressure ulcers are one of the four avoidable harms in the Scottish Patient Safety Indicators. More recently pressure ulcer prevention in acute adult care have become a key element of the Scottish Patient Safety Index.

In addition, the Scottish Government launched the Integrated Programme for a National Co-ordinated Approach to Tissue Viability in 2008. The programme is aimed at raising awareness of the issues, improving standards of prevention and treatment and creating integration and consistency across tissue viability services in Scotland. As part of this initiative, NHS Healthcare Improvement Scotland hosts an **online toolkit** which contains a range of resources designed to increase understanding of tissue viability issues among NHS staff and others. The education and development tool set out in this document forms part of this toolkit.

developing

the education & development tool

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The education and development tool was developed by NHS Education for Scotland, in partnership with National Association of Tissue Viability Nurses Scotland (NATVNS), at the request of the Scottish Government.

It forms part of the Integrated Programme for a National Co-ordinated Approach to Tissue Viability. An initial draft of the tool developed at a special workshop of tissue viability clinicians and educators was refined and amended following a process of consultation with stakeholders.

Further refinement was undertaken in 2015 by a working group which included Tissue Viability Nurse Specialists, Infection Control Nurse Specialists and NHS Education for Scotland in consultation with the NATVNS.

Aim of the tool

The tool aims to provide organisations and individuals with guidance on preparing education and development programmes on tissue viability for a wide range of health and social care staff and others, such as volunteer workers and carers. It sets out key content areas for education to support progressive development in tissue viability expertise for health care staff as they progress through their careers.

The tool presents two axes:

- A **horizontal axis**, which represents four pathways
- A **vertical axis**, which sets out three broad areas on which programme content should focus to promote safe and effective practice.

Users of the tool can therefore cross-match key education content appropriate to the needs of different grades of staff in developing a range of education and development activities, from single-session orientation and refresher initiatives to academically accredited programmes of study.

Use of the tool

The tool will be useful for the following groups:

- **Providers of education and development opportunities**, by setting out key indicative content from which a range of education and development activities can be designed
- **Managers and service leads**, by enabling identification of appropriate education and development input to support service development
- **Individual practitioners**, to map education and development needs appropriate to their function and responsibilities as part of the personal development planning (PDP) process
- **Service users and service-user organisations**, to ensure service provider education activity remains focused on meeting people who use services and public needs.

It must be emphasised that the tool is presented for guidance only and is not intended to be prescriptive. The education and development needs of all grades of staff will often be determined by the kind of services they provide, rather than the grade of their post: staff at levels 2 and 3 of the NHS Career Framework for Health or Scottish Vocational Qualifications (SVQ's) 2 and 3 who are working in a unit that cares for older people, for instance, may require greater knowledge of tissue viability issues than those operating at Level 6/SVQ 5 within services such as child and adolescent mental health.

The tool can nevertheless be used as a template from which educators, managers and clinicians can devise programmes to meet the needs of individuals and teams across a range of clinical and service and social care settings. They can review the key content areas within the tool to piece together educational activity that will meet identified needs and enable individuals and teams to build their knowledge and skills in relation to tissue viability scientific underpinning, prevention and therapeutic management.

It is also important to note that the tool assumes a progressive accumulation of knowledge spreading from “left to right” – in other words, it would be expected that anyone undertaking the education content suggested at pathway 2 would have already accumulated the knowledge defined for pathway 1l.

Table 1. Key elements of the Career Framework for Health
(Skills for Health, adapted to reflect generally recognised terms in Scotland)

9	SVQ 5	Pathway 4	Level 9 – More-senior staff Staff with ultimate responsibility for decision-making and full on-call accountability.
8			Level 8 – Consultant practitioners Staff working at a very high level of clinical expertise and/or have responsibility for planning services.
7			Level 7 – Advanced practitioners Experienced clinical practitioners with high level of skill and theoretical knowledge. Will make high-level clinical decisions and manage own workload.
6		Pathway 3	Level 6 – Senior practitioners A higher degree of autonomy and responsibility than level 5 in the clinical environment.
5		Pathway 2	Level 5 – Practitioners Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning.
4	SVQ 4		Level 4 – Assistant practitioners Some work involving protocol-based care under the supervision of a registered practitioner.
3	SVQ 3	Pathway 1	Level 3 – Senior healthcare support workers Higher level of responsibility than healthcare support worker.
2	SVQ 2		Level 2 – Healthcare support workers Works under the direction and supervision of healthcare professionals and supports the multidisciplinary team in the delivery of high-quality care.
1	SVQ 1		Level 1 – Support workers Non-clinical staff in roles that require very little formal education, such as catering assistant or domestic assistant

The tool

PATHWAY
1

Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice
<ul style="list-style-type: none"> ■ Basic anatomy and physiology (A&P) of skin ■ Basic wound healing and wound management and associated products ■ Identification of pressure points ■ Nutrition and hydration ■ General health status and risk factors ■ Patient/client safety ■ Infection control ■ Basic hygiene (personal and patient/client) ■ Environmental factors ■ Equipment identification and rationale for use ■ Moving and assisting ■ Skin characteristics ■ Identifying skin damage ■ Asepsis ■ Awareness of risk assessment tools ■ Awareness of grading and excoriation tools ■ Standard infection control precautions (SICPs) ■ Practice development toolkit (tissue viability) ■ Accountability/scope of role 	<ul style="list-style-type: none"> ■ Observation, reporting and recording ■ Skin inspection ■ Patient/client positioning and mobilisation ■ Nutrition and hydration ■ Appropriate selection, safe use and maintenance of preventative equipment and aids ■ Awareness of appropriate assessment tools, according to local and national guidelines ■ Assessment and management of continence ■ Preventative measures to maintain skin integrity ■ Prevention elements of relevant NHS QIS care bundles ■ Patient/client and carer education ■ Adherence to specialist advice ■ Compliance with care plans 	<ul style="list-style-type: none"> ■ Observation, recording and reporting, as per local guidelines ■ Appropriate selection, as per local protocol, safe use and maintenance of treatment equipment and aids ■ Adherence to specialist advice ■ Compliance with care plans

PATHWAY
2

Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice
<ul style="list-style-type: none"> ■ A&P of skin and underlying structures ■ Wound healing and wound management ■ Stages of tissue degeneration – pathophysiology ■ Individualised patient/client management based on history/holistic assessment ■ Holistic assessment ■ Wound assessment methods and effective use of wound assessment tools ■ Continuous assessment and use of appropriate equipment ■ Wound types/classification and grading ■ Effects of co-morbidities ■ Relevant NHS QIS best practice statements, SIGN guidelines and other authoritative, evidence-based guidance ■ Referral pathways ■ Wound management products ■ Pain assessment and management ■ Bacterial colonisation of wounds ■ Critical colonisation ■ Local/systemic infection 	<ul style="list-style-type: none"> ■ Individualised patient/client management based on history/holistic assessment ■ Application of relevant care bundle ■ Care plan development and review ■ Use of appropriate assessment tools, according to local and national guidelines ■ Application of best practice statements and local and national policy ■ Appropriate use of referral pathways into inter-professional team ■ Selection and ongoing evaluation of preventative equipment ■ Managing risk 	<ul style="list-style-type: none"> ■ Individualised patient/client management based on history/holistic assessment ■ Selection and ongoing assessment of equipment and aids/products for treatment ■ Application of relevant care bundle ■ Wound assessment and clinical judgement and decision-making regarding management and treatment ■ Care plan development and review, incorporating specialist advice where appropriate ■ Contribution of the inter-professional team ■ Managing risk ■ Prevention and/or management of wound infection ■ Adherence to specialist advice

PATHWAY
3

Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice	Scientific and clinical underpinning for practice
<p>Specialist practitioner in tissue viability</p> <ul style="list-style-type: none"> ■ In-depth knowledge of anatomy and pathophysiology ■ Advanced assessment skills and differential diagnostic skills ■ Interpretation of research findings ■ Clinical indicators/prognosis ■ Legal and ethical issues ■ Management and treatment options for complex conditions ■ Undertaking validated audit ■ Comprehensive knowledge and use of products relating to tissue viability ■ National/local formularies/contracts ■ Evaluation of products ■ Psychosocial issues ■ Cost effectiveness ■ Working through a competency framework ■ Policy / guideline development and implementation 	<ul style="list-style-type: none"> ■ Auditing of relevant care bundles and standards ■ Promotion and facilitation of best practice guidance ■ Staff development through formal and informal education ■ Patient/client and carer education ■ Patient/client and public involvement ■ Systems for recording and reporting ■ Monitoring, allocating, tracking and maintenance of equipment relating to tissue viability 	<ul style="list-style-type: none"> ■ Referral pathways for staff seeking specialist advice ■ Communication framework for expert tissue viability advice ■ Referral pathway for situations that may be outwith the expertise of the Level 6 practitioner ■ Accountability parameters ■ Audit of relevant care bundles/clinical interventions/outcomes ■ Prevalence/incidence monitoring (clinical quality indicators) ■ Patient/client and public involvement ■ Provision of expert advice in tissue viability, such as topical negative pressure therapy, debridement, Doppler, pulse oximetry, compression bandaging ■ Advanced wound assessment skills ■ Nurse prescribing •Diagnosis and management of wound infection ■ Monitoring, allocating, tracking and maintenance of equipment. ■ Surveillance

Scientific and clinical underpinning for practice

Advanced practitioners, consultant practitioners and more senior staff are highly experienced and educated members of the care team who are able to work autonomously, diagnose and treat health care needs, refer patients/clients to an appropriate specialist if required, plan services and assume on-call responsibility. The criteria for what defines practice at an advanced level are defined by the Nursing and Midwifery Council. For further information, access the Advanced Practice Toolkit at:

www.advancedpractice.scot.nhs.uk

Definitions for consultant and more senior practice are set out in the NHS Career Framework.

PATHWAY

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useful resources

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The tool is based on the four overarching themes of advanced practice and the underpinning principles. The work has been progressed under the UK-wide Modernising Nursing Careers (MNC) initiative and builds upon earlier Scottish work, in particular the Framework for Developing Nursing Roles and the draft Framework for Advanced and Specialist Cancer Nursing.

The Care Home Learning Network (CHLN) is a resource that connects care home staff and other professionals to promote and share good practice and developments in the care of older people. The Improving Care for Older People shared space offers members the opportunity to:

- access information on relevant events
- find resources to support practice
- take part in the discussion forum.

The network provides an area to meet other people committed to improving care for residents and their families in care homes and to share their practice-based knowledge, exchange views and discuss ways to improve experiences of care within care homes.

CHLN shares the space with **My Home Life** and **Connect in Care**. The three projects work closely to share information and resources.

Education and Development Framework for Senior Charge Nurses (NES, 2008)

The aim of this education and development framework is to facilitate and support the implementation of the Senior Charge Nurse/Midwife Review and to provide guidance for the education and development of senior charge nurses/midwives. The framework will assist them to identify learning and development needs and support access to appropriate learning and development activities and/or academic education.

Generic Guiding Principles for those Supporting Learning in the Workplace (NES, 2008a)

The purpose of this development is to support a learning culture by providing generic guiding principles for the preparation of individuals who support learning in the workplace. The principles were developed through collaboration between representatives from professions and staff groups across NHS Education for Scotland (NES) and are intended to provide guidance for those who support workplace learning.

National Infection Prevention and Control Manual

The Manual provides practice guidance to all those involved in care provision and should be adopted by all NHS boards in Scotland. The manual aims to align evidence based practice with monitoring, assurance, quality improvement and scrutiny.

Integrated Programme for a National Co-ordinated Approach to Tissue Viability

The National Integrated Tissue Viability Programme has been set up by the Scottish Government to provide a coherent and co-ordinated approach to tissue viability throughout Scotland. The programme commenced in May 2008, and its vision is to improve the overall quality of care and reduce the incidence of wounds and wound infections. The first aspect of the programme has focused on pressure ulcers, culminating into a web-based practice development resource toolkit, including an educational workbook. Both the toolkit and workbook have arisen from national consultation events and collaborative working with key stakeholders, including public and patient/client partners.

useful
resources

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PAGE
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Leading Better Care: Report of the Senior Charge Nurse/Midwife Review and Clinical Quality Indicators Project
(Scottish Government, 2008)

National Association of Tissue Viability Nurse Specialists (Scotland)

NATVNS has been set up as a peer support network for TVNs and as a source of advice on important issues such as procurement and commissioning of tissue viability services. Its website aims to extend the profile of the organisation's work to all health care workers within Scotland, the UK and worldwide.

NHS Careers Framework

Vale of Leven Hospital Inquiry Report

The report highlighted failures in risk assessment, prevention and management of pressure ulcers in the focus period (1 Jan 2007-1 June 2008). Recommendations 23-27 describe improvements in this area.

Achieving Consensus on Pressure Ulcer Reporting (Tissue Viability Society)

This guideline provides information on how to report pressure ulcers and gives clear definitions on avoidable and unavoidable pressure ulcers.

NHS Education for Scotland Healthcare Associated Infection (HAI) Education Initiative

The Scottish Government has launched a number of initiatives aimed at lowering the incidence of HAI, spearheaded by the Ministerial Action Plan to reduce the risk of HAI to patients/clients, staff and visitors to NHSScotland organisations. Many of these initiatives contain educational elements and NES plays a leading role in developing educational strategies and resources for health care workers across Scotland. NES supports the education of health care workers in infection control and prevention by providing a range of tools and educational materials, many of which are found on the website. It is also building capacity for developing networks of health care workers and educators with a specific interest in HAI through its Managed Knowledge Network project.

Nutrition: Standards for food, fluid and nutritional care

This document specifies a minimum set of performance criteria for food, fluid and nutritional care.

The Scottish Patient Safety Programme

The Scottish Patient Safety Programme is a unique national programme that aims to improve the safety and reliability of healthcare and reduce harm, wherever care is delivered. The Acute Adult is one of the six safety improvement programmes. Within this programme reduction in pressure ulcers (Grade 2-4) is a Scottish Patient Safety Indicator.

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