



## TISSUE VIABILITY POLICY

Version Number	4.2	Version Date	April 2018
Policy Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant Infection Control/Tissue Viability		
First approval or date last reviewed			
Staff/Groups Consulted	Deputy Director of Nursing Matrons Infection Prevention Control/Tissue Viability Team Safer People Handling and Ergonomic Trainer Tissue Viability Link Nurses Dieticians Clinical Governance Safeguarding Adults team		
Draft agreed by Policy Owner	May 2018		
Discussed and approved by Patient Safety Steering Group	Patient Safety Steering Group		
Approved by HMT	N/A		
Next Review Due	November 2020		
Expiry Date	April 2021		
Policy Audited			
Equality Impact Assessment Completed	Yes		

## TABLE OF CONTENTS

1. RATIONALE.....	3
2. POLICY STATEMENT .....	3
3. APPLICABILITY .....	4
4. POLICY PROVISIONS.....	4
5. ASSOCIATED PROCEDURES .....	4
6. IMPLEMENTATION, MONITORING AND EVALUATION.....	5
7. DEFINITIONS .....	5
8. TABLE OF ROLES AND RESPONSIBILITIES .....	5
9. REFERENCE TO OTHER POLICIES .....	8
10. SOURCE REFERENCES AND ACKNOWLEDGEMENTS.....	8
ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL.....	9

## 1. RATIONALE

1.1. Yeovil District Hospital NHS Foundation Trust takes account of current National Institute Clinical Excellence (NICE) guidance relating to the prevention and treatment of pressure ulcers:

- [National Clinical Guideline CG179, April 2014](#)
- [European Pressure Ulcer Advisory Panel \(EPUAP\) \(2009\) Pressure Ulcer Prevention Quick Reference Guide](#)
- [NICE quality standard \[QS89\] Published date: June 2015](#) (Reviewed 2017)

1.2. In accordance with NICE guidelines this policy aims to:

- Safeguard patients through promoting safe and high quality clinical care.
- Outline the roles and responsibilities of staff in relation to tissue viability and pressure ulcer prevention.
- Ensure appropriate preventative and curative measures are implemented as required to reduce incidence of tissue damage.
- Ensure systems are in place for monitoring of both risk and incidence of pressure damage when it takes place.
- In addition to this, the recently published NICE Quality Standards (2015) identifies key standards relating to acute and secondary care and they are as follows:
  - People have a skin inspection/body map completed within 4 hours of admission
  - People admitted to hospital have a pressure risk tool completed within 6 hours of admission
  - People have pressure ulcer risk assessments re-assessed weekly, following surgical/interventional procedures or on transfer to a new care environment
  - People at risk of pressure ulcers receive advice on the benefits and frequency of repositioning
  - Staff implement pressure ulcer prevention strategies to include use of intentional rounding, visual cues, repositioning regimes, use of appropriate pressure relieving equipment and management of medical devices to reduce risk of medical device-related pressure damage
  - Staff to ensure patients/carers receive adequate information on how pressure ulcers are prevented.

## 2. POLICY STATEMENT

2.1. Yeovil District Hospital NHS Foundation Trust recognises that staff have a duty of care to all patients, which includes the requirement to maintain or restore tissue viability/skin integrity.

2.2. This policy therefore details the mechanisms for effective management of skin integrity/pressure damage across the Trust by:

- Identifying key individual responsibilities.
- Providing detailed clinical guidelines/standard operating procedures to support the prevention and management of pressure damage.
- Detailing the governance processes for managing reported incidents of pressure damage.
- Providing detailed clinical guidelines to promote good wound management.

### **3. APPLICABILITY**

3.1. This policy applies to all staff with managerial or clinical responsibility for tissue viability assessment, prevention and treatment.

3.2. Failure to follow this policy by staff may result in action under the Disciplinary or Capability policies.

### **4. POLICY PROVISIONS**

4.1. The Nurse Consultant for Infection Control/Tissue Viability is responsible for production of the Tissue Viability Policy. This document contains details of broad management responsibilities, alongside relevant associated procedures.

### **5. ASSOCIATED PROCEDURES**

5.1. The following Associated Procedures are produced by Infection Control/Tissue Viability Team (IC/TV Team) to support the operation of this policy. They will be ratified at the Patient Safety Steering Group (PSSG) and approved by the Hospital Management Team (HMT) then published on YCloud.

- [Standard Operating Procedure for the prevention and management of pressure ulcers](#)
- [Governance Processes for the management of reported incidences of Pressure Ulcers](#)
- [Wound Care Guidelines](#)
- [Skin Care Guidelines](#)
- [Guidelines for the use of Larvae Therapy](#)
- [Guidelines for the use of Negative Pressure Wound Therapy](#)
- [Guidelines for the management of cellulitis](#)
- [Guidelines for ANTT](#)

## 6. IMPLEMENTATION, MONITORING AND EVALUATION

- 6.1. All staff responsibilities are set out in Section 8.
- 6.2. This version of the policy will be publicised through the Trust's weekly brief/pop-up browser, bi-monthly Tissue Viability newsletter, Clinical Leadership Group and Divisional Governance.
- 6.3. Policy-related training will be included in Induction/Mandatory training sessions (training is managed in accordance with the Training Needs Analysis and the Training Risk Matrix held and managed through the Yeovil Academy), Link Nurse engagement, bi-monthly newsletter and ward-based training.
- 6.4. Monitoring of this policy will be done through the Ward Dashboards and Trust Performance in relation to pressure ulcer prevention.
- 6.5. Pressure ulcer/damage data will be produced monthly by Clinical Governance and shared via the dashboard on YCloud.
- 6.6. Compliance with this policy should be monitored at both individual and organisational level, via the Appraisal Process for individuals and through achievement of any set quality targets (i.e. CQUIN/Local targets).
- 6.7. Pressure ulcer/damage data and audit results will be reported to Pressure Ulcer Steering Group which will feed into the Patient Safety Steering Group.

## 7. DEFINITIONS

- 7.1. A pressure ulcer is:

“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. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.”

(European Pressure Ulcer Advisory Panel Definition, 2009).

## 8. TABLE OF ROLES AND RESPONSIBILITIES

<b>Chief Executive &amp; Director of Nursing and Clinical Governance</b>	<ul style="list-style-type: none"><li>• The safety of patients in the Trust's care and having systems in place to ensure this.</li></ul>
<b>Infection Control/Tissue Viability Team</b>	<ul style="list-style-type: none"><li>• Advising Trust staff in the management of patients with complex tissue viability and wound management requirements.</li><li>• Developing the tissue viability service within the Trust through a robust training programme incorporating best practice and National Guidance and producing suitable audit processes to monitor compliance with this policy.</li><li>• Reviewing all reported grade 3 and above cases of pressure damage identified via the TV on-line referral system and clinical incident forms.</li><li>• Reviewing of all clinical incident forms pf reported</li></ul>

	<p>pressure damage to ascertain if TV assessment is required.</p> <ul style="list-style-type: none"> <li>• Ensuring Trust processes are adhered to when reviewing wound care products available to clinical staff, recommending evaluations of new products and ensuring clinicians/patients have access to speciality wound care products.</li> <li>• Supporting the Clinical Governance Department in investigating cases of tissue damage as outlined in <a href="#">Governance Processes for Managing Reported Incidents of Pressure Damage</a>.</li> <li>• Ensuring the Tissue Viability Policy and associated documents are reviewed, maintained and published.</li> <li>• Reporting identified risks and providing assurance to the Board of Directors that appropriate systems are in place to ensure safe, high quality care.</li> <li>• Chair and co-ordinate the Trust Pressure Ulcer Steering Group.</li> <li>• Attendance of County wide groups to liaise, co-ordinate, research and implement seamless care of patients across the county from organisation to organisation.</li> <li>• Liaise with clinical governance to support correct validation of clinical incident forms relating to pressure damage.</li> </ul>
<p><b>Deputy Director of Nursing, Matrons and Ward Managers</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that the Trust SOP for the prevention and management of pressure ulcers is implemented.</li> <li>• Ensuring appropriate resources are available for equipment, training and development, e.g. TV Link Nurses.</li> <li>• Ensuring appropriate reporting procedures are followed for occurrences of tissue damage.</li> <li>• Investigate and respond to any recommendations arising from the investigation process.</li> <li>• Ward Managers are responsible for validating grade 1 and 2 pressure damage and moisture lesions in their area's and recording their validations on the clinical incident forms.</li> </ul>
<p><b>All Clinical Staff</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that they manage individual patient needs in line with <a href="#">Trust Standard Operating Procedure for the prevention and management of pressure ulcers</a>.</li> <li>• Ensuring they are aware of the patient's current Tissue Viability Risk Status before undertaking any task/procedure.</li> <li>• Considering referral to specialist services on the basis of failure to respond to conservative treatment and the patient's general health status.</li> <li>• Ensuring use of appropriate equipment for the individual needs of the patient, and that they are competent in its use.</li> <li>• Identifying any inadequate provision of resources with the Person in Charge of the clinical area and</li> </ul>

	<p>escalate appropriately so that corrective action can be taken. Complete a Trust Incident Form identifying lack of resources and escalation actions taken.</p> <ul style="list-style-type: none"> <li>• Completing a Trust Incident Form for all hospital acquired pressure ulcers, which must include a grade of damage/sore, identifying potential Safeguarding issues and referring as appropriate.</li> <li>• Seeking advice for managing pressure ulcers from the Ward Tissue Viability Link Nurse.</li> <li>• Updating skills to ensure understanding of and compliance with new procedures and effective use of new equipment.</li> <li>• All clinical staff must attend an Induction Training Session relating to Tissue Viability, and must also complete Mandatory Training relating to Tissue Viability every two years.</li> <li>• Any other specific training needs should be arranged with the Infection Control/Tissue Viability Team.</li> <li>• Act as a resource in clinical areas for advice on pressure ulcers and basic wound assessment and management.</li> <li>• Attend updates and study sessions to maintain their knowledge.</li> <li>• Update and educate the nurse staff in their area.</li> </ul>
<p><b>Safer People Handling and Ergonomic Trainer</b></p>	<ul style="list-style-type: none"> <li>• Advise on management of complex patient groups with handling and positioning issues which may impact in tissue/skin integrity as required.</li> </ul>
<p><b>The Safeguarding Adults Team</b></p>	<ul style="list-style-type: none"> <li>• Facilitate the process of investigating incidence of pressure damage that may have arisen through neglect. Refer to Safeguarding Adult Policy for further guidance on what constitutes neglect, operation processes and the referral process.</li> </ul>
<p><b>Clinical Governance Department</b></p>	<ul style="list-style-type: none"> <li>• The Incident Reporting Lead will support the <a href="#">Governance Processes for Managing Reported Incidents of Pressure Damage</a>.</li> <li>• Producing and distributing reports of incidence of pressure related damage, as required.</li> <li>• Co-ordinating investigation process and facilitate organisational learning.</li> <li>• Communicate with the Trust's commissioning body regarding the management of Serious Incidents (SI).</li> <li>• Liaise with tissue viability to ensure correct validation of clinical incident forms relating to pressure damage.</li> </ul>

## **9. REFERENCE TO OTHER POLICIES**

- 9.1. See Section 5 for links to Tissue Viability Guidelines.
- 9.2. Trust [Standard Operating Procedure for the prevention and management of pressure ulcers](#)

## **10. SOURCE REFERENCES AND ACKNOWLEDGEMENTS**

- 10.1. [European Pressure Ulcer Advisory Panel \(EPUAP\) \(2009\) Pressure Ulcer Prevention Quick Reference Guide](#)
- 10.2. [National Clinical Guideline CG179. April 2014](#)
- 10.3. [NICE quality standard \[QS89\] Published date: June 2015](#)
- 10.4. [Wounds UK \(2013\) Best Practice Statement Eliminating Pressure Ulcers](#)



## ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document **Tissue Viability Policy**

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	no	
	1 Race	no	
	2 Ethnic origins (including gypsies and travellers)	no	
	3 Nationality	no	
	4 Gender	no	
	5 Culture	no	
	6 Religion or belief	no	
	7 Sexual orientation including lesbian, gay and bisexual people	no	
	8 Age	no	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative?	no	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Date – 8<sup>th</sup> May 2018.