1. Summary of the service and the main features

Location

The Tissue Viability Service (TVS) is a nurse-led specialist service whose aim is to promote the healing of compromised tissue and prevention of tissue breakdown. The TVS provides tissue viability care in the boroughs of Barnet, Kensington & Chelsea and Westminster. We run several clinics including a Complex Wounds Clinic at St. Charles Centre for Health and Wellbeing, a Primary Care Dressings Clinic at Colville Health Centre, Leg Ulcer Clinics in Finchley Memorial Hospital and Vale Drive Primary Care Health Centre, all of which can be accessed via referral by a health or social care professional. The TVS operates from Monday to Friday and is closed on Public Holidays.

The St Charles Complex Wounds Clinic is a national research Centre and regularly takes part in clinical trials for new therapies and dressings. We additionally do product evaluations which have been published in medical literature. We also provide a visiting service to Nursing Homes in some of the Boroughs (Barnet has over 100 care homes) and a clinical education service to homes in other areas. We are currently providing a TV Service to the nursing homes in Hammersmith & Fulham as part of a pilot scheme which is under on-going review. Currently the high profile of the prevention and management of pressure ulcers is area of expertise that care homes require from the TVS.

Aims and Objectives

The overall aim of the service is to promote best care for patients to improve their quality of life particularly when wound healing is not possible. Additional outcomes including preventing hospital admissions, prevent the occurrence and recurrence of wounds, and treat and heal wounds that are complex.

The team has extensive tissue viability knowledge and skills in the management of acute, chronic and complex wounds, we aim to provide a high quality service through wound management, providing advice and support for clinicians, patients, their families and carers. We advise and support wound care management in nursing, residential homes, wound care clinics, community hospitals, hospice, and patients’ homes working closely with other healthcare professionals within primary and secondary care settings. This will include the assessment of complex and chronic wounds, prescribing care, follow up and evaluation. In addition we advise on pressure relieving equipment.
The portfolio of Services include; Leg Ulcer Assessment and Management, Doppler Assessment, Hosiery assessment, Complex Wound Management and advice on general wound management including wound bed preparation and dressing choices, Negative Pressure Wound Therapy, MIST Therapy, Primary Lymphoedema Management, Pressure Ulcer Assessment and Management, Prevention of Pressure Ulcer Development. All referrals are triaged and an appointment letter will be sent to the patient by post or via the telephone. The service aims to see patients within 21-days. Self-referrals are not accepted.

2. Patients at the “heart of everything we do”

Tissue viability care in the community improves accessibility to care for patients who are often immobile, so providing a service that adapts to meet the needs of patients is a vital part of providing high quality tissue viability services in the community. Below is an anonymised case study to show an example of the impact having high quality tissue viability care in the community can have on the wellbeing of patients and other healthcare services:

Case Study

‘Betty’ lived in a nursing home and had been receiving treatment related to a Category 4 Pressure Ulcer and skin care in an acute setting for nearly 2 years, either through A&E attendances, outpatient appointments and inpatient admissions.

Betty averaged approximately 1 hospital attendance per month requiring treatment for ulcer, skin care and other related conditions. This meant that Betty, an elderly immobile patient, had to be transported to a local hospital in great discomfort and at a significant cost to the NHS of approximately £24,000 to deliver, excluding patient transport costs.

Betty then received an assessment from one of our Specialist Tissue Viability Nurses who advised on how to treat her ulcers. Betty has since been visited fortnightly by the TV nurses to monitor her ulcer and document her progress. The nursing home staff have since reported that they are more confident in dealing with Betty’s ulcer care as their skills have increased and Betty herself is happy with the treatment she is receiving.

Since the introduction of the Specialist Nurses, Betty has not had any A&E attendances, outpatient appointments or inpatient admissions relating to her ulcer care, ensuring she does not have to make unnecessary visits away from her nursing home. Significantly, with the specialist advice and support of the TVS Betty’s ulcer has now healed.
3. Looking back what have we done to improve the quality of the service?

The close working relationship between the teams in Barnet and Inner Borough Teams has allowed us to share knowledge and skills, which in turn has allowed us to support the wider service and improve quality to patients. This is an on-going process with the Pressure Ulcer policy currently being reviewed.

Projects for the forthcoming year include the merger of our wound dressing formularies, leg ulcer policies and associated documentation are being developed to establish a comprehensive tissue viability portfolio to support a standardized practice across the Trust.

**Patient safety - ‘a culture of being open and safe’**

Patient safety is the highest priority to the TVS. In order to improve patient safety, both within the service and organisation, the service has taken the following steps this year:

**High Impact Actions**

In 2010 the National Patient Safety Agency (NPSA) identified 10 high impact actions, one of which was to eliminate all pressure ulcers in a healthcare setting. Their aims were to reduce harm from pressure ulcers and highlight the importance of reporting of Pressure Ulcers.

Over the past year the organisation’s incident reporting system has been tailored specifically for pressure ulcers. The TVS has incorporated this into the pressure ulcer training so all staff are aware of its existence and how to use it. As a result there is increased reporting by community services who are working to a robust system that supports staff that report. All category 3 and 4 pressure ulcers are reported as a serious incident and require a Root Cause Analysis investigation. From this an action plan is developed to support staff and service development and improvement.

**Pressure Ulcer Working Group**

The Pressure Ulcer Working Group, which includes the TVS, has developed a set of new Core Care Plans for the treatment of Pressure Ulcers, as well as updating the wound assessment and wound evaluation record charts. The number of training days for Pressure Ulcer Prevention and management has been increased across CLCH and the service now delivers a comprehensive package of full day and bite-sized modules; which give the nurses more choice on the style of training they wish to attend. This training includes training staff in the Pressure Ulcer classification process advocated by European Pressure Ulcer Advisory Panel. The TVS have been involved in the design and implementation of a Trust-Wide NICE Compliance Pressure Ulcer Audit that ran from April to September 2012. Data
gathered included use of core care plans, implementation of patient information leaflets, use of photography in the assessment and treatment of wounds and monitoring of pressure relieving mattresses. One of the more significant results is the attendance rate at Link Nurse Meetings which were low at the beginning of the audit. The number of clinicians attending these meetings has now increased which we anticipate will improve the dissemination of information relating to current issues in Tissue Viability and assist with identifying areas within Tissue Viability that may need focusing upon.

**Training**

The TVS also provides tissue viability training throughout the organisation and is open to providing specific training to meet needs of staff.

- **Clinical effectiveness - ‘no decision about me without me’**

The Tissue Viability service has improved the clinical effectiveness of the care that we deliver by:

**Patient Reported Outcome Measures**

We have implemented Patient Reported Outcome Measures (PROMs) into our service. PROMs are gathered during the first patient visit and then after 4 weeks of treatment or upon discharge (if earlier than 4 weeks). We are currently using the EQ5D questionnaire to obtain data.

**Core Care Plan**

A core care plans devised through the Pressure Ulcer Working Group is specifically aimed at patients and their carers. The Core Care Plan For Prevention and Treatment of Pressure Ulcers/ Sores for Formal/ Informal Carers and Families, gives guidance on how they can prevent occurrence of pressure ulcers and prevent the deterioration of ulcers that may already be present. All patients are given a leaflet providing information on Pressure Ulcers that was produced by the Pressure Ulcer Working Group. Both documents can empower patients, families and carers involved with care-giving, to have a greater involvement in the decision-making process as they will have an increased knowledge of the subject area.

All core care plans for wound management have been updated to include a box for the patient/or patient representative (if the patient is unable to sign) to place their signature stating that they agree to the proposed treatment.
**Lymphoedema**

The TVS has started treating patients with lower limb primary lymphoedema. This is a debilitating condition that can have wide physical, psychological and social implications, including gross swelling of the legs, possible leg ulcers and recurrent infections/cellulitis. The Complex Wounds Clinic at St. Charles’ provide an intensive treatment programme of daily lymphoedema bandaging (from Monday to Friday) for a two week period. By this point the limb/s have usually reduced in size to such a degree that the patient is able to mobilise better and therefore gain or improve levels of independence. Patients are then measured for lymphoedema compression hosiery garments and continue to be treated twice weekly for maintenance reasons until the garments are delivered. Treatment for these patients can be lengthy (often between 90 minutes and 2 hours per visit) and has had an impact on clinic availability. The outcomes however for these lymphoedema patients have been so positive, for example, patients who have lived with untreated or inappropriately managed lymphoedema have commented on the vast improvements in their quality of life even after a few treatments. The success of this service is something that could be developed across CLCH.

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**Patient experience - ‘you said-we did’**

The TVS has taken the following actions to improve the patient experience provided by the service:

**Patients Reported Experience Measure**

We have implemented a Patients Reported Experience Measure (PREM) into our service to allow patients to give feedback on the care they received. PREMS are monitored at the end of a patient episode. Last year 40 completed PREMs were returned by patients, of which 100% rated their overall experience as good or excellent.

**Comments Boxes**

We have also just implemented a system for all patients to comment on any aspect of our service through the use of ‘Comments Boxes’. Below are a couple of examples of the comments we have received:

- “I would like to thank you all from the bottom heart for the amazing for the amazing treatment I have received over the past 7 months. When I was first referred to the clinic I was sceptical as to whether or not the ulcer on my ankle had got so bad that I would lose my leg. From the moment I began my treatment, you established a clear plan for my long-term health. All the advice given to me, particularly regarding my diet and its affect on the healing process has been so beneficial. The outcome of my treatment has given me a much more positive outlook, physically and mentally. I would like to thank you all again for the amazing job you do at the clinic. When my treatment is finished I will miss all of your smiles and upbeat attitudes.”
• “When I was first referred to the clinic, my husband and I were extremely concerned that the wound had become so large in such a short time. However, you were extremely reassuring and efficient. You took charge immediately, expertly assessed my illness and consequently treating the wound. You always took care to explain how the treatment works and you explained what I was expected to do in order to help with the healing process. Your treatment and advice have been invaluable in the healing process of this awful illness. Although we travelled a good distance to get to the clinic, we do realise that having a facility such as this for the community is an asset beyond measure. We would again like to thank you for your valuable care and attention. Long may it continue to help the community.”

<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
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<tr>
<td>1. Requirement for more patient/carer education and involvement in the decision-making process regarding pressure ulcer prevention.</td>
<td>1. Design and production of Pressure Ulcer Information Leaflets and Core Care Plans for patients and carers. An easy read version is also being developed.</td>
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<td>2. There are patients in the community that have complex long-standing chronic wounds due to co-morbidities. In the Inner Boroughs these patients are usually reviewed when the District Nurse makes a referral. In 2012 District Nursing Teams requested that we review specific patients on a more regular basis.</td>
<td>2. A Tissue Viability Nurse was allocated to each District Nursing Team in Westminster and K&amp;C. They now visit each team monthly and the TVN and DN will visit patients to assess their wounds and review care plans. This has proved to be a successful scheme with both patients and staff feeling secure that their wounds are regularly reviewed. It also enables the TVN to give one-to-one teaching to the staff if needed. Currently the Barnet team respond to DN requests to review patients when required. Any urgent concerns can be discussed on the same day over the phone and use of electronic photographs is being increasingly utilised to facilitate an effective response.</td>
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<td>3. Patients in Barnet have expressed a need for more clinic days to accommodate their working lives.</td>
<td>3. The clinic sessions have increased by 50% utilising the up to date facilities in Finchley Memorial Hospital. We recently received the following letter from a patient treated at this clinic: “I feel I must write to congratulate you on your wonderful team of nurses at the tissue fibre clinic at the Finchley Memorial Hospital. I was referred by my doctor to the clinic after suffering severe pain from leg ulcers (affecting both legs). I can’t praise your team enough. They are sympathetic, kind and encouraging. They are respectful, patient and professional. Above all there has been a major improvement following the treatment and</td>
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I am now out of pain for the first time in months. I could not receive better care on treatment were I a private patient. I am so grateful to your caring and courteous nurses”.

4. Patient Letter – “To the team who treated me for my leg for: lymphoedema etc. Thank you very much for the excellent treatment I had by ‘ALL’ you devoted specialists. Your work has given me my normal legs back and now I wear my shoes again without pain and swelling of my legs. G-d bless you.”

4. This positive response is one of many received and has contributed to our decision to continue providing regular Lymphoedema therapies in our Complex Wounds Clinic at St. Charles Hospital.

5. A practice nurse referred a patient to the service who did not want any active ‘hands-on’ treatment for a very large fungating tumour but needed advice on specialist dressings.

5. The TV specialist visited the patient and gave advice on current dressings available that would allow her to manage the wound independently. The patient response was that the recommended dressings had substantially improved her quality of life.

4. What resources were utilised in the process of improving quality?

The team in Barnet has received money to invest in improving the service and have recruited both bank nursing and administration. The leg ulcer clinic has moved premises to Finchley Memorial Hospital which has allowed them to increase patient capacity by 50%. Barnet have also received 2 x Dopplex Ability machines which reduces the time of undertaking the Ankle Brachial Pressure Index as the patient is not required to rest for 20 minutes as with a regular Doppler.

We are continuing to work in a more integrated way and there is specific support from the inner boroughs at the Leg Ulcer Clinic at Finchley Memorial Hospital most Wednesdays. Both teams are in the process of purchasing new cameras which will allow us to take photos of wounds or skin changes immediately for each team member.

The TV clinical nurse specialist for Barnet has provided 2 training sessions to social service staff regarding Pressure ulcers and safeguarding which was well-received.

The Core Care Plan has had positive feedback from District Nursing teams who have articulated that it saves time, it is objective rather than hand-written care plans that can be subjective which could miss out vital actions. This proactive approach has enabled them to initiate preventative actions immediately resulting in reduced pressure ulcer development on these very high risk patients. It is easy to use, and particularly useful for newly qualified staff.

5. Top Tips
Things that worked well

• Pilot (still on-going) with the Nursing Homes in Hammersmith and Fulham. This has included a clinical audit and regular visits to support both staff and patients. On-site bite-sized pressure ulcer training has just commenced for all of the homes. The nursing home managers have reported to commissioners that they are very pleased with the service we have provided so far.

• There are more opportunities for staff to attend training across the borough and this has been demonstrated through staff accessing training outside their locality e.g. K&C staff attending Barnet training.

• The dissemination of Tissue Viability Top Tips – a quarterly newsletter updating staff on the latest local and national developments within tissue viability.

• We were also successful in securing CLCH funding for the Barnet TV service to extend the new TV Nurse B6 role from 3 days to 5 days per week. This funding also has allowed for additional administrative support and bank nurse expertise in Barnet.

Things that didn’t work as well

• The full integration of Barnet with the Inner 3 borough has presented some challenges due to the geographical locations of the two teams. During the year the team have begun to work together and the clinical team leads for both team work jointly on more aspects of the service. A strategic lead is now in post, whose role is to establish a unified comprehensive service across the organisation. Despite merging into one Trust, patients and staff in Hammersmith and Fulham still do not have a TVS, due to the current commissioning contracts. However, the pilot in the H&F Nursing Homes is helping to inform commissioners and discussions are on-going in terms of rolling this out to the wider H&F community services.

• The Barnet team have had difficulty recruiting bank nursing staff with a speciality in Tissue Viability to support the service.

Lessons learned

• There has to be an on-going commitment from the TVS to support staff to embed all of the changes that have happened this year to ensure that future care is standardised. There also has to be an on-going support from the core services to ensure this is maintained.
## 6. Key Improvement Areas

1. Improve the treatment of cellulitis in the community in an attempt to treat patients at home and reduce the number of hospital admissions

2. Development of a portfolio of policy and guidance for all aspects of Tissue Viability Provision. Introduction of a CLCH wound care formulary to support best practice and sustain cost

3. Expand Pressure Ulcer Training to include specific training for Healthcare Assistants

4. Expand the TVS In Hammersmith and Fulham from the current training contract to a full service that the other boroughs currently receive

5. A need to embed all of the work done in the Pressure Ulcer Working Group within the clinical setting to enable staff to work effectively and efficiently when attempting to prevent pressure ulceration in patients and effectively manage those with ulcers
### 7. Action Plan

<table>
<thead>
<tr>
<th>Improvement area</th>
<th>Our target</th>
<th>How will we measure?</th>
<th>Who is responsible?</th>
<th>By when?</th>
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<tr>
<td>1. Improve the treatment of cellulitis in the community by working with the Clinical Pathway Lead in developing a pathway for clinicians to use when assessing patients. Reducing the occurrence of cellulitis through educating clinicians of early signs and symptoms</td>
<td>A reduction in the number of hospital admissions due to acute cases of cellulitis. Patients to be assessed and treated for acute cellulitis in the home setting.</td>
<td>Check hospital admissions lists RIO data</td>
<td>Claire Basden, Clinical Pathway Lead, Adults 1</td>
<td>November 2013</td>
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<td>2. To work in conjunction with service managers and commissioning groups to develop service to include Hammersmith and Fulham</td>
<td>For the patients and staff in H&amp;F to receive the same range of TV services as the other boroughs within CLCH</td>
<td>Clinical Audit Increased Wound Healing Rates Reduced Hospital Admissions for treatment of wounds and wound infection</td>
<td>Inner Boroughs TV Lead, Service Manager</td>
<td>May 2013</td>
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<td>3. Implement Pressure Ulcer Training for Health Care Assistants</td>
<td>For all Health Care Assistants to receive half day training in Pressure Ulcer Prevention and Management</td>
<td>An improvement in the management and prevention of pressure ulcers</td>
<td>TV Leads</td>
<td>March 2013</td>
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4. Inner Boroughs and Barnet teams are currently using different documentation in every aspect of their daily work; including forms and policies. Merge and streamline Tissue Viability Policies and the Wound Management Formulary. Enable all of these new documents to be available on the Tissue Viability web page.

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<th>Responsible Unit</th>
<th>Responsible Person</th>
<th>Date</th>
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<tbody>
<tr>
<td>Health Records Audit</td>
<td>Julia Merrigan</td>
<td>December 2013</td>
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5. Endeavour to continue working with clinicians to reduce the incidence of Pressure Ulcers through educational sources and clinical practice and implementation of SSKIN Bundle process. To reduce the incidence of pressure ulcers in the nursing homes and community setting. Ensure that all clinicians are actively assessing the skin as part of their holistic assessment and reassessment.

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<td>TV Leads / TV Strategic Leads</td>
<td>March 2013</td>
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