

Tissue Viability Referral Pathway Policy

V6.0

February 2023

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Tissue Viability Referral Pathway provides guidance on how to refer to the Tissue Viability Team. It is the responsibility of every practitioner caring for patients with Tissue Viability needs to possess fundamental skills in pressure ulcer prevention and wound management. They should be able to access training when needed to maintain competence in these areas of practice.
- 1.2. The Tissue Viability team do not provide a ***routine*** wound management service. They provide advice and support when the patient is referred, and that the referral meets the criteria identified in 6.11.

In the management of complex patients, or where complex dressing regimes are commenced the Tissue Viability team may provide an on-going review of the patient which will be agreed and documented in the patient records. Day to day accountability for the patient remains with the ward staff.

- 1.3. The ward Tissue Viability link practitioner should be the first point of contact when seeking advice on aspects of wound and skin care. Those patients within the green triage category will be managed by the TV link where possible and not the TV specialist team.
- 1.4. It is the ward's responsibility to devise a care plan to ensure effective wound management prior to referral until expert review. Clinical staff can access the Wound Care Guidelines for further information.
- 1.5. The RCHT Wound Care Guidelines can be used to support clinical decision making. [Wound Care Clinical Guideline \(cornwall.nhs.uk\)](http://woundcareclinicalguideline.cornwall.nhs.uk).
- 1.6. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The aim of this pathway is to provide guidance for staff on accessing Tissue Viability services. The pathway covers all patients across the Trust with Tissue Viability needs including paediatrics. Patients admitted with diabetic foot ulcers must be referred to the diabetic foot clinic via Maxims.

3. Scope

The referral pathway applies to all staff caring for patients with wounds, who recognise that specialist Tissue Viability advice will enhance management of the patient. It is designed to ensure patients requiring Tissue Viability intervention are seen in a timely manner that promotes optimum treatment and early discharge. Patients are triaged according to clinical need and will be seen as outlined in the triage tool on page 6.

4. Definitions / Glossary

TV - Tissue Viability.

5. Ownership and Responsibilities

5.1. Role of the Tissue Viability team

- The Tissue Viability team will triage referrals once received via Maxims and respond in a timely manner, providing support advice and intervention to ensure optimum wound management and prevention of Tissue damage.
- The Tissue Viability service will provide support and advice where intervention can aid clinical diagnosis, wound healing, quality of life or patient discharge.
- The Tissue Viability service will ensure policies; procedures and guidelines are based on the best available evidence.
- The Tissue Viability team will support and deliver education using a variety of delivery methods.
- Tissue Viability is an advisory service. Patients will not be routinely reviewed by the team and responsibility for care of the patient lies with staff in the clinical setting.
- The Tissue Viability service is supported by a network of link practitioners, who provide support within their own clinical areas.

5.2. Role of Tissue Viability link practitioners

- Tissue Viability link practitioners will be the first point of contact for ward staff where a patient has Tissue Viability needs and staff require additional support.
- Tissue Viability link practitioners will provide clinically based education for colleagues within their own clinical areas dependent upon the individual client group.
- Tissue Viability link practitioners will undertake additional education / competencies to ensure they can meet the needs of their own clinical environments.

5.3. Role of individual clinical staff member

- All staff are required to assess wounds and implement a plan of care. All wound dressings and bandages to be removed to facilitate this process prior to referral.
- All staff caring for patients with Tissue Viability needs should be able to undertake pressure area care, aseptic technique, and fundamental wound management.
- All staff to be able to access education and relevant procedures, policies, and guidelines to support clinical decision making.

- Registered Nurses can refer to the service via Maxims if the referral criteria is met.

5.4. Diabetic foot clinic

- Patients admitted with diabetic foot ulcers as the primary or secondary cause of admission should be referred directly to the Diabetic Foot Clinic via Maxims. When requested the Tissue Viability team will work with the diabetic foot clinic podiatrists to ensure optimum patient outcomes.

6. Standards and Practice

6.1. Referral Pathway

6.1.1. The Tissue Viability service following referral will:

- Triage the referral according to the information provided on the Maxims form.
- Provide ward staff with advice for patients with acute or chronic wounds where appropriate. This may be face to face or verbal.
- Reject the referral if the criteria is not met.
- Liaise with the Community Tissue Viability team to support early discharge and on-going wound management advice.
- Advise on pressure relieving equipment where appropriate.
- Advise on the use of topical negative pressure therapy and other specialist interactive treatments.
- Provide educational support where required.

6.1.2. Making a Referral

All In-patient referrals to the Tissue Viability service will be made via Maxims. Please note: The Tissue Viability service is an In-patient service only.

Prior to referring to the Tissue Viability service staff must undertake a holistic assessment of the patient and the Tissue Viability need. This will be documented in the nursing records on the care plan and include:

- Wound size.
- Wound site.
- Wound characteristics.
- Possible diagnosis.
- Reason for Tissue Viability referral.

- Previous treatments.
- 6.1.3. Where ward staff are unsure what action is required in normal circumstances the Tissue Viability link practitioner will be asked to see the patient first.
 - 6.1.4. Patients will be triaged according to their clinical need. Please refer to the triage tool in 6.2.
 - 6.1.5. Patients triaged as red (urgent referrals) will be seen or verbal advice offered within 48 hours of the referral where possible.
 - 6.1.6. Patients triaged as amber will be seen or staff given verbal advice within 72 hours where possible.
 - 6.1.7. Patients triaged as green will be offered verbal advice if appropriate or referred to the Tissue Viability link practitioner who will provide guidance and education for staff. There is no time frame in place for this as low priority for the TV service.
 - 6.1.8. In the absence of a member of the Tissue Viability team, staff caring for the patient will devise a plan of care in line with Trust Wound Care Guidelines or the Pressure Ulcer Prevention Policy. Further advice can be obtained from the link practitioner or medical team.
 - 6.1.9. Unless they are urgent, (Same day) referrals should be made on MAXIMS. When a same day urgent review is needed the Tissue Viability mobile phone should be used – 07909930765. These patients must also be referred on MAXIMS. Provide details of the referring ward, patient name and reason for referral.

6.2. Tissue Viability Referral Triage Tool

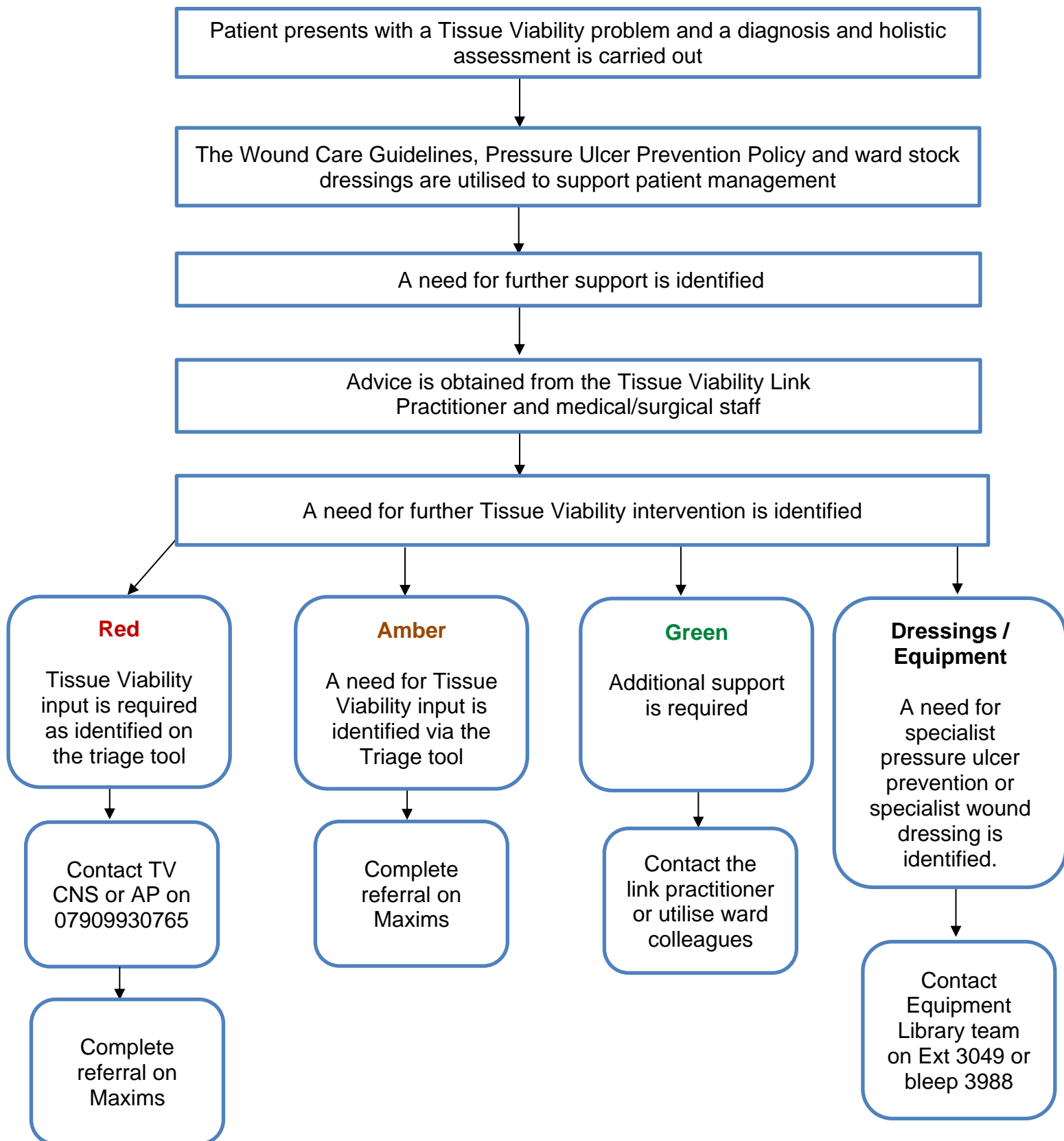
- 6.2.1. All referrals received by the Tissue Viability service will be triaged to determine the priority at which a member of the Tissue Viability team will provide advice and support. Whilst awaiting Tissue Viability review, staff are advised to seek support from Tissue Viability link practitioners and/or medical/surgical colleagues. **If the referral criteria is not met referrals will be rejected.**

Red	Amber	Green
Face to face review or telephone advice given within 48 hours of referral via Maxims Monday to Friday. If very urgent ring 07909930765.	Face to face review or telephone advice given within 72 hours of referral via Maxims.	Telephone advice will be given however low priority therefore no defined time frame for this. Please refer to wound care guidelines or TV link practitioners.
Acute Cellulitis with significant skin/tissue loss – staff to ensure all bandages and dressings	Acute Cellulitis with moderate skin loss/soft tissue involvement – staff to ensure all bandages	Resolving cellulitis requiring dressing advice Chronic leg ulceration –

Red Face to face review or telephone advice given within 48 hours of referral via Maxims Monday to Friday. If very urgent ring 07909930765.	Amber Face to face review or telephone advice given within 72 hours of referral via Maxims.	Green Telephone advice will be given however low priority therefore no defined time frame for this. Please refer to wound care guidelines or TV link practitioners.
<p>removed on admission if infection is suspected</p> <p>Acute traumatic injury – such as burns or laceration, or acute medical episode with extensive skin loss</p> <p>Extensive wound dehiscence or extensive open surgical wounds requiring specialist management</p> <p>Deteriorating or infected Category 3, 4 or unstageable pressure damage requiring specialist input e.g. Debridement</p> <p>Safeguarding concerns where there is associated severe skin damage</p> <p>Advice for wound debridement where patient is admitted with infected wound</p> <p>Neonates and children with Tissue Viability problems</p> <p>Patients presenting to ED with a wound concern where Tissue Viability input would prevent a hospital admission (Phone referral only)</p>	<p>and dressings removed on admission if infection is suspected</p> <p>Wounds requiring specialist/high cost interventions e.g VAC therapy, larval therapy, where staff are not competent in these treatments</p> <p>Malignant or fungating wounds where symptom control is not being managed</p> <p>Request to accompany surgeon in theatres</p> <p>Complex wound presentations such as thick slough requiring specialist management</p> <p>Patients attending clinic appointments where Tissue Viability input is required ie. Fracture clinic / Same Day Surgical Assessment (This requires advanced notice of at least 48hrs via phone call)</p>	<p>not the primary cause of admission</p> <p>Static, chronic pressure ulceration requiring dressing advice</p> <p>Chronic wound management advice</p> <p>Discharge dressing advice</p> <p>Pressure relieving equipment advice</p>

Please note it may not always be possible for the Tissue Viability team to review the patients face to face. Verbal advice will be offered in the interim period.

6.3. Tissue Viability Referral Pathway



Utilise the Wound Care Guidelines and Pressure Ulcer Prevention Policy to support decision making.

7. Dissemination and Implementation

The referral pathway will be disseminated to the Tissue Viability link practitioners and available on the Trust Intranet.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Adherence to policy Use of Maxims referral process
Lead	Consultant Nurse Tissue Viability
Tool	Tissue Viability Maxims database
Frequency	Annual review
Reporting arrangements	Via TV Link meetings
Acting on recommendations and Lead(s)	The Tissue Viability team will take any action required to address any deficiencies with support from the link practitioners
Change in practice and lessons to be shared	Required changes in practice will be identified and actioned within 3 months of the report. Lessons will be shared with all relevant stakeholders

9. Updating and Review

This document will be updated every 3 years unless revisions are required prior to this date.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Tissue Viability Referral Pathway Policy V6.0
This document replaces (exact title of previous version):	Tissue Viability Referral Pathway Policy V5.0
Date Issued/Approved:	January 2023
Date Valid From:	February 2023
Date Valid To:	February 2026
Directorate / Department responsible (author/owner):	Tissue Viability Heather Newton, TV Consultant Nurse
Contact details:	01872 252673 / 07909930765
Brief summary of contents:	Guidance on when and how to access support from the Tissue Viability service
Suggested Keywords:	Tissue Viability, Link practitioner, Referral pathway
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Nursing Officer
Approval route for consultation and ratification:	RCHT Tissue Viability Link Practitioners RCHT Podiatry Service, Equipment Library Manager Divisional Nurses
General Manager confirming approval processes:	Louise Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals:
Name of Governance Lead confirming approval by specialty and care group management meetings:	Louise Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals:
Links to key external standards:	CQC Outcome 4

Information Category	Detailed Information
Related Documents:	RCHT Pressure Ulcer Prevention Policy RCHT Wound Care Guidelines RCHT Standards for Record Keeping RCHT Infection Prevention and Control Policy RCHT Topical Negative Pressure Guidelines RCHT ANTT Policy
Training Need Identified?	Yes Learning and development department have been informed
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Corporate Clinical

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 11	V1.0	Initial Issue	Tissue Viability Julie Trudgian
July 13	V2.0		Tissue Viability Julie Trudgian
October 13	V3.0	6.11, 6.12 and 6.14. Changes to contact details. TV bleep 2332 removed from the service and referrals now accepted via voicemail. Also changed responsibility to Heather Newton in Governance section	
April 17	V4.0	Updated Referral pathway to reflect more realistic achievement of patient reviews and advice following RCHT legal team feedback Changes to referral in line with new electronic referral process Audit process changed in line with above	Heather Newton TV Consultant Nurse
April 19	V5.0	Minor changes to wording. Changes in relation to management of TV service for referrals and added reasons for referral rejection	Heather Newton TV Consultant Nurse
Dec 22	V6.0	Review of out-of-date policy. Updated version of Referral Triage tool added	Heather Newton TV Consultant Nurse

All or part of this document can be released under the Freedom of Information Act 2000

**This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing**

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Tissue Viability Referral Pathway Policy V6.0
Directorate and service area:	Corporate Clinical
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Heather Newton, TV Consultant Nurse
Contact details:	01872 252673

Information Category	Detailed Information
Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff on referring patients to the Tissue Viability service
Policy Objectives	<p>To ensure all staff are able to refer patients with Tissue Viability needs to the service using the correct referral process</p> <p>To ensure patients are correctly triaged according to their clinical need</p> <p>To ensure patients are seen by a member of the Tissue Viability team within a given time frame</p>
Policy Intended Outcomes	<p>Where additional support is needed patients are seen by a member of the Tissue Viability team within 72 hours of admission</p> <p>Staff refer to the Tissue Viability service appropriately</p> <p>Optimum healing time and early discharge is achieved</p>

Information Category	Detailed Information
How will you measure each outcome?	On-going audit will be carried out to ensure patients are seen according to the triage tool within time frames outlined in the tool.
Who is intended to benefit from the policy?	All patients with Tissue Viability needs where additional support is required
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Nicci Aylward-Wotton Lead Practitioner Tissue Viability CFT Tania Woodrow Diabetic Foot Clinic Specialist Podiatrist Tissue Viability Link Practitioners
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Heather Newton, TV Consultant Nurse

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)