Royal Cornwall Hospitals
NHS Trust

Dermatology Complex Wound Clinic Standard Operating Procedure

V1.0

August 2025

Table of Contents

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

The Trust has a duty under the Data Protection Act 2018 and UK 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 UK 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 UK 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 service provides a nurse-led complex lower limb wound clinic in the Dermatology department at RCHT twice a month.

1.2. The service receives referrals via the referral management service for patients with acute and chronic lower limb wounds which are failing to heal or require a diagnosis to provide an effective management plan.

1.3. Cancellation of this clinic due to Annual leave will be in line with RCHT policy and the management team advised using the CCAT process. Unforeseen cancellation due to sickness will follow RCHT policy and patients advised accordingly through the booking office or the Dermatology secretaries.

2. Purpose of this Standard Operating Procedure

To outline the service provision provided by the Tissue Viability nurse-led clinic and the standards expected.

3. Ownership and Responsibilities

3.1. Role of the Tissue Viability Clinical Nurse Specialist (CNS)

3.1.1. To undertake the complex wound clinics and take accountability for their decision making. As a registered nurse they are bound by a code of professional conduct. (Nursing and Midwifery Council 2020).

3.1.2. To work closely with the wider multi professional team to provide diagnostic and management advice and guidance for patients referred to the service.

3.1.3. To take responsibility for requesting imaging and investigations as appropriate as part of the patient's treatment plan.

3.1.4. To prescribe medication within their scope of practice if registered as a non-medical prescriber in the RCHT.

3.2. Role of the Dermatology Medical staff

3.2.1. To work collaboratively with the TV CNS to advise and support when required on the management of complex conditions referred through the Dermatology service to this clinic. Some patients will be referred into this clinic for joint review with the TV CNS and the Dermatology Consultants.

3.2.2. To refer relevant patients to this clinic for ongoing management and support.

3.3. Role of the Dermatology Nursing team.

3.3.1. To provide registered nurse support for the clinic to assist in dressing removal and application of wound dressings and bandages were required.

3.3.2. To ensure clinical room availability for the clinic.

4. Standards and Practice

4.1. Specialist Nurse-led Clinics

The Tissue Viability CNS will utilise their specialist skills and knowledge to see and manage a cohort of new and follow-up patients and will be expected to:

4.1.1. Assess, diagnose, plan, implement and evaluate treatments and interventions for patients with complex wounds as defined in the referral criteria.

4.1.2. Undertake relevant clinical examination as indicated by the patient's condition and reason for referral, analysing clinical signs and symptoms and investigating results to support diagnosis and initiation of treatment.

4.1.3. Obtain consent for and perform clinical interventions where competent including Doppler assessment and sharp debridement.

4.1.4. Request investigations such as blood tests, wound and skin swabs, fungal swabs and Duplex scans in accordance with local protocol.

4.1.5. Undertake the role of Independent Non-Medical Prescriber (following completion of the course) within the remit and scope of practice of this clinic and in line with the Non-Medical Prescribing policy.

4.1.6. Produce accurate and complete documentation and patient records consistent with legislation, policies and procedures.

4.1.7. Receive, process and communicate highly complex information to promote effective patient interaction and concordance with care and treatment plans. Consider barriers to communication especially where consent is required.

4.1.8. Work autonomously within local and national frameworks prioritizing, planning and implementing own workload whilst liaising with multi-disciplinary team members within the Trust and across the health community.

4.3.9. Support training of Dermatology trainees as part of their curriculum.

4.2. Patient referral criteria

Patients will be referred to the clinic via the Dermatology referral management service and the RCHT Consultant to Consultant referral process. All patient referred will be vetted in accordance with existing RCHT referral processes.

The following new patients are appropriate to be referred into the Tissue Viability nurse led clinic:

- Lower limb ulceration where there is diagnostic uncertainty.
- Suspected or known Pyoderma Gangrenosum.

- Calciphylaxis.
- Leg ulcers with associated Vasculitis.
- Non healing leg ulcers in patients with complex co-morbidities.
- Hydradenitis Suppurativa where standard management plans have failed.
- Autoimmune blistering disorders where dressings advice is required.

Follow up reviews will be booked following initial consultation if required.

4.3. Clinic timetable

Clinics will be held twice monthly on a Monday morning.

A maximum of 6 patients will be seen in each clinic – 3 New and 3 follow up.

4.4. Acquiring and Maintaining Competence

4.4.1. The Tissue Viability CNS will be a highly experienced nurse who has acquired extended skills in leg ulcer management and complex wound management. A period of supervision from the clinical expert / lead practitioner is required for any new members of staff wishing to support this clinic in the future.

4.4.2. An Independent Non-Medical prescribing qualification is desirable but not essential.

4.4.3. The TV CNS will be expected to complete a Doppler assessment and interpret and act upon the results.

4.4.4. The TV CNS will be IR(ME)R trained to request investigations.

4.4.5. Evidence of continuing CPD via a practice portfolio is required to ensure practice is evidence based and up to date.

4.4.6. The CNS will be expected to have an annual review of competence and further training requirements which will be discussed and actioned at appraisal with their line manager.

4.4.7. The CNS will undertake a quarterly review of clinic outcomes with Dermatology Consultants in line with Governance processes.

4.5. Clinical Skills

The following clinical skills and competencies are essential and should be achieved prior to commencing this nurse-led clinic.

- Wound assessment to determine the specific characteristics that may be affecting wound healing.
- Examination of the skin to determine the condition of the skin and the impact this may have on diagnosis and management.

- Recognition of the following conditions: venous leg ulcers, arterial leg ulcers, mixed aetiology leg ulcers, inflammatory leg ulcers, malignant ulcers of the lower limb, hidradenitis suppurative, vasculitis, calciphylaxis and auto immune disorders.

- Symptom and side effect management following a prescribed plan.

4.6. Record Keeping / Documentation

4.6.1. All assessments, diagnostic and care interventions must be recorded in the patient record noting decision making processes and patient communication.

4.6.2. Outpatient letters to be written with clear outcomes and follow up actions to be recorded.

4.6.3. All results to be acknowledged, signed off and actioned in a timely way where appropriate.

4.6.4. Outcomes following the consultation will be recorded via Maxims.

4.7. Monitoring and Audit

The CNS will keep a record of clinic activity and present findings annually at the appropriate departmental / specialty meeting.

5. Dissemination and Implementation

This protocol will be disseminated to all relevant Dermatology staff and will be stored in the departments shared guideline folder. It will also be available on the RCHT documents library.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Clinic activity and breakdown of referrals.
Lead	Clinical Nurse Specialist.
Tool	Word/Excel template specific to the topic.
Frequency	Quarterly.
Reporting arrangements	Reported and presented when required at the appropriate departmental and speciality meetings.
Acting on recommendations and Lead(s)	Any required actions or recommendations will have an action owner identified at the above meeting.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned as required according to the importance of the change. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This document will be reviewed no less than every three years or sooner if amendments to the SOP are required.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Dermatology Complex Wound Clinic Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	May 2025.
Date Valid From:	August 2025.
Date Valid To:	August 2028.
Author/Owner:	Heather Newton Clinical Nurse Specialist.
Contact details:	heathernewton@nhs.net
Brief summary of contents:	Procedure for undertaking a complex nurse led wound clinic referred to the Dermatology service.
Suggested Keywords:	Nurse led clinic, Complex wounds.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Dermatology Business and Governance Meeting.
Manager confirming approval processes:	Ian Moyle, Head of Nursing, Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None.
Related Documents:	None.

Information Category	Detailed Information
Training Need Identified:	Yes. The CNS will train additional CNSs to undertake the clinic to ensure there is not a single point of failure in the service. The clinic will also be used to support medical education in this area of expertise.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Dermatology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025.	V1.0	Initial issue.	Heather Newton Clinical Nurse Specialist.

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). 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 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 rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Dermatology Complex Wound Clinic Standard Operating ProcedureV1.0.
Department and Service Area:	Dermatology, SSS.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Heather Newton Clinical Nurse Specialist.
Contact details:	01872 253250.

Information Category	Detailed Information
1. Policy Aim – Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinical Nurse Specialists who will carry out this complex wound clinic.
2. Policy Objectives	This document is to support the clinics undertaken by the post holder in terms of best practice in complex wound care and to ensure good clinical governance that underpins delivery of the service for patients.
3. Policy Intended Outcomes	Patients receive timely assessment, treatment, and continuity of care. To support the referrals to Dermatology for patients with complex wounds managed by a clinical expert in the field, thus freeing up Dermatology clinic time. More timely symptoms assessment and management. Timelier referral for appropriate investigations.
4. How will you measure each outcome?	Annual audit of performance.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: Yes • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Dermatology Consultants. Tissue Viability team members. Patients using the service. Dermatology business and governance meeting.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	No – Clinic has been in existence for many years and due to changes in circumstances of the Tissue Viability team this SOP has been developed.

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	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
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, Clinical 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