

# Tissue Viability Leading Change competency framework: preliminary analysis of use

## KEY WORDS

- ▶ Competency change
- ▶ Education
- ▶ Tissue viability nurse
- ▶ Tissue viability service

This paper presents preliminary analysis of clinicians use of the Tissue Viability Leading Change (TVLC) competency framework launched in November 2015. It is the first UK wide competency framework developed for staff working in a tissue viability service. Total downloads for the framework has been 331 to date. Overall initial feedback has been positive. The majority of respondents have accessed the framework for personal professional development. Respondents were asked to rate each of the TVLC competencies by frequency and ease of use. The first 5 competencies were utilised significantly more than competencies 6–10; the majority of respondents rated most competencies easy to use. Nine respondents (81.8%) reported that they were using, or intended to use, the TVLC as part of their appraisal process. Eleven respondents (84.6%) reported that they had used, or intended to use, the TVLC in validation processes as required by the Nursing and Midwifery Council (NMC).

The complexity of knowledge and skills required by clinicians working in a tissue viability service has been discussed and explored previously (Ousey et al, 2014; Ousey et al, 2015) highlighting that there are no UK-wide recognised criteria or educational levels identified for the role. In an attempt to provide support for these staff, Tissue Viability Leading Change (TVLC), a UK-wide competency wide framework has been developed and launched. TVLC is an innovative platform developed by key opinion leaders, in conjunction with the University of Huddersfield and supported by Urgo Medical UK to enable healthcare professionals working within a tissue viability service to lead change within their organisation. Since Lord Darzi's report, High Quality Care for All (Department of Health [DH], 2008), and High Impact Actions (NHS Institute for Innovation, 2009), tissue viability services have been under pressure to measure the effectiveness of their services. The main aim of TVLC was to respond to education and training gaps highlighted both clinically and commercially from an independent national survey to identify roles and responsibilities of the tissue viability nurse and to identify any gaps in education required for such roles (Ousey et al,

2015). Analysis of the survey showed examples of protracted and poor patient care as a result of inaccurate assessment, diagnosis and treatment. Arguably, these are lost opportunities, and if services were to have greater exposure and/or commitment from senior management to adequately resource teams and support strategies to affect changes in practice then the patient journey may improve, outcomes would be better and current expenditure would reduce (Posnett and Franks, 2007; Guest et al, 2015).

Clinical competence has been defined by the World Health Organization (WHO) as a framework of skills reflecting knowledge, attitudes and psycho-social and psycho-motor elements (WHO, 2009) with O'Connor et al (2009) suggesting it should also include generic components including problem solving skills and critical thinking. TVLC encapsulates these elements. The framework consists of ten core competencies complemented by reflective documents and action plans for individual use.

TVLC has been developed and is appropriate for registered and unregistered staff who work in a tissue viability service. Every clinician who undertakes the framework must self-assess their

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Table 1. Summary of responses to preliminary TVLC questionnaire

Question	Frequency (valid %)
<b>Where did you hear about the TVLC?</b>	
Wounds UK Conference 2015	11 (32.4%)
Tissue viability lead	3 (8.8%)
Word of mouth from a colleague	7 (20.6%)
An Urgo Medical representative	8 (23.5%)
Web search	5 (14.7%)
<b>Why did you personally download the TVLC document?</b>	
For personal professional development	21 (61.8%)
To assist with NMC re-validation	2 (5.9%)
At the request of the tissue viability Lead	0 (0.0%)
As a tissue viability lead to utilise within your service	11 (32.4%)
<b>How do you intend to utilise the TVLC document?</b>	
To assess my own current level of competence	16 (47.1%)
To further develop my own competencies	21 (61.8%)
To demonstrate my learning in practice/revalidation	9 (26.5%)
As a service lead, to demonstrate team competence	6 (17.6%)
As a service lead, to further develop team skill and competence	18 (52.9%)
<b>What extra support do you anticipate requiring to utilise the document?</b>	
None	11 (32.4%)
Further explanation to understand how I can utilise the document in practice	20 (58.8%)
Urgo support to roll out implementation	7 (20.6%)

current knowledge and skills base against the competencies and then discuss these with their practice assessor. Following these discussions, an action plan will be developed to ensure that each competency is met and that local policies and guidelines are adhered to. When completing the framework each clinician is encouraged to reflect on their learning and impact this has/will have on practice. It is essential that through completion of the framework, clinicians are able to not only reflect on their own personal development but also on any changes in care delivery that have resulted from this new knowledge. Høytrup and Elkjaer (2006) questioned whether personalised reflection actually provided enough direction to improve practice; with de Vries et al (2016) arguing that reflection should be critical in nature and focus on consistency and inconsistency of actual care delivery with values, standards, and regulations. These sentiments resonate with the underpinning philosophy of TVLC that is aiming to offer an 'equity of knowledge and skills in tissue viability' for all clinicians across the UK working.

This paper presents initial feedback from clinicians who have used the framework. A short preliminary questionnaire was devised using the 'Survey Monkey' platform to investigate the extent of coverage of the framework and the expectations of users prior to implementation. A further questionnaire using the same platform was completed by clinicians who had accessed the framework and implemented it into their service. University of Huddersfield School of Human and Health Ethics Panel permission was received prior to distributing the questionnaire.

#### PRELIMINARY QUESTIONNAIRE ANALYSIS

Total downloads for TVLC has been 331 up until the evaluation. However evaluations have only been completed by those users who have managed to complete all the competencies — as such this analysis presents preliminary analysis. The preliminary questionnaire, which was completed by 34 respondents, revealed that practitioners representing all 4 countries of the UK had downloaded the TVLC

#### Conflict of interest

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Variable	Mean (range)
Age	47.1 years (27–65 years)
Time spent working in healthcare	27.3 years (1–47 years)
Size of team	19.8 members (1–72 members)
Gender	Frequency (valid %)
Female	13 (92.9%)
Male	1 (7.1%)
Setting	
Acute hospital	2 (13.3%)
Secondary community care	10 (66.7%)
Residential/nursing home	0 (0.0%)
Other	3 (20.0%)
Band or grade	
Grade 6 or below	5 (41.7%)
Grade 7 or above	7 (58.3%)
Role	
Tissue viability nurse	6 (42.9%)
Registered nurse (e.g. community, district) – not TVN	4 (28.6%)
Non-registered nurse	0 (0.0%)
Podiatrist	2 (14.3%)
Other	2 (14.3%)

framework; with about one third of respondents getting to hear about the framework through the annual Wounds UK conference; and a similar number hearing about the framework through a tissue viability lead or other colleague. Others heard about the framework through an Urgo Medical representative, or through a web search.

The main reason reported by respondents for downloading the TVLC document was for personal or professional development (21 responses; 61.8%). Tissue viability leads themselves were responsible for about one third of all downloads.

Users were also asked how they intended to utilize the TVLC document, selecting one or more methods. A variety of methods were selected, with the most popular being 'to further develop my own competencies.' This method was selected by 21 respondents (61.8%). Other popular methods included 'to assess my own current level of competence' (16 responses; 47.1%) and 'as a service lead, to further develop team skill and competence' (18 responses, 52.9%). Twenty users (58.8%) considered that they would need further

explanations to understand how they could utilise the document in practice; whereas 7 users (20.6%) considered that they would require support from Urgo Medical to roll out implementation. Eleven users (32.4%) considered that no extra support would be needed.

Responses to all questions in the preliminary questionnaire are summarised in *Table 1*.

#### USE OF TVLC QUESTIONNAIRE ANALYSIS

Following roll-out of the TVLC framework, a second questionnaire was released to those who had downloaded the document and had used the TVLC framework. Currently, responses to this questionnaire are limited as relatively few users have been able to fully implement the TVLC framework; the following analysis is based on 15 early responses.

Demographic characteristics of respondents are summarised in *Table 2*.

#### USE OF TVLC

Respondents were asked to rate each of the TVLC

Table 3. Frequency of use of each competency

Frequency of use					
Answer options	Very frequently	Frequently	Occasionally	Hardly ever	Never
Competency 1: Generic	6	2	2	0	1
Competency 2: Health Improvement	4	2	2	1	1
Competency 3: Pressure Ulcer Prevention and Management	3	5	1	0	1
Competency 4: Wound Care	5	3	1	0	1
Competency 5: Lower Limb Ulceration	4	4	1	0	1
Competency 6: Dermatology	2	0	4	2	1
Competency 7: Pharmacology	2	0	5	0	2
Competency 8: Research Utilisation and Audit	1	2	2	2	2
Competency 9: Safeguarding	3	2	2	0	1
Competency 10: Leadership, Management and Teamwork	4	2	0	1	2

Table 4. Highest level reached in each competency

Highest level reached				
Answer options	Level A	Level B	Level C	Level D
Competency 1: Generic	1	2	1	4
Competency 2: Health Improvement	0	1	2	4
Competency 3: Pressure Ulcer Prevention and Management	0	1	2	3
Competency 4: Wound Care	0	0	2	4
Competency 5: Lower Limb Ulceration	0	1	1	4
Competency 6: Dermatology	0	2	3	1
Competency 7: Pharmacology	0	3	2	1
Competency 8: Research Utilisation and Audit	0	2	2	2
Competency 9: Safeguarding	0	0	5	1
Competency 10: Leadership, Management and Teamwork	0	0	3	3

competencies by frequency and ease of use. The first 5 competencies were utilised significantly more than competencies 6–10, and were correspondingly more likely to have reached higher levels in these competencies (Tables 3, 4). However, most competencies had been utilised at least on an occasional basis.

There was no obvious strong relationship between ease of use and the competency number (Table 4), although the first 5 competencies were judged to be slightly easier to use than competencies 6–10. This may be related with the

greater familiarity with the earlier competencies, which had been subject to a greater amount of use. However, most respondents rated most competencies easy to use; with only competencies 5, 7 and 8 not being reported to be 'very easy' to use by at least 50% of users.

Nine respondents (81.8%) reported that they were using, or intended to use, the TVLC as part of their appraisal process. Eleven respondents (84.6%) reported that they had used, or intended to use, the TVLC in validation processes as required by the Nursing and Midwifery Council (NMC).

**Table 5. Ease of use of each competency**

Ease of use						
Answer options	Very easy	Easy	Fairly easy	Hard	Very hard	Not applicable
Competency 1: Generic	5	1	2	0	1	0
Competency 2: Health Improvement	5	0	2	1	0	0
Competency 3: Pressure Ulcer Prevention and Management	4	2	1	1	0	0
Competency 4: Wound Care	4	1	1	1	0	0
Competency 5: Lower Limb Ulceration	3	1	2	1	0	0
Competency 6: Dermatology	3	0	2	1	0	1
Competency 7: Pharmacology	2	2	1	1	0	1
Competency 8: Research Utilisation and Audit	2	1	2	1	0	1
Competency 9: Safeguarding	3	0	2	1	0	1
Competency 10: Leadership, Management and Teamwork	3	1	1	1	0	1

**Table 6. Improvements to knowledge and skills bases due to TVLC**

Answer options	Improvement to knowledge base	Improvement to skills base
Very much	1 (9.1%)	2 (18.2%)
Quite a lot	4 (36.4%)	3 (27.3%)
A fair amount	5 (45.5%)	3 (27.3%)
Very little	1 (9.1%)	3 (27.3%)
Not at all	0 (0.0%)	0 (0.0%)

**OPINIONS OF TVLC**

Respondents were asked whether the TVLC has helped to develop or improve their knowledge and skills bases. Eleven respondents gave an answer to this question, with most reporting that the TVLC had led to at least a fair amount of improvement (Table 6).

Respondents who were team leaders were asked whether they thought that the service provided by their teams had improved as a result of the TVLC. Only 6 valid responses were received to this question; with each of the options ‘very much’, ‘quite a lot’ and ‘a fair amount’ receiving 2 responses.

**DISCUSSION**

Early analysis of the use of TVLC has been positive. Staff who have downloaded the document have found it easy to use and relevant to their clinical practice. It was interesting to note that the majority of people accessing the tool had done so for personal

professional development. This represents the NMC (2015: section 6) guidance that all registered practitioners must practise in line with the best available evidence and:

- ▶▶ 6.1 make sure that any information or advice given is evidence-based, including information relating to using any healthcare products or services, and
- ▶▶ 6.2 maintain the knowledge and skills you need for safe and effective practice.

Similarly completion of TVLC has been identified as assisting with requirements for NMC revalidation. Completion of TVLC should allow for the user to complete a part of the Continuing Professional Development activities required through self-learning. Inclusion of reflective documents and action plans allows for the user to clearly document their learning and how this will enhance clinical practice and promote up to date evidence based care interventions. This is important as funding

and time away from clinical practice areas can be difficult to secure for practitioners so having the ability to access and use TVLC as a free resource can provide education in an accessible manner. Furthermore, in response to comments from users The TVLC business skills Academy has been developed for healthcare professionals who are managing or leading a service and who have identified a need for service change. Those in management roles within the health service, particularly Tissue Viability, face a multitude of challenges on a day-to-day basis whilst being accountable for driving motivation and achieving goals throughout their teams, organisations and their service. This programme focuses on equipping participants with skills and knowledge required to take a service based idea/project from conception to successful implementation. Once more users have completed the TVLC framework and completed the questionnaires there will be an in depth analysis of the data, this analysis will be able to explore in more depth the proportion of 'rarely' and 'never' responses.

### CONCLUSION

With the continuing movement to maintain and improve quality services in the NHS, and with the Health and Social Care Act 2012 increasing patient empowerment and choice, it has never been more important for services to be able to measure patient and service outcomes, and to provide a cost-effective service that is able to

articulate clearly its competencies and expertise. The tripartite collaboration approach between Industry, Healthcare Providers and Academia employed for this project is an area to be encouraged. The sharing of skill sets between the 3 organisations has resulted in a Partnership working that will help to improve patient outcomes, the patient journey, drive clinical effectiveness and demonstrate the value of the service to both commissioners and the patient. **WUK**

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