

Meeting the needs of a changing wound care environment: Tissue Viability Capability Framework, an online solution

KEY WORDS

- ▶ Capability
- ▶ Education
- ▶ Framework
- ▶ Healthcare professional workforce
- ▶ Tissue Viability
- ▶ Wound Care

ABSTRACT: The original Tissue Viability Leading Change (TVLC) competency framework developed by clinical experts, academics and in partnership with URGO Medical 2016, has been widely implemented and used across the UK. Health professionals have used the framework to benchmark their knowledge/skills and clinical capability, while simultaneously identifying individual learning needs for continuous professional development. The TVLC Capability Framework has also been used to scope requirements of tissue viability/wound care services, allowing workforce analysis, thereby aiding the sustainability of associated services. The provision of wound care services continues to evolve across healthcare, with increased pressure on the overall workforce, an increased reliance on the non-registered workforce, the need to reduce spend and the ongoing challenges of individuals meeting continued professional development requirements. To help solve some of these challenges the TVLC Capability Framework has been updated and digitalised to ensure it remains reflective of current challenges.

The prevalence of hard-to-heal wounds continues to increase, this affects not only the patients' quality of life (QoL) but also places significant burdens on healthcare systems (Guest et al, 2020). There is an increasing complexity involved in managing patients with hard-to-heal wounds effectively due to a combination of increasing age/people living longer resulting in a higher risk of comorbidities that can affect a patient's ability to heal in a timely manner. Ensuring patients have access to high-quality evidence-based care is a key component in delivering effective wound care. However, the National Wound Care Strategy Programme (NWCSP) believes that there are several unwarranted variations in wound care services across the UK, which impacts healing rates and increases patients suffering. Additionally, it highlights the need to reduce spending on inappropriate and ineffective treatment by ensuring patients have access to evidence-based care (NWCSP, 2020).

To deliver high-quality person centric wound care, it is paramount that the clinical workforce possesses appropriate skills and knowledge in order to demonstrate the required behaviours. In

2016 the original Tissue Viability Leading Change (TVLC) competency framework was published, with the aim of standardising the level of skills and knowledge required within wound care as a whole. The TVLC framework was created as a response to the education and training needs highlighted both clinically and commercially via an independent national survey, which sought to identify the roles and responsibilities of the tissue viability nurse and to discover any gaps in education required for such roles (Ousey et al, 2015). Since the inception of the TVLC framework, the NWCSP commissioned the development of a "core capabilities framework for health and care staff involved in wound care in England". This, combined with the continually changing workforce, required TVLC framework to be updated in order to ensure it continued to reflect the multidisciplinary and multifaceted nature of wound care provision across the UK. Additionally, the NHS landscape has evolved considerably. As a result of the Health and Care Act (2022), 42 Integrated Care Systems (ICSs) were created each with an integrated care board (ICB), an NHS body, with an appointed chair and

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chief executive. The establishment of ICBs replaces clinical commissioning groups. The ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area (NHS England, 2022). Integral to the ICSs are the Integrated Care Partnership (ICP) – a statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP will focus on improving care, health and wellbeing of the population and is responsible for delivering an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

This paper highlights the need for the continual evolution of the TVLC framework and describes the changes that have been made. We will also explain the new additional clinical capabilities and introduce the new online/digitalised interactive tool.

Burden of wounds

Wound care places a significant burden on the NHS and this continues to increase, it is reported that the annual prevalence of wounds has increased by 71% between 2012/13 and 2017/18 (Guest et al, 2020). Increasing from 2.2 million patients who were receiving wound care from the NHS in 2012/13 to 3.8 million patients in 2017/18, with the annual costs rising from £5.3 billion a year to a staggering £8.3 billion each year (Guest et al, 2020). The majority of these costs were attributed within community settings, and included 18.6 million practice nurse visits, 10.9 million community nurse visits, 7.7 million general practitioner (GP) visits and 3.4 million hospital outpatient visits (Guest et al, 2015).

A number of factors influence the likelihood of a wound healing (Atkin et al, 2019). One major aspect is ensuring accurate diagnosis of the underlying reason for the wound. It is of concern that Guest (2020) reported 25% of all patients with a wound lacked a recorded differential diagnosis about the cause of the wound, this included 9% lower limb wounds without classification whether these were arterial, venous or mixed. The percentage of chronic wounds increased from 43% in 2012/13 to 49% in 2017/18 (Guest, 2020), although Guest reported there were some improvements in overall healing rates for chronic wounds with healing within one

year rising from in 2012/13 to 49% in 2017/2018. However, there were some substantial variations depending on wound type; in relation to diabetic foot ulcer (DFU) healing within the one year studies healing rose from 41% in 2012/13 to 52% in 207/2018, whereas healing rates for VLU dropped from 47% in 2012/13 to 37% in 2018/19, which shows a substantial decline in outcomes (Guest, 2020; Guest et al, 2017). With reported difficulties in access to limited access to resources, it is paramount that staff are supported in developing their skills and knowledge base and to understand how to use resources effectively. This is of particular importance as when the ICSs are rolled out there will be a need for assurances that healthcare professionals possess adequate knowledge and skills to provide safe and evidence-based care interventions. The underpinning principles of the ICSs are to improve outcomes, tackle inequalities, enhance productivity and make best use of resources and to strengthen local communities. These are detailed through 10 principles including the creation of a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries. The TVLC Online Capability Framework will allow healthcare areas to highlight learning needs and implement education while supporting educational strategy.

Education of the clinical workforce forms a fundamental part of the national solution, to ensure care is safe and effective. The care of a patient with a wound is not the responsibility of one professional group, it requires a multidisciplinary and multifaceted approach to ensure that complex needs are assessed and managed using evidence-based interventions. The disciplines include, but are not limited to, acute healthcare professionals, community nurses, practice nurses, general practitioners, speciality nursing teams, podiatrists, dieticians, pain teams, infection prevention, physiotherapy, occupational therapy, microbiology, medical staff, safeguarding teams, psychologists; together with a mix of non-registered and registered staff. To ensure that someone with a wound receives the care they need it is necessary for all healthcare professionals to have wound care related skills and knowledge (Skills for Health, 2021). Therefore, the TVLC Online Capability Framework is multiprofessional and can be used by any member of

Original capabilities	New additional capabilities:
Generic	Surgical site infection
Health Improvement	Foot ulceration
Pressure ulcer prevention and management	Self-supported management
Wound care	
Lower limb ulceration	
Dermatology	
Pharmacotherapy	
Research utilization and audit	
Safeguarding	
Leadership, management and teamwork	

staff who works within an area that provides care for individuals' skin integrity and/or wound care.

Capability versus competency

The terms 'competency' and 'capability' have both been widely used in education and workforce publications and policies. Both terms require a certain level of knowledge and skills, and both relate to the 'ability to do something.' In the past both terms have been used interchangeably, with little or no clear division between the two. However, Health Education England and organisations such as 'Skills for Health' have tried to make the distinction clearer as outlined below.

Skills for Health describe:

- » Competences are standards of performance, focused on the outputs of work and observable performance. Competences include the ability to transfer and apply skills and knowledge to a range of situations/contexts but they usually tend to describe practice in stable environments with familiar problems. To be competent is to consistently perform to the standards required in the workplace.
- » Capabilities are the attributes (skills, knowledge, and behaviours) that individuals bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations that may be unpredictable and continue to improve performance (Skills for Health, 2021).

Subsequently, within the framework the term competency has been replaced with the term capability. As much as there is a great deal of

overlap between competency and capability, competency is predominately task focused, conversely, capabilities incorporate the process of learning, adapting to changing environments providing a creative and flexible approach to the situation and learning (O'Connell et al, 2014; Hadziomerovic, 2017). The change from 'Tissue Viability Competency Framework' to 'Tissue Viability Capability Framework' may appear to be a minor/subtle change, however, this change ensures the framework supports clinical practice by linking concepts such as clinical thinking and reflection to provide a holistic approach to interventions. Transferring to a capability framework provides the foundation for users to continue developing their knowledge and skills over a prolonged period of time while encouraging a linking of theory to practice.

TVLC Online Capability Framework overview

The TVLC Online Capability Framework provides a framework to assist healthcare professionals, and those aspiring to work in tissue viability/wound care a tool to understand the skills and knowledge required in this specialist area of care across the UK. The original TVLC document was presented as a physical paper copy making it difficult to include a range of evidence as support for learning or for team leaders and managers to audit which staff had completed/acquired the range of capabilities. As an online format, the TVLC Online Capability Framework is easily accessible for all users across the UK and internationally, with the capacity to include evidence of learning that can be easily transferred between the user and their mentor and accessed at a time compatible with the users personal and professional commitments. It is envisaged that the application of this framework across the UK will promote equity across services in parallel with the transferability of expertise, subsequently helping to develop the workforce. Overall, the framework is designed to be personalised to the individuals learning and development needs. Completion of TVLC Online Capability Framework may be used as a skills passport offering assurances that healthcare professionals have engaged with education and there is parity of knowledge and skills across tissue viability services and for link nurses.

This framework is designed to cover the core capabilities expected for health professionals working within skin integrity/wound care. The capabilities are divided into different levels (A–D), reflecting the real-life complexity of care and the variety of healthcare professionals providing care to individuals with wounds. Progression through the framework is dependent on numerous factors, including clinical context, length of time in post, previous experience, previous education together with personal and professional objectives. It is assumed that level A is aimed at unregistered staff, or to provide an initial foundation for those health professionals caring for individuals with

wounds, with levels B–D for registered healthcare professionals with increasing experience in wound care. It is hoped that this framework will assist health professionals in recognising their current level of capability and support educational and professional development needs.

Capabilities

There are 13 capabilities within the TVLC Online Capability Framework (Table 1 and Figure 1), increased from the original 10 in 2016. The choice of capabilities represents the diverse and complex nature of tissue viability/wound care, some of the capabilities overlap — for example, early

Edit framework		Manage evidence				
Capability One - Generic						
All practitioners must ensure their skills and knowledge are up to date						
Level	Skills and Knowledge	Capability level	Development goal	Evidence	Self-Assessment	Assessment mode
Level A	I. A fundamental knowledge of the skin.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	II. A fundamental knowledge of maintaining skin integrity and identifying at risk factors.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	III. Is aware of importance of accurate assessment to identify pressure ulcers, Moisture Associated Skin Damage and Device Related Pressure Damage	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	IV. Able to recognise signs of skin damage e.g. red areas, signs of shear and friction, signs of wound infection.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	V. Reports any concerns immediately to a senior nurse.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	VI. Aware of and able to locate local guidelines and policies	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	VII. Is aware of local and national guidelines and policies that relate to tissue viability, prevention and management of wound infection	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	VIII. Is aware of how to order appropriate equipment for management of skin integrity.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	IX. Is aware of own limitations and seeks appropriate advice in a timely manner.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	I. Has an understanding of the Anatomy and Physiology of the skin.	[Dropdown]		No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	II. An understanding of holistic accurate patient assessment when	[Dropdown]		No evidence linked	Off	<input type="checkbox"/>

Submit changes

Figure 1. Screen shot from the TVLC Online Capability Framework

✎ Edit framework		⊕ Manage evidence			
Level B	VI. Is actively involved in health education and health promotion activities with the patients and their families/carers in order to promote skin integrity and/or optimise wound healing?	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	VII. Communicates results of assessments, treatment and health education to appropriate members of the multi-disciplinary team.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	VIII. Maintains own professional development e.g. attendance at study days, conferences, reading professional journals and reflects on learning.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	IX. Questions practices that are not evidenced based and reports to nurse in charge or other senior staff member.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	X. Reflects on own practice and maintains professional development.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	XI. Is aware of own limitations and seeks advice.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
	XII. Is a nurse prescriber from the formulary.	<input type="text"/>	No evidence linked + Add Evidence	Off	<input type="checkbox"/>
Mentor Comments No existing comments found for this capability.					
Learner Comments <div style="border: 1px solid #ccc; height: 40px;"></div>					
Extra Resources for this capability Essentials of Wound Care Education for the Health and Care Workforce programme – Available from: https://www.e-ifu.org.uk/programmes/essentials-of-wound-care-education-for-the-health-and-care-workforce/ NWCSP Surgical Wound Recommendations Available from: https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/Surgical-Wound-Recommendations-WEB-25Feb21-1.pdf					
Submit changes					

Figure 2. Screen shot from the TVLC Online Capability Framework

identification and management of infection is relevant to a range of the capabilities and accurate documentation. Nevertheless, they form essential underpinning knowledge and require consideration in each capability.

Meeting the needs of the healthcare workforce

Healthcare managers can decide which capabilities their staff are required to acquire to meet the needs of the service or indeed, instances where all capabilities may need to be completed. The user will self-assess their current knowledge and skills base before discussing this with their mentor or

manager where an agreement can be made as to which level of capability is required.

The TVLC Online Capability Framework is accessible for any healthcare professional in any setting, is not prescriptive but serves as a guide that can be used as a baseline to build and shape services and demonstrate personal development. Each user will be expected to upload evidence to support that each capability has been achieved, evidence can be provided in a range of ways these include self-assessment; peer review; observation of practice (for example assessing a wound bed and planning evidence-based interventions); reflection on prior knowledge and skills; reflections

following an educational event (Figure 2). Developing this evidence base provides the user and their manager with assurance that knowledge and skills development has been achieved. As the TVLC Online Capability Framework is now presented as a digital tool, managers can retrieve a range of reports to assist with workforce and educational planning, including how many staff, at which level have completed the capabilities. Completing the framework can be used to support evidence of learning for professional re-registration if appropriate.

Good wound care relies on addressing the interdependencies between the different health and care professionals caring for people with wounds (Skills for Health, 2021). With the changing healthcare workforce, it is essential that a range of practitioners can develop knowledge and skills in the fundamental and complex area of tissue viability and wound management. Tissue viability, including prevention of skin damage, management of wounds, management of leg ulceration is the responsibility of all healthcare professionals including, registered nurses, podiatrists, student nurses, nurse associates, apprentices, and in fact, any professional who cares for a patient. Pre and peri COVID-19 pandemic it became increasingly obvious that all healthcare professional groups were working outside their normal specialist area, for example, podiatry staff displaced were expected to upskill to be able to apply compression hosiery, this has clarified the importance of a multidisciplinary approach to health care interventions and education.

CONCLUSION

Although wound care is often perceived as primarily a nursing issue, non-healing or skin breakdown is usually due to underlying comorbidities, (Skills for Health, 2021). As identified in this paper a multidisciplinary approach to wound care is essential. Offering the whole healthcare workforce access to education and support to develop skills and demonstrate the required capability level will ensure that people with wounds receive the most appropriate care. Improving identification, assessment, planning and evaluation skills of all staff will promote major opportunities to improve patients' outcomes, thus improving patient experience, ensuring patient safety, prevent

harm and making certain there is equal access to evidence-based practice. Development of the TVLC Online Capability Framework would not have been possible without true tripartite working, academia, clinicians and industry. Working in partnership provided an opportunity to explore clinicians' knowledge and skills in the provision of wound care and tissue viability. The TVLC Online Capability Framework provides an online resource encompassing the necessary capabilities required of clinicians caring for patients who have compromised skin integrity WUK

Declaration of interest

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REFERENCES

- Atkin L, Bučko Z, Montero E et al (2019) Implementing TIMERS: the race against hard-to-heal wounds. *J Wound Care* 28(Sup3a):S1–50. <https://doi.org/10.12968/jowc.2019.28.sup3a.s1>
- Guest JF (2020) Burden of wounds to the NHS: what has changed since 2012/13? *Wounds UK* 17(1):10–5. <https://tinyurl.com/bdevabr7> (accessed 24 October 2022)
- Guest JF, Fuller GW, Vowden P (2020) Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. *BMJ Open* 10(12):e045253. <https://doi.org/10.1136/bmjopen-2020-045253>
- Guest JF, Ayoub N, McIlwraith T et al (2017) Health economic burden that different wound types impose on the UK's National Health Service. *Int Wound J* 14(2):322–30. <https://doi.org/10.1111/iwj.12603>
- Guest JF, Ayoub N, McIlwraith T et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5:e009283. <https://doi.org/10.1136/bmjopen-2015-009283>
- Hadziomerovic A (2017) Competencies, Capabilities and Skills. What's the difference and how are they used? [Online]. LinkedIn. <https://tinyurl.com/4mwcyyv5> (accessed 24 October 2022)
- Health and Care Act (2022) Health and Care Act 2022 (legislation.gov.uk). <https://tinyurl.com/3f8fd6r9> (accessed 24 October 2022)
- NHS England (2022) Integrated care system leadership. <https://tinyurl.com/2p9t6pbx> (accessed 24 October 2022)
- National Wound Care Strategy Programme (2020) Lower Limb Recommendations. <https://tinyurl.com/y9v8t4b9> (accessed 22 October 2022)
- O'Connell J, Gardner G, Coyer F (2014) Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. *J Adv Nurs* 70(12):2728–35. <https://doi.org/10.1111/jan.12475>
- Ousey K, Milne J, Atkin L et al (2015) Exploring the role of the Tissue Viability Nurse. *Wounds UK EWMA Special*:36–45. https://www.wounds-uk.com/download/wuk_article/837
- Skills for Health (2021) National Wound Care Core Capabilities Framework for England. <https://tinyurl.com/2nkdf45> (accessed 22 October 2022)