The future role of the tissue viability nurse

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Welcome and hello to the summer edition of *Wounds UK*. The *Wounds UK* editorial board met recently, and a recurring theme was that, in the rapidly changing landscape of the National Health Service (NHS) and integrated care boards, the role of the tissue viability nurse (TVN) is also evolving. What does this mean in relation to the future role of the TVN? This editorial examines the past, present and future possibilities for the TVN role.

Ousey and Aktin (2014) highlighted the complexity and lack of a clear definition surrounding TVN roles, noting the limited research available to articulate the core attributes required for the position. A subsequent debate, published in *Wounds UK* in 2019 (Holloway et al, 2019), revisited the role and responsibilities of the TVN, proposing that discrepancies in both the definition and expectations of the role continued to persist. In 2026, has this changed? Our thoughts are probably not.

The clinical specialist

The scope of the tissue viability clinical specialist varies across the UK, often differing from Trust to Trust and city to city. In a room full of TVNs, the details of their specialist role will be varied, and this will somewhat depend on the setting in which they work.

A survey by Ousey et al (2015) investigating the roles and responsibilities of the TVN included responses from 261 people, seven of whom were interviewed. When asked to identify key functions of the TVN service, 78% stated specialist review of non-healing wounds and 58% stated specialist review of patients with chronic wounds. The remaining key functions included governance, education, liaising across teams and strategic work. Job titles varied, with some non-registered staff using the title of TVN. This demonstrates a wide scope, relatable perhaps to your own localities. Additionally, the range includes how the title is used, not just the work and responsibilities included.

The Royal College of Nursing (2026) suggests a clinical specialist will have skills, competencies and experience in a speciality and be practising at an advanced level, often having completed post-registration qualifications relevant to that specialist area. However, in practice, the title 'specialist' is often used prior to the completion of those qualifications.

Prevention of skin damage and wound care

Pressure ulcers (PUs) are a focus for most NHS Trusts, healthcare organisations and TVNs as they cause patient harm and are considered reflective of the quality of care. The NHS is under increasing financial scrutiny, and PUs are estimated to cost the NHS £3.8 million (NHS Improvement, 2018). Therefore, prevention will undoubtedly save on costs, as well as, perhaps more importantly, improve the patient experience.

Prevention of PUs involves addressing risk factors for patients, developing appropriate care plans and supporting adherence to that care. Avoidable harm is most caused by care delivered differing from what was appropriate or prescribed (National Wound Care Strategy Programme, 2023a). TVNs must bolster prevention by supporting education, advising on access to sufficient levels of appropriate equipment and monitoring of themes or feedback where patients have experienced harm from PUs to reinforce good care and facilitate changes.

It is important to recognise that a TVN service encompasses far greater depth and complexity than a PU validation service alone. PU validation remains a high burden activity for one component of a much broader specialist remit, and TVNs recognise this as a key part of their role. As part of their core functions, TVNs provide comprehensive wound assessment and diagnosis for PUs, leg ulcers, diabetic foot ulcers, fungating wounds and surgical wounds. This includes delivering evidence-based, holistic, patient-centred wound care plans and establishing escalation pathways from generalist care to specialist intervention. TVNs also offer specialist advice and treatment on wound infection, undertake debridement using dressings, sharp techniques or larvae, and implement negative pressure wound therapy. Throughout this process, they maintain a strong focus on antimicrobial stewardship while working collaboratively with other specialities to optimise patients clinically to support timely and effective wound healing.

Given the varied roles identified in the survey by Ousey et al (2015), it is reasonable to question how much focused attention can realistically be devoted to prevention, and whose responsibility it is to ensure that Trust leaders recognise its significance. It could be argued that, within a supportive organisational

and strategic structure, TVN leaders are well-positioned to interpret and translate evidence into practice, driving quality improvement and promoting equity in both access to wound care and the outcomes achieved. Senior TVNs have a responsibility to maintain awareness of new evidence and liaise with other specialities and disciplines to ensure appropriate and timely application to practice.

Education

Wound care has historically been viewed as a fundamental aspect of nursing and, therefore, positioned alongside general nursing duties, such as feeding and toileting (Kohr, 2007). This perception, however, overlooks the complexity inherent in contemporary wound management. Although the National Wound Care Workforce Framework (National Wound Care Strategy Programme, 2023b) provides a comprehensive, standardised structure supported by e-Skills for Health modules, this content is not routinely embedded within pre registration nursing education or clinical placements. As a result, newly qualified nurses may enter practice without the foundational wound care knowledge required to manage increasingly complex patient needs.

In several organisations, TVNs are, therefore, required to provide this essential yet mostly not mandatory (Society of Tissue Viability, 2026), education, supporting clinicians across a range of medical specialities and wound types, and aligning their teaching with speciality specific guidance and best practice evidence. Inconsistency in education delivery contributes to continued issues with skin health and non-healing wounds (Society of Tissue Viability, 2026).

As mentioned previously, the TVN plays a central role in the prevention of PUs, which includes education. This includes disseminating national and local guidance on PU prevention and management, as well as advising on the selection and appropriate use of pressure redistributing equipment for nursing colleagues, allied health professionals, and medical staff. Responsibility can extend to supporting routine re-training of staff, whether it is facilitated by educators, other healthcare professionals or provided by TVNs directly.

The role also extends to education on the management of chronic and complex wounds, reinforcing evidence-based care to prevent complications and support timely wound healing. However, training delivery varies between Trusts, sometimes depending upon the priorities of that Trust and other times on the capacity of the tissue viability team.

Formulary

TVNs are frequently regarded as key custodians of wound care dressing formularies, working collaboratively with procurement teams to ensure that appropriate evidence-based products are available — an important facet of the profession's diverse remit. This responsibility requires maintaining fiscal accountability while balancing evidence based clinical outcomes with cost-effectiveness (Wounds UK, 2023). TVNs must, therefore, possess up-to-date knowledge of wound care practices, remain alert to changes in national guidance, and respond to innovations within the wound care market. Ensuring that suitable products are included on the formulary is essential, as inappropriate selection can lead to suboptimal clinical outcomes and increased economic burden.

Despite the level of responsibility associated with the role, many TVNs have limited prior experience in commercial or procurement processes. Consequently, the business focused aspects of the TVN role are often overlooked, leaving this component underdeveloped and with few opportunities for TVNs to access formal training or qualifications in financial management and procurement (Ousey and Atkin, 2014).

A wound care formulary is typically implemented at a system-wide level, requiring TVNs to work across organisational boundaries and engage with key stakeholders to ensure that it remains inclusive and responsive to the needs of both clinicians and patients. The formulary provides the framework and pathways that guide wound care treatment, underpinning TVN-led education on wound healing, reducing unwarranted variation in clinical practice, and supporting improved patient outcomes. Effective formulary design and implementation can also contribute to reduced economic expenditure through shorter healing times and more efficient use of resources.

Strategic system-wide working

The NHS 10-year Health Plan for England (Department of Health and Social Care, 2025) for reinvention outlines radical shifts from hospital to community, analogue to digital, sickness to prevention through financial and operational shifts. As this strategy evolves, how will this impact the TVN role?

Within the NHS, the standardisation of community health services identifies integrated care board-funded core components of nursing care, and tissue viability is explicitly included within the planned care and management of long-term conditions (NHS, 2025). This

could create an opportunity for community based wound care services to be funded in a manner comparable to other long-term conditions, enabling a shift toward proactive wound healing and prevention, with the aim of reducing avoidable hospital admissions. However, it will also require a shift of priorities from reactive to proactive so that prevention can be given the precedence it requires to be effective.

Senior clinical nurse specialists must combine advanced clinical expertise with leadership and develop and refine patient care pathways often rationalising what needs to be specialist-led and what aspects of care can be delivered by non-specialists. Being mindful of evidence-based practice, they should lead on quality improvement, influence policy development, and facilitate multidisciplinary working to meet national standards and international guidelines. All this must be done within the restraints of an underfunded and overstretched NHS, often with insufficient infrastructure, while aiming to optimise patient outcomes.

This issue is further compounded by the multi organisational transfers of care within the NHS – ranging from acute services to community teams, district general hospitals, pathway 2 rehabilitation beds, or pathway 3 beds (Department of Health and Social Care, 2024), and extending into private healthcare providers, such as nursing homes within the wider health and social care sector. TVNs function as an overarching service across multiple specialities and differing providers and often coordinate transfers of care throughout the entire patient pathway to ensure continuity and consistency of care.

The understanding of the influence a TVN has on Trust strategy varies nationally with some Trust leaders embracing the skills that can be offered and some underestimating and sometimes overlooking them especially when it comes to long-term benefits and improvements. However, job descriptions seen on advertisements for clinical specialists detail the wide scope of the role, with strategic working at the heart of the senior TVN roles.

TVN development – future scope?

In meeting fellow TVNs from a range of organisations across both primary and secondary care, in NHS and private settings, the authors have become increasingly aware of the breadth of the role and how it is perceived externally. Although the heterogeneity of the TVN role may present challenges, it also offers significant opportunities for development and expansion.

The TVN role encompasses a wide scope of practice and, when fully understood and supported, can contribute both to cost savings and the delivery of high-quality, evidence-based patient care. Unfortunately, this can be difficult to evidence due to the variation of factors influencing each patient's journey. As a profession, it is essential to ensure that the value of the TVN's multifaceted role is recognised across private and NHS organisations, acute and community, and that appropriate support and development opportunities are provided for newly appointed TVNs, as well as established TVN leaders to enable them to fulfil their strategic and clinical responsibilities effectively and ultimately improve clinical and patient outcomes. A more robust definition of the role of the TVN and minimal qualifications or training expected would likely help understanding of the scope of the role by others.

An overarching strategy prioritising skin health and wound care would lead to greater focus on consistent care, avoidance of harm and reduction of non-healing wounds (Society of Tissue Viability, 2026). Future lead TVNs will require agility and strategic vision to design and implement system-wide clinical approaches that reflect the breadth of their responsibilities. They will need to collaborate with diverse stakeholders and lead complex change initiatives to push forward a strategic focus on wound prevention and care.

This evolving landscape presents a significant opportunity for TVNs to influence patient outcomes, shape the development of the role, and lead with passion grounded in evidence based practice, all while maintaining fiscal awareness. ●

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