

professionals should regularly measure and assess its depth and severity to determine the appropriate level of care and treatment.

The recently published [National Wound Care Strategy Programme \(NWCSP\)](#) Clinical Recommendations, align with the Quality Standard from NICE and emphasise the need for assessing patient risk of pressure ulcers within six hours of hospital admission. The NWCSP was launched with the purpose to improve the quality of chronic wound care by developing recommendations for preventing, assessing and treating people with wounds to optimise healing and minimise the burden of wounds for patients, carers and health care providers.

There are no specific guidelines for when patients should be referred to a Tissue Viability Specialist (TVS) within the NICE guidance or in the international best practice guidelines. You may wish to engage with NICE or the NWCSP regarding this issue.

2. It was said that delays in doing so, could be causative in the death of patients.

Every organisation has a policy for preventing and managing pressure ulcers, which staff should adhere to, and should align with NICE guidance and best evidence-based practice.

In the case of a patient showing signs of a severe infection that could potentially lead to death, it is expected that the patient would be promptly referred to the medical team for urgent review, treatment and appropriate intervention and management.

Even if the patient was seen by the TVS (Tissue Viability Specialist) urgently, it is likely that their first course of action would be to refer the patient to the medical team for review and appropriate management and treatment.

3. Evidence emerged that at the Royal Stoke University Hospital, Tissue Viability is not available over the weekend, and this leads to substantial delay in patients being seen.

Tissue Viability Teams across England differ in size, aligned to provider requirements with only a few providing a service seven days a week. Typically, most TVS services prioritise their referrals on Monday mornings to ensure prompt attention to urgent cases to enable them to be seen. Management and care plans are documented for the ongoing treatment and management of the patient by ward / clinical staff caring directly for the patient.

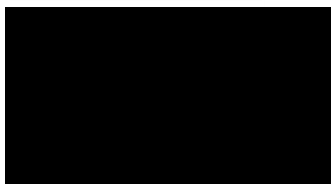
NHS England is not able to provide comment on the provision of the service specifically within Royal Stoke University Hospital and would refer you to the Trust on this issue.

I would like to assure you that further work has been progressed nationally to further improve pressure ulcer care and reduce the risk of harm to patients. In addition to the NWCSP, further work is also underway as part of the [National Patient Safety Strategy](#) and further work is underway to progress a diagnostic phase of improvement work in relation to pressure ulcer prevention and management.

I would also like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director