Trust Guideline	NHS Worcestershire Acute Hospitals NHS Trust

Guideline for the Use of Negative Pressure Wound Therapy (NPWT)

Department / Service:	Tissue Viability
Originator:	Claire Hughes Lead Nurse Tissue Viability
Accountable Director:	Chief Nurse
Approved by:	Fundamentals of Care Committee
Date of approval:	14th January 2025
First Revision Due **This is the most current document and should be used until a revised version is available:**	14th January 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	
Target staff categories	

Policy Overview:

This policy provides guidance for staff at Worcester Acute Hospitals NHS Trust about the requirements and processes for commencement and on-going management of Negative Pressure Wound Therapy (NPWT)

Key areas:

- Defined duties and responsibilities for staff
- Defined processes for commencing NPWT and its on-going management
- Defined identification of potential complications and when to discontinue NPWT
- Defined process for discharging patients with NPWT

Key amendments to this document

Date	Amendment	Approved By:
August 2017	Document extended for 6 months as per TMC paper	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
April 2019	Document extended for 6 months whilst review process is undertaken	Lisa Hill
March 2020	Document extended for 3 months whilst review is completed	Lisa Hill
June 2020	Document extended for 6 months during COVID-19 period	
January 2021	Policy Reviewed and WAHT-NUR-082 archived as same document.	Lisa Hill
February 2021	Document extended as per Trust agreement 11.02.2021	
March 2021	Document approved for 3 years	CGG
19/03/2024	Document extended for six months	Claire Hughes
Jan 25	Document extended for 3 months	Claire Hughes/Alison Robinson
February 2025	Policy Review	Claire Hughes

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Appendices

Appendix 1

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Supporting Document 2	Financial Risk Assessment

1. Introduction

Negative Pressure Wound Therapy (NPWT) also known as Topical Negative Pressure (TNP) or Vacuum Assisted Closure (V.A.C®) is a medical device to obtain a vacuum within the wound via foam or gauze interface to promote wound healing. Both the suction effect and the mechanic forces generated in the wound can positively influence wound healing. NPWT also assists in the removal of excess exudate thereby reducing local oedema. As such, NPWT can improve wound healing and health related quality of life.

Renasys TM which delivers NPWT through either a soft port or a silicone drains with a polyhexamethylene biguanide PHMB impregnated gauze (Kerlix) or foam dressing (Smith and Nephew, 2016).
PICO (sNPWT) system is canister-free, single use NPWT consisting of a single use pump (NICE, 2019). Most exudate evaporates through a high moisture transmission rate (MVTR) dressing (Smith Nephew) (Appendix 5 & 6)

In 2024, NICE reviewed the "Medical Technology Guidance 43" (Download NICE MTG43 PDF), which focuses on PICO negative pressure wound dressings for closed surgical incisions. The guidance highlights that Smith Nephew's PICO sNPWT delivers better clinical outcomes compared to standard dressings for patients at high risk of surgical site infections (SSIs), while maintaining similar overall costs.
National Institute for Health and Care Excellence (NICE) (2019) PICO -negative pressure wound therapy for closed surgical incision wounds (NICE Medical technologies guidance,2024)

NPWT has been found to facilitate healing in acute, chronic, closed incisional, closed skin graft and open abdominal wounds.

Due to its specific mode of action practitioners require training and must follow the recommended guidelines in order to reduce risk and achieve the best outcomes for the patient. In addition to a wound assessment (WHAT-NURS-090 Wound Assessment and Management Guidelines), practitioners must also assess the patient's suitability to be able to manage the device.

A wealth of clinical experience suggests that NPWT is a clinically- and cost-effective treatment that can be used to provide maximum therapeutic benefits to the patient with complex wounds (Wounds UK, 2008).

2. Scope of this document

Provide support and guidance to all staff when selecting and accessing NPWT as a safe, appropriate wound care therapy option for appropriate patients

- Reduce risks in implementation of NPWT, ensuring patient safety
- Ensure accurate documentation on ongoing management of NPWT
- Ensure early identification of patients who may require NPWT on discharge so the appropriate referrals can be made by the clinical teams.

This policy applies to all clinical areas in Worcester Acute Trust where staff are responsible for the implementation and on-going management of patients with NPWT.

It is the responsibility of staff to ensure they are trained and assessed as competent before undertaking NPWT. (Appendix7)

3. Definitions

NPWT – Negative Pressure Wound Therapy

Competent- having the necessary ability, underpinning knowledge or skills to complete something successfully

Exudate – the material composed of serum, fibrin and white blood cells that escapes from the blood vessels into superficial lesions or areas of inflammation

Colonisation – the presence of bacteria on a body surface

Malignancy – the state or presence of a malignant tumour, cancer

Necrotic – dead cells or tissues usually in a localised area of the body

Osteomyelitis – inflammation or bone or bone marrow, usually due to infection

Haemostasis – the stopping of blood flow

Fistula – an abnormal or surgically made passage between a hollow or tubular organ and the body surface, or between two hallow or tubular organs

4. Responsibility and Duties

The policy applies to: This policy applies to all employed clinical staff, qualified and unqualified, bank and agency staff required to work in clinical areas.

4.1 Medical Staff

Medical staff involved with NPWT must be aware of how NPWT works and what the indications, contraindications and precautions are as well as the possible complications; this will ensure they can make informed decisions on the appropriateness of commencing NPWT. (Appendix 6, page12)

All medical staff can implement NPWT; following completion of NPWT training and a sufficient level of expertise/competence obtained prior to application. (Appendix7)

4.2 Matrons, Ward and Department Managers

Registered practitioners have a duty of care, which cannot be delegated. They are responsible for individual patient assessment and implementation and evaluation of the strategies to ensure appropriate use of NPWT therapy outlined in this policy.

Ward/department managers are responsible for ensuring that staff of all disciplines within their clinical area adheres to Worcester Acute NHS trust NPWT policy.

Ward managers to ensure they have adequate numbers of staff who have completed NPWT training and are signed off as competent. This may also include ward-based NPWT training on the management of devices for those managing patients with NPWT.

4.3 Tissue Viability Nurse (TVN)

The TVN can advise medical staff with wound assessment and advise appropriate required diagnostics / blood tests /tissue sample and scan results, to decide if NPWT application is appropriate, considering all indication contraindications for use. (Appendix 6, page 12)

Appropriate management plans are in place for the ongoing care of patients with complex wounds requiring NPWT and individualised care plans updated during therapy in use. (**care plan to be added post approval Appendix 11)**

Tissue Viability will support the practical application when there are no available ward staff who are competent and in assessment of staff gaining NPWT competence.

TVN will ensure that theoretical knowledge provided by company (Smith and Nephew) clinical advisors is in line with Trust policy and any evidence-based changes will be reflected in policy updates.

4.4Registered Nurses

Ward/department staff must follow Worcester Acute NHS Trust NPWT policy.

Registered nurses have responsibility to ensure that their knowledge and skills are up to date to maintain and develop their competence. (Appendix 7)

A full, comprehensive wound assessment must be completed and documented on the relevant NPWT care plan; this must include a minimum of weekly wound measurements. of the wound should be taken prior and at regular intervals during NPWT treatment. (policy WAHT-CG-07)

If any issues are identified with the therapy this must be escalated to the Consultant team or TVN and actions implemented in line with policy and those actions documented in the patient's medical note

4 Policy:

NPWT is a non-invasive active wound healing therapy. Due to its specific mode of action staff require training and competence.

Before NPWT can be commence there must be agreement between the Lead Clinician, patient, registered nurses, including TVN that this therapy is appropriate for the wound and have an agreed treatment aims and objectives.

NPWT

The term NPWT refers to a controlled negative pressure (sub-atmospheric) system that is applied topically onto the wound. The wound is filled with a porous material (wound filler) and hermetically sealed with an airtight adhesive polyurethane drape. A drain connects the wound filler to the vacuum source that delivers a negative pressure. The suction is propagated from the vacuum source to the wound bed, leading to a negative pressure in the filler and removal of exudate

Journal of wound care vol 26 (Ewma Document, 2017)

NPWT progresses a wound towards healing by maintaining a moist wound environment, improving micro-vascular blood flow, controlling exudate, stimulating tissue formation and reducing wound size by pulling the wound edges together (Abbots ,2010).

Additionally, NPWT can reduce bacterial load, eliminate wound odour and improve quality of life for patients (Stephen-Haynes et al, 2011a & EWMA, 2007).

How NPWT works:

Negative pressure wound therapy (NPWT) is a non-invasive therapy by which negative pressure is delivered uniformly to a wound which in turn:

- Directly stimulates cell proliferation
- Increases local blood perfusion
- Promotes granulation tissue formation
- Reduces localised oedema
- Removes wound exudate
- Pulls wound edges together
- Provides a closed moist wound healing environment

Renasys TM which delivers NPWT through either a port or a silicone drains with a polyhexamethylene biguanide PHMB impregnated gauze (Kerlix) or foam dressing (Smith and Nephew, 2016).

There are two types of foam dressings available to use with the V.A.C® Therapy.

- Renasys black foam polyurethane (PU) foam dressing with reticulated (open) pores to help evenly distribute negative pressure across the wound bed, assisting in tissue granulation formation in wounds and aiding wound contraction. It is hydrophobic (or

moisture repelling), which enhances exudate removal (Banwell, 2007). There is also an antimicrobial option, which includes 10% silver for the use of infected wounds.

- white polyvinyl alcohol foam is dense, open-pore foam with a higher tensile strength for use in tunnels and undermining. It is hydrophilic (or moisture retaining) and is packaged pre-moistened with sterile water. Its characteristics help to reduce the likelihood of adherence to the wound bed. V.A.C. ® White Foam Dressing may be used to assist in minimizing discomfort or in situations where over granulation responses are likely (Banwell, 2007).
- polyhexamethylene biguanide PHMB impregnated gauze (Kerlix) an antimicrobial roll dressing that can be used with the NPWT as an alternative to foam dressings. for low to moderate exuding wounds. This should not be used on a weight bearing location.

Renasys foam and gauze fillers may be combined within the same wound when tunnelling or undermining is present.
It is important to count the number of fillers used on application, document and ensure the same number is retrieved on removal of the dressing on individual patient NPWT care plan .

Indications & Contraindications for NPWT & PICO sNPWT

Indications

NPWT should be considered for the management of the following wounds (Wounds UK, 2008):

*Chronic
*Acute
*Traumatic
*Sub-acute and dehisced wounds
*Ulcers (such as pressure or diabetic)
*Flaps and grafts
*Partial thickness burns
(Smith&Nephew 2016)

Contra-indications for NPWT: (Appendix 6 page 12)

Research has highlighted that NPWT is not suitable for all patients with wounds (EWMA, 2007, Benbow, 2008, Thompson, 2008, & Malahias, 2012) and to ensure the safe, effective and appropriate use of NPWT the following contra – indications and precautions need to be considered:

- Patient non-concordance (Thompson, 2008)
- Malignancy within the wound, known or suspected
- Osteomyelitis, untreated by appropriate antibiotic therapy
- Necrotic tissue, with eschar
- Exposed blood vessels, nerves, anastomotic sites or organs

- Wounds with fistulas opening into a body cavity
- Wounds where acute or chronic enteric fistulas are present
- Wounds with sharp edges or where bone fragments are present
- Non enteric and unexplored fistula
- Impaired mental capacity (refer to Mental Capacity Act, 2005)
- Patients must be able to carry the NPWT device safely and not be considered a falls risk
- Unsuitable home environment and/or social circumstances
- The gauze contains Polyhexamethylene Biguanide (PHMB) antiseptic, which may present a risk of an adverse reaction to patients who are allergic or have a known hypersensitivity to PHMB. If a patient has a known allergy or hypersensitivity to PHMB, do not use NPWT Gauze dressings.

Precautions:

- Difficult wound haemostasis/active bleeding, ensure that the patients International Normalised Ratio (INR) is within a safe range to consider NPWT (0.8-1.2)
- Patients who have been administered anticoagulants or platelet aggregation inhibitors
- Patients who do not have adequate tissue coverage over vascular structures

  *Active bleeding or have friable blood vessels or organs
  *Untreated for malnutrition
  *Non-compliant or combative
  *Suffering from wounds near blood vessels or friable fascia
- Any exposed bone or tendon needs to be protected with a LINER prior to application of the foam. LINER must be open mesh silicone non-adherent contact layer. If unsure of the need to protect underlying structures proceed with caution and use LINER. Smith and Nephew (2016) **Clinical Guidelines-Renesys-Negative Pressure Wound Therapy (NPWT).**
- **Consideration of Pain: on removal /application of NPWT**

With NPWT, damage to the wound bed tends to occur when new granulation tissue grows into the foam and becomes torn during dressing change, Foam-based NPWT has been associated with trauma to the wound bed, which may cause dressing change to be more painful.
In comparison to foam-based NPWT, application of gauze filler has been linked with low levels of pain. The use of a non-adherent lipidocolloid dressing is suggested by Teot *et al*. (2013) which can be inserted between the foam and the patient's wound to prevent the growth of tissue in the foam., thus, to reduce pain.

Treatment objective:

To achieve the optimum outcome from NPWT it is important that treatment objectives are determined between the Registered Healthcare Professional and the patient. These same treatment objectives should be reassessed weekly to ensure that NPWT continues to be the most appropriate treatment for the patient (Milne, 2013).

Examples of treatment objectives for patients suitable for NPWT are (Abbots, 2010):

- To improve the patient's quality of life
- To manage the amount of exudate
- To promote improvement in the wound bed by improving vascularity
- The production of granulation tissue
- Reduce bacterial bioburden

Assessment:

It should be noted that NPWT is not always the ideal solution for all wound healing issues and a holistic approach is needed. The choice of NPWT should be individualised to the patient.
Wounds International (2023) *Case series: Europe, the Middle East and Africa; the One NPWT clinical decision tree for open wounds.* Wounds International, London, UK

To determine whether NPWT is suitable for a patient it is vital that a full holistic assessment is completed, considering nutritional risk, pressure ulcer risk, cognitive ability and mobility. Additionally, it is important that the patient's home environment and social circumstances are assessed and considered to be safe for NPWT (Milne, 2013). Mental capacity needs to be considered when assessing a patient for NPWT to ensure safe and effective use of the treatment. (refer to policy WAHT-KD-026 Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005)

A wound assessment must be completed including size, depth, type of tissue, exudate, presence of infection, condition of surrounding skin and a photograph. (refer to policy: WHAT-NURS-090 Wound Assessment and Management Guidelines).

For a wound to be suitable for NPWT there should be at least 2cm of skin surrounding the wound to enable a seal to be maintained. Additional help may be needed if less than a 2 cm area of intact skin surrounds the wound, and the use of Gel Strips should be considered.

- The patient must have a pain assessment completed to ensure that the patient's pain is adequately managed and that they remain comfortable during NPWT, dressing changes and post dressing change. (policy WAHT-KD-004: Acute Pain Control for Adult Patients)

- Patients with a chronic wound should have a Full Blood Count test and any anaemia treated.
- Where a wound is identified as being delayed in healing a blood glucose test should be taken to assess for diabetes. Additionally good glycaemic control should be attained for patients with diabetes.
- Patients who require NPWT on the lower limbs must have a differential diagnosis including a Doppler ultrasound assessment if the wound is over 2 weeks old and classified as a leg ulcer
- Tissue Viability specialist advice MUST be sought when considering NPWT for paediatric patients.
- Patients need to be educated about how the NPWT system works and what to do if a technical problem occurs. Patients also need to be able to recognise any signs and symptoms of complications and technical problems.
- The patient must be given information about NPWT to allow them to make informed consent. Patients must understand the rationale for treatment, the interventions required to apply and maintain the therapy. Registered Healthcare Professionals must obtain verbal consent from the patient, and this must be documented in the patient's notes. (Appendix 8).
- Registered Healthcare Professionals need to ensure that patients are aware of what to do and who to contact in the event of a problem occurring during NPWT. If there is any concern regarding a patient managing in the event of a problem occurring, then the patient should be deemed as unsuitable for NPWT, and alternative treatments should be sought. (Smith & Nephew 0800 915 5394)

NPWT application process: see Dressing Application (Appendix 4)

- Prior to commencement of procedure hands should be thoroughly washed and dried. Following cleansing a protective disposable apron should be worn.
- The surrounding skin should be cleansed at each dressing change only irrigate/cleanse the wound bed if there is specific debris to remove prior to application of NPWT foam.
- Pressure settings applied are dependent on the type of wound, (Appendix 6)
- An odour can occur with some wounds, the Healthcare Professional needs to consider the cause of the odour.
- Canisters should be monitored daily for exudate quantity and type. It is recommended that canisters are replaced when full (an alarm will sound) and at least once a week to control odour. Canister should be kept upright to maximise canister volume and optimize complete blockage/canister over capacity alarm

- Foam dressings should be changed every 48-72 hours after initial application of therapy. If no leak is present and the patient is comfortable dressing changes should occur no less than 3x per week
- Gauze dressings should be changed 48 hours after initial application of therapy. If no leak is present and the patient is comfortable, dressing changes should occur 2-3 times per week.
  (smith & nephew 2016)
- The patient should be advised to inform a Healthcare Professional if they experience severe pain or acute bleeding. It is important to inform the patient of any adverse reactions so to ensure that they are prepared for such occurring. The patient must be aware of who to contact in the event of an adverse reaction occurring, buzzer should always be near patient. Please inform the TVN team.
- Any pain or acute bleeding the pump must be turned off. Contact the Tissue Viability Team, doctor on call or 24-hour helpline on 0800 915 5394
- The therapy must not be switched off for longer than 30 minutes and a maximum of 4 times in each 24-hour period. If a seal cannot be achieved and maintained the dressing is to be removed and the therapy should be discontinued. The patient should then be re-assessed, an alternative treatment sought and the NPWT device returned to the supplier.
- Full documentation of the therapy should be recorded in the patient's notes.
- It is recognised that waste generated during canister changes should be disposed of as Clinical Waste.
- ***It is important to record and document clearly of the number of pieces used and the foam type (white or black) to ensure no foam is retained within the wound bed on wound assessment chart.***
- ***If the wound is to be dressed using gauze dressing, then a gauze dressing that can be used with the NPWT is placed in the wound. A record of the number of pieces used made.***

When to discontinue NPWT:

NPWT should be discontinued after a Registered Healthcare Professional has assessed the wound and concluded that the treatment objective has been achieved (Bondokji et al 2011 & Milne, 2013).

Alternatively, NPWT should be stopped when a patient is assessed by a Registered Healthcare Professional as not being suitable to continue with the treatment.

Considerations for stopping NPWT include:

- At the patient's informed request
- When granulation tissue is level with the surrounding skin

- When exudate level is less than 20 ml per day
- There is no improvement/reduction in wound size over 2-week period
- Patient is experiencing pain
- There is a change in the patient's health, home environment or Social circumstances that affect the safe and effective use of NPWT.
- If any signs of systemic infection of localised cellulitis.

On discontinuing NPWT the patients wound should be re-assessed and a new treatment objective and care plan should be devised. Advice and support should be sought from the Tissue Viability Service to help the Registered Healthcare Professional with any wound management issues.

Where applicable the Registered Healthcare Professionals must inform the Hospital Consultant when NPWT is discontinued.

NPWT dressing removal

Gently remove an existing NPWT dressing according to the following procedure:

i. Raise the tubing connectors above the level of the therapy unit

ii. Close clamp on the dressing tubing

iii. Separate canister tubing and dressing tubing by disconnecting the connector

iv. Allow the therapy unit to pull the exudate in the canister tube into the canister, and then close the clamp on the canister tubing

v. Press THERAPY ON/OFF to deactivate the NPWT device

vi. Wait for 2-3 minutes to allow for foam or gauze to decompress. To remove the drape from the skin, gently stretch the drape horizontally to release adhesive from the skin

vii. Do not peel vertically. Gently remove foam or gauze from the wound

viii. If the foam or gauze has adhered to the wound base apply sterile 0.9% Sodium Chloride into the tube and leave to soak for 15-30 minutes prior to removal

ix. Discard disposables into the Trust's yellow waste bins

Changing NPWT canisters:

Change the NPWT canisters according to the following procedure:

i. Raise the tubing connectors above the level of the therapy unit

ii. Close clamp on the dressing tubing.

iii. Separate canister tubing and dressing tubing by disconnecting the connector.

iv. Allow the therapy unit to pull the exudate in the canister tube into the canister and then close the clamp on the canister tubing.

v. Release canister by either pushing the white arrow button to release or depressing lever on the side of the canister to pull it off.

vi. Record exudate levels, type and colour on assessment chart.

vii. Dispose of as clinical waste into the Trust yellow waste bins.

viii. Ensure the gel in the new canister is lying flat.

ix. Connect new canister to tubing.

x. Place canister into pump until it clicks.

- All patients with any wound dressing including TNP/VAC therapy should, if possible, have their wounds swabbed within 24 hours of admission as per MRSA admission screening protocol

Discharging into the Worcestershire Community on NPWT:

- As soon as the patient is medically fit for discharge the discharge process should begin, funding should be applied for. **The patient must not be discharged until funding has been agreed and District nurses are aware.**
- All referrals for NPWT treatment funding need to be completed prior to discharge (see Appendix 9)
- The Registered Healthcare Professional responsible for discharge will ensure that there is sufficient stock available on discharge: 1 dressing and canister change. Herefordshire &Worcestershire Health and Care NHS Trust.

The Trust will be charged for the rental of a NPWT device from the supplier until the supplier is informed that the patient no longer requires it. Therefore, it is important to deactivate and return the NPWT device to the NPWT store promptly after use. According to site process (Appendix1, 2)

Patients who live in surrounding / other Local Authorities, it is imperative that the Tissue Viability Team for that area is contacted to establish if VAC therapy is supported and funded in that community services, please contact Tissue Viability Team, for them to liaise with other Trust Provider Services.

5 Implementation

5.1Plan for implementation

- Tissue Viability Wound Assessment and Management Study Day including NPWT Training and competence.
- Tissue Viability Website Resource.
- Bespoke training from contractual company.

5.2 Dissemination

This document will be available on intranet and replaces the previous versions of this document.

5.3 Training and awareness

Training is provided by staff from Smith and Nephew using a competency framework. Support is also available in the clinical area on a one-to-one basis from the Tissue Viability team. NPWT is a non-invasive active wound healing therapy. Due to its specific mode of action staff require training and competence.

6 Monitoring and compliance:

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Sec 2	Staff competency on VAC application and management	*Record staff attendance to VAC training / wound assessment days. *Bespoke training at ward level re updates/new training for application	training record check every: every quarter	Ward manager	Ward managers, matrons, Divisional directors of Nursing.	Quarterly @ FOCc
Sec 2	Staff training record (ESR)	Record staff attendance to VAC training / wound assessment days	ESR training record check every: every quarter	Ward manager	Ward managers, Matrons, Divisional Director of Nursing	Quarterly @ FOCc

7 Policy Review

Every 3 years by Tissue Viability Lead Nurse

8 References:

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9 Background

10.1 Equality requirements

10.2 Financial risk assessment

No Financial risks.

10.3 Consultation

Fundamentals of Care Committee

Contribution List

This key document has been circulated to the following individuals for consultation.

Designation
Alison Robinson: Deputy CNO
Fundamentals of Care Committee

This key document has been circulated to the chair(s) of the following committee's / groups for comments.

Committee
Fundamentals of Care Committee

10.4 Approval Process

This policy will be approved via Clinical Governance Group.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
Feb 25	Staff Competency document Appendix	

Appendices

Appendix 1. WRH Site NPWT Process

New Smith-WRH.docx

Appendix 2. Alex Site NPWT Process

New Smith-ALX.docx

Appendix 3. NPWT& PICO (sNPWT) clinical decision Pathway

28652-uki One NPWT Pathway (Brar

Appendix 4. Dressing Application Guide

Foam application.pdf

Gauze Application.pdf

Appendix 5: PICO (sNPWT))

NEW pico-7-quick-referer

Appendix 6: Renasys Touch Clinical Guidelines

Renasys touch clinical guide.pdf

Appendix 7. NPWT Competency

WAHT Competencies For A

WAHT Competencies Care (

Competency sign off list.doc

Appendix 8 Patient Information Leaflet

34635-uki RENASYS TOUCH patient info

Appendix 9. Community Referral form

vac referral- Oct 2020.pdf

Appendix 10. PICO order code List

33382-uki PICO 7 and 14 Order Refere

S-N-ORDER-CODES (3).PDF

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Claire Hughes**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Claire Hughes	**Lead TV Nurse**	**Claire.hughes9@nhs.net**
Date assessment completed	**08.04.21**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** **Guideline for the Use of Negative Pressure Wound Therapy (NPWT)**			
What is the aim, purpose and/or intended outcomes of this Activity?	To maintain staff competency when assessing & applying NPWT .			
Who will be affected by the development & implementation of this activity?	X X ❑ ❑	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____

Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Staff Training	*Regularly updated staff competencies*	**Ward managers**	**Ongoing**
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	YES
2.	Does the implementation of this document require additional revenue	YES
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: *NPWT yearly budget is held within the Tissue Viability Budget *This includes Daily rental costs of units *NPWT unit process in place , available on Trust Tissue Viability Intranet to Access	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval