Health Innovation Wessex

Transforming Wound Care Technical Report 4: Implementation tracker

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This technical report along with accompanying technical reports provides a full account of all data sources for the evaluation of the Transforming Wound Care programme and should be read in conjunction with the full evaluation report of that programme.

Summary

The following report draws out the key points from implementation trackers completed by Test and Evaluation Sites (TESs) participating in the Transforming Wound Care (TWC) programme, recorded over a three to four-month period. This is a relatively short period of time to observe any change however, by following a set of key milestones each TES utilised a variety of strategies. Information was obtained on factors that either constrained progress or facilitated successful implementation. This information demonstrates the complexity of implementation efforts and the challenges within health and care systems.

Key points

- A wide range of strategies, some innovative, were used to engage patients and staff to improve lower limb wound care. These included engagement and behaviour change activities, and communication of evidence-based knowledge.

Successes

- Key factors fostering successful implementation included involvement in the Transforming Wound Care (TWC) programme and its support to encourage and focus greater collaboration and engagement across services, and within provider organisations.
- Nominations for awards of achievements in wound care were an indicator of successful implementation in one site.

Challenges

- Common constraining factors experienced in the NHS such as workforce capacity and operational pressures delayed or hindered implementation of local TES plans for their wound care services.
- Staff confidence and patient discomfort impacted on the delivery of evidence-based treatment for strong compression.

1. Methods

The following provides details of the evaluation team's approach to recording the implementation process of TESs' key objectives within a four to six-month period.

1.1. Purpose and development of implementation tracker

In order to understand the implementation of the TWC programme at each TES, the Health Innovation Wessex Insight team (the evaluators, hereafter referred to as 'we') initially needed to ascertain their individual starting points followed by their key objectives for achieving changes to services and patient care. Due to the data collection period for the commissioned evaluation, it was not possible to capture all implementation information for TESs.

1.1.1. Approach

Implementation tracking is based on implementation science principles to collect information on implementation processes and strategies used to facilitate change. Kilborne et al (2022)[1] explains the need for implementation science:

> *"Implementation science is the process of solving complex healthcare problems by motivating providers to use effective treatments for their patients, especially when faced with resource limitations…[and] when faced with organisational constraints and competing demands."* Kilborne et al, 2022

In busy environments it is a challenge to recollect details of events. Implementation tracking was set up to capture information close to real time as possible. Given the limits of staff capacity to collect information, this would enable the evaluation to capture the multiple 'in-between steps' that often challenge implementation efforts in health and care services.

1.2. Method

We designed an implementation tracking tool specifically for this evaluation. TES-specific objectives were gathered through information provided in the TESs' project plans and site visits (virtual or in-person) carried out by a member of the Health Innovation Wessex Insight team. These visits gathered information on objectives (planned and achievable) to deliver service changes in line with National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs).

This tool, unique to each TES and produced in Microsoft Excel format, identified the key TWC programme milestones that each TES had planned, during the evaluation period. This varied by TES but generally covered a three to four-month period.

The following were asked for each key objective:

- Strategy(s) to support delivery of key objective.
- Any factors preventing completion as planned e.g. lack of stakeholder or staff engagement, process or procedural delays, major unanticipated events.
- Any factors that ensured success of objective e.g. key local champion or leadership engagement.
- Significant change or new approach to strategy to support delivery of objective required.

We requested monthly reporting against the key milestones.

2. TES implementation of wound care pathway plans

This section reports TESs' strategies, constraints and successes for implementing wound care pathway plans. **Table 1** was completed using information from the implementation tracker and the TESs' individual reports shared at the Celebratory Event held on 21 March 2024. It provides a summary of the output of all eight TES implementation trackers as well as supplementary information provided by individual TES.

Strategies applied, factors that constrained, and successes were identified across the following key areas:

[1] How does facilitation in healthcare work? Using mechanism mapping to illuminate the black box of a meta-implementation strategy | Implementation Science Communications | Full Text (biomedcentral.com)

- Pathway/service redesign (development of new care models) for lower leg care, podiatry care, immediate and necessary care, or early intervention pathways in primary care.
- Information for patients.
- Reaching under-served patients: targeted services for those experiencing homelessness, housebound (non-ambulatory), and those who misuse substances.
- Provision of ongoing care.
- Developing and enhancing local training systems.
- Engagement and support of staff.
- Use of technology: for data (automation of data) and wound care, creating data dashboards.
- Procurement of wound supplies and their distribution.
- Working with different providers across the system and multiple stakeholder engagement.

2.1. Strategies

A wide range of strategies and innovative approaches were undertaken by the TESs. The following summarises examples that target both patients and staff:

Engagement

- Setup of task and finish groups.
- Consensus-building across teams.
- Use of clinical champions.
- Reaching out to under-served communities with services: housebound and people without homes.
- Stakeholder engagement.

Communication of evidence-based knowledge

- Development of training and education programmes.

Behavioural approach

- Regular monitoring of staff.
- Development of patient information materials to support self-care.
- Targeted approaches to training.
- Local dashboards on wound healing rates achieved to motivate staff.
- Coaching of staff.
- Use of reminders (WhatsApp for equipment checks before visits).

2.2. Constraints

The following were identified constraints.

- **Patient tolerance**: This related to challenges with implementing the NWCSP Lower Limb Recommendations for strong compression due to pain and discomfort this could cause patients. Lack of staff confidence could also act as a constraint.
- **Project complexity**: The size, scale and complexity of pathway and system changes needs time as well as financial resources.
- **Engagement**: Delivering services in certain localities and engaging other colleagues (e.g. vascular teams) presented challenges and therefore time and capacity to overcome these.

- **Workforce**: Challenges with capacity and many trusts operating in Opel 4 (Operational Pressure Escalation Level) during their implementation of the TWC programme impacted on the ability to deliver wound care services as planned.
- **Technical difficulties**: There were challenges with collecting data or integration of Wound Management Digital Systems (WMDS).

2.3. Successes

The following were identified successes.

- The TWC programme was a key enabler in allowing trusts to drive forward planned changes to services and ensure improvements to practice. This included the opportunity to share and learn across the TES sites.
- Fostering engagement and collaboration across staff teams and patient pathways was an enabler to move services forward.
- Gaining the right support in the system from those with the authority to deliver services was an enabler to provide authority to deliver services.
- Improvements in awareness and understanding of wound care by staff.
- Service and patient pathway changes delivered during the lifetime of the TWC programme.
- Although aspects of plans are not fully in situ, there is commitment to pursue work started.

Table 1 TES implementation strategies, constraints and factors leading to successful implementation

Implementation milestones: Pathway/service redesign (development of new care models) for lower leg care, podiatry care, immediate and necessary care, or early intervention pathways in primary care	
Implementation strategies	1. Monitoring processes established to reinforce messaging and actively follow up when not applied. 2. Task and finish groups to manage different workstreams of activity in system service redesign. 3. Develop concept services (e.g. hubs) followed by a pilot before rollout. 4. Work towards gaining consensus for large scale service redesign. 5. Leadership commitment (buy in). 6. Identification of clinical champions.
Factors that constrain implementation	**Issues with applying the NWCSP Lower Limb Recommendations:** 1. Different parts of the wound system infrastructure do not support NWCSP Lower Limb Recommendations e.g. strong compression in podiatry services because it is not clinically appropriate. 2. Staff not following NWCSP Lower Limb Recommendations. 3. Staff reluctance to apply strong compression either due confidence or patient concerns. 4. Patient engagement with compression therapy (resistance to applying or receiving strong compression). **Size, scale and complexity of pathway and system changes needs time as well as financial resources** 1. Many trusts are under funding constraints so requests for new services or changes to pathways are resisted if there is no guarantee of funding to support delivery. 2. Processes to negotiate and sign off new services takes time and causes delays to implementation plans. 3. Engagement of all relevant stakeholders in large-scale service redesign needs resource, capacity, and time.

	4. System-wide (whole system transformation) requires stages of initial planning and mapping of current service provision and will also in some cases require NHS Estates to identify suitable locations.
Factors leading to successful implementation	1. Implementation of new pathways facilitated by TWC funding. 2. Implementing different pathways valued in clinical practice (by formalising evidence base and creating a structure for referrals) e.g. leg ulcer pathway and early intervention pathway (a key success for local system to meet need). 3. ICB support for delivery enables progress. 4. Nominations for awards of achievements in wound care were an indicator of successful implementation. **Engagement and collaboration** 1. Identify clinical champions to support and engage local PCNs to adopt staff training for immediate and necessary care (one TES involved a PCN). 2. Improvements to collaborative working across tissue viability, district nursing and podiatry supports implementation. 3. Engagement led to successful rollout across all district nursing teams in some TESs.

Implementation milestones: Information to patients	
Implementation strategies	1. Align patient information to NWCSP guidance. 2. Information pack, personalised approach, self-care planning.
Factors that constrain implementation	1. Patient resistance to strong compression. 2. Time and capacity to deliver the materials.
Factors leading to successful implementation	None identified or stated within the implementation tracker.

Implementation milestones: Reaching underserved patients: targeted services for those without homes, housebound (non-ambulatory) and those who misuse substances	
Implementation strategies	1. Delivering service (mobile unit) to locality (a supermarket car park) to reach those without homes. 2. Delivering services to housebound patients. 3. Undertook public engagement of under-served groups.
Factors that constrain implementation	1. Time and capacity to reach under-served groups. 2. Delivering services outside typical NHS settings presents challenges e.g. getting necessary parking permits to deliver service.
Factors leading to successful implementation	1. Delivering services to the target group rather than expect them to attend standard services. 2. Providing posters to the community about services available. 3. Promoting service availability to target group. 4. Successfully delivering of two new clinics and one mobile clinic to support those without homes and those who misuse substances. 5. Successfully implementing non-ambulatory service to support those at home.

Implementation milestones: Provision of ongoing care	
Implementation strategies	1. Staff education. 2. Referral to other services e.g. vascular.
Factors that constrain implementation	1. Time and capacity. 2. Patients returned to primary care receive care from staff who may not be trained appropriately to continue with the patient's lower limb wound care and may not have access to Dopplers. This can result in a healed wound breaking down. 3. Ongoing care needs funding and direct support. 4. Vascular services - delay in responding impacting service pathway progress.

Factors leading to successful implementation	TESs are aware of the need to ensure that ongoing care is in place, although not fully embedded in systems yet.

Implementation milestones: Developing and enhancing local training systems	
Implementation strategies	1. Installing eLearning into local staff management systems. 2. Use of communications to promote training available. 3. Monitor demand and target specific cohorts of staff for training. 4. Review training and gather feedback. 5. Allocating dedicated workstream lead. 6. Providing refresher training and annual courses. 7. Identification of local champions to support training. 8. Targeted training - Produce clear definition of red flags and other NWCSP Lower Limb Recommendations and implement into system via bitesize training. 9. Specialised training e.g. in leg ulcer assessment and management of hosiery and Doppler workshops, training specifically on compression bandaging. 10. Electronic Patient Record (EPR) training reminders. 11. Provide personalised outcomes for staff. 12. Learning coach introduced to ensure learning is reflected in practice. 13. Training materials updated with links to referral forms to make clinical assessment easier. 14. Development of training glossary.
Factors that constrain implementation	1. Training not linked to staff profiles limits uptake. 2. Lack of uptake or engagement with training provided. 3. Staff sickness and long-term vacancies result in low turnout for training. 4. Impacted by winter pressures and Opel 4 status. Plus, strikes and Covid backlog can impede ability for staff to undertake training. 5. Challenge of working across multiple providers and training provision, who wish to retain components of their own training approach.

Factors leading to successful implementation	1. The successful implementation and adoption of training programmes across most sites, ensuring that staff are trained. 2. Ongoing with continuous development to upskill staff. 3. System-wide changes involving multiple providers benefits from a pragmatic and supportive rather than prescriptive approach allowing some flexibility.

Implementation milestones: Engagement and support of staff	
Implementation strategies	1. Assess training needs for different staff groups and locations e.g. care homes and undertake competency checks. 2. Support aids to facilitate staff engagement and feedback: Video, BeSafe meetings[2] (daily patient feedback meetings in community team), 1:1 support from senior to junior member of team, staff leaflet. Information on tissue viability looping and in immediate vicinity of relevant staff. 3. Feedback of audit data via dashboard to staff. 4. Importance of the visibility and commitment of leadership to support implementation activities. 5. Maintain levels of upskilling staff and afford time for them to attend support activities.
Factors that constrain implementation	Staff sickness and lack of availability can impair team functioning and continuity of recommended care.
Factors leading to successful implementation	1. Learning from colleagues in other TESs and experience of the the National Wound Care Strategy programme (NWCSP) First Tranche Implementations Sites (FImpS)[3]. 2. Adopting a more facilitating and supportive approach rather than mandating an approach to delivering learning. 3. Ongoing support for staff continues with various support strategies to manage engagement.

[2] A key objective of the Lincoln was to develop better staff engagement, and this has included the BeSafe meetings. These are daily handover and feedback meetings which also provide opportunities for teaching.
[3] NWCSP recruited seven First Tranche Implementation Sites (FImpS) to implement, test, and validate their LLRs.

	4. Increased visible leadership presence planned. 5. Embed good wound care practice as business as usual: Use of BeSafe meetings, TV screen to provide prompts and information to clinical staff. 6. A specific dashboard on the providers SharePoint designed to keep clinical staff up-to-date across all sites on progress and feedback data on healing rates etc. to act as a motivational tool as well as staff understanding the benefits of metric data collection.

Implementation milestones: Use of technology: for data (automation of data) and wound care, creating data dashboards	
Implementation strategies	1. Use of WMDS to enable both recording of wound images and patient information but also automation of data collection. 2. Piloting WMDS. 3. Conducting cost-benefit analysis.
Factors that constrain implementation	1. Time capacity. 2. Lack of interoperability (e.g. integration with SystmOne - needing development and sign-off of additional templates). 3. Funding and resources.
Factors leading to successful implementation	Undergoing a process to identify and implement a WMDS has improved data collection (e.g. via EMIS).

Implementation milestones: Procurement of wound supplies and their distribution	
Implementation strategies	Use of WhatsApp reminders to community staff at point of care delivery vs system wide procurement and delivery.
Factors that constrain implementation	Community nursing need to ensure they have supplies before visits.

Factors leading to successful implementation	Digital systems to enable community staff to order supplies at point of care (e.g. use of WhatsApp reminders) rather than relying on system-wide procurement and delivery' because 'multiple supply routes perceived to impact time, cost and clinical outcomes'.

Implementation milestones: Working with different providers across the system and multiple stakeholder engagement	
Implementation strategies	1. Engage primary care and care homes to identify needs, for training and support etc. 2. Gathering data across different providers and parts of the local health system to standardise metrics and data collection activity - into dashboard potentially. 3. Include frontline as well as other staff. 4. Build trust between partners delivering service. 5. Consensus building needed when implementing new wound care models of care or pathways. 6. Quantify system spend and activity to engage system leadership.
Factors that constrain implementation	1. Engagement poor and a challenge if there is no funding attached to service improvements. 2. Time and capacity. 3. Complexity of metrics and data collection.
Factors leading to successful implementation	One TES instigated a dashboard to facilitate learning and engagement with the NWCSP LLRs, however this has involved organisational complexity and requires: • Recognition of the complexity of data collection across system. • Acknowledge preparation / groundwork required to develop trust across systems and providers working together.

3. Conclusion

Various strategies, including innovative approaches, were employed to engage patients and staff in enhancing lower limb wound care. However, common challenges within the NHS, including workforce capacity and operational pressures caused delays or obstacles in implementing local TES plans for wound care. Staff confidence and patient discomfort significantly influenced the delivery of evidence-based treatment, particularly for strong compression. Successful implementation included involvement in the TWC programme and its support to encourage and focus on greater collaboration and engagement across services and within provider organisations.

References

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Version Control

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