Health Innovation Wessex

Transforming Wound Care Technical Report 5: Implementation metrics

Health Innovation Wessex

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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 keys points on implementing and collecting metrics across multiple Test and Evaluation Sites (TESs). It highlights the progress and challenges in implementing effective metrics reporting and demonstrates the complexity of implementation and metrics collection.

Key points

- The Transforming Wound Care (TWC) programme highlights the importance of evidence-based care, continuous improvement in data collection and reporting methods, and the rationale for reporting metrics.
- Learning indicates that it is important to understand the capacity and resources available at TES to support metrics collection and any potential areas of concern (such as IT systems, Electronic Patient Record (EPR) templates development, staff capacity, etc.) before implementation. This understanding will help mitigate issues with reporting metrics. The insights gained from the process of reporting metrics will undoubtedly benefit future programmes, highlighting the importance of understanding the context and scope of each TES to continuously enhance data collection and reporting methods.

Successes

- Notable improvement in metrics reporting over time was observed, with TESs either increasing the number of collated metrics or steadily reporting the same number of metrics.
- By March 2024, all providers were gathering data consistently on data points across three of the six critical metrics (designated as in scope by each TES).

Challenges

- Reporting metrics across all TESs has been a significant undertaking; as of March 2024, none of the TESs had compiled all of their in scope critical metrics.
- For all TESs, collecting all the metrics was constrained by a complex set of factors, such as issues with IT systems, manual data extraction, uncertainty regarding metric definitions, and capacity constraints.

1. Approach to interpreting implementation metrics narrative

As part of the TWC programme, it was decided that all TESs would gather metrics to enhance understanding and monitor the development and implementation of their respective TWC initiatives. The process of collecting these metrics played a crucial role in measuring and tracking key programme aspects and, most importantly, providing evidence-based care. Nevertheless, collecting these metrics presented challenges for the TESs for multiple reasons. Primarily, they were new metrics to collect and report. The TESs were at different stages of implementation and had distinctly different programme goals. Therefore, not all the metrics needed to be collated for all the TESs; however, it was agreed by the TWC Central Team that a set of six key areas of focus (with 17 data collection points) were to be collected by all the TESs (this approach was agreed and communicated to all TES teams in September 2023).

Given the challenges, this report aims to explore the narrative (collected for the evaluation) on the TESs' adoption of the TWC programme metrics. It aims to highlight both the overall context and the individual and collective rationale behind metric collection decisions at various stages of the programme. These insights will provide a better understanding of why each TES collected specific metrics and why some were not included.

2. Methods

In this report, the Health Innovation Wessex Insight team (the evaluators, hereafter referred to as 'we') explored the narrative on the six key areas of focus with 17 data collection points (hereafter referred to as six critical metrics and the 17 data collection points) during the reporting period from the month each provider at each TES began reporting data to March 2024.

Our data sources included:

- Monthly wound care aggregated dashboards.
- Individual TESs monthly dashboards (provided by Unity Insights Limited).
- Available roadmap outputs from each TES.
- Meeting notes from the national metric meetings provided by the TWC Central Team. The meeting notes were from October 2023 – March 2024.

To understand the narrative behind metric collection, we first explored the metrics recorded at aggregate level for all the TESs. This provided an overview of the number of metrics collated during the reporting period, enabling further exploration into individual TES narratives with available documents.

Exploring the narrative of the critical metric data serves two purposes: it aids future programmes by revealing the complexities of implementing new metrics in a real-world evaluation programme with multiple sites, while also surfacing insights on broader challenges and benefits for future service implementation.

3. Findings

The following section is divided into two parts. First, it offers a high-level overview of critical metrics collected at two different time points: the month each TES provider began reporting metrics data and March 2024. It also discusses the overall challenges in metric collection across the TWC programme. The second part explores individual TES's reporting and explanation for metrics collection including key points.

3.1. General overview of all TESs

See below for an across-provider perspective of the in-scope metrics for each TES (in scope means the metrics requested by the TWC central team which were part of the TES local delivery plans for the TWC programme) from the six critical metrics with 17 data collection points.

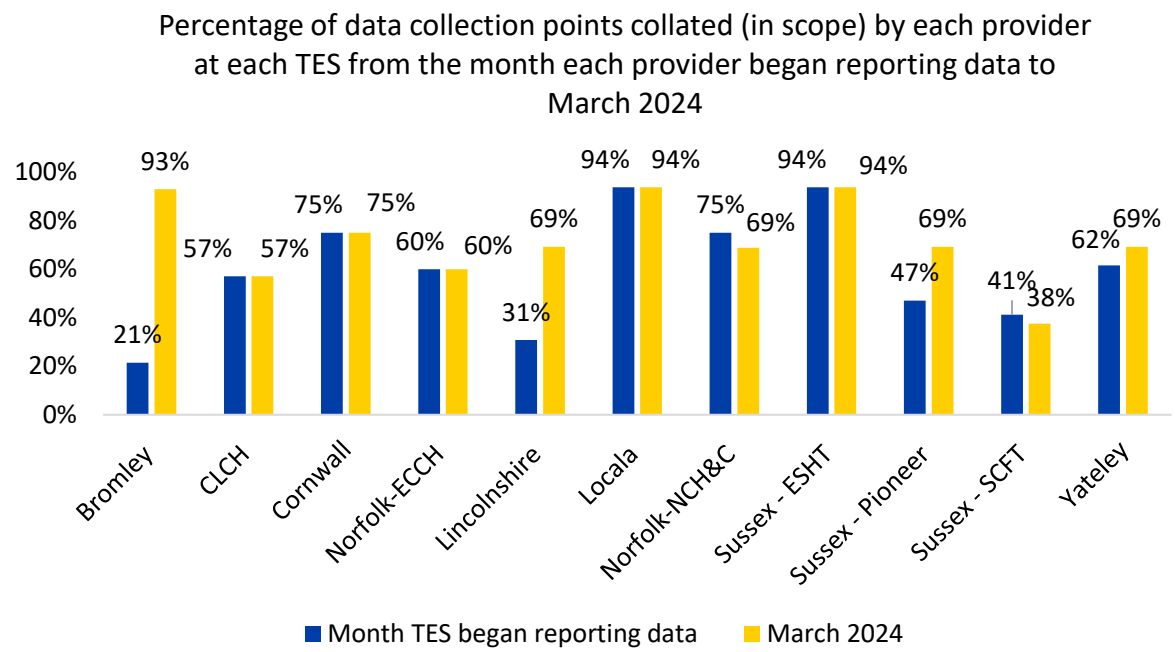

Figure 1 Percentage of data collection points collated (in scope) by each provider at each TES from the month each provider began reporting data to March 2024

Figure 1 displays the percentage of data collection points collated (in scope) for each provider of each TES from two time points: 1) The month each provider began reporting metric data (see Table 1 for details on when each provider started reporting metric data) and 2) March 2024. This was done to understand the data collection points gathered and reported throughout the duration of each TES' implementation. Key points:

- Two providers were able to backdate data collection from 2022 (Bromley Healthcare, and Norfolk and Waveney ECCH), the remaining providers began reporting in 2023 (see Table 1).
- Locala, in conjunction with Sussex ESHT, achieved the highest percentage of the 17 data collection points in scope, reporting 93.8% of metrics by March 2024.
- There was no percentage increase to the 17 data collection points for five providers (CLCH, Cornwall, Norfolk and Waveney ECCH, Locala, Sussex ESHT) within the reporting period.
- Sussex SCFT decreased in its reporting of the data collection points, although this may have been a technicality in reporting as a data collection point became out of scope for the TES from July 2023 onwards so did not need to report it.
- All providers except one were reporting over 50% of the 17 data collection points by March 2024
- Yateley were the only primary care TES reporting data for the TWC programme.

Table 1 The month each provider began reporting metric data (according to the monthly wound care aggregated dashboards).

TES provider	The month the provider began reporting monthly metric data
Bromley Healthcare	October 2022 (able to backdate)
CLCH	October 2023
Cornwall	January 2023

ECCH	September 2022 (able to backdate)
Lincolnshire	January 2023
Locala	August 2023
NHC&C	April 2023
ESHT	January 2023
Pioneer	January 2023
SCFT	January 2023
Yateley	May 2023

3.1.1. Metrics collated by all TESs by March 2024

Overall, there was an improvement with reporting metrics across TESs within the reporting period. By March 2024, all providers were gathering data consistently on data points across three of the six critical metrics (in scope). These critical metrics provide an insight into their wound care caseload and the proportion of patients healed at different stages (see appendix, **Table 13**).

3.1.2. Challenging metrics for reporting across all TESs

Among the 11 providers, seven faced challenges in collecting one critical metric (four data points on healing rate metrics for foot wounds TWC011E to TWC011H). The overall difficulties primarily arose from not distinguishing measurements between the lower leg and foot within their systems. In light of the challenge in local recording of lower limb wounds, the TWC Central Team adjusted the approach by providing the capability to report on leg and foot wounds separately from September 2023 where this was possible by TES.

Certain providers faced challenges in accurately recording these metrics and the necessity to review compression levels (e.g. recorded as strong/mild/in mmHg/ or by product) across a range of readings while others mentioned the difficulty with manual data extraction. Additionally, some providers had limiting factors such as patients moving out of service.

While some providers expressed readiness to provide data for the specified metrics, capturing figures for healing at 24 weeks and beyond was challenging due to insufficient data on patients/wounds with a longevity beyond 24 weeks. The ability to interpret, analyse, and compare metric data and provide evidence of the programme for evaluation purposes was ultimately affected by these challenges. This is discussed further in technical report 6.

3.1.3. An overview of challenges in metric collection across all TESs

While exploring the challenges across all TESs reporting metrics, both commonalities and individual reasons were observed. The following reasons highlight why some TESs faced difficulties collecting metrics:

- **Difficulties in system coding:** Challenges related to logging data due to patients moving out of service. Challenges with staff not consistently ticking the required boxes within Electronic Patient Record (EPR) templates used by TESs to accurately indicate that the metric was reported or logged. Foot and leg differentiation occurred for some TESs within their systems. For some TESs, this was harder to log separately in their IT systems, making it challenging to monitor the separate metrics effectively.

- **Manual data pulling and capacity issues:** Data collected manually for certain metrics affected time efficiency and limited staff capacity. Likewise, organising and waiting for automation (by Ardens/Business Intelligence (BI)) took time to efficiently collate the metrics.
- **Uncertainty regarding metric definition**: Lack of clarity on what constitutes 'full care' for TWC004A and B metric as there may be some variation in what full care means for each provider. In some cases, certain providers may collect metrics that are similar but not precisely the ones required, or they may not have captured the complete picture to meet the metric requirements due to system coding difficulties (e.g. mild and strong compression).

3.2. Exploration of critical metric narratives by TES

The following section explores the narrative on the critical metrics by TES and provider. It highlights the key points, barriers and challenges to demonstrate the complexity of new metrics collection. Each table outlines their reporting (either by patient or wound), identifies the biggest challenge, and highlights key takeaways for each TES.

3.2.1. Bromley Healthcare

Bromley Healthcare identified 14 (out of 17) data collection points from the critical metrics within the scope of their TES, and 13 out of the agreed data collection points were reported by March 2024.

Table 2 Bromley Healthcare narrative

Bromley Healthcare	In scope data points collated by March 24: 13	In scope data points not collated by March 24: 1
Metrics collated by patient or wound	Metrics TWC001-010 report by patients, Metrics TWC011A-H report by wounds.	
Biggest challenge	Data cleansing and clinical reviews to maintain accuracy.	
Key points to note	Caseload: The community service: • No movement on providing lower limb wound caseload within primary care (TWC001B) as it sits within primary care and unable to access the data. • Delays pulling data for foot wound patients receiving full assessment (TWC003A), but CQUIN (NHS England framework: Commissioning for Quality and Innovation) template was reported to be uploaded January 2024. By March 2024, the metric was out of scope due to the podiatry team not following part of the pathway (and therefore not being reported as part of the data submission). • The metric, foot wound patients receiving full care (TWC004A) was not in scope from January 2023 and remained out of scope in March 2024. TES was unable to report on full care of foot wound, however, the TES do a full background assessment of the patient (complexities, health conditions) followed by a lower leg assessment including screening for red flags and performing a Doppler test. • Although reported from January 2024, there were complexities reporting lower leg wounds treated with strong compression TWC010 as it required a combination of staff selecting the	

	dropdown option for garments/brand on their system (EMIS) and then manually checking the wound management digital systems (WMDS) to pull the appropriate data for strong compression on patients. Additionally, the data on the app was not labelled 'strong compression'. It required the individual clinician to know the branding of the hosiery or bandage to understand the levels of compression. • Although reported from January 2024, there were also problems reporting all wounds healed (TWC011) metrics due to the difficulty separating lower leg and foot wounds in their system. This was mentioned to be a historical challenge in district nursing; however, with the data from the WMDS app and support from their Business Intelligence lead, they were able to report this metric. It is worth noting that podiatry did not submit healed and unhealed rates therefore the healing rates only relate to the data from the district nursing service.

3.2.2. Cornwall

Cornwall identified 16 (out of 17) data collection points from the critical metrics within the scope of their TES, and 12 out of the agreed data collection points were reported by March 2024.

Table 3 Cornwall narrative

Cornwall	In scope data points collated by March 24: 12	In scope data points not collated by March 24: 4
Metrics collated by patient or wound	Metrics TWC001A-04B report by patients. Other metrics report by wounds.	
Biggest challenge	Challenges related to data quality in defining full care and assessment have led to difficulties in reporting the metrics.	
Key points to note	Caseload: All lower limb and foot wounds on caseload across Cornwall Partnership NHS Foundation Trust. • Lower limb wound caseload within community services (TWC001A) was reported from January 2023, since the programme launch. The caseload had significantly increased due to the integration of data from a newly created form within their system (RiO). As a result, both new patients and existing ones were being added to the caseload. In October 2023, this was addressed by the TES team and data cleansing related to healed patients was due to happen although this relied on members of staff to actively mark patients as healed on their IT system (which was not completed in some cases). This led to inflated caseload numbers. The numbers continued to rise each month in the aggregated dashboard (as of March 2024, number of patients with a lower limb wound on the caseload with community services stands at 2019). As of October 2023, date of death was pulled into	

	the extract so they can exclude any deceased patients from caseload. • As of September 2023, the TES was unable to report on lower limb wound caseload within primary care (TWC001B) as this required primary care data which was unable to be accessed through the variety of different systems within different GP practices. • The foot wound referrals (TWC002A) did not increase in line with the caseload numbers (as of January 2023, 143-foot referrals compared to 79 in March 2024). This was explained by the strict criteria operated by podiatry services due to commissioning and capacity demand. • Similarly, as with foot wound referrals, lower limb referrals (TWC002B) did not match the increase in caseload numbers (as of January 2023, 323 lower limb referrals compared to 117 lower limb referrals in March 2023,). The TES expressed uncertainty about the decline in numbers but assured that they are accurate. Starting in January 2023, new forms were introduced for lower limb referrals, which means that patients already on the caseload who would undergo a new assessment after that date would be reported as a new referral. • The TES was unable to capture full assessment and care to report on TWC003 and TWC004 throughout the reporting period because they were unable to define the term of full assessment and care. It was suggested that it could be assumed that those receiving strong compression also received full assessment. • In March 2023, the TES was originally reporting lower leg wounds treated with strong compression (TWC010) only on those assessed within the month reported. After a discussion with the TWC Central Team, this was changed to report all patients in compression as at the end of the month. Between January and March 2024, the average percentage of strong compression was 42%. The support from immediate and necessary care, along with education and training, contributed to the increase in this percentage.

3.2.3. CLCH

CLCH identified 14 (out of 17) data collection points from the critical metrics within the scope of their TES, and eight out of the agreed data collection points were reported by March 2024.

Table 4 CLCH narrative

CLCH	In scope data points collated by March 24: 8	In scope data points not collated by March 24: 6
Metrics collated by patient or wound	Report by patients.	

Biggest challenge	Manual data pull from care plan in free text rather than template or automated completion.
Key points to note	Caseload: Pilot area (three out of eight community nursing teams). Figures are not representative of entire community caseload of the borough. • The TES began reporting metrics in October 2023. The limited data provided is based on an agreement with TWC Central Team (dated October 2023) due to the ability of the TES to deliver to support the goals of their pilot. • Although a small caseload, a small number of patients remain on the caseload for having multiple wounds or other health conditions. All other patients were confirmed to be discharged once healed. • Foot wound referrals for new assessment (TWC002A) and foot wound patients receiving full assessment (TWC003A) are out of scope due to only reporting on lower leg wounds as the TES has not transformed the podiatry pathway. • To understand the relationship between full assessment and strong compression: only patients assessed as suitable through a full lower limb assessment and Doppler received strong compression. • The TES pulled all the data for the metrics manually (from a care plan in free text). As of March 2024, the TES reporting templates are still in planning stages. The wounds healed (TWC011) metrics have been backdated.

3.2.4. Norfolk and Waveney ECCH

ECCH identified 15 (out of 17) data collection points from the critical metrics within the scope of their TES, and nine out of the agreed data collection points were reported by March 2024.

Table 5 ECCH narrative

Norfolk and Waveney: ECCH	In scope data points collated by March 2024: 9	In scope data points not collated by March 2024: 6
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	Very limited capacity within Business Intelligence team for data management and reporting (handled by one staff member working alongside the clinical leads).	
Key points to note	Caseload: All patients with a lower limb wound within ECCH (population approximately 246,000). • ECCH unable to provide commentary for lower limb wound caseload within primary care (TWC001B) as identification and referral is made by primary care team. • The peak in lower leg referrals (TWC002B) showed the legacy patients being 'held' in primary care and now being	

	referred from GP practices to the newly implemented Early Intervention Pathway; it is an accurate representation of patient referrals at that time. • Although ECCH has an existing service to see non-diabetic foot wounds, ECCH do not assess or care for foot wounds. ECCH do not report foot wounds as feet are not in the leg ulcer pathway or in-scope of the project. ECCH refer all feet to podiatry to assess if a podiatric intervention is beneficial for the patient (there are exceptions when the nursing teams would manage patients with remote podiatry advice i.e. end of life care, when onward referral is not possible). Most patients referred to the community are diabetic and are referred out via the diabetic foot pathway. • The challenges with TWC003B, where patients do not receive a full assessment or were not recorded to have received full assessment, are connected to data quality issues and the requirement for additional staff training. Additionally, colleagues in primary care are not able to refer or provide immediate necessary care. • It was reported in April 2023 that performance has continued to be impacted (on referral to assessment) due to the high levels of staff sickness, the impact on all community planned care due to the extended ICB Level 2 critical incident and the arrangements to manage a vacancy in a key clinic. In addition, and as highlighted above, only one individual has the skillset to pull data (capacity issue). Templates aimed to be in place by December 2023, however, due to staff capacity and operational pressures this could not be reported on by March 2024 (TWC010). • Staff training was reported as a challenge to ensure patients are marked as healed for TWC011 metrics.

3.2.5. Norfolk and Waveney NCH&C

NCH&C identified 16 (out of 17) data collection points from the critical metrics within the scope of their TES, and 12 out of the agreed data collection points were reported by March 2024.

Table 6 NCH&C narrative

Norfolk and Waveney NCH&C	In scope data points collated by March 2024: 12	In scope data points not collated by March 2024: 4
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	The implementation of the data collection requirements e.g. template development to report metrics.	
Key points to note	Caseload: Three pilot sites. • Low number of referrals (TWC003A) throughout TES reporting period (April 2023-March 2024); however, the	

	TES assured full assessment is for suitable patients that typically happens 14-28 days after referral. Reasons for no assessment included the wound having likely healed, the patient has been admitted to hospital, patient has died, or staff did not tick the box on the data entry field on the TESs' EPR system to continue patient for assessment (although this was emphasised to be a low number). By definition of the patient group there are some numbers which just will not fit into this 'box'. • Similar to ECCH, all foot wounds are referred to podiatry (see ECCH comments). • Lack of healing reported due to the data entry field on the TESs' EPR system not being ticked by staff. • Although strong compression is reported in the aggregated dashboard (TWC010), it seems the TES had difficulty. collating this metric due to a data quality and staff training issue. The 'data entry field on the TESs' EPR system for strong compression and no red flags on their system is often being missed/not being ticked, which resulted in low numbers for strong compression. It was noted that NCH&C will report to the ICB BI team after the TWC programme ends and will enquire to get this information after programme closure. • The TES had challenges with reporting more than one wound on one leg and logging this on their system (READ codes for the primary wound could mark as healed, all secondary wounds are captured as another READ code but they do not have their own healed data entry box so this was challenging for staff) (TWC011). • The aim is for all sites within NCH&C to use the same reporting and follow trust-wide policy and pathway.

3.2.6. Lincolnshire

Lincolnshire identified 13 (out of 17) data collection points from the critical metrics within the scope of their TES, and nine out of the agreed data collection points were reported by March 2024.

Table 7 Lincolnshire narrative

Lincolnshire	In scope data points collated by March 2024: 9	In scope data points not collated by March 2024: 4
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	Staff training and capacity that caused issues with how the data was reported (not ticking the data entry field on the TES's EPR system template).	

Key points to note	Caseload: Cohort for the pilot team (total number of lower leg wounds but diabetics and foot excluded). • An ongoing issue with staff capacity at the TES that has impacted staff completing Tier 2[1] training. Due to staff being ill or leaving, staff availability has ultimately impacted the number of patients seen in the service. The TES aimed to complete all staff training by January 2024. • In April 2023, the data collection team reported to have difficulty pulling the data required for the metrics and were continuing to pull the data manually until October 2023, when a template was introduced. Nevertheless, the TES reported ongoing challenges for some staff understanding how to complete the template correctly, resulting in data quality concerns. For example, lower leg wounds treated with strong compression (TWC010) numbers each month reflected this (June 2023, 6 patients, March 2024, 7 patients). Although non-compliance was reported to be high due to staff confidence and informing patients about the benefits of compression. • In July 2023, there was a decrease in the number of patients on the caseload (TWC001A). This was due to a caseload review and removing diabetic patients (part of TES exclusion criteria), a patient's wound had healed, and two patients died (June 2023, 48 patients, July and August 2023, 0 patients, September 2023, 55 patients). However, it was also reported that this caseload review and reporting no patients in July and August was due to staff capacity and no data being collected. • The conversion from lower leg referral to full assessment was due to capacity and demand and reflected system pressures and the ability to deliver assessment and care in line with the recommendations (TWC002B and TWC003B). Although due to reduced staff capacity and being understaffed, the number of referrals does not match the number of assessments (higher number of assessments to referrals). Patients were on a waiting list to be assessed e.g. May 2023 referral 3, full assessment 9, July 2023 referral 2, full assessment 7). • The TES reported an ongoing challenge recording healed patients (TWC011). This challenge was due to limited staff capacity and training (not completing the template correctly to indicate a patient is healed).

[1] The National Wound Care Core Capabilities Framework for England sets out the requisite wound care knowledge and skills for the workforce. There are three tiers of training ranging from essential to advanced wound care education.

	• In terms of future implementation, they aim to roll out three teams at the beginning June 2024 to spread across the whole of Lincolnshire.

3.2.7. Locala

Locala identified 16 (out of 17) data collection points from the critical metrics within the scope of their TES, and 15 out of the agreed data collection points were reported by March 2024.

Table 8 Locala narrative

Locala	In scope data points collated by March 2024: 15	In scope data points not collated by March 2024: 1
Metrics collated by patient or wound	Reported by wounds for metrics TWC001A, TWC002A-10 by patients.	
Biggest challenge	Staff training and capacity that caused issues with how the data was reported (not ticking the box on the template within their system).	
Key points to note	Caseload: All patients on community services case load being treated for a lower leg wound, excluding patients with a diabetic food wound. • Similar to other TESs, there are some ongoing challenges with staff not ticking data entry field on the TESs' EPR system which effects reporting metrics. As of February 2024, the TES were exploring if they could make the box mandatory for staff to complete and help with recording patients. • The TES only report on lower leg wounds for referral and does not differentiate from foot for reporting. Additionally, podiatry does not record full Ankle Brachial Pressure Index (ABPI) readings (no TWC003A). The majority of patients with foot wounds are referred to podiatry who undertake specialist lower limb and foot assessments including listening to pedal pulses. Although training was completed in February 2024, this is reported to still not be fully implemented into practice. To support with assessment, Locala plans to write a triage template that will include the necessary components to support reporting for mild compression. • Lower numbers of assessments compared to a consistent referral rate was due to capacity (only two full-time equivalent nurses on the programme since the start) and processing challenges but also the reliance of referrals from community nursing. The TES plan to trial two wound care teams to speed up the referral process, which they aim to roll out across the area (as of February 2024). • There is some variation with lower leg wounds treated with strong compression (TWC010) as some patients who receive full assessment have compression but do not	

	receive a Doppler test. Some patients who have a venous leg ulcer may not be on strong compression as they either cannot tolerate it or have an ulcer that are hard to heal. Locala can record this metric in their system (SystmOne); however, this relies on staff members ticking the appropriate box. • Further reflections on data have made the TES identify some gaps in data collection and highlighted data quality issues in relation to data completeness. The TES noted it has been a useful exercise to reflect on data and data capture.

3.2.8. ESHT

Since all Sussex providers were in pre-implementation stages, the data may not exclusively reflect TWC programme implementation. ESHT identified 16 (out of 17) data collection points from the critical metrics within the scope of their site, and 15 out of the agreed data collection points were reported by March 2024.

Table 9 ESHT narrative

ESHT	In scope data points collated by March 2024: 15	In scope data points not collated by March 2024: 1
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	Following structured processes and the consistency of data input from clinicians due to digital confidence within the workforce and capacity/demand challenges across the clinical teams.	
Key points to note	Caseload: Entire ESHT Sussex and all the providers stated a big change in reporting from January 2024. This transition may be reflected in metrics reporting as some staff use old templates, some staff use new templates. • A new dataset for ESHT has been agreed upon and submitted to ICB. • For all services there is ongoing work for patient care in primary care, and the way in which patients move between services may impact metric reporting. • The TES reported some inaccuracy with the data, especially for lower leg wound patients receiving full assessment (TWC003B) and lower leg wound patients receiving full care (TWC004B), however, no further explanation given. • The TES was unable to report on strong compression through the reporting period; they have a care plan which	

	differentiates between levels of compression; however, no metrics were reported in the Unity Insights aggregated dashboard. • New templates (reported January 2024): Staff members are currently transitioning to use the new templates, although some staff are still completing previous care plans. These changes are evident in the reported data.

3.2.9. Pioneer

Since all Sussex providers were in pre-implementation stages, the data may not exclusively reflect TWC programme implementation. Pioneer identified 13 (out of 17) data collection points from the critical metrics within the scope of their site, and nine out of the agreed data collection points were reported by March 2024.

Table 10 Pioneer narrative

Pioneer	In scope data points collated by March 2024: 9	In scope data points not collated by March 2024: 4
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	Manual extraction of data	

Key points to note	Caseload: Full Pioneer caseload.
	
	Sussex and all the providers stated a big change in reporting from January 2024. This transition may be reflected in reporting as some staff use old templates, some staff use new templates.
	
	• It is a specialised service and includes patients with wounds, lymphoedema, or both.
	• Reporting was manual through clinical notes, which posed challenges for reporting due to the time required and capacity issues.
	• Staff training and implementation remain ongoing challenges (as of January 2024).
	• Like other Sussex providers, work continues on patient care between Pioneer and primary care. Some patients may move between services, affecting patient journey and metrics reporting.
	• In relation to foot wound referrals for new assessment (TWC002A) (as of January 2024):
	  ○ Diabetic foot wounds are not included, but pressure ulcers from the Nursing Home Telehealth service are counted as lower leg wounds.
	  ○ Heel pressure ulcers are also counted within metric.
	• In relation to healing rate metrics (TWC0011_ (as of January 2024):	

	○ Healing rates refer to the time of patient referral, not wound identification. • In relation to lower leg wound patients receiving full assessment (TWC003B) and lower leg wound patients receiving full care (TWC004B) (as of January 2024): ○ There may be overlap between the metrics due to the service and how it runs. ○ Patients referred into the specialist service often have lymphoedema and venous disease, not just ulcer. • Additional assessment beyond NWCSP recommendations is performed as part of the specialist assessment within the service.

3.2.10. SCFT

Since all Sussex providers were in pre-implementation stages, the data may not exclusively reflect TWC programme implementation. SCFT identified 16 (out of 17) data collection points from the critical metrics within the scope of their site, and six out of the agreed data collection points were reported by March 2024.

Table 11 SCFT narrative

Sussex: SCFT	In scope data points collated by March 2024: 6	In scope data points not collated by March 2024: 10
Metrics collated by patient or wound	Report by patients.	
Biggest challenge	Reporting mechanisms: a) Patients seen for wounds in more than one service would be reported separately based on the referral to that service, b) Unable to report lower leg and foot wounds separately in system.	
Key points to note	Caseload: The entire SCFT. Sussex and all the providers stated a big change in reporting from January 2024. This transition may be reflected in reporting as some staff use old templates, some staff use new templates. • As of January 2024, staff training remains challenging during the implementation of the new dataset (using READ codes). • Additionally, across SCFT, transitioning 500 clinical staff across 25 community nursing teams to new ways of working is complex and takes time. Reason for not reporting foot wound patients receiving full assessment (TWC003A) and lower leg wounds treated with strong compression (TWC0010) were due to staff training and challenges with the new dataset being implemented. • As of January 2024, a high level of foot referrals is shared with podiatry and community nursing team.	

	• Like other Sussex providers, ongoing work with patient care between SCFT and primary care. • Some patients may move between services, which may also have impacted metrics reporting. • No difference in collating metrics from early 2023 to early 2024 (percentage of metrics collated 2023 to 2024 41.2% to 37.5%). One metric became out of scope from July 2023 onwards. • SCFT unable to separate lower leg and foot wounds for reporting, therefore they were reported together (TWC002A). • There were no new referrals being created for new wounds if patient already known in system. • Patients seen for wounds in more than one service would be reported separately based on the referral to that service.

3.2.11. Yateley

Yateley identified 13 (out of 17) data collection points from the critical metrics within the scope of their TES, and nine out of the agreed data collection points were reported by March 2024.

Table 12 Yateley narrative

Yateley	In scope data points collated by March 2024: 9	In scope data points not collated by March 2024: 4
Metrics collated by patient or wound	Metrics TWC001-010 by patients, TWC011A-H by wound.	
Biggest challenge	No codes (SNOMED) suitable for reporting some metrics which resulted in manual data extraction.	
Key points to note	Caseload: All patients coming forward with a leg wound within the surgery • As of October 2023, the TES review leg ulceration, but not feet. There is a reporting opportunity for foot ulceration once a template is developed (TWC002A); however, no aggregated metrics that could indicate impact. • The TES saw a drop in referrals in November 2023 which was due to a general drop in patients presenting with lower leg wounds in the surgeries. It was confirmed in February 2024 that all new patients are being referred for full assessment, the low numbers highlight their capacity issue (TWC002B). • The TES confirmed the number of patients receiving full care for a lower leg wound are patients who received either mild or strong compression and received an assessment. Full care is not always reported by the clinician. The TES reported the need for SNOMED codes for both mild and strong compression to support with future reporting (TWC004B).	

	• Reporting strong compression (TWC010) for the programme was done retrospectively, therefore pulled manually. The TES reported this metric for five months (most other metrics reported for 11 months). • Reporting proportion of healed patients (TWC011) for the programme was done retrospectively, therefore pulled manually. The process involved several steps so may have been time-consuming (a search set up for healed patients, breakdown into mmHg levels to understand if mild or strong compression).

4. Conclusions

The implementation of the TWC programme across all TESs has been a significant undertaking, including the implementation and reporting of metrics. The process of collecting and interpreting metrics has played a crucial role in measuring and tracking key aspects of the programme to provide evidence-based care.

As of March 2024, none of the TESs had compiled all of their in scope critical metrics. Despite the challenges encountered, such as difficulties in system coding, manual data extraction, and uncertainty regarding metric definitions, there has been a notable improvement in metric reporting within the reporting period. By March 2024, all TESs were gathering data on points across three of the six critical metrics, providing basic insight into their wound care caseload and the proportion of patients healed at different stages.

However, it is important to acknowledge that certain metrics remain a challenge to report predominantly but not exclusively due to distinguishing measurements between the lower leg and foot within their systems.

The findings from this report not only shed light on the intricacies of implementing new metrics at multiple sites but also highlight broader challenges and benefits for future service implementation. Learning suggests that it is important to understand each TES's existing set up, pathways and systems (IT systems, template development, staff capacity etc), and highlight any areas of concern before implementation to assist and mitigate with reporting metrics. The lessons learned from this process will undoubtably aid future programmes, revealing the importance of understanding the context and scope of each TES to continuously improve data collection and reporting methods.

Appendix

Table 13 TWC critical metrics abbreviations

Index	Metric and data collection point name	Metric abbreviated name
TWC001A	Number of patients with a lower limb wound currently on the caseload within community services.	Lower limb wound caseload within community services.
TWC001B	Number of patients with a lower limb wound currently on the caseload within primary care.	Lower limb wound caseload within primary care.
TWC002A	Number of patients referred for new assessment of foot wound.	Foot wound referrals for new assessment.
TWC002B	Number of patients referred for new assessment of lower leg wound.	Lower leg wound referrals for new assessment.
TWC003A	Number of patients with a foot wound receiving full assessment in line with NWCSP lower limb recommendations.	Foot wound patients receiving full assessment.
TWC003B	Number of patients with a lower leg wound receiving full assessment in line with NWCSP lower limb recommendations.	Lower leg wound patients receiving full assessment.
TWC004A	Number of patients with a foot wound receiving full care in line with the NWCSP lower limb recommendations	Foot wound patients receiving full care.
TWC004B	Number of patients with lower leg wounds receiving full care in line with the NWCSP lower limb recommendations.	Lower leg wound patients receiving full care.
TWC010	Adult patients with a lower leg wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected, being treated in strong compression (40mmHg).	Lower leg wounds treated with strong compression.
TWC011A	Patients recorded as healed 0-12 weeks after identification by a health care practitioner.	Wounds healed within 12 weeks.
TWC011B	Patients recorded as healed 12-24 weeks after identification by a health care practitioner.	Wounds healed within 12-24 weeks.
TWC011C	Patients recorded as healed 24-52 weeks after identification by a health care practitioner.	Wounds healed within 24-52 weeks.
TWC011D	Patients recorded as healed >52 weeks after identification by a health care practitioner.	Wounds healed over 52 weeks.

TWC011E	Proportion of patients recorded as healed 0-12 weeks after identification by a health care practitioner (foot).	Proportion of healed foot wounds within 12 weeks.
TWC011F	Proportion of patients recorded as healed 12-24 weeks after identification by a health care practitioner (foot).	Proportion of healed foot wounds within 12-24 weeks.
TWC011G	Proportion of patients recorded as healed 24-52 weeks after identification by a health care practitioner (foot).	Proportion of healed foot wounds within 24-52 weeks.
TWC011H	Proportion of patients recorded as healed >52 weeks after identification by a health care practitioner (foot).	Proportion of healed foot wounds after 52 weeks.

Version Control

Version	Status	Key Changes	Authorised by
V1 Oct 2024	Circulated for comment.		
V2 Nov 2024	Live	Final amendments completed.	Philippa Darnton