

Case Study

Improving Wound Care Knowledge and Skills in the Workforce: Mandating Online Wound Care Education

The Mid and South Essex (MSE) Community Collaborative is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care. A key part of wound care improvement is ensuring that those who care for people with leg and foot ulcers have good wound care knowledge and skills.

It was agreed to improve wound care training and education across the MSE Community Collaborative by:

- Making the NWCSP / Health Education England (HEE) [eLearning for healthcare \(e-lfh\) Wound Care Education Resources](#) available on the local eLearning platform via the Electronic Staff Record (ESR).
- Using the [National Wound Care Core Capabilities Framework for England¹](#) as a basis for aligning training and education.
- Mandating completion of the Tier 1 and Tier 2 online training resources for registered and non-registered staff (including allied health professionals) involved in wound care, according to their clinical responsibilities.

Following Board approval and starting with one provider organisation (Provide CIC), the NWCSP/HEE eLearning wound care resources were added to the Electronic Staff Record as a rolling mandatory organisational training update, requiring completion every 2 years. The online resources complement face-to-face learning for practical elements of care such as vascular assessments using doppler ultrasound and bandaging techniques.

The online wound care education has been successfully mandated within Provide CIC and discussions are now taking place to extend mandate to Essex Partnership University Trust (EPUT) and North East London Foundation Trust (NELFT).



Last updated Rebecca Brooks 9 Feb 2023

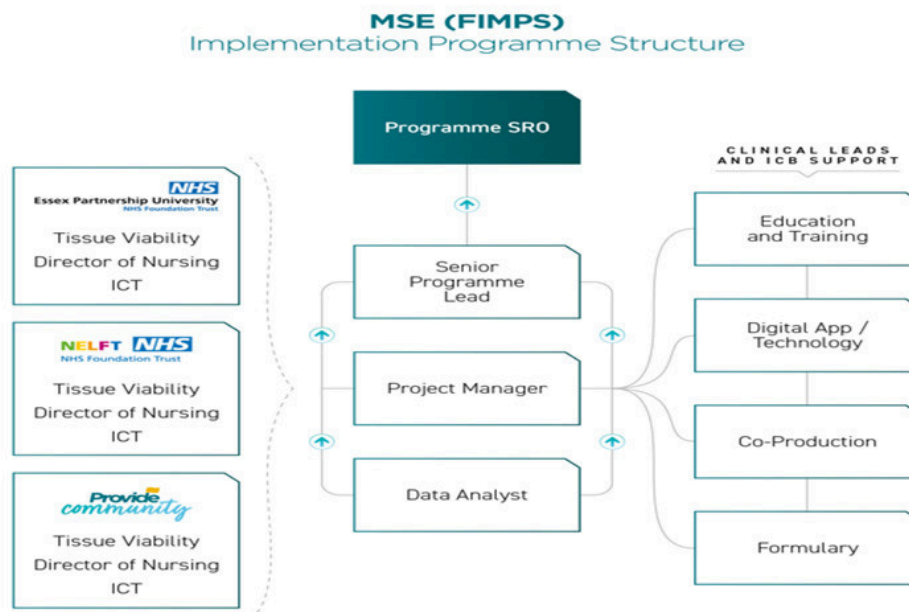
Background

Mid and South Essex Community Collaborative is part of the **Mid and South Essex Integrated Care System**. It is located to the northeast of London, covering most of Essex (including Chelmsford, Braintree, Maldon, Southend, Castle Point and Rochford, Basildon, Brentwood and Thurrock) and provides health care to a population of 1.2 million.

A partnership of three organisations delivers community services:

- Essex Partnership University NHS Foundation Trust (EPUT)
- North East London NHS Foundation Trust (NELFT)
- Provide Community Interest Company (Provide CIC)

Improving education of the workforce was identified as a key enabler for improving wound care. The key people leading the education workstream included:



The need

In 2019, an **invasive Group A streptococcal (IGAS) bacterial infection outbreak** in Mid and West Essex led to Mid Essex Clinical Commissioning Group (MECCG) commissioning an independent investigation to support learning and reduce the likelihood of a similar event happening again. This resulted in a recommendation for mandatory wound care education for the workforce.

The report highlighted that reduced capacity in clinical services, primarily due to staff vacancies and sickness, had made it increasingly difficult for staff to attend face-to-face or online training. This issue had been exacerbated by the Covid-19 pandemic, which had resulted in cancelled education events due to low numbers of attendees. To compound matters, as wound care education was not mandatory and training attendance **was manually recorded via ESR**, it was unclear what proportion of the workforce had received such education.

The key issues were:

- Poor attendance at face-to face education events due to work pressures.
- The provision of online learning was reliant on wound product supplier resources and compromised by:
 - Product placement of products not on local formularies within learning resources.
 - Data about staff completion going directly to the supplier, which the supplier then had to extract into monthly reports to the trusts. The Trusts Learning and Development team then had to enter the information into individual electronic staff records - a complex and time-

consuming task.

- Limited resources for provision of wound care education.
- Lack of standardised and routinely available wound care education for those new to wound care (e.g., new starters and health care support workers) and those seeking to update their knowledge and skills.
- Wound care education not being mandatory, thus increasing the risk of the workforce having insufficient knowledge and skills.

The solution

The Tissue Viability team reviewed the [National Wound Care Core Capabilities Framework for England¹](#) and the [eLearning for healthcare \(e-lfh\) Wound Care Education Resources](#). With the support of the Assistant Director for Community Partnership, they drafted a Board report to request that completion of these resources should become part of mandatory training for all registered and non-registered clinical staff (including allied health professionals) involved in wound care on the basis that:

- The resources are high quality, up-to-date, evidence-based, and are co-designed by leading wound care experts working in partnership with the NWCSP and HEE.
- The resources are free-to-access and easily accessible through the ESR at a time to suit those undertaking the education.
- Managers can monitor completion via the ESR and completion reports can be produced to provide assurance to senior management.
- The online resources would complement face-to-face learning for practical elements of care such as vascular assessments using doppler ultrasound and compression bandaging.

“The IGAS event shone a light on the need for wound education to be mandatory. Creating a mandatory platform within our electronic staff records would enable a degree of governance with the on the ability to monitor and report attendance this” **Assistant Director Community Partnerships.**

The report proposed that improving wound care knowledge and skills through mandating completion of these resources would mean:

- Patients will receive better care from an upskilled workforce.
- Staff will feel more confident in wound care.
- Addressing the increasing burden of care outlined in the Guest et al (2018) ‘Burden of Wound Care’ report which:

“Sought to examine the associated health outcomes, resource use and costs of wound care, estimating the annual NHS cost of wound management to be £8.3 billion. With 81% of the total annual NHS cost incurred in the community and a projected annual resource use attributable to wound management of 54.4 million district/ community nurse visits, 53.6 million healthcare assistant visits and 28.1 million practice nurse visits”. 2

The recommendation report was approved by senior management, and it was agreed that the improvement initiative would start in Provide CIC.

An engagement process began, leading up to a ‘Go Live Date’ planned for April 2022. The Tissue Viability Team met with the clinical managers and their teams by attending team meetings to discuss the plans for mandatory wound education and to give opportunities for discussion so that staff were involved in the process of implementation.

‘This was received well as people realised after the IGAS outbreak that we needed to do something. It was acknowledged that there needed to be standardisation to the content and that it was accessible to health care support teams as well as nurses’ **Tissue Viability Lead**

The [eLearning for healthcare \(e-lfh\) Wound Care Education Resources](#) have been developed to align with the Tiers of the [National Wound Care Core Capabilities Framework for England](#)¹

It was agreed that:

- Non-registered and registered staff working within Community Nursing Services should complete all Tier 1 resources.
- AHPs and the Continence Teams should complete the Tier 1 resources relevant to their work (e.g., Continence teams should complete the Pressure Ulcer Prevention and Skin Care resources and AHPs should complete the Pressure Ulcer Prevention resource).
- Tier 2 resources should only be mandatory for Community Registered Nurses.
- E-Learning resources should be completed before attending face-to-face education for practical elements of care.
- All the resources should be accessible through the ESR, with completion showing on both staff and managers’ profiles.

Other engagement work included:

- Support from the communications and marketing teams, such as:
 - Weekly communication bulletins leading up to the ‘Go Live Date’,
 - Design and dissemination of a training flyer across all sites and notice boards.
 - Working with the Learning & Development Team to create and circulate a guide on how to access and complete the modules set.

The mandatory training was launched in Provide CIC on the 1st of April 2022.

Costs

Work to improve wound care training and education across the MSE Community Collaborative was resourced from within the existing Tissue Viability Service. The Tissue Viability Lead integrated the project into their current workload, within their allocated management time.

Time was required for staff to complete the new online mandatory training requirements. However, this was found to be less resource intensive than attending face-to-face training, as staff were able to complete the course in manageable sections at a time and pace convenient to them. The online resources also complemented any face-to-face taught sessions, therefore requiring less time “in the classroom” and freeing up resources for both attendees and the Tissue Viability team.

Challenges

Releasing capacity to identify themes in wound care education

The most time-consuming aspect was producing the report for the board recommending that wound care training should be mandatory. However, the deep dive review of wound care education within Provide CIC was a key enabler in gaining senior leadership support of mandatory wound care education for the workforce.

Wound Care Education in Primary Care

GP practices are often the first point of call for lower limb wound care. Although information about the MSE approach to improving wound care knowledge and skills has been shared with the Primary Care Networks (via the medicine management teams who meet regularly with the PCNs) to date, uptake has been minimal.

Impact

- All clinical new starters complete wound care mandatory education as part of their induction.
- Wound care education is now mandatory in Provide CIC, with plans to spread this to NELFT and EPUT.
- Team leads can now specify which wound care resource their staff must complete and this is now linked to individual ESRs.

- Provide CIC can now quality assure the knowledge and skills of its registered and non-registered clinical workforce. Reports of training attendance are generated by the ESR and fed into the monthly report of all mandatory training so managers and team leads can see the education uptake of their team and monitor compliance.

Staff feedback has been as follows:

“I found the modules valuable in updating my own wound care knowledge and when supporting colleagues in practice new to the skills of wound care and assessment. I found I could discuss practice with reference to the eLearning e.g., wound categorisation and infection helping colleagues with the link between eLearning theory and practice. I feel that the eLearning could be also completed in group form allowing colleagues to discuss their own answers (multiple choice and free text) and learning from each other” Practice Assessor Nurse.

“I thought the training was generally quite good. I think it was slightly difficult in parts for our new HCSW, but she completed it at work, and it generated further conversations at the time” Community Matron.

“I have enjoyed completing the wound care e-learning as part of my new role as a Tissue Viability Support Nurse. I feel it has highlighted important areas of learning and development for the basics of wound care. It has also made a good platform to build my knowledge of compression and leg ulcers” Newly Qualified Tissue Viability Support Role.

“One of the HCSWs found some of it a bit over their head, but I suppose that would be expected, but they said they didn’t realise quite how much went into assessment, so it has enhanced their awareness in that respect. I found the e-learning insightful, good to refresh on previously found knowledge as well” Community Nurse.

The evidence suggests that upskilling registered and non-registered clinical staff is improving the quality of wound care which will lead to:

- Faster wound healing,
- Reduced recurrence rates,
- Improved quality of life for patients,
- Release of clinical time spent on wound care, and
- Reduced spend on wound care products.

Lessons

The challenge of the IGAS outbreak has delivered an unexpected benefit in the form of a focus on improving wound care through:

- Gaining the support from senior teams to address the issue of wound care training.
- Uniting the workforce to focus on quality improvement.
- Providing a shared vision to help drive the wound care improvement strategy.

This has turned a very difficult and negative event into a positive and meaningful change.

“This work has been driven by our Tissue Viability Nurses passion and enthusiasm for wound care which has helped drive the project and has been key in driving the work needed forward.” Assistant Director Community Partnerships

Next steps, sustainability and scaling

Next Steps and Scaling

- To extend the project to the neighbouring community provider organisations within MSE (NELFT and EPUT).
- To continue to encourage uptake in Primary Care through sharing information with the Primary Care Networks.

Sustainability

- To continue Q&A groups and open sessions to continually monitor feedback on the quality of the education resources and how uptake is impacting on quality of care.
- To mandate ongoing completion of the e-Learning resources every 2 years to complement the ongoing face-to-face training of clinical skills, such as vascular assessment using Doppler and compression bandaging.
- To signpost student clinicians to the eLearning resources to complement their practice placement learning.

Find out more

To find out more about this work please contact the Tissue Viability Lead and Programme Training and Educational Lead Andrea McDonald

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References

1. [National Wound Care Core Capabilities Framework for England - Skills for Health](#)
2. Guest JF, Fuller GW, Vowden P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. *BMJ Open*. 10: e045253. doi: 10.1136/bmjopen-2020-045253
3. [Wound Care Education for the Health and Care Workforce - eLearning for healthcare \(efh.org.uk\)](#)

Resources

Type	Name	Last Modified
Web Link	National Wound Care Core Capabilities Framework for England The National Wound Care Strategy Programme (NWCSP) commissioned the development of this core capabilities framework for health and care staff involved in wound care in England. The framework describes the required skills, knowledge and behaviours to improve wound care in three clinical areas (Pressure Ulcers, Lower Limb and Surgical Wounds).	13 Jan 2023
Web Link	Wound Care Education for the Health and Care Workforce This e-learning programme aims to support the health and care workforce in developing the knowledge and skills required to enable appropriate wound care to be delivered to people in any setting. The National Wound Care Core Capabilities Framework for England sets out the requisite wound care knowledge and skills for the workforce. The sessions in this wound care programme support the development of tier 1 and 2 knowledge and skills as set out in the framework	13 Jan 2023



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<https://future.nhs.uk>