

Case study:

Improving Wound Care knowledge and skills in the workforce: mandating online Wound Care education

In brief

The Mid and South Essex Community Collaborative is a National Wound Care Strategy Programme (NWCSP) pilot site for improving lower limb wound care.

To ensure those who care for people with leg and foot ulcers have good wound care knowledge and skills, MSE used the [National Wound Care Core Capabilities Framework for England](#) as a basis for aligning training and education. MSE made the NWCSP and Health Education England (HEE) [wound care education resources](#) available on the local eLearning platform to ensure training could be easily monitored. These independent resources met MSE's requirements while also being available free-of-charge.

As a result, staff receive wound care education relevant to their role, which is shown to improve wound care delivery, and MSE has consolidated quality assurance.

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.

The report identified that wound care education was not mandatory and provided by industry or delivered 'in-house' and manually recorded and manually entered onto ESR, leading to an incomplete view of wound care education across its staff. A recommendation was made to make wound care education mandatory.

Solution

The Tissue Viability team reviewed the [eLearning for healthcare \(e-lfh\) Wound Care Education Resources](#) against their requirements which included a need for high-quality, evidenced-based and up-to-date resources that were co-designed by leading wound care experts.

With the support of the Assistant Director for Community Partnership, they drafted a board report to request that completion of these resources become mandatory for all registered and non-registered clinical staff, including allied health professionals. Completion of this training would be monitored via the electronic staff record (ESR) and the online education would complement face-to-face learning for the practical elements of care.

Senior management approved the proposal, and a plan was put in place requiring training completion in line with the NWCSP core capabilities framework, which ensured staff completed training relevant to their role.

Provide CIC was the first group to have the training made mandatory, with plans to spread to North East London Foundation Trust (NELFT) and Essex Partnership University Trust (EPUT).

Engagement activity included weekly communication bulletins leading up to the 'go live' date, a training flyer displayed across all sites, and work with the learning and development team to create and circulate a guide on accessing and completing the modules.

"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

Challenges

Staff needed protected time to complete the training. However, this was less resource intensive than attending face-to-face training as the modules were undertaken in sections at a time and pace convenient to them.

The online resources complemented the face-to-face training, enabling staff to spend less time in the classroom. This freed up both attendees and the tissue viability team.

Outcomes

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 that managers and team leaders can monitor compliance.

All clinical new starters now complete mandatory wound care education as part of their induction.

Staff feel more confident in caring for wounds and patients receive better care from an upskilled workforce.

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 wound recurrence rates
- Improved quality of life for patients
- Less clinical time being spend on wound care
- Reduced spend on wound care products.

Next steps

The next steps are to extend the project to the neighbouring community provider organisations within MSE.

In terms of sustainability, the e-Learning resources are required to be completed by staff every two years to complement ongoing face-to-face clinical skills training such as vascular assessment and using doppler and compression bandaging.

Placement student clinicians are also being signposted to the eLearning resources to complement their practice.

“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, Mid and South Essex Community Collaborative

Case Study

If you work in or for health and social care, you can find further information on this case study via the FutureNHS Case Study Hub:

[Case Study - MSE](#)



National Wound Care Strategy Programme

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