Transformative education to improve wound care and sustain workforce: upskilling Band 6 district nurses

KEY WORDS
- Competency
- Industry
- Nurse training
- Partnership
- Tissue viability
- Workforce

Delivering high-quality leg ulcer care has never been more challenging, especially amid a growing patient population. Approximately 33% of wounds are leg ulcers and only 16% of those with a foot or leg ulcer had their ankle–brachial pressure measured (Guest et al, 2015). In a time where there are drivers to bring healthcare away from the hospital setting, there is increasing pressure on community nursing to conduct wound care. This article describes a project supported by partnership working to establish tissue viability (TV)-specific Band 6 roles at Hertfordshire Community NHS Trust to support improved wound and leg ulcer management in the community.

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Demand for community services has never been higher (NHS, 2019), but since 2009, the number of community nurses and district nurses have fallen by 14% and 45% respectively (The Health Foundation, Kings Fund and The Nuffield Trust, 2018). Staff recruitment and retention is a priority nationally and locally (Health Education England, 2017), and recent cuts to educational funding for healthcare professionals has also been a hindrance (The Health Foundation, Kings Fund and Nuffield Trust, 2018). Care delivery can become task-orientated rather than being evidence-based, patient-centred and goal-orientated (Grothier, 2018).

Alongside are national drivers to bring health care into the community to prevent hospital admission and facilitate earlier discharge. However, the biggest barrier to good-quality district nursing care is the population need versus available workforce gap (Maybin et al, 2016). There is an increasing patient population of ageing, frail and complex cases on district nursing caseloads, and this has capacity implications. For the estimated 2.2 million people with a wound, 10.9 million wound-related community nurse visits are required at a cost of over £682 million annually (Guest et al, 2015).

DEVELOPING BAND 6 DISTRICT NURSE ROLES WITH A SPECIFIC INTEREST IN TV

The project was borne from the Tissue Viability Leading Change (TVLC) Business Skills Course at the University of Huddersfield and supported by Urgo Medical. The project was to create Band 6 district nurse (DN) roles with an enhanced skill set in wound management in two community teams. This would help support the community teams to improve clinical skills and would provide mentorship on a day-to-day basis, rather than nurses having to spend time away from their clinical practice.

The competency-based education and skills development programme for the Band 6 DNs focused primarily on leg ulceration management, this being the largest wound group on the caseloads. An independent nurse consultant led the training, working closely with the TV team and received a 6-month honorary contract. The project was funded with an educational grant by Urgo Medical *(Box 1).*

The TVLC National Competency Framework

Box 1. Partnership working

Partnership working is integral to Sustainability and Transformation Partnerships (STPs). Delivering health and social care outcomes is increasingly being enabled by improved partnership working with not-for-profit organisations and the voluntary sector. In TV, there are well-established partnerships with for-profit commercial companies that supply wound care products. Many of these companies re-invest into the NHS by offering value-added services to support service delivery, which may include education, placing staff on honorary contracts or providing business skills support.

(University of Huddersfield and Urgo Partnership 2015; Ousey et al, 2016) was used by the DNs to self-assess their level of competence pre- and post-programme for competencies 4, 5, 6 and 7, with the main focus of the programme being centred on competency 5. The TVLC is designed to cover the core competencies *(Figure 1)* expected for practitioners working within a TV service. For each competency, it is assumed that level A is aimed at unregistered staff, or to provide initial foundation for those entering a TV service, with levels B–D for registered staff progressing through their career in TV.

TRAINING PROGRAMME

A number of training approaches are commonly used to promote quality improvement. Evidence shows that active learning strategies are more effective than classroom theory sessions alone (Health Education England 2016), and have demonstrated quality improvement in healthcare (The Health Foundation 2012) and increased nurses confidence and skills (Thies and Ayers, 2007). Reflective practice is another approach that is part of the Nursing and Midwifery Council (NMC) Code of Conduct (NMC, 2018) and one of the components of the re-validation process (NMC 2016). Obtaining protected time for reflection is often difficult due to capacity and workload.

Over the 6-month period, 6 joint theory days *(Box 2)* and 3 one-to-one clinical days were held for each DN. To facilitate the integration of theory and practice, relevant clinical examples and real-life cases were discussed on the theory days. The aim was to encourage reflection at the end of each clinical day and to allow generic discussion of the patients' assessment and care management during the theory days, thus linking theory and research into real situations.

CLINICAL DAYS

The DNs were advised by the independent nurse consultant to visit no more than three patients a day to ensure adequate time to undertake a full holistic assessment of the patient and to promote a learning environment, in the clinical setting, for the nurses to be assessed in their competency. Each patient received a full holistic wound assessment (Coleman et al, 2017) including an ABPI and limb assessment as appropriate (SIGN 2010; Wounds UK, 2018), undertaken by the DN, under the supervision of the independent nurse consultant. Case notes were updated on the SystmOne™ electronic records.

Competency 1: Generic

Competency 2: Health improvement

Competency 3: Pressure ulcer prevention and management

Competency 4: Wound care

Competency 5: Lower limb ulceration

Competency 6: Dermatology

Competency 7: Skin products and dressings management

Competency 8: Safeguarding and incident reporting

Level 1: You have observed the skill/procedure in a practice setting

Level 2: You have participated in the skill/procedure under direct supervision

Level 3: You have performed the skill/procedure on a number of occasions and required minimal supervision

Level 4: You can perform the skill/procedure safely and competently, giving the rationale for your actions

Level 5: You are able to critically appraise/teach the skill/procedure to others

Figure 1. TVLC National Competency Framework competency domains and levels

Box 2. Theory day content

- Introduction to TV
- Holistic assessment
- Wound management and treatment options/dressings
- Management of patients with leg ulcers, acute wounds, burns, skin tears and haematomas
- After care for venous leg ulcer management
- Consent, safeguarding and motivational interviewing
- Nutrition and pain management
- Litigation and documentation
- Practical sessions, including games and case study workshops
- Completion of competency framework
- Reflection of clinical visits and case discussions.

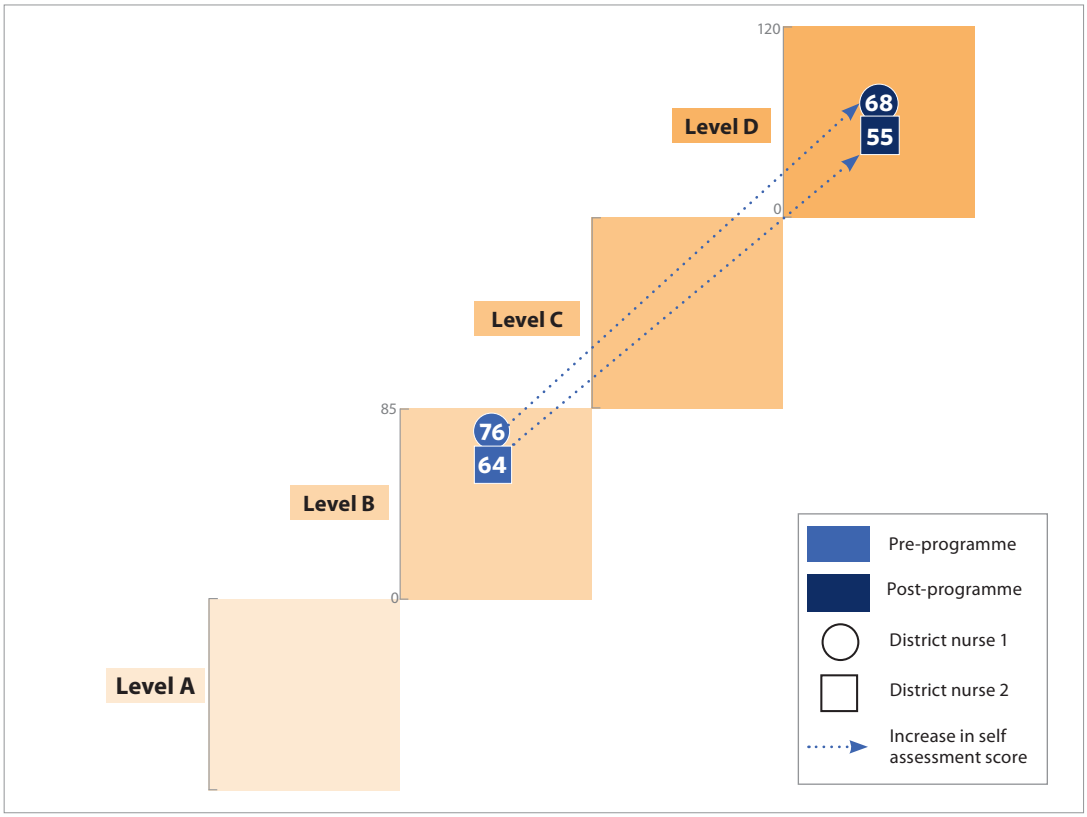


Figure 2. District nurse self-assessment scores and levels of competency (A–D) pre- and post-programme for the lower limb ulceration competency from the TVLC National Competency Framework (University of Huddersfield and Urgo Partnership 2015; Ousey et al, 2016). Mean scores are included. Not drawn to scale.

OUTCOMES

Improved competency

There was marked increase in self-assessment for all competencies assessed in the TVLC Competency Framework compared to pre-training programme. The independent nurse consultant also noted that the DNs' knowledge and skill to undertake a holistic assessment and outline a care plan had improved.

For competency 5 (lower limb ulceration) both DNs increased from a level B to a level D *(Figure 2)*. Level D incorporates skills such as *"Possesses advanced assessment skills and differential skills"; "advanced knowledge of management and treatment options for complex conditions"; "advanced knowledge of equipment/products/modalities for treatment of lower limb ulceration".*

- Before upskilling, DN 1 self-evaluated a competence level of 3–5 with a mean score of 76 (85 being the highest possible score) on level B. Following the training programme, a competence level of 3–5 with a mean score of 68 (120 being the highest possible score) was obtained on level D.
- Before upskilling, DN 2 self-evaluated a competence level of 2–5 with a mean score of 64 (85 being the highest score) on level B. Following the training programme, a competence level of 3–5 with a mean score of 55 (120 being the highest score) was obtained on level D.

The two DNs rated the theory sessions as excellent *(Box 3)*, delivered at the correct level, and that their expectations were met. They would recommend a similar approach in delivering educational programmes. Both DNs felt confident to support their team members in the management of patients with leg ulcers going forward, i.e. increased support for advanced wound and limb assessment and the use of pathways for advanced technologies. The teams expressed a desire for protected time for further training for lower limb assessment, ABPI assessment,

Box 3. Comments from the DNs

"The clinical days were very useful, every time I could feel my confidence growing"

"I'm able to assess pulse status in lower limbs and how to choose the right compression therapy"

"Seeing both arterial and venous ulcers in practice after learning the theory based elements"

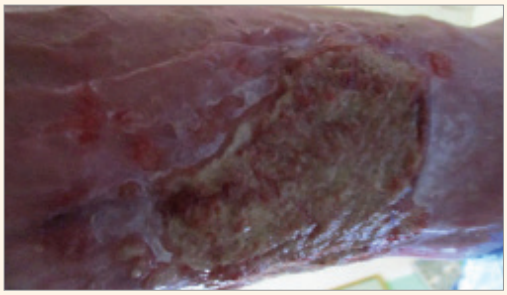
"Identifying the correct pathway and referral to use"

"I found the clinical days linked perfectly the theory days"

Box 4. Patient case study

Patient with extensive circumferential bilateral venous leg ulcers had alternate day dressing changes, due to the presence of high exudate levels, biofilm and slough, and was having full compression. Regular biofilm management and dorsi-flexion exercises were prescribed, and elevation and full compression of 40 mmHg at the ankle were continued. Visits were initially reduced to twice weekly, and then weekly. Ten months later in August 2019, the left leg was nearly healed and the right leg was progressing along a healing trajectory.

Right leg



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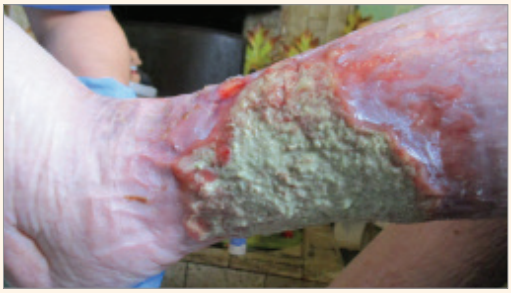
Left leg



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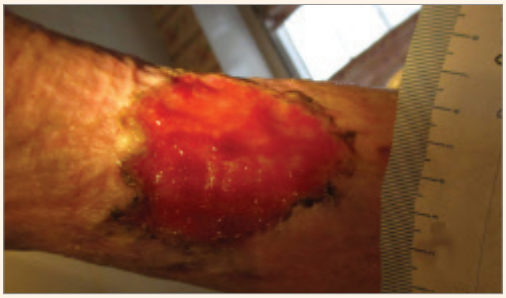

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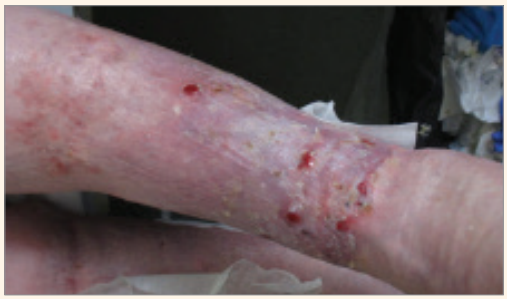

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leg ulcer management, dressing selection, categorising of pressure ulcers and reporting clinical incidents.

Patient outcomes

A total of 13 patients were visited as part of the programme: 10 had leg ulcers of various aetiology and wound duration (two patients were under the vascular team with one receiving palliative care). Two patients had long-term post-operative wounds and one patient had multiple and extensive wounds following cryptococcal meningitis.

Throughout the project, full holistic assessments were undertaken for the 13 patients. Of the 10 who had a leg ulcer, 5 patients had not received an ABPI assessment, and 3 patients had not received an ABPI assessment within the previous 6 months. As part of the project, 8 patients received an ABPI assessment (excluded palliative patient and one patient did not tolerate assessment), according to best practice (SIGN 2010; Wounds UK 2018).

Follow-up reviews were not undertaken by the independent nurse consultant, but changes to the management plan and clinical outcomes were reviewed in the electronic records. One example is provided in *Box 4*.

Organisational outcomes

Following this project, enthusiasm for improving wound care has increased. Both the DNs reported increased job satisfaction following the training. Improved confidence and competency increases job satisfaction and can ultimately result in further career progression for the DNs and greater staff retention.

During the project, one of the DNs (DN 1) was

offered a full-time permanent position as the DN with advanced skills in TV across the hub. They now receive internal referrals from the community teams for patients with complex wounds. They undertake a full assessment and a care plan is documented, which is subsequently reported back to the team. A follow-up review is undertaken as necessary.

Challenges

It is important to reflect and evaluate on the challenges faced during the project for future replication. It was important to maintain good communications, flexibility and understanding among the DNs and their managers. The following challenges were encountered and overcome:

- Delays for the project TVN recruitment caused by HR and system access
- Organisation of the theory days when both DNs were available
- Unexpected personal circumstances of the DNs during the programme.

CONCLUSION

In an under-resourced TV service, developing a localised DN role with a specific interest in TV can reduce specialist referrals and enhance local wound care. It is hoped it will support succession planning for the TV specialism. One team has created a full-time permanent Band 6 DN role with a specific interest in TV, and so far it seems that the enhanced skill set and increased job satisfaction has had a positive impact and will support staff retention and provide succession for TV specialist teams.

Care delivery can become task orientated rather than being evidence based, patient centred and goal orientated (Grothier, 2018). Using a competency framework, such as the TVLC, that is evidence based can provide a structured approach to training and self-assessment.

Partnering with commercial organisations to support this and previous projects (Sandoz et al, 2019) has been an extremely positive experience. Provision of highly expert specialists at minimal cost to the Trust (small costs in terms of recruitment process, IT equipment, uniform and ID badges) has enabled delivery of focused, innovative, bespoke and tailored training programmes for different groups of healthcare professionals by enthusiastic and committed specialists. At a time of reduced resource and austerity, partnership working with profit and non-profit organisations is an effective way of improving nurse education and patient outcomes.

The challenge moving forward is to expand on this project and roll it out across the locality community nursing teams. This will require a focused practice development programme led and delivered by a dedicated clinical position. At the time of writing, the TV service is receiving support from the transformation team to develop service provision and gain further funding. WUK

DECLARATION
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