



## Wessex and Thames Valley Education

### Strategy

*Assess training needs for the network (including baseline skills and network maturity assessment).*

*This should include training in Equality, Diversity and Inclusion and consideration of Cultural Competency to meet the needs of service users with cultural and linguistic differences. Develop and agree a network training plan that meets the needs of the network both in the delivery of care and in the functioning of the network. Agree with commissioners and providers how the planned training will be resourced and delivered. Monitor delivery and assess the effectiveness of the agreed training.*

HCC Service Spec. June 2025

*The SHT must be able to provide access to appropriate and relevant local Trust training in sickle cell, thalassaemia and rare anaemias. This is for all relevant clinical staff including junior doctors, nurses and other allied health professionals involved in direct patient care; Training for nurses should meet a recognised competency framework for nursing haemoglobinopathy service users. The responsibility for resourcing appropriate training for healthcare staff remains with the employing organisations.*

SHT Service Spec. June 2025

### What are the aims of the Wessex and Thames Valley HCC by implementing this strategy?

- To work with Specialist Haemoglobinopathy Teams (SHTs) / Local Haemoglobinopathy Teams (LHTs) to undertake local education needs analysis and develop local education strategies. Ensure this work is part of the local quality management programme.
- To use available resources: complaints, compliments, Ulysses and service user surveys, patient forums and focus groups to build an understanding of lived experience and where education can improve care.
- To explore current local and national educational resources and develop a range of resources which can be used in a variety of settings, across different staff groups, using technology and the NSSG website as a host.
- Link with local nursing and medical schools to review education on haemoglobinopathy care and management.
- Working with service users, develop a group of recorded 'patient stories' to inform education and care. Develop comprehensive and diverse patient education resources for delivery in a variety of modes to meet the needs of the population.

### How does the HCC ensure that our education strategy leads to equity of care across our network?

An educational Lead in each LHT and SHT for both paediatric and adult care.

- All clinical staff are working towards the national standards, eg use of ACT NOW embedded in all acute pathways.



- Education is available to all, in diverse and accessible forms.
- Clear expectation of the minimum annual requirements of training / education needed at every level (SHT / LHT).
- Monitoring and reporting of compliance.
- Robust referral pathways, with clear criteria and MDT programme.

### How will this be achieved?

Defined personnel within HCC will lead on education strategy, in consultation and collaboration with services.

- Establish where care is being delivered / accessed at each centre- paediatric /adults /ED /day units to identify staff relevant groups.
- Collate data via complaints, patient feedback, audit to inform gap analysis.
- Identify with lead Psychologist, what psychosocial education is required – an initial focus addressing racism in health care.
- SHTs to work internally and with the LHT Practice educators to develop bespoke plans.
- Develop links with other HCCs and National Haemoglobinopathy Panel (NHP) to inform national strategy.
- Develop a rolling programme of education.
- Create a central calendar of educational events.
- Source / create a pool of resources accessible to whole network.
- Develop a central record of all educational opportunities accessible to whole network.

### How will we evaluate success?

- Monitoring levels of complaints and compliments.
- Service user feedback questionnaires.
- Staff feedback questionnaires on the delivery of training and training needs.
- Pre- and post- teaching questionnaires.
- Service monitoring data such as Dashboard.
- TCD data and compliance.
- NHR data and compliance with standards.
- Audit programme of clinical care, to establish whether education is being put into action, including on: Time to analgesia performance, number of patients on hydroxycarbamide, hydroxycarbamide dose escalation, penicillin compliance, vaccinations, length of stay, frequency of admissions, MDT referral themes and numbers, referrals to clinical psychology.