

A summer of challenges and an autumn of innovation



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Whatever happened to the days when it was quiet over summer? It feels like we never had a break, as there has been so much in the news about health and health policy, with nursing and the high vacancy factor at the top of the agenda. Tissue viability nurses have been asked to work on wards and others to run 7-day services (without extra staff, obviously). So it is good to see that central policy departments are acknowledging the role that lack of staff, poor skill mix and inconsistent care have in patient harm and complaints against the NHS; it is just unfortunate such problems cannot easily be resolved.

The staffing crisis is not the only barrier to providing quality care, however, despite diminishing NHS funds, many hospitals need urgent maintenance work or system upgrades to be carried out. For example, a colleague's local organisation has recently been placed on special measures due to overspend; she told me that even if they could afford to purchase the number of profiling beds required, part of the reason her hospital had not was that the electrical system could not cope. If were too many alternating pressure beds in use, the entire hospital's electrical system tripped!

It has not all been bad news, though. In tissue viability the tide is turning and we are seeing huge interest in our field – not just in pressure ulcers but in all wound aetiologies. In addition to the work being carried out by NHS Improvement on pressure ulcers (<http://nhs.stopthepressure.co.uk>), NHS England has led on the development of the wound assessment Commissioning for Quality and Innovation (CQUIN) (NHS England, 2016; Wounds UK, 2017) and a lower limb pathway (NHS RightCare, 2017), and Lord Carter's team is now looking at variation, particularly, unacceptable variation in our field. I am particularly pleased to see that both NHS England and NHS Improvement are working to develop education standards and curricula that will provide a baseline level of knowledge for all.

LEARNING, INNOVATING AND SHARING

It is fantastic to see tissue viability professionals working together and supporting each other. Since the inception of the Tissue Viability Nurse UK Facebook page (<https://is.gd/TVNfacebook>), for example, it has been heartening to see how many people willingly share their knowledge and resources to help others, particularly those new to their post.

I know for those of you in the community, it will be a particularly interesting few months, as the first data capture for the CQUIN is imminent. There has been a huge amount of work undertaken to ensure that what is captured for CQUIN mirrors the minimum data set. This has been a real challenge, as many of the existing electronic record and note systems are fundamentally flawed in this aspect; many people have wasted hours trying to make them fit for purpose. Hopefully, as the minimum data set and CQUIN become embedded, the developers will put central improvements in place so that we are not all having to replicate the same queries and make adaptations.

WOUND CARE SUPPORT GROUPS AND NATIONAL CAMPAIGNS

I would be interested to know whether any of you have local patient groups. Most areas have patient interest or support groups, however, it seems that such groups are lacking in tissue viability. Is it because our patients are too sick to participate? Is it the embarrassment about leakage and odour that stops them? Or is it just that we lack a focus?

We will be doing a great deal of work to raise the profile of pressure ulcers with the general public as part of the Stop the Pressure campaign. Perhaps there is enough momentum to do the same with other wounds. There is a Stop the Pressure Day, there is also a huge amount of profile around diabetic foot amputation (see page 94), however, public awareness of leg ulcers remains low. This is something that should be addressed. Could we set up a National Leg Ulcer Day or a National Wounds Awareness Week? They already have one in Australia (<https://is.gd/NWAWAustralia>); perhaps we can learn from their experience. 

REFERENCES

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