

Working together: clinicians, academics and researchers



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Hello everyone and welcome to this edition of *Wounds UK*. It has been quite a year so far for a wide range of reasons. Following on from the debate in the House of Lords in November, Lord Hunt held a meeting to discuss the current status of wound care in the UK and the need for a national strategy. To help address the latter, Margaret Kitching, Chief Nurse (North) from NHS Improvement suggested three primary streams of work:

- ▶ Assessment and prevention of pressure ulcers
- ▶ Improving assessment, treatment and healing of wounds of the lower leg
- ▶ Improving assessment, treatment and healing of wounds of surgical acute wounds.

In addition, a recruitment drive is already on the way seeking enablers from the areas of research, education and training, data, technology and information, supply, distribution and commissioning.

GREAT NEWS FOR WOUND CARE

This is indeed great news for wound care and indicative of the interprofessional nature of the specialty. I am delighted to see wound care attracting attention and am hopeful that researchers will be heavily involved in this initiative. It is essential that all professional groups, both clinical and academic, are supportive and embed themselves in its development, integration into practice and evaluation to improve patient outcomes and education. Furthermore, there must be robust publication of the practices in clinical areas that demonstrate the changes made to interventions, available choices and the resulting outcomes.

RESEARCH EXCELLENCE FRAMEWORK

From an academic perspective, there is the growing importance of the Research Excellence Framework (REF). REF is the system for assessing the quality of research in UK universities and higher education colleges. The Higher Education Funding Council for England (HEFCE, 2017) stated that the key purposes of the REF are:

- ▶ To inform the selective allocation of funding for research
 - ▶ To provide accountability for public investment in research and produce evidence of the benefits of this investment
 - ▶ To give benchmarking information and establish reputational yardsticks, for use in the higher education sector and for public information.
- Wound care research is read by us all but do we always assess papers for reliability, validity, generalisability or transferability? Papers assessed by REF are graded as unclassified or 1*,2*,3*, or 4*:
- ▶ Four stars: Quality that is worldleading in originality, significance and rigour
 - ▶ Three stars: Quality that is internationally excellent in originality, significance and rigour but which falls short of the highest standards of excellence
 - ▶ Two stars: Quality that is recognised internationally in originality, significance and rigour
 - ▶ One star: Quality that is recognised nationally in originality, significance and rigour
 - ▶ Unclassified Quality: that falls below the standard of nationally recognised work; or work that does not meet the published definition of research for the purposes of the REF.

As academics, we aim for 3* or 4* papers with citations of our work also being important. The REF panels look to SCOPUS for citations, and I am delighted to say that *Wounds UK* is listed on SCOPUS, so these papers can be reviewed.

As we see a continued momentum of raising the profile nationally for wound care, it is the responsibility of clinicians, academics and researchers to be actively involved in these changes and to publish their work for others to learn from, or, indeed, to work together for the greater good of the end user — the patient. If you do not feel you have the time or confidence to be involved in research or writing, then contact your local Higher Education Institution who would be delighted to collaborate with you.



REFERENCES

The Higher Education Funding Council for England (2017) *The Second Research Excellence Framework*. Available at: <http://www.hefce.ac.uk/rsrch/ref2021/> (accessed 27 June 2018)

Working together and knowing when to stand up



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As we move forward with the national strategy for wound care in England, we must also remember that colleagues elsewhere in the UK have completed considerable work already; most notably in Scotland where the website of Healthcare Improvement Scotland (<https://bit.ly/2tAiOuw>) provides a range of tissue viability tools and resources that are already in widespread use. These include standards for the prevention and management of pressure ulcer, access to the Best Practice Pressure Ulcer Statement, patient advice leaflets, information on the Ropper ladder for infected wounds and much more. We must make sure that we make use of existing resources and not waste time and energy creating new versions just for the sake of labelling them as our own.

NEW INFORMATION TO UPDATE LOCAL DOCUMENTS

While celebrating what we have, we are also celebrating two new resources in pressure area care. Namely, the *Pressure Ulcers: Revised Definition and Measurement Framework* and the new *Pressure Ulcer Core Curriculum* published just now by NHS Improvement (2018) as part of Stop the Pressure Programme. Both had been being eagerly awaited by many clinicians who are keen to update their local documentation based on this newly available content. What has been positive about the development of these documents is the amount of input given by the tissue viability community: formally via the consensus process (the official working group members and reviewers) but also less formally by nurses responding to questions, polls and queries via the Tissue Viability Nurses UK Facebook group (<https://www.facebook.com/groups/1013874018744623/?fref=nf>). What an amazing resource this has turned out to be.

THE GOSPORT HOSPITAL SCANDAL

These are all positive developments but we must not forget the less positive and distressing

reports from Gosport Hospital in Hampshire, where many patients met an untimely death at the hands of a team of healthcare professionals who, it seems, may have 'over-prescribed' strong analgesia. This is a lesson for all of us and raises many questions about why the whistle wasn't blown much earlier, and what the roles and responsibilities of the rest of the team were, who either administered the medication or at the very least saw the effects on those patients. For me, this is a reminder that everything we do is a team effort. But for us to achieve the best outcomes for our patients, it is not always about supporting and going along with 'our team', it is about standing up to and even against our team when we know things are not right or could be done better.

CALLING FOR BETTER STANDARDS

This is what many TVNs are doing right now: rallying against the quality of care that is being delivered and calling for greater standardisation and more focus on the measurement of real outcomes, rather than those that are easiest to measure. Do we really want to focus on whether or not a form was filled in within a time period, or find out if a patient received preventative care? Ideally, we'd like to focus on both but in a clinical environment, where it often feels like wading through treacle to achieve anything, we need to concentrate on accomplishing the right things.

SUMMERTIME

Focussing on the right things is particularly important at this time of year; when many clinical staff, having survived the long spell of winter pressures, are now counting the days until their holidays. The sun is shining, and the forecast predicts even more sunshine, so let's focus on the positives. Things are definitely looking up, there is a national strategy for England and the Programme Director has been appointed — so it's definitely happening! It's going to be a sunny few weeks — enjoy your summer.

WUK

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- NHS Improvement (2018) *Pressure Ulcers: Revised Definition and Measurement Framework*. Available at: <https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/> (accessed 27 June 2018)
- NHS Improvement (2018) *Pressure Ulcer Core Curriculum*. Available at: https://improvement.nhs.uk/documents/2921/pressure_ulcer_core_curriculum.pdf (accessed 27 June 2018)