

# Welcome to Harrogate 2018, even if there just in spirit



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For those of you who are able to attend, welcome to our Wounds UK Annual Conference #Harrogate2018. We have a really busy programme and we hope you will notice the changes we've made based on the feedback we received from you in previous years.

## HEARING CLINICANS: #TVN2GETHER

This year, we are giving clinicians more of a voice: #TVN2gether has a space in the exhibition hall (#65) and will hold parallel exhibition sessions (Monday 17:30 to 18:00) to encourage sharing good practice and continued learning for everyone interested in Tissue Viability. Wounds UK has worked closely with #TVN2gether to develop a series of challenges — all with a common theme of making receiving and delivering education a little more fun. The series is designed to encourage engagement and further knowledge, and we would like to invite you to join in. The aim of these challenges is to create a bank of educational resources. So for those of you who feel creative, it is a great way of sharing — for those of you who struggle with being creative it's a way of finding something different (*Box 1*).

We have tried to think of things that give everyone a chance so while you may not be able to sing, you may be good at crosswords, or baking. We know not everyone will want to participate — but it may be a challenge you can set your link nurses.

If you are attending Harrogate, you can bring things along to the #TVN2gether stand in the exhibition; if you are not attending you can post them to one of the team and we will take them along for you. Although we are focusing mainly on activities for Stop the Pressure, we would, of course, welcome themes that relate to other wound types or even generic topics like wound assessment.

## CELEBRATING NEWBIES

It is also important to support clinicians to present and publish. We have several first-time presenters at Harrogate and look forward to hearing their

lectures and wishing them all good luck. We also tried hard this year to encourage and develop new authors, so if you feel you have an article you want to share but don't know how or where to start — why not come and find one of the *Wounds UK* team at the stand in the foyer. They will be happy to hear about your idea and support you throughout the process.

## THE IMPACT WORDS & NUMBERS HAVE

Patient voices are also becoming stronger — both throughout the conference and in the journal. Hearing patients describe their wound healing journeys — from their perspective and in their words — adds power and impacts on the information we need to deliver best care. Patients bring a touch of reality to wound care, sometimes even opening our eyes to things we may not have considered otherwise. I recently visited the Community Team from the Mersey Care NSH Foundation Trust as part of the NHS Improvement's National Stop the Pressure programme; as well as spending time with the more senior team, I spent time with an amazingly enthusiastic team of community nurses who gave me lots of patient stories and told me about the impact the programme had on their patients. One in particular resonated with me: I was told about a younger male who had quite an extensive category 4 pressure ulcer, who, with the care given by the aforementioned very motivated team, had done well and shown considerable signs of wound healing. The patient then had an appointment with the plastic surgeon who told him his PU was now a category 3. Naturally, the patient was delighted as the ulcer seemed to be definitely improving. However, he became very despondent when the community nurse corrected him and told him that it was a healing category 4 pressure ulcer. In the patient's eyes that meant he hadn't improved as the number hadn't changed. He felt better only after the nurse spent some time with him; she had the opportunity to explain not only why we don't reverse categories —

### Box 1. #TVN2gether — creative challenges

- Write a poem or song — you can submit this as just lyrics or as a video/audio file
- Create a food-based teaching resource
- Create a word puzzle or crossword
- Create a poster or video on 30-degree tilt (we will comment on accuracy and creativity)
- Find the best chair-based exercise track for pressure ulcer prevention/improving calf muscle activity
- Come up with the best slogan/acronym/mnemonic
- Think of the best study day title (thanks to Maria Hughes for inspiring this with Gone with the Wound)
- Create the best team game
- Create the best TV-related fancy dress.

but also that, even when healed, that area of his skin would be referred to as a healed category 4 pressure ulcer. This is to serve as a strong caution that the area will forever be much more vulnerable.

I don't think anyone had ever brought this to my attention before: what do the words and phrases we use mean to our patients? I'm happy to use the phrase pressure sore, which might be more accessible for patients. But I'm reluctant to tell them it's a different category because, as this story demonstrates, it might be worrisome to our patients and one cannot guarantee that our medical colleagues are as up-to-date as we are on categorisation. It is also important that we are consistent in our messages to make patients feel confident, or to avoid them thinking that we don't know what they are doing. They also described the

importance of their shared decision-making tool in negotiating with patients who may previously have been deemed non-concordant. Overall, it was highlighted that every moment is a moment of potential learning: for me, the patient, the community nurse — and the plastic surgeon.

#### **PINCH WITH PRIDE**

So, if you are attending Harrogate, make the most of all the learning opportunities offered: attend sessions you wouldn't usually go to, take time to ask questions in the exhibition, go through the posters and seek out the authors — especially the ones delivering free papers. Network with others, discuss with them how and why they do things, and, if they do things better, ask if they will let you “Pinch with Pride.”

WUK

### **Dianne Brett (1961 to 2018) Tissue Viability Lead Nurse East and North Hertfordshire NHS Trust**



I first met Dianne in 2002, some months after starting in my first Tissue Viability post at East and North Herts NHS Trust — a brand new service, for which we had not been able to recruit a lead. Having been to visit a neighbouring trust, I met Dianne who was in a seconded post. I immediately felt comfortable with her and, in her words, promptly “bullied” her into applying for our lead post. For the next 11 years, she became my greatest mentor, enabler and friend. We shared our birthdays by a day, a passion for Tissue Viability and a love for The Osmonds.

Described by many as kind and wise, she did not like to put herself in the spotlight. Nevertheless, she was immensely knowledgeable, passionate about nursing and always a contributory voice at our regional meetings. She was the quiet engine behind driving change in our Trust and beyond.

In the words of her sister: “*Beautiful inside and out, loving and kind, generous and clever. Just a very few of her attributes.*” We feel her loss in Hertfordshire immensely. The best those of us she has guided can do now, is follow on the path she so clearly pointed us to.

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