

Welcome back everyone: here is to a brilliant 2018



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Welcome to the first issue of *Wounds UK* this year. We suspect your clinical areas are extremely busy at the moment and that the winter holidays are a long, forgotten memory. The media have been reporting a current lack of nurses in all clinical areas, with an increasing number of nurses leaving the profession — for the first time, we are losing more nurses than we are recruiting. Higher Education Institutions are responding by trying to recruit more student nurses, offering bespoke clinical modules and foundation degrees that are based on apprenticeship models. However, undergraduate nursing programmes take 3 years to complete and the apprenticeship form of education 2 years. So we have quite a while to wait until these newly registered healthcare staff become available for full-time clinical practice. In the meantime, we need to look after the clinical staff that are under increasing pressure and who may feel, at times, quite demoralised.

LOOK AFTER YOURSELF

How many of you have had that dreaded ‘chest’ that lasts for months or were struck down by the flu? Is this because we are all running on empty? It seems that many nurses worry about being off sick (even when they are genuinely very unwell) and don’t allow themselves to get fully better before plunging back into the fray. Perhaps we should take the time to convalesce — and return to work properly restored and ready to go.

CHALLENGES AND OPPORTUNITIES

Despite these challenges, this year will be an exciting one. There is a lot of interesting work going on at high levels from teams at NHS Improvement (with the Stop the Pressure Programme and Lord Carter’s Operational Productivity Report), NHS England by continuing with their work for the Change Adding Value framework and the growing interest in the Getting It Right First Time (GIRFT) workstreams. There are other initiatives, such as the Legs Matter campaign, which will help raise

the public profile of lower-limb problems. There is also a widespread discussion of a ‘National Strategy’ for wound care — it was the subject of debate tabled by Lord Hunt of Kings Heath in the House of Lords in November with a follow-up discussion scheduled for April. It is just a proposal at the moment, we don’t know what this strategy will look like and where it will be housed, but it’s good news.

DON’T PANIC

With all these new initiatives, there is bound to follow a lot of change. However, final decisions can only be made after a lot of debate and discussion. So while it is great to have as many people as possible involved, it is also important, as snippets of information filter out, to stay calm. Some of the early discussions in these areas have caused irritation, panic even, but unless something is said to be definitive — please save your energy. Sometimes things just need to be aired before they can be defined or decided on. Repeating only parts and not all of what is happening doesn’t help anyone.

WATCH THE FRONT DOOR

It is also clear that ‘the front door’ is a growing area of concern; if we can’t get it right there how can we get the rest right? Whether that means A&E, the admission ward or the first assessment in the community, this has become a major focus and it would be great to see you sharing good practice. So why not get involved and publish what you know. It’s not too scary and we will happily help you if you have never done it before (or even if you have done it before and just aren’t very confident). We need to do what we can to raise public awareness of wounds; with initiatives such as Legs Matter leading the way, it is time to focus on prevention as much as treatment, and improve patient outcomes by them not getting the wound in the first place — or presenting early and to the right person, and having a much better chance of healing quickly.

So look after yourself, be excited for what’s ahead and get involved at whatever level you can. 