

# Harrogate 2016 highlights compliance, Stop the Pressure, burns and scars



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**W**elcome to the Harrogate edition. It is a packed journal reflecting a busy conference. So much has happened and is about to happen in the next 12–18 months.

We have had more abstracts submitted than ever before this year, so huge congratulations to those of you awarded poster and free paper submissions. There is excellent work being done around compliance and whether it is patients that are non-compliant/concordant or staff! This applies to pressure ulcer equipment and the use of compression (and, I would guess, other aspects of wound care too), so maybe we need to revisit what we do and how we do it.

I am delighted to report that NHS Improvement will be relaunching 'Stop the Pressure' as a national campaign at Harrogate and would love to hear what work or research you are involved in around pressure ulcer prevention. I will be working with NHS Improvement as a clinical advisor, so if you are doing something amazing or you think there is a burning priority to be addressed, let me know.

We must thank Richard White, our Scientific Editor, for all he has done for us at Wounds UK. Sadly Richard is retiring this year. We will be paying tribute to him in the journal and at the conference.

I would like to take this opportunity to welcome the Katie Piper Foundation (<https://katiepiperfoundation.org.uk/>) as our charity for next year. Claire Campbell-Ousey will be giving a presentation and a short introduction to the Foundation's work before the conference dinner.

Do not forget to join the Twitterati while you are at the conference (#Harrogate2016). I and some of the editorial board members will be tweeting from our sessions.

## NEW CQUIN ON WOUND ASSESSMENT


It is not all about pressure ulcers. NHS England (2015) has included a Commissioning for Quality and Innovation (CQUIN) on improving wound assessment in 2017/18, so you need to be prepared. This raises many interesting questions, most notably:

what constitutes a wound assessment? We have no national standard or consensus on what should be assessed and how often. To be honest, looking at many wound assessment charts I wonder how much of the information we collect is actually used. I would love to see people recording surface areas and using percentage reductions to determine whether wound size is improving, deteriorating or static, but very few do this; instead they collect reams of data that show little of significance. We need to get better at challenging the relevance of information and not collecting it if we are not going to do anything with it.

## LEG ULCERS GET A BOOST

It also looks like leg ulcers are becoming a higher priority. Papers such as Guest et al (2016) highlight how many leg ulcers there are and how poorly they are managed. If the Carter report (2016) prioritises the improvement of processes, surely the care of patients with leg ulcers is an excellent place to start.

## WORLD UNION OF WOUND HEALING SOCIETIES CONFERENCE

It is only a short while since the World Union of Wound Healing Societies conference was held in Florence. There were some amazing sessions (I learned so much from the one on pain) and some great new consensus and best practice documents were launched and are available from <http://www.woundsinternational.com/wuwhs>. It was good to see the UK so well represented, both on the platform and as delegates. 

## REFERENCES

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