Wound care transformation needs more than evidence: It needs strategic leadership

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The evidence for improving wound care has never been stronger, yet variation in practice, delayed healing, patient harm and unwarranted costs remain common across the NHS. Although research continues to demonstrate both the clinical and economic benefits of evidence-based wound care, implementation remains inconsistent. The challenge facing wound care is no longer knowing *what* needs to change but determining *how* change can be delivered at pace and scale.

Wood et al (2026) advocate the establishment of strategic wound care steering groups at the Integrated Care System (ICS) level. Such groups could provide leadership for pathway redesign, commissioning intentions and performance measurement across organisations. This is an important step forward; however, strategic leadership alone will not solve the challenges currently facing wound care. The foundations of governance, accountability and digital maturity must first be strengthened.

Unlike many healthcare specialties, general wound care is largely nurse-led. While this offers significant opportunities for innovation and professional leadership, it can also result in variation where multidisciplinary oversight and organisational challenge are limited. There are considerable differences in the size, capability and influence of tissue viability services across the country, contributing to inconsistent approaches to policy development, clinical practice and service improvement.

A fundamental issue is governance. In some organisations, wound care policies are not fully aligned with national guidance and there may be limited scrutiny from senior leaders who do not possess specialist wound care knowledge. This creates a risk that variation becomes embedded within organisations and that patients receive care that is not consistently evidence based. The consequence is not only poorer outcomes for patients, but also the inability of organisations to understand the true scale of the problem.

Data represents one of the greatest opportunities for improvement. Organisations using digital wound care systems are able to monitor outcomes, identify unwarranted variation and target quality improvement activity more effectively. Reliable data enables leaders to understand prevalence, healing outcomes, resource utilisation and areas requiring improvement. Without robust digital data, meaningful oversight is difficult and opportunities to reduce harm and costs may be missed.

For this reason, digitisation should be viewed not as a technological initiative but as a strategic enabler of transformation. Access to timely and accurate wound care data allows organisations to establish performance measures, evaluate interventions and support continuous improvement. Furthermore, data sharing across organisations and ICSs could facilitate benchmarking, peer support and targeted intervention for areas experiencing poorer outcomes.

There is also a strong case for strengthening professional leadership. Every organisation should have access to a strategically empowered tissue viability nurse lead capable of combining clinical expertise with leadership, transformation and business skills. These roles must be supported by executive teams and integrated within organisational governance structures to ensure wound care receives appropriate visibility and attention.

At the system level, ICS wound care leads could provide coordination across providers, commissioners and partner organisations, ensuring consistency of standards and facilitating collaborative improvement programmes. National leadership would further strengthen accountability, support implementation of evidence-based guidance and provide oversight of progress against agreed standards.

The future of wound care depends on more than clinical evidence. Sustainable transformation requires clear governance, accountable leadership, digital infrastructure and strategic oversight at organisational, system and national levels. The priority now is not generating additional evidence, but creating the structures, leadership and accountability necessary to ensure existing evidence is consistently translated into practice and delivers better outcomes for patients.

References

Wood K, Ahmad N, Woods G, et al (2026) Invisible patients, unsustainable practice: insights from 20 000 wounds to drive solutions across integrated care systems. *Br J Healthc Manage* 32(2): 1–24. doi: 10.12968/bjhc.2026.0005