Welcome to the annual conference edition of Wounds UK



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As we get ready for Harrogate this year, I always like to give a quick overview of what's coming up. The conference may feel a little different this year, as building works at the venue mean we'll be in a different part of the building. No more trekking up the big, winding staircase. Instead, we'll be in the magnificent theatre setting of the Royal Hall. So, if it's your first time joining us, don't worry, you won't be the only one finding your way around or wondering where everything is.

As always, we have some great sessions lined up. For me, one of the most important will be the unveiling of the National Association of Tissue Viability Specialists (England), a much-needed group that aims to provide strategic direction and support for specialists across England. Specialist groups have been established in Ireland, Scotland and Wales for many years, alongside regional groups across England. This new association will hopefully bring everything together under one umbrella, enabling us to work more cohesively, as they do in the other countries.

Other sessions to look out for include:

- An update on skin tones
- Research round ups
- A session on primary care / GP practice

I'm really pleased that we have not one, but two physiotherapists presenting: one on pressure ulcers (PU) and one on C-sections. We also have some senior NHS colleagues joining us on Wednesday. Two colleagues from NHS Resolution will be discussing claims data, while two others will be covering the skin tones update. Richard Desir is from the Chief Nurses Office in Wales, and Jennifer Pearson is the Director of Nursing in Birmingham.

We also have Jeanette Milne, Director of Nursing, joining us on Monday. It's good to see us gaining better engagement at a senior level.

The journal is equally packed, with many of the conference themes being explored in its pages. There is a particular focus on more strategic concepts, including service delivery, transformation and strategic leadership, alongside plenty of clinical articles. We will also be launching a range of new Best Practice documents, so keep an eye out for those.

Elsewhere, it's been a very busy year, with some great conferences, new guidelines and yet another significant reorganisation of the NHS. However, it feels as though we are still facing many of the same challenges.

As always, PUs seem to dominate the conversation. Many of you have asked where the Pressure Ulcer Calculator has gone, following its removal from the NHS England website. It is unlikely to reappear there; however, we plan to make it available through the shiny new National Association of Tissue Viability Specialists (England) website. Even more importantly, it has been updated using the 2024/25 Personal Social Services Research Unit (PSSRU) inflation indices https://www.pssru.ac.uk **[Table 1]**.

Each year's figures are uplifted using the inflation index from the previous financial year. Therefore, the 2025/26 figures are based on the 2024/25 inflation uplift.

One important point to note is that the methodology for calculating the inflation indices changed in 2017, so all the figures in the table below are based on the new indices. I'm not totally sure what the differences are, but as these are the only indices available now, I think it makes sense to use them.

The new international PU guidelines

The new international PU guidelines (NPIAP, EPUAP and PPPIAP, 2025) have caused somewhat of a stir. They need to be read critically and reviewed carefully, as there are many areas of concern. This is not to detract

Table 1. PU grades updated using the 2024/25 PSSRU inflation indices from the University of Kent.

	Grade	Grade 2	Grade 3	Grade 4
	Central estimate			
2017/2018	1,637	6,772	11,250	16,232
2018/2019	1,657	6,856	11,389	16,433
2019/2020	1,684	6,966	11,572	16,696
2020/2021	1,720	7,115	11,819	17,053
2021/2022	1,763	7,292	12,114	17,478
2022/2023	1,808	7,480	12,426	17,929
2023/2024	1,940	8,028	13,336	19,241
2024/2025	1,988	8,226	13,665	19,717
2025/2026	2,068	8,557	14,214	20,509

Scan the QR code to read the web version of the Definition and aetiology chapter

from the considerable effort that has gone into the producing this guidance, but it should not simply be accepted without question.

Across the chapters, there are issues with version control. For example, if you want to read the "Definition and aetiology chapter" (https://www.internationalguideline.com/classification), make sure you use the web version, dated 17 December 2025, rather than the PDF version (https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/6a8d953812e003362efc003a/1787663672960/NPIAP-EPUAP-PPPIA-26-Guideline-Etiology-FINAL.pdf), dated 25 February 2025. If you scroll to the bottom of the web version, just before the references, you will see that a sentence has been removed due to lack of evidence. So why hasn't the PDF been updated? And why isn't the version information at the top of the document, where those of us who tend to use the PDF version (me for instance) might actually see it?

In the repositioning chapter, the diagram illustrating the 30-degree tilt position seriously needs reviewing. I don't think I have ever seen a bed that elevates the lower leg in the way shown in the diagram illustrating 30-degree head-of-bed elevation. The patient also looks very uncomfortable and unsupported.

The categorisation chapter is worth a slower read. It is interesting to note that using a categorisation system is described as *good practice*, as there is no evidence to demonstrate that these systems make a difference to care or outcomes. However, the suggestion to use a six-category system is counterbalanced by another statement:

"CL4: Good Practice Statement: It is good practice to consistently use the pressure injury classification system adopted by your healthcare system."

Therefore, in England, we should be following the four-category system used by NHS England and the National Wound Care Strategy Programme (NWCSP).

The inclusion of an 'atypical Category 2' is simply confusing. It is challenging enough to expect staff to differentiate between epidermis and dermis, when they cannot even see the difference between reticular and papillary dermis. So how does this help? The abbreviations are also inconsistent: sDTI /DTPI – where has the 'P' come from? These wounds are still described as evolving into Category 3 or 4 injuries, so how are they different from Categories 3 or 4?

The discussion about recurrent PUs is also unhelpful. The suggestion is that we describe them as 'reopened, recurrent or new', which still leaves us without standardisation. I am very unsure about this statement regarding the surgical repair of PUs: "If the flap or graft fails, continue to code it as a surgical wound until healed." The most common reason for flap failure is a failure to offload pressure. If we then treat the wound as a surgical wound rather than a PU, will staff adequately prioritise PU prevention?

Some statements simply seem to be wrong. For example: "In contrast, in anatomical locations with greater adipose tissue (e.g., buttocks and ischium) a PI may be deep but not reach the muscle or bone and therefore, would be classified as a Category/Stage 3 or 4 PI."

If it does not reach the muscle or bone, how can it be classified as a Category 4 injury?

In the support surfaces chapter (https://www.internationalguideline.com/surfaces), some of the references are incredibly dated, including papers from 1987 and 1994. The age of these references is reflected in the use of rather dated technology in guidelines, compared with newer therapies supported by more up-to-date evidence.

I am sure there is much more to uncover, and I still need to read the chapters in detail. It feels as though we are asking the same questions and therefore getting the same answers. It would be helpful to see what the literature tells us about two fundamental questions:

- What difference does using a risk assessment tool make, rather than simply asking which risk assessment tool we should use?
- Do categorisation systems actually make a difference?

There is certainly plenty to do and plenty to talk about! If you are attending Harrogate, we look forward to seeing you there. If you can't make it, we hope you enjoy all the fantastic new content, both in the document and online. ●

References

National Pressure Injury Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Skin and Tissue Assessment. In: Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline: Fourth Edition. Emily Haesler (Ed.). 2025. [cited: download date]. Available from: https://internationalguideline.com.