

# A day of skills and knowledge

**Rucha Kurtkoti**, Editor, British Journal of Community Nursing, and **Sophie Gardner**, Editor, British Journal of Nursing, report on some of the sessions from a recent Wound Care Alliance UK skills day

**T**he Wound Care Alliance UK (WCAUK) skills day held on 14 October 2021 was one of the first in-person events for nurses held since the start of the COVID-19 pandemic.

## How nursing will evolve

The day started with a talk about the future of nursing by Louise Toner, Associate Dean at the Faculty of Health Education and Life Sciences, Birmingham City University. Toner described what the association between healthcare education and the workforce will look like in the future.

Nurses provide a large part of the wound care available in the NHS. Given that it is a bulky organisation, it has been difficult for the NHS to enforce changes. There are several new structures surrounding health and social care, with the introduction of sustainability and transformation plans and integrated care systems. The importance of public health and self-management of long-term conditions has come to the fore.

In terms of fitness for 2030, the NHS's main goals are health promotion and public health. Some of the key themes Toner highlighted were:

- Patient expectations
- Advances in surgery (such as robotics)
- Avatars/virtual reality for people with dementia
- Correcting the shortages of doctors/nurses/allied health professionals
- New technologies
- Financial constraints.

Two nursing initiatives are under way: World Health Organization global standards for nursing (2016–2020) focusing on education, both for registration and ongoing CPD, which is crucial for workforce retention, and Nursing Now, which involves nursing leadership to influence care-giving. Nurses form the largest proportion of healthcare workers in the NHS workforce (more than 50%), but their decision-making power is disproportionate, with fewer nurses in leadership roles. This needs to change urgently.

Next, Toner talked about workforce challenges, including poor expertise in

workforce planning, generational impacts, where the older generation of nurses do not expect to have a decent work-life balance but younger nurses do. Also included in this are flexible working, considerations for nurses from overseas (visas and salary scales, along with cultural awareness), Brexit, staff disillusionment and the outcomes of the pandemic.

She then spoke about nurse education in England and the impact of the elimination of the bursary for nursing education. This has changed now, and there is a non-means-tested bursary, and placements are paid for by Health Education England/NHS trusts. University and placement providers agree student numbers.

Last, Toner discussed the new quality assurance framework and the tripartite mentorship system. She talked about the benefits of newly qualified nurses prescribing much faster with the V100 and V300 non-medical prescribing courses, as well as the need to improve interdisciplinary working.

The session was very well received by the audience, and it is hoped that it provided food for thought and inspired many attendees.

## Using IT in wound care

The next talk was by Systems Analyst James Burford, a newly appointed trustee of WCAUK. This was an interactive session, to better understand how nurses view the use of information technology in their daily practice.

Several new technological advances have been introduced to simplify nursing practice and enable better documentation and recording of patient assessments and diagnoses. However, as with any big change, learning to use these systems takes time and effort, and the right infrastructure needs to be in place to enable effective use. Burford acknowledged an overall resistance to e-learning among tissue viability nurses (TVNs).

Through interaction with audience members, some interesting findings came to light. One attendee said that the information hierarchy in some e-learning systems was not appropriate, as learners were forced to start with rudimentary levels and then move on to advanced information. This, naturally, did not cater to more proficient learners, who often

wanted to start at an advanced level. Some also mentioned issues with infrastructure, such as their work laptops or internet availability.

The overall conclusion was that health care in the UK needs to adopt 21st century IT practices to provide services to its clients.

## Pressure ulcers

Toni Aplin, Senior Tissue Viability Specialist Nurse, Gloucestershire Hospitals NHS Foundation Trust, presented on pressure ulcers. She covered the fundamentals of the skin, how pressure ulcers develop and their management. This was an interactive session, with many questions posed to the audience.

Aplin started by talking about the skin, its components and its functions, including thermoregulation, protection, absorption, sensory functions, metabolism and excretion. She also talked about the process of skin ageing, how it loses its hydration and elasticity with physiological changes in the ageing body, and the repercussions of these.

The next discussion point was pressure damage: what it is, what causes it and the symptoms of pressure damage on the skin. Pressure leads to hypoxia, pain, inflammation and tissue death, signs of which include redness, non-blanching and discomfort. She talked about working with patients to understand the less obvious signs of pressure damage, such as numbness, pain and differences in skin texture in the affected area.

Then, the categories of pressure ulcers proposed by the European Pressure Ulcer Advisory Panel were covered, from category 1 all the way to unstageable pressure ulcers and deep-tissue injury ulcers. The audience was shown pictures of various categories of ulcers and asked to stage them. The complexity of this process was recognised, in particular with regard to darker skin tones, on which the appearance of pressure damage is very different to that on lighter skin tones.

In unstageable pressure ulcers, the wound bed cannot be seen because of slough. Debridement is usually needed for these wounds. But Aplin cautioned against debriding heel ulcers until the patient's arterial status has been established.

Moving on to assessment and management, Aplin talked about the usefulness of SEM scanners to check subepidermal moisture, which can indicate pressure damage. Good history taking is vital, and good lighting should be ensured during assessment. Bony prominences should be compared with the surrounding skin, and skin texture should be assessed.

Aplin spoke about the importance of nutrition for those with pressure ulcers. She mentioned pressure relief and redistribution, including repositioning within chairs for those who are predominantly seated. She also spoke about moisture-associated skin damage, which is an important consideration for those with pressure ulcers. There was lots of interest and audience participation in this session.

### Wound management

Monique Maries, Vice Chair of WCAUK and Tissue Viability Lead Nurse, Gloucester Acute Trust, led an interactive talk on wound management and assessment. She began by asking a seemingly simple question: what is a wound? This resulted in varied answers from the audience. Maries used Leaper and Harding's (1998) definition:

'A wound by true definition is a breakdown in the protective function of the skin; the loss of continuity of epithelium, with or without loss of underlying connective tissue (ie muscle, bone, nerves) following injury to the skin or underlying tissues/organs caused by surgery, a blow, a cut, chemicals, heat/cold, friction/shear force, pressure or as a result of disease, such as leg ulcers or carcinomas.'

Next she talked about how poor wound assessment could lead to increased costs and poor management. Maries went on to discuss the normal wound healing pathway. She also spoke about how acute wounds can become chronic wounds through prolonged inflammation, an imbalance of protease inhibitors and destruction of essential proteins.

Next, Maries outlined how to care for a patient with a wound. She highlighted the importance of understanding the patient's aim for management because this may differ from patient to patient, wound to wound.

An audience member said they found that patients can be more concordant when

the processes and treatments are explained to them, highlighting the importance of holistic care. Maries talked about optimising the patient's physical condition, promoting wound healing by providing a warm, moist, non-toxic environment, selecting appropriate wound treatments, and the monitoring of the patient.

A quick show of hands found that the audience had all heard of the TIMERS acronym and used it to help with wound assessment. Maries then went on to ask the audience what they had in their toolkit. Highlighting the cost and number of different types of dressings available, Maries said that it is essential that for nurses get to know their patient and their wound before they can know what sort of dressing to use.

The session ended with a quick test of audience knowledge. Maries showed some pictures of wounds and asked for help to assess them. Images included a skin tear, a necrotic toe, an enormous fluid-filled blister and (to throw us all) a close up of a pizza topping. Finishing the day with a laugh, the session proved to be informative and fun. **BJN**

Leaper DJ, Harding KG (eds). Wounds: biology and management. Oxford: Oxford University Press; 1998



Proudly designed and manufactured in the UK since 1994.



The original waterproof protector

## Helping Patients with Leg and Foot Ulcers to Shower and Bathe with Confidence

-  Available on FP10 prescription - foot model now included
-  Provides peace of mind to patient
-  Comfortable gentle seal
-  Latex free
-  Elbow / PICC line model also on FP10



**Half Leg Limbo** - Seals just above the knee, ideal for lower leg bandages, casts or bulky foot dressings. For bath or shower. Sizing Instructions: Check your patient's height and weight to select the correct size half leg Limbo.

Patient Height	Patient Weight	Model	PIP Code
5'5" (165 cm) and above	Up to 10 Stone (64kg)	MP76 Slim Leg	333-7581
	10 to 16 Stone (64 to 102kg)	MP80 Average Build	320-0045
	16 to 22 Stone (102 to 140kg)	MP180 Large Leg	320-0060
Under 5'5" (165cm)	Up to 10 Stone (64kg)	MP76S Slim Leg Short	333-7599
	10 to 16 Stone (64 to 102kg)	MP80S Short Leg	320-0052
	16 to 22 Stone (102 to 140kg)	MP180S Large Leg Short	320-0078



**Foot Limbo** Seals just above the ankle, ideal for light dressings on the foot. Shower use only.

Leg Circumference (5cm above ankle bone)	Model	PIP Code
20 - 25cm (8-10")	MP20 Small	416-6476
23 - 34cm (9-13")	MP25 Medium to Large	416-6484

For more information, prescription packs or samples please contact:

**UK** info@limboproducts.co.uk ☎ +44 (0)1243 573417  
**USA & Canada** www.limboproducts.com ☎ +1 866 348 4091  
**Australia** www.healthsaver.com.au ☎ +61 1300 767 888

 /LimbOProducts

 /LimbO\_Products

[www.limboproducts.co.uk](http://www.limboproducts.co.uk)

