



**National Wound  
Care Strategy  
Programme  
Progress Report  
2020-21**



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## Progress Report 2020-21

### Executive Summary

The National Wound Care Strategy Programme (NWCSPP) is addressing the unwarranted variation in UK wound care services to improve healing rates, reduce patient suffering, expenditure on ineffective treatments and the amount of clinical time spent on wound care.

The NWCSPP was commissioned by NHS England and Improvement for delivery by the Academic Health Science Network. The NWCSPP commenced work in September 2018. This report gives an overview of the NWCSPP's work and achievements in the third year from September 2020-21.

#### NWCSPP Governance:

This year, the NWCSPP has moved from strategy development into implementation, necessitating a review of the NWCSPP governance structures. A new Oversight and Transformation Board has been formed along with a new Delivery Group.

#### Achievements in 2020-21

- **Education and Workforce:** The National Wound Care Core Capability Framework for England and six online learning resources have been published and well-received.
- **Digital, Data and Information:** The Functional Overview of Wound Management Digital Solutions has been published. A draft national pressure ulcer dashboard for acute care has been developed and is being piloted. Draft metrics for lower limb care have been developed. Recommendations for Digital Imaging have been published.
- **Supply and Distribution:** A prototype NHS National Classification System for wound care products database has been developed and it being tested. A paper outlining options for supply and distribution has been drafted and will be the focus of a consultation.
- **Implementation:** Six first tranche implementation sites (FImpS) have been recruited to test out the assumptions of the business case and to develop a blueprint for national implementation. A Lower Limb Learning Forum has been established to support other healthcare provider organisations wishing to improve lower limb care.
- **Lower Limb Wounds:** Support is being provided to the FImpS and learning is gathered to inform the development of further resources to support national adopt and spread. NICE has agreed to update and possibly expand the scope of the SIGN guidelines for venous leg ulcers.
- **Surgical Wounds:** Recommendations for surgical wound care have been published.
- **Stop the Pressure:** Three explanatory papers have been published explaining the new draft national pressure ulcer dashboard for acute care. Recommendations for reporting in relation to pressure ulcers are in development.
- **Other activity:** The NWCSPP has launched a new website <https://www.nationalwoundcarestrategy.net/> and commissioned the Patient Experience Network to improve patient and carer engagement.

#### The next 12 months and beyond

The NWCSPP is now moving from strategy into implementation. There are now strong financial and workforce productivity arguments for improving wound care, alongside the improvement in patient outcomes, to inform decisions about policy support and further investment to drive 'adopt and spread'. Improving wound care structured data capture through increased digitisation underpins all



the NWCSP work. The NWCSP welcomes closer working with the NHS organisations tasked with digital transformation in the NHS.

## 1. Background

The National Wound Care Strategy Programme (NWCSP) has developed from several previous initiatives which addressed the issue of sub-optimal wound care. The National Stop the Pressure campaign<sup>1</sup> (NSTP) originally launched by NHS Midlands and East, was rolled out nationally in November 2016 to coordinate and support a sustained reduction in pressure ulcer prevalence. Alongside this, NHS England's Leading Change, Adding Value Wound Care Project (2016)<sup>2</sup> and discussions in the House of Lords (2016 and 2017) led to a call to improve the care of wounds.

In 2015, the Burden of Wounds study<sup>3</sup> provided a spotlight on acute and chronic wound care. Its findings suggested that in 2012-13, the annual NHS cost of managing 2.2 million patients with wounds after adjusting for comorbidities was £4.5- £5.1 billion<sup>4</sup>.

In September 2018, the NWCSP was established to address this situation. The NWCSP incorporates some of the ongoing work of the NSTPP but extends the scope to include lower limb wounds and surgical wounds. The vision is to produce a step change in care of wounds with the aim of improving patient outcomes. The NWCSP was noted in the NHS Long Term Plan<sup>7</sup> and in the National Patient Safety Strategy<sup>5</sup>.

The NWCSP is underpinned by the principles that:

- Wound care should not be viewed as a separate clinical issue but be integrated into care of underlying co-morbidities that cause or contribute to wounding and delayed/ non-healing.
- The NWCSP is a long-term commitment to improving wound care.
- Success will depend on recognising and addressing the interdependencies between the different professional groups and services involved in wound care.
- The key priority is to improve patient care.

In December 2020, Guest et al published a follow-up study which estimated that between 2012/2013 and 2017/2018, the annual prevalence of wounds increased by 71% and the annual NHS cost of managing 2.2 million patients with wounds after adjusting for comorbidities increased to £7.9-£8.3 billion pa. Patient management costs were estimated to have increased by 48% with 81% of total NHS cost incurred in community. District Nurse visits increased by 399%, GP visits increased by 164% and Practice Nurse visits increased by 51%<sup>6</sup>. Since then, the COVID pandemic is likely to have exacerbated the situation.

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<sup>1</sup> NHS Improvement Stop the Pressure <https://nhs.stopthepressure.co.uk/>

<sup>2</sup> NHS England (2016) Leading Change Adding Value <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

<sup>3</sup> Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

<sup>4</sup> Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

<sup>5</sup> NHS National Patient Safety Strategy 2019. Accessed at: [https://improvement.nhs.uk/documents/5472/190708\\_Patient\\_Safety\\_Strategy\\_for\\_website\\_v4.pdf](https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf) 28.10.19

<sup>6</sup> Guest, J.F., G.W. Fuller, and P. Vowden, *Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013*. *BMJ Open*, 2020. **10**(12): p. e045253.



Evidence continues to point to marked unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices<sup>1,7</sup>. This offers major opportunities to improve the quality of chronic wound care through innovative solutions that will improve wound healing, prevent harm, increase productivity of staff and produce financial savings in line with the requirements of the recent NHS Long Term Plan<sup>8</sup>.

## 2. Governance Framework

The NWCSP is being delivered by the Academic Health Science Network (AHSN) on behalf of NHS England and Improvement (NHSEI). The National Wound Care Strategy is being designed by working with key partners to establish the underlying clinical and economic case for change, identify the desirable improvements in patient care and describe the necessary changes and interventions required to deliver these improvements.

The NWCSP has a robust governance framework consisting of an Oversight and Transformation Board which is responsible for:

- Receiving Stakeholder Council and Delivery Group reports, consider progress against agreed aims and identify issues for escalation.
- Driving forward implementation of the NWCSP recommendations across NHSEI and partner healthcare organisations.
- Accountability, decision-making and information.

The NWCSP Stakeholder Council is responsible for:

- Facilitating effective engagement with all stakeholders wishing to contribute to and inform the NWCSP outcomes via the Supplier, Health and Care Professionals (HCP) and Patient and Public Voice (PPV) forums.
- Supporting the dissemination of the NWCSP recommendations to all stakeholders.

The Delivery Group is responsible for:

- Receiving workstream reports, considering progress against agreed aims and identifying issues for escalation.
- Supporting workstream collaboration in the development of NWCSP outputs and stakeholder engagement.
- Accountability, decision-making and information.

The Delivery Group and Stakeholder Council report to the Oversight and Transformation Board which reports to the NHS Executive via the NHSEI Nursing Directorate Senior Management Team.

Payment and spending are monitored through an NHSEI / NWCSP Finance sub-group.

The NWCSP governance framework is shown in Appendix A.

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<sup>7</sup> Gray T.A, Rhodes S., Atkinsons R.A., et al. Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. *BMJ Open* 2018 e019440.doi:10.1136/bmjopen-2017-019440.

<sup>8</sup> NHS Long Term Plan 2019. Accessed at <https://www.england.nhs.uk/long-term-plan/> 02.04.19



## 4. Achievements in 2020-21

### a. NWCSP Governance

At the NWCSP Board meeting on 9th March 2021, it was agreed that as the NWCSP is moving from strategy development into implementation, the NWCSP governance structures and Board membership should be reviewed. It was agreed to step down the current NWCSP Board and appoint a new Oversight and Transformation Board with members nominated by the CNO Office and other key NHS England and Improvement directorates. There was a 'de minimis' Board meeting in July 2021 to conclude outstanding issues and then the new NWCSP Oversight and Transformation Board met in September 2021. Details of the Oversight and Transformation Board members can be found on the NWCSP website. As part of this change, Baroness Watkins who had chaired the NWCSP Board since its inception has stepped down. Baroness Watkins has played a major role in steering the NWCSP to its current position and we are very grateful for her leadership and advice.

As part of the review of the governance arrangements it was also agreed to review the membership of the NWCSP Stakeholder Council as health and care professional attendance at the Stakeholder Council continues to be sporadic. In the last year the Stakeholder Council has overseen three consultations, and the NWCSP has delivered a supplier webinar in May 2021 with a further event planned for December 2021. Feedback has been positive with good attendance and feedback.

As part of the review of the governance arrangements, it was also decided to introduce a NWCSP Delivery Group to give transparency to the workstream activity. The Delivery Group is made up of the NWCSP workstream leads, along with a diversity advisor and patient engagement advisor. The NWCSP also identified the need to improve patient engagement and has recently contracted with the Patient Engagement network to address this issue.

There are currently 1,346 stakeholders now registered with the NWCSP Stakeholder Forums: Health and Care Professionals Forum (1,038), Suppliers Forum (270) and the Patient and Public Voice Forum (38). This is an overall increase, but the number of Patient and Public Voice registrants has dropped. The NWCSP continues to make efforts to increase recruitment and shares a quarterly newsletter with all Forum registrants. The NWCSP Twitter account now has 2,917 followers and tweets regularly.

The NWCSP continues to be funded by NHSEI. This funding has enabled the NWCSP to recruit clinical leads for the surgical, lower limb, and supply and distribution workstreams, additional support for the Stop the Pressure workstream, analyst support and fund seven first tranche implementation sites (FImpS), one in each NHS region. The ongoing success of the NWCSP and its recognition of the key role of digitisation in establishing sustainable change has secured additional funding for the NWCSP programme from other commissioners. Further NHSEI / NHS X funding for digitisation work has allowed the NWCSP to recruit a data, digital and information programme manager and provide funding for digital project management in each first tranche implementation site.



## NWCSP Workstreams

### Education and Workforce

The National Wound Care Core Capability Framework for England was published in June 2021 and is being well-received. There are circa 4,000 page visits to the framework each month.

Six Tier 1 Essentials of Wound Care modules (Essentials of Skin Care, Essentials of Wound Assessment, Essentials of Pressure Ulcer Prevention, Essentials of Leg Ulceration, Essentials of Foot at Risk and Essentials of Digital Imaging) have been published and are hosted on a dedicated wound care education page hosted on the E-Learning for Healthcare platform. Data as of 12th November 2021 shows 9,000 enrolments, with 3,588 active users launching the resources >18,000 times. The users included a high proportion of nursing and medical students, Registered Nurses, and health care support workers, particularly in social care. Feedback is very positive (5\* with no negative comments recorded). Work is underway on a further online resource to add to this suite, 'Essentials of dressing wounds' and the Granulation game, enabling learners to put their knowledge into simulated practice.

A curriculum has been drafted for education provision for multi-professional clinicians staffing dedicated wound care services for lower limb wounds. This includes a set of learning outcomes, mapped to the National Wound Care Core Capability Framework for England and a blended learning education programme to support clinicians to achieve these. Work has begun on developing a suite of Tier 2 online learning resources which will be part of this blended learning programme.

The NWCSP is also supporting the NHSEI Enhancing Health in Care Homes team to develop learning resources for skin care and wounds for staff new to social care.

### Digital, Data and Information

The Digital, Data and Information (DDI) workstream has continued to focus on the adoption of digital tools to support the clinical workforce and to enable the collection of data for service management and improvement. The routine capture of structured clinically relevant data is seen as an essential enabler in driving through service improvement both in terms of the operational level management information it produces to improve individual patient care, and the information it produces to inform the service design on delivery at population level.

The high-level Functional Overview of Wound Management Digital Solutions (WMDS) has been published and will inform the development of Information Standards for wound care. Each of the FImpS are required to either already have or be willing to start using a WMDS as part of their implementation work to improve lower limb care. Draft clinical metrics for lower limb care have been developed and workforce productivity metric development has been initiated.

The procurement of NWCSP dedicated analytical support has enabled much swifter progress in relation to the NWCSP metrics work. The NWCSP DDI workstream is now working in close collaboration with the NHS Model Hospital Team to develop a national pressure ulcer surveillance system for acute care, to be followed by something similar for community.

The DDI workstream has also worked closely with the FImpS digital teams to begin developing metrics and collection methods to inform quality improvement of lower limb care.



Recommendations for digital imaging have been published.

The DDI workstream is also working, in partnership with the re-formed Supply and Distribution workstream, to develop a National Wound Care Product Classification System (see Supply and Distribution).

## Supply and Distribution

Following its suspension during the peak of the pandemic, the Supply and Distribution workstream has now been re-formed and is supported by a Supply and Distribution Advisory Group and a Supplier Reference Group.

There is now consensus for the design of the prototype NHS National Classification System for wound care products database which has now been populated with details for over 1, 500 products (from 13 supplier companies). Work is ongoing to ensure that coding is consistent with the global medical device nomenclature.

The Options for Supply and Distribution paper, which seeks to present an unbiased overview of key features associated with the different models of supply and distribution of wound management products, has now been drafted and advice is being sought as to the most appropriate approach to stakeholder consultation.

The team have also engaged with the NHS Net Zero team and AHSN leads on sustainability to ensure that the work of the NWCSP and the resulting impact on carbon emissions is captured throughout the programme.

## Implementation

First Tranche Implementation Sites (FlmpS).

Following the publication of the Lower Limb Recommendations for Clinical Care and business case for implementation, six first tranche implementation sites (FlmpS) have been recruited to date from the seven NHSE regions to test out the assumptions of the business case and to develop a blueprint for national implementation. The following sites commenced in April 2021:

- Manchester University NHS Foundation Trust (North West).
- Wye Valley NHS Trust (Midlands).
- Kent Community health NHS Foundation trust (South East).
- Hull University Teaching Hospitals NHS Trust and City Healthcare Partnerships CIC (North East and Yorkshire).

A further two Flmp sites which commenced in October 2021

- Livewell South West (South West).
- Mid and South Essex NHS Foundation Trust (East of England).

A further site is currently being sought from the remaining NHSE region in London to give one Flmp per NHS Region (seven in total).

The recruited sites each meet the following criteria:



- A commitment and readiness to implementing the strategy recommendations.
- Full support from all relevant local partners including commissioners, provider organisations and Primary Care Networks ideally with full ICS/STP support.
- Commitment to release front line staff to undertake training and education.
- Implementation of digital tools, including the use of mobile technology, to support the provision of evidence-based care and its measurement.
- Active engagement of service users.

The NWCSP has funded project management support within each FImpS and further digital project management support has also been funded by additional NHSEI/ NHS X funding. Each site is being supported and monitored by the NWCSP central team to gather learning to inform wider 'adopt and spread'.

Each FImp is in process of, or has, recruited to posts, established governance and reporting, mapped current clinical pathways and commenced service redesign. Some early case studies show:

- Patients' ulcers were re-occurring post-discharge from the lower limb service, due to an inability to don and doff their hosiery. This was resolved by employing a Band 2 practitioner for patient education and skin care and introducing aids into the community loan store.
- Introducing a dedicated TVN to a District Nursing Service to give support with education and competency sign-off, and to complete lower limb assessment and implementation of compression therapy has led to significant improvement in patient quality outcomes and significant reduction in nursing visits. Arrangements are being made to replicate this in another team with a more detailed approach to capture all factors that may have impacted on outcomes.
- Prior to the new pathway, only 50% of patients were receiving a doppler as part of their assessment and hence were not receiving appropriate treatment. All patients who enter the new pathway receive a full assessment and begin the correct treatment within 2 weeks.

### Lower Limb Forum

The NWCSP has also recently established a NWCSP Lower Limb Learning Forum to support healthcare provider organisations who are not a NWCSP First Tranche Implementation Site (FImpS), but who are working actively across systems to improve lower limb care. These organisations will be able to access early learning from the FImpS, network and share learning across members of the Lower Limb Learning Forum. This will provide the opportunity to bring insights back into their organisations and adopt in their local services, so there is timely quality improvement for lower limb care.

### Lower Limb Wounds

The Lower Limb Workstream is working closely with the FImpS to provide support and gather learning to inform the development of further resources to support implementation. These include education for the clinicians who will staff the dedicated wound care clinics / services, metrics to inform quality improvement, uptake of WMDS and resources to support self-care.

The Lower Limb workstream and Education and Workforce workstream have published the Essentials of Leg Ulceration and Essentials of Foot at Risk online resources and are now developing the Lower



Limb curriculum and online resources for clinicians staffing dedicated wound care services for lower limb wounds.

In partnership with the Patient Experience Network (PEN), the Lower Limb Workstream is now developing patient and carer resources for venous leg ulceration (including treatments).

Following a request from the NWCSP, NICE has agreed to update and possibly expand the scope of the SIGN guidelines for venous leg ulcers.

The CQUIN for the assessment, diagnosis and treatment of lower leg wounds for community services from April 2020 that was paused due to the pandemic is being reconsidered for implementation in 2022-23. It may be complemented by a peripheral arterial disease CQUIN for vascular services.

## Surgical Wounds

The Surgical Wounds workstream has published its recommendations for care and is now working with the DDI workstream to develop metrics to inform quality improvement.

## Stop the Pressure

Following the pandemic pause, the Stop the Pressure workstream has recommenced and is focussing on developing the surveillance system that will replace the NHS Safety Thermometer which ceased in April 2020. The prototype system is current being piloted in acute trusts and three explanatory papers have been published in Wounds UK<sup>9 10 11</sup> to bring attention to this work. The Stop the Pressure workstream is developing recommendations for reporting in relation to pressure ulcers which will cover surveillance, incident reporting / serious incident reporting and safeguarding. These will include the updated Definition and Measurement document. Recommendations on preventing pressure damage and care for people with pressure ulcers will follow.

The Stop the Pressure workstream, working closely with the Education and Workforce workstream, has published the Essentials of Pressure Ulcers online resource.

The CQUIN for pressure ulcers in community hospitals from April 2020 that was paused due to the pandemic, is being reconsidered for implementation in 2022-23.

## Other activity

The NWCSP has engaged the Patient Experience Network (PEN) to ensure that the patient and public voice (PPV) is at the heart of the approach and lead the co-creation of appropriate resources. PEN is providing focussed support in three key areas:

- Project managing and running the PPV moving forwards.

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<sup>9</sup> <https://www.wounds-uk.com/journals/issue/645/article-details/brief-history-pressure-ulcer-measurement-england-last-20-years>

<sup>10</sup> <https://www.wounds-uk.com/journals/issue/651/article-details/brief-introduction-national-secondary-care-data-sets-and-their-use-capturing-and-reporting-pressure-ulcer-occurrence>

<sup>11</sup> <https://www.wounds-uk.com/journals/issue/653/article-details/new-national-pressure-ulcer-surveillance-system-using-model-hospital-system-phase-1>



- Developing great patient advocates.
- Embedding co-creation with representative patient groups (which may mean tapping into some “hard to reach groups”).

To date, PEN has reached out to existing NWCSPPV contacts, embarked on a monthly Patient to Patient programme to develop and support the patient advocates (which started in September), started to network with as many interested parties as possible to establish a connection with key stakeholder groups and begun preparation for the first issue (compression therapy) for co-creation.

The NWCSPP has continued to present updates at national and international conferences and collaborate with partner organisations such as the Leg Ulcer Forum and Royal Society of Medicine Venous Forum. The NWCSPP has been the focus of articles in the national and clinical press and engaged politically through regular actively working with the All-Party Parliamentary Group on Vascular and Venous Disease. Further information about the NWCSPP communications and engagement can be found in Appendix B.

The NWCSPP has also re-developed its website <https://www.nationalwoundcarestrategy.net/>. Website traffic is steadily increasing. 75% are new visitors and 25% are returning visitors.

The NWCSPP has secured dedicated comms support from the AHSN.

### 3. The next 12 months and beyond

The NWCSPP is now moving from strategy into implementation. There are now strong financial and workforce productivity arguments for improving wound care to inform decisions about policy support and further investment to drive ‘adopt and spread’.

There is also a need to increase uptake of the NWCSPP “Essentials of...” suite of online resources, particularly in pre-registration clinical education programmes to ensure that the next generation of clinicians have the appropriate level of wound care knowledge and skills for clinical practice.

Improving wound care data through increased digitisation underpins all the NWCSPP work. The NWCSPP welcomes closer working with the NHS organisations tasked with digital transformation in the NHS.

Another priority area is the need to improve the patient experience in receiving wound care. Part of this requires the provision of good quality information for patients and carers that adequately addresses diversity issues. Patients who receive the right care early in their wound care journey are likely to experience less pain and discomfort and be empowered to be more involved in their care.

### In conclusion

As the NWCSPP moves from strategy development into implementation and the benefits of improving wound care are becoming more obvious, wound care is starting to have a high profile with both health care policy makers and health and care provider organisations. The lessons from the pandemic have shown that there is an appetite for greater collaboration, increased autonomy of non-specialist staff and role extension for health and care professionals. The pandemic has also confirmed the need to embrace digitisation to support clinical record keeping and clinical information sharing, deliver education and inform quality improvement initiative has also become very apparent.



As in previous years, the ongoing success of the NWCSPP is due to the energy and dedication of the NWCSPP Board, Stakeholder Council, Delivery Group and Forums and the new first tranche implementation sites. The NWCSPP is very grateful to all contributors and their organisations who support their contribution.

As the NWCSPP moves forward into the new landscape of Integrated Care Systems, we are hopeful that this will support the NWCSPP vision of delivering wound care solutions that move seamlessly between acute, primary care and community health service providers. Working more collaboratively to ensure that patients get the right care, at the right time from the right service will improve care and wound care outcomes, involve people more closely in their care, and support clinicians to deliver high-quality care.



## Acknowledgements

We would like to thank the following organisations for supporting their staff in contributing to the NW CSP:

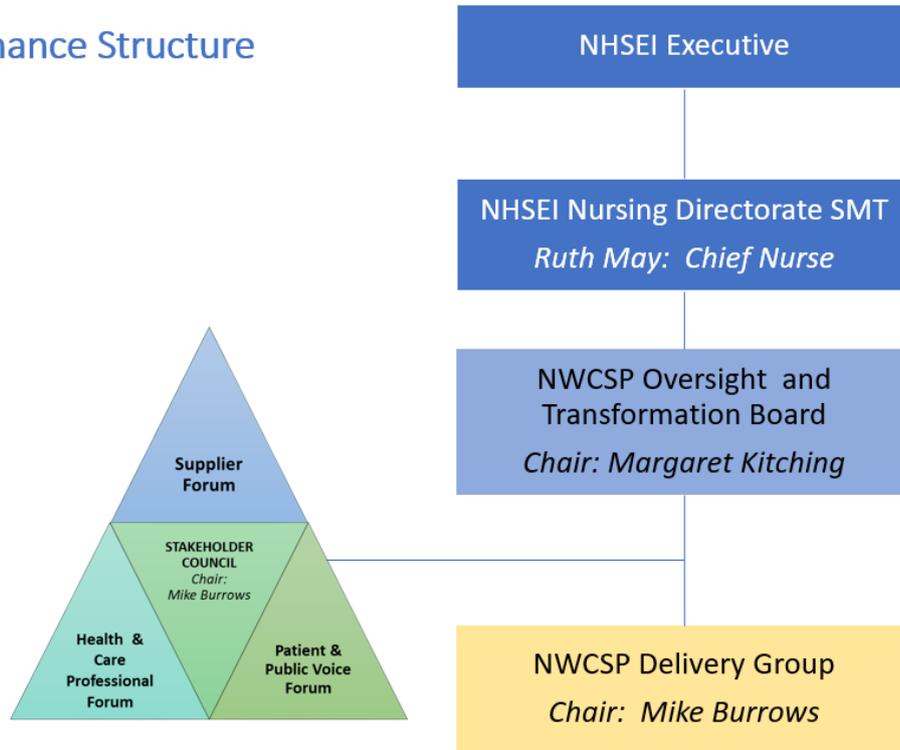
Accelerate CIC  
Academic Health Science Network  
Barnet, Enfield and Haringey Mental Health NHS Trust  
Barnsley Hospital NHS Foundation Trust  
Birmingham City University  
Cambridgeshire & Peterborough NHS Foundation Trust  
Catalyst Consultants  
Central and North West London NHS Foundation Trust  
College of Podiatry  
Derbyshire Community Services Healthcare NHS Foundation Trust  
East and North Hertfordshire NHS Trust  
East of England NHS Collaborative Procurement Hub  
East Suffolk and North Essex NHS Foundation Trust  
Glasgow Caledonian University  
Greater Manchester Health and Social Care Partnership  
Health Education England  
Hertfordshire Community NHS Trust  
Hull York Medical School  
Hull University Teaching Hospitals Trust and City Healthcare Partnerships  
Imperial College, London  
Kent Community Health NHS Trust  
King's College Hospital, London  
Lancashire and South Cumbria NHS Trust  
Leeds Community Healthcare NHS Trust  
Leeds Teaching Hospitals NHS Trust  
Liverpool Heart and Chest Hospital  
Livewell South West  
Manchester University NHS Foundation Trust  
Mid and South Essex NHS Foundation Trust  
Mid Yorkshire Hospitals NHS Trust  
Midlands Partnership NHS Foundation Trust  
Newcastle University  
Newcastle Upon Tyne Hospitals NHS Foundation Trust  
NHS Bedfordshire CCG  
NHS East Staffordshire CCG  
NHS GIRFT  
NHS Rotherham CCG  
NHS Supply Chain  
NHS England/Improvement  
NHS England/Improvement

Norfolk Community Health and Care NHS Trust  
North Central London STP  
North Lincolnshire and Goole NHS Foundation Trust  
Nottingham University NHS Trust  
Oxford Health NHS Foundation Trust  
Portsmouth Hospital NHS Trust  
Queen's Nursing Institute  
Royal Brompton and Harefield NHS Foundation Trust  
Royal Cornwall Hospitals NHS Trust  
Royal Free London NHS Foundation Trust  
Royal National Orthopaedic Hospital  
Salford Royal NHS Foundation Trust  
Sheffield Hallam University  
Sheffield Teaching Hospitals NHS Foundation Trust  
Sherwood Forest Hospitals NHS Foundation Trust  
South West Yorkshire Partnership NHS Foundation Trust  
Southampton University Hospitals NHS Foundation Trust  
Taunton & Somerset NHS Foundation Trust  
The Lindsay Leg Club Foundation  
The Mid Yorkshire NHS Trust  
The Royal Marsden NHS Foundation Trust  
The Royal Wolverhampton NHS Trust  
Torbay & South Devon NHS Foundation Trust  
University College Hospital, London  
University Hospitals Birmingham NHS Foundation Trust  
University Hospitals of Derby and Burton NHS Foundation Trust  
University Hospitals of Leicester  
University Hospitals of North Midlands NHS Trust  
University of Bradford  
University of Bristol  
University of Derby  
University of Glasgow  
University of Hertfordshire  
University of Huddersfield  
University of Leeds  
University of Manchester  
University of Manchester - Cochrane Wounds Group  
University of Oxford -Nuffield Depart of Orthopaedics  
Wye Valley NHS Trust



# Appendix A

## Governance Structure



## Appendix B: Comms Activity September 2020-September 2021

| Presentations (Webinars and Face-to-Face) |  |   |                                     |   |  |
|---|--|---|-------------------------------------|---|--|
| Date                                      | Organiser  | Title   | Topic                               | Presenter(s)  | Audience   |
| Data only available from March 2021       |  |   |                                     |   |  |
| 17.03.2021                                | Healthy IO, GovConnect   | Digital Strategies for Relieving the Burden of Wounds | Wound care and Digitalisation       | Una Adderley  | General Practice   |
| 12.05.2021                                | NWCSP  | Supplier Engagement<br>NWCSP Update                   | NWCSP Update                        | Una Adderley<br>Ann Jacklin<br>Mike Burrows<br>Nicky Morton | Wound Product Suppliers  |
| 08.06.2021                                | Health Education England   | Digital Healthcare Technology in Wound Care Education | Digital, Data and Wound Care        | Danielle Fullwood<br>Richard Price                          | East Midlands AHSN   |
| 09.06.2021                                | Queens Nursing Institute (Yorkshire)                                   | NWCSP: An Update                                      | NWCSP Update                        | Una Adderley  | Yorkshire Queen's Nurses   |
| 11.06.2021                                | Journal of Wound Care<br>14th National Wound Care Conference           | NWCSP: An Update                                      | Lower Limb and Surgical             | Una Adderley  | Tissue Viability Nurses  |
| 14.06.2021                                | NWCSP  | VenUS 5: Results                                      | Attitudes to compression therapy    | Jo Dumville   | Clinicians   |
| 23.06.2021                                | College of Podiatry  | Summer School   | Lower Limb Wound Care               | Krishna Gohil   | Podiatrists  |
| 01.07.2021                                | NWADASS (North West Association of Directors of Adult Social Services) | Care Home Quality                                     | Pressure Ulcer and Tissue Viability | Jacqui Fletcher   | Directors and Associate Directors of Social Services and also Managers / owners of Care Homes. |



National Wound Care  
Strategy Programme

|            |  |  |                                 |                              |   |
|------------|--|--|---------------------------------|------------------------------|---|
| 01.07.2021 | Closer Still Media: Best Practice                            | The Challenge of Lower Limb Wound Care | Improving Lower Limb Wound Care | Una Adderley<br>Mike Burrows | Primary Care                                      |
| 04.08.2021 | NWCSP  | NWCSP Education                        | Education update                | Danielle Fullwood            | Health and Care Professionals.                    |
| 18.08.2021 | North East Tissue Viability Nurse (NETVN) Group.             | Stop the Pressure update.              | Stop the Pressure update        | Jacqui Fletcher              | Tissue Viability Nurses, North East Region.       |
| 18.08.2021 | North East Tissue Viability Nurse (NETVN) Group.             | Lower Limb: An Update                  | Lower Limb update.              | Rachael Lee                  | Tissue Viability Nurses, North East Region.       |
| 27.08.2021 | NHS England and NHS Improvement – Community Services Webinar | NWCSP: An Update                       | NWCSP: An Update                | Una Adderley                 | NHS England Community Commissioners and Providers |



| Publications                              |   |                            |   |
|---|---|----------------------------|---|
| Journal                                   | Title   | Author                     | Reference   |
| Wounds UK                                 | National Wound Care Strategy Programme: lesson in the use of technology                       | Una Adderley               | Adderley U (2020) National Wound Care Strategy Programme: lesson in the use of technology<br><i>Wounds UK</i> , Vol 17, No. 1 (2020) pp.14<br>(Published Online: 28 <sup>th</sup> September 2020) Available from:<br><a href="https://wounds-uk.com">Wounds UK- Issue: 08-03-2021, Vol 17, No 1 - article: National Wound Care Strategy Programme: lesson in the use of techology - Wounds UK (wounds-uk.com)</a> |
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| British Journal of Health Care Management | Creating capacity in the health care system: the urgent need to improve lower limb ulcer care | Una Adderley               | Adderley U (2021) Creating capacity in the healthcare system: the urgent need to improve lower limb ulcer care<br><i>British Journal of Health Care Management</i> , (Published Online: 7 May 2021)<br>Available from: <a href="https://doi.org/10.12968/bjhc.2021.0030">https://doi.org/10.12968/bjhc.2021.0030</a>  |
| Nursing Times                             | The Effect of Covid on Tissue Viability services  | Una Adderley (Contributor) | Adderley U (2021) The Effect of Covid on Tissue Viability services<br><i>Nursing Times</i> (March 2021)   |
| Journal of Community Nursing              | Editorial: Promoting digital data-driven wound care   | Una Adderley               | Adderley U (2021) Promoting digital data-driven wound care<br><i>JCN</i> , Vol 35, No. 4 (2021)   |



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| Nursing Times | Rethinking Tissue Viability services - Learning from the Coronavirus Pandemic  | Una Adderley   | Adderley U (2021) Rethinking Tissue Viability services - Learning from the Coronavirus Pandemic <i>Nursing Times</i> (April 2021)  |
| Wounds UK     | The NWCSP Lower Limb recommendations: A Discussion   | Una Adderley (Contributor)   | Brown A (2021) <i>The NWCSP Lower Limb recommendations: A Discussion. Wounds UK</i> , Vol. 17, No. 1 (2021)  |
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| Wounds UK     | A brief introduction to national secondary care data sets and their use in capturing and reporting pressure ulcer occurrence | Hazel Nyamajiyah,<br>Jacqui Fletcher,<br>Ann Jacklin,<br>Ken Dunn,<br>Una Adderley | Nyamajiyah H et al. (2021) A brief introduction to national secondary care data sets and their use in capturing and reporting pressure ulcer occurrence <i>Wounds UK</i> , Vol. 17 No. 3 (2021), pp.14-17 (Published Online: 13 <sup>th</sup> September 2021) Available from:<br><a href="https://www.wounds-uk.com/journals/issue/651/article-details/brief-introduction-national-secondary-care-data-sets-and-their-use-capturing-and-reporting-pressure-ulcer-occurrence">https://www.wounds-uk.com/journals/issue/651/article-details/brief-introduction-national-secondary-care-data-sets-and-their-use-capturing-and-reporting-pressure-ulcer-occurrence</a> |



| Stakeholder Newsletter |   |
|------------------------|---|
| Date of newsletter     | Sent to:  |
| September 2020         | NWCSP Stakeholder Forum (Health and Care Professionals, Patients & Carers and Suppliers)<br><a href="https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-Sept-2020.pdf">https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-Sept-2020.pdf</a>         |
| December 2020          | NWCSP Stakeholder Forum (Health and Care Professionals, Patients & Carers and Suppliers)<br><a href="https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-Dec-2020.pdf">https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-Dec-2020.pdf</a>           |
| March 2021             | NWCSP Stakeholder Forum (Health and Care Professionals, Patients & Carers and Suppliers)<br><a href="https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-March-2021-1.pdf">https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Newsletter-March-2021-1.pdf</a>   |
| August 2021            | NWCSP Stakeholder Forum (Health and Care Professionals, Patients & Carers and Suppliers)<br><a href="https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/08/NWCSP-Newsletter-August-2021-2.pdf">https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/08/NWCSP-Newsletter-August-2021-2.pdf</a> |