have been a ward sister on a busy male surgical ward for 17 months. One thing that immediately became clear to me was the inconsistency of knowledge and understanding of pressure ulcers on the ward and across the hospital itself. Indeed, there are inconsistencies across the UK in what we record and what statistics we share and publish about pressure ulcers. For example, the NHS Safety Thermometer does not include grade 1 ulcers and neither do a number of hospitals across the UK. I have recently been to two conferences on eliminating avoidable pressure ulcers and the general consensus was that nurses were not reporting grade 1 ulcers and as a result hospitals were not producing figures on them either.

In Northern Devon Healthcare Trust (NDDH) we do report all grade 1 ulcers. I feel this is important. Nurses need to be able to identify and implement measures to prevent grade 1 ulcers developing into grade 2 ulcers. This is essential as a grade 1 ulcer could be reversed within 24 hours with good preventative measures in place.

To reduce avoidable pressure ulcers on our ward has taken a great deal of time and commitment. However, we are now seeing reduced figures of pressure ulcer incidence as the team has taken ownership of the cause. I have implemented a culture that recognises the importance of all nursing staff, qualified and unqualified, taking responsibility for the patients in their care and promoting excellent pressure area care.

The initial work I undertook was to establish what staff already knew. I found significant gaps in knowledge. To address this, all healthcare assistants attended a study session, led by the tissue viability team, on their role in preventing pressure ulcers and simple measures they could put in place. We have also received ad hoc training from the tissue viability team and have a mandatory pressure ulcer awareness elearning package for all nursing staff.

I reinforce the training by speaking to my staff weekly on this topic, using pictures and asking them what grade an ulcer is, what products they would use and what equipment needs to be considered along with comfort rounding and documentation.

I now feel that, having embedded a sound knowledge base, we are in a position to reduce our pressure ulcer figures significantly. We have put the focus on pressure ulcers on our ward and we are now seeing a steady decline in incidence.

As ward sister I think I underestimated at the beginning how difficult and time consuming this task would be, but 17 months in I could not be prouder of my team. Reducing harm events on our ward is the buzzword for all my staff. We are rapidly gaining an excellent reputation across the hospital and subsequently I have been asked to assist another ward to reduce harm events.

The key to success for me has been true, dedicated ownership and empowering my whole team to provide excellent, holistic care.

Gemma Lilley is ward sister, Northern Devon Healthcare Trust

People with dementia need careful management while in hospital. Being removed from their familiar environment and from carers who know and understand them is stressful and can aggravate their symptoms and behaviour.

A nurse researched what carers thought of how their relatives with dementia were cared for in hospital. The results showed they were concerned about lack of essential nursing care, harmful incidents, poor communication between themselves and staff, decline in function, and that their relatives’ needs were not acknowledged (page 22).

In another article we describe a pilot project, Playlist for Life, that creates personalised playlists with favourite songs for people with dementia on acute wards. The report on p19 found the playlists improved mood and engagement.

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