The Lindsay Leg Club Foundation update

It was that searingly hot summer of 1976 when I left school and started work. To fill in the 14 months before I was due to start my nurse training I became a nursing auxiliary in a geriatric hospital (as they were known in those days). This had a profound effect on me and some of those experiences have stayed with me over the decades of my nursing career. One in particular was seeing a leg ulcer for the first time.

My initial reaction was that leg ulcers were unpleasant to look at and offensive to smell. Then there was the more compassionate response of how devastating they must be to live with. This was closely followed by wondering why they happened in the first place and why they seemed to be such a common feature of life for the elderly. Were they an inevitable part of the ageing process for some people? Over time I had some of these questions answered, but in those early days I was left with the enduring sense that they couldn't be prevented and, despite religious attention to dressing the ulcers, most probably couldn't be healed.

Thankfully some things have changed, not least my understanding of contemporary techniques in managing leg ulcers. Some 40 years on, I now inhabit the world of leg ulcers in a way that I could never have anticipated.

I became aware of the Lindsay Leg Club Foundation (LLCF) when I was deputy chief nursing officer at the Department of Health. Being interested in innovative models of care I went to visit a Leg Club and was fascinated by both its simplicity and effectiveness. My first impression was that the atmosphere in the church hall where the Club was held was paradoxically vibrant and relaxed – and really was a social club. The second reaction was that there was no smell. That might sound glib and superficial but after my embedded memory of leg ulcers always smelling offensive it was an important recalibration of my attitude to these devastating wounds.

Following that visit I was invited to attend and speak at the annual LLCF conference and witness the enthusiasm of frontline nurses and the value of the important partnership the Foundation has with industry – in particular those who manufacture hosiery and dressings. The conference is a strong collaboration between practitioners, industry partners, volunteers and Club Members. It is choreographed by Ellie Lindsay, OBE, a former district nurse, the founder and Life President of the Foundation. I sat next to her at the conference dinner and we were soon on the same nursing wavelength discussing similar experiences. It wasn't long before she invited me to become a trustee. Ellie thought I might be a good addition to the board of trustees because of my nursing and national policy experiences. I applied and was vetted by the other trustees. I was not just to be a suit from Whitehall on the board but I would be using my clinical expertise in a way I hadn't expected. After taking some time to look into the charity further and attending a board meeting to see if I and the other trustees could work together, I accepted. Being a trustee is an unpaid, voluntary commitment with significant responsibilities. When I was working at the Department of Health I could fit it around the day job because the civil service encourages people to volunteer and contribute to society especially if it is a subject that connects with their area of policy development.

I was already a trustee of another charity so the formal and legal expectations were not new to me. According to NCVO, the overriding duty of all charity trustees is to advance the purposes of their charity as well as several other basic responsibilities. Trustees:

- are responsible for the proper administration of their charity
- must accept ultimate responsibility for everything their charity does
- have to act reasonably and prudently in all matters relating to their charity
- must safeguard and protect the assets of their charity
- have a duty to act collectively
- must act in the best interests of their charity and
- must avoid any conflict between their personal interests and those of the charity.

None of these are really surprising but they are significant and cannot be taken lightly – and in my case, I am not only accountable as a trustee but also to the Nursing and Midwifery Council as a registered nurse. So being a trustee is more than turning up to four meetings a year! And now I am chairman there is a leadership role to add to these legal, collective responsibilities.

Running a small charity has its challenges. All the trustees are passionate about the purpose of the Lindsay Leg Club Foundation, which was created to relieve suffering from leg ulcers and associated conditions. It does this through

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the implementation of Leg Clubs, an award winning social model of care that motivates and empowers people to take ownership of their care, alleviate their suffering and reduce the stigma attached to their condition. And because they are Clubs they have members not patients: it is their Club, their social environment, their care and treatment. The Foundation also seeks to further advance education in all aspects of leg health among sufferers, carers, the general public and the health care professions. But none of that can be done without our fantastic volunteers who run the individual Leg Clubs, the collaboration of our industry partners, a sound relationship with the NHS or without raising funds to support all the activities of the Foundation.

Nevertheless, being a trustee and chairman of the Foundation is a rewarding experience. My fellow trustees are interesting people with varying backgrounds and equally committed to the purpose and aims of the charity. As a board we have set our strategy and have a five year plan to promote the Leg Club model and increase the number of Leg Clubs around the country and, indeed, other parts of the world (with Clubs already in Germany and Australia).

Under the influence of the Lindsay Leg Club Foundation my nursing attitudes to leg ulcers are very different from 40 years ago. I now see a curative model of care that works effectively and I know we could all do much more to prevent leg ulcers and promote healthy legs. I would love to eradicate leg ulcers but hope it doesn't take the next 40 years to do so.

CWC

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Workshop Presenters 27th September	Plenary Speakers 28th September
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As always, the Leg Club conference will feature inspiring talks on the latest developments in wound management. It will be a fantastic opportunity for you to learn, share and network.

To apply please contact lynn.bullock@legclubfoundation.com

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