

## News

### At-a-glance

- SHAs reduced from 28 to 10, PCTs from 303 to 152, and ambulance trusts from 29 to 12
- changes reflect views of local stakeholders
- new boundaries will enable better joint working across health and social care
- reforms offer increased career opportunities for nurses.

## New structure for NHS bodies

**The number of primary care trusts (PCTs) in England will reduce from 303 to 152 from October. From July, the number of strategic health authorities (SHAs) will fall from 28 to 10 and the existing 29 ambulance trusts will merge into 12 bodies.**

The reorganisation follows a series of local consultations with members of the public, staff and other stakeholders. It will help ensure that services are shaped around patients' needs by helping NHS bodies to implement changes such as practice based commissioning, patient choice and payment by results.

The new SHAs cover the same areas as the Government Offices of the Regions, except in the south-east where there will be two authorities. In the new structure, SHAs will take strategic leadership of local health systems, managing the performance of PCTs and ensuring that PCT-led systems operate efficiently.

The new PCT structure will help with the implementation of practice based commissioning, and

will also lead to improved collaborative working. Currently just over 40 per cent of PCTs share their boundaries with local authorities. This will rise to more than 70 per cent, allowing NHS staff to work more effectively with social services colleagues.

The reforms will give nurses and midwives even more opportunities to improve care, influence the way services are run, and improve their own career paths. New services will mean more opportunities for nurses to work in the community and take on new and extended

roles including community matrons and specialist nurses. There will also be openings for nurses who want to set up and run their own services in areas such as health promotion and supported self care for people with long-term conditions.

The new bodies will also deliver better value for money thanks to greater purchasing power and lower costs. The changes are set to save around £250 million by 2008 by cutting the duplication of administration roles. The money saved will be reinvested in frontline services.

**The reforms will give nurses and midwives even more opportunities to improve care, influence the way services are run, and improve their own career paths**

### Links and info

- [Click here](#) for details of the new PCTs and ambulance trusts.
- [Click here](#) for SHA details.

### Save the date

#### CNO Conference, 1 to 3 November 2006

The Chief Nursing Officer's Annual Conference, *Valuing Health, Valuing Care, Inspiring Confidence*, will take place in

Manchester in November. Invitations will be sent out to directors of nursing and midwifery and to lead nurses in higher education

by e-mail late summer. If your contact details have changed since last year please e-mail your new details to: [cno2006details@eventsregistration.com](mailto:cno2006details@eventsregistration.com)

### News

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## Have your say —

This bulletin is tailor-made for nurses and midwives across the NHS. It aims to cover the main news and developments every month.

We would like to hear your views on the content and design of the bulletin. Please send your comments to Susan Frade at [CNO-Bulletin@dh.gsi.gov.uk](mailto:CNO-Bulletin@dh.gsi.gov.uk)

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## Detail changes —

For nurse directors send contact details changes to [bulletin.subscriptions@dh.gsi.gov.uk](mailto:bulletin.subscriptions@dh.gsi.gov.uk) For all other nurses and midwives send changes to [dh\\_cno\\_amendments@etdsolutions.com](mailto:dh_cno_amendments@etdsolutions.com)

## Voicepiece —

I have met recently with the new strategic health authority (SHA) chief executives to discuss the direction of nursing leadership across the ten new SHAs. To help you understand the changes, this edition of the CNO Bulletin outlines the new structure for the NHS which builds on the broad context set by the White Paper *Our health our care our say*.

This shift in context from hospitals to the community, to illness prevention and promotion of public health is essential in light of the demographic changes ahead. We know that in less than 15 years time there will be twice as many people over 85 needing health and social care and around 15 million people with a long-term condition. The White Paper explains how we can shift the focus of the NHS from illness to wellness to avoid higher levels of obesity, strokes, heart attacks and diabetes, tackling inequalities and other barriers to health along the way.

From my frequent meetings with nurses I know that many staff are feeling under pressure now, particularly those on general medical units who care for a growing population of older people, all of whom expect and are entitled to high quality care.

While we aim to provide more services outside of hospital and closer to home, we still need to ensure that patients' experience of care is of the highest quality wherever that care is given. Patient surveys



**Chief Nursing Officer Chris Beasley explains how respect for patients' dignity should underpin all the latest health reforms.**

show that satisfaction is strongly linked to whether people feel they have been treated well with regard for their privacy and emotional well-being.

Of course, nurses have used their influence and taken the lead in improving the quality of care. The *Essence of Care*, a valuable tool in assessing privacy and dignity along with other fundamental aspects of care, has earned respect from statutory bodies such as the Healthcare Commission as a reputable indicator of how organisations are improving care.

For me, people's personal dignity has always been a high priority. Recently, on a trip to the supermarket I realised, too late, that I had joined the wrong queue. The elderly woman in front, having eventually found her purse, started counting out her loose change a penny at a time. Amongst much tut-tuting and many raised eyebrows, I watched the cashier who, calmly and without being flustered, gave her a few quiet words of encouragement. It was enough to diffuse a tricky and potentially embarrassing situation for that particular customer who left the store with all her groceries, and her dignity, intact.

Just as respect for dignity is important in our

day-to-day lives, I see the place of dignity in care as a constant and critical factor throughout all the changes in the NHS. Last month's bulletin reported on *A New Ambition for Old Age – Next Steps in Implementing the National Service Framework for Older people*. This builds on the role of existing nurse leaders such as modern matrons, ward sisters and directors of nursing, strengthening their responsibility for ensuring that older people are treated with respect and that consideration for dignity is embedded in all working practices.

Incorporating respect for dignity into practice through pre-registration training is also a key element in the CNO review of mental health nursing. A new document, outlining best practice competencies for pre-registration, is now available (see page 7).

The Dignity in Care consultation (see page 7) invites views and experiences from patients and the public, as well as health professionals. I am very keen to hear from nurses at all levels about local initiatives that improve the patient experience. Your personal contribution matters. When it comes to respect and dignity, it is often the smallest things that make the greatest difference.

### At-a-glance

- invitation to enter Health and Social Care Awards
- 14 award categories including care of older people and care of children.

### Links and info

- [Click here](#) for details.

## Recognising excellence in the NHS

**Nurses and midwives are invited to enter the Health and Social Care Awards 2006. Each year the awards, which are sponsored by the Department of Health, recognise the excellence that underpins improvements in the NHS and social care.**

The awards consist of 14 categories, including Outstanding Achiever of the Year, the Queen Mother's Award for Dignity in Care of Older People and the Care of Children Award. You can either nominate a

colleague or team or apply yourself. Judges will be looking for evidence of:

- a people-centred approach
- improvements for patients
- teamwork and co-operation

- patient and public involvement
- value for money.

The deadline for entries is 31 August, and the awards ceremony will take place on 5 December.

### At-a-glance

- service users help audit maternity services
- remit is to comment on the environment and facilities and to seek feedback
- responses feed into annual audit and help improve services.

## User involvement in audits improves midwifery services

**Involving users in the annual audit of midwifery provision has led to changes to midwifery services in Yorkshire and Lincolnshire.**

Carol Paeglis, the midwifery officer for the Yorkshire and Northern Lincolnshire local supervising authorities (LSAs), says that getting women who have recently given birth to help assess the midwifery services in the region has been hugely successful and even resulted in some security measures being improved.

"Users commented that the security systems for babies were an issue. Following the users' comments on this, we made changes to the system," said Carol.

There is a long history of patient and public involvement in maternity services, and the publication of *The NHS Plan* in 2000 increased

the impetus to embed patient and public involvement across all NHS organisations.

Thames Valley and Hampshire & Isle of Wight LSAs have now implemented a user involvement system based on the Yorkshire and Northern Lincolnshire experience.

### Links and info

- [Click here](#) for the latest on maternity services policy.
- [Click here](#) for April's CNO Bulletin which featured an article on the role of LSA midwifery officers.
- E-mail [carol.paeglis@westyorks.nhs.uk](mailto:carol.paeglis@westyorks.nhs.uk) for more details of the project.

### How the audit works

The Yorkshire and Northern Lincolnshire LSAs began enlisting user representatives in their annual audit process back in 2001. The users are normally recruited from maternity services liaison committees, and join an audit team of the LSA midwifery officer and a supervisor from another trust. The users attend

training workshops and receive expenses and childcare fees for the time they spend on the audit.

During the audit, the users visit maternity units and speak to women who have recently given birth as well as their family and partners. The users are seen as key members of the audit team, and have a specific role to comment on the

environment and facilities and to seek feedback on midwifery care.

"It really helps to have a non-professional speaking to the women as they can get a different perspective," said Carol. "The LSA audit evolves each year and the user auditors continue to enhance the whole process."

### At-a-glance

- framework sets out plans to support delivery of the 18 week referral-to-treatment patient pathway
- 18 week pathway includes waits for diagnostic tests
- principles and definitions developed following a listening exercise with NHS staff.

### Links and info

- [Click here](#) for the framework.
- [Click here](#) for supporting information.

## Delivering the 18 week pathway

**From December 2008, NHS patients will be guaranteed a maximum wait of 18 weeks between GP referral and hospital treatment. A new publication, *Tackling hospital waiting: the 18 week patient pathway*, aims to help healthcare staff deliver this.**

The document:

- describes the key principles and definitions, for example exactly when the clock starts and stops along the patient journey
- explains the plans to support delivery of the pathway
- gives an overview of the challenges involved
- outlines a timetable for delivery
- sets out key actions for all staff involved.

The principles and definitions were developed following a six-week listening exercise, which received responses from more than 180 NHS organisations and other

### Nurses and the 18 week pathway

Nurses are being encouraged to contribute to the redesign of patient pathways and to support the shift of services to primary care in order to help deliver the 18 week pathway.

For most patients the start of the pathway

begins when a GP makes a referral to a consultant in secondary care.

However the pathway also covers referrals to hospital consultants from specialist nurses, where PCTs have approved these mechanisms locally.

stakeholders.

For the first time, the way waiting times are measured is changing. Instead of focusing on a single stage of treatment, the 18 week pathway covers the entire patient journey. In doing

so, it shines a light on so called 'hidden waits' – the diagnostic and follow-up stages that have not previously been measured systematically.

### At-a-glance

- End of Life Care programme achieves measurable success
- end of life guidance for care homes published
- funding package for children's hospice care
- advance notice of gold standards framework conference.

### Links and info

- [Click here](#) for more on the End of Life Care programme, including the new guide.
- [Click here](#) for details of the GSF, including the conference.

## Improvements in palliative care

**The End of Life Care programme, launched in 2004, is making significant improvements in care for people at the end of their lives.**

The £12m programme provides training for NHS staff to ensure that wherever a person dies – in hospital, in a hospice or at home – they receive good care and are treated with dignity.

A report from Professors Ian Philp and Mike Richards, the National Directors for Older People and Cancer, charts the progress made since the programme was launched. It states that two thirds of hospital trusts have implemented the Liverpool care pathway (LCP) in at least one ward. In addition, a gold standards

framework (GSF) national team has been established to support local facilitators including district and practice nurses.

The LCP and the GSF were recommended in the *Improving Supportive and Palliative Care for Adults with Cancer* guidance from the National Institute for health and Clinical Excellence. Both tools help staff to support patients and families during the final weeks of life.

The GSF team is holding its annual conference, *Celebrating successes in GSF and aspiring to the best in End of Life*

*Care*, on 22 June and a continuous quality improvement event on 23 June. In addition, the newly published *Introductory guide to end of life care in care homes* provides information about the GSF and LCP for staff in care homes.

In another move to support end of life care, children's hospices are due to receive £27m over the next three years. The money will fund a variety of services from help at home to end of life hospice care and both planned and emergency respite care.

### At-a-glance

- nurses to receive new guidelines to help patients lose weight
- obesity toolkit will help services develop local strategies
- success of Leeds programme to combat obesity.

## New guidance to tackle obesity

**Nurses are among the health professionals in England to receive new guidance about how to approach and advise patients about managing their weight.**

The new materials include Obesity Care Pathways for adults and children. These provide evidence-based guidance to staff in advance of the NICE guidelines on obesity due in November.

As well as leaflets for professionals, the guidance includes a self-help booklet for patients, clarifying the myths about losing weight and offering simple advice about diet and physical activity.

The guides are part of the wider programme of action to reduce obesity set out in the *Choosing Health* White Paper. More support for nurses will soon be available in the form of an obesity toolkit, developed by the Faculty of Public Health and the National Heart Forum. The toolkit, which

### Watch it!

One successful local obesity initiative is Watch It!, an individualised, holistic programme run in partnership by East Leeds Primary Care Trust and the University of Leeds.

The programme, designed to tackle obesity in eight- to 16-year-olds, incorporates four components – regular individual appointments, healthy lifestyle plans, group activity sessions and

parental group sessions. The sessions, held at local community facilities and sports centres, are run by health trainers who receive training and support from a professional team which includes a children's nurse. The programme, which was established with a grant from the Neighbourhood Renewal Fund, is now being extended to other regions.

will be disseminated to PCTs, is designed to help services develop local strategies to combat obesity. It will include details of the evidence of effectiveness for various interventions.

**'The toolkit is designed to help services develop local strategies to combat obesity'**

### The Obesity Care Pathway

Guidance about assessment includes the following:

- you should consider patients for intervention within the pathway if their body mass index (BMI) is 30 or more, or if it is 28 or more with co-morbidities
- increasing weight carries a higher risk for Asian populations; the cut-off BMI level for observed risk in overweight varies from 22 to 25 in different Asian populations, and from 26 to 31 for high risk
- depending on the level of activity, BMI can be a less accurate predictor of risk
- other people for whom BMI may not be an accurate reflection of

weight status include those who are older, very short or very tall

- the best way to assess obesity and associated health risks is to use a combination of BMI, waist circumference and body shape
- waist circumference levels greater than 102cm in men and 88cm in women (90cm and 80cm in the Asian population) are associated with increased visceral fat mass and co-morbidities.

Weight management guidance includes the following:

- patients in higher weight categories should aim to lose 5 to 10 per cent of their body weight over

three to six months

- fad diets or highly restrictive diets such as low-carbohydrate, high-protein diets should be avoided as they are likely to be unsustainable and their long-term impact on health remains unclear
- aim to increase exercise as part of daily living and make the next goal 30 minutes of moderately intensive activity on at least five days a week
- encourage patients to attempt diet, physical activity and behaviour change before prescribing drugs
- surgery is generally considered for obesity only after all other interventions have been exhausted.

### Links and info

- [Click here](#) for more on obesity, including the guidance.
- [Click here](#) for more on Watch It!

### At-a-glance

- new skills and competency framework designed to safeguard children
- framework will support the development of group training programmes
- outlines skills required by various health professionals.

## Protecting children

**A new skills and competency framework has been developed to help nursing, midwifery and other healthcare staff safeguard children and young people.**

The Department of Health is supporting the framework, which was formed in response to Lord Laming's inquiry into the death of Victoria Climbié.

*Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* has been developed by the Royal College of Nursing (RCN), the Royal College of Midwives, the Community Practitioners and Health Visitors' Association, the Royal College of General Practitioners and the Royal College of Paediatrics and

Child Health.

It offers a generic framework through which professional training programmes can be developed. It also outlines the specific competences, knowledge and skills required by staff in different positions, as follows:

- all staff in a healthcare setting
- clinical and non-clinical staff who have infrequent contact with children and young people
- staff who work predominantly with

children and people

- specialist roles and designated child protection professionals.
- Fiona Smith, RCN adviser on children and young people, said: "This overarching framework is very welcome and should be given broad application. The guidance will hopefully lead to improved standards, training and knowledge, not only for people working directly with children, but also for others whose duties bring them into occasional contact with children and young people."

### NPSA safer practice lead

Registered mental health nurse Jayne Wheway is the newly appointed safer practice lead for children's services at the National Patient Safety Agency (NPSA).

Jayne will focus on analysing patient safety issues affecting children and young people and then lead on developing solutions.

Her priority will be to scope patient safety issues using information from a wide variety of sources including the NPSA's National Reporting and Learning System (NRLS) to discuss the emerging issues with key stakeholders and interested parties.

An important step in this process is a meeting planned for September, which will involve young patients, their families and carers, young mental health service users and other stakeholders. The group will debate which issues should be prioritised and discuss emerging themes to be explored in more detail.

Jayne has worked in all areas of mental health and with all age groups as a clinician and manager in rural Nottinghamshire and inner city Nottingham. More recently, she managed and developed services in Child and Adolescent Mental Health

across Lincolnshire, including primary care, learning disabilities, youth offending services, in-patient and secure units. NPSA Joint Chief Executive Sue Osborn said: "The Government's national focus on children and young people has increased significantly in recent years and we are keen for the NPSA to be able to influence and support this agenda. Jayne's input will be invaluable in steering our work in developing practical and effective solutions to improve the safety and quality of services for children and young people."

### Links and info

- [Click here](#) for the framework.
- [Click here](#) for details of the NPSA appointment.

## Healthcare Commission inpatient survey

The Healthcare Commission's survey of 80,000 inpatients found that 92 per cent of patients rated their care as good, very good or excellent, and 80 per cent said they were always treated with dignity and respect.

The survey also found that 52 per cent perceived their room or ward as 'very clean'. The results of the survey feed into the Commission's annual health check.

● [Click here](#) for details, including figures for individual trusts.

## Dignity in Care consultation

Care Services Minister Ivan Lewis has launched an online survey to uncover patients' and professionals' experiences of dignity in care. He is interested in hearing about good and bad experiences in any care setting, as well as suggestions for how to make improvements and involve local people. The survey closes on 31 July.

● [Click here](#) to take part in the survey.

## CNO review of mental health nursing

The document *Best practice competencies and capabilities for pre-registration mental health nurses in England* is now available on the CNO website [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)

Drawing on expert advice and feedback from the recent consultation, the document provides

good practice guidelines for commissioners and providers of education. It identifies competencies and capabilities, including the knowledge and performance levels essential for mental health nurses at the point of registration.

● [Click here](#) for the new document.

● [Click here](#) for the CNO review of mental health nursing.

## Statistics show increase in people stopping smoking

The latest statistics from NHS Stop Smoking Services show that, of those people who set a date to quit smoking between April and December last year, 205,172 had successfully stopped smoking four weeks later. This is an 18 per cent rise on the same period in 2004.

Success at the four-week follow up increased with age, from 39 per cent of those under 18, to 63 per cent of those age 60 and over.

● [Click here](#) for a copy of the report.

## Community matrons network

Community matrons can now make use of the NHS Networks forum to share information and knowledge via a closed discussion group. In addition, a new section of the Department of Health website has been launched for community matrons. It includes all relevant news and publications about long-term conditions.

● [Click here](#) for NHS Networks.

● [Click here](#) for the new web pages.

## NHS workforce census figures

The number of full-time equivalent (FTE) nurses grew by an average of 2.5 per cent between 1995 and 2005, and by 1.7 per cent in the last year, according to the latest annual NHS workforce census.

Between September 1995 and September 2005, the number of FTE nurses, including practice nurses, rose by 65,444.

● [Click here](#) for full figures.

## Organ donation rules change

Patients will soon be able to receive organs from living donors who are unrelated to them.

From September, when the *Human Tissue Act* comes into force, donors will be able to give one of their two kidneys to a stranger. The legislation also allows paired transplants where people whose organs are incompatible with family members in need of a transplant are matched with people in similar situations and crossover transplants can take place.

● [Click here](#) for more information.

## Heart surgery survival rates published

The Healthcare Commission and the Society for Cardiothoracic Surgery have joined forces to produce a website that lists the survival rates for heart surgery at 30 of the 33 hospitals with heart units. Individual surgeons from 17 of those units have also chosen to provide survival rates from their operations.

The overall survival rate

between April 2004 and March 2005 was 96.6 per cent – above the expected range of 93.7 to 94.5 per cent. The website will be updated in June with information from additional units and surgeons.

● [Click here](#) for the survival rates.

## Audit of independent sector treatment centres

The Healthcare Commission is to carry out a wide-ranging review of NHS treatment centres run by the independent sector.

The review will assess the quality of care, along with professional bodies' clinical views about aspects of the programme. The Healthcare Commission will publish full findings by the end of the year. An interim report will outline emerging findings.

● [Click here](#) for more information.

## Film promotes vaccinations

NHS Immunisation Information has produced a DVD to remind parents of the seriousness of measles and to emphasise the importance of giving children the right immunisations at the right time. The film, *Immunisation – Why our children must be protected*, is available in several languages.

● [Click here](#) for details or e-mail [dh@prolog.uk.com](mailto:dh@prolog.uk.com)

Continued from page 7

## World Health Organization child growth standards

New child growth standards from the World Health Organization (WHO) provide evidence and guidance for the first time about how every child in the world should grow.

The standards are based on the findings of a study involving more than 8,000 children from Brazil, Ghana, India, Norway, Oman and the USA. The study showed that differences in growth are influenced more by nutrition, environment and healthcare than by genetics or ethnicity, and that all children given the optimum start in life can grow to the same height and weight range.

● [Click here](#) for the standards.

## Reducing workplace back injuries

An innovative project to reduce musculoskeletal strain and injury among NHS staff working in hospital operating theatres has been recognised by the national Back in Work awards.

The back care advisory team at the Isle of Wight Healthcare NHS Trust won three prizes for its work. By introducing new lifting equipment to move patients, the team managed to reduce back and other manual handling injuries among staff. The project has since been rolled out across the trust.

● [Click here](#) for more information.

## NMC introduces quality assurance for education

Following a review, the Nursing and Midwifery Council is developing a new UK-wide quality assurance framework for education and training. The framework, which is expected to be in place in time for the new academic year in October, is intended to support public protection through the application of professional standards.

● [Click here](#) for full details.

## Standards for prescribers

The new *Standards of proficiency for nurse and midwife prescribers* document is now available to download from the Nursing and Midwifery Council website.

The publication outlines the standards of conduct that nurses, midwives and specialist community public health nurses are required to meet to practise as registered nurse prescribers.

● [Click here](#) for the document.

## Travelling fellowships in transplantation

Nurses whose work involves any aspect of transplant surgery are invited to apply

for the St John's Ambulance travelling fellowships in transplantation.

The awards, worth up to £10,000 each, allow recipients to visit transplant centres in the UK or abroad to expand their knowledge and experience.

The awards commemorate the work of the St John Ambulance Air Wing.

The closing date for applications is 31 July 2006. For details, e-mail [hansa.thakkar@nhq.sja.org.uk](mailto:hansa.thakkar@nhq.sja.org.uk)

## Guidance on congenital heart disease

New Department of Health guidance provides indicators of high quality care for congenital heart disease services in the areas of transition from children's to adult services, access to expertise, multidisciplinary working and special needs.

A *commissioning guide for services for young people and Grown Ups with Congenital Heart Disease (GUCH)* is designed to assist commissioners of NHS services and to inform patients' expectations of NHS services.

● [Click here](#) for the publication.

## NHS Operating Framework

A letter has been sent to

NHS chief executives and finance directors providing more detail and advice about implementing the Operating Framework for 2006-2007. As well as outlining the specific business and financial rules for the year, the letter emphasises the importance of driving the programme of healthcare reform.

● [Click here](#) for the letter.

## Awards and grants for nurses

The Foundation of Nursing Studies' (FoNS) has announced a programme of awards and grants for nurses, along with two new publications.

The six awards, ranging from £1,000 up to £5,000, reward practitioners at any level who can demonstrate achievement in developing practice to improve care. The closing date is 15 September.

The small grants programme focuses on supporting local projects and initiatives that develop healthcare practice and improve patient care.

FoNS has also published a new Developing Practice for Thrombosis Prevention programme and a final report on its Healthy Ageing programme.

● [Click here](#) for details.

## Diary

### CNO business meetings

The autumn CNO business meetings will take place on 4 September at the Millennium Gloucester Hotel, London and 11 September at the Queens Hotel in Leeds.

The meetings are for an invited audience of strategic health authority lead nurses, directors of nursing and midwifery and lead nurses in higher education. Invitations will be sent by e-mail in July. There will be a charge of £105.75 per delegate.

● [Click here](#) for more information, e-mail [cno@keystone-group.co.uk](mailto:cno@keystone-group.co.uk), or call 01453 833668.

### International Network for Psychiatric Nursing Research conference

27 to 29 September, Oxford.

● [Click here](#) for details.

### Managing wards, departments and people, 2nd national conference

15 June, Birmingham. Keynote address by Chris Beasley, Chief Nursing Officer. For details call 01768 773030 or e-mail [events@mkupdate.co.uk](mailto:events@mkupdate.co.uk)

### Nurse Clinical Leadership: Developing frontline leadership for a changing NHS

5 July, London. Keynote address by Chris Beasley, Chief Nursing Officer. For details call 0845 056 7889 or e-mail [conference@emap.com](mailto:conference@emap.com)

### National Mental Health Nursing Conference

17 & 18 July, Robson College, Cambridge. Opening address by Chris Beasley, Chief Nursing Officer. For details call 01954 252020 or e-mail [jra@easynet.co.uk](mailto:jra@easynet.co.uk)