

News

At-a-glance

- 250 nurse leaders attended CNO annual conference in Manchester
- David Nicholson emphasised the need for strong leadership and engaging clinical staff
- Patricia Hewitt stressed the importance of the pace of change.

Inspiring confidence: the CNO conference

Promoting confident leadership was the key theme discussed and debated by 250 nurse leaders at this year's CNO conference.

The event, *Valuing health, valuing care, inspiring confidence*, took place from 1 to 3 November in Manchester. A full conference report will be available at www.dh.gov.uk/cno and details of speeches are below.

Patricia Hewitt, Secretary of State for Health

In a prerecorded interview screened exclusively at the conference, Ms Hewitt recognised the challenges currently facing nurses, but spoke of the importance of the current reform programme in protecting NHS core values and meeting the public's needs and expectations.

She said: "If we stick to our course of investment and reform then the NHS will provide better, safer, faster care. By the end of 2008, we will effectively have abolished waiting lists. Patients will have more choice and more control over their services. Together, we will have created a self-improving system that can deliver both the step change in productivity and the transformation in patient care that we all want to see."

David Nicholson, Chief Executive of the NHS

David Nicholson, who took up his role in September, described his priorities for the NHS as "ensuring a strong financial base, securing strong leadership, and engaging clinical staff in health reform".

Discussing leadership, he said: "Strong clinical leaders are crucial. You know what patients want and how to make sure they get it. I want to see more clinicians leading NHS organisations, and part of my job will be to ensure they have the skills to get there."

He added: "I don't want to see experienced nurses restrict themselves to traditional nursing roles. I want to see our best nurses leading the commissioning of services, leading providing, and leading organisations."

On health reform, he said: "We must dispel the myths that reforms are about privatising the NHS, simply saving money or ticking boxes. Reforms are about improving care for patients and ensuring the public can trust us to respond to their needs. We need staff – especially frontline nurses – to demonstrate how the reformed service will save lives."

Lord Warner, health minister

Lord Warner used the conference to launch *From hospital to home*, a new briefing from the Chief Nursing Officer and NHS Employers. The publication provides guidance about supporting nurses whose roles move from hospitals to the community. See page 5 for details.

Christine Beasley, Chief Nursing Officer

Christine Beasley announced two new pieces of guidance. The first, *Handling Concerns about the Performance of Healthcare Professionals*, is detailed on page 6.

Currently in development is new guidance to support learning disability nurses working in hospitals and community settings. The guidance, due to be published next summer, will be drawn up in partnership with nurses, service users, carers and employers. Chris said: "Because of recent changes and diversity of practice, the profession is keen to have guidance that describes good practice in different settings."

What next?

We will bring you more details of the event, including the masterclasses, in future issues of the bulletin.

Links and info

- [Read the conference report](#)

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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

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Voicepiece

Listening to patients and the public, I am aware that their trust in nursing and midwifery is conditional and has to be earned in every new contact between the nurse or midwife and the patient, client and family.

We know there are key areas we need to pay particular attention to if we are to earn this trust and sustain confidence in the care we provide

For example, I know how much patients continue to worry about getting an infection while they are in hospital. We all know that we must do more to reduce healthcare associated infections, and that relatively straightforward changes in everyday behaviour can lead to clear improvements.

From improving attention to washing our hands to enhanced environmental cleaning, from prudent antibiotic prescribing to the effective use of personal protective equipment, we need to ensure that we are all doing all we can to

Chief Nursing Officer Christine Beasley presents key messages from the recent CNO conference.

improve confidence in our care.

Hearing first hand from patients is central to making improvements to care. Austin Thomas, matron at the 208 (Liverpool) Field Hospital (V), was one of several patients who presented at this year's CNO Conference. He highlighted the importance of nurses supporting each other, asking: "If we cannot care for each other, how can we expect to care for patients?"

This applies just as much to helping make the most of employment opportunities for newly qualified nurses and supporting nurses moving from hospital to community settings as it does to clinical care.

This edition of the bulletin presents details of key announcements made at the conference. These include the new initiative to identify guidelines for good practice in learning



disabilities nursing (see page 1), and two publications launched at the event. The first sets out guidance to support nurses moving from working in hospital to the community (see page 5). The second, *Handling Concerns about the Performance of Healthcare Professionals: Principles of good practice* (see page 6), has been developed collaboratively with healthcare professionals, regulators, commissioners and patient groups, and will be a useful resource in all settings.

Latest publications

Here is a round-up of recent publications from the Department of Health, all available from www.dh.gov.uk/publications

- *Our health, our care, our say: making it happen*
- *Safer management of controlled drugs: changes to record-keeping requirements*
- *Guidance on the destruction and disposal of controlled drugs*
- *Creating a disability equality scheme: a practical guide for the NHS*
- *Health Challenge England – next steps for Choosing Health*

- *Waiting times for cancer: progress, lessons learned and next steps*
- *Occupational aspects of the management of chronic fatigue syndrome: a national guideline*
- *Code of practice for the prevention and control of healthcare associated infections*
- *Choose and book: implementation guidance for urgent referrals for suspected cancer*
- *Competencies for providing more specialised STI services within primary care – assessment toolkit.*

Consultations

Nurses are invited to contribute their views to the following consultations.

- *Direction of travel for urgent care* - closes 5 January.
- *Emergency planning guidance for burn injured patients* - closes 31 January. See www.dh.gov.uk/consultations for more details.

At-a-glance

- report explains progress made, and future actions needed, to meet the commitments of the *Our health, our care, our say* White Paper
- nurse-led discharge project puts White Paper goals into practice.

Nurses make it happen

A new publication, *Our health, our care, our say: making it happen*, highlights the progress made since the White Paper was published in January, and illustrates how nurses are helping to turn vision into reality.

The *Our health, our care, our say* White Paper spelt out a new era for NHS services: more convenient care closer to patients' homes, greater links between health and social care, increased patient choice, and a focus on prevention as much as cure.

In the nine months since publication, healthcare staff have taken up the challenge of meeting these aims, with pilot schemes across England demonstrating and assessing new approaches to care.

In the Care Closer to Home (CCH) demonstration project, for example, nurses are working with consultants and GPs to shift care away from hospitals. 30 sites are assessing ways to provide safe and effective minor operations and diagnostic tests in settings that are more convenient for patients. The sites are currently focusing on urology, ear, nose and throat, dermatology, orthopaedics, gynaecology and general surgery. See right for an example of a nurse-led clinic.

Other projects include information prescriptions for people with long-term conditions. Research shows that patients remember on average only 10 per cent of what is said in consultations. The prescriptions will mean they can take the information away with them, helping them take control of their illness and make choices about their care. The White Paper made a commitment that, by 2008, everyone with

a long-term condition will routinely receive information about how to deal with their condition and where to go for support.

The report also highlights progress in the following areas:

- a £750 million investment in a new generation of community hospitals
- extension of the Partnerships for Older People Projects (POPP)

– local schemes to improve the health and well-being of older people

- expansion of the Expert Patients Programme from 12,000 to 100,000 courses a year.

The next year will see:

- provision of short-term home-based respite care for carers in crisis or emergency situations
- pilots to evaluate NHS life checks for people at key stages of their lives.

Nurse-led discharge scheme in Hartlepool

Nurses at the University Hospital of Hartlepool, one of the CCH demonstration sites, are leading a pilot scheme to reduce average hospital stays for mastectomy patients from 4 days to 23 hours.

Analysis showed that these patients are usually mobile the day after surgery, that wound care is minimal, and that they usually take oral analgesia – something they can easily use at home.

The team also realised that some patients (if correctly prepared and counselled at outpatient and pre-assessment visits) would be able to monitor, record and care for their mastectomy drains at home. Patients currently return to the ward for removal of drains, but as the project progresses, drains will be removed in the community. As a step towards this, the breast care nurse is developing nurse-led clinics in the outpatient department.

The team uses strict criteria to select patients for the early discharge scheme, and also provides patients with a great deal of psychological support and advice throughout the process. For example, ward staff and the breast care nurse telephone all patients at home after discharge.

The hospital is now developing a training programme for nurse-led discharge. Recommendations for anyone embarking on similar projects include:

- start with small numbers of patients to make sure the selection criteria is robust
- complete all documentation (for example patient information and care pathways) before embarking on a project
- gain support from team members across all disciplines
- use patient satisfaction surveys in order to make improvements.

Links and info

- [View details of the CCH demonstration sites](#)
- [View the *Making it happen* report](#)

At-a-glance

- midwives and health visitors' roles in implementing social exclusion action plan
- pilot projects involve home visits to help disadvantaged children
- similar programmes in the US saved money and led to better health outcomes for children and mothers.

£7m funding for parenting support pilots

As part of a new drive to tackle social exclusion, midwives and health visitors will be providing more intensive support for disadvantaged and at-risk families during the early years of children's lives.

Together, the Department of Health (DH) and Department for Education and Skills (DfES) are providing £7 million to fund parenting support pilot projects at ten sites across the country.

Deputy Chief Nursing Officer Kate Billingham explains: "The sites will test a model of intensive home visiting to families that has been running for more than 25 years in the US.

"Rigorous independent evaluation of the US model found that the programme led to better outcomes for children and mothers. For the highest risk families, the saving in health costs

was more than four times the cost of the programme itself.

"These benefits are spread over a lifetime, and include fewer subsequent pregnancies, less hospital use, fewer behaviour problems, less crime and less child abuse. Evaluators are still seeing benefits for adults who went through the programme 27 years ago. We want to test how this model will work in an English setting."

The model involves frequent home visits during pregnancy and during the first two years of life, focusing on health in pregnancy, child health and

development, and mothers' economic self sufficiency.

Kate said: "It's about intervening before problems arise by helping to develop good health and parenting behaviours. It provides an opportunity for health visitors and community midwives to really make a difference to hard-to-reach and disadvantaged families, and to help break the cycle of deprivation."

Over the next few months, the DH and DfES will work with stakeholders to develop an assessment tool and criteria for selecting sites for the pilots, which are due to start by April 2007.

Links and info

- [Read the plan](#)

At-a-glance

- best practice toolkit for general practice nursing
- developed by Working in Partnership Programme with Government funding
- covers career development, employment and governance issues.

Online toolkit for general practice nursing

As the role of general practice nurses continues to evolve and expand, the Working in Partnership Programme (WiPP) has produced a comprehensive online toolkit to provide guidance about best practice.

The growth in general practice nursing (GPN) has revolutionised the way services are delivered in primary care. Innovation has flourished and new roles have developed to meet the needs of the public and practices.

There are nurse partners, nurse consultants, specialist nurses and first contact nurses, and entrants are now trained and developed direct from qualification.

These developments have been achieved in a relatively short time and through much individual commitment. Recognising

this when negotiating the new general medical services (GMS) contract, the Department of Health set aside £1 million to support GPN.

The WiPP GPN project is taking this initiative forward. Steered by a group of practice nurses and representatives from professional bodies, the project's aim is to promote new ways of working and to ensure best use is made of nurses' skills.

Part of this work involves the production of the new web-based toolkit, which covers career

development, governance and employment issues as well as tips on designing a service. It is a useful tool not only for nurses but also for GPs, practice managers and PCTs.

Dr John Chisholm, Chair of the BMA's GPs Committee and member of the project steering group, described it as "an immensely valuable resource that should help the development of current and future nurses and the delivery of high quality, responsive care to patients".

Links and info

- [Access the toolkit](#)

At-a-glance

- community matrons use case management to reduce emergency bed days
- new DH support team to help PCTs integrate this role into redesigned services
- results show cost savings of £400,000 per year per PCT.

DH team develops the community matron role

A new case management support team has been set up to help selected PCTs develop case management for patients who are at risk of unnecessary multiple admissions to hospital.

The NHS is working towards a target of reducing emergency bed days by five per cent by 2008 through improved care in primary and community settings.

A core component of this work has been developing case management and the community matron role. By next year, 3,000 skilled community matrons across the country will be using case management.

Many PCTs have successfully integrated the new role into a redesigned service, while others are not yet seeing the full benefits of case management.

The Department of Health (DH) long-term conditions and nursing teams are now offering additional expert support to help PCTs benchmark their progress and identify improvements.

Ann Rowe, nursing advisor to the long-term conditions team, said: "By offering a small expert team to provide practical sessions, we hope to support those PCTs with the greatest performance challenges around emergency bed days. We'll help the PCTs to create explicit action plans, which will then be agreed and

monitored by SHAs."

In addition to improving care, case management can lead to significant cost savings. Four sites (Stockport, Cornwall, Epping Forest and Luton) achieved a net saving per matron of between £23,000 and £81,000. Applied to an average sized PCT, this could mean an annual saving of around £400,000.

Staff who feel their PCT would benefit from a visit from the support team should contact their SHA performance or long-term conditions lead.

Links and info

- [View the DH education framework for community matrons and case managers](#)

At-a-glance

- NHS Employers publication gives advice to employers on helping nurses move from hospital to community roles
- examples of support for nurses include mentoring schemes and training
- case studies illustrate successful support.

Helping nurses move into the community

As the shift from hospital care gains momentum over the next few years, more and more nurses will be working in the community - in homes, clinics, schools, and care homes.

A new publication, produced by NHS Employers and the Chief Nursing Officer, provides information for employers on how to support nurses moving into the community.

The briefing document, *From hospital to home: supporting nurses to move from hospital to the community*, outlines the key issues involved in making the transition. Working in the community requires specific skills including:

- acknowledging that patients and their families are often responsible for much of their own care
- monitoring the health of the wider community and targeting services to meet

specific needs

- working with other professionals to address the wider causes of ill health
- making decisions at a physical distance from colleagues
- understanding and influencing PCT and practice based commissioning
- taking responsibility for the use of resources and delivery of contracts.

HR departments, together with lead nurses, can aid the transition to the community by offering nurses:

- clear roles and career opportunities
- personalised induction programmes that recognise existing skills and include information on local

demographics

- access to mentors, with debriefing sessions and case reviews
- appropriate education, advice and training.

Alongside advice, the publication includes examples of successful local schemes. For example, Sunderland Teaching PCT's preceptorship programme offers newly qualified nurses four six-month placements in different settings including district nursing and health visiting.

In Lincolnshire, health bodies are working with the University of Lincoln to develop a pre-registration programme that prepares nurses to work in either community or hospital-based roles on qualifying.

Links and info

- [Access the briefing](#)

At-a-glance

- nurse leaders' workshop looks at ways to ensure respect and dignity for patients
- results of public survey about dignity published.

Links and info

- [Read the survey report](#)

Discussing dignity

Nurse leaders from around the country have taken part in a dignity in care forum, looking at nurses' roles in implementing the dignity agenda for hospital patients.

Some 50 executive nurses were involved in the workshop alongside Chief Nursing Officer Chris Beasley, National Director for Older People Ian Philp, and health minister Ivan Lewis. The forum focused on three areas:

- understanding why it can sometimes be hard to treat patients with dignity and respect
- examples of leadership behaviour in influencing

senior colleagues

- how the dignity agenda can be promoted further.

Participants were encouraged to share good practice and to influence the Department of Health's forthcoming dignity campaign.

Public survey results

The Department of Health has published a summary of responses to its online public survey about dignity

in care. The most common suggestions made by the 400 respondents were:

- simplify the complaints process
- improve inspection and regulation
- raise awareness and understanding of dignity (including in staff training).

The department will now work with stakeholders to decide how best to address the concerns and to support staff.

At-a-glance

- publication helps staff handle performance concerns
- outlines key principles to inform policies and procedures.

Links and info

- [View the document](#)

How to deal with concerns about colleagues

Launched by Chris Beasley at the recent CNO conference, *Handling Concerns about the Performance of Healthcare Professionals: Principles of good practice* is designed to help staff handle performance concerns effectively and fairly.

The document provides information for practitioners who are concerned about a colleague, as well as for those who are the subject of concern. It includes:

- good practice examples
- a benchmark for performance procedures
- information for students and new practitioners.

It also outlines key principles, including:

- patient safety must be

the primary consideration

- organisations must develop and communicate policies and procedures
- avoid unnecessary or inappropriate exclusion of practitioners.

Launching the document, Chris Beasley said: "Healthcare in England benefits enormously from a dedicated and highly skilled workforce. However, sometimes things go

awry and a professional may find their practice called into question. If this happens, while the overriding concern must be for patient safety, practitioners also need to be handled sensitively and fairly."

The document is the result of collaboration between healthcare professionals, regulators, commissioners and patient groups.

At-a-glance

- influence the NICE agenda by responding to consultations and suggesting topics
- new shared learning database.

Links and info

- [Suggest a topic](#)
- [View details of the implementation programme](#)

Getting involved in the work of NICE

New developments at the National Institute for Health and Clinical Excellence (NICE) are offering increased opportunities for nurses, midwives and health visitors to influence the organisation's evidence-based practice agenda.

NICE needs all professional groups to contribute to the development of guidance, and its website (www.nice.org.uk) directs visitors to speciality areas and explains how to contribute. You can also use the site to suggest topics for future guidance.

NICE recently recruited five regional implementation

consultants, two from nursing backgrounds, to support frontline NHS staff in putting NICE guidance into practice.

Finally, a new shared learning database will be launched before the end of the financial year to give health professionals the opportunity to share

examples of implementation practice.

You can find out more about getting involved in the work of NICE at www.nice.org.uk/getinvolved. To receive updates about new publications and developments, sign up for the NICE e-newsletter at www.nice.org.uk/subscribe

NHS annual health check

The Healthcare Commission has published its annual health check of the NHS, based on assessments of the quality of services and use of resources at 570 NHS trusts in England.

The quality of services rating reflects how well trusts meet 24 core standards in areas such as safety, clinical effectiveness and patient focus, while the resources rating is based on financial management. Scores for individual trusts are on the Healthcare Commission's website.

- [View the results](#)
- [View the DH and NHS Employers' response](#)

Health Challenge England

The Health Challenge England programme, launched last month by the Prime Minister, provides information about the health of the nation and the plans to reduce health inequalities.

The *Health Profile of England* presents a comprehensive picture of national and regional public health problems. An accompanying publication, *Health Challenge England - next steps for Choosing Health*, outlines progress made in meeting the aims of the *Choosing Health* White Paper (2004), along with plans for the next two years.

- [View the documents](#)
- [See details of the launch](#)

Social entrepreneurs sought

Health professionals are invited to lead the way in delivering innovative services by taking part in the Social Enterprise Unit's pathfinder programme.

The Department of Health launched the unit in June to encourage the development

of social enterprises, which will explore new ways of providing health and social care. Participants in the pathfinder programme will be able to apply for financial help with set-up costs, and will also have access to training, legal and business advice.

- [View details of the scheme](#)

Mental health at work

Employers are being encouraged to adopt six principles to reduce the impact of mental health problems in the workplace as part of a new initiative. The Action on Stigma programme also includes a consultation to find out employers' views of the proposals. The consultation is open until 31 December, and an action plan will be published next spring.

- [View more details](#)

Use of animals in medical research

Health minister Andy Burnham has set out the Government position on use of animals in medical research. He stated that animal experiments cannot be carried out if the same scientific objectives can be achieved using non-animal methods. However, animal procedures are currently essential for medical progress.

- [View more details](#)

Musculoskeletal services framework

The new *Musculoskeletal Services Framework* (MSF) demonstrates the importance of involving a range of health and social care professionals across the community and in primary and secondary care. The framework, which has been endorsed by the Royal College of Nursing,

shows the effectiveness of providing as much care as possible in the local community, complemented by specialist hospital services.

Implementing the MSF will be an important part of reducing hospital waiting times and delivering the 18 week programme.

- [Access the framework](#)

Managing chronic fatigue syndrome

New national guidance focusing on the occupational issues surrounding chronic fatigue syndrome (CFS) is available. *Occupational Aspects of the Management of Chronic Fatigue Syndrome: a National Guideline* summarises current evidence and helps healthcare professionals provide advice on whether patients with CFS are fit for work.

- [View the guideline](#)

Rise in MMR and flu jabs

The latest immunisation figures show that 84 per cent of two-year-olds had the MMR jab in 2005-2006, up from 81 per cent the previous year.

There has also been an increase in the numbers of influenza immunisations, with 75 per cent of people aged over 65 having a flu jab during 2005-2006, compared with 71 per cent the previous year.

- [View the statistics](#)

Managing mental health risk

The Care Services Improvement Partnership (CSIP) is developing a national evidence framework for assessing and managing the small minority of mental health patients who pose a risk to themselves and others, and who need intensive support. The

National Risk Management Programme will focus on improving training and sharing information about patients between agencies.

CSIP is also reviewing the wider Care Programme Approach, used to assess, plan, coordinate and review patient care.

- [View more details](#)

Building better end of life care

Hospices caring for older people nearing the end of life are to receive £50 million to fund improvements to buildings and surroundings. The money, to be provided over two years, will pay for refurbishment, modernisation and enhancement works in adult hospices.

- [View more details](#)

Spearhead PCTs cut smoking

A review of tobacco control and stop-smoking services in all primary care trusts (PCTs) in England has found that spearhead PCTs are leading the way. The Healthcare Commission's review rated 45 per cent of spearhead PCTs as excellent, compared with a national average of 33 per cent.

- [View the report](#)

Teen pregnancy success

The Government is planning to build on the success of its *Teenage Pregnancy Strategy* by offering better access to health advice and information for teenagers. Since the strategy was launched in 1999, under-18s' conception rates have fallen by 11.1 per cent nationwide, with reductions of 35 per cent in some areas. The new plans, outlined

Continued from page 7

in *Teenage Pregnancy: Accelerating the Strategy to 2010*, are designed to bring all local authorities up to the highest standards.

● [View more details](#)

Bereavement support

The Department of Health has launched a new resource to help healthcare professionals support people who are facing bereavement after a traumatic death. The *Help is at Hand* booklet brings together information on practical and emotional issues and sources of support. It was developed by the National Centre for Suicide Research with input from stakeholders.

● [Access the booklet](#)

STI toolkit

A new toolkit has been produced to help assess the skills, knowledge and attitudes needed to provide specialist sexually transmitted infection (STI) services in primary care. Nurses working in these services are encouraged to use the resource to ensure they have the relevant skills and competencies. The toolkit can also be used as a guide for audit and appraisals.

● [Access the toolkit](#)

Training standards for sexual orientation

The Department of Health has published new best practice training standards for sexual orientation. Regulations coming into force in April will make it unlawful to discriminate on the grounds of sexual orientation in the provision of goods, facilities and services. The new training standards are designed to help staff ensure that NHS

services are inclusive for lesbian, gay and bisexual people.

● [View the guidance](#)

HCAI code of practice

A new code of practice for the prevention and control of healthcare associated infections (HCAIs) has been published by the Department of Health. *The Health Act 2006: Code of practice for the prevention and control of healthcare associated infections* sets out how to ensure that patients are cared for in a clean environment where the risk of HCAIs is kept as low as possible. The code will form part of the Healthcare Commission's annual health check next year.

● [Access the code](#)

Anaemia care guidance

The National Institute for Health and Clinical Excellence (NICE) has published new clinical guidance on caring for patients with anaemia linked to chronic kidney disease. The guideline, developed by NICE and the National Collaborating Centre for Chronic Conditions, includes advice on detection and diagnosis, effective treatments, and how clinicians and patients can create joint treatment plans.

● [Read the guidance](#)

Ask About Medicines week

This year's Ask About Medicines (AAM) week, taking place between 6 and 10 November, focuses on older people. AAM is also publishing *A Call to Action*, which contains tips on organising local Ask About Medicines campaigns.

● [View details of the week](#)

Heart attack campaign

The British Heart Foundation (BHF) has launched a national campaign to raise awareness of the symptoms of a heart attack and what to do when they occur.

The Doubt Kills campaign will encourage people experiencing chest pain to call 999 immediately to increase their chances of survival. For details, email chestpain@bhf.org.uk

● [View the BHF website](#)

Personality disorder website launched

The first website to provide information, resources and learning opportunities on personality disorder has been launched in support of the National Personality Disorder Programme.

The website, www.personalitydisorder.org.uk, is aimed at patients, the general public, carers and healthcare staff. It was developed by the Care Services Improvement Partnership, Department of Health and the Home Office.

New lead nurse for NHS London

Trish Morris-Thompson has been appointed as Chief Nurse at NHS London, the new strategic health authority for the capital. Trish was formerly Executive Director of Nursing for North East London SHA.

● [View details of all lead nurses at the new SHAs](#)

Midwifery leadership workbook

As part of the National Midwifery Recruitment and Retention project, the *Midwifery leadership programme development workbook* has been updated. The book offers

support to help users develop critical leadership competencies. The revised version reflects the recommendations of key stakeholders.

● [Access the workbook](#)

Outstanding service awards

The Queen's Nursing Institute (QNI) is seeking nominations for the Queen Mother's Award for Outstanding Service. The award is for exceptional service to patients through nursing practice in any aspect of primary health care. Nominees must have practiced nursing in the community for at least ten years. To discuss the award, contact Rosemary Cook, Director of the QNI, on 020 7490 4227. The closing date is 5 February.

● [Access the nomination form](#)

Diary

National SmokeFree Conference, 23 to 24 November, Liverpool
Caroline Flint, Public Health Minister, will attend the event to launch the Government's smoke-free implementation strategy. The strategy is designed to inspire local partnerships to build compliance with smokefree legislation coming into force next summer, and to support smokers to use this opportunity to quit. Call 0151 649 3600 for more details.

● [View booking form](#)