

## News

### At-a-glance

- nursing staff in 10 PCTs lead health-led parenting projects
- pilot sites will provide early intervention and prevention programmes for vulnerable families
- health visiting review examines future of the profession.

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## Health visitors lead programme of change

Ten PCTs and local authorities across the country have been chosen as demonstration sites for the Government's health-led parenting project.

The pilot projects are receiving £7 million funding as part of the Government's Social Exclusion Action Plan. The plan reviewed a wide range of early intervention and prevention programmes for vulnerable families and found that one stood out. Three large-scale trials have shown that the Nurse Family Partnership programme results in significantly better outcomes for the most vulnerable children and families. The benefits include:

- improved antenatal health
- a reduction in pre-term births
- fewer subsequent pregnancies for teenage parents
- an increase in breastfeeding rates
- a reduction in child abuse and neglect.

The 10 sites will test whether the programme of intensive home-visiting can be implemented in the English context of universal services and children's centres.

The practitioners will be provided with additional training from experts and will have the opportunity to build on skills and knowledge including child development, health behaviour change,

### Early support for disabled children

Health visitors are also working to improve support for families as part of another Government scheme. The Early Support (ES) programme is designed to achieve coordinated, family-focused services for disabled children and their families across England.

In Gateshead, for example, paediatric consultants and neonatal staff refer children who would benefit from the ES programme to Kath Ingleby, a specialist health visitor, who coordinates support across a range of agencies including children's charity Barnardos.

Kath works with family health visitors to introduce

ES materials developed by parents and professionals. The Family File, for example, helps families and professionals create a Family Service Plan, which contains a range of practical resources and information.

In nearby Tyneside, health visitors Pauline Christensen and Lesley Wintle work as key workers to coordinate care, and plan multi-agency support, as well as providing practical help.

As the programme is rolled out, more nurses, midwives and health visitors will be given increasing opportunities to improve the quality of life for disabled children and their families.

building therapeutic relationships, attachment and motivational interviewing.

First-time mothers from disadvantaged backgrounds will be recruited to the programme from the beginning of April. Mothers join the programme in early pregnancy and work with their home visitor on a range of learning and therapeutic activities linked to parenting,

relationships and health until the child is two.

One of the demonstration sites is Derby City PCT. Health visitors and midwives are now being recruited to implement the programme with around 100 first-time parents. "Our success in this bid is in recognition of the innovative practice already

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

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## Voicepiece

The 'let's talk about health visiting' workshops (see below) have certainly generated a lot of discussion about the current position and the future role of health visitors.

It is clear that local conditions and leadership vary from place to place with some services being hard hit by local financial pressures whilst other places are robust and innovative. Health visiting is at a crossroads.

From reading the reports of the workshops, which have involved large numbers of practitioners, and my own contacts with health visitors and their leaders, some consistent themes have emerged. Health visitors are wanting stronger service commissioning for children and families and clearer service specifications with public health outcomes.

Four 'packages of services', have been identified as possible frameworks:

1. Community child health



### Chief Nursing Officer Christine Beasley invites your comments on the future of health visiting.

promotion (0-19 years)

2. Intensive early intervention home visiting for at risk families

3. Primary care services for children and families, ie strengthening child and family services in general practice

4. Wider public health packages.

The workshops are also saying that the current content and systems of education need to change to reflect the changing world and support greater flexibility.

As public health nurses with specialist skills in working with young children and families, health visitors are key in leading and delivering preventive and early intervention programmes where health skills and clinical credibility are needed. The workshops are showing that many health visitors are already

moving in this direction but all too often this is dependent on innovative individuals.

I hope the workshops stimulate local action as well as providing invaluable information for national leaders. I would like to thank all of you who have contributed to the workshops or responded by email, and I hope you will continue to email your ideas.

### Have your say

We welcome your comments on the four service packages that could potentially be commissioned in the future (see list above). If these packages are commissioned, what would be the role of the health visitor in delivering each of them? Please send your views to [CNOandHealthVisiting@dh.gsi.gov.uk](mailto:CNOandHealthVisiting@dh.gsi.gov.uk)

## Health visitors lead programme of change

*Continued from page 1*

taking place locally across all the agencies involved with children and young people," said Maura Teager, Director of Nursing and Clinical Quality at the PCT.

Berkshire East PCT began training staff for its pilot scheme in early March. "This is something we've wanted to do for a long time but haven't had resources or a programme to follow," said Sarah Parsons, Primary Care Manager at the PCT. "The learning from the pilot will inform future reconfiguration of health visiting services and will be evaluated closely at every phase."

### Health visiting review

The Government's review of the future role of health visitors is now well underway. The working group, whose members come from PCTs, practice, professional organisations, parenting groups, education, research and policy, has met three times and looked at the future context for the profession and the role of health visitors in delivering preventive services.

It is due to examine future career pathways, educational preparation and the levers for change before the group's chair Ros Lowe and the Chief Nursing Officer (CNO)

submit an interim report to the Secretary of State for Health in April.

In parallel to this work, Deputy CNO Kate Billingham and the SHA lead nurses have been holding 'let's talk about health visiting' workshops across the country. Eight workshops have now taken place with around 100 practitioners, commissioners, managers and educationalists at each one. The findings are being fed into the review.

For details of emerging themes from the workshops, see this month's Voicepiece from Chief Nursing Officer Christine Beasley (above).

### Links and info

- [View details of the 10 pilot projects](#)
- [View more about the ES programme](#)

### At-a-glance

- NHS reforms could save hundreds of older people's lives and millions of pounds
- nurses encouraged to practise early intervention and support independent living
- nurse-led rehabilitation unit demonstrates how acute admissions can be avoided.

## Revamped older people's services could save 800 lives

**A new report encourages nurses to practise early intervention and to support older people to manage their own conditions and maintain independence.**

The report, by Professor Ian Philp, National Director for Older People, states that up to 800 older people's lives a year could be saved if health services follow a five point plan, summarised as follows:

- intervening early, for example to help people recover from falls
- anticipating and coordinating the needs of people with long term conditions
- releasing patients from hospital earlier and offering more support at home
- providing acute hospital care only when needed
- partnership working between all the agencies involved in older people's care.

Improving and reorganising

### Nurse-led rehabilitation unit takes the strain

Reducing reliance on acute hospital care and supporting early discharge can help to speed recovery and meet individual needs. For example, when Ellen McKivett, 93, was taken to Darent Valle Hospital, consultants in the A&E department gave her the choice of being admitted to the main hospital or being transferred to Livingstone Hospital Rehabilitation Unit – a

former community hospital run by a consultant nurse and overseen by a GP specialising in geriatric medicine.

Ellen chose Livingstone and was happy when she received a more convenient and 'friendly' service.

When Ellen left, she was given a package of health and social care help, including physiotherapists, pharmacists, social workers, nurses and GPs.

services to better meet older people's needs will not only save lives, but could also save every strategic health authority up to £5m every year.

Professor Philp points to the many existing examples of excellent practice in the NHS (see above for one example).

### Links and info

- [View Ian Philp's report](#)

### At-a-glance

- expansion of nurses' role is a key part of primary care reforms
- benefits include more services closer to home and better value for money.

## Expanding the role of nurses in primary care

**Nurses will play a key role in delivering more services in primary care and keeping patients out of hospital, according to a new report from David Colin-Thomé, National Director for Primary Care.**

Dr Colin-Thomé advises that widening the role of GPs and nurses in primary care will mean improved services for patients, fewer hospital admissions and better value for money.

The *Keeping it Personal* report, written as a series of recommendations to Health Secretary Patricia Hewitt, also states that patients would benefit from increased partnership working between NHS primary care services with social services.

Working together could enable the 14,000 nurses in primary care to expand

their traditional role and treat more patients.

"Cooperation between social services and the NHS now means a nurse in many areas can coordinate all a person's needs from bath handles to day care," Dr Colin-Thomé said.

The report highlights an example of successful nurse-led case management in Cornwall, where 12 community nurses in three primary care trusts were given 50 patients each to manage. As a result, the number of inpatient admissions for this group of patients dropped by over 40

percent, GP appointments fell by more than 70 percent, and emergency admissions by 40 percent.

Dr Colin-Thomé said the evolution of primary care is about "adding and improving, not cutting and rationing services". He added: "It is designed to take the pressure off hospitals and recognises that 21st century hospitals should be centres of excellence, but only for care that has to be delivered. It allows us to give patients what they want – personal care closer to home."

### Links and info

- [View David Colin-Thomé's report](#)

### At-a-glance

- nurses lead the discharge of older people in a short stay admissions ward
- staff work as a team to coordinate discharge within a week
- nurses have control over day-to-day planning.

## Nurse-led discharge means shorter stays

Nurses are taking the lead in discharging older people from a short stay admissions ward at Ipswich Hospital NHS Trust. As a result, older people's stays have been significantly reduced and patients are delighted at being returned home more promptly.



Shotley Ward provides rapid, specialist, multidisciplinary assessment for older people. Nurses working on the ward assess elderly emergency admissions and discuss with colleagues which patients are suitable for Shotley.

Patients with acute reversible illnesses who require multidisciplinary input are transferred to the ward, where nurses then coordinate treatment and work towards discharging patients within a week. In the four months since nurse-led discharge was introduced, discharges from the ward have increased from five to at least 15 patients a week.

Nurses working on the ward attend daily meetings with doctors, occupational therapists, physiotherapists

and social workers, in order to plan patients' treatment.

Nurses are involved in the process from start to finish, from reinstating home carers to simply booking transport for patients to get home. They coordinate all of the patients' needs, and have undergone extended-role training (for example catheter insertion and x-ray requesting) and extra rehabilitation training to help promote early return to independence.

"Nurses are positive about these changes. Previously we didn't have much control over planning, but now we are closely involved and have control day-to-day," says Joe Greenleaf, Ward Manager. "We work as one team, for the benefit of the patient."

Ward staff have also developed new processes, including discharge summaries that are sent to GPs on the day of discharge, providing accurate information about the patient's hospital stay.

In addition, the ward's functions are now evolving to take on day-case blood transfusions, drug infusions and investigations.

All Shotley Ward discharges are now nurse led, and the trust is now implementing nurse-led discharge for all appropriate patients. The nurses involved are undergoing training and assessment in conjunction with the Nursing and Midwifery Council professional code of conduct.

### Links and info

- For more information email [joseph.greenleaf@ipswichhospital.nhs.uk](mailto:joseph.greenleaf@ipswichhospital.nhs.uk)

### At-a-glance

- Chief Nursing Officer addresses conference of PCT commissioning nurses
- conference highlights the importance of the commissioning role in protecting health and well-being
- National Audit Office report highlights vital role of clinical governance.

## Conference welcomes commissioning nurses

**More than 100 PCT nursing directors attended a national conference at the Royal College of Nursing (RCN) in January to look at how nursing involvement in commissioning services can improve the quality of care and lead to better health.**

The conference, organised jointly by the Department of Health and the RCN, brought together the relatively new network of PCT commissioning nurses who will be involved in leading service redesign across the system.

Opened by National Clinical Director for Primary Care David Colin-Thomé, the day included presentations from RCN General Secretary Peter Carter and Chief Nursing Officer Chris Beasley.

Addressing the group, Chris Beasley said: "I am pleased to welcome a group of nurse leaders who are developing a new leadership role. We need clinical

### Clinical governance improves care

The importance of clinical governance in PCTs is also underlined in a new report from the National Audit Office (NAO), which states that 82 percent of PCTs believe the introduction of clinical governance

structures has led to clear benefits to the quality of patient care. Twenty percent also said clinical governance has led to efficiency savings such as a reduction in the number of patient safety incidents and near-misses.

leadership in this area to ensure that the health and well-being of the public and the quality of patient care remain at the forefront of commissioning.

"Nurse directors in PCTs will also ensure wider clinical involvement in practice based commissioning and build networks across

hospitals and the community to promote more care closer to home.

"Nurses working as part of multi-disciplinary teams designing care pathways have an opportunity to shape the future of health and health care by delivering sustainable services that reduce health inequalities."

### Links and info

- [View the NAO report](#)

### At-a-glance

- White Paper sets out future of professional regulation
- changes include regular revalidation and more independence for regulators
- a separate report proposes changes to protect patient safety in response to Shipman Inquiry.

## White Paper on professional regulation

**The White Paper on the regulation of health professionals sets out a number of key principles to underpin statutory professional regulation.**

The paper, entitled *Trust, Assurance and Safety, The Regulation of Health Professionals in the 21st Century*, makes it clear that the overriding aim of regulation should be the safety and quality of care that patients receive from health professionals. In addition, regulation needs to sustain the confidence of the public and the professions through impartiality.

Professional regulation should be as much about assuring and improving professional standards as it is about identifying and addressing poor practice or bad behaviour.

Key points of the paper include:

- all health professionals will be required to prove their fitness to practise

by revalidating their professional registration

- the professional regulators will be independent of Government and led by an equal partnership of independently appointed professionals and members of the public
- in fitness to practise cases, all regulators will adopt the civil standard of proof with a sliding scale – ensuring that both low level and high level concerns are dealt with fairly and effectively
- the Government will consult on a comprehensive strategy for prevention, treatment and rehabilitation services for all health professionals.

Nurses will also be interested in proposals for advanced practice and the details of how new and

emerging professions will be dealt with.

A separate report, *Safeguarding Patients*, presents the Government's response to the fifth report of the Shipman Inquiry. It proposes:

- better support for patients who register concerns
- information from different sources should be brought together to provide a fuller picture about professionals
- more rigorous checks on references and qualifications when health professionals are recruited
- comprehensive guidance on preventing transgressions of professional boundaries
- all primary care organisations will adopt best practice in investigating and acting on concerns.

### Links and info

- [View the White Paper](#)
- [View Safeguarding Patients](#)

At-a-glance

- DH provides £74m to support social enterprises in health and social care
- nurses take the lead in nine of the 26 social enterprise pathfinder projects
- cardiac rehabilitation nurse manager leads social enterprise scheme for people at risk of CHD.

## Nurses build social enterprises with help from DH fund

**Nurses, health visitors and midwives are involved in leading nine of the 26 'pathfinder' social enterprise schemes, which are currently sharing more than £1m funding from the Department of Health (DH).**

Lessons from the pathfinder projects will be shared across health and social care so that others can benefit from their experience. From April, the DH will invest another £73m in a wider range of existing and emergent social enterprises, many of which involve NHS staff working in partnership with health care providers from the voluntary and community sectors.

More than 20 nurses, health visitors and midwives are already involved in the pathfinder schemes, with many more nurses taking non-leadership roles. Nurse involvement includes:

- health visitors and a nurse working to provide primary care services for vulnerable people in Grimsby
- nurses providing prison and offender health care services in HMP Wandsworth
- midwives providing antenatal, postnatal and community midwifery services at home and in birth centres in the Trafford area
- a nurse-led healthy living centre in Coventry (see right).

### Coventry scheme offers cardiac HELP

Cardiac rehabilitation nurse manager Pat Marson is leading a pathfinder project to transform a successful healthy living centre in Coventry into a social enterprise.

The cardiac rehabilitation team at University Hospitals Coventry and Warwickshire (UCHW) NHS Trust has more than doubled exercise attendance since moving out of its acute hospital setting to Coventry Sports Centre in 2004, with the help of lottery funding.

Under the banner Healthy Equality Lifestyle Plan (HELP), it works in collaboration with partner agencies from health, leisure, education and social care to offer innovative health promotion interventions for people with or at risk of coronary heart disease. The interventions include:

- exercise classes

- training peer educators in nutrition and support for cardiac surgery patients
- supermarket food information tours
- an allotment/horticultural therapy project
- female-only exercise sessions.

Pat said: "The project aims to encourage and promote healthy relationships, social trust and a sense of belonging. These are crucial elements in heart health, in addition to a healthy diet and activity patterns.

"It works partly because of the ease of access and its location in a pleasant, non-clinical environment. Achieving social enterprise pathfinder status will hopefully give us the support we need to develop as a business so that we can continue to build our range of services after our lottery funding runs out in 2009."

### What are social enterprises?

Social enterprises involve patients in the design and delivery of innovative health and social care services, often as a partnership between statutory, voluntary and community sector bodies. They operate as

businesses, but reinvest their profits back into community or service development.

According to Bridget Gill, programme manager at the Department of Health's Social Enterprise Unit: "The big benefit of social

enterprises is that they have the flexibility to offer high quality, value-for-money, innovative services tailored to local needs and free at the point of delivery to patients, without their progress being hindered by bureaucracy."

Links and info

- View more on social enterprises

## MRSA infections fall but more work needed

The number of MRSA bloodstream infections has decreased and the NHS is closer to its target of halving the number by 2008. There were 3,391 reported cases of MRSA in England between April and September 2006, a reduction of five percent from the same period in 2005. The increase in *Clostridium difficile* infections has slowed significantly, although numbers are still on the rise.

Despite these positive changes, much more work is needed to ensure that everyone knows their role and makes their contribution to effective infection prevention and control. The Saving Lives delivery programme at [www.clean-safe-care.nhs.uk](http://www.clean-safe-care.nhs.uk) provides the tools and techniques for organisations and individuals to reduce infections.

Trusts have now applied for 90 percent of a £50 million Government fund to help hospitals install new facilities to tackle infections.

● [View the MRSA and \*Clostridium difficile\* figures](#)

## Four new foundation trusts

Four more NHS foundation trusts have been authorised by Monitor, the independent regulator, bringing the total to 58. The newly authorised trusts are:

- Birmingham Children's Hospital NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust.

A further 28 applications are currently being assessed.

● [View the Monitor website](#)

## Schools to receive pedometers

Thousands of children across England have been issued with pedometers to tackle childhood obesity. The National School Pedometer Programme is giving pedometers to children at 250 schools in deprived areas, encouraging children to become more active.

● [View more details](#)

## Deprived areas best at stopping smoking

PCTs in deprived areas are providing the best approach to reducing smoking levels, according to the Healthcare Commission's new report on tobacco control services in primary care. Research shows people living in deprived areas are more likely to take up smoking, to start smoking younger and smoke more heavily.

● [View the report on tobacco control services](#)

## NHS bursary scheme modernised

Students on the NHS bursary scheme will benefit from an increase in the basic allowance and a new Parents' Learning Allowance from September 2007. The changes will affect only new entrants to courses. Rent will now be treated as a deductible expense when assessing allowances for childcare and dependants, and maternity support on the scheme has been formalised.

● [View details of the changes](#)

## New public health research centres

The UK Clinical Research Collaboration (UKCRC) is inviting applications from organisations interested in establishing public health research centres of excellence. Each of these research centres, which will receive up to £5 million over five years, will undertake high quality research with a strong emphasis on translational or applied activity. The UKCRC brings together the NHS, research funders, industry, regulatory bodies, royal colleges, patient groups and academia to promote high quality clinical research for the benefit of patients.

● [View details of the application procedure](#)

## Boost for drug treatment

The Government has announced that the pooled drug treatment budget is to increase from £375m to £388m for 2007/2008. £10m capital funding will also be distributed to help get drug misusers into treatment.

● [View more details](#)

## Patients to see copies of letters

Healthcare staff should copy patients into correspondence between clinicians so that patients are more informed about their condition and can make better decisions about their healthcare, according to Health Minister Rosie Winterton. Ms Winterton will be writing to professional bodies including the Royal College of Nurses to ask them to encourage members to copy letters to patients.

● [View more details](#)

## Global healthcare partnerships

A new report recommends increased support for NHS health professionals who want to work in developing countries. The report, by Lord Crisp, examines how the NHS might contribute to improving health in developing countries. It also recommends support for partnerships between UK health organisations and developing countries, and assisting developing countries in training more health workers, through an NHS service scholarship scheme.

● [View the full report](#)

## Auto-identification to improve patient safety

A new report recommends the use of auto-identification technology to prevent patient safety incidents and reduce the risk of misidentification. Bar coding and similar technologies could be used to identify patients, procedures and staff, and to track and trace supplies of goods.

● [View more details](#)

## Acting on radiological imaging reports

New advice relating to the early identification of failure to act on radiological imaging reports has been developed by the National Patient Safety Agency (NPSA). The NPSA has worked jointly with the Royal College of Radiologists to raise awareness among NHS staff, patients and carers of how patient safety can be compromised if radiological imaging reports are not acted upon.

● [View the advice](#)

## News in brief

Continued from page 7

### Electronic prescribing specifications

Following nine months of clinical engagement, NHS Connecting for Health (NHS CFH) has published a functional specification for electronic prescribing systems. Nurses in NHS trusts will be the biggest users of such systems when they are rolled out, and nursing directors have assisted the ePrescribing programme at various stages during the engagement process.

● [View more details](#)

### Developing practice awards

Community nursing charity the Queen's Nursing

Institute (QNI) is calling for applications for its Developing Practice Awards. The awards provide up to £2,500 funding and a year-long professional development programme. Applications are invited from nurses working in a community or acute outreach setting seeking to develop a project to improve patient care and public health. The deadline for applications is 16 July. For details email [anne.pearson@qni.org.uk](mailto:anne.pearson@qni.org.uk) or call 020 7549 1409.

● [See details of the awards](#)

### Coughs and sneezes campaign

A new campaign will be running in March to raise public awareness of the need for good respiratory hygiene. Good respiratory

hygiene will slow the spread of pandemic influenza and should also have a positive impact on the spread of seasonal influenza and other diseases.

A poster is being sent to NHS workplaces.

● [View the poster](#)

### DH Nursing Officer for Diversity and Equality

Dawn Atkinson, Assistant Director of Nursing for Quality and Standards at Newham University Hospital NHS Trust, has been seconded for two days a week to the Department of Health supporting the professional leadership team with all issues relating to diversity. She will also help support the delivery of the key Modernising Nursing Careers programme.

## CONSULTATION

### Extending hospital travel cost scheme

A public consultation inviting views on proposed changes to the Hospital Travel Cost Scheme (HTCS) has been launched by the Department of Health. The consultation will look at how patients can be reimbursed for their travel expenses as more care is delivered closer to home. It will also look at how to raise awareness of the scheme in staff and patients. The closing date for the consultation is 13 April, with changes to the scheme expected to come into force in October 2007.

● [Access the consultation](#)

## Latest publications

Make sure you're not missing out on new tools and guidance. Here is a round-up of recent publications from the Department of Health (DH) and beyond. DH publications are available from [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

● [New framework for PwSI in cardiology](#)

A new skills-based operational framework is available for teams who want to use the practitioners with special interest (PWSI) approach to deliver cardiology services.

● [National acute inpatient mental health project – summary of achievements](#)

A summary of the achievements and progress of the National Acute Inpatient Mental Health Project over the last 18 months.

● [New findings on medicines management](#)

Two reports from Healthcare Commission on medicines management in acute and mental health trusts. The reports urge NHS mental health trusts to improve medicines management in order to deliver high quality care to patients.

● [The State of Social Care in England](#)

The second annual report on the state of the social care sector from the Commission for Social Care Inspection.

● [Health Technology Assessment Programme Annual Report](#)

The report describes how the health technology assessment (HTA) programme works and the progress it has made in the past year. It also lists the publications in the HTA monograph series.

● [Who Cares Wins: Leadership and the business of caring](#)

Produced by the Burdett Trust for Nursing, this report highlights the importance of training and development for nurse leaders.

● [Modernising Nursing Careers: setting the direction](#)

This report sets the path for flexible, diverse and rewarding careers for all nurses.

## Diary

### Conference on end of life care

The third national Gold Standards Framework (GSF) annual conference will be held on 13 June in Birmingham. It will focus on end of life care developments, primary care improvements and end of life care in care homes. Speakers include National Cancer Director Professor Mike Richards.

● [View more details](#)

### CNO business meetings

Invitations to the CNO spring business meetings on Friday 20 April (Leeds) and Monday 23 April (London) will be sent out to directors of nursing by email during the first week of March.