

News

At-a-glance

- £50 million to be shared between SHAs for infection control improvements
- DH infection improvement teams to double in size.

Links and info

- View the latest tools for tackling healthcare associated infections

Directors of nursing receive funding for cleaner hospitals

Directors of nursing at each of England's SHAs are due to receive £5 million extra funding to tackle healthcare associated infections such as MRSA and C.difficile.

The funding, to be spent in collaboration with PCTs, will ensure that frontline clinicians are supported in the work they do to reduce infection. Welcoming the funding, Christine Beasley, Chief Nursing Officer, said: "I know from my visits to the NHS that some frontline clinicians have trouble accessing modern equipment. This funding will

help frontline NHS staff make a real difference to infection rates by giving them the power to make the changes they know will help patients." In addition, the Department of Health's infection improvement teams will double in size so that any trust that is not on course to meet the 2008 MRSA target or has a large number of patients

with C.difficile will have access to a team of experts. Since last February, the improvement teams – which include doctors, nurses and microbiologists – have worked with around 70 trusts. The trusts visited have achieved reductions in MRSA rates of between 16 and 34 per cent. ● Turn to page 3 for Hygiene Code inspection.

At-a-glance

- new report marks progress of CNO BME group's existence
- future focus should be leadership, communications and marketing, and widening participation and membership
- the above will underpin individuals' contributions towards safeguarding equitable patient care, valuing the diversity of the nursing workforce and using emerging intelligence to further the group's aims.

CNO BME advisory group's new report looks to the future of equality

The NHS is continuing to make progress with diversity and equality requirements, according to a new report from the Chief Nursing Officer (CNO) Black and Minority Ethnic (BME) advisory group.

Set up in 2001, it provides the CNO with specific advice on BME issues for both patients and nursing staff in the NHS, enabling her to keep diversity at the forefront of nursing policy. The report, *Looking Back – Facing the Future*, charts progress to date. A covering letter from the group's

joint chairs sets out the key areas of focus for 2007/08: leadership, communications and marketing, and widening the group's participation and membership. These key areas will underpin the group members' individual contributions to: ● safeguarding equitable

patient care ● valuing the diversity of the nursing (healthcare) workforce ● using emerging intelligence to enhance and support diversity and champion equality. The group intends to focus on different aspects of patient care, including

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More information—

You can access the bulletin online at www.dh.gov.uk/cnobulletin

The electronic version lets you click on web links for direct access to more detail about each of the articles.

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

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Voicepiece



Christine Beasley, Chief Nursing Officer, introduces two new reports and discusses the future of health visiting.

Modernising Nursing Careers programme. I am determined that we clarify the role of health visitors to ensure that they are best placed to make the greatest impact. The review recognises the huge impact that health visitors can have on children's health and well-being.

I would like to thank all of you who took the time to contribute, either through the *CNO Bulletin* or by taking part in the series of workshops held around the country. Your contributions have helped shape a vision to take us forward. The government will be considering the review's recommendations over the next few months and will publish its response in the autumn. There is more to be done to make the vision a reality but I know that, as ever, health visitors are ready to grasp the challenges with both hands and demonstrate why we need this profession more than ever.

As we go to press, £50m funding has been announced to fight healthcare associated infections. We will be featuring more on this in the next issue.

The CNO's Black and Minority Ethnic (BME) Advisory Group reports on its work and highlights plans for the future that will help ensure equality and diversity are at the forefront of policy development for both patients and nurses. I greatly value the group's contribution and commitment to ensuring the voices of all patients are heard (see page one for further details). I also welcome the report on the review of health visiting from Rosalynde Lowe, Chair of the Queen's Nursing Institute, who led it. I know that there are genuine concerns within the profession that health visiting has lost its focus, which is why we commissioned this review as part of the

Health visitors are ready to grasp the challenges

I received almost 400 postings on my email box and over 1000 people participated in the *Let's Talk About Health Visiting* regional workshops. It was particularly useful to hear the views of commissioners and parenting organisations as well as frontline practitioners.

Continued from page 1

Links and info

- For details of the CNO's BME advisory group contact Bukola Samuel
- A copy of the report and letter from the joint chair of the group
- Details of equality impact assessment
- Review of barriers to reporting homophobia

consideration of mental health and learning disabilities within BME communities, and improving their access to services.

Dawn Atkinson, Nursing Officer – Diversity, explains: "It's possible to introduce measures like an online appointment booking system for certain health services but not everyone is going to be able to access this or know how to use it, for a number of reasons.

"These are issues that need to be addressed and the role of equality impact assessments (EqIAs) which is a process that systematically considers through review whether current or proposed activities or policies disadvantage disabled people, black and minority ethnic people, men, women, transgender people and people of different ages, religion or belief, or sexuality."

At-a-glance

- primary key roles: universal child health promotion and intensive, early intervention for at-risk families
- review based on consultation with practitioners, local leaders and stakeholders
- government to publish its response in the autumn.

Links and info

- View the health visitor review report
- More about Modernising Nursing Careers

Health visitor review sets out future role

Health visitors are to concentrate on two primary roles: leading and delivering universal child health promotion and intensive early intervention for at-risk families.

The review was commissioned last year by the Department of Health as part of the *Modernising Nursing Careers* (MNC) programme. It involved consulting over 1000 health visitors and local leaders.

Facing the Future: A review of the role of health visitors was published last month.

The review was led by Rosalynde Lowe, the chair of the Queen's Nursing Institute.

One of the policy developments informing the review is the Nurse Family Partnership (NFP) programme that is currently being tested at 10 sites across England. It is based on a successful model in the USA that has been researched over 25

years and shown to have consistent short- and long-term benefits to children and families.

"We want to provide health visitors with the opportunity to demonstrate their vital role in improving the life chances of our most vulnerable children. It is important that we look at this programme in the context of our universal Child Health Promotion Programme and develop the role of health visitors who lead and deliver the universal services," explains Kate Billingham, former deputy CNO who is now based in the Department for Education and Skills.

Key tasks have been identified by the review that enable health visitors to deliver on the two primary

objectives of the role. The report identifies these as:

- early intervention, prevention and health promotion for children and their families
- preventing social exclusion in children and families
- reducing inequalities
- tackling the key public health issues namely obesity, smoking, alcohol, drugs and accident prevention
- promoting infant, child and family mental health
- supporting the capacity for better parenting.

The Department of Health will now engage with stakeholders on how best to take forward the review's recommendations and will publish its responses in October.

At-a-glance

- compliance with the Hygiene Code is now part of the annual NHS inspections
- unannounced health checks to help reduce healthcare associated infections.

Links and info

- Inspection reports and key lessons will appear on www.healthcarecommission.org.uk throughout the year.
- View the Hygiene Code

Healthcare Commission Hygiene Code inspections for most trusts

Most hospitals will receive unannounced hygiene inspections by the Healthcare Commission over the next year as part of a drive to reduce healthcare associated infections.

The commission aims to visit 10 trusts a month. Most visits will be to acute trusts which provide services based in hospitals. This means up to two-thirds of all acute NHS trusts will be inspected as part of the initiative.

Trusts will need to comply with the government's Hygiene Code, which came into force in October 2006 as part of The Health Act. The code outlines 11 compulsory

duties in preventing and managing healthcare-associated infections such as MRSA and *Clostridium difficile*. For the first time, compliance with the code is a mandatory requirement for all inspections carried out as part of the 2006/07 annual assessment of NHS trusts.

Assessment managers will look at the cleanliness of the hospital's environment as well as practices and procedures that are in place

to prevent and manage infection. For example, they will check procedures for isolating patients, hand-washing and for the cleaning of equipment.

Where a breach of the code is identified, trusts will need to outline an action plan to rectify problems within a specified time. As breaches of the code are variable, timeframes for resolving problems will be assessed on a case-by-case basis.

At-a-glance

- useful guidance on communicating effectively
- resource list includes mental health charities
- advice on problems faced by parents with a learning disability.

Links and info

- Download a copy of the guidance

Guidance for working with parents with a learning disability

New guidance has been released for working with parents with a learning disability, providing a bank of resources and information applicable to nurses.

The *Good practice guidance on working with parents with a learning disability* has been put together by the Department of Health and the Department for Education and Skills, and stresses staff must be aware of the needs of parents with a learning disability.

The key points for nurses include:

- assumptions should

not be made about their parenting capacity, and they are entitled to extra support to develop the skills and confidence to care for their children

- communication is particularly important, and it is crucial to avoid using jargon and ensure information is presented clearly in the appropriate format

- many such parents fear

their children will be taken away from them

- people with learning difficulties are particularly likely to experience problems with poor housing and poverty.

The guidance includes examples of best practice in working with social care services, and an appendix covering a wide range of resources, including mental health charities.

Excellent response to CNO Bulletin call for learning disability case studies

Many examples have been suggested by readers as part of the development of good practice guidance for learning disability nursing.

Dr Neil Brimblecombe is coordinating the development of the good practice guidance on behalf of the CNO. "We've received many excellent examples,

demonstrating the range and quality of practice in learning disability nursing from around the country. The guidance is due out in the autumn, and we'll be including particular

examples of good practice that will support key themes." The date for sending in new examples of good practice has now passed.

At-a-glance

- review to examine how to put clinical decision-making at heart of NHS
- led by surgeon and health minister Professor Sir Ara Darzi
- involves consultation with nurses and other staff.

Links and info

- View more about the review

Clinicians to lead the future of the NHS

A new review of the NHS has been launched to ensure that the future of the NHS is clinically led.

The review, led by Professor Sir Ara Darzi, new health minister and one of the world's leading surgeons, will involve close consultation with nurses and other health practitioners.

It will consider how to:

- work with NHS staff to ensure clinical decision making is at the heart of service delivery
- improve patient care and environment
- deliver more accessible, convenient and better value care

- move away from central direction towards more patient control and choice.

An interim report will appear in October, with the final report due to coincide with the 60th anniversary of the NHS in July 2008.

At-a-glance

- new patient environment benchmark
- professions to be consulted.

Links and info

- View the CNO's Privacy and Dignity report
- View more on Essence of Care

Benchmarking the patient environment is now part of Essence of Care

The Essence of Care programme is being extended to include a new 'patient environment' benchmark.

The programme provides a tool to help healthcare practitioners take a patient-focused and structured approach to sharing and comparing best practice.

Benchmarks to date include food and nutrition and privacy and dignity, and all Essence of Care benchmarks are designed to be used in any health or social care setting.

The latest benchmark is a response to the need to

sustain patients' confidence in the care they receive within the NHS. Patients respond to the environment in which they are cared for and frequently judge their treatment on the surroundings.

The introduction of the benchmark complements other work around improving the patient environment. *Privacy and Dignity – A report by the Chief Nursing Officer into mixed-sex*

accommodation highlighted the need to eliminate this type of accommodation in the NHS.

Focus groups with a range of stakeholders – including professionals and patient representatives – have been held to develop the patient environment benchmark. This work will be followed by a consultation document, with the benchmark due to be launched at the CNO annual summit in the autumn.

At-a-glance

- nurses take lead role in transforming prison healthcare environments
- five projects to engage both clinicians and prisoners
- EHE programme shown to help patients get better.

Links and info

- View more about the EHE programme

Nurse-led teams set to improve prison environments and patient health

Nurses will lead five key projects designed to improve the healthcare environment of prisons.

These are part of the Enhancing the Healing Environment (EHE) programme, which is delivered by the King's Fund and has demonstrated a positive impact on patient health.

Since its launch in 2000, the programme has transformed the environments of more than 125 NHS hospitals and healthcare facilities.

The involvement of staff and patients is key to the development and management of projects. The prison projects, in London, will be led by a nurse or other clinician involved in the delivery of prison health services.

Sarah Waller, programme director at the King's Fund, said: "Clinical leadership will be a vital part of the

programme to improve the therapeutic environment for healthcare delivery in a variety of prison environments including clinics, assessment rooms and ward areas. There will also be a prison officer, other members of the healthcare team and prison staff on the project team.

"We would expect all of the staff involved in delivering healthcare to be involved at some stage of the project."

The prisons who are participating in the pilot programme, which will run over the next 18 months to two years, will receive a grant of £30,000.

The EHE programme's experience in working with over 60 mental health NHS trusts in England will be adapted to help improve

prison health. Evidence is emerging of improved patient behaviour through key design changes to the environment in which people are treated.

Sarah said: "We know there is a high incidence of mental illness in prisons and we hope that improving the environment in which health care is delivered will improve the patient experience and will make a real difference to the overall health of those in prison."

The EHE programme has also demonstrated improvements in staff recruitment, retention and morale as a result of enhanced environments and working conditions.

The prison projects are run in partnership with Offender Health, the Department of Health and other charities.

At-a-glance

- commissioners advised to use nurse-led specialist services in community
- adults and child services identified
- aim is to shorten waiting times and offer care closer to home.

Links and info

- View the guidance
- Information on related workshops for NHS staff
- Contact Garrett. Durkan@nuth.nhs.uk for details of the Freeman Hospital project

Chemotherapy and dermatology part of nurse-led specialist local care

The Department of Health has published new guidance designed to help nurses and other health practitioners deliver high quality, convenient care closer to people's homes.

The guidance, *Implementing care closer to home – convenient quality care for patients*, suggests that commissioners should consider using community-based specialist nursing services such as:

- nurse-led skin surgery
- children's eczema services
- consultant nurse-led heart failure services
- home chemotherapy services.

The guidance also includes an introduction to shifting services into the community, a step-by-step guide on the issues for consideration when redesigning patient care using Practitioners with Special Interests (PwSIs) and a new form of accreditation, which will enable GPs and pharmacists with special interests to develop the necessary skills to deliver efficient and effective patient care in the community that was traditionally available only in hospital.

Community intravesical immunotherapy/chemotherapy service

Community nurse specialist, Anne-Marie Wilkinson, works out of Freeman Hospital's department of urology to provide a flexible, community-based service to bladder cancer patients. This includes changing catheters, instructing patients in self-catheterisation (ISC), ultrasound measurement of residual urine volume and continence advice.

The service began in 2000 and the latest data from 2005 shows there were 900 patient treatment episodes provided over the course of a year, of which 414 were for intravesical therapy. The community-based intravesical therapy service has resulted in a significant decrease in hospital visits as well as offering patients more

convenient care. Patient satisfaction with the community-based intravesical therapy service has been extremely high according to Garrett Durkan, Consultant Urological Surgeon at Freeman Hospital, who provides support to the service. He explains: "The success of this service is entirely down to the excellent specialist nurses that have taken the initiative and developed it. Patients given intravesical treatment for bladder cancer often suffer from local side effects including urinary frequency, urgency and discomfort. When these patients can be treated at home they have the convenience and dignity of being able to access their own toilet readily, which greatly reduces anxiety."

At-a-glance

- extra £8 billion NHS funding for local needs
- nurse-led schemes improve patient outcomes.

Links and info

- View the full report

Innovative schemes enhance care

Nursing schemes for local communities will be improved as a result of the additional funding for the NHS of £8 billion for 2007/08.

As part of system reform, most of these extra funds will go to primary care trusts (PCTs) whose local managers are best placed to make healthcare decisions based on local needs such as community-based nursing schemes.

Local Spending for Local Needs: How the NHS intends to use the money highlights several nurse-led schemes. In the Suffolk area one is aimed at cutting unnecessary hospital admissions for patients such as Peter Woods who suffers

from diabetes and chronic obstructive pulmonary disease. He receives care closer to home by receiving treatment and supervision through his local doctor's surgery, watched closely by a practice nurse.

At-a-glance

- comprehensive new toolkit to help maternity units achieve low caesarean rates
- it covers: pregnancy and labour care, vaginal birth after CS, and elective CS
- guides and tools for assessment and improvement.

Links and info

- [Pathways to Success](#)
- [Maternity Matters](#)

New maternity toolkit to complement goals of *Maternity Matters* framework

A new toolkit to support the recently-launched *Maternity Matters* framework has been launched by the NHS Institute for Innovation and Improvement.

It will assist maternity units in achieving low caesarean section (CS) rates while maintaining safe outcomes for mothers and babies.

Pathways to Success: A self-improvement toolkit is designed for workshop use for multidisciplinary teams – midwives, obstetricians, managers and support staff – enabling maternity

services to assess themselves against best practice identified in units with a low CS rate.

Based on the findings of the NHS Institute's *Focus On: Caesarean Section* report, the toolkit aims to promote its findings that support natural birth and a reduction in CS rates. Three key areas – clinical

pathways – are addressed in the toolkit:

- care of women in their pregnancy and labour
- vaginal birth after caesarean (VBAC)
- elective CS.

It comprises a series of guides and tools for assessment and, where necessary, improvement of current services.

News in brief

Research involving people who lack capacity

Nurses are asked for their views on guidance about identifying an appropriate person to consult before carrying out research involving someone who lacks capacity to consent. The nominated consultee requirement is contained in the Mental Capacity Act which comes into force in October. The consultation runs until 7 September.

- [Access the consultation](#)

European Health Insurance Card

Nurses are reminded that patients should be encouraged to apply for a EHIC before travel abroad. The card is valid for up to five years and allows UK nationals to receive free or reduced-cost emergency healthcare when visiting European Economic Area (EEA) countries, Iceland, Liechtenstein, Norway and Switzerland. Private treatment is not usually covered.

- Apply for a card at www.ehic.org.uk

Financial aid for nurses

NurseAid is a charity which can offer financial help to qualifying nurses with a one-off grant or regular payment. It has the support of CNO Chris Beasley and its work will feature in the next issue.

- For further information email admin@nurseaid.org.uk or call 01386 446 023

Disease management toolkit

A free online toolkit has been launched to help healthcare professionals strengthen their management of key long term conditions, leading to better health outcomes and improved financial efficiency.

The purpose of the toolkit is to contribute to:

- improved health outcomes for people with long term conditions through the provision of personalised care plans
- reduced emergency bed days
- improved services
- primary care and community settings.
- [Download the toolkit](#)

New mobile phone guidance

Nurses should be aware that mobile camera phones brought into the hospital can invade patients' privacy or may be used to take inappropriate photographs and videos. Trusts are advised to have a written policy which sets out where mobile or camera phones may not be used, such as wards and clinical areas. Appropriate signs should be displayed.

- [View the guidance](#)

Forced marriage guidelines

New guidelines aim to provide practical advice for frontline staff, such as nurses, on what to do if a patient reveals that they have been, or are about to be, forced to marry. Evidence suggests many victims assume that health professionals cannot help and they in turn say they would like to do more but aren't always sure how.

- [View guidelines](#)

NICE guidance on children with fever

New guidelines on managing children with fever have been published to provide all health professionals, including nurses, with a practical tool to assess symptoms and advice on how children should be cared for within the appropriate setting.

- [Download the guidance](#)

Revised alcohol advice for pregnant women

Pregnant women or those trying to conceive should avoid alcohol, states new DH guidance. Nurses have an important role to play in alerting pregnant women and those hoping to conceive to the potential dangers of excessive alcohol consumption during pregnancy.

- [View The Pregnancy Book 2007](#)

Mental health community engagement projects

More than £1 million is to be given to 40 new

News in brief

community engagement projects across England to build stronger links between local mental health services and black and minority ethnic (BME) communities. The initiative is part of Delivering Race Equality in Mental Health Care, the government's action plan for reducing inequalities and discrimination. Another 40 community engagement projects are already running.

● [View more on the action plan](#)

Consultation on complaints reform

The Department of Health (DH) is consulting on a new unified approach to dealing with complaints in health and social care. The aim is to make the complaints procedure more user-friendly and ensure organisations learn from comments and feedback. The consultation closes on 17 October.

● [View more on the action plan](#)

Online survey – *Modernising Nursing Careers*

The Department of Health wants to know your views on *Modernising Nursing Careers*. To complete the online survey visit www.nursingtimes.net and follow the link to Modernising Nursing Careers.

Birthday Honours

Congratulations to the nurses and midwives who received an honour in the Queen's Birthday

Honours this year. Professor George Castledine was made a Knight Bachelor, Anne Jackson-Baker was awarded an OBE, Kathleen Cheetham, Jenifer Cottrell, Teresa Kearney, Kate Sallah, and Sira Jaswant were each awarded an MBE.

The new ministerial team

Alan Johnson is now the Health Secretary. Other health ministers are: Dawn Primarolo, Ben Bradshaw, Professor Sir Ara Darzi, Ann Keen and Ivan Lewis.

Diary

The Future of Primary Care Trusts conference

10 July, Manchester.

Keynote speakers include John Pope, Policy Advisor, Department of Health; Anna Walker, Chief Executive, The Healthcare Commission; Mike Farrar CBE, Chief Executive, NHS North West.

Mental Health Bill 2006 conference

10 July, Manchester.

The conference includes a case study on the implications of the Bill for nurses. Key note

speakers include Paul Farmer, Chief Executive, MIND.

Reducing Clostridium Difficile conference

11 July, Manchester.

Keynote speakers include Chris Beasley, Chief Nursing Officer.

The National Childhood Measurement Programme (NCMP) workshops

The NCMP team is holding workshops to consult with PCT and school staff on the 2006/07 programme

and find out where improvements are needed. Workshops are as follows:

16 July, Birmingham

17 July, Leeds

23 July, Exeter

25 July, London.

UK National Lesbian, Gay, Bisexual and Transgender Health Summit

20-21 August, Manchester.

RCN independent school nurses sub-group annual conference and exhibition

30 August, London.

CNO autumn business meetings

10 September, London, and 12 September, Leeds.

Directors of nursing will receive an invitation to these events shortly.

CNO annual summit – Driving confidence in care

31 October - 2 November, London

Directors of nursing will receive their invitation by email at the end of August.

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

● *Independence, choice and risk: a guide to best practice in supported decision making*

This best practice guide is for the use of everyone involved in supporting adults using health and social care in any setting, whether community or residential, in the public, independent or voluntary sectors.

● *Independent review of palliative care services for children and young people in England*

The review is based on findings from DH-commissioned research and a consultation with stakeholders including children and young people and their families, commissioners and providers of services.

● *Reducing Drug-related Harm: An Action Plan*

This booklet sets out the broad streams of action to be taken in England to enhance harm reduction activities within the drug treatment sector.

● *Policy+*

This publication addresses the issues of an ageing workforce in the NHS.

● *Let's Respect*

The first edition of a new publication about the principles of best practice in the care of older people with mental health needs.

● *Commissioning a Patient Led NHS: a toolkit for nurses*

This new toolkit has been produced by The London Network for Nurses and Midwives to assist nurses with commissioning.

● *Working with the patient – the future for high quality diabetes services*

Report by Dr Sue Roberts, National Clinical Director for Diabetes, calls for nurses to deliver innovative joined-up care with other health professionals.