

News

At-a-glance

- new guidance to help eradicate hospital bugs
- forthcoming events to offer support to nursing staff
- training film launched to minimise spread of pandemic flu.

Links and info

- Download *Uniforms and workwear: an evidence base for developing local policy*
- Download *Isolating patients with healthcare associated infection: a summary of best practice*
- Email Max Jones for more information on the *Essential Steps/Saving Lives* events or call him on 0121 428 1207
- Visit clean-safe-care.nhs.uk

Infection control driven by new measures

Greater responsibility for matrons to report directly to trust boards and restrictions on uniform are among the new key measures that will step up the fight against healthcare associated infections (HCAIs).

The measures set out in the guidance require quarterly reporting by matrons to trust boards about infection control and cleanliness. Implementing the guidance in practice will be a key concern for all clinical staff.

Uniforms and workwear: an evidence base for developing local policy assesses the risk of transmitting infections via uniforms and offers examples of good and bad practice. Examples of good practice include:

- wearing short-sleeved shirts/blouses and avoiding wearing white coats when providing patient care
- changing into and out of uniform at work

- keeping long hair tied back off the collar
- washing uniforms at the hottest temperature suitable for the fabric.

Isolating patients with healthcare associated infection: a summary of best practice provides details of evidence-based practice that aims to reduce the risk of infection transmission. The key recommendations for successfully isolating patients are single-room nursing and cohort nursing. The staff involved are advised to:

- routinely provide affected patients and visitors with an explanation of their infection, isolation

procedures and treatment

- ensure that rooms, bays and areas used for isolated patients have dedicated hand hygiene and toilet facilities

- ensure that there are clear signs on the door or wall to alert staff and visitors to infection control precautions
- make sure that doors are kept closed at all times.

A fresh focus on *The Essential Steps/Saving Lives* guidance, which can be found at clean-safe-care.nhs.uk will be made with its re-launch earlier this year and at a series of four events to be held throughout October.

Continued on page 2

At-a-glance

- SHA nursing directors' pilot programme promotes leadership
- BME widening to include other healthcare professionals
- October is Black History Month.

Supporting Equality and Diversity in nursing and midwifery: latest news

Embedding the Equality and Diversity agenda requires consistent engagement and communication with healthcare stakeholders to ensure the necessary changes are embraced, supported and taken forward.

Delivering it depends on successfully managing a broad agenda and developing key networks

and links among individuals and organisations.
[SHA pilots workforce dashboard](#)

The South East Coast SHA is piloting a workforce dashboard to capture data

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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, on the importance of patient safety and how effective leadership can improve standards of care.

Patient safety, together with quality and value for money, is one of the main priorities for the NHS so it is not surprising that safety is a key theme in the NHS Next Stage Review led by Lord Darzi. This edition of the bulletin gives an update on patient safety initiatives since *Safety First* was published last December. The recommendations in *Safety First* aim to ensure patient safety lies at the heart of the healthcare system.

Many of the recommendations set out to improve collaboration and support for healthcare organisations at a national level. These developments include the piloting of technological patient safety solutions by the National Institute for Clinical Excellence, the Healthcare Commission's high profile programme of inspection of the safety standard, including of the new hygiene code, and the National Patient Safety Agency (NPSA) re-designing the national reporting and learning system so information about important patient safety incidents is identified quickly

and learning from these incidents is fed back to the NHS.

The NPSA is working with the SHAs to establish patient safety action teams at SHA level. These teams will be made up of staff with expertise in data analysis, incident investigation (or root cause analysis) and the development of safety solutions. The teams are likely to be accountable to the regional directors of public health and lead nurses will need to consider how to relate to and influence these teams to make sure that staff receive the support they need.

Each of these national organisations has a critical role to play but local managers and clinicians must also use their influence to improve patient safety. This is particularly true of incident reporting – the quality of the information gleaned from the national reporting and learning system will only ever be as good as the information submitted at a local level.

Every one of us has a responsibility to make sure that patient safety is a priority. Understanding how the local reporting system works, ensuring that

reports of patient safety incidents and 'near misses' are of a consistently high quality, and that where errors are reported so too are the actions taken to prevent them from happening again.

We can all contribute to reducing harm. We all need to take an active part in reporting incidents, developing solutions and putting in place strategies that reduce harm. We can all adopt behaviours that we know have a positive impact on patient safety. Patients and their families also have a significant contribution to make, so wherever possible, they should be encouraged to be more involved – particularly in training initiatives and in the development of local safety solutions.

The championing of patient safety is a key leadership challenge throughout the NHS. We can make good use of our strong professional networks to share local solutions to problems at regional and national level, thereby improving patient safety and improving confidence in care.

Infection control driven by new measures

Continued from page 1

The events will offer strategic advice to directors of nursing on how to recognise commissioner and provider responsibilities for reducing infection. Separate sessions will focus on the contributions that community matrons and district nursing leads can make, particularly with regard to patients with long term conditions.

Infection control training film launched

A further aspect of infection control has been highlighted by the introduction of a training film for healthcare workers, which aims to help minimise the spread of a pandemic flu virus. The film was launched at the Infection Control Nurses Association Conference in Brighton in September

and it outlines the essential principles and practices needed to protect patients and staff. The film will be available for download later in the year.

The Government pledged an investment of £50 million to tackle hospital infections in July this year.

Supporting Equality and Diversity in nursing and midwifery: latest news

Continued from page 1 that illustrates ethnicity, gender, sexuality, age and disability. Dawn Atkinson, Nursing Officer for Diversity, presented this work at the CNO business meetings in September. It is a vital piece of work and will inform how emerging information will be used to challenge diversity inequalities that exist within the nursing and midwifery workforce. The SHA leads are taking this work forward locally. Views, comments and ideas to shape this work are welcome from everyone. For more details email Dawn Atkinson at dawn.atkinson@dh.gsi.gov.uk

CNO Black and Minority Ethnic (BME) advisory group

Work is being carried out to ensure equality and diversity remain centre stage. Developing leadership potential is a key priority for the CNO BME group members and one of its specific objectives for

2007/08 is to make sure that training opportunities are marketed to everyone. It will promote the opportunities available to BME staff including:

- shadowing more senior colleagues
- supporting group members to put themselves forward for national and regional initiatives, such as the Breaking Through Programme and Mary Seacole scholarship awards
- getting involved in local developments relating to national initiatives such as A Patient-Led NHS and Modernising Nursing Careers as commentators or contributors to consultations, focus groups or working parties both locally and nationally.

Ultimately the group aims to create a more diverse group of senior staff across the NHS.

The group is open to all senior BME healthcare professionals and has made significant progress in widening the participation

of its membership to include Allied Health Professionals. For more information or to find out how to join the CNO BME advisory group email Bukola Samuel at bukola.samuel@dh.gsi.gov.uk

Black History Month

October is a celebratory month on a number of levels for equality and diversity, namely Black History Month and the Mary Seacole Awards. 2007 is also the bicentennial of the abolition of the British Slave trade.

On 9 October Ann Keen, Junior Health Minister, awarded the 2006 Mary Seacole scholars at the Annual Mary Seacole award ceremony. The six winners for 2007 were also announced.

Project developments and work of the Mary Seacole scholars continue to influence and contribute to addressing the important equality and diversity issues for BME service users and the wider community.

Links and info

- Email for more about the Breaking Through Conference

At-a-glance

- programme sets out the focus for improving dementia care
- nurses instrumental in delivering better services for patients and carers
- new strategy being unveiled in summer 2008.

Links and info

- View more about the dementia strategy programme

Nurses and national dementia strategy

Nurses will be instrumental in delivering the new dementia strategy when it is launched next summer.

Health Minister Ivan Lewis announced the strategy move in August. It is the first strategy of its kind and will make a real difference to the lives of thousands of people with dementia, and their families.

The strategy will be developed over the coming year and will focus on three key themes:

- raising awareness
- early diagnosis and intervention

- improving quality of care.

The strategy will help health and social care professionals deliver a better experience across all settings where people with dementia, and their carers, use services.

Nurses are vital to this process and improving their core knowledge and skills will be an essential part of tackling the complex and challenging care needs of those with dementia.

The work programme will be led by Professor Sube Banerjee, Professor of Mental Health and Ageing at the Institute of Psychiatry, King's College London, and Jenny Owen, Executive Director of Adults, Health and Community Wellbeing in Essex. Neil Hunt, Chief Executive of the Alzheimer's Society will chair the programme's external reference group.

At-a-glance

- nurses urged to report patient safety incidents
- major review will assess national patient incident reporting system
- pilots have helped identify and prevent risks in management of certain conditions.

Learning to improve patient safety

Almost every nurse can recall an occasion where a problem has occurred in patient care. This could involve anything from the misuse of resuscitation equipment to a child being given the wrong vaccine.

Reporting incidents like these is crucial in order to learn how and why they occurred, says the National Patient Safety Agency (NPSA). The National Reporting and Learning System (NRLS), is the agency's reporting mechanism and it helps the tracking and analysis of patient safety incidents.

For example, one such incident involved a number of reports (including deaths) of patients with misplaced naso-gastric tubes. With the help of the information given it became clear that there was a problem with one particular method of

inserting tubes. Healthcare professionals were able to use one of the other placement methods and avoid further problems.

Gaining access to this sort of knowledge is therefore invaluable and it's only possible if staff report incidents with enough information to give a proper understanding of the problem.

Since 2005, the NPSA has received over 1.7 million reports and, following the publication of *Safety First* in December 2006, is now carrying out a major review of NRLS to make it more effective. The review will look at new and faster ways of reporting the most serious incidents, including patient deaths, to the NPSA through telephone, email and short electronic forms.

So far, 15 trusts are already engaged in the pilot programme across England

and Wales, and over two hundred reports have been received. The resulting information has allowed early warnings to be given to NHS staff relating to key risks associated with cytarabine, amphotericin and management of haemorrhaging patients. Further work is being carried out with different clinical teams, in specialties such as orthopaedics and renal care, to understand more about how to prevent problems occurring and reduce the potential harm to patients.

Bulletins on key risks and recent reports from the NPSA on issues such as deteriorating patients, medication safety and patient falls are available from the NPSA website. Enquiries about changes to the agency's reporting system can be emailed to enquiries@npsa.nhs.uk

Links and info

- [NPSA website](#)

At-a-glance

- advice for helping mothers with diabetes
- presentations from conference available for download.

Maternity services: an update

Caring for babies with diabetic mothers

A new report offers guidance to health professionals and the public on how to care for new babies born to mothers with Type I and Type II diabetes.

Diabetes in pregnancy: caring for baby after birth, findings of a national enquiry, has been published by the Confidential Enquiry into Maternal and Child Health (CEMACH). It aims to reduce avoidable hospital admissions and the unnecessary separation of babies from their parents. Recommendations include:

- healthcare professionals should receive better guidelines and training in how to manage babies of

mothers with diabetes

- mothers should be encouraged to breastfeed within an hour of birth
- healthcare professionals should offer mothers advice about the benefits of breastfeeding during the antenatal period
- babies should be given to their mothers immediately after birth, provided there are not any postnatal complications.

CEMACH Chief Executive, Richard Congdon, said: "More babies could stay with their mothers than is now the case and mothers with diabetes should be given encouragement and support with breastfeeding their babies. If these aims were achieved, it should be better both for mother and baby and also save

the NHS money." The report expands on the more general information provided in *Diabetes in pregnancy: are we providing the best care?*, published in February 2007.

Safe maternity care

Improving the safety of women using maternity services in England was the subject of a free conference held earlier this year by the Healthcare Commission and the National Patient Safety Agency (NPSA).

The event was popular and oversubscribed, so the proceedings are now available for download via video clips and presentation slides from the Healthcare Commission's website or on DVDs available to order.

Links and info

- [View the CEMACH report](#)
- [Download presentations from the Safety in Maternity conference](#)

Helping nurses with financial problems

At-a-glance

- registered charity offering financial help to nurses
- one-off or regular grants, or a combination of both, available
- eligibility criteria apply.

NurseAid is a registered charity offering help to nurses with financial problems.

The charity can offer help in the form of a one-off and/or a weekly grant.

Regular grants are available for applicants on low income and assistance may also be given to nurses' families and dependents.

To qualify for grants, applicants must be either:

- a registered nurse with more than three years post-graduate experience
- a nursing auxiliary with more than five years experience, or
- a student nurse who is in a crisis situation or suffering from ill health.

Interested applicants should complete a NurseAid application form. All enquiries and applications are considered in the strictest of confidence.

"Don't wait until disaster strikes"

Roger Brooks fell on hard times when his home nursing business went bust. His

business closed after he was injured by an aggressive patient and with a disabled wife the couple suddenly had to rely on benefits. The situation deteriorated as the couple's health worsened.

A friend recommended a number of nursing charities and NurseAid helped. Roger said: "NurseAid has been incredibly helpful and supportive to me. I have had to call on them a number of times and their help has always been forthcoming, from purchasing basic essentials, to insurance premiums and even paying our removal costs when we had to move unexpectedly.

"If you're in financial difficulties or foresee it, don't wait until disaster strikes: contact NurseAid."

"NurseAid paid my rent when I was recovering from an operation"

Kay Edwards is no stranger to breast cancer. She has lost six members of her family to the disease: her grandmother, mother, her mother's three sisters all died in their 40s,

and her cousin succumbed at just 29 years of age.

In January 2004, Kay learned she needed a double mastectomy. At the time, as a student nurse, she was taking home £500 a month in the form of a bursary and a similar amount, more or less, from her work as a healthcare assistant with a cancer charity. Her operation was scheduled for early December 2004 with a six-week recovery period. Unsure about how she would meet her financial commitments during that time, she got in touch with NurseAid after reading about them in a nursing journal.

Kay said: "NurseAid paid my rent for a couple of months and gave me a weekly amount that went towards grocery bills.

"I am scheduled to have a total hysterectomy soon and I had no hesitation in contacting NurseAid again. For all nurses in financial difficulty, I strongly recommend getting in touch with NurseAid."

Links and info

- View the NurseAid site
- Email NurseAid
- Call NurseAid on 0138 6446 023

At-a-glance

- letter sent to all nurses and doctors about ongoing danger of HIV infection
- importance of early diagnosis was stressed
- draws attention to misconceptions about HIV testing.

Action needed on HIV

Every nurse in England is being urged to help combat the continuing threat HIV poses to public health.

In a letter sent to all nurses and doctors last month, Chief Nursing Officer (CNO), Professor Christine Beasley, and Chief Medical Officer (CMO), Sir Liam Donaldson, call for improved detection and diagnosis of HIV and emphasised the need for HIV testing in all healthcare settings.

In the letter, the CMO and CNO also stress the importance of early diagnosis of HIV, citing the major audit by the British

HIV Association (BHIVA) of adult deaths from HIV. The study found that in around a quarter of cases, diagnoses were too late for effective treatment, and late diagnoses caused more than a third of HIV-related deaths.

Nurse representative on the BHIVA executive committee, Nicky Perry, said: "Nurses need to be aware of the signs and symptoms of early HIV infection and to remember that HIV can affect anyone. As most of HIV infection is now sexually transmitted it is also vital that, if there is a possibility of HIV infection, nurses ask

about the sexual behaviour of patients. I would encourage nurses to identify their training needs in these areas and to then draw on the expertise of specialist nurses working in GUM, HIV and infectious diseases clinics who can provide education sessions and support."

The letter also dispels two common misconceptions around HIV testing. It makes clear that: lengthy pre-test counselling is not essential, unless a patient requests or needs it; if a patient has a negative HIV test it does not need to be disclosed on applications for insurance.

Links and info

- Department of Health's sexual health and HIV strategy

At-a-glance

- NPSA report looks at resuscitation and key actions for deteriorating patients
- NICE guidance advocates physiological checks at least every 12 hours
- both documents recommend increased training and skills acquisition for all staff involved in acute care.

Links and info

- View the NICE guidance
- Access the NPSA report
- Register for conference

Caring for acutely ill patients in hospital

Nurses should take note of two documents offering guidance on caring for acutely ill, and rapidly deteriorating, patients in hospitals.

The National Patient Safety Agency (NPSA) report, *Safer care for the acutely ill patient: learning from serious incidents*, is a comprehensive analysis of incident reports on 107 patients whose deaths in acute hospitals were reported to the agency because of concerns about the safety of their care.

The report focuses on patient deterioration and resuscitation and outlines ways in which incidents relating to both issues can be mitigated and reduced. Key actions recommended for the care of a deteriorating patient are:

- better identification of patients at risk of deterioration, or who have deteriorated
- appropriately monitoring vital signs
- accurately interpreting clinical findings
- calling for help early and ensuring it arrives
- training and skills development
- ensuring appropriate drugs and equipment are available.

Key actions recommended for resuscitation are:

- improving communication
- better situation analysis
- regular risk assessment of resuscitation processes locally
- training and skills development
- ensuring appropriate equipment is available.

The National Institute for Clinical Excellence (NICE) guidance, *Acutely ill patients in hospital: recognition of, and response to, acute illness in hospitalised patients*, recommends that physiological monitoring should be maintained on all patients at least every 12 hours unless a decision at senior level has been made to increase or decrease the observation frequency. The minimum observations should include:

- heart rate
- respiratory rate
- systolic blood pressure
- level of consciousness
- oxygen saturation
- temperature.

NICE also recommends using variable scoring systems for patients to allow staff to provide a relevant degree of response if a patient shows signs of deterioration.

A range of tools are being

developed by NICE to support and assist with implementing the recommendations. With the support of the Department of Health, a competency and training framework is also being developed by a range of professional organisations. The aim is to link the framework to the key themes associated with the care of acutely ill patients. Both the tools and the framework should be completed by the end of October.

Improving Patient Outcome — free conference

This conference has been developed jointly by the NPSA, NICE, the NHS Institute for Innovation and Improvement and the Hospital at Night Team, with funding from the Department of Health. Medical directors, senior nurses, clinical governance leads and Hospital at Night leads working in acute care will find it useful and are encouraged to register. The conference takes place at the Royal College of Physicians in London on 16 November. Email keith.young@dh.gsi.gov.uk for more information. See diary on page eight.

At-a-glance

- LINks will hold all social and healthcare services to account
- new guidance outlines how LINks will work
- they take effect from 1 April 2008.

Links and info

- LINks explained
- Access LINks bulletins
- Access Getting Ready for LINks documents

Nurses and LINks

Local Involvement Networks (LINks) are due to replace Patient Forums from 1 April 2008. As the mechanism for increased public involvement in the NHS and for holding it to account, LINks will have implications for all nurses.

LINks aim to:

- establish a system where more people can get involved in more ways – whether by expressing a view or giving time to represent their communities
- improve the ability of local people to contribute to the development of their local

healthcare services.

To further explain how LINks will operate, the Department of Health has posted a number of helpful documents to its website. *LINks explained – easy read* outlines how LINks will operate, and there are a number of LINks bulletins providing regular updates on the implementation and development process.

Helping communities prepare for LINks

Planning for LINks is currently underway in local communities and the Department of Health

has produced two pieces of guidance to help prepare for their implementation.

The first document, *Planning your Local Involvement Network*, incorporates the findings from nine LINks 'early adopter' sites. It sets out what local communities need to do to prepare for LINks.

Contracting a host organisation for your Local Involvement Network gives local authorities the information they need for procuring a host organisation to establish and support a LINk.

At-a-glance

- National Endoscopy Team leading a successful 18 weeks programme
- extending nurse roles helps drive down delays.

Links and info

- NNEP
- Endoscopy Team Leadership Development Programme
- 18 weeks website

Nurses leading the way in '18 weeks'

A nurse-led programme is being held up as an example of good practice in implementing the 18 weeks patient pathway.

The National Endoscopy Team (NET) was set up to tackle long waits and improve the patient experience. A key priority of the team was to develop the workforce by extending the roles of nurses and creating an endoscopy team leadership programme.

The team is currently running the National Nurse Endoscopist Project (NNEP) to study the role of the nurse endoscopist. The objectives of the project are to identify what training, support and certification processes are needed in order to ensure that the specialist skills of nurse endoscopists are fully utilised.

The team has also developed the Endoscopy

Team Leadership Development Programme which is designed to further develop the communication, leadership and management skills of endoscopy staff to create skilled leaders for endoscopy and the wider NHS.

News in brief

New health education consultation

Nursing and midwifery teachers are encouraged to have their say on a Skills for Health proposal for a new quality assurance framework for education. *Enhancing Quality in Partnership (EQulP)* will cover education in both the academic and clinical setting. The consultation, which closes 31 December, is open to all nurses and midwives who teach as part of their role.

● [More information](#)

Public health news

NHS Stop Smoking Services
The effectiveness of the NHS Stop Smoking Services will be assessed as part of new research commissioned by the National Institute for Health Research. It will look at evidence on the benefit and cost-effectiveness of different treatment plans, and investigate relapse rates in different socio-economic, minority ethnic and age groups.

● [View more information on NHS Stop Smoking Services](#)
New alcohol report
Deaths from alcohol are

increasing, according to a new report published by the Association of Public Health Observatories. The report reveals how people from poorer communities are more at risk of health problems caused by alcohol misuse.

● [Download the report](#)
● [View the Department of Health Alcohol Strategy](#)

Cancer survival rates

More people are surviving cancer according to new figures released by the Office for National Statistics. The report found that survival rates have increased for both men and women, although more women than men survive for at least five years after diagnosis. The report also revealed that the highest five-year survival rate for men was for testicular cancer (96 percent), and for women, malignant melanoma of the skin (89 percent).

● [View the full story on cancer survival rates](#)

Website tackles health inequalities

An interactive website designed to improve life expectancy in deprived areas has been launched

by the Association of Public Health Observatories and the Department of Health. The health inequalities intervention tool will help local health services and councils identify the causes of life expectancy gaps and how they can be tackled. It focuses on smoking cessation, reducing infant death, and prescribing medication for people with undiagnosed cardiovascular disease.

● [Access the Health Inequalities Intervention Tool](#)

New trauma website

A new website designed to improve trauma care has been launched by the Trauma Audit and Research Network. It allows trauma units to compare their care with that of other trusts and provides information on treatments and advice on improving care.

● [View the trauma website](#)

New A&E figures

New figures show that from April to June this year almost five million people sought emergency healthcare at A&E departments, minor injury units, walk in centres, and NHS organisations. The statistics published by the

Department of Health show that London SHA recorded the highest number of admissions (973,898) and North East SHA the lowest (266,912).

● [View the statistics](#)

Patient choice survey

More patients are being offered choice according to findings from the sixth patient choice survey. The results from the report in March 2007 reveal that more patients are aware that they will be offered a choice of hospital for their first outpatient appointment, and that more than three quarters of patients (78 percent) who were offered choice were satisfied with the process.

● [Access the survey results](#)

Guidance from NICE

The National Institute for Clinical Excellence (NICE) has produced new clinical guidelines for improving:

- the diagnosis and management of chronic fatigue syndrome (myalgic encephalomyelitis)
 - the management of urinary tract infections in children.
- [Access the guidance on the NICE website](#)

Continued on page 8

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Every Child Matters: new leaflet

A new leaflet, *Getting the best start*, has been produced to help all healthcare professionals, including nurses, in giving every child the best possible start in life. This follows a new framework, the

Early Years Foundation Stage (EYFS) from the Department for Children, Schools and Families, which has been developed to set consistent standards for children's learning and development and ensure that children receive the right support for their individual needs. The framework becomes statutory in September 2008.

● [Download the leaflet](#)

New medical research project

Nurses across the country are involved in a pioneering initiative to help develop treatments for life threatening and debilitating diseases including cancer and Parkinson's disease. The new research project, UK Biobank, aims to study how the health of 500,000 people, currently

aged 40-69, from across the UK is affected by their lifestyle, environment and genes. By analysing answers, measurements and samples collected from participants, researchers may be able to work out why some people develop particular diseases while others do not.

● [View Biobank website](#)

Diary

Breaking Through Conference

15 October, London.

An event about employing people from black and minority ethnic backgrounds, particularly at senior levels. Call 0177 2776 7731.

● breakingthrough@glasgows.co.uk

Nurse-led Care, Clinics and Services in Mental Health

26 October, Manchester.

This conference focuses on the recommendations from the CNO's review of mental health, including assessing patients with associated drug and alcohol problems and responding to their needs, improving overall health and wellbeing and providing equitable care for

all groups and individuals. The conference is RCN accredited.

● www.healthcare-events.co.uk

The Legacy of Slavery on the Health of Black Communities: Past, Present and Future conference

29 October, London.

Keynote speaker is Dr Joy Degruy-Leary.

● www.keystone-group.co.uk/legacy/

Update on CNO annual summit

31 Oct – 2 November, London.

Queries regarding invitations should be directed to Fitchlive on 020 7544 7625.

● www.eventsregistration.co.uk/cno2007summit/

Developing Nursing Leadership

6 November, London.

This one-day RCN accredited conference reflects on Modernising Nursing Careers by offering modern matrons, senior nurses and nurse managers essential practical guidance on how to develop the leadership skills necessary to advance nursing practice in an evolving and changing healthcare system.

● www.healthcare-events.co.uk

NMC Annual Midwifery Conference 2007

15 November, Cardiff.

A UK-wide event for midwives, managers of midwifery services,

LSA Midwifery Officers, educationalists, service users, service user organisations and medical staff involved in maternity care.

● julie.robinson@nmc-uk.org

NHS Connecting for Health: clinicians' conference

15 November, London.

Updates on the progress of the national programme as well as the latest updates on the Summary Care Record.

● [Book online](#) or [email](#).

Improving Patient Outcome

16 November, London.

See feature on page six.

● www.keystone-group.co.uk/acutecare

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

● *Stroke Talk*

Connect produces publications, resources and training for all health professionals working with people with stroke and aphasia (communication disability usually after stroke). *Stroke Talk* is a communication resource to help nurses explain to people with aphasia about all the many complicated procedures, investigations and interventions a patient may encounter. Historically, nurses

have had no resources to help them communicate and often rely on the help of a speech and language therapist to do the communicating. The Department of Health has funded an initiative to provide a free copy of *Stroke Talk* and the *Stroke and Aphasia Handbook* for every stroke unit in England.

● [View the Connect website](#)

● [Purchase Stroke Talk and download sample pages](#)

● *Cognitive and Behavioural Therapy*

As part of the Improving Access to Psychological Therapies programme, two guidance documents have been produced. The first sets out the skills service users can expect their therapists to have in the delivery of cognitive and behavioural therapy (CBT) for people with depression and anxiety. The second outlines the

competences required for effective delivery of CBT.

● [Skills set for CBT](#)

● [Competences for CBT](#)

● *Policy+*

Issue four explores how cohort nursing helps control healthcare acquired infection. The publication addresses the issues of an ageing workforce in the NHS.