

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

At-a-glance

- new framework
- to improve patient confidence in care
- focus on dignity and respect.

NEWS

Deliver care with confidence urges new framework

A new publication 'Confidence in Caring' addresses the need to enhance the relationship between nursing and caring and improve patient confidence in nursing care.

Nursing teams on the frontline of care often have the greatest impact on patient experience and outcomes. They are also the benchmark against which the rest of the NHS and healthcare system is judged.

Acknowledging the complexity of hospital wards as busy and culturally diverse places, the report emphasises how these factors are no excuse for deficiencies in care. Patients must always be treated with dignity and respect. Where care falls short it tarnishes patients' views of the whole NHS.

The new framework has been published to help nurses maintain top standards of care and in promoting patient confidence in care.

Dignity and respect

Its publication in July follows a series of focus groups and activities that took place in general medical wards in England which explored the roles of

the ward, nursing team and individual nurses in the caring system and promoting patient confidence.

'Confidence in Caring' aims to capture the essence of care, promoting confidence with dignity and respect. The framework recognises that to be 'cared for' and 'cared about' are equally important to patients.

Creating confidence

The framework identifies five factors behind high levels of patient confidence:

- a calm, clean, safe environment
- a positive, friendly culture
- good team work and working relationships
- well-managed care with efficient delivery
- personalised care for every patient.

It also lists some simple rules such as keeping the ward mood upbeat, learning about patients'



cultural differences, making a good first impression and keeping promises.

Much of the framework will be second nature to most carers. But, as it states, it is intended more as a quick reminder of best practice and a source of new ideas, and aims to confirm what matters to patients and provides the foundations for the way care can be improved to increase patient confidence.

- [Download the framework](#)

Gently does it

Clare Addison, Matron for Surgery at Surrey and Sussex Healthcare NHS Trust talks about the 'Confidence in Caring' framework:

'If you look back over the past few years there have been various initiatives to focus nurses on the basics of caring. But this framework is really important. It is about what patients want to see and feel when in hospital, what makes them feel confident about coming into the NHS. With all the issues around MRSA, patients are concerned about picking up an infection.

At the time, I was part of a team at St George's, London, and a member of one of the pilot teams helping to implement Chris Beasley's and Ros Moore's vision for a multi-system approach to improving patients' confidence in their care.

The framework came about as a result of the BBC's Panorama programme which highlighted bad care in the NHS, particularly for older patients.

Chris and Ros pulled together the project involving teams in North and South Yorkshire, St George's,

Continued on page 2

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

VOICEPIECE – WHAT DOES 'QUALITY' REALLY MEAN?



Better quality care is at the heart of the Next Stage Review. But how exactly is it going to affect nurses' working lives? CNO Christine Beasley talks about the implications of the review.

The publication of the *NHS Next Stage Review High Quality Care for All* in June set out a vision and strategy for the NHS over the next ten years. Implementation of the SHA vision documents is now underway and over the next two months Lord Darzi and David Nicholson will be travelling around the country to listen to the views of staff and key stakeholders (see page 7).

Nursing and midwifery are fundamental to high quality healthcare, and we are in a strong position to improve the quality of care and health outcomes across the NHS. By identifying improved quality as the organising principle, *High Quality Care for All* sets no new national targets, but calls for radical changes in

behaviour at an individual, team, organisation and system level.

It is vital then that as many nurses and midwives understand the implications of the *Next Stage Review* for their work. To this end I have published *Framing the Nursing and Midwifery Contribution: driving up the quality of care*, bringing together specific pieces of work that will contribute to the *Next Stage Review* and set the direction for the future of contemporary nursing and midwifery.

Although the standard of nursing and midwifery care is generally very high, where it falls short, it has a marked impact on how patients experience the whole of their contact with the NHS. It is here

that we need to make improvements. We have been working with nurses and midwives across the country to identify what would enable continuous improvements to standards of care. *Confidence in Caring: a framework for best practice* is available to download from the Department's website and further work to help us understand these issues in more detail will be published shortly.

To support the delivery of high quality care we need to ensure that there are fulfilling careers for nurses and midwives and that staff and the public understand that these careers offer exciting and rewarding opportunities. The report of the consultation into post registration careers and continuing education *Towards a Framework for Post-Registration Nursing Careers* and the accompanying Equality Impact Assessment are now available. They

set out a framework suggesting how nurses can further their careers to meet patient and organisational needs according to their own personal circumstances and aptitudes. The result of the consultation supported the direction but clearly further work is now needed in the following areas:

- development of the pathway approach and specific pathways
- standards of advanced practice
- funding arrangements
- monitoring of equality impact

Framing the Nursing and Midwifery Contribution: driving up the quality of care brings all this work together and describes plans for nurses and midwives. It is a valuable reference for all of the important changes set out in the *Next Stage Review*, and will help you to understand its implications for your own work.

Gently does it

Continued from page 1

London, and Epsom and St Helier. We talked to staff and patients, held focus groups, and observed caring in action.

Operationally, barriers to good care still exist. Short staffing can create problems and the quality of care can suffer when high level of temporary staff are used. Also when the pressure on beds is acute, staff morale drops; they become disillusioned, forget why they are there, and can become robotic in their care; they can forget to see patients as individuals. Improving care is not just about efficiency, it's about the quality of the environment.

The framework has real potential to help. It will serve as a reminder, providing information on improvements in a very systematic way. With the lists of confidence creators it presents the case for better care very logically.'

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- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

At-a-glance

- review of child and adolescent mental health services
- interim report published
- care improving but inequalities still exist.

NEWS

Early Years and Teen LifeChecks go live

At-a-glance

- online health guides
- rolled out across 83 areas
- to tackle inequalities.

This autumn sees the launch of the first two NHS LifeCheck online tools. The NHS Early Years and NHS Teen LifeChecks will roll out across 83 local authority and Spearhead

areas across England. It will be the culmination of extensive work within the Department of Health to develop online tools to help combat health inequalities.

The Department of Health has been working in consultation with stakeholders including the Royal College of Nursing, British Medical Association, Royal College of

Midwives, Unite, Faculty of Public Health, Royal College of Paediatricians and Child Health to develop NHS LifeCheck.

NHS LifeCheck is a simple, easy-to-use, online health assessment questionnaire that will help people manage their own health through the major life stages and beyond. It takes the user through a four-

step process – a risk assessment questionnaire; results; goal-setting and the first steps towards behaviour change; and support and reminders.

NHS Early Years LifeCheck is for parents and carers with babies aged around six months. It provides information and advice on how parents can keep their baby healthy, happy and safe. NHS Teen LifeCheck,

for young people aged 12-15, is designed to empower young people to take greater control of, and responsibility for, their health.

Users have been central to the development of both tools. The tools were evaluated independently, and received positive feedback on their effectiveness and impact.

• [More on NHS LifeCheck](#)

Children's mental health services are improving but inequalities persist, says report

Child and Adolescent Mental Health Services (CAMHS) have improved significantly according to the interim report of a national review into services.

The review, announced in the Children's Plan in December 2007, is looking at how far existing services are meeting the educational, health and social needs

of children and young people who have or are at risk of mental health problems. It will also make recommendations for service improvements.

The interim report, published in July, highlights key themes emerging from the review, and includes evidence that training programmes for school nurses and other care

professionals are helping children and young people at risk of mental health problems. The report also highlights improvements in how agencies across the country are working together.

However, unacceptable variations and gaps and resulting inequalities still need to be addressed, it states. A lack of national

"The report includes evidence that training programmes for school nurses and other care professionals are helping children and young people at risk of mental health problems."

and local guidance about clinical governance arrangements in multi-agency work is leading to the variations in quality,

according to the report. Schools and colleges also need better access to

Continued on page 4

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

At-a-glance

- new academic training schemes
- integrating research and practice
- applications open this autumn.

NURSING CAREERS

New academic careers will allow nurses to combine research with clinical practice

Like doctors, other clinicians will soon be able to apply for academic training schemes which allow them to combine research with clinical practice, Christine Beasley and the National Institute for Health Research (NIHR) have announced.

As well as opening up new, better structured research careers for nurses, midwives and allied health professionals, the research will help to improve patient care directly.

Christine Beasley said: 'This is a very welcome and unique opportunity for nurses and midwives to embark on properly funded and structured research careers. The scheme will become an

important career route with research findings enhancing the evidence base we need for improving patient care.'

Funding has now been secured to launch the joint initiative, known in full as Clinical Academic Training Pathways. It follows the recommendations of a steering committee chaired by Janet Finch, set up to establish how the profession could increase its research capacity.

She said: 'This excellent initiative should bring great benefits to healthcare by involving more nurses and allied health professionals in research of the highest quality. I look forward to seeing the results of the investment, made on a genuinely collaborative basis.'

People who apply will be signing up to complete a Masters in research methods and then a doctoral degree by research. There are two further levels for more experienced researchers, so the structure looks like this:

- Masters in Research (MRes)
- doctoral degrees by research (not taught or clinical doctorates)
- clinical lectureships (post-doctoral work)
- senior academic clinical lectureships.

'This is about getting them to be at the peak of their clinical research careers, so they attract big grants,' said Dr David Foster of the CNO's office who sits on the newly created implementation group.

Adverts will appear this autumn announcing the launch of the Clinical Academic Training Pathways. Higher education institutions will bid to deliver the training programmes and trusts' clinicians will be able to apply for places in a national competition.

The scheme will be administered by the National Coordinating Centre for Research Capacity Development on behalf of the National Institute for Health Research.

Further details of the schemes will be available shortly on NIHR Research Capacity Development Programme's website.

- [View details of NIHR programme](#)

Children's mental health services

Continued from page 3

local expertise to meet often complex mental health needs. The report reveals that the expertise of school nurses and educational psychologists is used differently around the country.

The report also recommends more initial training for the children's workforce – child development and approaches to improving mental health and psychological well-being should be a specific aspect of training for health visitors, nurses and other professionals working with children, it says.

Views on the recommendations are being sought from a range of stakeholders this month [September] and the final report will be published later in autumn.

- [Read the interim report](#)

THIS MONTH

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- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

IN CONVERSATION

Star matron earns research stripes in Boston



Community matron Rachel Lewis from Manchester takes up a prestigious Harkness/Health Foundation Fellowship in America this month.

Based at the Veterans Affairs healthcare campus in Boston, she will be studying how people with chronic diseases are managed – with a view to bringing her findings back home.

Rachel is the first nurse in the UK to be awarded this fellowship. 'This is great for nurses. I'm

very excited. Nurses are central to service delivery and yet have very little opportunity to develop and improve practice. I hope this fellowship will underline the importance of involving frontline nurses in service improvement.'

Motivation

Although her immediate sights are on healthcare in the US, her longer-term aim is to improve care delivery at home. 'Healthcare services for people with chronic diseases are often disease specific' she says. 'For people with more than one disease, treatment is complicated by multiple providers across primary and secondary care. This fragments treatment and can lead to omission and duplication of care.'

One aim of her US research is to discover how communication between primary and

secondary care can be improved. In lieu of a universal IT system, she mentions the need for improved access to patient data across all sectors to inform patient management at the points where care is delivered.

Inspiration

What made her apply? 'I sit on one of the NICE Technology Appraisal Committees. At a meeting a few years ago Robin Osborn, the Vice President of the Harkness Foundation, gave a presentation with some previous Harkness fellows; it sounded like a fantastic opportunity.'

The fellowship won't be her first brush with policy making. She gained insights into the workings of government during a recent secondment at the Department of Health. An obvious role for her now, and one she is keen to fill, is as a bridge

The Harkness Fellowship

The Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice allow health service researchers and practitioners from the UK, Australia, Germany, the Netherlands, New Zealand, and Switzerland to spend 12 months

in the US, conducting research and working with leading health policy experts. The Foundation is currently accepting applications for 2009/10.

● [Learn more about the Harkness Fellowship](#)

between frontline staff and policy makers.

She's exactly the sort of person Lord Darzi envisioned in his Next Stage Review – a practitioner interested in leadership and employing practical experience to shape policy. Her views on change also mirror those in the review.

Local leadership

'Service improvement has to be done locally and the emphasis on clinical leaders in healthcare is

important.'

One solution to the gap between primary and secondary care is the introduction of more local community teams, she says. 'In Manchester, our community matron service works closely with community geriatricians as well as primary care professionals. They combine their knowledge of chronic diseases with their experience in managing older people.

Continued on page 6

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

At-a-glance

- NHS Institute programme
- to increase time for direct care
- building on learning from Productive Ward.

THE PRODUCTIVE COMMUNITY HOSPITAL

Benchmarks for quality nursing care in the 'Productive Community Hospital'

Nurses have been instrumental in developing a programme to improve patient care in community hospitals.

Following its 'Productive Ward' modules, the NHS Institute for Innovation and Improvement has been working with nurses and therapists to develop ways to increase the amount of direct care time given to patients in community hospitals. They hope to achieve this by improving the effectiveness, safety and reliability of inpatient, day hospital and minor injury services.

In his report to the NHS, Lord Darzi advocated an ambitious vision of a patient-centred, clinician-led, locally driven NHS. Community hospitals

have a key role to play in improving quality for patients and providing local services, he said. But, recent research has revealed wide variations in length of stay, pay and non-pay costs, admission and discharge arrangements, handover and other care processes.

A *Nursing Times* survey of nurses and therapists also identified a lack of consistent cost and quality measures. 97 percent of nurses and 96 percent of therapists agreed it was important to have a system in place to measure the quality of care.

The Productive Community Hospital modules offer a solution. By adopting them, local providers and commissioners will be

able to compare the performance of their community facilities with others, learn from the best and make improvements.

The institute reports good results from the pilot sites with staff saying they had been empowered and enthused to make changes to their ways of working.

Following a successful preview in June, four modules are now available

to help clinical teams get started. The complete set of modules are available from early September.

Links and info

- Download four modules from The Productive Community Hospital
- Order the free complete module boxset by emailing: productives@nhs.institute.nhs.uk

Two free national events are being held where you can hear directly from community hospitals involved in the pilots:

- Thursday 25 September – Coventry House, University of Warwick, Coventry

- Wednesday 22 October – Bristol Marriott, City Centre, Bristol.

Book your place online at www.nt-communityhospitals.com or call **0845 056 7889**.

Star matron

Continued from page 5

This provides a more measured and pragmatic approach to community healthcare.'

Rachel went over to Boston for the first time in July to find accommodation and a school for her two sons. It was Flag Day – the anniversary marking the official adoption of the Stars and Stripes – and local schools and public services were out celebrating with parades and music.

She is excited about the move and wants to encourage other nurses to apply. Frontline nurses have a vital role to play in informing and implementing policy at a local level, she stresses.

But they require other nurses and professionals in key positions to help champion and support this role.

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

IMPROVING THE QUALITY OF CARE

Measuring success

'Sceptics are fine, but there is no place for cynics,' says Julie Clatworthy, National Clinical Lead for the Productive Community Hospital and Director of Nursing at North Somerset PCT.

Julie is talking about her staff's reaction to the 'productive' programme introduced to measure and improve the quality of care given to patients in community hospitals.

'Some nurses and therapists who have taken part in the pilot were sceptical at first, but once they saw the improvements they were won over. Staff gain new skills in service improvement techniques, and develop areas of good practice to showcase in their hospital, inspiring and supporting colleagues to improve their clinical



area. Staff say they will carry on working in this way, and won't stop measuring, because it means something to them and their patients.'

The successes of the pilot sites are numerous. Julie cites an example of a palliative care day hospital that improved the outcomes for their patients – measured using a palliative care distress tool which the clinical team developed – and halved their waiting list time.

Handovers were another area that needed attention, according to Julie: 'Our baseline audits showed that handovers were a real problem area,

taking too long, and not communicating the right information. Therefore a handover tool has been developed that passes on current risk-based, goal-orientated information, improving patient safety and reducing handover time.

There has also been considerable improvement in rehabilitation services. 'We found a mismatch between clinical availability and patients' needs. To match them up better we developed a new scheduling tool. Using it an already excellent stroke unit have reported a 46 percent improvement in patients' functional outcomes.'

Coming soon to an SHA near you – NSR implementation events

From 8 September until 9 October Lord Ara Darzi and NHS Chief Executive David Nicholson will be visiting each SHA region.

With NHS leaders and regional stakeholders, including nurses, they will discuss how *High Quality Care for All* will support each regional

vision and what the first year's implementation will look like in relation to the Operating Framework.

The events will also provide opportunities for each region to discuss their own implementation plans. Here's the full list of dates and locations:

Date	SHA area
9 September	South East Coast
10 September	Yorkshire and the Humber
25 September	London
29 September	West Midlands
30 September	South Central
1 October	South West
6 October	East Midlands
8 October	North East
9 October	North West
21 October	East of England

● [View more](#)

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- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

At-a-glance

- Care Quality Commission named new regulator
- consultation on regulating HCAs
- closes on 20 October.

PATIENT SAFETY

New regulator to tackle healthcare associated infections

Nurses are encouraged to take part in a new consultation on regulating healthcare associated infections (HCAI).

Launched in August, the 10-week consultation is asking for views on how the newly formed Care Quality Commission will monitor and regulate organisations to ensure that they are taking adequate measures to prevent and control infections.

NHS Chief Executive, David Nicholson, said: 'This is an important opportunity to shape the delivery of arrangements to enhance the safety of patients, staff and the public, and to contribute to improving the quality of health and social care services.'

From April next year, the Care Quality Commission will take over the health and adult social care

regulation functions of the Healthcare Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission (MHAC).

This will include ensuring that care organisations comply with the Code of Practice for the Prevention and Control of Healthcare Associated Infections. The current inspection programme, led by the Healthcare Commission, provides reassurance for patients that infection control standards are being met.

The Care Quality Commission will continue to have this monitoring role but also have tough new powers to inspect and intervene in order to safeguard patients and empower staff to challenge poor performance.

• [View the consultation](#)

Foresight training identifies potential safety risks

At-a-glance

- new patient safety tool
- developed by NPSA
- to help nurses spot dangers.

Nurses have helped to produce a new resource training pack designed to improve patient safety.

The Foresight Training Resource Pack, developed by the National Patient Safety Agency (NPSA) with frontline staff, will boost awareness among nurses and midwives about the common causes of patient safety incidents, and help them to share best practice.

Foresight is the ability to identify, respond to, and recover from the initial indications that a patient safety incident could take place. It involves frontline healthcare

staff recognising the potential safety risks in the healthcare system, and intervening to prevent an incident.

Alison Huggett, Head of Patient Safety and Healthcare Governance at Winchester and Eastleigh Healthcare NHS Trust, helped to develop the resource.

'Nurses who attended the focus groups were very excited about Foresight Training and quickly became engaged with the project,' she said. 'By sharing their experiences of patient safety incidents they have contributed to a resource developed with nurses in mind. Nurses have always assessed risk and managed patient safety but this tool helps to bring it to the forefront of their minds. The tool can be used in a number of ways, for example,

as part of mentoring, to reflect on a patient incident, or helping staff to act proactively to prevent an incident.'

As its name suggests, Foresight is all about getting nurses to recognise potential safety risks before an incident occurs.

The special training resource contains a range of paper and video based training scenarios and supporting materials. The scenarios are designed to encourage discussion and learning, and get staff into the habit of thinking ahead and spotting potential hazards.

The packs have already been distributed to every NHS trust and to higher education institutions that provide pre- and post-registration education for nurses.

• [Download the Foresight Training Resource Pack](#)

THIS MONTH

- p1** 'Confidence in Caring' framework
- p2** Voicepiece: what does 'quality' really mean?
- p3** Early Years and Teen LifeChecks go live
- p4** Nursing careers
- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

NEWS

Successes in electro-convulsive therapy

Applications are welcomed for the 2008 ECT Nurse Award. It aims to:

- reward nurses who demonstrate achievement or excellence in developing ECT nurse practice
- raise the profile of ECT nurse practice development
- share innovations in ECT nurse practice that

improve patient/client care.

The award run by the National Association of Lead Nurses in ECT (NALNECT) is open to all nurses working in the ECT clinic setting and at any level in the UK.

Electro-convulsive therapy is an approved form of treatment for depression but outside the field it still causes

many heated discussions, says Rebecca Auton of the association committee. Many people still call for its use to be banned.

ECT carries a huge stigma which is frequently perpetuated by media caricatures, she continues. The treatment is also etched in the collective consciousness thanks to Jack Nicholson's role in *One Flew Over the*

Cuckoo's Nest.

ECT has come a long way since its inception last century, stresses Rebecca. Properly targeted and responsibly administered, it has been shown to treat severe depression and save lives. It is recognised as an effective intervention by the World Health Organization and by clinical experts worldwide. An audit in Scotland of patients receiving ECT, published in 2000, showed that

over 70 percent made significant clinical improvements.

Applications for the awards can be from individuals or teams of nurses. To be eligible you must currently work in an NHS or private ECT clinic. The closing date for applications is 3 October 2008. Contact Rebecca Auton on 01934 836504 or email rebeccaauton@aol.com for further information.

NEWS IN BRIEF

Research into HPV immunisation

Research has been commissioned to explore attitudes towards the human papillomavirus vaccination (HPV) programme. Interviews with care providers and potential vaccine recipients will take place at sites across England until the end of November.

- [More about the research](#)

HPV vaccine advice

To coincide with the launch of the national immunisation campaign against human papillomavirus (HPV), the September issue of the MHRA's Drug Safety Update has information about the Cervarix vaccine that will be used in the campaign.

- [Access the bulletin](#)
- [More information on the vaccine](#)

Breastfeeding inequalities

Hospitals in disadvantaged areas will receive a share of £2 million to help more women breastfeed. The UK has one of the lowest breastfeeding rates in Europe, and only a third of women in routine and manual socio-economic groups breastfeed beyond six weeks, compared to 65 percent in managerial and professional groups.

- [View more information](#)
- [Online NHS breastfeeding resource for health professionals](#)

Flu immunisation programme

The flu immunisation campaign runs again this autumn, encouraging people under 65 with long-term conditions as specified in the CMO's letter of 31 March, and everyone over 65, to contact their GP

about the flu jab.

- [Order campaign leaflets](#)

Alcohol consultation

The Government is consulting on new rules for the alcohol industry, including mandatory labelling, a retail code, and shaping NHS support. You can give your feedback on the consultation until 14 October.

- [Read the consultation](#)

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- p1** 'Confidence in Caring' framework
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- p5** In conversation: Harkness fellow Rachel Lewis
- p6** Nursing care in the 'productive community hospital'
- p7** Regional NSR events
- p8** Patient safety news
- p9** Electro-convulsive therapy awards
- p10** News in brief

NEWS IN BRIEF

Continued from page 9

NHS Choices Pregnancy planner

NHS Choices has launched a new interactive pregnancy planner, containing over 250 pages of accredited information. The pages also include pictures, videos, planning tools and relevant local information to help people choose maternity services in their area.

- [NHS Choices pregnancy planner](#)

MMR: extra vaccine and more funds

Extra measles vaccine and more funds are being made available to help local health trusts launch a campaign to vaccinate every child up to the age of 18, Sir Liam Donaldson has announced.

- [Read more](#)

NHS to record £1.75 bn surplus

The NHS in England is set to record a £1.75 billion surplus by the end of the financial year, according to quarterly figures released last month. The quarterly report also revealed that the NHS is on track with its key performance targets such as 18 weeks and reducing healthcare associated infections.

- [Read more](#)

Keep Warm Keep Well campaign

The annual campaign to reduce cold-related deaths launches in mid September. Three information leaflets are available – for the over-sixties, people with disabilities or long-term health conditions,

and young families on low incomes – offering information on how to stay well in winter and where to find financial support.

- [More campaign information](#)

New IT platform for safety alerts

As part of improvements to patient safety, from early September safety alerts will be sent to the NHS from an improved, centralised IT platform. In the future, safety, medical device and drug alerts, and Dear Doctor letters will be sent through the Central Alerting System.

- [More information](#)

A question of faith

New guidance has been issued on the appointment of chaplains in the NHS.

Directors of nursing and HR directors have received a letter from Rev. Edward J Lewis who chairs the Multi-Faith Group for Healthcare Chaplaincy outlining the changes. This group administers the national panel of assessors for chaplaincy appointments. For more information email: chief.officer@mhfgchc.com

Equality and diversity guide

'Making the difference', a lively guide to improving equality and diversity in the NHS, has just been published. It offers examples of best practice and new ideas on how to tackle discrimination and reduce health inequalities.

- [Download the guide](#)

DIARY

What: CNO Summit 2008 Transforming Health and Care Together
When: 5-7 November
Where: Bristol Marriott City Centre Hotel
More information: www.glasgows.co.uk/cno2008

What: Safety First – Top of Your Board's Agenda
When: 7 October
Where: Harrogate
More information: www.patients-association.org.uk

What: Chief Health Professions Officer's Conference
When: 21 October
Where: London Hilton Metropole Hotel, W2 1JU.

Web links

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