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NEWS

Practitioners, partners and leaders

The dynamic role of the modern nurse as practitioner, partner and leader is the central feature of two important vision-setting reports published in October.

Launched by CNO Christine Beasley, 'Nurses in Society: starting the debate' and 'State of the Art Metrics for Nursing: a rapid appraisal' show how nurses can meet the aspirations set out in Lord Darzi's 'High Quality Care for All'.

The two reports, developed by the National Nursing Research Unit (NNRU) at King's College London, aim to spark a debate among nurses about his exciting vision for the future of healthcare.

Nurse as practitioner, partner, leader

'Nurses in Society: starting the debate' highlights the pivotal role of nurses in determining quality of care and patients' experiences. Unacceptable variation in the quality of care was the stimulus for the report.

While the standard of nursing is generally high, when it falls short it has a marked impact on how patients experience the whole of their contact with the health service.

'Nurses in Society' defines quality nursing care, outlines the key challenges that face the nursing profession and suggests a series of measures to secure better health outcomes for all.

The report also emphasises the varied role of the modern nurse as practitioner, partner and leader in the contemporary healthcare environment. Today's nurses must demonstrate aptitude in clinical decision making, problem solving and prescribing, and be able to take the lead in assessment and intervene in critical situations. Continuing professional

development is essential in ensuring these skills are developed, maintained and refreshed.

Safety, effectiveness and compassion

The second report 'State of the Art Metrics for Nursing: a rapid appraisal' builds on Lord Darzi's commitment to define relevant and up-to-date quality outcome measures.

It considers possible outcome indicators for nursing, the criteria for good metrics and the evidence base for indicators.

"The search for nursing outcome measures has a long and eminent history dating back to Florence Nightingale," said Professor Peter Griffiths, Director of the NNRU. "Metrics are the tools to help us maintain, enhance and incentivise healthcare



quality. They empower the public to make informed choices about their care based on aspects which matter to them."

Christine Beasley commented: "This report will enhance the knowledge and understanding of metrics among the profession and help us make an informed contribution to the work being led by Sir Bruce Keogh on metrics."

- 'Nurses in Society: starting the debate'
- 'State of the Art Metrics for Nursing: a rapid appraisal'

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VOICEPIECE – STARTING THE DEBATE

CNO Christine Beasley urges nurses to play their part in making high quality care for all a reality



Christine Beasley

The vision of high quality care set out in *High Quality Care for All* embraces care that is safe, effective and personalised to enhance patients' own experience and their sense of satisfaction.

The Next Stage Review builds on a set of four principles that we can all use wherever we work as equal partners to deliver our plans. These are:

Co-production – this is how we all work together to deliver our plans.

Subsidiarity – making decisions as close to the patient and the community as is possible, and exercising power and influence as locally as possible.

System alignment – aligning the system so that all parts of it work together and pull in the same direction.

Strong clinical leadership – finally, as we already know, this is vital to support and engage clinicians across the system in making the changes that will transform care. We need leadership that inspires and motivates others, that is collaborative, and helps people to solve problems more effectively and develop solutions.

'Nurses in Society: starting the debate' published by the National Nursing Research Unit at

King's College London describes a future vision of nurses' role in terms of three related elements: practitioner, partner and leader. This vision sets out to reaffirm the role of the nurse. It recognises the changing and dynamic nature of

need to develop this well respected aspect of the role as they work in increasingly complex clinical environments and across a range of settings, supporting and being role models for others in the team with the promotion of health and wellbeing

team. However, they must ensure they are equal partners with other healthcare professionals and supporting partners to patients, service users and their families.

Nurses also have a key role to play as confident, effective purposeful leaders. Increasingly, they will be champions of care quality with a powerful voice throughout the healthcare system.

This vision for tomorrow's nurse needs to be debated and the ideas developed throughout the profession. Each nurse needs to play a part in making the vision for high quality care for all a reality.

“The importance of supporting, maintaining and improving health, and providing care is nearly always a team effort. Nurses are key members of the healthcare team.”

nursing and healthcare that will shape the future and supports and informs work contributing to *High Quality Care for All: the NHS next Stage Review*.

At the heart of their role, nurses draw on their skills and expertise as practitioners. We

as central to all they do in providing high quality care.

The importance of supporting, maintaining and improving health, and providing care is nearly always a team effort. Nurses are key members of the healthcare

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PATIENT SAFETY NEWS

New technologies on trial to combat healthcare infections

New infection beating products are being tested and evaluated in seven 'Showcase Hospitals' across England in a project led by the NHS Purchasing and Supply Agency (NHS PASA).

Evidence of the effectiveness of each product is being collected along with the views of staff on how easy they are to use. NHS PASA will then work with the hospitals to make the successful products widely available across the NHS as quickly as possible.

This is one strand of the Healthcare Associated Infections (HCAI) Technology Innovation Programme, a joint project between the Department of Health and NHS PASA, which aims to speed up the development

and introduction of new technologies to help combat infections, especially MRSA and *C. difficile*.

Hand hygiene, high standards of cleanliness, bare below the elbows, deep clean of hospitals and screening patients for MRSA are all vital elements of the Department of Health's strategy for tackling infection, so too is sensible use of antibiotics. But now it is looking increasingly towards technology and design to play its part in the fight against infection.

Making a difference

Showcase Hospitals Programme Manager Paul Cryer said: "Infection control is one of the biggest challenges facing the NHS today and new

technologies and products have the potential to make a real difference in reducing levels of healthcare infections.

"That's why NHS PASA is grateful to staff at the Showcase Hospitals for helping us to find out what works best so we can make the new products widely available across the entire NHS for the benefit of all, knowing they are effective."

Each Showcase Hospital has a Project Nurse dedicated to the Programme and NHS practitioners from other trusts are actively encouraged to visit and find out first hand about the proven benefits of the new products.

The first review of new products is underway and includes evaluation of a vapour decontaminating

"Infection control is one of the biggest challenges facing the NHS today and new technologies and products have the potential to make a real difference in reducing levels of healthcare infections."

system for use on equipment and clinical areas, a device to detect whether surfaces and equipment are sufficiently clean and a skin preparation product for disinfection of the skin prior to invasive procedures.

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PATIENT SAFETY

Human factors – system errors

Martin Bromiley's wife Elaine was booked in for a fairly routine operation in March 2005. Her endoscopic sinus surgery and septoplasty procedure did not go to plan. Following a series of recovery attempts and oxygen starvation, she was transferred to the intensive care unit. She died 13 days later having never regained consciousness.

Since then airline pilot Martin has been investigating the culture of error within healthcare settings. His work has led to the creation of a new patient safety initiative, the Clinical Human Factors Group (CHFG). He recently spoke to nurses at the CNO summit.

What happened after your wife's death?

I have no doubt of the excellent technical experience of all the healthcare professionals involved in Elaine's operation. However, I expected an inquiry to be carried out as a matter of course. I was astonished to discover that this wasn't normal practice. Thankfully, I was granted an independent investigation, led by Professor Michael Harmer, the then President of the Association of Anaesthetists of Great Britain and Ireland.

What were the findings of the investigation?

The problems on the day

were not due to technical incompetence but rather a breakdown of 'human factors'. By this, I mean things like teamwork, leadership, decision-making and, perhaps most importantly, communication. In the aviation industry, there is a fundamental awareness that human error is a normal occurrence and we have systems and regulations in place to ensure that mistakes are minimised.

There is no such system in healthcare. For example, as a pilot, I will always use a checklist to make sure that nothing is forgotten and colleagues of all levels are encouraged to pull me up if they notice any

potential problems. But how many nurses would voice an alternative point of view to a consultant?

Two nurses present at the inquest stated that they had known what needed to happen during my wife's operation but "didn't know how to broach the subject". This seems to present a massive problem.

How have you gone about raising awareness of this issue?

After the inquest in August 2005, I started making lots of phone calls and meeting different staff groups within healthcare. I also spoke to the Chief Medical Officer, Sir

Liam Donaldson and the then Chief Executives of the National Patient Safety Agency (NPSA). In this way I gradually built up a wide range of clinical support. This led to an organised meeting in 2007, which was sponsored by the Department of Health. The outcome of this meeting was the creation of the Clinical Human Factors Group – an independent and voluntary body set up to advise all stakeholders within the UK healthcare system on best practice regarding human factors that directly affect patient safety.

The CHFG has secured the support of key individuals within the

health sector – including academics, clinicians and politicians – and I hope that we've managed to raise awareness. The aim now is to make sure this filters down to the frontline.

Is this one of the reasons that you chose to speak at the CNO summit?

Yes. I strongly believe that if there is one change that could start saving lives straight away, it's nurses speaking out more. As things stand, most nurses don't feel in a position to offer their point of view if it contradicts with the actions of a more senior

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PATIENT SAFETY

Human factors – system errors

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“In the aviation industry, there is a fundamental awareness that human error is a normal occurrence and we have systems and regulations in place to ensure that mistakes are minimised. There is no such system in healthcare.”

professional. This needs to change.

Was this your key message at the summit?

Ultimately, my key message was 'error is normal'. The healthcare sector has traditionally perceived error as poor performance and weakness. This is a dangerous culture. The truth is that everyone is capable of making

mistakes and this is where the concept of 'human factors' comes in. Better communication, leadership and teamwork is essential to enable mistakes to be intercepted before they cause any harm.

I also used the conference to promote the culture of independent investigation for the purpose of learning and address

the issue of systems versus people. I think it's important to understand that a balance needs to be achieved between better systems and a higher level of education for frontline staff. You could have access to the best set of systems in the world but it won't make any difference if the right people don't know how to use them.

Do you feel that progress is being made?

Yes, I really feel the message is starting to get through. In fact, the NHS Institute is currently developing a pilot programme to train staff groups on the importance of human factors. I realise that I'm asking for a fairly major culture change to occur but most high-risk industries have regulations and

systems in place to ensure both error control and independent investigation. Why not healthcare?

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PATIENT SAFETY

Nurses instrumental in reducing *C.difficile* rates

Nurses and other healthcare workers are continuing to make good progress in tackling *C. difficile* infections, the latest figures from the Health Protection Agency reveal.

The quarterly figures (April to June) show a 16 percent drop from the previous quarter and a 38 percent fall compared to the same quarter last year.

The biggest quarterly drop came in the 65 and over age group where 8,683 cases were recorded, a fall of 18 percent from the previous quarter.

Professor Mike Catchpole, Director of the Health Protection Agency's Centre for Infections, said:

"Trusts are continuing to make significant progress controlling outbreaks and bringing down the number of *C. difficile* infections. This remains a challenge

for the NHS but healthcare workers are clearly working hard to fight these infections.

"We now have a more robust system for monitoring *C. difficile* infections, improving our understanding of the burden that this infection places on the NHS and enabling trusts to manage and develop where necessary their infection control procedures.

"It is important to remember that not all healthcare-associated infections are preventable. However, this shouldn't lead to complacency around tackling the infections that are preventable and engaging in the battle to continually drive down rates of healthcare associated infections."

• [Read more on the *C. difficile* figures](#)

Toolkit launched to help nurses implement safer working

The National Patient Safety Agency is developing a toolkit to help nurses and trusts implement safer working practices.

Too often research and recommendations for change do not get translated into practice in hospital wards, says Suzette Woodward, Director of Patient Safety Strategy and Nursing Lead for Patient Safety.

In the worst cases, unsafe care can result in individual tragedies. There are also consequences for trusts and nurses when safety is compromised.

There is an 'unconquered challenge' in bringing about successful implementation, she says. "We know there are things that work, but we

need to put more energy into developing and implementing systems and interventions that actively and continuously reduce risks to patients."

At the recent CNO summit, the agency held a workshop based on the 'Closing the Gap' toolkit.

It highlighted a number of common factors that help implementation – providing the evidence and defining clear goals for change, creating interest and energy for change, and providing consistent leadership support.

Among the factors that hinder implementation are poor communication, lack of leadership and management support, lack of time and resources, absence

of clear expectations, or there being limited practical support for implementation.

"There is a well-recognised gap between what we know should be done based on evidence and what we actually do in practice," says Suzette. "Closing the gap in a way that successfully achieves a greater priority for patient safety is an imperative and forms the subject of the toolkit."

A prototype of the toolkit is currently being tested; it will be available on the NPSA website next year.

Links and info

- [Visit the NPSA website](#)

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PATIENT SAFETY: NEWS IN BRIEF

Open days

A series of open days is launching in December to promote patient safety and ensure that it is the top priority for NHS trusts. The events, part of the Patient Safety First Campaign, will offer trusts practical advice on how to improve patient safety. The first open day will be hosted by Barts and the London NHS Trust on 3 December, followed by Luton and Dunstable Hospital NHS Foundation Trust on 5 December.

- [Visit the campaign website](#)

Hand hygiene guidance for NHS staff

Limited edition cards explaining the correct procedures that healthcare professionals should follow when cleaning their hands have been sent out to NHS organisations through the UK. The National Patient Safety Agency (NPSA) prepared the initiative to coincide with Infection

Control Week (20-24 October). The guidance cards are the size of a business card and intended as an instant reminder to staff to practice good hand hygiene at the point of care.

- [View more information](#)

Sir Liam at the summit

At this year's summit Sir Liam Donaldson gave an address entitled 'Thinking about Quality' at November's CNO summit. He talked about the endemic quality problems within the NHS, including variation in outcomes and the slow uptake of research into practice. He proposed potential strategies and solutions including changing culture, empowering clinical teams and involving patients. He finished by discussing the need to develop quality improvement skills and using data to drive improvement.

LEADERSHIP

How to be a productive leader

Nurses will benefit from an innovative new programme which supports senior NHS staff to spend more time on leadership work.

The Productive Leader, a facilitated programme devised by the NHS Institute for Innovation and Improvement, uses the principles of Lean thinking and a business management strategy called Six Sigma to enable senior leaders in the NHS to reduce waste and variation in their own personal work processes.

The Productive Leader focuses initially at the executive level within the organisation – executive directors and executive assistants or personal assistants. Having made commitments at this level, best practice is then spread throughout the organisation.

Lynn Callard, Lead

Associate for The Productive Leader, said: "Although the programme focuses initially on the executive level, the whole nursing team can benefit as best practice cascades down. The programme is available to download so nurses have the opportunity to work through the programme with their peers."

Research undertaken during the development of The Productive Leader found that NHS leaders spend an average of 54 hours a week at work and have only four hours available for leadership work such as strategic thinking, direction setting and personal workload planning.

Work undertaken by the NHS Institute for Innovation and Improvement with field test sites across the NHS, shows that it is

possible to save around a day per week and a personal assistant (PA) or executive assistant (EA) to save around six hours a week. The time saved can then be reinvested in activities that add value and at the same time reduce stress.

The biggest area in which improvements could be made and time saved is in meetings management. Findings revealed that NHS leaders spend an average of 70 per cent of their time in meetings with only 27 per cent starting on time and even less, 18 per cent, finishing on time.

Links and info

- [Access The Productive Leader](#)
- [Read about Lean thinking](#)

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At-a-glance

- CNO summit masterclass engages nurse leads
- policy implementation discussed
- nurses encouraged to step outside comfort zone.

POLICY

Putting policy into practice

Nurse leads had the opportunity to gain a clearer understanding of policy development from adoption to implementation in a masterclass at the CNO summit on 6 November.

Nurse leads had the opportunity to gain a clearer understanding of policy development from adoption to implementation in a masterclass at the CNO summit on 6 November.

The interactive and informative session, facilitated by Department of Health (DH) Director of NHS Operations Lyn Simpson, featured input from senior civil service staff on their approaches to influencing policy, shaping delivery and promoting change. The overall theme of the session was 'Promoting Cultural Change through the Next Stage Review (NSR)' and included examples drawn from a number of different NSR

initiatives.

Lyn stressed the importance of the masterclass, commenting: "Promoting cultural change in the NHS is at the heart of the NSR and attendance at this delegate event provided a valuable opportunity

"The need for high quality leadership from the country's top nursing managers has never been greater than at the present time."

for an exchange of views between DH staff and NHS nurse leaders.

"The need for high quality leadership from the country's top nursing managers has never been greater than at the present time. Directors of nursing, in particular, occupy positions of great influence and should equip themselves with the best knowledge

of current policy and decision-making. This will help them to effectively carry out their roles in the interest of continuously improving local patient care."

Delegates were encouraged to step outside their comfort

zones and consider how they can rise to the challenges ahead, supported by a greater insight into how to translate DH policy into practical change.

Short presentations were followed by participation in a 30-minute interactive 'Question Time Panel' debate with delegates.

CAREERS

Clinical academic careers

The National Institute for Health Research (NIHR) and Chief Nursing Officer are launching a joint initiative to boost clinical academic careers for nurses, midwives and allied health professionals.

Funding has been secured to implement a number of research training schemes which will offer a comprehensive clinical academic training pathway. The schemes will offer four levels of integrated training:

- Masters in Research (MRes) or Masters in Clinical Research
- Doctorate by Research (not professional doctorate)
- Clinical Lectureships
- Senior Academic Clinical Lectureships.

An implementation group has been established to develop transparent application processes.

The Clinical Academic Training Pathway was launched in autumn with successful candidates taking up posts from September 2009. 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 (www.nccrcd.nhs.uk).

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HIGH QUALITY CARE

A nurse's role in care regulation

Nurses will play a pivotal role in the delivery of quality care within the context of the new Care Quality Commission (CQC), which is due to begin operating next April.

Nurses and other clinical leaders are key to ensuring that patients are safe and safeguarded, have good outcomes, are treated with dignity and respect for their human rights and are supported to lead healthy, independent lives as far as possible.

This important role for nurses in the development of the vision for high-quality care was one of the key features of Baroness Young's address at the recent CNO summit.

She also built on the messages set out in the CQC's manifesto. She spoke of aim for CQC to be a 'people's regulator' and of assuring quality



standards and involving patients, service users, their families and their carers in promoting ongoing developments and improvements to services. She stressed the importance of focussing on the things that matter to patients most.

The CQC will bring the regulation of the quality of health and adult social

care services in England together for the first time. The initial manifesto sets out the values of the new organisation and the approaches it will take in its early development.

Links and info

- [View the CQC initial manifesto](#)

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At-a-glance

- new strategy to improve quality of life
- focus on delivery and implementation.

LEARNING DISABILITIES

Improving the lives of people with learning disabilities

A three-year strategy for people with learning disabilities will be clearly set out in a new document to be launched later this year.

Valuing People Now: A New Three Year Strategy will incorporate responses to a consultation held earlier this year. It's key objective is to allow people with learning disabilities to lead their lives like any others with the same opportunities and responsibilities, and to be treated with the same dignity and respect. Delivery will be led by the new National Director for Learning Disabilities, Anne Williams

The vision

This vision for future care was originally outlined in the *Valuing People* publication in 2001. *Valuing People Now* will focus chiefly on delivery and implementation. The key policy objectives

to support social care professionals and service providers will include:

- developing leadership, delivery and joined-up working
- ensuring that resources are effectively deployed to improve the lives of people with learning disabilities and their families
- equipping the workforce with the values, skills and knowledge to deliver the *Valuing People Now* priorities.

Why a new strategy?

Plenty of progress has been made since 2001. For example, family carers have a stronger voice through regional carers networks and person-centred care plans have made a positive difference for many people.

However, there is still a lot of work to be done and the aim of *Valuing People Now* is to address the remaining issues. These

include:

- people with learning disabilities are still one of the most excluded groups in our society
- only 15 percent of people with learning disabilities have a home of their own
- one in ten has a form of paid employment.

A human rights approach

The new strategy will take a human rights approach. It will set out the further steps that are needed for people with learning disabilities to achieve freedom, respect, equality, dignity and autonomy in their everyday lives. This will include action to address issues around social exclusion, poverty and isolation, and the promotion of human rights in all health and social care training.

Valuing People Now is intended to provide a response to the Joint



• Anne Williams, the new National Director for Learning Disabilities

Committee on Human Rights report *A Life Like Any Other?* and should be considered within the context of the transformation and personalisation agenda set out in *Putting People First*.

A new employment strategy for people with learning disabilities will be launched at the same time.

Links and info

- Download *A Life Like Any Other*
- View more information on *Putting People First*

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LEADERSHIP AWARDS

In the footsteps of Mary Seacole

Ofrah Muflahi, a haemoglobinopathies nurse for Dudley PCT has won this year's leadership prize in the Mary Seacole Awards.

Ofrah, who has been working to improve the quality of life of children and young adults with sickle cell disease and thalassaemia, received £12,500 at the awards ceremony at the Royal College of Nursing in October.

"I felt like a celebrity. I've never been photographed so much in my life," she says.

The specialist nurse at Dudley Primary Care Trust has been trying to raise awareness of these diseases and the lack of funding for sufferers for several years.

"When I started in my current post, there was a need to focus on the screening process. But I spotted a big gap in delivering services to cope

with children's longer-term needs."

For children with sickle cell disease, pain management is the most urgent part of their care as they will periodically go into crisis. So providing support with home visits or over the phone is vital, she says. Thalassaemia is also a blood disease common to people in Dudley. Ensuring that schools, health services and local authorities are aware of sufferers and that there is ample provision for them, as well as giving children the means to manage their condition are also key.

With her award, Ofrah hopes to create an expert patients programme which empowers patients. It will help them to build confidence and a positive self-image, she explains. She also hopes to be able to work with the PCT to develop the service for the patients in Dudley.

"I am very passionate

about my field," she says. "It's one of those areas that really needs help. The screening programme has pushed things forward, but more needs to be done by the government to meet the healthcare needs of these patients."

Her plans include promoting the haemoglobinopathies service in Dudley, with stronger ties to consultants. Having a full-time post and the introduction of a fully employed community development worker would also be invaluable, she adds.

"We need someone who deals with the socioeconomic aspects of the conditions. You have to look at the whole picture."

With her new programme of work, Ofrah hopes that Dudley will serve as a benchmark for high quality care.

● [Read more](#)



• Ofrah Muflahi

Photographer: John Behets

Mary Seacole Development Awards

Two Mary Seacole Development awards of £6,250 were also awarded to Pamela Shaw, a health visitor and practice educator with Wakefield District Primary Care Trust, and Gloria Urhoma, a practice development midwife at Wexham

Park Hospital. The Mary Seacole Leadership and Development Awards were launched in 1994 to recognize and reward the work of black and minority ethnic (BME) nurses, health visitors and midwives in the NHS.

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MENTAL HEALTH

Laughter is the best medicine

People who have fun, get more done, is the philosophy of Kate Hull Rodgers and her husband Bill who set up HumourUs in 2001. They work with a range of clients including the NHS to bring more laughter into the workplace. The goal is to create an environment in which people enjoy their work and in turn perform better. Kate spoke at the CNO conference about her work and here she tells the bulletin about how nurses in particular can benefit from having more fun at work.

Tell us about your work with the NHS?

I design a half day workshop for the clients. Some things that I do are standard; the things that people need are the same whether they are nurses or bankers. I discuss with them what they are doing right, what they can change, and what they are stuck with and therefore have to deal with. Bringing humour into the workplace doesn't require a budget, it requires buy in. It's about making enjoying our jobs a priority.

Do workshop participants take part in 'laughing exercises'?

I do something call Humourobics. It may

sound funny but once I have won people over they come with me! It is very similar to going to gym to get in shape; sixty years ago that was odd concept. If we practise using our laughter muscles then we can find more fun; if you wait for things to be funny then you may not find much to laugh at.

What are the benefits of the programme?

Increasingly in the modern workplace we separate work and laughter but there is a recognised link between laughter and health and wellbeing. If people are happy they are more likely to do their jobs better. Latest research also shows that if you laugh

more you have more fun, not the other way round. We are inefficient when we are stressed and I work with people to show them how to stop the stresses building up.

Are there particular benefits for nurses?

Yes absolutely. I have worked a lot with the NHS and nurses. The change in the nurse's role has been profound with more responsibility and more authority. They are taking on more of a leadership role. I see that some nurses have a fear of a loss of the roots of nursing – kindness and human healing. Some nurses seem to have difficulties juggling this with their new role.

When I say that we need to go back to basics, we need to be nice to each other, and to use common sense, there are a lot of heads nodding.

The key to being a great nurse is the ability to have a great relationship with patients and all people they work with. The work I do is right at the root of humanity and that is central to nursing.

There will also be benefits to patients – if a nurse is looking after their own health and wellbeing they are more likely to do their job better, and with a smile. There is a great deal of research that a patient will heal more quickly if they have good relationship with their clinician.

You have a particular insight into nursing and mental health don't you?

My own mental health problems were the

inspiration for the creation of HumourUs. In my early 20s I was hospitalised for over a year but I still wasn't well when I left. In those days there wasn't much community care.

The stuff I teach to this day helped me. If we enjoy what we are doing we will be healthier and more efficient. The people that have helped me most in the last 20 years have been the nurses.

Changes in mental health have been profound. Twenty years ago I was chained to the bed; that type of thing isn't even in the thinking of people anymore. I have been ill this year and the difference in the type of treatment is incredible. Now hospitalisation is the last recourse where previously it would be the first option. The psychiatric nurses listen and now services are much more patient led.

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MENTAL HEALTH

CASE STUDY

The therapeutic use of humour

Thomas McCormick, a substance misuse nurse and service manager at Birmingham and Solihull Mental Health Foundation Trust, took part in one of Kate Hull Rodger's workshops. He describes what he learned:

"Kate held several one-day workshops commissioned by our trust. Nurses made up about a third of people there. People were sceptical at first and a bit worried about Kate going too far. Nurses don't want to be cracking jokes about death, serious injury or cause offence.

Nurses have always used humour to boost patients' morale and recovery. The workshops provoked a good debate about how it could be

employed more for both clients and colleagues, within safe boundaries. There's no doubt that humour can be used to resolve problems, raise difficult issues and improve morale, but it has to be very carefully managed.

Kate used a range of 'laughter' exercises at the workshop. I think some people felt a bit silly at first. For example, one of the exercises involved just breaking down the act of laughing into five stages. Despite appearing silly, most people found this simple exercise very amusing and it demonstrated how laughter promotes communication, creates a positive atmosphere and helps dissipate stress.

Since the workshop, I

have been more aware of behaving in a way that promotes a happier culture at work. Just by smiling more and taking time to wish colleagues 'good morning' and 'good evening' can make a noticeable difference.

I have also had discussions with a colleague about setting up a therapeutic group programme for nurses on how we could employ humour to improve services and our client's experience. There is a lot of literature that suggests laughter can help raise mood and improve social skills and interaction.

There's undoubtedly a delicate balance to be reached between work and play. Having fun is fine so long as we get the job done. Nurses in

more senior roles can demonstrate how to approach this through their own behaviour and practice.

Although humour is normally a very positive force, it must be used carefully and appropriately in every situation. Not everything can – or should – be funny.

Humour is generally something that develops as a result of nurses getting to know and understand their clients and colleagues and building up strong and respectful relationships over time. Nurses tend to be very skilled in understanding when to employ humour, when not to, and, most of all, how to use it appropriately."

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NEWS IN BRIEF

Launch of Health is Global: a UK Government Strategy 2008-13

Health is Global: a UK Government Strategy 2008 – 13, was launched on 30 September. It is the first cross-government strategy to highlight the breadth of challenges that face the UK in the area of global health. The strategy outlines a set of principles and actions that the Government will focus on over the next five years to improve the health of people across the world, including the UK. The strategy highlights the importance of coherence and consistency in government policy and identifies ways to work even more effectively with our partners to deliver better health outcomes.

● [Read more](#)

Revalidation for doctors

Revalidation for all doctors moved a step closer as the Chief Medical Officer, Sir Liam Donaldson, confirmed the formation of a revalidation team for

England and £1 million of funding to support them. The NHS Revalidation Support Team comprises a panel of senior doctors who will provide professionally informed leadership, support and advice to the NHS, patients and doctors representatives for the design and delivery of the process, ensuring that all doctors meet the standards expected of them.

● [Read more](#)

New advice sheet from NMC – Providing care in an emergency situation outside the work environment

The NMC has produced a new advice sheet for nurses and midwives. The advice expands on the guidance in the Code, and contains information on duty of care, personal accountability and minimising personal liability within the context of providing emergency care.

● [Download Providing care in an emergency situation outside the work environment](#)

Children's continuing care

You are invited to comment on our proposals for a National Framework for assessing children and young people's continuing care. The Framework is intended to assist Primary Care Trusts (PCTs) to apply a consistent and transparent approach to assessing the healthcare needs of children and young people and to work jointly with local authorities (LAs) to provide services in the light of those needs. The consultation runs from 2 October – 31 December.

Queen's Nursing Institute Fund for innovation

Funding plus a programme of professional development is available for community nurse-led projects from the QNI Fund for Innovation. Grants of between £2,500 and £7,500 for each project are available in addition to a full year programme of professional development and support.

● [Read more](#)

England leads in mental health

A landmark World Health Organization report has been published showing that mental health services in England are leading the way in Europe. The WHO report published to mark World Mental Health Day on 10 October, reveals among other facts that England directs the highest level of funds towards mental health in Europe.

● [Read more](#)

Investing in Teenage Health – Policy through to Practice London, 15 January 2009

This one-day high level conference focuses on the health needs of young people, to explore the key messages from the Children & Young Peoples Health Strategy and the implications for those who plan and commission services. For further details contact: teenagehealth@profileproductions.co.uk.

Lung Cancer Awareness Month 2008

Lung cancer is the biggest cancer killer in the UK. Every fifteen minutes, a new person is diagnosed with the disease – that's around 40,000 fresh cases every year. Sadly 80 per cent of people with lung cancer will die within a year of being diagnosed. It is likely that the death rate for lung cancer is so high because the disease is usually diagnosed in the later stages when treatment may be too late. Earlier diagnosis could save thousands of lives say organisers of Lung Cancer Awareness Month which started on 1 November.

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