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## BE ACTIVE, BE HEALTHY

# Getting people off their sofas!

**The Be Active, Be Healthy campaign is encouraging local authorities across the country to join forces with private and voluntary organisations to get people exercising.**

The campaign launched on 10 February and forms part of Change4Life, which is tackling obesity by helping people to eat well, move more and live longer.

As part of Be Active, Be Healthy, a new national physical activity alliance will pool resources, such as leisure centres, to develop more integrated activities. Four million pounds will also be made available for county sport partnerships, bringing together PCTs, councils and other grassroots providers to co-ordinate physical activities alongside sports.

A number of initiatives are already under way, in



Former England striker Les Ferdinand (fourth from right) hands over a cheque from the Football Foundation to Airfootball Chief Executive, Judy Wilson (far right).

which the role of nurses is proving pivotal...

### Getting a kick out of life

For the past two years, Mog Heraghty, clinical nurse specialist in dual diagnosis, has been involved in Airfootball, a programme that helps

people with mental health and drug and alcohol issues increase their confidence, self-esteem and social skills through football.

'When you're reaching out to people who don't always feel comfortable in social situations, a familiar

forum like sport can really help,' says Mog. 'We have a two-hour football training session every week then one hour of socialising. And, with football as common ground, even the people who find it most difficult to interact feel they have

24% of adults in England are classed as obese. Men and women are equally likely to be obese.

something to talk about. 'I got involved in the programme right at the beginning when the founder, Colm Whitty, approached the Redbridge drug and alcohol action team for support. He had been through rehabilitation himself and wanted to do more to help others in the same situation.

'The coaches have lots of experience helping people with drug and alcohol problems, but my background in dual diagnosis means that I can offer mental health advice as well. I have also been able to give hospital inpatients access to the

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programme, which helps them work towards a discharge plan. A number of people who had been repeatedly admitted to hospital in the past have not been back since joining Airfootball.'

But the programme, which is supported by the North East London NHS Foundation Trust, isn't just about football. It also provides members with access to gyms, health, nutrition and financial advice, drug and alcohol education, training courses and opportunities for further education.

Mog believes that if you're willing to work hard on fundraising – and think creatively about it –

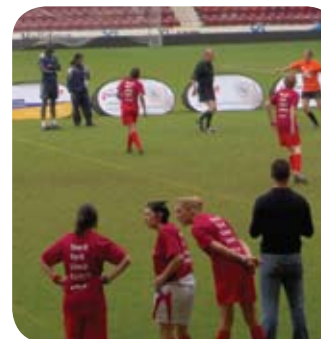
**Obesity is the cause of 9,000 premature deaths a year in England.**



Mog with ex-West Ham Player John Moncur (centre) and Airfootball founder and head coach Colm Whitty (right). John has been down to the project to lead training sessions for the players.

there is money out there to run schemes like this. 'At the moment, we're organising a 1,000-kilometre bike ride to raise funds for a scholarship in memory of one of our members.

'Teams (not individuals) are sponsored to cover the distance and Fitness First has given us free access to their gyms while we're training. It's another way to encourage people to be active and also raise



Mog on the pitch at West Ham playing in the Community Forum Women's Finals. 'I've supported West Ham since I was a kid and was so excited to actually play on the hallowed turf!'

funds for a good cause.' Airfootball has received grants from a number of organisations, including the mental health trust and the Football Foundation. Members are referred to the programme by mental health services, drug and alcohol support groups, women's refuges, homeless shelters and by current members.

### Promoting healthy living

Adults in Chesterfield are being encouraged to boost their health and fitness through the Active Life Programme at the city's Healthy Living Centre. The emphasis is on reducing health inequalities and promoting health improvement.

The programme is a joint initiative between the primary care trust's health promotion team and Chesterfield Borough Council, and local residents can be referred to it by their GP, practice nurse and other

**It's estimated that physical inactivity costs the NHS up to £1.8 billion every year.**

health practitioners. The aim is to increase the physical activity levels of adults who are mainly sedentary or inactive, are living with one or more long-term health condition or who are at risk of developing conditions such as heart disease, diabetes, obesity and mental health issues.

- ### Links and info
- Read more about Be Active, Be Healthy on the DH website
  - Visit the Airfootball website
  - Visit the Healthy Living Centre's website
  - Find out more about the Free Swimming Programme

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## VOICEPIECE – THE FUTURE ROLE OF NURSES AND MIDWIVES



**This month, the Prime Minister Gordon Brown and Health Secretary Alan Johnson announced a new commission of experts to advise the Government on the future role of nurses and midwives.**

**Building on the recommendations of *Modernising Nursing Careers* and the work undertaken as part of *Midwifery 2020*, the Prime Minister's Commission on the Future of Nursing and Midwifery will consider how nurses can further improve safety, champion high-quality patient care and give nurses and midwives more freedom to manage, commission and run their own services.**

It will address all areas of nursing and midwifery – including health visitors

and mental health, learning disability and paediatric nurses – and will report back to the Prime Minister by March 2010.

Addressing three broad areas, the commission will:

- identify the skills and support that frontline nurses and midwives need to take a central role in delivering 21st-century health services for patients
- consider how to build on these expanding roles, including giving nurses and midwives more freedom to manage and run their

- own services
- work together with the profession, patients and the public to advise on how nurses can contribute to the implementation of Lord Darzi's vision to improve the safety and quality of patient care.

The commissioners will consult a wide range of practising nurses and midwives, as well as patients and the public. We want to make it as easy as possible for you to contribute so the commissioners will work through existing professional and Strategic

**The commissioners will consult a wide range of practising nurses and midwives, as well as patients and the public.**

Health Authority networks, regional and local events, the web and the nursing press.

I know that you will have ideas and thoughts on how nurses and midwives can improve the experience of patients, the quality of care and health

outcomes across a wide range of health settings. I encourage you all to become involved in the work of the commission as the opportunities arise.

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## IN FOCUS: OFFENDER HEALTH

# A closer look at prison nursing

**Nurses work in every environment imaginable and, in this issue, one nurse reveals the highlights and challenges of working in offender health.**

Gary Risdale is a service manager and specialist nurse at HMP Ashfield and HMP Eastwood Park. HMP Ashfield holds 400 male offenders aged 15 to 18, and Eastwood Park is a women's prison with a specialist unit for girls under 18 years of age. Gary and his team of four nurses and other mental health professionals work with young offenders with mental health needs at both prisons.

### What does your role involve?

We manage the young people's day-to-day mental health needs, doing initial assessments and passing those of concern onto the psychiatrist. We deal

mainly with attention deficit and hyperactivity disorder (ADHD), but post-traumatic stress disorder, early onset psychosis and self-harming are also common.

### How is the team structured?

When I started in this role five years ago, it was just me and a psychiatrist who came in twice a week. But I have been able to develop the service and we now have eight full-time staff

and four consultants. We have a unique set-up here in that we also have four community psychiatric nurses who make sure care continues after people are released. The average stay is 12 weeks – so we can start treatment – but to make a real difference it needs to be ongoing. The service wouldn't function without the strong partnerships we have developed with the prisons' management and staff.



Gary Risdale oversees mental health services at HMP Ashfield and HMP Eastwood Park.

### Do you work with any other departments?

Most definitely. To make sure treatment is as holistic as possible, our weekly referral meetings include

representatives from the prison psychology department, the education department, prison primary health care, the chaplaincy, substance misuse and a

## Recruiting nurses in prisons

A pack, commissioned by the National Treatment Agency for Substance Misuse, is now available for nurses applying to work in prisons in the Eastern region. It was produced to improve recruitment in this area, especially for the new Integrated Drug

Treatment System, which is being rolled out nationally. *Working in prisons: a complete guide to healthcare opportunities in the Eastern region* contains information on the essential skills needed by prison nurses, the training and induction programmes on offer, career progression

opportunities and the different facilities in the Eastern region along with their key contacts. It will be sent out with application forms, providing more information on offender health. It was compiled with the help of prison nurses to give an accurate

picture of what it's like to work in this field. 'Prison nursing gives you so much experience in different types of nursing, and a wide range of transferable skills, which are so important for career progression,' says Marianne Withers, Head of Healthcare, HMP & YOI Chelmsford.

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special education needs co-ordinator (SENCO) lead. It took about two years to get everyone around the table, but it's worth it because it means we can discuss cases from all angles.

### What's involved in treating offenders?

We offer a range of treatments such as cognitive behavioural therapy and drug interventions. Our occupational therapist has also introduced a group work programme to help with young people's social functioning. Out of our own budget we pay for a psychiatrist from Bluebird House, a secure psychiatric unit for adolescents, to come once a week to see the more serious cases and refer those who are too ill to stay in prison.

### How did you get involved in offender health in the first place?

I started off as a learning disability nurse and have

always worked in high-security settings. There is quite a high prevalence of learning disability in prisons, so it ended up being a natural progression.

### What are the challenges of your role?

Some offenders do pose a risk to the public, so you have to constantly strike a balance between patient confidentiality and public safety. But the biggest challenge is getting people to commit to treatment – not just while they are in prison, but also once they are released.

### And what about the highlights?

I moved to CAMHS because I wanted to get to people early and help to change the direction of their lives. We have full-time access to young people for a short period of time, so we have a window of opportunity to break down their barriers and engage them in treatment.

## Improving the healthcare environment



The re-designed primary care waiting area at Feltham young offenders' institution.

Following a two-year pilot programme with five HM Prisons and young offenders institutions in London, The King's Fund, in partnership with offender health, will be extending their *Enhancing the Healing Environment* programme to a further 20 prisons in

England and Wales this year. Over 40 prisons, with the support of their lead PCT commissioners, applied to join the programme, which will commence in April. Project teams from each of the participating prisons will be nurse-led and include prison officers, security and healthcare staff who will plan and manage

their local schemes in collaboration with their service users.

Projects will focus on improving the healthcare environment and will include primary care waiting areas, day care, clinical and therapy rooms, facilities for older prisoners and palliative care environments.

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## LEADERSHIP UPDATE

### Nursing Times Leadership Challenge

The business world may have *The Apprentice*, but the nursing profession has the *Nursing Times Leadership Challenge*, which, much like the Alan Sugar's version, requires senior nurses to test their mettle.

This year's event took place on 5 March in Coventry, where teams of up to six people from across England joined forces as 'health economies' to develop their leadership skills.

Each team within the health economy had to take on a different role from their real life one, and throughout the day they worked with the rest of their health economy to respond to situations based on actual events.

The teams were assessed by a group of senior directors of nursing, DH experts and NHS Institute for Innovation and Improvement



Maggie Shepley (front) accepting Calderdale's award.

advisers. The competition was intense and everyone had to use their skills in decision making, flexibility, negotiation and persuasion.

#### Pooling resources

Complex Discharge Matron Maggie Shepley was part of the Calderdale PCT team who won joint best team with Worcestershire Acute Trust and was part of the group that won best health economy



Jane Rutter (right) with Worcestershire's award.

and best strategy. 'Our challenge team included people from different organisations involved in the new complex discharge team and our success on the day confirmed to us that the joined-up approach really does work.'

'We were able to combine different points of view and professional skills to come up with a winning strategy for dealing with healthcare acquired infections.

'The event was extremely hard work, but also a lot of fun and a good way to make contacts with people from across the country.'

#### Thriving under pressure

Jane Rutter, Matron for Medicine at Alexandra Hospital, was part of the team from Worcestershire Acute Hospitals Trust who won the Innovation award and joint best team with Maggie's team.

'We hadn't participated in the challenge before, so I was excited and apprehensive about what to expect. But I'm pleased to say that I really enjoyed the event.'

Jane's team included the Deputy Director of Nursing, an intensive therapy matron, a T&O matron and two ward managers from Alexandra and Worcester Royal Hospitals.

'All of us are used to thinking on our feet so

we were somewhat prepared for the intense pressure on the day,' she says. 'Nonetheless, we were shocked to win two awards – it was a proud moment for all of us.'

'As an acute trust, we role-played the part of a PCT on the day, which was a very good learning experience, in terms of seeing situations from a different perspective and working as a team in a challenging environment.'

'We would definitely recommend the challenge to others. Not only is a bit of healthy competition really motivating, it was a great opportunity to network with people we wouldn't normally meet.'

• [Read more about leadership on page 8](#)

#### Links and info

- [Visit the NT Challenge website](#)

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## TRANSFORMING COMMUNITY SERVICES

# Community matrons promote proactive care

**Community matrons have a leading role in ensuring that care is proactive instead of reactive – according to a recent report into the North Partnership Delivery Area Community Matron Pilot in Darlington PCT.**

The pilot, which ran through March and April 2008, saw a community matron working alongside colleagues at the Medical Admissions Unit (MAU) in the University Hospital of North Durham.

The community matron is a senior nurse who helps patients with long-term conditions co-ordinate their health and social care needs to cope with their condition. Their support is aimed at frequent users of healthcare resources and the report found that

many eligible cases were being missed. 'There were very few patients admitted to the ward who were allocated a matron, despite meeting the caseload inclusion criteria,' says Sharon Haggerty, Head of Adult Services at Darlington PCT. 'It means that patients have had little alternative but to turn up at hospital when they have a crisis. Ensuring the patient has a named matron to advise and help them will hopefully prevent unnecessary hospital admissions.'

Working with the discharge team, the community matron is also able to improve patient outcomes by making sure that community care packages are in place before they are discharged. The matrons do not interfere with ward routines, they



Sharon Haggerty (left) and Deborah Donnelly from the MAU pilot.

work around them and visit at times agreed in advance with doctors and the ward sister.

### The power of ideas

Sharon came up with the idea of pairing community matrons with MAUs after working with the acute trust to develop contingency plans for the busy winter period. It was met with support from Dr Lucy Hansen, Consultant Physician at the University Hospital of North Durham, who felt the concept should be developed

in partnership.

The approach has proved so successful that three community matron positions have been funded to work in the MAU and A&E departments at Darlington Memorial Hospital, University Hospital of North Durham and Bishop Auckland General Hospital, within intermediate care settings.

'This is an example of true integrated working, but it's also about innovation – how a nurse with an idea has shaped

services for patients,' Sharon says. 'It also fits with the ideals in *Next Stage Review: our vision for primary and community care*. I would hope that any organisation could follow our example.'

The community matron role will be evaluated from the perspective of patients, the acute trust and the matrons themselves. If it proves practical, the aim is to create the position at other acute hospitals serving County Durham and Darlington patients.

### On the ward

Deborah Donnelly was the community matron who worked with the MAU during the pilot. She was new to the role when she became involved – but that

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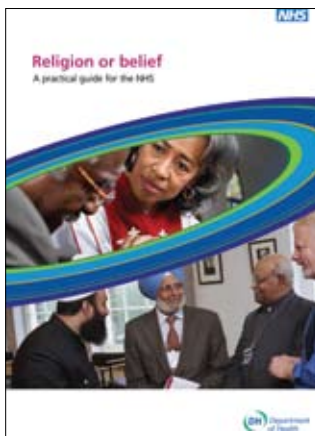
## DIVERSITY AWARENESS

# Respecting differences

**A number of resources are available to help nurses consider their colleagues' and patients' ethnic, cultural and religious backgrounds.**

### Appreciating the black minority ethnic (BME) contribution in the NHS

The first CNO BME Advisory Group Conference is being held in Nottingham on 7 April. The event aims to raise awareness of the contribution that BME staff make to NHS organisations and explain how the advisory group helps promote the BME agenda.



Chief Nursing Officer Dame Christine Beasley is the keynote speaker at the conference, which is open to all nurses and allied

health professionals. The cost is £50 per delegate and places are limited. Call Sandra Crawford on 01909 502068 or email [rosalind.heaver@nottshc.nhs.uk](mailto:rosalind.heaver@nottshc.nhs.uk)

### Guide to religion or belief published

*Religion or belief: a practical guide for the NHS* is the latest in a series of booklets to help clinicians design and run services that cater for all religions and beliefs. It also explains the equality legislation that governs the NHS.

- [Read the guide](#)

### Planning for the future

The DH equality and human rights group has produced a poster to get clinicians thinking about how their local community will change over the next 20 years, due to new trends in life expectancy, infant mortality, lifestyles and medical advances. It also outlines why it's important to take equality and diversity into account when planning future healthcare provision.

- [Order your free poster online or call 0300 123 1002 \(quote order no. 290815\)](#)

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didn't pose a problem. 'The wards are a busy and highly organised environment, and I found it quite daunting at first, but you just have to be adaptable,' she says. 'I didn't have any resistance from the ward staff at all – they were all very welcoming and supportive, and they got a lot out of it in terms of learning about my role and vice versa.'

The ward sister, Shelagh Cartmell, believed in the joint working approach, and was key to the pilot's subsequent success.

'Community matrons and ward staff often work in isolation from one another, however, this pilot has gone a long way to integrating our work and ensuring continuity of care for patients.'

# Recognising leadership across the NHS

**All NHS staff are encouraged to nominate their colleagues for the NHS Leadership Awards 2009, which aims to recognise outstanding leaders at every level across England.**

The scheme is also committed to spreading best practice and fostering the best leaders for today and tomorrow. The seven categories are:

- NHS Leader of the Year
- NHS Innovator of the Year

- NHS Change Leader of the Year
- NHS Mentor of the Year
- NHS Partner of the Year
- NHS Quality Champion of the Year
- NHS Awards for Inspiration

Nominations close on 15 May and the awards ceremony will be in London in the autumn.

### Links and Info

- [Find out more and make a nomination](#)

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## Links and info

- Download the strategy from the DH website
- Read the press release of the launch

## CHILD HEALTH STRATEGY

# New vision for child health

**The role nurses have in healthcare for children and young people has been recognised in the new child health strategy.**

*Healthy lives, brighter future: the strategy for children and young people's health* sets out for the first time what children and their families can expect from child health services, from birth through to the age of 19. A number of the key proposals will have a direct impact on the nursing profession.

For example, the strategy recommends expanding [Family Nurse Partnerships](#) from 30 to 70 sites by 2011. These partnerships are a model of intensive, nurse-led home visiting for vulnerable, first-time, young parents and there is now a plan to roll them out across England over the next decade.

Other key elements include:

- £340 million in funding to support children with disabilities and their families
  - stronger and more joined-up support during the crucial early years of life, including more health visitors
  - a strengthened role for [Sure Start Children's Centres](#) with each centre having access to a named health visitor for the first time
  - strengthening the child health workforce to help SHAs assess the roles, skills and capacity they need in their local children's workforce and help expand their trained paediatric workforce, including community children's nurses.
- Janet Davies, Royal College of Nursing's Director of Nursing and Service Delivery, says: 'The additional funding announced for children

with disabilities and palliative care needs will go some way to enable care and support at home.'

Janet adds that children have the right to be cared for at home when they don't need to be admitted to hospital: 'The RCN has been calling for an expansion in the number of community children's nurses to reduce the radical variations in services that exist across the country.'

'We also welcome the recognition of the role of school nurses and health visitors in improving the health of children and young people, and plans to expand Family Nurse Partnerships are a step forward in providing support for the most vulnerable young mothers and their children. We look forward to working with the Government to address workforce issues and other implications of the strategy.'

[Find out more about the strategy and its delivery](#)

**Date:** Thursday 2 April

**Venue:** Methodist Central Hall, London SW1H 9NP  
Delegates will hear from senior ministers, debate key issues in streamed workshops and give feedback in interactive sessions with the panel throughout the day.

[Visit the event website](#), call 020 8481 3390 or email [healthylivesbrighterfutures@livegroup.co.uk](mailto:healthylivesbrighterfutures@livegroup.co.uk). Complete the online booking form and submit your details.

The strategy – a joint Department of Children, Schools and Families and DH document – was announced by Secretary of State for Children Ed Balls and Secretary of State for Health Alan Johnson on 12 February, and builds on the Children's Plan and the NHS Next Stage Review.

Janet Davies highlights the impact of the strategy on nurses.



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## WOMEN'S HEALTH

# Update on treatment and guidance for cervical, breast and ovarian cancer

### Nurses in six PCTs are involved in a project to improve cervical screening uptake by women aged 25 to 34.

The NHS Cancer Screening Programme (NHSCSP) has commissioned the Improvement Foundation to lead this work, which aims to reduce levels of complacency about cervical cancer and its outcomes, identify the barriers to uptake of screening and the gaps in service provision, and share examples of what has worked elsewhere.

Over a 12-month period, the NHSCSP and the Improvement Foundation will work with teams – including practice nurses and nurses from family planning and sexual health clinics and colposcopy units – in six PCTs and successful approaches will be shared across the

### Cervical cancer: the facts

- In 2007/08, 78.6 percent of women in England had received a cervical screening test result in the previous five years. In 2002-03, the figure was 81.2 percent.
- People in the more deprived areas of England are less likely to take part in cancer screening services.

whole cervical screening programme.

Cervical cancer has recently come under the media spotlight with the high-profile case of TV personality and cancer sufferer Jade Goody. However, screening rates have declined across the country in the last decade, particularly among women in the 25 to 34 age bracket.

A number of PCTs with low uptake have been identified to take part in the £250,000 programme, which will work in partnership with general practice, public and community health

teams and other service providers.

### New guidelines on breast cancer diagnosis and treatment

The National Institute for Health and Clinical Excellence (NICE) has published clinical guidelines to adopt a broader package of care advice for women who have undergone mastectomies.

Despite previous NICE guidance that women must be offered immediate reconstruction unless there are good clinical reasons why not, nine out of 10 patients

are still undergoing more than one operation.

*Breast cancer (advanced): diagnosis and treatment* and *Breast cancer (early and locally advanced): diagnosis and treatment* aim to address this.

The guidance suggests that patients with advanced breast cancer should be allocated 'key workers' to oversee the management of their illness, and that nurses are in an ideal position to take on this role.

A DH spokesperson says: 'NICE's latest guidance will ensure the NHS locally considers how mastectomy and breast reconstruction surgery services are provided and what action may be needed.'

### Increasing ovarian cancer awareness

March is Ovarian Cancer Awareness Month, which

aims to raise awareness of the disease and its symptoms. Ovarian cancer can be difficult to diagnose – which can lead to late diagnosis and poor prognosis – but the outcome improves if the disease is diagnosed at an early stage.

The DH has developed key messages on ovarian cancer for members of the public and health professionals and nurses are encouraged to share this information with their colleagues and female patients.

- [Read the key messages for health professionals](#)
- [Read the key messages for members of the public](#)

### Links and info

- [Read more about the Improvement Foundation's cervical screening programme on their website](#)
- [Access the NICE guidance on their website](#)

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## NEWS IN BRIEF

### Launch of stroke strategy and awareness campaign

A three-year campaign has launched to promote stroke awareness among the public. Since the DH published its [National Stroke Strategy](#), 96 percent of hospitals in England now offer specialist acute stroke care and all services fall within a Stroke Care Network. Improving stroke services is a priority for the NHS because it's the third leading cause of death in the UK and the biggest cause of adult disability in England. [Download posters and leaflets](#) from the DH website or the [DH orderline](#).

● [Read more about the campaign](#)

### Latest release and news from NHS Choices

A number of new features have been added to the NHS Choices site. As part of [Carers Direct](#), a free telephone advice line is set to launch in April 2009. Online health

assessment tools NHS Early Years LifeCheck and NHS Teen LifeCheck are now live, and NHS Mid-Life LifeCheck is currently being piloted. The site is also promoting [Pregnancy Desktop](#) – a widget designed to give expectant mothers weekly pregnancy information and advice, directly to their PC desktop. ● [Read about other NHS Choices features](#)

### Getting people fit for work

Healthcare providers are being invited to take part in a £13 million Fit for Work Service programme of piloting to design and run services to get people back to work quicker than in the past. These should include employment and skills advice, health and well-being services focusing on vocational rehabilitation, and wider social support such as debt or housing advice. The programme – a joint initiative by the Department for Work and Pensions and the DH – is

part of a package of measures announced last year following Dame Carol Black's review of the working age population. The services are expected to begin later this year.

● [Read more about the pilot programme](#)

### Taking quality into account

*High Quality Care for All* highlighted a range of commitments that will enable frontline clinicians to make quality the organising principle of the NHS. Lord Darzi recommended that every NHS provider should submit an audit of the quality of care given in the form of a quality account, and the Health Bill contains legislation that requires every NHS provider to publish a quality account in 2010. Some NHS providers in the East of England will test these indicators by producing quality reports in June this year. Ipsos MORI has set up online

bulletin boards to promote staff discussion of quality accounts. Staff who are interested in using the boards should send an email to [nhsquality@ipsos.com](mailto:nhsquality@ipsos.com). The online forums will close on 27 March.

### Call for nurse-led innovations that improve patient care

The Foundation of Nursing Studies (FoNS) small projects programme supports clinically-based nurses in leading innovative local projects that will improve patient care in any healthcare setting across the UK. The FoNS is now calling for applications for new projects. Funding of up to £2,000 is available for each project team. Closing date for applications is 8 April 2009.

● [Visit the FoNS website](#)

### No Secrets review: an update

The review of *No Secrets* – the safeguarding guidance issued jointly by the DH, Home Office and Ministry of Justice – closed on

31 January. It aimed to stimulate a wide debate on how to strengthen the guidance and improve safeguarding policy, which protects vulnerable adults and addresses abuse. Many of the 450 responses are 20 to 30 pages long and reflect the thoughts and experiences of large groups of people in PCTs, local authorities and voluntary organisations, and demonstrate what a live issue safeguarding is. The DH is particularly pleased about the high level of interest from the NHS. The National NHS No Secrets steering group continues to meet to consider the requirements to ensure adult safeguarding can be fully integrated into practice across all areas of the NHS. ● [Visit the website to download a copy of the document](#).

### Publications

**Nurses call for more leadership support on wards**

The Royal College of Nursing (RCN) has

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- p3** Voicepiece
- P4-5** In focus: offender health
- p6** Leadership update
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## NEWS IN BRIEF

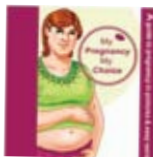
*Continued from page 11*

published a new report, *Breaking down barriers, driving up standards: the role of the ward sister and charge nurse*. It is based on research with ward sisters and charge nurses across England and outlines the changes that need to be made to ensure they are able to deliver high-quality care in NHS hospitals. A key recommendation is that ward sisters and charge nurses should be able to oversee and supervise care delivery and not be rostered to look after patients on every shift.

● [Read the report on the RCN website](#)

### Pregnancy guide for people with learning disabilities

CHANGE is a national organisation led by disabled people that fights for the rights of all people with learning disabilities.



The group has produced a new accessible book, *My Pregnancy, My Choice*, for all parents, particularly those with learning disabilities, those whose first language isn't English, or those who find reading and writing difficult. It is also a useful resource for midwives and health professionals in their support of parents.

● [Visit the CHANGE website to buy a copy.](#)

### Policy+ tackles preceptorship

The latest issue of *Policy+* is out now, focussing on preceptorship – supporting skills development – for newly-qualified nurses during their transition to registered practitioners.

● [Download the current issue of Policy+ from the King's College London website](#)

**Diary**  
**Implementing the WHO Surgical Safety Checklist**  
**Date:** 26 March 2009,

9.30am to 4.30pm  
**Location:** Tower Guoman Hotel, St Katharine's Way, London E1W 1LD

The workshop will provide practical tools for getting started with the checklist, using learning from pilot and early adopter sites in the UK.

**Contact:** email [events@npsa.nhs.uk](mailto:events@npsa.nhs.uk) or contact Donna Shered on 020 7927 9367 to confirm attendance.

**The Spring CNO Business Meetings**  
**Date:** 27 April in London and 29 April in Leeds

**The Community and District Nurses Association (CDNA) bi-annual nursing conference**  
**Date:** 30 April in Liverpool  
 The theme will be a celebration of 150 years of district nursing as well as looking forward to the developing role of the district nurse.

The conference will be followed by a gala dinner where the CDNA Achievement Awards will be presented.

### Nurses' Day

**Date:** 12 May

[Visit the Royal College of Nursing's website](#) for the history of the day and local events.

**The Autumn CNO Business Meetings**  
**Date:** 21 September in London and 23 September in Leeds.

**The CNO Summit 2009**  
**Date:** 11 to 13 November in Newcastle.  
 Directors of nursing will receive a personal invitation to these events.

**Innovation for Improved Productivity**  
**Date:** 26 March 2008  
**Location:** The National Motorcycle Museum, Solihull, West Midlands  
 This one-day national conference will look at innovative tools and techniques that can help

improve productivity. Places are limited to three per organisation.  
**Contact:** 01772 767758 or email [improvedproductivity@glasgows.co.uk](mailto:improvedproductivity@glasgows.co.uk).  
 ● [Visit the website to register.](#)

## ABOUT THIS BULLETIN

### Web links

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