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TRANSFORMING COMMUNITY SERVICES

Innovation fund to improve local services

Nurses and allied health professionals have taken the lead on the programme to transform local service needs, decide priorities, shape outcomes and develop community services for the future.

On 20 April, NHS staff received awards totalling £1.5 million to pursue projects that will achieve these aims, including stroke rehabilitation and diet and nutrition programmes.

Under the scheme – called Ambition Action Achievement – SHAs were encouraged to award funding to at least two local initiatives focused on leadership and innovation. The newly accredited Academic Health Science Centres (AHSCs) are good examples of this approach (see page 9).

The successful teams

will be invited to take part in a transforming community services supported learning network to support the innovation and share the learning.

The awards were presented at the transforming community services conference in London and follow on from the commitment made in *High Quality Care for All* for more services to be established locally.

They are also a direct response to feedback from patients calling for more services to be developed closer to their homes and in the communities where they live.

Christine Beasley says: 'It is really encouraging to see so many great examples of innovation, good practice and teamwork within community services.

These award winners reflect the SHAs' local priorities, as set out in their Next Stage Review responses to transform services and improve the quality of care for patients in their own communities, giving people more say, more choice and more control over their own health care.'

Read the [press release](#) for a full list of projects that received funding.

Support for vulnerable families

North West NHS Warrington received funding for its pilot project to provide extra public health nursing support to vulnerable families.

'We are delighted to have been selected to receive this award,' says Sue Ward, Assistant Director for Children's and Young People's Services,



Sue Ward is part of North West NHS Warrington's innovation project.

NHS Warrington Community Service Unit.

'We know that tackling health inequalities is a key challenge and this pilot will help us to identify new ways to support children to achieve their maximum potential.

'Through an intensive programme of targeted prevention and early intervention, this award

and funding will enable families in less affluent areas of Warrington to better access support that is tailored to meet their needs.

'Our health visiting programme will also help prepare Warrington for delivery of the [Healthy Lives, Brighter Futures](#) strategy launched this year. I would like to thank our staff and partners for their hard work and commitment in developing the proposal and in making this achievement possible.'

Please read!

See page 3 to find out where to go for up-to-date information on swine flu

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VOICEPIECE – COMMISSION ON THE FUTURE OF NURSING AND MIDWIFERY

The Prime Minister's Commission on the future of Nursing and Midwifery in England has begun its work – CNO Christine Beasley provides an update.

On 28 April I attended the first meeting of the Commission on the future of Nursing and Midwifery, which was chaired by Health Minister Ann Keen.

As we discussed our aspirations for the commission and what it could deliver for patients, the public and professionals, I was again struck by the opportunity that the commission affords us. That is, to place the contribution of nursing and midwifery at the heart of the NHS.

The timing is also significant as we work together to implement *High Quality Care for All* and improve safety, clinical quality and patient experiences.

My fellow commissioners have worked in a wide of range of settings both in England and abroad. Full

details of the membership are available on the DH website. But I am also pleased that we will be able to draw on a wide range of other experts to inform our deliberations.

At the first meeting we discussed a number of key areas that are vital in taking the commission's work forward. These include:

- **The draft work programme and milestones.** We agreed the commission should, firstly, engage with a wide range of stakeholders. Secondly, test messages and possible actions and lastly, finalise the recommendations and production of the report by January 2010.
- **A presentation on the NHS Constitution.** This provides the framework for the commission's desire to

build public confidence and engage our staff.

- **Consideration of key themes** that the commission might address, drawn from conversations with commissioners and other stakeholders
- **A proposed strategy** to ensure that the commission can effectively communicate and engage with the widest range of interested parties.

We all agreed that our work should build on what is already happening and not re-invent any wheels. We also agreed that we need to produce a vision for nursing and midwifery in the report that addresses public confidence and challenges the professions to take control.

And we acknowledged

that many nurses and midwives work outside the NHS so it is important that anything we say is relevant to the professions as a whole, and not just NHS staff.

There was also strong view that the commission should try to articulate the broader social and economic contribution of nursing and midwifery to society, especially in areas such as public health and community development.

However, the largest part of the meeting was devoted to engagement. It is really important that all staff are able to contribute and there will be a variety of ways they can do this. They include: two nationally organised events that will bring nurses, midwives and patients together, a website that will launch



on 11 May through which people can contribute to our thinking, and using media to build the profile of the commission and its work.

I firmly believe that the commission provides us with a 'once in a professional lifetime' opportunity to create a new agreement between patients, the wider public and the professions that will restore confidence and trust. It will also be able to remove barriers to us delivering our maximum contribution to health and well-being. Given all this, I am sure that you will all give the commission your enthusiastic participation and support.

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ENHANCING LEADERSHIP AND INNOVATION

New fund for innovation and leadership in primary care

Community nursing charity the Queen's Nursing Institute (QNI) and the Burdett Trust for Nursing have announced a new three-year funding partnership to develop innovation and nurse leadership in primary care.

Together, they will invest more than £300,000 to challenge nurses working in community settings to enhance their leadership skills through innovative projects that improve care for patients.

The QNI will run the programme, supporting eight projects a year through its professional development workshops for project leaders. These include learning about evaluating outcomes, promoting a project, problem solving, creative thinking, writing for



More than £300,000 will be invested to challenge nurses working in community settings

publication and obtaining future funding.

QNI Director Rosemary Cook says: 'We are absolutely delighted to partner with the Burdett Trust for Nursing to deliver this new programme. Nurses' leadership skills have never been so

important in primary care, as change and reform continue in health systems across the UK. And by combining professional development with practical projects, this programme will benefit hundreds of patients as well as nurses.'

The deadline for applications for funding is 28 September 2009. Applicants can discuss their ideas with Anne Pearson, Practice Development Manager at the QNI, by calling 020 7549 1409.

Links and info

- Visit the QNI website for information about the QNI/Burdett Fund for Innovation and Leadership

Swine flu update

This is a rapidly developing situation and up-to-date information can be found on the DH website.

If a member of the public is seeking health information and advice on swine flu, please direct them to NHS Choices:

- [NHS Swine flu latest](#)
- [NHS Swine flu A-Z](#)

For cross-Government information on swine flu, including advice on travel, schools and other public services, please go to the [Directgov website](#)

An information leaflet has been delivered to members of the public. To get more copies or to order the leaflet in different languages and formats please visit the [Directgov website](#).

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IN PROFILE: MARY SEACOLE AWARD WINNER

Promoting diversity in leadership

Pamela Shaw is a health visitor and practice educator at NHS Wakefield District PCT. Recently, she won the Mary Seacole Development Award and spent a day shadowing CNO Christine Beasley.

Firstly, can you tell us about winning the award and the project you're working on?

I applied under the Development category because I wanted to broaden my skills and inspire others to develop theirs. My application had to include a business case for a project that would achieve this, covering how it would benefit me, the NHS and patients. My project proposal was to create an inspirational DVD to enhance current diversity training and make the positive

contributions of black and minority ethnic (BME) leaders within the NHS more visible. The DVD will feature the career journeys of 14 professionals who have inspired others through strong leadership. I received the Mary Seacole award and funding in October last year.

Can you briefly describe the project you're working on?

I have always felt that diversity training had a negative focus – 'if you do this wrong, these are

the consequences'.

I wanted to capture the positive elements of diversity and provide a more balanced view. The people I interviewed include Norah Ishmael, the first BME nurse in London, and Surinder Sharma, the National Director for Equalities and Human Rights. We now have to edit over 700 hours down to 30 minutes of footage. I expect the DVD will be ready by June.

What did you get out of the whole process?

I'd never managed a project on this scale or worked with a film crew before – I felt a bit like David Frost! I was nervous to begin with, but I have discovered new skills and enhanced existing ones, across a range of areas, including high-profile

networking, leadership, negotiation, inspiring others and balancing clinical responsibilities with managing a large project. I have been working on this project alongside my clinical role and I must thank my team, NHS Wakefield District and the Mary Seacole Steering Group for supporting me. I would encourage nurses to apply for nursing awards such as this one, because the benefits are far-reaching for the organisation, patient care and personal development.

How did you organise to shadow Christine?

I used my initiative and sent an email explaining my project and asking if I could shadow her for a day. The whole experience was an

Apply for the Mary Seacole Awards 2009/10

Applications are invited from nurses, midwives and health visitors in England to participate in the prestigious Mary Seacole Awards programme for 2009/10. The Development category provides the opportunity to undertake a project, or other educational/development activity, that benefits the health needs of people from black and minority ethnic communities. Applications close on 20 May 2009.

- [Download an application form from the DH website](#)
- [Or email bukola.samuel@dh.gsi.gov.uk](mailto:samuel@dh.gsi.gov.uk)



Pamela Shaw (right) with CNO Christine Beasley.

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opportunity for me to examine how the roles of the CNO and SHA leads fit into the Government's agenda and policies on health. I was also able to observe how Christine works closely with professional statutory bodies, professionals and staff associations to make decisions that affect clinical practice and lead to enhanced patient care.

Was there a particular highlight for you?

I thoroughly enjoyed participating in the discussions on matters relating to health and clinical practice, particularly safeguarding children, the review on health visitors, nursing to an all graduate profession and the preceptorship framework. Since then, Christine has asked me to sit on her BME council – I'm the only clinical practitioner on it. I have also been invited to be part of the health visiting summit group in May, which is a great honour.

ENHANCING THE ROLE OF HEALTH VISITORS

Taking action on health visiting

Following the Laming review into child protection in England, the Government has announced a programme of action on health visiting.

The aim is to increase health visitor numbers and provide attractive and rewarding careers by defining and supporting their roles in a number of key areas, including the new child health policy.

The programme will be led by the DH and Unite/Community Practitioners' and Health Visitors' Association (CPHVA). It was launched at a summit on 5 May, when representatives from the Government, Unite/CPHVA and other interested organisations will map the way forward.

Unite's lead professional officer for strategy and practice development, Dr Cheryl Adams, adds: 'We are delighted that

health visitors have secured such strong support from the CNO and ministers, and the commitment to working in partnership with Unite/CPHVA to make this happen will reassure our health visitor membership. The real challenge will be at PCT level where the cuts have been decided and budgets must now be reconsidered.'



Links and info

- Visit the CPHVA website for more information

Promoting clinical leadership

The NHS Clinical Leaders Network (CLN) is a national professional network for practising clinicians and, since the article in the December bulletin, it has been implemented in seven SHAs across the country.

With around 1,000 members, the CLN is aimed at a broad range of clinicians – from nurses and GPs to allied health professionals and hospital doctors – who are perceived as being innovative and influential among their peers.

The network has three main aims, to:

1. improve clinical leadership engagement in the NHS
2. enable clinicians to influence local and national health policy
3. drive NHS service reform.

Members do not necessarily have to be in

management positions. In fact, an increasing number of nurses are getting involved in the network across the country, as it continues to focus on supporting the development of nurse leadership.

In NHS London, for example, the CLN has a large proportion of members who are nurses and midwives because the trust's focus is on improving maternity and young people's services.

The network is keen to ensure active participation from nurses – and the 10 SHA chief nurses are working to support this.

Links and info

- Interested in joining the CLN? Email the CLN for further information
- Visit the CLN website.

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NATIONAL LEADERSHIP COUNCIL

Nurses champion leadership in the NHS

Nurses have key roles on the newly-established National Leadership Council (NLC), which held its first meeting on 21 April 2009.

The NLC aims to improve and develop world-class leadership talent at every level in the healthcare system as part of *High Quality Care for All*.

Appointees have been drawn from all divisions of the NHS, the Care Quality Commission, Monitor and the NHS Confederation to make sure that the same values are put into effect across the entire system.

The NLC's 25 core

members were picked for their experience in championing leadership and their commitment to improving healthcare and shaping quality. They include Chief Nursing Officer Christine Beasley, Carolyn Davison, a Nurse Consultant from South Tyneside NHS Foundation Trust and Nursing Standards Award winner (see the panel), and Paula Vascoe-Knight, Chief Executive, South Devon Healthcare NHS

Foundation Trust, who began her career as a nurse.

The council will also draw on the expertise of a Faculty of Fellows, 14 of whom have already been appointed. They include Jennifer Lee Leggott, Director for Operations, Nursing, Midwifery and Service Improvement at Nottingham University Hospitals NHS Trust.

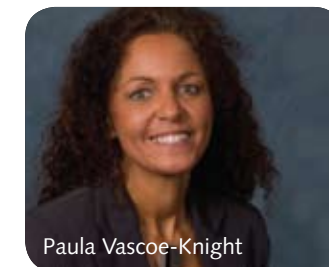
Five patrons will offer an external perspective and bring constructive challenge.

Chief Executive of the NHS David Nicholson, who will chair the NLC, says: 'Great leadership, which focuses on improving services for patients, will help transform the NHS. We want to improve the overall quality of our leaders, equipping them with the skills to make our vision a reality.'

The council will meet four more times this year and updates will be included in future issues of this bulletin.



Jennifer Lee Leggott



Paula Vascoe-Knight

Links and info

- Find out more about the NLC on the DH website



Carolyn Davison: Nursing Standards Award winner

Carolyn is a nurse consultant in gastroenterology and is responsible for developing and leading expert practice in GI services. She is also lead clinician for services to patients with Hepatitis C and has held positions on national groups contributing to

the National Endoscopy Programme. Carolyn holds an MSc in Health Sciences and has recently studied capsule endoscopy in Germany and in the USA at the Mayo Clinic. In 2006, she won the Robert Tiffany International Award at the Nursing Standards Awards

for the European Capsule Endoscopy Training Programme. Nursing Standards Award nominations for 2009 are now closed, but they have launched a new Patient's Choice Award this month. [Visit the website for more information](#)

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DELIVERING SAME-SEX ACCOMMODATION

Safeguarding patients' privacy and dignity

At the beginning of this year, the DH announced a package of measures to virtually eliminate mixed-sex accommodation by April 2010, and significant progress has already been made.

The NHS is committed to providing every patient with same-sex

accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable. This means providing a same-sex sleeping area, bathroom and toilet facilities.

Frontline staff can do their part by placing men and women in separate bays or separate parts of

a ward, providing separate bathroom facilities, keeping patients informed and ensuring other patients don't overhear personal information.

The DH's measures include a £100 million privacy and dignity fund to help trusts make changes to hospital accommodation and better manage patient flow as quickly as possible.

The funds were allocated to SHAs in April this year, after they submitted plans setting out how they intend to reduce mixed-sex accommodation. Work is

now under way and is expected to finish by the end of June 2009.

Other DH measures include:

- specialised advice and support to help hospitals make the most of their resources
- a greater focus on measuring and improving patient experience of mixed-sex accommodation
- putting rigorous and transparent performance measures in place via the standard contract from April 2010, to ensure same-sex accommodation is provided for every NHS patient.

The DH team behind this programme of work has joined up with the team that worked on reducing healthcare acquired infections (HCAIs). The aim is to

share best practice, especially around identifying the support needed to roll out the changes and establishing independent expert teams to assess progress.

The need to safeguard patients' privacy and dignity applies to all areas of hospital care.

However, in exceptional circumstances, providing urgent, fast, effective care may take priority over ensuring same-sex accommodation. Where mixing does occur, it must be in the interest of all patients affected.

Success story

East Surrey Hospital has made same-sex accommodation a priority – and nurses are leading the programme.

'You need to send a consistent message to staff and insist that mixed-sex accommodation

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How SHAs are putting the funding to work

- refurbishing bathrooms and toilets and converting bedded spaces to bathrooms
- buying screens and erecting separating walls between main corridors and bedded areas
- installing new and replacement signs
- providing 'women only' lounges
- education and training for staff
- segregation of patients in the emergency surgical unit
- purpose-built day rooms and interview rooms
- male and female waiting areas and treatment facilities in day procedures units
- separate male and female wings for long-stay patients with learning disabilities.

The DH's measures include £100 million to help trusts make changes to hospital accommodation

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LEARNING DISABILITY NURSING

Improving services for vulnerable people

A recent ombudsman report, *Six lives: the provision of public services to people with learning disabilities*, investigates the deaths of six people with learning disabilities, and is critical of the services they received.

'Basic policy and guidance were not observed, the needs of people with learning

disabilities were not accommodated and services were unco-ordinated,' says Jerry White, the local government ombudsman.

'The complex factors, which led to these failures to protect vulnerable individuals, demonstrate the need for stronger leadership throughout the health and care professions.'

Work is already under way in this area and, for a number of years, learning disability nurses have recognised the difficulties mainstream services have faced in meeting the needs of people with learning disabilities.

Since the late 1990s, they have been working at various levels in the healthcare system to improve the experiences of people with learning disabilities when they become patients of the NHS.

After the publication of the Disability Rights Commission report, *Equal Treatment: closing the gap* (2006) and Mencap's *Death by indifference* (2007) and *Healthcare for All* (2008) there has been an increase in the number of learning disability nurses in acute hospital liaison roles and within PCTS as primary healthcare facilitators.

'It is encouraging to see the high-level focus on addressing the health inequalities experienced by people with learning disabilities by the Government and the DH,' says Phil Boulter on behalf of the UK Consultant Nurse Network.

'The UK Consultant Nurse Network welcomes this positive response to improve health outcomes, and learning disability nurses are committed to working in partnership with all colleagues in the NHS to ensure real change occurs as a result of the experiences of those individuals highlighted in the *Six lives* report.'

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is just not acceptable,' explains Mary Sexton, Director of Nursing, East Surrey Hospital.

'Even in the old Nightingale wards, it is possible to turn mixed-sex accommodation into same-sex accommodation by being creative with how you use portioning, and clustering male or female patients at either end of the ward, rather than in long mixed lines facing each other.'

Mary's team has involved patients in same-sex accommodation planning from the outset, by creating privacy and dignity champions and including the trust's Patients' Council and Privacy and Dignity Group.



Links and info

- Read the full *Six lives* report

Links and info

- Read more on the DH website

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INNOVATION LEADS THE WAY

Eliminating healthcare acquired infections

As part of its HCAI technology innovation programme, the DH commissioned the Design Council to lead the Design Bugs Out project, which aims to speed up the development and adoption of new and novel technologies to help combat healthcare associated infections, especially MRSA and C.difficile.

Following extensive research in hospitals across the UK – involving nurses, patients, cleaners, porters and other healthcare staff – a panel of the UK's most respected experts in the fields of design, healthcare, microbiology, nursing and patient care was assembled. Its task was to assess which items in the hospital environment, if redesigned, could have the most potential to reduce patients' exposure to HCAIs.

As part of this national

design challenge, the Design Council appointed some of Britain's top designers and manufacturers who are behind design icons, such as Virgin Atlantic's Upper Class airline seats, Herman Miller chairs and Parker Pens.

A specialist healthcare team from the Royal College of Arts developed the designs for items of everyday equipment, including a:

- 21st century commode
- redesigned porter's chair
- 'intelligent' mattress
- patient bedside system



Nurses at Imperial College test one of the Design Bugs Out innovations.

- unique new patient chair
 - self-timing cannula
 - magnetic curtain clip
 - wipeable, polythene-covered blood pressure cuff.
- These prototypes use cutting-edge techniques that redesign the bedside environment, rethink patient transport and modify everyday medical devices making them much easier to clean. They are also designed to influence patient and staff behaviour to reduce the likelihood of exposure to HCAIs.

An exhibition of the designs and prototypes is touring a number of NHS showcase hospitals until 19 May.

Links and info

- For more information on the programme and when and where you can see the prototypes, visit the Design Bugs Out website

Making way for innovation

The organisations chosen to run the new Academic Health Science Centres (AHSCs) will ensure research breakthroughs quickly become part of patient care.

These centres of excellence – partnerships between universities and leading NHS organisations – have been created as part of steps outlined in *High Quality Care for All* to strengthen the links between research, education, and health services. The aim is to speed up the time it takes the NHS to access new and better-quality ways to improve healthcare.

The first AHSCs are Cambridge University Health Partners, Imperial College, King's Health Partners, Manchester Academic Health Science Centre and University College London Partners. These centres will run for five years, after which there will be a re-application process.

DH's Deputy Chief Nursing Officer David Foster says: 'The development of AHSCs will enhance the culture of change, innovation and research in world-class organisations. This in turn will produce new and positive opportunities for nurses, midwives and allied health professionals to generate knowledge, implement evidenced-based care and have more chance to take on research careers.'



Deputy Chief Nursing Officer David Foster

Links and info

- Read more about AHSCs on the Our NHS website

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IMPLEMENTING HIGH QUALITY CARE FOR ALL

Reporting on quality

As part of *High Quality Care for All*, the DH is introducing quality accounts, which are essentially an assessment by every NHS provider of the quality of care given.

To help develop quality accounts for 2010, some NHS providers in the East of England are producing 'quality reports' in June this year. Norfolk and Waveney Mental Health NHS Foundation Trust is one of the test sites.

'Our feedback is that the way mental health has been measured in the past hasn't accurately reflected the services provided,' says Augustine Sagoe, Director



Augustine Sagoe

of Nursing, who is leading on the quality reports pilot at the trust.

'Currently, it is based solely on face-to-face contact and all of the variables – such as clinician-to-clinician consultation, social care needs, duration of contact and overall well-being – are missed. The key to the success of quality accounts is to identify what service users see as positive outcomes and in mental health that varies widely.'

Re-admissions, for example, are generally seen as a negative outcome in healthcare. However, in mental healthcare, allowing people to receive treatment at home, but also giving them the option to return to hospital if they need to is a supportive means of treatment.

Measuring performance

With all of this in mind, Norfolk and Waveney identified three indicators for their quality report:

1. seven day follow-up for patients on enhanced Care Programme Approach (CPA) who are discharged from hospital
2. all serious incidents reported within one working day
3. patients admitted to inpatient services have access to crisis resolution and home treatment teams.

According to Augustine, these are based on the benchmarks for quality set out in *High Quality Care for All*: 'Quality should reflect that service users feel safe, receive effective treatment suited to their needs and that their overall experience was positive,' he says.

Working towards excellence

An initiative called *Energise for Excellence in Care* is encouraging nurses on the frontline to engage in delivering *High Quality Care for All* in three ways:

- measuring and acting on patient experience
- implementing nursing metrics to improve outcomes for the seven indicators developed by the NHS North West Trust, now being used more widely across the board
- staffing in acute care.

This work is being overseen by Jane Cummings, Director of Performance, Nursing and Quality at NHS North West Trust, and Katherine Fenton, Chief Nurse and Director of Clinical Standards and Workforce at South Central SHA. 'We are asking nursing directors to lead on this work,' says Jane. 'We want everyone to participate, but more importantly, we want nurses to want to do it.' Updates will be included in future issues of the bulletin.

The trust can measure performance against these indicators because the information is available on its systems. To supplement this data, the trust has implemented the Patient Experience Tracker (PET). Currently, it is performing well against all of these indicators.

Seeing the benefits

For Norfolk and Waveney, the main benefit of being

able to feed into the quality reporting process is that mental health services will be measured more appropriately.

'It is important to measure the right things,' says Sam Pittam-Smith, Assistant Director, Strategic Change. 'Measuring the wrong things, or in the wrong way, can have a serious impact on how services are perceived, commissioned and delivered.'

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NEWS IN BRIEF

NHS Leadership Awards: reminder

Have you visited the NHS Leadership Awards website? You have until 29 May to nominate one of your peers or partner organisations.

- [Visit the website for more information](#)

Extra innovation funding announced

A further £220 million – on top of the £1.5 million innovation fund (page 1) – was announced at the end of April to help frontline staff develop new ways of working and put them into practice. Each SHA will receive £2 million this year, and £5 million in each of the following four years. Find out more by reading the [press release](#).

Important update for mental health staff

Patient information leaflets about the Mental Health ACT 1983 have been updated to reflect the establishment of the Care Quality Commission (CQC) and a new

statutory right to an independent mental health advocate. All mental health staff should familiarise themselves with the changes.

- [Download the leaflets](#)

Integrated care pilots announced

On 1 April, 16 sites were selected as integrated care pilots. These partnerships of primary and secondary care, social care, and the voluntary and private sectors will consider patients' social care needs in looking at how services can be improved. The £4 million scheme will assess the benefits of different approaches and identify best practice that could be used more widely. Health Minister Ben Bradshaw says: 'This programme provides an opportunity for clinicians – working closely with the wider community – to use their 'on the ground' knowledge to design services which are flexible, personalised and seamless.'

- [Read more on the DH website](#)

NHS Choices online training tutorial

Carers Direct – the service that recently launched on the NHS Choices website – now has a telephone helpline available seven days a week. Both the website and helpline are designed to improve support for the UK's growing number of carers, providing them with guidance on the different stages of caring, information for claiming benefits, advice for young carers, contact details for local authorities, and case studies with videos. Calls to the helpline are free from landlines. The service is available Monday to Friday, from 8am to 9pm, and weekends and bank holidays from 11am to 4pm. Call 0808 802 0202.

- [Visit the Carers Direct website](#)

Publications

DH heatwave plan 2009

This was reissued electronically on 12 May to raise both public and professional awareness. The plan – which sets out what will happen in advance of, and during, a heatwave – will become increasingly relevant in adapting to the impact of climate change. Sir Liam Donaldson, David Nicholson and Dame Christine Beasley have jointly written to SHA and local authority chief executives explaining the key changes that have been made to the plan. They include clarity on respiratory problems, more information on the Health Housing and Safety Rating System, and outlining the benefits of insulating homes to protect people from heat as well as the cold.

- [Download the plan, factsheets and public information leaflet from the DH website](#)

Tackling adult obesity: annual report

Healthy weight, healthy lives: one year on, published on 6 April, covers the progress made since the Government's obesity strategy was published in January 2008. It sets out the future priorities and includes the launch of adult weight management services, such as BMI screening for 40 to 75 year olds, a programme to help NHS staff maintain a healthy weight and the launch of the adult Change4Life campaign in January 2010.

- [Read the report on the DH website](#)

Implementing the WHO Surgical Safety Checklist

Healthcare organisations in England and Wales are required to implement the WHO Surgical Safety Checklist (adapted for England and Wales) for every patient undergoing a surgical procedure. The National Patient Safety Agency (NPSA)

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has developed tools and guidance to help organisations successfully implement the checklist. These include short films demonstrating how the checklist should and should not be used. The NPSA held an implementation workshop for staff on 26 March, and the presentations are on the NPSA website. Nurses and midwives wanting more information on current patient safety issues can email Kate Beaumont, Head of NHS and Patient Engagement, NPSA, at catherine.beaumont@npsa.nhs.uk.

● [Access the guidance](#)

Policy Plus: Splendid isolation

The latest issue of *Policy Plus* explores the pros and cons of single occupancy accommodation in the NHS, which is increasingly being considered in new hospital designs.

MHRA Drug Safety Update

The April 2009 issue of the MHRA bulletin includes a feature on prescribers' responsibilities in using an unlicensed medicine or a medicine off-label. It also includes advice on antiepileptics and their potential adverse effects on bone, and cough and cold medicines for children.

● [Download the bulletin](#)

Pre-election guidance

In the lead up to European Parliament and local authority elections on 4 June, the DH recommends a 'business as usual' approach. If a candidate or political party representative wants to visit an NHS site, NHS chief executives are expected to use their judgement and discretion to ensure that the same visiting opportunities are available to all political

parties and, most importantly, that the focus remains on providing services for patients. This period of sensitivity generally runs from three weeks before the elections – that is from 14 May.

● [Download the pre-election guidance](#)

Diary

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: 23 September in Leeds and 24 September in London.

The CNO Summit 2009

Date: 11 to 13 November in Newcastle. Directors of nursing will receive a personal invitation to these events.

Parliamentary questions

General nursing:

268893 – 20/4/09
269302 – 21/4/09
269335 – 21/4/09
HL2791 – 21/4/09
269303 – 22/4/09
269421 – 22/4/09
270088 – 22/4/09
269303 – 22/4/09

GP practice nurses:

265664 – 23/3/09
265546 – 24/3/09

Community nurses:

269799 – 21/4/09

Health visitors:

269197 – 21/4/09

School nurses:

270090/91 – 22/4/09

Mental health nurses:

269347/49 – 20/4/09

Nurse prescribers:

269304 – 21/4/09

Midwives:

269213 – 20/4/09

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