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## INTRODUCING REGISTERED NURSE FORECASTING

# Managing the nursing profession

### The CNO Business Meetings 2009 series finished with the autumn event on 23 and 24 September.

One of the highlights was a presentation by Professor Peter Griffiths and Jane Ball from the National Nursing Research Unit on the Registered Nurse Forecasting study (RN4Cast). This work is funded by the European Union and aims to make nursing workforce planning more effective.

The programme began in January 2009 and will run for three years. It is based on evidence that both the number and qualifications of nursing staff greatly influence the

quality of patient care and the wellbeing of nurses.

Jane and Peter, along with Professor Anne Marie Rafferty, are members of the UK's RN4cast research team, which is part of a larger consortium that was set up to shape the project. The consortium includes representatives from 11 European countries (the UK, Belgium, Finland, Germany, Greece, Ireland, Poland, Spain, Sweden, Switzerland and The Netherlands), the USA, Botswana, China and South Africa.

RN4cast identifies opportunities for more effective management of the nursing profession. Developing reliable forecasting models – that

focus on human resource management and the planning of education and care in nursing – is a major part of this work.

To do this, the consortium is collecting data on the nursing work environment and deployment of the nursing staff from both hospital administration and from nurses themselves.

The information collected will be linked with patient outcomes data to see how features of the nursing work environment and nursing staff deployment affect nurse recruitment, retention, and productivity and patient outcomes.

'The study could well be the world's largest nursing workforce study, with over 300 hospitals and tens of thousands of nurses across the globe taking part,' says Peter.

The UK research team will study at least 30 trusts and the first survey is expected to start in



Professor Peter Griffiths from the UK's RN4Cast research team.

December, with preliminary results reported in summer 2010. The random sample of trusts is currently being recruited and nurses from general medical and surgical wards in those trusts will be invited to participate. A second wave of trusts will be approached to participate in less intensive data collection over the next few months.

Traditional forecasting models will then be refined with these new elements.

By improving the accuracy and reliability of these forecasting models, RN4CAST provides the opportunity to generate new approaches to more effective management of nursing resources.

**'This could be the world's largest nursing workforce study, with over 300 hospitals and tens of thousands of nurses taking part.'**

### Links and info

- Download the RN4cast presentation and others

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## VOICEPIECE – IMPROVING QUALITY AND PRODUCTIVITY

# New thinking needed to bolster care

**There has been a lot of debate in the media recently about future funding for the public sector and the need to maintain and improve quality, while being more efficient and effective.**

This brings into focus the need to think differently about delivering better care and value by achieving reductions in waste and errors, and delivering effective treatments.

One of the ways to meet these challenges is to foster a culture where improving quality and productivity are tackled together, with prevention central to all we do.

We also need to foster a culture where improvement and innovation is embraced in daily practice. I am always impressed at how nurses and midwives

actively seek new ways to improve the delivery of care and to support health and wellbeing. There is now a unique opportunity for nurses and midwives to really lead and demonstrate their contribution.

As well as supporting staff throughout their organisations, leaders will also need to ensure staff have access to tools and techniques to bring about change. The NHS Operating Framework for 2010/11, due for publication in November, will bring together the key national policy changes, programmes of action and how these will be

**‘There is now a unique opportunity for nurses and midwives to really lead and demonstrate their contribution.’**



led and supported.

The Productive Series has already demonstrated how changes in the delivery of care and support to people can lead to efficiencies. The resulting benefits have been an increase in direct contact and improvements to the patient experience. Future technologies will

also play an important role in driving forward innovations and how we interact with patients. For example, the use of NHS Direct and web-based and telephone consulting is becoming a preferred approach, particularly for those people who are comfortable in accessing and using information technologies. The increased use of mobile telephones and text messaging can be utilised for some of the hard to reach groups.

In the meantime, I have been pleased to sponsor the Top Ten High Impact Actions for Nursing and Midwifery. This is a joint initiative between the DH, the Royal College of Midwives, the Nursing & Midwifery Council and the NHS Institute for Innovation and Improvement (NHS IHI).

This exciting initiative has

provided nurses and midwives with an opportunity to demonstrate how they can contribute to improving the quality of patient care, while also identify potential practices that can be shared and implemented across the NHS in England. The date for submissions has now closed and I look forward to announcing the shortlisted top 10 examples in mid-November.

I would like to thank those of you who have submitted contributions as well as those who have taken the time to comment on the NHS IHI website.

### Links and info

- Find out more about the 10 high impact actions on the NHS Institute site

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## PANDEMIC FLU UPDATE

# Staff vaccination reminder

**With the first batches of vaccine due to arrive in NHS trusts from 21 October, this is an opportune moment to remind staff once again about the importance of being vaccinated.**

Not only will vaccination help staff protect themselves, their patients, colleagues and families, it will reduce demand on critical care, which is likely to come under heavy pressure during the months ahead.

During a pandemic, nurses are at a greater risk of infection because of the nature of their work. Frontline staff are urged to take up the vaccine, which will offer the best available protection against swine flu.

The vaccine will start to arrive in NHS acute trusts first and initial supplies will be used to protect

frontline staff and patients in at-risk groups in hospitals. General practices will start to receive deliveries from the 26 October and PCTs will also begin to receive supplies from this date.

- [Further information on the vaccination programme can be found on the DH website](#)
- [For the most up-to-date information on swine flu, visit the DH website](#)

### Increase in winter cases expected

The annual winter report for 2008/09 warns that swine flu is likely to increase pressure on services and staff this year and urges all organisations to review their local plans well in advance.

The report adds that good communication with patients, the public and staff is

just as important as good planning.

It highlights that the latest survey of adult critical care beds – published on 27 February 2009 – indicated that there were 3,637 beds in England. This is the highest number of adult critical care beds ever reported in England and represents an increase of 54 percent since January 2000.

The winter of 2008/09 presented difficulties for critical care services in many areas due to poor weather and high levels of respiratory illness.

Although occupancy levels were high and some patients needed to be transferred to neighbouring hospitals, effective escalation procedures and the increase in capacity enabled most critically



ill patients to be treated safely and appropriately in their local hospitals.

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

### Reducing cold-related illnesses and deaths during winter

Nurses are encouraged to support the Keep Warm Keep Well national campaign to reduce cold-related illnesses and deaths during winter.

The campaign runs from October 2009 to March

2010 and targets those particularly at risk of fuel poverty. This includes financially disadvantaged over-60s, people on disability benefits and their carers, and low income families. The campaign provides information on the health benefits of keeping warm in winter, advice on home heating and energy efficiency, and details of the benefits and grants available.

- [Healthcare professionals can order campaign materials from the DH website](#)

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## Links and info

- Read more about DSSA on the DH website

## DELIVERING SAME-SEX ACCOMMODATION

# Nurses play key role in communicating with patients

**Across the country, trusts are working towards delivering same-sex accommodation, by the deadline of April 2010, to give all patients the best possible experience during their time in hospital.**

West Hertfordshire Hospitals NHS Trust completed Phase 1 of their Delivering Same-Sex Accommodation (DSSA) project in June. The main objective was to provide same-sex sleeping, washing and toilet facilities across all inpatient ward areas.

The Trust's Chief Executive, Jan Filochowski,

established a dedicated weekly 'Task and Finish' project group, chaired by the Director of Nursing, to monitor progress and make sure the work was completed by 30 June.

Prior to the project the Trust conducted an internal audit and found that most of their general wards did not offer sufficient privacy and dignity to patients, as they had to walk past areas occupied by members of the opposite sex.

Project Director, Kyle McClelland says: 'While our staff always did everything possible to maintain the

privacy and dignity of our patients, the challenges presented by the previous washing and toilet facilities often made that difficult.'

The Trust has upgraded and refurbished over 100 bathrooms in 16 operational wards, across three sites – all in a nine-week period.

Ward staff and matrons were involved in weekly progress meetings. This enabled them to give patients and relatives regular updates on the rationale for the refurbishments, minimise the disruption and address any concerns

patients may have had.

Carolyn Morrice, Head of Practice and Innovation in the Corporate Nursing Team, believes an excellent communication strategy helped patients and staff understand and engage with the process. 'All patients were given a letter outlining the refurbishment and our commitment to delivering same-sex accommodation,' she says.

### The result

The team completed the first phase of the project by the deadline, meaning that

patients can now access the appropriate same-sex bathroom close to their beds. As Gary Etheridge, Director of Nursing says, the success of the project 'was down to phenomenal staff engagement and strong communications activities with staff, patients and visitors'.

According to Senior Sister Gabrielle Leyshon, the experience at ward level was also very positive: 'Feedback on the new facilities from patients

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## Attention to detail

- contractors observed patients' protected meal times and scheduled their own breaks to coincide, thereby allowing 'quiet periods'
- wet-rooms have been located to ensure complete flexibility of bay 'sexing', rather than to achieve compliance with current pattern of male/female occupation
- project risk management identified that nationwide programme of toilet/shower refurbishments would generate supply bottlenecks. The trust therefore conducted early procurement and placement of orders to secure manufacturing slots/stock for key fixtures/fittings and finishes.



Before (left) and after images of the washing and toilet facilities at West Hertfordshire Hospitals NHS Trust.

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## CNO SUMMIT

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and staff has been overwhelmingly positive, and we hope to see the improvement in facilities reflected in the patient experience scores captured by our Dr Foster Patient Experience Trackers.'

Jan Filochowski adds: 'I am delighted that the Trust managed to complete the programme on time and, in so doing, we substantially improved the environment for our patients.'

The project team also held a 'Lessons Learned' review after they completed Phase 1. The key findings can be summed up in one word, TEACH:

- Teamwork
- Expectation
- Anticipation
- Communication
- Hard work

This learning is now being used to implement Phase 2 of the DSSA project, which aims to deliver substantial improvements in patient privacy and dignity in the remaining areas of the Trust's estate.

## Leading quality, caring with compassion

**This year's CNO Summit is only one month away, and the agenda promises to cover the range of 'hot topics' that are impacting on the nursing profession.**

The Summit will take place at the Hilton Hotel Gateshead in Newcastle, from 11-13 November. Here are just some of the sessions on the programme:

- Keynote speakers are:
- CNO Christine Beasley
  - NHS Chief Executive David Nicholson

- Secretary of State for Health Andy Burnham (who will speak on the second day).

During a session on the future of nursing, attendees will hear from nurses at different stages in their career, including a student working in mental health and a nurse consultant.

There will also be a presentation on the Prime Minister's Commission on the Future of Nursing and Midwifery, and the National Director for NHS Flu Resilience, Ian Dalton,

will speak about effective contingency planning and leadership for a swine flu pandemic.

The Summit will also provide opportunities for attendees to network and take part in masterclasses and discussions.

The event will be raising money for disabled

children's charity Whizz-Kidz. The organisation aims to give disabled children the chance to lead a more independent life. It is almost completely reliant on donations and there will be a raffle at the Summit to raise funds.

### Links and info

- Read more about the CNO Summit
- Find out more about Whizz-kidz



## Supporting our future workforce

The NHS Bursary Scheme provides financial support to around 90,000 students undertaking NHS-funded healthcare courses. A review of the

scheme was announced in *A High Quality Workforce*, published in June 2008, and the DH is now seeking nurses' views on how students should be supported in the future.

The DH wants to consider the views of all interested parties before making a final recommendation to ministers. The consultation closes on 11 December 2009.

### Links and info

- Read more about the review and take part in the consultation

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## ENHANCED RECOVERY PROGRAMME

# Two nurses join the Board

**Two nurses have been appointed to join the National Enhanced Recovery Steering Board.**

Enhanced recovery (also referred to as fast-track or rapid recovery) aims to improve patient experience and the quality of elective surgical care, and reduce the length of care pathways. The Board has been set up to ensure that the principles of enhanced recovery models of care are spread across

the NHS in two years. Enhanced Recovery Programmes (ERPs) are designed to prepare patients for, and reduce the total impact of, surgery, helping them to recover more quickly. It is a multi-disciplinary approach similar to that of care bundles.

Trusts that have implemented ERPs are reporting improved patient experience and clinical outcomes, greater productivity, improved staff experience and morale, reduced lengths of stay and improved

waiting times – all of which fits with the DH's Quality, Innovation, Productivity and Prevention agenda.

The DH's ERP Lead, Janine Roberts, says: 'At present, the programme is focusing on understanding the potential impact of enhanced recovery models of care, and identifying the best method to support spread and adoption across the NHS.'

'We are working with 16 innovation sites (14 in England, two in Scotland)



## Enhanced recovery survey

The DH is conducting a survey to gather a snapshot of the varieties of care pathways for elective surgical patients. The web-based questionnaire should be completed by the

clinical lead for each surgical specialty. The questionnaire asks for:

- length of stay data for the two main procedures or operations undertaken in your centre or specialty

- the readmission rate
- some brief details about the specific elements used in your care pathway if you are already using enhanced recovery models of care.
- [Access the survey](#)

to enable this. We are also learning and gaining support from the sites that have been pioneering the use of enhanced recovery pathways independently across England.'

The Board's two new Nurse Advisors, Julie Bolus and Teresa Fenech, spoke about their roles...

**Julie Bolus, Executive Director of Quality and Clinical Assurance, NHS Doncaster.**

'I'm on the Board as Nurse Advisor for primary care. Teresa and I are planning to develop a series of networks and

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work closely with as many nurses as we can to look at how we can maximise the opportunities for them to improve care for their patients, using the ERP.

'The programme supports nurses in helping their patients receive the best care possible by bringing evidence-based care to their daily work, and supporting system changes and new ways of working.'

**Teresa Fenech, Deputy CEO and Director of Nursing, Scarborough and North East Yorkshire Healthcare NHS Trust.**

'Like Julie, my role is to provide professional nursing advice, focusing on acute care, to the overall programme and its partners, to work with the national clinical leads and advisors and to lead on engagement of the relevant professional bodies and organisations.'

'There is a clear need to engage as widely as



Teresa Fenech.

possible with nursing colleagues – starting with nurse directors – along with nursing professional organisations.

'At Scarborough, our surgical team has been a pioneer in enhanced recovery and I will be sharing some of that work with colleagues on the Board. The whole programme fits

particularly well with the Quality, Innovation, Productivity and Prevention agenda, and nursing has a key role to play in this.

### Links and info

- Read more about enhanced recovery

## A vision for the future

**Following an extensive engagement exercise during the summer, the Prime Minister's Commission on the Future of Nursing and Midwifery has now set out its initial vision on the future of nursing and midwifery. It will allow nurses and midwives to reach their full potential and transform the quality of patient care.**

The vision will be tested, as part of the Commission's second engagement phase, through meetings with nurses and midwives, public events and the Commission's website.

The Commission will also seek further clarification, understanding and

debate on ten hot topics that were identified through the initial engagement phase and the Commission's own deliberation. The hot topics range from improving the health and wellbeing of nurses to transforming workplace culture and relationships.

Nurses and midwives are encouraged to visit the Commission's website and take part in discussions on the vision and hot topics.

### Links and info

- Visit the Commission's website

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## DEMENTIA NURSE OF THE YEAR

# Celebrating good clinical practice

**At the third annual dementia services development conference, 14-16 September, Practice Effectiveness Nurse Jane Spencer received the Dementia Nurse of the Year award for her work on continence and older people with dementia.**

Jane's role at South West Yorkshire Partnership NHS Foundation Trust involves visiting clients, who have been diagnosed with dementia, in their homes and undertaking continence assessments – as well as screening the continence assessments that clinicians complete on clients in the inpatient areas.

'The two main causes of going into full-time care are continence and dementia, but through this programme, we have been able to keep people

**'It was fabulous to win the award because it brings our work to the fore. I have been surprised by how many people have been interested in what we are doing.'**

in their homes for longer,' she says.

Jane has developed a formula and trained pre- and post-registration nurses at the Trust to use it. It's called the DPO formula, which stands for:

- Diet and lifestyle – regular fluids and a healthy balanced diet, including fruit and milky drinks, and avoiding too many caffeinated and carbonated drinks
- Prompted voiding – monitor each patient's toilet routine
- Orientation cues – provide clear, pictorial signs to toilets.

'Just by following these steps, we have been able to get some patients back to full continence status, which is great from a health point of view,' says Jane. 'But it also has a massive impact on their quality of life because people with incontinence can very quickly become socially isolated.'

The Dementia UK Awards 2009 were organised by the Dementia Services Development Centre (DSDC), University of Stirling, to celebrate the important work undertaken to support people with dementia

in the UK. Jane was nominated for her award by her manager, Older Peoples Services Manager James Waplington – and she had no idea he had done it until she received a letter in post!

Jane's award has already attracted quite a lot of local and international interest. She has been asked to appear on a new staff training and education satellite TV channel called the Aged Care Channel. The editor of the Alzheimer's Reading Room blog in Florida has asked her to share her practice methods on the site and, closer to home, Jane has offered to run continence training sessions for nursing staff in Leeds PCT.

'It was fabulous to win the award because it brings our work to the fore. I have been surprised by how many



Jane (centre) with James Waplington and Director of the DSDC Professor June Andrews, who presented the award.

people have been interested in what we are doing. I would recommend all nurses to apply for awards when they get the chance – it's an excellent opportunity to share good clinical practice.'

## Links and info

- Read more about the awards

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## IN PROFILE: CHILDREN'S PALLIATIVE CARE

# A life-giving force

**Bernadette O'Gorman is a Community Matron who specialises in paediatric palliative care.**

### Can you give an overview of your role?

I manage Life Force, a community children's palliative care team covering NHS Camden, Enfield, Haringey and Islington. Working alongside community children's nurses, we provide specialist knowledge and support for families with children who have life-limiting or life-threatening illnesses. I am also a nurse prescriber.

### How does the team work?

Very flexibly! Life Force consists of me, another specialist nurse, two play specialists/youth workers, respite nursery nurses, a psychologist and palliative care consultant – and we are all involved in the families' care. Following

assessment of a family's needs, we provide a variety of interventions. Respite allows parents to take a break from care. Play, besides being fun, helps the child cope with their treatment, or to explore how they and their siblings are feeling. We also provide bereavement support to the siblings. Our psychologist provides support to the parents during the child's treatment and bereavement support after.

### How did you get into this role?

I have been working in children's nursing for 20 years. Prior to the start of Life Force, six years ago, I was working within Islington as a community children's nurse. I am extremely proud of the success of Life Force and the fact that we have been recently commissioned by NHS Enfield.

### What are some of the challenges of your role?

This role can be demanding, and managing the various needs of the four PCTs can be challenging. There are inequalities in the services and nursing staff available. Our aim is to allow families to choose where their child is cared for; however the varying budgets can constrain the options available.

### What's the best bit about your job?

The Life Force team is absolutely fantastic – very dynamic and willing to take on new challenges. Working with the families is rewarding and it's a privilege to be able to support them. Undoubtedly the job can be sad, but thankfully there is also lots of fun and laughter. We hold an annual memory day, recently planting a tree and bench in the local park, in memory of the

children who have come under Life Force's care.

### What do you think is the biggest challenge for the nursing profession, right now?

The Transforming Community Services programme will have a big impact on all nurses by creating lots of opportunities, like nurse prescribing and advanced nurse practitioner roles. However, this is in a climate where there are insufficient numbers of community children's nurses. The profession is constantly changing, and it demands flexible dynamic staff to be able to cope with these changes.

### What advice would you give to a nurse who was interested in getting into this area?

There are not enough nurses in children's community nursing and



I would highly recommend it as a diverse role. You're involved in everything to do with supporting the patients and their families and you really get to know them. In children's palliative care, you must be well supported – you couldn't do the job in isolation – which is why Life Force cares for every family as a team.

### Links and info

- Read more about Life Force

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## NHS CONNECTING FOR HEALTH

# Systems and services to improve patient care

**Ros Moore was recently appointed Nursing Director at NHS Connecting for Health (NHS CFH). This DH directorate supports the NHS by delivering computer systems and services that improve how patient information is stored and accessed.**

'My aim is to strengthen the voice of Nursing and Midwifery and the Allied Health Professions, within NHS CFH and the National Programme for IT (NPfIT), so that products systems and services support better patient care, service transformation and best practice,' says Ros.

She will also ensure that NHS CFH and the NPfIT are aligned with CNO and SHA leads, policy and strategy, and generally help the professions prepare for the demands of an e-care world.

Ros's career has spanned

practice education and NHS management, but she says the one area that has proved especially useful is her previous work as one of the national clinical leads for NHS Direct.

'I learned a lot of key skills about technological innovation in healthcare, and I developed a firm belief that technology and informatics are tools for the delivery of nursing care and for professional assurance of quality,' she says. 'They also bring significant benefits for patients and improve the working lives of nurses.'

NHS CFH supports the national programme for IT by providing new models of care and approaches, including:

- tools – such as the Picture Archiving and Communication System (PACS) – to support diagnosis
- electronic prescribing support for practitioners

- Summary Care Records, which provide healthcare staff with faster access to patients' key health information
- telecare initiatives supporting care closer to home
- mobile technology, which is being used in many areas to give nurses clinical information at their finger tips.

'The NHS is also developing a series of fully integrated, IT-based patient management and clinical care systems,' Ros says. 'They will tackle some of the historical problems, like communication, and hopefully give nurses more time for quality and caring.'

One area of focus for

Ros is the standardisation of data and clinical content in electronic systems and records. The aim is to secure good information for quality improvement, encourage information sharing and improve the safety and effectiveness of nursing practice on the frontline. NHS CFH works closely with the NHS Information Centre on this.

'I believe e-care gives us the opportunity to modernise the profession,' says Ros. 'Technology will help build a partnership approach to working with patients, make us more responsive, rid us of outdated processes and allow us to offer ever more advanced clinical care.'



Ros Moore.

## Links and info

- Read more on the NHS CFH website

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## NEWS IN BRIEF

### Tackling medication incidents and increasing patient safety

**Safety in doses, published by the National Patient Safety Agency (NPSA), identifies risks and areas for action based on a detailed analysis of over 70,000 medication incidents across the NHS in England and Wales.**

A chapter on acute settings outlines findings, such as:

- wrong/unclear dose, strength or frequency remains the most frequently reported incident type occurring during the treatment of adult patients in the acute setting
- the prevalence of omitted medicines continues to be high across the acute sector
- incidents involving injectable medicines cause significant harm
- incidents frequently

occur due to a breakdown in communication between healthcare professionals in the acute care setting and as a result of poor documentation – particularly at transfers and hand-offs

- incidents can sometimes arise from high workload pressures and insufficient resources.

One of the suggested action points in the report is the setting of standards for what constitutes a delayed or omitted medicine in each clinical area. These standards should be audited and incidents analysed locally to identify causes of delay or omission.

#### Links and info

- [Read the report](#)

### Vetting and Barring Scheme: new duties for healthcare practitioners

The first phase of the Vetting and Barring Scheme came into force on 12 October 2009. Any healthcare practitioner, who removes a member of staff from their duties because they have harmed or risked harm to children or vulnerable adults, will have a duty to refer that staff member to the Independent Safeguarding Authority. It will also be an offence to knowingly employ a barred person in a regulated activity position. The referral duties apply to all healthcare practitioners.

- [Download guidance on how to make referrals](#)

### Guidance for treating inpatients with diabetes

The NHS Institute's ThinkGlucose programme has been developed in co-production with multi-disciplinary teams, including diabetic

specialist nurses, to improve the experience of inpatients who have diabetes. ThinkGlucose provides a package of resources to improve awareness and remove the obstacles to the treatment of patients with diabetes as a secondary diagnosis. Reported benefits include reductions in:

- insulin drug errors
- inappropriate referrals to the specialist diabetes team, including nurses, therefore freeing up their time
- the average length of stay by a minimum of two days.
- [Download the resources](#)

### MHRA educational modules

The Medicines and Healthcare Products Regulatory Agency (MHRA) has produced a series of educational modules to address the issues associated with the use of the following devices: electrosurgery

(diathermy); anaesthetic machines; operating tables; and devices in practice. An increasing number of incidents resulting in significant morbidity arise out of user device/interface problems, or a lack of understanding of how to use the devices. The MHRA continues to receive reports of problems associated with these four devices in particular. The modules are password protected, but there are simple instructions on the website for accessing them.

- [View the modules on the MHRA website](#)

### Learning network for NHS Health Checks

A learning network has been established to support the implementation of the NHS Health Check programme, which started in April 2009. The next network event will take place on 5 November 2009 in London. NHS Health Checks will be for people aged 40-74,

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### Subscribe to the bulletin

Nurse directors should email [bulletin.subscriptions@dh.gsi.gov.uk](mailto:bulletin.subscriptions@dh.gsi.gov.uk) All other nurses, midwives and health visitors should email [dh\\_cno\\_subscription@etdsolutions.com](mailto:dh_cno_subscription@etdsolutions.com). Provide your name, job title, the name of your organisation, address and phone number.

## NEWS IN BRIEF

to help reduce the risk of heart disease, stroke, diabetes and kidney disease. It is expected that full implementation of the programme will be achieved by 2012/13.

- [Find out more about the learning network](#)
- [Register for the event](#)

### Hepatitis C awareness campaign continues

The latest phase of the DH hepatitis C public awareness campaign, *Get tested. Get treated*, began on 5 October 2009 and will run until 31 March 2010. It will continue to target former injecting drug users and the South Asian population, groups which are at increased risk of infection. Resources, including a dedicated website on NHS choices for primary healthcare professionals and the *Hepatitis C Quick Reference Guide for Primary Care*, are available.

- [Visit the NHS Choices hepatitis C website](#)

### PUBLICATIONS & CONSULTATIONS Prioritisation for Quality Improvement: engagement exercise

The National Quality Board will advise ministers on clinical priorities for the NHS, and on topics for NICE quality standards. Comments and constructive criticism on this stakeholder engagement document are welcomed. The Board is particularly interested in the views of those working on processes for determining priorities locally. The consultation closes on 10 November.

- [Take part in the exercise](#)

### Quality Accounts consultation

The DH has launched a public consultation on the proposed framework for Quality Accounts, and everyone interested in improving quality in the NHS is invited to respond. All NHS healthcare providers will be legally required to produce

quality accounts from June 2010, subject to the successful passage of the Health Bill. The duty applies to the acute sector next year and will be applied to primary care and community services subsequently. The consultation closes on 10 December 2009.

- [Participate in the consultation on the DH website](#)

### Guidance to improve operating theatres

The NHS Institute for Innovation and Improvement has published a programme of support to help make operating theatres more efficient. *The Productive Operating Theatre* – which was produced with and tested by NHS theatre teams – is the latest instalment in the NHS Institute's Productive Series. The programme has been designed for theatre teams in NHS England to help improve patient safety, experiences and outcomes, and help

deliver the DH's Quality, Improvement, Productivity and Prevention agenda.

- [Download the guidance](#)

### Delivering high quality midwifery care

This report gives a clear start to the debate about the issues and sets out important priorities, opportunities and challenges for midwives. The Quality of Midwifery Care Project steering group, its subgroups of midwives, lay representatives and other stakeholders – with support from the DH – were charged with considering the opportunities, priorities and challenges for midwives as they use the impetus of *High Quality Care for All* and Maternity Matters to promote consistent, high-quality services delivered by a high-quality workforce.

- [Download the report from the DH website](#)

## DIARY

### CNO Summit: 'Leading quality, caring with compassion'

**Date:** 11-13 November in Newcastle. Directors of Nursing are encouraged to [register online](#)

### Competence in New Nursing Roles, Skills and Advanced Practice

**Date:** Wednesday 4 November 2009

**Venue:** 20 Cavendish Square, London  
Whether you are responsible for the management of nurses or want to find out more about developing competence in your own role, this conference – accredited by the Royal College of Nursing (RCN) – is an opportunity to learn about the policy and practical development of advanced nursing practice.

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