

Issue 103, December 2011 – January 2012

<http://cno.dh.gov.uk/>

Gateway number: 17156

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Christine Beasley's Voicepiece

In this edition of the CNO Bulletin, the first for 2012, I would like to extend my congratulations to all those nurses and midwives recognised in the Queen's New Year's Honours list. With this in mind, the beginning of the year is a good time to consider what we can do to raise the public profile of our achievements. International Nurses Day and the International Day of the Midwife in May give us an opportunity to plan local events that celebrate success and raise the profile of the high quality care we provide. This edition identifies resources that may help you start with local plans.

Innovation Health and Wealth, the report published in December 2011, brings together high quality care, clinical practice, research, education and training and also recognises the importance of strong clinical leadership and rewarding innovation. Following the Prime Minister and Secretary of State's recent visit to Salford Royal NHS Foundation Trust, this edition includes details of resources available to nurses and midwives that underpin good practice and can be used to help to improve the quality of care.

It's still not too late to set a few resolutions for the year ahead and I hope you will be inspired by some of the opportunities identified here to apply for scholarships and awards that support your continuing professional development, clinical academic careers, innovation and strong clinical leadership – all of which contribute to improvements for patients across the NHS.

With all good wishes for 2012,

Christine Beasley
Chief Nursing Officer

Awards and scholarships – supporting innovation and improvements in care

The beginning of the year is, for many of us, a time for making plans and resolutions for the year ahead. Whether they are about improving the environment of care, simplifying referral systems

or introducing greater flexibility into the way we work, important changes need not take a lot of time, nor cost the earth.

Innovation in nursing practice means thinking differently about our day-to-day practice and going about things in a different way. Often, relatively small changes in practice can make a big difference to the patient's experience of care. But innovation needs the recognition, support and involvement of peers and managers. Good practice, which has become part of our daily work, can often be invisible to those directly involved.

We need to make innovation in practice more visible and more widely adopted across the NHS. There are a range of charitable and independent organisations, which support nurses, midwives, health visitors and allied health professionals through awards and scholarship schemes working in partnership with NHS and other healthcare providers to improve patient experience.

Many of these awards and scholarships encourage the development of new partnerships, enabling and encouraging nurses and midwives to work in different ways across different organisational boundaries to establish new relationships, which can lead to improved care.

Through motivating individuals and teams, they can also provide opportunities to promote leadership and empower leaders of the future. Often the benefits of such awards act as a catalyst for individuals and teams to go on to bigger and better things, both in terms of their own careers and in terms of further improvements to patients' experience of care. Many awards recognise the patients' perspective – how they see improvements, what made a difference to their care and what it means to them.

Here we feature some of the local awards, scholarships and funding opportunities available across the country, some specifically for nurses and midwives, others, open to a wider range of professionals. You can visit the respective websites for further information including details of dates to apply in 2012.

Links and info

The Burdett Trust for Nurses makes grants to support the nursing contribution to healthcare, working in partnership with a range of different organisations as funding partners to help manage and promote various awards and scholarships. These include:

- [Help the Hospices](#)
- [Florence Nightingale Foundation](#)
- [Foundation of Nursing Studies](#)
- [Queens Nursing Institute](#)
- [Roahl Dahl's Marvellous Children's Charity](#)
- [ICN Global Nursing Leadership Institute 2011](#)
- [Visit the Burdette Trust website for further details of bursaries and scholarships](#)

Mary Seacole Leadership Awards

Funded by the Department of Health, the awards are administered by the Royal College of Nursing, Royal College of Midwives, Community Practitioners' and Health Visitors' Association and UNISON. These awards honour the memory of pioneering nurse and Crimean War heroine Mary Seacole and open for application in early spring 2012.

- [Read more about applying for a Mary Seacole Leadership Award.](#)

RCN Foundation Bursary Programme

This programme includes information on a wide range of scholarships and awards. Here are a selection open for application between January to March 2012:

- **The Ethicon Nurse and Practitioner Educational Trust Fund 2012** - Bursaries of up to £1,000 to enable individual nurses to further their professional development and enhance the standard of

expertise in their field. Open to all nurses and midwives currently registered in the UK who will be implementing their learning and development in the UK. Closing date 1 March 2012.

- **The Kershaw Educational Bursary** - bursaries for recently qualified nurses to support continuing professional development. The scheme was set up to acknowledge and support those who as students were actively involved with the work of the RCN. Up to 100% funding may be offered to successful applicants. Open to RCN members who were actively involved with the work of the RCN as students and who are within three years of their initial registration at the closing date. Closing date 1 March 2012.
- **Barbers company clinical nursing scholarship** - enables nurses in clinical nursing to undertake further education, research or a clinical project. The scholarship of up to £7,500 is offered for the fees or subsistence of a nurse normally undertaking a taught Masters programme, relevant to nursing or research in an academic department in the UK or at an approved academic department of nursing overseas. Closing date 28 February 2012.

How to apply:

For full details and application forms where applicable please visit:

- [RCN Foundation bursary scheme and](#)
- [RCN Foundation bursaries.](#)

Online funding directory for R&D

The Department of Health-funded RDInfo online directory is a valuable source of information on awards, scholarships and funding for research and development. Jointly run by Leeds Teaching Hospitals NHS Trust and the University of Leeds, RDInfo is based on a centralised database containing up to date details of potential funding sources and associated grant awards. Grant award information provides details of the latest awards available, including level of funding, specific application criteria and the closing date for receipt of applications.

- [Read more on the RDInfo site.](#)

National Institute for Health Research (NIHR) Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) undertake high quality applied health research focussed on the needs of patients and support the translation of research evidence into practice in the NHS.

CLAHRCs are collaborative partnerships between a university and the surrounding NHS organisations, focussed on improving patient outcomes through the conduct and application of applied health research. They create and embed approaches to research and its dissemination, specifically designed to take into account the way that healthcare is increasingly delivered across sectors and a wide geographical area.

- [Read more about the Collaborations.](#)

The new i4i Challenge Awards will hold an annual competition to address a particular 'challenge' facing the NHS. The first competition will open on 27 February 2012 and addresses the diagnosis and monitoring of cardiovascular disease – the leading cause of death in England and worldwide. Cardiovascular disease encompasses a range of diseases of the heart or blood vessels, including coronary heart diseases such as angina and heart attack, stroke and peripheral arterial diseases such as thrombosis. The i4i Challenge Awards will be inviting applications seeking to implement diagnostic and monitoring point-of-care devices for cardiovascular diseases into everyday clinical practice.

- [Read more about the i4i Challenge Awards.](#)

Recognising achievement – celebrating success

International Nurses Day on 12 May 2012 and the International Day of the Midwife on 5 May 2012 recognise the contribution that nurses and midwives make to improvements in care. Celebratory events are often planned around these times but throughout the year there are many other

opportunities to nominate teams and individuals in recognition of their contribution, success and achievement. Links to a selection of national award schemes are identified below. In this article, Angela Thompson, Director of Nursing, East and North Hertfordshire NHS Trust, describes some of the benefits of involving the public in staff awards.

Every NHS trust holds some form of awards ceremony to recognise the contribution made by its staff. Here at East and North Hertfordshire, we used to have separate events for all staff, nurses, long service and our volunteers.

During 2010, we launched an organisational development programme, which we've called ARC (it stands for accelerate, refocus and consolidate). The ARC programme led us to re-evaluate the trust's staff awards programme and consolidate the four different events into one awards programme and ceremony. This was easier to organise and cost less – an important consideration in the current economic climate.

We built on this new approach by re-shaping the award categories, as well as making it clear that all nominations needed to focus on the trust's vision and values. For the first time, we also had a special category for public nominations – which we promoted to our patients internally and through the media.

We didn't know what to expect but were overwhelmed by the response.

Our awards event held in November 2011, proved a huge success. Everyone from our nurses to volunteers had a chance to shine and see their contributions recognised.

What made the most impact, both on the night and since, were the testimonies of the two short listed public nominees. Their words spoke volumes for the dedication and quality of care provided by our staff, including nurses. Literally, there was hardly a dry eye in the house... we have their permission to share these stories publicly:

Public nominee winner: The Lister Hospital's Intensive Care and High Dependency Team

Eric Stringer's wife Ann was in a coma in December 2010, but thanks to the support of the intensive care and high dependency team at the Lister, has now recovered. In nominating them for an award, Eric said: "I thought I was going to lose her. You can tell when people are paid for doing a job – this felt like a whole lot more. There was a great deal of genuine love around, as well as professionalism. One nurse used to give me a hug – it just made me feel special. I think it's just as important to have the care as well as the medication – they were all such genuine caring people."

The trust's Forster Suite Team (a chemotherapy service)

After the death of Lynda Jeff's husband in February 2011 following a four-year battle with cancer, Lynda nominated the trust's Forster Suite Team, based at the Lister, for an award. In her nomination, Lynda said:

"The staff made my husband's experience personal; it wasn't just about treating him medically. They treated him as part of their life. My husband got so much happiness out of such a sad situation, all thanks to the staff on the Forster suite. I wrote in because I felt it was an opportunity for the public to show we care about you, just like you show you care about us."

The impact of involving the public in our annual awards was probably the highlight of the evening. It also changed the focus away from one of internal recognition to allowing our patients have their say. The result was overwhelmingly positive and our only ambition for 2012 is to make sure that the public's involvement is bigger and better.

Links and info

- [Read more about the trust's awards.](#)
- [Find out more about International Day of the Midwife.](#)

National awards – recognising and celebrating success and achievement

Visit the sites below for further details and to sign up for 2012 awards information:

- [CPHVA Awards 2012](#)
- [CPHVA Education and Development Trust MacQueen Award 2012 for Excellence in Education](#)
- [Health Service Journal Awards](#)
- [Midwifery Practice Awards – British Journal of Midwifery](#)
- [Nursing Standard Awards](#)
- [Nursing Times Awards](#)

Nurses and midwives recognised in the 2012 New Year Honours List

Congratulations to the following nurses and midwives awarded in this year's Honours List:

Dame Commander of the Order of the British Empire

- Julie Moore, Chief Executive, University Hospitals Birmingham Foundation Trust

Commanders of the Order of the British Empire

- Professor Hilary Anne Chapman – Chief Nurse and Chief Operating Officer, Sheffield Teaching Hospitals Foundation Trust, South Yorkshire
- Dr Neslyn Eugénie Watson-Druée – former Chair, NHS Kingston

Officers of the Order of the British Empire

- Sheena Catherine Byrom – Consultant Midwife, East Lancashire Hospitals Trust
- Maureen Morgan – Community Nurse, Nottingham

Member of the Order of the British Empire

- Daren Morgan Edwards – Clinical Nurse Specialist in Plastic Surgery, Barts and the London NHS Trust

Officer in the Military Division of the Most Excellent Order of the British Empire

- Colonel Jane Elizabeth Davis, formerly with Queen Alexandra's Royal Army Nursing Corps, Territorial Army

Royal Red Cross – Second Class

- Major Helen Elizabeth Purvis, Queen Alexandra's Royal Army Nursing Corps, Territorial Army

International Nurses Day – plan ahead for events around 12 May 2012

International Nurses Day is an opportunity to celebrate nursing and the contribution we make, improving the lives of individuals and their families, the health and wellbeing of whole communities and the wider population.

This year, NHS Careers and the Florence Nightingale Foundation are working with the Inspiring the Future initiative from independent charity, the Education and Employers Taskforce, to make this year's Nurses Day the best yet. 12 May falls on a Sunday this year so celebrations during both the week before and after will mark the anniversary.

Over the next few months through the CNO Bulletin and our respective websites, we will be posting ideas and resources with different ways that you can get involved to:

- enhance the image of nursing and nurses locally and nationally
- represent the diversity of nursing roles and their contribution to health and wellbeing
- promote nursing as an attractive, rewarding and modern career.

In the meantime, why not think about what you could do locally and share your ideas with colleagues and patients. You could link up with other initiatives, for example, promoting health and wellbeing in the local population, planning recruitment campaigns with local schools and colleges and contributing to improved patient and carer involvement, as well as setting out some goals for your own achievement, part of your continuing professional development for the year ahead.

We invite you to share your ideas, suggestions and resources for International Nurses Day. Please send us your thoughts.

Links and info

- [Read up on International Nurses Day.](#)
- [Learn more about Inspiring the Future.](#)
- [Download the Florence Nightingale Foundation website.](#)

Innovation, Health and Wealth: accelerating adoption and diffusion in the NHS

Innovation, Health and Wealth, published 5 December 2011, sets out a plan for spreading innovation throughout the NHS. Hundreds of nurses and midwives contributed to the innovation review which informed the final report.

Rapidly spreading changes that improve quality and productivity throughout the NHS is a priority. The 2012/13 NHS Operating Framework makes it clear innovation is critical to this.

There are a number of high impact innovations that will make a real difference to the quality and experience of people's lives, as well as delivering productivity improvements.

These include:

- the rapid spread of telehealth technology
- improving the quality of children's wheelchair services
- the routine use of fluid monitoring technologies, and
- the provision of carer breaks for those looking after people with dementia.

From April 2013, compliance with the high impact innovations will become a pre-qualification requirement for the Commissioning for Quality and Innovation (CQUIN) payment framework.

Annual Florence Nightingale Conference and charity gala dinner

Sharing Innovation, Delivering Solutions is the theme of the second annual Florence Nightingale Conference that will take place on 8 and 9 March 2012 at the Queen Elizabeth II Conference Centre in London.

Links and info

- [Download Innovation, Health and Wealth.](#)
- [Sign up for the Florence Nightingale Foundation Annual Conference.](#)

A commitment to quality – Salford Royal NHS Foundation Trust welcomes Prime Minister and Secretary of State

Salford Royal NHS Foundation Trust recently welcomed Prime Minister David Cameron and Secretary of State for Health Andrew Lansley on the day the Prime Minister announced a package of measures to improve standards of care in hospitals.

The Prime Minister and Secretary of State participated in Intentional Rounding, bedside safety thermometer data collection and met ward matrons from the trust's SCAPE (Safe, Clean and Personal Every time) accredited wards.

Nursing at Salford Royal sits at the heart of a number of quality improvement strategies that are considered under the trust banner of safe, clean and personal and care is assessed and accredited using the trust's Nursing Assessment and Accreditation System (NAAS).

NAAS acts as a performance assurance framework, designed around 13 standards with each standard subdivided into three elements: leadership, care and environment. The assessment is undertaken independently by the corporate lead nurse and the results are reported each month to the trust board.

Each ward is assigned a red/amber/green rating and three consecutive green assessments over a 24-month period enables a ward to be considered for SCAPE status. This category enables the ward sister to be promoted to ward matron and for the ward to operate with a higher level of autonomy. A ward with consecutive red ratings will have targeted support and subsequent failure to improve will result in a review of the ward's leadership.

Nurses at Salford Royal have embraced the concept of harm reduction as measured by the patient safety thermometer. The method of data collection has been tested using 50 percent of all inpatients since the inception of the thermometer and in November 2011, the trust commenced data collection on 100 percent of all hospital inpatients.

Piloted in April 2011, Intentional Rounding is a structured process where nursing staff carry out regular checks on patients at set intervals, typically hourly. The hourly check follows a prescriptive format using the 4Ps system and crucially, should finish with the closing key words: "Is there anything else I can do for you?"

- Pain ("How is your pain?")
- Personal needs ("Would you like help getting to the bathroom?")
- Position ("Are you comfortable?")
- Possessions (help with drink, moving items to within reach)

The initiative has been tested and refined by frontline nursing staff in partnership with patients and became an organisational policy in November 2011.

The initiatives above have led to the following improvements:

- 92 percent of patients harm free as measured by the safety thermometer
- 78 percent reduction in C. difficile
- 71 percent reduction in cardiac arrests
- 56 percent reduction in pressure ulcers
- 17 percent reduction in falls.

Staff have responded positively to these initiatives. Comments include:

"Intentional Rounding, for me, is about engaging with our patients to make sure the care we give meets all of their needs." - Dylan Edwards, Ward Matron

“Intentional Rounding gives patients a platform to be involved in their care planning process and an opportunity to share a thought, need or concern before it becomes a problem.” - Lisa Horkin, Trust Matron

“The safety thermometer provides an easy and simple method for surveying five patient harms so local improvement over time can be measured and monitored.” - Charlotte Barrett, Ward Matron

“The hourly ward rounds demonstrate our commitment to deliver high quality care to our patients, improve the quality of their experience and make their hospital stay harm free. It is satisfying and rewarding to be able to place the patient at the heart of the ward activity.” - Jacqui Varden, Ward Matron

"Intentional Rounding provides an opportunity for engaging with the nursing teams to ensure they understand the importance of patient involvement at every stage of the journey." - Sally Hulme, Ward Matron

“Patients feel reassured by the increased visibility of nursing staff at the bedside.” - Samantha Adamson, Ward Matron

Executive Director of Nursing Elaine Inglesby said: “The ministerial visit was an excellent opportunity to showcase some of the initiatives we are supporting and already implementing to improve our nursing care to patients, one example being Intentional Rounding.”

Following the visit, the Prime Minister said: "It was great to visit Salford Royal and to see its commitment to continually improving the quality of care for patients. The staff there were clear that hourly nursing rounds make a real difference to the care they can provide. It was evident from spending time in the hospital, the importance placed on the views of staff and patients. With an excellent track record in nursing care, Salford Royal is leading the way for hospitals across the country."

A commitment to quality: useful resources

The NHS Safety Thermometer

Part of the 'harm free' care initiative, the NHS Safety Thermometer was developed for the NHS by the NHS as a point of care survey instrument. It allows teams to measure harm and the proportion of patients that are 'harm free' during their working day, for example at shift handover or during ward rounds.

The NHS Safety Thermometer provides a 'temperature check' on harm and can be used alongside other measures of harm to measure local and system progress.

Links and info

- [Read more about 'harm free' care.](#)
- [Read more about the NHS Safety Thermometer.](#)

Confidence in Caring: a framework for best practice

Providing care in hospitals today is more complex than ever before. Healthcare has changed, with more technology involved, more specialist care and more complex patient needs.. But the most fundamental aspects of care remain the same as they ever were: patients and users expect to be safe and to be treated with courtesy, respect and kindness. Those basic principles are vital to ensuring patients have confidence in the care they receive.

Confidence in Caring is designed to help nurses, carers and care planners to do this. It offers a framework of best practice guidelines to help carers focus on the issues that matter most to patients and provides a positive experience for them. It can be used in conjunction with initiatives like The Productive Ward and Essence of Care.

Links and info

- [Download Confidence in Caring.](#)

Releasing time to care – The Productive Series

The Productive Series, including The Productive Ward, supports NHS teams to redesign and streamline the way they manage and work. This helps achieve significant and lasting improvements – predominately in the extra time they give to patients, as well as improving the quality of care delivered while reducing costs.

Key to the success of The Productive Series is that improvements are driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work. The process promotes a continuous improvement culture leading to real savings in materials, reducing waste and vastly improving staff morale.

Links and info

- [Download The Productive Series.](#)

Essence of Care

Essence of Care 2010 contains twelve benchmarks that support quality improvement in frontline care across care settings at a local level.

The benchmarking process outlined in Essence of Care 2010 helps practitioners to take a structured approach to sharing and comparing practice, enabling them to identify the best and to develop action plans to remedy poor practice.

Essence of Care 2010 identifies best practice and highlights how this can be achieved. Developed in partnership with people and carers, it reflects their health and social care needs and preferences. Essence of Care 2010 can be used in a number of ways and at different levels:

- a quality assurance or benchmarking tool
- a reference document or checklist
- an audit tool
- a dissemination tool
- a root cause analysis tool
- an education tool
- to provide evidence of compliance with registration criteria for the Care Quality Commission.

Links and info

- [Download Essence of Care 2010.](#)

Energise for Excellence in Care (E4E)

E4E is now strategically positioned as the over-arching approach to the implementation of improvement initiatives such as: High Impact Actions, Productive Care, Safety Express and Essence of Care. Many of these initiatives are not new and the emphasis is to pick and mix initiatives and ensure that improvement work is happening in each of the E4E domains: Get staffing right, Deliver care, Measure impact, Patient experience, Staff experience.

Links and info

- [Read more about E4E.](#)

Nursing and Care Quality Forum

A new drive to free up nurses to provide the care patients and relatives expect was announced on 6 January 2011 by Prime Minister David Cameron and Health Secretary Andrew Lansley.

As part of this drive to make improvements in nursing quality and care, the PM announced the establishment of a Nursing and Care Quality Forum.

The forum will seek out good practice, and advise on implementation. The prime focus will then be to exhibit national leadership to stimulate local action by those delivering care to address problems and promote the improvements needed across services.

The forum will have its own independent chair and a membership that brings diversity in knowledge, expertise and interest. It will be expected to use research, establish an evidence base, listen to a wide range of views and synthesise best practice.

Sally Brearley has been announced as Chair of the new forum. Sally trained as a physiotherapist and then as a nurse. Subsequently, she has had extensive experience in the field of patient and public involvement.

Commenting on the forum itself, Ms Brearley said: "I would like to think of it as a forum in the widest sense of the word that includes and involves everyone who is working so hard to improve standards of care. We need to harness the expertise, energy and enthusiasm out there and that has already been demonstrated by so many. Nurses have not lost their desire to deliver care with kindness and compassion. The overwhelming majority of students come into the profession precisely because they want to care for patients in this way. The forum will do its utmost to support and promote excellent standards of care, to facilitate the spread of best practice and to 'fly the flag' for nursing. Our work will not be confined to hospitals. In every setting where care is delivered, kindness and compassion is absolutely essential to patients, service users and carers. Staff must be supported and empowered to care in this way."

It is proposed the first meeting of the forum will take place in late February. Further information will be available following this initial meeting as well as regular updates on the forum's progress, an insight into the working lives of its members and advice on how you can help shape its work.

Links and info

- [Submit your comments or queries on the forum or its work.](#)

First Director of Nursing for Public Health

The top nursing post for public health, which will provide leadership to the workforce and help the public to live healthy lives, was announced on 3 January 2012 by Health Secretary Andrew Lansley.

Professor Viv Bennett has been appointed as Director of Nursing in the Department of Health and the Government's Principal Advisor on Public Health Nursing. Viv was previously the Deputy Chief Nursing Officer. This new post will complement the role of Chief Nursing Officer in the NHS Commissioning Board, which is currently being recruited to. Together these posts will enhance the role of nursing leadership and replace the current role of Chief Nursing Officer (CNO) in the Department of Health.

The Director of Nursing will be accountable to the Director General of Public Health in the DH and will work closely with ministers and the Permanent Secretary, to ensure public health nursing is central to government policy. Viv will work closely with a range of other national nursing leaders, in particular, the CNO on the NHS Commissioning Board, to ensure a strengthened nursing leadership framework.

Key responsibilities will include:

- providing high quality and independent nursing advice to the Department and across government on policy issues and public health nursing;
- leading and coordinating nursing policy development to maximise the contribution of nursing focusing on public health
- acting as champion for health improvement on a stage in the life course
- providing nursing advice to the development of social care
- providing professional nurse leadership for public health nurses and midwives and for health visitors and developing and extending the public health role of all nurses

Health Secretary Andrew Lansley said: “Good nursing care is a central pillar of public health and strong nursing leadership must be at the heart of this. I am extremely pleased that Viv has agreed to take up the post of Director of Nursing and the Government’s Principal Advisor for Public Health Nursing. As an experienced health visitor, Viv will bring her knowledge of public health nursing and her wider experience from the NHS, local and national government to the role. In her role as Deputy Chief Nursing Officer, she demonstrated strong clinical leadership of the national health visiting and school nursing programmes.”

Department of Health Permanent Secretary Una O’Brien said: “I am delighted that Viv is taking on this exciting and challenging role. There is a great opportunity for Viv to establish and develop this role to strengthen the voice of nursing in public health and influence the future direction of public health in general.”

Viv Bennett said: “I am honoured and excited to have been given this opportunity. As a nurse and a health visitor, I am passionate about the application of nursing and midwifery skills and knowledge to improving and protecting the public’s health.

“This role brings our contribution to the fore. From the start of life giving our children the best start, throughout the life course and in supporting older people to have the best possible health and independence nurses can make really a positive impact on health outcomes. I look forward to working with the professions, our partners and the people we serve to maximise this contribution to improving health and wellbeing.”

Viv joined the Department of Health as Deputy Chief Nursing Officer in November 2007. She has worked in a number of NHS operational management and commissioning roles and undertaken nurse executive roles in both provider and commissioning organisations. She has also worked for SHA and local government on projects relating to nursing strategy and services for children and families. The role includes providing professional and clinical advice to ministers and policy leads, as well as leading on professional and policy development for a range of services and health issues.

The nursing contribution to public health

With the recent appointment of Viv Bennett as Director of Nursing in the Department of Health and the Government’s Principal Advisor on Public Health Nursing, we consider the nurses contribution to public health. This month we hear from two nurses in established public health roles focusing on learning disability nursing and school nursing.

As skilled, innovative and flexible practitioners, Lesley Russ sees learning disability nurses as well equipped to take on public health roles.

Lesley, an experienced learning disability nurse, with a Masters degree in Public Health, has worked at NHS Bristol as a public health specialist for people with learning disabilities since 2006. The role draws on her knowledge and understanding of local needs. This not only involves data collection, but

most importantly good communication with people with learning disabilities, carers and other key stakeholders including GPs, commissioners, acute trusts, learning disability and independent providers.

These partnerships have led to needs assessments and reports, including an overview of health needs identified from GP registers, older people and sexual health. A report highlighting the unmet needs of parents with learning disabilities, published on the joint strategic needs assessment, has led to this issue becoming a local council priority equalities objective. Ongoing work includes a detailed survey on the needs of children and adults with profound and multiple learning disabilities (PMLD) and a health equity audit of GP health checks.

Lesley finds the role extremely varied. With the focus on inclusion, advocating for employment has been a high priority. This has resulted in permanent jobs for people with learning disabilities as health trainers. Lesley has also made sure others are paid to produce accessible information or deliver training to the local health workforce. Other work includes:

- working with the public health domestic violence team
- working with the MISFITS Theatre Company, producing a DVD and training pack for people with learning disabilities
- setting up a care pathway for drug and alcohol users with learning disabilities, using a wet clinic to get their health needs met, and
- working with the local prison, where learning disabilities may not be declared, to develop accessible systems to benefit all prisoners.

Lesley says: “The knowledge, skills, attitudes and values of learning disability nurses fit well with the public health agenda. Challenging health inequalities is integral to their role, so they are well placed to work in public health practice. It is essential meeting these inequalities is embedded in the role and remit of public health departments.”

Trish Smith is School Nurse Co-ordinator and Clinical Lead at Shropshire Community Health NHS Trust. She says: “Addressing the wider public health agenda can be challenging, particularly managing large caseloads in the current economic climate. However, with the Healthy Child Programme to guide the way forward and a clear service vision, with a focus on outcomes, we are using the unique expertise of the school nurse team to improve the health and wellbeing for children and young people living in Shropshire.”

Trish sets out some of the key priorities which include:

- raising the profile of school nursing - recognising their public health expertise for the school aged population as their unique selling point
- supporting and enabling children and young people to reach their full potential at school
- addressing government priorities regarding obesity, improved mental and emotional health, reduction in teenage pregnancies and sexually transmitted infections.

She describes a range of local initiatives highlighting the contribution of school nurses to improvements in the health and wellbeing of children and young people. These include sexual health and confidential services for young people in secondary schools, covering emergency contraception, use of condoms and pregnancy testing, all of which contribute to a local reduction in teenage pregnancy and sexually transmitted infections. Another initiative Trish describes is drop-in service Confidential Help and Advice for Teens (CHAT), to help address emotional health issues such as relationships, bullying, and eating disorders.

“Currently we are piloting a new school nurse-led children's weight management programme. The outcomes at this stage look promising and we hope to work with commissioners to develop this further.”

Trish also highlights the importance of local knowledge and inter-agency collaboration in the management of long term conditions. The School Nursing Service has worked with colleagues in the local authority (education and health and safety departments), public health and the acute trust to develop a training package for all schools in the county to support children and young people who suffer

from asthma. The package offers consistent and evidence based asthma guidance for schools, including training for school staff on the management of asthma and asthma attacks, developing individual care plans for ongoing support.

The service is evaluated by direct measurement of improved health outcomes that include reductions in school absence due to ill health, fewer visits to GPs and less hospital admissions, each of which are indicators of improved health and wellbeing for children and young people.

Links and info

- [Download the Misfits Theatre Company website.](#)
- Over the coming months, the Department of Health will be raising the profile of the nursing contribution to public health so please let us know of initiatives you are involved in - post a comment or [send us an email.](#)

Sexual and reproductive health within mental illness – e-learning in practice

The Social Care Institute for Excellence (SCIE) launched a unique new e-learning course in November 2011 aimed to address the poor reproductive and sexual health of people with mental illness. The course, SCIE Sexual and Reproductive Health for Mental Health professionals e-learning course – is free to access and is already helping mental health staff and the people they work with.

One such student to benefit from the learning is Beatrice Kungwengwe, a mental health nurse based at Springfield Hospital, part of the South West London and St George's Mental Health NHS Trust. Since 2009, Beatrice has been using e-learning materials to assist her ongoing studies in sexual health matters and help her team to improve standards of care on their ward- resulting in a nomination for a Nursing Practice Award in 2011.

Beatrice first completed the RCN-approved Sexual Health Skills course at the University of Greenwich before progressing to a BSc (Hons) in Sexual Health. She is currently studying for a Masters degree in Professional Practice in Health and Social Care, where her focus of study is the investigation of the effects of sexual health on mental health.

The new e-learning course has provided Beatrice with a practical insight into the contemporary issues regarding sexual and mental health, which has proven useful for her studies and can be easily applied within the work place – with noticeable results on her ward.

“We have started a drop-in sexual health clinic for young people and run sexual health groups and nurse-led sessions. We also have a suggestion box that allows young people to anonymously suggest what they would like to talk about,” explains Beatrice.

Having this work recognised in the form of an award nomination has given her a great sense of personal achievement and pride to be part of a team achieving high standards of care.

Beatrice was introduced to e-learning by Dr David Evans, a freelance Educational Consultant in sexual health who co-authored the SCIE course. He describes it as a ‘totally unique’ educational tool.

“The RCN and some other sexual health nursing and medical organisations are gradually developing more free or members-only e-learning introductory courses, but nothing yet combining sexual health with mental health and the implications of sexual and domestic violence,” explains David.

“It is an informal learning resource – individuals can do it for their own benefit and their professional development.”

The course is aimed at mental health professionals who identify certain sexual health matters related to their clients, ranging from the need for knowledge and resources to practice safer sex, to the mental issues related to sexual behaviour.

It is written at a level that is appropriate for registered mental health nurses with DipHE level knowledge, though David believes that all health and social care professionals can benefit from the learning. He hopes that the course will go on to achieve university endorsement, which will mean the practitioners who complete it will be able to use it as a formal accredited contribution to further sexual or mental health programmes.

“A course like this is overdue – it will truly help people, improve lives and hopefully encourage more mental health professionals to see that sexual health is as integral to their clients’ holistic health and well-being as is mental health.”

Links and info

- [Access the free resource.](#)

Profile: born for change – a midwife’s perspective

Midwife Mary Stewart is living proof of how a career in midwifery evolves over the years. As well as working in hospitals and the community, she’s been an editor for the Midwives’ Information and Resource Service (MIDIRS), a midwifery lecturer at the University of the West of England (UWE) and a researcher for the groundbreaking Birthplace in England research programme. She now works as a Senior Lecturer in Midwifery at King’s College London. Despite her diverse CV and range of achievements – it’s still the impact she can have supporting women that makes it all worthwhile.

What inspired you to become a midwife?

Although I loved my nursing training, I knew I didn't want to be a nurse. I decided to apply for midwifery because I felt it would be a useful training, and I would get paid while I decided what I wanted to do next. However, I attended a birth during the first few weeks of my training, and was completely hooked from that moment onwards – I remember walking home on a complete high and that sense of wonder and privilege being at the birth of another human being has never really left me.

What do you find most rewarding about the job?

I love the variety that midwifery offers – in more than 27 years, I have never been bored. I find the subject of women’s health endlessly fascinating, on a political, social, cultural level, as well as its more obvious physiological basis. I am honoured to be part of a profession that is truly global and that touches absolutely everyone’s life.

What made you decide to become a lecturer?

I find it very energising working alongside students – I like the fact that they help me to see midwifery with fresh eyes. They are questioning and challenging, which is very healthy for all of us. I wish I could bottle the idealism and clear-sightedness that students have when they first start their training – it’s all too easy to lose that once people get more immersed in the ‘system’.

What do you enjoy about your new role?

I really enjoy getting to know the students, and seeing them grow and develop as midwives. I like the variety in my role. I am involved in teaching both students and qualified midwives. I get involved in research and also work with colleagues in other disciplines. I am about to start co-supervising a student who is doing his PhD in the field of mental health – I think this will be fascinating, and I expect to learn a lot.

What is the Birthplace in England programme and why did it start?

Birthplace is an integrated programme of research designed to compare outcomes for women and babies at low-risk of complications at the start of labour in a range of planned places of birth in England. It compared births planned in the following places: home, freestanding midwifery units (FMUs), alongside midwifery units (AMUs) and obstetric units (OUs). The programme was developed because, although the subject of place of birth has been debated and contested for many years, the evidence available prior to Birthplace was somewhat patchy. In particular, it was difficult to interpret that evidence because actual place of birth was often used to make inferences about planned place of birth.

What do you hope the results will achieve?

I hope that the results of Birthplace will help women feel they can make more informed choices about where to have their babies. I also hope they will be used to continue to develop and improve the maternity services so that they meet the needs of all users. Finally, I hope that Birthplace will stimulate further research – there are still many questions that need to be addressed!

What are the challenges of carrying out midwifery-led research on a national scale?

Trying to keep on top of a vast amount of work while trying to maintain a sense of humour and perspective! Working on a very high-profile project, knowing that the results would be of huge significance and interest to women and their families, maternity services providers and policy makers, and the media. Trying to maintain a sense of personal contact with the local co-ordinating midwives (LCMs), who oversaw data collection at a local level throughout the whole of England. More than 300 LCMs contributed to Birthplace and it felt crucially important to try to get to know them a little, as their contribution made data collection possible. It was a standing joke in the office that I knew the name of each LCM in the country!

However, I wouldn't have missed the experience for anything in the world. I worked with amazing colleagues at the National Perinatal Epidemiology Unit (NPEU), led by Peter Brocklehurst, who was director at the time. I also met with fabulous midwives all round the country – the kindness, generosity, hard work and dedication of the people I met far outweighed the challenges.

How do you think midwifery as a career has changed and developed over the years?

It has really changed quite radically. I trained at certificate level in the 1980s – we were taught by rote, we were not expected to question or challenge, and midwifery research was almost unheard of. I think midwifery has become much more academic, and more reflective. On one level, there are now more career opportunities – midwives can move between clinical practice, education and research, and there are also really important developments, such as consultant midwives and professors of midwifery.

What opportunities are there for midwives today?

On one level there are great opportunities for midwives today. However, I also know that student midwives sometimes find it hard to get a job on qualification locally because of financial constraints within trusts – midwifery vacancies are sometimes being 'frozen'; the birth rate still seems to be rising overall. And in some places there has been a sharp reduction in the number of band 7 and 8 posts – which means that it will become harder for midwives to progress up the career ladder, especially if they want to stay in clinical practice.

What is your greatest achievement in your career?

On a grand scale, being part of the Birthplace programme is definitely my greatest achievement. It has been such a privilege working with, and learning from, some of the finest researchers in the country, if not the world. I truly believe the results will help to shape and inform practice for years to come. On a more personal level, some of my greatest achievements are absolutely tiny and inconsequential, but really felt that they mattered at the time – supporting women to have the birth they want.

Links and info

- [Access further information and findings of the Birthplace in England programme, which was funded by the Department of Health and the National Institute of Health Research.](#)

Views wanted: draft statutory guidance on JSNAs and joint health and wellbeing strategies

Draft statutory guidance on JSNAs and joint health and wellbeing strategies has been published by the Department of Health. The draft guidance aims to support health and wellbeing boards and their partners to undertake and contribute to Joint Strategic Needs Assessments (JSNAs) and joint health and wellbeing strategies within the modernised health and care system.

The draft guidance:

- lays out the statutory duties which underpin the production of JSNAs and joint health and wellbeing strategies by the NHS and local authorities (as members of their health and wellbeing board)
- describes a framework which will lead to best practice in the preparation of JSNAs and assist with undertaking new joint health and wellbeing strategies
- explains how JSNAs, joint health and wellbeing strategies and commissioning plans fit together in the new system; and
- sets out how the enhanced JSNA process and joint health and wellbeing strategy will enable the NHS and local government, working with their community and partner organisations, to make real improvements to the health and wellbeing of local people.

Links and info

- [Feedback on the draft guidance](#) via a list of questions. The deadline for comments is 17 February 2012 and a short consultation will take place in the spring.
- [Email your questions or comments.](#)

The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia

Pete Loomes, Senior Project Manager for the National Dementia Strategy and Alan Nobbs, Associate from the NHS Institute's national call to action team, joined Chris Beasley and senior nurse leaders at the CNO's meeting on 23 November 2011. The focus of the session was to discuss The Right Prescription: a call to action on the use of antipsychotic drugs for people with dementia, launched in conjunction with the Dementia Action Alliance. The aim is to end the inappropriate prescribing of antipsychotic drugs for people with dementia. The senior nurse leaders quickly grasped both the importance of this work and the need for them to provide visible support and leadership. They have now all joined the online multi-disciplinary call to action network. The goal is ambitious – that all people with dementia who are receiving antipsychotic drugs will have undergone a clinical review, that alternatives to their prescription have been considered and a shared decision has been agreed regarding their future care by 31 March 2012.

It is estimated that 180,000 people with dementia in this country are currently taking prescribed antipsychotic drugs. Evidence tells us that antipsychotic drugs are overprescribed for people with dementia. There is an unambiguous case for a substantial reduction in their use, alongside the wider adoption of alternative treatment strategies to maximise the quality of life for people with dementia and their carers. There are clinical situations where a time-limited prescription of antipsychotic drugs may be appropriate as part of a comprehensive package of care. However, use of antipsychotic medication has,

in some circumstances, led to potentially dangerous but preventable complications and even death. Antipsychotics contribute to people falling and suffering other forms of harm resulting in extended stays in hospital. This situation needs to change and for this to happen, the National Dementia Strategy team is making a clear commitment to work with colleagues across health and social care to realise the aim for every person with dementia in England to live well.

To achieve this goal, everyone involved in the care of people with dementia has a part to play. The team urge you to find out more and join this call to action.

Links and info

- [Join the online professional network and access the public forum where you can engage with the senior group of nurses and others already involved.](#)

Health visiting: supporting children and parents for 150 years...and counting!

This year the health visiting profession celebrates 150 years of providing preventative health care to families across the United Kingdom. The Department of Health is marking the anniversary with a national modernisation and recruitment drive designed to encourage more nurses to join the ranks of this distinguished profession. This is supported by regional and community based events with partner organisations throughout the year.

Health visiting can trace its roots back to 1862 with the establishment of the Ladies Sanitary Reform Association, which launched the first health visiting practice in the UK. From the beginning, those in the profession have focused on preventative rather than curative care.

In 1948, with the establishment of the NHS, health visiting became a statutory provision.

Professor Viv Bennett, newly appointed as the first Director of Nursing for public health in England, comments:

“Health visiting in the United Kingdom has much to celebrate and, equally, much to look forward to, as we create a modernised, revitalised workforce delivering even better services to children and families.

“Our vision is to improve the quality of health visiting services for children and families, and achieve the best possible health outcomes.”

The government has made a national commitment to create a bigger, rejuvenated workforce with an extra 4,200 health visitors by 2015 and an improvement in the quality of the health visiting service for children and families.

The start of life is a crucial time for children and parents and presents an excellent opportunity to improve health outcomes for our communities. Well-resourced health visiting services can ensure families have a positive start, when they work in partnership with GPs, maternity and other health services, Sure Start Children’s Centres and other early years services.

Delivering this vision involves joint working between the profession and the Department of Health, as well as strategic involvement of stakeholders across the early years profession.

Background

In October 2010, the Government set out its vision for the future of health visiting in England - including a commitment to increase the workforce by 4,200 by 2015, and a new service model for the profession.

Links and info

- [Read more information about health visiting.](#)

News in brief

First report from Birthplace in England Programme

The Birthplace in England Research Programme published its first report at the end of last year. This landmark research was possible because the majority of midwives in almost every trust in England collected data for the crucial cohort study which evaluated the risk of poor perinatal outcomes for mothers considered 'low risk' by comparing births planned at home, in midwifery units with those planned in hospitals.

The main finding of this study was that births planned at home, births planned in hospitals and births planned in midwifery units all carried a low level of risk with only 4.3 births out of 1000 overall having a serious perinatal outcome. However, mothers planning their first baby at home were almost three-times more likely to suffer complications than if they had planned birth in hospital. Even so, such outcomes remained rare.

The wealth of evidence and information from Birthplace will be of use to a wide-range of stakeholders including frontline midwives, other members of the maternity team, maternity service managers, and commissioners to support and women and families in making choices about planned place of birth.

- [Download report 1: Programme overview.](#)

Join the UK Health and Learning Disability Network

This network is currently hosted by the Foundation for People with Learning Disabilities. Health professionals and commissioners can find a wealth of support and information about people with learning disabilities all available free of charge.

The network is well established and has been running since 1999. Membership is made up predominantly of health practitioners working with people with a learning disability. Practitioners cover the full range of health professionals including academics, medical staff, nurses and allied health professionals as well as more specialist practitioners working in forensic services or Child and Adolescent Mental Health Services (CAMHs) for example.

- To join the network, [log on](#) and complete the electronic joining form.
- [Read more about the Foundation for People with Learning Disabilities.](#)

Health Visitor Implementation progress report

The Health Visitor Implementation report published 30 December 2011, sets out progress on key areas of the Health Visitor Implementation programme, which began in February 2011.

The key aim of the programme is to improve services and health outcomes in the early years for children, families and local communities, through expanding and strengthening the health visiting service. Health visitors, working in partnership with GPs, midwives, school nurses, Sure Start Children's Centres and other local organisations, have a crucial role in ensuring all young children can have the best possible start in life and are given the opportunity to fulfill their potential.

The Health Visitor Implementation progress report provides the latest summary of progress against the Government's commitment. Summary progress reports will be published every quarter until 2015.

- [Read the report.](#)

Launch of the Care Campaign

On 9 November 2011, Nursing Standard magazine and the Patients Association launched a joint Care Campaign. The aim of the campaign is to improve the standard of nursing care particularly of older

people. It aims to shine a spotlight on the causes of poor care and to dispel the myth that it is all down to 'bad' or 'graduate' nurses'. A selection of patient stories have been published alongside the campaign.

- [Read more on the campaign and download the stories.](#)

Winterwatch

Get practical advice and tips from the Chief Medical Officer (CMO) to help keep well this winter. Several key stats will be published on a weekly basis, particularly around flu activity.

- [Read the CMO's recent 'Healthy New Year's resolutions' article.](#)

New online self-management support resource centre

The Health Foundation has launched a new online self-management support resource centre. The resource centre provides information and practical tools that can be adopted and adapted locally, so services and health professionals can develop their own self-management support programmes. It builds on learning from the Health Foundation's Co-creating Health programme and a wide range of national and international evidence. It's a good starting point to learn more about what self-management support is, how it can be implemented and the business case for commissioning.

- [Find out more by visiting the Health Foundation.](#)

Management of HIV-infected healthcare workers: consultation

The Department of Health has launched a consultation on new expert advice, which recommends that restrictions on HIV-infected healthcare workers performing invasive clinical procedures ("exposure prone procedures") be lifted; provided they are on effective antiretroviral drug therapy with an undetectable viral load and are regularly monitored by their treating and occupational health physicians. The consultation closes on 9 March 2012.

- [Read the consultation paper and advice.](#)

QNI launches major new report on nursing in the home

The Queen's Nursing Institute (QNI) has launched a major new report on the current state of nursing in the home, which shows that what patients value most are the attributes of skilled and experienced community nurses: the ability to assess unexpected situations, coordinate services, and answer questions about treatment.

Nursing People at Home: the issues, the stories, the actions, was launched on 21 November 2011 at the House of Lords. [Read the report.](#)

- Printed versions are available and can be requested by calling QNI's office on 020 7549 1400 or emailing mail@qni.org.uk

Thirty-one new Queen's Nurses and two Fellows for the QNI

The Queen's Nursing Institute Autumn Awards Ceremony was held at the Lansdowne Club in London on 15 November 2011. One hundred and thirty nurses and their guests gathered to celebrate the creation of 31 new Queen's Nurses (QNs), and the awarding of Fellowships of the Institute to Professor Martin Bradley and Ann Rowe.

Dame Christine Beasley presented the badges and certificates to the new Queen's Nurses, bringing the number of QNs to 199. The latest group includes practice nurses, nurse educators, nurses who work with homeless people and on the Family Nurse Partnership programme for young families.

- [Read the press release.](#)

New summary hospital-level mortality indicator published

The information centre has published a new summary hospital-level mortality indicator (SHMI). The indicator is for non-specialist acute trusts and covers all deaths of patients admitted to hospital and those that occur up to 30 days after discharge from hospital. The indicator has also been published on NHS Choices.

- [Read more.](#)

Postural care: protecting and restoring body shape

The Postural Care Action Group has launched a campaign to raise awareness of the importance of good postural care for thousands of people with multiple disabilities. The group is made up of organisations including Mencap, PAMIS, Postural Care Skills, the Chartered Society of Physiotherapy, the College of Occupational Therapists and the Royal College of Nursing.

- [Read the Wakefield Story for the potential cost savings to the NHS.](#)

Updated guidance on norovirus

The British Infection Association has co-ordinated a working group to update the national norovirus guidance published in 2000. The updated guidance provides a more flexible approach to outbreak management and advocates that, where clinically appropriate, an outbreak can be managed by closing bays to new admissions.

- [Read more about the guidance.](#)

NICE updated guidance

NICE has published guidance on:

- 'Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation'.
- 'Initial assessment and referral following emergency treatment for an anaphylactic episode'.
- Fulvestrant for the treatment of locally advanced or metastatic breast cancer.
- [Read more NICE guidance.](#)

NHS Information Centre updates

The NHS Information Centre has published the following:

- [National Child Measurement Programme: England, 2010/11 school year](#) which weighs and measures primary school children.
- [NHS Outcomes Framework indicators - autumn 2011 release, England.](#) The NHS Outcomes Framework indicators form part of the NHS Outcomes Framework, which will:
 - provide national level accountability for the outcomes the NHS delivers
 - drive transparency, quality improvement and outcome measurement throughout the NHS.

Designing out bugs evaluation report

The Design Bugs Out project was established to identify ways in which the design of everyday products could assist in reducing Healthcare Associated Infections (HCAIs) by making products easier to clean. A collaboration between the Department of Health and the Design Council working with UK designers, the

manufacturing community and NHS clinicians, has resulted in the development of a range of products that challenge the historic features of hospital furniture and show how its design can enhance effective cleaning and help to tackle HCAs.

Four newly designed items of furniture have been evaluated – a commode, a bedside cabinet, a patient chair and an over-bed table.

- [View the press release which has links to the four designs and the evaluation report.](#)

Advice on PIP implants

The latest advice from the NHS and plastic surgery experts is that women with PIP breast implants do not need to have them removed, unless they have symptoms such as pain and tenderness. There is no link to cancer and no clear evidence of an increased risk of harm compared to other brands of breast implants.

The Department of Health has been running an advertising campaign advising women who have PIP implants. It recommends they visit www.nhs.uk/implants for more information.

Dame Sally Davies, Chief Medical Officer has also written to health professionals about the PIP breast implants.

- [Read the letter from the Chief Medical Officer.](#)
- [Read the PIP breast implants interim report.](#)
- [See the Government's advert about PiP implants.](#)

Atlas of Variation

The second NHS Atlas of Variation in Healthcare was launched by the Secretary of State for Health on 12 December 2011. The 2011 Atlas is much bigger than the first version, with more than 70 different maps identifying variations at PCT level in many types of healthcare, from birth to end of life. Each map identifies an aspect of variation, assesses the reasons and suggests ways of addressing it where it is unwarranted. Right Care, part of the Department of Health's QIPP programme, serves to increase the value of healthcare by focusing resources on appropriate services which provide the greatest benefit. The NHS Atlas is a key tool in this process.

- [See the Atlas.](#)

AQP Map of Services

An online interactive map was published on 7 December 2011 that outlines which services are going to be opened up to Any Qualified Provider (AQP) from April 2012. It will allow patients, healthcare staff, commissioners and providers to see the local health services where there will be a choice of provider for patients. The map has been published on the NHS Supply2Health website, where there is also a range of materials and information to support AQP implementation.

- [View the map.](#)

Sharing Innovation, Delivering Solutions 2012

The second Florence Nightingale Foundation Conference is taking place on 8 and 9 March 2012 at the Queen Elizabeth II Conference Centre in London. The conference is aimed at senior professionals across healthcare. Attendees will hear from a range of inspirational high profile speakers, take part in masterclasses that focus on spreading innovation and best practice in healthcare and network with senior healthcare professionals and leaders. The healthcare innovation conference is relevant to everyone in healthcare and is accredited for clinical professionals.

- [Read further information and book a place.](#)

The Operating Framework for the NHS in England 2012/13

The Operating Framework for the NHS in England 2012/13, published on 24 November 2011, sets out the business and planning arrangements for the NHS. It describes the national priorities, system levers and enablers needed for NHS organisations to maintain and improve the quality of services provided, while delivering transformational change and maintaining financial stability.

It also sets out the practical steps needed to carry the NHS through a strong and stable transition over the next year, maintaining high quality standards and financial grip, as we move towards the new modernised system envisaged in [Liberating the NHS](#).

- [Download the Operating Framework for the NHS in England 2012/13.](#)

Parliamentary Questions

General Nursing

81919 - 23/11/11
83181 - 30/11/11
83182 - 6/12/11
86830 - 19/12/11
86936 - 20/11/11

Specialist Nurses

80465 - 14/11/11
81530 - 21/11/11
80944 - 21/11/11
81535 - 23/11/11
82021/22 - 23/11/11
82637 - 25/11/11
13530 - 28/11/11

Neonatal Nurses

83678 - 29/11/11
86511 - 12/12/11

District Nurses

85165 - 8/12/11

Health Visitors

85574/75/76/77/78 - 8/12/11
85815/12 - 12/12/11

School Nurses

85176 - 7/12/11

Midwives

85490 - 12/12/11

- [To access these PQs, go to the Parliamentary Questions and Answers search engine and enter the reference number for each one.](#)

Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health – it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's provider of accredited evidence and guidance. This information can be found on the Institute's website at www.nice.org.uk