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Voicepiece – Christine Beasley

Along with patients and the public, many readers contributed to the consultation that led to *Front Line Care*, the report by the Prime Minister's Commission on the future of Nursing and Midwifery in England.

The report was commissioned by the previous administration and published in March 2010, and I am pleased that Health Minister Anne Milton recently published the Government's response at the Royal College of Nursing (RCN) Congress in Liverpool.

Since the original report was published, the Principles of Nursing Practice have been launched. These were developed in partnership with the RCN and the Nursing and Midwifery Council. The eight core principles set the direction for nursing and midwifery, in the context of *Equity and Excellence: Liberating the NHS*, and form the basis of the DH's response to the Commission's recommendations.

The principles set out clearly that dignity, responsibility, patient involvement and safety awareness should form the solid foundation for good nursing practice. The response to the 20 recommendations made by the Commission include support for the pledge to deliver high quality care, addressing the contribution of nurses and midwives and their freedom to manage, commission and run their own services.

International Nurses Day on 12 May gives us all an opportunity to reinforce this pledge to society, marking and celebrating local initiatives where nurses are demonstrating the benefits of their involvement in promoting health and wellbeing, and commissioning and shaping services.

Another key commitment is the plan to increase the number of health visitors, so that children, families and communities benefit from their skills and expertise as public health practitioners.

This edition of the CNO Bulletin includes further details of how this initiative will be implemented. Last month, 20 early implementer sites were launched, which will demonstrate the new health service model with health visitors at its heart. At the same time, we are planning to not only recruit more health visitors, but also to support and provide development opportunities for our existing health visitor workforce.

Links and info

- [Read *Front Line Care*](#)
- [Download the Government's response to the 20 recommendations in *Front Line Care*](#)
- [Access the Principles of Nursing Practice on the RCN website](#)
- [Find out more about International Nurses Day](#)

Government launches NHS listening exercise

The Government has taken the opportunity of a natural break in the passage of the Health and Social Care Bill to engage with patients, the public and health professionals on NHS Modernisation.

The Prime Minister said: 'This listening exercise is a genuine chance to make a difference. Where there are good suggestions to improve the legislation, those changes will be made'. Secretary of State Andrew Lansley added that it was a chance to 'pause, listen, reflect and improve'.

Steve Field, former chair of the Royal College of GPs, will lead the NHS Future Forum, bringing together patient representatives, doctors, nurses and other health professionals to listen and report back to the Government.

The nurse and midwife members of the NHS Future Forum are Vicky Bailey, Principia, Partners in Health, Nottingham; Hillary Chapman, Chief Nurse at Sheffield Teaching Hospitals; Clare Leon-Villapalos, Intensive Care Nurse at Imperial College Healthcare NHS Trust; Julie Moore, Chief Executive at University Hospitals Birmingham NHS Foundation Trust; and Gill Walton, Director of Midwifery at Portsmouth NHS Trust. A mental health nurse is due to be named shortly.

The principles of clinical-led commissioning and greater involvement of local government are clear. Engagement over the coming weeks will focus on choice and competition to improve quality, public accountability and patient involvement, education and training, and advice from healthcare professionals to improve patient care.

NHS Chief Executive Sir David Nicholson has written to chief executives, confirming delivery commitments and giving an update on transition progress. He also highlights the need to stay focused on core responsibilities while the listening exercise takes place, and to ask two key questions in taking forward decisions this year: will it improve care for my patients? Will it improve value for taxpayers?

Links and info

- [Read more about the listening exercise](#)
- [Read David Nicholson's letter](#)
- [Find out more about the NHS Future Forum](#)
- [Find out how to get involved](#)

Developing the role of nurse commissioners

Adrian Spanswick is Consultant Nurse for Safeguarding Children and Young People/Designated Nurse Child Protection at NHS Leicester City. As part of his broad role, he provides professional and strategic leadership across the health community on all aspects of safeguarding and child protection.

Adrian works closely with the named nurses and doctors, and senior managers within the trust on the safeguarding children agenda, with a specific focus on protecting children from harm.

He also supervises named nurses and works closely with them on serious case reviews. As a designated nurse, Adrian has a lead role in conducting the health element of these reviews – drawing conclusions and making additional recommendations.

‘This is an area of work that I feel has become bureaucratic and I hope that, following the current review of child protection by Professor Munro, the process will be simplified and more focused on putting the lessons we learn into practice.

‘Another part of my job is to contribute to the child protection training of frontline practitioners, which has a number of aims. It’s about making sure practitioners know exactly what responsibilities apply to their role, that they know how and when to make referrals, that they can interact with people from other agencies – ultimately it’s about making them safe practitioners.

‘We are working in a difficult area, and we’re often making highly sensitive judgements. It’s essential that we respect children and families, but nurses and other practitioners must also have a very clear idea of their duties and responsibilities in these cases.’ It is also important that NHS organisations understand their responsibilities and they comply with legislation.

With this in mind, Adrian worked with the SHA (NHS East Midlands) and designated nurse colleagues to develop a Markers of Good Practice performance management tool, which helps organisations assess their performance in key areas of child protection, such as leadership, education, supervision and safe recruitment.

Originally for NHS service providers, Markers of Good Practice (2) has been updated to make it relevant for commissioners and to ensure continuity of processes across the region. This is a key element in the quality schedules monitored by health commissioners.

The partnership approach

Adrian also has a position on the Leicester Safeguarding Children Board (LSCB). The board is an important statutory mechanism for agreeing how all agencies can work together – for example, through sharing information – to make sure they are effective in what they do to safeguard and protect children.

‘As strategic leaders, we need to demonstrate inter-agency working and listen to, as well as constructively challenge, each other if we are to be effective partners in protecting children and promoting good practice.’

But that’s not the full extent of partnership working for Adrian; he is an Honorary Principle Lecturer at De Montfort University in Leicester, has links with local safeguarding health networks and is a master trainer for the NHS Leadership Programme, which keeps him in touch with leaders in safeguarding across the health and care system.

‘Senior nurses have to show we are willing to work in partnership with other agencies and professionals. If we can’t do that, we can’t expect frontline staff to do it either. We have to work as a team and not discriminate by role – the children of Leicester City certainly don’t.’

Links and info

- [If you would like more information on the development of the Markers of Good Practice and/or a copy of the updated document, send Adrian an email](#)

A good sign for expectant mothers

Childbirth can be overwhelming, and being unable to communicate with your doctor or midwife can add an extra level of stress to the experience.

'I know of one mother who went into labour on a bank holiday, when no sign language interpreter was available,' says Bernadette Gregory, Senior Lecturer in Midwifery at Leicester's De Montfort University. 'She was very distressed, because everyone was talking to her mother and her partner, rather than to her.'

In response to such problems, Bernadette has introduced a course for midwifery students, which gives them an overview of British Sign Language (BSL), and boosts their awareness of the needs of mothers with hearing impairments.

'We don't expect them to be able to sign much, but it's so that they can communicate with parents during emergencies, or in the middle of the night when an interpreter isn't available,' she explains.

The voluntary course, made up of three four-hour sessions, covers antenatal care, labour and caring for a newborn. Student midwife Amanda Mitchell felt it was a valuable addition to the curriculum.

'I've looked after a woman in the past who was a lip-reader, and when you were speaking to her you had to know that you needed to speak slowly and look at her,' she says. 'It's not difficult, but it hadn't been written on her handover notes. She'd met several different midwives and found it embarrassing to have to explain each time how she needed them to speak to her.'

'Another mother had to have an emergency caesarean and didn't know what was happening, which was terrifying for her. We need the basics so that we can have that initial communication with parents.'

Student midwife Saesta Kasmani, whose mother is deaf, also took part in the course: 'I've grown up with sign language, and it's something I've always thought about. As a midwife, I've not yet come across any deaf women, but I know colleagues who have, and the women have really appreciated that they made the effort to use a few signs. There are things you can do to make a bond with the mother while you're arranging for an interpreter.'

The course is run in collaboration with Dr Joanna Downes at Action Deafness, a Leicester-based support service, and has so far trained 35 student midwives. According to Bernadette, the programme will benefit many more parents than those with hearing difficulties.

'Leicester is a multicultural, diverse city, and there are lots of patients for whom English isn't their first language,' she points out. 'Having to be aware of body language, or alternative forms of communication, helps in other areas too.'

Equality for all

Introduced in October 2010, the Equality Act outlines discrimination and underpins the way the NHS provides its services and supports its staff. By eliminating prejudice and discrimination, the NHS can deliver services that are personal, fair and diverse, and a society that is healthier and happier.

From 6 April 2011, the Act includes a new public sector equality duty. This brings the three separate duties on public authorities relating to race, disability and gender equality together into a single duty. It also extends it to cover age, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment.

Links and info

- [Find out more about the Act](#)

Securing quality as our guiding principle

The National Quality Board (NQB) has published its first report of a two-phase review into the importance of maintaining and improving quality during the modernisation of the NHS and beyond.

Maintaining and improving quality during the transition: safety, effectiveness, experience focuses on the first full year of transition, 2011/12. It describes the key roles and responsibilities of organisations and people who will protect and improve quality. It also suggests practical steps to safeguard quality during the transition and emphasises the importance of the effective handover of knowledge and intelligence on quality between old and new organisations.

The report highlights how quality must remain the guiding principle as organisations move to implement modernisation plans and makes it clear that healthcare professionals are ultimately responsible for the quality of care provided to patients.

Later this year, the NQB will publish a second report with advice on how quality should be stitched into the fabric of the new system to maximise the potential for delivering high quality services for patients.

Alongside *Maintaining and improving quality during the transition*, the NQB has published *Quality Governance in the NHS – A guide for provider boards*. This is a non-prescriptive tool that provider boards can use to support organisations in ensuring resilience for quality.

Meanwhile, in the report, the NQB restates how healthcare frontline professionals are ultimately responsible for ensuring patients receive high quality care and that it is their professional duty to speak up if they have concerns. It also reinforces the message that quality must be at the heart of the NHS's overall system of assurance and support.

The foreword says: 'The vision set out in the Government's White Paper requires a significant de-layering of management across the system.

'As this is implemented, we must remember that the knowledge and corporate memory of an organisation's employees is a rich resource that needs to be preserved in order to maintain the continuity of services and, more importantly, improve the quality of care provided to patients.'

Links and info

- [Read the report](#)

Bright future for health visiting

The NHS has taken the first steps towards providing a stronger, more comprehensive health visiting service for children and families, with the launch of 20 sites that will lead the way in delivering the new service model for health visiting.

Families who live in one of the 20 'early implementer site' areas can expect the new service to be up and running by April 2012, with the rest of the country following by 2015. And there is more good news: the Government recently announced that an extra 4,200 health visitors will be recruited by 2015, and SHAs have been quick to take action.

The number of training places available is likely to double this year, with up to 1,200 positions being made available from September. SHAs are also running schemes to help former health visitors return to the profession, so their skills and experiences can benefit families and children quickly.

It is vital that the service gives those people interested in working with families in the community the opportunity to apply. Interested applicants can find out more about health visiting and the training opportunities available on the NHS Careers website.

It is an exciting time to be involved in health visiting, but it is communities and families who are at the heart of all this activity. The new service has been designed by families and current health visitors, and offers four levels of help and support, from a universal service for every family, through to specific help for those who need it.

The four levels are:

- **Your community:** working with local people to develop services and make sure families know what is available.
- **Universal:** making sure every family receives the healthy child programme, including baby/child checks and immunisations, and providing health and parenting advice when needed.
- **Universal Plus:** providing a rapid response and a range of services for families who have a problem, for example post natal depression or a child who does not sleep.
- **Universal Partnership Plus:** working alongside others such as Sure Start centres to tackle problems and supporting families to give children the best start in life.

Links and info

- [Find out more about the early implementer sites](#)
- [View the Google map of early implementer sites](#)
- [Visit NHS Careers for more information on health visiting](#)
- [Access return to practice information for ex-health visitors](#)
- [Download a copy of the Healthy Child Programme: pregnancy and the first five years of life](#)
- [Download a copy of the Healthy Child Programme from 5 to 19 years old](#)

Improving health for the homeless

An online learning package to support nurses working with homeless people is helping one nurse-led practice in Solent NHS Trust.

The *Improving Healthcare for Homeless People* online resources were launched by the Queen's Nursing Institute (QNI) to support nurses who are new to community nursing or working with homeless people.

'The resources have been very helpful to us,' says Pamela Campbell, Consultant Nurse in Homelessness and Health Inequalities. 'It's an informative tool that has helped us shift our practice.'

Pamela has 19 years experience of running nurse-led services for the homeless. Her 15-strong team of nurses, nurse prescribers, community health nurses, health visitors and GPs is based at Two Saints, a day centre for homeless people in Southampton.

'We're right at the hub of social care for homeless people,' she says. 'We have a suite of medical rooms here and we're able to tailor care appropriately because we have an awareness of their needs. But we are also led by the health needs they express during the initial assessment.'

Health issues commonly experienced by homeless people, or those in temporary shelter, include substance abuse, blood-borne viruses, abscesses, mental illness and self-harm.

'Homeless people mostly access healthcare in moments of crisis – for example, when they've run out of insulin, or they need an inhaler,' explains Pamela. 'When you're thinking about your next meal or staying out of the rain, it's difficult to anticipate your health needs and remember to turn up for a GP appointment at the allotted time.'

'Our work is about being opportunistic; by providing inhalers or making sure someone regularly takes their medication, we can prevent someone from turning up at the Emergency Department in crisis, which is better for them and leads to better use of NHS resources.'

The team works in partnership with other agencies, including the Street Homeless Prevention team, which provides an outreach service, and Solent NHS Trust. It has also formed a regional coalition of nurses and health visitors who work together to help homeless people or those who are vulnerably housed – for example, women fleeing domestic violence and living in hostels.

'Inter-agency working is crucial because it means more pairs of eyes are monitoring aspects of the general health and wellbeing of rough sleepers and hostel dwellers, and alerting us to declines in physical or mental health,' says Pamela.

In addition to the online learning resources, Pamela's team has received support from the QNI's Homeless Health Initiative (HHI), which was launched over three years ago to help community nurses who are working with the homeless. On behalf of the trust, the Institute has also piloted an alcohol day de-toxification programme, developed for homeless people across the whole PCT.

'HHI project staff visited the day centre to see our services, and we have since benefited from a small fund to conduct focus groups about the programme,' says Pamela. 'Patient satisfaction and input to service provision are essential in directing services and the QNI helped devise questionnaires to gauge the opinions of service users.'

'They are also helping us with future strategic planning by working on a health needs assessment for homeless people that was started by the DH. This feeds in to the local Joint Strategic Needs Assessment to make sure the needs of homeless people are at the centre of future funding cycles.'

QNI launched a new project at the start of this year called Opening Doors, which builds on the work done by the HHI and is aimed, in particular, at homeless families and those with substance misuse issues.

Links and info

- [Download the learning package](#)
- [Visit the QNI website for more on the Homeless Health Initiative and Opening Doors](#)
- [Or email Jo Fitzpatrick for more information](#)

News in brief

Healthy Lives, Healthy People: A Tobacco Control Plan for England

This document, published in March, sets out how the Government will support ambitions to reduce smoking rates by the end of 2015, from 21.2 to 18.5 per cent or less for adults; from 18 to 12 per cent or less for 15 year-olds; and from 14 to 11 per cent or less throughout pregnancy. There is a particular focus on groups with a high prevalence of smoking, such as people with routine or manual jobs. An academic review, published by the Government alongside the plan, has found that smoke-free legislation in England has had a clear beneficial effect on health.

- [Read the report](#)

Possible changes to pneumococcal vaccination programme

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that the routine pneumococcal vaccination programme for people aged 65 and over be stopped. The advice comes after a review of the impact of the programme and on the clinical effectiveness of the pneumococcal polysaccharide vaccine, during which the JCVI concluded the vaccine provided poor protection that did not last long in older people. However, the vaccine should still be offered to patients with increased risk of pneumococcal disease due to underlying health conditions such as HIV. The DH will be asking

professional and patient groups for their views before making a final decision. In the meantime, clinicians should follow existing Green Book guidance.

- [Read the letter from Professor David Salisbury CB, Director of immunisation on the JCVI advice](#)
- [Download the JCVI statement](#)
- [Access the Green Book guidance](#)

Consultation on pandemic flu preparedness

Nurses are invited to comment on the UK Influenza Pandemic Preparedness Strategy. It will replace and update the National Framework of 2007 in light of lessons learned from the H1N1 (2009) pandemic, the findings of the Independent Review of the Swine Flu response and the latest scientific evidence. The strategy does not include operational matters or issues relating to the new health system in England. The consultation closes on 17 June 2011, and the DH intends to publish the final strategy document later this year.

- [Read more and take part in the consultation](#)

Commissioning for mental health

Practical Mental Health Commissioning – Volume One: Setting the Scene is the first in a planned series of documents for people involved in commissioning and providing mental health and social care services. *Setting the Scene* covers the changing commissioning landscape, what mental health commissioning looks like now, and what's important for mental health commissioning in the future. These documents were commissioned and supported by the National Mental Health Development Unit's (NMH DU) National Mental Health Commissioning Programme and published by the Joint Commissioning Panel for Mental Health, which is a new collaboration between leading organisations with an interest in mental health, learning disabilities, and wellbeing.

- [Download the documents from the NMH DU website](#)
- [Find out more about the Joint Commissioning Panel for Mental Health](#)

Scholarships for leaders in care of children and young people

The Florence Nightingale Foundation is offering leadership scholarships for registered sick children's nurses or registered nurses (child) involved in the care of children and young people, who aspire to a leadership position, or who may wish to become a director of nursing, or leader in new and emerging children's services. Recipients of The Florence Nightingale Leadership Scholarship are awarded up to £10,000 to help them explore and develop their leadership potential, nationally or internationally, and undertake a programme geared to his or her individual needs, based on current performance assessment. The closing date for applications is 13 May 2011.

- [Find out more on the Foundation's website](#)

Research scholarships for nurses and midwives

The Florence Nightingale Foundation Research Scholarships award funds to undertake a course in the research methods, research modules or a dissertation/thesis as part of an academic course of study.

The Foundation will also consider doctoral studies and post doctoral nursing research projects. The outcome of the research will result in clinical improvement and evidence-based care for patients and clients. There are also scholarships available as part of a new partnership with The London Network for Nurses and Midwives. These are for nurses and midwives who are working within London in an organisation providing patient care funded by the NHS. A further partnership with Teenage Cancer Trust provides scholarships for nurses working in the specialist field of teenage cancer.

- [Find out more and apply for a scholarship](#)

Are you delivering joined-up care?

The NHS Institute has developed a suite of products for joined-up care for managers and anyone involved in referring patients. The aim is to help eliminate the duplication, inefficiency and waste that can

create a poor experience as patients pass between organisations on their healthcare journey. The NHS Institute's Joined-up care initiative has identified those areas that will make the biggest difference to care, and has integrated these into three new resources: A practical guide to making change happen, outlining the principles and methods recommended for successful joined-up care; case studies and tips for success from NHS sites who have successfully used a joined-up approach; and suggested tools and methodologies to help implement joined-up care.

- [Access the resources](#)

The Joined-up care conference

This NHS Institute event, on 19 May in Manchester, will give delegates the opportunity to hear from and network with a variety of healthcare professionals on the key topics relating to joined-up care. It will be chaired by Dr Lynne Maher, Director of Design and Innovation at the NHS Institute.

- [Register your interest and request a brochure](#)

Downward trend in UK stillbirth and neonatal mortality rates

According to the *Perinatal Mortality 2009* report, published by the Centre for Maternal and Child Enquiries (CMACE) on 25 March, these rates have shown an overall downward trend since 2000. The stillbirth rate decreased from 5.4 per 1,000 total births in 2000, to 5.2 per 1,000 total births in 2009. The perinatal mortality rate showed a downward trend from 8.3 per 1,000 total births in 2000 to 7.6 per 1,000 total births in 2009 and the neonatal mortality rate decreased from 3.9 per 1,000 live births in 2000, to 3.2 per 1,000 live births in 2009. The report also includes mortality rate comparisons between nations, SHAs, PCTs, Neonatal Networks, and maternity service providers. The South East Coast had the lowest stillbirth rate of 3.8 per 1,000 total births and Yorkshire and the Humber had the highest stillbirth rate of 5.3 per 1,000 total births.

- [Download the report](#)

The Big Lunch is back

This year's Big Lunch, on Sunday 5 June, is supported by NHS Choices and nurses – especially those who work with local communities – are being asked to help get people involved. The aim of the Big Lunch is to encourage as many of the 61 million people in the UK as possible to have lunch with their neighbours once a year. NHS Choices wants to encourage healthy lifestyles and sees this as a great way to promote communities, healthy eating and having fun in the process.

- [Register your planned event on the website, or call 0845 850 818, and receive your free Big Lunch Starter Pack](#)

Parliamentary Questions

Nursing

43294 – 4/3/11
44167 – 4/3/11
45458 – 14/3/11
45938 – 14/3/11
46216 – 15/3/11
47179 – 16/3/11
46935 – 16/3/11
46217 – 16/3/11
47811 – 21/3/11
50473 - 4/4/11
50860 - 4/4/11

Specialist nurses

43346 – 4/3/11

Health visitors

43018 – 3/3/11

School nurses

45524 – 10/3/11

Midwives

41617 – 28/2/11

41392 – 28/2/11

41319 – 28/2/11

42057 – 3/3/11

43165 – 3/3/11

44022 – 7/3/11

44442 – 7/3/11