

## Issue 102, November 2011

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## Christine Beasley's Voicepiece

### NHS Chief Executive innovation review

I was delighted to attend the Mary Seacole Leadership and Development Awards at the end of October to celebrate the achievements of the winners from 2010/11 who were each presented with certificates for completing their innovative projects. We also heard the announcement of who had been successful in the awards and have included details of the winners in this edition.

There is some fantastic work going on – it is through events like this that we have a great opportunity to acknowledge the contribution made by individuals to improvements in care. Indeed, the whole process supports and encourages individuals to implement imaginative and creative solutions to what are often quite challenging obstacles, achieving better health outcomes and improving the quality of care for patients and their carers.

It has been a great privilege to be involved over the last few years and I wish all those involved the very best for the future of their work. I would like to encourage all nurses, midwives and health visitors to apply for these and any other awards and scholarships that are open to them in the future. It is a great way of testing out good ideas and putting innovation into practice. That is something we want to do more of across the NHS.

In March 2011, the Government published its Plan for Growth which announced the NHS Chief Executive would review how the adoption and diffusion of innovations can be accelerated across the NHS. The NHS Chief Executive asked Sir Ian Carruthers OBE, Chief Executive, NHS South of England to lead the review on his behalf. Sir Ian and the review team embarked on a wide-ranging consultation exercise. This involved issuing a call for evidence and ideas and meeting with hundreds of individuals. Sir Ian and I held meetings with a number of senior nurses and midwives and took the opportunity to listen and learn. The discussions were very fruitful and while we are already providing high quality and innovative care, there is still much to be done to ensure this is universally received.

The NHS Chief Executive will publish his report shortly, which will inform the strategic approach to innovation in the modernised NHS. Clear leadership for innovation in the clinical community will be critical to make this happen.

In the meantime, I would like to draw to your attention to the second Florence Nightingale Foundation Conference in March 2012 – Sharing Innovation, Delivering Solutions (read the details in this edition) which will provide an opportunity to spread innovation and best practice in healthcare.

Best wishes,

Christine Beasley  
Chief Nursing Officer

## Women's choice about place of birth

Looking forward to publication of the Birthplace in England Research Programme findings, two midwifery leaders working in contrasting areas of the country talk about why giving women choice is fundamental to quality outcomes in maternity care.

**Debby Gould, Head of Midwifery at University College London Hospitals (UCLH)**, says women need to feel safe to be able to labour well: "Not just physically safe, but psychologically safe. By offering women choice, we are restoring a sense of control over their environment and that will make them feel good in themselves and better able to give birth in the way they want to."

UCLH Maternity Services are unusual in that around 70% of women the team sees don't live in the locality. Women who live in the area are offered the chance to have a home birth if they are low risk, or they can attend the midwifery-led birth centre with two birth pools. There is also a traditional labour ward which has a 24-hour epidural service.

"The 70% of women who choose to come to UCLH but don't live in our area are also offered a choice of home birth and if they choose that their local midwifery team will deliver care for their home birth. Wherever the women live, we still strive to offer home births as a choice," says Debby.

When asked what she would improve about the UCLH service, Debby says she would make the labour wards more homely. "I also think that choice of place births shouldn't necessarily mean choice of hospital.

"As an NHS, we should be aiming to get every hospital up to a really good standard and make choices available to women in their local communities so there is no need for them to travel to get what they consider to be a better service. That would be a great ambition to achieve."

**Helen Shallow, Head of Midwifery at the Calderdale and Huddersfield NHS Foundation Trust**, is also committed to offering choice to women: "Birth isn't an illness. The majority of women have the potential, if properly supported, to give birth with very little intervention."

She feels that the choice around having a birth at home or in birth centres is really important: "It builds women's confidence and enables them to give birth where they don't need interventions, or unnecessary medical procedures.

"You're not putting women who give birth in birth centres at risk. The evidence so far has shown that birth centres and home births are a safe option for women."

Speaking of the forthcoming Birthplace research findings Helen says: "The National Perinatal Epidemiology Unit (NPEU) in Oxford has done one of the biggest studies in recent years about place of birth and safety and we look forward to hearing their findings."

Calderdale and Huddersfield Trust has two birth centres. Out of 6,000 births in the area each year, over a quarter of women give birth in the birth centres or at home. "We hope to see this number increase year on year," says Helen. "On our labour ward we are just as committed to ensuring that whatever the

woman's unique circumstances, she makes fully informed decisions about her care so that she feels included and in control. Our view is that women have appropriate care in the appropriate place with the appropriate health professionals. This common sense approach makes a difference to women."

She says this is to give all women a positive birth experience: "We have two birth pools in each of our birth centres and a pool on our labour ward; as well as balls, mats and stools to encourage active birth in all areas. Women use water extensively and are doing things they never thought was possible under their own steam, but with maximum support from midwives and that's key."

"I think it's absolutely right that women should have choice of where to birth their baby and it's profoundly important to women that they are involved in decision making. What can be more important than getting birth right?"

#### **Links and info**

- [Read about UCLH Maternity Services](#)
- [Read about the Calderdale Birth Centre](#)
- [Read about Huddersfield Family Birth Centre](#)
- [Read about the NPEU Birthplace study](#)

## **School Nursing Development Programme engages with young people**

**The Department of Health's new vision for school nursing is being informed by young people thanks to the British Youth Council.**

The new vision reflects the profession's broad public health role in the school and local community and the vital contribution it makes in supporting all children and young people in accessing education.

In summer 2011, the British Youth Council (BYC) was invited to feed the views of young people at secondary school into the School Nursing Development Programme. "Health is one of the crucial issues that young people want a say on", says BYC's policy and campaigns officer, Helen Deakin: "They want to be empowered to help keep themselves healthy, and also inform decision-makers who are working to improve their health."

BYC advised the Department of Health (DH) on how to engage young people in the development of the new vision for school nursing. As part of this process, it organised a consultation with young people in England – which the DH contributed to – on their experiences of visiting a school nurse and how they thought school nurses should help young people keep healthy.

According to Helen, the young people found it useful to meet school nurses face to face and learn about their work at the BYC consultation events. "There is definitely potential for more activities to bring school nursing teams and young people together so they can learn what young people want and need from their service, and use their skills and experience to make a maximum impact on improving youth health."

During the BYC consultation, 300 young people offered to volunteer their time with the DH to become school nurse champions and the BYC is working with the DH to explore how young people might be engaged in this way.

BYC also worked with the DH to develop an online questionnaire, which was completed by 1,600 young people aged 11 to 18.

"Our research found that the majority of young people who use their school nurse have a positive experience and find their school nurse friendly, approachable, and caring," says Helen. "However, far too few young people are accessing this important service for advice, care and treatment."

## **Case study**

Dara, 18, from Kent was involved in the BYC consultations. Here, he outlines what he took from the experience.

“The consultation delved into areas of concern for young people such as whether young people know they can visit the school nurse and get a confidential service.

“Before the consultation, I hadn’t realised that school nurses were trained in more aspects of health than just common illness and first aid. Looking at what other young people said at the events, this seems to be a view held by many.

“When the issues were discussed, young people had strong opinions and views on tackling the problems that we all face. I think this work will bring about positive changes to the ways in which school nurses engage with young people.’

## **Links and info**

- [Read about the BYC](#)
- [Read ‘School Nurses Report: A Consultation with Young People’ – another consultation with young people carried out by North West Regional Youth Work Unit](#)

## **School Nursing Development Programme: the modules**

Part of the Department of Health’s School Nurse Development Programme’s (SNDP) remit is to look at the role of school nurses both within the school and their wider contribution within the community. With this in mind, the Programme includes a module called Building Community Capacity which is currently being tested by a small group of school nurses – including Bernadette Osterberg who works as a school nurse for the Norfolk Community Health and Care NHS Trust. Based in Norwich, she covers two high schools and 11 feeder schools.

### **What do you think about the SNDP?**

“I feel very excited about the SNDP. It’s an opportunity to revitalise the school nursing profession and help develop a universal service vision.

“Traditionally, school nurses have been stretched too thinly on the ground and it is anticipated that the SNDP will make a difference to staffing levels. This would enable us to have better opportunities to reach out to the schools and their wider communities to deliver on the Healthy Child Programme.

“I recently registered on SNDP’s Building Community Capacity module. The module is in six stages and I expect to present my findings to my colleagues upon completion. I have a workplace mentor to support me throughout and I anticipate completing the module at the end of this academic year.”

### **What is the subject of your module?**

“I have identified an expressed health need in one of the high schools in a deprived area of Norwich. The pastoral team, whom I work closely with, have identified a group of adolescent girls who have engaged in self harm, substance abuse and risk-taking behaviours. They present with very poor self-esteem and self-awareness and as a result, find it difficult to participate in the school community.

“My aim is to work with these girls to raise their self-esteem and improve their overall emotional health and wellbeing. I intend to establish links with other agencies including CAMHS (Child and Adolescent Mental Health Services) and MAP (Mancroft Advice Project, a local agency consisting of advisers, counsellors and youth workers who work together to support young people). I will facilitate the implementation of this group and co-ordinate it, with the aim of the school being able to sustain it in the future.

“In the next few months my work will include arranging a focus group, developing a pre- and post-evaluation form, developing resources and working in collaboration with the school community and other agencies.”

### **What do you hope to get from completing the module?**

“Participation in the BCC module will enable me to work closely with other agencies to help improve the health and wellbeing outcomes in a vulnerable group of young adults. Supporting them in raising their self-esteem and having positive mental health will help reduce inequalities and facilitate a positive contribution for them in the school and its wider community.”

## **Essex’s Safeguarding Children Clinical Network leads the way**

The Essex PCTs had historical issues recruiting designated doctors and nurses for child protection until Kathie Clibbens came up with an innovative solution.

Kathie, a consultant nurse for child protection in Mid Essex, proposed developing a network to address the recruitment problem as well as support the clinical commissioning groups and health and wellbeing boards in their new responsibilities for safeguarding children.

Her idea was to invite the three local authorities and three safeguarding children boards to collaborate so that designates could operate as a team across the whole county. This was greeted enthusiastically by staff, says Kathie: “During the first consultation meetings I had expected people to voice many concerns, but after the first half hour or so of questions, the idea was met with absolute support. In fact some even asked ‘When can we start?’.”

With support from her director Sarah Jane (SJ) Relf and the CEO of NHS Mid Essex Sheila Bremner, the Safeguarding Children Clinical Network (SCCN) was launched in May 2011 and the reaction to it has been very positive.

“It embodies how people expect the NHS to work, in that if you talk to one person about an issue then you should have access to all the relevant people for that issue,” says Kathie. “Previously in Essex, you’d have to ask each of the five PCTs to agree to the issue individually. Now the SCCN professionals can work together to the benefit of everyone. That’s a great saving on time and resources.

“I hope that others in similar cluster arrangements will look to this type of simplification of the service for inspiration.”

### **Links and info**

- [For more information about the Safeguarding Children Clinical Network, email Kathie Clibbens](#)

## **Mary Seacole Award winners**

**Winners of 2011’s Mary Seacole Leadership and Development Awards were announced in late October. The awards were first created in 1994, in honour of Mary Seacole – a pioneering nurse who worked in the 19th century during the Crimean War.**

Marsha Jones and Sarah Amani, winners of the two Leadership Awards, received a bursary of £12,500 each while the four Development Award winners (Sonia Wijesundare, Valerie Freestone, Grahame Fraser and Karen Murray) each received £6,250. The funds will enable them to undertake a year-long project to benefit the health needs of people from the black and minority ethnic communities.

One of last year's winners was Education and Training Advisor Esther Craddock who works for the South London and Maudsley NHS Foundation Trust – a mental health provider in South London. She talks about her project 'Enhancing the Mental Health Carers' contribution to Healing' and what winning the award has meant to her.

"Research shows that carers play a pivotal role in providing care and support for their relatives with mental illness," says Esther. "Some carers miss out on information, support and care from healthcare professionals, particularly if their loved ones are adults. One of the main reasons for this is concerns about confidentiality. My project was designed to address the gap in service."

"To do this, I recruited 10 individuals who were caring for relatives with a variety of mental health conditions. I offered them eight two-hour workshops that included elements of support and education. A number of external guest facilitators also talked on a variety of subjects identified by the carers themselves. I had an attendance rate of 50-70%, with the carers evaluating the workshops as positive and helpful. The carers also completed pre and post questionnaires which highlighted that being in a group with other carers was supportive and of value. There were positive outcomes relating to empowerment and personal courage to carry on their valuable roles.

"The award enabled me to carry out a project that has benefited carers and I intend to carry on the workshops with another group of carers. It also means I can progress with phase two of my project which is to prepare the carers to be peer supporters.

"I would definitely recommend the award to others. The award provides opportunities and opens doors: I've talked at a number of trust events, attended the Royal College of Nursing Research Conference and spent a day at the Department of Health.

"Health inequalities are real for many people and any award that addresses the disadvantages experienced by even one individual, and makes a difference to their quality of life, is worthwhile."

#### **Links and info**

- [Read about the Mary Seacole Awards 2011/12](#)
- [Find out more about Mary Seacole](#)

## **NHS Evidence: an invaluable tool for nurses**

**NHS Evidence is a service provided by NICE to improve use of and access to evidence-based information about health and social care.**

Easily accessible evidence is a fundamental requirement in ensuring that patients experience safe, effective person-centred care. Dr Jenny Gordon at the Royal College of Nursing says: "NHS Evidence can help make this possible by providing nurses with free rapid access to comprehensive up-to-date quality information and support tools to help implement best practice."

The majority of nurses use NHS Evidence to look up guidelines (57%), best practice information (45%), systematic reviews (28%) and journals (23%). [Figures are taken from 'Information Seeking Behaviour of Nurses: a User Research Study' 2011].

As well as using it for education purposes, one in five primary care nurses, specialist and senior nurses and midwives use NHS Evidence to update a care pathway or protocol that could ultimately influence point of care practice.

NHS Evidence provides access to a number of eBooks, journals and databases such as CINAHL, AMED, British Nursing Index, MEDLINE, the BMJ Collection and the Journal of the American Medical Association (JAMA). These resources are procured by NHS Evidence on behalf of the NHS and require an NHS Athens password – available free to all eligible NHS employees.

It also provides access to patient information from organisations whose processes have been accredited under the Department of Health Information Standard. The NHS Evidence Accreditation Scheme recognises guidance producers that reach the highest standards. Resources produced by accredited organisations are identified in NHS Evidence by the accreditation mark.

In addition, more than 100 Quality, Innovation, Productivity and Prevention (QIPP) case studies appear on NHS Evidence. Local or national initiatives or research that has been shown to help improve quality, productivity or service delivery are identified and quality assured as part of the QIPP collection. The QIPP collection also includes links to other sources of information about quality and productivity.

#### **Links and info**

- [Read more about NHS Evidence](#)
- [Register for an NHS Athens account](#)

## **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 that need to be taken 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.

#### **Links and info**

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

## **News in brief**

### **Dementia campaign launched**

A national advertising campaign, launched in early November, is aimed at encouraging more people to seek an early diagnosis of dementia. The campaign targets the family and friends of people at risk of dementia, as they are likely to be the first to see the signs and can encourage their loved one to see their GP. The £2 million campaign will feature TV, radio and print advertisements that will raise awareness of the symptoms of dementia and encourage people to see their GPs with the aim of increasing early diagnosis.

- [Read the press release](#)
- [See the TV advertisement](#)
- [Read more about dementia](#)

### **Public service pensions – the NHS Pension Scheme**

The Secretary of State has written to NHS Chairs about the Government's proposed changes to public service pension schemes. Included with the letter is a pensions factsheet explaining the proposed changes in greater detail. The Department of Health is developing an online pensions calculator and other support materials so members of the NHS Pension Scheme will be able to explore how the proposed changes will affect them personally.

- [For more information and copies of the factsheet, visit the DH's pensions web pages](#)

### **Leadership for Informed Practice**

Leadership for Informed Practice is a strategic leadership programme designed to encourage senior

nurses and midwives to think about their use of information and technology to support the delivery of care. Supported by the Chief Nursing Officer and delivered by the Clinical Division of the Department of Health Informatics Directorate, the three-day programme is hosted in different venues across the country until May 2012.

- [Find out more and book on to available courses](#)
- [Email for information](#)

### **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](#)

### **Florence Nightingale Foundation Dignified Care Travel Scholarship**

Applications are invited for special one-off Florence Nightingale Travel Scholarships focused on dignified care. Funds of up to £5,000 per scholarship are available. The scholarship is aimed at nurses and/or midwives who wish to study health services which are successfully promoting the dignity of patients/service users through place, processes and people in the UK and/or overseas. Applicants will need to demonstrate:

- why they have chosen particular sites for visits
- how these sites are prioritising and enabling the delivery of dignified care
- how a visit to the services suggested is likely to offer understanding of dignified care across the NHS and UK healthcare
- how the results will be of direct benefit to their care locally.

Applications close on Friday 16 December.

- [Complete an application form for this special one-off scholarship](#)

### **Birth and Beyond resource pack launched**

On 19 October 2011, Public Health Minister Anne Milton announced the publication of a practical, online pack for anyone – including midwives, health visitors, children's centre staff and voluntary sector groups – involved in planning or running groups for expectant and new parents. As well as learning about childbirth, 'Preparation for Birth and Beyond' gives mothers and fathers more opportunity to learn about their growing child and how family relationships change. It also helps prepare them emotionally for parenthood. The pack reflects learning from the Family Nurse Partnership Programme.

- [Download the pack](#)

### **Foundation years website launch**

A website has been launched by the charity 4Children to provide advice and resources for health professionals who deliver care to children up to the age of five. The Department of Health and the Department for Education worked with 4Children to produce the content for *Families in the Foundation Years: From pregnancy to children age five*, which also aims to help parents and carers.

- [Visit the website to find out more](#)

### **Live birth rates by age and partnership status of parents in England and Wales**

The Office of National Statistics (ONS) has published data on all registered live births in England and Wales in 2010. The website also contains links to other birth and fertility statistics and an interactive mapping tool which allows fertility trends to be analysed locally.

- [See the full set of statistics on the ONS website](#)

### **End of life care for prisoners: a practical guide**

'The route to success in end of life care – achieving quality in prisons and for prisoners' is a new publication from the National End of Life Care Programme. The publication complements Department of Health and HM Prison Service guidance and is designed to help professionals working with people nearing the end of life in prison. It emphasises the need for all those involved in a person's care to work across service boundaries to identify those nearing the end of life and respond accordingly. Following the nationally recognised six-step end of life care pathway, the practical guide provides points and questions for prison, health and social care staff to consider at each stage, together with case studies highlighting good practice.

- [Read the guidance](#)

### **Personal health budgets report and DVD**

A fourth interim evaluation report on the Department of Health's pilot scheme for personal health budgets is now available. 'Early experiences of budget holders' contains insights from people three months after having been offered a personal health budget, including the community neurology service in Nottingham, which is made up of 30 staff from nurses to social workers. A DVD has also been released, featuring a series of interviews with people such as Trevor, who has been caring for his wife Anita, a Huntington's Disease sufferer, for five years and is now able to afford 49 hours of care a week with the budget programme.

- [Read the report and watch the interviews](#)

### **Cold weather plan**

The Department of Health and the NHS have issued the Cold Weather Plan for England as part of their wider measures to protect people from the effects of severe winter weather. The plan provides advice on how to prepare for and respond to extreme cold weather as part of wider winter planning and announces a new initiative, the Warm Homes, Healthy People fund. Healthcare professionals are encouraged to incorporate the measures into current prevention practices and in the treatment of those who suffer from the effects of extreme conditions.

- [Download the plan](#)

### **Patient consent for a blood transfusion**

The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) has reported on the importance of patients giving valid consent for a blood transfusion. Consent for treatment is an accepted principle but current practice varies widely on consent for a blood transfusion. Some patients do not know they have had a transfusion and remain unaware they should no longer donate blood. SaBTO's work and its recommendations were guided by a consultation which attracted more than 900 responses from health professionals and others. A number of organisations working in the NHS are taking forward the actions SaBTO identified, and resources have been developed to help trusts review and update their current consent practice.

- [Find out more](#)
- [Access information and resources](#)

### **Patient decision aids**

Online patient decision aids have been developed to help patients consider the pros and cons of various treatments for eight different conditions. The tools cover osteoarthritis of the knee and hip, enlarged prostate, localised prostate cancer, prostate cancer screening, chronic villus sampling/amniocentesis testing, breast cancer surgery and cataract surgery. The decision aids do not replace a doctor's clinical advice but can help patients prepare for a consultation and any decisions they make afterwards.

- [Access the decision aids](#)
- [Read more about the Right Care Shared Decision Making Programme](#)

## **Tell us How**

The Government has asked all public sector workers, including health professionals, for their advice on what they could do to make things simpler, cheaper or quicker in order to improve public services. The ideas submitted will be assessed by a team in the Cabinet Office and the best ones will be taken forward by the relevant department, authority or frontline organisation.

- [Have your say by visiting the Cabinet Office website](#)
- [Submit your views by email](#)

## **Updated Smokefree Resource Centre**

The Smokefree Resource Centre website has been updated with downloadable toolkits, leaflets and posters for GP practices. It also contains tips on how to broach the subject of quitting with patients and details of where to refer those who need further support.

- [Download the resources from the Smokefree Resource Centre website](#)

## **Survey for the bereaved**

The Office for National Statistics (ONS), on behalf of the Department of Health (DH), has launched a national survey of people who have been bereaved. It is asking a sample group of people who have registered a death for their views on their loved one's experience of care, as well the care they themselves received. It is hoped the National Bereavement Survey will provide valuable information to support improvements in services for people at the end of life. Nurses may wish to be aware of the survey in case some of their patients want to discuss it.

- [Read about the National Bereavement Survey on the ONS website](#)

## **Practice-based development and research programme: call for applications**

This programme is run by the Foundation of Nursing Studies (FoNS) and supported by the General Nursing Council for England and Wales Trust to give nurses the opportunity to understand more about their work, the experiences of patients and how solutions to patients' needs and problems can be identified and met. The two-year programme offers funding of up to £5,000 and aims to support nurse-led healthcare teams who have identified an aspect of care that needs improving and are committed to working in a systematic way to develop and change practice through research. Applicants must be registered nurses working in clinical practice in England or Wales, and need to demonstrate strong evidence from practice to support the need for their research/practice development. The closing date for applications is 18 January 2012.

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

## **Draft guidance on viral haemorrhagic fevers: technical input required**

The Advisory Committee on Dangerous Pathogens (ACDP) has launched a technical stakeholder engagement exercise to invite specialist views on their updated draft guidance on the management of viral haemorrhagic fevers. Technical input to the draft guidance is needed to ensure that it is comprehensive, clear and fit for purpose. Those who are asked to take part include healthcare staff working in emergency and infectious disease departments, infection control, microbiology, acute medical units and mortuaries. The exercise closes on 23 December 2011.

- [Find out more and take part in the exercise](#)
- [Email the ACDP team for more information](#)

## **Guidance on assisted suicide**

The Royal College of Nursing (RCN) has published new guidance for nurses and other healthcare professionals who may have to deal with patients at the end of their lives asking for help to hasten their death. The guidance covers the legal position on assisted suicide, the law on advance decisions, when and why people might express a wish to die and suggests how to respond to such requests. It also makes a clear distinction between the discussions that healthcare professionals might need to engage

with patients around the provision of palliative or end of life care and those that are about the intentional taking of life or assisting a suicide.

- [Download the guidance from the RCN website](#)

### **Equality in the NHS**

The Equality and Diversity Council has initiated two key programmes to help the NHS improve on equality performance: the Equality Delivery System (EDS), a toolkit that helps the NHS make sure everyone counts and builds an NHS that is personal, fair and diverse; and the NHS Employers' Personal Fair and Diverse Champions Campaign that invites NHS employees to sign up to champion equality.

- [Download the EDS](#)
- [Sign up to become part of a network of champions, all committed to taking some action to create a personal, fair and diverse NHS](#)

### **Carer support report published**

A report from the Evaluation of the National Carers' Strategy Demonstrator Sites Programme explores the work of 25 DH-funded projects that provided carers with breaks, health checks and better NHS support. The New Approaches to Supporting Carers' Health and Well-being report provides detailed evidence on innovation and effective practice; partnerships and multi-agency approaches; identifying, engaging and involving carers; and costs and benefits.

- [Download the report and summary](#)

### **Healthcare support workers questionnaire**

Directors of Nursing in acute NHS trusts are invited to complete a short online survey to aid Oxford University researchers. The survey is funded by the NHS National Institute for Health Research (NIHR) and is designed to map developments in the use and management of healthcare support workers at Agenda for Change pay bands 2 to 4. The research team will be sharing the survey results with Directors of Nursing and the CNO.

- [Email queries about the survey or request a unique survey link](#)

## **Parliamentary Questions**

### **General Nursing**

74856 - 18/10/11  
75579 - 20/10/11  
80563 - 14/11/11  
80561 - 14/11/11

### **Specialist Nurses**

12339/40 - 20/10/11  
76168 - 21/10/11

### **Health Visitors**

75506/07/08/09/10 - 20/10/11

### **School Nurses**

12131 - 13/10/11

### **Midwives**

72983 - 13/10/11  
73314 - 13/10/11  
73919 - 17/10/11  
73454 - 17/10/11  
74860 - 18/10/11

74619 - 18/10/11

75908 - 24/10/11

- 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](http://www.nice.org.uk)**