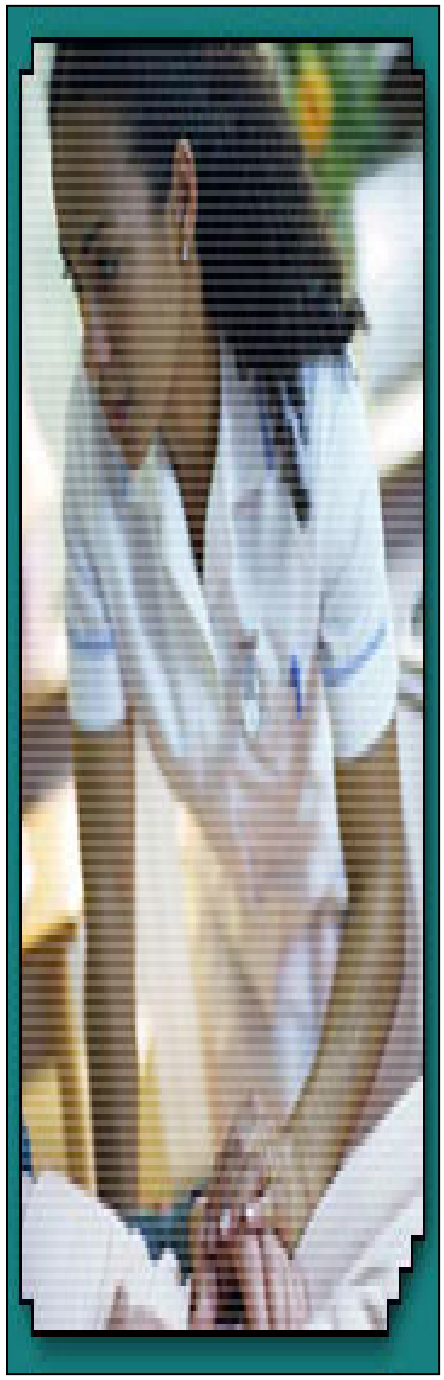
Y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol

HSS(2)-16-06(p1)

Dyddiad: Dydd Mercher 15 Tachwedd 2006
Lleoliad: Ystafell Bwyllgora 1, y Senedd, Cynulliad Cenedlaethol Cymru
Teitl: Adroddiad Prif Swyddog Nyrsio Cymru

Mae copi o'r adroddiad wedi'i amgáu.
Gwasanaeth y Pwyllgorau
Tachwedd 2006



REPORT OF THE CHIEF NURSING OFFICER FOR WALES

In conjunction with the Royal College of Nursing (Wales), Royal College of Midwives (Wales) and CPHVA /Amicus

FORWARD

In July 2005 the Health and Social Services Committee devoted a major part of a committee meeting to the subject of nursing in Wales. They received evidence from the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM) and had the opportunity to question representatives of the nursing profession about key aspects affecting the profession and patient care.

As a result of that committee meeting, the Chair of the Committee accepted the suggestion of committee colleagues and formally requested that the Chief Nursing Officer should provide an annual report, outlining some of the main issues affecting the nursing professions. Both RCN and RCM agreed to support the Chief Nursing Officer in this task, and subsequently, the Community Practitioner and Health Visiting Association (CPHVA) have also contributed to this first report.

The report is designed to provide factual information relating to areas of concern previously raised by committee members but by agreement with the co-authors, it will not explore the individual policy agendas of the RCN, RCM or CPHVA.

Throughout the report, we have tried to illustrate the very broad field of health and social care in which nurses, midwives and community practitioners (hereafter referred to as nurses) operate. The profession has a complex structure, with generalist and specialist nurses working across public, private and independent sectors as well as colleagues in higher education and not all of the issues covered in this report will apply to all parts of the profession.

Given the breadth and depth of the professional agenda, it is not possible to cover all areas in one brief report. Therefore we have decided to concentrate this year's report on two of the most pressing themes – the workforce and quality of care.

The main body of the report aims to set the policy context in which nurses operate, outline the current state of play and indicate some of the challenges and opportunities facing the profession in Wales. The co-authors are also keen to ensure that the committee has the opportunity to learn of the considerable successes of nurses in Wales and the contribution that the profession in Wales has made to the wider world of nursing both in the UK and globally.

Rosemary Kennedy	Tina Donnelly	Helen Rogers	Gill Devereaux
CNO	RCN	RCM	CPHVA / Amicus

CONTENTS

“The Workforce : The People who make it happen”

“ Staff are the most important asset in delivering public services irrespective of their status as public servants. Their skills and abilities will be ever more important in the future”

Policy Context

- Delivering for Patients: a Human Resource Strategy for Wales (2000)
- Improving Health in Wales: A Plan for the NHS with its Partners (2001)
- Making the Connections: Delivering Better Services for Wales (2004)
- Wales: A Better Country (2003)
- Designed for Life: Creating world class Health and Social Care for Wales in the 21st Century (2005)
- DH Ethical International Recruitment (2001)

General Overview

The NHS is the largest employer in Wales, and within that, the nursing professions (nurses, midwives and specialist community public health nurses (hereon referred to inclusively as ‘nurses’) make up the largest employment group with a whole time equivalent of over 29,000. The majority of nurses are women, many of them are parents and some are carers of other family members, all of which impacts on their work pattern. Consequently many elect to work reduced hours to fit in with family commitments.

The Human Resource Strategy for NHS Wales, *Delivering for Patients*, published in 2000, aimed to promote and support the delivery of high quality services in Wales through a high quality, competent workforce, with appropriate staffing levels, properly rewarded, and with a sense of fairness and pride in their employment.

The issue of appropriate staffing levels is a vexing one. There has been a great deal of publicity recently generated by research carried on behalf of the RCN, which indicates a direct correlation between morbidity and experienced, qualified staff. The findings mirror the findings of previous studies carried out in the USA and is the first of its kind providing evidence of the situation in England. A second report from the RCN Policy Unit on *"Setting Appropriate Ward Nurse Staffing Levels in NHS Acute Trusts"* (Sept 2006) argues that the ratio skill mix of registered to non – registered nurses has remained the same over the past 5 years, despite patient acuity (that is, the severity of illness) and bed occupancy both increasing substantially. Various specialty areas of care such as Intensive Care, have previously attempted to define a desirable ratio of specialist, qualified staff to unqualified staff, however, there has always been a general reluctance to 'fix' staffing ratios within the NHS, as the pattern of care is constantly changing and so ratios would need to change also.

Without doubt, the acuity of patients in both secondary and primary care has increased exponentially over recent years, and this is a crucial factor in determining the numbers and grades of staff required to deliver high quality care. A similar picture for the number of midwives available to support women in labour has been subject of recent tabloid interest.

Some Trusts in Wales have introduced workload measurement tools which determine staffing levels on a given ward, aligning patient dependency with staffing numbers. There is no consistency in the tools used, largely influenced by local preference and or the most part, best use is not made of the information. For example, a percentage uplift for sickness/absence and study leave are often not routinely factored in. The impact of not including percentage uplift has resulted in a rise in the utilisation of bank and agency staff and the inability of Trusts to release staff for addition professional training required under clinical governance. There are however, significant funding implications which Trusts would have to consider and many are finding it difficult to move away from agreed funded establishments, set some time ago, to actual establishments required to reflect the changing clinical workload. Funded staffing levels on wards retain something of a historical nature, both in numbers and in skill-mix and is an area for in-depth evaluation as part of the nursing response to *Designed for Life*.

A good example of what may be achieved by appropriate use of a standard tool across Wales is that of the midwifery tool, *Birth Rate Plus*, This tool is now in use in all units in Wales that provide maternity services, to establish a bench mark for adequate and safe staffing. Many Trusts regularly repeat the staffing analysis profile so that they have up to date workforce planning data. This has resulted in Heads of Midwifery being able to utilise staff appropriately and to develop new opportunities for midwives and the service creating flexibility in response to service pressures.

The NHS Plan for Wales committed to increase all professional groups with a specific target of an extra 6,000 nurses by 2010. This figure was underpinned by a commitment outlined under key milestones in *Wales: A Better Country* where it pledges 3,000 extra 'nurses' by 2006, creating a sustainable workforce, supporting the development of new clinical professional roles, with flexible career options as work-life balance becomes an increasingly important factor.

This was to be achieved by increasing the number of training places as well as directing employers to review and improve retention of staff, by creating flexibility, rewarding roles and improved opportunities for movement across sectors.

Table 1. GROWTH IN THE TOTAL NURSING WORKFORCE – 2000 UNTIL 2005

Year	Head Count	Whole Time Equivalent (WTE)	Target
2000	35,169	24,313.60	
2001	35,521	24,750.50	
2002	37,378	25,506.30	
2003	39,633	26,697.30	
2004	41,675	27,406.70	35,434 (achieved in headcount only)
2005	43,215	28,151.70	

Table 1 shows that there has been an increase in the total nursing workforce from Head count 8,047 (22.8%); WTE 3,838.4 (15.8%) for the period 2000 to 2005. Within this there has been the following increase in the number of qualified nurses, midwives &SCPHN from 2000 until 2005 of: Head Count 5,289 (21.9%); WTE 3,026.1 (17.1%).

Recruitment

Wales has always sought to train and retain a local workforce, as part of the vital socio-economic fabric of the Welsh economy. People in Wales have formed a close identity with their neighbouring hospital and university. Many graduates from nurse training intend to remain in their current location for a large part of their working life and once qualified, nurses had the expectation that they would obtain posts within the Trusts where they had undergone clinical placement and had built up relationships with the staff. Even nurses who had trained elsewhere in the UK tended to seek early employment back home in Wales.

Qualified nurses from other parts of the UK, with no natural roots in Wales, also find an attraction in working in the different settings and service structures that Wales can offer and they usually bring with them new ideas and add value to the development of clinical care and the nursing profession. This is part of the acknowledged UK labour force market arrangements where staff are trained for the NHS as a whole.

Like the rest of the UK, there are some clinical areas that have greatest difficulty, principally in areas requiring high levels of experienced staff such as Critical Care and Accident and Emergency departments. Other specialist staff, such as children' nurses have been hard to recruit due to the comparatively low level of numbers within the system. Major reports such as Kennedy and Carlile highlighted the need for an increase in paediatric nurses and local workforce plans and commissioning have in some measure begun to address this need.

Staff Retention

Staff turnover rates have been collected as part of the Workforce Planning round. However, NHS Trusts are finding turnover difficult to predict especially since the changes in legislation relating to retirement. Whereas nurses historically were able to retire at 55 years of age, the default retirement rate has now risen to initially 60 and since October 2006, to 65years of age. Whilst the retention of skilled clinical nurses with vast experience is to be welcomed, nursing can be a physically demanding job and it may be necessary to consider how the valuable contribution of older staff can be best utilised in other ways.

More worryingly however, are the notable reports from across the UK suggesting that nurses are leaving the profession prematurely, or in some instances, even before taking up an initial post on qualifying. Research in relation specifically to midwives suggests that a major factor in midwives leaving the profession in Wales is 'burnout'. This is particularly the case in large maternity units where a highly medicalised and obstetric dominated service means that midwives do not get to practice in the way they have been trained. This work also suggests that if midwives could be relieved of non-midwifery tasks, particularly form filling and administration, and freed up to concentrate on supporting women, satisfaction would increase.

The Director of Department for Health and Social Services (DHSS) required Trusts to collect data on why staff should be leaving service prematurely as part of their Human Resources (HR) policies. Clues may also be gained from the outcome of the NHS Wales Staff Survey conducted in 2005. Just over 43% of staff responding to the survey indicated that they often think about leaving their current employer. Around 66% stated that they would want to stay in the NHS, whilst 34% said that they would not want to.

Reasons for thinking of leaving

Career development	26%
Change of career	15%
Unhappy with current job	25%
Family or personal reasons	11%
Entering full time education	1%
Don't want to work in the NHS	7%
Retirement	4%
Other	10%

Whatever the reason for leaving, the resultant vacancy puts increased pressure on remaining staff.

There has been a wide interpretation applied to word 'vacancy'. The requirements of the Welsh Assembly Government for data collection on vacancies is that all NHS Trusts in Wales are required to collect data on "difficult to fill posts" i.e. posts that have been vacant for 3 months or more. All NHS Trusts in Wales, as part of a sound management process, operate a vacancy

review procedure. This is to ensure that, as posts are declared, assessment of service requirements are undertaken in order to deliver effective efficient services which will not compromise patient care and are of the highest standard.

At the National Assembly Audit Committee on 4 May 2006, Ann Lloyd, Head of the DHSS, confirmed that she has asked Ian Stead, the Acting NHS HR Director to work with NHS HR Directors in Wales to ensure a thorough scrutiny of any plan that considers a reduction in staff.

It is worth noting at this point that recruitment and retention relating to the Learning Disability and Mental Health Branches across Wales is extremely healthy - amongst the healthiest in the UK.

Casual Staff – Bank and Agency

Hard to fill vacancies, together with imperfect workforce/dependency management, has led to a growth in the amount of temporary staff employed via agencies. The cost of agency staff in Wales has been steadily rising to quite unacceptable levels. Audited accounts show agency nursing costs for 2003-04 of £21.4 million (3.0% of total nursing budget). This is an increase from 2000-01 figure of £9.6million, (1.8% of total nursing costs) and represents a rise of 1.2% of the total nursing budget over a four year period. Clearly this could not be allowed to continue without proper scrutiny and appropriate management action. Alongside this, the use of Agency staff varies across Wales and Agencies charge variable premia for supplying staff, especially to specialist areas. There has been no consistent standard for cost or quality of provision in Wales.

In 2004, Welsh Assembly Government established the All Wales Agency Nurse Project with Alison Williams, Chief Executive, Ceredigion NHS Trust as chair of the Project Board. The aim of the project was to develop and agree an All Wales standard service specification for the supply of Temporary Agency nursing staff for Wales. This All Wales Agency Contract has now been awarded to a consortium of 11 suppliers, working to the same specification and will come into force in October this year.

Workforce Planning

Nursing workforce planning and its impact on the commissioning of education and training places must be managed more effectively if we are to prevent the ‘bounce’ between over and under supply that has dogged the NHS for many years.

Retrospective analysis across the UK from as far back as the early 90’s, shows that the NHS has experienced swings in the numbers of students trained and the number of posts available to them. In some instances this resulted in large numbers of newly qualified healthcare professional staff unable to find employment, with subsequent complete loss to the service and a waste of

resources. Alternatively, if service developments and expansion proceed apace, the opposite situation pertains, when there is insufficient newly qualified staff available to fill the vacancies created. The aim of workforce planning is to balance prediction with probability of employment. In many ways, Wales is a victim of its own success in that the retention figures for students in training have improved year on year, with a result that the factor built in for attrition resulted in a higher number than predicted, reaching qualification.

In April 2006 it was reported that some newly qualified nurses in North West Wales were having difficulties securing posts on gaining their degrees. Following discussions with the Trust Executive Nurse it was agreed that those nurses unable to secure posts in their chosen locality would be offered flexible working on the Trust's Nurse Bank and put into permanent posts as soon as vacancies arose. All nurses were subsequently taken into permanent posts.

A paper was presented at the HSSD Management Board in July 2006 outlining the prevailing potential recruitment problems in respect of newly qualified health care students, including nurses. Heavy investment has been made in training these graduates and they are key to the attainment of much of *Designed for Life* and the full impact of the changing health service and the way services are to be delivered and by whom, is as yet unknown. Whilst every effort is made to ensure that students do gain employment after graduation, there can be no cast-iron guarantee of employment in the local area, on qualifying. Universities have identified the need to focus on preparing their students from the outset by explaining the reality of the job market and the need to consider posts beyond their immediate training area.

The next cohort of nurse graduates across Wales have been seeking their first posts since the end of September and Trusts have been working with their HEI partners to try and manage expectations and match staff seeking employment locally to existing vacancies. Consideration is being given to developing a 'clearing house' system for new graduates seeking employment in Wales.

The RCM and the WAG has worked in partnership to address the unique issues around recruitment and retention of midwives. Whilst recruitment is not necessarily an issue it has been identified that retention is. The aim of this project, which is being led by National Leadership and Innovation Agency for Healthcare (NLIAH), is to develop a workforce plan for midwives in Wales. This will assess the degree of match between the future supply and demand for midwives and identify the likely risks arising from under or over supply. In the first instance the approach will aim to:

- determine the workforce implications of the emerging service models arising from the Wanless Report, the National Service Frameworks and the commissioners' demands.
- map out the Strategic Workforce Plan for Midwives, to support the proposed service planning developments including the likely staffing and training numbers, and the likely risks and costs in achieving the target ranges.
- develop a workforce planning model and to train local specialists in its use.

In order to develop this approach a pilot is being undertaken in South East Wales and it is anticipated that the outcome will contribute to the over aching workforce planning strategy.

International Recruitment

The final area to be considered under workforce is that of international recruitment.

As we have explained, Wales on the whole, has no major difficulty in recruiting nursing staff. However, the requirement for increasing numbers of experienced nurses, and especially with the growth of the independent sector, together with a previous, temporary inability to fill all of the available posts from our own resources led to a wave of international recruitment exercises over the last 5 years. Experienced staff required for 'hard to fill' vacancies like Intensive Care, Theatres and, in some cases, Care of the Older Patient, have been actively recruited from overseas, particularly from the Philippines and most have successfully integrated into the Welsh way of life. All qualified nurses destined for the NHS in Wales were selected and recruited under ethical guidelines drawn up on behalf of the UK by the Home Office. This ensured that there was no exploitation of overseas staff and that the donor countries would not suffer due to the migration of their key healthcare staff. Sadly, this was not always the case with some Independent Nursing Home sectors and action had to be taken by the Nursing and Midwifery Council (NMC) to safeguard the interests of patients through regulated adaptation courses for nurses trained outside the European Union. Midwives were the exception to this and there has been no active overseas recruitment in this part of the profession.

The previous climate of recruitment of internationally qualified nurses (IQNs) across Wales has slowed. The Home Office and Department of Health, who have the UK lead for international Recruitment, issued a statement in August 2006 restricting, in the first instance, the recruitment of newly qualified and junior band nurses, until every option to fill vacancies at this level from locally educated nurses, has been exhausted.

However, applications submitted from nurses seeking adaptation and/or the Overseas Nurses Programme (ONP) continue. The International Recruitment Data Base Project (IRDP) keeps all applicants fully informed of the situation. Despite this reduction in international nurse recruitment activity across NHS Wales (and England) IRDP development continues to forge links between HEIs and the independent sector to ensure IQNs successfully achieve the requirements for NMC registration. This partnership will generate some financial support for the running of the IRDP through a nominal charge to users to cover administrative costs.
It is envisaged that the IRDP could support returnees across NHS Wales who may be seeking whole or part time positions; subsequently the IRDP could provide a service to employers by filling employment gaps and taking the onus of meeting WTE requirements away from the employer. Such a development could potentially result in a cohesive and effect staffing system, similar to an agency but without the implication of private agency costs.

Quality and Patient Care

"Public services of top quality must be responsive to the needs of the individual and communities, delivered efficiently and driven by a commitment to equality and social justice".

Policy Context

- "Realising the Potential": A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st century (1999)
- Fundamentals of Care : Guidance for Health and Social Care Staff (2003)
- National Service Frameworks (various)
- Healthcare Associated Infections: A Strategy for Hospitals in Wales (2004)
- Designed for Life (2005)
- Healthcare Standards for Wales (2005)

Quality

"Designed for Life" milestones include the statement that "Health and Social care will be characterised by

- Improving standards of health,
- A responsive service, providing high quality care
- Efficient and effective use of resources.

“Quality “ has been expressed as ‘the difference between patients’ expectations and their actual experience’. We know that patient and service users experience was often variable, dependent on the type of service accessed, geography and the ability of patients to make their voice heard.

“Realising the Potential” set the clear vision that nurses, midwives and health visitors should be “the self-confident and expert champions of their patients’ and clients’ welfare”. *The Fundamentals of Care* sought to stimulate improvements in quality and the way in which care providers respond to and meet the needs of the service user and grew out of the recognition that the emphasis for some time had been on the efficiency and cost of health and social care services rather than the quality of care.
The Fundamentals of Care policy document was produced under the direction of the CNO and the Head of Social Services and captured what is important to patients and their families through the full involvement of the Community Health Council in Wales. Although it was produced in 2003 it remains central to the Assembly's view of quality in healthcare.

Twelve indicators were developed covering the key fundamental aspects of health and social care as expressed by patients and carers and cover

- Communication and information
- Respect
- Safety
- Promoting independence
- Relationships
- Sleep and rest
- Comfort and pain relief
- Personal hygiene, appearance and foot care
- Eating and drinking
- Oral health and hygiene
- Toilet needs
- Preventing pressure sores.

Many of the areas listed appear in complaints made against the service and would be instantly recognisable to both lay and professional people as potential concerns to all who use the service. Many of the indicators developed for *Fundamentals of Care* are integral to the new Healthcare Standards for Wales .

The Fundamentals of Care policy was launched and a series of information leaflets, varying in detail from a simple pamphlet aimed at the public setting out what they could expect from health and social care, to a more comprehensive document designed to guide staff and patients through standards and examples of best practice. Key to the document was the requirement that each health and social care organisation should develop an action plan entitled “Putting the Indicators into Practice”.

The Office of the Chief Nursing Officer has recently carried out an audit, two years on from the launch, to see how well healthcare organisations have progressed against their action plans. As well as data which indicate that the principles of *Fundamentals of Care* is fully integrated into all Trusts in Wales, with measurable benefits such as reduced falls, and greater patient involvement in service improvements. Local Health Boards have used the indicators to negotiate standards of care in Care Homes as well as using them as a basis for training programmes for care home staff. Higher Education Institutes reported that *Fundamentals of Care* are frequently used when planning the nursing curriculum and that the majority of students are aware of the relationship between the indicators and what may be called the core function of nursing.

Some of the indicators appear to have been more successful than others in driving up quality of care; for example, patient safety, privacy and dignity, personal hygiene but despite the identification of eating and drinking as fundamental to health and wellbeing, it is an indictment on both health and social care that poor nutritional assessment and assistance with eating and drinking remains at the top of the list of complaints.

Nutrition

Malnutrition (under nutrition) and overweight / obesity are major clinical and public health problems in the UK.
In the general population, it is estimated that one in seven subjects aged 65years and over has a medium or high risk of malnutrition, but prevalence is higher in subjects who are institutionalised as opposed to living in their own home. Malnutrition predisposes to disease, delays recovery from illness, and adversely affects body function, well-being and clinical outcomes.

The incidence of obesity is increasing in both adults and children, and currently affects one in five adults. The Welsh Health Statistics for 2003-04 show indicate that 59% of males and 49% of females are overweight or obese. Obesity predisposes to many health problems, including heart disease, diabetes, high blood pressure and osteoarthritis with a direct cost to the NHS estimated at £0.5 billion annually.
Inadequate nutritional care often arises due to the diffuseness of responsibility, lack of integrated infrastructure for dealing with nutritional problems in and between different healthcare settings, poor education and lack of consistent criteria to identify and treat malnutrition /obesity.[1]

In December 2005, given the concerns about the poor nutritional status of many patients within Welsh hospitals and care homes, the Office of the Chief Nursing Office wrote to 14 NHS Trusts across Wales asking them to confirm whether they were using a Nutritional Assessment Tool within their organisations. They were asked to provide details of the tool, the length of time it had been in use and the areas in which it was implemented.

The NSF for Older People has set a target for all NHS Trusts to be using the Malnutrition Universal Scoring Tool (MUST) for adults, by April 2007. The OCNO audit showed that 78% of NHS Trust in Wales will meet the target by the required date.

[1]The 'MUST' Report: Nutritional screening of adults: a multidisciplinary responsibility

However, perceived failure to meet the nutritional needs of patients as judged through the patient experience and observations of visitors, still figure highly in complaints against organisations and the impact on recovery, length of stay and delayed transfer of care is not insignificant.

Of particular concern is the failure to protect mealtimes by closing the wards to all but essential visitors and staff and failure to ensure sufficient help and encouragement to patients to ensure that they are able to eat the meals provided.

Nutrition has been the subject of major reports carried out by Community Health Councils and despite some notable areas of best practice in Wales such as 'the red tray project' – where those patients in need of assistance are identified by serving their meals on a red-coloured tray - and the re-introduction of protected meal times on many wards, the CNO has found it necessary to set it as one of the three professional objectives for 2006/07 for all nurses and midwives in Wales (the other two objectives are hospital cleanliness and improved ward management). A Welsh Health Circular on nutrition in hospitals, signed jointly by CNO and CMO, is in preparation for circulation in autumn 2006.

Hospital Cleanliness / Healthcare Associated Infections

Hospital Cleanliness is not only a matter of aesthetics. Irrespective of differing views on the subject, it is an indication of low standards and is associated in people's minds with rates of infection, particularly MRSA thanks to, often inaccurate, media coverage. Healthcare associated infections continue to cause substantial patient morbidity and cost both financial and in terms of human distress.

To support the reduction of Health Care Associated Infection (HCAI) in Wales the Welsh Assembly Government launched the "Healthcare Associated Infections – A Strategy for Hospitals in Wales" in September 2004, the first document in a series of guidance documents aimed at the health service in Wales. A strategy to reduce HCAIs in community settings is under currently under development.

Individual Trusts in Wales are implementing the recommendations of the strategy, ensuring that:

- All staff will understand the impact of infection and infection control practices to enable them to discharge their personal responsibilities to patients, other staff, visitors and themselves.
- Patients will be treated in physical environments that minimise the risk of infection.

There has long been that the recognition that the most important single factor in the prevention of spread of infection has been good hand hygiene.

In September 2004 the National Patient Safety Agency (NPSA) issued an alert to all acute hospitals in England and Wales directing them to introduce alcohol handrubs at the point of patient care and asking them to enlist in the *Clean**Your**Hands* campaign. The campaign had two aims – to improve hand hygiene through the use of alcohol handrubs and to engage and empower patients with the message that 'it's OK to ask' if staff have decontaminated their hands before they carry out any care.

Local audits continue to show that whilst hand hygiene compliance has improved there is much work to be done to sustain and change the culture of good hand hygiene. Certain groups of staff are still resistant to change despite the evidence of the effectiveness of decontaminating hands between patients and between procedures.

It is recognised that fundamental to improving compliance with hand hygiene is the need to change the culture amongst the general public and in particular amongst children – they are after all the healthcare workers of the future. Following the recent outbreak of E Coli in schools across Wales, the need to provide schools and all settings in which children are cared for with information about basic hygiene including hand hygiene was recognised. To this end *'Mind the Germs'* was issued to all pre school settings in June 2006. This infection control guidance reinforces the basic need for children to have access to liquid soap, running water and paper towels.

Other aspects of ward cleanliness, such as the general environment in which care is provided, is seen as a major issue in which nurses have a legitimate role to play. The CHC caries out an annual inspection of Trust premises and Health Inspection Wales will be formally auditing standards of cleanliness in specific high risk areas. The CNO and the Nursing Officer for Infection Control / Communicable Disease, make unscheduled visits to wards and departments in Trusts across Wales and discuss their findings with the Executive Nurse and the head of domestic services.

Clinical Leadership

The co-ordination of the environment of care, including the physical surroundings, the information flows around the patient or the timing of sequencing of care is unequivocally claimed as a key nursing responsibility in "Realising the Potential". However, the challenge in taking and developing that role requires support and development for potential ward managers and leaders.
In response to this Welsh Assembly Government commissioned the RCN to provide an ongoing programme on Clinical Leadership.

Clinical Leadership Programme (CLP) has now been running in Wales for over four years with tangible improvements being made to the patient experience as a result. To date more than 453 nurses, midwives, community nurse practitioners and allied health professionals have completed the RCN Clinical Leadership Programme and the Office of the Chief Nursing Officer is currently working with the RCN on a benefits realisation exercise. Nurses from GP practices have just completed a tailor-made Leadership in Practice Programme, funded by LHBs ,in recognition of their future roles in delivering the primary care and chronic disease management objectives.

A similar programme is in place for midwives as part of a collaboration between OCNO and RCM. This comprises a three day programme over a six month period aimed at identifying potential leaders in midwifery and providing them with an opportunity to develop their leadership skills with the following objectives:

1. To see themselves as someone who could lead a team
2. To develop leadership skills in a practical way
3. To be seen as a leader in the midwifery community

4. To understand the challenges of managing a project
5. To network with a wider group of health care professionals / NHS managers/other agencies.
6. To transform a part of your working environment to make it a happier place to be in.

Course participants are offered a mentor to support them in leading a project that will transform a part of their working environment.

Whilst there has been obvious benefits accruing from the clinical leadership courses, it is evident that, in order to fulfil expectations, ward sisters/ managers in particular also need to acquire sound management skills. As has been mentioned already, management development has been highlighted as one of the CNOs three professional objectives for the nursing professions in Wales for 2006/07.

Whereas leadership 'creates the vision; achieves the breakthroughs; makes change happen', management 'deals with the immediate; manages the current situations and challenges; expects completion of tasks and objectives'. The delivery of *Designed for Life* requires both leadership and management skills in equal measure and across all levels of the organisation.

Developments are underway between the Offices of the CMO and the CNO to work in partnership with NLIAH to design and implement management development for those clinicians holding a management remit. This is an essential component in delivering the objectives of *Designed for Life* and will come on stream in 2007 following the launch of the Clinical Leadership Network in autumn of this year.

The Clinical Challenge

" We need to radically reconsider who is best placed to deliver care, in what diverse settings and with what range of technical support".

Policy Context

- Designed for Life (2005)
- Designed to Work (2006)
- Realising the Potential (1999)
- Health Challenge Wales (2005)
- Modernising Nursing Careers: Setting the Direction (2006)

The changing needs and interests of patients and clients require 'nurses' to be flexible and responsive in the way they provide care; their roles should not remain static. As far back as 1992 the then Regulator of the nursing professions published the Scope of Professional Practice, which provided individual practitioners with the principles around which they could expand and develop their roles for the benefits of patients. Changing roles, as many of the key policies indicate, should be developed in the context of multi-professional team working, recognising the need for a flexible, collaborative approach and blurring of roles, without compromising the distinct professional identities.

The recently published document "Modernising Nursing Careers: Setting the Direction" is a four – country UK approach to positioning the nursing profession squarely at the heart of modernisation. It aims to develop a competent and flexible nursing workforce, capable of taking a lead in the changing healthcare system and building patient pathway-based careers to support the national service frameworks.

Meanwhile, nurses and midwives across Wales have developed a range of approaches that demonstrate clinical leadership in practice and respond to the clinical challenge of modernising and improving care. The following are some examples of initiatives covering specific client groups, that have attracted national and international interest or been recognised by prestigious awards, demonstrating how Wales is contributing to the body of professional knowledge and practice in the 'wider world'.

Midwifery

Promoting Normal Birth: The All Wales group for midwifery led birth centres.

This all Wales group was set up in response to concerns expressed in England about clinical governance systems related to the setting up and running of Birth Centres. Midwives in Wales wished to support each other in establishing all Wales guidelines and operating standards. Membership includes a midwife representative from every Trust in Wales; a Head of Midwifery education/ lead midwife from each of the 4 universities; Royal College of Midwives(RCM), Royal College of Obstetricians and Gynaecologists(RCOG), National Childbirth Trust(NCT), Association for Improvement in Maternity Services(AIMS) and Maternity Services Liaison Committees(MSLC). The group will map the provision of existing and proposed birth centres in Wales, collate and share the current body of evidence pertaining to birth centres and produce guidelines for midwives on how they can facilitate care for women who wish to give birth at birth centres. The guidelines will also highlight to obstetricians the women who can be returned to give birth at birth centres, following referral for obstetric opinion during pregnancy.
The objectives are

- to promote the use of birth centres for women with straightforward pregnancies,
- to identify education and training needs for midwives working in birth centres which could be provided by midwifery units in each Trust and
- to identify areas of research and collaboration across centres, and
- to produce a valid data set on which to compare results in birth centre settings.

All Wales Normal Labour Pathway

All Wales evidence based guidelines – the Normal Labour Pathway - for supporting normal birth have been in use in all NHS trusts in Wales for approximately 18 months. This was developed by the All Wales Group led by Sarah Fox, a midwife at Swansea NHS Trust. The guidelines are supported by an information leaflet for women, explaining how the Pathway is used what to expect when labour commences. This initiative encourages all Wales discussion and debate on how to promote normal birth and on how to minimise unnecessary intervention in labour. The Pathway has been of major interest to midwives across the UK and also in Europe and farther a- field, including the presentation of papers at the International Congress of Midwives in Australia (2004).

Domestic abuse

In January 2004, in response to the increasing evidence that pregnant women are particularly at risk of domestic abuse [2] an All Wales Network Group on Domestic Abuse in Pregnancy was set up, chaired by Lynn Lynch, consultant midwife for vulnerable women in North Glamorgan NHS Trust, to develop a domestic abuse integrated care pathway for routine questioning and referral (if required) in the antenatal period.

[2] Confidential Enquiry into Maternal Death 2000-2002

In addition they were to identify training needs for midwives and health visitors and develop minimum standards for routine questioning, referral and documentation, project led by Suzanne Hardacre, a midwife from North Glamorgan NHS trust .

The Pathway was formally launched at the CNOs Showcase Conference in July 2006 and it is envisaged that all trusts will have implemented routine enquiry in ante-natal clinics by March 2007.

This work has received huge interest across Wales the UK and Europe where Lynn Lynch and Suzanne Hardacre have been speaking about its development at conferences. Most recently, Lyn Lynch has presented her work at the 7th International Rural Health Conference in Seattle and received a tremendous reception.

The success of this initiative has resulted in the development of similar guidelines and training for A&E Departments.

Initiatives for Older People

Over the next 20 years the overall population will grow slowly (around 3%), however, the numbers of people reaching retirement age will make up a proportionally higher percentage - estimated increase of 11% to around 650,000 people. There will be an increasing numbers of people reach extreme old age (85+) (NSF for Older People in Wales 2006). Older people are more vulnerable to ill health, as they often have reduced income, social isolation, and age related ill health, many also have poor nutritional state. Nurses play a leading role in assessing nursing need and provide care to the client group across care areas.

One clinical challenge posed in the draft strategy for older people was the need to improve the management and ultimate prevention of incontinence, a condition which has profound effects on individuals and their families. In response to a very real problem facing many older people, CNO funded the development of the All Wales bladder/bowel care pathway, which was launched to the service in April 2006. The full implementation of this care pathway is an identified target in the NSF for Older People in Wales, and the work has already attracted much attention from key interest groups across the UK.

School Nursing and Public Health

School nurses play an important role in promoting the health and well-being of school-aged children and in contributing towards the achievement of local and national targets, such as the Healthy Schools schemes and the NSF for Children and Young People.

A very practical example of how school nurses are taking a public health approach, strengthening the principles of the School Nursing Service and working in partnership with the education authorities, County Council, LHBs and , most importantly, young people themselves, is some work from Pembrokeshire. Led by the School Nurse, a multi-agency team devised a questionnaire for year 7 pupils and their parents to determine what mattered most to them in the delivery of healthcare and health promotion. The

resulting data has been pooled and is used as a source to assist in the development of community plans. It also identified that modernisation of the School Health Service is essential to ensure a unified service across the whole area, focused on Public Health.

Mental Health

Another example form Pembrokeshire and Derwen NHS Trust relates to the development of the Protected Time Initiative. This work was selected as a winner in the All Wales Mental Health Service Awards, presented by the Minister earlier this year and is also a finalist in the Nursing Times Annual Awards to be held in London on November 6th. This initiative was in response to the growing concern that people treated within in-patient facilities appeared to be having a lamentably low level of therapeutic intervention or opportunity of one-to-one quality time with healthcare staff. This resulted in longer lengths of stay, withdrawal and sometime attention –seeking behaviour. Since instigating protected time for each patient with their key worker and support staff, the incidence of disruptive behaviour has declined noticeably and patients themselves are giving very positive feedback as the benefits they feel they have derived.

Summary Statement from the Chief Nursing Officer

Nurses, Midwives and Health Visitors / Specialist Community Public Health Nurses are a major strategic asset to the Government of Wales in helping it achieve its objectives in health and social care, and across the whole spectrum of devolved policy.

As such they should be appropriately resourced, educated, supported, recognised and valued at all levels. This is particularly important for organisations employing these professionals, who have a responsibility to ensure that such valuable and expensive assets are deployed effectively, encouraged to contribute not only at operational levels in delivering the services in the most effective and efficient manner, but also at the strategic level to ensure that the plans are realistic, achievable and owned by the workforce.

Nurses themselves also need to recognise that they are a crucial part of the solution to the challenges facing the NHS and Social Care Sector and that will require them to develop and accept new approaches to how and where they work, embrace new practice and different partnership arrangements for the benefits of their patients and clients, but at the same time to retain the uniqueness of their professional role. This will also mean stepping up to the line and taking the lead in challenging and changing outmoded practice or models of care.

Life *is* tough and there are many who feel pressured by what they see as relentless change without a period of consolidation. This will indeed feel unmanageable if the profession attempts to take on ‘modernisation’ whilst holding on firmly to the structures of the past.

Similarly, it is not helpful to either our patients, the public or the profession at large to keep spotlighting the negative aspects of life such as staff shortages, complaints, high profile but thankfully rare 'poorly performing professionals'. These aspects are already well recognised and attention is being paid to address them. To continue to take an unbalanced view will not engender confidence in the NHS nor attract people into nursing and thereby will serve merely to compound the problems. For every complaint there are many more plaudits, so it is time that the considerable successes and quiet dedication and professionalism of the nursing workforce has equal recognition.

I am grateful to the Health and Social Services Committee for their time and the opportunity to highlight some of the key areas affecting the nursing professions and the delivery of quality care and thereby place nursing on the agenda. I am proud that nurses, midwives and specialist community and public health practitioners in Wales have seized the initiative, as a group, to accept their responsibility and take positive action to ensure that the ambition in *Designed for Life of* creating world class health and social care for Wales in the 21st Century is realised.