Yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant Department for Health, Social Services and Children Prif Swyddog Nyrsio - Cyfarwyddwr Nyrs GIG Cymru Chief Nursing Officer - Nurse Director NHS Wales



Mr David Rees AM Chair Health and Social Care Committee National Assembly for Wales Cardiff Bay Cardiff CF99 1NA

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Dear David

Health and Social Care Committee General Scrutiny Session - 30 January 2014

The committee requested some further information subsequent to my attendance at the above meeting. I am pleased to respond.

The direct impact of Healthcare Inspectorate Wales (HIW) reports on the work of the Nursing Directorate.

The reports prepared by HIW are considered by the Quality and Safety Committee internal to Welsh Government, which nursing officials attend and are raised in the joint HIW/DG-HSS health professionals meeting held on a monthly basis. On occasion evidence presented will lead to direct action by nursing officials. Below I have set out three examples from the last 2 years:

- a. Following the Essential Care investigation at lorwerth and Ceredig Wards Bronglais General Hospital in spring 2012 the Nurse Director agreed with me a specific set of actions on the hospital site to drive improvements in nursing care, which included her being based there for the summer months. I gave clinical supervision to the Nurse Director on a weekly basis to monitor progress and I visited the hospital to meet senior and front line staff. The quality of care on this site has been kept under review since completion of the focussed work. These actions have led to significant improvements in fundamentals of care on the site.
- b. Following the Dignity and Essential Care investigation at Prince Charles Hospital Emergency Care Centre, in October 2012, an action plan was established by Cwm Taf Board, supported by RCN (Wales). The Nursing Officer for Patient Experience worked alongside HIW staff to monitor progress of the



- implementation of the plan and took part in a series of visits to the Emergency Dept in 2013.
- c. The Wales Audit Office/HIW follow-up review of safety issues in CAMHS (December 2013) has highlighted that more work is required in reducing the numbers of children placed on adult wards. To take this forward in the first instance, we are convening a multi clinician group (adult and CAMHS mental health services) to review a mix of LHB inappropriate admission reports to Welsh Government with a view to discussing processes and procedures, and sharing information about risks and actions needed to ensure safety of the patient. The outcome of this will be to produce further guidance as agreed between CAMHS and Adult in patient services which will then be shared amongst LHBs.
- 2. The role of the Welsh Government's workforce, education and development services in the workforce planning process, including information about the indicators it uses when determining workforce plans

In 2013/14 the Workforce Development Unit which was part of the National Leadership and Innovation Agency for Healthcare (NLIAH) transferred to the NHS Shared Services Partnership (NWSSP). Welsh Government had a Service Level Agreement with NLIAH for it to undertake a number of functions on its behalf and to provide advice to the WG, this included workforce planning and education commissioning amongst other things. As part of the transfer to NWSSP the workforce function now predominantly provides support to the NHS rather than to the Welsh Government.

In 2013 the Welsh Government developed a new integrated planning framework which incorporates the six step planning model used previously in the separate workforce planning guidance. The 2013 integrated Planning Framework requires organisations to develop an integrated service, finance and workforce plan. As such there is no separate Welsh Government guidance provided on workforce planning. The new NWSSP Workforce function, now called the Workforce, Education and Development Service (WEDS) has provided best practice guidance to the NHS on workforce planning as part of its support to the NHS through the Working Differently Working Together programme.

WEDS uses workforce plans from NHS organisations to determine future education commissioning numbers for the health professional workforce. Other indicators for education commissioning levels include;

- Individual cost of training students.
- Student attrition.
- Service reconfiguration plans.
- Welsh Government policy.
- NHS financial position.
- Changes in working patterns.
- Education capacity.

3. The number of district and community nurses in Wales

	2009	2010	2011	2012	2013-Nov
Modern Matron	1.8	1	1	29.7	38.3
Health visitor	763.8	744.6	738.9	781.1	862.2
*District nurse	728.1	794.9	811.4	763.9	576.2
*District nurse (Enrolled nurse level)	16.4	11.3	11.8	16.5	9.3
Community nurses	1153.6	1203	1231.9	1270.3	1516.4
*Community Psychiatric Nurses	162.5	121.1	93.5	108.7	102.3
*Community Psychiatric Nurses (Enrolled					
nurse level)	1	•			
Community psychiatry	1167.6	1129.8	1232.3	1312	1356.2
*Community Learning Disability Nurses		6.8	6.4	5.4	5.4
Community learning disabilities	294.9	308.2	290.2	290.1	279.5

The above table indicates the range of NHS employed registered nurses working in community and primary care. Those with a * indicate that they have a recordable qualification with the Nursing and Midwifery Council. The figures for 2013 are management data figures taken from the ESR data warehouse and as yet have not been recorded on Stats Wales. I have not included healthcare support workers who also work to support the community nursing teams.

4. The code of hygiene being developed by Public Health Wales on behalf of the Chief Nursing Officer, and confirmation of when this work will be completed

The Welsh Government is committed to zero tolerance of preventable healthcare associated infection (HCAI). NHS organisations in Wales have made significant improvements in reducing HCAI in recent years, including Meticillin resistant Staphylococcus aureus (MRSA) bloodstream infections and infections caused by Clostridium difficile; however more can and must be done to protect service users and achieve world class standards of service user safety. Effective infection prevention and control needs to be everybody's business and must be integral to everyday healthcare practice and based on the best available evidence.

Building on the 2011 'Commitment to Purpose – Eliminating Preventable Healthcare Associated Infections'; this Code of Practice sets out the minimum necessary infection prevention and control arrangements for NHS healthcare providers in Wales. The elements of the Code represent standards that organisations will be expected to meet in full across the range of healthcare services that they provide. Compliance with these standards should be evident to service users, visitors, staff and to the Welsh Government including Healthcare Inspectorate Wales.

Non-NHS providers of healthcare in Wales may refer to the requirements of this Code to inform the appropriate standards for infection prevention and control in their organisations and the services they provide. In addition NHS Wales organisations must ensure that when they contract or commission services that the requirements of this Code are reflected clearly within contracts and commissioning arrangements.

It should be emphasised that the requirements of this Code will reinforce and codify existing expectations of NHS Wales organisations, rather than introduce new expectations.

For the purpose of this Code of Practice, HCAI refers to any infection by any infectious agent acquired as a consequence of a person's treatment by the NHS in Wales, in any care setting including the person's own home, or which is acquired by a healthcare worker in the course of their NHS Wales duties.

This Code of Practice does not replace the requirement to comply with legislation that applies to healthcare services, for example The Health and Safety at Work etc. Act 1974, the Control of Substances Hazardous to Health (CoSHH) Regulations 2002 and relevant food safety legislation.

Public Health Wales has produced a draft Code in consultation with Health Boards for consideration by Welsh Government. It is anticipated that the final version will be issued at the end of March 2014.

Please also find attached (at Doc 1) the Annual Report Strengthening the Commitment for 2012/2013 as requested.

Yours sincerely

Professor Jean White Chief Nursing Officer

Nurse Director NHS Wales