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National Assembly for Wales / Cynulliad Cenedlaethol Cymru

[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Safe Nurse Staffing Levels \(Wales\) Bill / Bil Lefelau Diogel Staff Nyrsio \(Cymru\)](#)

Evidence from Public Health Wales - SNSL AI 17 / Tystiolaeth gan Iechyd Cyhoeddus Cymru- SNSL AI 17

**Public Health Wales's Response to additional information requested by the Welsh Government's Health & Social Care Committee (on 5 March 2015) in relation to the consultation on the Safe Nurse Staffing Levels (Wales) Bill**

**March 2015**

**Background:**

Following the response submitted by Public Health Wales to the original consultation on the above Bill, an additional request was received from the Health and Social Care Committee, via the Welsh NHS Confederation. This requested the consideration of including provision within the Bill to cover care commissioned by the NHS but delivered in the independent sector and/or in England. The additional request covered both hospital and social care settings.

The Committee was seeking additional information from Health Boards in Wales about arrangements that they have in place to manage care commissioned this way. The Committee posed three new questions.

**Question 1: Whether standard contracts are used for such arrangements**

Public Health Wales does not commission care in the independent sector (either in hospital or the social care setting). Therefore, it does not have any relevant contracts in place.

**Question 2: How do Health Boards monitor compliance with the contracts/ agreements that are in place for the delivery of care they have commissioned?**

As above

**Question 3: An indication of the Health Boards' views on the inclusion of such a provision in the Bill?**

Whilst this potential provision within the Bill does not directly affect Public Health Wales it raises a number of issues which will need careful consideration.

Whilst ideally the NHS, if they commission beds in the private sector, should be able to stipulate the staffing levels of qualified nurses, these organisations are independent and already have difficulties recruiting qualified staff. This difficulty would be increased if more qualified staff were required.

Increasing the regulations in relation to staffing levels for private providers could also have a negative impact on the number of beds available – particularly in nursing homes, as providers who were not able to meet the requirements would need to reduce their bed numbers. This could adversely impact on the NHS acute sector.

The level of scrutiny and monitoring required to confirm compliance and quality of care is also another key issue. Whilst there are existing contract monitoring arrangements in place for commissioned care within Health Boards; it is widely acknowledged that the process to monitor the quality of care needs to be developed further. This is particularly difficult if care is provided out of county or in England. There also needs to be a means of ensuring consistency of both the contract monitoring and quality of care monitoring across all commissioned care.

Whilst the sentiment behind the proposed additional provision within the Bill is to be applauded, we would recommend that if the Bill is agreed, it is initially introduced into acute settings as originally planned. If this is successfully implemented then it could be incrementally rolled out to other areas such as the independent sector, when wider consultation has been undertaken and sufficient resources have been identified to ensure that its impact on the independent sector does not have a detrimental wider effect on the Welsh NHS and its citizens/ patients.