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Health Board

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 Powys Teaching Health Board - SNSL AI 16 / Tystiolaeth  
gan Bwrdd Iechyd Addysgu Powys - SNSL AI 16

Chair  
Health and Social Services Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

11 March 2015

Dear Chair

### **Request for further information regarding Safe Nurse Staffing Levels (Wales) Bill**

Thank you for your request for further information relating to the above Bill. In particular the Committee requested information on the following areas:

- whether standard contracts are used for such arrangements;
- how health boards monitor compliance with the contracts/agreements that are in place for the delivery of care they have commissioned.

The Committee would also welcome an indication of health boards' views on the inclusion of such a provision in the Bill.

Powys teaching Health Board has a significant commissioning role for its population with approximately 75% of care services commissioned from external bodies, including primary care. It commissions significant proportions of care in both the NHS sector in England and from the independent care sector (usually care homes and independent hospitals) both in England and Wales. The Bill therefore in relation to commissioned services is of particular concern and interest to Powys teaching Health Board.

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In relation to NHS contracts for English providers of services, there is in place a Long Term Agreement which specifies the services to be provided, the standards the provider is required to achieve, the cost and payment schedule, performance information that should be provided and a performance escalation process. The LTAs are subject to regular performance reviews (usually monthly). Furthermore, arrangements are in place that enables the Health Board to work with Clinical Commissioning Groups and Trusts in England in relation to service change and development and quality related matters.

Turning specifically to the Care Home sector and Independent Hospitals, there are contracts in place with each care provider that outline the standards required, the cost and payment schedule, and the information that should be provided for monitoring purposes. The teaching Health Board jointly with the Local Authority Social Services department (for Care Homes) monitors the performance of providers against the standards set out. There are performance escalation processes in place that also include where necessary the Care Inspectorate. In relation to independent hospitals, the Mental Health Medium Secure team for NHS Wales (where for Powys most contracts with independent hospitals are held) has in place a framework where preferred providers have been through a rigorous assessment in relation to the quality and cost effectiveness of their service. The contract monitoring is well developed.

Powys teaching Health Board recognises the importance of nurse staffing levels in the outcomes and experience of care. At a high level, nurse staffing levels are considered within the contracting and performance management process. In England for example the NICE guidance is the core standard that NHS Trusts are working toward and the requirement for publishing the staffing levels provides a level of information that is useful. There are some careful considerations should the Safe Nurse Staffing Level (Wales) Bill be considered in cross border contracts, including the differences in staffing levels with Wales working to the Chief Nursing Officer Principles which both pre-date and differ to the NICE guidance and the potential complexity for an English Trust to manage both sets purely based on residency of patients (England/Wales). Furthermore, there would need to be careful consideration as to the requirement for monitoring that the Bill might introduce, and the need to avoid bureaucracy and additional costs would be essential. This is particularly important as a Health board such as Powys has multiple contracts to manage in Wales, England, NHS and independent sector. Finally there would be a need to be clear regarding accountability for adherence to the legislation should the Bill include provision for commissioned services, both from the Commissioner and the Provider of services perspective.

In relation to the Care Home Sector, it is important to acknowledge the critical role this sector plays in Wales in the whole care system. Staffing levels both for

registered and non-registered staff are an important factor in the provision of high quality care, although there are other significant elements that influence effectiveness and care standards. There is currently no recognised tool in place to calculate the staffing levels for care homes in Wales, and this would need to be developed and tested in order to provide a sound evidence base for the setting of levels. Careful consideration is required in managing the attractiveness of Wales to the Care Home Sector and the legislative landscape could be an important element to this.

I hope this information is helpful to the Committee. Please do not hesitate to contact me should any further clarification be required.

Yours sincerely

A handwritten signature in cursive script that reads "Carol Shillabeer".

Carol Shillabeer.  
Interim Chief Executive