HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM BRITISH HEALTHCARE TRADES ASSOCIATION (SCOTLAND)

The British Healthcare Trades Association (BHTA) is the UK's oldest and largest healthcare association, founded in 1917.

Our members - almost 500 companies employing over 17,000 people – make or sell healthcare and assistive technology products that help people live more independently. These range from wheelchairs and scooters to stairlifts, stoma and continence products, seating and positioning products, patient support surfaces, rehabilitation products, prosthetics, orthotics and augmentative communication devices for people with limited speech. Services provided by members range from assessments for the right mobility vehicle to dispensing of prescriptions for stoma and continence products. Our members work in partnership with a wide range of health and social care professionals in both health and social care services.

BHTA member companies provide products and services to the NHS, local authorities, IJBs, the voluntary sector, care homes and directly to consumers.

Much of the workforce in the Assistive Technology sector work alongside multi-disciplinary teams, involving state registered professionals, such as occupational therapists, speech & language therapists, hearing aid audiologists, physiotherapists, orthotists, prosthetists, and nurse prescribers. Staff work alongside health and social care professionals in private homes, care homes and other healthcare settings.

Do you think the Bill will achieve its policy objectives?

BHTA members acknowledge the skills and professionalism of those working in the NHS, IJBs and the care sector. We note the staffing challenges they face, particularly in relation to recruitment and retention of staff and the efforts made in recent years to integrate health and social care services.

BHTA agrees that the main purpose of staffing for health and care services should be to provide safe and high quality services however we don’t believe the current Bill provides enough detail on how provision of such services and the performance of workforce tools will be monitored, assessed and extended if required. BHTA believes the Bill would benefit from additional clarification at Part 1 Section 2 (2) as to what constitutes ‘appropriate staffing arrangements’.

BHTA welcomes the inclusion of overarching guiding principles for health and social care staffing in Part 1 of the Bill and the Bill’s commitment that health care and care services should be arranged in a manner which takes into account patient needs and respects the dignity and rights of service users.
BHTA welcomes that the Bill now covers both health and care services and staffing.

We are unable to say whether or not the Bill will achieve its policy objectives because the effectiveness of the legislation will depend on adequate financial investment in multidisciplinary teams, in staff training and technology support. It will also depend on the proper assessment and monitoring of the staffing tools and the duties and guiding principles.

Unfortunately, the Financial Memorandum states there will be no increase in funding to provide for the extension of tools beyond the 11 existing tools covering nursing, midwifery and medical staff and the initial proposal to develop a workforce tool covering care homes for adults.

Although the general duty now extends beyond the original groups of nurses, doctors and midwives covered by existing Workforce tools there are no explicit references to other staffing groups on the face of the Bill. BHTA would prefer to see inclusion of AHPs and Multi Disciplinary Teams on the face of the Bill to acknowledge the substantial roles now undertaken by AHPs.

**What are the key strengths?**

**Part 2 of the Bill (Staffing in the NHS)**

Key strengths are the explicit and specific duty in Part 2 Section 4.

**Part 3 of the Bill (Staffing in Care Services)**

Key strengths are the explicit duty on care service providers to ensure appropriate staffing at Part 3 Section 6 and suggestions at 3.6 (2) of issues which should be taken into account in determining appropriate numbers.

BHTA strongly welcomes Part 3 section 7 which requires care service providers to provide and support appropriate training for staff. A similar provision in Part 2 would be welcome. Our members play an important role in providing training to healthcare professionals about the equipment and services they provide helping to improve their capability and understanding including the provision of stoma care training within care homes.

**What are the key weaknesses of;**

**Part 2 (Staffing in the NHS)**

BHTA is concerned that Part 2 of the Bill, simply puts existing common staffing tools on a statutory footing. There is a risk that this will lead to the maintenance of existing nursing, midwifery and medical numbers rather than identifying the correct multidisciplinary workforce skill mix required. The Bill focuses on a duty to follow a common staffing method based, at this stage, on an existing narrow range of workforce tools designed primarily for nursing and midwifery services by the Nursing and Midwifery Workload and Workforce Planning Programme. This leaves other professional groups, including AHPs, at a disadvantage.
Modern healthcare is delivered by a wide cohort of skilled professionals in a number of multi disciplinary teams. As the Bill stands it does not reflect this.

BHTA are concerned at the timetable for expanding workforce tools. This might mean that it is more difficult to implement transformational change in health and social care and that this basis of workforce planning constrains rather than supports service redesign. The Bill will not achieve the policy objective of a multi disciplinary team approach without greater direction on the face of the Bill and a quicker timetable for the development and delivery of MDT tools.

BHTA note the Part 2 Section 4 (2) 12ID section outlining Training and consultation of staff. While we welcome the training and consultation of staff we are disappointed that this would only apply to areas where workplace planning tools are already in place. It's essential that other types of health care and the views of the wider MDT are listened to.

BHTA would support

a) the inclusion of a guiding principle at 1 (1) (b) of the Bill which recognises the multi-disciplinary nature of service delivery and the principle of integration of health and social care services

b) amendments to Part 2 to reflect modern MDT working in health services

c) amendments to Part 2 to expand the types of health care beyond those covered with existing workforce tools

d) support for staff training similar to Section 7 in Part 3

As it stands the Bill says little about reporting or accountability. Part 2 Section 4 12IE proposes Health Boards and Common Services Agency should report to Scottish Ministers through their annual report. These provisions only cover the existing types of health care covered by the existing staffing workforce tools and don’t say anything about how Boards might assess and monitor their staffing performance. The Bill doesn’t contain any provisions for sanction.

BHTA would wish to see the inclusion of sections covering scrutiny and accountability as well as sanctions when required.

**Part 3 of the Bill**

Key weaknesses are that workforce planning tools will take several years to develop. It will take a minimum of 5 years to develop staffing methods for care home services for adults and potentially, other care services.

**What differences might the Bill make?**
It’s unclear how “safe and high-quality services’ are guaranteed by the Bill without further work on care assurance and while there are provisions on reporting there’s no details about any sanctions.

BHTA remains concerned that Part 2 of the Bill, puts existing common staffing tools on a statutory footing but doesn’t set early targets for the delivery of MDT tools.

BHTA wish to see an increase in funding to provide for the extension of tools and methodologies to other settings and professions beyond the initial work with care homes.