HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM Society and College of Radiographers (SCoR)

Preamble

The Society and College of Radiographers (SCoR) represent radiographers working in diagnostic imaging and radiotherapy services in Scotland. We do not generally have members in the social care setting and therefore have restricted our views to Part 2 of the Bill.

Submission

1. Do you think the Bill will achieve its policy objectives?

The policy of the Bill is to put into legislation what is already practise in NHS boards but it will strengthen the power of the staffing tools to deliver staffing levels. The provisions that cover staffing above and beyond those staff covered by the tools is welcome but there are concerns that the Bill may be less powerful for these categories of staff such as allied health professionals. In most cases such staff work individually or in small teams which may make it more difficult to apply the tools but there should be an expectation within the Bill to widen the provisions of the tools to cover other categories of staff. Indeed this has occurred for the Bill remit which originally only covered health board staff and was widened to include social services.

Staff such as radiographers often work in large teams, albeit in one department, and extending the tools to such staff should be relatively straight forward. Diagnostic radiographers however support accident and emergency as well as ward and theatre imaging, providing a service all year round, 24 hours a day and are crucial to the delivery of health care to patients. However, the level of service and number of staff varies greatly, ranging to a several staff on out of hours shifts to a single radiographer, on-call from home at weekend and nights. This is further complicated by the need to provide cover for the full range of services even if they are required infrequently. In managing a service of this format it is therefore impossible to predict accurately the staffing demands on a day to day or week to week basis. The numbers of staff required to deliver a safe and effective service is as a consequence invariably debated in Boards and the application of the tools would be a valuable resource in settling these conflicts, strengthening the case for recruitment for these crucial members of the health service team.

For large departments in the urban centres we believe the tools could easily be applied to radiographers to set a minimum standard. However, at present departments are running with gaps in the rota due to unfilled vacancies, maternity and sick leave, leading
to delays in examinations, reporting of results and radiotherapy treatment as well as increasing stress on the radiographers who are covering patient lists. This can result in the extra expense of employing locums in diagnostic radiography departments. We consider that the tools will support the prospect of full recruitment which would be both less expensive and a more consistent solution.

In rural and satellite settings there are specific issues in recruitment and service delivery as each individual staff member equates to a larger percentage of the total staffing, so a single unexpected absence or unfilled vacancy is more difficult to absorb. In this situation the need to deliver emergency cover can fall on a few radiographers who are also expected to deliver the daytime service. In this case staff feel obliged to undertake their daytime commitment even if they have been subject to call outs which warrant compensatory rest.

In Summary, we believe that the tools offer considerable scope to support effective recruitment and planning for diagnostic imaging and radiotherapy services. It is important however to accommodate the specific and unique features of these services.

2. What are the key strengths of:
   a) Part 2 of the Bill?

The key strength of Part 2 of the Bill is that most bodies within the health sector have a consensus on the principles of the Bill and already use the provisions that apply to staffing tools. Indeed some of those who oppose the Bill agree with principles and wish them to be applied consistently by applying the staffing tools across all staff groups.

For radiographers, the tools are not applied so the biggest strength are in the clauses around the team approach and ensuring staffing levels for staff sitting out with the current application of the tools.

We welcome the specific mention of trade unions in 12IF Ministerial guidance on staffing.

   b) Part 3 of the Bill?

As we do not represent staff defined in Part 3, we will not comment on this section.

3. What are the key weaknesses of:
   a) Part 2 of the Bill?

The weakness in the Bill is the failure to legislate to apply tools to other groups of staff including allied health professionals and especially radiographers. As explained earlier, radiographers, particularly in diagnostic imaging, work in ways quite different to those experienced by other allied health professionals. On call and emergency duty working often has a knock on effect in covering day time appointments leading to delays and staff working excess hours to cover slots. Presently, the number of examination or treatments
undertaken is used to define staffing requirements. This is a blunt instrument as it does not take into the account the circumstances or complexity that can occur due to any number of factors. Examinations or treatments are subject to variation based on the presentation of the patient and their ability to comply with requirements. In addition the provision of imaging services across a site commonly results in competing demands for a radiographer’s time, such as in A&E and operating theatres at the weekend where they can be expected to be in two places simultaneously. Again therefore, the failure to recognise the more complex arrangements for these staff groups is highly problematic.

In section 12ID Training and consultation of staff it is disappointing that trade unions are not explicitly mentioned as a consultee as the bodies representing staff.

b) Part 3 of the Bill?

While, we are not commenting on the specifics of Part 3 of the bill, there is a concern that this broadening of the remit only occurred after the first consultation and this part of the bill seems to have less consensus from employing bodies. Therefore the whole Bill may be delayed due to the inclusion of Part 3.

4. What differences, not covered above, might the Bill make? (for example: will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are 'safe and high-quality' assured/guaranteed by the Bill?)

For allied health staff there is a concern that the emphasis of the Bill on staff covered by the tools could lead to unintended consequences in staffing levels for the rest of the health team. For example, a compromise in staffing diagnostic radiographers at the expense of another group, could lead to critical hold ups in the provision of diagnosis; a critical factor for almost every element of service delivery including the diagnosis of cancer. Similarly, therapeutic radiographers are critical in the delivery of the Government’s cancer plan and particularly the reduction in cancer waiting times. Application of new staffing arrangements must take into account the need to ensure that these services can be properly resourced and supported.