

**SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE**  
**DATA PROTECTION FORM**

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<b>Date:</b>	1 August 2018
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<b>Topic of submission:</b>	Health and Care (Staffing) (Scotland) Bill

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**HEALTH AND SPORT COMMITTEE****HEALTH AND CARE (STAFFING) (SCOTLAND) BILL****SUBMISSION FROM BDA Scotland Board**

The Committee is seeking views on the Health and Care (Staffing) (Scotland) Bill. Specifically, the Committee is seeking views on the following questions:

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

The BDA Scotland Board welcomes the Bill's aim to provide safe and high-quality services. However, we consider achievement is only possible currently for nursing services as the mechanism and necessary measures do not exist for other services. We believe the Bill can only be implemented fully, and in a way which will improve the quality of care that patients receive, if there is significant investment in developing methodologies which will allow for improved multidisciplinary workforce planning.

**2. What are the key strengths of:****○ Part 2 of the Bill?**

The BDA Scotland Board welcomes the proposal that NHS Scotland has a legal duty to ensure appropriate staffing. In particular, we support the requirement that each Health Board has a duty to ensure at all times suitably qualified and competent individuals are working in such numbers as are appropriate for health, wellbeing and safety of patients and provision of high quality care. The BDA Scotland Board recognises and applauds the requirement that Health Boards have a duty to follow a common staffing method where the necessary tools are available. We also value the recognition given to necessary staff training and consultation.

**○ Part 3 of the Bill?**

The BDA Scotland Board welcomes the proposal that Care Service providers have a legal duty to ensure appropriate staffing. We support the requirement for all those providing a care service to ensure at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for health, wellbeing and safety of patients and provision of high quality care. The BDA Scotland Board supports the duty that those providing care services have to ensure individuals working in the care service

are appropriately trained and supported in acquiring qualifications appropriate to their role. We appreciate the intention to develop staffing methods for those providing care home services for adults and other care services. We also appreciate the detail on the need for this development to be collaborative and the requirement for those providing services to use the staffing methods.

### 3. What are the key weaknesses of:

- **Part 2 of the Bill?**

The BDA Scotland Board are extremely concerned that Allied Health Professions (AHPs), which includes the Dietetic profession, are missing from the Bill. The Bill under part 2, appears to have its sole focus on the nursing profession, there is no mention of other professional groups. The example given of evidence of link between safe staffing and delivery of high quality care is nursing. What about the role of AHPs including Dietitians in the delivery of quality care? Particular apprehension relates to 121C(2) which states, 'includes other persons providing care for patients and acting under the supervision of, or discharging duties delegated to the person by, the registered nurse, registered midwife or medical practitioner'. Dietitians are autonomous practitioners who do not work under supervision of nurses or medical practitioners.

The common staffing method requires the use of staffing tools, therefore the method can only be applied where such tools exist. The BDA Scotland Board consider the primary focus of the Bill should not be on specific mandatory tools which in themselves cannot deliver safe and high-quality care. Instead, we wish the key focus to be on methodologies to achieve the overarching aim of the right staff with the right skills in the right place at the right time. As staffing level tools are currently only available for the nursing profession, we regard listing specific tools in primary legislation inappropriate as it could impede innovation in workforce planning and lead to inequality of opportunity. The BDA Scotland Board recognises the Bill does permit the creation of new tools where necessary and sets a mechanism to develop new tools. However, we are concerned there is no commitment to develop such tools for AHPs including the Dietetic profession and also a complete lack of timescales for development and implementation.

The BDA Scotland Board asks for acknowledgement that the development of staffing tools to cover all necessary NHS staffing groups will take significant time and financial commitments. We want commitment to be given for development of tools for all professional groups along with appropriate and dedicated timescales. We request the establishment of a statutory duty on an appropriate agency such as Healthcare Improvement Scotland to scrutinise

and advance the common staffing method, including tools, to reflect developing evidence on the staffing mix and levels which are proven to deliver the best (statutory) outcomes.

- **Part 3 of the Bill?**

The BDA Scotland Board are apprehensive the Bill does not take account of multi-disciplinary and multi-agency working, particularly in relation to staffing in and for care services. The wider multidisciplinary team needs to be accounted for including those not employed directly by the care provider, e.g. AHPs including Dietitians provide an invaluable role to the assessment and care provision in nursing and residential homes, day centres etc. Multi-disciplinary staffing methodologies and tools need to be developed. Professional leaders for this task need to be multi-professional not just nursing.

**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?)**

The BDA Scotland Board are concerned there may be a number of unintended consequences of the Bill. Namely, concerns the Bill may result in a multi-tiered system if a whole systems approach is not taken. There are risks of resources being drawn from one service to another. This risk has been identified in previous consultation responses, however the Bill needs to clearly identify how this risk will be actively managed. Nursing tools have been developed over a number of years with investment of considerable time and resource – will the same effort and investment be available / recognised for other groups? Commitment to the development of other tools is required with all health and care settings covered. Key personnel in each sector of health and care need training on the development of tools. Accurate and realistic timescales for the development and implementation of such tools is crucial. There is a risk of the Bill looking at individual staff groups in silos and missing out on the value of multidisciplinary team working. Determination of staffing must consider as well as the mix of professions needed, the skill mix within each profession. The Bill could well result in uneasiness and affect staff morale – staff will need to be properly supported and their wellbeing taken into account.

The BDA Scotland Board acknowledge the Bill does not actually use the wording 'safe staffing', instead the guiding principles describe safe and high-quality services. The supplementary papers to the Bill do use the wording 'safe staffing', therefore it would be helpful if all documents including the Bill were consistent on the use of terminology. There is a need for the Bill to place emphasis on measurable outcomes as there is a risk of the Bill becoming so process focussed that is inconsistent with

the aim to improve outcomes in relation to safe and high-quality services. Currently there are high costs associated with employment of locum consultants. If the locum situation was addressed it would release significant funds to employ a wide range and mix of staff to achieve safe and quality services.

There is a very real and serious risk of AHPs including Dietetics not being given equal standing within the Bill. The only mention of AHPs is in the Bill memorandum under point 93, which states general staffing duty will apply to AHPs. It is very disappointing this appears to be the sole reference to AHPs. The Bill memorandum describes the legislation supporting local decision making, flexibility and the ability to redesign and innovate across multidisciplinary and multiagency setting. The current tools do not take count of multidisciplinary and multiagency working. The BDA Scotland Board concern is that if the foundation is not in place for AHPs once the legislation comes into operation, AHP services in providing safe and effective care, will get left behind in terms of service delivery, redesign and innovation. The profession is committed to working towards the development and application of the necessary staffing tools and measures, however, this needs to be matched by adequate recognition of AHPs including the Dietetic profession within the Bill, along with identification of adequate investment and a commitment to timescales for delivery.