

HCSSA Healthcare Scientists quarterly reporting evidence

Below is a suggested checklist to enable you to work through to ensure there is evidence of how your team's are compliant with the duties of the Health and Care Scotland Act. This information will be required to support the commissioning of quarterly reporting requirement for all professions listed within the act.

The aim is to have processes that ensure staffing is appropriate to provide safe and high-quality healthcare.

Actions	Requirements/Resources
Raising Awareness of the Act	<p>As well corporate resources, check where you can raise HCSSA awareness locally:</p> <ul style="list-style-type: none"> • Add Signposting to the Act during staff meetings • Consider adding as a topic to staff inductions • Consider adding as a topic to PDP & appraisals <p><i>The NHSGGC HCSSA Website:</i></p> <p>Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC</p> <p>Learning Resources:</p> <p>Learning resources : Informed level Turas Learn Learning resources : Skilled level Turas Learn</p>
Communicating with staff	<p>Staff should be consulted on staffing decisions.</p> <ul style="list-style-type: none"> • iMatter meetings • Team Meetings • Team Talk • Add staffing as a topic to staff forums/meetings
Training in the Act	<p>All Healthcare Scientist should have a basic understating of the workings of the Act.</p> <p>All senior managers should have documentation of raising awareness within their professional groups.</p> <ul style="list-style-type: none"> • Add HCSSA to staff induction • Include HCSSA in training manuals and documentation • Signpost team to Turas resources appropriate to grade/position <p><i>The NHSGGC HCSSA Website:</i></p> <p>Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC</p> <p>Learning Resources:</p> <p>Learning resources : Informed level Turas Learn Learning resources : Skilled level Turas Learn</p>
Training for the job	<p>It is assumed that there are already robust systems in place to ensure staff are appropriately trained within your service. Below are areas that could be reviewed or added to.</p>

	<ul style="list-style-type: none"> • Induction • PDP/Appraisal • Role specific essential learning
Identifying clinical leaders	<p>The Act specifies that certain individuals will have a formal role in organising staffing within the team, including having the authority to make changes that will mitigate any staffing issues. The Clinical Leader is the individual who has “Lead Clinical responsibility” for a team.</p> <p>For Healthcare Scientists this will most likely be the professional lead or manager of the department/section, they may be supported by identified individuals in charge at various times.</p> <ul style="list-style-type: none"> • All areas should identify and define who within your teams are the Clinical Leaders and what their responsibilities are by referring to the generic Time to Lead SOP <p><i>The NHSGGC HCSSA Website:</i></p> <p>Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC</p> <p>Resources:</p> <p>NHSGGC Time to Lead SOP - NHSGGC NHSGGC Time to Lead SOP Case Study Poster Anaesthetics & Critical Care NHSGGC Time to Lead SOP Case Study Vlog Anaesthetics & Critical Care</p>
Ensuring clinical leaders have “time to lead”	<p>Once clinical leaders have been defined:</p> <ul style="list-style-type: none"> • The Act requires the organisation to “use existing arrangements/governance to discuss with individual clinicians and decide what sufficient time and resources looks like for them” • Clinical leaders need a higher level of training in the Act, which can be accessed via TURAS at “skilled” or “enhanced” levels • Keep records of when time to lead has been unable to be taken • Discuss time to lead at 1-1s and PDP & Appraisal to identify any recurrent issues or risks to put mitigations in place <p><i>The NHSGGC HCSSA Website:</i></p> <p>Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC</p> <p>Resources:</p> <p>NHSGGC Time to Lead SOP - NHSGGC NHSGGC Time to Lead SOP Case Study Poster Anaesthetics & Critical Care</p>

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Linking to governance structures	<ul style="list-style-type: none"> • Add staffing as a topic for review at any clinical governance forum that your team/service is linked with • Add to SMT agendas • Workforce meeting agendas
Staff wellbeing	<p>It is recognised in the Act that a focus on staff wellbeing feeds into high quality patient care.</p> <ul style="list-style-type: none"> • Review the resources that staff can access and ensure these are well publicised • Identify ways to actively promote staff wellbeing within your team <p>Health and Wellbeing - NHSGGC</p>
Staff feedback	<ul style="list-style-type: none"> • Encourage staff to engage with “i-matters” and develop processes to respond to the results • Review or develop local processes for staff engagement
Patient feedback	<p>Care Opinion is a feedback tool in use within the Acute sector and for some community-based teams. Encourage the use of this and have systems that are responsive to the results.</p> <ul style="list-style-type: none"> • Review local process available • Review local and corporate complaints procedures • Action plans from feedback to improve practice <p>NHS Greater Glasgow & Clyde Care Opinion</p>
MDT working	<p>Where Healthcare Scientist staffing is closely integrated with that of other health professionals:</p> <ul style="list-style-type: none"> • Consider if coordinating with the whole MDT is a better way to meet the requirements of the Act
Seeking Clinical Advice	<p>The Act specifies that appropriate clinical advice should be sought before making staffing decisions. Follow NHSGGC Safe to Start</p> <ul style="list-style-type: none"> • Follow local Real Time Staffing and Risk Escalation Process E.g. Daily huddles, Clinical Incident Reporting <p>NHSGGC Safe to Start - Real Time Staffing</p>
Real-time Staffing	<p>Real time staffing is a requirement of the act that ensures, on a day to day basis the structures and processes exist to guide appropriate staffing decisions. Follow the GGC Real Time Staffing and Risk Escalation SOP</p> <ul style="list-style-type: none"> • Local staffing SOP’s can be tested against this and if local SOP’s are required these can be written based on the GGC SOP • Record RTS on eRoster/Safe Care if in use or • Record RTS at local level • Use of daily huddles/emails • Local Business Continuity Plans

	<ul style="list-style-type: none"> • Clinical incident reporting and review • Trend Analysis • Workforce Planning <p>NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC</p>
Severe and Recurrent Risk	<p>It is important to review severe and recurrent risks</p> <ul style="list-style-type: none"> • Review Clinical Incident Datix reports via SMT to identify severe and recurrent risk • Identify severe and recurrent risks • Use of Datix and Risk Register • Consider how you identify when staff are unable to: <ul style="list-style-type: none"> ○ Attend training ○ Complete training ○ Have time to lead ○ Seek clinical advice <p>NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC</p> <p>NHSGGC Time to Lead SOP - NHSGGC</p>