

HCSSA Nursing and Midwifery quarterly reporting evidence

Below is a suggested evidence check list to support you with the commission of quarterly reporting. It is not exhaustive.

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

Actions	Requirements/Resources
Guiding Principles	<ul style="list-style-type: none"> Follow the NHSGGC CSM SOP Staffing Level Tool Runs. Follow NHSGGC Safe to Start NHSGGC Safe to Start - Real Time Staffing. Quality measures. Follow the NHSGGC CSM SOP Staffing Level Tool Runs Feedback process for example you said, we did. CAIR dashboard/quality dashboards. Care Assurance audits and action plans. I matter. Care Opinion. Person Centred Care Planning. Team meetings.
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.
Communicating with staff Guiding Principles	<ul style="list-style-type: none"> Follow the NHSGGC Roster Policy - NHSGGC Roster Master Class. Follow the NHSGGC CSM SOP Staffing Level Tool Runs. Follow NHSGGC Safe to Start NHSGGC Safe to Start - Real Time Staffing. iMatter meetings. Team Meetings. Team Talk.
Staff wellbeing Guiding Principles	<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. Pre/de briefs. Civility Saves Lives. Peer Support. Clinical Supervision. Preceptorship.

	<ul style="list-style-type: none"> • Health and Wellbeing - NHSGGC.
Staff feedback Guiding Principles	<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. • Follow the NHSGGC CSM SOP Staffing Level Tool Runs.
Patient feedback Guiding Principles	<ul style="list-style-type: none"> • 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. • You Said, We Did. • Local process. • Complaints. • Action plans from feedback to improve practice. <p>NHS Greater Glasgow & Clyde Care Opinion</p>
Appropriate Staffing Duty 12IA	<ul style="list-style-type: none"> • Good Housekeeping review tool. • Weekly controls. • Annual reviews. • Follow the NHSGGC CSM SOP Staffing Level Tool Runs. • Follow NHSGGC Safe to Start NHSGGC Safe to Start - Real Time Staffing. • Follow the NHSGGC Roster Policy - NHSGGC Roster Master Class. • Training Records (LearnPro/TURAS/local records). • Workforce Planning. • NMC Code and revalidation. • HCSW Code of Conduct. • Unscheduled Care. • Trend analysis. • Clinical incident reporting and analysis. • Person Centred Care Planning.
Raising Awareness of the Act 12II: Duty to ensure appropriate staffing: training of staff	<p>Resources</p> <p>Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC GGC - Nursing & Midwifery Health & Care Staffing - Home Induction Portal - NHSGGC (Step 6) Learning resources : Informed level Turas Learn Learning resources : Skilled level Turas Learn GGC - Nursing & Midwifery Health & Care Staffing - Home</p> <p>As well as the resources, check where you can raise HCSSA awareness locally:</p> <ul style="list-style-type: none"> • Add Signposting to the Act during staff meetings/safety briefs. • Consider adding as a topic to PDP&Rs PDP&R HCSSA guidance..

	<ul style="list-style-type: none"> • Send SCNs/CNs/TLs on Roster Master Class and CSM sessions.
Training in the Act 12II: Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> • Induction Portal - NHSGGC (Step 6). • Learning resources : Informed level Turas Learn • Learning resources : Skilled level Turas Learn • Send SCNs/CNs/TLs on Roster Master Class and CSM sessions.
Training for the job 12II: Duty to ensure appropriate staffing: training of staff	<ul style="list-style-type: none"> • Induction. • Stat/Mand compliance. • Role specific essential learning. • Use of 2% PAA for study leave. • Specialist education. • Competency packages/sign off. • Education needs analysis assessment. • Revalidation.
Identifying clinical leaders 12IH: Duty to ensure adequate time given to 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. For nursing and midwifery staff this will most likely be the SCN/CN/TL. They may be supported by identified individual in charge. Define who within your teams are the Clinical Leaders and what their responsibilities are by referring to the generic Time to Lead SOP</p> <ul style="list-style-type: none"> • 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
Ensuring clinical leaders have “time to lead” 12IH: Duty to ensure adequate time given to clinical leaders	<ul style="list-style-type: none"> • Record time to lead on SSTS or eRoster. • Keep records of when time to lead has been unable to be taken. • Discuss time to lead at 1-1s and PDP&R to identify any. recurrent issues or risks to put mitigations in place. • Use Datix clinical incident reporting when frequently being. unable to take time to lead to support identification of severe and recurrent risks and mitigations. • 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 • Health and Care Staffing in Scotland Turas Learn (nhs.scot)

Seeking Clinical Advice 12IF: Duty to seek clinical advice on staffing	<ul style="list-style-type: none"> Follow the NHSGGC CSM SOP Staffing Level Tool Runs Follow NHSGGC Safe to Start NHSGGC Safe to Start - Real Time Staffing Follow local Real Time Staffing and Risk Escalation Process E.g. Site Safety Meetings, Site Safety Templates, Clinical Incident Reporting NMC Code Record clinical advice, e.g. site safety meeting templates/Datix
Real-time Staffing 12IC; 12ID; 12IE: Real-time staffing and risk escalation	<ul style="list-style-type: none"> NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC Follow the NHSGGC CSM SOP Staffing Level Tool Runs Follow NHSGGC Safe to Start NHSGGC Safe to Start - Real Time Staffing Nursing and Midwifery specific SOP blueprint being finalised. Evidence SafeCare if in use Evidence eRoster if in use Site safety meetings Site safety templates Business Continuity Plans Caseload weighting tool Clinical incident reporting and review Safe Care reporting if in use
CSM 12IJ; 12IK; 12IL: The Common Staffing Method (CSM)	Follow the NHSGGC CSM SOP Staffing Level Tool Runs
Severe and Recurrent Risk 12IC; 12ID; 12IE: Real-time staffing and risk escalation	<p>Clinical Incident Datix reports via SMT to identify severe and recurrent risk to then to be placed on risk register and mitigation put in place. If unable to mitigate escalation followed</p> <ul style="list-style-type: none"> Follow the NHSGGC CSM SOP Staffing Level Tool Runs NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC NHSGGC Time to Lead SOP - NHSGGC <p>For teams using SafeCare use reporting to identify severe and recurrent risks then be to placed on risk register and mitigation put in place. If unable to mitigate escalation followed Consider how you identify when staff are unable to:</p> <ul style="list-style-type: none"> Attend training/complete training. Have time to lead. Seek clinical advice.