

## HCSSA Medical Teams implementation action checklist

Below is a suggested checklist to work through to see how your team’s processes align with the duties of the Health and Care Scotland Act. This became law on 1<sup>st</sup> April 2024, with an “enforcement” date of 1<sup>st</sup> April 2025 before the Health Board is required to provide assurance that we are complying with the Act, and at what level.

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

Actions	Requirements/Resources	Check
Raising Awareness of the Act	<p><i>As well as general corporate resources, check where you can raise HCSSA awareness locally:</i></p> <ul style="list-style-type: none"> <li>• <i>Add Signposting to the Act to induction resources*</i></li> <li>• <i>Consider adding as a topic to your CPD programme</i></li> </ul> <p><i>*The NHSGGC HCSSA Website is:</i></p> <p><u><a href="#">Health &amp; Care (Staffing) (Scotland) Act 2019 - NHSGGC</a></u></p>	
Communicating with staff	<p><i>Staff should be consulted on staffing decisions</i></p> <ul style="list-style-type: none"> <li>• <i>Review job plans with staff to ensure they reflect suitable working patterns</i></li> <li>• <i>Review rotas with staff to ensure they meet the requirements of good patient care and staff wellbeing</i></li> <li>• <i>Add staffing as a topic to any staff forum, eg divisional meetings</i></li> </ul>	
Training in the Act	<p><i>All doctors should have a basic understanding of the workings of the Act</i></p> <ul style="list-style-type: none"> <li>• <i>Add this as a topic into your educational programme, and/or signpost your team to the TURAS resource, at Level 1 “Informed”. This can be accessed directly via TURAS or as a link through the NHSGGC HCSSA Website :</i></li> </ul> <p><u><a href="#">Health &amp; Care (Staffing) (Scotland) Act 2019 - NHSGGC</a></u></p>	

<p>Training for the job</p>	<p><i>It is assumed that there are already robust systems in place to ensure staff are appropriately trained to deliver care</i></p> <ul style="list-style-type: none"> <li>• <i>Review CPD/educational/training programmes to ensure they align with the needs of care delivery in your unit</i></li> </ul>	
<p>Identifying clinical leaders</p>	<p><i>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 medical staff this will most likely be the Clinical Director, or Lead Clinician. They may be supported by Duty Consultants, Consultant in charge of a ward or service etc. The roles of Clinical leaders should <u>not</u> be carried out by trainees.</i></p> <ul style="list-style-type: none"> <li>• <i>Define who within your teams are the Clinical Leaders and what their responsibilities are by referring to the generic Time to Lead SOP</i></li> </ul> <p><a href="#"><u>NHSGGC Time to Lead SOP - NHSGGC</u></a></p> <p><a href="#"><u>NHSGGC Time to Lead SOP Case Study Poster Anaesthetics &amp; Critical Care</u></a></p> <p><a href="#"><u>NHSGGC Time to Lead SOP Case Study Vlog Anaesthetics &amp; Critical Care</u></a></p>	
<p>Ensuring clinical leaders have “time to lead”</p>	<p><i>Once clinical leaders have been defined:</i></p> <ul style="list-style-type: none"> <li>• <i>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”.</i></li> <li>• <i>Clinical leaders need a higher level of training in the Act, which can be accessed via TURAS at “skilled” or “enhanced” levels</i></li> <li>• <i>Clinical Leaders may need additional “reasonable resource” to support their role, e.g. admin support</i></li> <li>• <i>The generic SOP on Time to Lead details the requirements of clinical leadership</i></li> </ul>	

	<p><a href="#">NHSGGC Time to Lead SOP - NHSGGC</a></p> <p><a href="#">NHSGGC Time to Lead SOP Case Study Poster Anaesthetics &amp; Critical Care</a></p> <p><a href="#">NHSGGC Time to Lead SOP Case Study Vlog Anaesthetics &amp; Critical Care</a></p> <p><a href="#">Health and Care Staffing in Scotland   Turas   Learn (nhs.scot)</a></p>	
Linking to governance structures	<ul style="list-style-type: none"> <li>• <i>Add staffing as a topic for review at any clinical governance forum that your team is linked with.</i></li> </ul>	
Staff wellbeing	<p><i>It is recognised in the Act that a focus on staff wellbeing feeds into high quality patient care.</i></p> <ul style="list-style-type: none"> <li>• <i>Review the resources that staff can access and ensure these are well publicised.</i></li> <li>• <i>Identify ways to actively promote staff wellbeing within your team.</i></li> </ul>	
Staff feedback	<ul style="list-style-type: none"> <li>• <i>Encourage staff to engage with “i-matters” and develop processes to respond to the results.</i></li> <li>• <i>Review or develop local processes for staff engagement</i></li> </ul>	
Patient feedback	<ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul> <p><a href="#">NHS Greater Glasgow &amp; Clyde   Care Opinion</a></p>	
MDT working	<p><i>Where medical staffing is closely integrated with that of other health professionals:</i></p> <ul style="list-style-type: none"> <li>• <i>Consider if coordinating with the whole MDT is a better way to meet the requirements of the Act.</i></li> </ul>	
Seeking Clinical Advice	<p><i>The Act specifies that appropriate clinical advice should be sought before making staffing decisions. This could mean for example where the CD is making decisions for a specialist area that they are not entirely familiar with or where</i></p>	

	<p><i>staff allocations are made by non-clinical or managerial staff.</i></p> <ul style="list-style-type: none"> <li>• <i>Check if either of the above apply</i></li> <li>• <i>If so, ensure that the local Real-time staffing SOP reflects this.</i></li> </ul> <p><i>When available refer to the NHSGGC “Clinical Advice” SOP for detailed guidance.</i></p>	
<p>Real-time Staffing</p>	<ul style="list-style-type: none"> <li>• <i>Central to the HCSSA is ensuring, on a day-to-day basis the structures and processes exist to guide appropriate staffing decisions. The NHSGGC project team have developed a comprehensive generic SOP that covers all professional groups. Local staffing SOPs can be tested against this. If local SOPs need rewritten, the template for medical teams might be helpful.</i></li> </ul> <p><u><a href="#">NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC</a></u></p> <p><u><a href="#">Draft staffing SOP medical Teams v1 - Copy.docx</a></u></p> <p><u><a href="#">RTS &amp; RE SOP Anaesthesia Dept, GRI</a></u></p> <p><u><a href="#">RTS &amp; RE SOP Case Study Poster - Anaesthesia Dept, GRI - NHSGGC</a></u></p> <p><u><a href="#">RTS &amp; RE SOP Vlog Anaesthesia Dept, GRI</a></u></p>	