The roles of HCS in a surge

A description of what roles healthcare scientists performed in the first surge and details around role responsibilities.

NHS England and NHS Improvement
Healthcare scientists

- HCS are well placed to keep routine services running and may have opportunity to take on responsibilities from medics/nurses/AHP if staffing is reduced.

- The group is too varied to consider as one
  - Laboratory sciences
  - Physiological sciences – likely to be routinely very clinical in their work
    - Best considered as either RSC or NRSS perhaps with some niche functions depending on background e.g. cardiac scientists, vascular scientists.
  - Bioinformatics
  - Physical sciences – divide into two routes
    - Route 1 – redeployed to support clinical engineering services
    - Route 2 – redeployed into a safety/QA/educational role within ICU
Three key areas we can support

- **Clinical engineering support**
  - Equipment maintenance demands are high, many new pieces of equipment have been introduced in the past year.
  - HCS can, and did, support these teams – either picking up BAU tasks or helping with commissioning, testing of new kit.

- **ICU tech support**
  - Supporting the technical teams within ICU with some BAU tasks as well as COVID specific tasks
  - Different in different trusts depending on the structure and management – some good case studies here.

- **Nightingale floating Clinical scientist team** (mainly clinical engineers, some other HCS and medical physicists)
  - Rapid re-training – NHSE funded
    - Divided the group into clinical engineering support and ‘clinical’ clinical scientists
Medical equipment safety/QA officer role (Potential role for redeployed HCS)

- **Quality assurance**
  - Collaborate and verify SOP’s and protocols relating to equipment use, including responding to national guidance.
  - Data management and re-representation of data – to be defined in collaboration with medical and nursing colleagues.
  - Evaluation of trends in management in the unit – generating evidence base for system level decision making.

- **Safety**
  - Ensure equipment is being used correctly and efficiently, calibration and routine safety checks are carried out.
  - Support nursing staff in monitoring patient ventilation parameters for safety concerns – reporting to doctors in charge.
  - Support staff in reporting of incidents and support clinical engineering in rapid incident investigation, ensuring rapid dissemination of findings.
  - First line trouble shooting, maintenance and repair of equipment.

- **Education/training**
  - Clinical bedside educator for medical equipment +/- IT systems.
  - Model specific device training at the bedside.
  - Support trust wide medical equipment training programmes.

- **Additional assistance**
  - Where other staff groups are understaffed, assist in patient transfers, breathing circuit checks, ventilator swaps, proning etc. when there is a staffing need to do so.
  - Support/conduct beside and bed bay safety checks.
Skills matrix

- Three different roles/functions identified and a board set of skills associated to each role
- Mapping to HCS competencies from different disciplines
- In time learner and trainer resources will be mapped
- Significant portion of the challenge in HCS is identifying the requirements/skills as the roles are less well defined than other professions

For more info: https://www.e-lfh.org.uk/programmes/london-transformation-and-learning-collaborative-ltlc/
For more information or questions regarding this content please contact the LTLC by

E-mail: LTLC@hee.nhs.uk
Subject: F.A.O. healthcare science.