



**East Dunbartonshire HSCP Real Time Staffing & Risk Escalation**  
**Adult Community Nursing Standard Operating Procedure**

**December 2025**

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## **Purpose**

This Standard Operating Procedure (SOP) supports East Dunbartonshire Health and Social Care Partnership (HSCP) Adult Community Nursing to fulfil the duties of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA), enacted in April 2024.

The main duties this SOP relates to are:

- 12IC: Duty to have real-time staffing assessment in place
- 12ID: Duty to have a risk escalation process in place
- 12IE: Duty to have arrangements to address severe and recurrent risks
- 12IF: Duty to seek clinical advice on staffing

These duties are required to be in place and maintained to ensure appropriate staffing for:

- The health, wellbeing and safety of employees
- The provision of safe and high-quality health care to service users

This SOP will also be used in conjunction with the NHSGGC Rostering Policy ([NHS GGC Board Nursing Rostering Policy - NHSGGC](#)), Common Staffing Method SOP ([GGC - Nursing & Midwifery Health & Care Staffing - Home](#)) and the One for Scotland Attendance Policy ([Attendance Policy | NHS Scotland](#)).

## **Scope**

Clinical staff—including Registered Nurses, Health Care Support Workers, and Assistant Practitioners—and Operational Managers (such as Nurse Team Leaders, Senior Nurse Manager, Service Manager, and Head of Service) within East Dunbartonshire HSCP Adult Community Nursing Services are required to adhere to this local SOP. The document mainly applies to District Nursing (DN) and Community Treatment and Care Services (CTAC), which deliver essential care elements that cannot be delegated to other services. Specialist teams, like Diabetic Nursing, Advanced Nurse Practitioners, and Care Home Liaison Nursing, undertake additional procedures that may be reassigned to other members of the multidisciplinary team (for instance, GPs) should staff shortages necessitate a redistribution of workload.

## **Training**

All staff are required to understand this SOP and their responsibilities under the HCSSA by completing the following Turas module: [Learning resources : Informed level | Turas | Learn \(nhs.scot\)](#)

Staff in operational leadership positions—such as Nurse Team Leads, Senior Nurse Manager, and Service Manager—should also complete [Learning resources : Skilled level | Turas | Learn \(nhs.scot\)](#)

These learning modules will be included as part of staff induction and/or ongoing professional development. It is the responsibility of the Nurse Team Leads and Senior Nurse Manager to ensure this learning is completed and reviewed regularly.

## **Roles and Responsibilities**

All staff covered by this SOP must promptly report staffing concerns to their escalation point, ensuring timely mitigation or further escalation if needed.

The Senior Nurse Manager oversees adult community nursing. The service covers various senior roles with differing operational, clinical, and professional duties. Real-time staffing tasks are delegated as needed. This SOP outlines all role specific actions.

## **Real time staffing assessment, escalations and mitigations**

### ***DN Operational Escalation Pathway (In Hours)***

During in-hours (Monday-Friday, 08:30-16:30), DN staffing concerns should first be reported to the DN. If further escalation is needed, contact the Nurse Team Lead (NTL), and then the Senior Nurse if issues remain unresolved.

District Nurse	→	Nurse Team Lead	→	Senior Nurse
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A DN from each team (Bishopbriggs, Kirkintilloch, Milngavie) along with a registered nurse from that day's backshift attend the daily safe to start safety huddle (Appendix 1). These meetings review workloads for the current back shift and next dayshift, addressing

staffing issues as needed. The DNs work together at the meetings to balance workload and address staffing challenges, while the NTL sends weekly meeting invites and can attend when higher-level input is required. After each huddle, a DN completes the [Daily Safe to Start Huddle Report](#).

The NTL leads a weekly DN Coordinator meeting to oversee the upcoming week's shifts, resolve staffing issues, share important updates, and track progress on team tasks e.g. stat/man training. The DN coordinator role rotates within each team and is essential for safe care delivery. For specific duties, see Appendix 3.

The Senior Nurse compiles and analyses the daily huddle report findings, together with other relevant data, to complete the weekly East Dun Weekly Flash Report – Service RAG Rating ([East Dun Weekly Flash - Service RAG rating](#)). The report outcomes are presented to the HSCP Senior Management Team and serve to identify emerging or ongoing risks. Information on the RAG status is detailed in the table below.

<b>Red</b>	Over utilisation safe and appropriate staffing is compromised. Potential of missed care and /or high risk to service delivery. Cannot assist with shortages and action required.
<b>Amber</b>	Over-utilisation potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery
<b>Grey</b>	Acceptable utilisation safe and appropriate staffing. Are working within recommended parameters and do not need any additional staffing hours. Potential to be able to assist with shortages.
<b>Green</b>	Under utilisation safe and appropriate staffing. There are excess staffing hours and the potential to assist with shortages.

Furthermore, the Senior Nurse conducts weekly meetings with the NTLs, during which the NTL provides updates on staffing resources, skill mix, and long-term workforce planning. The Senior Nurse offers support and guidance to address any identified risks or gaps, while also maintaining leadership oversight.

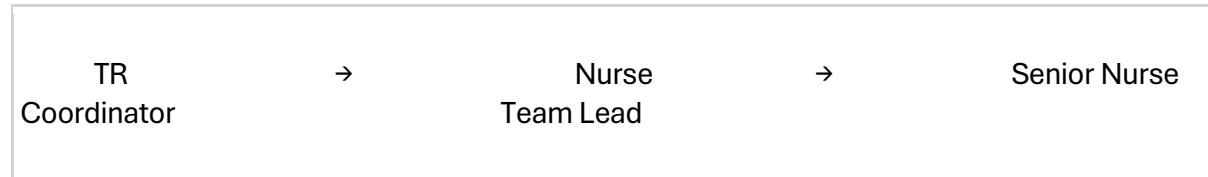
### **District Nursing Operational Escalation Pathway (Weekend)**

On weekends, the District Nurse (DN) on duty manages staffing concerns by reviewing workloads and reallocating staff as needed across the HSCP, including both day and backshifts. The DN chairs safe to start huddles during weekend hours and addresses short-notice absences by assessing workload safety and deciding if extra staff are required. The DN may arrange bank or additional hours (for part-time staff) and must notify Nurse Team Leads via email so shifts can be added to the Nurse Bank or SSTS system. A directory of staff available for bank or extra hours is kept on the shared drive, maintained by Nurse Team Leads. If, on the rare occasion that no DN is on duty, the responsibility for escalation and necessary actions shifts to the DN ANP who is working.

*Note: Backshifts run from 1400 to 2200. If a staff member reports an unexpected absence for a same-day backshift, there is enough overlap in scheduling to put the previously mentioned in hours and weekend escalation procedures and mitigations into effect.*

### **CTAC Operational Escalation Pathway**

The CTAC service is available from 08:30 to 16:30, Monday through Friday. Procedures for escalating staffing concerns are detailed in the following flowchart.



The CTAC NTL holds a daily huddle with Treatment Room Coordinators (TRCs) from both East and West areas to review workload, staffing, and skills. Staffing may be reallocated across HSCP as needed, and a huddle report is submitted to the Senior Nurse after each meeting ([CTAC Safe to Start Daily Staffing Report – Fill in form](#)). When shortages occur, TRCs and NTL can use clinical judgement to reschedule less urgent appointments (see Appendix 2). The NTL also meets weekly with the Senior Nurse to discuss resources, skill mix, and workforce planning. This teamwork addresses gaps and supports absence management. The Senior Nurse uses collected data to complete the weekly service RAG report.



## Clinical Incident Reporting



**Reporting on the Datix Incident Module does not replace escalation or safe to start processes.**

Datix incidents must be submitted by the person in charge of a team if it is unable to be resolved. Despite this anyone in scope of this SOP can submit a Datix incident. The escalations and mitigations taken should be recorded within the incident report. Actions required to prevent a recurrence should be clearly noted against the incident by the reviewer. [Incident-management-policy-hs.pdf](#)

### ***No Harm Incidents***

All staffing incidents and voiced care concerns by patients, families or carers must be recorded on the Datix Incident Module in relational to potential or actual patient or staff safety risks, regardless of whether harm/injury occurred. In this circumstance, CHI numbers should not be used.

### ***Incidents with Harm***

Current processes must be followed for patient harm incidents. If staff feel that staffing is a contributory factor, they must include this in the description of the incident. The NTL reviewing the incident will investigate to determine if staffing was a contributing factor, if it is a contributory factor they will formally record this in the contributory factor field.

An individual who provided clinical advice to a decision maker can be listed in the investigators field if they have a Datix account and will receive updates if this is done; and the original reporter can tick a box to receive feedback once a resolution has been reached.

**Datix incident reports must be created as soon as reasonably practical.**

## Severe and Recurrent Risk

To identify areas of severe and recurrent risk, Nursing and Midwifery Senior Managers shall review staffing Datix incident reports, SSTS (where appropriate) and locally held records monthly to identify severe and recurrent risks and whether there is a trend of incidents/near misses related to staffing within their area. Each HSCP may have a safe staffing risk within the Datix Risk Module. If a HSCP does not currently have this, please continue to use your current risk recording process.

This risk should be managed locally and reviewed monthly, ensuring that the Risk Score (Impact and Likelihood) reflects the events that have occurred within the area.

Each month the Senior Management Team should review the incidents in the previous month and use this data to inform the likelihood and impact of the staffing risk occurring. The controls in place should be reviewed and actions identified to prevent a recurrence. Each action should have an owner and due date.

The Risk Register Policy and Guidance for Managers must be used to systematically identify, analyse, evaluate and manage RTS risks consistently and at an appropriate level. Risks are assessed on impact and likelihood using a 5x5 impact matrix as noted in the Policy.

Normally risks would be escalated to another level where they require further management. However, the safe staffing risk should remain at HSCP level to provide visibility of staffing risks across each HSCP. Should any actions require to be taken to manage this risk further at a higher level, these actions should be discussed at Senior Management Team meetings as noted above and actions identified in the Action Management Section, with clear action owners and timescales.

To provide visibility of safe staffing Severe and Recurrent Risks across NHSGGC, the safe staffing risks will be reviewed by the relevant members of the senior management and corporate team on a quarterly basis. Senior Management teams must provide a quarterly report on their staffing risk which includes the current risk score and changes over the last quarter. This should include details of the mitigating actions planned to inform the quarterly board report. The GGC Risk Management Strategy details the Risk Hierarchy in place for the escalation of Risks. For example, Risks escalated from HSPC Chief Officer would be escalated to corporate director.

## **Appendix 1**

### **NHSGGC Safe to Start**

Safe to Start" is a process intended to support nurses and midwives when planning the delivery of safe, effective and person centred care at the beginning of, or at any point during, their shift.

It requires professionalism, dynamic risk assessment and clinical judgement of workload and is fundamentally based on the HCSSA (2019) principles of:

- Improving standards and outcomes for service users
- Taking account of the particular needs, abilities, characteristics and circumstances of different service users
- Respecting the dignity and rights of service users
- Taking account of the views of staff and service users
- Ensuring the wellbeing of staff
- Being open with staff and service users about decisions on staffing
- Allocating staff efficiently and effectively
- Promoting multi-disciplinary services as appropriate

Step 1: Proactive considerations at local team level, led by the frontline clinical leader (safety brief/huddle)

Step 2: Discussion between frontline clinical leader and Lead Nurse/Midwife (LN/M) or Team Lead

Step 3: HSCPC site or Service level consideration of clinical activity, safety, risk and staffing (safety huddle)

Step 4: Feedback at local level between LN/M or Team Lead and frontline clinical leader and local team

Safe to Start Guidance Health and Social Care Partnerships

Step 1:

Considering all of the following factors (using knowledge, experience, situational awareness, professional judgement and the ability to deliver quality care):

- appropriate staffing, considering skill mix and familiarity with clinical environment
- the nature of the particular kind of health care provision
- the local context in which it is being provided
- the number of patients being provided care
- the needs of patients being provided care
- appropriate clinical advice

Identification of Red, Amber, Grey or Green (RAGG) status (see below and page 3) through discussion across the team, led by the ‘Nurse/Midwife in Charge’ of the team during safety huddle and as required. Consider any local ward level mitigations to reach safe to start, e.g. reorganise planned but not time critical activity.

RED = ACTUAL patient or staff safety risks requiring mitigation;

Review resources to consider what actions can be taken to support.

AMBER = POTENTIAL patient or staff safety risks requiring mitigation;

Monitor situation, adapt & support as needed.

GREY = Safe and appropriate staffing – NO immediate patient or staff safety risks identified; no mitigations currently required.

GREEN = Safe and appropriate staffing – there are excess staffing hours and potential to support with appropriate priorities.

## Step 2:

Senior Nurse / Service Manager / Lead Nurse/Midwife (LN/M), or identified person out of hours, informed of RAGG status at local departmental huddle and a review process of each teams staffing should be conducted with each Team Leader / SCN/M or RN/M in charge to determine if the ward / community team is ‘Safe to Start.’ Any immediate mitigations (see page 3) should be actioned and documented.

### How RAGG status is applied:

There is a natural and inevitable layer of subjectivity to the process of determining RAGG rating; however, this guidance should be used with informed and experienced clinical judgement to apply as uniform interpretation as possible when determining if an area is ‘Safe to Start’. The LN/M will provide clinical advice and support to develop the confidence and competency of staff in assessing the safety of their ward/area.

Any staff member identifying any risk relating to patient or staff safety, irrespective of RAGG status, should escalate concerns in real time and record this by completing a DATIX Incident Form.

Step 3:

Site huddle/staffing meeting including Senior Nurse / Service Manager for community informed of RAGG status and any further mitigations (see page 3) actioned and documented. When risks cannot be fully mitigated, the escalation response must also be documented.

Step 4:

Senior Nurse / Service Manager / LN/M / Team Lead / Nurse/Midwife in Charge feeds back to local team with current status of their clinical environment, the department and the hospital / community team. Local team encouraged to review actions and mitigations on page 3 and share their views of status and actions taken. Where staff are not in agreement with any mitigations, they should be given the opportunity to request a re-review with feedback.

## **Appendix 2**

### **CTAC Workload Reschedule Guide**

The following table serves as a resource to support Treatment Room Coordinators in their decision-making when staffing levels necessitate the redistribution of planned workloads. It is intended to complement, not replace, the clinical expertise and patient care judgement exercised by registered nursing staff. Registered staff should use a collaborative approach with patients to encourage self-care whenever possible. The CTAC service does not handle unplanned interventions.

Any need to reschedule work should be brought to attention of the Nurse Team Lead during the daily Safety Huddle meeting. This will facilitate evaluation of recurring risks that may warrant further escalation.

Intervention	Priority Level	Redistribution Possible?
High priority medication administration	High	No
Complex wound care (e.g. active or significant risk of infection, high exudate)	High	No
Pre chemo phlebotomy	High	No
Nephrostomy bag change	Medium	Yes
Non urgent medication administration	Medium	Yes
Catheterisation	Medium	Yes
Non-complex wound care (non-daily wounds, Grade 2 pressure damage)	Medium	Yes
Removal of sutures/clips	Medium	Yes
Non urgent phlebotomy	Medium	Yes
Weight	Low	Yes
Ear irrigation	Low	Yes
Doppler	Low	Yes

## **Appendix 3**

### **DN CO-ORDINATOR AND DEPUTY ROLE AND DUTIES**

**Each team must designate a DN Coordinator and a Deputy DN Coordinator to ensure coverage during absences. These roles should rotate on a regular schedule to provide all DN staff the opportunity to participate. The DN Coordinator should be clearly marked in Purple and the Deputy marked in Pink on the off-duty roster for easy identification by all team members. Any changes in responsibility must be promptly communicated to all Coordinators and the wider team, and the off-duty roster should be updated to maintain accuracy.**

#### **The DN Coordinator is responsible for:**

- Verify that all staff are on duty each day.
- Serve as the primary point of contact between the wider team and the Team Lead for communicating key information.
- Act as the main contact for staff regarding scheduling and work allocation.
- Ensure all work is scheduled prior to the daily **Safe to Start** meeting.
- Attend the daily **Safe to Start** meeting.
- Complete the safer staffing huddle following each **Safe to Start** session.
- Participate in the weekly coordinators' meeting.
- Prepare and maintain off-duty and BS off-duty schedules.
- Implement any required changes or updates to off-duty schedules.
- Manage sickness and absence reporting, including: Overseeing visit scheduling and adjusting off-duty as needed & notifying Community Admin and NTL.
- Inform Community Admin Update of staff sickness ensuring affected shifts (e.g., BS or weekend) are included for SSTS rostering.
- Mark any staff member currently off sick as **SL**. If rostered for BS or weekend shifts, update their status to **red** in the off-duty schedule for SSTS purposes.
- Inform the Depute Coordinator and wider team of any absence to ensure responsibilities are covered.
- When both the Coordinator and Depute are absent: Allocate a DN within the team to cover Coordinator duties.
- Communicate this arrangement to the wider team. If no DN is available, escalate to the NTL to oversee team operations

#### **The Depute DN Coordinator is responsible for:**

- Assisting the Coordinator in all duties.
- Taken on Coordinator's responsibilities during their absence.
- Collaborating with the Coordinator to agree on local arrangements for tasks such as duty updates, cover schedules, and other operational requirements.

## **LEAVE REQUEST**

### **Special Leave/Parental Leave/Carers Leave**

- **Requests for Special Leave or Carer's Leave:** Staff members must seek approval from their line manager (e.g., DN/NTL). The line manager should assess the reason for the leave request and review the off-duty schedule to ensure care delivery is not compromised.
- If approved, the Coordinator must be informed and is responsible for updating the off-duty roster accordingly.
- **Parental Leave:** All staff must submit a completed Parental Leave Form to their line manager at least three weeks in advance for approval. Refer to the **Parental Leave Policy** and access the form via: [Parental Leave Policy : Parental Leave Form | NHS Scotland](#)
- All leave requests must be emailed to Community Admin to ensure accurate SSTS processing. The line manager is responsible for informing Community Admin.

### **Annual Leave:**

- **Annual Leave Requests:** All annual leave (AL) requests must be recorded in the AL request book. The coordinator will review these when preparing the off-duty rota.
- **Day Off Requests:** These will be considered but must comply with service requirements and the agreed "golden rules" (see table below).
- **Requests After Off-Duty Publication:** If the off-duty schedule has already been published, any changes must first be discussed with the staff member's line manager (e.g., DN or NTL). The line manager will then liaise with the coordinator to confirm if the request can be accommodated.
- **District Nurses:** Submit annual leave requests via email to both the NTL and the East Dun CN annual leave inbox. If approved, the NTL will inform the East Dun CN annual leave inbox. Then The Coordinator/Depute is responsible for updating the off-duty rota accordingly.
- **Staff Nurses and HCSWs:** Email annual leave requests to your line manager. If approved, the line manager will forward the request to the East Dun CN annual

leave inbox. The Coordinator/Depute is responsible for updating the off-duty rota accordingly.

- **Festive Period:** Annual leave requests will not be considered in advance during the festive period.

**Please adhere to Rostering and Annual Leave Policy:**

[NHS GGC Board Nursing Rostering Policy - NHSGGC](#)

[Annual Leave Policy - NHSGGC](#)

**GOLDEN RULES FOR OFF-DUTY**

For each team, the following staffing ratios apply:

Team	Staff numbers - weekdays	Staff numbers - weekends	Usual PH staff numbers	Number of pre-planned AL per week
KHCC	8	3	6	3
Milngavie	8	3	6	3
Bishopbriggs	5	2	4	2

**POPULATING OFF DUTY**

- The District Nurses will complete off duties in accordance with the golden rules that have been circulated to all staff. The DN coordinator will follow these guidelines to maintain safe staffing levels, while allowing for additional leave where it does not compromise patient or staff safety.
- Days off for weekends and part-time staff may be scheduled on any day of the week based on staffing requirements and service needs (unless set day has been agreed by line manager). These should be distributed as evenly as possible to maintain consistent roster coverage.
- The Coordinator/Depute is responsible for updating staffing numbers at the bottom of each row to ensure accuracy.
- Weekend and public holiday allocations should be managed fairly and consistently across the team.
- Finalized off-duty schedules will be made available at least four weeks in advance.

**SICKNESS/ABSENCE REPORTING**

**All staff should send a text message to the Coordinator/Depute each day to notify that they are on-duty as close to 08:30 as possible. If a message is not received by 9am the co-ordinator will contact to ensure staff safely on-duty.**

- **Staff Absence Notification:** In accordance with the NHSGGC Absence Policy, staff must notify the Coordinator or Depute by telephone if they are unable to attend work. Calls should be made between **08:15 and 08:30**. If the call is not answered, leave a voicemail; the Coordinator/Depute will return the call.
- **Coordinator/Depute Responsibilities:** The Coordinator/Depute is responsible for updating the off-duty roster, informing the Team Lead and Community Administration team, and rescheduling or reallocating visits as required.
- **Daily Schedule Checks:** While every effort is made to publish the following day's schedule promptly, changes may occur frequently. All staff must check their visit schedule each morning at **08:30** and review schedules for updates throughout the day. The Coordinator/Depute will communicate changes where possible, but staff are accountable for reviewing schedules and reporting any issues promptly.
- **Managing Absence outside Office Hours:** There is no expectation for the Coordinator/Depute to log in outside office hours on a regular basis to manage absences. Local processes should be developed to ensure scheduling is completed within standard working hours wherever possible.

### **UNPLANNED COVER ARRANGEMENTS**

- In the event of staff sickness, the Coordinator is responsible for reviewing the duty roster to determine whether the affected staff member was scheduled for any back shifts or weekends. This information should then be communicated promptly to the Team Lead. In the Coordinator's absence, this responsibility will be delegated to the Deputy Coordinator.