

Realtime Staffing and Risk Escalation Standard Operating Procedure Dietetic Services (North sector Hosted)

Date	June 2025
Author	Michelle Wardrop / Michele Rae
Version	1.1
Review Date	December 2025

Purpose

This Standard Operating Procedure (SOP) supports the Dietetic Service (hosted North sector) to fulfill 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 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 people in our services
- The provision of safe and high-quality health care
- In so far as it affects either of those matters, the wellbeing of staff

The full generic NHSGGC SOP can be accessed here:

[NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC](#)

This SOP is intended to be used by the Dietetic Clinical Team Lead / supervisor Special Feeds unit / Managers of Dietetics and those who may have delegated responsibilities for staffing.

Clinical Leadership Responsibilities

The Dietetic Clinical Team Lead / Manager has the Clinical leadership responsibilities under the definitions of the HCSSA. Within the Dietetic Service the real-time staffing duties are delegated at times to others: the Clinical Team Lead/ Manager as detailed in the following sections.

The Dietetic Time to Lead SOP details the requirements of clinical leadership

General Principles

- All staff working within the Dietetic Service should be familiar with this SOP and their responsibilities under the HCSSA.
- Staff will complete: [Learning resources: Informed level | Turas | Learn \(nhs.scot\)](#)
- Staff working in a leadership role should be familiar with their responsibilities under the HCSSA. [Learning resources : Skilled level | Turas | Learn](#)
- This will be part of induction for new clinical staff and ongoing CPD activities
- It is the responsibility of the Dietetic Clinical Team Lead/ Manager or supervising Dietitian / line manager to ensure that this learning is monitored and reviewed regularly.
- Decisions around staffing must take into consideration staff health and wellbeing.
- Appropriate clinical advice must be sought when making staffing decisions
- Dietetic staff have a collective professional responsibility to cover for unplanned absences
- Minimum requirements for safety of clinical service are held in SharePoint and CTL will be familiar with these.

An individual who will be unable to cover their Shift must, at the earliest opportunity, alert the line manager by following absence reporting arrangements. Refer to appendix.

Adult Acute Dietetics

Name	Email	Phone
Redacted		
	For General Publication	
		Purposes

Community Dietetics and Weight Management

Name	Email	Phone
Redacted		
	For General Publication	
		Purposes

Paediatric Dietetics and Special Feeds Unit

Name	Email	Phone
Redacted		
	For General Publication	
		Purposes

The preferred method of communication is the **telephone**. It is important you speak to your line manager or point of contact in the absence of your line manager rather than rely on an email or Teams communication.

Staff wellbeing will be considered at every step of the process.

Mitigating unplanned absence

Follow department absence Team Lead will check worklist/ outpatient schedule

- Step 1: Proactive considerations at local team level working to agreed protocols, led by Clinical Team Lead.
- Step 2: Clinical advice required via Discussion between Clinical Team Lead. Team lead to record on spreadsheet RAGG status and record on safe care light when available.
- Step 3: Discussion between Clinical Team and their line manager. Consideration of clinical activity, safety, risk and staffing levels.
- Step 4: Feedback from Dietetic Service Manager to General Manager if staffing levels become so low reduction in service delivery to Dietetic outpatients or inpatients is required.

Step 1:

Considering all 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 specific 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 through discussion led by the dietetic clinical team lead across the dietetic clinical team (acute, community, paediatrics). Consider any service 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:

Dietetic Clinical Team Lead, inform their line manager of RAGG status at dietetic team meetings and a review process of each clinical area's staffing should be conducted to determine if the dietetic service can deliver its full range of normal service. Any immediate mitigations ([see page 6](#)) 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 where possible when determining if an area is 'Safe to Start'. The Clinical Team Lead will provide clinical advice and support to develop the confidence and competency of staff in assessing the safety of the dietetic service.

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:

Dietetic Service Manager/ Community manager/ Weight Management Lead informed of RAGG status and any further mitigations ([see page 7](#)) actioned and documented. When risks cannot be fully mitigated, the escalation response must also be documented.

Step 4:

Dietetic Clinical Team Lead feeds back to team in clinical environment with current status of their clinical environment, and the wider situation within the Dietetic Service if appropriate. Dietetic team leads 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.

Planned Absence

It is the responsibility of the line manager to make the required Rota changes for planned absences. These will be discussed at local team meeting, action points recorded (need to agree where this is recorded for now or assume SSTS covers this)

Risk Reporting

The Clinical Team Lead is responsible for ensuring that a Datix Incident is raised when:

1. There was actual patient harm due to staffing shortages.
2. There was potential for patient harm due to staffing shortages, for example same day referral from endoscopy unit that resulted in the patient not being seen immediately upon referral
3. Clinical Leadership time was used to mitigate the service gap.
4. Staffing decisions were made without appropriate clinical advice being sought.

Severe and Recurrent Risks

The Dietetic Manager must have access to Datix reports (and other data held) on staffing and review these on a regular (e.g. Monthly) basis to determine if the staffing for the Dietetic service remains appropriate for the provision of safe and high-quality care, the wellbeing of patients, and the wellbeing of staff.

The Dietetic Service Manager is responsible for providing an analysis of these reports to the senior management team, including incidences of clinical disagreement, and engaging in discussions about service improvement if appropriate.

Severe and Recurrent risks are raised through the Datix Risk module. The Dietetic service manager / community manager dietetics is responsible for this. They will analyse, evaluate and manage RTS severe and recurrent risks as part of monthly service reports.

The Dietetic Service Manager is responsible for providing assurance of compliance with the Health and Care Staffing Act (reporting via General Manager).

Process for Raising Concerns

If staff wish to raise a concern or issue with staffing levels, they should in the first instance speak to their line manager.

If they feel the risks have not been mitigated, they should contact their line manager's service manager by email.

If mitigations continue to be unmitigated to the staff member's satisfaction, they may complete a Datix form recording the incident in relation to potential or actual patient or staff safety risks, regardless of whether harm or injury occurred.

The Datix incident reporting form should be used [Datix: DATIX Incident Form \(DIF1\) Live data to be entered only. Click here to make an M&M Submission](#)

Where actual patient harm has taken place a separate Datix incident form should be used stating the CHI number of the patient and/or any other witnesses

The Dietetic Service Manager / Community Dietetic Manager should analyse disagreement email submissions as part of the severe and recurrent risk process above.

Appendix
Actions and Mitigations

GREEN	Safe and appropriate staffing – there are excess staffing hours and potential to support with appropriate priorities. All staff are jointly committed to: • Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility. • Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with. • Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do. • Adhere to the professional codes of conduct. • Visible clinical leadership: Dietetic Clinical Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Dietetic Service Manager available and contactable for support and guidance. • Regular clear and effective Line Management Team meetings: Demonstrating openness about decisions about staffing and taking account of the views of staff. • Support with excess hours to areas of risk (red and amber) or other appropriate duties (where budget is available)
GREY	Safe and appropriate staffing – <u>NO</u> immediate patient or staff safety risks identified; <u>no</u> mitigations currently required. All staff are jointly committed to: • Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility. • Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with. • Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do. • Adhere to the professional codes of conduct. • Visible clinical leadership: Dietetic Clinical Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Dietetic Service Manager available and contactable for support and guidance. • Regular clear and effective dietetic team meetings: Demonstrating openness about decisions about staffing and taking account of the views of staff.
AMBER	<u>POTENTIAL</u> patient or staff safety risks requiring mitigation; monitor situation, adapt & support as needed. All considerations of the Grey status; <u>and</u> consider mitigating actions, such as: • Provide an increased visibility of clinical leadership; • Assess need and capacity to provide wellbeing support to staff; • Explore options to offer changes to rostered shift, • Review staffing, including skill mix and familiarity with the service area, and consider staff movement where support is required • Consider supplementary hours, such as additional hours (where budget is available)

ACTUAL patient or staff safety risks requiring mitigation; review resources to consider what actions can be taken to support.

RED

All considerations of the Grey and Amber statuses, and:

- Continued increased visibility of clinical leadership and direct escalation to the Dietetic Service Manager
- Initiate short-term deployment of support staff, e.g., dietetic support workers divert to full patient facing activity
- Provide continuous clinical review of care whilst assessing for risk, in discussion with and through escalation to the Dietetic Service Manager:
- Senior Leadership Team to consider *extremis* actions.

***NB: 'Senior Leadership Team' is Older People and Specialties, General Manager, North Sector.**

Real time staffing risk and escalation checklist

No	Requirement	Yes/No	If no what actions are required?
1.	Is education and training in place at informed level for all roles in the Act?		
2.	Is education and training in place at skilled level for leadership roles?		
3.	Is local education and training in place?		
4.	Is Datix incident reporting process within your Standard Operating Procedure (SOP)?		
5.	Are staffing concerns and voiced care concerns escalation processes in your SOP for in and out of hours?		
6.	Are Staff Wellbeing considerations included in your SOP?		
7.	Are LPs and senior decision makers clearly defined and identifiable in your SOP?		
8.	Are appropriate clinical advice processes included within your local SOP to ensure clarity regarding roles and responsibilities?		
9.	Does your SOP include Lead Professional(s) senior decision maker's notification to the individual who originally escalated the staffing concern?		
10.	Are the factors for assessing actual and potential staffing concerns in your SOP?		
11.	Are the appropriate mitigations included within the SOP?		
12.	Does your SOP set out how staff can record disagreements and formally request a review?		
13.	Are local records held and include the minimum requirements?		
14.	Are Lead Professionals recording redeployment (borrowing) on SSTS?		
15.	Are pre team discussion/huddle/staffing meetings in place and recorded?		
16.	Are team discussion/huddle/staffing meetings in place and recorded?		
17.	Are you using Datix reports, SSTS reports and local records to systematically identify, analyse, evaluate and manage RTS severe and recurrent risks consistently and at an appropriate level?		

Useful links

[NHS Scotland Workforce Attendance Policy](#)

[Health and Care Staffing act in Scotland | Turas | Learn \(nhs.scot\)](#)

[Health and Care Staffing Scotland Act 2019: statutory guidance - gov.scot \(www.gov.scot\)](#)

[Quick guides relating to the Act | Turas | learn \(nhs.scot\)](#)

Real Time Staffing Escalation Flowchart

Employee advises line manager that they are unable to attend work

Supportive contact agreement agreed between employee and manager

Short Term

Line Manager arranges cover to priority workload (current and planned) to mitigate risk

Long Term

Line Manager discusses at local clinical team leads meeting and adjust workplan/rota workload for planned time

Line Manager escalates if unmitigated to their line manager

**Severe and recurring Risk
Escalated to General Manager for awareness and advice**