NHS Greater Glasgow and Clyde

Acute AHP Service

Real Time Staffing and Risk Escalation Blueprint Standard Operating Procedure

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Purpose

This Standard Operating Procedure (SOP) supports the Acute AHP Services to fulfill the duties of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA), enacted in April 2024. The main duties this SOP relate 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 Chief AHP/Associate Chief AHP in Acute Sectors (Occupational Therapy/Physiotherapy and Community Stroke Team) and those who may have delegated responsibilities for staffing.

Scope

Clinical Leadership Responsibilities

The Chief AHPs have the Clinical leadership responsibilities under the definitions of the HCSSA. Within the AHP services in Acute- the real-time staffing duties are delegated at times to others: the AHP Team Leads as detailed in the following sections.

The Acute AHP Time to Lead SOP detailing the requirements of clinical leadership can be found here: - work in progress.

General Principles

- All staff working within the Acute AHP Services should be familiar with this SOP and their responsibilities under the HCSSA. 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 Chief AHP or deputy to ensure that this learning is monitored and reviewed regularly.
- Decisions around staffing must take into consideration staff wellbeing.
- Appropriate clinical advice must be sought when making staffing decisions
- AHP staff have a collective professional responsibility to prioritize for unplanned absences and clinical cover.
- Safe staffing levels- under review, professional judgement will be adopted at present.

Reporting unplanned absence

An individual who will be unable to cover their Shift must, at the earliest opportunity, alert the Acute AHP Service by following this process- Absence management reporting procedure.

The preferred method of communication is the **telephone**. It is important you speak to a member of the Management Team rather than rely on an email or Teams communication.

Mitigating unplanned absence

Assessment will include:

1. Workforce- staffing numbers, skill & experience, impact on wider team and being able to fulfil TTL commitments.
2. Workload & Capacity- demand, acuity, skill level, acute site pressures, and unplanned leave.
3. Environmental Concerns- Infection control restriction, unplanned leave, workplace disruption.
4. Nationally agreed staffing considerations- Business continuity, Missed care/service delivery, skill mix, staff-wellbeing, voiced care concern.

National RAGG Classification

Decision makers might find the National RAGG system useful when considering risk:

Red	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.
Amber	Over-utilisation potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery
Grey	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.
Green	Under utilisation safe and appropriate staffing. There are excess staffing hours and the potential to assist with shortages.

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 AHP Specialty Team Lead will provide clinical advice and support to develop the confidence and competency of staff in assessing the safety of the AHP 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 1: Proactive considerations at local team level working to agreed protocols, led by the AHP Specialty Team Lead or senior staff

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 across the AHP Team Lead Consider any service mitigations to reach safe to start; e.g. reorganise planned but not time critical activity.

Step 2: Discussion between AHP Team Lead and senior staff

Team Lead inform team of RAGG status at Team huddle and a review process of each clinical area's staffing should be conducted to determine if the service can deliver its full range of normal service. Any immediate mitigations *Appendix* should be actioned and documented.

Step 3: Discussion between AHP Team Lead and Chief/Associate Chief AHP. Consideration of clinical activity, safety, risk and staffing levels.

Chief/Associate chief AHP informed of RAGG status and any further mitigations *Appendix* actioned and documented. When risks cannot be fully mitigated, the escalation response must also be documented.

Step 4: Chief AHP will escalate current staffing position to Acute Site Director and General Managers as appropriate if staffing levels become so low reduction

Specialty AHP Team Lead will provide feedback to team in clinical environment with current status of their clinical environment, and the wider situation if appropriate. AHP Specialty TL and Associate Chief/Chief AHP will review actions and mitigations on *Appendix* 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 AHP Team Lead, or delegated alternate within team, to make the required roster changes for planned absences.

Risk Reporting

The AHP 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.
3. Clinical Leadership time was used to mitigate the service gap (If this was a "one off" isolated incident it may not need to be reported)
4. Staffing decisions were made without appropriate clinical advice being sought.

Severe and Recurrent Risks

The Chief AHP/Associate chief 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 AHP service remains appropriate for the provision of safe and high-quality care, the wellbeing of patients, and the wellbeing of staff.

The Chief AHP/Associate Chief 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 Chief AHP or deputy is responsible for this. They will analyse, evaluate and manage RTS severe and recurrent risks as part of monthly service reports.

The Chief AHP is responsible for providing assurance of compliance with the Health and Care Staffing Act (to be agreed).

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 AHP Team Lead.

If they feel the risks have not been mitigated, they should contact the Associate Chief/Chief AHP by email (recommend including AHP TL).

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 Chief AHP 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, effective communication, clear direction, advice, support, reassurance, 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: AHP Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance. • Regular clear communication and/or effective Team huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff. • Report staffing levels at site huddles daily.

GREY	**Safe and appropriate staffing – NO immediate patient or staff safety risks identified; no mitigations currently required.** **All staff are jointly committed to:** • Working as a team: with respect, professionalism and trust, effective communication, clear direction, advice, support, reassurance, 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: AHP Specialty Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance. • Regular clear and effective AHP Team huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff. • Report staffing levels at site huddles daily- highlighting priorities and gaps.

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: • Working as a team: with respect, professionalism and trust, effective communication, clear direction, advice, support, reassurance, working with other colleagues across all disciplines to assess risk and share responsibility. • 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 • Visible clinical leadership: AHP Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Chief AHP available and contactable for support and guidance. • Consider supplementary hours, such as additional hours • Report staffing levels at site huddles daily- highlighting priorities and gaps.

RED	**ACTUAL patient or staff safety risks requiring mitigation; review resources to consider what actions can be taken to support.**
	All considerations of the Grey and Amber statuses, *and*: • Working as a team: with respect, professionalism and trust, effective communication, clear direction, advice, support, reassurance, working with other colleagues across all disciplines to assess risk and share responsibility. • Continued increased visibility of clinical leadership and direct escalation to the Chief AHP • Report staffing levels at site huddles daily- highlighting priorities and gaps. • Initiate short-term deployment of skilled & support staff where able • Consider cancelling out-patient activity within specialty and option to consider across all specialities in North Sector. • Visible clinical leadership: AHP Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Chief AHP available and contactable for support and guidance. • Provide continuous clinical review of care whilst assessing for risk, in discussion with and through escalation to the Chief AHP; • Additional hours- overtime and excess • SMT to consider *extremis* actions. • Escalation to other sector Chiefs, Professional Leads & AHP Director ***NB:** **'Senior Management Team' includes Director, Chief Nurse, Chief of Medicine, Deputy Chief of Medicine, Head of Finance and General Managers.**