

# NHS Greater Glasgow and Clyde

## Real Time Staffing and Risk Escalation

### Blueprint Standard Operating Procedure

## **Inverclyde Children & Families**

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## Table of Contents

<b>Scope .....</b>	<b>3</b>
<b>Education Training.....</b>	<b>3</b>
<b>Roles and Responsibilities .....</b>	<b>4</b>
<b>All staff.....</b>	<b>4</b>
<b>Patients, families and Carers .....</b>	<b>4</b>
<b>Real Time Staffing Assessment, escalations and mitigations .....</b>	<b>4</b>
<b>Site Safety Meeting/Staffing Meeting Census Period .....</b>	<b>4</b>
<b>Site Safety Meeting/Staffing Templates .....</b>	<b>4</b>
<b>Red Flags.....</b>	<b>5</b>
<b>What is appropriate Clinical advice .....</b>	<b>5</b>
<b>Disagreements .....</b>	<b>6</b>
<b>Clinical Incident Reporting .....</b>	<b>7</b>
<b>Severe and Recurrent Risk.....</b>	<b>8</b>
<b><a href="#">Appendix 1</a> Inverclyde C&amp;F Red Flag Escalation Flow Diagram .....</b>	<b>10</b>
<b><a href="#">Appendix 2</a> NHSGC HSCP Safe to Start.....</b>	<b>13</b>

## Purpose

The purpose of this Standard Operating Procedure (SOP) is to create a local process for Real Time Staffing and Risk Escalation to ensure compliance with NHS Greater Glasgow and Clyde's overarching [NHSGGC-Real-Time-Staffing-and-Risk-Escalation-SOP.V1.4.pdf](#). The purpose of this operational SOP is to allow Health and Social Care Partnership job families to have a blueprint to develop consistent local SOPs

This SOP will also be used in conjunction with the NHSGGC Rostering Policy and Common Staffing Method SOP.

## Scope

Health and Social Care Partnership (HSCP) Registered Nurses, Health Care Support Workers and operational management (Service Managers, Senior Nurse Managers, Heads of Service and Chief Officers) will adhere to this SOP.

It is acknowledged that Nursing job families are all unique and individual therefore there may be specific escalation procedures agreed for some teams and this SOP must not replace these and instead be adapted to reflect agreed current procedures. Consideration should be given by each job family in each HSPC to work collaboratively to align job family SOPs.

## Education Training

These modules must be completed as a once only (or if significantly updated) and the post completion survey /questionnaire must be completed to ensure TURAS analytic completion data is captured.

**Roles in Scope of the Act:** [Learning resources : Informed level | Turas | Learn \(nhs.scot\)](#)

**Leadership roles:** [Learning resources : Skilled level | Turas | Learn \(nhs.scot\)](#)

## Roles and Responsibilities

### All staff

**All staff** in scope of this SOP are responsible for escalating identified staffing concerns to the identified person in charge of a shift to allow mitigation when possible or to escalate further.

### Patients, families and Carers

A patient, family or carer can also raise a voiced staffing concern which staff will escalate to the identified person in charge of a shift to allow mitigation when possible or to escalate further.

All staff in scope must follow their agreed escalation process, please find an example in **Appendix 1** and Safe to Start in **Appendix 2**. Clinical Leaders must ensure staff have the relevant contact/page numbers visible for all staff in the team.

## Real Time Staffing Assessment, escalations and mitigations

NHSGGCs agreed escalation process (**Example Appendix 1**) must be followed alongside NHSGGC Safe to Start method (**Appendix 2**)

## Site Safety Meeting/Staffing Meeting Census Period

HSCPs will have at least one site safety meeting /staffing meeting each day or equivalent. Prior to and during each site safety/staffing meeting period all staff in scope must follow the agreed escalation process (**Example Appendix 1**) and NHSGGCs Safe to Start method (**Appendix 2**)

## Site Safety Meeting/Staffing Templates

Site safety/staffing meeting template must include the minimum recording requirements which include:

- National RAGG Status (before and after recommended)
- Escalations Red Flags
- Mitigations (Clinical advice provided)
- Staff notification
- Disagreements

## Red Flags

Red Flag events can occur out with a site safety/staffing meeting period. NHSGGCs Safe to Start method (**Appendix 2**) and the agreed escalation process (**Example Appendix 1**) must be followed. Red Flags may occur due to:

- Reviewing rosters – the shift ahead/medium /long term staffing concerns
- Immediate staffing concerns

Red flag events that occur outside the site safety/staffing meeting period must be recorded and addressed appropriately. It should be logged on to the local site safety/staffing meeting template and carried forward to the next site safety/staffing meeting for a period of discussion and formal acknowledgement and record keeping, even if it has already been mitigated.

## What is appropriate Clinical advice

The staff identified in **Example Appendix 1** who are involved in staffing mitigations may be required to seek clinical advice regarding staffing decisions if:

- They are not clinicians
  - They are assessing risk, or making a decision, in relation to a clinical workforce for which they are not professionally responsible
- and/or**
- They are making a decision in a specialty/setting in which they are not an expert and/or do not normally work.

In the above situations clinical advice must be provided by a person with clinical expertise in the relevant clinical area who has responsibility for the clinical workforce engaged in the staffing concern. This person will be:

- In hours team - Team Leader, Senior Nurse Managers (consider dual role service manager) and Professional Nurse Leads.
- Out of hours - Nurse identified in charge / on call service manager (if registered Nurse), NHS 24 Out of hours General Practitioner.

The clinical advice must be considered by the person who obtained it and when it conflicts, should use their professional judgement to decide to mitigate, escalate or accept the risk(s). For escalated risks, the person providing clinical advice may record disagreement with the decision and request a review from any decision-maker up to but not including members of the NHSGGC board.

Clinical advice that occurs outside the site safety meeting period must be recorded and addressed appropriately. It should be logged on to the site safety template and carried forward to the next site safety meeting period for discussion and formal acknowledgement and record keeping, even if it has already been mitigated.

## Disagreements

Disagreements relate to any staff involved in relation to the real-time staffing assessment or risk escalation in

- Identifying a risk
- Attempting to mitigate a risk
- Giving clinical advice in relation to mitigation of risk
- Reporting a risk (including onward reporting)
- Giving clinical advice on a risk

Staff may disagree with a decision and may formally record it as a Datix. Staff may also choose to request a review of the decision. The only exclusion from this is where the final decision has been made by the members of the board of the relevant organization: these decisions may not be reviewed at the request of individual staff.

In NHSGGC disagreements will be facilitated through supported conversation to consider the disagreement and where possible put in place mitigations for real-time staffing decisions to proceed. If by exception mitigations are not possible the Safe to Start guidance (**Appendix 2**) and risk escalation process (**Example Appendix 1**) will be used to explore other options.

Disagreements that occurs outside the site safety meeting period must be recorded and addressed appropriately. It should be logged on to the site safety template and carried forward to the next site safety meeting period for discussion and formal acknowledgement and record keeping, even if it has already been mitigated.

## Clinical Incident Reporting



**Reporting on the Datix Incident Module does not replace escalation process (Example Appendix 1), The Safe to Start process and site safety template recording and instead must be used as a retrospective recording tool.**

Datix incidents must be submitted by the person who escalated the staffing concern 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](#)

The Senior Nurse/Midwife reviewing the incident will investigate to determine if patient harm occurred and if staffing was a contributing factor if it is a contributory factor they will formally record this in the contributory factors 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 is 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 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 within the HSCP 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.

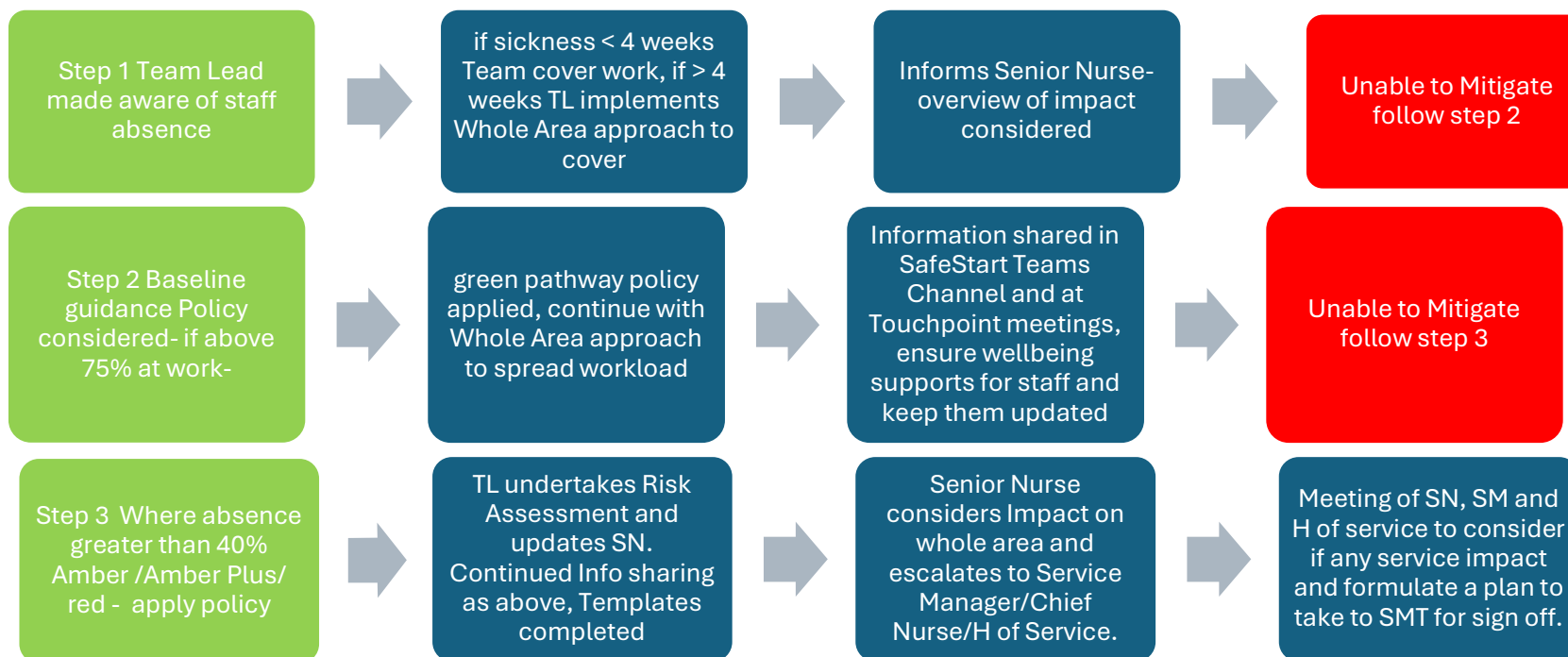
The Risk Register Policy and Guidance for Managers must be used to systematically identify, analyze, evaluate and manage RTS risks consistently and at an appropriate level. Risks are assessed on impact and likelihood using a 5x5 impact matrix as noted in the Policy.

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 required 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.

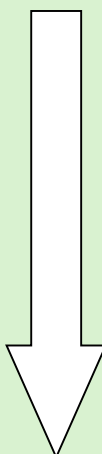
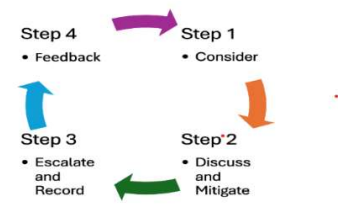
## Appendices Appendix 1 Inverclyde C&F Red Flag Escalation Flow Diagram



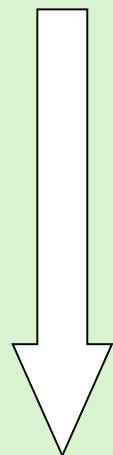
Provide feedback to staff who escalated and involved in trying to mitigate, and or who provided clinical advice, consider and record disagreements. If unable to resolve disagreements continue to the next step in the escalation process

## Appendix 2 NHSGGC HSCP Safe to Start

NHS Greater Glasgow and Clyde have developed a new Safe to Start process that includes guiding principles and a 4-step process to support nurses and midwives in both hospital and community teams to plan the delivery of safe, effective, person centred care during huddle periods or at any point during the shift.

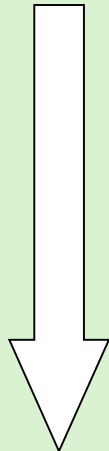
Safe To Start- Inverclyde C&F SOP	
	1. When any sickness absence is notified, the MS Teams Safe to Start channel is updated, Senior Nurse is emailed or phoned, and Head of Admin is informed to ensure all rosters and calendars are updated- these include EeSS, and STSS.
	2. On a Friday Senior Nurse or covering TL will complete both the Staffing Touchpoint Template for Chief Nurse huddle on the following Monday and the Safe to Start Template for sharing on the MS Teams Channel
	3. On a Monday morning Senior Nurse or Covering Team Lead reviews information re sickness in MS Teams Channel, Email, from Head of admin and ensures template for Staffing Touchpoint Template is updated accordingly and submitted
	4. Senior Nurse/Covering Team Lead attends the Chief Nurse staffing Touchpoint Huddle and outlines any risks/mitigations
	5. On a Wednesday Senior Nurse or covering Team lead completes the C&F Safe to Start Template and uploads it to the MS safe to start Channel
	6. At each stage of this process consideration is given to these 4 steps and guidance in link below
	 <pre> graph TD     S1[Step 1 • Consider] --&gt; S2[Step 2 • Discuss and Mitigate]     S2 --&gt; S3[Step 3 • Escalate and Record]     S3 --&gt; S4[Step 4 • Feedback]     S4 --&gt; S1   </pre>
	7. <a href="#">NHSGGC Final V1.7 Community N&amp;M Safe To Start Process - NHSGGC</a>
	MMacPhail Senior Nurse 18 08 2025

### Immediate action by Team Lead following notification of absence of less than 4 weeks



1. Staff member contacts TL to indicate they will not be on shift that day(s) and informs of workload priorities they have been unable to cover
2. Team Lead having an overview- consults with her team and ensures appointments/meetings have been cancelled/covered/rearranged and clients/ other professionals impacted informed.
3. Where there is not capacity to cover urgent/CP related work such as a CP Conference within their own team the TL will:
  - a. Confer with TL colleagues to identify if they can get the work covered.
  - b. If this is not possible TL's will consider if one of them can attend Core Group or CP Meeting.
  - c. Discuss with Senior SW to consider provision of MWT or re-arrangement of the conference
  - d. Significant event recorded in clients record outlining strategy deployed
4. TL will update the Safe to Start MS Team chat to make other managers aware and will also inform the Admin Lead who will update Children & Families sickness Doc, rosters, STSS and calendars
5. Every Wednesday the Safe to Start Template will be completed by SN or TL and sent to Service Manager/Chief Nurse and Head of Service
6. At any point where service has more than 25% off work- DATIX and Risk Assessment undertaken and submitted to Service Manager/Head of Service/Chief Nurse and Baseline Cover procedure implemented.
7. Situation will be monitored and re-assessed regularly, regular management meetings, and SMT kept updated
8. Staff Wellbeing Considered- signpost to supports, undertake annual Stress Survey

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	<b>Process where sickness is greater than 4 weeks</b>
	1. Admin and TL recognise 4 week trigger and implement Whole Area Approach. Admin will allocate all work for the vacant caseload, which includes New Babies, core work and additional category children via system of Rosters.
	2. TL will update the Safe to Start MS Team chat to make other managers aware and will also inform the Admin Lead who will update Children & Families sickness Doc, rosters, STSS and calendars
	3. Every Wednesday the Safe to Start Template will be completed by SN or TL and sent to Service Manager/Chief Nurse and Head of Service
	4. At any point where service has more than 22% off work- DATIX and Risk Assessment undertaken and submitted to Service Manager/Head of Service/Chief Nurse and Baseline Cover procedure implemented.
	5. TL will initiate robust sickness absence and consider plan for contact during sickness, including F2F meetings, management referral to Occ Health, and sourcing of HR advice as appropriate.
	6. The situation will be monitored and re-assessed regularly, regular management meetings, and SMT kept updated
	7. Staff Wellbeing Considered- signpost to supports, undertake annual Stress Survey
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Classification - No  
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