Real-time Staffing and Risk Escalation Standard Operating Procedure

Resident doctors with on call responsibilities – Court Rota

Date	27.04.26
Author	Dr Rona Gow
Approved by	Mr. James Meade
Version	1
Review Date	1 year

Purpose

This Standard Operating Procedure (SOP) supports the Service 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 CD and those who may have delegated responsibilities for staffing.

Clinical Leadership Responsibilities

The Clinical Director has the Clinical Leadership responsibilities under the definitions of the HCSSA. The real-time staffing (RTS) duties can be delegated as appropriate to others e.g. Rota coordinator (provided they are a clinician), Lead Clinician, or Duty Consultant. Whilst resident doctors (trainees) can assist in staffing, the authority to approve staffing decisions and accept staffing risk is at the level of duty consultant and above.

The full SOP detailing the requirements of clinical leadership can be found here:

NHSGGC Time to Lead SOP - NHSGGC

General Principles

- All staff should be familiar with this SOP and their responsibilities under the HCSSA. Learning resources : Informed level | Turas | Learn (nhs.scot)
- It is the responsibility of the CD 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
- Medical staff have a collective professional responsibility to cover for unplanned absence

Reporting unplanned absence

An individual who will be unable to cover their Rota duties must, at the earliest opportunity, alert the Department using the departmental contact numbers as below:

Clinical Director	Dr Rona Gow
CD admin	Ms Lyndsey Bell – 0141 232 6574
Court Rota Admin	Ms Liz McKenna, DIC 0141 201 9250

Mitigating unplanned absence ST4-6 covering court diversion

Local admin / resident doctor should report absence to CD (or their delegate) and rota coordinator as soon as they are informed of the absence:

1. Resident doctors should be reallocated to provide cover.
2. Rota coordinator (or their cover) will send email to all resident doctors asking to make themselves available for part or all of the shift (9am – 5pm).
3. If no resident doctor offers, a maintained list will be used to contact the resident doctors in turn and their supervising consultant to ask them to provide cover.

Resident doctors must ensure their whereabouts are known and be contactable at all times when at work.

4. If there is dispute, this is escalated to CD or deputy to resolve
5. If unable to cover the CD or deputy 9e.g. duty consultant should consider if they run the shift with the absence uncovered, if it is safe and appropriate to do so or whether the court is notified that there is no Diversion service that day.

Management or administration staff can make provisional staffing decisions. In which case these are clinically reviewed by the CD/ deputy responsible where possible before being actioned.

Escalation of daytime activity gaps

If the staffing issue remains unmitigated the responsible consultant should escalate to the CD, or their deputy using the contact details below.

Clinical Director	Dr Rona Gow PA: Ms Lyndsey Bell – 0141 232 6574
Clinical Service Manager (out-patient)	Shona Hendry, DIC / Barr St Hub 0141 427 8266/8265
Nurse Team Leads – Forensic Community Service	Nicola Willsone Laura McDougall 0141 427 8266/6265

The following additional mitigations can be considered:

1. Canceling or postponing non urgent activity to free up staff e.g. MDT/ clinic. This should be discussed in conjunction with clinical supervisor.
2. Consultant acting down if no trainee is available
3. Cancelling court diversion, or notifying court that any medical assessment will be carried forward to the following day.

Further escalation

In the event that the situation remains unresolved the CD (or their deputy) should escalate to senior management, who would be the Chief of Medicine in the first instance.

Chief of Medicine	David Dodds (Regional) PA: Nichola Thompson 01413017081

The Chief of Medicine will consider other potential actions and may wish to discuss further with counterpart in mental health or escalate further: to AMD, or MD.

Mitigating unplanned absence- out of hours

The court diversion service runs during office hours. There is no out of hours Rota.

Prolonged Absence

It is the responsibility of the CD or their deputy to make the required Rota changes for ongoing absences.

The same steps will be followed to find locum as described above.

Risk Reporting

The Rota coordinator and CD should be copied into all staffing issues.
The CD 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. This would be when the CD or their delegate was moved from a job planned clinical leadership session to a clinical session. (If this was a “one off” isolated incident it may not need to be reported).
4. If staffing decisions were made without appropriate clinical advice being sought.

Severe and Recurrent Risks

The CD and the governance lead must have access to Datix reports (and other staffing data that the department might hold) on staffing and review these on a regular (eg Monthly) basis to determine if the staffing for the service remains appropriate for the provision of safe and high-quality care, the wellbeing of patients, and the wellbeing of staff.

The CD 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.

The Medical Director is responsible for providing assurance of compliance with the Health and Care Staffing Act in quarterly Reporting.

Disagreements

Any member of staff involved in staffing decisions can disagree with a staffing decision. The person making the decision should review alternative actions in light of the disagreement and communicate their decisions to the individual. If the disagreement remains, the individual should undertake the shift and it should be logged by:

1. The person in disagreement submitting a Datix
2. The person in disagreement should also email the CD (and the person making the staffing decision if this is different).

The CD should analyze disagreement Datix submissions as part of the severe and recurrent risk process above.

RAGG System

Decision makers might find the National RAGG system (adapted for the medical teams) useful when considering risk:

Red	Over utilisation safe and appropriate staffing is compromised. Potential of missed care and /or high risk to service delivery.
Amber	Over-utilization potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery (e.g. running the Rota with a gap)
Grey	Acceptable utilization safe and appropriate staffing. Are working within recommended parameters and do not need any additional staffing hours. Some potential to be able to mitigate shortages.
Green	Underutilization safe and appropriate staffing. There are excess staffing hours and the potential to mitigate shortages.

The department should aim to operate in the GREEN or GREY zones. The CD should ensure that a Datix was completed if a shift ran at RED status and considered if the situation was AMBER –depending on the perceived severity of the risk.