Real-time Staffing and Risk Escalation Standard Operating Procedure

Medical Teams –Forensic Mental Health Services

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Approved by	Mr. James Meade – General Manager
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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

NHS GGC Absence reporting procedures should be followed; the individual reporting absence should contact the service by 9am on the first day of absence, ideally by **telephone**, as per NHS GGC Attendance Policy. If possible, they should give a rough duration of absence, and should highlight any particular risks or tasks that should be prioritized this should include any on-calls.

Consultants and doctors in non-training posts should inform the Clinical Director or delegate and their own team.

Resident doctors (including HSTs) should inform the Clinical Director or delegate and their Clinical Supervisor.

Each service must have a process in place to ensure that this information is shared with:

- The community clinical team manager/inpatient management
- Clinical admin staff responsible for cancelling clinical commitments
- Other consultants or relevant senior clinician's within the community team/inpatient service

Contacts:

Local procedures	
Psychiatry	Clinical Director: Dr Rona Gow
Clinical Director PA:	Mr. Gavin Andrews – 0141 232 6452
Clinical Service Manager (In-patients)	Ms. Kirsteen Slavin, Rowanbank Clinic PA: Mr. Gavin Andrews – 0141 232 6452
Clinical Service Manager (Out-patients)	Ms. Shona Hendry, DIC / Barr St Hub 0141 427 8266/8265

If consultants or HSTs are on the Forensic On-Call Rota they should also contact Rota admin:

For resident doctors, please see specific SOP

Senior Contacts	
Psychiatry	Clinical Director: Dr Rona Gow
Clinical Director PA:	Mr. Gavin Andrews – 0141 232 6452
Clinical Service Manager (In-patients)	Ms. Kirsteen Slavin, Rowanbank Clinic PA: Gavin Andrews – 0141 232 6452
Clinical Service Manager (Out-patients)	Ms. Shona Hendry, DIC / Barr St Hub 0141 427 8266/8265
Local rota admin support	
Consultant / ST6 Rota admin support:	Rosena Haig; Emma-Louise McGowan; Rowanbank Reception 0141 232 6400
Court Rota Admin	Liz McKenna, DIC 0141 201 9250

Mitigating unplanned absence

The Clinical Director (or delegate) is responsible for tracking and managing Consultant and non-training grade absence and ensuring that appropriate cover is in place.

For unplanned absence, all non-urgent clinical work should be cancelled and rescheduled at a later date. Unless otherwise informed, admin have authority to cancel all scheduled clinical work.

Community and in-patient services

Stratification should be kept up to date

If consultant on short term unplanned absence

CD notified:

1. Admin cancel routine work

2. Consultant colleagues within team provide cover where possible for USC/ IP work. This may be distributed to other medical staff where appropriate. (e.g HST or Specialty grade with supervision arrangements if they have capacity)
3. If no cover available CD should consider asking consultant colleagues in other teams to support cover of USC and IP in short term.

If consultant is likely to be off for a longer period (there is no definition of prolonged absence but emergency cover is usually agreed for around 2 weeks):

1. Attempt to find bank/ locum cover for their post/ offer EPAs to other colleagues to cover essential work
2. CD to review caseload with support of Team Lead & identify what work is essential and find ways to cover this e.g. Other consultants in team focus on clinical work.
3. It may be necessary for consultants in other areas of the service to provide cover or revert to on-call consultant.
4. A reduction in services offered to prioritise most urgent clinical work.
5. Additional support should be put in to support team wellbeing during staff absence

Resident doctors absence

If resident doctors (including HSTs) are absent from work, the Clinical Supervisor should review and manage their clinical work and arrange for non-urgent work to be cancelled. The resident doctor should alert the on call Rota coordinator as per On Call SOP within Mental Health Services (ST5 and below) / Forensic (ST6).

On call absence

If a consultant is absent on a day that they are on the Rota for on call then they need to notify CD or delegate and Rota admin. Clinical Director PA / admin will request cover from one of the other consultants on the Rota. If no consultant is available, then this should be escalated to the CD / Clinical Service Manager to consider alternative options.

Local Rota admin	Mr. Gavin Andrews – 0141 232 6452
Clinical Director	Dr Rona Gow

For resident doctors on call, follow the relevant SOP

Where second on (ST6 on Forensic Rota) is absent during working hours, this should be reported to CD or delegate and Rota coordinator. As the second on Rota is non-continuous

there is no expectation that another higher trainee will be asked to cover. Where no HST is available, consultant would be the first point of contact.

For Higher trainees on the general adult Rota (north or south) the relevant admin cover should be contacted and the SOP for those Rota's followed.

Escalation of activity gaps

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

Local procedures	
Psychiatry:	Clinical Director: Dr Rona Gow *PA: Mr. Gavin Andrews – 0141 232 6452*
Clinical Service Manage (In-patients)	Ms. Kirsteen Slavin, Rowanbank Clinic PA: Gavin Andrews – 0141 232 6452
Clinical Service Manager (Out-patients)	Ms. Shona Hendry, DIC / Barr St Hub 0141 427 8266/8265

Further escalation

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

Chief of Medicine	Dr David Dodds *PA: Nicola Thompson* *01413017081*

The Chief of Medicine will consider other potential actions and may wish to escalate further: to AMD, or MD.

Mitigating unplanned absence - out of hours

Whenever possible, absences should be reported and managed within hours but there may be times when someone becomes unable to complete a shift outside normal working hours.

Consultants

Senior management should be informed and asked to provide telephone advice and support as required. Attempts will be made to contact will all other consultants on the Rota, asking if they can provide emergency cover.

Second on (HST)

If the HST calls in sick out of hours, then the consultant will become second on. They should inform the resident doctors on the Rota and Switchboard.

Resident doctor

See resident Doctor SOP

Risk Reporting

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, 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 analyse 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-utilisation 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 utilisation 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	Under utilisation 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.