# NHS Greater Glasgow and Clyde

# Real Time Staffing and Risk Escalation Standard Operating Procedure

# Mental Health Inpatient Services

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| **SOP Approved by** | Glasgow City HSCP Hosted Safe Staffing Implementation Group |
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| **Author** | Mental Health Inpatient Service Managers & Professional Leads Working Group |
| **Publication Placeholder** | To be confirmed |

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| Template Approved by | HCSSA Transition Oversight Board - v.1.5 |

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## Introduction

A Mental Health Inpatient Services working group was convened and agreed to adapt the NHSGGC approved template(s) to reflect MHS. The group agreed to incorporate Real Time Staffing and Risk Escalation into the one Standard Operating Procedure (SOP) as well as retain fidelity to the original template (v1.5) approved by HCSSA Transition Oversight Board. This SOP consists of two sections, section A Real Time Staffing and Section B Risk Escalation.

# SECTION A: Real Time Staffing

## 1. Purpose

This Mental Health Inpatient Services[1] Standard Operating Procedure (SOP) supports NHSGGC to fulfill the duties of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA), enacted in April 2024.

The main duties of this SOP relates to:

- 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

NHSGGC Mental Health Inpatient Services must demonstrate that these processes:

- Are embedded in practice
- Inform staffing discussions
- Inform staffing decisions
- Support the short and long-term provision of appropriate staffing

How these duties have been carried out must be reported on a quarterly basis, by senior and corporate management teams to the NHS Greater Glasgow and Clyde (NHSGGC) board and be included in an annual report to Scottish Ministers under section 12IM Reporting on Staffing.

## 2. Scope

The duties contained in this SOP apply to all named professions covered in the Act. A comprehensive list can be found here: Roles in scope of the Act - Health and Care (Staffing) (Scotland) Act 2019: overview - gov.scot (www.gov.scot).

This list is a living document which can incorporate new professions/roles over time as appropriate. A high-level list for Mental Health Inpatient Services is shown as Appendix 1.

[1] NHSGGC System Wide Mental Health Inpatient Services includes adult/ older adult mental health wards in all mental health inpatient sites. This SOP does not include ADRS/LD/CAMHS/FMH.

This SOP is designed to be used by clinical leaders and management teams within NHSGGC Mental Health Inpatient Services. The NHSGGC Real Time Staffing and Risk Escalation SOP[2] was modified slightly specifically for Mental Health Inpatient Services application.

## 3. Background

This SOP supports NHSGGC to have robust arrangements in place to ensure appropriate staffing and high-quality care in the daily running of Mental Health Inpatient Services. This requires real-time assessment through identification, escalation and mitigation of risks caused by staffing concerns, required to provide safe, effective person-centered care.

Risk is an inevitable part of all healthcare services but must be mitigated as far as possible to enable safe and high-quality services.

Real Time Staffing (RTS) processes should also provide a consistent means of recording the escalations and mitigations of any staffing risk.

The NHSGGC Health and Care Staffing team completed multi professional testing of the noted duties in the Act, with the outcomes presented in an SBAR, supporting processes, policies and reports added to an evidence bank and required actions for improvement displayed in a driver diagram. NHSGGC Health Care Staffing team have supported development of NHSGGC Standardised SOP.

Prior to Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) enactment in April 2024, all NHSGGC Mental Health Inpatient sites had localised operational systems and processes established to mitigate risk and manage Real Time Staffing. While all services require to comply with NHSGCC HCSSA SOP, Mental Health Inpatient Services operate in a system wide and collegiate function as a hosted service across the board and six Health & Social Care Partnerships (HSCPs).

All Mental Health Inpatient Service Managers and Professional Leads have agreed that to apply one Mental Health Inpatient Services Standardised Operating Procedure (SOP) to aid consistency and continuity across the board. All NHSGGC Mental Health Inpatient Services require to ensure that local system and process are aligned with this SOP.

### 3.1 Mental Health Inpatient Services

Prior to Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) 2024 enactment, all NHSGGC Mental Health Inpatient sites had localised operational systems and processes established to mitigate risk and manage Real Time Staffing (RTS).

[2] NHSGGC Real Time Staffing and Risk Escalation SOP V1.5 - NHSGGC

Mental Health Inpatient Services long established RTS processes and system/board wide operational management and risk mitigation has traditionally been nursing workforce specific. It is noted that existing configuration of professional and operational management structures accounts for variation in how discipline specific led services have previously managed and mitigated RTS.

It is recognised that HCSSA duties and the development of this Mental Health Inpatient Service SOP that system/board wide operational management and mitigation of risk now encompasses all disciplines of the multi-disciplinary frontline staffing workforce.

This overarching SOP encapsulates RTS process and risk escalation currently operationalized across all Mental Health Inpatient Services that has been modified to account for multi-disciplinary staffing.

All Mental Health Inpatient Service sites have:

- Monthly Nursing Workforce Planning Meetings led by the Inpatient Service Manager/ Operational Nurse Manager[3]
- Systems in place to review and authorise the 4-6 week Nursing roster ensuring NHSGGC Rostering Policy Principles are applied for site safe staffing. Professional Leads with operational management responsibility should flag any rostering/safe staffing issues in advance to the Inpatient Service Manager to inform system wide management and risk mitigation.
- Systems in place for a site coordinated approach for proactive Nurse Bank fill of medium term nursing staffing shortfall [Appendix 9]
- Workforce Nurses and identified staff with site responsibility rostered on a shift-by-shift basis
- Systems in place for recording and communicating Huddle decision making
- Systems in place for reporting and escalating staffing and other clinical risk concerns impacting on staffing
- Systems in place for weekly reporting into the Mental Health system wide huddle and Core Leadership/ Heads of Service Group. Professional Leads with operational management responsibility do not require to attend the system wide huddle but should flag any significant staffing issues in advance to Inpatient Service Manager/ Head of Service for system wide management and RTS mitigation.

## 4. Education / Training

Healthcare staff are required to be appropriately educated to undertake their roles this includes protected time to lead (12IH), real-time staffing assessment (12IC), risk escalation (12ID) and undertake the common staffing method (sections 12II and 12IL).

[3] Operational Nurse Manager includes site specific equivalent roles

### 4.1. Essential Learning

These modules must be completed as once only (or if significantly updated).

- **Roles in Scope of the Act:** Learning resources : Informed level | Turas | Learn (nhs.scot)
- Informed level should be completed by all Registered Nurses/AHP staff
- Skilled level module should be completed by all Charge Nurses/ AHP staff (band 6 & above)
- **Leadership roles**: Learning resources : Skilled level | Turas | Learn (nhs.scot)

### 4.2. Mental Health Inpatient Services Learning

- Management teams are responsible for ensuring staff teams receive education on local RTS and Risk Escalation processes.
- Management teams are responsible for establishing a system for monitoring training/ education completion to maintain sufficient level of capacity of trained staff across services
- Senior Charge Nurses/ Charge Nurses require to complete 'Rostering Masterclass' and/or comply with NHSGCC Rostering Policy.

## 5. Definitions / Roles and Responsibilities

All Mental Health Inpatient Services staff at all levels have a role and responsibility in ensuring effective safe staffing to optimise quality care delivery. Mental Health Inpatient Service Managers and Professional Leads have responsibility for site and system wide safe staffing management and risk mitigation reporting to Heads of Service.

### 5.1. All Staff Named in the Act

All staff named in the Act are responsible for escalating staffing concerns to a Lead Professional (LP) in real time, at the earliest opportunity and follow locally agreed processes as outlined in this SOP.

Long established site systems and processes for managing and mitigating nursing safe staffing have resulted in standardised key staff members who undertake specific roles regarding nursing safe staffing on a shift-by-shift basis.

It is useful to note that due to Professional structure configurations and discipline specific service remits that some Professional Leads (AHP/OT/Psychology etc) are responsible for operational management and may also be accountable to the Inpatient Service Manager &/or Head of Service. Table 5.1, reflects the long established mental health system wide nursing roles and functions, managing and mitigating real time nursing staffing delivery over the 24 hour care period.

Table 5.1 Site & Safe Nurse Staffing Roles

| Role | Responsibility & Accountability |
|---|---|
| **Senior Charge Nurse (SCN)** | Responsible for effectively and efficiently managing the ward staffing resource. Ensure staff are suitably prepared to utilize resource responsibly namely risk assess/risk manage the available staffing resource on a shift-by-shift basis. Attends huddle and covers site as delegated by operational manager. |
| **Charge Nurse/Nurse in Charge (NiC)** | Responsible for effectively and efficiently managing the ward staffing resource. Ensuring skill mix is deployed appropriately & duties delegated safely to meet workload on a shift-by-shift basis. Attends huddle as delegated by SCN |
| **Workforce Nurse [1]** | Responsible for ensuring effective and efficient deployment of the staffing resource across the site. Issuing instruction for site staff deployment, coordinating and supporting the site, raising escalation requests/causes for concern as and where required. Supports wards & staff teams where required. Attends and may lead huddle as delegated by operational manager. |
| **Site Pageholder [2]** | Responsible for ensuring effective and efficient deployment of the staffing resource across the site out of hours. Issuing instruction for site staff deployment and raising escalation requests. Reporting causes for concerns to the Operational Manager. |
| **Bed Manager** | Responsible for managing patient flow for the site and across the system. Liaises with MDT internally and externally to optimise patient placement |
| **Discharge Coordinator** | Responsible for identifying, supporting early discharge planning, facilitating and managing care transitions. Liaises with MDT internally and externally to optimise discharge and patient flow. |
| **Senior Management & Professional Nursing Roles** | |
| **Operational Manager** | Responsible & accountable to Service Manager for effectively and efficiently managing staffing resource. Monitors staffing resource and supplementary usage. Contactable to support site decision making |
| **Service Manager** | Responsible & accountable to Head of Service for effectively and efficiently managing staffing resource and MDT service delivery. Contactable to support site decision making |
| **Professional Nurse Lead (PNL)** | Responsible & accountable to Chief Nurse for monitoring nursing governance (including raised causes of concern) and ensuring effective and efficient use of nursing workforce. Contactable to support site nursing workforce decision making. |
| **Chief Nurse** | Responsible & accountable to Executive Nurse Director/ACO, monitoring nursing governance and ensuring effective and efficient use of nursing workforce across the system. Contactable to support nursing workforce decision making. |

[1] Workforce Nurse – day-to-day duties involve site overview, coordination and management of the in-post nursing workforce

[2] Pageholder – senior nurse out of hours on site who has responsibility for staffing issues (Response Nurse/Night Charge etc)

## 5.2. Patients, Families and Carers

A patient, family or carer can also raise voiced concerns to the identified Lead Professional (LP). The Lead Professional (LP) is outlined briefly in the next section and refers to Inpatient Services Manager in the NHSGGC Mental Health Services context and should not be confused with the title 'Professional Lead'. In the event that patient, family or carers have concerns regarding safe staffing, inpatient staff should provide Inpatient Services Manager contact details.

## 5.3. Lead Professional

Duties 12IC and 12ID requires people with Lead Professional (LP) responsibility (clinical or non-clinical) to have specific responsibilities for the mitigation and escalation of staffing risks identified by members of staff or patient/family/carers. In Mental Health Inpatient Services, the LP is the Inpatient Services Manager who is responsible for service delivery staffing. In the absence of the Inpatient Services Manager an identified depute assumes this leadership and management responsibility for the site. [refer also to appendices]

The Act describes different types of leadership relevant to duties in the legislation:

- 12IC duty to have RTS in place and 12ID duty to have risk escalation process in place – "individual with lead professional responsibility (whether clinical or non-clinical)"; Inpatient Service Manager
- 12IH duty to ensure adequate time given to clinical leaders – "individual with lead clinical professional responsibility for a team of staff". This individual must be a clinician. Clinical Line Manager (Senior Charge Nurse/AHP Professional Team Lead/ Professional Lead with operational responsibility)
- 12IF duty to seek clinical advice on staffing and section 12IJ duty to follow the common staffing method "individual with lead clinical professional responsibility for the particular type of health care". Senior Charge Nurse/Professional Team Lead/Professional Lead/ On Call Manager.

The term clinician is used in its most general sense and covers all professionally regulated colleagues including those without a patient-facing role. The LP must be available and identifiable on each shift including out of hours.

An overview of the Lead Professional (LP) in Mental Health Inpatient Services and how they can be identified per site is shown in Appendix 2.

## 5.4. Risk Management & Appropriate Clinical Advice

The Lead Professional (LP) is involved in staffing risk mitigations, and consults senior decision-makers reaching a decision on risk. The LP must "seek and have regard to appropriate clinical advice". This is required when the LP or more senior decision-maker:

- is not a clinician

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

Clinical advice is appropriate when it is relevant to the identified risk and is provided by a person with clinical expertise in the relevant clinical area and responsibility for the clinical workforce engaged in the risk. Clinical advice may need to be obtained from more than one person. The LP/more senior decision-maker must consider this advice and, when it conflicts, should use their professional judgement to decide to mitigate, escalate or accept the risk(s).

Professional structure configurations and discipline specific leadership roles may hold operational and professional responsibility and accountability. The LP requires to consult with the appropriate Professional Leads for Nursing, Psychology, Occupational Therapy and Allied Health Professionals illustrated in Appendix 2.

For escalated risks, the professional 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. Communication with NHSGGC Board will be routed through Directors/ Chief Officers.

### 5.5. Senior Decision-maker

A ‘more senior decision-maker’ is identified in the risk escalation process within Mental Health Inpatient Services who receives risk escalations from the LP. The risk escalation process is hierarchical, therefore senior decision-makers can keep escalating risks to more senior decision-makers up to the level of the NHSGGC board. Communication with NHSGGC Board will be routed through Directors/ Chief Officers.

The hierarchical senior decision-makers are outlined for Mental Health Inpatient Services and are aligned with professional and clinical governance structures. Senior decision makers outlined in appendix 2 have sufficient seniority and agreed organizational understanding, supported by NHSGGCs arrangements, of their authority to act to mitigate identified risk(s).

LPs and senior decision makers require to assess how far through the professional or operational management structures to escalate a risk, at each step, depending on the severity and/or repeated nature of the identified risk and, at times (e.g. out of hours), the availability of staff.

## 5.6. Severe and Recurrent Risks

Severe and recurrent risks are not defined within the Act; the definitions found within section 9.2 have been adopted by NHSGGC:

- A risk is an uncertain event which can have an impact on an organisation's ability to achieve its objectives. To prevent the risk from occurring controls and mitigation actions are required to manage the risks.

- An incident is any event or circumstance that led to unintended or unexpected harm, loss or damage. A near miss is as a result of chance or intervention; the outcome could have led to harm but on this occasion it did not.

Some examples of Mental Health Inpatient Services staffing risks and incidents can be found in Appendix 2.

In addition to Huddles, all sites have scheduled workforce planning meetings to discuss factors impacting on short, medium and long term staffing issues and proactively plan to address in advance.

Sites operate collegiately where senior staff with site responsibilities use the system network communicating when assistance is required and with other sites responding to assist where permissible.

## 5.7. Datix

Datix is the NHSGGC System used to record incidents and risks. Incidents and risks are recorded within two separate modules located within Datix. GGC-Datix - Home (sharepoint.com)

For this Mental Health Inpatient Services SOP:

- Any incident that has occurred must be reported in the Incident Module within Datix.
- Risks should be managed within the Risk Module within Datix.

Some examples of Mental Health Inpatient Services reportable incidents and risks are shown in Appendix 2.

## 6. Staffing Incidents

**Reporting of staffing incidents within the Datix Incident Module is intended as a retrospective recording tool and does not replace Mental Health Inpatient Services escalation, mitigation, or recording processes.**
When reporting a staffing incident, the Incident Management and Reporting Policy must be followed.

The assessment and escalation for staffing incidents must be conducted by the Lead Professional, although any individual employee may submit a Datix Incident.

Staffing incidents include:

- Staff wellbeing (e.g., missed breaks)
- Business Continuity
- Holding RAGG Status Risk – Unable to Mitigate
- High Risk to appropriate staffing in future
- Voiced Care Concern
- Disagreements

Generally (in hours), these concerns are identified in the daily safety 'Huddle' meeting led by the Lead Professional on the site. At the huddle all relevant data is reviewed (occupancy/workload etc), ready to start RAGG status assessed and Professional Judgement is applied to related actions. In the huddle, incident/ risk situations may be reported where staffing concerns cannot be mitigated, and the risk is managed through the appropriate escalation route.

For patient-related staffing incidents, the CHI number should be included. If not specifically related to a patient, do not enter a CHI number.

Professionals who provided clinical advice to decision-makers can be listed in the "Investigators" field if they have an NHS Scotland email account and will receive updates accordingly. The original reporter may opt-in to receive feedback once a resolution is achieved.

Disagreements arising during assessment or escalation, such as differences in professional judgement regarding staffing adequacy, mitigation actions, or risk status, may also be documented as part of the incident report.

Documenting these disagreements supports transparency, facilitates resolution, and enhances understanding of staffing dynamics. Datix incident reports should be created as soon as reasonably practical. If staffing is a contributory factor in other clinical

incidents, this must be included in the incident description. The reviewer may then use the contributory factors field to formally record this information.

### SafeCare System

NHSGGC Mental Health Inpatient Services are in scope to implement the SafeCare system from April 2026. Formal recording of Clinical Advice and Disagreements will be incorporated within SafeCare. Once SafeCare has been implemented across all sites and all professions, the continued use of Datix for these purposes will be reviewed to ensure consistent and efficient reporting processes.

## 7. Site Staffing Records

All sites across Mental Health Inpatient Services require to maintain accurate documentation to demonstrate risk assessment, mitigation and decision making steps for transparency and governance.

General Data Protection Regulations must be followed along with appropriate records storage and security.

The minimum items that must be recorded are:

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

### 7.1. SSTS

If SSTS is used by your profession, the borrow function must be used when staff are deployed to allow reporting. SSTS Interactive Rostering. Please note that SSTS is in scope for change, so caution should be exercised where information below may also be subject to change.

Click on the borrow icon  to create a borrow within SSTS.
You can then run a SSTS BOXI report to identify the borrow ins and the borrow outs.

In SSTS BOXI Manager folder -SCN/Midwife Folder – General.
Report name

- 1t – Borrowed In hours – by date range select location length of shift
- 1v – Borrowed out hours – by date range select location length of shift

To apply for a Boxi account: GGC-Scottish Standard Time System (SSTS) - Home (sharepoint.com)

## 8. Daily Site Huddles

In Mental Health Inpatient Services all sites must conduct at least one site huddle each day. The site huddle must be designed to be brief, evidence focused in order for the huddle Lead Professional to appraise risk and take appropriate action to manage safe effective patient care delivery on a day-to-day basis. The inpatient site huddle must be documented and disseminated to aid effective site communication.

### 8.1. Pre-Huddle Preparation

The Senior Charge Nurse (SCN) / AHP Team Lead must seek to remedy any local ward risk, workload, staffing issues prior to attending the huddle. At this stage assessment, escalation, mitigations and disagreements should be explored and may be resolved. Issues that remain unresolved or that can't be easily mitigated must then be taken into the daily huddle. Local ward records of risk/workload and unresolved matters must be retained.

The SCN/AHP Team Lead must ensure that they are rostered to attend the daily huddle. In the absence of the SCN, the Nurse-in-Charge will attend the daily huddle as the ward representative. In the absence of the AHP Team Lead an identified depute must be nominated, where possible. In the event that there is no AHP representative[4] available then a staffing/ workload update must be sent to the Lead Professional prior to the huddle start. It is anticipated that AHP services spanning multiple sites should operate on a staffing exception reporting basis to the LP huddle chair. The site Lead Professional is responsible for ensuring new staff are briefed prior to attending the huddle in order to ensure appropriate communication that aids risk assessment and risk management decision making across the inpatient site.

### 8.2. Huddle Meeting

The huddle is an effective brief communication tool that facilitates shared ownership for prioritising safety and quality on each mental health site. It also provides a vehicle for staff to evidence responsibility, accountability as well as be consulted and to be informed. Responsible>Accountable>Consulted>Informed

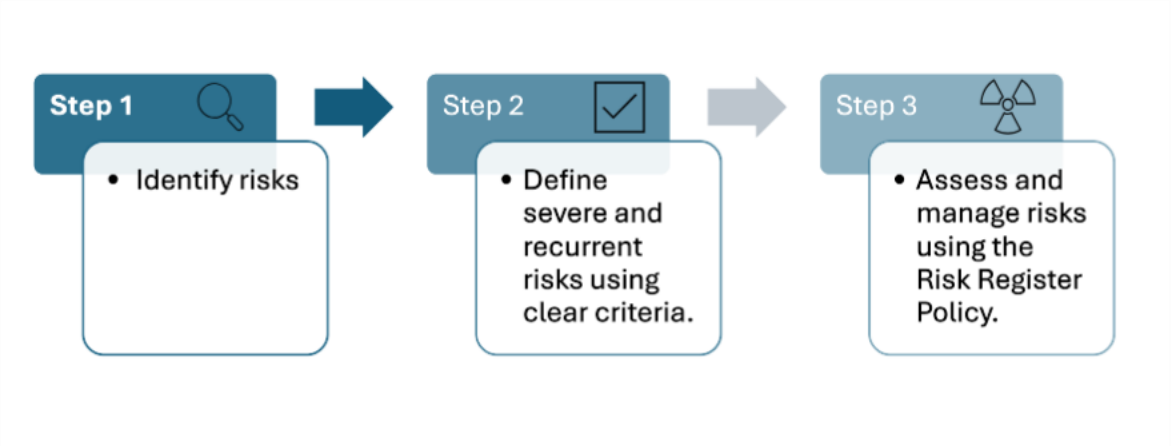
Mental Health Inpatient Services General Agreed Principles for Site Daily Huddles:

- Huddles must occur at least once per day
- Huddles can be in person &/or via Microsoft Teams
- Agenda items and attendees are determined by the site Lead Professional
- Huddle membership requires multidisciplinary representation
- Huddle attendance, discussion and actions must be recorded and records retained on file. [Appendix 8]
- In the absence of LP, the huddle chair must be a ‘senior decision maker’

[4] Professionals that have a geographical remit spanning more than one site ie SLT/Physio/Dietetics/Psychology may not have capacity to physically attend the huddle but should provide an update to the Lead Professional on the site.

- Risk/workload/ unresolved issues will be explored with early resolution sought regarding risk management, mitigation and disagreement and the requirement for further escalation to ‘more senior decision makers’
- The LP &/or depute must distribute the huddle report, notify teams regarding outcomes and required actions.

## 9. Severe and Recurrent Risk




### 9.1. Step 1 Identify

To identify areas of severe and recurrent risk, Mental Health Inpatient Services Senior Decision makers, Inpatient Service Managers shall review monthly:

- Staffing Datix incident reports
- Rosters SSTS
- Site Safety ‘Huddle’ Reports
- SafeCare (when available) should be reviewed for staffing-related incidents.

This monthly review includes:

- Assessment of National RAGG Status (both before and after mitigation)
- Documentation of escalation processes and outcomes
- Recording of mitigations, including any clinical advice provided
- Noting and tracking any disagreements arising during staffing management

Nursing reporting mechanism established on a monthly basis. Nursing staffing Datix reports are generated by Clinical Risk and reported to the Chief Nurse. Professional Nurse Leads review staffing Datix reports and liaise with Inpatient Service Managers/ Heads of Service.

It is anticipated that other professional leads with replicate similar monitoring and reporting mechanisms to review staffing incidents and liaise with Inpatient Service Managers/ Heads of Service.

### 9.2. Step 2 Define

Mental Health Inpatient Services Senior Decision makers, Inpatient Service Managers are required to identify risks by applying the agreed definitions outlined below.

**Severe Risk**

- RED Flag (holding RAGG-unmitigated staffing concern)

**Recurrent Risk**

- Recurrent risks are captured through the frequency of RAGG status whereby Safe and Appropriate Care is potentially compromised (AMBER/RED) before and after mitigation (Professional Judgement actions)
- The frequency of RED flags (escalation) that identify a reduction in staff or patient experience, increase in concerns raised about service delivery and/or safety (i.e. Voiced Care Concerns, Business Continuity and staff wellbeing red flags)
- The frequency in which mitigations are detrimental to the delivery and quality of service (Professional Judgement Actions – cancelling clinical activity, non-clinical activity, Clinical Lead takes a workload, cancel training)

### 9.3 Step 3 Risk Assessment

Mental Health Inpatient Services require to adhere with the Risk Register Policy and Guidance for Managers to identify, analyse, evaluate, and manage RTS and Escalation risks consistently.

Monthly reviews of severe and recurrent risks require to be conducted to ensure that Risk Scores accurately reflect current level of risk. Monthly reviews will generally be conducted by the Inpatient Service Manager with involvement of Professional Leads where appropriate[5] and reported to the Head of Service.

Responsibilities for preventative actions should be assigned, with corresponding owners and deadlines. These risks and assigned preventative actions must be tabled for discussion at site Senior Management Team meetings. Actions identified must be recorded and reported through system wide huddle, bed management, governance structures and partnership forums.

[5] Datix reports may involve PNLs & profession specific severe risk must involve the respective Professional Lead.

Severe and recurrent risks are managed within the Datix Risk Module. If HSCPs use an alternative risk register or policy, the Excel Risk reporting spreadsheet, compliant with NHSGGC Risk Scoring, must be completed and submitted with quarterly HCSSA submissions.

The GGC Risk Management process has an escalation process in place for the management of risks, which would result in a risk being removed from the current Risk Register and escalated to a higher management level risk register. However, for Safe Staffing Risk there should be a staffing risk identified, as a minimum, at Mental Health Inpatient Services and HSCP level. These risks should be used to record the level of Safe Staffing Risk, along with details of all controls currently in place and additional actions required.

The current score for the risks should reflect the current risk score based upon the number of defined severe and recurrent risks that have occurred over the previous month. This enables a clear risk profile to be created across NHSGGC. To ensure this process is visible, the risks should be managed at site level and not escalated to a higher level (system wide). This to ensure that there is visibility across sites of the staff risk level and escalation of risks system wide would prevent this happening.

Instead of escalation a process has been developed by the Health and Care Staffing Oversight Programme to monitor the level of risk within each site. Severe and Recurrent Staffing Risks across NHSGGC undergo quarterly review by corporate team members. Each site/HSCP provides a quarterly report outlining current risk scores, any changes, and planned mitigation actions for both HCSSA quarterly and annual reporting purposes. This enables overall visibility of level of current risk across NHSGGC, and clear identification of the areas of highest risks or where further action is required.

## RTS Appendices

### Appendix 1: Professions within Scope

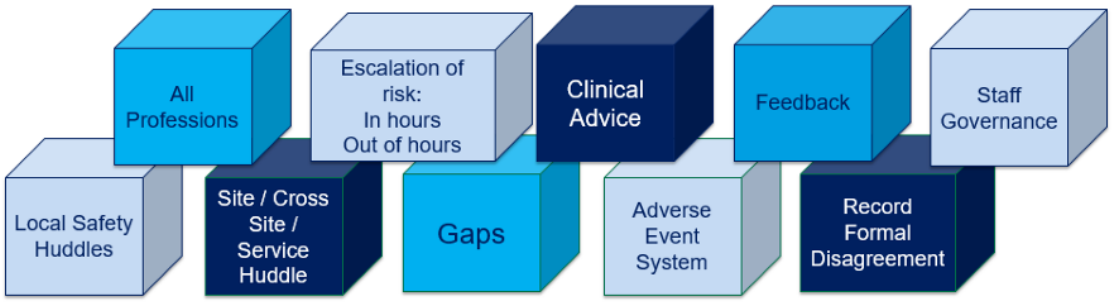
Examples - list is not exhaustive

- Allied Health Professions- All HCPC registrants, all bands, working in all areas
- Medical
- Nursing and Midwifery, Healthcare Support Workers
- Pharmacy, Public Health, Psychology
- Registered Chaplains

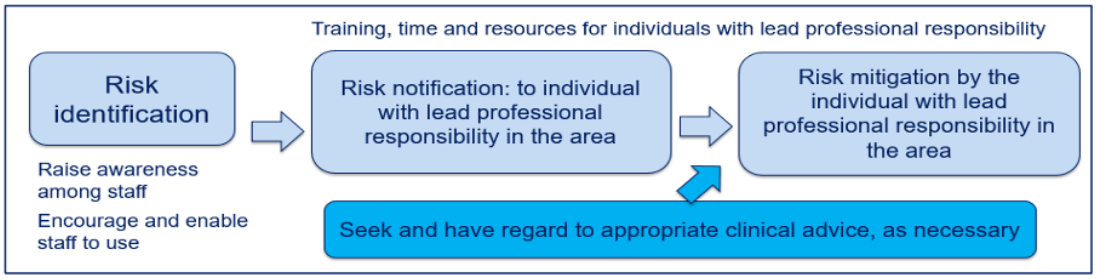
## Appendix 2: Frequently Asked Questions

| Question | Answer |
|---|---|
| Which Staff groups are Lead Professionals? | • Senior Charge Nurse<br>• Charge Nurse/ Nurse-in-charge<br>• Consultant in charge<br>• AHP Team Lead or deputy<br>• Operational Manager/ Service Manager |
| How can Lead Professionals be identified? | • Person in charge identification/ Uniform<br>• Identified on Safety Brief/ Named on Roster<br>• Delegated as the responsible LP |
| Which staff groups are 'more senior decision makers'? | • Service Manager<br>• Professional Nurse Lead/Associate Chief Nurse<br>• Chief Nurse/ Executive Nurse Director<br>• Clinical Director/ Medical Director<br>• Psychology Lead/ Professional AHP Lead<br>• AHP Director<br>• Head of Service<br>• Assistant Chief Officer/ Chief Officer |
| What is an example of an actual staffing assessment concern? | An immediate skill mix issue – insufficient appropriately skilled workforce available to manage presenting workload |
| What is an example of a potential staffing assessment concern? | The following shift has a significant staffing shortfall that requires to be remedied |
| What is an example of a staffing Risk? | When an area has less than minimum staffing numbers as per local agreement, that without mitigation/action remains a potential risk/ incident occurring. |
| What is an example of a staffing incident? | When an area designated as RED RAGG, despite escalation and all mitigations exhausted requires workload to be prioritised/ deferred presents significant risk/ incident. |
| What can I use for local record keeping? | • Ward held Safety Briefs<br>• Huddle report templates/ Site pageholder records<br>• RTS (Safe Care & Excel spreadsheets etc) |

## Appendix 3: HiS Flow Diagram – Health Care Improvement Scotland




1.

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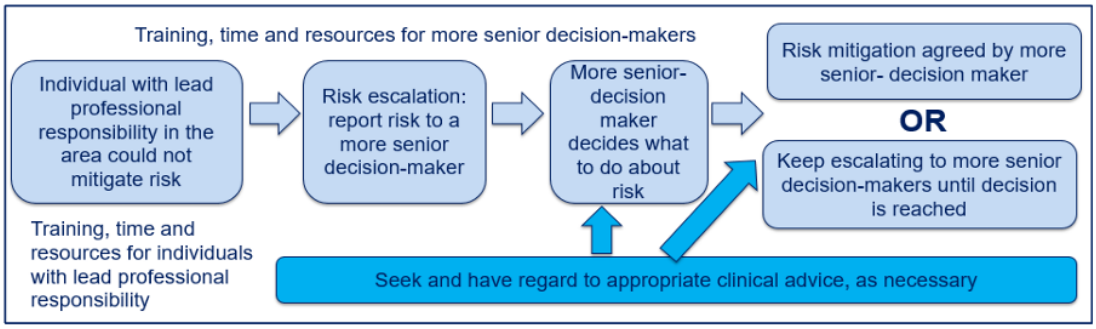


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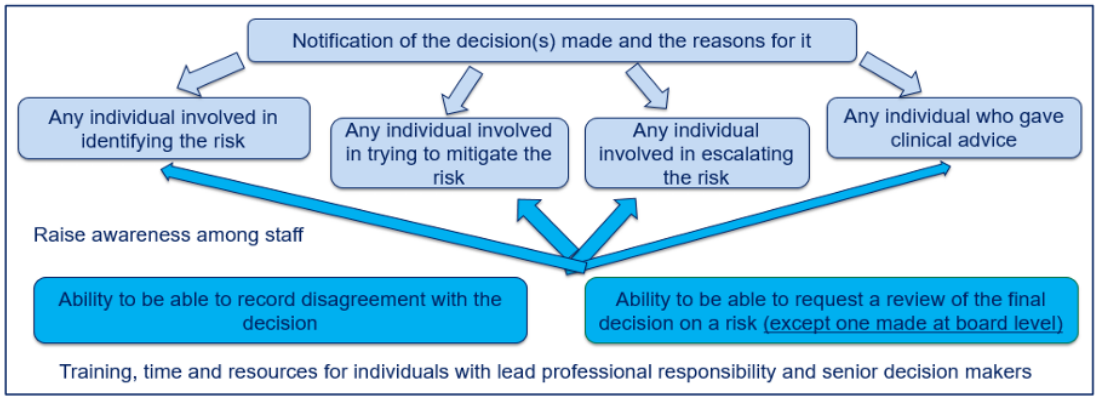



**HIS HSP Diagram**

## Appendix 4: Staffing Assessment

When assessing actual or potential staffing concerns, Mental Health Inpatient Services must take account of, but not limit their consideration to, the following factors:

**Workforce:**

- Staffing numbers assessment
- Identify and plan for known roster gaps [Appendix 9]
- Assessment of skills/experience of rostered staff including capacity and capability to undertake role e.g. restricted duties, mental and physical wellbeing of staff
- Consider appropriate roster management
- Consider impact of supplementary staffing
- Location/distribution of staff across site(s)[6]
- Consider use of on-call staff & staff with site roles in the workplace
- Consider impact of staffing deficits across the MDT
- Consider staff regulatory requirements
- Ability to fulfil protected time to lead requirements.

**Workload and Capacity**

- The number (bed occupancy), dependency, acuity and complexity of patient/service users who require care
- Staff workload across the system inpatient/ community/ specialist services and interface with acute workload to support earlier discharge
- Any specific clinical issues which increase staffing requirements, including, but not limited to, legislation, continuous intervention, infection, pandemic, specialist clinical interventions, high level of child protection cases, complex mental and physical healthcare requirements/ palliative care patients
- Escorting or transfer requirements
- Cross cover arrangements for other clinical areas and sites
- Unplanned staff leave or absence impact
- Supplementary staffing
- Skills deficits

**Environmental concerns**

- Ligature risk/ planned works/ Infection control restrictions
- Consider the impact of any equipment / systems failures / availability
- The physical environment e.g. single rooms / temporary wards etc.
- Workplace disruption e.g. planned building works or emergency repairs
- Travel disruption e.g. weather, roadworks
- Consider staff caring responsibilities e.g. adverse weather etc.

[6] In extremis staff deployment across sites may include support from ADRS,LD, CAMHS, FMH Services this reflects system wide collegiate approach

**Nationally agreed staffing considerations**

- Business continuity
- High Risk to appropriate staffing in the future
- Missed care or service delivery
- Skill mix
- Staff wellbeing
- Voiced Care concern

## Appendix 5: National RAGG Classification

| | |
|---|---|
| **Red** | 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** | Potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery |
| **Grey** | 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** | Safe and appropriate staffing. There are excess staffing hours and the potential to assist with shortages. |

## Appendix 6: Mitigations

When mitigating actual or potential risks arising, NHSGGC MHS could consider, but not limit their consideration to, the following factors:

**Immediate (on the day)** including out of hours and weekends:

- Requirement for staff deployment between clinical areas, considering the need to ensure deployed staff have the appropriate skills and knowledge in the area they are being moved to
- Use of supplementary bank staffing
- Any need for reduction/ rescheduled non-essential clinical activity
- Any need to transfer clinical activity (emergency admission divert)
- Clinical workload prioritization (e.g. prioritising admission avoidance/ supported discharge/palliative care and child protection activity)
- Acceptance of all or part of risk(s)
- Time to lead suspended to provide support to clinical workload
- Overtime/excess hours
- Training suspended to provide support to clinical workload
- Nonclinical activity suspended to provide support to clinical workload

Appendix 6: Mitigations Cont/…

**Short term** (approximate timescale of 1 week):

- Any known short-term absence beyond immediate
- Any known increased patient/service user dependency
- The need to deploy staff with appropriate skills and knowledge for a period where risk is known to be sustained for a few days
- Any environmental factors identified during the assessment are thought to be short-term e.g. bad weather or equipment/system failures that can be corrected quickly.

**Medium term** (approximate timescale of 1 month)

- Any medium-term absence
- The need to deploy staff to meet skills mix deficit
- Any environmental factors
- Roster management to ensure most appropriate rostering in place in a timely manner

**Long term** (more than 1 month):

- Any long-term absence e.g. maternity leave/long term sickness/absence
- The need for a review of staffing establishment to ensure planned staffing is appropriate in the long-term following the section 12IJ duty to follow the common staffing method for those areas where it applies
- The need to plan for long-term solutions to trends in risks identified
- Review service delivery models or patient pathways to reduce risk, e.g. virtual consultation
- Roster management to ensure most appropriate rostering in place in a timely manner

## Appendix 7: Resource Weblinks

GGC-Datix - Home (sharepoint.com)

GGC-Scottish Standard Time System (SSTS) - Home (sharepoint.com)

Healthcare Staffing Programme – Healthcare Improvement Scotland

Health and Care Staffing in Scotland | Turas | Learn (nhs.scot)

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

Risk Management - Corporate

Quick Guides relating to the Act | Turas | Learn (nhs.scot)

## Appendix 8: MHS Huddle Report Template(s)

Example A (1 page)

| Date | Huddle Lead |
|---|---|
| | |

| Representation | | |
|---|---|---|
| Ward - Rep | Ward - Rep | Chair – IPSM/OM |
| Ward - Rep | Workforce Nurse | OT/AHP/Psych |
| Ward - Rep | Bed Manager | Discharge Coord |

| Staffing Levels and Red Amber Green Status | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Ward** (baseline numbers) | **Day Shift** RMN/HCSW | R A G **Early** | **Dayshift** RMN/HCSW | R A G **Late** | **Nights** RMN/HCSW | R A G **Nights** | **Action Plan** |
| **Ward** (6/6/5) | 1/3 | 4 | 1/3 | 4 | 2/3 | 5 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| **Ward** | **Patient Numbers** | | | **No. Of Continuous Interventions** | **No. Of Staff Required for C.I** | **No.Of days on a CI** | **CI Off Site** | **Total Number of Extra Staff Required (non-sub)** | **PCCP in place** | **Discussed in Weekly MDT (Y/N)and reviewed daily.** |
|---|---|---|---|---|---|---|---|---|---|---|
| | **In** | **Pass** | **Empty** | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **Totals** | | | | | | | | | | |

EXAMPLE B (2 pages)

| Date | Huddle Lead |
|---|---|
| | |

| Representation | | |
|---|---|---|
| Ward – rep | Ward – rep | Chair IPSM/OPM |
| Physio-rep | Discharge Cood- rep | Ward – rep |
| OT-rep | Ward –rep | Ward – rep |

| **Wards-** Numbers with CI's Further CI's then add x 1staff | **Dayshift** RMN/HCSW | **R A G Early** | **Dayshift** RMN/HCSW | **R A G Late** | **Nightshift** RMN/HCSW | **R A G Nights** | **Action Plan** |
|---|---|---|---|---|---|---|---|
| **Ward** (5/5/5) CI 1X1:1 | 3/3 | | 3/2 | | 2/2 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Sickness | | Special leave | | Phased Retirement | | Maternity leave | |
|---|---|---|---|---|---|---|---|
| RMN | HCSW | RMN | HCSW | RMN | HCSW | RMN | HCSW |
| | | | | | | | |

| **Ward** | **Patient Numbers** | | | **No. Of Continuous Interventions** | **No. Of Staff Required for C.I** | **Number of Extra Staff req.** | | **Off site C.I** | **No. of Days on C.I** | **PCCP in place (Y/N)** | **Discussed in Weekly MDT (Y/N)** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **In** | **Pass** | **Empty** | | | **Bank** | **OT** | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| **Totals** | | | | | | | | | | | |

Risks that cause concern and cannot be mitigated should be reported in real time through your local line manager processes and include the Lead Nurse support (LNS), Inpatient Service Manager (IPSM) and Professional Nurse Lead (PNL). Risk that cannot be mitigated by the LNS/IPSM/PNL must be escalated to a more senior decision maker e.g. Head of Service and Chief Nurse until the issue is mitigated or the risk accepted.

| Mitigation/escalation | Yes/No | Comments |
|---|---|---|
| **1. Were you able to mitigate these risks?** | | |
| **2. Was the risk escalated to a senior decision maker?** | | |
| **3. Was the risk resolved?** | | |
| **4. If resolved, state how it was resolved** | | |
| **5. If answering no to Q4, was the risk accepted and who accepted this risk? Name and designation.** | | |
| **6. Was a fuller risk assessment or other action taken instigated e.g. Baseline Cover** | | |
| **7. If mitigation was not resolved now submit a DATIX** | | |
| **8. Is this regarded as a severe and recurring risk?** | | |

| BED Management | |
|---|---|
| **Patients Boarding In** | **Patients Boarding Out** |
| | |

| Site Instructions/ OOH Contingency Planning |
|---|
| |

Example C (3 pages)

| Daily Report | Early (am) | | | Late (pm) | | | Night | | | RED FLAG EVENT | AGREED MITIGATION | SAFE TO START YES/NO | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | E Shift | L Shift | N Shift |
| **Ward** | **9+SCN** | | | **9** | | | **7** | | | **1 HCSW Late** | **OTB** | | | **Y** |
| C.I | **2:1 + 1** | | | **2:1 + 1** | | | **2:1 + 1** | | | | | | | |
| offsite | **0** | | | **0** | | | **0** | | | | | | | |
| IN PATIENT in/pass/vac | **19** | **0** | **1ooc** | **19** | **0** | **1ooc** | **19** | **0** | **1ooc** | | | | | |
| **Ward** | | | | | | | | | | | | | | |
| C.I | | | | | | | | | | | | | | |
| offsite | | | | | | | | | | | | | | |
| IN PATIENT in/pass/vac | | | | | | | | | | | | | | |
| **WARD** | | | | | | | | | | | | | | |
| C.I | | | | | | | | | | | | | | |
| offsite | | | | | | | | | | | | | | |
| IN PATIENT in/pass/vac | | | | | | | | | | | | | | |
| Physio | | | | | | | | | | | | | | |
| OT | | | | | | | | | | | | | | |
| Dietician | | | | | | | | | | | | | | |
| Activities | | | | | | | | | | | | | | |
| Psychology | | | | | | | | | | | | | | |

***Daily Report INCIDENT Nurse Pageholder Summary***

| Ward Time | DESCRIPTION | Nurse Page holder Initials |
|---|---|---|
| Ward A/ 05:00 | Datix: Prohibited Items [Example] | Nurse A |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Nursing Pageholder Early [NAME] Nursing Pageholder Late [NAME] Night Nursing Pageholder [NAME]

DAILY REPORT Cont/…..

**ADMISSIONS**

| Ward | Time of admission | Initials and Source | Consultant |
|---|---|---|---|
| Ward A | 05:00 | AA – Police/ MHAU | Dr A |
| | | | |
| | | | |

**DISCHARGES**

| Ward | Time of Discharge | Initials and Follow up | Consultant | Crisis on Discharge Yes/No |
|---|---|---|---|---|
| Ward B | 17:35 | CMHT follow-up confirmed | Dr B | N – planned discharge |
| | | | | |
| | | | | |

**OUT OF HOURS IN/OUT-BOARDER DETAILS**

| Ward | Time of admission | Initials, detention status and Source | Catchment area |
|---|---|---|---|
| Ward C | 00:15 | Formal – NHS Lanarkshire | External to GGC |
| | | | |
| | | | |

**Site Patient TRANSFERS**

| INITIALS | FROM (WARD) | TO (WARD) | TIME/ Comments |
|---|---|---|---|
| | | | |
| | | | |

**CURRENT MISSING PATIENTS**

| WARD / AREA | DATE MISSING | INITIALS/ LEGAL STATUS | DATE RETURNED/ Comments |
|---|---|---|---|
| | | | |
| | | | |

Appendix 9: Site & Bank Nurse Proactive Approach

## MHS Inpatient Site & Bank Guide for Proactive Nursing Workforce Management

This quick guide for Site Workforce Nurse and Named Bank Contacts outlines the collaborative proactive approach to aid effective and efficient management of the available NHSGGC nursing workforce across mental health inpatient services. The Site Workforce Nurse and Named Bank Contacts are responsible for working together to proactively fill staffing shortfalls with bank staff.

The aim is for communication with the Nurse Bank to be coordinated and directed via the Site Workforce Nurse to the Named Bank Contact. The Named Bank Contact will direct Staff Bank Call handlers to target anchored bank staff / regular bank staff to proactively fill bank shifts. Anchored bank staff refers to bank staff requiring orientation & mental health specific induction who are anchored to sites so that they can start working right away while they complete orientation (where required) &/or progress through mental health inpatient induction requirements.
The purpose of this collaborative approach is to streamline communication but also to assist each site to maintain coordinated oversight which will greatly assist site decision making regarding the staffing resource.
A flow chart of the process is shown as appendix 1. For further guidance on Bank & Site roles & responsibilities refer to appendices.

Site & Bank Named Contacts

| Site | Workforce Nurse | Operational Nurse Manager | PDN/ PDSN * | Named Bank Contact (Supervisors) |
|---|---|---|---|---|
| Leverndale | Maureen McGregor | James Purvis | Karyn Hamilton/ Fiona Mack | Gail McKissock<br>Gail.Mckissock@ggc.scot.nhs.uk<br>Pauline Clark<br>Pauline.Clark@ggc.scot.nhs.uk<br>Christopher Coleman<br>christopher.coleman@ggc.scot.nhs.uk<br>Laura Oulmaati<br>laura.oulmaati@ggc.scot.nhs.uk<br><br>*Supervisors cover a 7 day roster 8am – 8.30pm* |
| Gartnavel Royal | Nicola Crossan<br>Paul Roy-McLeod | Liz Madden | Martin Haughey/ Sarah McNeil | |
| Stobhill | Nicola Quinn | Sharon Green | Arlene Smith/ Aileen Jones/ Kirsty Wright | |
| Renfrewshire | Claire Moorhouse | Donny McKenna | Karyn Hamilton/ Claire McGarvey | |
| Inverclyde | Shona Malone | Dougie Salmon | Karyn Hamilton/ Fiona Mack | |
| West Dunbartonshire | Morven Cowie | Julie Campbell | Martin Haughey/ Sarah McNeil | |

## Appendix 1 Staffing Shortfall Proactive Bank Fill Process

| | 4 Week Roster | Weekly Shortfall | Daily Shortfall | System Wide Weekly Huddle | New Bank Recruited Bank Staff |
|---|---|---|---|---|---|
| SCN | Authorise 4 week Roster | Identify shortfalls & risk assess/ risk manage | Identify shortfalls & risk assess/ risk manage | | Support bank induction & manage skill mix* |
| Site Huddle | Attempt to manage med/long term shortfalls (site overview) | Risk Assess weekly shortfalls with bed occupancy / skill mix/ planned workload | Risk Assess daily workload & identify staffing shortfalls | Risk Assess anticipated workload & identify staffing shortfalls | |
| **Workforce Nurse** | Cover shortfalls with available site resource | Identify shortfalls unlikely to be covered by site resource | Identify shortfalls that cannot be mitigated by available site resource | | Coordinate skill mix across the site & notify bank induction status* |
| **Ops Nurse Manager** | Site Risk Assessment & Management overview | (present in huddle) | (present in huddle) | Identify shortfalls that cannot be mitigated by available site resource | Site overview supporting workforce Nurse |
| **Named Bank Contact** | Workforce Nurse identifies all shortfalls in advance requiring proactive Bank Cover. Nurse Bank work to fill | Workforce Nurse identifies all shortfalls on a weekly basis requiring proactive Bank Cover. Nurse Bank work to fill | Workforce Nurse links with Bank requests text alert to be issued. Nurse Bank work proactively to fill | Nurse Bank issue text alerts & proactively work to fill shortfalls with bank staff | Bank Recruitment notify site of anchored Bank staff requiring orientation/ induction* |
| PDN | | | | | Coordinate allocation of anchored bank staff* |
| PNL | | | Concerns will be escalated as per agreed process^ | Issue urgent cover alert across networks including Nurse Bank | Monitor governance* |

## Appendix 2 Site Process Flow Chart

| | SCN | Workforce Nurse | Operational Nurse Manager | Named Bank Contact | Chief Nurse/ PNL |
|---|---|---|---|---|---|
| **4 Week Roster** *(All rostering principles fully applied)* | Submit 4 week balanced roster (PAA%). Cover shortfall with available ward resource. Input ward Bank requests after roster authorised. | Review rosters, identify scope for site deployment Identify 4 week shortfall & named contact bank → | With Service Manager site overview and authorise 4 week rosters | Proactively work to fill site shortfall with bank. Issue alerts & contact anchored bank staff | To be alerted if 4 week shortfall is significant |
| **Site Workforce Planning Meetings** | Critically review ward workload & capacity | Critically review site workload & capacity. Liaise weekly with named bank contact → | Support workforce nurse/ liaise with service manager | Proactively work to fill priority site shortfall with bank as directed by workforce nurse | To be alerted if projected shortfall is significant |
| **Daily Site Huddles** | Critically review workload/ skill mix risk assess & risk manage | Critically review site workload & capacity. Liaise directly with named bank contact → In extremis ONLY submit SRA escalation request ⇧ | Support workforce nurse/ liaise with service manager | Urgently work to fill immediate priority site shortfall with bank. Fill SRA on Chief Nurse (PNL) authorised instruction only ← | To be alerted if projected shortfall is significant &/or unlikely to be covered → Review SRA escalation/ authorise as exception & instruct Bank to proceed |
| **Site Pageholders** | Ward Nurse-in-Charge notify page holder of shortfalls | Pageholder critically reviews site workload & liaises with named bank contact. Raising SRA request to CN/PNL | To be contacted out of hours where required to support pageholder with site decision making. | | |

## Appendix 3 Guidance on Site & Bank Roles/ Responsibilities

| Role | Responsibility & Accountability |
|---|---|
| **SCN** | Responsible for effectively and efficiently managing the ward staffing resource. Ensure staff are suitably prepared to utilise resource responsibly namely risk assess/ risk manage the available staffing resource on a shift by shift basis. |
| **Charge Nurse/ NiC** | Responsible for effectively and efficiently managing the ward staffing resource. Ensuring skill mix is deployed appropriately & duties delegated safely to meet workload on a shift by shift basis |
| **Workforce Nurse[1]** | Responsible for ensuring effective and efficient deployment of the staffing resource across the site. Issuing instruction for site staff deployment, coordinating & supporting the site, raising escalation requests/ causes for concern as and where required. |
| **Site Pageholder[2]** | Responsible for ensuring effective and efficient deployment of the staffing resource across the site out of hours. Issuing instruction for site staff deployment and raising escalation requests. Reporting causes for concerns to the ops manager. |
| **Named Bank Contact** | Responsible for supporting site Workforce Nurse to proactively fill long/medium & short term staffing shortfalls with supplementary bank staff. Accountable to Bank Team Lead. |
| **PDN** | Responsible for ensuring, facilitating & reporting on staff governance (orientation/induction etc). Contactable to support local easy to resolve practice/ learning issues that can be incorporated into facilitated induction. Accountable to PNL |
| **Senior Management Team** | |
| **Operational Manager** | Responsible & accountable to service manager for effectively and efficiently managing staffing resource. Monitors staffing resource and supplementary usage. Contactable to support site decision making |
| **Service Manager** | Responsible & accountable to head of service for effectively and efficiently managing staffing resource. Contactable to support site decision making |
| **PNL** | Responsible & accountable to chief nurse for monitoring nursing governance (including raised causes of concern) and ensuring effective and efficient use of nursing workforce. Contactable to support site nursing workforce decision making. |
| **Chief Nurse** | Responsible & accountable to Board Nurse Director/ ACO, monitoring nursing governance and ensuring effective and efficient use of nursing workforce across the system. Contactable to support nursing workforce decision making. |

| | | | |
|---|---|---|---|
| **Resources** | NHS GGC Board Nursing Rostering Policy - NHSGGC | **Rostering Masterclass** *(Mental Health Sessions due Sept/Oct)* | Turas \| Real Time Staffing \| Board administrator homepage (nhs scot) |

[1] Workforce Nurse – refers to the postholder whose day to day duties involve site overview, coordination and management of the in-post nursing workforce

[2] Pageholder – refers to the nurse out of hours on site who has responsibility for staffing issues (Response Nurse/ Night Charge etc)

ESalmon v4

## SECTION B Risk Escalation

This section is intended to assist and clarify processes of real time staffing and risk escalation during daily staffing meetings when staffing issues occur.

A diagram illustrating MHS Staffing Red Flag Escalation has been provided (page 38) as well as guidance regarding Risk Escalation Steps & Staff Roles (page 39.)

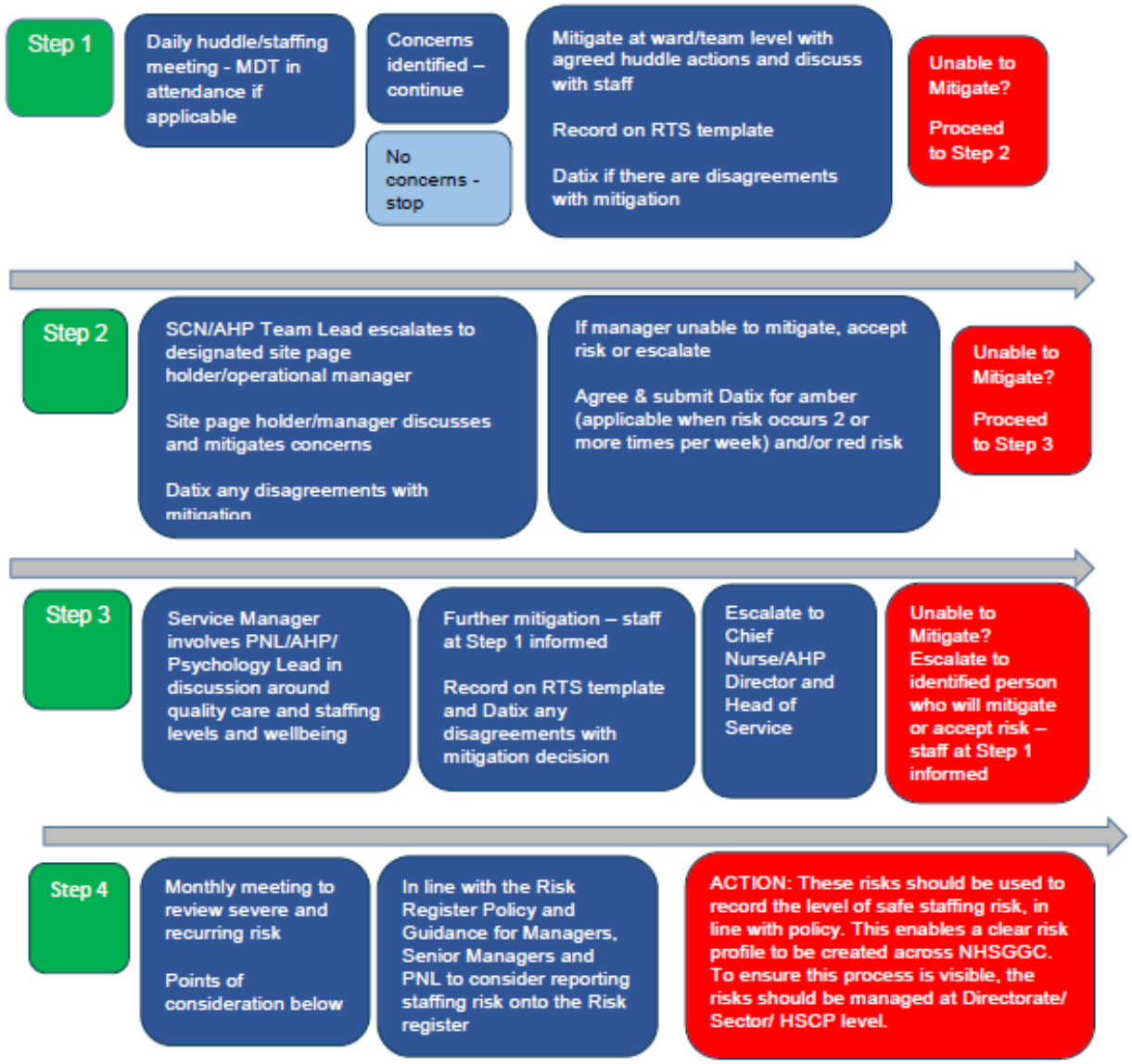
Appendices in this section show Diagram is show the 'Risk Escalation Process' using the stepped approach for each MHS site (pages 40-45). The appendices show staff roles only, however site leads may adapt the templates with local contact details.

Site leads should familiarise themselves with both Sections A: Real Time Staffing and Section B: Risk Escalation.

Site leads should also be familiar with the following documents:

- Section A NHSGG&C Real Time and Risk Escalation SOP v1.5
- Real Time Staffing Recording Tool
- Risk Register Policy and Guide for Managers

## MHS Staffing Red Flag Escalation Flow Diagram




| Box A: Consideration points for monthly meeting |
|---|
| Disagreements; Staffing concerns raised by patients; Incidents; Rostering challenges; RTSR Template (Safe Care information); Datix; Complaints; Concerns raised about quality of care and service delivery any other workforce pressures that occur in your area; Staff wellbeing; Cancelled staff training; Missed opportunities for clinical supervision; Frequency of red and amber risks; Annual leave; Use of supplementary staffing; Any other workforce pressures that occur in your area |

## Risk Escalation Steps & Staff Roles

Key professionals who are included in Steps 1- 4 of the escalation process are listed below (see Appendix 1 for guidance for site roles and responsibilities). For the purpose of ensuring that the stepped process is adhered to and does not become dependent upon individuals, only staff roles/designations have been identified in the table below and Section B Appendices. All site staff should have awareness of the risk escalation stepped approach and who to contact.

| Risk Escalation | Key Staff Members | Comments |
|---|---|---|
| **Step 1: Daily Huddle** | Senior Charge Nurse/ Charge Nurse/ Nurse-in-Charge (per ward)<br>Workforce Nurse/ Page holder (site responsibility)<br>Allied Health Professional<br>OT/ Physiotherapy/ SLT/ Dietician (if available)<br>Psychology/ Medical (if available & where required)<br>Operational Manager/ Service Manager | Refer to Section A:<br>8. Daily Site Huddles (page 14)<br><br>Appendices:<br>3: HiS Diagram<br>4: Assessment<br>5: RAGG<br>6: Mitigations<br>8: Huddle Templates |
| **Step 2: Escalating Risk 'Decision Makers'** | Workforce Nurse/ Site page holder (OOH)<br>Operational Manager/ Service Manager<br>Professional Leads/ Clinical Directors<br>Professional Nurse Lead(s) | Refer to Section A:<br>5.Definitions Roles & Responsibilities |
| **Step 3: Escalating Risk to 'more senior'** | Heads of Service<br>Chief Nurse<br>Exec Nurse Director / Assistant Chief Officer / Chief Officer (if appropriate ) | Refer to Section A:<br>5.Definitions Roles & Responsibilities<br>6.Staffing Incidents |
| **Step 4: Severe Risk Review** | Head of Service<br>Chief Nurse<br>Service Manager<br>Professional Nurse Lead(s)<br>Professional Leads (discipline specific) | Refer to Section A:<br>5.Definitions Roles & Responsibilities |

## Appendix I: Risk Escalation Process Leverndale Site

Step 1 Daily Huddle

| Huddle Team Members | Designation | Contact Details |
|---|---|---|
| Ward and professional representatives | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals - OT; Psychology; Physiotherapy; Dietetics; other as appropriate<br>Psychiatrist/Bed Manager/ Discharge Coordinator<br>Service Manager/ Operational Manager (chair) | Leverndale Central Nursing Office 01412116663 |

Step 2 Escalating Risk ' Decision Makers'

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Manpower Coordinator | Site responsibility | site page |
| Site Senior Nurse pageholder | Site response (out of hours) | |
| Nurse Operational Manager | Site responsibility | Central Nursing Office Leverndale 01412116663 |
| Inpatient Service Manager | LP Service responsibility | |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

Step 3 Escalating Risk 'More Senior Decision Makers'

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | Service & System responsibility | Central Nursing Office Leverndale 01412116663 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead– Adult | Profession responsibility | |
| Psychology Professional Lead–OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |

Step 4 - Monthly Staffing Risk Review

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | Service/System responsibility | Central Nursing Office Leverndale 01412116663 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

## Appendix II: Risk Escalation Process Stobhill Site

**Step 1 Daily Huddle**

| Huddle Team Members | Staff Roles | Contact Details |
|---|---|---|
| Ward and professional representatives | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals - OT; Psychology; Physiotherapy; Dietetics; other as appropriate<br>Psychiatrist/Bed Manager/ Discharge Coordinator<br>Service Manager/ Operational Manager (chair) | Contact Campsie View Office 0141531 3111 |

**Step 2 Escalating Risk ' Decision Makers'**

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Manpower Coordinator | Site responsibility | site page |
| Site Senior Nurse pageholder | Site response (out of hours) | |
| Nurse Operational Manager | Site responsibility | Campsie View Stobhill Office 0141531 3111 |
| Inpatient Service Manager | LP Service responsibility | |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

**Step 3 Escalating Risk 'More Senior Decision Makers'**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | Service & System responsibility | Campsie View Stobhill Office 0141531 3111 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead– Adult | Profession responsibility | |
| Psychology Professional Lead–OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |
| Clinical Directors (Adult/OPMH/SS) | Service responsibility | |

**Step 4 - Monthly Staffing Risk Review**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | Service/System responsibility | Campsie View Stobhill Office 0141531 3111 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

## Appendix III: Risk Escalation Process Gartnavel Royal Site

**Step 1 Daily Huddle**

| Huddle Team Members | Staff Roles | Contact Details |
|---|---|---|
| Ward and professional reps | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals (if available) OT; Psychology; Physiotherapy; Dietetics<br>Psychiatrist/Bed Manager/ Discharge Coordinator (Where required)<br>Service Manager/ Operational Manager (chair) | Gartnavel Royal Hospital Office 0141232 2173 |

**Step 2 Escalating Risk 'Decision Makers'**

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Manpower Coordinator | Site responsibility | site page |
| Site Senior Nurse pageholder | Site response (out of hours) | |
| Nurse Operational Manager | Site responsibility | Gartnavel Royal Hospital Office 0141232 2173 |
| Inpatient Service Manager | LP Service responsibility | |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

**Step 3 Escalating Risk 'More Senior Decision Makers'**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Gartnavel Royal Hospital Office 0141232 2173 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead Adult | Profession responsibility | |
| Psychology Professional Lead OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |
| Clinical Directors (Adult/OPMH/SS) | Service responsibility | |

**Step 4 - Monthly Staffing Risk Review**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Gartnavel Royal Hospital Office 0141232 2173 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

## Appendix IV: Risk Escalation Process Renfrewshire Site

**Step 1 Daily Huddle**

| Huddle Team Members | Staff Roles | Contact Details |
|---|---|---|
| Ward and professional reps | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals (if available) OT; Psychology; Physiotherapy; Dietetics<br>Psychiatrist/Bed Manager/ Discharge Coordinator (Where required)<br>Service Manager/ Operational Manager (chair) | Dykebar Hospital Office<br>0141 314 4290 |

**Step 2 Escalating Risk 'Decision Makers'**

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Manpower Coordinator | Site responsibility | site page |
| Site Senior Nurse pageholder | Site response (out of hours) | |
| Nurse Operational Manager | Site responsibility | Dykebar Hospital Office<br>0141 314 4290 |
| Inpatient Service Manager | LP Service responsibility | |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

**Step 3 Escalating Risk 'More Senior Decision Makers'**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Dykebar Hospital Office<br>0141 314 4290 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead Adult | Profession responsibility | |
| Psychology Professional Lead OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |
| Clinical Directors (Adult/OPMH/SS) | Service responsibility | |

**Step 4 - Monthly Staffing Risk Review**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Dykebar Hospital Office<br>0141 314 4290 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

## Appendix V: Risk Escalation Process Inverclyde Site

**Step 1 Daily Huddle**

| Huddle Team Members | Staff Roles | Contact Details |
|---|---|---|
| Ward and professional reps | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals (if available) OT; Psychology; Physiotherapy; Dietetics<br>Psychiatrist/Bed Manager/ Discharge Coordinator (Where required)<br>Service Manager/ Operational Manager (chair) | Orchard View Office 01475491910 |

**Step 2 Escalating Risk 'Decision Makers'**

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Manpower Coordinator | Site responsibility | site page |
| Site Senior Nurse pageholder | Site response (out of hours) | |
| Nurse Operational Manager | Site responsibility | Orchard View Office 01475491910 |
| Inpatient Service Manager | LP Service responsibility | |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

**Step 3 Escalating Risk 'More Senior Decision Makers'**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Orchard View Office 01475491910 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead Adult | Profession responsibility | |
| Psychology Professional Lead OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |
| Clinical Directors (Adult/OPMH) | Service responsibility | |

**Step 4 - Monthly Staffing Risk Review**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Orchard View Office 01475491910 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

## Appendix VI: Risk Escalation Process West Dunbartonshire Site

**Step 1 Daily Huddle**

| Huddle Team Members | Staff Roles | Contact Details |
|---|---|---|
| Ward and professional reps | Senior Charge Nurses/ Charge Nurse/ Nurse-in-charge (all wards)<br>Allied Health Professionals (if available) OT; Psychology; Physiotherapy; Dietetics; Psychiatrist<br>Service Manager (chair) | Fruin Ward Office 01389 17217 |

**Step 2 Escalating Risk 'Decision Makers'**

| Staff Role | Designation | Point of Contact |
|---|---|---|
| Site Senior Nurse pageholder | Site response (out of hours) | Site page |
| Inpatient Service Manager | LP Service responsibility | Fruin Ward Office 01389 17217 |
| Clinical Director – Adult | Service responsibility | |
| Clinical Director – Older Adult | Service responsibility | |
| OT Team Lead | Service responsibility | |
| Consultant Psychologist | Service responsibility | |
| Physiotherapy Team Lead | Service responsibility | |
| Dietician Team Lead | Service responsibility | |
| Professional Nurse Lead | Profession responsibility | |

**Step 3 Escalating Risk 'More Senior Decision Makers'**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Fruin Ward Office 01389 17217 |
| Chief Nurse | System wide responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional OT Lead | Profession responsibility | |
| Professional AHP Lead | Profession responsibility | |
| Psychology Professional Lead Adult | Profession responsibility | |
| Psychology Professional Lead OPMH | Profession responsibility | |
| Deputy Medical Director | System wide responsibility | |
| Clinical Directors (Adult/OPMH/SS) | Service responsibility | |

**Step 4 - Monthly Staffing Risk Review**

| Staff Role | Designation | Contact Details |
|---|---|---|
| Head of Service | LP Service/ System responsibility | Fruin Ward Office 01389 17217 |
| Inpatient Service Manager | Service responsibility | |
| Nurse Operational Manager | Site responsibility | |
| Professional Nurse Lead | Profession responsibility | |
| Professional Lead (discipline specific) | Profession responsibility | |

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