Realtime Staffing and Risk Escalation Standard Operating Procedure

Orthotics Service NHSGGC

Date	April 2025
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Version	1.1
Review Date	April 2026

Purpose

This Standard Operating Procedure (SOP) supports the Orthotic 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 Orthotic Clinical Lead/ Manager of Orthotics and those who may have delegated responsibilities for staffing.

Clinical Leadership Responsibilities

The Orthotic Clinical Lead/ Manager has the Clinical leadership responsibilities under the definitions of the HCSSA. Within the Orthotic Service the real-time staffing duties are delegated at times to others: the Clinical Team Lead/Deputy Manager as detailed in the following sections.

The Orthotics TTL SOP detailing the requirements of clinical leadership can be found here:
- Time To Lead SOP Orthotics.doc

General Principles

- All staff working within the Orthotic Service should be familiar with this SOP and their responsibilities under the HCSSA. Learning resources : Informed level | Turas | Learn (nhs.scot)
- Staff working in a leadership role should be familiar with their responsibilities under the HCSSA. Learning resources : Skilled level | Turas | Learn
- This will be part of induction for new clinical staff and ongoing CPD activities
- It is the responsibility of the Orthotic Clinical Lead/ Manager 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
- Orthotic staff have a collective professional responsibility to cover for unplanned absences
- Minimum requirements for safety of clinical service are held in Sharepoint and CTL will be familiar with these.

An individual who will be unable to cover their Shift must, at the earliest opportunity, alert the Orthotic Service by following this process Absence Reporting SOP

Name	Email	Phone
Orthotic Admin Team Lead	Eileen.walker2@nhs.scot	
Orthotic Service Manager (OSM)	Nikki.munro@nhs.scot	
Orthotic Deputy Service Manager	Anne.Martin5@nhs.scot	
Orthotic Deputy Service Manager	Gail.Morrison@nhs.scot	
Orthotic Department email address	ggc.orthoticservice@nhs.scot	
Orthotic Department helpline		0141 211 1459

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

Staff wellbeing will be considered at every step of the process.

Mitigating unplanned absence

Follow department Absence Reporting SOP and call admin team to report absence – Admin Team Lead or Deputy Admin Lead will check cover on rota (Shifts).

Step 1: Proactive considerations at local team level working to agreed protocols, led by the Orthotic Admin Team Lead or deputy.

Step 2: Clinical advice required via discussion between Orthotic Admin Team Lead and Orthotic Clinical Team Lead. Orthotic Clinical Team Lead to decide Red, Amber, Grey or Green (RAGG) status and record on Safecare.

Step 3: Orthotic Admin Team Lead / Orthotic Clinical Team Lead escalate to Orthotic Service Manager. Consideration of clinical activity, safety, risk and staffing levels.

Step 4: Orthotic Service Manager to inform relevant General Manager if staffing levels become so low adequate service delivery to Orthotic outpatients or inpatients is at risk.

Step 1:

Considering all the following factors (using knowledge, experience, situational awareness, professional judgement and the ability to deliver quality care):

- appropriate staffing, considering skill mix and familiarity with clinical environment
- the nature of the specific kind of health care provision
- the local context in which it is being provided
- the number of patients being provided care
- the needs of patients being provided care
- appropriate clinical advice

Orthotic Admin Team Lead or deputy arranges required mitigations for unplanned absence and informs Orthotic Clinical Team Lead of outcome, who will record on relevant staffing tool.

Step 2:

If clinical advice is required, Orthotic Admin Team Lead speaks to Orthotic Clinical Team Lead to agree mitigation.

Identification of Red, Amber, Grey or Green (RAGG) status through discussion across the Orthotic clinical team, led by the Orthotic clinical team lead. Consider any service mitigations to reach safe to start; e.g. reorganise planned but not time critical activity.

RED	=	**ACTUAL** patient or staff safety risks requiring mitigation; Review resources to consider what actions can be taken to support.
AMBER	=	**POTENTIAL** patient or staff safety risks requiring mitigation; Monitor situation, adapt & support as needed.
GREY	=	Safe and appropriate staffing – NO immediate patient or staff safety risks identified; no mitigations currently required.
GREEN	=	Safe and appropriate staffing – there are excess staffing hours and potential to support with appropriate priorities.

How RAGG status is applied:

There is a natural and inevitable layer of subjectivity to the process of determining RAGG rating; however, this guidance should be used with informed and experienced clinical judgement to apply as uniform interpretation where possible when determining if an area is 'Safe to Start'. The Orthotic Clinical Team Lead will provide clinical advice and support to develop the confidence and competency of staff in assessing the safety of the Orthotic service.

Step 3:

Inform Orthotic Service Manager of Amber RAGG status and a review process of each clinical area's staffing should be conducted to determine if the Orthotic service can deliver its full range of normal service. Any immediate mitigations *Appendix* should be actioned and documented relevant staffing tool.

Orthotic Clinical Team Lead feeds back to team in clinical environment with current status of their clinical environment, and the wider situation within the Orthotic Service if appropriate.

Step 4:

Orthotic Service Manager to inform relevant General Manager if staffing levels become so low adequate service delivery to Orthotic outpatients or inpatients is at risk and shares their views of status and actions taken.

Planned Absence

It is the responsibility of the Orthotic Admin team lead, and Clinical Team Lead to make the required Rota changes for planned absences. These will be discussed at weekly Huddle meeting, action points recorded and held in Sharepoint

Risk Reporting

The Clinical Team Lead is responsible for ensuring that a Datix Incident is raised when:

1. There was actual patient harm due to staffing shortages.
2. There was potential for patient harm due to staffing shortages, for example a spinal brace unable to be fitted, resulting in patient remaining on bed rest
3. Clinical Leadership time was used to mitigate the service gap.
4. Staffing decisions were made without appropriate clinical advice being sought.

Severe and Recurrent Risks

The Orthotic Service Manager must have access to Datix reports (and other data held) on staffing and review these on a regular (e.g. Monthly) basis to determine if the staffing for the Orthotic service remains appropriate for the provision of safe and high-quality care, the wellbeing of patients, and the wellbeing of staff.

The Orthotic Service Manager is responsible for providing an analysis of these reports to the senior management team, including incidences of clinical disagreement, and engaging in discussions about service improvement if appropriate.

Severe and Recurrent risks are raised through the Datix Risk module. The Orthotic service manager or deputy is responsible for this. They will analyse, evaluate and manage RTS severe and recurrent risks as part of monthly service reports.

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

Process for Raising Concerns

Any staff member identifying any risk relating to patient or staff safety, irrespective of RAGG status, should escalate concerns in real time.

If staff wish to raise a concern or issue with staffing levels, they should in the first instance speak to their Clinical Team Lead.

If they feel the risks have not been mitigated, they should contact the Orthotic Service Manager by email. Where staff are not in agreement with any mitigations, they should be given the opportunity to request a re-review with feedback.

If mitigations continue to be unmitigated to the staff member's satisfaction, they may complete a Datix form recording the incident in relation to potential or actual patient or staff safety risks, regardless of whether harm or injury occurred. The Datix incident reporting form should be used Datix: DATIX Incident Form (DIF1) Live data to be entered only. Click here to make an M&M Submission

Where actual patient harm has taken place a separate Datix incident form should be used stating the CHI number of the patient and/or any other witnesses

The Orthotic Service Manager should analyse disagreement email submissions as part of the severe and recurrent risk process above.

Reporting and Data Checks

Scheduled Actions:

Datix
Run DATIX Incident report Monthly and Review for any unmitigated issues, or any recurrent or Severe

Optima/Safecare

- OSM Weekly reminder in Outlook to check Safecare has been populated for past 7 days
- OSM to Run monthly report from Optima to look for any risks requiring escalation
- OSM to Run monthly report from Optima to check for any missing Safecare data and add to OMSSIONS' report to backfill monthly reports

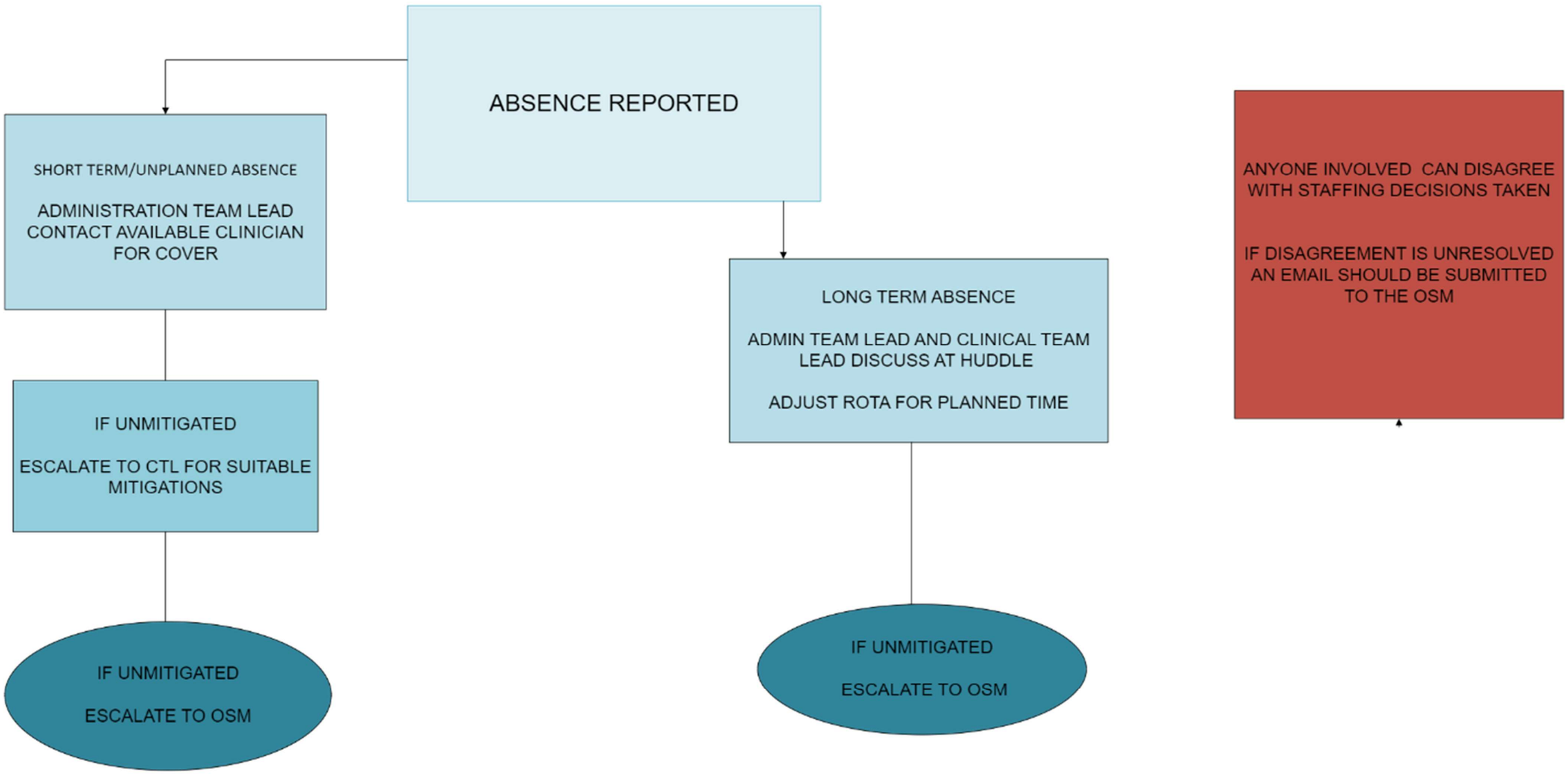
Appendix

Actions and Mitigations

GREEN	**Safe and appropriate staffing – there are excess staffing hours and potential to support with appropriate priorities.** **All staff are jointly committed to:** • Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility. • Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with. • Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do. • Adhere to the professional codes of conduct. • Visible clinical leadership: Orthotic Clinical Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Orthotic Service Manager available and contactable for support and guidance. • Regular clear and effective Orthotic Management Team huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff. • Support with excess hours to areas of risk (red and amber) or other appropriate duties
GREY	**Safe and appropriate staffing – <u>NO</u> immediate patient or staff safety risks identified; <u>no</u> mitigations currently required.** **All staff are jointly committed to:** • Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility. • Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with. • Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do. • Adhere to the professional codes of conduct. • Visible clinical leadership: Orthotic Clinical Team Lead will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Orthotic Service Manager available and contactable for support and guidance. • Regular clear and effective Orthotic Management Team huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff.
AMBER	**<u>POTENTIAL</u> patient or staff safety risks requiring mitigation; monitor situation, adapt & support as needed.** **All considerations of the Grey status; <u>*and*</u> consider mitigating actions, such as:** • Provide an increased visibility of clinical leadership; • Assess need and capacity to provide wellbeing support to staff; • Explore options to offer changes to rostered shift, • Review staffing, including skill mix and familiarity with the service area, and consider staff movement where support is required • Consider supplementary hours, such as additional hours

RED	**<u>ACTUAL</u> patient or staff safety risks requiring mitigation; review resources to consider what actions can be taken to support.** **All considerations of the Grey and Amber statuses, *<u>and</u>*:** • Continued increased visibility of clinical leadership and direct escalation to the Orthotic Service Manager • Initiate short-term deployment of support staff, e.g., Orthotic Clinical Assistants • Provide continuous clinical review of care whilst assessing for risk, in discussion with and through escalation to the Orthotic Management Team; • SMT to consider *extremis* actions. ***NB:* ‘Senior Management Team’ is OPSS Clyde General Manager.**

Real Time Staffing Escalation Flowchart


ABSENCE REPORTED
SHORT TERM/UNPLANNED ABSENCE
ADMINISTRATION TEAM LEAD CONTACT AVAILABLE CLINICIAN FOR COVER
IF UNMITIGATED
ESCALATE TO CTL FOR SUITABLE MITIGATIONS
IF UNMITIGATED
ESCALATE TO OSM
LONG TERM ABSENCE
ADMIN TEAM LEAD AND CLINICAL TEAM LEAD DISCUSS AT HUDDLE
ADJUST ROTA FOR PLANNED TIME
IF UNMITIGATED
ESCALATE TO OSM
ANYONE INVOLVED CAN DISAGREE WITH STAFFING DECISIONS TAKEN
IF DISAGREEMENT IS UNRESOLVED AN EMAIL SHOULD BE SUBMITTED TO THE OSM