

**NHS Greater Glasgow and Clyde
Rehabilitation and Enablement (RES) Team
Real Time Staffing and Risk Escalation
Blueprint Standard Operating Procedure**

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Purpose

The purpose of this Standard Operating Procedure (SOP) is to create a local process for Real Time Staffing and Risk Escalation to ensure compliance with NHS Greater Glasgow and Clyde's overarching [NHSGGC-Real-Time-Staffing-and-Risk-Escalation-SOP.V1.4.pdf](#).

The purpose of this operational SOP is to allow Health and Social Care Partnership job families to have a blueprint to develop consistent local SOPs

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

Scope

Health and Social Care Partnership (HSCP) Physiotherapists, Occupational Therapists, Dietitians, Speech and Language Therapists, Health Care Support Workers, Rehabilitation Support Workers and operational management (Team Leads, Service Managers) will adhere to this SOP.

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

Education Training

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

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

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

Roles and Responsibilities

All staff

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

Patients, families and Carers

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

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

Real Time Staffing Assessment, escalations and mitigations

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

Levels of Safe Staffing within RES

Minimum safe staffing levels Monday – Friday 8.30am – 4.30pm
Ensuring staff cover within Urgent hub to complete all urgent work

2x Physiotherapists

1x Occupational Therapist (may be Social work Occupational Therapist)

1x Health Care Support Worker/Rehab Support Worker

Minimum safe staffing levels Monday – Friday 4.30pm – 7pm, Saturday & Sunday 11.30am – 7pm

1x AHP (Physio/OT)

1x HCSW

OR

2x HCSW

Site Safety Meeting/Staffing Meeting Census Period

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

Mitigating unplanned absence

A daily review (huddle) should be undertaken to ensure appropriate staffing levels. Clinical Leaders have the responsibility to consider the following mitigations-

1. Reallocating staff – Community OT supporting RES/RES OT supporting Community OT
SALT Staff split across acute/community being asked to support
Part time staff being asked to swap days to provide cover
2. Cancelling or postponing non urgent activity to free up staff
3. Consider utilisation of additional hours/overtime
4. Run the shift with the absence uncovered if it is safe and appropriate to do so

Escalation

In the event that the situation remains unresolved the team lead (or their delegate) should escalate to service manager Debbie Maloney or Robyn Garcha.

Robyn Garcha	Robyn.garcha@inverclyde.gov.uk
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Prolonged Absence

It is the responsibility of the clinical leaders to ensure adequate cover over each profession during ongoing absences. Datix should be used for ensuring disagreements or escalations are documented.

Risk Reporting

Any staff member may submit a Datix should they have concerns with regards to staffing levels. The team lead(s) (or delegate) will ensuring that a Datix Incident is raised when:

1. There is inadequate cover within the Urgent Hub
2. Absence leave unsafe staffing levels more than 48 hours (no cover in a particular discipline)
3. Staffing decisions were enacted without appropriate clinical advice being sought.

If prolonged absence within a particular discipline, inter-profession escalation processes are established within SSSA folder.

Site Safety Meeting/Staffing Templates

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

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

Red Flags

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

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

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

What is appropriate Clinical advice

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

- They are not a clinician
 - They are assessing risk, or making a decision, in relation to a clinical workforce for which they are not professionally responsible
- and/or**

- They are making a decision in a specialty/setting in which they are not an expert and/or do not normally work.

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

- In hours team - Team Leader and for longer term absence AHP Professional Leads.(Escalation charts in appendices)
- Out of hours weekday staffing to 7pm commence within hours so staffing issues would be identified and escalation process as above
- Weekends – Out of hours coordinator based at Hillend Centre, 2 East Crawford Street. Greenock

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

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

Disagreements

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

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

Staff may disagree with a decision and may formally record it as a Datix. Staff may also choose to request a review of the decision. The only exclusion from this is where the final

decision has been made by the members of the board of the relevant organisation: these decisions may not be reviewed at the request of individual staff.

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

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

Clinical Incident Reporting



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

Datix incidents must be submitted by the person who escalated the staffing concern if it is unable to be resolved. Despite this anyone in scope of this SOP can submit a Datix incident. The escalations and mitigations taken should be recorded within the incident report. Actions required to prevent a recurrence should be clearly noted against the incident by the reviewer. [Incident-management-policy-hs.pdf](#)

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

An individual who provided clinical advice to a decision-maker can be listed in the “Investigators” field if they have a Datix account and will receive updates if this is done; and the original reporter can tick a box to receive feedback once a resolution is reached.

Datix incident reports must be created as soon as reasonably practical

Severe and Recurrent Risk

To identify areas of severe and recurrent risk, AHP Team Lead(s)/ Service Managers shall review staffing Datix incident reports, SSTS (where appropriate) and locally held records monthly to identify severe and recurrent risks and whether there is a trend of incidents/near misses related to staffing within their area. Each HSCP may have a safe staffing risk within the Datix Risk Module. If a HSCP does not currently have this, please continue to use your current risk recording process.

This risk should be managed within the HSCP and reviewed monthly, ensuring that the Risk Score (Impact and Likelihood) reflects the events that have occurred within the area.

Each month the Senior Management Team should review the incidents in the previous month and use this data to inform the likelihood and impact of the staffing risk occurring. The controls in place should be reviewed and actions identified to prevent a recurrence. Each action should have an owner and due date.

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

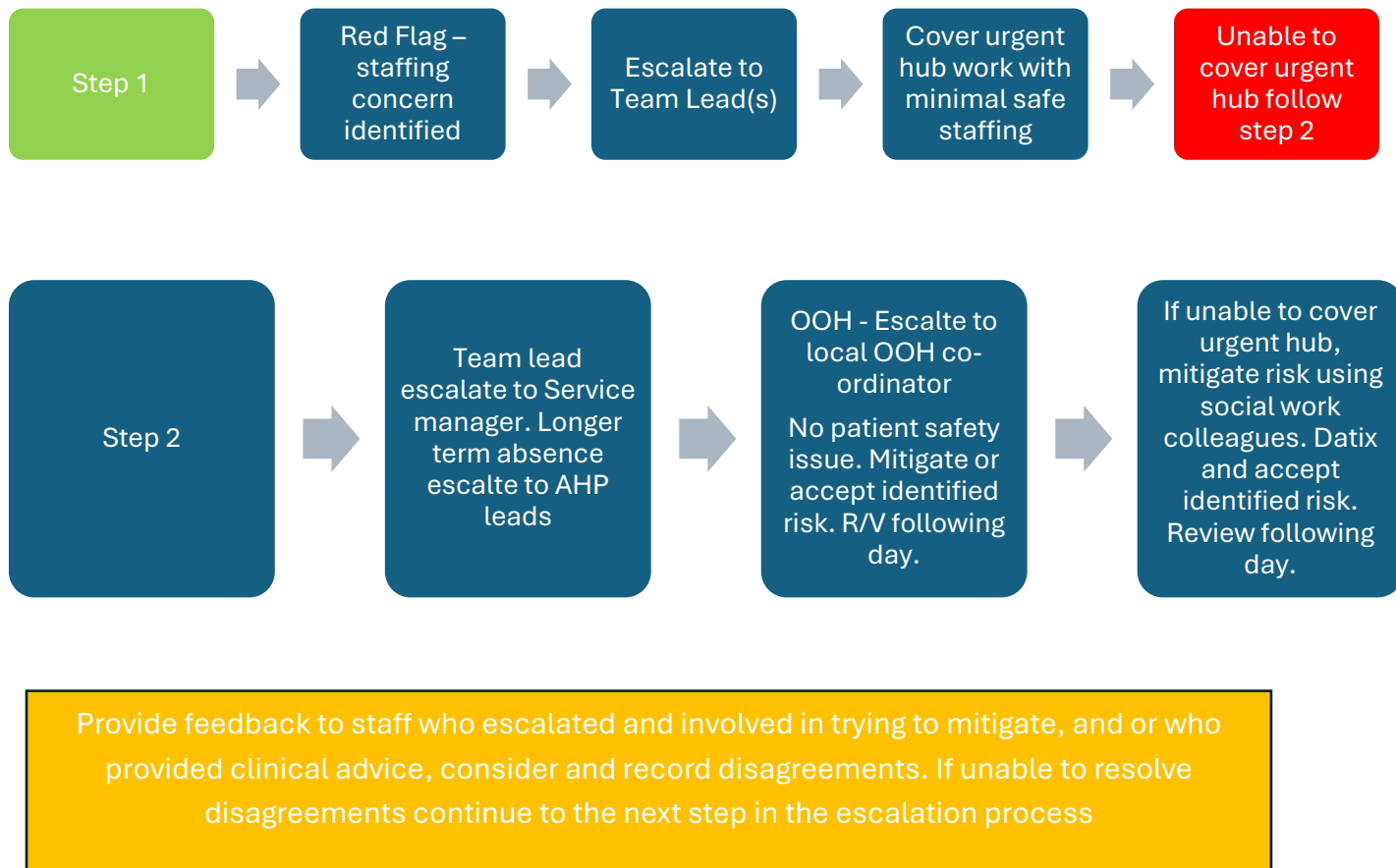
Normally risks would be escalated to another level where they require further management. However, the safe staffing risk should remain at HSCP level to provide visibility of staffing risks across each HSCP. Should any actions require to be taken to manage this risk further at a higher level, these actions should be discussed at Senior Management Team meetings as noted above and actions identified in the Action Management Section, with clear action owners and timescales.

To provide visibility of safe staffing Severe and Recurrent Risks across NHSGGC the safe staffing risks will be reviewed by the relevant members of the senior management and corporate team on a quarterly basis. Senior Management teams must provide a quarterly report on their staffing risk which includes the current risk score and changes over the last quarter. This should include details of the mitigating actions planned to inform the quarterly board report. The GGC Risk Management Strategy details the Risk Hierarchy in place for the escalation of Risks. For example, Risks escalated from HSPC Chief Officer would be escalated to corporate director.

Appendices

Appendix 1 Example NHSGGC Red Flag Escalation Flow Diagram

This flow diagram is for guidance purposes – each job family will have localised agreed processes, please update the diagram to reflect your process and ensure all staff are informed and understand localised processes.



Appendix 2 NHSGGC HSCP Safe to Start

NHS Greater Glasgow and Clyde have developed a new Safe to Start process that includes guiding principles and a 4-step process to support AHPs in both hospital and community teams to plan the delivery of safe, effective, person centred care during huddle periods or at any point during the shift. The community version of Safe to Start will now be in use within each HSCP. Below you will find the NHSGGC Safe to start process and an introductory video

NHSGGC Safe to Start - Real Time Staffing

Key

TL – Team Lead

OOH – Out of Hours

AHP – Allied Health Professions

AHP Escalation Processes



Diet Escalation
Chart.pdf



PT Escalation
Chart.pdf



RES Escalation
Chart.pdf



OT Professional Escalation Process.pdf- Health Update Aug 2



Organisational Chart