

NHS Greater Glasgow and Clyde Acute Services Nursing and Midwifery 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 - NHSGGC](#). The purpose of this SOP is to allow acute services 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. [GGC - Nursing & Midwifery Health & Care Staffing - Home](#)

Scope

All inpatient Registered Nurses, Midwives, Health Care Support Workers, Operating Department Practitioners, and operational management (Service Managers, General Managers and Clinical Directors) will follow this SOP.

It is acknowledged that Nursing and Midwifery 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 sector 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 the agreed escalation process (**Example Appendix 1**) and Safe to Start (**Appendix 2**). Clinical Leaders will ensure staff have the relevant contact/page numbers visible for all staff in the clinical area and the Welcome Ward Poster is displayed.

Real Time Staffing Assessment, escalations, and mitigations

NHSGGCs Safe to Start (**Appendix 2**) will be followed along with following the escalation process (**Example Appendix 1**)

Site Safety Meeting Census Period

Inpatient services have site safety meetings ‘huddle’ periods each day, prior to and during each meeting all staff in scope must follow the agreed escalation process (**Example Appendix 1**) and NHSGGCs Safe to Start method (**Appendix 2**). The frequency of site safety meetings is agreed locally.

Site Safety Templates

The site safety ‘huddle’ templates 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

Escalations Red Flags

Red flag events can occur out with a site safety meeting ‘huddle’. NHSGGCs Safe to Start method (**Appendix 2**) and the agreed escalation process (**Example 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 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.

Appropriate Clinical advice

The staff identified in **Example Appendix 1** who are involved in staffing mitigations may require 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 this situation clinical advice must be provided by a person with clinical expertise in the relevant clinical area and who has responsibility for the clinical workforce engaged in the staffing concern. This person may be:

- In hours Lead Nurse/midwife and or Senior Charge Nurse/Midwife
- Out of hours Nurse/Midwife in Charge and or hospital coordinator

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 (**Example 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 (Example 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 Charge 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, Nursing and Midwifery Senior Managers shall review staffing Datix incident reports, SSTS (where appropriate) and locally held records monthly to identify severe risks and whether there is a trend of incidents/near misses related to staffing within their area. Each Sector may have a Safe Staffing Risk within the Datix Risk Module. If a sector does not currently have this, please continue to use your current risk recording process.

This risk should be managed within the Sector 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/risks 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 the Sector level to provide visibility of Staffing Risks across each Sector. Should any actions require to be taken to manage this risk further at a higher level, these actions should be discussed at Senior

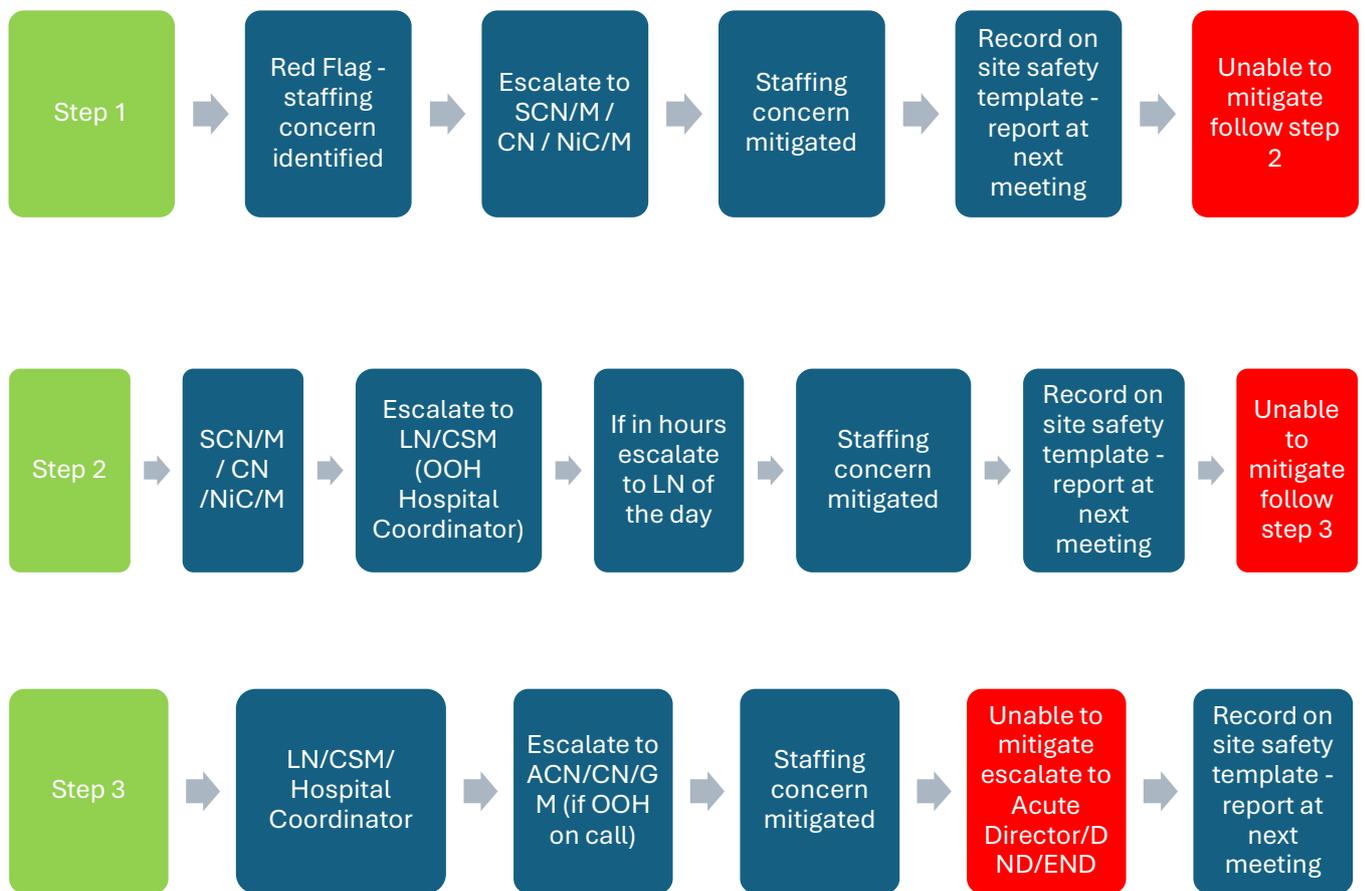
Management Team meetings as noted above and actions identified in the Action Management Section, with clear action owners and timescales.

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 Sector Director would be escalated to corporate director.

Appendices

Appendix 1 Example NHSGGC Red Flag Escalation Flow Diagram

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



Provide feedback to staff who escalated and involved in trying to mitigate, and or who provided clinical advice, consider and record disagreements. If unable to resolve disagreements continue to the next step in the escalation process. Please use professional judgement regarding who in the team should initiate the supportive conversation

Appendix 2 NHSGGC 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 nurses and midwives 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 hospital version of Safe to Start will now be in use within Adult and Women's and Children's inpatient services. Below you will find the NHSGGC Safe to start process and an introductory video

[NHSGGC Safe to Start - Real Time Staffing](#)