

# NHS Greater Glasgow and Clyde

## Acute Services Nursing and Midwifery

### Real Time Staffing and Risk Escalation

### Blueprint Standard Operating Procedure

<b>Date Approved</b>	8 <sup>th</sup> April 2025
<b>Date Update Made</b>	Severe and Recurrent Risk update approved by HCSSA Transition Oversight Board 17 <sup>th</sup> August 2025
<b>Approved by</b>	Nursing and Midwifery Workforce Group
<b>Version</b>	V.1.8
<b>Review date</b>	April 2027
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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 all sectors to work collaboratively to align job family SOPs.

## Education Training

These modules must be completed as a once only (or repeated 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 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 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 outwith a site safety meeting. 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 incident. 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 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.

## 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 instead must be used as a retrospective recording tool.**

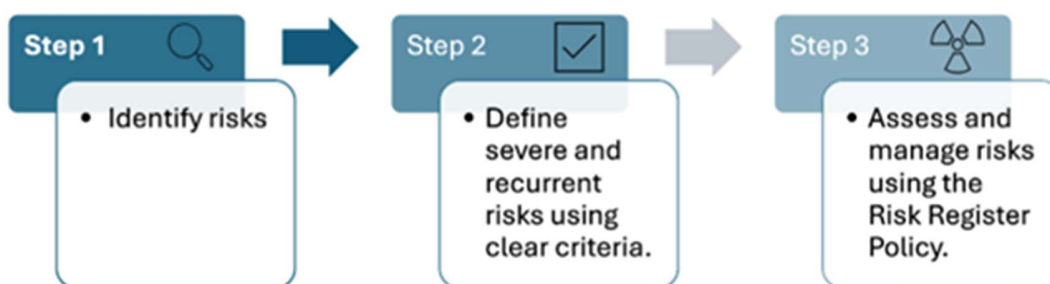
Datix incidents must be submitted by the person who escalated the staffing concern if it is unable to be resolved. Despite this, anyone in scope of this SOP can submit a Datix incident. The escalations and mitigations taken should be recorded within the incident report. Actions required to prevent a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

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



### Step 1 Identify

To identify areas of severe and recurrent risk, NHSGGC Senior Decision makers and Managers within each Directorate / Sector / HSCP shall review monthly:

- Staffing Datix incident reports
- Rosters SSTS or Optima eRoster (where appropriate)
- Locally held records, such as Site Safety 'Huddle' meeting templates or SafeCare (if utilised), should be reviewed for staffing-related incidents. This 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

### Step 2 Define

Senior Decision makers and Managers within each Directorate / Sector / HSCP are required to identify these 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)

### Step 3 Risk Assessment

Each Directorate / Sector / HSCP is required to adhere to 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. Responsibilities for preventative actions should be assigned, with corresponding owners and deadlines. These risks are to be discussed at Senior Management Team meetings, with relevant actions identified, recorded, and reported through applicable governance structures and partnership forums.

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 NHS GGC Risk Scoring, must be completed and submitted with quarterly HCSSA submissions.

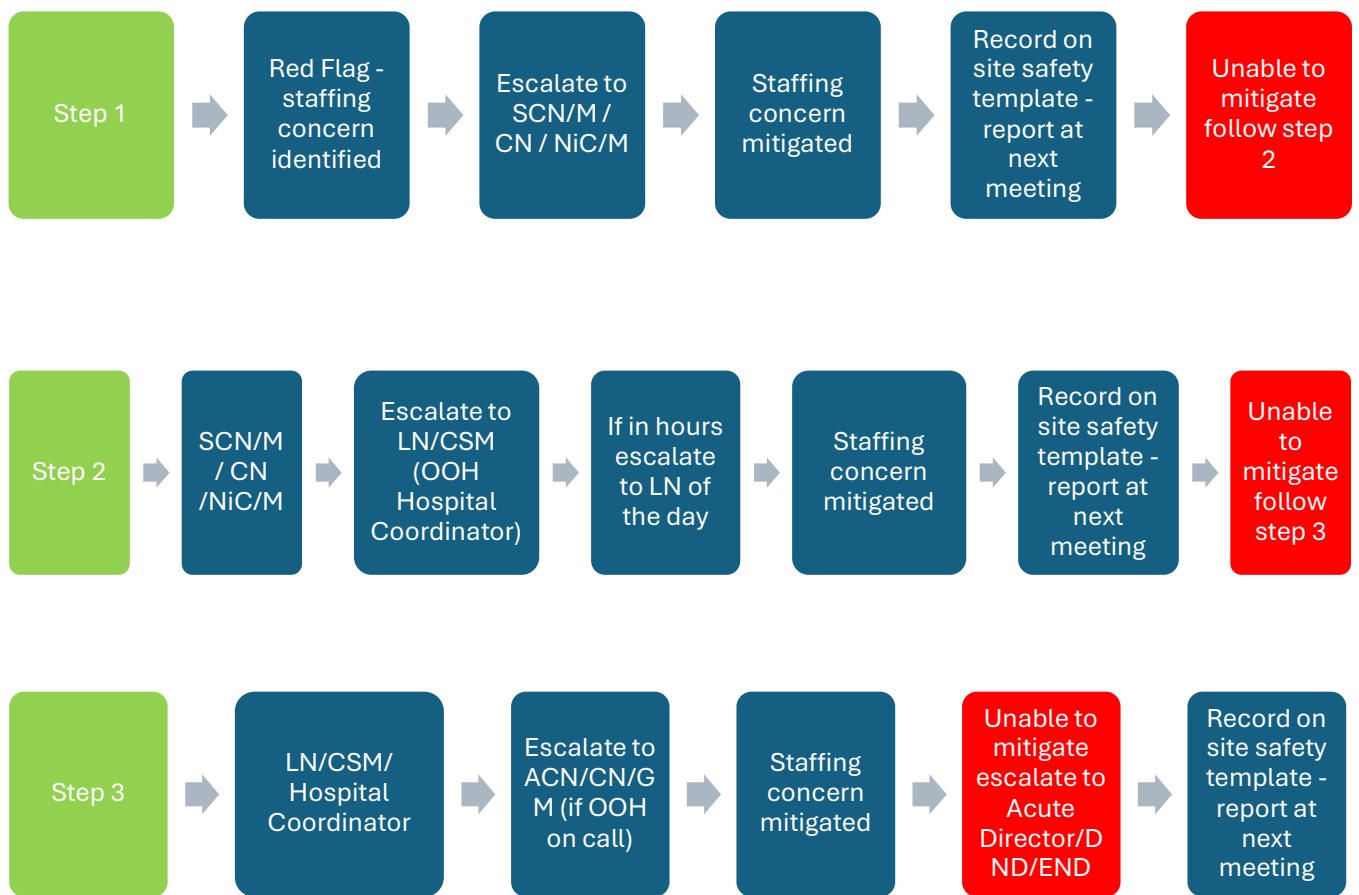
The GGC Risk Management process has an escalation process in place for the management of risks, which would result in a risk being removed from the current Risk Register and escalated to a higher management level risk register. However, for Safe Staffing Risk, there should be a staffing risk identified, as a minimum, at Directorate / Sector / HSCP level. These risks should be used to record the level of Safe Staffing Risk within each area, 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 Directorate / Sector / HSCP level and not escalated to a higher level (i.e. Acute Divisional). This to ensure that there is visibility across Directorates of the staff risk level and escalation of risks to Divisional 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 Directorate / Sector / HSCP. Severe and Recurrent Staffing Risks across NHSGGC undergo quarterly review by corporate team members. Each Directorate / Sector/ 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 Directorates / Sectors / HSCPs, and clear identification of the areas of highest risks or where further action is required.

## 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

and community teams to plan the delivery of safe, effective, person centred care during

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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](#)