

NHS Greater Glasgow and Clyde
SafeCare Real Time Staffing and Risk
Escalation
Nursing and Midwifery
Standard Operating Procedure

Approved by	<i>tbc</i>
Date Approved	<i>tbc</i>
Version	V 1.6
Review date	3 months from date approved
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Purpose

This Standard Operating Procedure (SOP) is designed to ensure compliance with the Health and Care (Staffing) (Scotland) Act (2019) (HCSSA).

It establishes a professional process for using SafeCare real-time staffing assessment and risk escalation, closely integrated with NHS Greater Glasgow and Clydes (NHSGGC's) main [NHSGGC Real Time Staffing and Risk Escalation SOP V1.5 - NHSGGC](#).

This SOP will also be used in conjunction with key policies and user guidelines (**See Appendix 1**). Key definitions can also be found using the [SafeCare National Configuration v3.5](#).

Scope and Responsibilities

All Registered Nurses, Midwives, Healthcare Support Workers, Operating Department Practitioners, senior staff and managers must follow this Standard Operating Procedure (SOP). Individual roles and responsibilities can be found within the Role Cards in **Appendix 2**.

Patients, families, and carers can also say if they are concerned about staffing. Staff must pass these concerns to the nurse, midwife, team leader, or person in charge.

Clinical Leaders must make sure the right reporting steps are in place, and that phone or pager numbers are easy for staff to find.

SafeCare is intended to support, not replace, established escalation procedures. Staff should continue to follow their local escalation protocols alongside the SafeCare system.

For the purposes of this SOP:

A Clinical Leader is, for example, a Senior Charge Nurse / Midwife (SCN/M), Team Leader, and Charge Nurse.

A Senior Decision maker is, for example, a Lead Nurse / Midwife (LN/M), Associate Chief Nurse (ACN), Professional Nurse Lead (PNL), and Chief Nurse (CN).

Education and Training

All Registered Nurses / Midwives, Operating Department Practitioners and Health Care Support Workers must complete the Health and Care Staffing (Scotland) Act (2019) **Informed Level** training on the TURAS platform and Clinical Leaders and Senior Decision Makers must complete **Skilled Level**.

[Health and Care Staffing in Scotland | Turas | Learn](#)

Clinical Leaders **must** ensure they maintain a manual record of staff completion locally.

SafeCare System Guidance

Quick Reference Guides (QRGs) and demonstration videos can be found on NHSGGC CORE e-Rostering SharePoint page: [GGC-CORE eRostering - Home](#). These are the training provisions for staff learning to navigate the SafeCare system [SafeCare](#).

Professional Real Time Staffing and Risk Escalation Guidance

All policies, guidance and documents relevant to Real-Time Staffing and Risk Escalation are provided in **Appendix 1**.

Risk escalation process frequently asked questions can be found within [NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC](#)

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

What is SafeCare?

SafeCare is a nationally approved system designed specifically for staff to support real-time staffing assessment and the escalation of risks. The system helps you manage staffing levels during your current shift as well as plan ahead for upcoming shifts. By using SafeCare, you can identify and address staffing risks as they arise, and take action to either mitigate or escalate issues, ensuring safe and effective care for patients.

SafeCare complements existing Workforce Business Systems, including Optima (eRostering) and LOOP (bank shifts). Therefore, it is essential that rosters accurately reflect the current staff on a roster, including absences. It is also essential that the roster is aligned to the correct funded establishment.

Using SafeCare increases the robustness of local real time staffing and risk escalation which must be used alongside the system. The system provides oversight of staffing in real time at site safety meetings, thereby providing Clinical Leaders and Senior Decision Makers with information required to take action to address risks identified.

How does SafeCare work?

Each team receives an automatic RAGG status (**Appendix 4**), this is based on the attendance monitoring of staff, a person-in-charge being highlighted and level of care entry (when appropriate).

Staff **MUST** agree or disagree with the automated RAGG status by applying Professional Judgement, documenting this with either a mitigation or an escalation and the actions taken for this.

SafeCare also includes reporting functions that support various elements of the HCSSA. The name and definitions of these reports can be found in **Appendix 5**.

Safe Care Light

SafeCare Light is used by certain teams during the implementation phase of SafeCare, particularly where no roster is available in Optima. This ensures the area can still monitor and report on real-time staffing levels and risk escalation. However, SafeCare Light does not provide an automatic RAGG status.

This approach is necessary because we are currently in the implementation phase for Optima. In the interim, teams still need access to a resource that supports real-time staffing assessment and risk escalation. SafeCare Light serves as a temporary solution, enabling staff to monitor and report on staffing levels and risks during this transition period until Optima is fully operational.

Access to SafeCare

SafeCare access and user access request information can be found here: [SafeCare](#)

Appendix 3 highlights how access to SafeCare Visibility and Reporting will look like.

Site Safety Meeting

Services **MUST** integrate SafeCare into their site safety meeting processes in a way that best meets the needs of their area.

SafeCare is expected to become the **standard tool** used during site safety meetings, replacing all previous site-safety staffing recording templates to prevent duplication. SafeCare can automatically generate a table that works alongside the Sunburst view, providing:

- a **single source of truth** for staffing and risk information

- a **consistent structure** for discussion
- a **clear audit trail** of decisions, escalations, and mitigations

This ensures staffing and risk-escalation conversations are transparent, standardised, and fully aligned with real-time SafeCare data.

What is a Sunburst?

SafeCare uses an interactive **Sunburst display** to show each area's RAGG status and whether Professional Judgement and levels of care (where appropriate) have been applied. Clinical Leaders and Senior Decision Makers can view multiple areas at once, supporting safe staff deployment, improving skill mix, and addressing staffing gaps. Examples of this can be found in **Appendix 6**.

This information can also be viewed in a table which provides a snapshot of daily staffing demand versus actual staffing across sites. It highlights where registered and HCSW workforce levels are meeting, exceeding, or falling short of planned requirements, and automatically identifies gaps such as missing level of care entries (where appropriate), excess/short hours, skill-mix issues, and any use of temporary staffing. Senior review status, red flags, and professional judgement fields support clinical oversight by showing where additional assessment or escalation is needed. The table can be used by senior nurses, managers, and governance teams to monitor safe staffing, target areas requiring action, and inform assurance reports or operational decisions

How to use SafeCare

Attendance Monitoring (Staff Register)

Quick Reference Guide(s)

[SafeCare - Attendance & Unavailabilities.pdf](#)

[SafeCare - Finalise Duties and Unavailabilities.pdf](#)

[SafeCare - Adjust Duty Times.pdf](#)

Professional Guidance

At the start of each shift, the Clinical Leader or Nurse/Midwife in Charge should record staff attendance in SafeCare. Each rostered staff member must be assigned an attendance status:

Expected (default)

Attended

Unknown.

Staff marked as Attended are included in SafeCare staffing calculations. Staff marked as Unknown are excluded from the SafeCare RAGG calculation for that shift. Attendance can be updated at any point during the shift, and any staff not in attendance should have the appropriate Unavailability added (e.g., Sick Leave, Special Leave).

It is important to note that all staff must adhere to the Once for Scotland Sickness Absence Policy when recording and managing absences in SafeCare. Following this policy ensures that procedures for reporting, documenting, and addressing sickness absences are consistent and compliant with organisational standards, supporting safe staffing and governance throughout the implementation period.

Bank and Agency Staff Reporting

Attendance monitoring in SafeCare **does not replace the need to inform Staff Bank** when Bank or Agency staff do not attend as scheduled. Absences must be reported promptly to ensure accurate records and adherence to safe and well procedures.

Unavailability Panel

The unavailability panel will show how many staff are on annual leave, study leave, sick leave, other leave, and working day etc. The working day's unavailability relates to members of staff who are using their time to lead hours. This allows a full overview of all staffing availability and unavailable staff, e.g. study leave which could potentially be utilised to mitigate risk.

By following these steps, Clinical Leaders can maintain up-to-date and accurate staffing records, supporting safe patient care and effective risk management.

Deployment

Quick Reference Guide(s)

[Safecare - Redeployment.pdf](#)

Professional Guidance

SafeCare supports safe and effective deployment by giving Clinical Leaders real-time visibility of staffing levels, skill mix and excess/shortfall hours. Once attendance, professional judgement and levels of care (where appropriate) are updated, SafeCare highlights areas with unmet demand, red flags or gaps in skill mix, enabling Senior Decision Makers to deploy staff proportionately across wards and departments.

Deployment decisions should focus on matching skills to workload rather than simply moving numbers, ensuring any staff redirected are competent for the receiving area and that core areas remain safe. SafeCare therefore acts as the operational tool that informs fair, transparent and defensible deployment decisions, ensuring the right staff are in the right place at the right time.

Update Census (ONLY for areas with a Speciality Specific Staffing Level Tools)

Quick Reference Guide(s)

[SafeCare - Update Patient Census Data.pdf](#)

Professional Guidance

The Update Census must be updated by the Clinical Leader or Nurse/Midwife in charge of an area to add patient types:

- Levels of acuity for patient types
- Add task types

Staffing Level Tool	Service Area	Multiplier Status	Impact on RAGG	Use of the Tool
Emergency Care Provision	Emergency Care	Zero multipliers	No impact on RAGG	Only to be used during the agreed two weeks of the tool run.

Adult Inpatient	Adult Acute	Has multipliers	Impacts RAGG	To be used once per shift. Two-week tool run will remain on SSTS until 2027
Critical Care	Critical Care	Zero multipliers	No impact on RAGG	To be used once per shift. Not a mandated tool for areas to calculate occupancy.
MHLI Inpatient	Mental Health / Learning Disability	Has multipliers	Impacts RAGG	To be used once per shift.
Maternity	Maternity	Has multipliers	Impacts RAGG	To be used once per shift.
Neonatal	Neonatal	Zero multipliers	Impacts RAGG	

Professional Judgement

Quick Reference Guide(s)

[SafeCare - Professional Judgements.pdf](#)

Professional Guidance

Professional Judgement **MUST** be completed by the Clinical Leader or Nurse/Midwife in charge at least once per shift after attendance monitoring and adding levels of care (if appropriate). Escalations that have had senior oversight and agreement in discussion with clinical leaders or Nurse/Midwife in Charge must be closed by a Senior Decision Maker.

How to Agree, Mitigate or Escalate

Clinical Leaders must review the original RAGG (**Appendix 4**) status to assess for issues, escalated risk, or mitigated risk. Then they should use Professional Judgement Override to select appropriate RAGG status. The action must be recorded using the drop-down box.

The notes section must be used to record.

- If required to escalate who was it escalated to.
- Any mitigation conversations?
- Any disagreements?
- Clinical advice
- Feedback

Senior Review Functionality

Quick Reference Guide

[SafeCare - Switch Between System Access Levels.pdf](#)

Professional Guidance

This functionality provides Senior Decision Makers with the ability to review, approve, or amend Professional Judgements recorded in SafeCare.

This supports Boards to evidence the requirements set out in the Health and Care (Staffing) (Scotland) Act) 2019, by enabling a clear and recorded chain of decision-making between the Clinical Leaders and Nurse/Midwife in Charge and the senior reviewer.

- Areas identified as **RED MUST** receive a senior review
- Senior Decision Maker must either approve the Red rating (signifying the organisation is knowingly holding risk) or amend the rating if mitigations change the assessed level of risk.

Unmitigated red RAGG statuses MUST be reported on Datix to ensure the risk escalation processes are adhered to in alignment with the NHSGGC Real-time staffing & Risk Escalation SOP.

Best practice is to apply senior review to all **AMBER** areas.

This ensures accuracy of risk status, supports understanding of local mitigations, and helps ensure consistency between clinical areas. While not mandated, it is strongly encouraged.

Senior review should be used as a quality assurance mechanism and Senior Decision Makers must ensure that the Professional Judgement is closed.

Spot-checking Professional Judgement entries helps assess staff understanding of risk assessment, supports learning, and identifies where further support or clarification may be required

Red Flags – to record escalations outwith professional judgement applications.

Quick Reference Guide

[SafeCare - Red Flags.pdf](#)

Professional Guidance

Red Flags may occur due to:

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

During a site safety meeting, all teams declaring a **RED** RAGG status must also raise a red flag if unable to mitigate.

Red flag events that occur outside the site safety meeting must be recorded and addressed appropriately using NHSGGCs Safe to Start process: [NHSGGC Safe to Start - Real Time Staffing](#) and locally agreed escalation processes. Within the notes section of red flag, it would be beneficial for staff to include:

- Who was the red flag escalated to?
- What was the mitigation and conversation?
- Are there any disagreements?
- Can this be closed or is appropriate clinical advice required?
- If clinical advice is required, who provided it and what was agreed?
- Provide feedback to the staff member who raised the red flag

For areas using SafeCare Lite to raise a red flag, a full audit trail is available via reporting.

Raised Red Flags should be noted and should be carried forward to the next site safety meeting for discussion and formal acknowledgement, even if it has already been mitigated.

Once a Red Flag has been resolved, the Clinical Leader or Nurse/Midwife in Charge of an area must close it – this will turn the red flag grey.

Red Flag Reporting /Senior Oversight

The Clinical Leader or Nurse/Midwife in Charge must review the Red Flag report at each shift handover to close any red flags that have been mitigated or further escalated red flags that remain open.

Red flags and Professional Judgement require senior review by the Senior Decision Makers to see risks and mitigations in real time rather than retrospective Datix.

This allows Senior Decision Makers to approve or amend the entry to support informed decision making and appropriate workforce response to support the areas that have the greatest need. It is required that all areas develop this process within their own local context and have ownership of how this will be utilised.

Reporting red flags on SafeCare can support severe and recurrent risk processes; this is detailed in **Appendix 7**.

Red Flags are a real-time resource; they do not replace other risk escalation processes in place. When there has been a harmful event or issue that has occurred then Datix must be used. This includes safe staffing issues, patient harm, staff well-being/harm, delays in services, and all other risk escalation processes.

Disagreements

A disagreement may be raised by staff at any point during the real-time staffing and risk escalation process, including:

- 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 also choose to request a review of the decision. This must be documented on SafeCare within the Professional Judgement Actions and/or Red Flag notes comment section. The only exclusion from this is where the final decision has been made by the members of the Board.

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 mitigations are not possible, the Safe to Start guidance will be used to explore other options. [Appropriate Clinical Advice](#)

Staff involved in staffing decisions under **NHSGGC's Safe to Start process** may need **clinical advice** when:

- They are **not a clinician**,

- They are assessing risk or making decisions about a clinical workforce they are **not professionally responsible for**, and/or
- They are making decisions in a **specialty or setting outside their own expertise**.

In these situations, clinical advice must come from someone who:

- Has **clinical expertise** in the relevant area, and
- Has **responsibility for the clinical workforce** involved in the staffing concern.

Who can provide clinical advice?

- **In Hours:** Senior Nurse/Lead Nurse/Midwife, Senior Charge Nurse/Midwife/Team Lead
- **Out of Hours:** District Nurse/Nurse/Midwife in Charge, Hospital Coordinator
- **Senior Decision Makers:** Associate Chief Nurse, Chief Nurse, Deputy Nurse Director, Service Manager

How clinical advice should be used

- The person seeking advice must **consider it carefully** when deciding whether to **mitigate, escalate, or accept** the risk.
- If the final decision **conflicts** with the clinical advice, the advisor may:
 - Record their disagreement on SafeCare within the Professional Judgement Actions and/or Red Flag notes comment section.
 - Request a review from any relevant decision-maker (up to but **not including** NHSGGC Board members).

Appendices

Appendix 1 – Policies and Resources

Policy / Resource	Description / Link Reference
NHSGGC Rostering Policy and Common Staffing Method SOP	NHSGGC Common Staffing Method SOP - NHSGGC NHSGGC NM Rostering Policy 17 02 16 V2
eRostering National Configuration (SafeCare) Expert Working Group Outputs	SafeCare National Configuration v3.5
NHSGGC Safe to Start – Real Time Staffing	Includes Safe to Start guidance and local escalation processes. NHSGGC Safe to Start - Real Time Staffing .
Risk Register Policy and Guidance for Managers	Guidance for managing and documenting risks locally. Risk Register Policy and Guidance for Managers - ARC approved Dec 2022
GGC Datix	Incident Management Policy
SafeCare Training Materials (CORE Rostering)	Training resources provided by CORE eRostering: GGC-CORE eRostering homepage . SafeCare - QRGs
Attendance Policy	Attendance Policy NHS Scotland

Appendix 2 –Role Cards for Clinical Leaders and Senior Decision makers

These role cards are not exhaustive and are intended to support the day-to-day operationalisation of SafeCare. They do not cover Severe and Recurrent risk processes, which must also be followed alongside these cards. A Clinical Leader can delegate roles and responsibilities to identified Nurse / Midwife in charge.

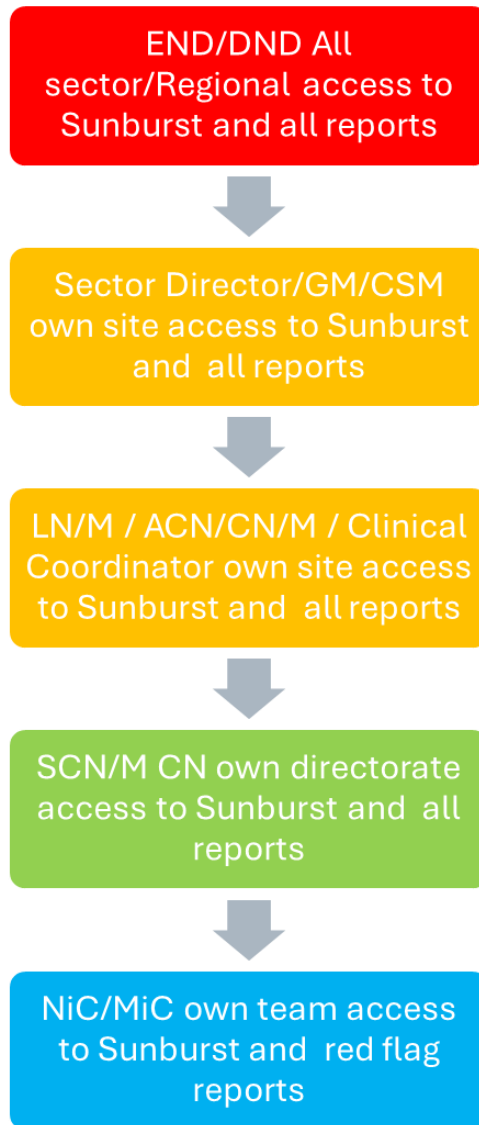
Role Card 1 – Clinical Leader		
Required Actions	Tick once completed	Comments
Ensure SafeCare attendance monitoring is completed at the start of each shift.		
Confirm that a Nurse/Midwife in Charge is allocated in SafeCare for every shift.		
Ensure automated RAGG status is reviewed, and Professional Judgement applied at least once per shift.		
Ensure Professional Judgement Reason and Professional Judgement Action is documented in SafeCare.		
Identify, mitigate, or escalate any risks following Safe to Start guidance.		
Ensure all escalations, conversations, disagreements, and clinical advice is recorded in the SafeCare notes.		
Ensure Update census (Levels of Care and Task Types) is completed where a specialty-specific staffing tool is used.		
Ensure skill mix, workload, patient acuity/dependency, and local context is reviewed when applying Professional Judgement.		
Deploy staff safely using SafeCare visibility - ensuring redeployment decisions match skill mix, competence, and workload.		

Ensure a Red Flag is raised for any unmitigated Red RAGG or significant staffing concerns.		
Ensure mitigated Red Flags and Professional Judgements are closed or escalated for senior review if required.		
Provide real-time feedback to staff regarding decisions, mitigations, and next steps.		
Ensure disagreements are handled via supported conversation and documented clearly.		
Contact Senior Decision Maker for advice or review when risk cannot be mitigated locally.		
Attend site safety meetings and contribute to discussions using SafeCare Sunburst/table views.		
Ensure local escalation processes are followed in hours and out of hours.		

Role Card 2 – Senior Decision Maker		
Required Actions	Tick once completed	Comments
Review Professional Judgements recorded by Clinical Leaders and assess accuracy and quality.		
Complete a Senior Review for all RED areas		
Apply Senior Review to AMBER areas as best practice to support consistency and understanding of mitigations.		

Document review decisions, amendments, and any actions taken within the Senior Review functionality.		
Provide timely feedback to the Clinical Leader regarding the outcome of the review and required next steps.		
Offer appropriate clinical advice when requested or when risk cannot be mitigated locally.		
Consider wider workforce, site pressures, and cross-area solutions as part of risk mitigation.		
Confirm when the organisation is knowingly holding risk (approving a RED) and document rationale.		
Review and close mitigated Red Flags or escalate unresolved risks as required.		
Support interpretation of RAGG status, clarifying discrepancies or misunderstandings within teams.		
Undertake quality assurance through spot-checking Professional Judgement entries.		
Facilitate or participate in supported conversations where disagreements arise.		
Ensure local escalation processes are followed, including out-of-hours pathways.		
Ensure decisions and actions taken are compliant with the HCSSA statutory guidance.		

Appendix 3- Access to SafeCare Visibility and Reporting



Appendix 4 – National RAGG Classification

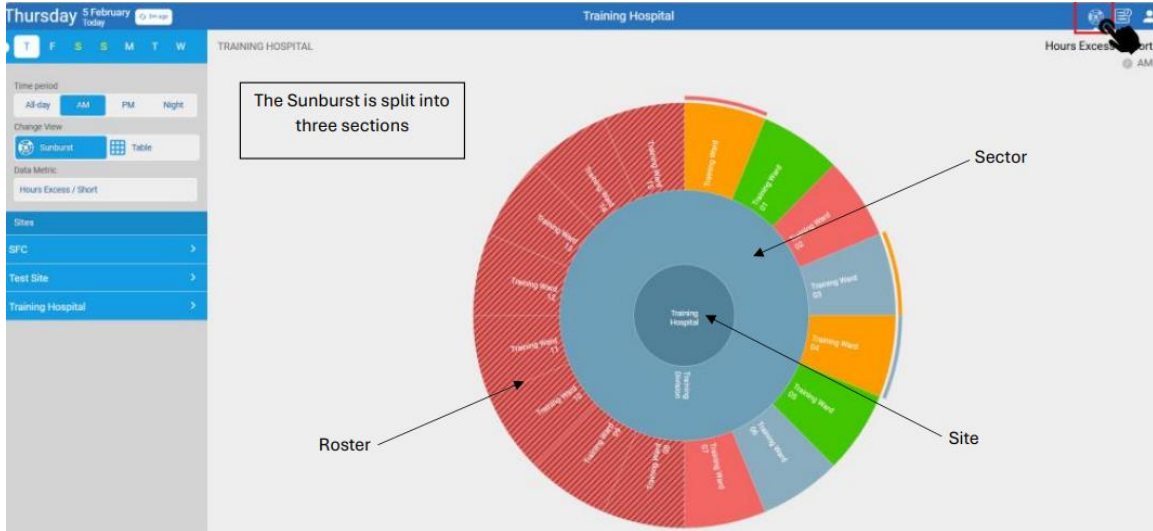
Red	Over utilisation safe and appropriate staffing is compromised. Potential of missed care and /or high risk to service delivery. Cannot assist with shortages and action required.
Amber	Over-utilisation potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery
Grey	Acceptable utilisation 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	Under utilisation safe and appropriate staffing. There are excess staffing hours and the potential to assist with shortages.

Appendix 5- SafeCare Reports and Definitions

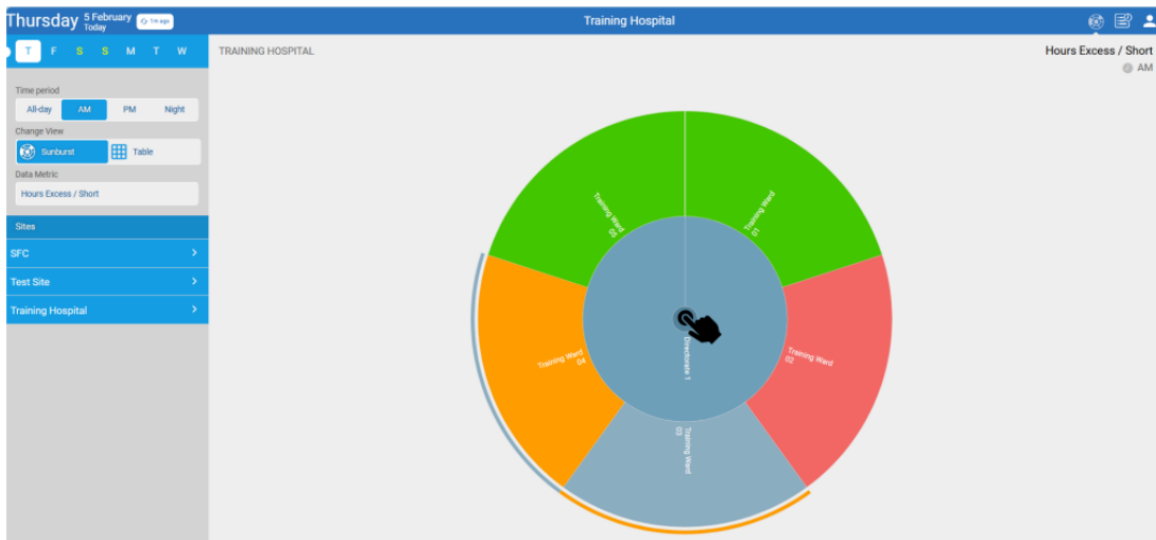
Report Name	Definition / What It Shows
SafeCare Compliance	This report specifically tracks compliance with updating census entries.
Red Flag Search	Allows users to view all Red Flag events raised within a chosen time frame, across selected wards or areas.
Red Flag Owned by Me	Shows Red Flags that are assigned to the logged-in user and require action or closure.
Red Flag Analysis	Summarises trends in Red Flags, including frequency, timing, reasons, and areas where they occur most often. Useful for identifying severe and recurrent risks.
Professional Judgement Report	Lists all Professional Judgement (PJ) entries, including reasons and actions taken (PJR & PJA). Helps review decision-making and quality assurance, and severe and recurrent risks
SafeCare Stats by Census	Shows staffing information collected during census periods (e.g., RAGG status, staffing levels, PJ decisions).
SafeCare Analysis	A detailed report comparing required versus actual staffing, RAGG patterns, Professional Judgement activity, and staffing variances over time.

SafeCare Variance by Unit	Shows how each unit differs from expected staffing levels, highlighting over- or under-staffing patterns.
Redeployment Stats	Records where staff have been redeployed to/from, supporting understanding of movement, pressure areas, and demand trends.
Required vs Actual Staffing	Compares staffing requirements (based on workload and acuity) with actual staff on duty for each shift.
Today / Tomorrow	Gives an overview of staffing for the current and upcoming shift, highlighting immediate or predicted gaps.
Patient Data	Shows census-related patient information such as dependency, acuity and workload used to calculate staffing requirements.
Hours Worked	Details hours worked by staff, including contracted, actual, additional, or redeployed hours.
Patient Analysis	Summarises patient characteristics (e.g., dependency/acuity levels) that contribute to workload scoring and staffing requirements.

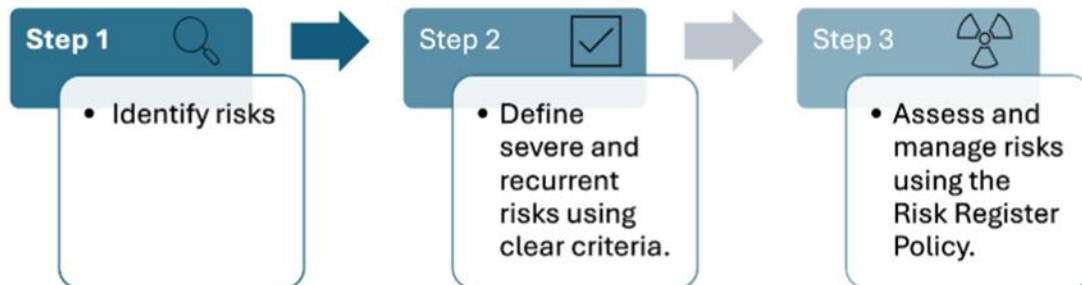
Appendix 6 – Sunburst Site Specific View



Sunburst Sector Specific View



Appendix 7 - Severe and Recurrent Risk

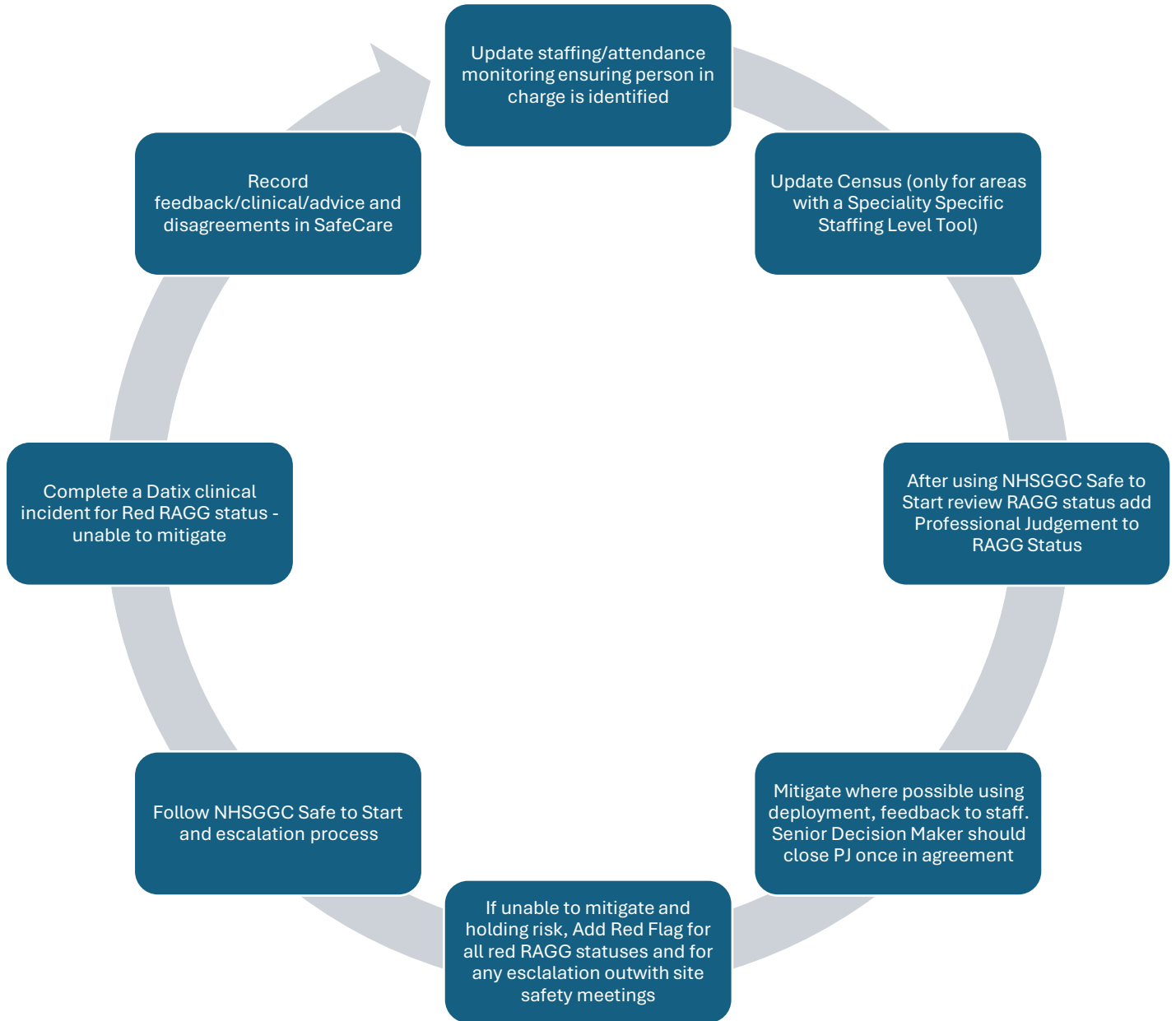
**Table: Steps for Identifying, Defining, and Assessing Staffing Risks**

Step	Title	What Must Be Done	Details / Examples
Step 1	Identify	Senior Decision Makers and Managers review staffing-related information monthly to identify areas of severe or recurrent risk.	<p>Sources to review:</p> <ul style="list-style-type: none"> - Staffing Datix incident reports - Rosters (SSTS or Optima eRoster) - Locally held records (e.g., Site Safety Meeting notes, SafeCare data) <p>What to look for:</p> <ul style="list-style-type: none"> - National RAGG status (before & after mitigation) - Evidence of escalation and outcomes - Recorded mitigations (incl. clinical advice) - Any disagreements during staffing management

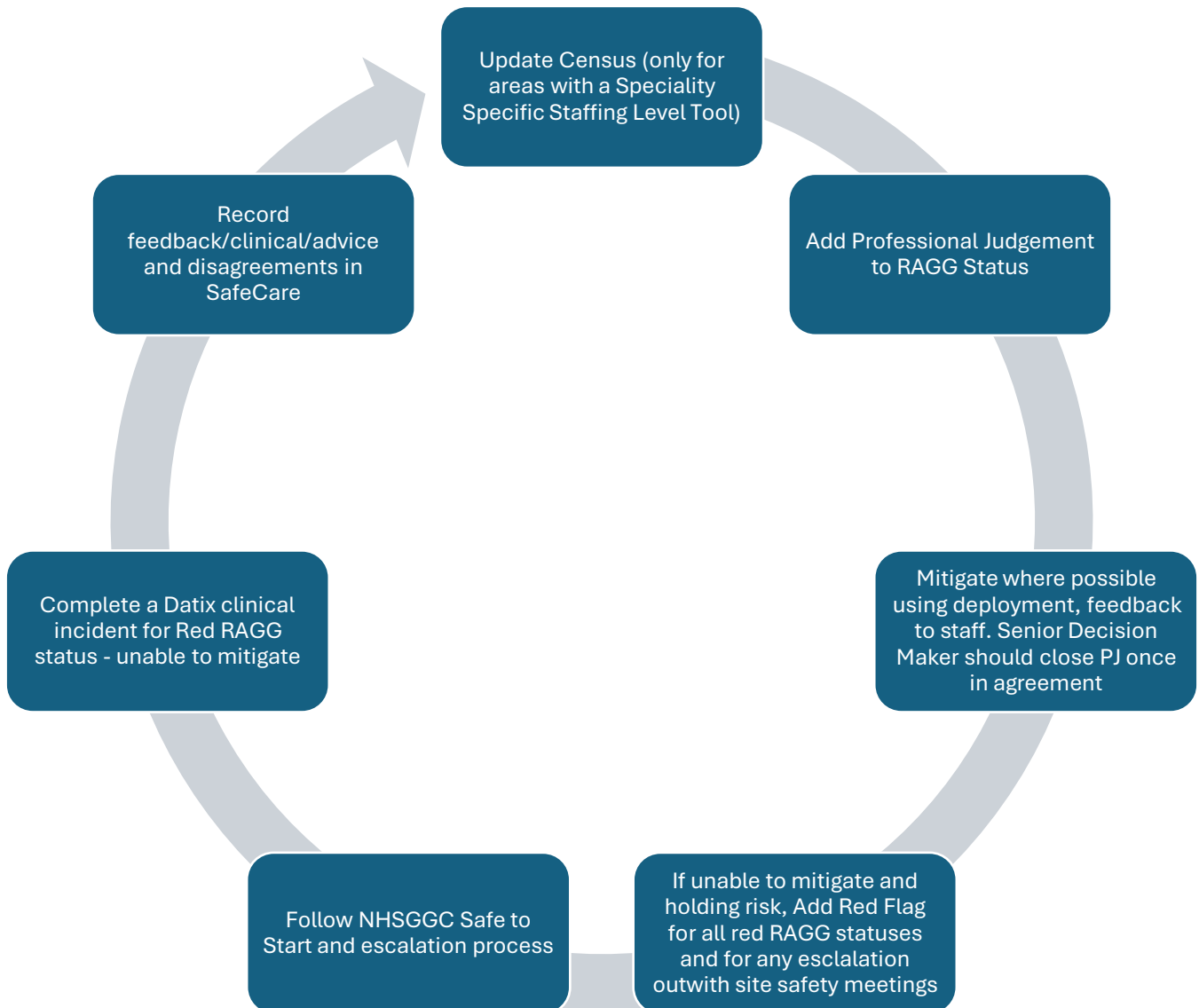
<p>Step 2</p>	<p>Define</p>	<p>Apply national definitions to determine whether a risk is severe or recurrent.</p>	<p>Severe Risk:</p> <ul style="list-style-type: none"> - Red Flag event (unmitigated Red RAGG) — must be Datixed. <p>Recurrent Risk:</p> <ul style="list-style-type: none"> - Frequent AMBER/RED RAGG statuses before or after mitigation - Repeated Red Flags involving: <ul style="list-style-type: none"> • Staffing reductions • Patient experience concerns • Service delivery or safety issues • Staff wellbeing issues - Mitigations that negatively affect service (e.g., cancelled activity, training, Clinical Leader taking a workload)
<p>Step 3</p>	<p>Risk Assessment</p>	<p>Risks must be formally assessed and managed using existing NHSGGC risk processes.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> - Follow Risk Register Policy & Guidance for Managers - Monthly review of severe & recurrent risks to ensure accurate scoring - Assign owners and deadlines for prevention actions - Discuss risks at Senior Management Team meetings <p>Risk Register Use:</p> <ul style="list-style-type: none"> - Severe and recurrent risks must be entered into the Datix Risk Module

			<p>- HSCPs using alternative registers must submit Excel Risk Reporting (aligned to GGC scoring) with quarterly HCSSA returns</p> <p>Where risks are held:</p> <ul style="list-style-type: none">- Staffing risks should remain at Directorate / Sector / HSCP level for visibility- They should not be escalated to Divisional level unless required by wider risk policy (not applicable for Safe Staffing risk) <p>Oversight:</p> <ul style="list-style-type: none">- Quarterly corporate review of Severe & Recurrent Staffing Risks- Directorates / Sectors / HSCPs provide reports outlining:<ul style="list-style-type: none">• Current risk scores• Changes• Planned mitigations <p>This ensures NHSGGC has a clear profile of highest-risk areas and any actions required.</p>
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Example 1 - NHSGGC SafeCare Process (eRostering (Optima) and Safe Care)



Example 2 - NHSGGC SafeCare Process (SafeCare Lite)



Professional Judgement Examples

The charge nurse enters patient data and the system flags the ward as RED due to the hours short. However, the shift includes two senior nurses with advanced IV and deteriorating patient skills, and agency staff familiar with the department. Professional Judgement is applied to downgrade from RED to AMBER, noting that the skill mix is safe and escalation pathways are in place with the situation to be reviewed in the midday census.

The ward initially shows GREY based on staffing numbers. During the shift, two patients deteriorate requiring enhanced observations, increasing workload significantly. Professional judgement is used to escalate from GREY to AMBER with notes added regarding increased acuity levels and close monitoring required. Nurse in Charge to review as the day progresses.

The night shift is flagged RED due to the reduced staffing numbers. However, all staff on duty are highly experienced nurses and patient acuity is low with stable observations. Professional Judgment is applied to downgrade from RED to AMBER, noting staff experience and low ward activity.

The ward is AMBER due to a late sickness call. A staff member from a neighbouring ward is redeployed for half the shift. Professional Judgement is applied to downgrade from AMBER to GREEN, notes to show temporary cover and review at second census period.

The ward is flagged GREEN but the shift consists of newly qualified staff and students, with only one experienced Nurse in Charge. Professional Judgement is applied to escalate from GREEN to AMBER, documenting concerns regarding supervision and support requirements. Local escalation process is completed to ensure senior oversight.