Microbiology Real Time Staffing & Risk Escalation Procedure	
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DOCUMENT REVIEW HISTORY		
All document details are available in Q-Pulse		

Date	Amendment	Initials
Further Amendments will require the document to be updated to the next version, incorporating all previous listed amendments		

1. Purpose and Scope

This document describes how Microbiology monitors Real-Time Staffing and Escalation, in accordance with the Health and Care Staffing (Scotland) Act (2019) (HCSSA). This SOP has been adapted for local use and is based on the NHSGGC Real Time Staffing and Risk Escalation SOP:
[NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC](#)

2. Responsibility

The NHSGGC Real Time Staffing and Risk Escalation (RTS) SOP details the roles and responsibilities in relation to this legislative duty. The Senior Technical Management team have the clinical leadership responsibilities under the definitions of the HCSSA for RTS and Risk Escalation.

3. Procedures

Real Time Staffing Hierarchy

It is a requirement of the Health and Care Staffing Act 2019 that all services have nominated 'clinical leaders' within the service that are responsible for the monitoring of real-time staffing (RTS) and that there is a clear route of escalation for reporting and dealing with staffing issues within the service.

Clinical leaders are those making dynamic on-site resource decisions related to staffing and work output, and identifying/escalating risk. Clinical Leads are identified and are site-specific, however could be temporarily cover alternative site as directed by their line manager.

Clinical Leaders:
Operational Managers
Quality & Compliance Managers

These staff report to and will escalate to the Service Manager & Technical Service Manager for Microbiology as the more senior decision-maker.

Real-Time Staffing and Record Keeping

Presently, there is no centralised record of RTS within Microbiology. There are various excel spreadsheets that contain all the staffing information and this is supplemented with SSTS. A formal process of pulling this into one area is in progress with the trial of SafeCare. In this interim period daily staff huddles (Monday to Friday) and daily staff emails (7 days a week) will continue to be the method for capturing RTS on a daily basis with the responsibility of the clinical leads and senior management team ensuring that both spreadsheets and SSTS are updated accurately.

Staffing levels are incorporated and discussed at daily huddles. The Senior Management Team and Technical Managers have the responsibility to use the following mitigations:

- o Reallocating staff
- o Cancelling or postponing non urgent activity to free up staffing resource
- o Run shift with a safe level of absence uncovered if appropriate to do so

Disagreements may occur in relation to any staff involved in the real time staffing assessment or risk escalation in:
- o Identifying a risk
- o Attempting to mitigate a risk
- o Giving clinical advice in relation to mitigation of risk
- o Reporting a risk (including onward reporting)
- o Giving clinical advice on a risk

Details of decisions and context will be detailed in daily huddle emails and a record can be formally raised in QPulse as part of the NC. Where staff disagree with a decision, they may record it in QP under the CAPA module. It is good practice to review the numbers and reasons for formal disagreements as part of governance arrangements.

Definition of Risk Matrix
The RTS levels within the service will be categorised as:
- Red (insufficient staffing with impact on patients and/or staff and limited/no mitigation possible)
- Amber (insufficient staffing with potential or possible impact on patients and/or staff with some mitigation possible)
- Grey (sufficient staffing with potential level of flexibility)
- Green (sufficient staffing) status with potential to reduce numbers

RED	Over utilisation safe and appropriate staffing is compromised. Potential missed care and/or high risk to service delivery. Cannot assist with shortages and action required.	**Critical Level - 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.	**Alert Levels - Review**
GREY	Acceptable utilisation. Safe and appropriate staffing are working within parameters and do not need any additional staffing hours. Potential to be able to assist with shortages.	**Safe**
GREEN	Under utilisation safe and appropriate staffing. There are excess staffing hours and the potential to assist with shortages.	**Safe**

Examples within Microbiology for the using the RAGG status

RED

- No On call BMS cover for shift
- Below minimum numbers (unplanned and unsafe)
- Reduced staffing numbers due to adverse event
- Working to multiple contingency arrangements with acute work cancelled or delayed beyond acceptable TAT's

AMBER

- Below minimum numbers (unplanned and potential posing a risk)
- Working to any established business continuity/Action cards due to staffing levels
- Utilising all managers for backfill for whole shift
- Cancelling or postponing non urgent/critical work e.g. training, meetings, rotations

GREY

- Staffing levels safe to cover service

GREEN

- Staffing levels safe with flexibility to move staff to other areas to cover service
- Flexibility for additional staff leave/study time

Once the level has been assessed it should be recorded and escalated as appropriate.

Datix must be used for recording Red events as part of the RTS and escalation process.

<u>Monthly Reporting</u>

As part of the MMT and using the Balanced Scorecard and Compliance Report the RTS records, Datix & Risk Register records will be captured and presented monthly to the meeting chaired by the Head of Service and attended by the full senior management team including the Diagnostic General Manager.

Quarterly Reporting

Recording the occurrence using this and the GGC SOP a quarterly report will be established and presented to the NHS GGC Laboratories General Manager, NHS GGC Diagnostics Clinical Director & NHS GGC Diagnostics Director.

On a quarterly basis, the number of occurrences of Amber and Red RTS issues will be reported to the NHS GGC Diagnostics Director, together with detail on whether these were chronic or acute issues reported. It is absolutely imperative that colleagues outside of laboratory services are aware that these occurrences cannot be interpreted on a numerical basis only, and that the data must be interpreted together with the detail as to whether the occurrences were chromic or acute. In the absence of this context, there is a very real possibility that multiple acute occurrences could be seen to outweigh a single occurrence of a chronic RTS issue, which would not be appropriate.