Realtime Staffing and Risk Escalation Standard Operating Procedure

Department of Anaesthesia North Sector

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Approved by	
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Purpose

This Standard Operating Procedure (SOP) supports the Department of Anaesthesia to fulfill the duties of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA), enacted in April 2024. The main duties this SOP relates to are:

- 12IC: Duty to have real-time staffing assessment in place
- 12ID: Duty to have a risk escalation process in place
- 12IE: Duty to have arrangements to address severe and recurrent risks
- 12IF: Duty to seek clinical advice on staffing

These duties are required to be in place and maintained to ensure appropriate staffing for:

- The health, wellbeing and safety of people in our services
- The provision of safe and high-quality health care
- In so far as it affects either of those matters, the wellbeing of staff

The full generic NHSGGC SOP can be accessed here:

NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC

This SOP is intended to be used by the CD of Anaesthesia and those who may have delegated responsibilities for staffing.

Clinical Leadership Responsibilities

The Clinical Director (Dr Kerry Litchfield) has the Clinical leadership responsibilities under the definitions of the HCSSA. Within the Department of Anaesthesia the real-time staffing duties are delegated at times to others: the Rota Runner, the Lead Clinician, the duty Senior On (SO), the duty maternity consultant, and the governance lead as detailed in the following sections.

The full SOP detailing the requirements of clinical leadership can be found here: NHSGGC Time to Lead SOP - NHSGGC

General Principles

- All staff working within the Department of Anaesthesia should be familiar with this SOP and their responsibilities under the HCSSA. Learning resources : Informed level | Turas | Learn (nhs.scot)
- It is the responsibility of the CD or deputy to ensure that this learning is monitored and reviewed regularly.
- Decisions around staffing must take into consideration staff wellbeing.
- Appropriate clinical advice must be sought when making staffing decisions

Reporting unplanned absence

An individual who will be unable to cover their Rota duties must, at the earliest opportunity, alert the Department of Anaesthesia by copying the following into an email, and leaving a message on the departmental answer machine if overnight.

Departmental Administrator	Generic Staffing answer machine and email:
Departmental Secretaries	0141 201 3221
Clinical director	
Lead Clinician	
Rota Runner	
Maternity rota runner	
Governance Lead	
Senior on Anaesthetist (SO) for the affected shift- use CLW rota on your mobile device to determine who this is	Individual's NHS email +/- DECT Phone 0141 956 0731 or page 13259 (when resident)
Maternity Consultant (if applicable)- use CLW to identify who this is.	Individual's NHS email +/- page 12205 (when resident)

The primary method of communication is email but if this is within normal resident hours, paging, DECT phone or SMS can be used **in addition** to email. The messaging function on CLW can be unreliable if the SO is in theatre without a phone signal.

Mitigating unplanned absence **Daytime**

Any staffing issues should be discussed at the twice daily theatre handover huddle. If the Rota gap is in Maternity, the Maternity Consultant should make the SO aware and be involved in mitigation discussions. Unscheduled Care activity is always prioritised, meaning cover is maintained for theatres A, G, H, L, Z6, and PRM Theatres. Additionally, SO, Duty 2, Labour suite registrar, Maternity Consultant and Stobhill page holder roles are maintained. The SO should use CLW to determine which staff of which grades are available. The management/admin team may already have taken provisional Rota actions, which the SO (for the shift concerned) should review from a clinical perspective. The SO should seek appropriate clinical advice from others if the staffing issue is within an area that they are not fully familiar with.

The SO has the delegated authority to use the following mitigations:

1. Allocate a resident available Consultant
2. Allocate a non-resident available Consultant
3. Move an appropriately experienced resident (trainee) anesthetist from a “doubled up” list, The SO (or another delegated consultant) will be clinically responsible for supervision of the resident.
4. Delay theatre starts until appropriate staffing is in place.

Communication and review requests

Rota changes and mitigations must be communicated to those anaesthetists who will be affected. Anyone involved can ask for the mitigations to be reviewed. See the ‘disagreements’ section below if staffing mitigations remain disputed.

Escalation of daytime activity gaps

If the staffing issue remains unmitigated the SO should escalate to the Rota Runner, the CD, and the Lead Clinician. The Lead Clinician and the Rota Runner have authority to activate additional mitigations in the CDs absence.

Clinical Director	Kerry Litchfield	kerry.litchfield3@nhs.scot
Lead Clinician	Andrew Harvey	andrew.harvey@nhs.scot
Rota Runner	Kathryn Hill	kathryn.hill2@xggc.scot.nhs.uk mairi.mackinnon6@nhs.scot

The following additional mitigations can be considered:

1. Authorising additional payments or time in lieu for off-duty staff to cover.
2. Authorising the use of bank or agency staff.
3. Canceling one or more elective theatre sessions to free up staff. This should be discussed in conjunction with the clinical service manager, and/or general manager and the surgeons involved.

Further escalation

In the event that the situation remains unresolved the CD (or their delegate) should escalate to senior management. The GM can authorise decisions that have a budgetary implication and the next tier of medical decision maker is the Chief of Medicine in the first instance.

Chief of Medicine	Mary Brown	mary.brown5@nhs.scot
General Manager	Lorna Reid	Lorna.reid@nhs.scot

The Chief of Medicine will consider other potential actions and may wish to escalate further: to AMD, or MD.

Mitigating unplanned absence- out of hours

Wherever possible, plans should be made within office hours.

Absences should be reported using the methods described above.

Within office hours, in coordination with the SO, the Rota Runner/Maternity Rota runner/CD/Lead Clinician are responsible for the mitigations:

1. Use consultant communication channels to seek off duty volunteers to cover (for consultant gaps).
2. Use trainee Communication channels via the chief residents to seek off duty volunteers (for resident doctor gaps).
3. Reconfiguring the Rota- e.g. changing a resident doctor's duties from daytime to overnight. This must consider the welfare of the doctor and suitable rest time and extra payment as appropriate must be agreed.
4. Authorising staff bank payments (in discussion with Lorna Reid (GM) -within office hours).
5. In the event that no additional cover can be organised, consider running the Rota partially unfilled, e.g. no duty1 or no TW maty trainee. This should be discussed with the relevant SO, Maty Consultant and TW consultant and take into account the welfare of staff and safety of patients.

In the event that the issue occurs out of hours, the SO (in conjunction with the Maty Consultant and TW consultant) is responsible for the above mitigations.

CR 1	Tom Keast	ggc.chiefresidentsgri@ggc.scot.nhs.uk
CR2	Gary Paul	
CR3	Mina Zikry	
CR4	Munsoor Latif	

Escalation out of hours

Where a safety critical gap remains the on-call management team can be contacted in lieu of the CD or CoM.

On call hospital management team	Duty hospital manager	Via switchboard

Role of the Twilight Consultant

If a staffing issue occurs during the Twilight Consultant resident period then they would assume the responsibilities of the SO as above.

Intensive Care Unit

Wherever possible gaps in the ITU rota should be covered internally using the ITU RTS SOP.

Prolonged Absence

It is the responsibility of the Rota Runner and the CD to make the required Rota changes for ongoing absences.

Risk Reporting

The Rota Runner and CD should be copied into all staffing issues.
The CD is responsible for ensuring that a Datix Incident is raised when:

1. There was actual patient harm due to staffing shortages.
2. There was potential for patient harm due to staffing shortages, for example emergency CEPOD times were breached.
3. Clinical Leadership time was used to mitigate the service gap. For example, the CD or their delegate was moved from a job planned clinical leadership session to a theatre session. (If this was a “one off” isolated incident it may not need to be reported).
4. Staffing decisions were made without appropriate clinical advice being sought.

Severe and Recurrent Risks

The CD and the governance lead must have access to Datix reports (and other data that the Rota Runner might hold) on staffing and review these on a regular (e.g. Monthly) basis to determine if the staffing for the Anaesthetic service remains appropriate for the provision of safe and high-quality care, the wellbeing of patients, and the wellbeing of staff.

The CD is responsible for providing an analysis of these reports to the senior management team, including incidences of clinical disagreement, and engaging in discussions about service improvement if appropriate.

Severe and Recurrent risks are raised through the Datix Risk module. The CD or deputy is responsible for this.

The Medical Director is responsible for providing assurance of compliance with the Health and Care Staffing Act in quarterly Reporting.

Disagreements

Any member of the Anaesthetic staff can disagree with a staffing decision. The person making the decision should review alternative actions in light of the disagreement and communicate their decisions to the individual. If the disagreement remains, it should be logged by:

1. The person in disagreement submitting a Datix
2. The person in disagreement should also email the CD (and the person making the staffing decision if this is different).

The CD should analyse disagreement Datix submissions as part of the severe and recurrent risk process above.

RAGG System

Decision makers might find the National RAGG system (adapted for the Department of Anaesthesia) useful when considering risk:

Red	Over utilisation safe and appropriate staffing is compromised. Potential of missed care and /or high risk to service delivery.
Amber	Over-utilisation potential for safe and appropriate staffing to be compromised. Potential of missed care and /or moderate risk to service delivery (eg running the rota without a duty 1)
Grey	Acceptable utilisation safe and appropriate staffing. Are working within recommended parameters and do not need any additional staffing hours. Some potential to be able to mitigate shortages.
Green	Under utilisation safe and appropriate staffing. There are excess staffing hours(eg presence of resident available consultants) and the potential to mitigate shortages.

The Department of Anaesthesia should aim to operate in the GREEN or GREY zones. The CD should ensure that a Datix was completed if a shift ran at RED status and considered if the situation was AMBER -if this subsequently resulted in the potential for harm, for example if CEPOD time categories were not met.

Simplified Flow Diagram for out of hours shifts