
NHS Greater Glasgow and Clyde

# NHS Greater Glasgow and Clyde

# SafeCare Real Time Staffing and Risk Escalation

# Standard Operating Procedure - Generic



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| **Approved by** | *WBS Clinical Reference and User Group* |
| **Date Approved** | *TBC* |
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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 for 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 professional disciplines who provide a clinical service or give clinical advice, including senior staff and clinical leaders must follow this Standard Operating Procedure (SOP). Individual roles and responsibilities can be found at Roles in scope of the Act - Health and Care (Staffing) (Scotland) Act 2019: overview - gov.scot**.**

Patients, families, and carers can also say if they are concerned about staffing. Staff must pass these concerns to the 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.**

## Education and Training

All professional workers as named in the Act must complete the Health and Care Staffing (Scotland) Act (2019) **Informed Level** training on the TURAS platform and service Clinical Leaders and Senior Decision Makers must complete **Skilled Level.**

Clinical Leaders **must** ensure they maintain a manual record of staff completion locally as at this point, this is not provided by the Turas System. Suggest recording as part of PDP-R or 1-1 records.

**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**. Some of these documents are restricted within the NHSGGC Network, if you are having any issues accessing, please email **ggc.healthcare.staffing@nhs.scot**

Risk escalation process frequently asked questions can be found within NHSGGC Real Time Staffing and Risk Escalation SOP - NHSGGC

## What is SafeCare?

SafeCare is a nationally approved system designed as part of the HCSSA 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 is part of the Workforce Business Systems suite, including Optima (eRostering) LOOP and BankStaff). 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 (the budget and can be confirmed by your allocated Business / Finance Manager).

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 agreed points in the day to ensure the service is appropriately staffed, , 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 3)**, this is based on the attendance monitoring of staff, a person-in-charge being highlighted and level of care entry (when appropriate). In some cases the person in charge may not be on the relevant Roster or SafeCare RTS & RE.

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 4.**

**Access to SafeCare**

As part of the Boards WBS Programme you will be approached regarding onboarding. For any new staff in areas live with SafeCare, user access request information can be requested via ggc.coreerosteringteam@nhs.scot and more information can be found here: SafeCare

## Assessing if a Service is Appropriately Staffed

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

SafeCare is expected to become the **standard tool** used daily, replacing all previous safe service assessments or staffing recording templates to prevent duplication. SafeCare can automatically generate a table that works alongside a visual Sunburst view, providing:

- a **single source of truth** for staffing and risk information (risk as defined in the Act)
- a **consistent structure** for discussion and outputs
- a **clear audit trail** of decisions, escalations, and mitigations

This ensures staffing related risk conversations are transparent, standardised, and fully aligned with real-time SafeCare data as required in the Act. What is a Sunburst? SafeCare uses an interactive **Sunburst display** to visualise each area's RAGG status and whether Professional Judgement has been applied. Clinical Leaders and Senior Decision Makers can view multiple areas at once, supporting safe staff deployment, improving skill mix, and actions as a result of staffing gaps. Examples of this can be found in **Appendix 5.**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 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 clinicians, managers, and governance teams to monitor safe staffing, target areas requiring action, and inform assurance reports or operational decisions.

## How to use SafeCare

**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 Clinician 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 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.

## Professional Judgement

**Quick Reference Guide(s)**

SafeCare - Professional Judgements.pdf

**Professional Judgement**

Professional Judgement **MUST** be completed by the Clinical Leader 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 must be closed by a Senior Decision Maker.

## How to Agree, Mitigate or Escalate

Clinical Leaders must review the original RAGG **(Appendix 3)** 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 as a staff related incident 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 out with 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 locally agreed escalation processes. Within the notes section of red flag, it is 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

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

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

### Red Flag Reporting /Senior Oversight

The Clinical Leader clinician 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 retrospectively in 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 6.**

**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.*

### Appropriate Clinical Advice

Staff involved in appropriate staffing decisions 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.


**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 |
|---|---|
| **eRostering National Configuration (SafeCare) Expert Working Group Outputs** | SafeCare National Configuration v3.5 |
| **Risk Register Policy and Guidance for Managers** | Guidance for managing and documenting risks locally. Risk Register Policy and Guidance for Managers - ARC approved Oct 2025 |
| **GGC Datix** | Incident Management Policy |
| **SafeCare Training Materials (CORE Rostering)** | Training resources provided by CORE eRostering: GGC-CORE eRostering homepage.<br>HCSSA Optima QRG<br>HCSSA Optima Navigation Video<br>HCSSA Data Gathering N&M<br>HCSSA LOOP QRG<br>HCSSA SafeCare RTS & RE<br>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 is defined in the accompanying SOP NHSGGC Time to Lead Standard Operating Procedure V5 - NHSGGC

| Role Card 1 – Clinical Leader | | |
|---|---|---|
| **Required Actions** | **Tick once completed** | **Comments** |
| Ensure SafeCare attendance monitoring is completed at the start of each 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. | | |
| Ensure all escalations, conversations, disagreements, and clinical advice is recorded in the SafeCare notes. | | |
| Ensure skill mix, workload, , 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. | | |

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| 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. | | |
| 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. | | |

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| 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 – National RAGG Classification

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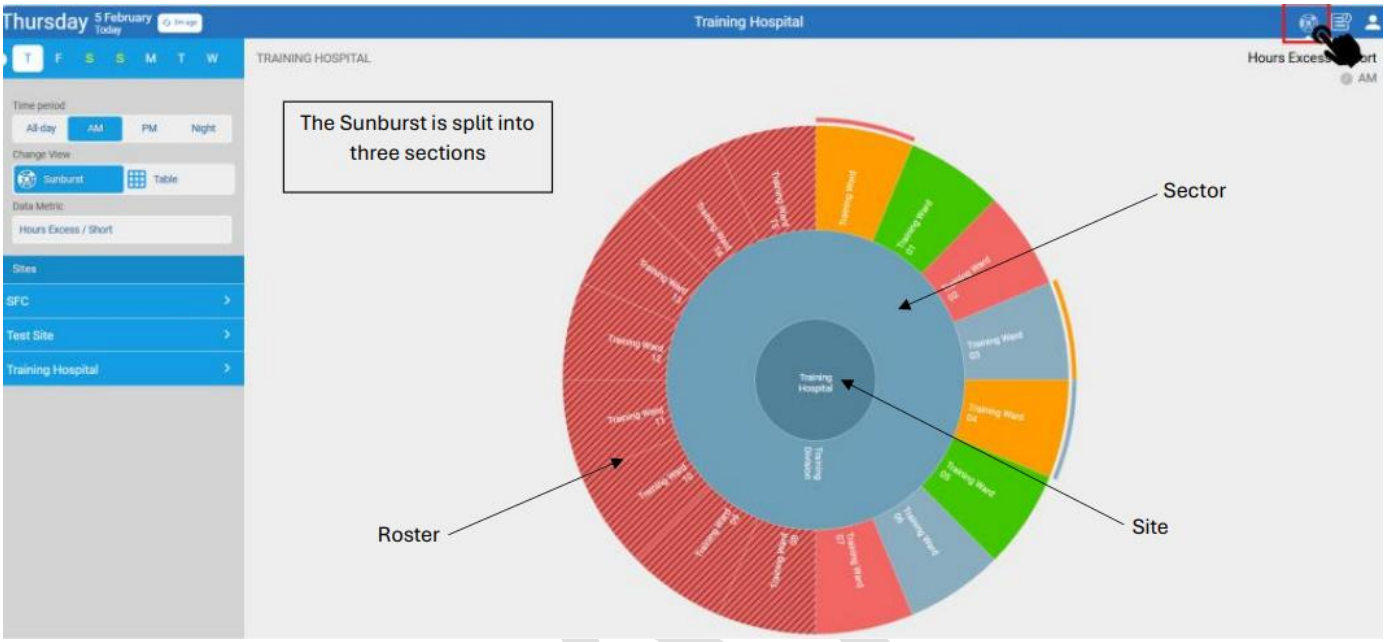
| **Red** | Over utilisation safe and appropriate staffing is compromised. Potential of missed care and /or high risk to service delivery. Cannot assist with shortages and action required. |
| **Amber** | Over-utilisation potential for safe and appropriate staffing to be compromised. Potential of missed 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. |

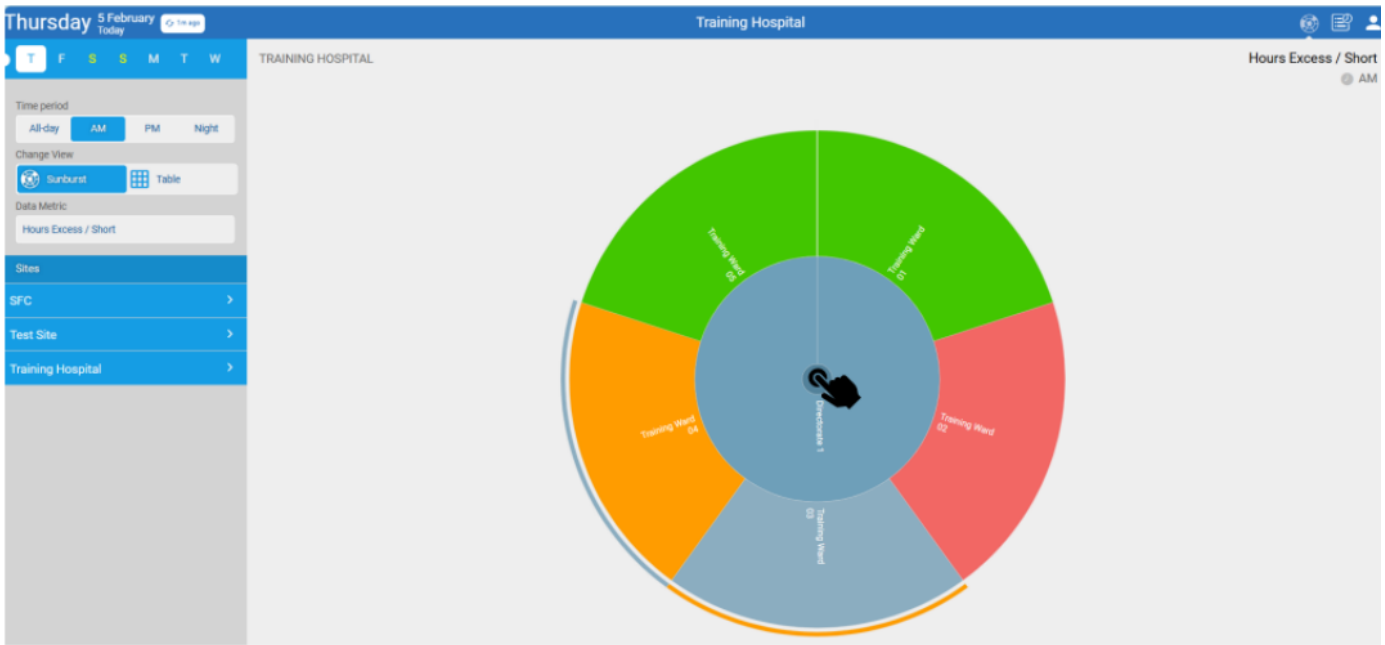
## Appendix 4 - SafeCare Reports and Definitions

| 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 / team within services, 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 5 – Sunburst Site Specific View




## Sunburst Sector Specific View



**Appendix 6 - 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. | **Sources to review:**<br>- Staffing Datix incident reports<br>- Rosters (SSTS or Optima eRoster)<br>- Locally held records (e.g., Site Safety Meeting notes, SafeCare data)<br>**What to look for:**<br>- National RAGG status (before & after mitigation)<br>- Evidence of escalation and outcomes<br>- Recorded mitigations (incl. clinical advice)<br>- Any disagreements during staffing management |
| **Step 2** | **Define** | Apply national definitions to determine whether a risk is **severe** or **recurrent**. | **Severe Risk:**<br>- Red Flag event (unmitigated Red RAGG) — must be Datixed.<br>**Recurrent Risk:**<br>- Frequent AMBER/RED RAGG statuses before or after mitigation<br>- Repeated Red Flags involving:<br>• Staffing reductions<br>• Patient experience concerns<br>• Service delivery or safety issues<br>• Staff wellbeing issues<br>- Mitigations that negatively affect service |

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| | | | (e.g., cancelled activity, training, Clinical Leader taking a workload) |
| **Step 3** | **Risk Assessment** | Risks must be formally assessed and managed using existing NHSGGC risk processes. | **Requirements:**<br>- Follow Risk Register Policy & Guidance for Managers<br>- Monthly review of severe & recurrent risks to ensure accurate scoring<br- Assign owners and deadlines for prevention actions<br>- Discuss risks at Senior Management Team meetings<br><br>**Risk Register Use:**<br>- Severe and recurrent risks must be entered into the Datix Risk Module<br>- HSCPs using alternative registers must submit Excel Risk Reporting (aligned to GGC scoring) with quarterly HCSSA returns<br>**Where risks are held:**<br>- Staffing risks should **remain** at Directorate / Sector / HSCP level for visibility<br>- They should **not** be escalated to Divisional level unless required by wider risk policy (not applicable for Safe Staffing risk)<br>**Oversight:**<br>- Quarterly corporate review of Severe & Recurrent Staffing Risks<br>- Directorates / Sectors / HSCPs provide reports outlining:<br>• Current risk scores<br>• Changes<br>• Planned mitigations<br>This ensures NHSGGC has a clear profile of highest-risk areas and any actions required. |

## Professional Judgement Examples

The service initially shows GREY, however a clinician takes unwell during the morning shift and had to be sent home. The service is then tipped into **AMBER** for the pm shift as outpatients will potentially have to be cancelled. On checking the clinics a colleague's clinic has had a couple of patients cancel their out-patient appointment and the in-patient requests have remained low in numbers. After escalation to the Team Lead and discussion with staff in that area, professional judgement is used to determine that the remaining clinic can remain open, the patients can be seen safely and any new in-patient referrals that come in late in the day can be seen the following day when more capacity is available. Thus, keeping the area in **GREY** for the pm shift.

Professional judgement identified that planned staffing levels were not met, resulting in reduced operational resilience and limited capacity to respond to urgent repairs of high-risk medical devices. The RAGG status remained **Red** and was escalated in accordance with the risk escalation process. The Team Manager explored redeploying appropriately skilled staff from another site to increase capacity; however, this was not possible due to staffing pressures across the wider service. Lower-risk planned maintenance was reprioritised to ensure patient-critical equipment remained available, while acknowledging an increased risk of delays to routine maintenance activity.

The site is flagged **RED** due to unplanned staff absence. Professional judgement confirmed that staffing levels and skill mix were sufficient to meet clinical photography demand, therefore downgraded to **AMBER**. Although activity was above average, workload consisted primarily of routine referrals with no competing urgent or theatre cases. Response times were maintained without compromising patient safety, image quality or clinical governance requirements.