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NHS National Services Scotland

e-Rostering National Configuration (SafeCare) Expert Working Group (EWG)

V3.5 following EWG Approval

Contents

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Revision History

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0.1	05/10/2023	First Draft	CH, MB	N
0.2	11/10/2023	Second Draft	MB	N
0.3	11/10/2023	Third Draft now containing definitions and lists agreed at workshop on 07/11/2023	MB	N
0.4	23/11/2023	Fourth draft after EWG review on 22/11/23	MB	Y
0.5	24/11/2023	Fifth draft sent to RLDatix for review	MB	Y
1.0	28/11/2023	Final version prepared for sharing with health boards	MB	N
1.1	30/11/2023	Minor change to the Allocate Optima code lists – intro and add HB distribution list	MB	N

1.2	18/12/2023	Live version shared with workshop attendees to receive comments	MB	N
1.3	21/12/2023	Adjustments made as per attendees' comments.	MB	N
2.0	09/01/2024	Update document naming to prepare for Steering Group review	MB	N
2.1	18/01/2024	Updated during Steering Group meeting to capture any changes	MB, CS	Y
3.0	29/01/2024	Updated to capture Tiering following Programme Board approval	MB	N
3.1	13/08/2024	Update to Red Flag	JL	N
3.2	03/12/2024	New Red Flag and PJ reason. Governance updated for BAU	JL /LJ	Y
3.3	11/08/2025	Update to task types in line with use of Staffing Level Tools. Census period added to definition of terms. Requests for Bank and Agency separated in PJA list	LJ	Y
3.4	13/11/2025	Census period amended and Census Window added to definition of terms. Detail added to Senior Review along with link to guidance. Link to Folder with local SOPs added. Disagree removed from Professional Judgements	LJ	N
3.5	16/02/2026	Professional Judgement Action changed to 'Unable to Mitigate - escalate to senior - add note' to adhere to restricted character length	LJ	N

Distribution:

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RLDatix	Claire McAndie	24/11/2023	V0.5
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RLDatix, Expert Working Group, HB Workshop Attendees	Lists as per above	21/12/23	V1.3
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eRostering National Programme Board		26/01/2024	V2.1
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Expert Working Group		18/08/2025	V3.3
Expert Working Group		17/11/2025	V3.4

Introduction

The NHS Scotland National Configuration for SafeCare discussion began in July 2023. Brown Field Health Board representatives were invited to share their drop-down lists, default settings and rationale at a series of three workshops which were facilitated by the eRostering National Programme Team (eRNPt).

The following configuration items were agreed could be left to Health Board governance i.e. Tier 3 of the eRostering National Configuration (eRNC).

- Census Periods
- User Profiles (although guidance would be appreciated)
- Most of the SafeCare Thresholds with the exception of the Staff Utilisation Over / Under Utilisation which relate to RAGG status. These determine the cut off points between RAGG ratings. Anecdotal evidence suggested that RAGG status is more likely to appear as red or green and there was a concern this may lead to lack of trust in the background calculation. The EWG has decided to wait until national reporting is in place to review the thresholds. Current guidance is to leave the settings at the RLDatix default of 90, 105 and 110.

Staff Utilisation Over / Under % will be governed Nationally for the purpose of consistent practice so will become Tier 2 items on the eRNC.

The remaining editable drop-down lists had evolved over time to display degree of variation between each of the Brown Field health boards. All boards provided rationale and it was difficult to reach agreement. It was agreed that an Expert Working Group should be formed with representatives from each of the boards along with members from the Scottish Government, Healthcare Improvement Scotland and NHS National Education for Scotland to consider a Once for Scotland approach.

The NHS Scotland eRostering MCT (SafeCare) Expert Working Group met at Atlantic Quay on 07/11/2023. A second session was held virtually on MS Teams on 22/11/2023 to finalise this document, discuss a plan for investigating the reporting needs and to agree next steps in the governance process.

The group agreed to place RAGG interpretations, Professional Judgement Reasons, Professional Judgement Actions, Red Flags and Task Types under Tier 2 of eRNC for the purpose of consistent practice. Should there be a need to align reporting on a national basis, rationale will be proposed through the established governance process and therefore some items may be promoted to Tier 1B.

The following document lays out their proposals to address the need for a single language and understanding of how SafeCare should be used across NHS Scotland to achieve compliance with the Health and Care (Staffing) (Scotland) Act 2019 and enable meaningful National Reporting and shared learning.

This document (V1.2) was reviewed by all NHS Scotland health board representatives at a virtual workshop hosted by eRNPt on 18/12/23. Comments were captured and the document was updated accordingly in Version 1.3. Concurrently, comments were requested from RLDatix via their Configuration Review Board. Subsequently V2.0 was recommended to be passed by the eRNC Steering Group on 18/01/24 and their recommendation to adopt the configuration as set out below, along with the establishment of an ongoing review process was approved by the eRostering National programme Board on 26/01/2024.

1 Definitions

The first activity was to review the definitions previously provided from a sample of brown field health board's SOPs plus NHS Wales SOP, and to use these to help shape the NHS Scotland operational definition of each reference field. The below table summarises the proposed definitions to take forward on a Once for Scotland basis.

These definitions are based around an agreed position that Allocate SafeCare should be used to manage safe staffing in real time, meaning the now and the next 24 hours. Known and predicted staffing issues anticipated in the medium to long term (above 25hrs) should be managed in Allocate Optima, and longer-term issues would be managed locally using your agreed escalation / risk management processes.

Reference Data Field	NHS Scotland Operational Definition
RAGG interpretations	**RAGG Green** Safe and appropriate staffing. There are excess staffing hours and potential to assist with shortages.
	RAGG Grey Safe and appropriate staffing. Are working within acceptable parameters and do not need any additional staffing hours. Potential to be able to assist with shortages.
	RAGG Amber Potential for safe and appropriate staffing to be compromised. Potential of missed care and /or risk to service delivery.
	RAGG Red Safe and appropriate staffing is compromised. Missed care and /or risk to service delivery is almost certain. Escalate to senior decision maker..
Professional Judgement (PJ)	PJ in SafeCare is a system function enabling a user with appropriate professional* knowledge and skills to agree or

	disagree with the RAGG status. **This should be updated during every census period** to confirm whether you have No Issue, Risk Escalated or Risk Mitigated**. The Professional Judgement Override can be used to modify the RAGG status accordingly. **This differs and, does not replace, the Professional Judgement Tool used in annual establishment reviews for Nursing and Midwifery staff** *in a clinical setting, professional knowledge and skills would include clinical knowledge and skills. ** The census period refers to the time period the assessment is being done for, some areas may be configured without a census period to only apply professional judgement (areas that don't input inpatient numbers)
Professional Judgement Reasons (PJR)	PJR is the reason for agreement or disagreement with the RAGG status to capture the relevant staffing risk if applicable. The user would then add an action to mitigate this risk using PJA.
Professional Judgement Actions (PJA)	Actions and mitigations you are taking in response to the professional judgement PJ / PJR.
Red Flags	A red flag can be used to highlight a risk raised by the user or on behalf of another person relating to current or predicted significant staffing concerns which is currently or may impact the health, wellbeing and safety of patients, the provision of safe and high-quality health care or in so far as it affects either of those matters, the wellbeing of staff. Generally, these are residual risks raised following the census review of RAGG status and following the application of Professional Judgement and Professional Judgement Actions which relate to risks that require escalation and/or cannot be mitigated.
Task Types – These only apply to bed holding areas using SafeCare 2.	These add required care hours to the duty roster and as such are used to capture exceptional activity that is not included within observation studies or calculations defined in the relevant Staffing Level Tool. (Please refer to the Task Types section of this document before adding any Task Types)

The following Optima reasons were discussed at the EWG, but a decision was made that these should not be defined by SafeCare and will be deferred for later discussion. The reason they were discussed was to ensure that duties created, cancelled or changed in response to RAGG status or Red Flags raised in SafeCare are able to be followed through by joined up reporting. This principle remains, but the lists will be reviewed at subsequent sessions.

Reference Data Field	Description
Additional Duty Reasons	The reason for the service or department to add an additional shift above the number that is agreed within roster template on any given day. Further work on this field will take place out of the SafeCare workshops.
Duty Cancel Reasons	Duty Cancel Reasons would be used to identify why a duty has been cancelled from the roster. Further work on this field will take place out of the SafeCare workshops.
Duty Change Reasons	Duty Change Reasons are entered when the start or end time of a shift, or the break time are edited. Further work on this field will take place out of the SafeCare workshops.
Bank Request Reasons	Bank Request Reasons are added when a shift is 'sent to bank' on Optima or SafeCare. Further work on this field will take place out of the SafeCare workshops.
Redeployment Reasons	Redeployment Reasons are entered when a member of staff is redeployed to another unit. This is recorded on the side donating the staff member. Further work on this field will take place out of the SafeCare workshops.
Timesheet Entry Reason	Timesheet Entry Reasons are used to explain why a member of staff has worked longer than their original shift, this could then be paid as overtime or additional hours or could be taken back later as TOIL. Further work on this field will take place out of the SafeCare workshops.
Other - specify.	No others were raised as relevant

2 Lists

Following the agreed definitions, members proposed the following phrases to be included in each of the drop-down lists.

Professional Judgement Reasons

PJR is the reason for agreement or disagreement with the RAGG status to capture the relevant staffing risk if applicable. The user would then add an action to mitigate this risk using PJA.

Relates to 12IA, 12IC, 12ID, 12IE of the HCSA

NHSS PJR list	Description
Downgrade – Adequate staff/good skill mix	Downgrade – Adequate staffing / appropriate skill mix
Downgrade – partial mitigation	Downgrade – Mitigation has reduced staffing risks but there is still the potential for safe and appropriate care to be compromised (AMBER)
Agree with RAGG Status	Agree RAGG status appropriate
Upgrade - Lack of Specialty Skill	Upgrade a RAGG due to lack of a specific skill among experienced staff
Upgrade - High Level of Unfamiliar Staff	Upgrade RAGG due to many new, redeployed or temporary staff
Upgrade - Surge Activity / Excess	Upgrade RAGG due to higher-than-expected demand on service
Upgrade – Training / Supervision	Upgrade RAGG due to the increased time taken to complete tasks when teaching
Upgrade – Inadequate staff / skill mix	Upgrade RAGG – Inadequate staffing / inappropriate skill mix
Other – add notes **	Other – Add Notes

**The use of 'Other' will be monitored in the early roll out and the comments can be fed back to the Expert Working Group for review as part of the Change Control process described in section 3.

New 'Senior Review' functionality available in version 11.4.2 has been reviewed and tested by the health boards represented on the EWG. This functionality gives senior decision makers the ability to review Professional Judgements and approve or amend (for more details on use and configuration please see - Senior Review - feature access v1.0 (1).pptx)

The EWG has agreed that this functionality will allow for the recording of review and action by senior decision makers as outlined in the HCSA 2019.

Following testing, the EWG recommends the following processes when using 'Senior Review':

- RED areas must have a senior review to either approve (signifying holding risk) or amend
- best practice would be to senior review all amber areas to ensure risk status was correct and support mitigation (but not mandated)
- Senior review would be used as a mechanism for quality assurance for spot checking understanding of risk assessments

Professional Judgement Actions

Actions and mitigations you are taking in response to the professional judgement PJ / PJR,

Relates to 12IC, 12ID, 12IE, 12IF, 12IH of the HCSA

NHSS PJA list	Description
Redeploy Staff – Add Notes	Redeploy Staff – Add Notes
Cancel Training – Add Notes	Cancel Training – Add Notes
Team Lead to Take Workload – Add Notes	Team Lead to Take Workload – Add Notes
Cancel Non-Clinical Activity – Add Notes	Cancel Non-Clinical Activity – Add Notes
Cancel Clinical Activity – Add Notes	Cancel Clinical Activity – Add Notes
Request Bank - Add Notes	Request Bank - Add Notes

Request Agency- Add Notes	Request Agency- Add Notes
Unable to Mitigate - escalate to senior - add note	Unable to Mitigate – escalate to senior decision maker – Add Notes
Request Overtime / Excess Hours – Add Notes	Request Overtime / Excess Hours – Add Notes
Seek Clinical Advice – Add Notes	Seek Clinical Advice – Add Notes
No Action required – Add Notes	No Action required – Add Notes
Adjust Assigned Staff Duty Time – Add Notes	Adjust Assigned Staff Duty Time / Duty Change
Other – Add Notes **	Other – Add Notes

Red Flags

A red flag can be used to highlight a risk raised by the user or on behalf of another person relating to current or predicted significant staffing concerns which is currently or may impact the health, wellbeing and safety of patients, the provision of safe and high-quality health care or in so far as it affects either of those matters, the wellbeing of staff. Generally, these are residual risks raised following the census review of RAGG status and/or following the application of Professional Judgement and Professional Judgement Actions which relate to risks that require escalation and/or cannot be mitigated.

Red Flags do not replace any other incident reporting system or process such as Datix. If an event or issue has occurred, these should continue to be reported in your locally agreed process out with SafeCare.

Additional information can be provided in the comments section along with any initial mitigations.

Relates to 12IA, 12IC, 12ID, 12IE, 12IF of the HCSA

NHSS Red Flag list	Description
Staff Wellbeing	Any risk relating to staff wellbeing e.g., missed breaks.
Business Continuity	Any risk or issue relating to flood, fire, power cut etc whether real or practice drill.

High Risk to Appropriate Staffing in Future	Use to highlight an expected shortfall at a future shift **(within 24hrs)**, such as staff calling in sick first thing in the morning for the following night shift.
Voiced Care Concern	To enable every team member/ patient / member of public who do not have relevant access to SafeCare Professional Judgement to raise a concern about staffing.
Decision Review	To request a review of the final decision made on an identified risk (please specify in notes)

Task Types

The HealthCare Staffing Programme (HSP) within HealthCare Improvement Scotland (HIS) are in the process of transitioning the existing Staffing Level Tools (SLTs) onto SafeCare.

Where the existing SLT has additional activities/tasks, these can be captured using the 'Patient Tasks' functionality within SafeCare. Unlike SSTS there is not the option to record a start and finish time, therefore the total time per task should be recorded in 30 or 60 minute intervals.

Any further tasks Boards wish to record activity for should have the time set to 0 when not part of the validated SLT.

To help health boards collaborate on creating local SOPs this folder has been created for boards to share what they have in place - 17 SafeCare

3 Change Control

As eRostering becomes established across the country and moves into business as usual, an eRostering National Operational Governance group (eRNOG) has been established. One of their responsibilities will be maintaining the eRNC and establishing a national change control process.

It is acknowledged by the EWG that the suggestions put forward in this document are a starting point and that the use of SafeCare will grow and evolve. Therefore, a method of gathering feedback including suggestions for new or edits to existing Red Flags, Task Types, Professional Judgement Reasons and Professional Judgement

Actions should be established. A Microsoft Form has been set up in the SafeCare alignment to HCSA project | General | Microsoft Teams channel - Feedback Form: SafeCare Configuration . The eRNP will manage the feedback process. The EWG will meet every 2-3 months to review suggestions and feedback. Any changes proposed by the EWG would feed back into the governance process as shown below, therefore all boards and interested parties would have the opportunity to review and comment before recommendation and approval is sought. Now that the service moves in to BAU, this process will be handed over to the eRNOG.

Comments received from RLDatix's Configuration Review Board and other interested parties will also be fed through the governance process.

4 Next Steps

eRostering National Configuration (SafeCare) Expert Working Group outputs will be documented and shared with members of the Health Board Workshop (which has now completed by V1.3), the NHS Scotland eRostering Collaboration Hub Microsoft Teams community and RLDatix prior to presenting them to the Steering Group for recommendations and Programme Board for decision and approval.

The Health Board workshop will be arranged prior to the festive break and the Steering Group will be called in mid-January with the hope of having a recommendation ready to present to the eRNP Programme Board at the end of January.

Note – this document has been updated (v3.0) following approval by the Programme Board on 26/01/2024 where the above configuration, rationale and processes were approved. The eRostering National Programme Team will take steps to communicate the approved configuration beginning with a presentation to the NHS Scotland eRostering Knowledge Forum on 01/02/2024.

Note – this document has been updated (v3.2) to reflect the addition of a new red flag and professional judgement reason and to acknowledge the new governance structure as the implementation phase of the national eRostering programme has ended. Changes to be reviewed by the EWG (04/12/24) before submission to the eRNOG for approval.

5 Definition of Terms

Term	Definition
MCT	Master Configuration Template

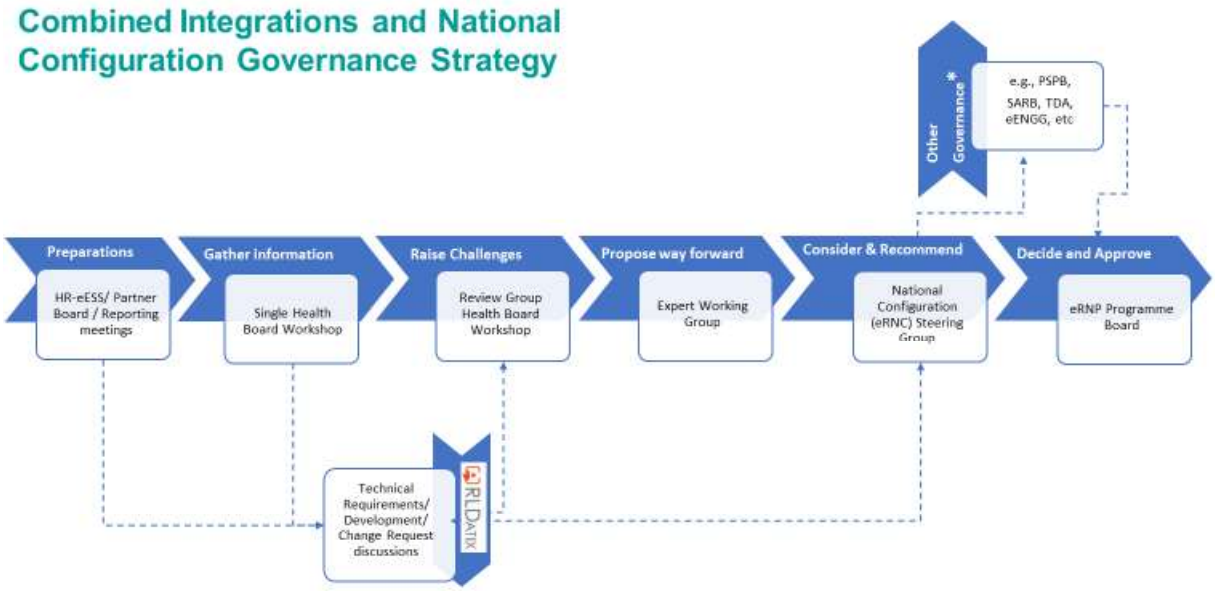
eRNC	eRostering National Configuration is the term proposed to replace MCT going forward
NES	NHS Education for Scotland
HIS	Healthcare Improvement Scotland
SG	Scottish Government
EWG	Expert Working Group
HCSA	Health and Care (Staffing) (Scotland) Act 2019
eRNP	eRostering National Programme
RLDatix	Supplier of Optima e-rostering solution and SafeCare application
Brown Field Health Board	An NHS Scotland Health Board which had purchased Optima (HealthRoster) prior to the National contract.
Green Field Health Board	An NHS Scotland Health Board which implemented Optima subsequent to the national contract.
eRNOG	eRostering National Operational Group
NSS	NHS National Services Scotland
Census period	Refers to a defined period of time set up in SafeCare when a lead professional is assessing staffing risk
Census Window	Refers to the time configured in SafeCare to complete the assessment of staffing risk for the census period

6 Appendix

eRNC Tiering

Tier	Alignment	Governance
1A/B	National (Integration and/or Reporting and Configuration essential)	National
2	Nationally aligned for policy/consistent practice. Not critical for National Reporting	National
3	Health Board Level (National naming convention/standardisation where identified)	Health Board
4	Local	Local

Governance



New Governance (22/10/2025)