



Public – To be published on the Trust external website

Title: HealthRoster (RosterSuite) Procedure

Ref: IT-0031-005-v3

Status: Approved

Document type: Procedure

Contents

1	Introduction	3
2	Purpose	3
3	Who this procedure applies to	3
4	Related documents	3
5	Using the system.....	4
5.1	Access to Healthroster Suite	4
5.1.1	Who can have access to Healthroster Suite	5
5.1.2	Obtaining access to HealthRoster Suite.....	5
5.2	Removing access to HealthRoster Suite	5
5.3	Passwords.....	5
6	Security	6
7	Managing the system	6
7.1	System Support.....	6
7.2	Planned Downtime	6
7.3	Emergency Downtime	7
8	HealthRoster Suite Monitoring.....	7
9	Audit	7
10	Terms and definitions	7
11	How this procedure will be implemented	8
11.1	Training needs analysis.....	8
12	How the implementation of this procedure will be monitored	8
13	References	8
14	Document control (external).....	9
Appendix 1 - Equality Analysis Screening Form		10
Appendix 2 – Approval checklist		13

1 Introduction

The following procedure document provides regulations and guidance for the management, security, and use of the Healthroster Suite systems.

Healthroster Suite is an e-Rostering management system and comprises of the Healthroster, Bank Staff, Employee online, Roster Perform and Safe Care elements.

The system provides information to support the Trusts business activities, ensuring timely and accurate payment of staff enhancements and annual leave.

Healthroster Suite interfaces with ESR to ensure any staff changes in ESR are reflected within the Healthroster Suite systems.

This procedure supports our Journey to Changes as set out in the overarching [Access to Information Systems Policy](#).

2 Purpose

This document provides regulations and guidance for the specific management, security and use of Health Roster, Bank Staff, Employee Online, Roster Perform and Safe Care systems in use within Tees, Esk and Wear Valleys NHS Foundation Trust. Misuse of these systems can compromise the Trust's confidential information, staff information and otherwise adversely affect the Trust's interests and reputation.

This procedure when implemented should reflect anti-discriminatory practice. Any services, interventions or actions must take into account any needs arising from race, gender, age, religion and belief, communication, sensory impairment, disability and sexuality.



Please note there are some services within the Trust that use alternative electronic systems. This document only relates to the use of HealthRoster, Bank Staff, Employee Online, Roster Perform and Safe Care

3 Who this procedure applies to

- This procedure applies to all users of the Healthroster Suite systems.

4 Related documents

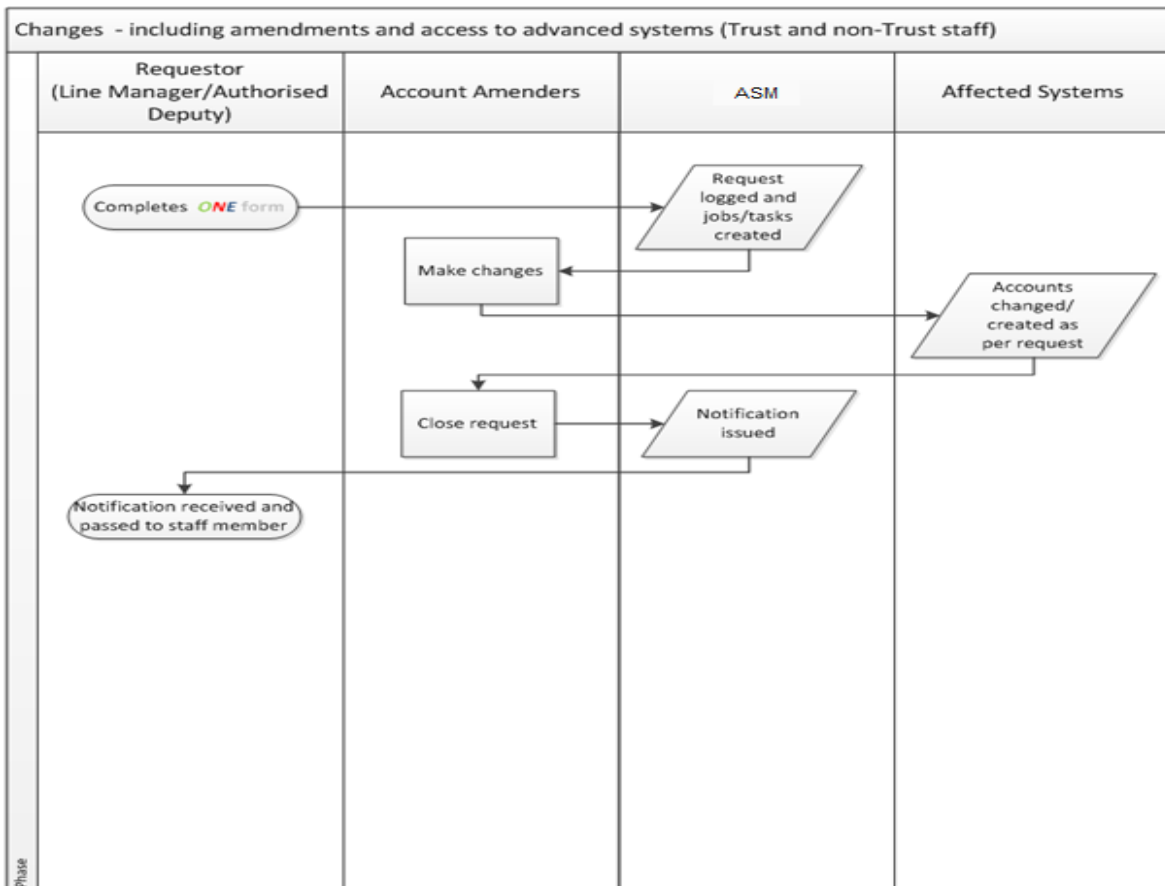
- Human Rights and Equality & Diversity policy, Equality Analysis Policy, Equality Analysis Guidance
- Information Security and Risk Policy

- Data Management Policy
- Access to information systems policy
- Confidentiality and Sharing Information Policy
- Minimum Standards for Clinical Record Keeping, Minimum Standards for Corporate Record Keeping
- Roster Suite System Specific Policy (Due for review May 2023)
- Access to Information Systems Policy
- Staff Rostering Procedure

5 Using the system

5.1 Access to Healthroster Suite

The process for granting end user access to Healthroster Suite is outlined below. A Oneform (accessed via the Service Desk Portal) is completed. The level of access provided is dependent on job role. Higher level access is granted if an AS number is present. Account amendments are undertaken by the Corporate Systems team:



5.1.1 Who can have access to Healthroster Suite

Staff members with a legitimate need to create, amend or view rosters, or be able to view rostering related information might be given access to all or some of the systems covered by this process. In addition, those members of staff who work within the Centralised Nurse Bank Team or provide out of hours cover will be given access to Bank Staff.

Employee Online is available and can be accessed from home for those staff that needs to view their electronic roster, submit their availability to work and or request specific shifts or annual leave. Access to these systems need to be verified by their line manager.

5.1.2 Obtaining access to HealthRoster Suite

For new members of staff, the individual's line manager arranges access to Health Roster, Bank Staff, Employee Online, Roster Perform and Safe Care as part of the local induction process. Access to these systems requires:

- Further guidance on using the Roster Suite applications is available on the Trust intranet.

5.2 Removing access to HealthRoster Suite

Access to HealthRoster Suite applications is removed in three ways

1. Line Managers amend ESR with leaver details, (ESR then synchronises these changes into HealthRoster nightly.)
2. As part of the organisations Leavers Process, run by HR, an automatic notification is received by the Corporate Systems Team to remove access.
3. Inactivity for 180 days will result in the suspension of accounts and therefore the removal of system access.



If urgent removal of access is required, for example, in instances of investigation or disciplinary, the manager must log a request with the Digital & Data service desk.

5.3 Passwords

Access to Health Roster is via Single Sign On (SSO) using a Trust device connected to the Trust network, Bank Staff, Employee Online, Roster Perform and Safe Care is by the use of a username and password (login details)



Under no circumstances should you allow anyone else to access the system using your login credentials.

Disclosure of user login details to others could lead to disciplinary action. If you suspect someone knows your login details, you should immediately report this to your line manager and the Digital & Data Service Desk. The Digital & Data Service Desk will log this as a security incident and take action to prevent access to the system via that user account.

6 Security



Sharing information obtained from the Health Roster, Bank Staff, Employee Online or Roster Perform

HealthRoster, Bank Staff, Employee Online, Roster Perform and Safe Care contain staff identifiable information.

You are responsible for maintaining the confidentiality of information relating to staff. Please refer to the Trust's policy for Confidentiality and Sharing information.

7 Managing the system

The system can be accessed via the Systems section on the Intranet home page.

Line managers are expected to ensure an appropriate experienced user supervises new users initially until they are competent in using the system. Additional system training is provided by the Safe Staffing team.

Line managers are also responsible for ensuring that staff members have undertaken and passed relevant mandatory and statutory training. This will ensure that staff and managers understand the Trusts data governance, legal and ethical requirements for protecting and accessing personal information. Trust terms and conditions of employment include adherence to Information governance standards, information security requirements, code of confidentiality and common law of confidentiality.

7.1 System Support

The Digital & Data Service Desk and Corporate Systems Teams provide support and maintenance for the Roster Suite applications during the hours of 08.00am – 05.30pm.

7.2 Planned Downtime

There are clear service standards to monitor planned downtime for Health Roster, Bank Staff, Employee Online, Roster Perform and Safe Care to enable maintenance. In the main, this is planned in advance and notice is given to system users to make alternative arrangements as defined by service business continuity plans. Planned downtime is driven by the Trust with the system supplier (Allocate) normally offering more than one downtime window over various months.

Health Roster, Bank Staff and Roster Perform will generally be available 24 hours per day from Trust networked sites. Employee Online is available from home and will generally be available 24 hours per day.

7.3 Emergency Downtime

There will be occasions where HealthRoster, BankStaff, Employee Online, Roster Perform and Safe Care are unavailable, and it is impossible to give prior notice. On these occasions, you should invoke your Business Continuity Plan.

The logging of a call to the Digital & Data Service desk will usually identify HealthRoster, BankStaff, Employee Online and Roster Perform unavailability and escalation of issues to the system suppliers dedicated helpdesk portal. Faults will be classed as critical, material or cosmetic depending on the severity of business impact.

8 HealthRoster Suite Monitoring

The Health Roster, Bank Staff, Employee On-line, Roster Perform and Safe Care systems are fully auditable, and access is monitored.

Staff records are restricted by either the 'ward' or 'team' and a role related set of permissions.

9 Audit

Health Roster, Bank Staff, Employee Online, Roster Perform and Safe Care will be subject to regular audit in the following areas:

- General systems control audit - security, access and passwords, system administration controls
- The Service Desk and Corporate Systems team are also required to access Health Roster, Bank Staff, Employee Online, Roster Perform and Safe Care for the purpose of support call resolution and information analysis.

10 Terms and definitions

Term	Definition
Allocate	The company responsible for the provision of the system.
Healthroster Suite	The collective name for HealthRoster, Bank Staff, Employee Online, Roster Perform and Safe Care.

11 How this procedure will be implemented

- This policy will be published to the Staff Intranet and Trust Website

11.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Clinical Staff Using HealthRoster Suite	E-Learning/Face to Face (Safe Staffing)	As and when required	As and when required

12 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	1-2-1 meetings with specified roles	During staff 1 2 1 sessions. Staff/Manager	
2	Discussions at operational team meetings	Daily team huddles	

13 References

- NHS Code of Confidentiality

14 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	25 April 2023
Next review date	25 April 2026
This document replaces	IT-0031-005-v2 HealthRoster Procedure
This document was approved by	DPAG review meeting
This document was approved	25 April 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	03/02/2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v3	25 April 2023	Full review and transferred to current template	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital & Data
Title	HealthRoster Suite Procedure
Type	Procedure/guidance
Geographical area covered	Trust Wide
Aims and objectives	Provide information and appropriate use and access to HealthRoster Suite
Start date of Equality Analysis Screening	03/02/2023
End date of Equality Analysis Screening	03/02/2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All System Users, Digital & Data department
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO

	<ul style="list-style-type: none"> • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	N/A
Describe any positive impacts	N/A

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	N/A
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	Training needs
-----------	----------------

As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	No	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Not Applicable	
	Are training needs included in the document?	Not Applicable	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	