Enabling Staff movement & Digital Staff Passports

The Northern, Yorkshire and Humberside NHS Directors of Informatics Forum
NYHDIF

11th November 2021

Philip Graham, Digital Programme Director,
Blackpool Teaching Hospitals NHS Foundation Trust

Thank you for the invite

NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

Lancashire to Yorkshire

Paper to Digital

Enabling staff movement – Agenda

1. Vision, Ambitions and User Needs
2. Digital Staff Passports
3. Future Direction
4. Workforce Systems

Vision, Ambition and User Needs

NHS Vision

Enabling Staff Movement

Need to **enable rapid deployment** of our people across NHS organisations, through enabling the sharing of information such as HR records and statutory and mandatory training.

Digital Staff Passport

Using technology to deploy staff, which simplifies staff movement between NHS organisations, saves time by providing a verified record of identity and employment, and allows colleagues to carry their credentials and professional registration on their smartphone.

Our ambition is…

- All staff to have access to a digital staff passport
- All workforce systems to be interoperable
- All staff are able to easily and securely log into clinical/workforce systems
- All staff experience a more efficient and focused induction recognising previous training and experience

Commitments to supporting staff when they move

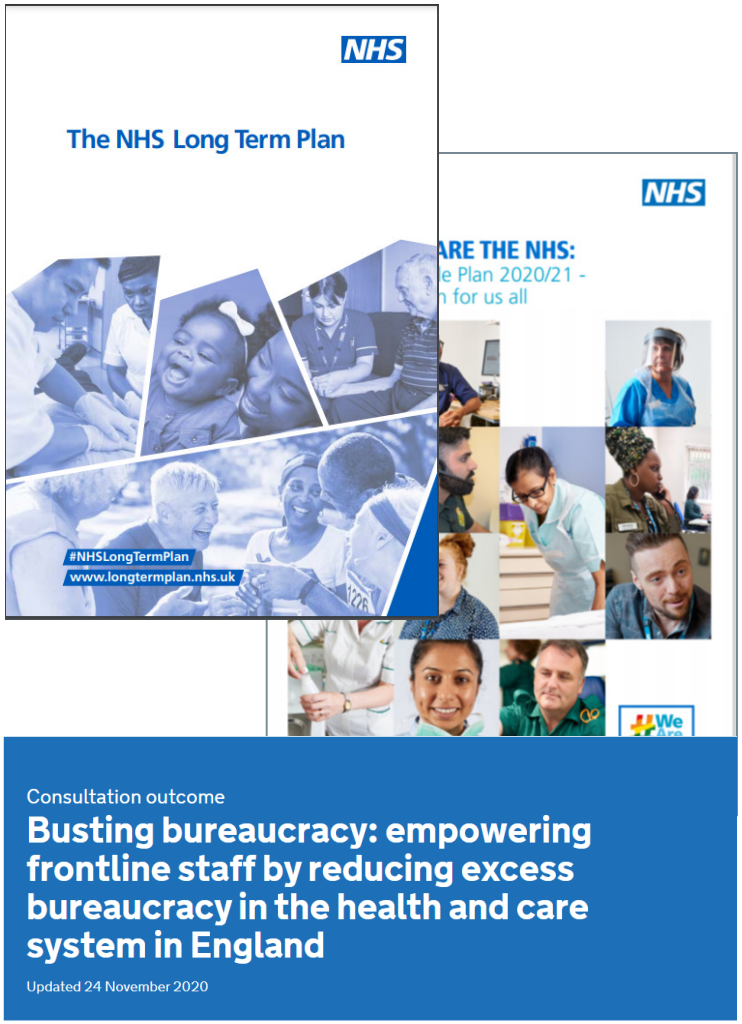
NHS Long Term Plan (Jan-19)
"enable staff to more easily move from one NHS employer to another"

People Plan (Aug-19)
"Over the **next five years** we will support every NHS employer to streamline their induction and onboarding processes to reduce duplication and to recognise previous training and skills **'passported'** from previous employers".

People Plan (Jul-20)
"Digital staff passport: Systems are supporting the trial of the Covid-19 digital staff passport during winter 2020, which simplifies the high volume of temporary staff movement between NHS organisations, saves time by providing a verified record of identity and employment and allows colleagues to carry their credentials and professional registration on their smartphone."

Busting Bureaucracy (Nov-20)
"NHSE/I, NHSX and HEE are working to provide multiple staff groups with access to digital staff passports in line with People Plan commitments to improve workforce agility and to support staff training and development.

Junior doctors, who frequently rotate to different healthcare providers, are being prioritised and the ambition is that they will have access to staff passports in 2021/22. The passports will hold digital credentials representing their skills, competencies and occupational health checks."



User Needs to Enable Staff Movements

NHS staff move around a lot and each time have to repeat form filling, employment checks, mandatory training etc. This leads to slow onboarding, high use of agency workers, frustration for staff and high levels of administration. For example:

- Staff being temporarily deployed to another NHS organisation (e.g. Covid 19)
- Staff working for one NHS Organisation moving to another (e.g. Doctors in training)
- Bank workers having to register with each NHS organisation or choose to sign up with one agency.

People Plan
"Over the **next five years** we will support every NHS employer to streamline their induction and onboarding processes to reduce duplication and to recognise previous training and skills **'passported'** from previous employers"

NHS Long Term Plan
"we need to improve the experience of staff when they move between NHS organisations, **reducing the duplication of employment checks** and induction"

High volumes of staff movements

Type of Movement	Description	Volumes
Internal Movements	Within a single employer (no data transfer required)	• Estimated 300,000-600,000 per annum
Permanent Movements	Employment contract moves from one employer to a new employer	• 400,000+ new starters per annum • 50,000+ Doctors in Training (DiT) movements
Temporary Movements	Employment contract remains with employing organisations Movement is classed as seconded, redeployed, emergencies, honorary, voluntary	• 100,000+ per annum
Permanent to/from Bank	Inhouse or outsourced bank – multiple employers and assignments	• 800,000+ registered bank workers • 300,000+ active bank workers
Bank to Bank	Staff registering with multiple banks Staff moving between collaborative banks	• 60,000+ on collaborative banks
Substantive and Agency	Substantive and bank workers also work via external agencies	• High percentage of agency workers are also substantive NHS employees

Increasing service pressures and changes to the way health and social care services are commissioned and delivered requires an increasingly flexible and adaptable approach to sharing resources between employing organisations. Never more so than during the Covid-19 pandemic.

The experience of Doctors and Dentists in Training

53,000

Approx. Doctors and Dentists in Training

10

Moves during the course of their training

2 **Moves per year** between NHS organisations

6

Employment checks

11

Core Skills Training subjects

2 Estimated days spent per rotation on duplication

£22m

Estimated lost trainee time per annum

66

Medical specialisms

230+

Organisations

The Doctors in Training Case for Change and the design of a Target Experience for DiTs highlighted the **significant pain points** for **Doctors** and **Dentists** as they rotate employers as part of their training programmes

63%

Spend > 4 hours repeating employment checks

49%

Required to travel

64%

Repeat statutory and mandatory training

700+

FTE Wasted time

Enabling Staff Movements

Aim: to improve the experience of staff when they move between roles in the NHS, reducing the duplication of form filing, employment checks and mandatory training, so that they can spend more time with patients

Strategic pillars

Employment Models
Reducing changes in employment
(e.g. Lead Employers)

Interoperable OH & LMS Systems
Enabling data to flow between HR systems driving up data quality

Digital Staff Passports
Enabling person-centric passporting across multiple issuers and verifiers

Core foundations

Adoption & Process Change

Trusted Frameworks

Data and Interoperability Standards

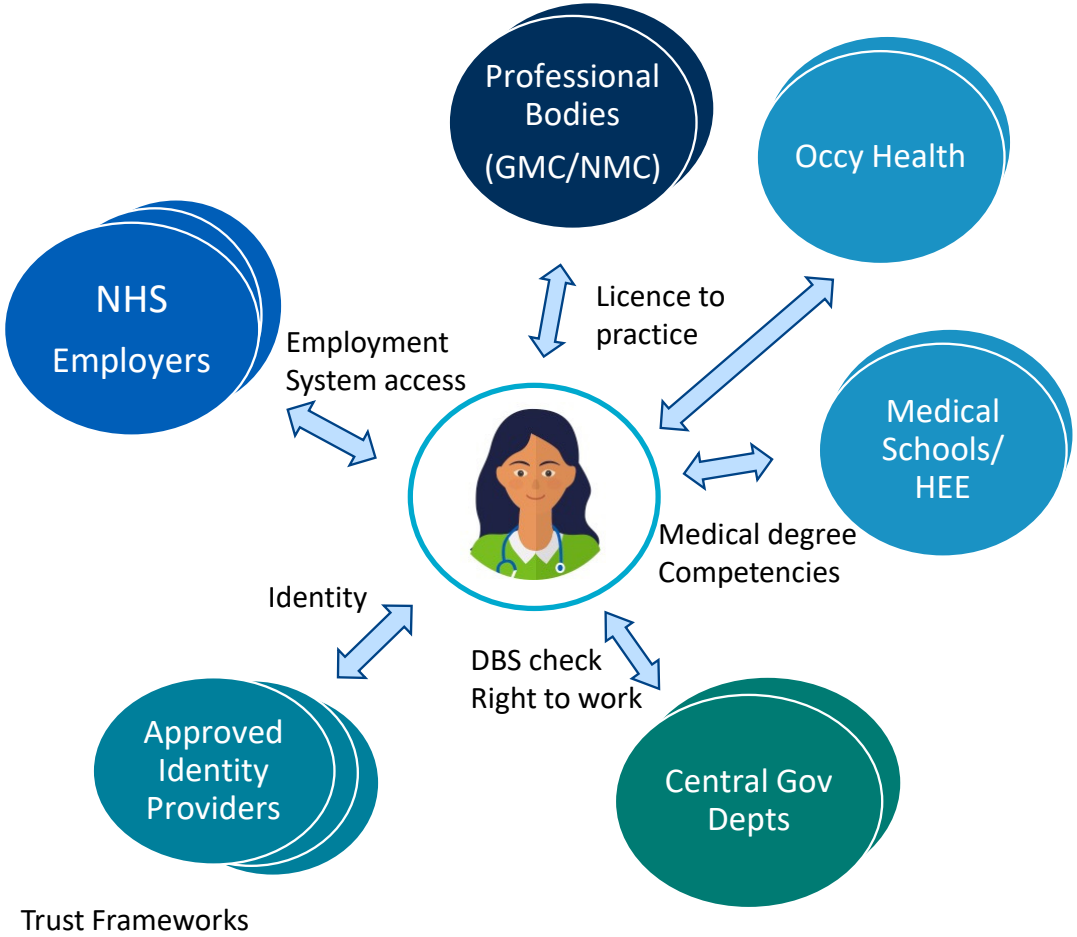
Digital Staff Passports

NHS staff and verifiable credentials

1. Staff have relationships with multiple actors that require the exchange of trustworthy data for operational and compliance purposes

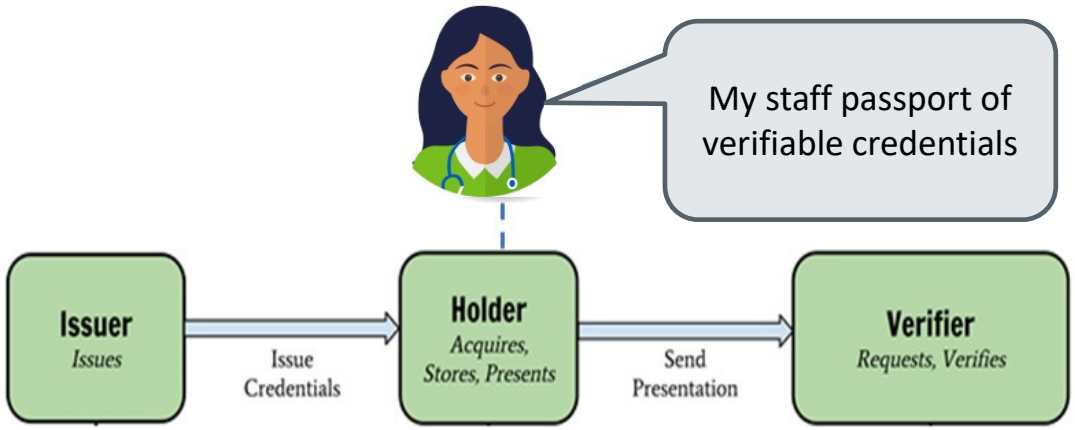
2. Significant value can be realised by digitally enabling these relationships and enabling individuals to control data sharing

Authoritative issuers of credentials	Credential types
Approved identity provider	Identity credential
Medical School	Medical degree credential
GMC	Licence to practice credential
NHS Employers	Proof of Employment credential System access credential
HEE	Specialty / Competency credential
Occupational Health	Vaccination credential OH check credential
DBS	DBS Advanced Adult & Child check cred



Standards based architecture for secure interoperability

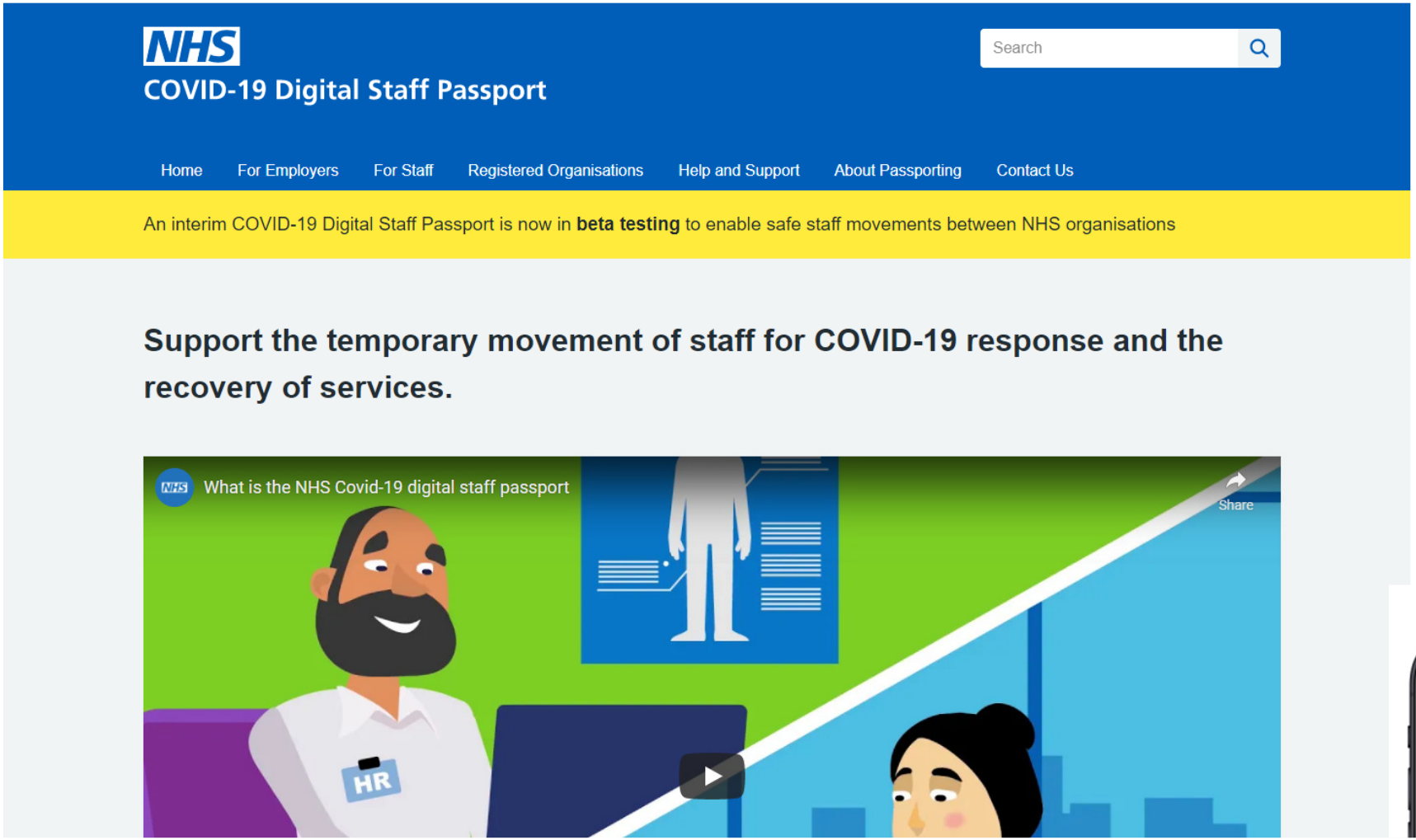
- The verifiable credential standard (W3C) allows for the digital representation of physical credentials
- A doctor/citizen is a credential ***Holder*** who obtains credentials from trusted ***Issuers***, representing anything from a verified identity to professional status and healthcare test results
- The Holder can securely maintain these credentials on a mobile phone and present them to any credential ***Verifiers*** they choose. The use of digital signatures makes verifiable credentials more tamper-proof

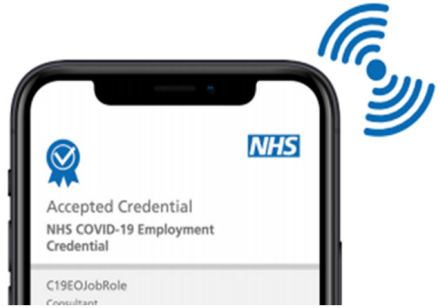


- Decentralized identifier (DID):
  A portable URL-based identifier associated with an entity
- 3 proof format ecosystems:
  JSON+JWTs, JSON-LD+JWTs, and JSON-LD+LD-Proofs
- SSO enablers include:
  high confidence authentication factors plus OIDC and signed JWTs

Digital Staff Passports – Covid

https://beta.staffpassports.nhs.uk/

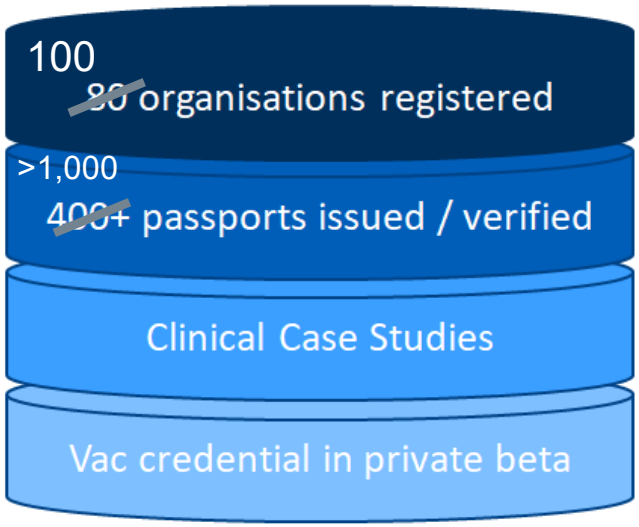




https://beta.staffpassports.nhs.uk/

Covid-19 Digital Staff Passport

- Provides decentralised technology, for the first time, to enable staff members to digitally share specific data safely and securely between NHS Trusts. **Saving time and reducing administration burden with a heighten level of data security.**
- **Empowers the staff member** to be in control of their data, deciding to whom and when they share it to support their information for a temporary deployment.
- **Clinical Case Studies:**
  - Major Trauma network to enable surgeons to be deployed more efficiently, eliminating the need for honorary contracts or repeat employments checks. Blueprint now being used by other clinical networks
  - Temporary deployment of clinical staff to support mass vaccination sites and other clinical activity
  - National mobilisation of two cohorts of military personnel (316 passports issued) ready for rapid and secure deployment
- **Additional vaccination programme (VP) credential** completed first phase of private beta. ***Supporting a fast, secure and data rich arrival check-in process for staff***



"The COVID-19 Digital Staff Passport has allowed for the Vaccination Quick Response Force (VQRF) to be deployed quickly and safety, to start supercharging areas where it is most needed"

Major Shaun McGarry

"It would help the flow. It's a really good idea. I like it."

"It's really straightforward and it gives us assurance."

Digital Staff Passports – our experience to date

- ✓ **Puts staff in control** - Allows staff to hold their own digital identity, employment checks credentials and core skills training credentials (until they expire or are revoked).
- ✓ **Staff feel empowered** - Staff are involved in the process at every step to accept, reject and share their information and are keen to, particularly when it benefits them.
- ✓ **Transparency** – Staff know who has seen their information and for what purpose. Privacy and security are essential.
- ✓ **Trusted sources** – Focus becomes increasingly to establish single sources of truth for each key piece of information. This requires interoperability between these trusted data sources.
- ✓ **Verified data is valued** – If data helps to 'fasttrack' onboarding processes, it becomes highly valuable to both staff and employers. This requires 'trusted frameworks'.
- ✓ **Saves time** – Simplicity and intuitiveness is key to adoption of new processes, thereby releasing time of both staff and administration teams.
- ✓ **Removes duplication –** shared desire to reduce and eliminate unnecessary duplication, however, requires absolute 'trust' between organisations.
- ✓ **Speeds up recruitment and redeployment** – reducing delays, cost of agency backfill, helps rota management challenges and enables staff to be with patients more quickly.
- ✓ **Positive experience for staff involved to date and plenty of lessons learned.**

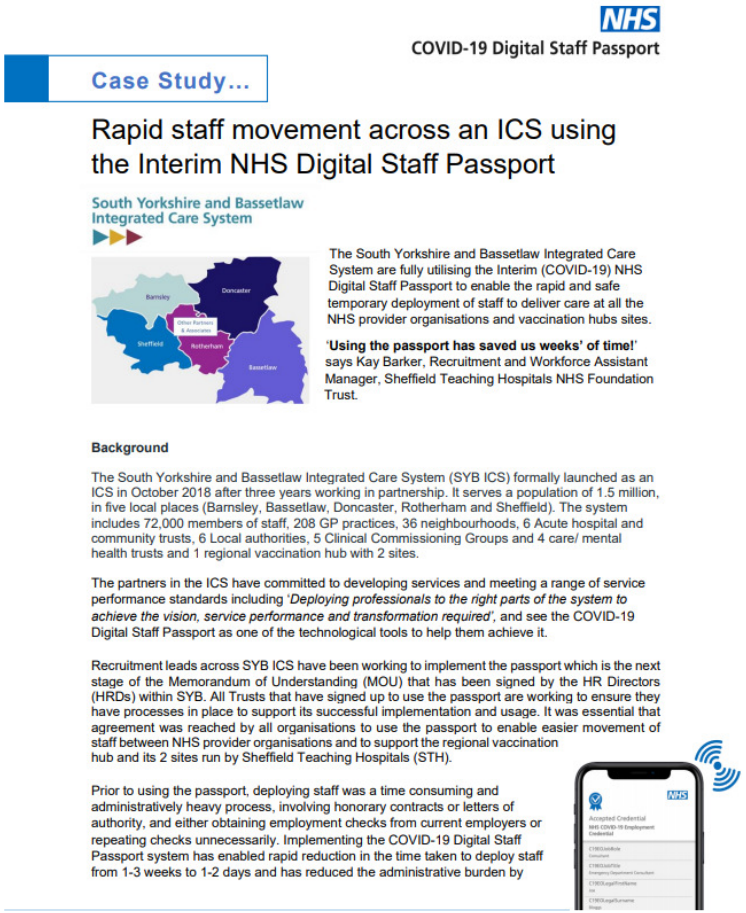
Enabling system collaboration

Empowering NHS orgs to respond to emergencies

Establishing 'trust' between employers

Valuing time spent and skills obtained by employees

South Yorkshire and Bassetlaw Case Study FINAL PDF .pdf (staffpassports.nhs.uk)



NHS
COVID-19 Digital Staff Passport

Case Study...

Rapid staff movement across an ICS using the Interim NHS Digital Staff Passport

South Yorkshire and Bassetlaw Integrated Care System

The South Yorkshire and Bassetlaw Integrated Care System are fully utilising the Interim (COVID-19) NHS Digital Staff Passport to enable the rapid and safe temporary deployment of staff to deliver care at all the NHS provider organisations and vaccination hubs sites.

'Using the passport has saved us weeks' of time!' says Kay Barker, Recruitment and Workforce Assistant Manager, Sheffield Teaching Hospitals NHS Foundation Trust.

Background

The South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) formally launched as an ICS in October 2018 after three years working in partnership. It serves a population of 1.5 million, in five local places (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield). The system includes 72,000 members of staff, 208 GP practices, 36 neighbourhoods, 6 Acute hospital and community trusts, 6 Local authorities, 5 Clinical Commissioning Groups and 4 care/ mental health trusts and 1 regional vaccination hub with 2 sites.

The partners in the ICS have committed to developing services and meeting a range of service performance standards including '*Deploying professionals to the right parts of the system to achieve the vision, service performance and transformation required*', and see the COVID-19 Digital Staff Passport as one of the technological tools to help them achieve it.

Recruitment leads across SYB ICS have been working to implement the passport which is the next stage of the Memorandum of Understanding (MOU) that has been signed by the HR Directors (HRDs) within SYB. All Trusts that have signed up to use the passport are working to ensure they have processes in place to support its successful implementation and usage. It was essential that agreement was reached by all organisations to use the passport to enable easier movement of staff between NHS provider organisations and to support the regional vaccination hub and its 2 sites run by Sheffield Teaching Hospitals (STH).

Prior to using the passport, deploying staff was a time consuming and administratively heavy process, involving honorary contracts or letters of authority, and either obtaining employment checks from current employers or repeating checks unnecessarily. Implementing the COVID-19 Digital Staff Passport system has enabled rapid reduction in the time taken to deploy staff from 1-3 weeks to 1-2 days and has reduced the administrative burden by

Having a nationally developed and supported system that enables a system to safely deploy staff has really enable us to mobilise our workforce across the ICS, **it has saved significant time for our HR staff, has greatly improved the experience of our staff** and ultimately is enabling us to deliver the care to our patients' says Jill Quince, Recruitment and Workforce Manager for the SYB Vaccination Programme.

"**It's a great system for NHS-to-NHS staff movement**, the ease of use has made it an essential tool for us during the current pandemic" says Jordan Berry, Recruitment Coordinator at Sheffield Children's NHS Foundation Trust.

Using the passport enabled the organisations to significantly save administration time, by removing the need to request for or repeat employments checks and the generation of honorary contracts.

"The passport **enabled us to quickly transfer people** from different Trusts to our own to work within an urgent critical care function. This took away a large administrative burden and **allowed us to focus on helping to move the people across to deliver services to patients instead**" says Catriona Collins, Head of People Resourcing at Sheffield Children's NHS Foundation Trust.

NYHDIF - registrations

North East and Yorkshire

12 organisations out of 36 are registered in this region.

Airedale NHS Foundation Trust
Contact Airedale NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust
Contact Barnsley Hospital NHS Foundation Trust

Bradford Teaching Hospitals NHS Foundation Trust
Contact Bradford Teaching Hospitals NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust
Contact Calderdale and Huddersfield NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Contact Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Gateshead Health NHS Foundation Trust
Contact Gateshead Health NHS Foundation Trust

North Tees and Hartlepool NHS Foundation Trust
Contact North Tees and Hartlepool NHS Foundation Trust

Rotherham Doncaster and South Humber NHS Foundation Trust
Contact Rotherham Doncaster and South Humber NHS Foundation Trust

Sheffield Children's NHS Foundation Trust
Contact Sheffield Children's NHS Foundation Trust

Sheffield Health & Social Care NHS Foundation Trust
Contact Sheffield Health & Social Care NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust
Contact Sheffield Teaching Hospitals NHS Foundation Trust

The Rotherham NHS Foundation Trust
Contact The Rotherham NHS Foundation Trust

Regional Progress (05/11/21)

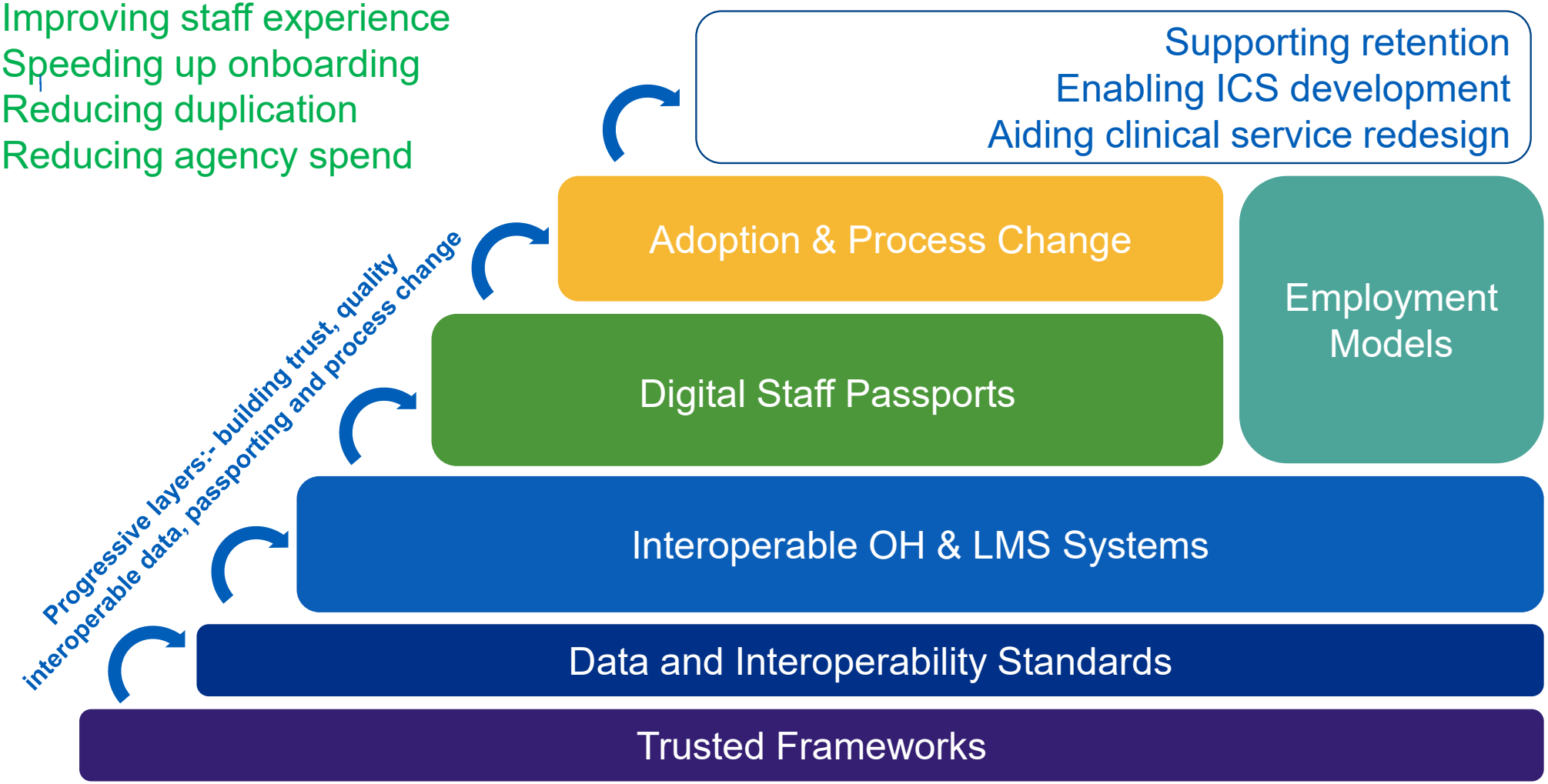
North East & Yorkshire	North West	Midlands	East of England	London	South East	South West
❑ *Regional Lead is engaged* ❑ West Yorkshire and Harrogate (Health & Care Partnership) STP • Scoping out demand ❑ South Yorkshire & Bassetlaw STP • Actively engaging orgs ❑ Northern Cancer Alliance • Scoping out demand ❑ Northern Burn Care • Scoping out demand ❑ Pathology (SY&B) ❑ Initial meeting TBC Fiona Hibbits	❑ *Regional Lead is actively engaged* ❑ Greater Manchester STP • 1 x orgs at IG Pack review point (Manchester Uni) ❑ GM Acute Oncology Clinical Network • Pilot with Physician Associate (Tameside/The Christie) ❑ NW Diagnostic Imaging Clinical Network • Scoping out demand ❑ Lancs and South Cumbria ICS • All HR Users trained • ESR API required at 1 org • Testing • Looking at use cases ❑ C&M Diagnostic Imaging • Scoping out demand ❑ Healthier Pennine Lancashire - Critical Care • Scoping out demand ❑ East Lancs Vaccination Centre • SOP drafted/ Site Lead targets to be set • Fortnightly updates ❑ Lancs & South Cumbria - Critical Care • Scoping out demand ❑ North West Neonatal Operational Delivery Network • Scoping out demand ❑ Sheffield Vaccination Centre • Operational	❑ *Regional Lead is actively engaged* ❑ East Midlands Neonatal • Scoping out demand ❑ Midlands Renal • Scoping out demand ❑ Birmingham and Solihull STP (5) • Scoping out demand • BG to chase up with ES ❑ Northamptonshire STP (3) • Scoping out demand • Attending engagement sessions • NHFT to register ❑ Shropshire and Telford and Wrekin STP • Scoping out demand ❑ Midlands Breast Screening • Scoping out demand ❑ Coventry and Warwickshire STP ❑ Scoping out demand ❑ Lincolnshire STP ❑ Registered interest ❑ The Black Country and West Birmingham STP ❑ Scoping out demand	❑ *Lack of engagement and response from Regional Lead and organisations*	❑ *Regional Lead is actively engaged* ❑ Gynae Hub • Launched 18/09 ❑ Urology Hub • Launched 15/10 ❑ National Cardiac Pathway • Scoping out demand ❑ South West London Health & Care Partnership STP • Scoping out demand	❑ *NO REGIONAL LEAD IN POST* ❑ Sussex Health and Care Partnership ICS • Scoping out demand • South Thames Paediatric Network • Scoping out demand ❑ South East/London/Kent - Major Trauma • Clinical Lead TBC • Numbers TBC ❑ South East – Burns • Clinical Lead TBC • Numbers TBC ❑ Thames Valley Vascular ❑ Scoping out demand ❑ Surrey ICS ❑ Initial meeting TBC	❑ *Regional Lead confirms focus on the DiT product, rather than pursue the C-19 DSP* ❑ Bristol, North Somerset and South Gloucestershire STP • Scoping out demand

Key: STP/ICS Vaccination Centre New ~~No demand~~

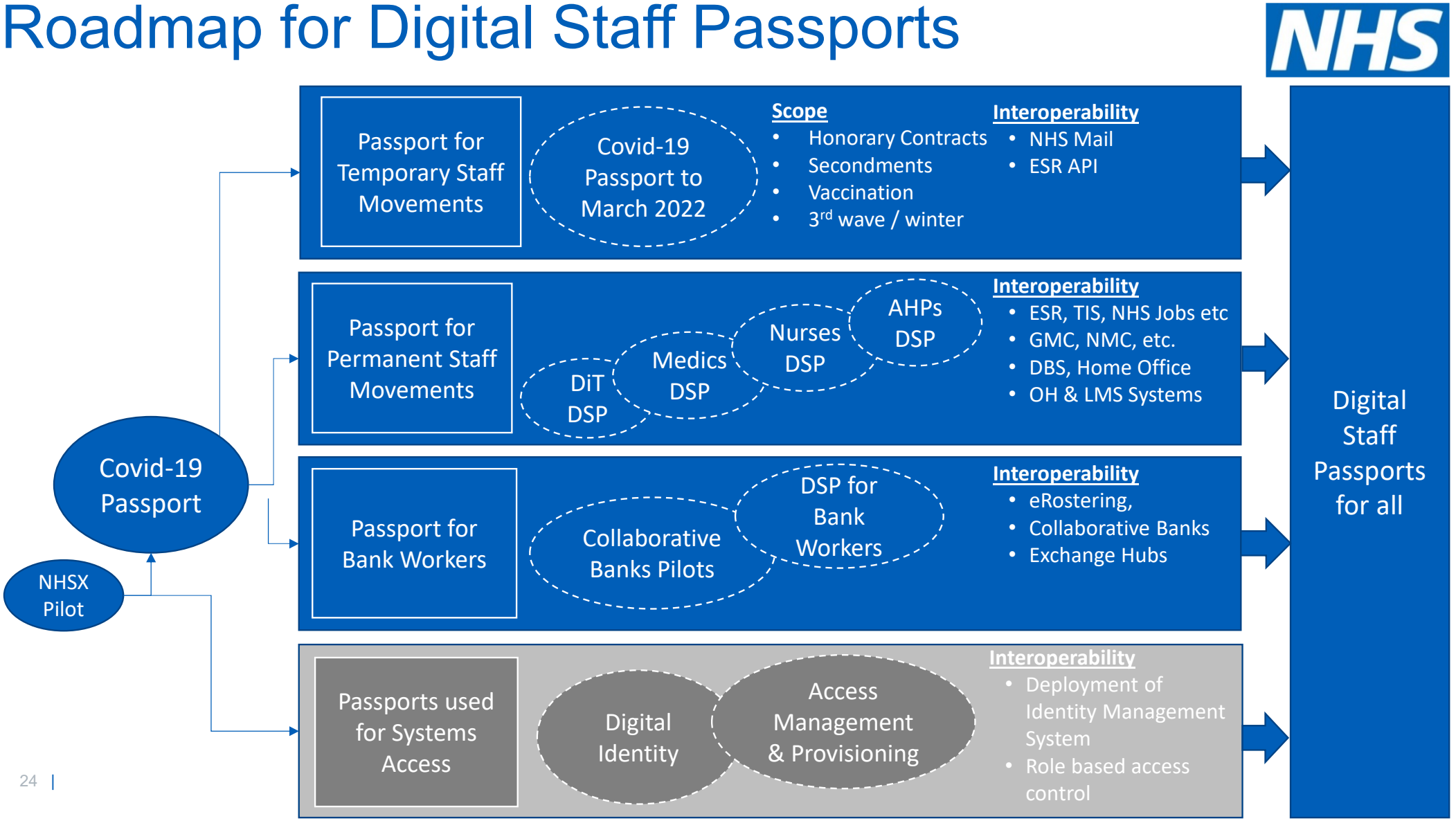
Future Direction – Roadmap

Roadmap for Enabling Staff Movements

- ✓ Improving staff experience
- ✓ Speeding up onboarding
- ✓ Reducing duplication
- ✓ Reducing agency spend



Roadmap for Digital Staff Passports



Future Direction, Collaborative Banks

Collaborative Bank Vision

Posting Vacancies

Vacancy posted to Collaborative Bank by Brenda at East Lancs

Applying for shifts

Jenny at Blackpool can apply to any vacancy in the collaborative bank

Onboarding

Brenda at East Lancs can view and recruit the applicant..

East Lancs requests credentials from passport wallet to complete rapid pre-employment checks, remotely and without paper

Systems Access

Brenda at East Lancs issues systems access credential to Jenny's passport.

Jenny can now us the passport to logon to systems at East Lancs

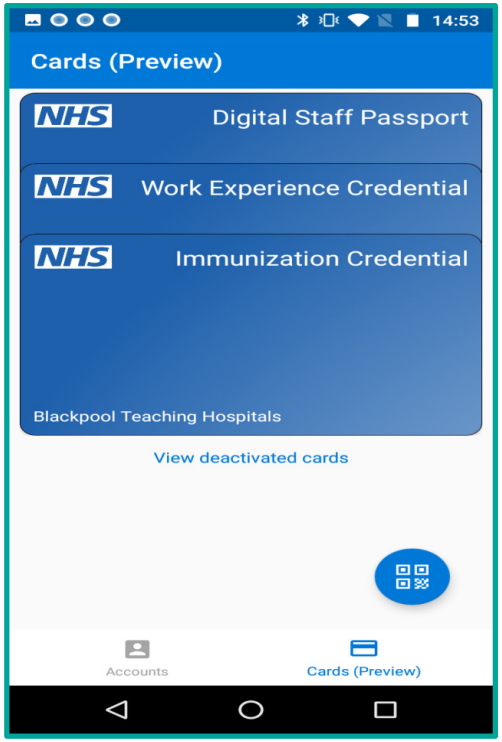
Shifts filled rapidly and safely

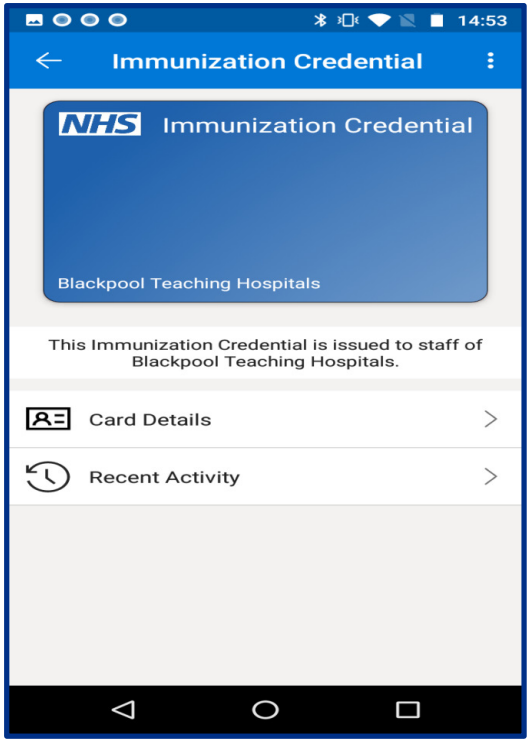
Patients at East Lancs benefit due to rapid filling of vacancies, better staff satisfaction

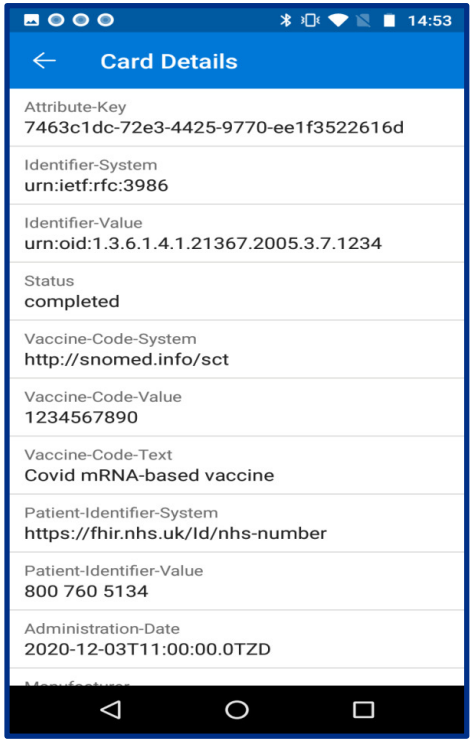
Future Direction – Multiple Wallets

Multiple Wallets

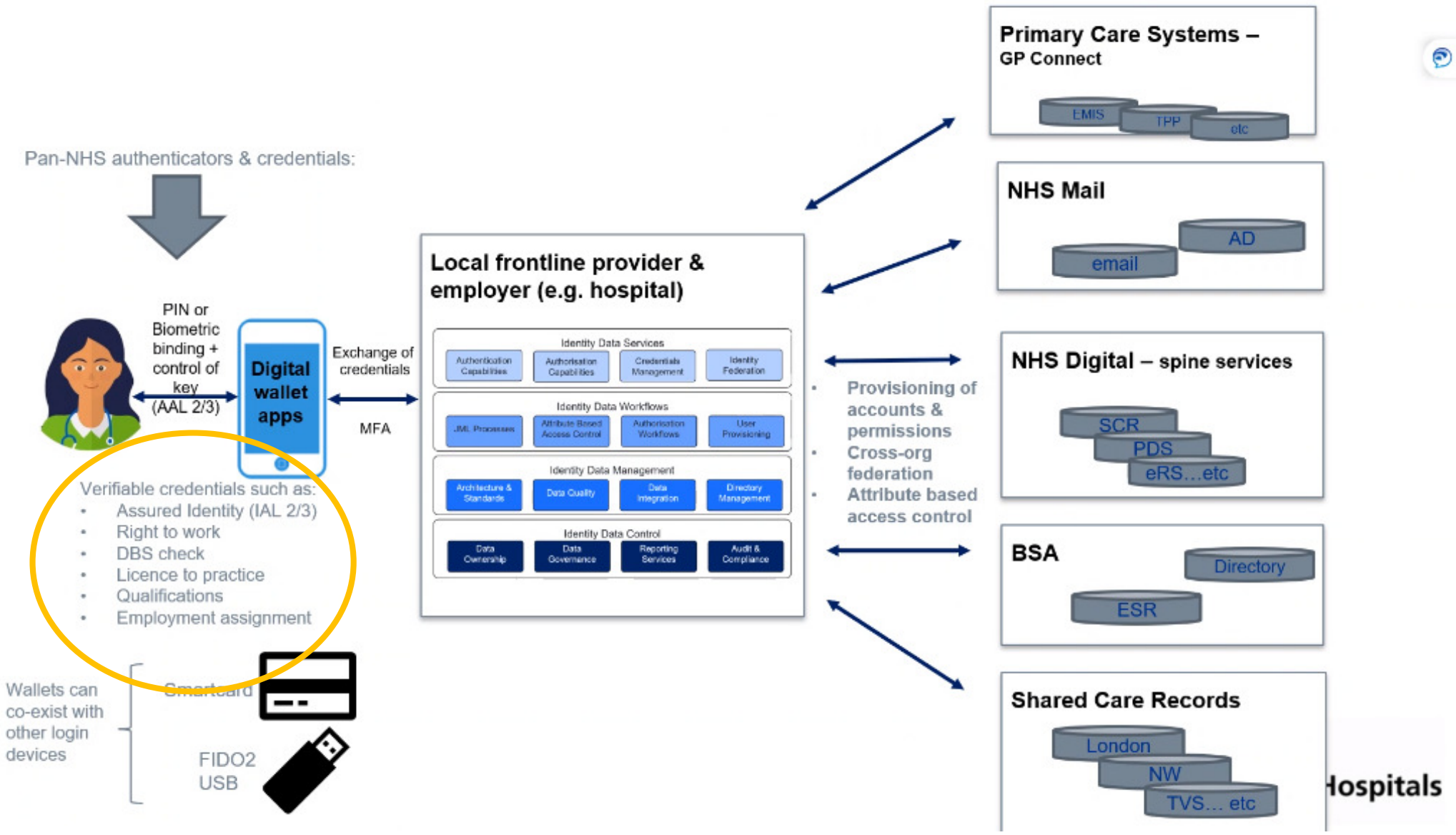
EMPLOYEE ACCEPTS VACCINE CREDENTIAL INTO DIGITAL WALLET



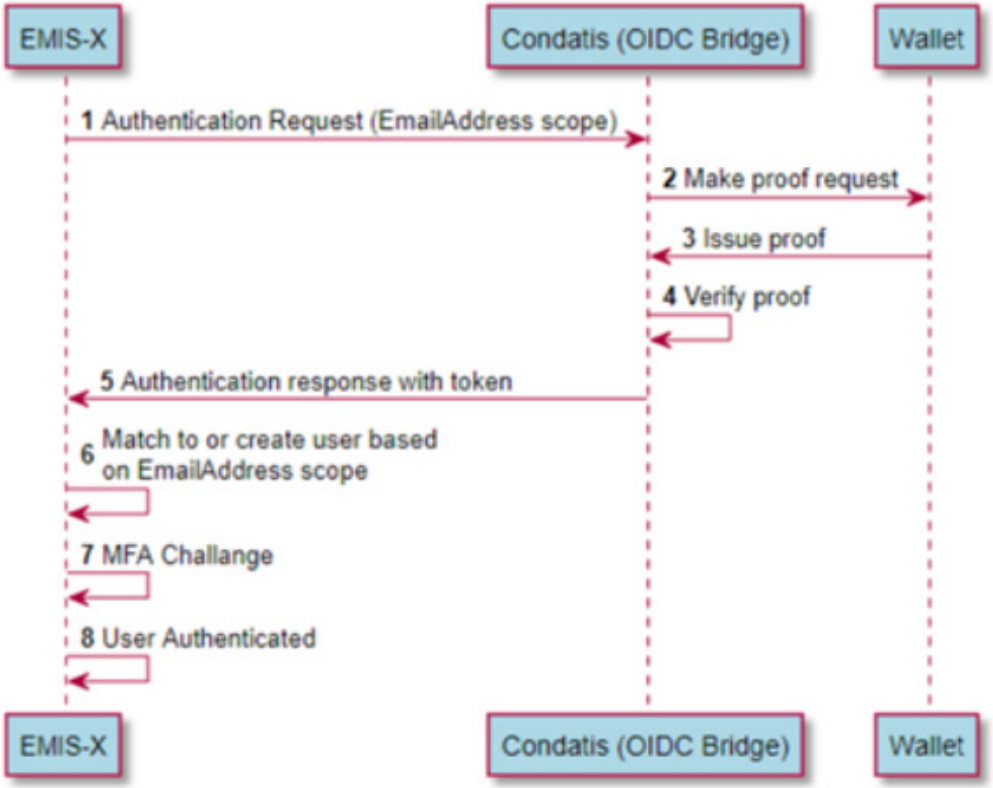


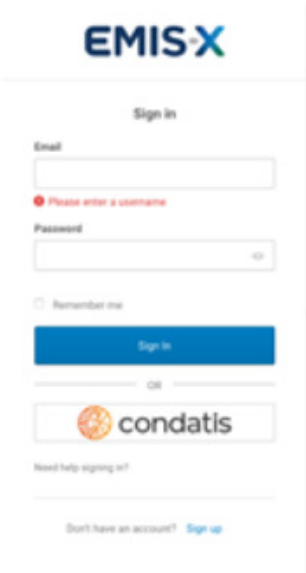


Future Direction – provisioning, biometrics and systems access

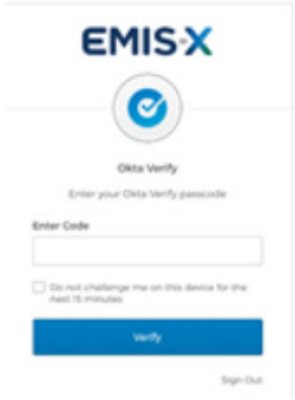

Pan-NHS authenticators & credentials:
PIN or Biometric binding + control of key (AAL 2/3)
Digital wallet apps
Exchange of credentials
MFA
Verifiable credentials such as:
Assured Identity (IAL 2/3)
Right to work
DBS check
Licence to practice
Qualifications
Employment assignment
Wallets can co-exist with other login devices
Smartcard
FIDO2 USB
Local frontline provider & employer (e.g. hospital)
Identity Data Services
Authentication Capabilities
Authorisation Capabilities
Credentials Management
Identity Federation
Identity Data Workflows
JML Processes
Attribute Based Access Control
Authorisation Workflows
User Provisioning
Identity Data Management
Architecture & Standards
Data Quality
Data Integration
Directory Management
Identity Data Control
Data Ownership
Data Governance
Reporting Services
Audit & Compliance
Provisioning of accounts & permissions
Cross-org federation
Attribute based access control
Primary Care Systems – GP Connect
EMIS
TPP
etc
NHS Mail
AD
email
NHS Digital – spine services
SCR
PDS
eRS…etc
BSA
Directory
ESR
Shared Care Records
London
NW
TVS… etc
Hospitals

Interaction diagram





INTEROPen
Healthcare IT interoperability in the UK



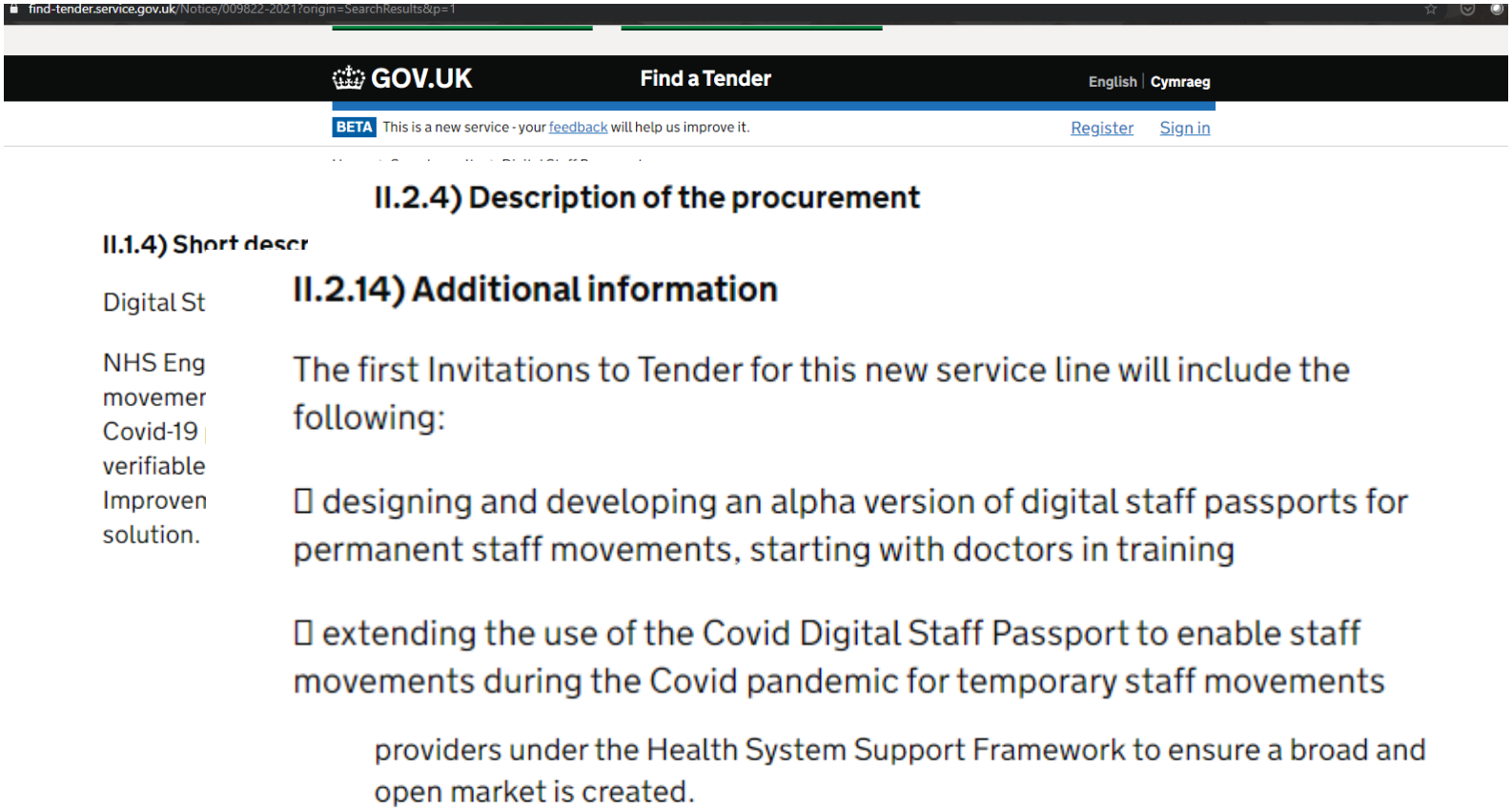
#SHACK2020

Future Direction – Procurement

Work Packages to support (2021/2022)

- Extension of Covid 19 DSP
- Alpha for permanent staff movement
- Discovery for bank workers
- Discovery for all staff movements across health and care
- Advisory for trusted frameworks
- Refining data standards identified in discovery work
- Evaluation of interoperability options and creation of interoperability standards

Work is starting - PIN



find-tender.service.gov.uk/Notice/009822-2021?origin=SearchResults&p=1

GOV.UK Find a Tender English | Cymraeg

BETA This is a new service - your feedback will help us improve it. Register Sign in

II.2.4) Description of the procurement

II.1.4) Short descr

Digital St

NHS Eng
movemer
Covid-19
verifiable
Improven
solution.

II.2.14) Additional information

The first Invitations to Tender for this new service line will include the following:

- designing and developing an alpha version of digital staff passports for permanent staff movements, starting with doctors in training

- extending the use of the Covid Digital Staff Passport to enable staff movements during the Covid pandemic for temporary staff movements

providers under the Health System Support Framework to ensure a broad and open market is created.

Health System Support Framework

Opportunity for suppliers

- Become partners in the NHS ambition for digital staff passports
- Join the new 'digital passports' service line on HSSF
- Respond to upcoming invitations to tender
- Get involved in defining data and interoperability standards
- Participate in future hackathons, discovery work and alphas
- Become interoperable with other digital passport technology and workforce system providers

The NHS is increasingly operating as integrated systems and is looking for technology suppliers to enable these new ways of working.

Interoperable Workforce Systems

Interoperable Workforce IT Systems

Problem: NHS operates several national workforce systems, including ESR, NHS Jobs (both by NHS BSA), Oriel, TIS, eLearning for health (all HEE systems) and each NHS organisation has several workflow systems. These systems do not all interoperate, leading to repeated manual entry of data, data quality issues, limited visibility of workforce information and anti-competitive behaviour by some providers.

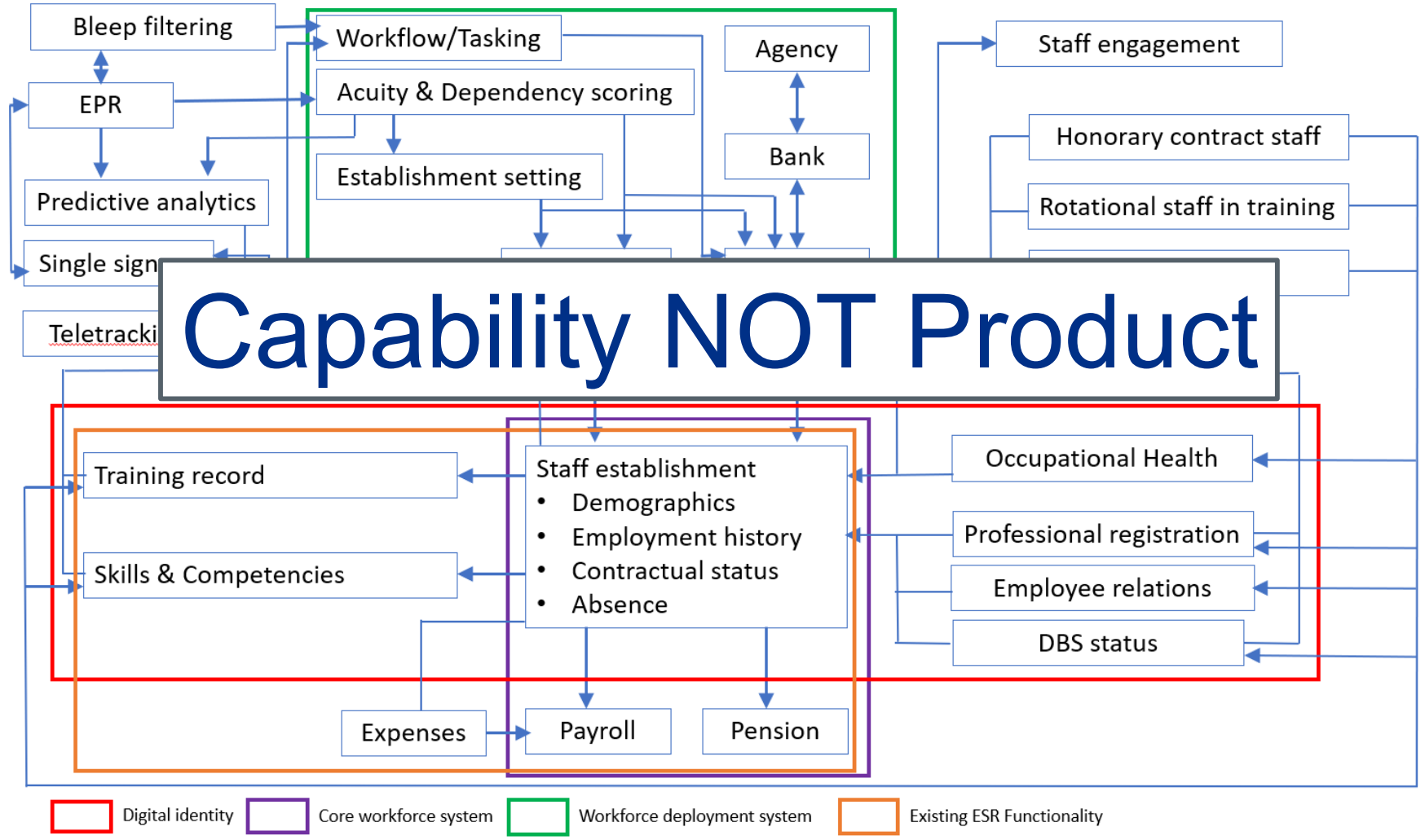
ESM User Need: To enable a staff member to move, they need their **full** record of employment, core skills training and immunisations and vaccinations to move with them.

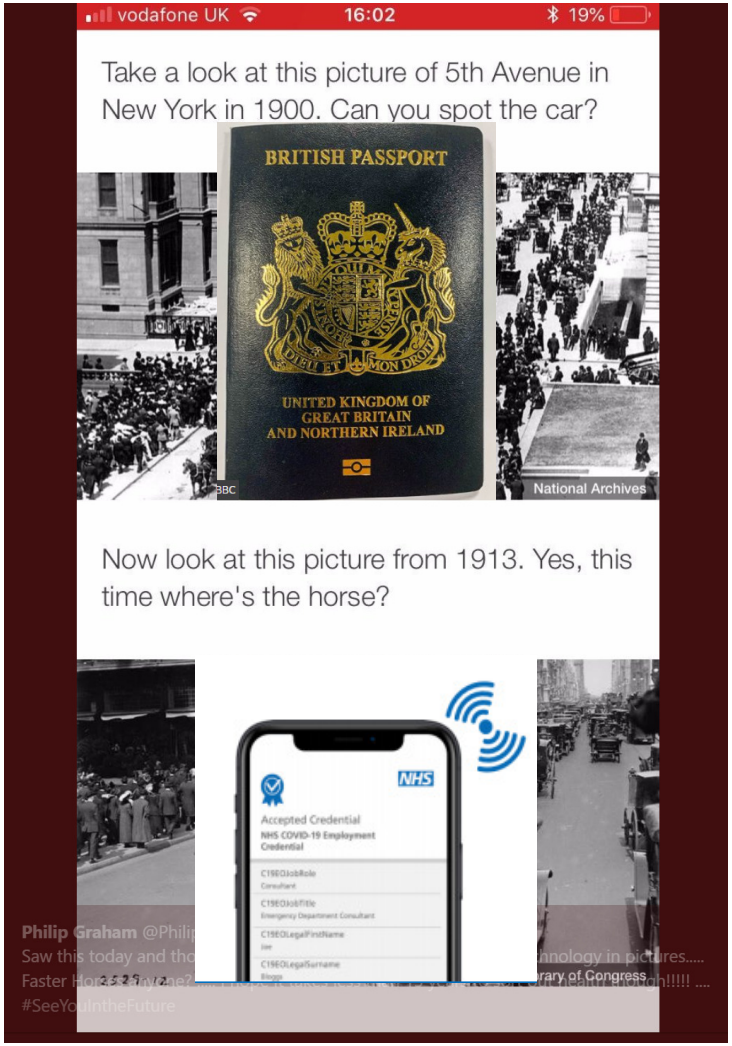
Aim: that all Workforce Systems all use the same Data Standards, are interoperable with each other, are inter-modular and that data is accurate, kept up to date and transferable.

Challenges:

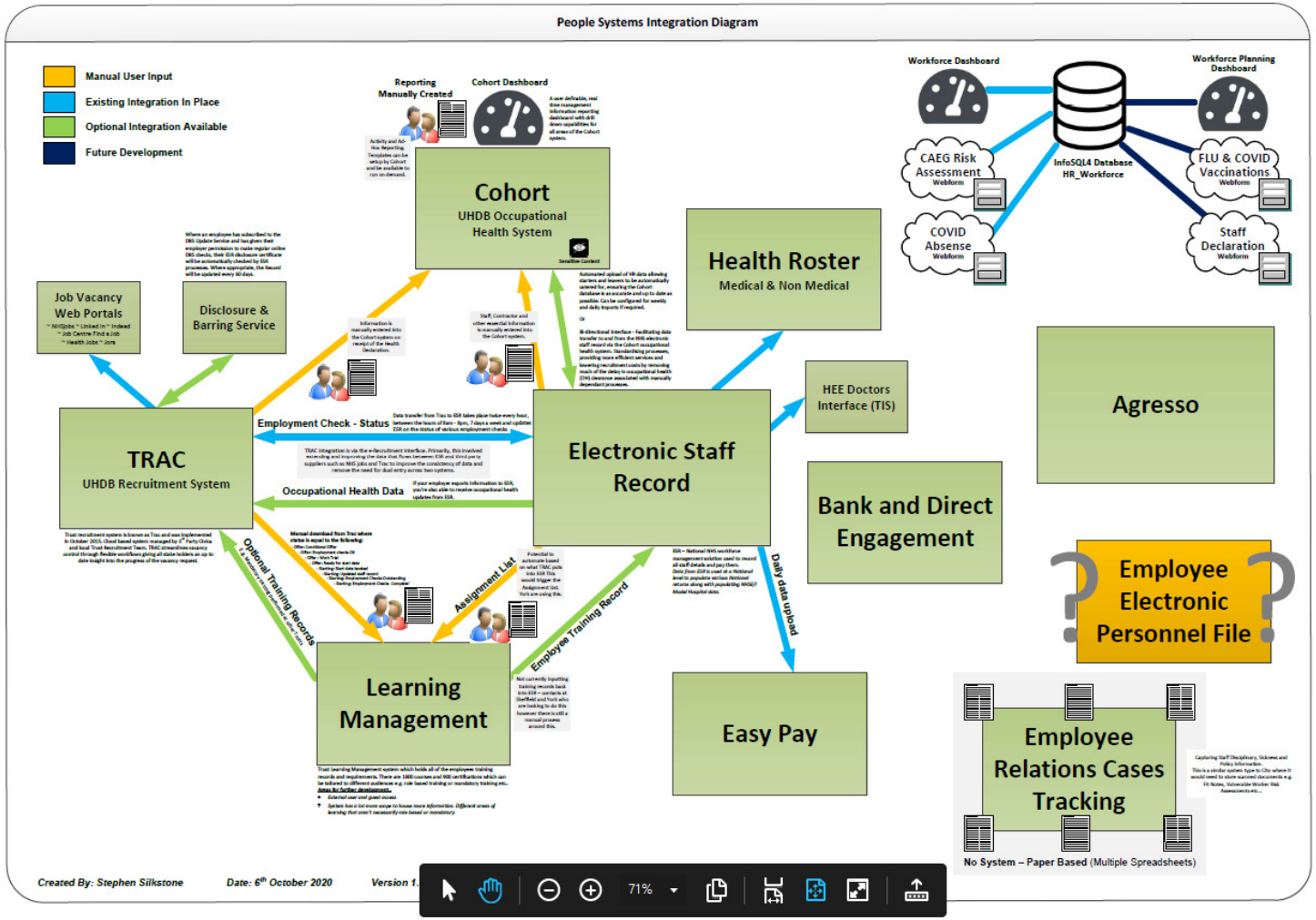
- ESR has 1,500+ interfaces but does not yet have full API capability
- There are some 30+ Training systems that cover the c.50% of the NHS that ESR's OLM does not cover
- 2 largest OH systems account for c.70% of NHS and have been slow to interface
- Rostering systems are dominated by one supplier
- New workforce systems are appearing rapidly, e.g. new rostering systems, collaborative banks, new digital identity and digital passport providers

Capability NOT Product

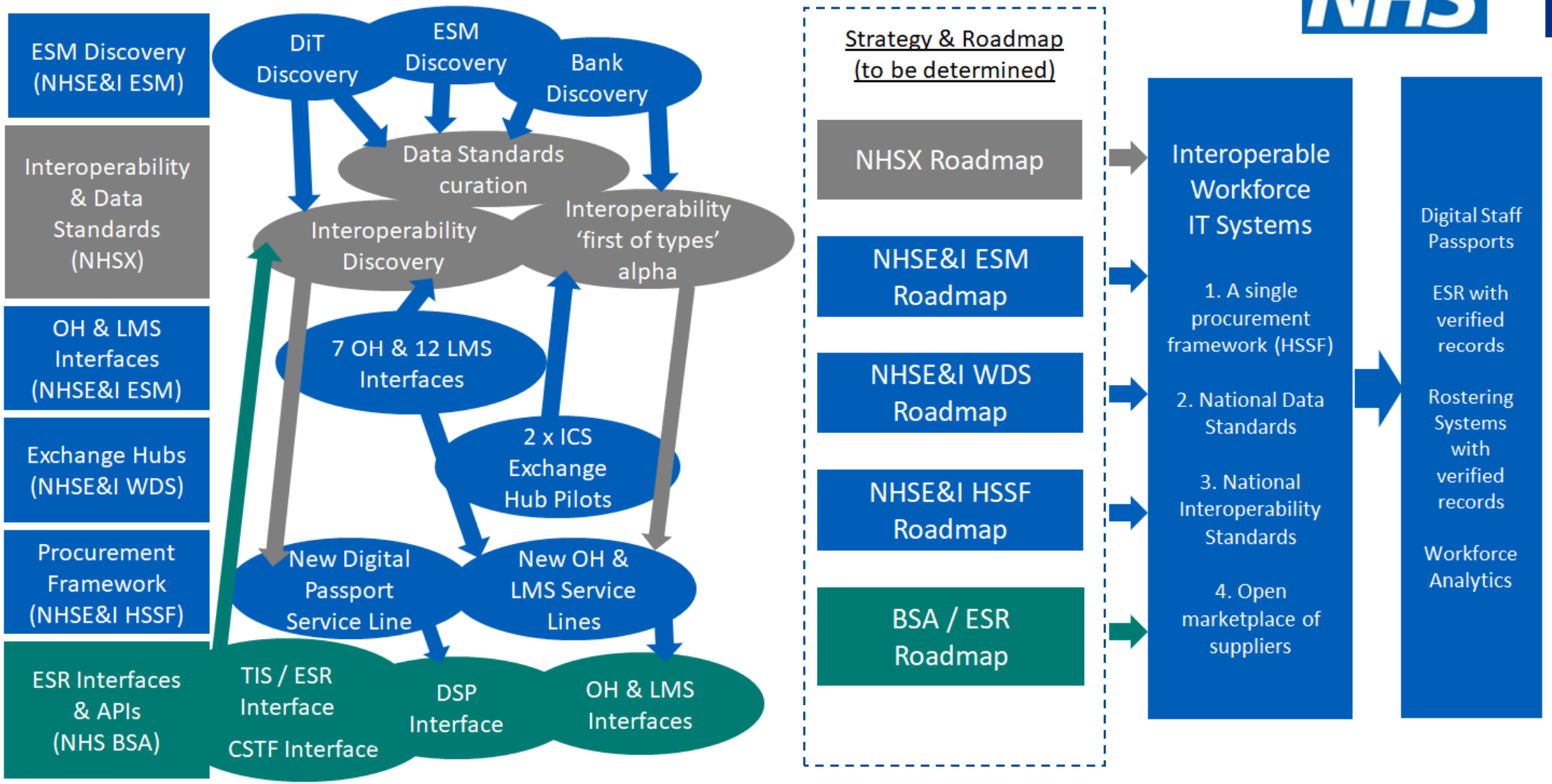




The first time a **railway** used a true steam locomotive running on rails **was** the Liverpool to Manchester **railway** in 1830. ... Indeed, the **owner** of the **canal** had opposed the **railway** to protect his **investment**.28 Jan 2018


People Systems Integration Diagram
Manual User Input
Existing Integration In Place
Optional Integration Available
Future Development
Reporting
Manually Created
Cohort Dashboard
Cohort
UHDB Occupational Health System
Workforce Dashboard
Workforce Planning Dashboard
CAEG Risk Assessment
Webform
InfoSQL4 Database
HR_Workforce
FLU & COVID Vaccinations
Webform
COVID Absense
Webform
Staff Declaration
Webform
Health Roster
Medical & Non Medical
Job Vacancy Web Portals
Disclosure & Barring Service
TRAC
UHDB Recruitment System
Employment Check - Status
Occupational Health Data
Electronic Staff Record
HEE Doctors Interface (TIS)
Agresso
Bank and Direct Engagement
Employee Electronic Personnel File
Optional Training Records
Assignment List
Employee Training Record
Daily data upload
Learning Management
Easy Pay
Employee Relations Cases Tracking
No System – Paper Based (Multiple Spreadsheets)
Created By: Stephen Silkstone
Date: 6th October 2020
71%

Roadmap for Interoperable Workforce IT Systems



People Digital Strategy

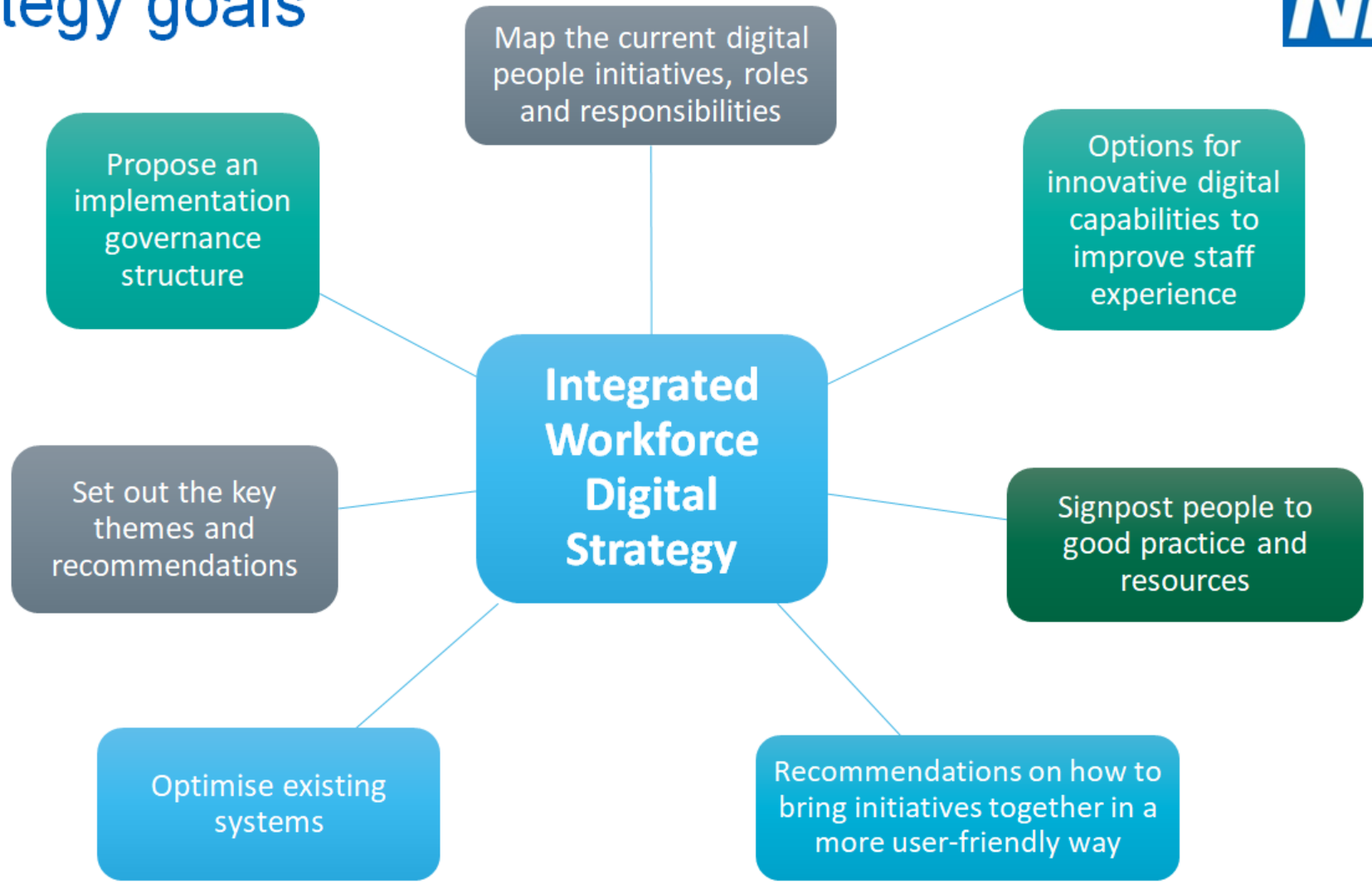
Developing the Integrated Workforce Digital Strategy for the NHS to enable delivery of the People Plan and People Services

The strategy will be co-created and owned by HEE, NHSx and NHSE/I and is work in progress

Why do we need a strategy? What are the challenges in the NHS?

- Current systems are not used to their best potential, and there are fundamental building block gaps that undermine efforts to digitise and therefore realise the full benefits.
- Current systems are viewed as clunky, providing a negative or neutral user experience, and the different wraparound processes/systems created in each organisation can be further barriers to effective system use.
- Systems often don't talk to each other, so the NHS at every level is unable to access the quality and scope of data needed to inform effective decision-making to improve workforce planning, retention, engagement, inclusion.
- Lack of digital capability within HR&OD within the NHS to manage workforce digital transformation and continuous improvement. This becomes more critical as ways of working continue to evolve more rapidly.
- People have been asked repeatedly about their pain points and user needs over the years, but despite this, report having seen no notable improvements.
- Lack of collaboration, tools and support at every level of the system to enable the successful management of the end-to-end digital process and missed opportunities as part of this for increased cost-efficiency and speed of delivery.

Strategy goals



What should you do?

Organisation
Supplier
Individual

Thank you and Questions?

Philip M.J. Graham

@PhilipGrahamNHS

Links:

1. Masterclasses from Interopen Hackathon:
   https://www.youtube.com/channel/UC5QUTqUEzZOZ3lP7addTzjQ/featured

2. W3C Verifiable Credentials spec
   https://www.w3.org/TR/vc-data-model/

3. NHS staff passport web site:
   https://beta.staffpassports.nhs.uk/