

NRSS & RSC Digital skills passports early adopters:

Meeting 1 toolkit

April 2021



Contents

Item	Page #
Overview of the skills passports	p.3
Early adopters group approach	p.4
Templates to complete for the next meeting <ul style="list-style-type: none"> Guidance for completion Template 1a: <i>Set Trust aims with associated target for implementation (overall)</i> Template 1b: <i>Undertake a stakeholder analysis</i> Template 1c: <i>Recognise benefits of programme for stakeholders</i> 	p.5-8
LTLC contacts and support	p.9

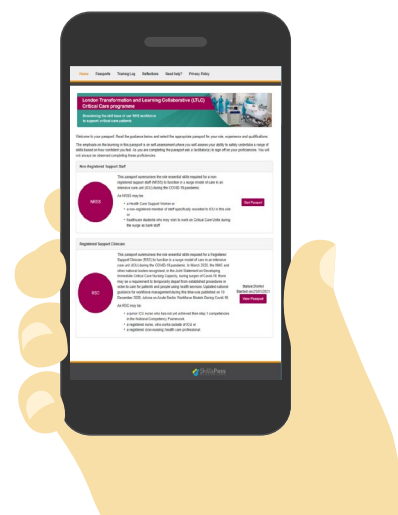
Overview of the skills passports

Who are the passports for?

- For staff who are / will be working as a NRSS or RSC^(a) to document the role essential skills they have, that are required to function as part of a flexible team in an intensive care unit (ICU)
- For managerial staff overseeing these roles to have visibility of their team members' skillsets/capability

Key info:

- Available digitally (via mobile, tablet, desktop)
- Endorsed by BACCN and CC3N



[\(Link to passports\)](#)

There are 2 digital skills passports available and staff can complete one or both:



Non-registered support staff (NRSS)

A NRSS may be:

- a Health Care Support Worker or
- a non-registered member of staff specifically recruited to ICU in this role or
- healthcare students who may wish to work on Critical Care Units during the surge as bank staff

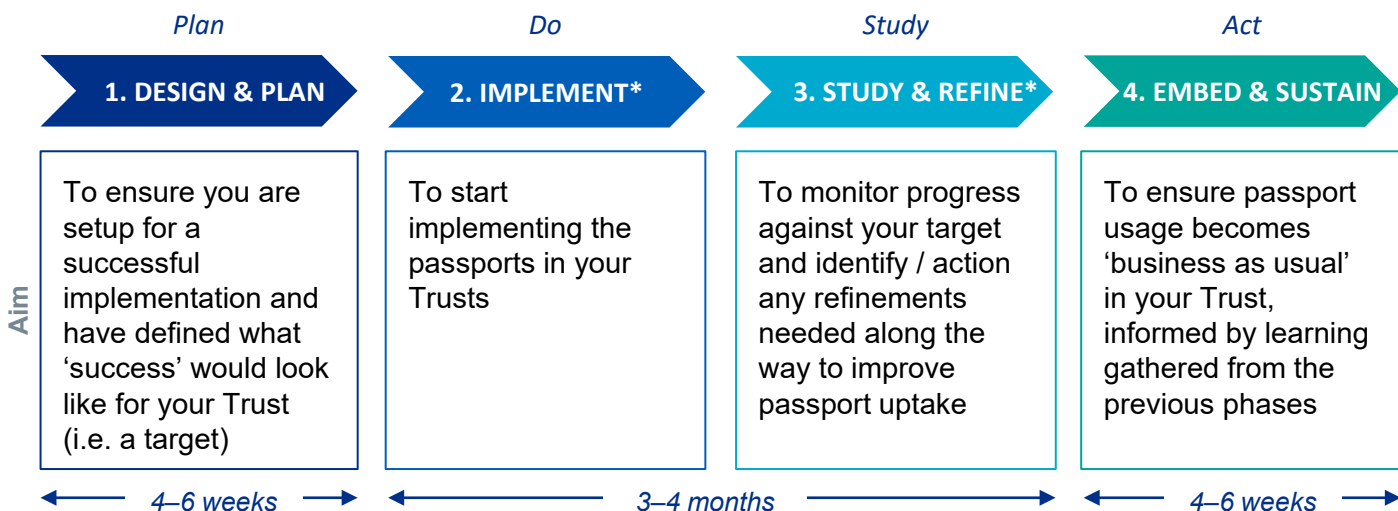
Registered support clinicians (RSC)

A RSC may be:

- a junior ICU nurse who has not yet achieved their step 1 competencies in the National Competency Framework,
- a registered nurse, who works outside of ICU or
- a registered (non-nursing) health care professional

Early adopters group approach

The early adopters will follow four phases, aligned to the quality improvement PDSA cycle^(a):



Note: *Steps 2 and 3 will happen in parallel to allow improvements to be made in real time as a learning system

Source: (a) <https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-plan-do-study-act.pdf>

We will start by focusing on Phase 1 'Design & Plan':



Meeting 1:

- Set Trust aims with associated target for implementation (overall)
- Undertake a stakeholder analysis
- Recognise benefits of programme for stakeholders

Will share at next meeting in 2-3 weeks

Meeting 2:

- Draft Current state process map and Future state process (i.e. what may need to change for the passport)
- Identify drivers and activities for achieving aim
- Define detail and frequency of measurement / reporting (quantitative and qualitative)

Templates to complete for the next meeting - Guidance

Summary:

- There are 3 templates we would like you to complete and discuss at the next meeting (on the 13th May). These include:
 - 1a.** Set Trust aims with associated target for implementation (overall)
 - 1b.** Undertake a stakeholder analysis
 - 1c.** Recognise benefits of programme for stakeholders
- Guidance for completing the templates and examples are provided over the next few pages
- Editable versions of the templates have been provided in a separate **‘Templates’** document (included in the post-meeting email)
- Please share your completed templates with ltlc@hee.nhs.uk by the **12th May** (for inclusion in next meeting’s presentation deck, so we can discuss)

Support provided:

- The LTLC is offering 1-hour drop in sessions if you would like support completing these templates (please email LTLC@hee.nhs.uk if interested, with your preferred date/time):
 - Weds 28th Apr (11:00-12:00)
 - Fri 30th Apr (12:00-13:00)
 - Tues 4th May (13:00-14:00)
 - Thurs 6th May (10:00-11:00)

If you have any other questions regarding the templates, please email both Vicki Newport (vnewport@nhs.net) and LTLC mailbox (ltlc@hee.nhs.uk)

Templates to complete for the next meeting – 1a

1a. Set Trust aims with associated target for implementation

i. What are we trying to accomplish?

- Teams need to set clear and focused goals with measurable targets

Example:

What?	Improve staff deployment experience
For whom?	Staff redeployed into the NRSS or RSC roles into critical care and staff responsible for deployment
By when?	August 2021
How much?	95% of staff identified for deployment complete the digital skills passport ready to be rostered (n=80 RSC, 70 NRSS) Increased satisfaction for redeployed staff and those managing redeployment process (baseline to be set)
Full aim statement	By August 2021 we will improve the experience of staff being deployed to critical care to undertake the NRSS and RSC role. 95% of these staff (n=150) will have completed the appropriate digital skills passport, ready to be rostered. Redeployed staff and staff managing deployment will report increased satisfaction in managing staff for deployment.

When drafting your target, consider the following questions:

- What is the number of NRSS and RSCs required for your workforce model? (i.e. scenario)
- Would you would like to perform both retrospectively and prospectively? (i.e. capture staff that were deployed in previous surges, or only focus on those being deployed in future surges)

You can find further detail about developing your aims statement from NHSE/I here:

<https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-developing-your-aims-statement.pdf>

Templates to complete for the next meeting – 1b

1b. Undertake a stakeholder analysis

i. Identify your stakeholders

- Brainstorm a list of all the people and groups likely to be affected by the proposed change (you may want to group them).
- You could bring a small group of well-informed people together to do this

ii. Prioritise your stakeholders

- Once you have generated the list of names, analyse it in terms of how you will need to engage with them during the implementation

Note: you can de-prioritise “Monitor” as these stakeholders are less vital

High power	Satisfy Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	Manage Key stakeholders who should be fully engaged through communication and consultation.
Low power	Monitor This group may be ignored if time and resources are stretched.	Inform Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	Low impact/stakeholding	High impact/stakeholding

Example:

Satisfy	Manage
<i>e.g. Heads of departments, Multi-professional leads, Quality & safety teams, Rota teams</i>	<i>e.g. Matrons, Chief nurses, Divisional leads HR, Education leads, Deployment leads, Deployed staff</i>
Monitor	Inform
	<i>e.g. CC networks, ICS workforce leads or boards, Trust wellbeing teams, CFOs / Budget holders</i>

Templates to complete for the next meeting – 1c

1c. Recognise benefits of programme for stakeholders

i. Complete a benefits realisation plan

- This is a tool to make sure you get the intended benefits planned for your project.
- Having a sound benefits realisation plan will improve the delivery of intended benefits, which also ensures that any resources allocated to the project are being fully utilised. It will also help you when discussing with colleagues how your individual project is contributing to the overall service improvement programme.

Ensure you have listed at least one benefit for each of the stakeholders listed in your 'Inform', 'Manage' or 'Satisfy' analysis box (Note: you may have one benefit that impacts multiple stakeholders, see example below).

Example:

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefit realised	Current baseline measure	Who is responsible?	Target date
More streamlined deployment, by reducing unnecessary training and/or skill info sharing	All 'manage' and 'inform' stakeholders identified	Understanding of workforces' current skills	Quicker deployment of staff; increased staff satisfaction with deployment process	Time to deployment	Deployment leads	Late July
More efficient and targeted delivery of education, based on skill gaps	CFO / budget holders, deployed staff, deployment leads, education leads, matrons, heads of department	Understanding and quantification of workforces' skill gaps	Potentially less time spent delivering and receiving education; increased deployed staff satisfaction with training received (as more relevant / useful)	Time spent delivering and receiving education	Education leads	Early June

LTLC contacts and support

The LTLC team can help you with the following:

- Using the passport / answering functionality questions
- Provision of toolkit with templates for design & planning
- Completing the templates in between meetings (see [p.5](#) for dates/times of drop-in sessions available)
- Explaining the digital skills passports and benefits to key stakeholders
 - Pre-made presentations available for clinical leads (e.g. matrons); HR / workforce, educators and staff be deployed
- Access to admin support:
 - Sharepoint access (to access materials we share, and share amongst you)
 - Meeting setup (Teams)
- Peer support (will be added to Whatsapp group) – please share mobile number if you would like to be added

Key LTLC contacts:

Please email both Vicki Newport (vnewport@nhs.net) and LTLC mailbox (ltlc@hee.nhs.uk) with any questions or requests.

Please email both Vicki
Newport
(vnewport@nhs.net) and
LTLC mailbox
(ltlc@hee.nhs.uk) with any
questions or requests



Health Education England

NHS England and NHS Improvement



NRSS & RSC Digital skills passports early adopters:

Meeting 2 toolkit

May 2021



Contents

Item	Page #
Overview of the skills passports	p.3
Early adopters group approach	p.4
What to complete for the next meeting - Guidance	p.5
Additional useful materials developed / shared <ul style="list-style-type: none"> • Pre-made overview presentations (PPT) • Education & training time required breakdown (Excel) • Other Trust's Meeting 1 templates (Sharepoint link) 	p.6
Templates to complete for the next meeting <ul style="list-style-type: none"> • Template 1d: <i>Process map the future state(i.e. when the passport has been implemented)</i> • Template 1e: <i>Identify drivers and activities for achieving aim</i> • Template 1f: <i>Define detail and frequency of measurement / reporting (quantitative and qualitative)</i> 	p.7-13
LTLC contacts and support	p.14

Overview of the skills passports

Who are the passports for?

- For staff who are / will be working as a NRSS or RSC^(a) to document the role essential skills they have, that are required to function as part of a flexible team in an intensive care unit (ICU)
- For managerial staff overseeing these roles to have visibility of their team members' skillsets/capability

Key info:

- Available digitally (via mobile, tablet, desktop)
- Endorsed by ICS, BACCN and CC3N



[\(Link to passports\)](#)

There are 2 digital skills passports available and staff can complete one or both:



Non-registered support staff (NRSS)

An NRSS may be:

- a Health Care Support Worker or
- a non-registered member of staff specifically recruited to ICU in this role or
- healthcare students who may wish to work on Critical Care Units during the surge as bank staff

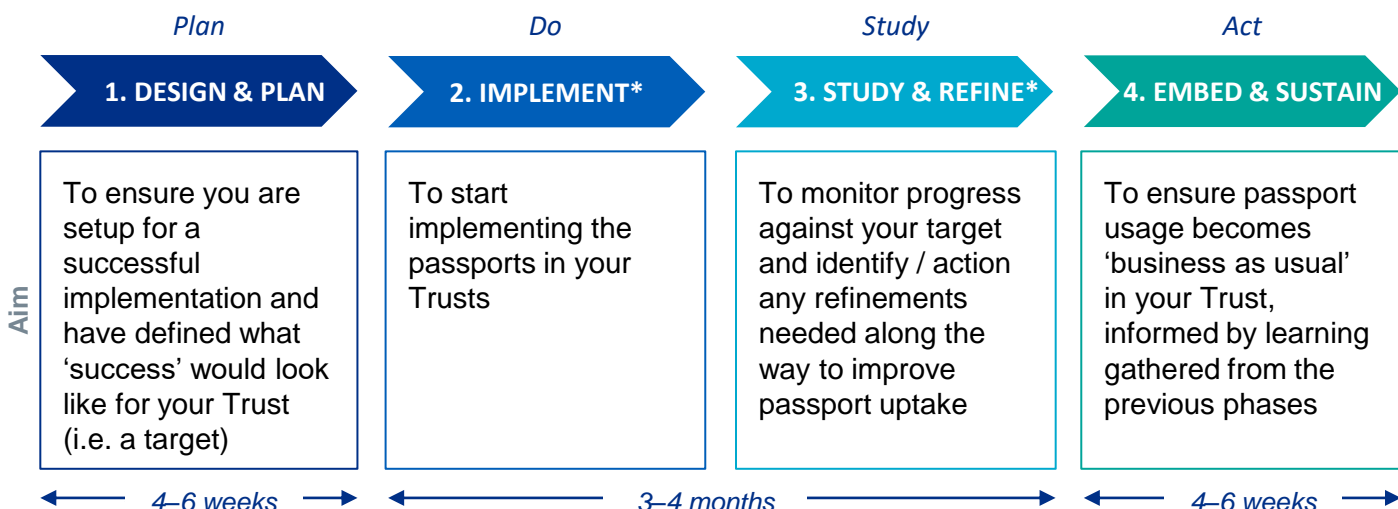
Registered support clinicians (RSC)

An RSC may be:

- a junior ICU nurse who has not yet achieved their step 1 competencies in the National Competency Framework,
- a registered nurse, who works outside of ICU or
- a registered (non-nursing) health care professional

Early adopters group approach

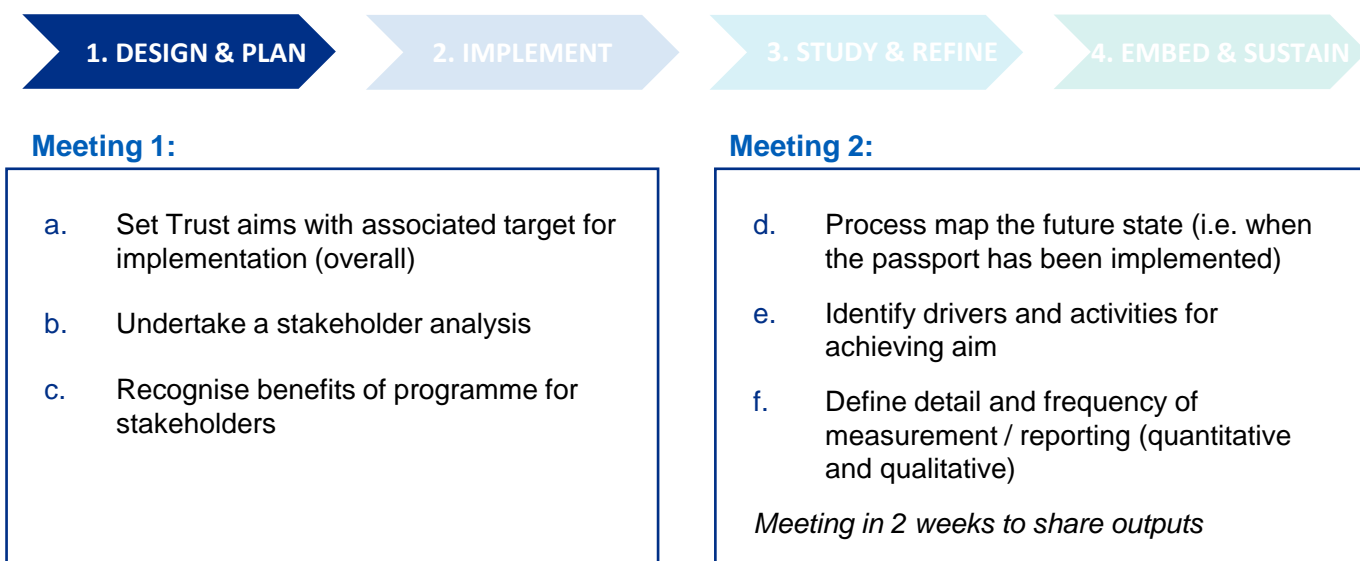
The early adopters will follow four phases, aligned to the quality improvement PDSA cycle^(a):



Note: *Steps 2 and 3 will happen in parallel to allow improvements to be made in real time as a learning system

Source: (a) <https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-plan-do-study-act.pdf>

We will start by focusing on Phase 1 'Design & Plan':



What to complete for the next meeting – Guidance

Summary:

- Please send the name / email address of the person from your site / Trust who you would like to nominate to have admin access on the passport by **21st May** to ltlc@hee.nhs.uk
 - The purpose of this is to give you visibility of the admin functionality of the passport, to inform your process mapping (one of the templates below). This nominated person may not necessarily be one of your 'end-point' admins (and that is ok!)
 - An admin user guide ('Playbook') will have been attached to the post-Meeting 2 email to help you navigate the admin functionality
- There are 3 templates we would like you to complete and discuss at the next meeting (on the **27th May**). These include:
 - 1d.** Process map the future state (i.e. when the passport has been implemented)
 - 1e.** Identify drivers and activities for achieving aim
 - 1f.** Define detail and frequency of measurement / reporting (quantitative and qualitative)
- Guidance for completing the templates and examples are provided over the next few pages
- Editable versions of the templates have been provided in a separate '**Templates**' document (included in the post-Meeting 2 email)
- Please share your completed templates with ltlc@hee.nhs.uk by the **26th May** (for discussion in Meeting 3)

Support provided:

- The LTLC is offering 1-hour drop in sessions if you would like support completing these templates (you should have been invited to these, if not please email LTLC@hee.nhs.uk):
 - Tues 18th May (11:00-12:00)
 - Thurs 20th May (15:30-16:30) – *UCLPartners QI team attending*
 - Mon 24th May (12:00-13:00) – *UCLPartners QI team attending*

If you have any other questions regarding the templates, please email [both](mailto:vnewport@nhs.net) Vicki Newport (vnewport@nhs.net) and LTLC mailbox (ltlc@hee.nhs.uk)

Additional useful materials developed / shared

In your post-Meeting 2 email we have also attached / included:

1. Pre-made overview presentations (PPT)

- These have been created to support you provide an overview of the Digital skills passports to different stakeholder types. Two presentations have been developed for:
 - Staff who will be completing the passport
 - General stakeholders - e.g. clinical leads (e.g. matrons); HR / workforce and educators
- These presentations are fully editable and we are happy for you to re-order, remove or edit the slides as necessary.
- For the latest versions, please access them on the Sharepoint ([Link](#))

2. Education & training time required breakdown (Excel)

- This provides estimated time required for e-learning, F2F training and supernumerary competency assessment for both passports, split by domain and skills
- This has been developed to help you:
 - Estimate time required for education and training
 - Plan your education and training programmes / assessment to make sure it covers all the necessary domains and skills
- For the latest versions, please access them on the Sharepoint ([Link](#))

3. Other Trust's Meeting 1 templates (Sharepoint link)

- You can view each others' Meeting 1 templates submitted on Sharepoint ([Link](#))
 - If you are having trouble access the Sharepoint, please email ltlc@hee.nhs.uk
- The purpose of this cross-sharing is to learn from each other and identify if there are any components included in others' templates that you had not considered or may want to add to yours
- We encourage you to update these templates throughout the process and recognise they will evolve over time as more is learnt about implementing the passport in your Trust
- Please email us by **14th May** COP (close-of-play) if you would not like any of your Meeting 1 templates shared

Templates to complete for the next meeting – 1d

1d. Process map the future state





Process mapping will enable you to create a visual picture of how the pathway could work once the passport is implemented.

- It can be useful to start by thinking how it currently runs, or ran in Surge 1/2 and adapt it from there

Within your process map you need to consider:

i. What is happening?

In a process map different shapes are used to represent different things:

	A box or rectangle to show the tasks or activities of the process
	A diamond represents the stage in the process where a question is asked or a decision is required
	An oval shows the start of the process and the end of the process. The symbol is the same to emphasis interdependency
	Arrows show the direction or flow of the process

ii. Where / with who is it happening?

Within your process map you will have different horizontal 'swim lanes' to indicate where / with who this part of the process is happening. This may be an individual, team or department:

- E.g. Exec. team, critical care, service managers, HR, education team, passport implementation lead

You can find further detail about process mapping from NHSE/I here:

<https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-conventional-process-mapping.pdf>

Templates to complete for the next meeting – 1d

iii. When is it happening?

Within your process map you will have different vertical sections to indicate which part of the process you are in, and you will also have defined 'Start' and 'End' points. To help you with this, we have suggested some and included these within the template (however, you can adapt these if you wish):

START: Directive to expand bed numbers in Trust (or prepare for expanded bed capacity)

- Identification of staff
- Completing of passport
- Training of staff
- Rostering of staff

END: Staff able to be rostered as a RSC or NRSS

Templates:

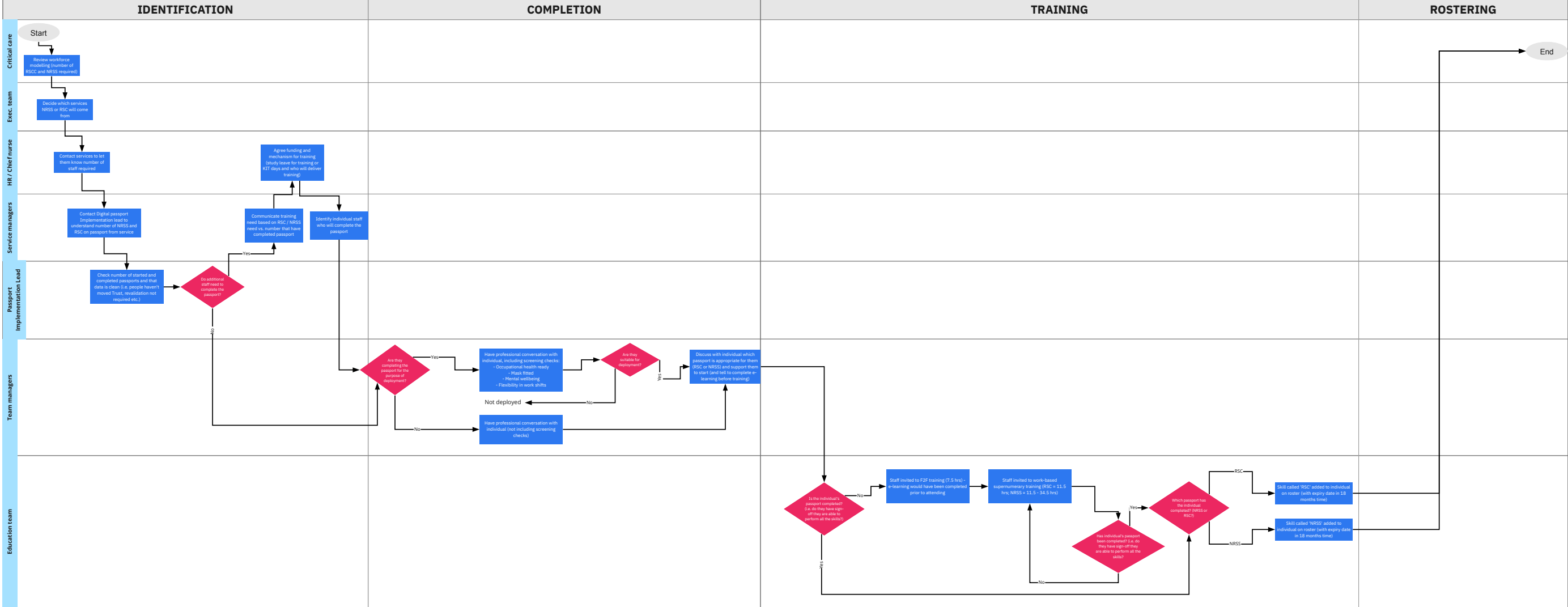
We have provided you with the below, which you can use to draw your process map:

- a PPT template (see in post-Meeting 2 email)
- a Miro template (see below) – this will include a blank template and the example shown on the next page (so you can use it as a starting point if you wish)

Alternatively you can draw your process map on any other software or by hand. If you are struggling to draw it, you can write the steps out (e.g. in Word) and we would can help you visualise it as a process map.

ICS	Trust / Miro hyperlink
NCL	UCLH
	RNOH
	Royal Free
	North Middlesex
	Whittington
	Moorfields
	GOSH
NEL	Homerton
	BHRUT

ICS	Trust / Miro hyperlink
NWL	Chelsea & Westminster
	Imperial
	Hillingdon
	LNWHT
SWL	Epsom & St Helier
	St Georges
	Croydon
	Kingston
	Royal Marsden
SEL	Guy's & St Thomas'
	L&G



Templates to complete for the next meeting – 1e

1e. Identify drivers & activities for achieving aim

When you are dealing with complex change it is often difficult to differentiate between cause and effect – driver diagrams can be used to explore what changes will likely cause the desired effects and achievement of your aim. This can help you create your “to do” list and identify potential measures for your project.

AIM

What are you trying to achieve?

Note: you would have already defined this in Template 1a

DRIVERS

What will drive the achievement of that aim? (i.e. success factors)

ACTIVITIES

What activities need to happen during your implementation to effect these drivers?

The diagram can include both primary and secondary drivers which are needed to reach that aim:

- *Primary drivers:* essential factors that need to be addressed to achieve the aim (i.e.: without it, your project will not succeed)
- *Secondary drivers:* factors that lead to your primary drivers – a secondary driver should lead directly to a primary driver, which should be essential to achieving your aim.

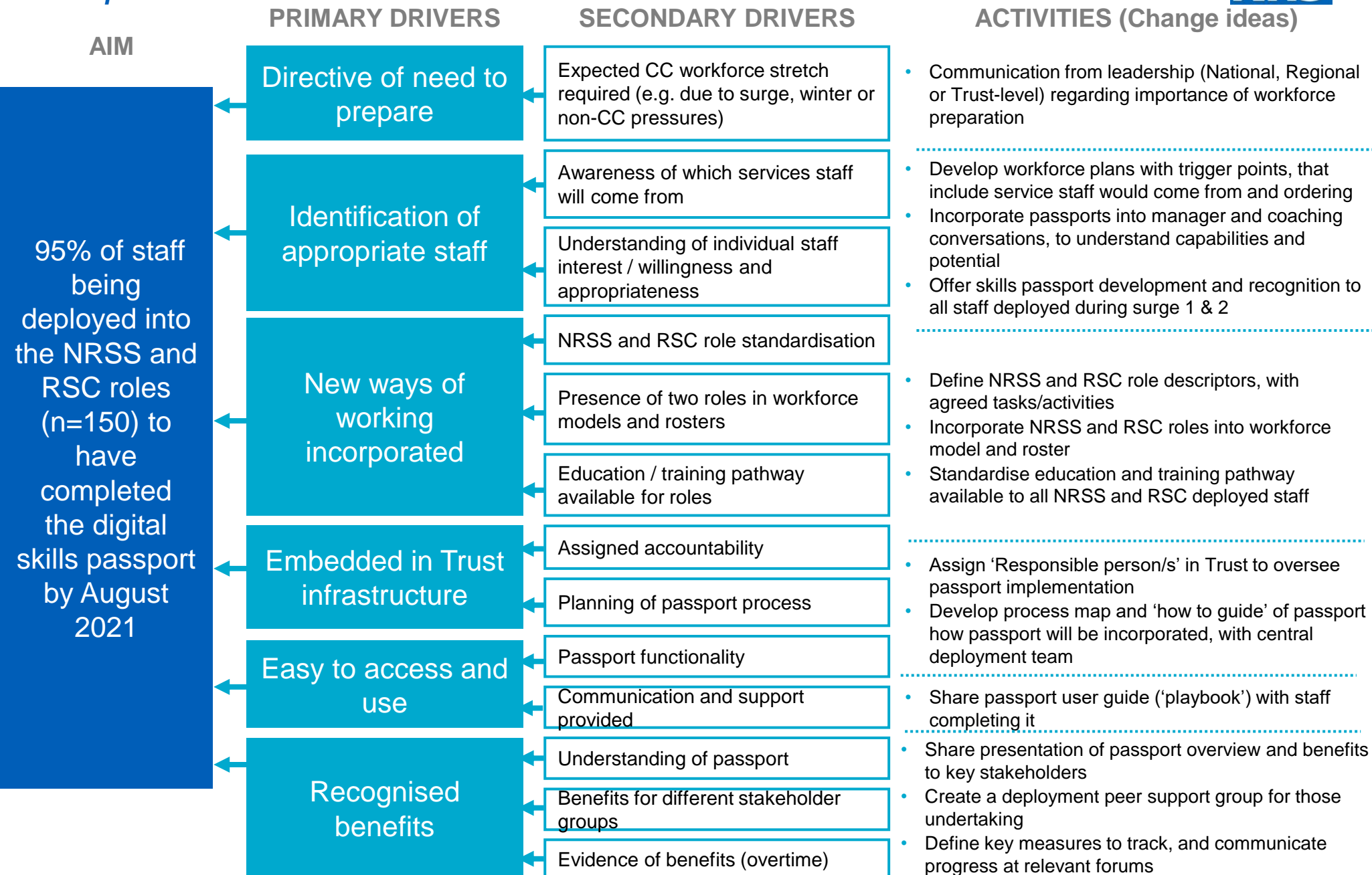
To create your driver diagram, you should:

1. Gather together the relevant stakeholders who have knowledge and different perspectives of the system you are working in
2. Brainstorm potential drivers – “To achieve our goal, the things we need to change / improve are...”
 - Concentrate on generating ideas at this stage, don’t try to allocate the label of primary/secondary driver or activity at this stage
3. Once you’ve completed the brainstorming, cluster the ideas to see if there are groups that represent a common driver.
4. Now you can identify the links between the drivers and create the driver diagram format
5. Add activities for the drivers (*Note: you may not plan to perform all these activities and they may include activities you have already actioned*).
6. Finally decide which drivers and activities you want to prioritise (i.e. would have the biggest impact on achieving your aim).

You can find further detail about developing your driver diagram from NHSE/I here:

<https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-driver-diagrams.pdf>

Example:



Templates to complete for the next meeting – 1f

1f. Define detail & frequency of measurement / reporting

We need measurement to understand:

- Current performance
- If a change has made an improvement
- Variation
- How to tell an improvement story
- Progress and sustainability.

We recommend no more than 6 measures per Trust and for each measure to consider:

i. What are you going to measure?

- Look at your 'Aims statement', 'Benefits realisation' and 'Driver diagram' for ideas, as you've probably already got these

ii. Is it already being measured in your Trust / ICS? (if yes, how?)

- There may be efficiencies in using or adapting something your Trust already has in place (and may already have a baseline measurement for)

iii. How are you going to measure it? (if not measured already)

- I.e. quantitative (e.g. Likert scales), qualitative (e.g. brief interviews)
- Think about this at a high-level – we are not expecting detail! Once we understand what people would like to measure (at the next meeting), we can work together to develop the measurements where there are commonalities

iv. When are you going to measure it? (frequency)

- Before implementation, every month during etc.

v. Who is going to measure it?

- Who is accountable for disseminating / collecting the measure (e.g. education team, redeployment hub, wellbeing team, passport Implementation lead)

i. Where would you share the outputs? (if relevant for reporting)

- What forums will you want to share updates (*Note: consider who was in your stakeholder mapping and how reporting could be used to gain further buy-in if needed*)

You can further detail for defining your measurements from NHSE/I here:

<https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-measurement-for-improvement-overview.pdf>

Example:

What are you going to measure?	Is it already being measured in your Trust / ICS? (if yes, how?)	If not, how are planning to measure it?	When are you going to measure it? (frequency)	Who is going to measure it?	Where would you share the outputs? (if relevant for reporting)
Number of RSC and NRSS staff started and completed passport	No	Quantitative – using passport admin function to download excel	Weekly (from start of implementation)	Education administrator Learning & Development Named practice educator	<ul style="list-style-type: none"> • Divisional management meetings • Trust Education meetings • Redeployment working groups
Staff satisfaction (including: opportunity for self-development, feelings of control and perceived portability of skills)	Somewhat – existing quarterly staff satisfaction survey (across departments)	Quantitative & qualitative – Likert scales indicating level of agreement with statements, and free text boxes to expand	Before and after completion of passport (and after re-deployment as compared to last surge, if another surge occurs)	Wellbeing team/lead	<ul style="list-style-type: none"> • Board level • Wellbeing meetings • Divisional management meetings
Satisfaction of re-deploying staff (including: visibility of staff available, efficiency for staff deployment and ease of staff deployment)	No	Quantitative & qualitative – Likert scales indicating level of agreement with statements, and free text boxes to expand	Before and after completion of passport (by all)	Redeployment hub team (if these exist)	<ul style="list-style-type: none"> • Wellbeing meetings • Meetings with retention as focus area • Trust Education meetings
Efficiency of education delivered (including whether it is targeted)	No	Measure time amount training staff (average) in previous surges	Compare with time required to train staff each month	Educators delivering education for redeployment	<ul style="list-style-type: none"> • Trust Education meetings • Education strategy groups

LTLC contacts and support

The LTLC team can help you with the following:

- Using the passport and answering functionality questions
- Using Miro and answering functionality questions
- Completing the templates in between meetings (see [p.5](#) for dates/times of drop-in sessions available)
- Explaining the digital skills passports and benefits to key stakeholders
 - Pre-made presentations available (attached in post-Meeting 2 email)
- Access to admin support:
 - Sharepoint access (to access materials we share, and share amongst you)
 - Meeting setup (Teams)

Key LTLC contacts:

Please email both Vicki Newport (vnewport@nhs.net) and LTLC mailbox (ltlc@hee.nhs.uk) with any questions or requests.

Please email both Vicki
Newport
(vnewport@nhs.net) and
LTLC mailbox
(ltlc@hee.nhs.uk) with any
questions or requests



Health Education England

NHS England and NHS Improvement



NRSS & RSC Digital skills passports early adopters:

Meeting 3 toolkit

May 2021

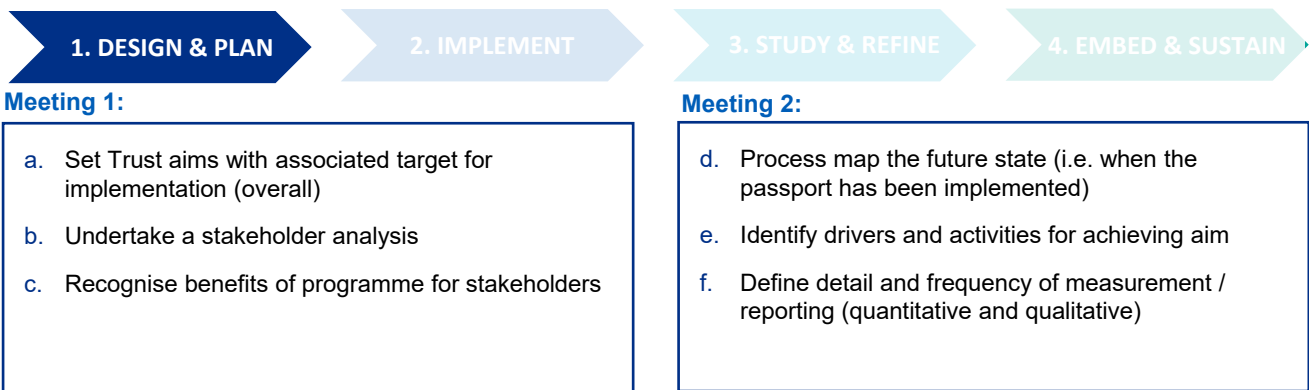


Contents

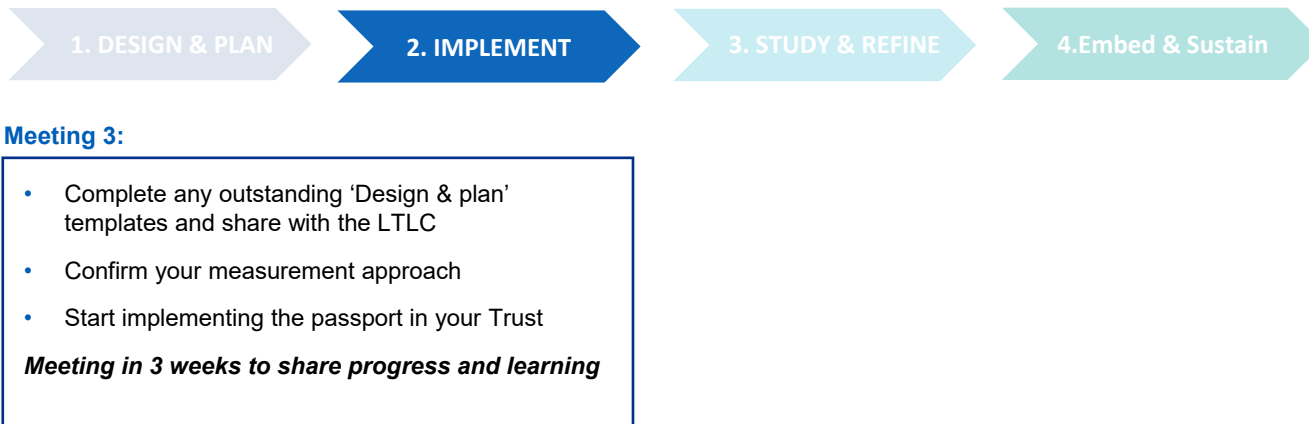
Item	Page #
Early adopters group approach	p.3
What to complete for the next meeting – Guidance	p.4
• Complete all templates not yet submitted	
Additional useful materials developed / shared	p.5
• Negotiating brave conversations two-part workshop	
LTLC contacts and support	p.6

Early adopters group approach

Last meeting we covered the first part of ‘Design & Plan’



We are now moving into the ‘Implement’ phase



Complete remaining templates for the next meeting

The LTLC have provided all templates and offer drop-in sessions to facilitate completion, please contact LTLC@hee.nhs.uk if you require any further support or information.

- Template 1a: Set Trust aims with associated target for implementation (overall)
- Template 1b: Undertake a stakeholder analysis
- Template 1c: Recognise benefits of programme for stakeholders
- Template 1d: *Process map the future state (i.e. when the passport has been implemented)*
- Template 1e: *Identify drivers and activities for achieving aim*
- Template 1f: *Define detail and frequency of measurement / reporting (quantitative and qualitative)*

London Transformation & Learning Collaborative (LTLC): “Negotiating Brave Conversations” workshop series

Overview:

The Covid Pandemic has had far reaching, and as yet not fully identified, psychological, emotional, physical and mental impact on professional groups who were already experiencing burnout and moral injury*. As we prepare for another increase in clinical demand, colleagues are exhausted and question how much more they can accommodate.

Healthcare professionals, whose role it is to prepare staff for the next increase in clinical demand, are concerned about the challenge of offering sufficient motivation and integrated support to individuals and teams. Opportunities to explore, share and listen to some of the issues they and their colleagues face may provide benefit for facing this challenge, in addition to learning techniques for holding testing conversations.

Content:

A two-part workshop series for those involved in preparing staff for surge through implementation of the RSC and NRSS passports. We strongly recommend staff (ideally Band 6 or above) attend both, starting with Spaces for Listening:

PART 1: Spaces for Listening session to:

- verbalise fears, anxieties and concerns relating to their staff's ability to work in another surge;
- hear colleagues' concerns, fears and anxieties;
- be given a voice and to be heard.

1-hour virtual session for 8 people.

PART 2: Approaching Brave & Difficult Conversations workshop to:

- develop additional skills in holding difficult conversations;
- expand understanding of differing perspectives;
- explore ways to support others to problem solve.

2-hour virtual session for up to 16 people

Key next steps

- Complete any outstanding requests:
 - Send desired admin person to LTLC@hee.nhs.uk
 - Send completed templates a-f to LTLC@hee.nhs.uk
- Direct staff to “Negotiating Brave Conversations” two-part workshop series sign-up ([link](#))
- Next meeting scheduled for **17th June**
- Drop-in sessions will be provided:
 - *Thursday 3rd June – 12 - 1pm*
 - *Wednesday 9th June – 2 - 3pm*
 - *Friday 11 June – 11.30 - 12.30pm*
 - *Tuesday 15th June – 11 – 12 noon*
- We will be in touch as required regarding sessions to define measures
- Update on implementation progress at Pan-London Delivery and Assurance Group (11th June) and Chief nurses
- LTLC will identify a qualitative survey to be utilised pan London and analysed centrally.

Please email both Vicki
Newport
(vnewport@nhs.net) and
LTLC mailbox
(ltlc@hee.nhs.uk) with any
questions or requests



Health Education England

NHS England and NHS Improvement

