

Digital Skills Passports Implementation Toolkit

London Transformation and Learning Collaborative

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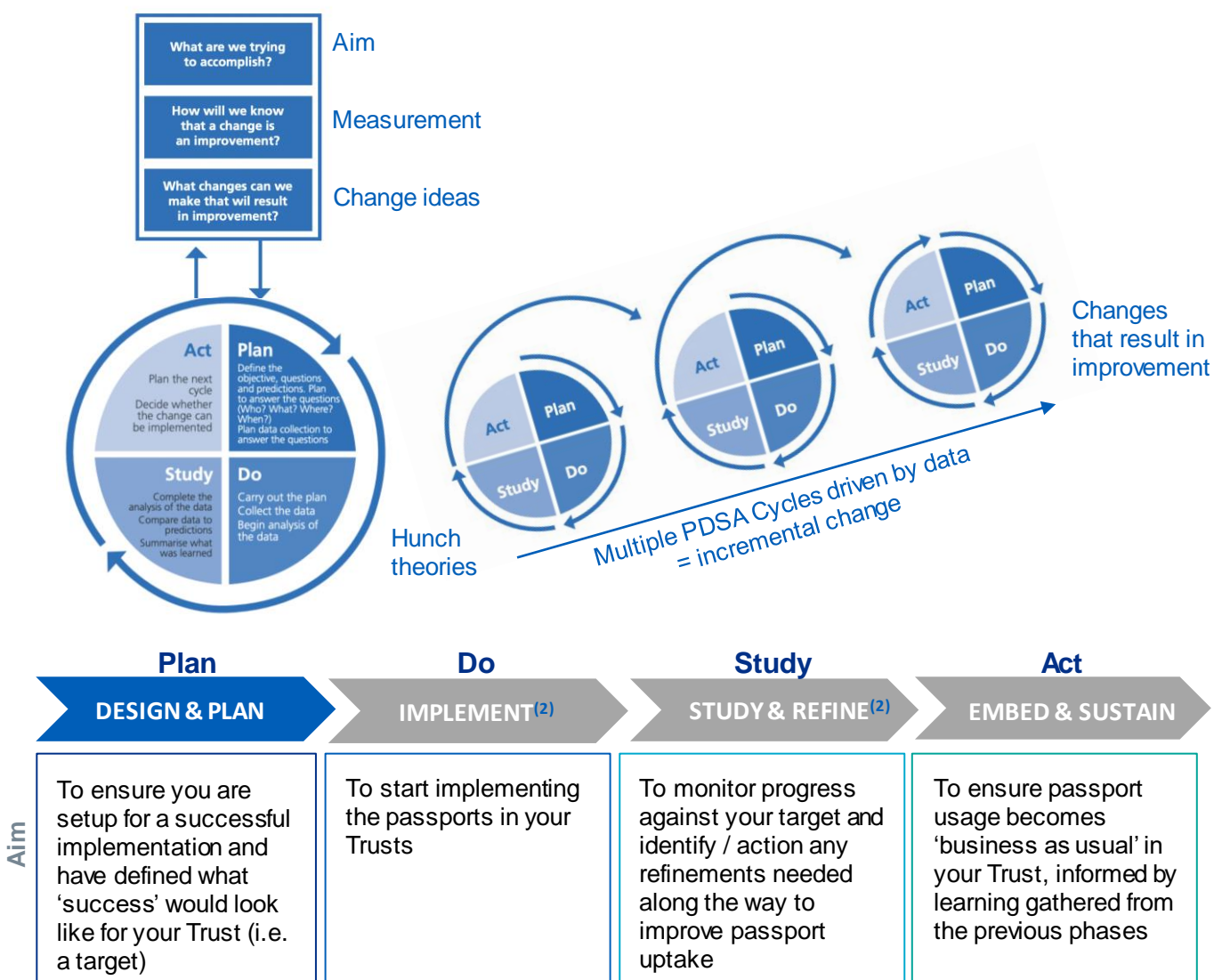
Purpose of this toolkit

The purpose of this toolkit is to support the implementation of the digital skills passports at a Trust level.

Please note, the digital skills passports should not replace the 'business as usual' development of staff skills and knowledge and implementation of the passports will remain the accountability of local Trusts, as will the induction and orientation of staff to new areas of clinical practice which is not covered within the passports.

The 6 steps in this toolkit support the 'Plan' phase of the Quality Improvement (QI) Plan Do Study Act (PDSA) cycle⁽¹⁾.

PDSA cycles and model for quality improvement⁽¹⁾



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

(2) Steps 2 and 3 will happen in parallel to allow improvements to be made in real time as a learning system

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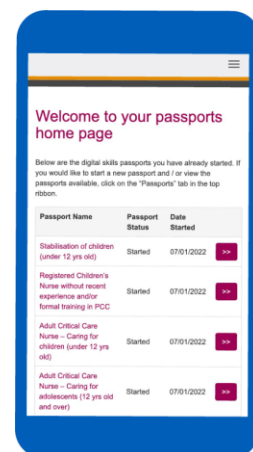
Overview

Overview

The digital skills passports have been designed to support staff to understand, document and acquire new skills to support the safe delivery of care to adults or children requiring critical care (levels 1, 2 and 3) in a surge⁽¹⁾ model of care.

How do they work?

1. Self-assessment of ability to demonstrate and safely undertake the listed skills
2. Access e-Learning and face-to-face training for skills through a supporting learning process
3. Supervisor sign-off on proficiencies for each skill
4. Certificate which recognises ability to safely perform role



<https://criticalcare.yourskillspass.com/>

Passports available

Care setting	Type
Adult	NRSS Non-Registered Support Staff
	RSC Registered Support Clinician
Paediatric	ACCN <12yrs Adult Critical Care Nurse – Caring for children (under 12 yrs old)
	ACCN 12+yrs Adult Critical Care Nurse – Caring for adolescents (12+ yrs old)
	SoC <12yrs Stabilisation of children (under 12 yrs old)
	RN (child) to PCC Registered Children's Nurse without recent experience and/or formal training in Paediatric Critical Care

⁽¹⁾ sustained increase in workforce pressures and/or bed occupancy that cannot meet the clinical demand without adapted models of care or impact on the wider clinical system

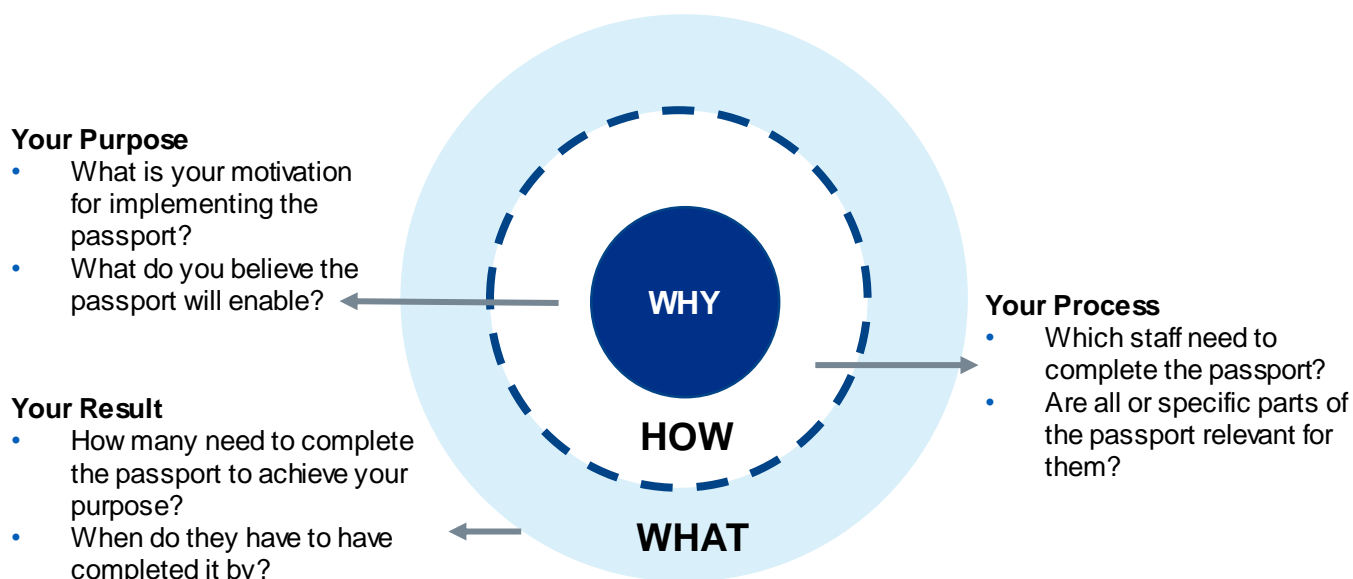
1. Setting Trust aims

Set Trust aims with associated target for implementation (1/2)

a) Establish what you are trying to accomplish

- Teams need to set clear and focused aims with measurable targets to plan towards

Using the ‘Golden Circle model’⁽¹⁾ to define your aim:



When drafting your target, consider the following questions:

- What is the number of additional staff (e.g. NRSS) 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 rotating in future)
- What wider Trust / System aims and ambitions could the passport support achieving?

(1) <https://www.smartinsights.com/digital-marketing-strategy/online-value-proposition/start-with-why-creating-a-value-proposition-with-the-golden-circle-model/>

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>

Set Trust aims with associated target for implementation (2/2)

Example (adult critical care)

Why?	Improve staff rotation experience and workforce preparedness
How?	Nursing staff from theatres, recovery and cardiac cath labs who may be rotated into the NRSS or RSC roles into critical care. Would be expected to complete full passports (i.e. all domains) for either NRSS or RSC
What?	95% of staff identified for rotation (n=80 RSC, 70 NRSS) to complete the digital skills passport by March 2022
Full aim statement	<p>By March 2021 we will improve the experience of staff rotating into critical care to undertake the NRSS and RSC role and our Trust's preparedness for increases in clinical acuity and demand.</p> <p>95% of these staff (n=150) will have completed the appropriate digital skills passport, and ready to be safely rostered to work in CC areas.</p> <p>Rotated staff and staff managing rotation will report increased satisfaction in managing staff rotations.</p>

2. Undertaking stakeholder analysis & engagement

Undertake a stakeholder analysis & engagement (1/3)

a) 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

i. Who are your passport champions⁽¹⁾?



Trust implementation lead/s

- Responsible for overseeing Trust's implementation & coordinating internal stakeholders (where required)



Admin user/s

- Able to export passport usage data for Trust

ii. Who are your key stakeholders⁽²⁾?



Chief Nurse / Director of Nursing

- Decides to implement passports, as a commitment to preparedness
- Able to identify / help identify who needs to complete the passports
- Study leave & budget planning



Divisional clinician / Matron

- Able to release staff to be educated and to educate



Practice educator

- Able to operationalise education



Staff completing the passport

- Ultimate decision-maker of level of passport engagement



Education Lead / Nursing Education Lead

- Able to design & coordinate education for passports



Workforce lead

- Able to provide visibility on surge plans & safer staffing models
- Temporary staffing

⁽¹⁾ The day-to-day role of the passport champions may differ across Trusts

⁽²⁾ There may be other stakeholders relevant within your Trust that you will also need to engage

Undertake a stakeholder analysis & engagement (2/3)

b) Prioritise your stakeholders

Once you have generated the list of names, analyse it in terms of:

- When you will need to engage them
- 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, rotational staff</i>
Monitor	Inform
	<i>e.g. CC networks, ICS workforce leads or boards, Trust wellbeing teams, CFOs / Budget holders</i>

Find further detail for undertaking your stakeholder analysis from NHSE/I here:

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

Undertake a stakeholder analysis & engagement (3/3)

c) Consider the benefits for your stakeholders

Once you have identified who the stakeholders are, prior to engagement consider what the benefits would be for them to inform your conversation

Potential benefits

For staff

- Record and recognition of skills and learning, that maps to revalidation
- Further preparedness and ability to build skills for CPD, through access to self-directed educational resources
- Visibility of skill-expectations for roles
- Reduction in unnecessary training and/or skill info sharing
- Increased mobility across sites



For Trusts & Systems

- Improved quality assurance of staff skills and training, through standardisation
- Useful cross-service skills held irrespective of staff's professional group / specialism
- Real-time visibility of staffs' skill sets
- Further preparedness and productivity through competency-based workforce planning and rostering
- More efficient (targeted) and standardised delivery of education, based on skill gaps
- Increased staff mobility across sites
- Valuing & recognising staff contribution



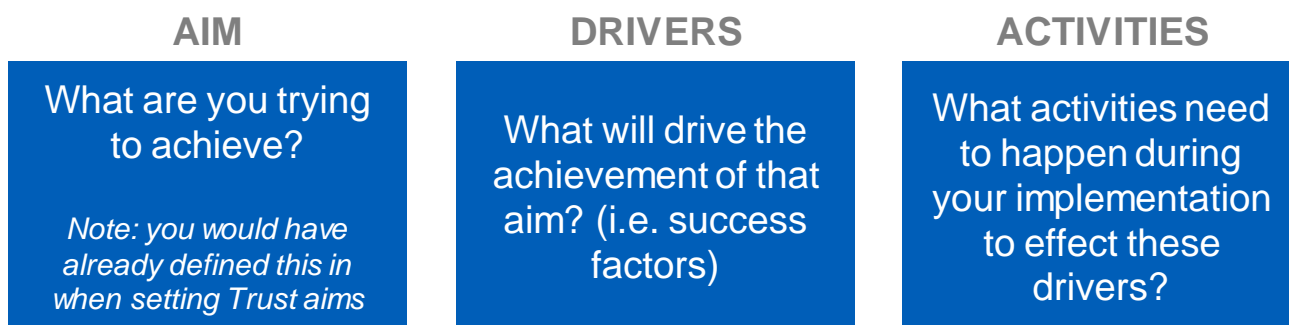
Example

Stakeholder	Relevant benefit/s of passports	Enablers required to realise benefit
Workforce Lead	<ul style="list-style-type: none"> • Real-time visibility of staff skill sets • Further preparedness and productivity through competency-based workforce planning and rostering 	<ul style="list-style-type: none"> • Linking of passport outputs to rostering system • Process in place for passport supervisor sign-off and certification • 'Keep-in touch' days to ensure skills data / numbers are up to date • Release of staff to attend and deliver education
Education Lead	<ul style="list-style-type: none"> • More efficient (targeted) and standardised delivery of education, based on skill gaps 	<ul style="list-style-type: none"> • Shared vision and understanding of passport implementation and education delivery requirements • Release and identification of education staff to deliver targeted training

3. Identifying drivers & activities for achieving aim

Identify drivers & activities for achieving aim (1/2)

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.



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.

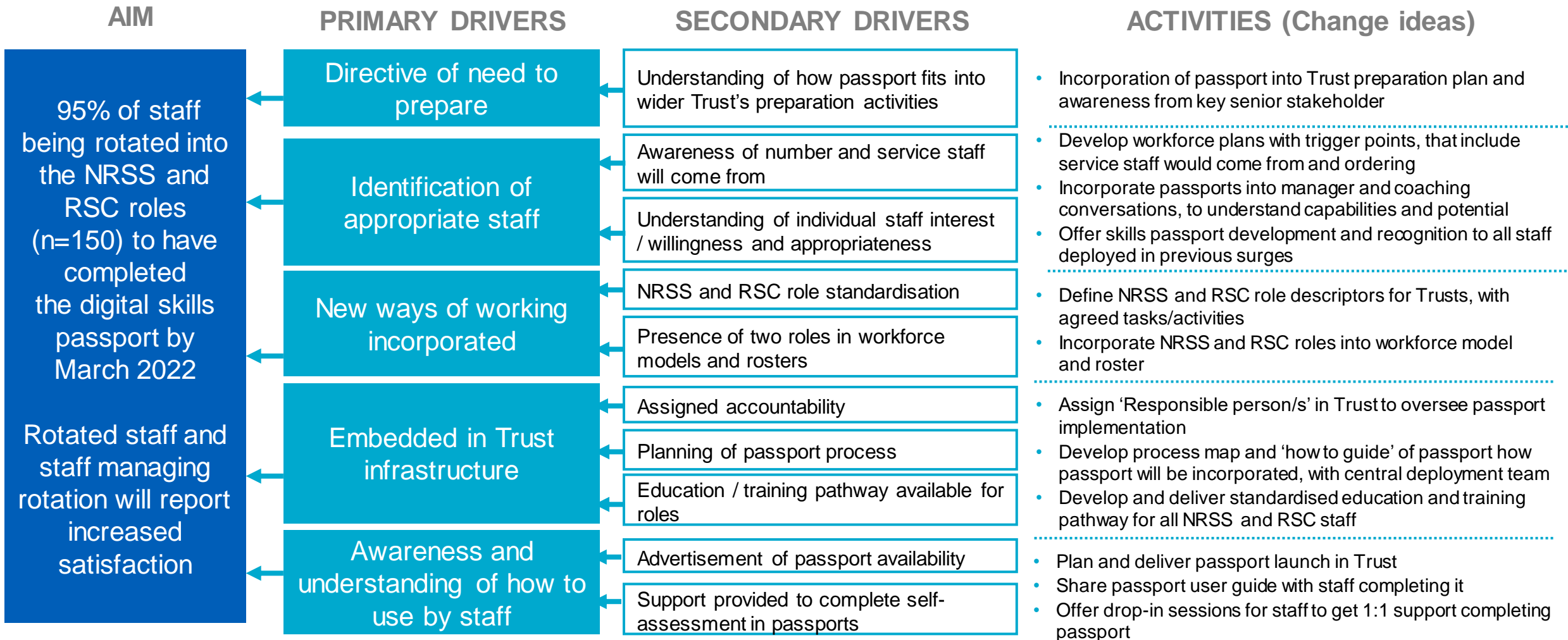
To create your driver diagram, you should:

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).

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>

Identify drivers & activities for achieving aim (2/2)

Example (adult critical care)



4. Process mapping future state





(i.e. when passport is implemented)

Process map the future state (1/2)

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

- It may be useful to start by thinking how it currently runs, or ran in previous surges and adapt from there.
- You can create it with sticky notes or using a computer programme
- We recommend you start by looking at the example on the next page as a basis, and consider where your Trust's process would need to differ

Within your process map you should consider:

	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 emphasize interdependency
	Arrows show the direction or flow of the process

i. What is happening?

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

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

iii. When is it happening?

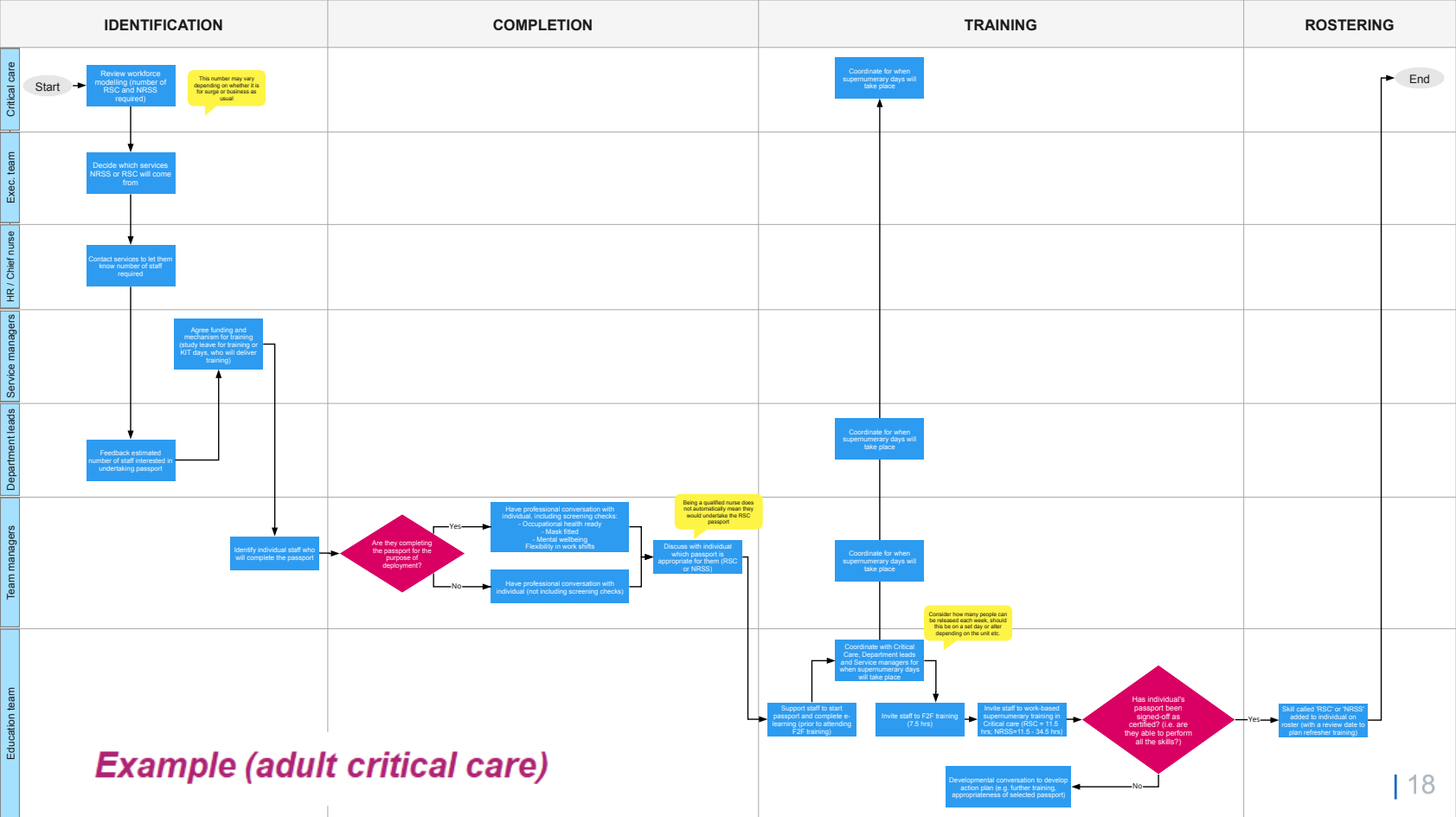
START: Decision for Trust to prepare and implement passport

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

END: Staff able to be rostered with acknowledgement of new role (e.g. NRSS) or of new skill set

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>



Example (adult critical care)

5. Considering passport launch

Considering passport launch

Once you have established your Trust aim, started engaging with key stakeholders and considered how the passport process would be operationalised in your Trust, it is important to consider how best to launch the passport to staff who may be undertaking it.

WHAT

- What is the ambition for the launch i.e. what are you trying to achieve? (awareness raising, interest generation, passport sign-up)

HOW

- Which forums and / or formats will you use to raise awareness of the passports? (e.g. posters, event)
 - Consider if there are any other Trust initiatives or activities that the passport aligns to or compliments

WHO

- Which staff groups is the launch aimed at?
- Which stakeholders need to be involved or engaged to operationalise and deliver the launch?

WHERE

- What is the physical or virtual location of the launch? (e.g. where are posters being put up)

WHEN

- What is the timeline for launching the passport, and the individual elements required for launch?

WHY

- Why should your target staff audience be interested in undertaking the passport? Which of the potential benefits for them will resonate most strongly?

Materials to support your launch can be found under the [Need help?](#) tab on the [digital skills passport website](#), including:

- Editable A4 poster / leaflet to introduce the passport to potential staff undertaking it
- Editable PPT presentation to introduce the passport to potential staff undertaking it

6. Defining measurement and reporting

Defining measurement and reporting (1/2)

Measurement will enable you to ultimately demonstrate the impact of your passport implementation.

There are two types of measures you can capture:

Outcome measures:

- Reflects the impact on the patient or workforce and demonstrate the end result of your improvement work and whether it has ultimately achieved the aim(s) set.
 - E.g. number of staff trained and completed passport.

Process measures:

- Reflects the way your systems and processes work to deliver the desired outcome. These can help you identify reasons why you might not be achieving your outcome (i.e. part of the process isn't working)
 - E.g. number of face-to-face study days planned v` s number of study days attended

You can use your driver diagram (step 3) to identify potential outcome and process measures (see example on next page).

- We recommend no more than 6 measures, for which you should consider:



What are you going to measure?



When are you going to measure it? (frequency)



Who is going to measure it?



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



How are you planning to measure it? (quantitative / qualitative)



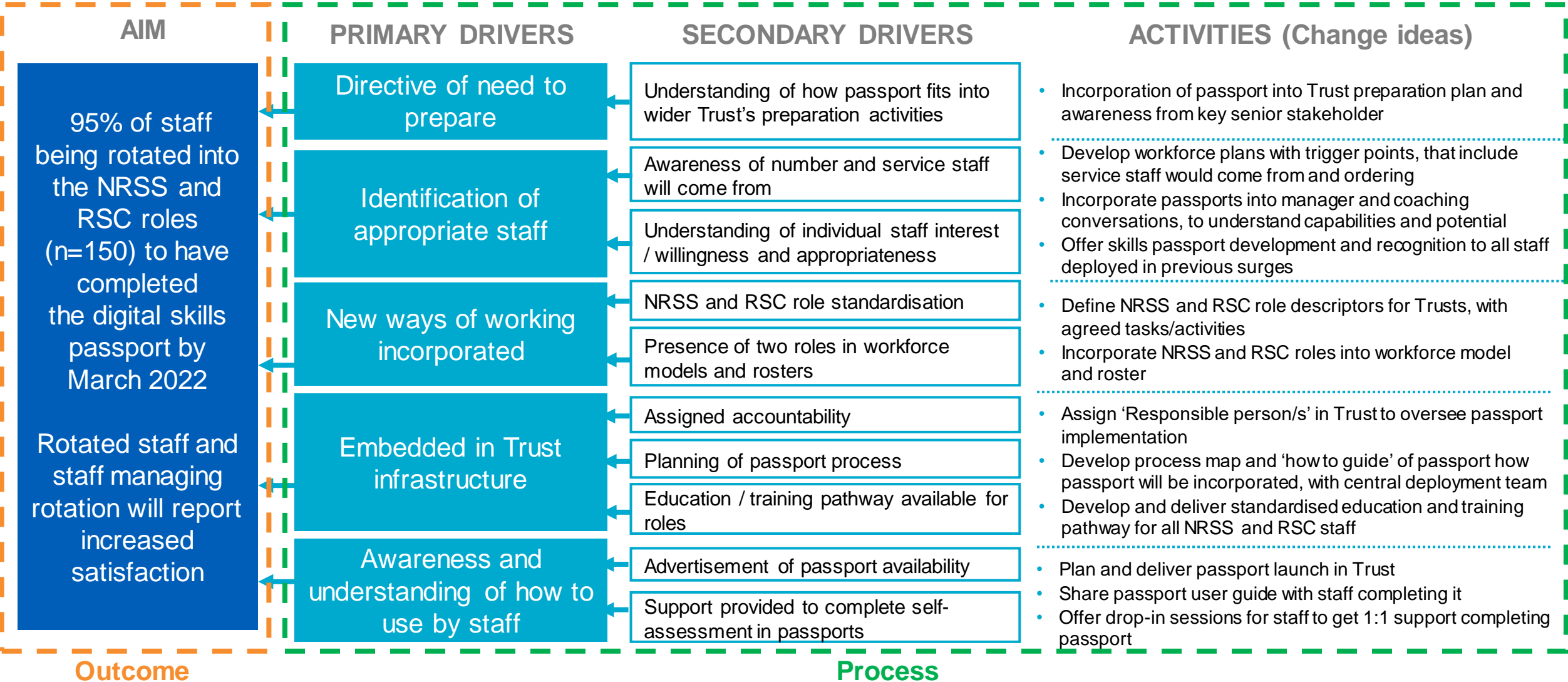
Where would you share the outputs? (if relevant for reporting)

Find further detail about process mapping from NHSE/I here:

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

Defining measurement and reporting (2/2)

Example (adult critical care) – using your driver diagram to define measures



Outcome

Process

LTLC contacts & support

For general questions, comments
or feedback, please email

LTLC@hee.nhs.uk

OR

For any technical difficulties,
please email

help@axia.support