

Case Study...

# Enhancing patient care & staff skills via digital identity technology



The Greater Manchester Cancer network are keen to encourage workforce best practice in the delivery of cancer care. Alongside their temporary deployment of staff to support elective care, they are creating shadowing/training opportunities for staff, by using the NHS COVID-19 Digital Staff Passport.

## Background

The Greater Manchester Health and Social Care Partnership is a key player in the utilisation of the COVID-19 Digital Staff Passport (C-19 DSP), with areas of demand operating within Greater Manchester and neighbouring East and Mid Cheshire.

Leading the way is Greater Manchester Cancer Alliance, who initiated a pilot to align the C-19 DSP capabilities with the needs of their cancer pathways.

Jess Docksey, GM Cancer Workforce & Education Project Manager, explains their approach. **“We requested expressions of interest from our teams, which quickly highlighted Acute Oncology as best placed to be our initial pilot pathway and deliver a proof of concept.”**

**“Ultimately, our aim is to understand how GM Cancer services can benefit from using the C-19 DSP to promote learning across all cancer pathways. We believe the product not only allows us to move staff seamlessly to support current elective pressure, but it also lends itself to helping us to develop and upskill teams, ensure equitable service provision and support staff retention.”**

## Launching the pilot

Jess engaged the nursing workforce and other supporting roles from the very start of the project. Considering the pressures on the workforce over the past 18 months, the teams needed reassurance that service delivery would be protected throughout.

A six-week survey was launched to gather the views of the Acute Oncology team. With an open remit, the nurses were encouraged to share their ideas, needs, concerns and queries about the potential use of the product. The team were actively engaged and the survey response rate was high.

The survey results were positive with support for a pilot to be undertaken, focusing on the opportunity to strategically strengthen service delivery, improving quality of care and developing the workforce, by upskilling staff and sharing best practice.

Jess was delighted with the survey outcome, **“Our pilot will be the first of its kind for the C-19 DSP, with the model offering mentoring and experience opportunities, better understanding of service improvement, plus management and leadership development”.**



## Pilot progress

Before seeking expressions of interest from individual staff members, Jess planned two proof of concept journeys. Each aim to provide the teams with a greater understanding of how the C-19 DSP will be used in practice.

### Journey 1: *Research Nurses Identify nurses working within research*

Firstly, to identify nurses working within research. These staff members will be issued a C-19 DSP from their employing organisation, which is then verified by the host organisation prior to commencing a day of training. The experience of the staff members and the recruitment teams involved will be documented and form part of the expressions of interest presentation.

### Journey 2: *Metastatic Spinal Cord Compression (MSCC) team*

The MSCC team, based at Salford Royal Hospital, has volunteered to take part. Members of the GM Cancer workforce are invited to shadow the MSCC team and experience the referral to treatment/follow up pathway, in a bid to upskill the workforce and aid service improvements across the network.

## Measuring impact

In other adoption models, the number of individuals signed up and volume of movement is the key measure of success. Quantity will play a part in this pilot, but the outcome measures need to be tailored to the type of usage.

Jess specified that GM Cancer **“don’t want this just to be about how many of our workforce have a passport, but really how we are using this resource, the benefit to our workforce and the positive impact on patient care”**.

To evaluate pilot success, the specific journey of volunteer staff members will be monitored via their clinical activity logs and case studies.

Usage figures will provide an indicator of success, but the qualitative evidence will demonstrate the experience of the staff member, offer lessons learned and provide insight into further opportunities for subsequent teams.

## Looking forward

GM Cancer understand that staff engagement is crucial. Jess confirmed that **“we are working with our lead cancer nurses and cancer managers to ensure this great opportunity is used to develop a potential future proofing model for our workforce”**. The pilot scope remains at temporary, voluntary movement, with line manager approval required to protect service delivery.

Senior support is also key, to permit the continuity of a successful proof of concept. A working group has been developed to provide robust governance and reporting to facilitate the implementation of the passport, which feeds into the GM Cancer Workforce and Education Board.

Beginning with internal conversations to gauge demand, the group will gather further feedback in relation to how each team can use the product to improve their own services.



Jess is on hand to support the teams through this next stage. ***“We’ve developed a toolkit of useful resources, to help the working group answer queries from their teams”.***

***“Using the range of resources provided by the C-19 DSP Programme team, we’ve woven in feedback from the initial survey to ensure the toolkit has local relevance”.***

Since launching the pilot, interest has been received from the Lead Cancer Nurses regarding the CNS workforce, an Advanced Dietician representing the AHP workforce, cancer screening teams and the imaging network.

### Benefits to you and your organisation

Although the pilot is in the early stages, the potential benefits to the network teams are clear:

- Quick, simple and seamless movement of staff
- Removes the need for honorary contracts
- Removes duplication of employment checks
- Improved collaboration across teams/sites
- Increased knowledge sharing
- Opportunity to learn new skills and pathways
- Highlight and improve service delivery
- Peer support and mentoring
- Add value to Continued Professional Development, i.e., shadowing
- Efficient and flexible staff movement, i.e., urgent response to staff shortages
- Increase staff retention

The recruitment teams are ready to realise the benefits to them and their workload. Prior to using the C-19 DSP, deploying staff was time consuming and administratively heavy, involving honorary contracts or letters of authority. **Implementing the C-19 DSP reduced the process from 1-3 weeks to 1-2 days.**

### Next steps

GM Cancer are looking forward to actively using the C-19 DSP within Greater Manchester, proving the Training, Education and Development model is of value and seeking other ways to support their workforce to deliver quality patient care.

Jess offers advice to other NHS organisations registered with the C-19 DSP, ***“I would recommend focusing on making connections, both locally and nationally. The C-19 DSP Programme team have been great to liaise with and run ideas by. They have connected me with other teams, who have been able to offer advice in the way they initiated the C-19 DSP”.***

### Further information

To find out more about the COVID-19 NHS Digital Staff Passport and how it can benefit your organisation, visit [C-19 DSP support website](#) or visit our [dedicated FutureNHS site](#).

To contact Jess Docksey, GM Cancer Workforce & Education Project Manager, directly, please email [jess.docksey@nhs.net](mailto:jess.docksey@nhs.net).

