Digital Staff Passport Pilot

Evaluation Report

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Consultation Group:	Digital Staff Passport Working Group
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Evaluation Contents

1.0 Executive Summary

- All Trusts in Greater Manchester and East Cheshire are registered for the Digital Staff Passport and have completed the relevant HR training and ESR processes
- As part of this pilot, all Trusts have issued and verified Digital Staff Passports for staff
- Passports have been issued and verified by HR teams over the course of this pilot and within cancer services, nine passports have been issued and verified across four different professional groups
- Dedicated HR teams have been identified within each Trust and have been engaged and supportive throughout the pilot lifespan
- This 12-month pilot has demonstrated the potential financial, workforce and patient benefits of utilising the passport. Staff have mobilised between Trusts with speed and efficiency and administrative time has been saved for HR Teams. It also negates the need and burden for honorary contracts
- Capabilities and benefits have been evidenced as to how the Digital Staff Passport can be used as a quick and efficient response to service need and to improve access to education and development opportunities
- Two case studies from this pilot have been published on the National website to raise the profile of Greater Manchester cancer services as an exemplar for being responsive to innovative digital solutions
- Dedicated webpage on the GM Cancer website for both HR and clinical teams to increase the use of the Digital Staff Passport and support sustainability
- Pre and post survey results evidence a shift in mindset regarding employment of the passport
- The pilot enabled identification of early adopters which quickly led to increased appetite amongst other Clinical Leads / diagnostic networks / individual workforce members to address workforce needs
- GM Cancer Workforce Strategy key activity delivered through piloting a new mechanism to allow staff movement
- There is now an opportunity for senior system leaders to embed the Digital Staff Passport as business as usual and sustain the implementation at an organisational change level

2.0 Introduction

This report provides an evaluation of the Digital Staff Passport Pilot in Greater Manchester (GM) cancer services. It includes a breakdown of the progress in relation to the agreed upon outcomes measures, along with pilot successes, challenges, lessons learned and things to consider for utilising its capabilities to effectively mobilise the cancer workforce going forward.

2.1 National and Local context

National Context

The NHS England / Improvement (NHSE/I) Digital Staff Passport (DSP) is a solution that enables the secure transfer of key NHS workers' details and employment information using a solid legal framework so that the worker does not need to repeat employment checks if they undergo a voluntary temporary move to another Trust. The passport streamlines and speeds up the sharing of information, allowing staff to move promptly and with ease. The information is transferred securely by the staff member through their own smartphone, putting them in control.

The NHS committed in the Long-Term Plan to enable staff to move between NHS organisations and the wider health and social care sector and has a clear ambition to simplify and modernise this process to meet the current and future needs of its workforce. The passport has been developed in collaboration with strategic partners and is part of the wider Enabling Staff Movement Programme.

We are the NHS: People Plan for 2020/21 states that supporting the trial of the DSP will simplify the high volume of temporary staff movement between NHS organisations, save time by providing a verified record of identity and employment, and allow workforce to carry their credentials and professional registration on their smartphone. Two of the core aims align to this schedule - addressing urgent workforce shortages in nursing; and delivering new operating models for workforce. The people plan aims to actively design multi-professional teams with a broad skill mix and full range of experience and capabilities of which the DSP can facilitate.

This pilot supports the National Cancer Workforce Plan ambition to have a strategic DSP to support all movement across the NHS. Whilst the NHSE/I DSP is currently in its pilot phase as the COVID-19 product, transitioning into the next phase of development as the NHS product, the long-term plan is for all NHS workforce to have a DSP to support rapid temporary movement.

The National team initially took regional approaches in London, the Southwest and the Midlands and selected GM to be part of the second wave of the roll out, to replicate this success in the Northwest region.

Local context

The GM Cancer Alliance developed a Workforce Strategy in February 2021 which aimed to develop the cancer workforce in GM and East Cheshire (EC) to respond to the needs of people affected by cancer and deliver quality healthcare. One of the key activities was to pilot new employment models to allow staff movement. To support this, the Alliance secured funding from Health Education England (HEE) to develop and pilot an employment license as a long-term solution, based on the London Alliance model.

Upon pilot initiation in July 2021, a working group was established to provide steer and oversight of the pilot to explore the capabilities of its use and to encourage movement of the cancer workforce.

A Memorandum of Understanding (MOU) was in place at the time of pilot initiation which had been signed by all GM HR Directors in response to the pandemic to allow movement of staff across providers where there was an identified need. The vision was for the DSP to be used alongside the existing MOU whilst Trusts make the transition to using the DSP as business as usual and therefore there was no need to develop a separate employment license.

Despite there being a regional MOU in place, very little movement had occurred across organisations during the pandemic. This lack of movement and anecdotal feedback from clinicians highlighted potential behavioural barriers impacting on uptake and so the project focus shifted to supporting the implementation of the DSP.

3.0 Pilot Background and Methodologies

To initiate this pilot, the workforce team put a call out for expressions of interest from cancer Pathway Boards to identify potential early adopters and received engagement from the Acute Oncology (AO) pathway. There was initial hesitation from AO teams in relation to how the passport could work, particularly considering the demand and pressures on the workforce during the Covid-19 pandemic; teams wanted reassurance that services were not going to be made vulnerable. A 6-week survey was launched for the AO nursing workforce to complete to understand their views on its capability. Survey responses are shown below.

Identified Benefits

Personal:

- For personal and professional development and to learn new transferable skills
- To share clinical skills and experience with other teams for mutual learning opportunities
- Service improvement and new ways of working
- To learn how different teams function and manage patient case loads
- Opportunity to work additional hours for those on a part time contract
- Opportunity to work within different elements of service delivery e.g. radiotherapy
- Opportunity to work at tertiary centres and gain experience within different elements of service delivery e.g. brain and spinal metastases
- Opportunity to learn new skills and develop professionally would be beneficial to all teams and patients

Local:

- Opportunity for workforce to rotate around services to learn and maintain experience and skills which supports local services
- Continued development of team members
- Observe and highlight where service improvement can be made
- Seamless transition of staff movement
- Educational opportunities
- Support for services with staff shortages

System Wide:

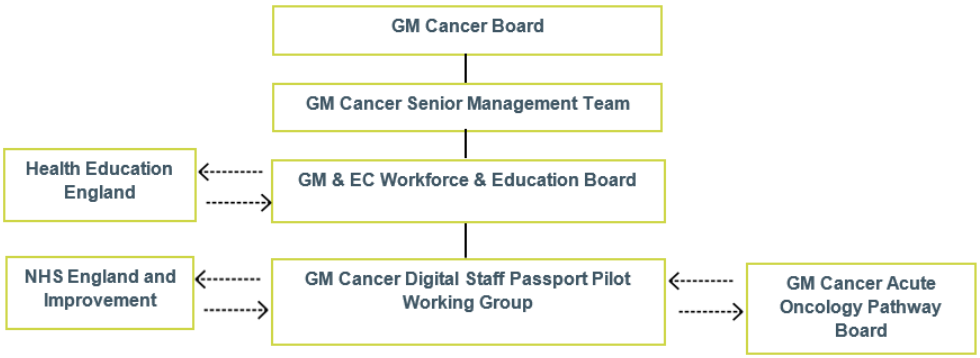
- More cohesive and collaborative working between teams and better sharing of knowledge and best practice
- May contribute to staff retention
- Support teams during period of staff absence such as sickness and maternity
- Opportunity for peer support and mentoring
- Shadowing opportunities for members of staff wishing to progress - chance to see senior teams in the working environment performing tasks such as prescribing, assessments and differential diagnoses being made
- Enabling better movement in the clinical network

Based on survey responses, development and upskilling was highlighted as potential key benefits. In response to this, the pilot adopted a training, education, and development model, which was the first of its kind nationally and a great opportunity for GM cancer services to pilot a digital innovation for workforce and consider how this new way of working could influence future mobalisation models. This model offered the workforce mentoring and experience opportunities, understanding of service improvement, and management and leadership development. Facilitating the mobilisation of staff around the system would provide the opportunity for uptake of educational opportunities, sharing best practice, upskilling, development and to support teams with limited resource/identified single points of failure. It could potentially be used as a tool for reducing unwarranted variation in service provision across the system.

A working group was established to provide oversight, agree outcome measures to assess impact and to support sustainability following the pilot end.

To support uptake, address concerns and offer reassurance right from initiation, a supporting **toolkit** was developed.

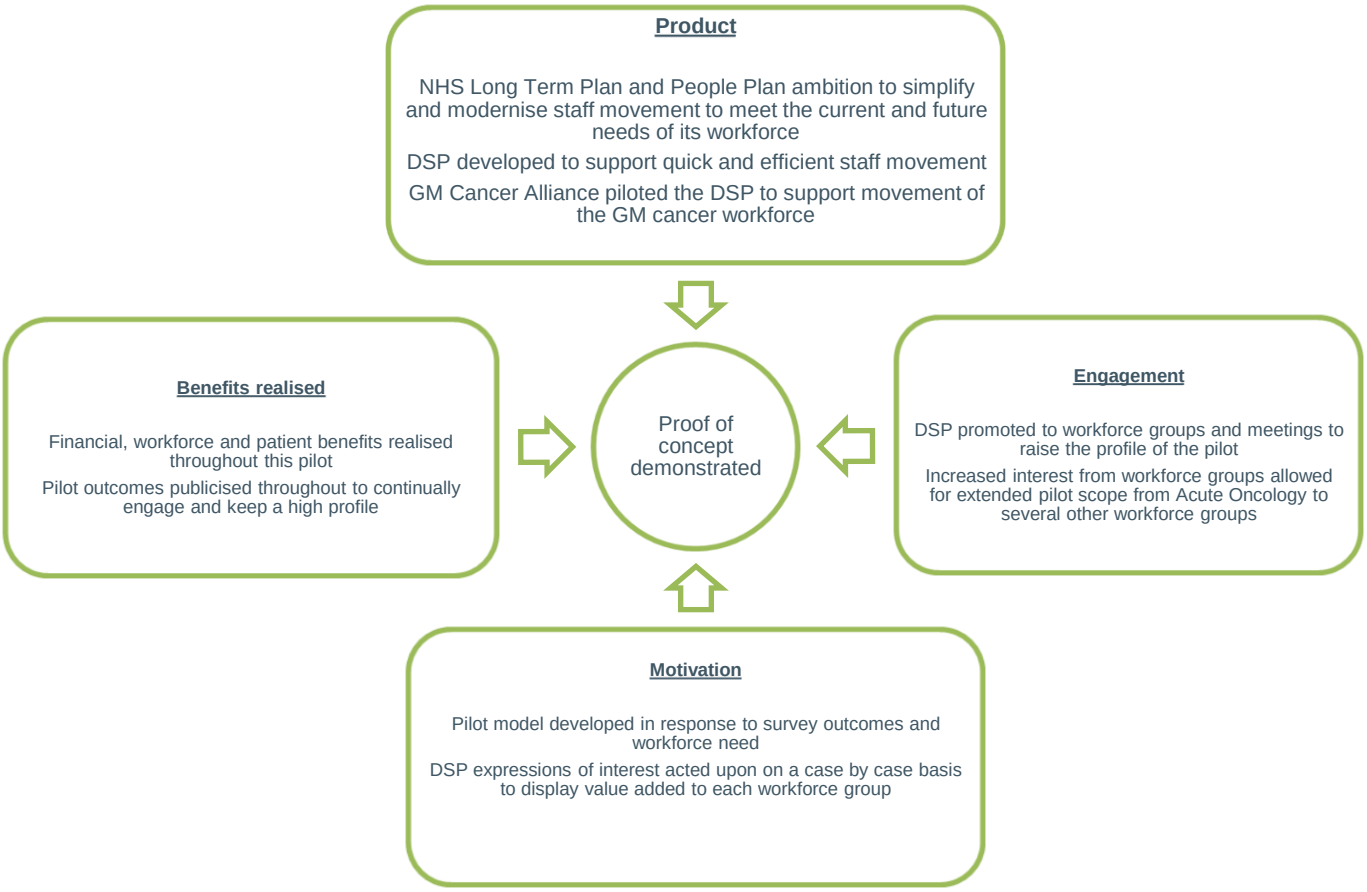
Below is the governance and reporting structure implemented for the lifespan of this pilot.



4.0 Outcomes

4.1 Delivering a proof of concept

The diagram below represents to pilot approach and outcomes to demonstrate a proof of concept that this model supports the mobilisation of the cancer working across GM.



4.2 Number of passports issued

At the point of pilot initiation, July 2021, no Trusts in GM, or EC were registered for the DSP. At the point of writing this report 12 months later all Trusts are registered and have completed the relevant HR training and ESR processes and passports have been issued and verified by all GM Trusts. This registration has been achieved with the dedication of the National team and a lead at The Christie NHS Foundation Trust.
A regional Data Protection Impact Assessment (DPIA) was utilised by all Trust Information Governance Leads to facilitate a safe, accurate and time efficient method to reviewing and approving the terms of use agreement.

Administrative activity required of HR teams reduces when utilising the DSP given that it eliminates the need for honorary contracts, letters of authority and repeat employment checks[1]. The DSP is

[1] Acknowledgment that each Trust will have different protocols for their recruitment process and so this time in motion study is provided as an example of the time saving benefits based on a national study

issued only once by the employing Trust and then verified by each host Trust, taking approximately 3 minutes to verify[2].

The DSP promotes a reduction in the need for agency staff demonstrating both workforce and financial benefit. It has shown to improve patient care by delivering rapid, safe, and secure staff movement in response to clinical need by quickly releasing and receiving skilled staff. As this is a pilot to support implementation, there are several stages involved before full benefits can be measured. This project supported movement through the initial stages of implementation, for example, exploration and adoption by matching the project desirables to workforce need, through to initial implementation by early adopters. The actual financial benefits will be realised beyond the lifespan of this project.

The table below outlines the registration, training and number of passports issued and verified by each Trust, along with real-life testimonials, identified use cases and benefits to the cancer workforce which can be found in the following sub-sections.

Integrated Care Locality	Organisation Name	Registration Complete	HR User Training completed	ESR API set up	No. of Passports Issued	No. of Passports Verified
GM Integrated Care	Manchester University Foundation Trust (MFT)	08/11/2021	Yes	Yes	14	6
GM Integrated Care	Northern Care Alliance (NCA)	03/09/2021	Yes	Yes	1	10
GM Integrated Care	The Christie NHS Foundation Trust	20/07/2021	Yes	Yes	12	10
GM Integrated Care	Stockport NHS Foundation Trust	20/08/2021	Yes	Yes	2	5
GM Integrated Care	Tameside and Glossop Integrated Care NHS Foundation Trust	05/08/2021	Yes	Yes	7	3
GM Integrated Care	Bolton NHS Foundation Trust	17/02/2022	Yes	Yes	0	3
GM Integrated Care	Wigan, Wrightington and Leigh NHS Foundation Trust	13/07/2021	Yes	Yes	2	3
Cheshire & Merseyside Integrated Care	East Cheshire NHS Trust	28/10/2021	Yes	Yes	0	0

[2] C-19 DSP - Benefits - Time Saved - DSP vs Honorary Contract - PDF - Enabling Staff Movements - FutureNHS Collaboration Platform

4.3 Use Case Testimonials

The DSP has demonstrated benefit to workforce mobilisation in two significant ways, firstly in response to service need, and secondly to provide development and upskilling opportunities.

Below are two cases of these benefits in practice.

Response to Service Need

Urgent workforce need identified	• Urgent need identified by GM Cancer Associate Medical Director • Urology Surgeon required to perform an operating at Manchester Royal Infirmary	20th January 2022
Staff member identified to move	• Urology Surgeon based at The Christie identified to perform the operating list	20th January 2022
Passport issued and verified	• Urology Surgeon attended virtual appointment with The Christie and MFT HR Teams and passport was issued and verified within 10 minutes	20th January 2022
Need addressed using the DSP	• Operating list performed by Urology Surgeon	25th January 2022
Benefits realised	• Surgical list performed avoiding cancellations or patients having to attend alternative Trusts for surgery • Utilisation of current workforce avoiding additional external recruitment costs • Quick and efficient response to workforce need using the DSP as opposed to lengthy process of honorary contracts	

Utilising the DSP in uptake of development and upskilling

Development opportunity identified	• Trainee ACPs based at The Christie can often find it challenging to gain access to what is required in terms of general medicine when working towards their four-pillar competency framework • An opportunity was highlighted to utilise the DSP for Trainee ACPs to work at different Trusts in general medicine such as, Respiratory, A&E and Cardiology	March 2022
Staff member identified to move	• Trainee ACP specialising in Dietetics expressed an interest to mobilise for a development and upskilling opportunity and a summer placement was secured at the Salford Royal Intestinal Failure Unit	March 2022
Passport issued and verified	• Trainee ACP attended virtual appointments with both The Christie and NCA HR Teams and passport was issued and verified	March 2022
Development opportunity facilitated using the DSP	• Summer placement started working 1 day per week at Salford Royal to upskill on intestinal failures • This move will aid the Trainee in meeting the objectives and competencies of the training programme at a quicker pace	Aug – Sept 2022
Benefits realised	• Providing an efficient process for the cancer workforce to access development opportunities • Educational offerings for the workforce to encourage retention • Quick and efficient response to workforce need using the DSP as opposed to lengthy process of honorary contracts	

"I'm utilising the Digital Staff Passport to plan upcoming placements at other Trusts to support my development and education and enhance my training"

Jessica Bower
Trainee Advanced Clinical Practitioner (Dietetics)
The Christie NHS Foundation Trust

4.4 Breakdown of all use cases

To encourage engagement, promote the pilot and support teams, the developed **toolkit** included all necessary information needed to support the workforce through the passport process and was utilised to encourage engagement and raise awareness of the DSP.

Below is a breakdown of pilot use cases within different cancer workforce groups.

Workforce Group	Role	Passport issuing and verification method	Employing Trust	Host Trust	Use case
Clinicians	Urology Surgeon	MS Teams	The Christie	Manchester Foundation Trust	1 x DSP issued in response to urgent service need to perform an operating list
Nursing	Clinical Nurse Specialists	MS Teams	Manchester Foundation Trust	Northern Care Alliance	3 x DSPs issued to support the induction period of newly appointed Clinical Nurse Specialists by visiting other Acute Oncology teams
Imaging	Radiologists	MS Teams	Manchester Foundation Trust	Northern Care Alliance	4 x DSPs issued to replace previous honorary contracts to support cross-Trust working
Trainees	Trainee Advanced Clinical Practitioner (Dietetics)	MS Teams	The Christie	Northern Care Alliance	1 x DSP issued for a two-month placement, two days per week at Salford Royal Intestinal Failure Unit for upskilling and educational development

Emerging use cases are still in development and provide promising benefits to the cancer workforce.

Workforce Group	Use case
Cancer Screening Teams	Screening teams now beginning to recover from the impact of Covid-19 and DSP shared with screening provider Trusts to raise awareness and engagement which remains a standing agenda item on the cancer screening programmes in GM Potential for the DSP to support mobilisation of the workforce to address service need by recruiting posts to work across all screening sites and offer education and development opportunities to aid workforce retention
Rapid Diagnostics Centres	Cross cover of roles within the Rapid Diagnostics Centres to address pressure points
Physician Associates	Mobilisation around Trusts for exposure to different services and an opportunity to learn new skills and procedures

Aspiring Nurse Programme	Mobilisation to gain exposure to different Trusts and support development
Diagnostics	The Northwest Diagnostics Team at NHSE/I are supporting pilots of the DSP for appropriate staff across the Diagnostic Pillars (Endoscopy, Imaging, Pathology and Physiological Sciences) and supporting the HEE Northwest Endoscopy Academy Faculty to receive DSP's. The eliminated need for honorary contract employment checks at each site will enable the flexible movement of faculty throughout the Northwest to increase access to opportunities for upskilling. Implementation of the DSP for the Diagnostic workforce is being set out in NHS Integrated Care Operational Plans for 22/23 and will be supported within governance structures.

4.5 End of Pilot Survey Results

To show the value of the DSP two surveys were conducted:

1) To provide feedback on the experience of DSP users as part of this pilot
2) To capture people's views on the concept of the DSP, potential barriers, enablers to implementing this.

Results of both surveys can be found below:

User Feedback

A survey was distributed to all staff members specific to the cancer workforce who had a passport issued and verified. 100% of respondents (n=6) advised the process of getting a DSP made the move to another Trust more efficient and saved a lot of time. 100% of respondents (n=6) advised they were very likely to recommend the DSP to a colleague with no suggestions for improvement. When asked, 100% of respondents (n=6) said they felt the DSP could be a positive addition to workforce mobilisation around GM.

Measure of attitudes / beliefs pre and post DSP project

At the start of this pilot a baseline survey was conducted with the AO workforce to gain views on its potential use, capability and to define the pilot model. This survey was repeated at pilot end to review any changes in views and the capabilities of usage 12-months on.

Common concerns highlighted at the start of the pilot were more closely linked to the individual, such as not being left vulnerable, being moved to cover sickness or maternity leave, and the worry of staff being head hunted by other Trusts leaving the local services under-resourced. At pilot end, these concerns presented more system wide challenges such as lack of engagement and accountability from Trusts, in addition to a lack of capacity and resources to allow staff members to move around the system.

Qualitative responses regarding the benefits of the DSP at pilot end again showed a move to a system wide approach when thinking about its application. These included:

Mobilisation of staff to support patients in their local area
Opportunity to create a network of services which offers standardised care and good governance

Development opportunity for all staff to grow the workforce faster
Opportunity for trainees to mobilise to gain experience of working in both general medical management and specialist services to address gaps in training which a single Trust alone may not be able to provide
Introduces a concept that encourages the workforce to be more fluid and mobile to provide mutual aid and address staff shortages
Supporting the introduction of new equipment to accelerate the introduction of new technology across the network, for example, AI
Developing clinical services to be delivered closer to the patient
Working with NW Academies to grow the workforce at all levels of learning resulting in a better trained and motivated workforce
Work uniformly for Trusts to gain closer contact and connections with each other

Positive additional qualitative comments reflect the value seen in the DSP within cancer services:

All new staff should be given the DSP when they start in post
Excellent opportunity to share learning, skills, education opportunities
Great service which makes sense. Why didn't we have this before?
Networking and collaboration on education and research opportunities

4.6 Summary of key benefits

Piloting the DSP has delivered financial, workforce and patient benefits as shown below – as this is in the pilot phase it is difficult to quantify the actual financial benefit but something Workforce Leads within Trusts could consider going forward.

Financial Benefit

- Reduced costs for employing agency staff
- Reduced workload for HR teams
- Speeds up the onboarding process for newly recruited staff

Workforce Benefit

- Development and upskilling opportunities
- Increased exposure to system wide services
- Aids retention of staff by providing the opportunity to mobilise and stay within the NHS

Patient Benefit

- Skilled staff can be quickly released and received reducing cancellations
- potential reduction in unwarranted variation through provision of opportunities for all staff to upskill / standardise practice

5.0 Implementation and Sustainability of Use

This 12-month pilot of the DSP has demonstrated the capabilities of its use within both clinical and HR teams. Staff have mobilised between Trusts with speed and efficiency and administrative time has been saved for HR Teams. However, the timeframe for improvement initiatives to become established within organisations can often take longer than expected.

The NHS Institute for Innovation and Improvement outlines a sustainability model[3] which consists of the process, staff, and organisational factors which play an important role in sustaining change in healthcare. The DSP pilot has demonstrated the change in mindset to this digital innovation and the appetite of expanding workforce groups involved. Engagement from HR Directors is now key to embed the DSP as business as usual and sustain the implementation at an organisational level. Behaviours which will influence increased use and raise the profile include sharing of case studies and positive experience along with utilisation of resources available outlined in the below sustainability offer from the GM Cancer Alliance:

✓ A toolkit has been created for stakeholder engagement and to provide support for teams here in GM with all information needed

✓ A dedicated webpage has been developed on the new GM Cancer website with links to the National website, downloadable resources, and specific pages for both clinical and HR teams

✓ Two Nationally published case studies which will help to increase the credibility of the DSP; one relating to the pilot in GM and one specifically relating to the Urology surgeon who performed the operating list

✓ An NHSE/I Standard Operating Procedure template to embed the DSP as business as usual

✓ Communications resources to publicise the DSP within organisations

✓ Social media communications based on real life case studies

[3] ST_MODEL_FEB03:Layout 1 (england.nhs.uk)

5.1 Next steps for the NHS Digital Staff Passport

Staff mobilisation benefits have been evidenced during this 12-month pilot with the DSP; demonstrating that this model meets the needs of the GM cancer workforce. These benefits can be sustained for the duration of the current version of the DSP and into the next product version.

The NHSE&I Enabling Staff Movement Programme are currently developing the next version which will be the NHS DSP, to enhance scope and benefits. In addition to temporary movements by substantive staff, the NHS DSP will include a bespoke employment credential for Postgraduate Doctors, to support efficient movement for an average of ten training placements per trainee per year. The employment credential will include more data items and pull back data directly from more systems, for example, ESR.

Given the current high engagement of workforce teams across GM, all GM registered Trusts are now well placed to utilise delivered pilot outcomes and benefits to increase the use of the DSP as a model for the cancer workforce to transition into business as usual.

Visit the support site for further information on the NHS Digital Staff Passport.

6.0 Discussion

The aim of this work was to pilot a new model to facilitate staff movement in a bid to respond to service need and develop the cancer workforce in GM and EC. This pilot has demonstrated a proof of concept that the DSP delivers real benefits as a mechanism to support mobalisation and meets the needs of the cancer workforce.

The aftermath of the Covid-19 pandemic has undoubtedly impacted the level of engagement received from HR and clinical teams due to a fatigued workforce with challenges faced around capacity and the varying degree of priority awarded for piloting a new digital innovation in the current climate. However, the increased interest received throughout the pilot from various workforce groups influenced the scope to be widened from the AO pathway alone, demonstrating an increasing appetite.

The following subsections detail pilot successes, challenges, lessons learned, and things for HR teams and clinical teams to consider supporting sustainability going forward.

6.1 Pilot Successes

- National DSP piloted across different workforce groups has demonstrated the capabilities of use and the potential financial, workforce and patient benefit
- All GM and EC Trusts are registered for the DSP, have completed the relevant HR training and ESR processes and have issued and verified passports
- GM Cancer Workforce Strategy key activity delivered through piloting a new mechanism to facilitate staff mobilisation
- A regional DPIA minimised time and workload of each Trust by eliminating the need of Trust specific assessments
- Use of the DSP has shown to significantly reduce the administrative activity required of HR teams; the DSP is issued only once by the employing Trust and then verified by each host Trust, taking approximately 3 minutes to verify
- Quick and efficient response to service need and upskilling opportunities has been evidenced

- Dedicated HR teams have been identified within each Trust and have provided engagement and support throughout the pilot lifespan
- Increased interest from professional groups allowed for extended pilot scope from the AO pathway to several other workforce groups with differing remits
- This pilot adopted a training, education, and development model, which was the first of its kind nationally
- Encouraged a culture to share best practice between Trusts through the provision of education and development opportunities and the opportunity to address workforce shortages in teams with limited resource
- Pilot engagement from the cancer workforce and senior leaders demonstrates appetite for the DSP in cancer services
- Two case studies from this pilot have been published on the National website to raise the profile of GM cancer services and the Alliance's response to innovative digital solutions
- A supporting toolkit was developed which included all necessary information needed to support the workforce through the passport process and was utilised to encourage engagement and raise awareness of the DSP
- A sustainability offer, from the GM Cancer Alliance is provided for ongoing support for both HR and clinical teams
- The pilot has enabled a shift in perception and understanding of the DSP and a change in mindset moving from pre contemplation through to preparation and in some cases action.

6.2 Pilot Challenges

- The pandemic induced capacity issues and workforce fatigue was evident from pilot initiation which presented a challenge in engaging stakeholders and gaining buy in for an innovative piece of work
- Whilst the Regional DPIA meant that Trusts didn't have to draw up individual documents, there were delays with Information Governance to get the DPIA approved by all Trusts
- Staff mobilisation had been limited prior to pilot initiation, which meant the focus shifted from piloting an employment license as a long-term solution, to instead supporting the implementation of the DSP to understand the capabilities of its use
- There was initial hesitation from AO teams in relation to how the passport could work, particularly considering the demand and pressures on the workforce during the pandemic. A 6-week survey was launched to ensure the voice of the workforce was captured and truly led this work.
- Baseline survey responses revealed genuine concerns about the utilisation of the DSP such as not being left vulnerable, being moved to cover sickness or maternity leave, and the worry of staff being head hunted by other Trusts. Responding mitigations to alleviate concern were published in the supporting toolkit
- Whilst pilot outcomes are positive, there is still a challenge to increase engagement and appetite for the DSP and a need to listen to the workforce
- Regular activity required by the HR teams to keep upskilled on how to issue and verify passports
- Due to expanding the scope of the pilot, the working group membership expanded throughout and led to post pilot survey respondents involving a wider cohort than the AO nursing workforce alone in the pre pilot survey
- A flexible approach was required from HR teams to engage with and offer appointments to clinicians at appropriate times around clinical commitments

6.3 Lessons Learned

- An alternative approach could have been taken to gain DPIA approval by working more closely with Trust Information Governance teams at a local level, as opposed to the National team driving this
- To enhance the pilot being driven by workforce need, a survey could have been initiated for each engaged workforce group and effectively responded to
- Engage with HR Directors earlier to show evolving engagement and outputs throughout
- Make closer links with the GM Cancer Alliance Digital and Innovation Transformation Team to ensure alignment with and learning from any other current digital innovation pieces of work
- Time taken for the passports to be issued and verified could have been captured throughout to provide an average time saved for GM HR Teams

6.4 Things to consider: HR Directors

- Continued use of the DSP to maintain and increase use within HR teams
- Utilisation of the sustainability offer from GM Cancer including dedicated webpage with supporting resources and SOP template
- A community of practice for HR teams across GM to continue a system wide approach
- Maintain and increase engagement to embed the DSP as business as usual and sustain the implementation at an organisational change level
- HR teams to keep close links with the National team for latest development updates of the NHS DSP which will further enhance the scope and benefits
- Collate the time taken to issue and verify as a way of capturing the time saved for HR teams and continue to build a case for change

6.5 Things to consider: Clinical teams and the cancer workforce

- Utilisation of the sustainability offer from GM Cancer including dedicated webpage with link to getting a staff passport, case studies and toolkit
- Continue to engage with HR teams to maintain and increase the use of the DSP to effectively respond to workforce need
- Continue to publicise the DSP through signposting and interaction to the dedicated webpage and sharing of the supporting toolkit

7.0 Conclusion and next steps

The outcomes of this pilot will be shared widely with key stakeholders across GM including HR Directors and the Integrated Care Retention and Development group. Staff mobilisation benefits have been evidenced during this 12-month DSP pilot; demonstrating that this model meets the needs of the GM cancer workforce. However, whilst the outcomes of this pilot are positive, there remains a challenge to increase engagement and appetite for the DSP which both HR and clinical teams are in a strong position to address.

The DSP is a digital innovation supporting new ways of working in a future proofing approach to respond to urgent service need and support workforce recruitment and retention through upskilling and development opportunities.

From initial hesitations to positive pilot outcomes and feedback, a change in mindsets and a reduction in resistance to change has been evidenced. Whilst concerns are still present, end of pilot responses represent more system wide challenges, demonstrating the shift to collective thinking and working together in an integrated care approach.

The DSP efficiently supports staff mobilisation around the GM network; continued use will provide the opportunity for uptake of educational opportunities, sharing best practice, upskilling, development and to support teams with limited resource/identified single points of failure. Next steps include publicising this pilot evaluation report with other specialties to utilise the DSP and influence longer term ambitions and keep close links with the Lead Cancer Nurses, HR Directors, Chief Information Officers, Cancer Managers and Cancer Pathway Boards to share outcomes and learning.

There is now an opportunity for senior leaders and the cancer workforce to take this proof of concept through to full implementation and sustain positive change as supported by the Cancer Alliance sustainability offer.