

Digitised Proficiencies Implementation Toolkit

October 2023

Purpose of this toolkit

The purpose of this toolkit is to support Trusts and Higher Education Institutes (HEIs) to implement digitised proficiencies hosted on NHS England's Digital Learning Solutions (DLS) platform.

This toolkit will provide you with a step-by-step approach for implementing this change.

These steps have been based on the Model for Improvement and Plan Do Study Act (PDSA) cycles⁽¹⁾ to ensure you make this change successfully, and measure whether the change is an improvement in your organisation. It is based on three key questions used in conjunction with small scale testing:

Model for Improvement



Applying the model in practice will ensure the best chance of achieving your goals for improvement and allowing you and others to see if your ideas work in practice.

⁽¹⁾**Source:** Based on the work of Associates for Process Improvement (USA, available at www.apiweb.org) building on the original Plan, Do, Study, Act (PDSA) cycle created by W. Edwards Deming. Additional useful resources can be found on the [Institute for Healthcare Improvement website](https://www.institute-for-healthcare-improvement.org/).

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Overview

Overview

NHS England's Technology Enhanced Learning (TEL) Team has expanded the use their Digital Learning Solutions platform to host clinical proficiency frameworks. The new functionality has been piloted with CC3N's Steps Proficiencies (nationally) and CapitalNurse's IV Therapy Passport (London).



Content owner

- Critical Care Networks National Nurse Leads (CC3N) - Steps proficiencies
- CapitalNurse – IV Therapy Passport



Platform owner

- NHS England Technology Enhanced Learning (NHS TEL)

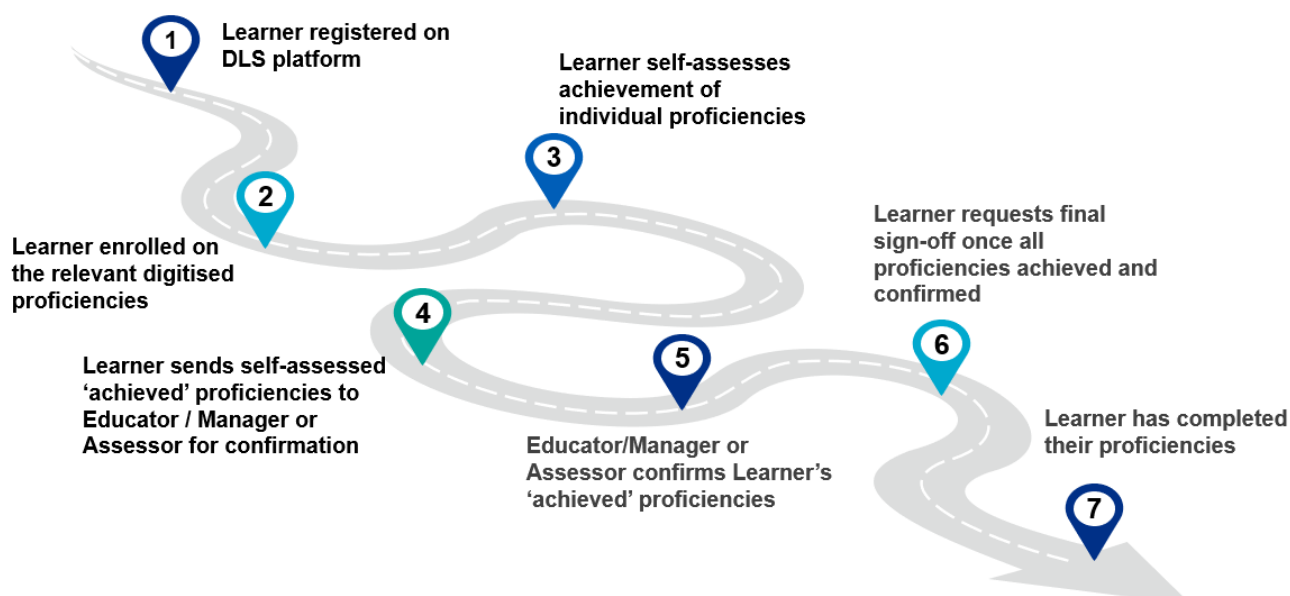


Implementation support

- NHS Elect

How do the digitised proficiencies work?

- At a high level, the Learner will follow the below pathway for the completion of their digitised proficiencies.
- Stage 1 and 2 in the pathway are new for the digitised version (in comparison to what currently needs to happen for paper versions).



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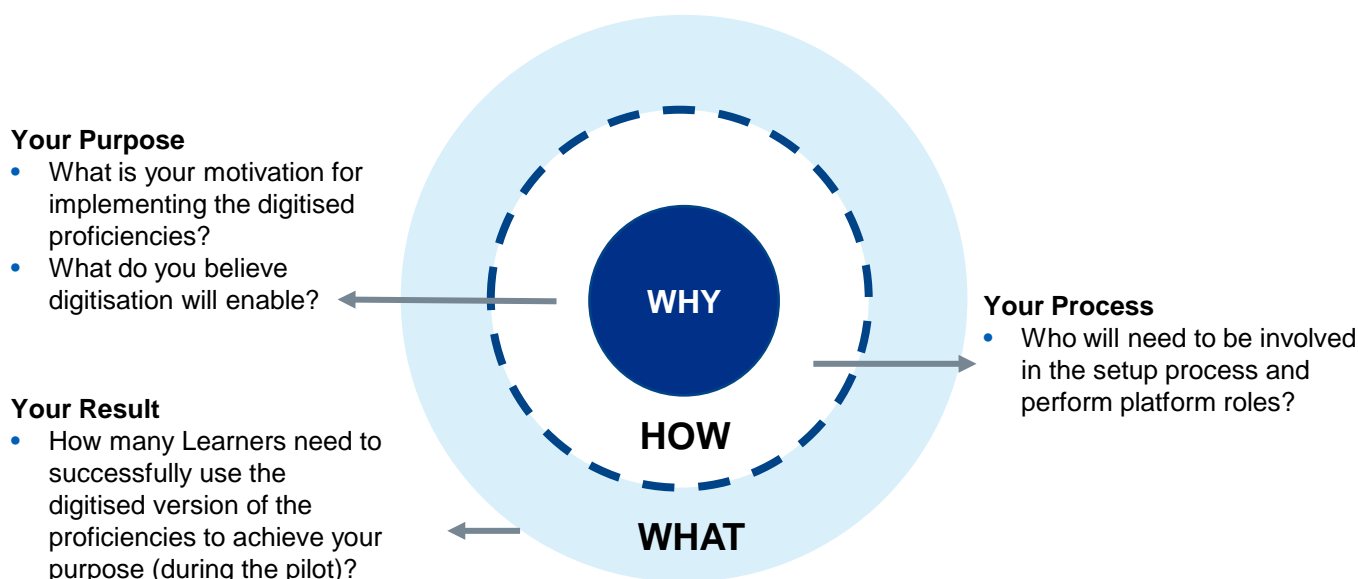
1. Setting Trust/HEI aims

Set aims with associated goal for implementation (1/2)

a) Establish what you are trying to accomplish

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

Using the 'Golden Circle model' ⁽²⁾ to define your aim:



When defining your aims, consider the following questions:

- What is an achievable total number to begin using the digitised proficiencies in your Trust/HEI?
- Will you include all new Learners within the digitised pilot, or a proportion of them? Would you retrospectively put learners on digitised proficiencies? (note: we only recommend this if they have recently started and it isn't too arduous to transfer them across)
- What wider Trust/HEI/System aims and ambitions could digitising proficiencies support achieving?

⁽²⁾**Source:** <https://www.smartinsights.com/digital-marketing-strategy/online-value-proposition/start-with-why-creating-a-value-proposition-with-the-golden-circle-model/>

Further detail on developing aims statements from NHS England and NHS Improvement is here:
<https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-developing-your-aims-statement.pdf>

Set aims with associated plans for implementation (2/2)

Example (Trust using digitised Step 1 proficiencies)

Why?	Improved standardised approach to local use of Step 1 proficiencies, improved staff experience and digital literacy, reduced environmental and financial impact of printing
How?	<p>We will have 2 Implementation leads to oversee implementation.</p> <p>In the platform we will have 3 Centre Managers, 1 Administrator, 4 Educator / Managers and 50 Assessors (total n= 58). These will be all the Educator / Managers and Assessors currently involved with supervising the paper version of the Step 1 proficiencies.</p>
What?	100% of nurses who are starting Step 1 from October '22 to March '23 (n= 40) will be enrolled on the digitised Step 1 proficiencies
Full aim statement	<p>Within 8-10 weeks we will have 100% of staff performing the admin platform roles (i.e. not Learners) set up (n=58).</p> <p>We will have 100% of nurses who are starting Step 1 from October '22 to March '23 (n= 40) enrolled on the digitised Step 1 proficiencies</p> <p>Our Trust will have reduced printing of 40 nurses' Step 1 booklets, reducing the cost of printing by ~ £468 and associated CO2 emitted by ~7,800g</p> <p>Nurses undertaking digitised Step 1, supervisors, and staff overseeing proficiencies will report improved experience compared to paper version.</p>

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2. Which stakeholders should Trusts engage with? (*not relevant for HEIs*)

Which stakeholders should Trusts engage with? (1/2)

This section is not relevant for HEIs

a) Identify your stakeholders

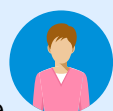
- Brainstorm a list of all the people and groups likely to be affected by the proposed change (you may want to group them). You could bring a small group of well-informed people together to do this
- At a high level, these can be categorised into those that will:
 - Orchestrate the change
 - Operationalise the change
 - Need to be informed of the change

i. Who is orchestrating?



Implementation lead/s

- This role has been created especially for the pilot (i.e. it is not an existing Trust role)
- Responsible for overseeing Trust implementation & coordinating internal stakeholders (where required)



Chief Nurse / Director of Nursing

- Supports pilot of digitised proficiencies
- Identifies alignment with other digital transformation initiatives in Trust

ii. Who is operationalising?

- These are the same stakeholders currently operationalising the paper version of the proficiencies in your Trust, with the addition of the DLS Centre Manager (Non-clinical)



Lead Nurse for Critical Care



Lead Educator



Ward Manager / Team Leader



Practice Educator



Qualified critical care nurse



Administrator



Digital Learning System (DLS) Centre Manager (Non-clinical)^(b)



New nurse to critical care

^(b)Note: Trust will only have this role if they are already registered as a DLS centre

Which stakeholders should I engage with? (2/2)

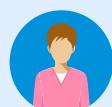
a) Identify your stakeholders (continued)

iii. Who needs to be informed?

- These stakeholders will likely differ by Trust, but may include:



Chief Nursing Information Officer (CNIO)



Human Resources team



Learning and Development team



Critical Care Networks



ICS workforce leads or boards



IT Department

b) Select who will perform each platform role

Within the platform there are 5 potential roles that need to be allocated for setup and management of the digitised proficiencies (i.e. 'Platform roles').

During setup, your Trust/HEI will need to decide who will perform these different roles. Below is a description of the key responsibilities of each of these roles. You can find further information and examples who should perform these roles in your organisation in the '**Platform roles & responsibilities overview**' material in your training package.

Delegates should generally only have 1 role in the platform (and if they are a Learner they should only have this role). However, it is possible for those with admin rights to have dual roles in the platform, if they need some additional functionality. The dual roles we might expect would be:

- Clinical centre manager + Educator / Manager OR Assessor (if the delegate would also need to confirm proficiencies)
- Educator / Manager + Administrator (if your Trust/HEI doesn't have administrators in your unit)

You can have multiple delegates in each role, and we recommend this in case of A/L, sickness etc. We would expect less delegates in each role the higher up the hierarchy you go through (so least Clinical Centre Managers).

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3. Understanding the new process in your Trust/HEI

Understanding the new process (1/3)

i. Overview of the process

There are two processes for the digitised proficiencies:

1. Setup

- This part covers everything required to get to the point of being able to start enrolling Learners on the proficiencies, including registering and training (to use the platform) all delegates, and promoting delegates in the admin platform roles (Clinical Centre Manager, Administrator, Educator / Manager and Assessor)

2. Utilisation

- This part covers enrolling Learners on the proficiencies, and then self-assessing and getting confirmation of their proficiencies to advance through to final sign-off

Note: HEIs will not be accountable for setting up learners or enrolling them (only Trusts will need to do this)

- You can find further detail on the platform process in the '**Setup & Utilisation process maps**', also in your Training package
- Most parts of these processes are set (i.e. you don't need to adapt for your Trust/HEI), as they are dictated by what functionality certain platform roles have

ii. Decisions for your Trust/HEI to make

- Which role/s will you be performing? *You may perform multiple roles*
- Will your Trust/HEI have more than one Clinical Centre Manager? *We recommend you do, in order to help with cover during absence or high workload*
- Has anyone in your team already been promoted to a Clinical Centre Manager in the platform?
- Will your Trust/HEI have anyone in the Centre Administrator role?
- How will your Trust/HEI get staff registered as delegates on the platform? *Ask them to self-register, register them on their behalf or mixture of both processes?*
- Who will promote Assessors into their roles on the platform? *Clinical Centre Managers, Educator/Managers or both roles*

Find further detail about process mapping from NHS England and NHS Improvement here:
<https://www.england.nhs.uk/wp-content/uploads/2021/12/qsir-conventional-process-mapping.pdf>
[ILG-1.2-Process-Mapping-Analysis-and-Redesign.pdf \(england.nhs.uk\)](#)

Understanding the new process (2/3)

ii. Decisions for your Trust/HEI to make (continued)

Process	Part of process	Platform roles relevant for	Options
Setup & Utilisation	Registration of profiles	<i>All excluding Clinical Centre Manager</i>	<p>There are 4 ways that delegates can be registered on the platform. Your Trust/HEI needs to decide which to use:</p> <ol style="list-style-type: none"> 1. <i>Self-registration</i> – hyperlink is provided and they self-register for a profile. Confirmation is then required in the platform by either the Clinical Centre Manager or Administrator (Unless they have self-registered using a Trust/HEI/HEI computer, and the Trust/HEI's IP address was linked during its setup as a DLS centre, then approval won't be required) 2. <i>Individual registration</i> – Clinical Centre Manager or Administrator can register individual delegates in the platform (no confirmation is then required) 3. <i>Bulk registration</i> – Clinical Centre Manager or Administrator can register multiple delegates in the platform using an excel upload (no confirmation is then required) 4. <i>"Add a member of staff" (For Learners only)</i> – Educator / Managers can trigger an email invite to Learners in the platform to self-register (via "Add a member of staff" action) when they go to enrol them on the proficiencies (no confirmation is then required). <i>We do not recommend this option</i>
Setup	Training packages	<i>All excluding Clinical Centre Manager</i>	<p>Bespoke training packages have been created for each role. These are accessible via hyperlinks and once the delegate has been through all materials, they will receive a certificate. Materials can be re-accessed at any time (and we will update materials based on feedback if needed). Trust/HEIs need to decide:</p> <ul style="list-style-type: none"> • Who is accountable for disseminating training package hyperlinks to delegates performing the different roles? (delegates with admin roles will have access to the other roles' hyperlinks in their training packages for dissemination) • Who should delegates send training package certificates of completion to in your Trust/HEI? <ul style="list-style-type: none"> ◦ This will depend on what type of registration approach you take, as they shouldn't be registered with a profile until they have completed their training package

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>

Understanding the new process (3/3)

ii. Decisions for your Trust/HEI to make (continued)

Process	Part of process	Platform roles relevant for	Options
Setup	Performing of admin platform roles	<i>All excluding Learner</i>	<p>Your Trust/HEI needs to decide who performs the platform admin roles (Clinical Centre Manager, Administrator, Educator / Manager and Assessor) and when they will decide this / be informed.</p> <ul style="list-style-type: none"> See p.10-11 for further detail on the roles and p.20 for a draft email you could use to inform them.

iii. Trust/HEI Decision Log

Process	Part of process	Platform roles relevant for	Trust/HEI Decision
Setup & utilisation	Registration of profiles	<i>All excluding Clinical Centre Manager</i>	<p>Which profile registration approach/s will your Trust/HEI use?</p> <ul style="list-style-type: none"> Self-registration Individual registration Bulk registration "Add a member of staff" (Learners only) Not recommended
Setup	Training packages	<i>All excluding Clinical Centre Manager</i>	<ul style="list-style-type: none"> Who is accountable for disseminating training package hyperlinks to delegates performing the different roles? Who should delegates send training package certificates of completion to in your Trust/HEI?
Setup	Performing of admin platform roles	<i>All excluding learner</i>	<p>Who will perform the below admin platform roles?</p> <ul style="list-style-type: none"> Clinical Centre Manager Administrator Educator / Manager Assessor <p>Who will inform them and how?</p>

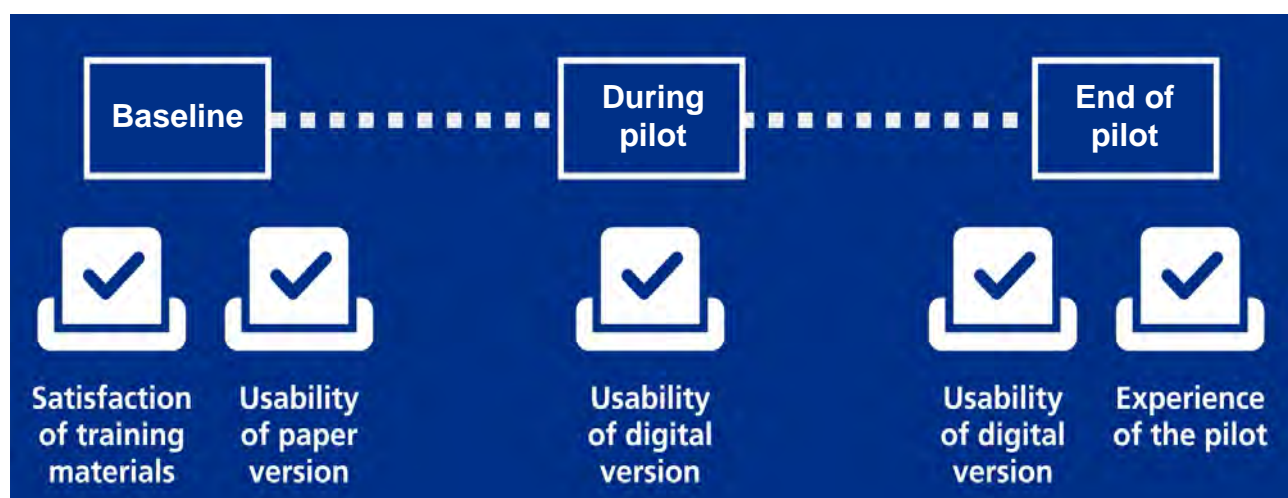
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4.

Your role in measurement and monitoring results

Defining measurement and reporting

- Trusts and HEIs will be expected to provide feedback during the pilot. This will include feedback from: Implementation Leads, Clinical Centre Managers, Educator/Managers, Assessors and Learners
- You will be provided with access to these forms when needed – your job is just to complete them when asked
- Feedback will be collected at different points during the pilot, through online surveys, 1:1 interviews (max. 1 hour) and the online feedback button on the DLS platform. Your insights will be used to optimise the user experience and enhance the DLS service.
- If you are performing multiple roles in the platform, you will only need to complete these forms once.



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5. Communicating with stakeholders about the pilot

Communicating with stakeholders

i. Planning your communication

Once you have established your Trust/HEI/HEI aim, which stakeholders to engage, what the digitised proficiencies pilot process will be in your Trust/HEI and planned measurement, it is important to consider how best to communicate about the pilot in your Trust/HEI.

WHAT

- What is the purpose of your communications about the pilot? (e.g. awareness raising, gaining buy-in, motivating participation, aligning with other Trust/HEI digital initiatives)

HOW

- Which format will you use to communicate / about the pilot? (e.g. emails, team meetings, presentations, posters)

WHO

- Which stakeholders do you need to communicate with? Is there tailored information that various stakeholders require? (see [p.10-11](#) for further details)

WHERE

- Is there a physical or virtual forum or location for the communication about the pilot? (e.g. handover room, staff coffee room)

WHEN

- What is the timeline for communicating about the pilot in your Trust/HEI?

WHY

- Why should your target audience be interested in the digitised proficiencies? Which of the potential benefits for them will resonate most strongly?
 - Are there any other Trust/HEI activities that the digitised proficiencies align to? (e.g. digital literacy, infection control, environmental impact)

Materials to support your Trust/HEI's communications:

- Draft email can be found on the next pages ([p.20](#))
- Editable PowerPoint presentations to introduce the digitised proficiencies to staff can be found in your training package

Draft email

You can copy/paste this draft email for use in your communications – you can use all or parts of it. Sections highlighted in yellow will differ by organisation. Please select/edit as needed.

Dear Colleague,

As you may be aware, we are currently piloting a digital version of [insert framework name e.g. Steps Proficiencies, or IV therapy passport] hosted on NHS England's Digital Learning Solutions (DLS) platform.

Expected benefits of the digital version

Some of the benefits we are anticipating from using the digitised proficiencies are:

- More standardised use of proficiencies
- Reducing use of paper and printing resources
- Efficient use of staff time
- Easier visibility of staff skills to enable better workforce planning
- Patient Safety - ability to update proficiency content when patient needs require it
- Opportunity to improve staff digital literacy
- Recognition of the skills staff have gained when they work in other organisations

What do I need you to do

There are a number of admin roles in the platform that we need staff from our Trust/HEI to perform, in order to use the digital version. As a collective, these roles allow us to register, enrol, confirm proficiencies and sign-off our Learners.

We would like you to perform the [Administrator / Educator / Manager / Assessor] role. Here is a hyperlink [insert hyperlink] to a training package that will take approximately 1-2 hours to complete. Within it you will find all the necessary information about what you need to do in this role and how to perform it in the platform. Please complete it by [insert date] and email [insert email of person in your Trust/HEI] with the certificate you will receive upon training package completion to get registered on the platform.

Questions and support

If you have any questions, please contact [insert contacts from your Trust/HEI]

Many thanks,

[Insert individual sign off]

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6. Assessing sustainability

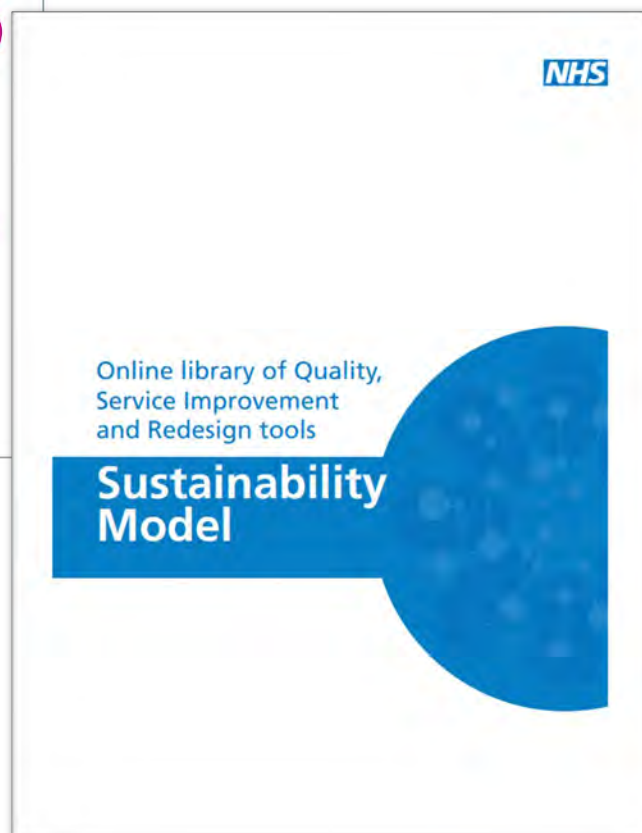
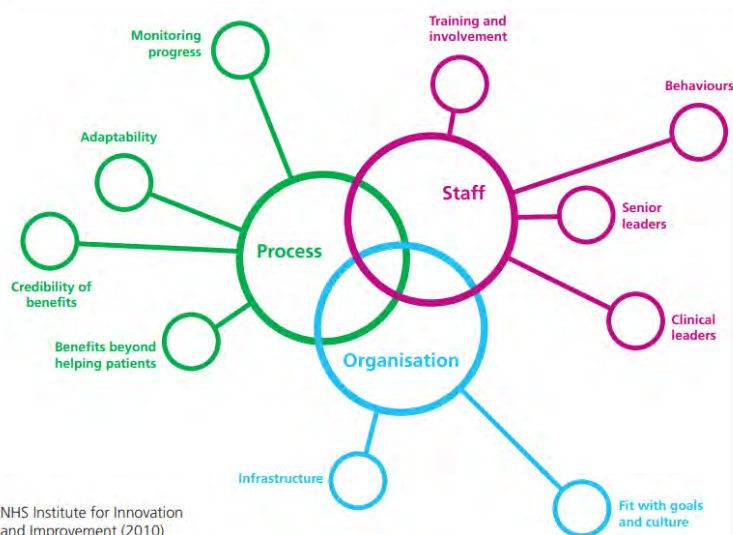
Why use the Sustainability Model? (1/2)

i. Purpose of assessing sustainability

The NHS Sustainability Model ⁽³⁾ is a diagnostic tool that has been developed to support health and care leaders to identify strengths and weaknesses in their implementation plans and predict the likelihood of sustainability for improvement initiatives. The tool consists of 10 factors relating to process, staff and organisational issues, that play a very important role in sustaining change in healthcare.

ii. When to use the Sustainability Model

We recommend that you use the sustainability model from the outset of the digitised proficiencies pilot, so that it can enable you to identify and improve areas in your implementation plan right from the start. It can then be used regularly through the pilot to focus effort on improving the project's sustainability total score to enhance the likelihood of sustaining the improvement beyond the life of the pilot.



⁽³⁾**Source:** Published by NHS Improving Quality and can be found online at [Layout 1 \(england.nhs.uk\)](https://www.layout1.nhs.uk/)

Self-assessing Sustainability (2/2)

iii. What to do next

These short series of questions will allow you and others in your team to self-assess factors relating to process, staff, and organisational issues. You will need to:

- Identify the relevant people in your team who will be involved in the pilot process
- Each person should complete the table below and then come together to discuss the results

It is recommended that you invite people across levels of seniority and with different types of involvement to complete the assessment, if appropriate (e.g. Learner, Implementation Lead, Assessor, Practice Educator, Administrator, Critical Care nurses, Centre Manager).

iv. Sustainability Assessment Questionnaire

Sustainability Questionnaire		Agree with the whole statement	Agree with some of the statement	Disagree with most of the statement	Disagree with the whole statement
Mark one column only for each statement					
Process	This improvement initiative will produce benefits beyond helping patients or carers or staff, for example reducing waste, creating efficiency or making people's jobs easier.				
	Benefits of the change are immediately obvious, are believed by staff and have been achieved elsewhere. Staff are able to fully describe the intended benefits for this initiative.				
	This change is sufficiently robust to cope with organisational change, will meet ongoing needs and would not be disrupted if specific individuals or groups left the project.				
	There is a system in place to provide evidence of impact, including benefits analysis, to monitor progress and communicate these results more widely, and this will continue beyond the life of this improvement initiative.				
Staff	Staff have been involved from the beginning of this improvement initiative, have helped to identify any skill gaps and received the training and development to feel confident and competent in the new ways of working.				
	Staff are able to share ideas regularly, some of which have been taken on board during this improvement initiative, have been empowered to run small scale tests to adapt the change and believe it is a better way of doing things				
	Organisational leaders are credible, highly involved and visible in their support of this improvement initiative, and use their influence to communicate the impact of the work and break down barriers. Staff regularly share information with and actively seek advice from organisational leaders.				
	Clinical leaders are credible, highly involved and visible in their support of this improvement initiative, and use their influence to communicate the impact of the work and break down barriers. Staff regularly share information with and actively seek advice from clinical leaders.				
Organisation	The goals of the change are clear and have been widely shared. They are consistent with and support the organisation's strategic aims for improvement. The organisation has demonstrated successful sustainability of improvement before, and has a 'can do' attitude.				
	There are enough staff trained in the new way of working with appropriate facilities and equipment to sustain the new process. Job descriptions, policies and procedures reflect the new process and communication systems are in place to describe the benefits.				

**Originally adapted by Oxford Health NHS FT from the Sustainability Guide and Model developed by the NHS Institute for Innovation and Improvement

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Contacts & support

For general questions, comments or
feedback, please email
Learningnetwork@nhselect.org.uk

or

For any technical difficulties, please
ask your Clinical Centre Managers or
Administrators to escalate via the
platform ticket system (they can see
how in their user guides)