

HR and RA process integration

A toolkit for integrating identity management across Human Resources and Registration Authority, and other business processes

Preface

This toolkit is intended to help NHS organisations move towards closer integration of the identity management processes that are usually conducted by Registration Authority (RA) and Human Resources (HR) departments. It draws on experience and ideas gained from 100 NHS organisations that have already embarked on this integration project

The advantages of integration are significant: improved security for patient data, better management of staff information, and efficiency gains in eliminating duplication of activity between HR and RA functions. For many organisations integration will be achieved by shifting responsibility for identity management entirely to HR. However, it's important to note that this is not the only solution. The processes of capturing and managing staff information can be located wherever best suits your organisation. Examples of this are included in the case histories.

For NHS organisations who have already integrated HR and RA processes, the main lesson has been the need to get all the right stakeholders involved from the beginning. According to Ian Roberts, CIO for Bradford and Airedale PCT, "Once I got all the right people in the room the rest was easy!" Do not underestimate the importance of this step in getting the project to deliver its full potential.

This toolkit is timely. New HR employment check standards for staff mirror the requirements of the NHS CRS Smartcard system. Use of NHS CRS is expanding steadily across staff groups. A new User Identity Manager (UIM) system, due for launch in 2009, will enable electronic registration of identity for NHS CRS users. An interface will also be available that connects the list of these users on the Spine User Directory (SUD) through UIM to the Electronic Staff Record (ESR).

NHS organisations who want to take advantage of this interface will have to demonstrate that their processes have achieved the level of integration described in this toolkit. It's a project that will take, on average, six months to complete.



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1.0 Introduction

The NHS Care Records Service is changing the way that healthcare staff access patient-related information. Its systems provide clinicians and others with immediate access to vital information that supports decisions about treatment and care. It also facilitates the management and tracking of each patient journey through the different stages of care. Access to the service is by use of an NHS CRS Smartcard issued to staff through each organisation's Registration Authority (RA).

An RA sponsor, with advice from the Registration Authority, decides who gets an NHS CRS Smartcard and their level of access to care records — in line with information governance (IG) policies. Accurate identification of staff who receive NHS Smartcards is crucial. Much of this identity information is available in the Electronic Staff Record (ESR). Successfully implemented across the NHS in 2008, ESR brings together for the first time a complete personnel record for all 1.3 million NHS employees.

Although the NHS CRS and ESR systems have developed separately, there is a self-evident similarity in many of the processes that they require: both involve capturing and updating information on staff. So when it comes to verifying identity and issuing NHS CRS Smartcards to staff, the two systems overlap in terms of the information used to make each decision.

At present, maintaining electronic staff records and issuing NHS CRS Smartcards are parallel activities in most organisations. As a result, there is continual duplication of activity in gathering information on staff for the two separate systems. And because there are two separate systems, information available on one database may not be immediately entered on the other. For example, weeks may elapse between someone leaving a job and their NHS CRS access rights being withdrawn. At a time of increased concern about person identifiable data security this is no longer acceptable.

The steps set out in this toolkit will take your organisation to a level of integration that minimises these threats and produces worthwhile efficiency gains. Integration will also open the way towards using the planned technical interface that will enable automatic data transfer between ESR and the Spine User Directory for the NHS CRS. Now is the time to begin the process of integration.



2.0 Readership

The guidance is aimed at a range of audiences who will have different levels of detailed knowledge about the processes involved in identity capture and management:

- RA managers and agents who are familiar with the principles and current practice for identity capture and access control
- HR and other staff responsible for the capture and use of identity information in the electronic staff record (ESR)
- senior managers with responsibility for Information Governance policy (including Caldicott Guardians)
- performance managers in PCTs and other commissioning organisations
- RA sponsors currently responsible for allocating individual access rights to staff
- IT staff who are aware of current data management systems and records deployment within their organisation

Not all of these readers need to read all of this guidance: some of the detail will be of most use to those tasked with integrating the business processes. But it is important that all should have an understanding of the principles involved.

Toolkits have also been produced to support other elements of the Integrated Identity Management programme:

- Delivering a Strategy for Integrated Identity Management
- Position Based Access Control
- Implementing the Integrated Identity Management Implementation approach

Together they set out a route for NHS organisations towards the goal of more simpler, efficient and robust management of employee identity and control of access to patient care records.



3.0 Why do it?

The benefits of integration between HR and RA processes

More robust NHS CRS Smartcard governance

Key HR-recorded events such as staff leaving NHS employment or a suspension will immediately trigger withdrawal of NHS CRS Smartcard access.

Improved services to staff and patients

Coordinating recruitment and RA procedures will facilitate NHS CRS Smartcard issue during the initial induction period for new staff, enabling them to participate effectively from the start of their employment.

Improved data security

Integrated procedures and closer process alignment of HR and RA activity will reduce duplicate data entry and improve the security of information systems.

Greater efficiency

Closer integration of HR and RA activity will lead to savings in the time spent overall in capturing and processing staff information. Once the technical interface is in place data entry can be reduced to a single event on both ESR and NHS CRS Smartcard systems.

3.1 Why do it now?

The issues of data security and information governance are in the spotlight. As NHS CRS systems continue to grow, the need for effective and secure control of access to person identifiable information has never been more urgent.

Patient data security

Delays in enabling and revoking Smartcard access can be minimised, improving Information Governance and data security.

New employment checks

New employment check standards specified for the recruitment of staff bring into line the procedures for ESR and NHS CRS data entry (*NHS employment check standards*. NHS Employers, March 2008).

<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Pages/Employment-checks.aspx>

Lead time to integration

Experience from pilot projects shows an average lead time of six months to achieve the standards of integration required to make best use of the technical interface which will become available in 2009.



4.0 The steps towards integration of HR and RA business processes

This toolkit contains ideas and advice on how organisations can bring closer together their identity management processes for ESR and access to NHS CRS systems. The content draws on experience from the Large Scale Workforce Change (LSWC) programme in which NHS Employers has been working with organisations to integrate their business processes more fully. The case histories are real-life examples of how much closer integration can be achieved.

The toolkit identifies the key steps towards integration. There is no 'one size fits all' solution — each organisation will need to adapt the process to their own particular structures and modes of operation. However these steps will need to be completed to realise the immediate efficiency gains of closer integration, and pave the way for use of the technical interface between ESR and the NHS CRS

For each step there is a brief description of the issues to be addressed and a simple checklist to enable self-assessment of progress. Timelines and tips are based on the experience of 100 organisations who have been working with LSWC on the integration of their HR and RA processes.

There are several key sources of information which should be referred to when using this toolkit. They contain more detailed descriptions of the roles and processes involved, and will also include updates which may become relevant as your project develops. It is important that all staff involved in the integrated processes are kept up to date with any changes in requirements, both during the project and after its completion.

For information governance:

<https://www.igt.connectingforhealth.nhs.uk/>

For Registration Authority issues:

<http://nww.connectingforhealth.nhs.uk//registrationauthorities>

For NHS Employers Large Scale Workforce Change Programme:

<http://www.nhsemployers.org/PlanningYourWorkforce/LargeScaleWorkforceChange/LSWC%202007-08%20programmes/Pages/Improving-patient-safety.aspx>



Step 1

The need for integration of HR/RA processes is recognised and supported at board level. A senior executive 'champion' is nominated within the organisation to lead the project.

Step 2

An integration project team is set up led by a committee comprising Caldicott Guardian/clinical director and representatives from HR, RA, information governance, IT and any external partner organisations who receive or provide HR or RA services. This team will drive the project using its authority from the board to manage change and provide accountability.

Step 3

The processes involved in HR/RA integration are reviewed (benchmark data collected), redrafted, and checked against the wider information governance processes of the organisation.

Step 4

Information gathering and entry procedures, particularly for joiners and leavers, are adapted to fulfill HR and RA requirements at the same time.

Step 5

Appropriate RA kit is made available in the places where the information is actually being captured and used – in IT or HR – including cameras, printers etc.

Step 6

HR policies are reviewed to take account of relevant RA considerations (e.g. disciplinary policy, temporary staffing policy).

Step 7

Roles are modified across the HR, RA and IT functions to enable greater integration.

Step 8

Where relevant, procedures are in place to enable HR/RA integration in 'non-standard' areas such as shared services and temporary staffing.

Step 9

Project team to review progress against the initial review and benchmark data collection and complete final report as required.



4.1 Step 1:

The need for integration of HR and RA processes is recognised and supported at board level. A senior executive ‘champion’ is nominated within the organisation to lead the project

The boards of NHS organisations have to recognise that HR and RA business process integration is critical to patient safety, data security and good information governance – all important issues by which their performance will be judged. The experience of organisations who have worked towards integration of HR and RA processes is that the project requires support from board level, and a senior ‘champion’ is needed who will drive it forward.

The key questions that board members will have to answer include:

- How many NHS CRS Smartcards have we issued?
- How long is the average time taken to revoke NHS CRS Smartcard access once someone leaves the organisation?
- Is there a reliable process that ensures immediate removal of NHS CRS Smartcard access when a member of staff is dismissed or suspended?
- How much time and effort is duplicated between HR and RA when setting up a new starter?
- At any one time how great a discrepancy may exist between information held on a member of staff in the NHS CRS system and ESR?
- How secure is this personal data in both systems?

A short sample audit will provide answers to these questions that board members may find illuminating.

Checklist	
Senior executive nominated in board minutes to ‘champion’ the project	
Report presented to board, setting out the high level case for integration	
Carry out review of current position and risk analysis	
Outline of timescale and projected outcomes	
Decision communicated to senior managers and wider audience including Joint Staff Forum	



Timeline:

Endorsements for the project should be given at the board meeting when it is presented.

Tips:

1. The board should be made aware that, compared to the important gains in patient safety and data security, the project has marginal cost implications in the short term. Integration then offers potentially large savings in the medium term through greater efficiency.
2. The project acquires extra urgency with the prospect of a technical interface available during 2009 to those organisations who have achieved integration of their HR and RA processes.
3. The principles of change management apply to this project, for example in the support of individuals whose role may change. Advice on change management can be found at:
www.institute.nhs.uk/building_capability/new_model_for_transforming_the_nhs/thinking_differently_guide.html



4.2 Step 2:

An integration project team is set up led by a committee comprising Caldicott Guardian/clinical director and representatives from HR,RA, Information Governance, IT and any external partner organisations who receive or provide RA or HR services. This team will drive the project using its authority from the board to manage change and provide accountability

Setting up this team is the first step for the project champion, taking its terms of reference from the outline of timescale and outcomes in the board minutes. It is essential that each of the departments with a direct interest in HR and RA processes is represented on the committee. The committee should be chaired by someone who has the capacity to get decisions made when the project team encounters potential blocks to progress.

If PBAC (Position Based Access Control) is being implemented concurrently with this integration project, the teams will probably share some of the same members.

The project team should include staff who are actively engaged with the existing systems and understand the process flows:

- an RA manager who has overall responsibility for RA processes and policies
- an RA agent to advise on the specifics of the RA processes (unless this can be covered by the RA manager)
- an HR manager and, if managed separately within the organisation, a medical staffing manager who can authorise changes to the HR processes
- an HR staff member who can advise on the detail of recruitment and leaver procedures as well as other processes such as secondment, suspension, and sickness
- an IT manager to advise on how the RA function could be fulfilled in new ways to deliver the most effective and efficient process flows; and the implications for staff access to other IT systems and training
- clinical staff representatives to advise on the implications from the staff side.

At an early stage, the team should decide on a communications programme around the organisation, setting out what is going on and why.



Checklist	
Minutes of committee meeting listing members and objectives	
Project team members identified and recruited	
Project team terms of reference in place and agreed	
Project plan with timeline and objectives	
Communication plan prepared and distributed	
Stakeholder analysis carried out	

Timeline:

One month to set up the team and arrange the first meeting. Subsequent meetings scheduled at least monthly to monitor progress.

Tips:

1. The project team has to be clear that it is backed by the Board and led at a senior level – it must have teeth and the authority to amend organisation policy and procedure.
2. The team should report progress regularly to the committee and project champion.
3. If the champion does not regularly attend progress meetings, he or she should receive regular reports – particularly for exception reporting and escalation of issues.
4. Communications plan should include regular communications with stakeholders including staff side.



4.3 Step 3:

The processes involved in closer HR and RA integration are reviewed (benchmark data collected), redrafted and checked against the wider Information Governance processes of the organisation

The project team review existing policies and processes associated with the employment pathway: identity checking, new starter 'set up' within HR and RA (including ESR and NHS CRS activities), induction programme, special leave, suspensions, terminations and issue of NHS CRS Smartcards. They will also review processes for updating the ESR system, and monitoring the status of NHS Smartcard holders. They should establish accurate baseline data for key measures.

Input from staff currently operating these processes is essential. From this review will emerge proposals for closer integration of the processes, simplifying data capture and entry where possible, and establishing triggers for status review where staff circumstances change.

These proposals must be examined in the light of Information Governance policies for the organisation as a whole, and with reference to the IG toolkit (see <https://www.igt.connectingforhealth.nhs.uk/>)

Checklist	
Conduct a review of both HR and RA process flows	
Establish baseline data	
Processes written for integrated HR and RA activity.	
Clarify specialist RA role	
Processes authorised by the IG lead	
Communication across the organisation that closer integration of ESR and NHS CRS Smartcards is planned	

Timeline:

Four to six weeks to conduct review and draft new processes for outline agreement.



Tips:

1. The process review should be carried by a group within the project team who have day-to-day experience of existing processes.
2. Take starters and leavers processes initially — these are the high-volume processes — to establish benchmark data.
3. Begin by having each separate process drafted as a process map. Once starters and leavers processes have been mapped, move on to other standard HR processes that need an RA input (secondment, sickness, various types of leave and disciplinary – perhaps the least frequent but the greatest risk to the organisation).
4. Have the processes checked for ‘sense’ by colleagues not directly involved in the project in case something has been missed.
5. Have a joint session between the people who drew up the draft processes and their managers to draw up combined processes in detail.
6. Sample process flow reviews to improve integration are available at: <http://nww.connectingforhealth.nhs.uk/registrationauthorities/governance/process-flows/process-flows-printable-versions>



7. 4.4 Step 4:

Information gathering and entry procedures, particularly for joiners and leavers, are adapted to fulfil HR and RA requirements at the same time

Once the draft processes are cleared for compliance with information governance policies (as Step 3), the next step is to enable their translation into practice. The project team will have to:

- identify which staff who will be gathering RA-related information and arrange for their training as RA agents if necessary
- confirm that recruitment processes meet the ID check standards for all staff (*NHS employment check standards*. NHS Employers, March 2008),¹ as well as CRB requirements
- make changes to forms as necessary
- define, for example, for joiners
 - who sends forms out, and when, during the recruitment process?
 - who checks ID and at what stage (and is it done more than once)?
 - who takes the photo for the cards (and is this shared with other photo requirements, e.g. ID cards)?
- identify triggers for change in NHS CRS Smartcard access.
- confirm sponsors and their role in relation to ID verification

Closer integration is best achieved by following the flow of information of staff movements through an employee's time with the organisation. Those NHS CRS Smartcard users who do not have a staff record on ESR (for example, GPs, pharmacists and other external contractors) may be better managed in a separate process (see Step 8).

¹ The NHS Employment Check Standards – six PDF documents outlining the checks employers must do for the appointment and ongoing employment of all individuals in the NHS.

Developed with the Department of Health and employers in the NHS, the standards include those checks that are required by law, those that are Department of Health policy, and those that are required for access to the NHS Care Record Service. These standards apply to permanent staff, staff on fixed-term contracts, temporary staff, volunteers, students, trainees, contractors and staff employed through an agency. Trusts appointing locums and agency staff must ensure that their providers comply with these standards.



Checklist	
New ID check standards implemented	
Training completed in RA procedures for HR staff who will be acting as RA agents	
Procedures agreed for staff data capture that meet the standards specified for both HR and RA	
Forms are re-ordered as appropriate	
Triggers are identified and included within procedures to change NHS CRS Smartcard status: leaving, suspension, long-term sickness	

Timeline:

One month to confirm procedures and arrange RA agent training as required.

Tips:

1. Training for RA agents in technical processes will take between four and eight hours.
2. More time should be allowed for training staff in RA policy and procedure as these are fairly complex.
3. A member of the RA team needs to be tasked with regularly checking the RA website for new documents, regulations, advice and software upgrades.



4.5 Step 5:

Appropriate RA kit is made available in the places where the information is actually being captured and used – in IT or HR – including cameras, printers etc.

Computer software and other equipment needed for closer integration is available through the existing RA function within the organisation. The RA function can confirm the suitability of existing systems and provide advice on selection of any new equipment needed. Close support from IT staff may be needed to prepare PCs for installation of new software, and to resolve any conflicts that may arise.

Cameras must be available to recruitment teams at the ID checking stage: this has to be taken into account where there are multiple sites within an organisation. The location of NHS CRS Smartcard printers can be agreed in the light of the procedure established for handover of the card.

A staff ID card cannot be an NHS CRS Smartcard, although the two can be packaged together in the same cardholder with lanyard.

Checklist	
RA software installed on computers to be used by RA agents in HR	
Cameras available to HR staff at ID checking stage in recruitment Process	
Location of NHS CRS Smartcard printers agreed, along with procedures for printing and handover	
Smartcard readers supplied and installed	
Stock of NHS CRS Smartcards obtained and stored in secure place	

Timeline:

Sourcing appropriate kit can be carried out simultaneously with other steps.



Tips:

1. Your RA Manager will be able to advise on obtaining the relevant kit.
2. Make sure that IT are aware of RA software upgrades which may need to be put on PCs throughout the organisation.
3. Photographs from other sources may be used, scanned into the NHS CRS Card Management System.
4. The NHS CRS Card Management System will automatically adapt the resolution of any picture to the required level.
5. The key factor for NHS CRS Smartcard printer location is that the card should be available for handover during the induction programme, once training on its applications has been completed.
6. Guidance on RA equipment is available at:
<http://nww.connectingforhealth.nhs.uk/registrationauthorities/practical-essentials>



7. 4.6 Step 6:

HR policies are reviewed to take account of relevant RA considerations (e.g. disciplinary policy, temporary staffing policy)

HR policies and procedures must take account of the changes in the way that healthcare staff access patient-related data, and a review is required to ensure they meet the requirements for RA governance and patient safety. Appropriate staff representatives should also be consulted within this review.

Policy on the management of NHS CRS Smartcards should confirm that cards will be ready for new staff during their induction, but not handed over until new staff are trained in their use.

The policy must also state that NHS CRS Smartcard access will be terminated for leavers on their last day, and describe the procedure for this to happen. Other policies on secondment, long term sickness, and suspension need to be reviewed and may need to be amended.

Checklist	
Rules clearly defined for what happens to NHS CRS Smartcards in the event of suspension, secondment, long-term absence and other events which may change existing status	
Standard of same-day withdrawal of NHS CRS Smartcard for leavers	
Agreed NHS CRS Smartcard hand-over procedure for new starters as part of their induction programme	

Timeline:

Two to three weeks, but can take place alongside Steps 3 and 4.

Tips:

1. The policy review needs to take account of more robust new employment check standards.
2. For the review, use the standard RA documentation as much as possible, inserting the organisation's specific information when needed.



4.7 Step 7:

Roles are modified across the HR, RA and IT functions to enable greater integration

At this stage it will be possible to embed the new processes within job descriptions of staff involved in HR/RA business process integration. These staff should have the opportunity to contribute to their new job descriptions.

Their roles will include processing RA forms and maintaining a filing system for these forms. They will assign access to NHS CRS Smartcard enabled systems as defined on the RA forms, keeping up to date with the latest RA information as detailed in the Registration Authority pages of the NHS CFH website:

<http://nww.connectingforhealth.nhs.uk//registrationauthorities>

Any further RA training for HR staff should be identified and delivered as required.

The new integrated processes will rely on early identification from RA sponsors and line managers of which jobs need NHS CRS Smartcard access and at what level. Line managers must also be responsible for informing HR/RA of leavers so that access can be revoked on day of leaving. Clear communication with these managers is therefore essential.

How the RA responsibilities are delivered by HR, RA, IT and line managers/sponsors needs to be defined within job descriptions as appropriate. For example: keeping the HR/RA team aware of upgrades, notification of leavers, changes in circumstances and suspensions and dismissals, as well as perhaps Smartcard unlocking, Passcode resetting and 24/7 access to support.

Checklist	
Job descriptions updated to reflect new roles and responsibilities following process redesign for HR and RA	
Documented account of where RA functions will be carried out within the organization, and who will carry them out	
Procedure established for all managers and RA sponsors to give early notice of jobs requiring NHS CRS Smartcard access	
Procedure established for all managers and RA sponsors to inform HR/RA immediately of circumstances requiring withdrawal of access	
Arrangements for secure storage of RA records within HR filing System	



Timeline:

Three to four weeks to establish modified roles and provide further training where required.

Tips:

1. Make sure that the procedure for revoking NHS CRS Smartcard access for leavers is tied closely to their removal from the payroll — a one monthly e-mail from HR to IT presents an unnecessary risk.
2. Staff involved in ID verification and photo capture must feel confident and competent with the processes involved.



4.8 Step 8:

Where relevant, procedures are in place to enable RA and HR business process integration in 'non-standard' areas such as shared services and temporary staffing

The HR and RA integration processes described in this toolkit cover staff directly employed by NHS organisations. These will usually be on permanent contract, but could also include secondments, short-term contracts and honorary contracts for staff from other organisations e.g. students, social workers and care staff. These staff will be automatically entered into the ESR system as well as being registered for NHS CRS Smartcard access.

However, there is a range of circumstances where staff will not be entered on an organisation's ESR system but will require NHS CRS Smartcard access: contractors and their staff (GPs, community pharmacists, etc), or temporary staff from a Temporary Staffing Agency. Arrangements for these staff need not hinder closer integration of HR/RA activity and will be managed through the introduction of UIM (User Identity Management). Further guidance on UIM will be issued by NHS CFH, and its implementation will be on similar timescales to the interface between ESR and NHS CRS systems.

Similarly, where the HR function is devolved, or the service provided through a shared service arrangement, arrangements must be made to adapt processes to minimise risk and meet information governance standards.

Checklist	
A written policy for managing NHS CRS Smartcard access for staff who are not included in an organisation's ESR system, identifying where RA responsibility lies	
Procedures for managing HR/RA integrated activity across a devolved or shared HR function	

Timeline

This step can take place at the same time as other steps towards integration.



Tips:

1. Start considering arrangements for these different groups and circumstances from the very beginning of the project. A work group could be set up to assess the issues and develop solutions that will work locally.
2. Review what happens to bank staff when they join. How are local agency staff to be given cards and do you need to agree a protocol with your agency staff provider.
3. Remember that HR may not be the most appropriate dept to take on RA responsibility for some or all of these groups e.g. GPs and practice staff or community pharmacists.



4.9 Step 9:

Project team to review progress against the initial review and benchmark data collection and complete final report for senior executive champion as required.

Following completion of Steps 1 – 8, the project team must review the new processes and re-audit the baseline data to confirm that the project has improved processes and minimised risk.

Timeline:

Two to four weeks

Tips;

- This should be done by the same team that carried out step 3.
- Refer to tips in step 3

Checklist	
Review new processes and make amendments where necessary	
Re-audit the baseline data and compare to benchmark data from Step 3	
Confirm improvements and if risks are minimised complete project report for senior executive champion	



5.0 Case histories

A Integration between HR and RA processes

5.1 Bringing RA processes in-house from a shared service Queen Victoria Hospital Foundation Trust

Queen Victoria is a specialist acute hospital based in East Grinstead, West Sussex. The trust has around 130 beds and around 900 staff. The RA function within the trust has been led to date by its Choose and Book programme, with additional RA agent support provided by Sussex Health Informatics Service – a shared service for trusts across the county. The aim of this project was to incorporate RA processes into the trust's recruitment process and incorporate the production of its own NHS CRS Smartcards.

The project has been steered by a specially-formed HR and RA Process Integration Committee with representatives from all interested parties, including HR and informatics and in particular the IT and Choose and Book teams. An audit of existing RA arrangements was conducted, and draft processes prepared for closer HR/RA integration with the aim of reducing the delays in NHS CRS Smartcard management and duplication of activity. The trust's Information Governance Group was involved in reviewing these proposals. Trust senior managers were also advised of the introduction of new processes, and agreed an RA sponsorship structure for the trust.

These new processes were verified and three members of the HR team trained as RA agents. RA01 forms are now sent to all applicants by HR, and ID checks for RA compliance are carried out along with other HR checks at interview, or prior to appointment. An ID photo is taken and a trust ID card issued on the start day for each new employee. Currently, only staff requiring access to live NHS CRS systems are issued with NHS CRS Smartcards; other staff who are likely to require access to NHS CRS when available are registered by the RA agent in readiness for later issue. In all cases, the same photo is used for both ID and NHS CRS Smartcards.

The NHS CRS Smartcards had previously been printed by the Sussex HIS (given the relatively low requirement), but two card printers and a supply of cards have now been provided for use within the trust, in readiness for the increased demand. This equipment has been installed and tested, and the first internally printed Smartcard has been produced.

Small sample surveys show that delays in issuing and revoking Smartcards have been dramatically reduced since the new processes were introduced. These continue to be refined and the trust is confident that standards for integration will be met before the anticipated 'go-live' date for the ESR/NHS CRS interface.

Ted Balk, head of informatics at Queen Victoria Hospital NHS Foundation Trust, has played a leading role in the process of developing the RA functions in-house and integrating them with HR procedures.

"Based on our experience, I'd say that trusts looking at closer HR/RA integration should do three key things. One, talk to other trusts who are engaged on – or have gone through – the same process. Two, involve your information governance lead from the start of the project to ensure you are working in line with trust requirements. Three, tell all staff who will be affected by the outcomes what you are aiming to achieve and how you're going to do it."



5.2 Integrating HR and RA information systems in an acute trust

Salford Royal NHS Trust

Salford Royal NHS Trust is a large inner city acute trust with over 840 inpatient beds, and sees over 1,000 outpatients on an average day. Registration Authority (RA) functions were already located within the HR department, including issue of NHS CRS Smartcards. But data entry and management processes had been kept separate.

It was decided these two processes could be laced together to end the obvious duplication of activity, and remove delays between key events in employment status and amended card access. The initiative was agreed at senior executive level and a committee established to steer the project, comprising representatives from the HR and IT departments as well as information governance.

The integrated approach begins at recruitment stage. Access levels for RA purposes are incorporated into the recruitment authorisation, and RA01/RA02 forms sent out to successful candidates with their formal offer letter. The recruitment team have been trained as RA agents and have RA software installed on their computers, so they are able to process the returned forms ready for the new starter's first day. Employment checks for HR and RA compliance are merged and conducted on the first day. The recruitment team take an ID photo which is transferred simultaneously to the RA system. Their appropriate card can then be issued immediately.

For leavers, the process has been similarly connected. An RA03 form goes out with the termination notice, and card access revoked by the RA-trained HR staff managing the termination. The same 'revoke access' procedure is triggered in cases of suspension or dismissal.

The project has moved a long way towards its aim of integrating Registration Authority procedures into the normal HR processes for all employees throughout their time at the trust. Secondments are managed as leavers if their move is outside the trust, and the capabilities process is managed in the same way as for disciplinary procedures.

Locum access to systems has been reviewed with clinicians and a policy drawn up: an information pack is now held at switchboard and a bleep issued to call for RA assistance when required.

Lesley Moss, recruitment and retention manager, led the integration project: "For staff at the trust the gains have been tangible. Delays for starters in receiving their Smartcards had been as long as 28 days; now they get them on day one. And it's important for our own security governance that access is revoked the day they leave.

"We've been able to move forward quickly because there was already a crossover in staff awareness between HR and RA processes, and we've had backing at a senior level. Training for RA agents took one day and very few problems have been reported in using the RA software. We have communicated widely to staff about what's going on and why. They can see the benefits, and our own team get the satisfaction of providing a higher level of service."



5.3 Embedding RA procedures in an HR service Southend University Hospitals NHS Foundation Trust

Southend University Hospitals NHS Foundation Trust serves a population of 330,000 in south east Essex. It has recently established a shared HR resource centre serving both the acute trust and local PCT – combining three previous recruitment departments into one. One of the objectives of the new resource centre will be to integrate RA processes for issuing and managing NHS CRS Smartcards into its HR services, with the aim of making efficiency gains and reducing risks associated with existing processes.

The starting point is to bring RA information handling capabilities into the resource centre team. A senior HR manager will be designated a RA-qualified manager and administrators trained as RA agents, allowing them to process card applications for new starters.

It is intended that managing card access will be a key strand in the recruitment process. At advertisement stage it will be made clear which jobholders will need NHS CRS Smartcards, and applicants will be asked if they already hold one. Where necessary, a photograph will be taken at the employment check. RA01 forms will be issued with the starter pack, sent out in advance of the start date. The returned forms will be passed to the job sponsor for authorisation, and the resource centre will print the card.

The resource centre will continue to manage the card status of employees right through to their leaving the trust. The IT department will provide 24-hour support in case of emergencies.

The goal is that all new starters receive their NHS CRS Smartcards on their first day at work, and access for leavers is revoked on the day of departure.

Liam Slattery, head of HR organisational development, now leads the integration project for the trust:

“Bringing RA activity into recruitment and HR procedures will dramatically reduce delays in new staff receiving their Smartcards, which is to the benefit of everybody. It also makes for good governance in the prompt withdrawal of access for staff leaving our trusts.

“The key point is that the RA processes should be closely linked to actual information flow, and located where staff have the required training and knowledge.”



5.4 Integrating RA procedures into HR processes within a PCT

Knowsley PCT

Knowsley PCT has a Section 31 Partnership Agreement with Knowsley Metropolitan Borough Council with the aim of improving health and well-being in the borough. The PCT has particularly integrated working arrangements with the council's directorate of health and social care, including a joint health and social care executive leadership team, joint appointments and many integrated teams. The PCT employs over 1300 staff including 15 salaried GPs. The PCT commissions its primary care services from 29 GP practices within Knowsley.

Agreement was reached between the HR and IT departments of the trust that there would be significant benefits if RA data management procedures could be integrated into HR processes. Duplication of data gathering would be reduced, and there would be more timely and tight operation of procedures for issue, amendment and withdrawal of Smartcards. It was also agreed that RA systems for independent contractors should continue to be operated by the IT department.

Recruitment processes were amended to enable trained HR staff to carry out RA checks at the same time as the CRB check is conducted. The staff take an ID photo, enter the data into the system and print a Smartcard which is passed on the line manager. The Smartcard is handed over to the new employee during induction, after an introduction to the Smartcard-enabled systems and employee responsibilities.

When staff leave the trust, HR will now be able to revoke Smartcard access as part of the normal termination process. Previously, revoking Smartcards relied on a monthly list of leavers being passed to IT from HR. As the system gets established, Smartcard access for social care staff will also be enabled through the HR team.

Paul Marston, workforce information manager, has been involved in the integration project from the beginning:

"Within PCTs it makes sense to construct system around the actual processes that are taking place day-to-day. HR take the lead in managing the recruitment, information handling and departure of staff, so they are perfectly placed to carry out the associated RA procedures. With contracted services it's different: responsibility lies more with those who run the contracting process and arrange payment."



5.5 Revising policies and procedures to integrate RA into day-to-day HR working Hammersmith & Fulham PCT

Hammersmith & Fulham PCT is a London-based trust employing approximately 650 staff. The PCT also commissions services from 30 GP practices who work as independent contractors. The roll-out of Smartcards to GP staff commenced in April 2005, it was delivered by the registration authority in the PCT, which was based in the health informatics department.

Both the HR department and the health informatics department recognised the need for closer working and engaged in a review of all HR policies and procedures that RA might affect.

The process for new starters is now arranged so that HR includes the RA01 in the starter pack with other payroll forms that new starters fill on their first day of employment. There is only one ID check now, carried out by HR staff at the starter session on the first day of employment. HR staff also take the photo which is used for both the Smartcard and ID badge (the photo is then downloaded from the HR system and populates it into the card management system (CMS)).

The project team at the PCT have also looked at all the other day-to-day HR processes to see where RA will be affected. There is now a direct link to the RA process for secondment, change to post, change to personal details, career break, maternity leave and, crucially, suspension. New procedures mean that access can be disabled on the spot.

The leavers' process has also been greatly improved so that access can be disabled immediately and average delays in the time between someone leaving the trust and having their access amended have been reduced significantly.

Austin Rodrigues, RA manager, has overseen the integration process so far:

“Previously, there were few if any links between the HR and RA processes but now, with processes more closely aligned, there is less scope for ‘near misses’ and so we have reduced the potential risk to the trust significantly.”

The ultimate goal is for total integration so that whoever updates Electronic Staff Records (ESR) will also be updating the access to the NHS Care Records Service (CRS) system which the trust are working towards at present.



B Integration across wider business processes

5.6 Integrating wider identity management processes South Tees Hospitals NHS Trust

South Tees Hospitals comprises James Cook University Hospital in Middlesbrough — one of the largest hospitals in Europe — and Friarage Hospital in Northallerton which hosts the Ministry of Defence Hospital Unit. It serves a population of almost 400,000 people and employs 6,800 staff.

The Trust was named the Dr Foster Acute Hospital of the Year and the HSJ Acute Trust of the Year in 2007. It expects to become a Foundation Trust in 2009.

The RA function has been based in the Information Governance department, with the IG Manager acting as the RA Manager, and other members of the team acting as RA agents. Because of the requirement for regular audit by IG of RA processes and the issue of NHS CRS Smartcards, the Trust decided that RA activity should be moved to another department.

It was identified that demand on the RA resource is set to increase substantially over the next two– three years. The Trust is likely to take the national patient administration/clinical application in 2010/11, which will generate 3,000 – 3,500 NHS CRS Smartcard users. South Tees was concerned to ensure that it meets the commitments of the NHS Care Records guarantee as this expansion takes place. It was also aware of national guidance that suggests that all RA processes should be integrated, as far as possible, with wider processes of staff identity and access to Trust facilities and systems.

Because of its devolved recruitment process, with ESR input in payroll rather than HR, the Trust decided that HR was not the place to base the RA function. Instead, it took the opportunity to link various access services in the Trust and combine them into one location: the Security Desk within the Facilities Department.

Whilst IG continues to lead and govern RA processes, the Security Desk will be responsible for the issue of NHS CRS Smartcards, along with employee identity cards. This means that access to buildings and NHS CRS systems is integrated into a “one-stop shop”. It is intended that access to all computer systems in the Trust will also be streamlined into this single operation.

The IG Manager is still supported by a RA manager who is responsible for policy and procedural updates. These will be implemented by the existing management resource in the Facilities team. The service will be hosted at the Security Desk, which has a 24 hour access capability. In an out-of-hours emergency, the security office can provide access when required.



To design and implement the scheme a project team was put together, comprising:

- Assistant Director of Human Resources (as Project Lead)
- Recruitment Team Manager
- Payroll Manager
- Assistant Director of Information and I.T.
- Information Governance Manager (as Caldicott Guardian representative)
- Workforce Manager
- Assistant Director Hotel Services
- Business Analysis Manager
- Medical Staffing Manager

Each member of the team was given a workstream to lead or contribute to. The full-time member for UNISON has been briefed and is a part of one of the workstreams supporting the project. The workstreams cover:

- Relevant access level for role
- Recruitment
- NHS CRS Smartcard production
- Change of role
- NHS CRS Smartcard suspension - long term sickness / leave / suspension from duty / breach of security
- Termination of employment
- I.T. support
- Resources required
- Ongoing registration
- Training of RA sponsors
- Out-of-hours / Agency

The group meets on a monthly basis and has had a series of process mapping events to work through details of how the scheme will work. The “One Stop Shop” expects to go live on 30 September 2009.

James Tracey, assistant director of HR, is leading the project: “Our devolved recruitment and staff records structure meant we had to find a way of managing identity that matched the way we work. This project will unify a number of identity management processes that have been carried out separately until now. It will give us robust control over who has access to what — across everything from patient care records to buildings and facilities and our own computer systems.”



5.7 Managing NHS CRS Smartcards for contractors: Hampshire PCT and Hampshire & Isle of Wight PPSA

Hampshire PCT is England's largest PCT. It serves a population of one million and employs 3,500 staff. When it was formed by the merger of seven separate PCTs, the coordination of RA services for staff was just one of a series of major administrative challenges that the new organisation faced. At the same time, the trust had to make provision for NHS CRS Smartcard access for staff not directly employed by the PCT, but who need to access the NHS CRS system in the course of their everyday work: GPs, dentists, pharmacists and people employed by these contractors.

The trust intends to integrate RA into HR processes for its own staff, using the ESR as an active tool to trigger issue, management and withdrawal of NHS CRS Smartcards. But for RA services to contractors and their staff, the trust has turned to the Hampshire and Isle of Wight Practitioner and Patient Support Agency (PPSA). The PPSA provides services for four PCTs across the area (covering a population of 1.9 million) including operation of the Performers' List for GPs, patient registration, screening programmes, and arranging payment for NHS-contracted services.

The logic of this approach is that the information used in maintaining the Performers' List, and making payments to contractors, has a similar character to that used on records of directly-employed staff. Therefore, the RA process can be effectively managed through this function. If, for whatever reason, a doctor is not on the Performers' List then they may not work as a GP and should not have a card. The PPSA model asks each GP practice (or other provider) to nominate an RA sponsor – usually a senior partner – who will identify those staff and partners who need card access.

A member of the practice staff who is trained as an RA agent – usually the practice manager – carries out the employment checks and completes the RA01 paperwork. They will enter the information on the spine and forward the paperwork to the PPSA for the card to be issued. Locum GPs will complete the RA01 paperwork with the PPSA, who will check their identity. This is particularly relevant for overseas out-of-hours doctors: each practice they work in will need to complete the RA02 paperwork and assign access rights.

The PPSA enter the information on their central information spine and print out the card. The RA agent in each practice will pass on the card to the member of staff in line with the sponsor's proposal, and will keep the PPSA informed of staff movements and changes in status.

The PPSA have set up a service level agreement with two PCTs, starting with the provision of cards for GP locums. This agreement has already been rolled out to include all GPs and their staff, as well as pharmacists; coverage of dentists and ophthalmic opticians will follow. The same service may also be offered to other PCTs in the region.

Adrian Chamberlain, head of contractor business service at the Hampshire & Isle of Wight PPSA, has been steering the new arrangements for contractors, alongside closer integration of RA and HR processes for directly employed staff:

“The best way of achieving integration is to follow the flow of information. For employed staff this means using ESR data but for contractors this is not the case. Where people are not actually employed by the PCT, there is no reason why HR staff should be able to monitor card access closely. Because we maintain the Performers' List and make payments to contractors, there a much more direct link between the information we hold and the needs of the RA process.”

