

## Perfect process six steps: Key deliverables

<i>Key Principle</i>	<i>What</i>	<i>How</i>	<i>Why</i>
<b>ESR IN TIS INTERFACE</b>	Improve data transfer between HEE and Trusts	<ul style="list-style-type: none"> <li>• All Trusts must be using the ESR/TIS interface.</li> <li>• All HEE regions must accept changes coming back from ESR.</li> <li>• Fully utilise the interface for internal rotations as well as the hire phase.</li> </ul>	<ul style="list-style-type: none"> <li>• All trusts must use the same systems for data transfer to be improved. Currently, only 120 organisations have implemented the interface nationally.</li> <li>• Case studies show that it saves approximately 30 minutes per DiT in administration time.</li> <li>• Not all HEE offices accept changes/updates back from ESR. This results in incorrect or incomplete data flowing and DiT repeatedly updating the same information at Trusts as they move around. Best practice is to accept changes from ESR.</li> </ul>
<b>12 WEEK KPI</b>	Improve rotation recruitment process	<ul style="list-style-type: none"> <li>• Increase the trainee's awareness of the process.</li> <li>• TPD escalation process to be adhered to.</li> <li>• Improve Oriel system for reference process.</li> <li>• Adjust national timelines to recruit.</li> <li>• Review the reference process for Foundation programme.</li> <li>• DiT self-service access to TIS.</li> <li>• Eliminate unnecessary document</li> </ul>	<ul style="list-style-type: none"> <li>• There is no flag/warning system within Oriel to notify HEE recruitment team of missing references, this is done by manually checking each record on the system. Often references are incomplete and are chased up by the Trust.</li> <li>• Not all recruitment is included in the current 12-week KPI monitoring.</li> <li>• Trusts receiving DiT information late adds pressure to the Trusts and DiT to complete all necessary checks and information in advance of the start date.</li> <li>• Not all regions give DiT self-service access to TIS. This access enables DiT to view rotas and update some information.</li> <li>• Some checks are carried out which are not needed at this</li> </ul>

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		checks at interview stage and unnecessary upload of documents by HEE.	stage. Documents uploaded by HEE recruitment teams for Trusts to view are not necessary as the Trusts carry out the check and do not refer to the uploaded documents.
<b>PRE-HIRE INTER AUTHORITY TRANSFER</b>	Delivering portability of data	<ul style="list-style-type: none"> <li>• All Trusts to run pre-hire IAT for DiT at conditional offer stage.</li> <li>• Notification role holders to be allocated at Trust.</li> <li>• All Trusts accept cash floor element now populated in ESR pre-hire IAT.</li> </ul>	<ul style="list-style-type: none"> <li>• Most medical staffing teams do not run pre-hire inter authority transfers (IATs) for DiT. The pre-hire IAT process is part of ESR Best Practice and will ensure data is transferred.</li> <li>• Currently DiT are asked to provide documents that show evidence of previous training completed and OH records, these are often forgotten, lost or only partially complete.</li> <li>• DiT are asked to provide their last payslip as evidence of salary. Previous salary information transfers via the IAT and would eliminate this requirement.</li> </ul>
<b>TRUST ONBOARDING</b>	Improve Trust onboarding process for DiT	<ul style="list-style-type: none"> <li>• Lead Unit/Host Trust arrangements MUST follow national Recruitment Standards.</li> <li>• All Trusts to produce rotas 8 weeks prior to DiT starting.</li> <li>• Adherence to NHS Employers guidance for DiT rotation pack content.</li> </ul>	<ul style="list-style-type: none"> <li>• Currently some regional e-learning packages are in use, in other regions the packages completed vary. There is no consistency nationally of completion of e-learning induction packages.</li> <li>• Not all organisations give ESR Employee Self Service access resulting with DiT having to complete numerous change forms.</li> <li>• The number of forms DiT are required to complete as part of the recruitment process varies from Trust to Trust. The forms all have a different format and</li> </ul>

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		<ul style="list-style-type: none"> <li>• HEE to develop a national e-learning induction for DiT.</li> <li>• Foundation Programme DiT to complete HEE e-Learning induction and HEE Core Standards Training Framework (CSTF) e-learning courses prior to start date.</li> <li>• All DiT complete e-Learning packages via the eLfh website.</li> <li>• Give DiT access to ESR Employee Self Service (ESS) to enable them to review and update their record, this will feed back into TIS via the interface.</li> <li>• All Trusts to review forms required to be completed, reduce where possible &amp; automate completion.</li> <li>• All Trusts to utilise starters</li> </ul>	<p>are completed manually by the DiT with repeated key details such as name, GMC number and post title - which are all details already held in ESR.</p> <ul style="list-style-type: none"> <li>• Many forms are utilised to notify various departments of new starters which require, set up/access for IT systems etc, these forms could be reduced if automated notifications were sent and enabled the departments to partially or fully set up relevant access in advance or on the start date.</li> <li>• Most Trusts have a separate process to the recruitment one to issue a smartcard, which results in repeating an ID check and completing basic details of the DiT.</li> </ul>

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		<p>and leavers notifications and reports in ESR to reduce the number of forms as part of this process.</p> <ul style="list-style-type: none"> <li>• Where smartcards are required Trusts should utilise the ESR Smartcard interface.</li> </ul>	
<b>COMPETENCIES IN ESR</b>	<p>Consistent delivery, recording and acceptance of statutory and mandatory training to enable the transfer of competencies electronically via ESR.</p>	<ul style="list-style-type: none"> <li>• All Trusts to declare and align to the CSTF.</li> <li>• All Trusts to record CSTF competencies within ESR for DIT.</li> <li>• All Trusts to follow the recommended renewal periods stated in CSTF for DIT.</li> </ul>	<ul style="list-style-type: none"> <li>• Most streamlining organisations have aligned or are in the process of aligning to the CSTF. This ensures the learning outcomes of the core statutory and mandatory training delivered in organisations meets the same minimum standards. This then enables the CSTF competencies to be given and transferred via ESR using the pre-hire IAT process.</li> <li>• As above few medical staffing teams are running pre-hire IATs which means any CSTF competencies gained cannot be transferred.</li> <li>• Some organisations do not enter the CSTF competencies on ESR resulting in them not being able to transfer via the electronic solution.</li> <li>• The refresher periods for CSTF training can vary from Trust to Trust, which results in inconsistency and confusion for DiT as they transfer organisations and also</li> </ul>

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			unnecessary repetition of training completed.
<b>OH RECORDS</b>	Consistent recording and acceptance of OH records to enable transfer of the minimum agreed data set for immunisation and vaccination records electronically via ESR.	<ul style="list-style-type: none"> <li>• All Trusts to adhere to the national NHS Employers OH immunisation and vaccinations standards.</li> <li>• All OH teams to recognise incoming vaccinations records for DIT.</li> <li>• All Trusts to maintain DIT immunisation and vaccinations records in ESR.</li> <li>• Maximise the use of available electronic functionality.</li> </ul>	<ul style="list-style-type: none"> <li>• Regionally most organisations adhere to and accept OH records transferring between themselves. This is via a manual process which provides the DiT with an up-to-date print out of their record as they leave, to physically take to their new organisation to view or email between OH teams for the records.</li> <li>• It has been known for some organisations to charge individuals for providing this record.</li> <li>• OH teams have their own system to record data which does not allow the transfer of records between organisations. Currently the print out of OH records provided is scanned into the OH system as evidence meaning there is not a full record stored in the OH system of each vacs and imms meaning it cannot easily be reported on from the system.</li> <li>• Once a DiT has had the full OH imms &amp; vacs needed these do not need to be repeated on transfer to another organisation. Some may require updates or additional imms and vacs on a significant change to role.</li> <li>• If a DiT is unable to provide evidence they are required to attend an OH appointment, have a repeat blood test to check for imms &amp; vacs and in some instances given vacs they may already have received if</li> </ul>

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			the time is limited and they need to be cleared for work.