



Health Systems Support Framework
NHS Digital Staff Passports Service
Order Form

Contract Title	Digital Staff Passports_NHS Organisations Portal			
Atamis Portal Reference	C59109			
Order Reference Number	600210156			
Date of Order Form	29 th March 2022			
Authority	National Health Service Commissioning Board (Known as NHS England)			
Supplier	Sitekit Applications Ltd			
Status of Order Form	Issue of this Order Form is an “invitation to treat” by the Authority following the Suppliers’ Call-Off ITT Response submitted by the Supplier(s) in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement. On the signature of the Order Form by the Suppliers and its return to the Authority, the signature of the Order Form by the Authority shall be the point at which a contract is formed between the Authority and the Suppliers. This Order Form, together with the Call-Off Terms and Conditions and the applicable provisions of the Framework Agreement (and the other provisions as set out in the Call-Off Terms and Conditions) form a contract (defined as “the Contract” in the Call-Off Terms and Conditions) between the parties as at and from the date of this Order Form. All terms defined in the Call-Off Terms and Conditions have the same meaning when utilised in this Order Form.			
Call-Off Terms and Conditions	The Call-Off Terms and Conditions comprise the following Schedules of Appendix A of the Framework Agreement: <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Schedule 1</td><td>Key Provisions</td></tr> </table>		Schedule 1	Key Provisions
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	Schedule 2	General Terms and Conditions	
	Schedule 3	Definitions and Interpretations Provisions	
	Schedule 4	This Order Form	
	Schedule 5	Information Governance	
	Schedule 6	Security Management	
	Schedule 7	Standards	
	Schedule 8	Software	
	Schedule 9	Installation and Commissioning Services	
	Schedule 10	Maintenance Services	
	Schedule 11	Guarantee	
	Schedule 12	Staff Transfer	
	Schedule 13	Change Control Process	
	Schedule 14	Calculation of Termination Sum	
	Schedule 15	Standard Licence Terms	
	Schedule 16	Acceptance Testing	
	Any additional Extra Key Provisions set out at Annex 2 below shall be incorporated into the Contract formed by the signature and completion of this Order Form.		

Framework Agreement	The Health Systems Support Framework established by NHS England for and on behalf of NHS England and other contracting authorities and other organisations in relation to the provision of deliverables that may be required for the facilitation and support of sustainable transformation partnerships and/or integrated care systems (the “Framework Agreement”) to which suppliers were appointed following their submission of responses to the framework ITT (“Framework ITT”).
Call-Off ITT	The Call-Off ITT as issued by the Authority to invite responses to the relevant mini-competition conducted under and in accordance with the Framework Agreement.
Call-Off ITT Response	The Suppliers’ response to the relevant Call-Off ITT submitted by the Suppliers in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement and initiated by the issue of a Call-Off ITT by the Authority.
Term of the Contract	11 th April 2022 – 13 th January 2023
Extension of Term	On agreement by both parties in-line with the HSSF Terms and Conditions.
Unilateral Authority right of termination notice period	6 months
Maximum Payments following Unilateral Authority right to terminate	N/A
Maximum Permitted Profit Margin	N/A – Capped Fixed Price Contract
Variation to Termination Sum calculation	N/A
Deliverables	The Deliverables to be provided by the Supplier(s) under the Contract shall be the Services and/or Ad Hoc Services and/or Goods and/or any other requirement whatsoever (including without limitation any item, feature, material, outcome or output) set out at Annex 1 to this Order Form (“the Specification”) and shall be provided from the

	Deliverables Commencement Date set out below in accordance with the KPIs set out in the Specification. Where the Suppliers are comprised of more than a single Supplier the Supplier Matrix shall indicate which portion of the Deliverables are to be provided by which of the Suppliers.
Priority Deliverable	As outlined in Annex 1 with scope and approach to delivery defined in Annex 4
Deliverables Commencement Date	11 th April 2022
Services Commencement Date	9 th January 2023 (targeted)
Goods Commencement Date	N/A
Long Stop Date	31 st March 2023
Implementation Plan	The implementation plan submitted as part of the Call-Off ITT Response and set out at Annex 4 below.
Information Security Management Plan	The information security management plan submitted as part of the Call-Off ITT Response (if required by the relevant mini-competition conducted in accordance with the Call-Off ITT) and set out at Annex 5 below, as may be amended from time to time in accordance with Schedule 6 of these Call-Off Terms and Conditions.
Insurance	As per the HSSF Call-Off Terms and Conditions.
Insurance on Expiry or Termination	On the expiry or earlier termination of this Contract, the Suppliers are required to ensure that: 1) unless otherwise required in the Extra Key Provisions, any ongoing liability that they have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of six (6) years from termination or expiry of this Contract; and

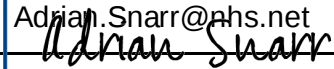
	2) where the Deliverables or any part of them could result in liability to any patient in respect of care and/or advice funded by an NHS body, any ongoing liability that the Suppliers have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of up to twenty-one (21) years from termination or expiry of this Contract. (See Clauses 20.8 and 20.9 of Schedule 2 of the Call-Off Terms and Conditions, respectively)
Key Roles for the supply or performance of the Deliverables and the personnel who will fill those Key Roles (“Key Personnel”)	▪ SRO – Michael Catania ▪ Programme Manager – John N Attwood ▪ Product Manager – Paul Thomas ▪ Product Owner – Sanjay Govind ▪ Technical Services Manager – Jonathan Drever ▪ Solution Architect – Simon Jenkins; Kevin Slowey ▪ Information Security Manager – Johnathan Drever ▪ Development Lead – Jeff Fisher ▪ Quality Lead – Jamie Lennox
Premises and Location(s) for the Delivery of the Deliverables	As this is a national programme of work, the supplier will need to be prepared to work with localities across England. In line with current operating models it is expected that most work will be undertaken remotely. Any travel arrangements should be made in line with government advice on Covid restrictions, with teams encouraged to work remotely as far as feasible.
Licence(s) and/or Lease(s) granted to the Suppliers	N/A
Information Governance Provisions (Schedule 5)	See Schedule 5 of the Call-Off Terms and Conditions.
Processing of Personal Data	See Schedule 5 of the Call-Off Terms and Conditions.

Intellectual Property	See Clause 14 of Schedule 2 of the Call-Off Terms and Conditions. The NHS organisation portal is categorised as foreground IPR.			
Licensing of Intellectual Property	N/A			
Standard Licence Terms	N/A			
Acceptance Testing	N/A			
Contract Price	The price(s) to be paid by the Authority to the Suppliers for the provision of the Services, as set out in the Call-Off ITT Response and reproduced at Annex 3.			
Financial Model	The Suppliers' Financial Model, submitted if required by the Authority in the Supplier's Call-Off ITT Response and reproduced at Annex 3.			
Contract Price for the purposes of Clause 19 (Limitation of Liability)	The price(s) to be paid by the Authority to the Suppliers for the provision of the Services, as set out in the Call-Off ITT Response and reproduced at Annex 3.			
Guarantee	N/A			
Guarantee in favour of NHSE	N/A			
Payment Provisions	The payment terms for the payment by the Authority to the Suppliers of the Contract Price for the Services, as set out in the Call-Off ITT and reproduced at Annex 3; and The level of reimbursement by the Suppliers to the Authority relating to any service credits in respect of failures by the Suppliers to meet the KPIs, as set out in the Call-Off ITT and reproduced at Annex 3.			
Contract Managers	<table><tr><td>Authority's Contract Manager</td><td></td></tr></table>		Authority's Contract Manager	
Authority's Contract Manager				

	<table border="1"> <tr> <td><i>Supplier's Contract Manager(s)</i></td><td><i>Michael Catania – Chief Commercial Officer</i></td></tr> </table>	<i>Supplier's Contract Manager(s)</i>	<i>Michael Catania – Chief Commercial Officer</i>		
<i>Supplier's Contract Manager(s)</i>	<i>Michael Catania – Chief Commercial Officer</i>				
Lead Contract Manager (if applicable)	<i>Insert the Lead Contract Manager at the commencement of this Contract</i> <table border="1"> <tr> <td><i>Supplier's Lead Contract Manager</i></td><td><i>Michael Catania – Chief Commercial Officer</i></td></tr> </table>	<i>Supplier's Lead Contract Manager</i>	<i>Michael Catania – Chief Commercial Officer</i>		
<i>Supplier's Lead Contract Manager</i>	<i>Michael Catania – Chief Commercial Officer</i>				
Contract Meetings	The supplier will be expected to attend weekly / fortnightly progress meetings with NHS England and NHS Improvement, and other relevant stakeholders, and attend Boards where relevant/required.				
Fast-track Change values	N/A				
Contract Reports – additional information	Not used				
Person(s) to receive notices under the Contract	<table border="1"> <tr> <td><i>Authority's nominated person and contact details for service of notices</i></td><td>  </td></tr> <tr> <td><i>Supplier's nominated person and contact details for service of notices</i></td><td> Jill De Bene Michael Catania 17-21 Ashford Road, Maidstone, England, ME14 5DA </td></tr> </table>	<i>Authority's nominated person and contact details for service of notices</i>		<i>Supplier's nominated person and contact details for service of notices</i>	Jill De Bene Michael Catania 17-21 Ashford Road, Maidstone, England, ME14 5DA
<i>Authority's nominated person and contact details for service of notices</i>					
<i>Supplier's nominated person and contact details for service of notices</i>	Jill De Bene Michael Catania 17-21 Ashford Road, Maidstone, England, ME14 5DA				

		Jill.deBene@sitekit.co.uk Michael.catania@sitekit.co.uk	
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Signed by the authorised representative of each AUTHORITY (as applicable)

Name:	Adrian Snarr	Signature:
Position:	Director of Financial Control	
Email:	DocuSigned by: Adrian.Snarr@nhs.net 	
Date:	17F29B60E0CF430...	

Full Name: adrian snarr

Signed by the authorised representative of each of the SUPPLIERS

Date Signed: 6/5/22

Name:	Jill DeBene	Signature 
Position:	CEO	
Email:	jill.debene@sitekit.co.uk	
Date:		

Order Form Annexes

Annex 1

Part 1: Specification

Part 2: KPI Overview

Part 3: KPIs

Part 4: Calculation of Service Credits

Part 5: Termination Trigger for Accrued KPI Failures

Part 6: Excusing Events

Annex 2

Extra Key Provisions

Annex 3

Contract Price and Payment Terms

Maximum Payments on Unilateral Termination

Supplier's Financial Model

Annex 4

Implementation Plan

Annex 5

Information Security Management Plan

Annex 6

Supplier Solution

Annex 7

Processing of Personal Data

Annex 8

Acceptance Testing

Annex 1

Part 1: Specification Digital Staff Passport – NHS Organisations Portal

1. Aims & Objectives

- 1.1. The overall aims and objectives are for the NHS to deliver a digital staff passport service to meet the needs of two main user cases:
 - 1.1.1. the rotational movements of Doctors in Training (both permanent changes in employment and through lead employer arrangements) and;
 - 1.1.2. temporary staff movements of any NHS staff member. These are outlined below (section 2.1.2 and 2.1.3).
- 1.2. Draft user stories will be available for the supplier during Alpha which have been created as an output from the DiT Digital Staff Passport Discovery and Digital Staff Passport for COVID-19 product. These user stories can provide the starting point for prioritisation for Alpha and private Beta for the NHS Organisations Portal.
- 1.3. **Rotational movements of Doctors in Training (DiT)**
 - 1.3.1. DiT make up approximately 53,000 of the 1.3 million NHS workforce, of which approximately 45,000 are employed by NHS organisations at any moment in time. The remainder are employed by non-NHS organisations such as Local Authorities, which are out of scope for this Alpha and private Beta phase.
 - 1.3.2. The requirement is for DiT to be issued verifiable credentials by their current employing NHS Organisation so that they can provide / share these with future NHS organisations as verifiable credentials. Approximately 15,000 DiT are employed by Lead Employers, who maintain the employment contract with the DiT throughout their training with the DiT being placed in 'host organisations'. The 'host organisations' will also need to verify the verifiable credentials prior to the start of their placement. As a minimum, the 'host' will need to verify identity.
 - 1.3.3. The Alpha will involve a limited number of NHS organisations and test passports and credentials being used to ensure that the service meets the needs. The Minimum Viable Product (MVP) is required by the end of June 2022 to enable the first passports to be issued in July and August and iterations of the product can continue until end of October 2022 when higher volumes of passport issuance will be undertaken in November 2022. The private Beta phase is anticipated to run until end of December 2022. It is then anticipated that a public Beta phase would commence early in 2023 with the rapid roll out to the remaining NHS employed DiT with many being issued in April/May 2023 in time for the annual August Rotation. Incorporating the DiT employed by non-NHS organisations will also be considered for the public Beta phase.
 - 1.3.4. Priority focus will be for the Alpha to meet the user needs of DiT and NHS organisations, in accordance with Government Digital Service (GDS) service standards and design

guidance. The solution must support staff movement across NHS organisations, provide control and visibility of progress to HR users and remove administrative duplication.

1.4. Temporary Staff Movements

- 1.4.1. Temporary staff movements are where an employee is employed by one NHS organisation and then works temporarily in another, e.g., to support clinical delivery.
- 1.4.2. Temporary staff movements traditionally involve an administratively heavy process of honorary contracts, secondment agreements, letters of authority or licence to attend.
- 1.4.3. The aim is to simplify this by providing a digital staff passport with verifiable credentials that automates digital signatures, reduces/eliminates the need for this documentation and the need for repeating employment checks or training, or the need for manually obtaining employment checks from their substantive employer to enable a temporary move.
- 1.4.4. The implementation and use of the current COVID-19 Digital Staff Passport solution during the pandemic has demonstrated there is a pressing need for a more sustainable digital staff passport to enable:
 - 1.4.4.1. All staff at all levels to move temporarily to another NHS organisation, if required and agreed by the member of staff, to support service delivery.
 - 1.4.4.2. All types of movement required to support the delivery of care, e.g. elective care.
 - 1.4.4.3. Safe and secure transfer of verified information to maximise security and minimise fraud, thereby maximising patient safety.
 - 1.4.4.4. The most up to date data to be available and at the fingertips of the staff member and the HR teams within the organisations they work at and are deployed to.
 - 1.4.4.5. The NHS and its NHS Organisations need to create a more agile workforce and service to meet its delivery needs, noting that the NHS is currently evolving with the formation of Integrated Care Systems (ICSs).
- 1.4.5. NHS organisations to fully utilise digital staff passports to support and ease onboarding administration and processes.
- 1.4.6. For temporary staff movements, the aims and objectives of the Alpha and private Beta are to:
 - 1.4.6.1. Enable the transition from the current interim Covid-19 Digital Staff Passport Service and enable those actively using that service to transition usage to the new NHS Digital Staff Passport service.
 - 1.4.6.2. Enhance the functionality of the Covid-19 Digital Staff Passport to enable all temporary staff movements to use the service, the requirements of which have been captured in the product backlog and demonstrated through the users' journeys within this document.

1.5. The Alpha should test opportunities to enable:

- 1.5.1. A streamlined process at each new DiT rotation / temporary staff move
 - 1.5.1.1. The rotations are well scheduled, with DiT and NHS organisations being advised where they will next rotate around 12 weeks prior to their start date,

although post 12-week changes frequently occur. How post 12-week changes are handled will need to be tested.

- 1.5.1.2. DiT/temporary staff to provide self-attested personal information including data that should remain self-attested e.g. diversity information, and that requires verification by an NHS organisation, as well as receiving other verifiable credentials from NHS organisations and other bodies where required.
- 1.5.1.3. If a credential has expired or been revoked (and held on the revocation list), it will be clearly displayed as invalid at the verification stage and the DiT/temporary staff will be asked to recomplete the check or retake the training, e.g., complete a mandatory training module so that it is then up-to-date and compliant with the relevant NHS Trusted Frameworks.
- 1.5.1.4. Ability for DiT/temporary staff to share verified/authoritative information with host organisations and future employers from their mobile devices. Any limitations of device models and versions will need to be tested.
- 1.5.1.5. DiT/temporary staff to present verifiable credentials to host organisations and future employers for validation, providing the information required for employment checks, including immunisations and vaccinations, and core skills training information.
- 1.5.1.6. Adopts enabling trusted frameworks, data and interoperability standards and governance arrangements.
- 1.5.1.7. Releases time for DiT to focus on current role and learning and prepare them for their commencement in their new role, i.e., realising the benefits.
- 1.5.1.8. Removes the need for duplication of administration on the part of DiT/temporary staff and HR teams involved in the onboarding process of DiT/temporary staff.
- 1.5.1.9. Reduces the time spent on onboarding and inducting DiT/temporary staff by accepting and processing previous employment checks, training information and immunisations and vaccinations where they are still valid.
- 1.5.1.10. Demonstrates an improved experience for DiT/temporary staff and reduces the burden by reducing, if not eliminating the amount of repetition and duplication of form filling, as well as the requirement to travel for pre-employment check appointments unnecessarily, freeing up time for clinical activity and development. The intention is for DiT/temporary staff to feel part of the NHS and their local organisation, and for them to feel confident and

assured by the onboarding process, and that their time is valued, reducing anxiety and frustrations each time they rotate between NHS organisations.

1.5.2. Increased control and visibility for DiT/temporary staff

- 1.5.2.1. DiT/temporary staff to use digital wallets on their mobile device to hold and view verified credentials from their employment checks, core skills training and immunisation and vaccinations in one place.
- 1.5.2.2. DiT/temporary staff to use digital wallets for control over the data they share with host organisations and future employers.
- 1.5.2.3. Notification of who has requested and reviewed their information and when.
- 1.5.2.4. Ability to accept or reject credentials issued to them.
- 1.5.2.5. Any NHS staff member to temporarily move for the following user journeys:
 - Emergency deployment – e.g., rapid deployment to a neighbouring organisation.
 - Clinical network deployment – involving selected clinicians being able to work across multiple NHS organisations within a clinical network.
 - Fixed Term deployment, e.g., a secondment.
 - Lead employer deployment – where a staff member is employed by one organisation during their training and then deployed in placements with so called ‘host’ organisations.
 - Multiple site deployment, where an individual may be required to work across multiple NHS organisations, e.g., anywhere in each ICS.
- 1.5.2.6. Where a HR Shared Service supports multiple NHS organisations and the users are authorised to issue and verify passports for multiple organisations, they should be able to do so with absolute clarity as to which NHS Organisation’s portal they are logged into.
- 1.5.2.7. Ability for the system to process updates to credential information in real time with minimal manual intervention.
- 1.5.2.8. Ability to efficiently issue one or more credentials, in line with the NHS Trusted Framework, at the same time.
- 1.5.2.9. Ability to efficiently issue credentials to large numbers of staff, quickly.
- 1.5.2.10. Ability for staff to receive credentials and accept them within an acceptable time period for example 24 hrs.
- 1.5.2.11. Ability for member of a clinical network to present their credential to multiple organisations without the need for individual appointments, e.g. organisations pre-authorise verification via self-service.
- 1.5.2.12. Ability to present credentials from the digital staff passport to a host organisation when they arrive at the service location, which may not be

where the HR team are located and at any time day or night, e.g. a ward where the shift lead may not know the person arriving.

1.5.2.13. Ability for data from verified credentials to be electronically transferred/downloaded into other workforce systems (e.g. ESR or e-rostering systems), eliminating need for manual entry.

1.5.2.14. Ability for NHS employees to present their credentials to a host organisation in advance of a shift.

2. Constraints and Dependencies

2.1. The minimum viable product will have the following limitations:

- 2.1.1. Potentially only one digital wallet (rather than multiple)
- 2.1.2. NHS organisations are the first issuers and verifiers of credentials. Additional issuers and verifiers are expected to be added during the Beta phase each using their own portal to issue and verify credentials e.g. HEE to issue/verify training placement and training programme credentials.
- 2.1.3. The NHS Electronic Staff Record (ESR) will be the only automated source of verified data for MVP. ESR does not hold full training and immunisations and vaccination records for all staff. A separate workstream is rolling out interfaces to all training and occupational health systems so that more data flows into ESR and potentially directly into the digital staff passports.
- 2.1.4. Only NHS staff will be issued credentials onto their digital staff passports during alpha and private Beta phases. It is anticipated that non-NHS organisations will potentially be able to issue and verify credentials in a similar and compatible way through the adoption of the same data standards, interoperability standards and Trusted Frameworks in due course.
- 2.1.5. Whilst it is the responsibility of each issuing organisation to hold complete, accurate and up to date information on their staff, there is a dependency on the completeness and data quality of information held within ESR across different organisations.
- 2.1.6. ESR currently operates with an API interface that is only updated overnight and is in the process of moving to real time APIs. It will be important to align product development roadmaps.
- 2.1.7. NHS organisations will be required to register to use the service, completing local Information Governance approvals and signing up to the relevant Trusted Frameworks and terms and conditions. A similar process was undertaken for the Covid-19 Digital Staff Passport roll out and will need to be refreshed. NHS Organisations that have registered for the Covid-19 Digital Staff Passport service will be invited to transition to the new service as soon as the MVP has been delivered.
- 2.1.8. NHS organisations will be required to change their current policies, processes and behaviours for both leavers and starters including stopping current processes that lead to unnecessary duplication and adopting new ways of working. The Adoption service for

NHS organisations will lead this change process and the chosen supplier will be expected to work in partnership to make the programme a success.

- 2.2. The Alpha will need to test the riskiest assumptions from the discovery work for DIT and key product development of the C-19 Digital Staff Passport, which can be applied to all staff, including but not limited to:
 - 2.2.1. Staff will predominantly be willing to share this information digitally.
 - 2.2.2. There are ongoing programmes of work which are working towards better interfaces that enable staff data to move between systems, especially with occupational health and learning management systems. There is an assumption that the digital staff passport will work for users with and without those interfaces in place.
 - 2.2.3. Employers will accept trusted frameworks and the trusted frameworks can be enabled by the digital staff passport technology.
 - 2.2.4. Employers will trust the digital staff passport (the technology/digital solution), change their processes and stop repeating unnecessary duplication.
 - 2.2.5. Manual processes will continue to exist for staff who are unwilling to or unable to share all credential information digitally.
 - 2.2.6. A single unique identifier or way to synchronise identifiers across data entry points (e.g., ESR sometimes has multiple identities per role) will be available.
 - 2.2.7. The data is available to a sufficient quality to be portable and is available to the Digital Staff Passport system in real-time or near-to-real-time.
 - 2.2.8. The verified data in the Digital Staff Passport can flow back into ESR (and potentially other workforce systems like e-rostering) to improve onboarding processes.
 - 2.2.9. Ward-based shift leads will be able to perform passport verification as part of the normal check-in process when receiving new staff.
 - 2.2.10. Multiple workforce sharing agreements/License to attends can be generated through the system, therefore providing the legal basis in which staff move (this is related only to temporary moves).
- 2.3. Other assumptions outlined in the discovery report (appendix 1) are key dependencies that will be addressed as part of the work on trusted frameworks, data standards and interoperability.
- 2.4. Private Beta is contingent on meeting the GDS service assessment at the end of Alpha as well as NHSX digital spend approval.
- 2.5. Interdependencies on other workstreams/projects are as follows:
 - 2.5.1. **NHS Trusted Frameworks** – for the digital staff passport to be successful, the information held within the digital staff passport must be trusted by NHS organisations and individuals who will hold passport credentials, i.e., through agreement on what constitutes acceptable validation, and the security around personal data must be trusted by users through appropriate assurances on the security of the technology solution. To this end, work is underway to define a technical trust framework scheme and to evolve the current NHS Employment Checks Standards and the Core Skills Training Framework

into Trusted Frameworks. NHSE&I and NHSX are working with DCMS¹ to ensure that these frameworks align with the UK digital identity trust framework.

2.5.2. **Workforce Data Standards** – NHSX are in the process of defining the required data structure, governance, and assurance guidelines needed for a digital staff passport solution to be implemented.

2.5.3. **Interoperability** – as a minimum, the digital staff passport must be able to accept data from and make data available to the NHS Electronic Staff Records (ESR) operated by NHS Business Services Authority (NHS BSA). NHS BSA are closely involved in this project and will look to align their work as best as possible.

2.5.3.1. NHSE&I is leading work to interface occupational health and learning management systems into ESR, so that ESR will hold a full employment record and there is a potential that these systems could potentially interface directly with the digital staff passport product, in parallel or instead of ESR. The design for these interfaces will be defined in parallel with this Alpha project.

2.5.3.2. NHSE&I and NHSX are working on the potential for interoperability of workforce systems to be handled through an 'interoperability or exchange hub' concept rather than via bi-lateral interfaces. Pilot projects for the first of type interoperability hubs have been successfully completed and the designs of these will be considered alongside this project and the interface projects above.

2.5.3.3. Piloting of the creation of verifiable credentials has already taken place with the General Medical Council (GMC) and they are keen to be involved in the Alpha phase, if possible and/or the private Beta phase.

2.5.3.4. Health Education England (HEE) are working closely with the project and the intention is that HEE will soon procure their own portal to issue and verify credentials to further support the experience of DiT.

2.5.3.5. Discussions are underway with the Home Office and the DBS2 service regarding the potential to pilot their creation of right to work and DBS credentials. These projects may or may not align with the timings for the Alpha phase or private Beta phase.

2.5.3.6. Consideration should be given as to how other digital identity and passport schemes that conform to the same data standards, interoperability standards and Trusted Frameworks could become compatible in the future, which may be in use now or in the future.

2.6. Volumes and numbers of end users

2.6.1. Alpha is expected to run from mid-March for 6-8 weeks and involve sufficient numbers to pass GDS Service Assessment. It is anticipated to involve approximately 30 NHS Organisations, 150 HR users and 200 passport users and these numbers will be agreed with NHSE&I.

2.6.2. Subject to successful GDS Service Assessment, the MVP for the private Beta is expected to be available for User Acceptance Testing by the end of June 2022 with

¹ Department of Digital, Culture, Sport and Media

² Disclosure and Barring Service

frequent iterations through enhancement sprints until end of October 2022 and will need to accommodate the following approximate user base:

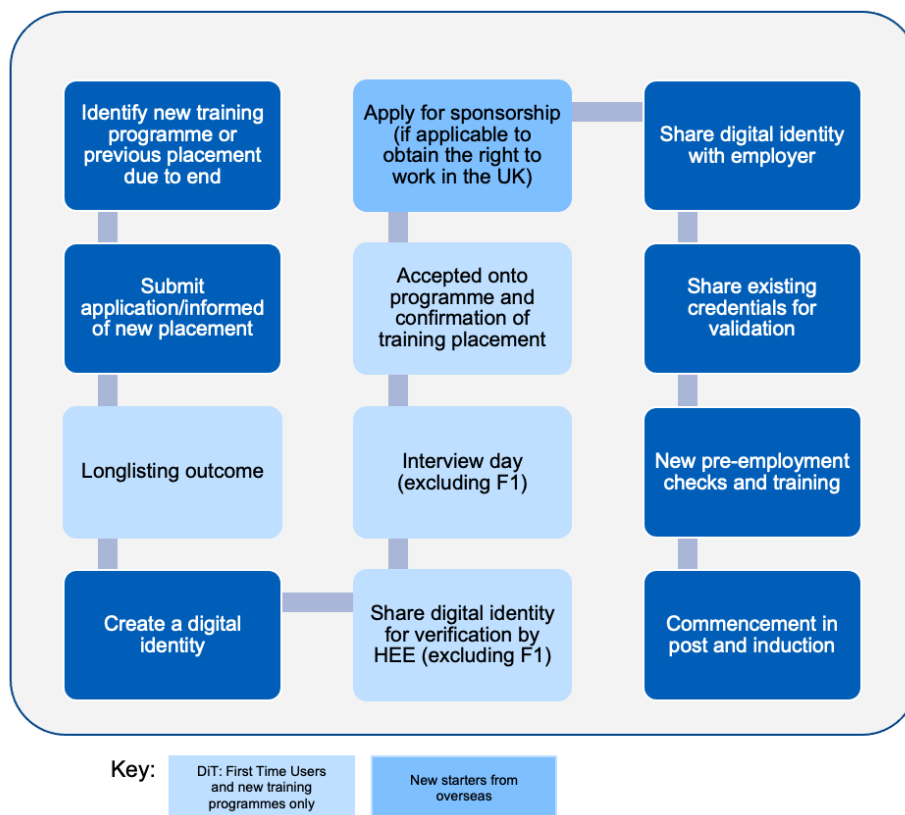
- Up to 50 organisations and 500 passports in July
- Up to 100 organisations and 2,000 passports in August
- Up to 150 organisations and 5,000 passports in September
- Up to 175 organisations and 10,000 passports in October
- Up to 200 organisations and 20,000 passports in November
- Up to 250 organisations and 50,000 passports in December

- 2.6.3. It is anticipated that each organisation will have 10-20 HR users authorised to issue and verify credentials, with potentially many more users authorised to verify passports if such functionality were made available within clinical service units.
- 2.6.4. These figures are indicative and subject to change and suppliers are asked to provide any constraints and relevant cost implications of these or any alternative proposals, with particular interest in any step changes in costs due to volumes.

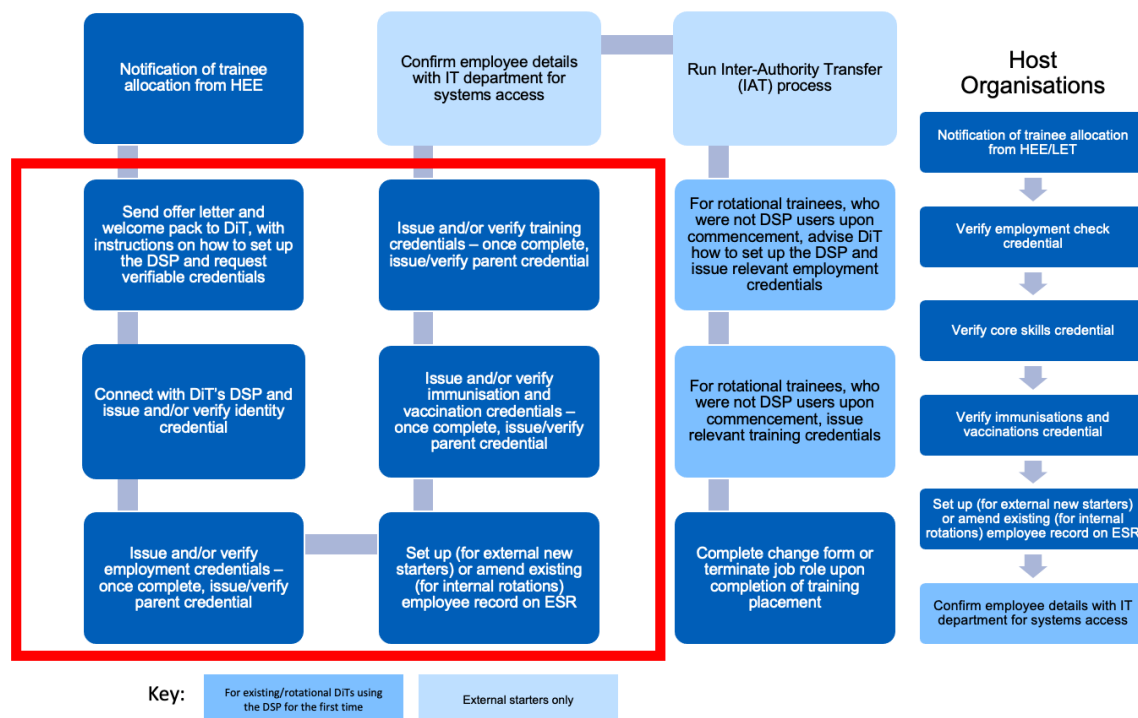
3. Requirements

3.1. User Journeys

- 3.1.1. The following user journey focuses on the process of a staff movement and suppliers should note that parallel work is underway with a few NHS organisations to use the digital staff passport to enable the provisioning of system and door access, as a connected user journey.
- 3.1.2. DiT user journey
- 3.1.2.1. The user journey aims to show the journey for a newly recruited DiT, new overseas DiT and also for DiT that are already employed by an NHS organisation to move to a new NHS organisation.

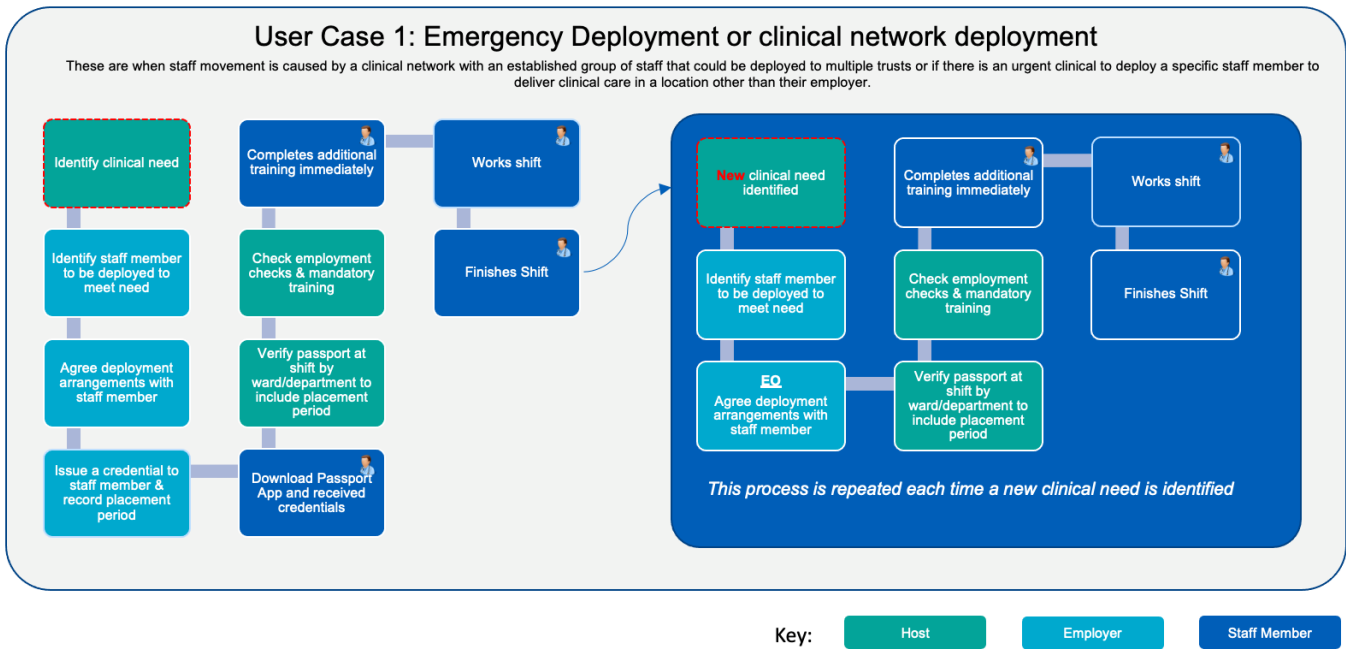


3.1.2.2. DiT user journey – administrative users

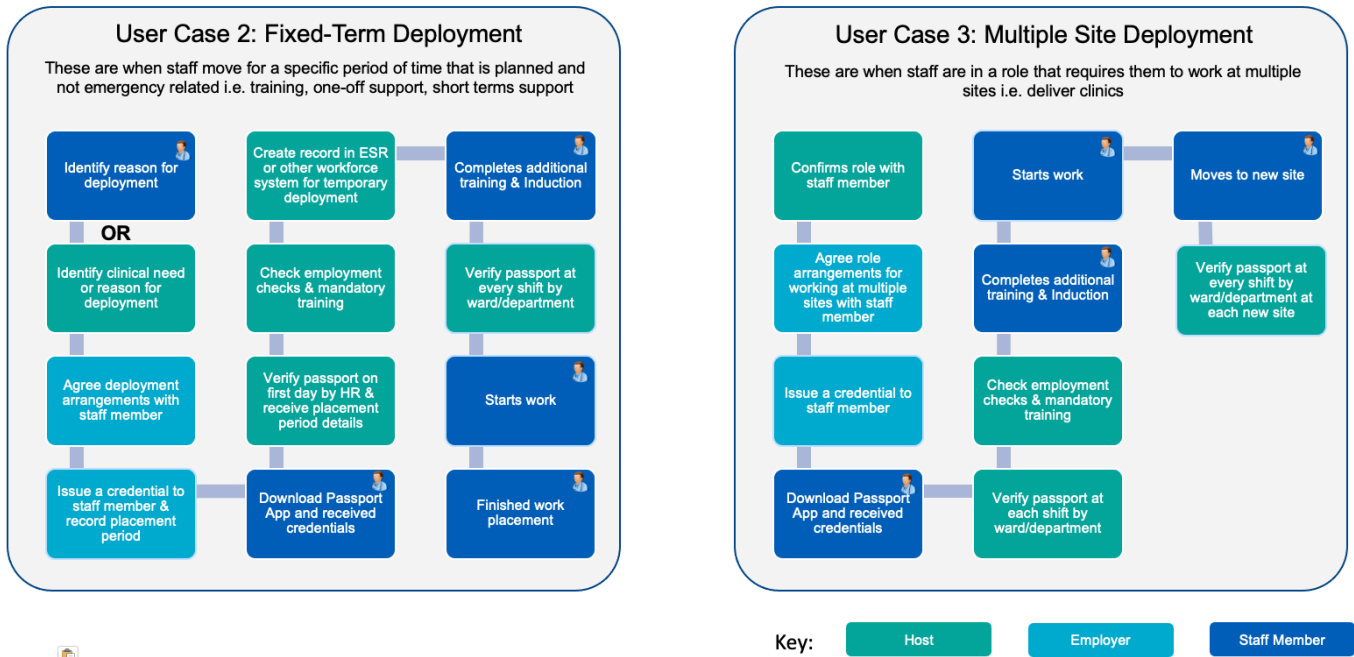


3.1.2.3. Steps in the red box will only need to be completed for existing trainees who are due to rotate internally during the initial stages of implementation. Once DiT have set up their passport, current employers will no longer need to support them in the process.

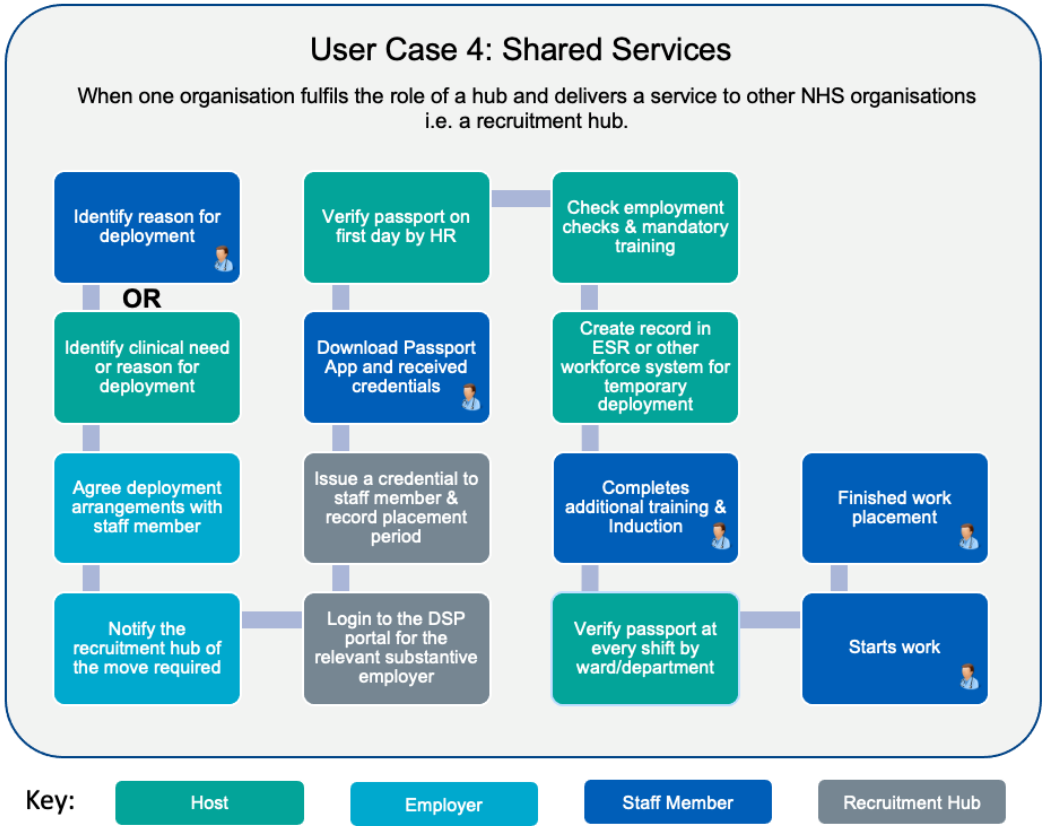
3.1.3. Temporary staff movements user journey – use case 1



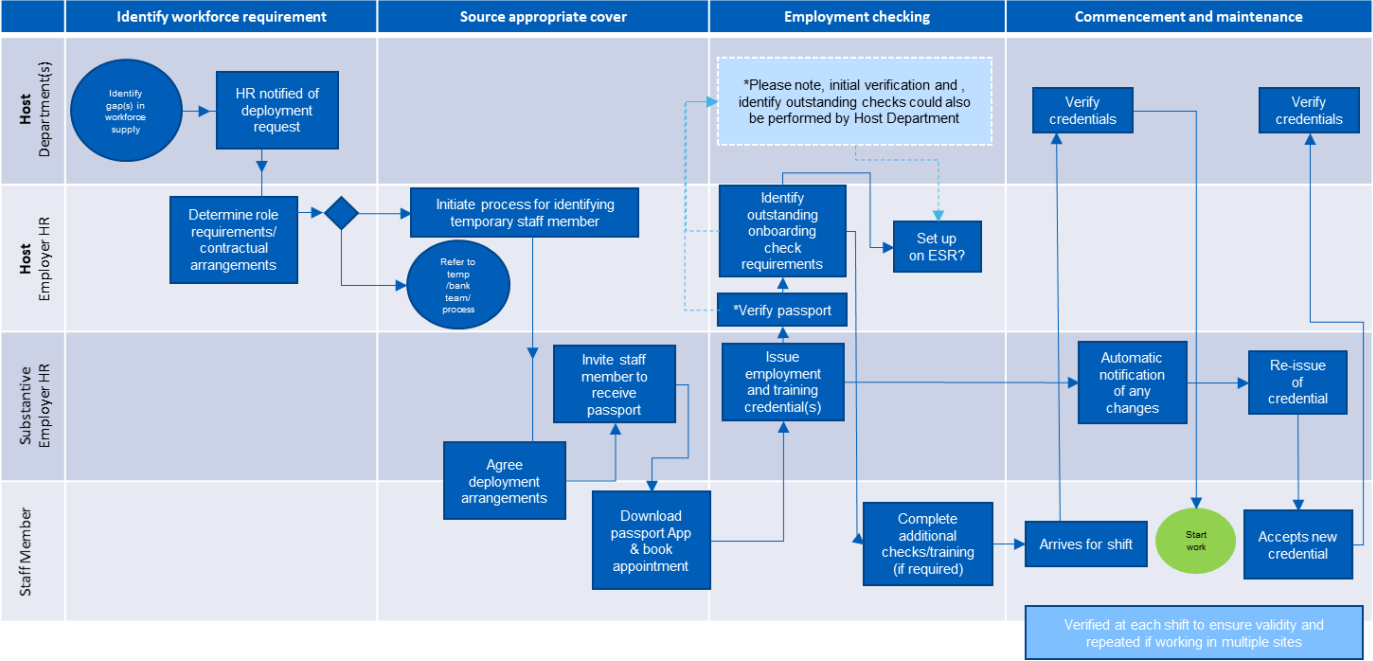
3.1.3.1. Temporary staff movements user journey – use case 2 and 3



3.1.3.2. Temporary staff movements user journey – use case 4



3.1.3.3. Temporary staff movements user journey – administrative users



3.2. Priority User Groups

3.2.1. Doctors in Training (DiT)

3.2.1.1. The Alpha and private Beta should be designed for all NHS employed DiT recruited onto an approved rotation programme working across NHS organisations only. This includes foundation, core, and specialty trainees. It should also include dentists on approved training programmes.

3.2.1.2. The Alpha and private Beta will need to involve Human Resources (HR) staff working in NHS Organisations (i.e. medical staffing, recruitment, temporary staffing, medical education, occupational health, learning and development) as well as Information Governance (IG) and IT staff, who may need to use the digital staff passport to enable provisioning of systems access and door access. There are currently approximately 223 NHS provider organisations, approximately 12 national bodies and a total of 42 Integrated Care Systems (ICSs) are in the process of being established, subject to parliamentary approval. The expectation is that each phase will involve a representative sample of users from across the seven regions and different care settings, including acute, community and mental health provider organisations and NHSE&I will select and co-ordinate the involvement of these organisations. Whilst all NHS organisations may be invited to show and tell events, not all will need to be consulted to capture the user feedback.

3.2.2. Temporary Staff Movements

3.2.2.1. As of 6th January 2022, there are 100 NHS organisations registered to use the Covid-19 Digital Staff Passport with over 500 trained HR users. Some of these users will be invited to participate in user groups to review the proposed new service.

3.3. Business capability requirements

3.3.1. User needs: to enable NHS employing organisations (NHS Provider Trusts, national bodies and NHS ICSs) to issue and verify credentials to support DiT rotations and temporary staff movements thereby aiding service needs including the elective recovery and the development of ICSs.

3.3.2. Users: NHS organisations, DiT and other staff involved in temporary movement

3.3.3. High level business requirements

3.3.3.1. As an NHS employer, I can issue verifiable credentials to my staff so that they do not need to repeat these checks with their next employer or with an employer with whom they temporarily work for.

3.3.3.2. As a DiT, I can hold verified credentials on my smartphone so that I can present and have them accepted by a new employer so that I don't have to repeat checks or training unnecessarily.

3.3.3.3. As an NHS staff member that is temporarily moving to another NHS organisation (e.g. supporting elective recovery), I can hold verified credentials confirming my current employer, role, employment checks and

training held and present them to a new NHS organisation that I have been temporarily moved to.

- 3.3.3.4. As an NHS employer, I can verify the digital identity (including photograph) and other credentials of staff moving to my organisation to support elective recovery.
- 3.3.3.5. As an NHS employer, I can regularly verify credentials to ensure a staff member is still valid for work.
- 3.3.3.6. As an NHS ward manager, I can regularly verify credentials to ensure a staff member is still valid for work.
- 3.3.3.7. As a staff member, I can verify my colleague attending the ward that I have never met before.
- 3.3.3.8. As an NHS employer, I can easily manage changes to staff data and to re-issue credentials.
- 3.3.3.9. As an NHS staff member, I can easily present my credentials to my place of work to provide assurance of my validity to work.
- 3.3.3.10. As an NHS staff member, I can easily add self-attested information to my digital wallet and if required submit it to my current or future employer or an approved verification service for verification.
- 3.3.3.11. As an NHS employer, I can organise and sort the content within my portal to help manage mass records. As an NHS employer I can easily issue

credentials to a large number of staff members efficiently such as via self-service with suitable authenticated access.

3.3.3.12. As an NHS staff member, I can easily see active credentials and historical issuances and verifications are archived within the digital wallet.

3.3.3.13. As an NHS staff member, I can present my credentials to multiple NHS employers as needed, including if as a member of a clinical network.

3.3.3.14. As an NHS employer, I can transfer data presented in credentials from a staff member's digital wallet into my other workforce systems.

3.3.4. High level functional requirements

3.3.4.1. **Registration**

3.3.4.2. Adaptation of the Covid-19 Digital Staff Passport registration process to meet the needs for the new service.

3.3.4.3. Adaptation of the auto-deployment of each NHS Organisations portal once registered.

3.3.4.4. **Website**

3.3.4.5. Updating of the www.beta.staffpassports.nhs.uk website to reflect the new service. NHSE&I will provide the updated content.

3.3.4.6. **Credentials**

3.3.4.7. Identity (including photograph)

3.3.4.8. Employment checks x5 and assignment

3.3.4.9. Core skills x11 (subject to finalisation)

3.3.4.10. Immunisations and vaccinations x9 (subject to finalisation)

3.3.4.11. Credentials may also be organised into parent credentials and child credentials so that if the parent credential is issued then each of the child credentials would not be required.

3.3.4.12. **Credential creation**

3.3.4.13. Manual creation of draft credentials

3.3.4.14. ESR API to search for relevant staff member and their relevant assignment and pull verified and unverified information from ESR to populate credentials. Access to ESR is a pre-condition for all those authorised to issue credentials via the portal. This functionality already exists in the

Covid-19 Digital Staff Passport service and will need some adjustment for the new service.

- 3.3.4.15. ESR API to present any updated data so that updated credentials can be automatically sent to relevant digital wallets. The exact mechanism needs to be defined during the Alpha phase.
- 3.3.4.16. Ability to create large numbers of draft credentials from imported details both manually and when using the ESR API.
- 3.3.4.17. **Credential verification**
- 3.3.4.18. Ability to select credentials and/or attributes to verify.
- 3.3.4.19. Ability to transfer selected credentials and attribute information into other workforce systems to support onboarding processes.
- 3.3.4.20. Ability to perform rapid ward-based verification to enable effective check-in process for new staff. Access to information will likely need to be restricted compared to information available to HR users.
- 3.3.4.21. Ability to select and generate different workforce sharing agreements/license to attend to provide legal basis for movement.
- 3.3.4.22. **Access control**
- 3.3.4.23. Multi-factor authentication for portal users, using local authentication services and/or including synchronisation with NHSMail login. This feature is already part of the Covid-19 Digital Staff Passport service.
- 3.3.4.24. Users will need to be given rights to issue some or all credentials and verify some or all credentials with some users having additional administrative rights to create new users and view reports. The exact details of access controls and rights will need to be defined in detail.
- 3.3.4.25. Ward / department-based verifiers able to verify passports with access to some but not all credentials and attributes for that given staff member.
- 3.3.4.26. **Reporting**
- 3.3.4.27. Number of passports / credentials issued and attributes (non-PII³).
- 3.3.4.28. Log of passports issued and verified by each issuing / verifying organisation.
- 3.3.4.29. Log of providing details to employing organisations when their staff credentials have been verified by a receiving organisation.
- 3.3.4.30. Alert notifications/task list/report for expired data and credentials not verified and not accepted.
- 3.3.4.31. **Managed Services**
- 3.3.4.32. The following services are expected to be provided by the supplier during the alpha and private Beta phases. The exact arrangements will be determined in partnership with the NHSE&I team that will provide the supporting Adoption Service for NHS organisations to ensure that a full

³ PII – Personally identifiable information

digital service that covers the end-to-end user experience is provided in accordance with GDS service standards:

- 3.3.4.33. Iterative product enhancements through pre-scheduled sprints, anticipated to be every 2-4 weekly, to be agreed with NHSE&I.
- 3.3.4.34. 2nd and 3rd line support. Offers to provide 1st line support would also be considered.
- 3.3.4.35. Rapid bug fixing.
- 3.3.4.36. Support during the registration process to ensure that each NHS Organisation is set up correctly and the service has been smoke tested.
- 3.3.4.37. Active monitoring of the service to identify any outages.
- 3.3.4.38. Provision of all required development and test environments and release management.
- 3.3.4.39. User research to ensure all feedback and user needs are captured.
- 3.3.4.40. Other managed services that may be required to ensure the rapid development of the end-to-end user experience.

3.4. Data flows

- 3.4.1. To deliver a minimum viable product, the principal source of verified and unverified data will be ESR as well as self-attested data from the staff member themselves. It is expected that other authoritative data sources will begin to issue data at a time to be determined with the most likely to get involved in the private Beta phase being Health Education England (HEE) and potentially the General Medical Council (GMC). The Alpha will therefore be expected to determine the legitimacy of data flowing from issuers of different NHS employing organisations only. The scope of the credentials to be tested will be decided through discussion with NHSE&I, but as a minimum, should include:

- 3.4.1.1. **Identity (personal details), including digital identity (including photograph)**

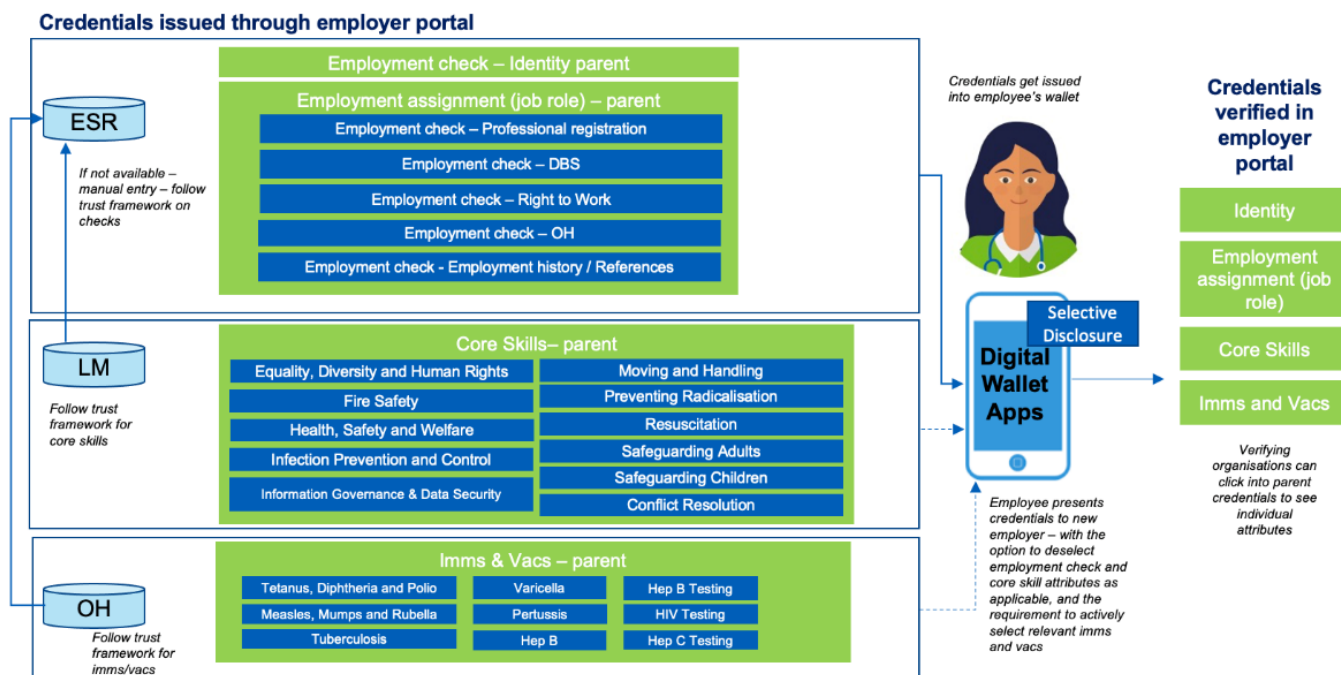
Identification of appropriate authorities to confirm digital identity and issue a valid credential. The business objective is to mitigate the needs for staff to attend pre-employment check appointments in person to confirm their identity. This requires further alignment and assessment of cost implications. This is partially dependent on the technical design of the solution. Suppliers should provide indicative timescales for when these issuers should be technically able and ready to offer the required credentials to meet the overall timeline. It is envisaged that DiT will be able to provide self-attested personal information credentials, for example diversity

information, next of kin and bank details to avoid them having to repeat form filling.

3.4.1.2. One or a combination of credentials issued by NHS employing organisations:

- Employment checks credentials – including Disclosure and Barring Service (DBS) and Right to Work check.
- Assignment (or Job Role) Credential – confirming they have passed all the above checks and now hold a given role for a given period.
- Occupational Health (OH) status.
- Immunisations and Vaccinations – there are several of these.
- Core Skills Training credentials – currently 11 subjects with further exploration around future possibilities for additional training, clinical skills and specialty-specific requirements.

3.4.2. It is expected that to develop a minimum viable product, much of the initial data will need to be extracted from ESR, as highlighted in the diagram below.



3.4.3. For Alpha, we would expect to test at least:

3.4.3.1. All credential data flows from ESR into the digital wallet (the Covid-19 Digital Staff Passport has an established API with ESR to search for employees

and download data to populate the Covid-19 credentials. This will need to be adapted for this alpha).

3.4.3.2. Identity (including photograph)

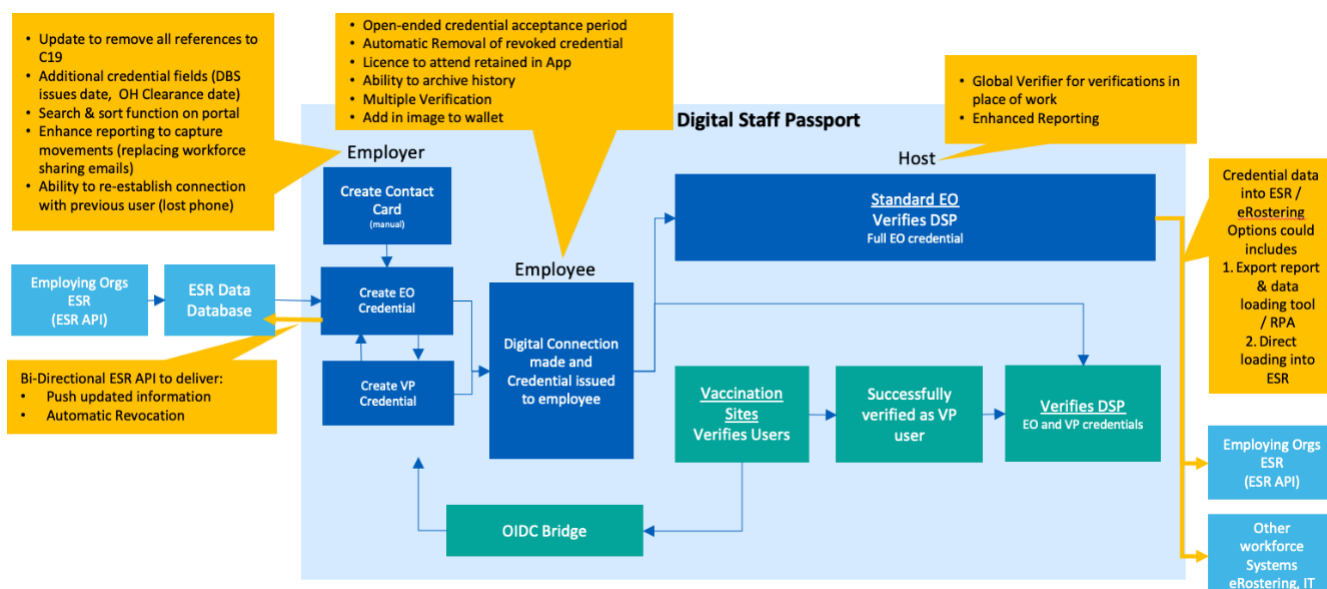
3.4.3.3. Employment checks and Assignment

3.4.3.4. Core skills

3.4.3.5. Immunisations and vaccinations

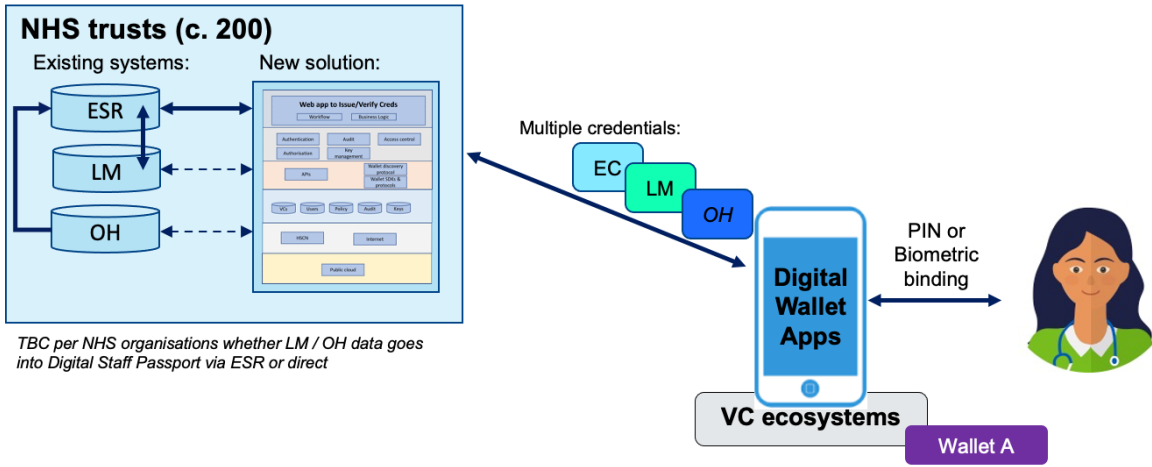
3.4.3.6. Display of the identity credential and at least one parent, and display of individual attributes within that credential on the digital staff passport

3.4.4. The current Covid-19 Digital Staff Passport data flows are outlined below. The highlights in yellow an illustration of the “must haves”.



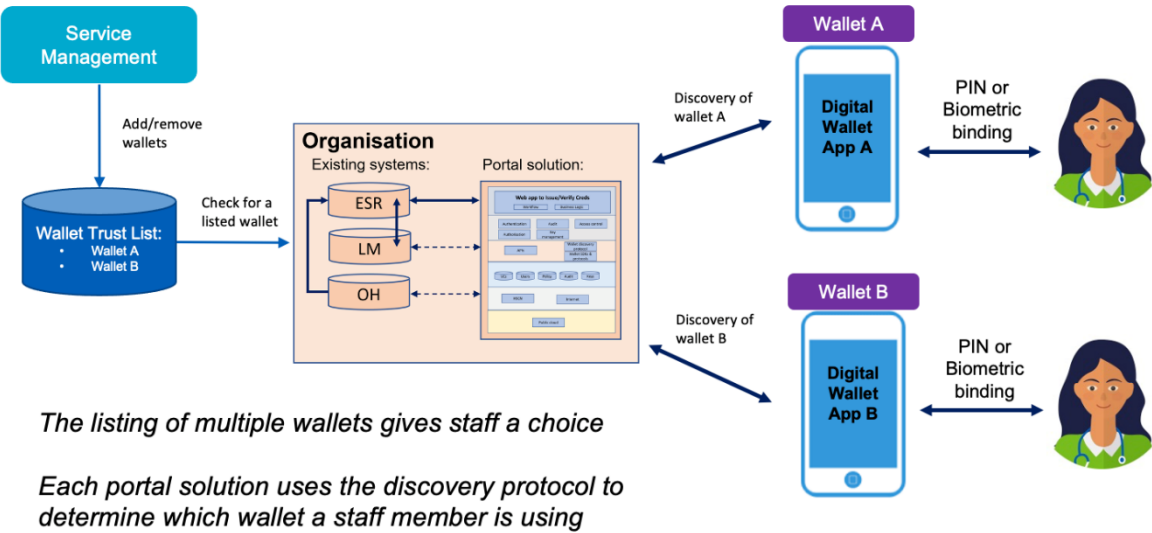
4. Technical Architecture

4.1. The requirement is to develop a portal for NHS employing organisations to enable each to issue and verify credentials in line with the requirements for both DiTs and temporary staff movements. Each employer will be provided their own portal so that users can only see the information relating to their own staff. This will allow draft credentials to be created using data from their respective instance of ESR and issued. This will need to interoperate with the approved digital wallet(s) from the NHS Digital Passport Service.

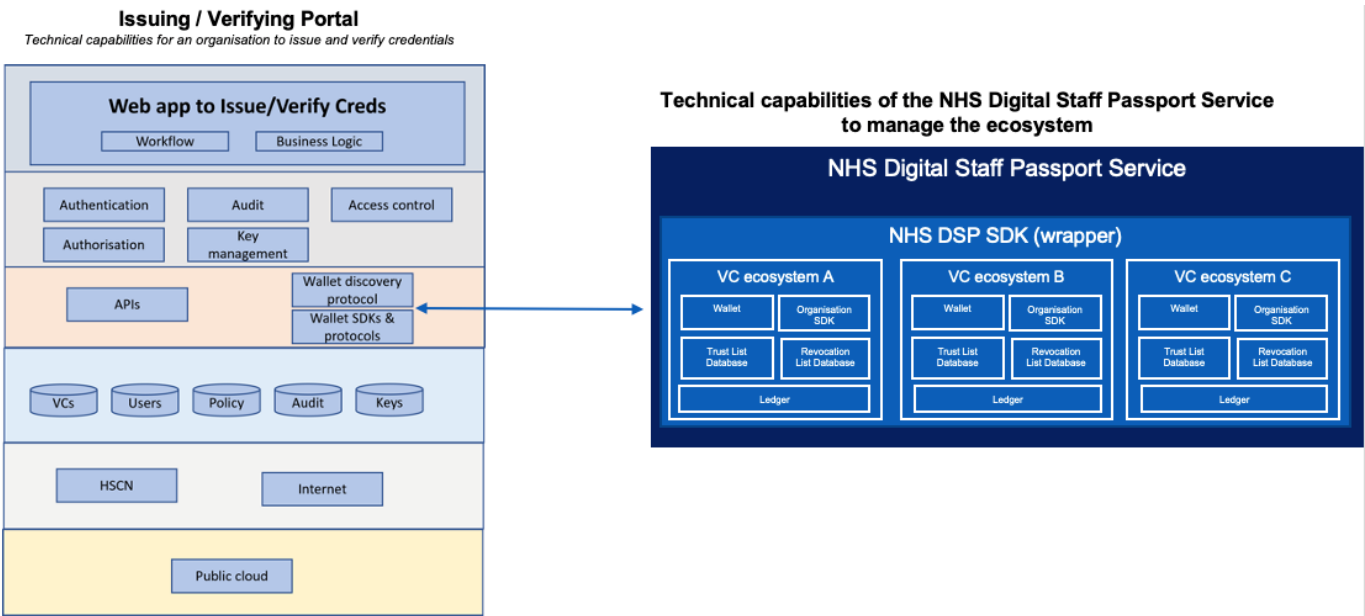


Legend:
EC = Employment Checks, LM = learning management system sourcing core skills credentials, OH = Occupational Health systems sourcing immunisation and vaccination credentials.

4.1 Additional wallets – the following diagram shows how the portal needs to be able to work with more than one digital wallet.

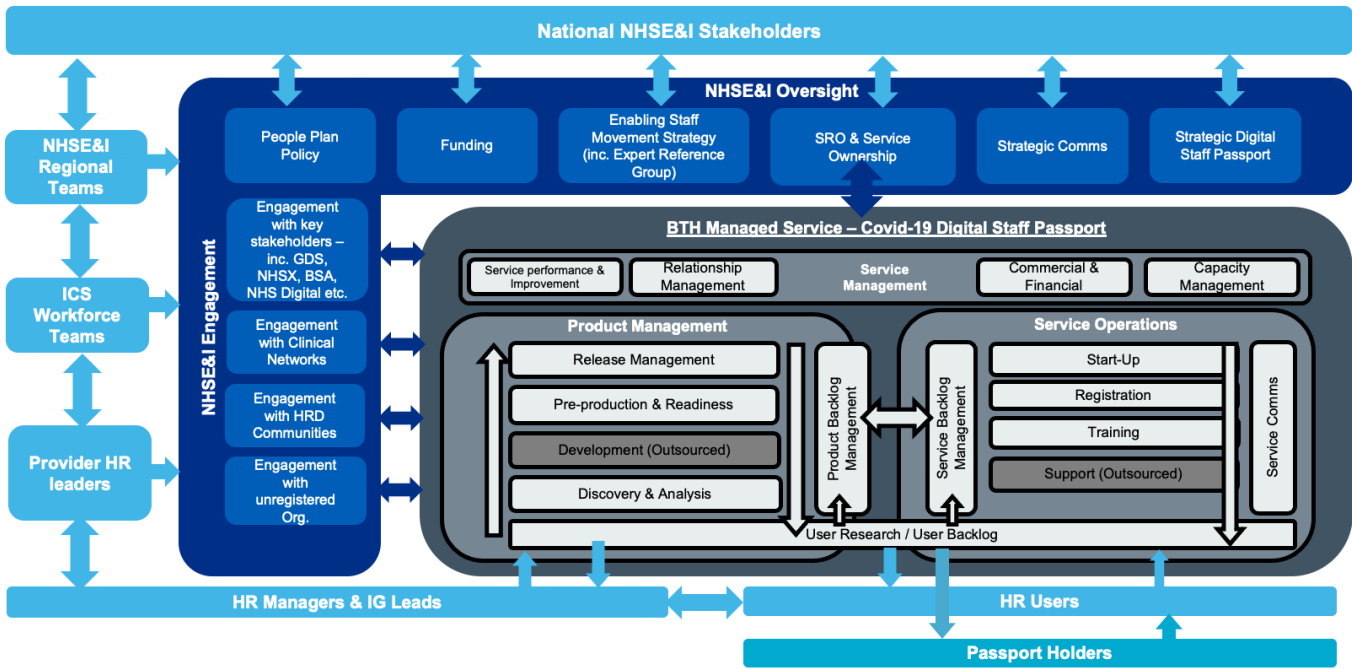


4.2 The connection between the Portal and the multiple wallets is shown in more detail in the following diagram below.

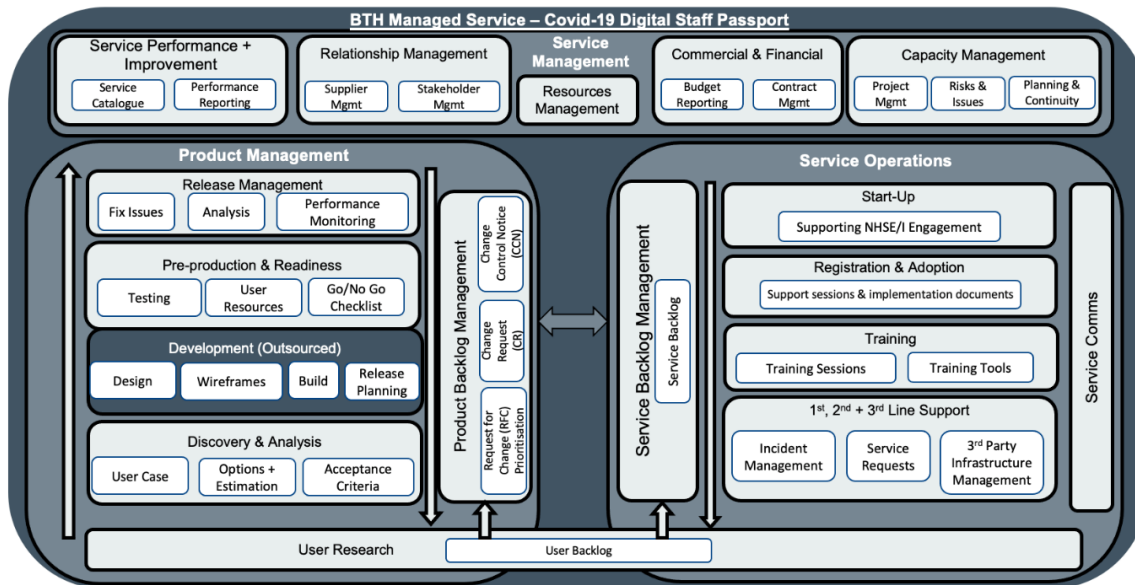


4.3 Managed Service

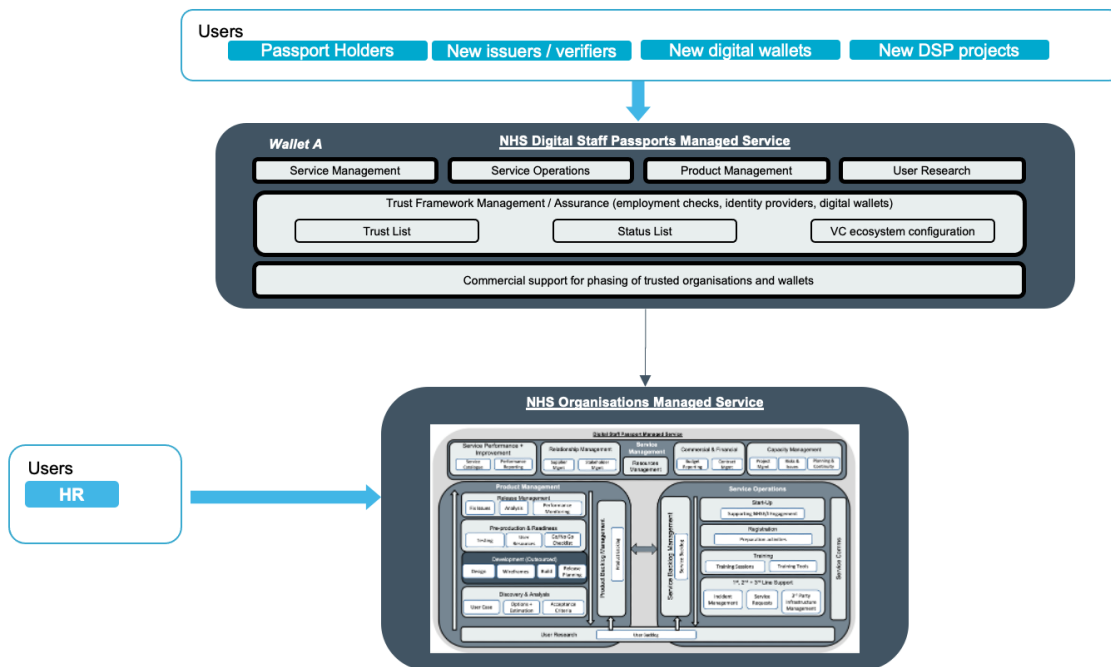
4.3.1. The high-level operational model for the current COVID-19 Digital Staff Passport is outlined below. A similar service is in the process of being designed for the new service.



4.3.2. The high-level operating model for the current Managed Service for COVID-19 Digital Staff Passport is outlined below. This service is being adapted for the new service.



4.3.3. The NHS Digital Staff Passport Managed Service is also being designed to ensure that the portal provider will always be able to connect with the multiple digital wallets, without having to manage these separately. An initial high-level design is outlined below.



5 General Business Requirements

- 5.1 Provide a prototype(s) for solving the problems faced by users (DiT, temporary staff and NHS organisations). The Alpha should offer suggestions of suitable non-digital alternatives for users who cannot use digital solutions for some reason, including the potential for use of QR codes containing credentials that can be included in an

email, PDF or displayed for scanning, e.g. the approach adopted by the NHS App for individuals to share Covid status details.

- 5.2 To test options to support both rigid and flexible DiT training programme allocations. Training programme requirements vary depending on the grade of the DiT, specialty and location. For example, some DiT will remain in a specific location, whereas others will be expected to rotate within their employing organisation every four months and to attend different external settings to experience different models of care and procedures.
- 5.3 The DiT Discovery Report output must be taken into account for Alpha and Beta phases and together with NHSE&I agree on a prioritised backlog and explore and test opportunities highlighted in the report.
- 5.4 The Alpha must support lead employer and other employment models / arrangements in operation, e.g., workforce sharing agreements/licences to attend for temporary moves.
- 5.5 An independent penetration test will need to be completed during the Alpha phase and again during the private Beta phase to ensure sufficient resilience.
- 5.6 Sufficient volumes/load testing of the passport and passports will need to be completed during the Alpha phase and again during the private Beta phase.
- 5.7 The Covid-19 Digital Staff Passport product was an interim product for the pandemic and the new service will need to be rebranded and launched as a replacement service, branding to be defined.
- 5.8 The design principles must align with those outlined in the discovery report for DiT, as agreed by the project team, and as far as possible, align with the ongoing work towards the Department for Digital, Culture, Media and Sport's (DCMS's) The UK digital identity and attributes trust framework and the NHSX technical trust framework.
- 5.9 The approach to design must follow the Government Digital Service (GDS) service standards and technology code of practice and the solution must follow the most up to date data security principles as set out by the National Data Guardian Standards and also reflect industry best practice.
- 5.10 To identify and test any specific accessibility challenges to maximise inclusivity of access.
- 5.11 The prototypes must be developed in the context of, and in collaboration with other ongoing system improvement programmes for which NHSE&I will coordinate, e.g., vaccination programme, elective recovery, transformation programme etc. NHSE&I will liaise with these programmes and steer the programme such that the new service meets the NHS immediate needs.
- 5.12 Provide an understanding of any constraints with legislation, contracts or technology that may impact the project and ensure adequate mitigations and contingency plans are identified.
- 5.13 The solution designs must consider future opportunities to support use by the whole NHS staff in England and potentially for the devolved nations and the wider health and social care sector and be interoperable with other 'passports' which may in future be used by these or other sectors. Therefore, the technical design solution needs to define a roadmap to deliver a secure and scalable national solution.

6. Detailed Functional Requirements for an Organisational User

- 6.1 An interoperability service is required for use by health and care organisations that will enable an organisation to a) exchange verifiable credentials with individuals, and b) interoperate with other systems used by the organisation.
- 6.2 The solution for an interoperability service must connect to the internet and NHS network (HSCN), embrace open standards including the W3C Verifiable Credentials Data Model to facilitate the exchange of data with digital wallets and associated components of Verifiable Credential (VC) ecosystems, and support secure use of open APIs for interaction with workforce systems, in according with NHSX Workforce Data and Interoperability Standards.
- 6.3 The required functional capabilities consist of the following areas:
 - 6.3.1 Service Registration and Portal set-up
For an organisation to use a solution, a capability is required for each organisation to complete an online registration process, similar to that used for the Covid-19 Digital Staff Passport. It is also required for the Portal to be automatically configured or set up the operational and management components for an organisation to issue and verify credentials, and to interoperate with other organisational systems using supporting authentication and authorisation services. Requirements include:
 - 6.3.1.1 Process to onboard an organisation and configure operational and management components and services.
 - 6.3.1.2 Configuration of interoperability with appropriate workforce systems to source data as defined by credential schemas to support the issue of credentials, and to share data received from verified credentials, and to share notifications.
 - 6.3.1.3 Integration with an organisation's authentication services, and with authorisation services for secure interaction with workforce system APIs.
 - 6.3.1.4 Secure creation and storage of private keys for each organisation for use by data signing services.
 - 6.3.1.5 Registration of organisation identifiers and public keys with a verifiable data registry or equivalent.
 - 6.3.1.6 An approach to management of data quality, such as to define data quality rules to be applied prior to the issuance of credentials or upon receipt of credentials.
 - 6.3.1.7 Configuration of access to a credential revocation service, where applicable.
 - 6.3.1.8 Configuration of an audit service and audit API.
 - 6.3.1.9 Internet connectivity and HSCN connectivity using an accredited connector.
 - 6.3.1.10 Configuration to maintain registration and receive updated software & documentation as the product evolves.
 - 6.3.1.11 Configuration of reporting and monitoring capabilities for this new organisation.
 - 6.3.1.12 Configuration of service desk capabilities for this new organisation.

6.3.2 Issuance and Presentation Policy administration

For an organisation to manage presentation policies for verification of credentials. Requirements include:

- 6.3.2.1 Enabling an organisation to define issuance policies for specific user cases, including the sources for attributes to include in credential types, e.g., workforce systems, received credentials, data entry.
- 6.3.2.2 Enabling an organisation to define presentation policies of what credentials are required to meet the needs of specific user cases for trusted data.

6.3.3 Operational capabilities

For an organisation to issue and verify different credential types to support multiple user cases. Requirements include:

- 6.3.3.1 Operation of a data signing service to sign credentials consistent with a credential format and protocol defined by a VC ecosystem.
- 6.3.3.2 Automatic issue of credentials to a holder's digital wallet based on successful user authentication and consent.
- 6.3.3.3 Mediated issue of credentials to a holder's digital wallet where organisational staff need to assist in the issue of credentials, e.g., to confirm identity of a requestor, retrieve data from source systems, add/edit attributes.
- 6.3.3.4 Access to appropriate workforce system APIs to source data and to share data.
- 6.3.3.5 Verification of a presentation of credentials using the relevant public keys, policies and trust schemes sourced from a verifiable data registry or equivalent. This process should include validating the expiry date of each credential and checking the revocation status.
- 6.3.3.6 Onward sharing of received data to workforce system APIs.
- 6.3.3.7 Sharing of notifications to individuals and other systems when credentials issued or verified.
- 6.3.3.8 Revocation of specific credentials, where applicable.
- 6.3.3.9 Ability to receive updated credential information, re-issue the credential and notify verifiers where applicable.
- 6.3.3.10 Auditing of issue/verify transactions and operation of an audit API.

6.3.4 Verifiable data registries

Interact with those verifiable data registries nominated by NHS E&I to:

- 6.3.4.1 register and discover identifiers, public keys and supporting metadata to support proof mechanisms.
- 6.3.4.2 register and discover issuers of credential schema.

7. Technical Requirements

- 7.1 To adhere to data standards, security and privacy controls and collaborate with the NHSX Chief Technology Officer's (CTO) team to explore architectural options, technical capabilities, and use of the family of W3C specifications for Verifiable Credentials and Decentralised Identifiers.
- 7.2 To plan for the adoption, testing and use of the Wrapper SDK for interoperability of issuers and verifiers with multiple wallet stacks that will be developed by a separate contract for delivery of the NHS Digital Staff Passport Service.
- 7.3 7.3 A key outcome from the Alpha is for a recommendation to be provided by the supplier on whether users should have the option to build/supply their own self-attested information, whether it should be possible for data to be received through verified credentials issued by authoritative sources only, or if a combination of both approaches would be feasible.
- 7.4 In addition, whether an individual could be allowed to obtain a digital identity credential, in accordance with the DCMS digital identity trust framework and then approach authoritative issuers of a verifiable credential (e.g., the GMC) to request their verifiable credential to be

added to their digital passport, e.g., through them using their login details to access their online record, thereby requiring no need for human interaction to issue such credentials.

- 7.5 Review the direction of the architectural landscape and the landscape of systems and data flows to inform recommendation on technical options for the private Beta.
- 7.6 To test ability to respond to event based ESR API sending updated information, to pick up changes to issued/draft/verified credentials.
- 7.7 To test for rapid verification carried out by approved ward-based verifiers using technology such as a global verifier.
- 7.8 To test the capability to extract data from credentials presented by the Digital Staff Passport to be written into other workforce systems to aid onboarding and reduce administrative task by HR teams and in due course for this to be automated through APIs.
- 7.9 To test the capability to enable NHS employer to NHS employer credential data sharing with staff member's consent.
- 7.10 To test the ease of transitioning current Covid-19 Digital Staff Passport user organisations to a new portal.
- 7.11 To test the ease of transitioning current Covid-19 Digital Staff Passport issued and verified credentials data to a new portal and new app.
- 7.12 Continued use of the OIDC⁴ bridge for verification at vaccination centres.
- 7.13 Continued use of ESR API for single Covid employment credential and use for multiple credentials.
- 7.14 Split the Covid-19 Digital Staff Passport employment credential into separate credentials (i.e., identify, employment etc).
- 7.15 Define process to transition issued Covid-19 Digital Staff Passport credentials to the new digital staff passport service with minimal effort.
- 7.16 Explore how historical verification information from the Covid-19-Digital Staff Passport portal is made available in new digital staff passport portal.
- 7.17 The Alpha must include a choice and variety of 'License to Attend' or 'workforce sharing agreements' to enable temporary staff movements alongside use of Trusted Frameworks for permanent staff movements.
- 7.18 The Alpha will only use simulated data for testing purposes and will not use any live / personal data.
- 7.19 The service should be compatible with the typical NHS internal and public WiFi estates, bearing in mind that signal is not always available in all locations on all NHS sites. The Covid-19 Digital Staff Passport service mitigated this risk with a Wi-Fi checker as part of the solution.

⁴ OIDC – OpenID Connect

8. Additional Non-Functional Requirements

General:

- 8.1 Explore how usability could be intuitive with no or very minimal training required.
- 8.2 Focus on designing the solution to be responsive and to operate at an acceptable speed.
- 8.3 Provide remote and in person access to the portal through mobile devices and computers to support mediated or self-service issue of credentials.
- 8.4 Provide solution architecture documents showing main interactions between components.
- 8.5 Describe the components of your solution and how they support the functional requirements.
- 8.6 Describe your approach for separation measures for workloads and data where a shared, cloud-based solution is proposed for many organisations to use the portal, and reflecting NCSC guidance ([Separation and cloud security - NCSC.GOV.UK](https://www.ncsc.gov.uk/section/1/24)).
- 8.7 Describe your approach to integrate with an authorisation service for secure access to workforce system APIs e.g., support for OAuth 2.0 grants.
- 8.8 Describe the approach to enable interoperability between organisations and digital wallets and VC ecosystems that support different protocols and credential format.
- 8.9 Describe the approach to support privacy-by-design techniques, such as selective disclosure of credentials/claims, a progressive trust model, use of pairwise identifiers.
- 8.10 Describe the approach to support the Presentation Exchange specification (DIF Presentation Exchange (identity foundation) [<https://identity.foundation/presentation-exchange/>] or the mechanism for a holder to present multiple credentials to a verifier.
- 8.11 Define how the proposed solution can be scaled to service the interactions required for 53,000 DiT passport users, with a scalable design to support the whole NHS, including Wi-Fi access across the NHS estate.
- 8.12 Integrate the passport solution with user authentication services operated by participating organisations so users can be guided by business logic to request and present credentials as dictated by different use cases.
- 8.13 Enable organisational users to use the passport solution to mediate sessions with users to issue and request credentials as dictated by the business logic for different use cases.
- 8.14 Explore the ability to transfer the current Covid-19 Digital Staff Passport registered organisations and its passport issued and verified (including history) to the new solution for a potential beta.
- 8.15 Explore the opportunity to simplify the verification process with single QR codes issued by employee or employer.
- 8.16 Explore how the systems can cater to different workforce sharing agreements, to enable different types of staff movements.
- 8.17 Demonstrate how all staff groups can use the passport to support temporary staff moves.
- 8.18 Demonstrate how you can quickly adapt and respond to rapidly changing customer environments driven by the need for the NHS to meet rapidly changing needs of patients and its staff.
- 8.19 Demonstrate how changes can be made rapidly to an existing credential or a new credential be introduced and scaled rapidly to all organisations.

9. Location

9.1 This contract is expected to be carried out remotely with in person meetings arranged, where necessary.

10. Roles and Responsibilities

10.1 The key roles at NHS England are outlined in the table below.

Name	Job title	Project Role
[REDACTED]	Director of Cultural Transformation, NHSE&I	Executive Sponsor
[REDACTED]	Head of Improving People Practices	SRO & Service Owner
[REDACTED]	Interim Enabling Staff Movements Programme Lead, NHSE&I	Programme Manager
[REDACTED]	Improving Employment Models Lead, NHSE&I	DiT Product Owner
[REDACTED]	Improving Employment Models Lead, NHSE&I	Temporary staff movements Product Owner
[REDACTED]	Improving Employment Models Lead, NHSE&I	Interfaces Lead
[REDACTED]	Project Manager	Project support
[REDACTED]	Architect, Chief Technology Office, NHSX	Technical assurance
[REDACTED]	Procurement Manager, NHSE&I	Procurement Delivery
[REDACTED]	Director of Corporate IT and Smarter Working	Managed Service Owner
[REDACTED]	Service Design and Transition Lead, Corporate IT and Smarter Working	Managed Service Designer
[REDACTED]	Head of Architecture, Corporate IT and Smarter Working	Managed Service Architect

10.2 Key roles we expect the Supplier to fulfil are:

- Account Management
- Project Management
- User research
- Content designer
- Designer
- Technical / solution architect
- Developers
- Testers
- Support team

11. Management Information & Governance

11.1 NHS England expect project governance meeting cadence to be established by the Supplier including, but not limited to:

11.1.1 Weekly project governance meetings

11.1.2 Elaboration sessions to work through requirements

11.1.3 Presentations / demonstrations of user experience and technical solutions

11.1.4 Show and tell sessions for wider stakeholder groups

Annex 1

Part 2: KPI Overview

Key Performance Indicators

- 1 During the Term of the Contract the Suppliers shall provide the Deliverables so as to meet the standard under each of the KPIs described below.
- 2 Annex 1 Part 3 of this Order Form sets out the Key Performance Indicators that the Parties have agreed shall be used to measure the performance of the Deliverables by the Suppliers.
- 3 The Suppliers shall monitor their performance against each KPI and shall send the Authority a report detailing the level of service actually achieved in accordance with the provisions of this Contract.
- 4 Subject to:
 - (a) any breach of any express provision of this Contract by the Authority (unless, and to the extent, caused or contributed to by the Suppliers); and
 - (b) any deliberate act or omission of the Authority or any failure by the Authority to take reasonable steps to carry out its activities in a manner which minimises significant interference with the Suppliers' performance of the Deliverables (save where, and to the extent, caused or contributed to by the Suppliers);

a failure by the Suppliers to meet any of the KPIs shall be KPI Failure (as defined in the Call-Off Terms and Conditions). Failure to meet a Primary KPI shall be a Primary KPI Failure and failure to meet a Secondary KPI shall be a Secondary KPI Failure.
- 5 KPI Failure Points, and therefore Service Credits, shall accrue for any KPI Failure. Service Credits shall be calculated in accordance with Annex 1 Part 4 of this Order Form

KPI Failure Points

- 6 If the level of performance of the Suppliers during a Measurement Period achieves the Target Performance Level in respect of a KPI, no KPI Failure Points shall accrue to the Suppliers in respect of that KPI.
- 7 If the level of performance of the Suppliers during a Measurement Period is below the Target Performance Level in respect of a KPI, KPI Failure Points shall accrue to the Suppliers in respect of that KPI as set out in Annex 1 Part 4 of this Order Form
- 8 The number of KPI Failure Points that shall accrue to the Suppliers in respect of a KPI Failure shall be the applicable number as set out in Annex 1 Part 3 of this Order Form depending on whether the KPI Failure is a minor KPI Failure, a serious KPI Failure or a severe KPI Failure as indicated in Annex 1 Part 3 of this Order Form,

unless the KPI Failure is a Repeat KPI Failure when the provisions of Paragraphs 9 and 10 of this Annex1 Part 2 shall apply.

Repeat KPI Failures

Repeat KPI Failures

- 9 If a KPI Failure occurs in respect of the same KPI in any two consecutive Measurement Periods, the second and any subsequent such KPI Failure shall be a “Repeat KPI Failure”.
- 10 The number of KPI Failure Points that shall accrue to the Suppliers in respect of a KPI Failure that is a Repeat KPI Failure shall be calculated as follows:

$$SP = P \times 2$$

where:

SP = the number of KPI Failure Points that shall accrue for the Repeat KPI Failure;
and

P = the applicable number of KPI Failure Points for that KPI Failure as set out in Annex 1 Part 3 depending on whether the Repeat KPI Failure is a minor KPI Failure, a serious KPI Failure, a severe KPI Failure or a failure to meet the KPI service threshold.

Related KPI Failures

- 11 If any specific KPI refers to both Service Availability and System Response Times, the System Response Times achieved by the Supplier for any period of time during a Service Period during which the relevant Service or element of a Service is determined to be Non-Available shall not be taken into account in calculating the average System Response Times over the course of that Service Period. Accordingly, the Supplier shall not incur any Service Points for failure to meet System Response Times in circumstances where such failure is a result of, and the Supplier has already incurred Service Points for, the Service being Non-Available.

Annex 1

Part 3: KPIs

The KPIs are outlined as follows:

Key Performance	Metric	Measurement
Project Governance	Timely and accurate highlight reports detailing status, progress against timeline, dependencies, risks, issues and tracking against budget	Weekly / fortnightly (TBC) reports
	Maintenance of roadmap and detailed workplan	Weekly / fortnightly updated workplan
	Participation at regular stand ups and update meetings with SRO and team leadership	- Weekly / monthly attendance - Preparedness for meeting Good input in update/discussions
	Attendance and presenting at regular governance meetings, including preparing papers in advance	- Attendance, as required - Preparedness for meeting - Quality of presentation materials
	Providing materials to aid senior decision-making	- Availability for ad hoc requests - Quality of material
Stakeholder management	Attendance and presenting at key stakeholder meetings, including preparing papers in advance	- Weekly / monthly attendance - Preparedness for meeting - Good input in update/discussions - Quality of materials
	Developing and maintaining relationships with key stakeholders	Feedback from key stakeholders on the good relationship
Collaboration	Collaborative approach with NHSE&I team to ensure expertise and knowledge is shared	Feedback from NHSE&I team on collaborative approach

Effectiveness	Delivery of Alpha within the agreed timelines and recommendations for delivery of the private Beta Successful completion of GDS and NHSX assurance criteria	• Agreed Alpha scope delivered within the agreed timelines • Preparation for GDS/NHSX service assessment and technical assurance • Clear recommendations for private Beta including: - Scope - Project plan - Costs - Roadmap and options for future scaling to other staff groups and bodies
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Annex 1

Part 4: Calculation of Service Credits

Calculation of Service Credits – Primary KPIs

N/A

Consequences of accruing Secondary Failure Points

N/A

Annex 1

Part 5: Termination Trigger for Accrued KPI Failures

Termination for accrued KPI Failures

N/A

Annex 1
Part 6: Excusing Events

N/A

Annex 2

Extra Key Provisions

The following words shall have the following meanings in Annex 3 of this Order Form and in the Call-off Terms and Conditions unless the context requires otherwise:

“Accepted”	Means in respect of any Milestone that that Milestone has been issued an Acceptance Certificate. “Acceptance” shall be construed accordingly
“Acceptance Certificate”	Means formal written confirmation issued by the Authority to the Suppliers that the Milestone has been approved by the designated Oversight Group
“Acceptance Criteria”	The criteria agreed between the Authority and Supplier which, if met, will lead to acceptance of the Milestones.
“Milestones”	Means those milestones as further described and set out at Annex 3 to this Call-Off Order Form. A Milestone is one of the Milestones.
“Milestone Date”	Means the target date by which the relevant Milestone is to be delivered as set out at Annex 3 to this Call-Off Order Form.
“Oversight Group”	Means the body responsible for approving the Milestone as set out at Annex 3 to this Call-Off Order Form.
“Remediation Notice”	Means a notice provided to the Supplier informing them that a Milestone has failed to be delivered in accordance with the Acceptance Criteria and providing the reasons for that failure.
“Remediation Period”	Means a period of 10 Business Days from receipt of the Remediation Notice, or such other period as agreed between the Parties.

Annex 3

Contract Price and Payment Terms

Contract Price

Total contract price: £2,136,315 (excluding VAT)

Requirement	Cost
Alpha	[REDACTED]
Private Beta	[REDACTED]
Total Fixed Cost (incl. expenses, excl. VAT)	£2,136,314.25

Contract Price for permitted extensions to the Term

Pricing will be held as proposed at the supplier's schedule of resource rates for the duration of any agreed extension/s.

Payment Provisions

The payment profile for this Contract shall be payment per Milestone based on the completion of each Milestone. To be updated following contract award, based on milestones set by the Supplier.

Stage	Cost	Sub-total	Deliverable / Milestone	Estimated Invoice date
Alpha (sprints 1-5)	[REDACTED]		End of Alpha	June 2022
Private Beta	[REDACTED]			
Sprint 6 - 10		[REDACTED]	Completion of Sprint 10	August 2022
Sprint 11 - 15		[REDACTED]	Completion of Sprint 15	October 2022
Sprint 15 - 20			Feature complete. Service transition to live & deployment. Transition to managed services & conclusion of Private Beta	January 2023
TOTAL CONTRACT VALUE	£2,136,314.25			

The payment profile for this Contract shall be payment per Milestone based on the completion of each Milestone. To be updated following contract award, based on milestones set by the Supplier.

Acceptance criteria for the approval of Milestones

1.1 At the relevant Milestone Date, the Authority shall assess the Milestone against the applicable Acceptance Criteria and in respect of each Milestone shall either:

- issue an Acceptance Certificate; or
- give notice to the Supplier that the Milestone has failed to be delivered in accordance with the Acceptance Criteria.

1.2 Where a Milestone fails to meet the applicable Acceptance Criteria, the Supplier shall use its best endeavours to re-perform such of its obligations as are necessary in order to bring such Milestone into conformity with the Acceptance Criteria during the Remediation Period or such other period as the Commissioner may propose in its Remediation Notice.

1.3 In the event of any dispute as to a decision of the Authority to issue a Remediation Notice or the Authority's reasons for determining that Acceptance Criteria have not been met, such dispute shall be referred to a relevant independent expert for determination.

Service Credits due in the event that Suppliers fail(s) to meet Milestone by Milestone date

In the event that the Supplier fails to meet any Milestone by the Milestone Date, the Authority shall be entitled to a Service Credit of 5% of the Contract Price for that Milestone for each full Month that the Deliverable is late.

In the event that the Supplier fails to meet any Milestone approval, the Authority shall be entitled to a Service Credit of 5% of the Contract Price for that Milestone for each occasion that the Milestone is presented to the Oversight Group and not approved.

Recovery of Service Credits in aggregate shall be limited to a maximum of 15% of the total Contract value.

Termination for failure to meet Milestone(s) by Milestone Date.

In the event that the Supplier fails to meet the Acceptance Criteria on 2 or more occasions for any single Milestone requirement the Authority shall have the right to terminate the Contract, or the part of the Contract in relation to that Milestone, with immediate effect from the date of issue of the relevant Remedial Notice.

In the event that the Supplier fails to meet the Acceptance Criteria upon first submission for any 3 Milestones, the Authority shall have the right to terminate the Contract with immediate effect from the date of rejection of the 3rd Milestone.

In the event that 2 or more Milestone Dates are missed, the Authority shall have the right to terminate the Contract with immediate effect.

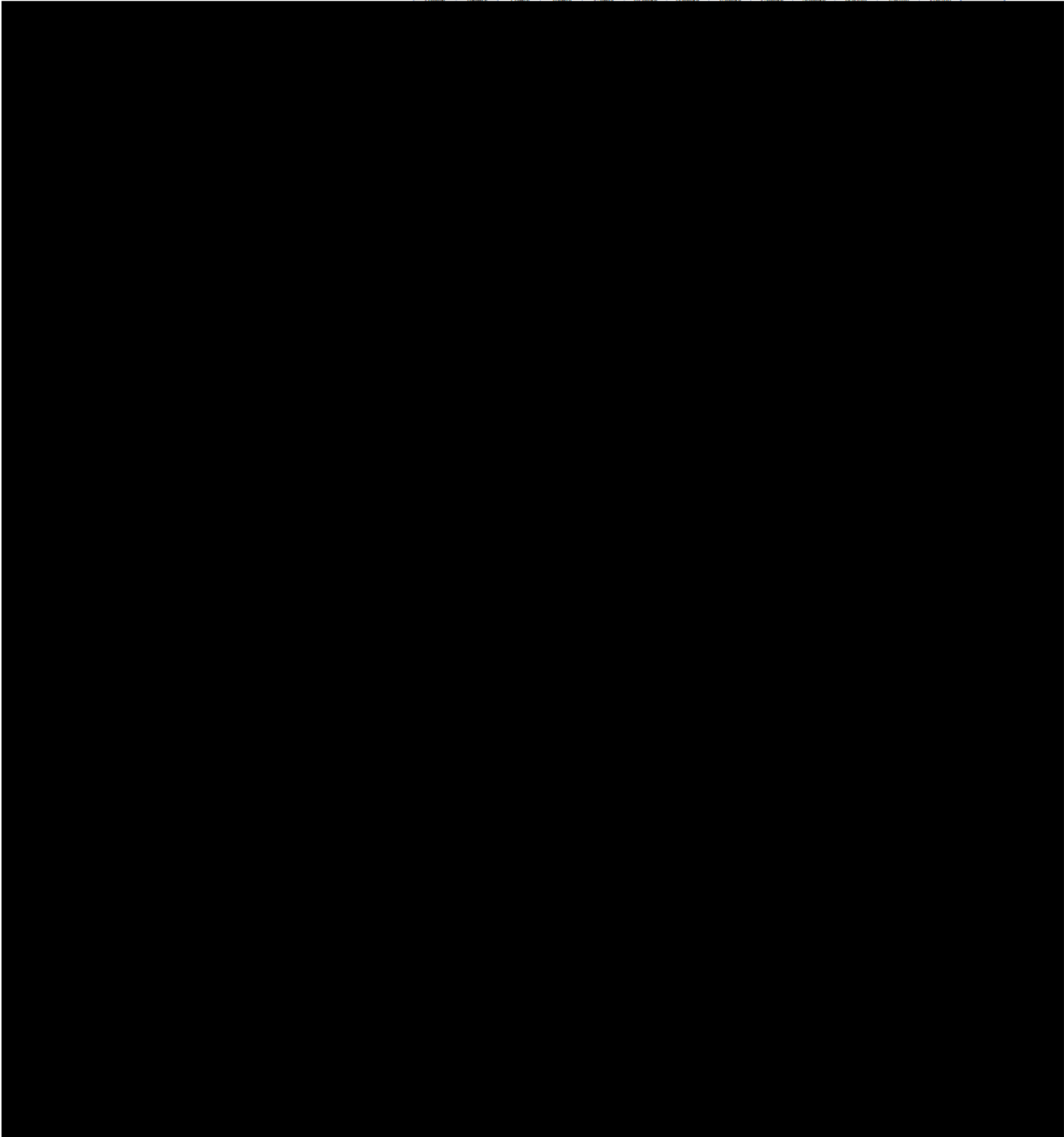
Maximum Payments on Unilateral Termination by Authority

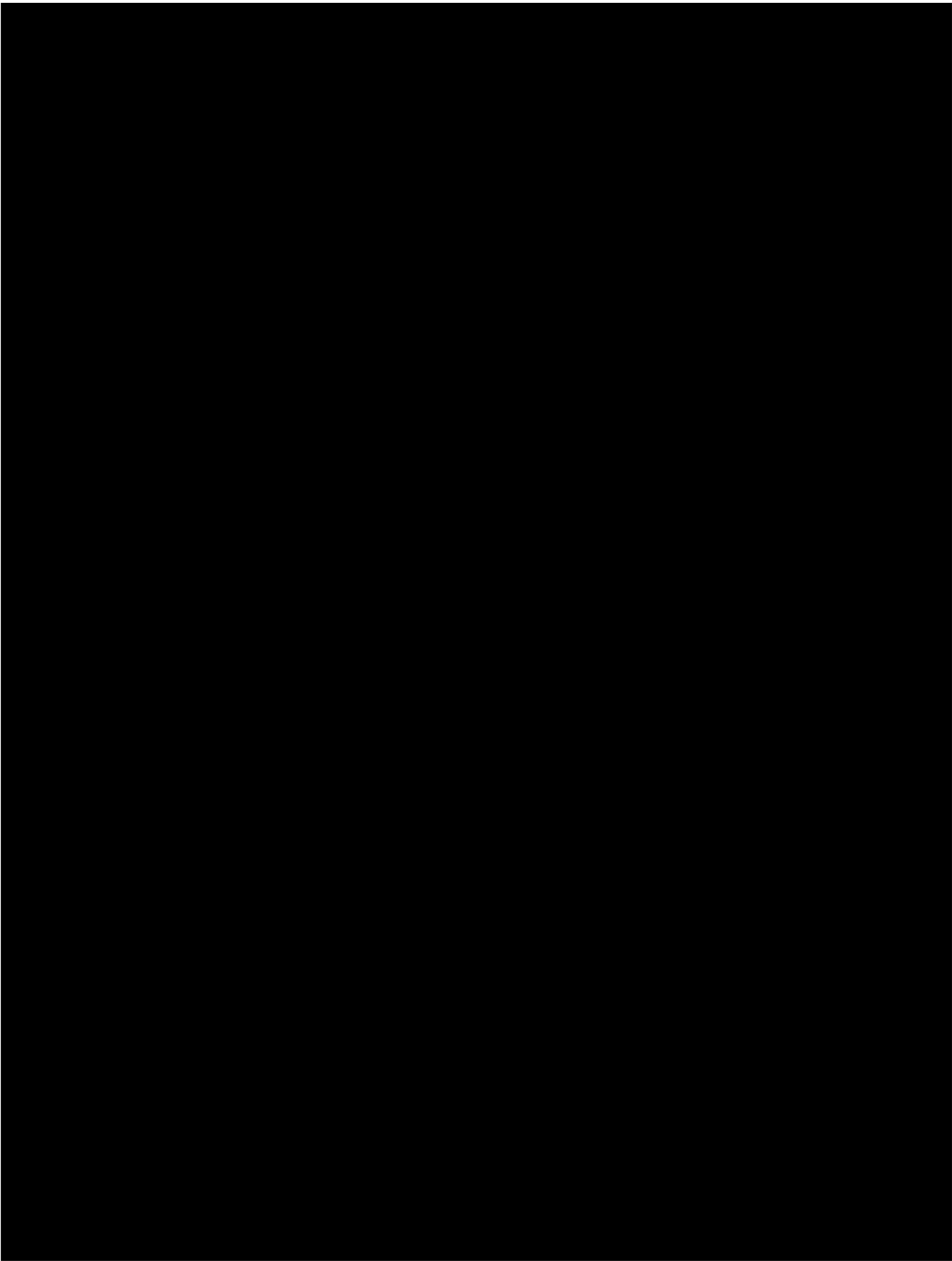
In-line with the awarded capped fixed price. Payment on invoice will be subject to the successful completion of deliverables as approved by the Authority's representative.

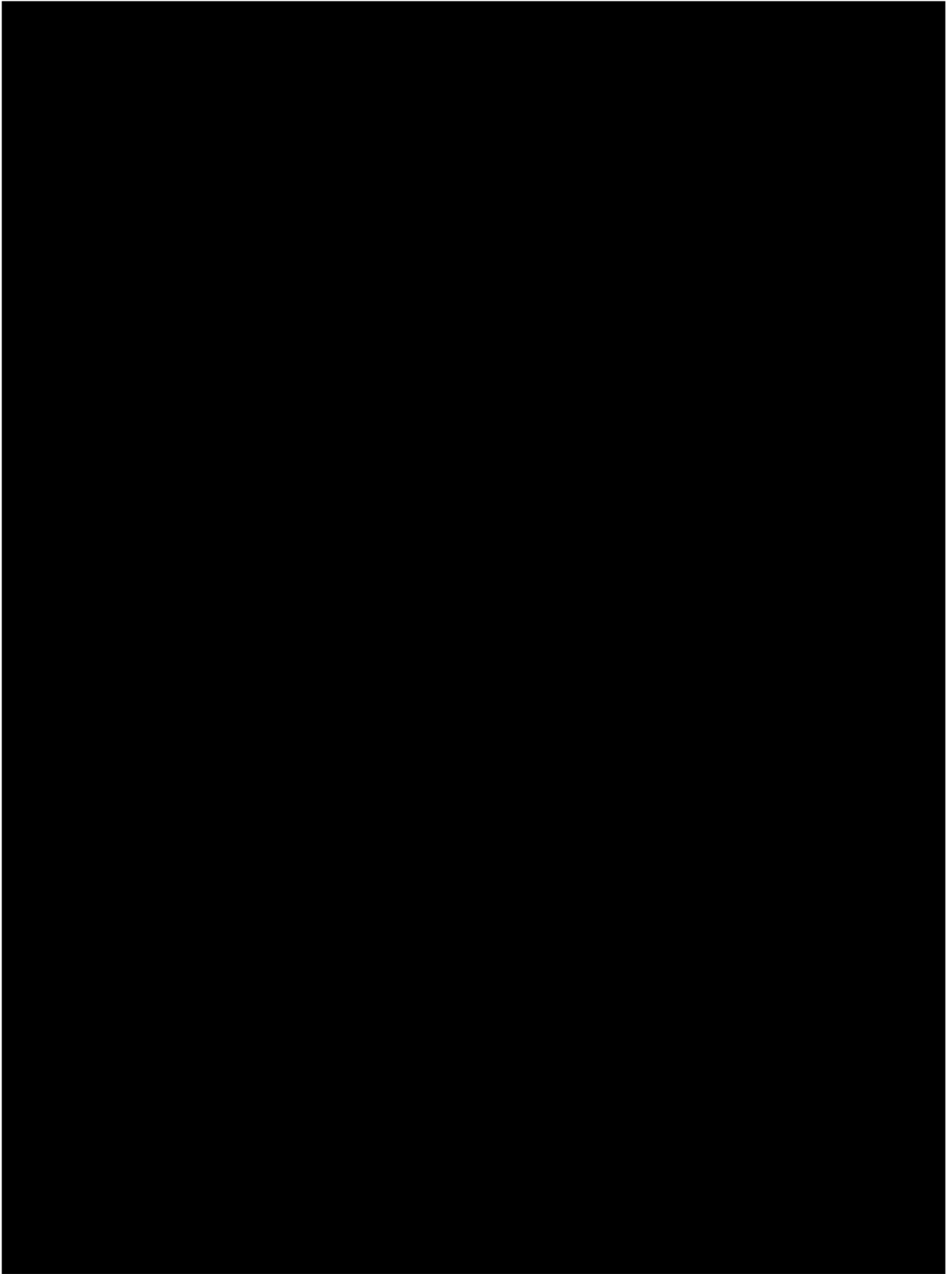
Annex 4
Implementation Plan

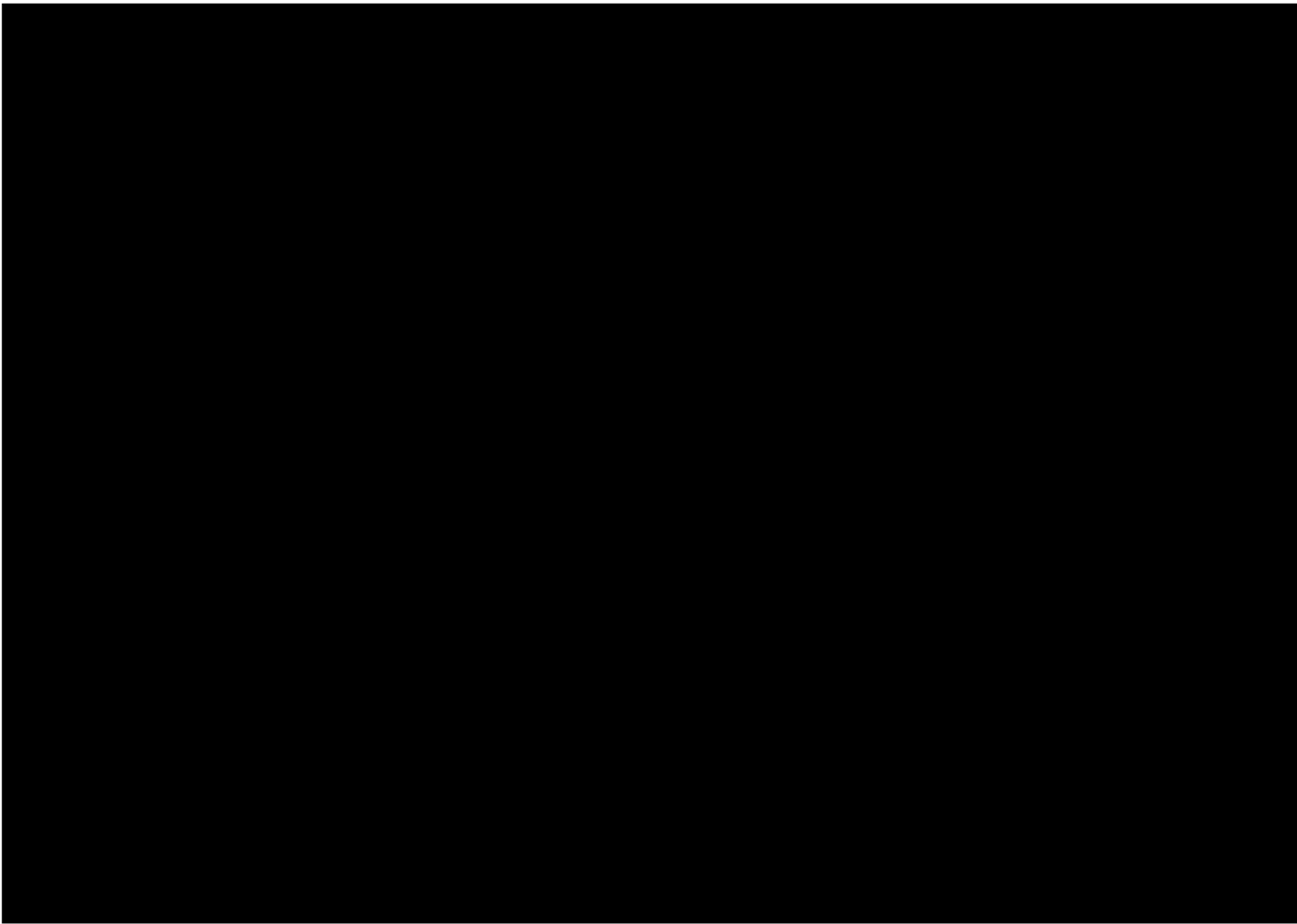
Alpha Implementation Plan

Pre-Work		DSP Portal Plan on a page												
28-Mar	04-Apr	11-Apr	18-Apr	25-Apr	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun	20-Jun		



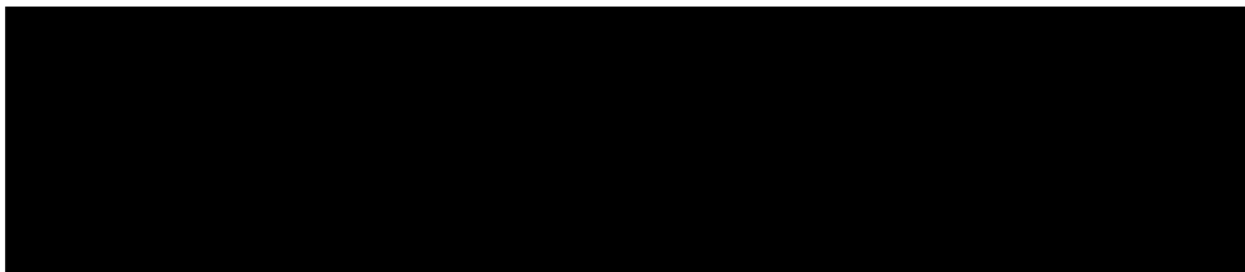






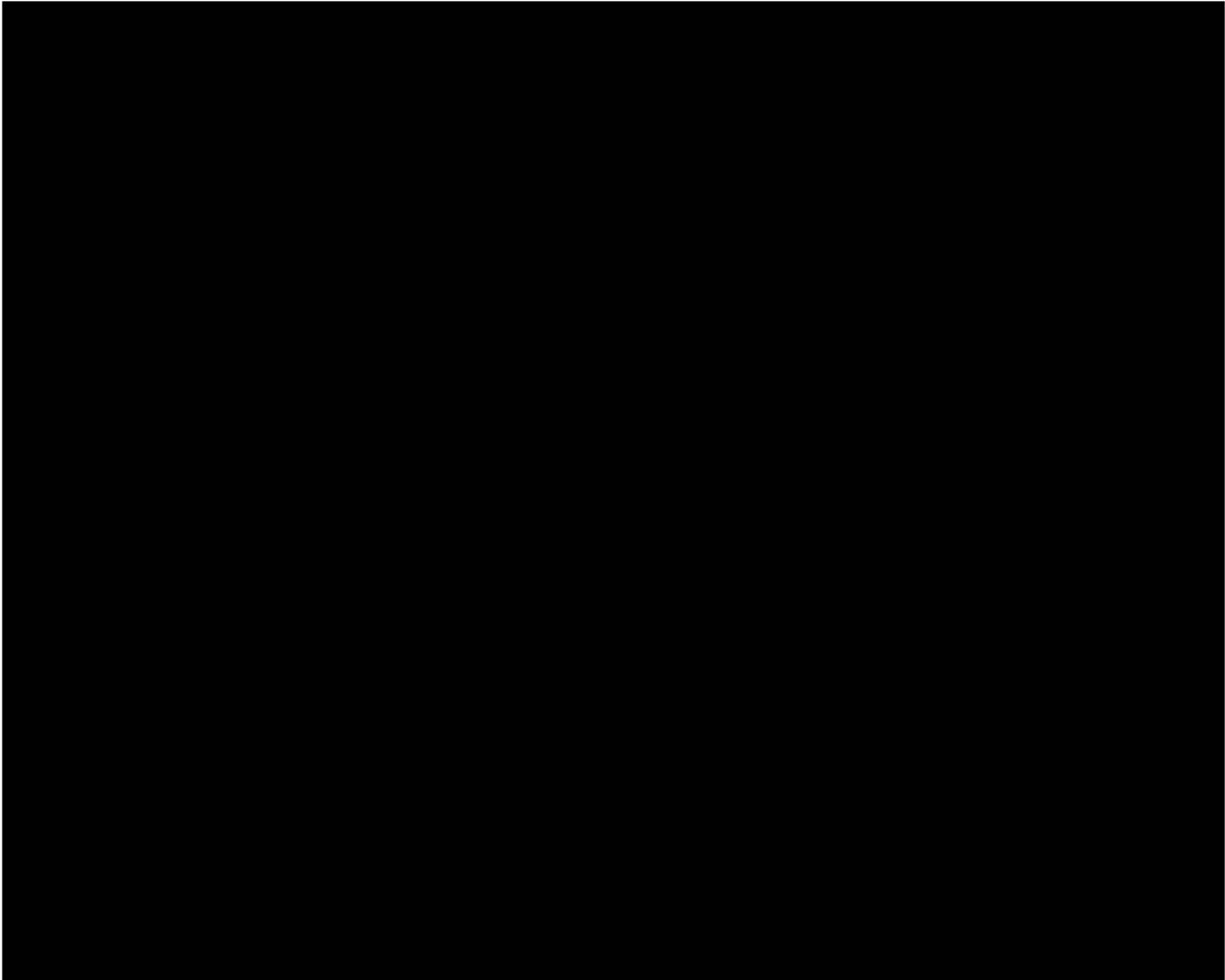
Annex 5

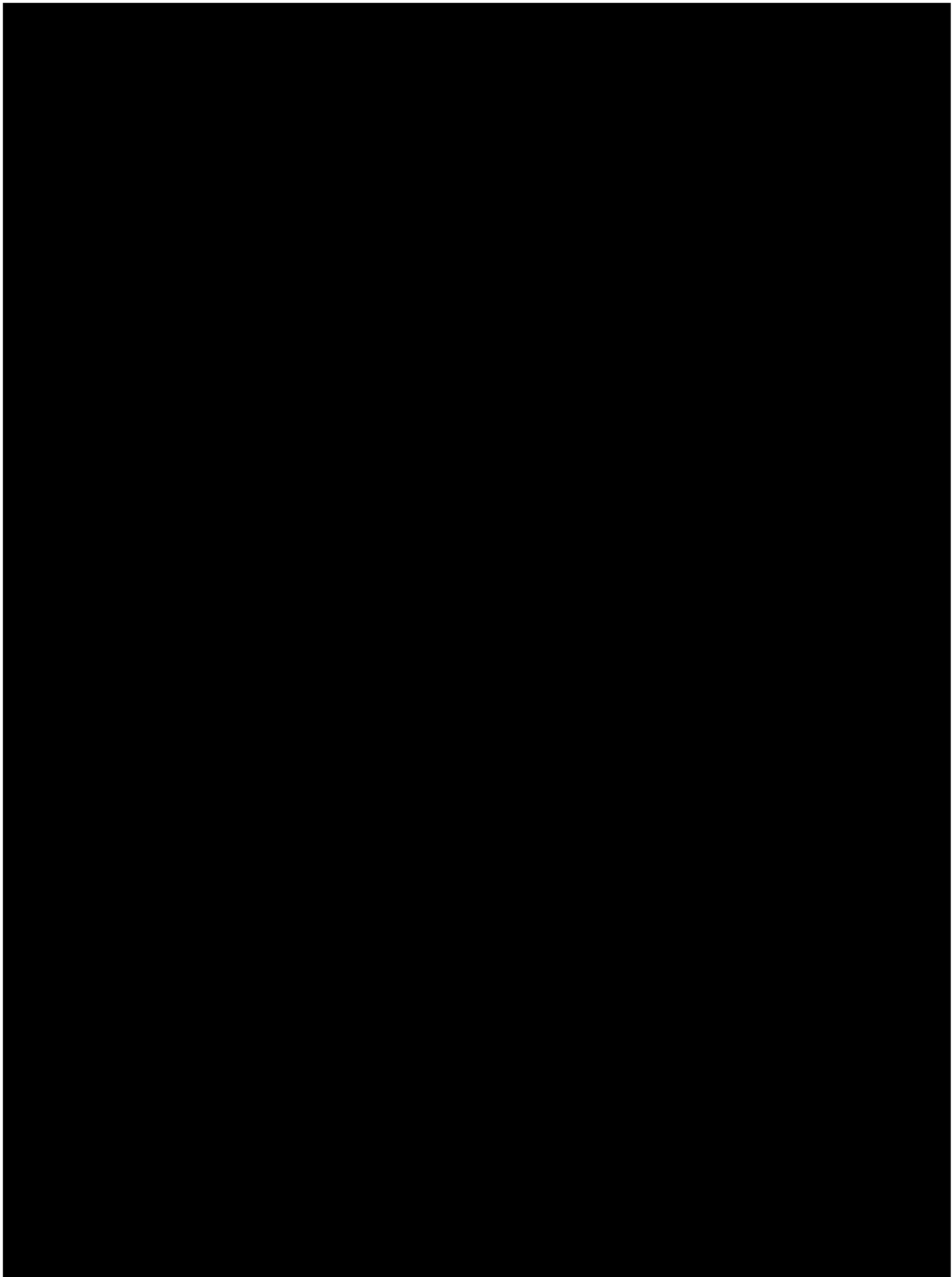
Information Security Management Plan



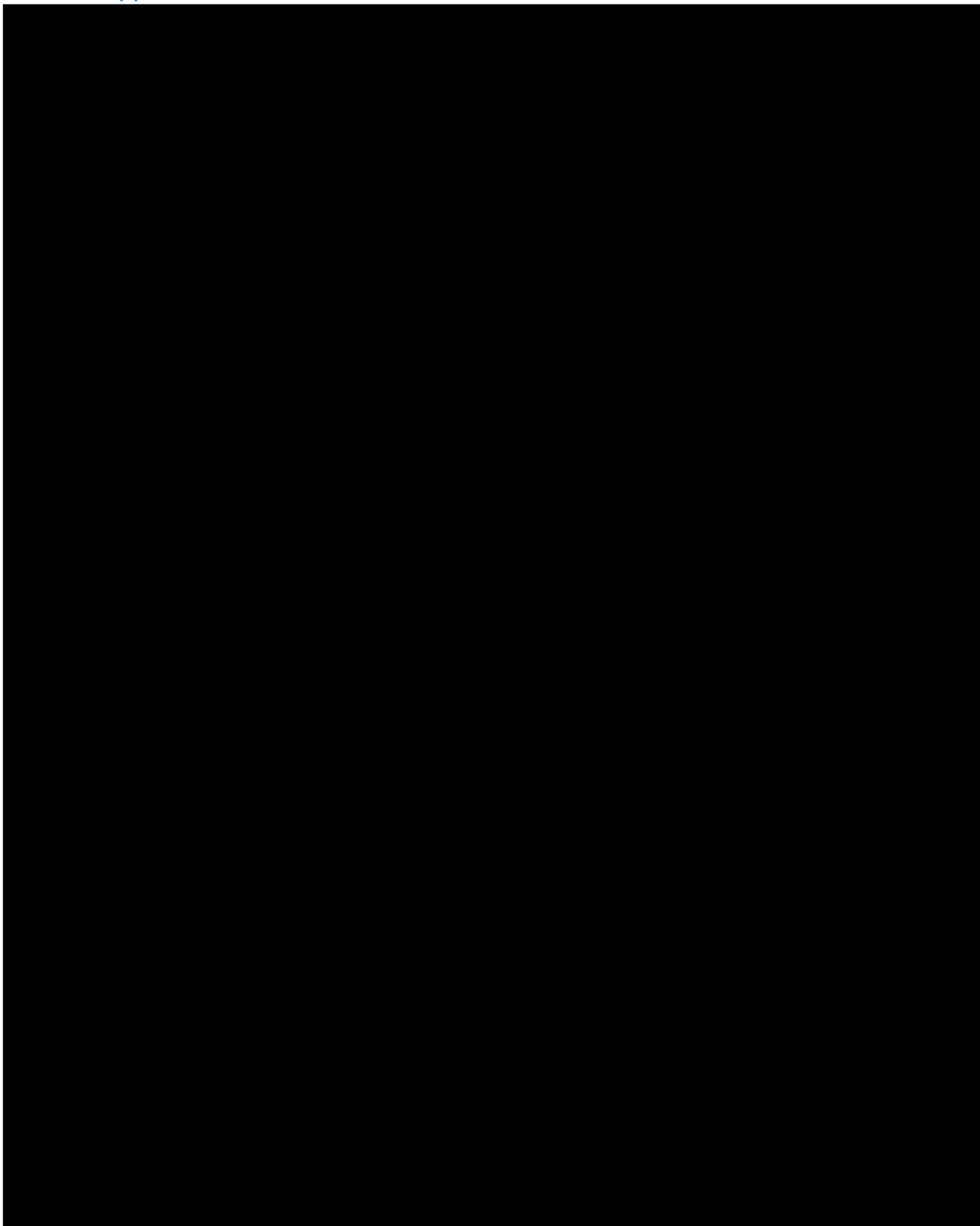
Annex 6

Supplier Solution



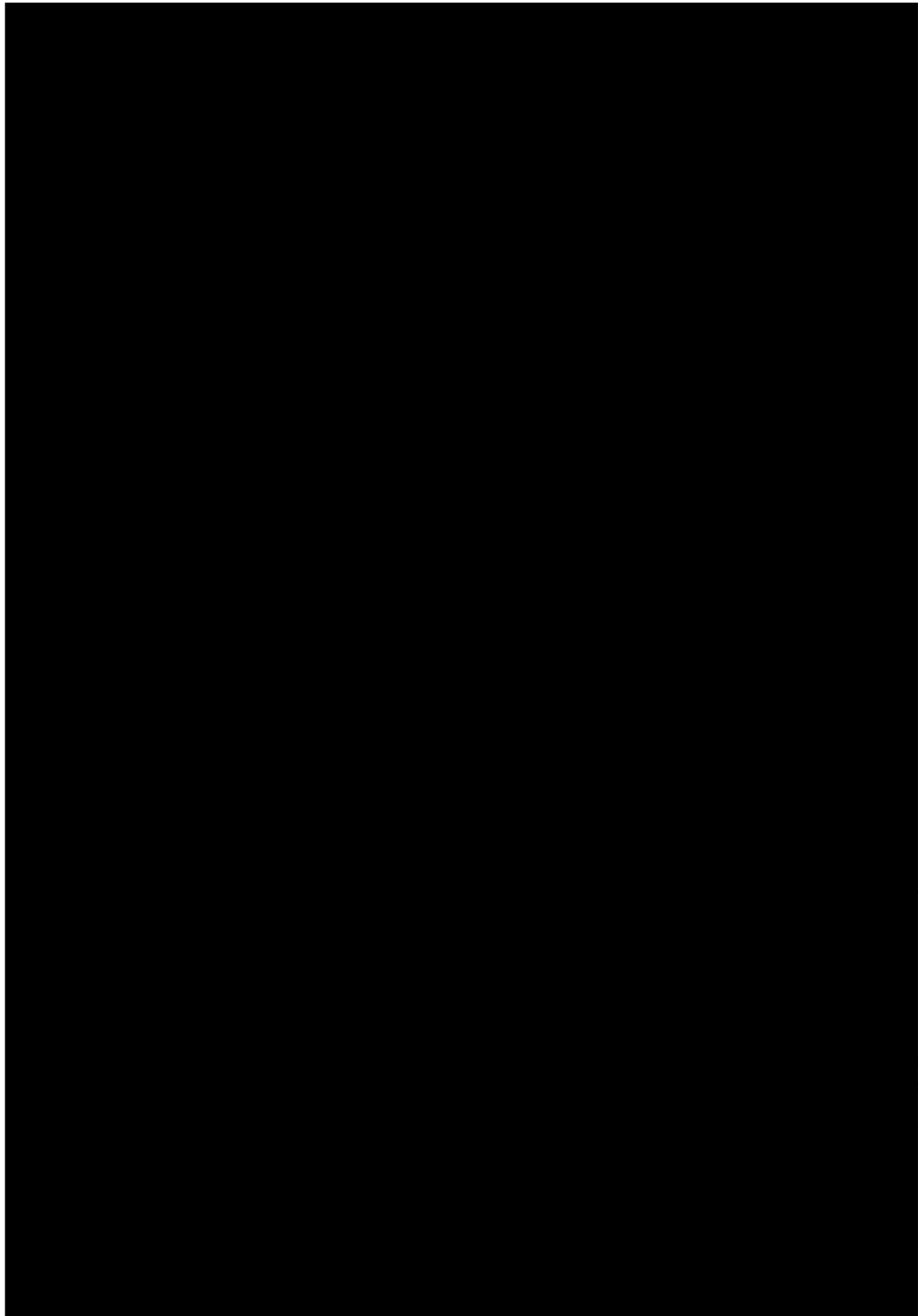


6.3. Approach



6.3.1. Delivery

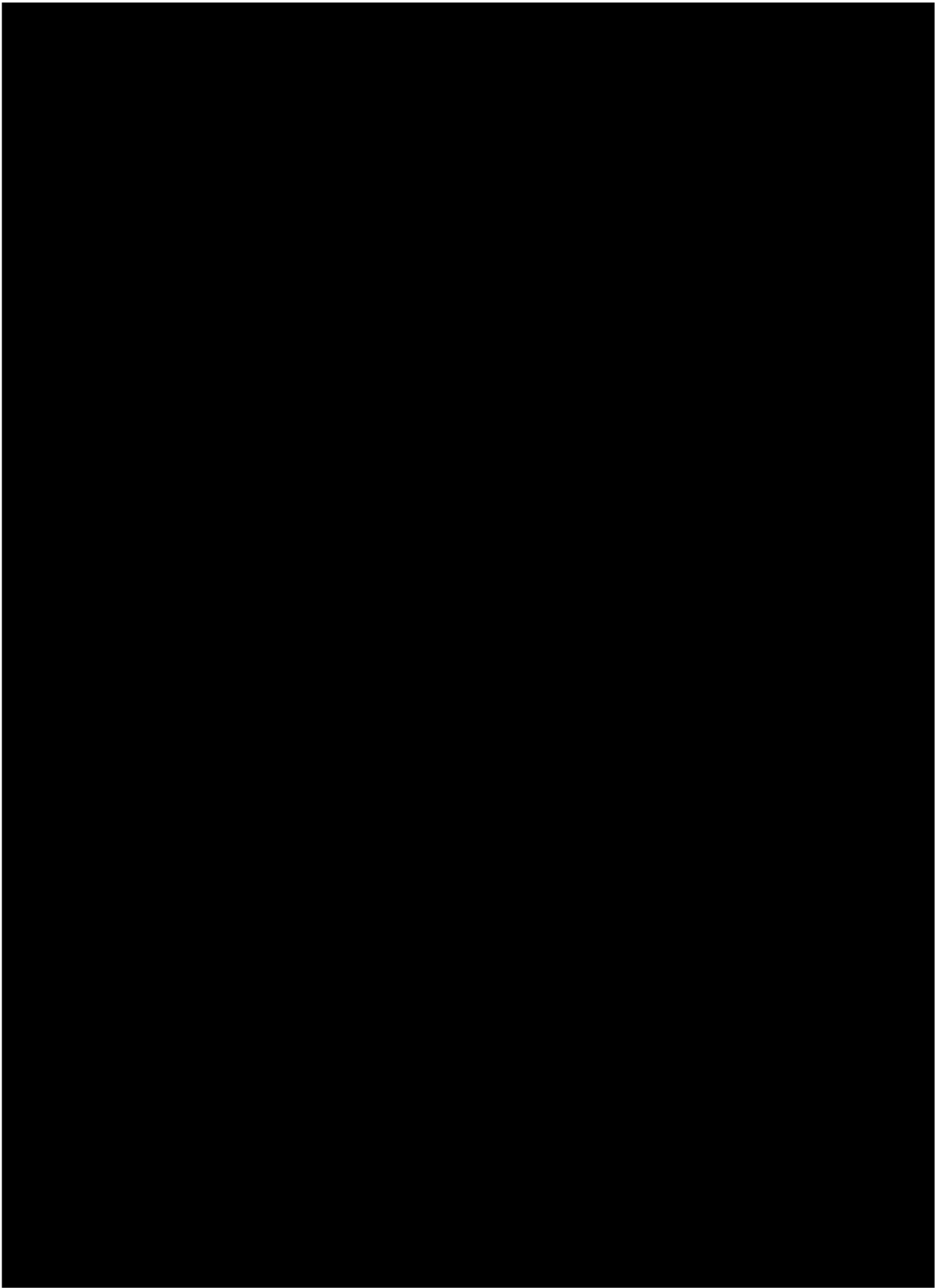




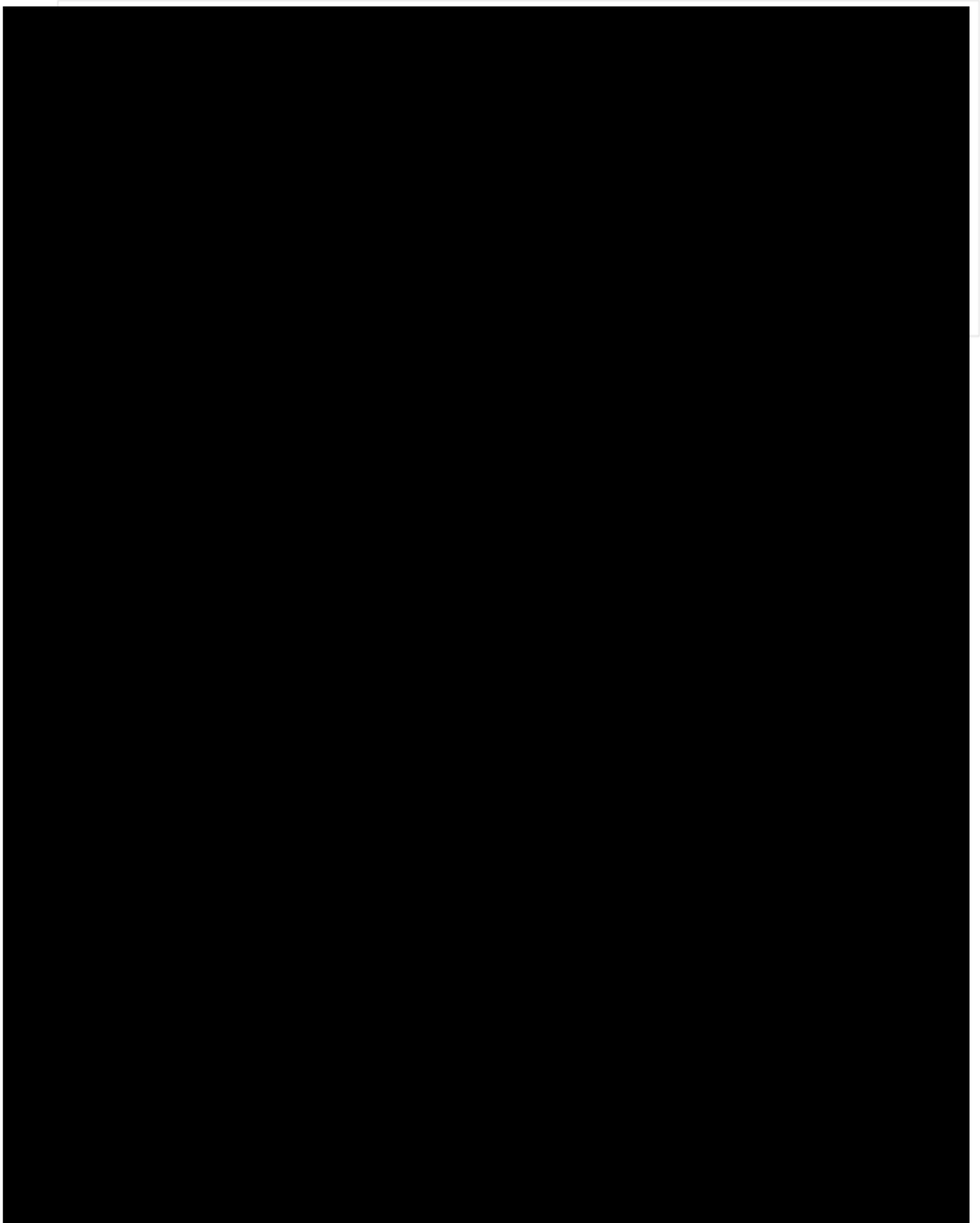
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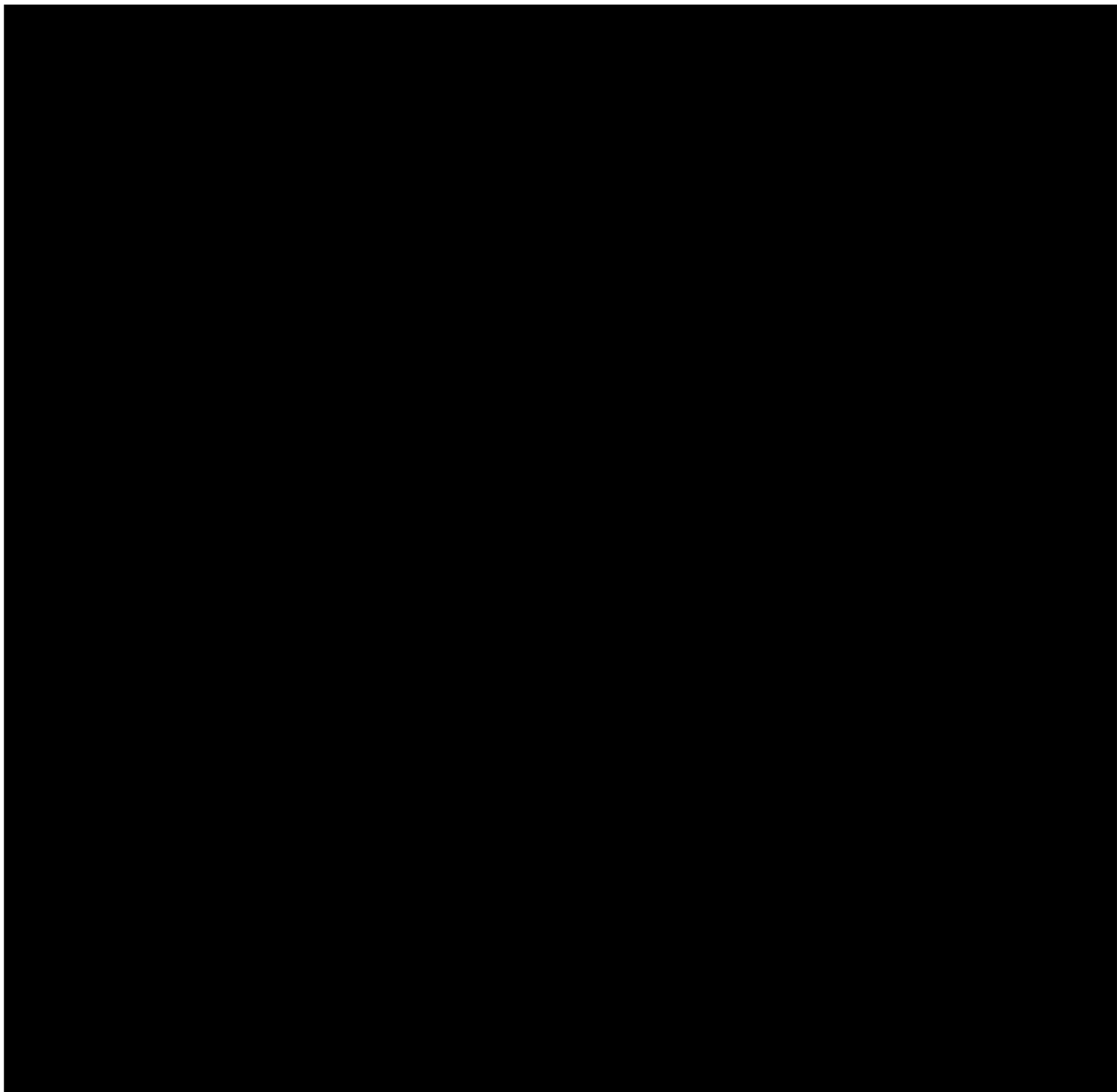
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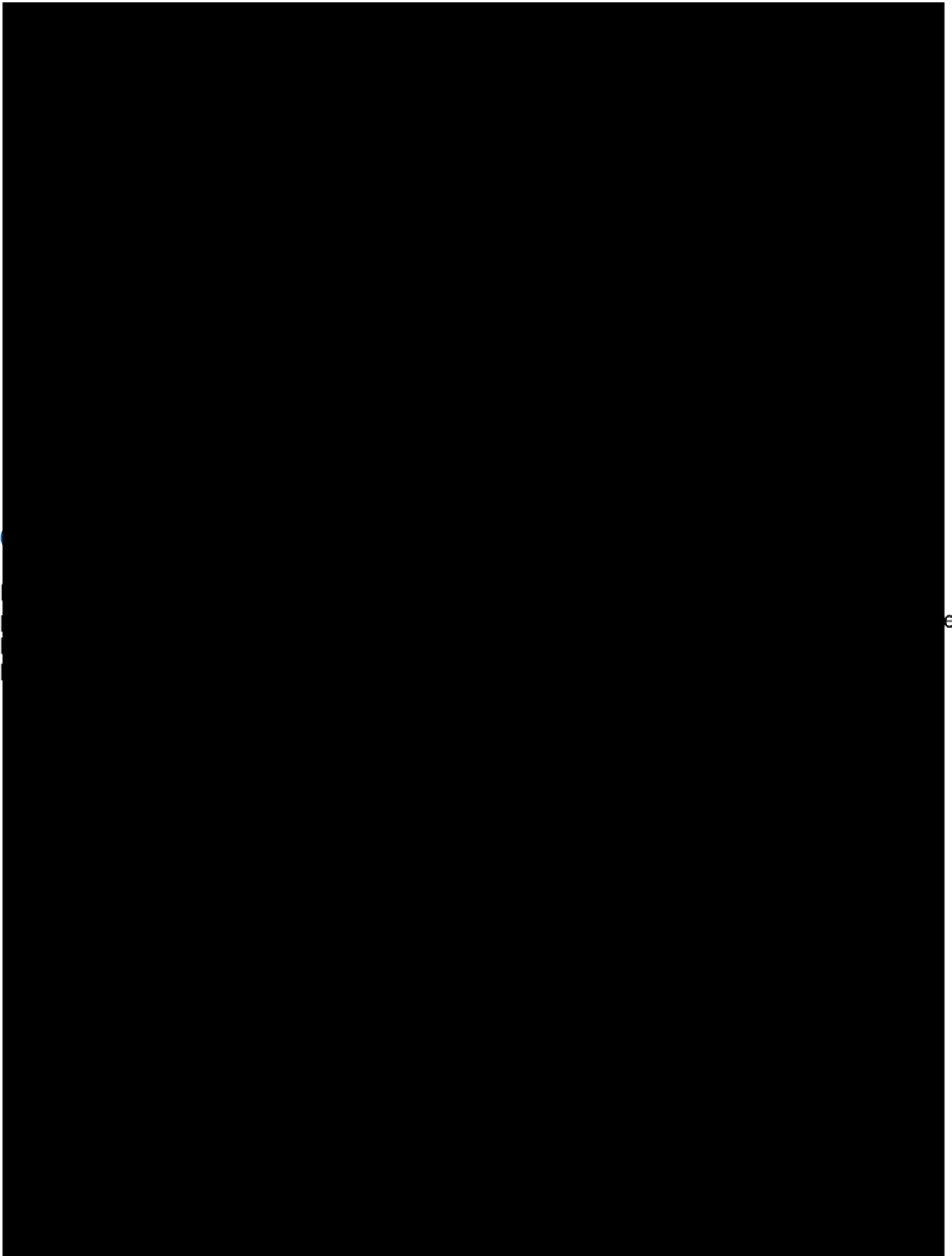
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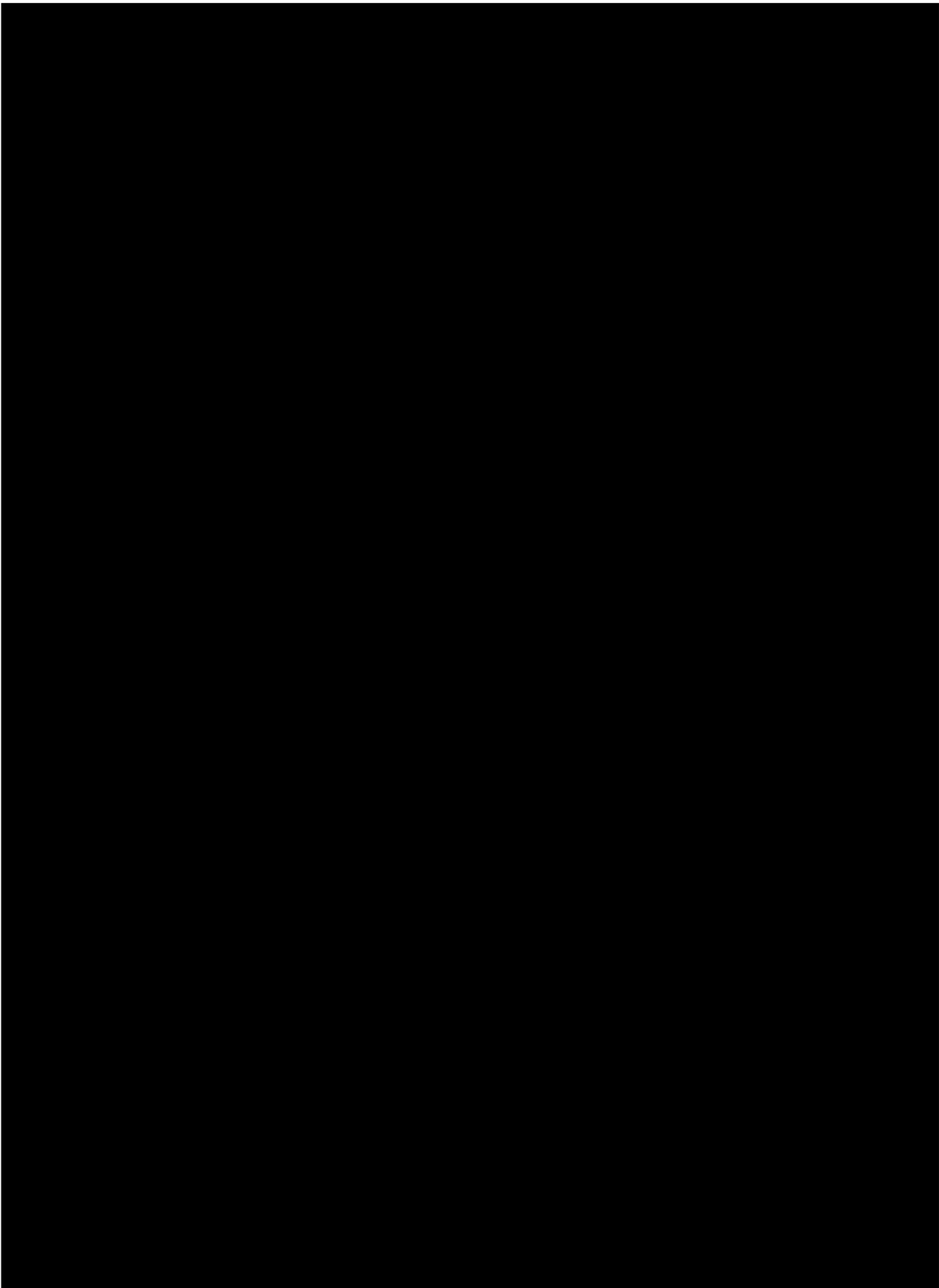


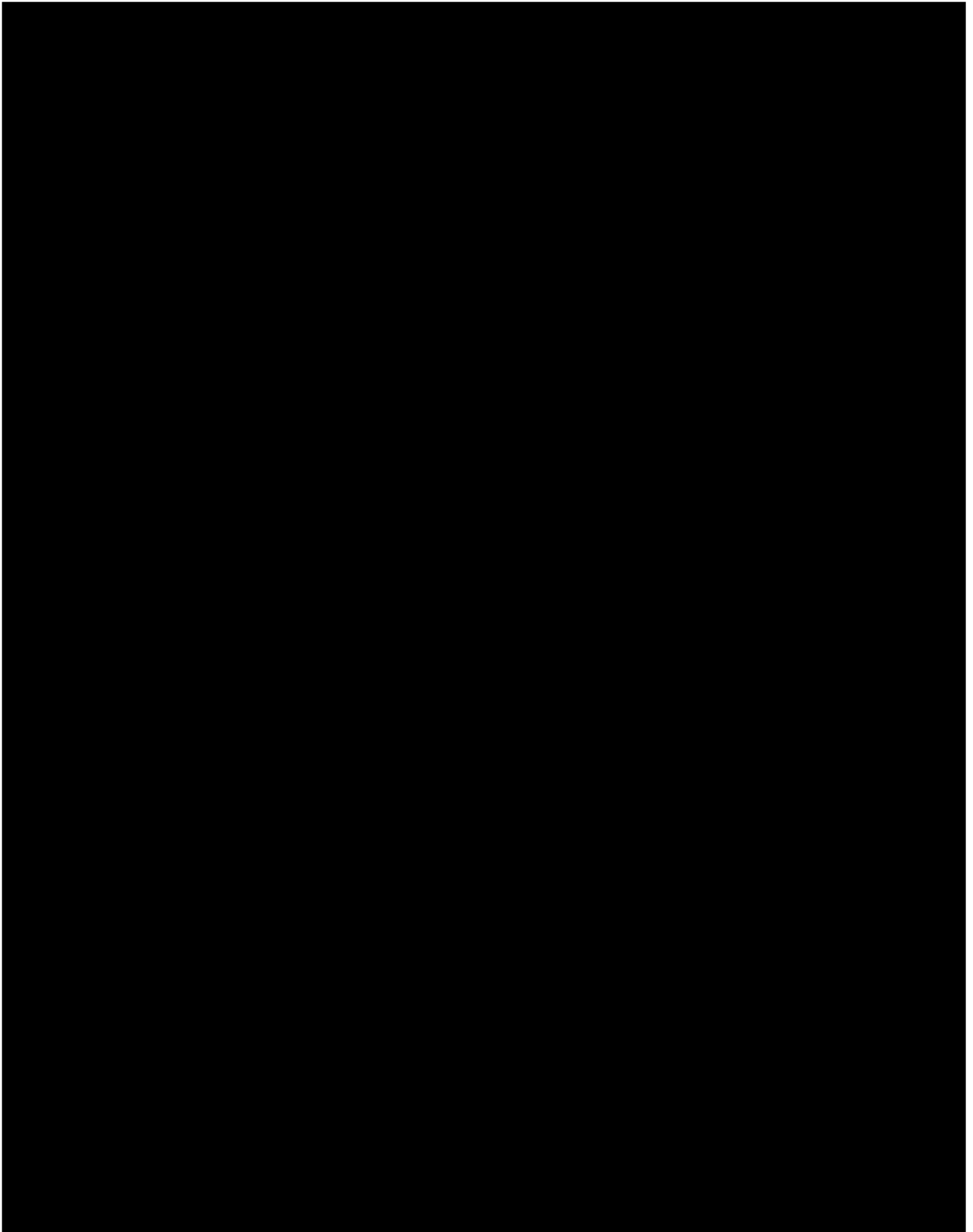


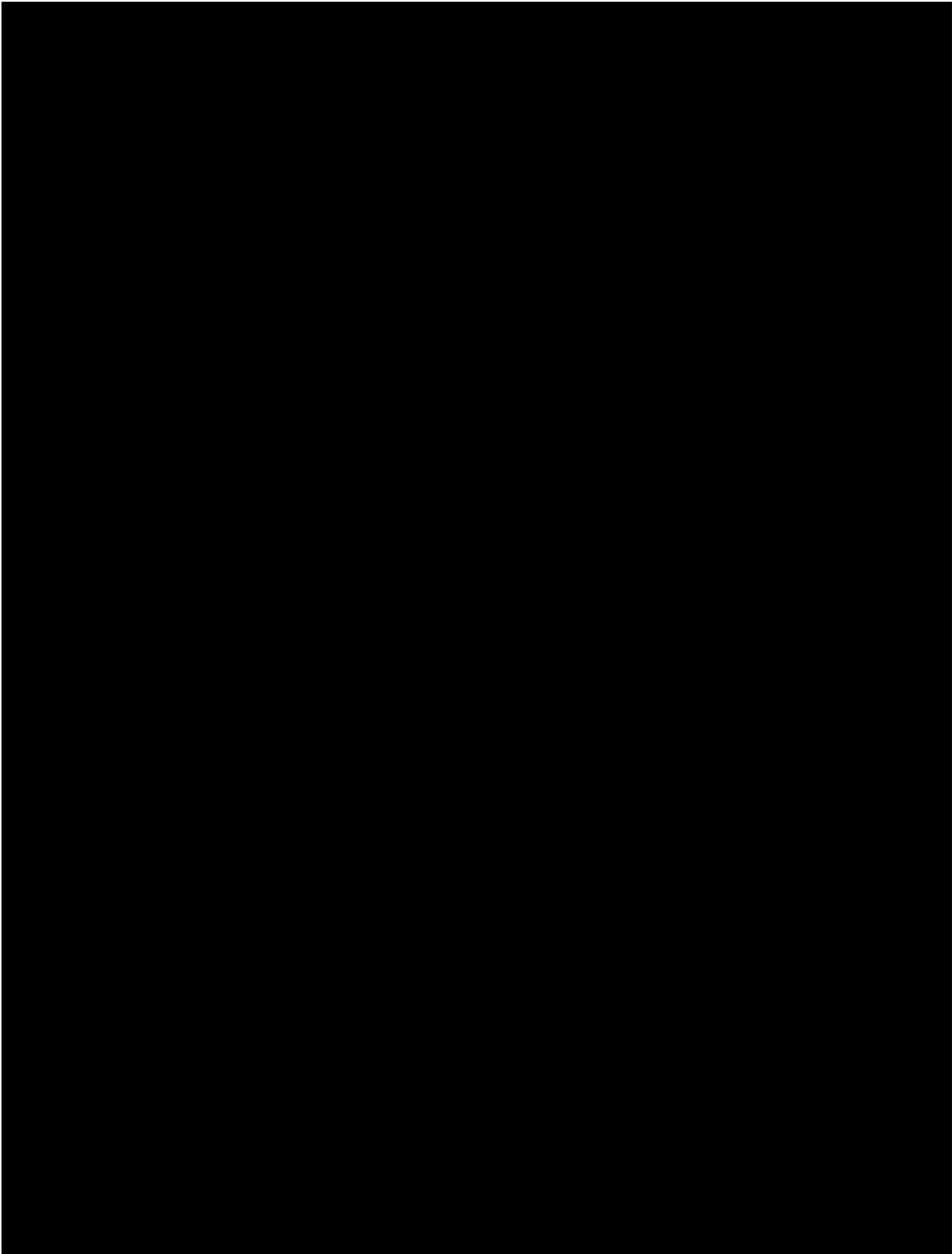


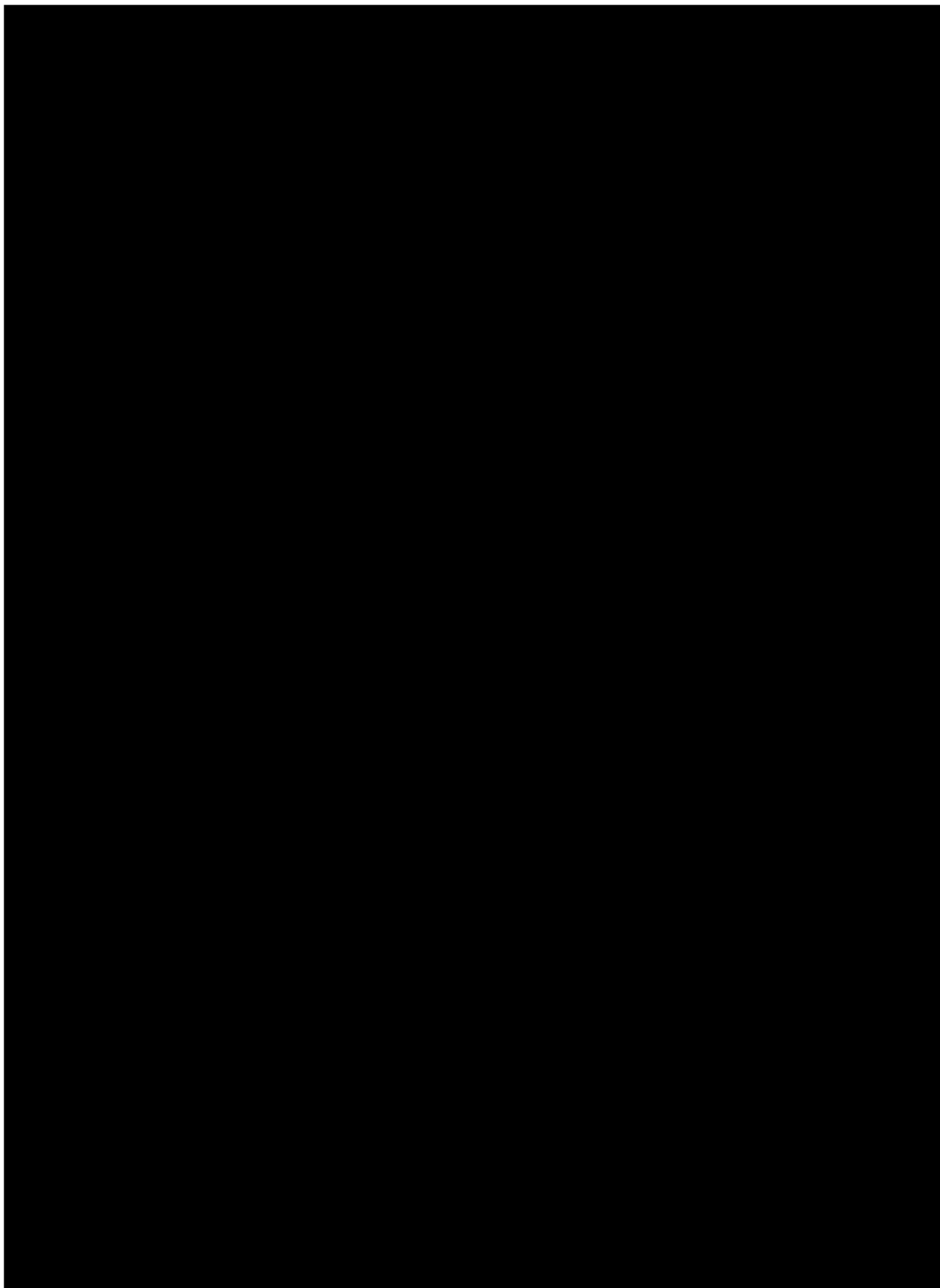


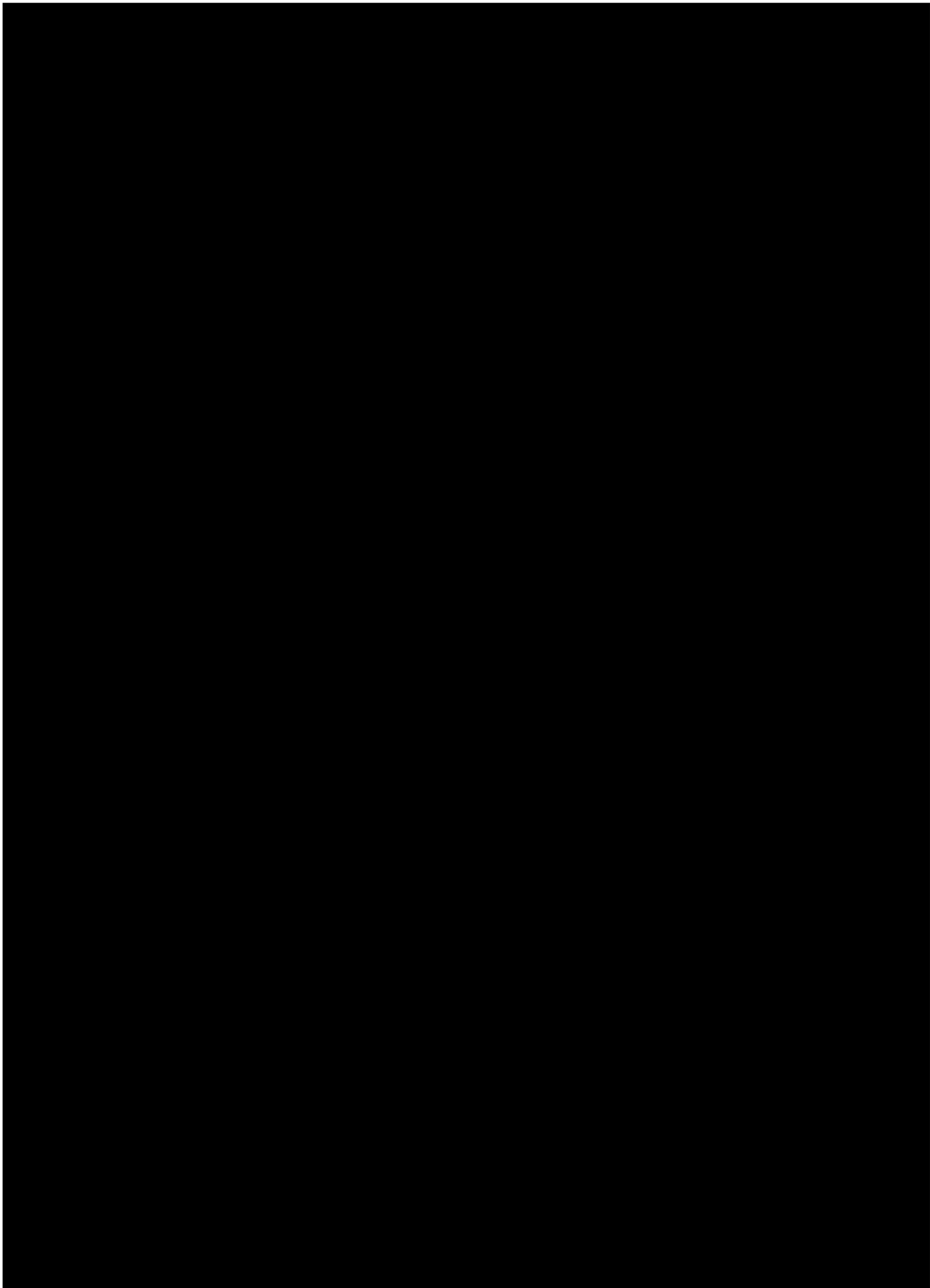


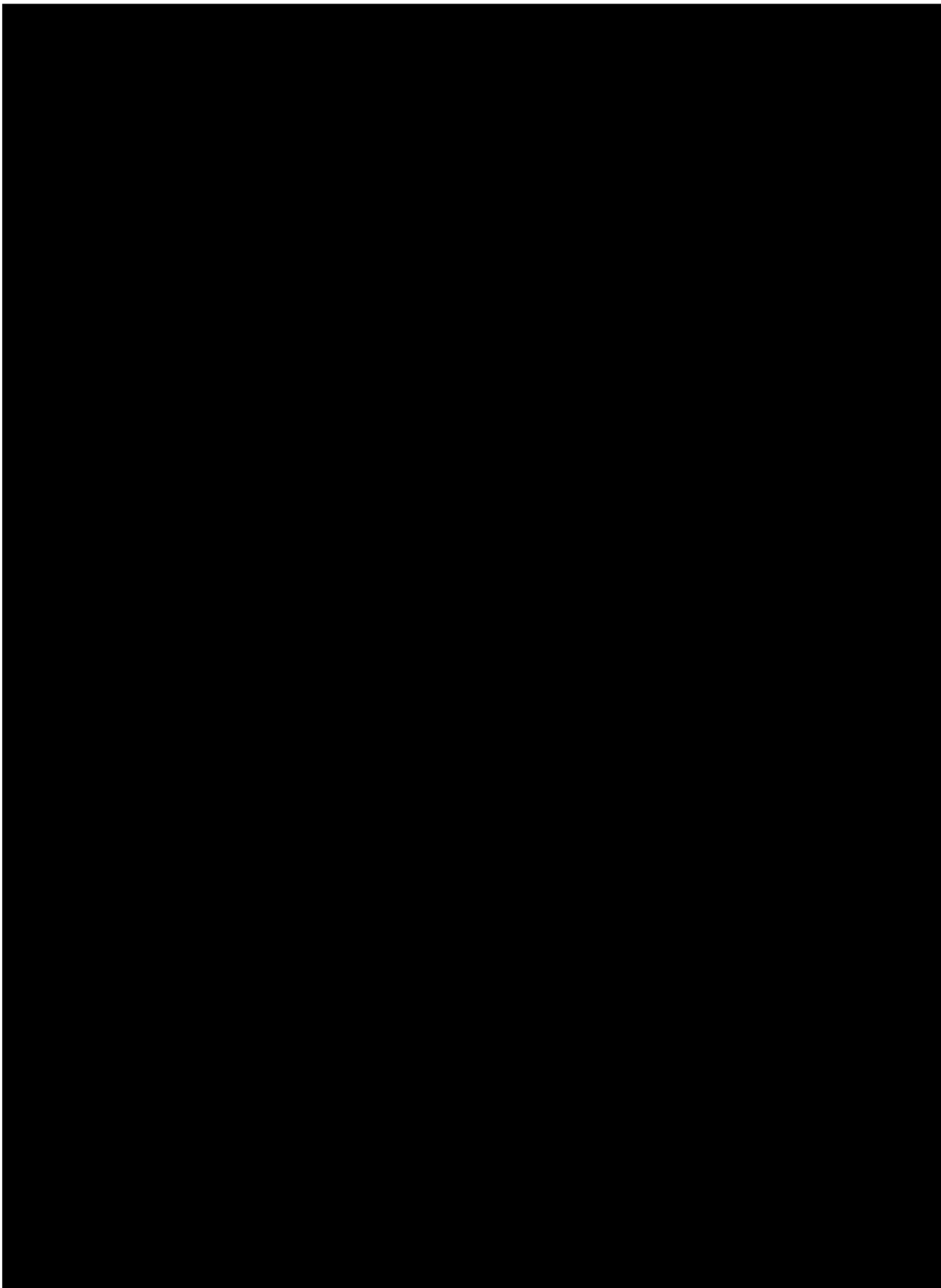


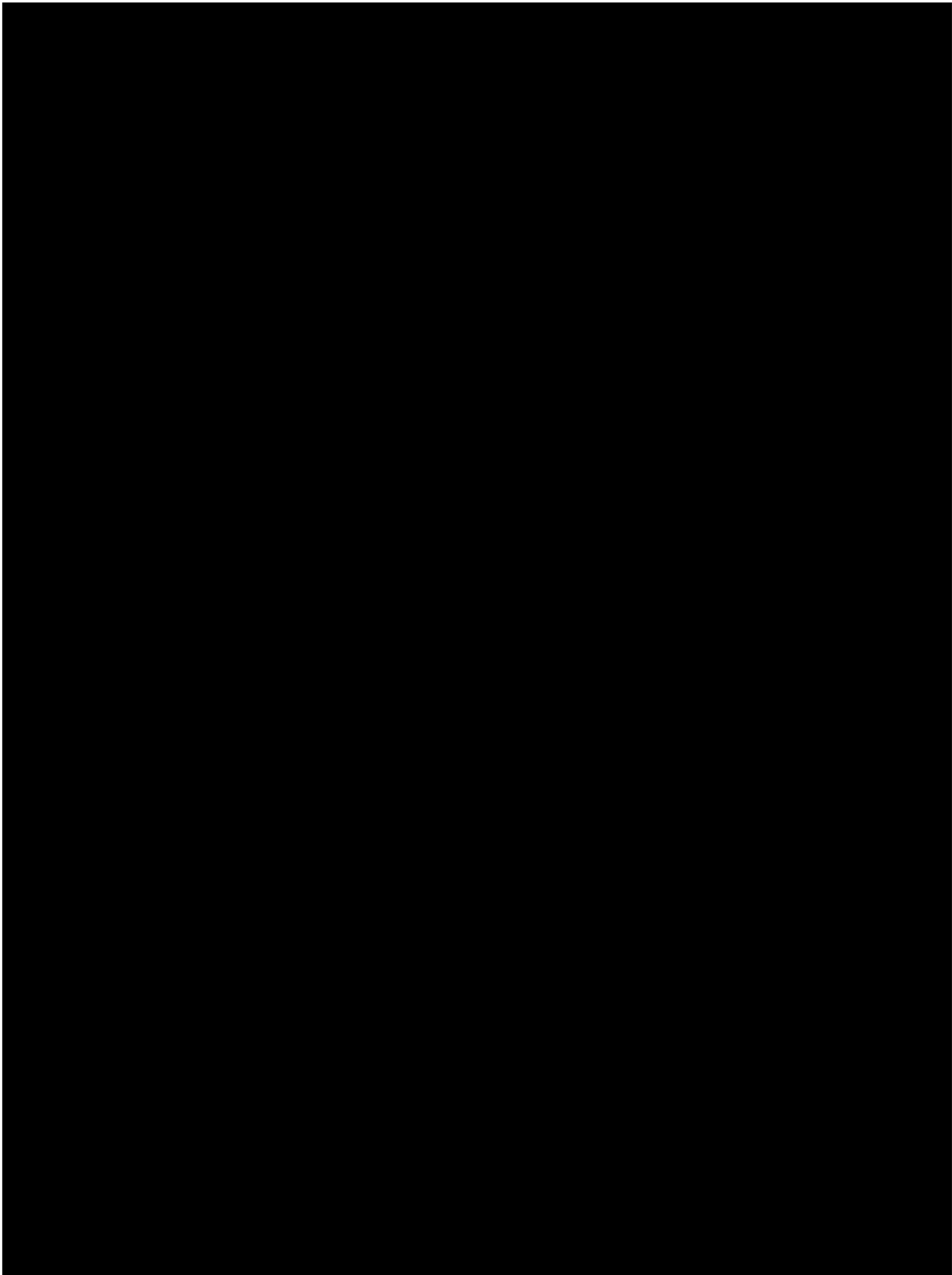












Sitekit is committed to being a fair work employer by following [Fair Work Practices](#) and operates as such on a day-to-day basis. Sitekit's commitment to following the Fair Work Practices is documented in our Staff Handbook, Contracts of Employment, HR & Quality Management System Policies and Procedures. Support for diversity and inclusion within the workforce is a key objective for Sitekit as part of our Diverse Work Practices.

Sitekit has a diverse workforce, creating an inclusive environment that is accepting of all differences in individuals. Our Staff Handbook, Contract of Employment and Recruitment and Selection Policy all have policies that promote and clearly state our stance on Equality and Diversity in the workplace.

From recruitment through employee life cycle, the company promotes equal opportunities and commits that no applicant or employee will receive less favourable treatment because of a protected characteristic; such as, race, nationality, ethnic or national origin, religion or belief, disability, trade union membership or non-membership, gender, sexual orientation, pregnancy and maternity and/or any other family leave or status, marriage/civil partnership, age, or on the basis of being a part time or fixed term worker. We have a zero-tolerance policy for behavior of this kind.

Achieving gender equality in the technology sector is a big goal throughout the UK. Sitekit is committed to promoting and providing opportunities for women in technology. We have women in a variety of roles and at a variety of levels with the Group. For example, we have a female CEO, CPO, Marketing Manager, Sr Business Development Manager, Software Engineering Manager, Customer Success Manager, Senior Developers, FA Apprentice in Software Development, and various other roles in the organisation. The importance of equality in the workplace starts during our Apprenticeships, where there are sessions on Equality, Diversity, and Inclusion. We believe and promote diverse workforce because it will increase creativity, provide a variety of perspective, allow for more productivity, reduce fears about 'fitting in' and improve individual, team, and company performance.

Supporting Inclusion

Sitekit offers honest leadership and growth opportunities for employees. Supporting a culture of collaboration and transparency, we provide employees with opportunities for promotion based on their merits in an environment that actively promotes continuous self-development. We are committed to our employees and provide them with a supportive environment that encourages, motivates, and rewards them.

Sitekit supports individuals that are unemployed, not in education and/or returning to the workforce. We want to address the barriers to employment and fairly consider all applicants. When recruiting, we fairly include all applicants, regardless of their employment status or education level. We work closely with ScotlandIS, who in the past has provided us with recommendations of individuals unemployed and looking for employment. Some of these individuals we have employed and the company has greatly benefited from their knowledge and/or experience. Regarding those returning to the workplace, we support employees as they return to work through a variety of initiatives depending on their individual circumstances.

Annex 7

Processing of Personal Data

1. The Suppliers are only authorised to Process Personal Data in accordance with this Annex.
2. The Suppliers shall comply with any further written instructions with respect to Processing from the Authority from time to time.
3. Any such further instructions shall be incorporated into this Annex.

Annex 8

Acceptance Testing

NOT USED