

NHSmail – Organisation self-migration guide

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1 Introduction

This document provides guidance for organisations currently using their own locally hosted email server on migrating to NHSmal.

This document provides a high level overview for project management and technical staff migration from a local or outsourced email service.

Please use this NHSmal self-migration project document as a guide to develop your local migration project plan.

The NHSmal pipeline team will use each gateway to assess your progress and offer the necessary support against the [migration checklist](#).

The following is intended as best practice guidance.

2 Initial preparations and considerations

The NHSmal pipeline team will work with organisations to discuss the options to meet the [Secure Email Standard \(SCC11596\)](#). Organisations are then required to complete an options appraisal to decide strategically what is most suitable for them.

There are a number of options to meet this standard. Organisations are required to complete their own options analysis, which will outline their options for meeting the Secure Email Standard. A representative of the pipeline team can advise on these options.

Once an organisation has completed their options appraisal and has made a decision to migrate to the NHSmal service, you will need to complete the following actions:

- Contact feedback@nhs.net to confirm the organisation’s intention to self-migrate to NHSmal.
- Provide approximate numbers of existing users and new accounts required on the NHSmal service.
- Complete and return the discovery questionnaire, which will be supplied to the organisation by Pipeline team. NHS Digital uses the information provided within the discovery questionnaire to plan and schedule the self-migration.
- Ensure your organisation has an [organisation data service \(ODS\) code](#) – this code is used to set up your organisation on the NHS Directory and is a requirement to access NHSmal.
- Prepare a [draft business case](#) which contains the options appraisal and the business benefits of migrating email services from a local configuration to NHSmal. It should include any future planned developments, and any collaboration/data sharing integration plans.
- Integrated applications review – organisations should review which applications make use of the local email service as re-configuration work may be required for re-integration with NHSmal. Typical applications may include voice over IP (VOIP), scan to email or auto-alerts. NHSmal does not assure compatibility and integration with local systems. NHSmal uses common protocols for application integration; this is explained in the [NHSmal Application Guide](#). It is the local organisation’s responsibility to ensure integration performs as expected.
- Approval from senior organisation staff to proceed to initiate the project

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3 Initiation stage

Prior to the migration, the following tasks are required.

- Assign a local project manager
- A typical self-migration project will require some specialist skills and support. In addition to a project manager a typical project team would include or have access to:
 - IT staff with experience of Microsoft (MS) Exchange, desktop configuration and developing group policies for Active Directory.
 - Support staff for VIP assistance and general floor-walking.
 - A communications specialist.
 - HR to understand any “starters and leavers” processes.
 - Trainers.
 - Project controls such as a risks and issues log that should be maintained weekly for the duration of the project. If required, a weekly highlight report which escalates any critical risks or issues to organisation senior management.
- Analysis of the existing email infrastructure.
 - Identify staff on the existing mail server to be migrated, and confirm the number of new accounts needed with the NHSmail team.
 - **Shared mailboxes and calendars** - how these are set up, any email rules in place, distribution lists, shared mailboxes/public folders, and anyone that requires mobile access to NHSmail. Confirm the number of new shared accounts needed with the NHSmail team.
 - **Quotas** – users will need to ensure their mailbox is below 4GB of data so all existing data is migrated to their NHSmail account. Users who, after analysis, are found to have large mailbox sizes, should be sent in-house guidance and archiving information to help them reduce their mailbox. Any users with mailboxes still over 4GB of data can procure the larger mailboxes from the Accenture top-up services catalogue. Further details can be requested via nhsmail.development@accenture.com.
 - **Group phasing** – group accounts to form the basis of the migration schedule. Plan how NHSmail will be rolled out and supported and when the cutover is to take place so that the primary email account for each user becomes NHSmail.
 - **Alerts and automated messaging** – identify any mailboxes used for business processes such as automated patient appointment reminders or system alerts.
 - **Review local email data** – check against NHSmail blocked attachment types; allowed file types and attachment sizes. NHSmail has an attachment size limit of 20Mb - please refer to the [NHSmail Attachment Guide](#) for guidance. Any attachment over this size can be sent using the [Secure Electronic File Transfer Link](#).
- Complete the initial business case.
- Legacy data (essential for next stage) – Particular attention should be made to planning the method and process of managing legacy data access for users. If you are planning to migrate data from the legacy email service, there are a number of options for staff to get access to emails, calendar items, contacts:
 - Use MS Outlook 2010 (or later) with two Exchange accounts in one user profile (only applicable for MS Exchange legacy email service) to drag and drop data from old account to NHSmail.

- Use an archiving tool to copy data from the local email service to an archiving store accessible by the email client. Various third party commercial products are available to achieve this, please note that these solutions are limited due to the security policies on the NHSmail platform. The decision to buy the most appropriate solution for the organisation is the sole responsibility of the organisation.
- Use ExMerge or PowerShell to create a .pst file for each user containing the email, calendar and contacts data. These tools are a local Exchange utility to extract data from Exchange. The data can either be linked to a user account in MS Outlook as an archive, or used to import the data and upload to a user's live account.
- Use Accenture's data migration tool – contact [Accenture](#) for details. Please note this is an additional service, and is chargeable.
- Decide on the migration methodology from the local email system to NHSmail. This decision **is essential** for the next stage of the project.

The options for this are:

- Self-migration – details of which are contained in this document.
- Use the Accenture managed migration services – an overview of this can be found [here](#).
- Use a third-party to migrate to NHSmail.
- Complete and agree the internal high level project plan – which should include the migration dates (the dates when you move to NHSmail) and the project resourcing required locally.
- Complete and agree the [project initiation document](#). This should then be sent to the Pipeline Team or Accenture (depending on your migration methodology) to allocate a place in the migration pipeline.
- All of the above decisions will need to be signed off by a local strategy board.

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4 Running the project

4.1 Initial project planning

- Organisations must formally inform NHS Digital of their decision to move to NHSmail and their method for migration. This is done by sending an email to feedback@nhs.net.
- The [NHSmail self-migration project plan](#) lists all of the activities that are required.
- **Assign project roles** – so the project team and senior management know who is assigned to each role. This does not need to follow formal PRINCE 2 methodology, as long as all the key roles are identified and filled.
- **Communications plan** – to ensure staff members are aware of migration dates and any action that needs to be taken before, during and after migration. This is part of the overall project plan.
- **Training plan** – which sits within the overall project plan and a training needs analysis, may be required. The training plan is in two sections:
 - User training plan

- Local Administrators (LA) training plan – this focuses on how you plan to train your LAs to manage your organisation’s use of NHSmal. There are end user training and LA training materials available via the [NHSmal support pages](#) that can be used for developing any in-house training packages.
- **Mobile devices** - NHSmal can be configured with a range of mobile devices including tablets and smartphones using Microsoft Exchange Active Sync. Handsets should be encrypted to access the service if a user handles sensitive data. For more information please see the [Mobile configuration guide](#).

4.2 Technical tests

A number of technical tests and investigations must be completed prior to the migration pilot. The full list can be found in the document ‘[NHSmal Self-migration project plan 2.0](#)’ and covers individual PC builds, archiving, firewalls, auto-forwarding and MS Outlook.

- Access method – staff can access NHSmal using Outlook Web App via www.nhs.net 2013, or a number of email clients including Outlook. Please note that only versions of Microsoft Office 2010 and newer are supported on NHSmal. Please check local firewall configurations to check that access is available for the chosen NHSmal access method.
- Add in browser requirements for both LAs and end users. Please review the [NHSmal Browser Guide](#).
- Decide on a schedule for the provision and migration of new accounts. Factors to consider include:
 - Support required for new users on cutover to NHSmal.
 - Co-existence of local service and NHSmal for users that share calendars and mailboxes. It may be important to migrate these users at the same time.
 - Clear communications to user groups that are migrating and what they may need to do on roll-out.
 - A phased approach to roll-out and cutover to NHSmal helps to target particular user groups and support that may be required for a successful migration to NHSmal.

4.3 Staff reconciliation

- There will be a need to compile a list of staff that require an NHSmal account. Staff with existing NHSmal accounts should be noted to ensure no duplicate accounts are created. Include shared mailboxes and other non-person email accounts and their owner. The list should be used with the provisioning of accounts guidance section on the [NHSmal support site](#) to maintain staff details on the NHS Directory and the provisioning of new NHSmal accounts.
- Once this list is complete, the final numbers of accounts should be communicated to NHS Digital via feedback@nhs.net, along with the decision on whether to phase the migration or use a big bang approach. Whichever method is used, the organisation will be asked to submit details of the planned number of registrations per month.

4.4 Update local processes and policies

- Update local policies and processes where necessary to reflect using email for sending patient data, mobile device use and storing and managing data. This should take into account the [NHSmal Acceptable Use Policy](#). Organisations who are using Skype for Business Instant Messaging and Presence via the NHSmal platform should also update their policies to reflect this new technology.

- Organisations who are using NHSmal to meet the [SCCI1596](#) standard must update local policies as per the section entitled “Health & Care Organisations”. The policies that must be updated are:
 - **Mobile devices** - Policies and procedures must be published for the use of secure email on mobile devices – this includes password, message size, retention and encryption.
 - **Email policy** - There must be a published policy for the use of email with insecure systems. This includes what constitutes an insecure system, method for encrypting data , the method of data exchange and how the data is looked after once received to maintain confidentiality.
 - **Clinical safety** - The requirements to be met are detailed in the [ISB 0160 Clinical Safety Standard](#).
- Leaver and joiner process – a process should be set up, usually with HR, so that the organisation Primary LA is aware of any staff joining or leaving the organisation. This information can then be updated on the national NHS Directory via an [NHSmal connector](#).

4.5 Other activities

- Confirm and agree migration dates and registration slot on pipeline with the NHS Digital pipeline team project manager.
- All organisations are required to sign the top-up services agreement in case they want to procure services from Accenture, such as larger mailboxes or consultancy. This is being done so that if there is a need for a larger mailbox, the organisation will not have to wait whilst paperwork is completed if there is an urgent need. No organisation will be forced to procure any additional services that they do not want. This can be requested by emailing nhsmal.development@accenture.com.

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5 Migration readiness assessment

5.1 Set-up TANSync / CSV upload

There are a number of ways to bulk provision accounts on the NHSmal platform. This includes:-

- TANSync
- Push Connector

TANSync is the replacement for the old style pull connector from the previous version of NHSmal. There is an [overview](#) of this solution on the NHSmal support site, as well a [guidance document](#) on deployment. Once deployed, there is a [filter configuration guide](#) as well.

Push connectors – In the NHSmal Portal there are two ways to push user information in order to submit data via a Comma Separated Value (CSV) file. The first is by uploading a CSV file manually in the [Portal](#). The second is by sending the CSV file in an email to a pre-set [email address](#) and then the system processes it automatically.

There is a [Push Connector Guide](#) on the NHSmal support pages giving guidance on both of these methods of bulk creating accounts.

We recommend organisations set up a connector to ensure that changes to local staff data are accurately reflected in the NHS Directory and to facilitate new accounts.

5.2 Pilot

Running a pilot migration with a small group of users will allow testing of the processes and procedures involved before rolling out NHSmail to the whole organisation.

A useful output of the pilot is to help to refine user communications to detail exactly what is required of the users and what they will see when the new email profiles are configured.

Please note the actual migration process can vary depending on the decision to use Outlook or solely allow access via Outlook Web App 2013 or mobile devices.

5.2.1 Pre-pilot activities

- Ensure that the organisation registration limits have been increased as needed for the whole of the project, this will be confirmed by NHS Digital once changed
- Deploy a group policy / script to create new mail client profiles.
- Deploy the chosen data migration solution (archiving solution or .pst file).
- Configure mail clients to link to the archive / .pst files (if using .pst files).
- Roll-out and activate NHSmail accounts.
- Re-configure new mail profile for each user using the developed group policy.
- Customise mail profile to apply sharing permissions, rules, etc.

5.2.2 New NHSmail accounts – user roll-out

- Create an extract from the reconciliation spreadsheet for new NHSmail accounts required, excluding existing accounts and including system accounts and shared mailboxes.
- Build schedule for the provision and roll-out of new accounts – consider phased provisioning.
- Use LA bulk registration tool to create new accounts from pending accounts created by the NHSmail connector – this is only needed if using TANSync. TANSync creates accounts into a pending state, to avoid potential account duplication. If using the CSV upload then the accounts created are already activated.
- If a connector is not used – manually create accounts in LA tools.
- Distribute details of new NHSmail accounts for users to activate – users will need to log into the account in the NHSmail web portal before attempting to log into Outlook. The account is accessible once the username and password have been input at www.nhs.net, as well as accepting the Acceptable Use Policy and setting up their unique security questions. The password should be provided by the LA.
- Users must change the account password after they have been created by the LA.

5.2.3 Other accounts and co-existence period

- Re-create shared mailboxes / distribution lists that are still required for the pilot process.
- Set up access permissions for shared mailboxes / calendars etc.
- Configure mobile device access as required.

- Ensure that help is in place for users either via the local helpdesk or floor walker support.
- During the co-existence period, with some staff migrated to NHSmail and others still using the old local email service, migrated users should have their legacy email auto-forwarded to NHSmail. This should be configured by the local IT department. Non-migrated users should access their old email account in the email client and NHSmail via OWA 2013. NHSmail migrated users will not be able to share calendars with non-migrated users on the old NHS.UK mail platform.
- Use the pilot to plan cutover activities to fully move to NHSmail and switch off the old service once all users have been migrated. Consideration will need to be given to staff communications, cutover schedule and support / helpdesk arrangements.
- During the pilot, the first cutover activities can start. NHS Digital recommends putting an auto-forward and auto-response on the organisation source email server (typically in place for three months post-migration).

5.2.4 Post pilot and mop-up activities

- Provide a report to the local IT team with those users that have successfully migrated and are now using NHSmail, and those where further action may be required.
- Helpdesk to report on any outstanding issues / open calls that need to be addressed.
- Communications plan and project plan should be updated following lessons learnt review.
- Update reconciliation spreadsheet.
- Run a pilot lessons learnt workshop.
- Technical issues log.
- Risk and issues log.

5.2.5 RFC submission & approval

- If the organisation requires more than 500 new accounts, an additional 14 days should be factored into plans for this to be actioned. Approval for these accounts will only be granted once the pilot is successfully complete.
- Please ensure you have submitted the following items to the NHS Digital pipeline team project manager:
 - Migration checklist (supplied by NHSmail team at the beginning of the project).
 - NHSmail discovery questionnaire.
 - The schedule of migration – numbers of new accounts needed per month for the duration of the project.
 - Review local helpdesk and support model to ensure that the processes are in place to support NHSmail once it is the primary email service for the organisation.

The NHSmail team will advise the organisation of the approval/rejection of the migration process which will lead to an overall Go/No go decision from NHS Digital for the organisation to proceed.

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6 Roll-out

6.1 Main migration – phasing roll-out groups

Once the pilot phase is complete and any lessons learnt are incorporated, user and support staff communications can be updated. The main migration can then begin.

Extensive user communications should be implemented before, during and after migration as per the communication plan agreed internally.

- The migration process will follow the same steps as the pilot above, but on a larger scale.
- Finalise the schedule for the provision and roll-out of new accounts.
- Finalise the roll-out schedule and how each of the groups will be migrated to NHSmail.

Due to the need for project assurance, organisations will be asked to have regular checkpoint calls with the NHSmail team to review progress, as well as review any risks and issues.

Organisations will also be asked to submit reports on progress before the end of each month – detailing how many accounts have actually been registered for roll-out for that month against the planned number submitted in Stage 3 of this project.

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7 Post-migration review activity

After the migration has been completed the organisation should conduct a post-implementation review in order to create an internal post-project report.

Any outstanding actions should be completed. Three months after migration or a time period agreed as a component of the project plan, your local mail transfer agents and email server should be de-commissioned. Any auto-forwards / responses will end at this point so your staff will need to be informed that this will happen and that they may need to review subscriptions and other contacts that may still have the old email address. MX records can be configured to redirect email to the NHSmail servers. Details of this will be on the NHSmail support site when available.

Please contact the NHS Digital business benefits manager via feedback@nhs.net to confirm that the local mail service has been de-commissioned. The business benefits manager can also advise on the best way to realise benefits from using NHSmail.

Please note that as part of the funding for NHSmail from the Department of Health is predicated on migrated organisations de-commissioning the local email service.

Please supply the following information:

- Number of users migrated to NHSmail.
- Projected number of accounts required for the next 12 months.

It is desirable that the following documents are created:

- Post-implementation report.
- Lessons learned report.

- Benefits realisation report - this should be done 6-12 after project completes - containing estimated cost savings, future plans for NHSmail use e.g.
 - Automated discharge reports sent via email.
 - Collaborative working across organisational boundaries – GP to local authority or acute hospital.
 - Using email for document processing and distribution.
 - In-house email server decommissioning plan

8 Additional services

A number of additional services are available as part of the NHSmail service. These are provided by Accenture and are funded locally.

- Skype for Business audio and video conferencing.
- Larger mailboxes.
- Longer retention of email periods.

The NHSmail team will review the NHS Digital documentation after project completion to see if there are any changes that could be made from a lessons learned perspective.

NHSmail can help you improve delivery of care, provide other integrated services and save your organisation money. For further details please contact feedback@nhs.net.

*****END OF PROJECT*****