



NHSmal in action at South, Central and West Commissioning Support Unit

Introduction

The secure email standard (DCB1596 - formerly known as SCCI1596) requires publicly funded organisations to only use accredited email services. This means organisations must either join NHSmal or ensure their in-house email solutions are securely accredited.

South, Central and West Commissioning Support Unit (SCW CSU) initiated a project to migrate 600 staff email accounts from their local email exchange service to NHSmal, to comply with this standard.

This aligned communication capabilities, not just internally across the CSU but externally too – establishing improved collaborative links with other health and social care NHSmal users.

Rather than pay for a managed or supported migration, SCW CSU opted to self-migrate their users, which is free for organisations to carry out as NHSmal is a centrally-funded service. The only cost implication was internal resource.

This suited the CSU's complex organisational structure, which included disparate systems at different stages of maturity.



SCW CSU is a leading provider of commissioning services. We collaborate with customers and partners across the health and social care system to manage, analyse and improve performance. We enable them to achieve the best possible outcomes for their patients and populations.

Our customers include NHS England, clinical commissioning groups, provider trusts, general practices and numerous social care, community care and voluntary sector organisations.

We provide localised support across the south of England covering 10,800 square miles and a population of 10 million people, as well as running national and regional development programmes.

A carefully planned migration approach, that enabled control and flexibility, was therefore needed.

Self-migration key benefits

- Greater control over pace and scope of accounts migration.
- An effective approach to migrating an organisation comprising of multiple entities.
- The ability to leverage internal knowledge and expertise.
- Direct cost saving, for example, cost of managed or supported migration.

Self-migration approach

Only 50% of the 1,200 individuals working at SCW CSU were already fully using NHSmail as their only email account. This meant that action needed to be taken to ensure the remaining 600 also used NHSmail exclusively.

These individuals were from various business units that included HR, Finance, Procurement, Marketing, Communications, Registration Authority (RA), Business Intelligence, IT Services and Change areas (Digital Transformation and IT Services).

(i) Decision

SCW CSU weighed up 'big bang' deployment versus 'phased migration' for teams site by site and opted for the latter, with some floor walking support during the go-live. This consisted of two dedicated project co-ordinators (PCO) from SCW, equipped with the necessary administration privileges. The PCOs worked with a dedicated project manager (PM) to plan, co-ordinate and implement the self-migration of user accounts with support from a small team of technical and on-site administrators.

(ii) Preparation

Two key migration pre-requisite tasks were undertaken, firstly data analysis of accounts and secondly, housekeeping.

The first task involved analysis of staff records against accounts in the local exchange, to ensure only valid email accounts would be available through NHSmail and to identify any systems or services that referenced old email accounts.

The organisation container in the NHS Directory was cleaned-up, to remove accounts that were historically left such as inactive, disabled and suspended accounts. Shared mailbox owners were tasked with validating and cleaning up mailboxes, ensuring that only valid shared mailboxes would be created and made available in NHSmail.

By frequently referring to the NHSmail Portal help pages and through regular contact with the NHSmail team, plans were sufficiently informed. The refreshed NHSmail Portal help pages proved particularly useful in offering up to date information for planning.

(iii) Migration

A script was developed which updated Active Directory with NHSmail accounts and which added an auto-forward and imported calendars, notes and contacts from Microsoft Outlook. As some people worked with patient or clinical related data, it was necessary to seek guidance from SCW CSU Information Governance, for agreement to allow an auto-forward to be added onto the majority of staff accounts.

New NHSmail accounts were created in bulk, using CSV files, and loaded into the Portal. Accounts were created a minimum of one week before migration, to give staff sufficient time to log in to the Portal to register and activate their accounts. A cut-off date and time for creating non-NHSmail accounts for 'new starters' was established, after which any new accounts were to only be created in NHSmail.

Internal systems such as HR, intranet, payroll and reporting systems which needed to be updated with NHSmail accounts were identified, with updates scheduled and implemented.

Particular attention was given to executive PAs and senior staff that either undertook, or facilitated, key high-level decision-making activity. These colleagues had dedicated support sessions, in advance of the main user migration.

All remaining staff were migrated on a phased approach, by location, supported by on-site floorwalkers with local administration access. The floorwalkers supported staff with the re-setting of passwords, which reduced the number of user enquiries to the service desk. Floor walking support was available for approximately one to three days per site.

In migrating approximately 50 users a day, the total migration took a month with a wash-up session taking place two weeks later, for those users unavailable on their designated day of migration.

Lessons learnt

Roll-out model
Consideration of roll-out model ('phased' or 'big bang') is important. Where 'big bang' is preferred a dedicated phone line will be necessary, as a proportion of users are likely to need some reassurance and guidance in the first day of using the new email solution and users will require a longer lead time, to prepare for email switch over.
Housekeeping
Clean-up of mailbox / calendar is essential to minimise data migration problems, while user accounts data clean-up and reconciliation ensures only active or valid users are migrated.
User support
Whether a big bang or phased model, user support in the form of floorwalkers or champion users is essential at a local level, to quickly resolve simple issues (password resets, delegation access etc.)
User interaction
Find effective ways to reach out to staff, as instructions are not always read with people going on leave and / or moving roles.

Use a range of channels to cascade the forthcoming changes in advance such as posters, emails, intranet articles, updates in team meetings with short presentations on what's changing.

Make materials and guides available one week in advance and publish short guides, in addition to step by step detailed instructions with screen shots, to help users 'self-migrate'.

Timing

Create NHSmail accounts in sufficient time for users to activate their accounts and set some time aside for 'go live' day.

User typology

Know and segment your users to identify key users of email, for example, executive assistants who may require specific support. Also consider community or home-based staff.

Planning

Understand the schedule and impact of wider upcoming upgrades, changes or releases outside of the self-migration project.

Testing

Pilot migration with a select number of users or sites, for balance. Build and test IT scripts to update Active Directory, reduce send limits, add auto-forward, import contacts / notes / tasks and calendar entries. Potential risk around importing of calendars in Microsoft Outlook.

Revoking old accounts

Agree and communicate a period of three months (six months by exception) in which users can still access old emails if needed, before de-commissioning of local server.

Mobile devices

Consider configuration specifications / requirements for iPads / iPhone and Android devices.

Knowledge management and governance

Document project plans, options analysis, processes, meetings and decisions and have appropriate governance platforms in place to highlight risks and sign off decisions and resolutions.

Infrastructure

Understand your local estate, especially where mergers and acquisitions have occurred and where there may be differences across builds, service desk, operating systems, software and even expertise.

Perspective

Put migration into wider context and acknowledge competing priorities, in order to realistically assign resources and establish appropriate contingencies.

Resources

Have sufficient resources (minimum recommendation is a project manager, technical lead and administrator with champion / floorwalker support from business units – of course this is dependent on the number of users).

Key stakeholders

- Local decision-making board
- Programme manager
- Project manager
- Department heads and managers
- SCW CSU staff
- NHSmail service desk
- NHS Digital NHSmail team point of contact

Key resources used for support

- NHSmail [Portal help pages](#)
- NHSmail [service status](#) information
- Local organisation escalation point - feedback@nhs.net
- NHSmail [policy and guidance](#) materials
- NHSmail [self-migration project plan](#)
- NHSmail [self-migration checklist](#)

Feedback from users migrated at SCW

“The support in changing over my iPhone and iPad was also very good, took about 10 minutes to get this sorted.” – [SCW CSU Key Account Manager](#)

“The explanation about what was going to happen and when was also good.” – [SCW Key Account Manager](#)

“All seemed to go pretty smoothly for me, I needed a bit of help to move my personal folders from my @nhs.uk account across to @nhs.net but the support team were really quick to come and help me with that.” – [SCW CSU HR Manager](#)

“Everything went very well for me personally – no issues with losing mail, calendar entries or with my mobile phone. I had however prepped well and kept up to speed with communications, so I knew what was happening when.” - [SCW CSU Digital Transformation](#)

NHSmail migration checklist

Stage 1 – Initial interest

- Organisation options appraisal
- Organisation supplies draft number of accounts
- Identify benefits / review integrated applications
- Complete discovery questionnaire
- Executive approval to initiate project

Stage 2 – Initiation

- Assign project manager
- Approved project initiation document (PID)
- Analyse / decide on migration method
- Analyse / decide on data migration method
- Local high-level business plan written
- Local strategy board sign-off

Stage 3 – Running the project

- Confirm number of accounts needed on NHSmail – part of account reconciliation
- Communication strategy
- User / local admin training plan
- Establish local support policies
- Sign and submit top-up services agreement
- Request for Change (RFC) is submitted

Stage 4 – Migration readiness

- Decide and implement bulk connector (TANSync or CSV upload)
- Technical pilot
- Lessons learnt, risks and issues log updated if needed, resolve any technical issues ahead of mass migration
- Go/no-go decision from NHS Digital as part of RFC process

Stage 5 – Roll-out

- Migration phase 1
- Migration phase 2 etc.
- Regular checkpoint calls with NHS Digital
- Monthly update to NHS Digital with account numbers registered per month and numbers needed for next month

Stage 6 – Post migration

- In-house email server decommissioning plan
- Benefits realisation plan (6-12 months after migration)

SCW CSU contact:

For more information on the experiences of SCW CSU migrating to NHSmail, please email scwcsu.nhsmailrollout@nhs.net.