

Appendix 2: Example Workshop Transcript

SHA North East – Focus Group

Attendees:

Variety of members of staff, including senior management (including head of workforce), administration and library staff.

Project Background

The project is funded to find out more about the issue of academic data sharing (resources and services). Particularly, sharing of clinical data is not included.

Introductory presentation, Tony McDonald

Key problems in sharing non-clinical data between NHS and HE.

We are specifically *not* talking about patient identifiable data. Resources include Newcastle University Library (ejournals, full text collections, metalib) and the National Library for Health

Problem: people working across the boundary do not have full access to all the resources that they might want to use.

c.50% of people had problems with authentication

Add together the portal, one password and no IP authentication, means about 50% of people requiring simpler access to ALL the resources they may want to use.

Advantages to adoption of FAM

Shared resources and reduced costs – publishers may not be keen initially, but will get more use of their resources in the long run.

Is the solution to create an NHS Federation??

- We can leverage the NHS-HE Gateway – JISC/ CfH/ CETL4HealthNE/UKERNA
- Links via the gateway and links to resources in N3 world - means that we can concentrate all management of security in one place, also means that identity management will not be

spread around. Expected to go live Oct 2007, used by Nov 2007. Expectation is that there will be more authenticated, accountable access to resources for NHS/HE people across the divide.

- Extend the UK Access Management Federation – specific groups to be invited
- Vital that CfH need to comment on viability and security
- Further study to confirm willingness across the NHS.
- Resource (eJournals etc.) licencing will be critical

Initial Questions from the group

Librarian: importance of eLearning and integration – was this coming from survey?

No not really, mostly from the informal discussion, and some free text answers.

Librarian: Also aware that a lot of these issues arise from use of academic resources, some anecdotal evidence.

Single-Sign On (SSO) gives so much benefit to access and identification of role very important in allowing this to be possible.

Discussion, led by Caroline Ingram (comments accredited where noted)

1. how did you relate to the issues raised by the survey?

2. which of the suggested solutions did you agree with?

Attendee Admin: Changing technology can also be an issue, not related to the gateway – specific issue with 3210 port. This was a local issue where a specific port was blocked – indicative of the sometimes arbitrary way content is blocked.

Attendee Librarian: due to gateway, NHS required to open up a port in the firewall, which is difficult to do from a security point of view.

Tony McDonald – The gateway is only available to early adopters, and HEIs and other non-NHS users will need to adhere to, and sign up for stringent compliance rules – perhaps some trusts are getting ahead, and cutting off previous access too early knowing that the gateway is coming along. Not possible for all trusts to join yet, but the intention is all trusts will have the options to join.

Attendee General: CfH can be a bit faceless, need to have contacts there for University IT depts to talk to.

Head of Workforce: Want to understand better the definitions and boundaries. What will access allow? What's an academic? – 50% registered workforce are not healthcare professionals. What are the requirements of individuals? Unless worldwide access will still have issues – depending on the job you do then your needs will be different.

Tony McDonald – roles and labels can be very fluid, a person may only have access to the data they require for a short period of time to achieve a certain task.

Attendee General: Also depends on timescale you have- i.e. short deadlines force you into frustration of limitations of what you can access.

Tony McDonald: - would be handy to have a list of passwords, centralised. But: the power of the federation gives the user a single sign on, with access to everything your role should give you access to. The role itself will change over time, and as the information about individuals will be held nearer to 'the source', that information is kept more current.

Attendee Librarian: same issues in colleges, people are trying to access resources there too

Head of Workforce: focussing on learning – not just “academics”- need to engage with FE too, wider participation , etc

Labels, and roles, credentials will allow trust for requirements of individuals throughout the workforce, so allow access to resources.

Attendee General: eLearning is another focus for development, and developing a strategy, links to eportfolio development (bands 1-4 progress, below registered professional)- technology to support learning important, need networks to support learning onsite, portable learning technologies. Alignment with the electronic staff record – should hold learning info as well as bare authentication credential essentials. What's needed to move forward is an understanding of the current experience and qualifications of the whole workforce. Hard to give the right access if this qualification info, and level of learning info is not kept.

Attendee librarian: Simple filters would be useful – e.g. are you an employee of the NHS – currently access to everything including things you don't need. NHS and publishers/ suppliers have the agreement, high level – but should we be calculating pay by use? i.e. limit setting, cost effective – but publishers are unlikely to want this

Attendee General: Could we have a portal, so that people can personalise what they gain access to?

It may be possible to drive up the quality of journals through seeing what people are using – then could get rid of journals that aren't used/ viewed.

Access management information is required before moving to a federated access model.

3. Do you know of any identity management issues that have arisen in your area (i.e. accuracy of data, external user access, lack of access from home, unauthorised activity, access to material elsewhere (i.e. what FAM is useful for!))

Attendee Admin: Not particularly – although a lot of the data might be required that is currently not collected

Attendee Librarian: Information governance very important, do not want slippage of information where it could be construed as being clinical information.

Attendee General: Excellent if this could go ahead and would result in simplification of processes – level of frustration is high. Need to know more about what people want to do, what their requirements are.

4. In terms of what Tony's just presented, do you have a feel for what would be the best solution for the NHS? - i.e. creating your own federation and linking out to the UK HE AMF, or joining the UK HE AMF.

Attendee Librarian: like the idea that there could be a pilot whereby a certain number of NHS institutions could join the UK AMF or to develop their own local pilot federation which the “right” local players could join – get the level of trust operating between the institutions locally that should be interacting better as they are sharing staff and students. We need to experiment and see how this

worked – i.e. a regional pilot, supported by the CETL4HealthNE. Would be willing to do this regionally, and see how this helped the different stakeholders

i.e. Student from Sunderland, comes to other institution for 3 weeks, agree with Sunderland that if Sunderland are part of the federation then can limit access to what the student is allowed to do there, and so authenticated from their home institution, but able to login locally to where they are working.

Issues with splits between different SHA's – people can come from different places, and so would they still be able to gain access?

Tony McDonald: This all depends on their relationship to the federation – if everyone signs up to the federation then sharing should be easily done.

People who run the IT systems in the various institutions involved (either the NHS trusts or the FE/HE colleges) would all need to be involved in the set up.

Need someone at CfH to really push to the trusts how important it is to link up the IT and HR people so that IT people have the information they need to develop information governance to define who can gain access to what information.

5. Are there any other aspects of your experiences with dealing with identity management (through Athens or shibboleth) that you would like to mention?

Challenge is that it is not clear about Foundation Trusts (6/8 in the NE area are these) and whether they *have* to join in. This is an interesting anomaly in the system, but leads to a useful aspect – *how do the foundation trusts come on board?* They will need to really understand the benefits of federated access management before they will join in.

In this respect, eLearning development could be a basis in future to convince certain trusts that it would be desirable to be involved – and we would need to focus on educational benefits as we can't proscribe way forward, but could describe certain outcomes – ways of getting to the outcome, and we would need to make it the easiest way – in other words we "Don't care how you deliver it, but want you to get to this outcome".