

Introduction to ‘Lead Employer’ and the 2016 Junior Doctors’ Contract

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We'd Like to Introduce Ourselves

“Our mission is to assist HEE with their objective to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place”

- Our model has been developed to provide you with the assurance to feel confident that all Trainees will be supported through their employment life cycle. This gives them every opportunity to safely, and successfully make the journey from a Doctor in Training to General Practitioner.
- We have implemented a nationally recognised LE model through the streamlining of systems/processes/policies/procedures and developing new ways of working. We have achieved this by the innovative use of IT systems and on-going effective stakeholder engagement.

A Lead Employer arrangement enables the following:

- ✓ Equitable treatment of GP Trainees.
- ✓ Continuous Management and support of GP Trainees throughout their training programme.
- ✓ To generate economies of scale efficiencies, including financial for the local health economy.
- ✓ To provide a regional overview of best practice.
- ✓ To enable the development of expertise by the employer (e.g. re 2016 Contract etc.).
- ✓ To assist with recruitment and retention of GP Trainees.
- ✓ To assist Primary Care with some of the national challenges that can also directly or indirectly impact secondary care.
- ✓ A number of other benefits to the HEEoE Health Economy and the stakeholders involved in the education and training of the Trainees.

The StHK Lead Employer Model has been endorsed by both the GMC, BMA, Host Organisations and Staff Side Representatives.

The Role of the Lead Employer

- StHK became the Lead Employer for GP speciality trainees in the East of England on 1st February 2017
- Trainees are **EMPLOYED** for the duration of their training programme by StHK LE. One employer for the entire life cycle of training
- StHK LE work closely with HEEoE as the **EDUCATIONAL** lead organisation for GP speciality trainees.
- StHK LE also works closely with Host Placement Organisations i.e. GP Practices, Hospitals, Hospices, etc where trainees will be based throughout their training programme.

The big picture – who does what?

Host – day to day management and supervision of training by clinical & educational supervisors

Lead Employer – contract & overall employment issues & formal action including restriction/exclusion and disciplinary (*LE Model offers a single point of contact, co-ordinating with all stakeholders including third party agencies i.e. Performers List, Police, Safeguarding etc*)

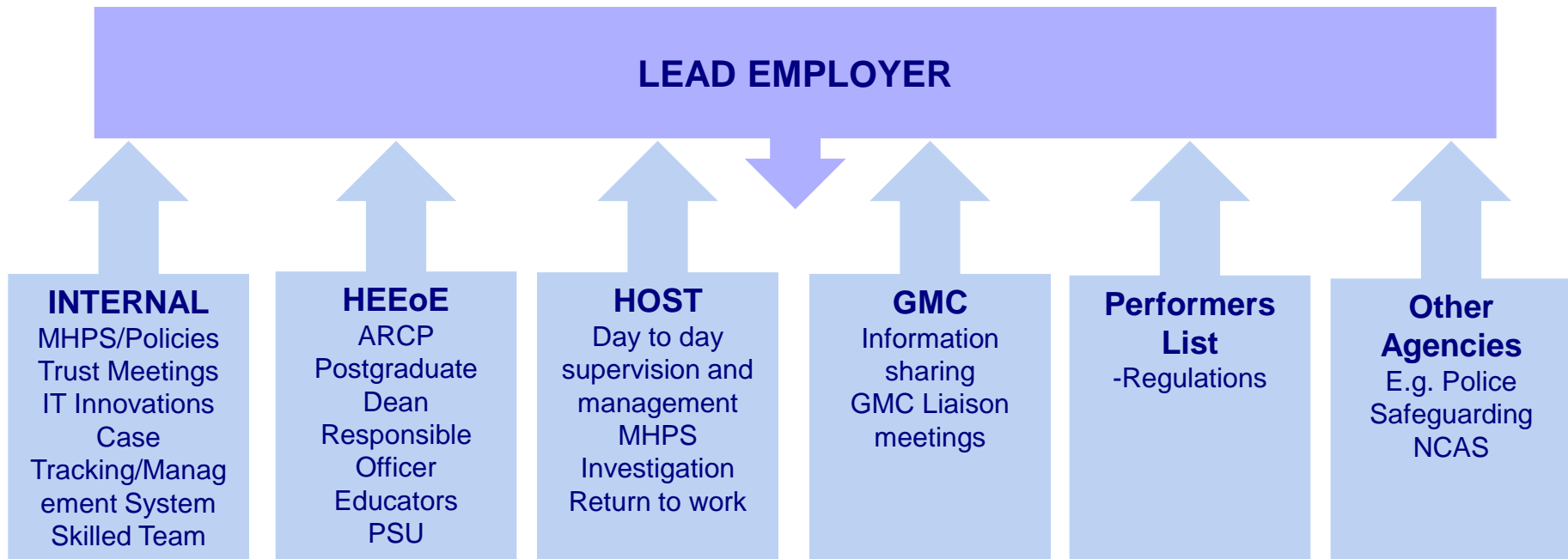
The role of the Lead Employer Medical Director

- Supporting the Trainees – ensuring a fair and due process
- Supporting Host Trusts and Educators in delivering skills, values and encouraging professionalism

HEE:

- **Responsible Officer**
- **Supervision of training & progress in training**
- **PSU** – ensuring consistency across HEEoE re handling and resolution of concerns raised relating to Health, Conduct and Capability matters
- **NCAS** –Lead Employer works with NCAS to capture independent advice on cases in line with MHPS
- **GMC** – ELA works alongside the Lead Employer, Host Organisations and HEE.

Stakeholder Relationships:



Lead Employer Investment in Comprehensive Support:



Lead Employer Systems and Main Usages

- **Electronic Staff Record (ESR)** – This is our database of all of the trainees. Used for host organisations to input sickness absences and the trainees also have login details to view their E-Payslips and change any personal details.
- **Intrepid** – This system is co-ordinated by HEEoE, this is how Lead Employer and HEE communicate rotations, trainees hours, CCT dates and status.
- **E-Expenses** – This system is used for business expenses i.e. claiming business mileage and subsidence costs. The trainee and approval managers (usually practice managers) have log in details.
 - N.B. if the trainee wishes to claim Excess Mileage or Relocation expenses then a form can be requested from leademployereoe@sthk.nhs.uk. These expenses cannot be submitted via e-expenses
- **Allocate** – The exception reporting system (more on this later)

Lead Employer - How to Contact Us?

Team	Types of Query	Contact	E-mail Address	Telephone Number
Employment Services Team	Overseen by Suzanne Lea- Head of Employment Services (suzanne.lea@sthk.nhs.uk) / Elaine Gordon – Employment Services Manager (elaine.gordon@sthk.nhs.uk)			
	Complex Queries, Trainees Salary and Contractual Queries (2002/2016), Rotations and Recruitment	Surnames A- L Linda Mitchell – Employment Services Officer Surnames M – Z Catherine Thomason – Employment Services Officer	Leademployereoe@sthk.nhs.uk	0151-290-4431
	Maternity/Paternity/Adoption Leave, Removals/Relocation and Excess Mileage, Lead Employer Policy Queries	Surnames A-L Karen Maguire – Employment Services Administrator Surnames M-Z Nicola Smith -Employment Services Administrator		0151-290-4379
	Telephone Queries, Travel Expenses Input, Annual Leave Forms, Sickness Absence Forms	Kerry Cooper and Jackie Karaski - Employment Services Assistants		0151-290-4432
		0151-290-4430 & 0151 290 4442		
HR Case Management Team	Overseen by Debbie Livesey – Head of HR and Stakeholder Engagement (debbie.livesey@sthk.nhs.uk)			
	Attendance Management, Health Concerns, Disciplinary/Conduct, Grievance, Respect & dignity at work, Capability, General HR Advice and Guidance, etc.	Jessica Massey – HR Service Manager	LeadEmployer.CaseManagement@sthk.nhs.uk	0151-430-1879
Payroll	Overseen by Jill Wheeler – Payroll Business Account Manager (jill.wheeler2@sthk.nhs.uk)			
	Additional Duties Payments, Study Leave Expenses, Payroll/Payslip Queries, etc.	Sunil Koshy – Payroll Officer	EOepayroll@sthk.nhs.uk EOeexpenses@sthk.nhs.uk	0151-430-1130

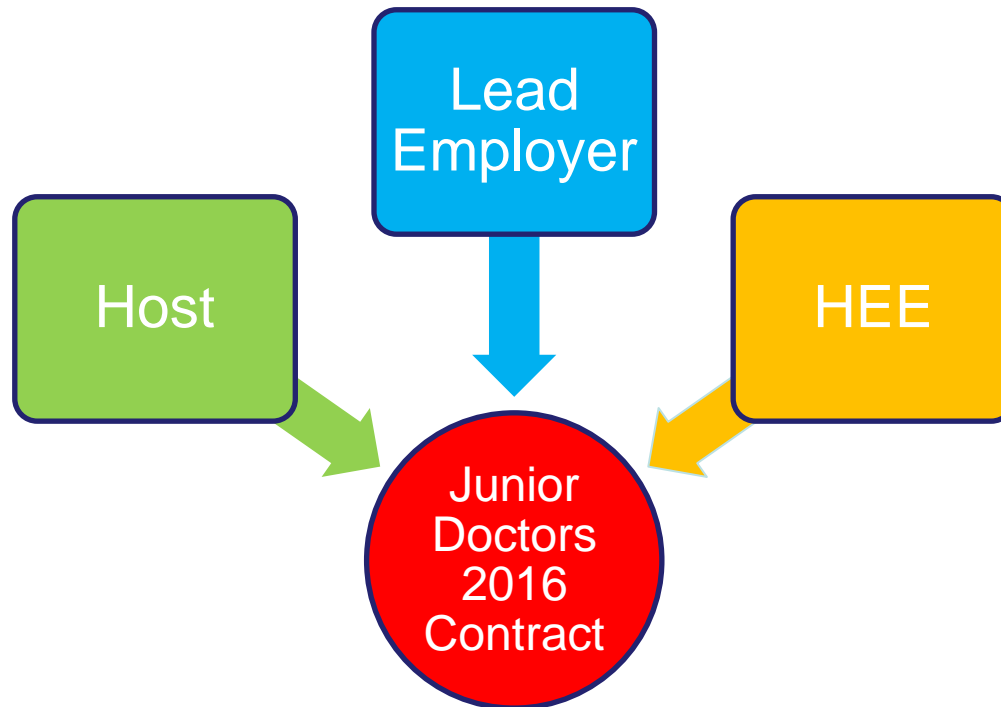
2016 Junior Doctors' Contract

Junior Doctors Contract 2016

- This contract was agreed between NHS Employers and the BMA - albeit BMA members subsequently narrowly voted against it
- Neither us as Lead Employer, you as trainers or HEE were the authors of the contract but it is incumbent on us to implement it
- Change is nearly always difficult and concerning especially when it is as radical as this but we need to make it work nevertheless
- We as Lead Employer will do our best to help and navigate you through this process
- HEE is there to guide you through the training aspects of the change

The big picture – who does what? This is fundamental.

Triangular relationship between Host organisations, Lead Employer and HEE.



Nowhere is it more important and imperative that we work together than with implementing the 2016 Contract

Work Schedules

- Work schedules are produced by the host organisations setting out the
 - ❖ Intended learning outcomes
 - ❖ Scheduled duties of the doctor including time for quality improvement/ research/patient safety/formal study (other than study leave)
 - ❖ Number and distribution of hours contracted and pay for those hours.
- All trainees should be issued with a generic work schedule by the Lead Employer at least **8 weeks before starting post**.
- **We are still outstanding a large number of work schedules**, in cases where we have not received generic Practice work schedules we have issued the standard template for GP Practices but this could potentially cause further issues down the line for you with:
 - Potential conflict
 - Potential exception reports
 - Increased need for personalisation
- We have encouraged Host organisations to submit a generic ST1/2/3 work schedule to the Lead Employer which we will store in our library of work schedules **these should include any specific training requirements for the doctor's grade**
- If you wish to amend your generic templates this ensure updated versions are e-mailed to the Lead Employer Team.

Exception Reporting

- Informs host/employer when work varies significantly and/or regularly from the agreed work schedule e.g. hours, education, support
- Lead Employer has provided an electronic reporting arrangement for GP Practice via our Allocate system – communications around this system are to follow
- Report sent by trainee within 14 days (7 if claim for pay) to Educational Supervisor + Guardian (Peter Arthur) (hours) or Head of School acting as the DME (training)
- Can lead to a work scheduling review

N.B. Outlined above is the situation only when trainees are in GP Practice. When in Trusts, trainees must link in via the Trusts exception reporting system and Guardian

Safe Working Hours Constraints

There are many constraints in the contract (schedule 3) which include:

- Standard 40 hours pw – additional hours paid at 40 of weekly pay

Maximum in any 7 days 72 hours - penalties if exceeded. NB Can opt out to max 56 hours average if undertaking locum work (must offer to NHS and inform employer/ES)

- Maximum daily hours 13 hours
- A maximum of eight shifts of any length can be rostered on the trot
- Minimum 11 hour break every 24 hours - less than 8 hours = penalties
- On call (available at home for patient care), nights, weekend working allowed, attract additional payments – financial constraints on practices
- ½ hour paid break if shift 5-9 hours, 2 x ½ hour break if shift > 9 hours – note penalties applied if breaks missed on 25% of occasions (across 4 week period)

NB If in GP practice and the template work schedule is followed the practice will normally be compliant – subject to managing OOH

Guardian of Safe Working

- Ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation
- In larger hosts their Guardian is responsible for Lead Employer trainees - overseen by a Lead Employer Guardian, Mike Chadwick
- Lead Employer has appointed a Guardian covering GP practices and other smaller hosts - Peter Arthur
- Responsibilities include:
 - ❖ Acting as the champion of safe working hours for doctors
 - ❖ Providing assurances to doctors/employers that doctors are safely rostered
 - ❖ Receiving copies of exception reports in respect of safe working hours
 - ❖ Escalating issues in relation to working hours to an executive director
 - ❖ Requiring intervention to mitigate any identified risk
 - ❖ Requiring a work schedule review to be undertaken
 - ❖ Intervening in any instance where the safety is compromised
 - ❖ Distributing monies received as a consequence of financial penalties

Out of Hours – Core Principles

- ST3 72 hours in 12 months
- ST1/2 24 hours in 4 months
- Scheduled in accordance with availability and with agreement of supervisor

- ST3 No more than 6 weekends pa
- ST1/2 no more than 2 weekends in 4 months
- ST3 no fewer than 12 and no more than 22 of these hours to attract night enhancement (21:00 – 07:00)
- ST1/2 no fewer than one and no more than 8 of these hours to attract night enhancement (21:00 – 07:00)

When 'Out of Hours' is worked time in lieu (TIL) will need to be provided from Standard 40 hour week in the work schedule (from clinical time)

Question and Answer - Your Experiences with the 2016 Terms and Conditions

Thank you for Joining the Lead Employer workshop!

If you have any questions, please don't hesitate to get in touch with the East of England Employment Services Team via leademployer.eoe@sthk.nhs.uk

Please see the latest FAQ from NHS Employers here:

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/information-for-employing-gp-practices/faqs-for-implementing-the-new-contract-in-gp-settings>