NHS
Health Education England

Implementation Toolkit for Medical and Dental Lead Employer Models

Contents

Introduction

The primary function of a lead employer model/arrangement is to provide a single employer for medical and dental trainees for the entirety of their training programme, to ensure that trainees have a positive employment experience, and in doing so provide an excellent service to the NHS and its patients.

The lead employer model/arrangement is designed to be a collaborative operating model within a given region, with the responsibilities of the traditional employer shared between three key stakeholders, who are:

Lead Employer – Overall employment responsibility including, for example, contracts of employment, employment checks, pay, including expenses (in accordance with Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 Schedule 02 arrangements for pay), restrictions/exclusions and disciplinary matters, etc. The lead employer itself offers a single point of contact, coordinating with all stakeholders including third party agencies, e.g., Police, Safeguarding, etc.

Host Organisation (Placement Provider Organisation) – Provides day to day management and day to day supervision of training by clinical & educational supervisors during the period in which the trainee is based in the location.

Health Education England (HEE) – Responsible Officer for supervision of training & progress in training. HEE ensures consistency with the handling and resolution of concerns raised relating to capability and health matters.

A lead employer model/arrangement can also be an effective collaborative workforce arrangement between organisations in an ICS – supporting delivery of the ICS people function. It can streamline employment processes and create economies of scale in a system, while enabling staff to more easily, learn and work across different settings and localities.

Policy Context and Drivers – Enabling Staff Movement

All NHS employing organisations have the same overarching legal, regulatory, and national policy framework when employing staff. Each organisation must satisfy themselves that individuals being employed are who they say they are, are fit to be employed and competent to fulfil the role offered to them.

However, employing organisations interpret national requirements slightly differently, resulting in marginally different policies, processes, practices and standards which lead to unwarranted variation, as highlighted in Lord Carter's report Operational productivity and performance in English NHS acute hospitals: unwarranted variations.

The 2016 Junior Doctor contract included a commitment for the NHS to 'streamline processes for recruitment and induction'. The NHS Long Term Plan then set the commitment to "enable

staff to more easily move from one NHS employer to another". The NHS Interim People Plan published in 2019 further committed that "Over the next five years we will support every NHS employer to streamline their induction and onboarding processes to reduce duplication and to recognise previous training and skills 'passported' from previous employers".

Implementing lead employment models/arrangements, which negate or reduce the need for repeated form filling, employment checks and training when doctors rotate during their training contracts, are key to delivering against these commitments.

Toolkit Purpose and Aim

The purpose of the toolkit is to provide information, advice, and guidance to support decision making and, where a decision to pursue a lead employer model/arrangement is made, to provide practical guidance on how to implement an 'optimal' model.

The aim of the toolkit is to ensure all those who implement a model/arrangement act consistently and follow best practice in implementing 'optimal' models.

The toolkit has been developed using the expertise and experience of HEE staff, current lead employers, those who have been involved in previous implementations and the work done to date by Enabling Staff Movement programmes in NHS England and NHS Improvement and HEE.

Step 1: Preparation

Benefits of a Lead Employer Model/Arrangement

High Level Benefits

- ✓ Trainees get an end-to-end employment life cycle with the same employer, which enables:
  - Better management of Occupational Health cases
  - Speed of response in effective HR case management
  - Ability to see trends and work strategically across the system on, e.g. the black, Asian and minority ethnic (BAME) and equality, diversity and inclusion agenda to improve trainee experience
  - Improved data quality in the Electronic Staff Records (ESR) system
  - More alignment in funding flows with trainees
  - Platforms for regional staffing interventions such as regional banks

- ✓ Investment & support in the use of technology and improvement projects are available from the Enabling Staff Movements (ESM) programmes in HEE and NHS England and NHS Improvement (NHS E&I) for Lead Employers.

Benefits to Doctors and Dentists in Training

- ✓ Doctors in Training report an increased overall satisfaction with the employment, deployment, and induction experiences during their training
- ✓ Continuous management and support by the same employer bring continuity from a health and wellbeing perspective, as well as continuity of employment for the payment of parental leave
- ✓ An increased number of days are available for clinical time which would otherwise be required for rotation-based administration tasks including repeating employment checks and training
- ✓ Less time spent form filling and supplying data to employers
- ✓ Less repeated immunisation, vaccinations, or screening tests
- ✓ Less duplication of statutory & mandatory training
- ✓ Equitable treatment of trainees and a more consistent employment experience
- ✓ Improved trainee experience with regards equality, diversity and inclusion, as lead employers are able to see and monitor trends and work strategically across the system to make improvements.

Benefits to Lead Employers

- ✓ A more cost-effective employment service achieved through economies of scale in management, technology, and workforce
- ✓ Creates greater resilience in medical employment services teams
- ✓ Creates opportunities for investment in improved systems/technology and specialist roles
- ✓ Create opportunities to build strong and supportive personal relationships with local NHS Trusts that make the model work for the benefit of the staff employed under them but also support strategic partnerships to support wider benefits of collaboration, usually locally

Benefits to Host Organisations (Placement Provider Organisations)

- ✓ Less hours spent by people services teams overall on rotation related administration
- ✓ Less duplication in employment checks and training administration
- ✓ Lower bank & agency spend as less wasted time during rotations
- ✓ Reduced sickness absence as host (placement provider) and lead employers work together in monitoring and managing attendance
- ✓ Potential decrease in length, number & cost of employment tribunals due to consistent management and support of trainees by the lead employer
- ✓ Named Lead Employer Medical Director to provide support to hosts and to act as Case Manager in Serious Untoward Incidents (SUIs) where there is a concern regarding conduct
- ✓ Educational concerns and remediation will be managed by the Postgraduate Dean and their teams

Improved Employment Experience

In 2019, **HEE in partnership with NHS E&I** undertook the first doctors in training survey which asked them specifically about their experiences in relation to employment, deployment, and induction during training rotations. Almost 10,000 trainees from a range of specialties, grades and regions responded and the main summary responses can be viewed here.

The main highlights to note in relation to responses from those employed under a traditional rotational model compared to those working under a lead employer model are:

71.1% of respondents who completed an external rotation to a new employer said they spent 4 hours or more completing new starter forms and all forms associated with personal identity checks, occupational health, and statutory and mandatory training, **compared with 56.8% of respondents from lead employer organisations.**

27.9% of respondents who completed an external rotation to a new employer spent 10 hours or more compared with **22.9% from lead employer organisations.**

59.4% of respondents who completed an external rotation to a new employer stated that they were required to visit their new placement to complete pre-employment checks before starting the placement compared with **38.4% of respondents from lead employer organisations.**

70% of respondents who completed an external rotation to a new employer stated that they had to repeat some part of statutory and mandatory training in their new placement as part of the induction compared with **58.1% of respondents from lead employer organisations.**

Principles of an 'Optimal' Lead Employer Arrangement

A set of 10 principles have been co-created with key stakeholders through a series of engagement events in 2020. Below are the principles and rationale.

1. The model should be designed around the needs of the trainee	• The model must improve the user experience and therefore should be designed with them at the heart of it. Input from Doctors & Dentists is crucial.
2. Trainees should go through employment checks only once	• Without lead employers, trainees will go through employment checks on average 8 times over 10 years. The model needs to reduce this to ideally just once per trainee or once within each programme.
3. England, Scotland, Wales and Northern Ireland will operate their own set of models	• There are different requirements in different systems. We will focus on the good practice models/arrangements for England but will engage with colleagues in all nations.
4. The providers of lead employer services will meet the specific needs of the NHS	• There are specific needs of NHS organisations, which will be outlined in specifications for lead employer services. Procurement processes will be tendered fairly and open to NHS and Non-NHS organisations.
5. Lead employer models/arrangements should cover the right geographical footprint	• A single national model would cause too much disruption to current models of provision. Models being aligned with local offices may mean a closer working relationship with HEE. Consideration should also be given to the Integrated Care System (ICS) footprints and trainee rotation footprints.

6. More cost effective and better quality of service from lead employers	• We should expect a lower cost to the system in the long term and a greater benefit share overall of implementing a lead employer model/arrangement.
7. There should be good practice models with options to flex to fit with regional/specialty needs	• A defined service catalogue will be required but the model/arrangement should be flexible enough to be adapted for different locations depending on need.
8. The lead employer would need sufficient financial resources to manage the cashflows & be expert in the field	• It is important that providing the lead employer service does not negatively impact the operations of the lead employer organisations and that their expertise in delivering employment services to medical or dental staff adds value to the doctors and host organisations. It is essential that the lead employer senior management fully understand their obligations and appropriate governance is in place between HEE and the organisation.
9. Independent lead employer services team should be closely aligned or integrated with regional HEE team where feasible	• There are benefits to closer working with regional HEE teams such as more seamless transfer of information between HEE and lead employers. HEEs remote/virtual working culture may support this to happen in practice.
10. Human contact in the HR service remains available for trainees	• Trainees should be able to speak to someone in their lead employer organisation when they have concerns or need advice. This will be critical if the lead employer is not provided in the organisation in which they work.

Timescales

Overall Expected Timescales

When considering implementing a lead employer arrangement, including re-procurements, you should expect to allow approximately **18 months** for the preparations and procurement to take place. A mobilisation period, from contract award to service commencement, will take approximately **3 months** of the total period. Below is information on how this may break down.

Procurement Thresholds and Expected Timescales

No commitment to purchase by the signing of a contract, should be undertaken by any member of HEE without having consulted with the Commercial Team and having undertaken the appropriate procurement process in line with HEEs Standing Financial Instructions (SFIs).

HEE's current SFIs state the following thresholds for routes to procurement:

- £0 - £10,000 one value for money written quotation must be obtained. For contracts where the estimated expenditure or income does not for its whole life, or is not reasonable expected to, exceed £10,000 the most efficient method of procurement should be selected, which demonstrates value for money, keeping a written record of the reason and action taken.

- £10,000 to £50,000 for contracts with whole life costs between £10,000 and £50,000 a minimum of three competitive written quotations should be obtained via the commercial system.

- £50,000 to £189,330 a formal tender process must be followed using the Public Contracting Regulations as best practice.

- Over £189,331 (for Goods and Services) the Regulations must be followed.

- Over £663,540 (Light Touch Regime for Training and Education) the Regulations must be followed.

- For all contracts with a total life value more than £10,000 a transparency notice is required to be published. Total life value includes all possible extension options and VAT, where applicable. This notice will be published via the official central platform in conjunction with the Commercial Team.

Timelines for procurement exercise are subject to variance depending on the type of process.

Below is an **indicative** overview of timelines, which is taken from the date the procurement is published and is open to receiving submissions.

Please note that pre-procurement preparation and any market engagement are not included in the timelines.

Type of Process	Timeline
One Value for Money Quotation	2 to 4 weeks
Competitive Quotations	6 to 10 weeks
Formal Tender	3 to 4 months
Full Above Threshold Tender	4 to 6 months
Framework Call Off	6 to 12 weeks (rules of the Framework must be followed)

Things to Consider

Resource Considerations

The process of procuring a lead employer arrangement should be considered as you would any change 'project' and requires dedicated resource to manage each stage. Each project to implement a lead employer arrangement will vary widely in size, scale, complexity and the requirements/needs of different staff groups and services will also vary widely, below are some common resource requirements to consider putting in place before you commence:

Project Lead – who will usually manage the project and the evaluation panel, ensuring all involved complete the tasks assigned within the timescales.

Service Lead – who will act as lead for the 'project' and lead on the requirements of the lead employer arrangements for the group of staff to be placed under the arrangement. They are likely to be responsible for the development of the specification and the final decision on preferred supplier, as well as ensuring any required governance arrangements post procurement are put into place.

Evaluation/Project Members – who will evaluate and score the bids received from interested parties and provide input to the development of the specification and final contact to be awarded. Appropriate representation may include but is not limited Subject Matter Experts, HEE Commissioners, Finance, Information Governance, Patient/Lay Representative, Trainee representative, NHS England or Department of Health and Social Care, Patient Advisory Forum/Service Users.

Contract Manager – who will manage the contract once awarded. You should be clear before commencing procurement who will be responsible for managing the contract once awarded. The resource requirement for this responsibility will vary considerably depending on the size/scale of the lead employer arrangement you are planning to implement.

Financial Considerations

To ensure value for money is obtained, costs for the full lifecycle of the contract should be considered. Unless for an exceptional reason, due to the implementation costs and continuity requirements, implementing a lead employer contract for **less than 4 years should not be undertaken**. The value for money to be obtained from a longer contract period should be considered and documented.

A full costed plan should be documented for each proposed lead employer service. Costs must cover the required service as established (recurrent costs) and any initial set up and one-off transition costs, e.g., project work or TUPE / redundancy situations (non-recurrent costs). For each lead employer project, any funding for these exceptional non recurrent costs must be agreed to be fully in place with sign off from the Deputy Director of Finance (DDF) – Financial Management. The DDF will ensure non recurrent funding is available before the project can proceed, including making any necessary statement of case as a claim on available HEE reserves. Projects may have to be staged to meet available funds, so early identification of planned timescales is key. Any predicted NHS increases in pay costs and inflation-linked rises in non-pay costs should also be included in the plan.

The full worked up contract will specify clearly for each contract the Finance point of contact for the provider and the Finance point of contact for HEE. They will have a responsibility to report on the financial position efficiently and effectively for the contract each month and to assess cashflow requirements. HEE may not make general cash advances or loans. It has no legal authority to do so. The provider will be expected to provide estimated cash requirements, which will be regularly reconciled and may be subject to audit.

HEE has two options from a pricing point of view. These invite providers to tender during this process, submitting the price at which they are willing to provide the service. The other option is to use a tariff model, and HEE invites providers to tender at that price.

For 2021/22 financial year purposes the most commonly occurring price is £388 per trainee per year, £85 per trainee payable separately, where applicable, for Occupational Health functions.

Information Governance Considerations

Data Protection Impact Assessment (DPIA) screening questions must be completed in the first instance, depending on the responses to the questions you may be asked to complete a full Data Protection impact assessment. The timescale for the Information Governance (IG) team to respond to the screening questions is 5 days.

Where a full Data Protection Impact Assessment is required the process could take several weeks to complete depending on the initial information provided and further information requested from you.

In order to complete the Data Protection Impact assessment screening questions it is important to understand what data will be shared, for what purpose, between which parties and identify which parties are the Data controllers or Data Processors. A data sharing agreement may be required, you will be advised if one is required by the IG team.

Once a provider has been identified through the procurement process you will be asked as part of the DPIA process to complete a 3rd party assurance form. This is to ensure that the provider has in place the appropriate processes for data security and protection.

The fully worked up contract should:

- Include arrangements for the reporting of any breaches of Data Security and protection.

- Define responsibility for any fines incurred by the provider for any breaches of data security and protection.
- Set out what will happen to the data at the end of the contract, defining responsibility for notifying trainees about any new provider and timescales.
- Ensure that technical and organisational measures are defined.

Contractual & Risk Sharing Considerations

The NHS Terms and Conditions for the Provision of Services (Contract Version) (January 2018) is the current contract vehicle for Lead Employer services, it consists of 10 schedules

Schedule 1	Key Provisions
Schedule 2	General Terms and Conditions
Schedule 3	Information and Data Provisions
Schedule 4	Definitions and Interpretations
Schedule 5	Specification and Tender Response Document
Schedule 6	Commercial Schedule
Schedule 7	Implementation Phase
Schedule 8	Protocol for Handling of Employment Tribunal Claims
Schedule 9	Change Control Process
Schedule 10	Data Protection Protocol

Contracts are awarded as Lots. Each Lot has separate contracts. Lots are determined by regions and the Procurement team, based on geography and speciality.

There is now a new default NHS Education Contract for the delivery of core education and training services allowing HEE to contract with non-NHS partners, however, lead employer contracts **are not** in scope of the new contract and will continue to be handled separately.

Schedules 1,2,3,4 and 9 within the NHS Terms and Conditions are pre-loaded. However, Schedules 5, 6, 7, 8 and 10 require the procuring manager to populate and determine post award. This creates regional variation – undermining the principles of the Toolkit. Examples include the Commercial Schedule 6, where regions will apply their own processes and policies as well as costs, and schedule 10 Data Protection Protocol, which could easily be standardised for all contracts.

Schedule 8 Protocol for Handling of Employment Tribunal Claims is an area of considerable risk to HEE and the Lead Employer. Risk Sharing agreements are determined regionally and subjected to protracted conversations, leading to inconsistency across Lead Employer Contracts. A Lead Employer risk sharing agreement is always required.

Additional Schedules can be added to the contract for example a COVID-19 Plan, ideally Schedules should be completed at award however in certain circumstances Schedules may be completed post award.

Risk sharing is further complicated by a requirement that lead employers enter into an agreement with host providers (placement provider organisations) to ensure they understand their roles and responsibilities as day-to-day managers of trainees. This can involve large numbers of agreements being sent to placement providers organisations to agree. If these

are not returned or not enforceable, this impedes the lead employer from undertaking their responsibilities.

Another contractual consideration that would be helpful is to agree contract clauses prior to contract signing, as delays in contract signature and amendments to clauses result in less than standardised contracts.

Another area to consider is study leave claims, a lead employer model should enable a high quality and consistent service to trainees for reimbursement of Study Leave claims submitted in a timely manner via payroll systems. In addition, a model should enable an option for trainees to apply for early reimbursement of Study Leave funds, enabling trainees to receive funding they have committed for a course in advance rather than waiting potentially months to claim after attending.

One other issue to consider before implementing a lead employer arrangement is any failure of host providers to pay the lead employer, which can result in sizable financial burden held with lead employer organisations. An escalation route or agreement between host providers (placement provider organisations), lead employers and HEE is recommended.

Summary and Decision Making

There are many benefits to implementing a lead employer model/arrangement but also many things to consider when deciding.

Any procurement should be managed as a project, in some cases a substantial project, and appropriate resources should be put in place before commencing.

Careful and detailed planning and considerations of the needs and requirements of the contract will need to take place, the needs of doctors and dentists should be the main driver for these requirements and the right stakeholders, including HEE internal teams such as the commercial team, should be involved throughout to ensure the right service is procured.

There are three case studies provided by current large scale lead employers included as appendices to the toolkit, which may be helpful in supporting decision making.

Where a decision to procure and implement a lead employer model/arrangement is taken, the other steps in the toolkit should be followed.

Step 2: Procurement

Procurement refers to the purchase of all goods and services on behalf of HEE including contract tendering.

When considering a procurement process HEE's Standing Financial Instructions and Commercial Instructions must be considered.

All procurement processes and activities must be fair, inclusive and promote equality of access, meeting local and national guidance. The procurement process will ensure what you buy is fit for purpose, meets our needs without over-specification, gets the best possible terms; and ensures our suppliers and providers can do what they say.

Procurement Initiation

The first step in the procurement process is to arrange an initiation call with the Commercial Team. During this call the requirement will be discussed, including the indicative value of contracts, signposting to other relevant HEE teams, such as Information Governance for the data involved in the contract, and recommendations made as to the most appropriate route to market.

All initiation call requests should be sent into the Commercial Team inbox, a response will be received by the requestor within two working days of Commercial team receipt.

Please contact the Commercial Team at: commercialteam@hee.nhs.uk

Market Engagement

Market Engagement involves providers early in the planning stage seeking advice from providers. Commissioners can use this advice in the planning and conducting of the commissioning / procurement process. The only stipulation is that it must not distort competition and must be conducted in a non-discriminatory and transparent way. Please involve the Commercial Team in any plans to conduct Market Engagement to ensure that it is being conducted within the parameters of the Regulations and will not have any adverse effect on your procurement process.

Benefits of Market Engagement are:

- Benefit from provider knowledge of the market and trends. This can help to develop understanding of the structure and capacity available in the local/national market to meet the requirements of the service.
- Allows providers the opportunity to highlight any possible effects of a proposed requirement/change on the existing market, or to flag issues with a proposed contract/ specification, so that HEE can respond appropriately. It is better to know about these potential issues early than try to deal with them during the formal procurement process.
- In certain circumstances it may be useful to obtain some benchmark pricing structures from the market; to assist in setting (and justifying) an appropriate budget.

Procurement Considerations

Consideration	Action
Market Engagement	• Has consideration been given to the current market? • Are you aware of the potential market size and what the appetite for this procurement could be? • If there is uncertainty, or this is a new service, consideration should be given to utilising Market Engagement, to be discussed with Procurement Lead: ➢Request for Information (RFI) ➢Market Engagement Session • Prior Information notice (PIN)
Stakeholder Engagement/Steering Groups	• Has there been consultation with Stakeholders to inform this requirement? • If engagement with Stakeholders is taking place are the correct Conflict of Interest and Confidentiality Forms in place, signed by all stakeholders engaged? • Steering Groups are useful and can inform the production of the Specification of Requirements and assist in developing the Evaluation Criteria. ➢Always consider any Conflicts of Interest that may occur now and, in the future, such as information being shared with a potential bidder for the service.
Specification	• A specification of requirements will need to be written to inform the potential bidders for the service what the Project Lead is going to procurement for. • The specification should be clearly laid out and give the appropriate level of detail, allowing bidders the opportunity to decide whether they can deliver the service to HEE. • Any conditions that are associated with providing the service must be explicit. • Any changes that are required to the specification once the procurement is open to the market could impact the timeline if they are significant.
TUPE (Transfer of Undertakings Protection of Employment)	• Does TUPE apply to this requirement? • Every procurement will be on a case-by-case basis as to whether TUPE applies. • If TUPE does apply, then the incumbent of the service will need to provide you with the Stage 1 TUPE information. This information must be available to all potential bidders when the tender is made live to the market.

Contract

- The draft contract must be made available with the procurement paperwork shared with potential providers once open to submissions. In most cases the contract is not negotiable.
- Any special conditions of the contract must be made clear.
- Contract value: the value of the contract, over the whole contract lifetime must be advertised.
- Depending on value Cabinet Office Controls on spending may come into effect, and further authorisations required prior to going to market.
- Does the contract value include VAT?
- Length of the contract?
- Changes must not be made to the contract once the procurement is open to the market.
- Consideration should be given to the Intellectual Property of the services and with whom these lay.
- Inclusion of KPIs, what are they, what should they look like?
- Are any SLAs within the contract required?
- What reporting and performance measures need to be included?
- What questions do you wish to ask the potential providers?

Evaluation Criteria

- If above £50,000 include a 10% weighted question on Social Value to adhere to Government policy outcomes as per the Social Value Model.
- These questions must be related to the specification and allow the bidders to demonstrate their ability to deliver the service against the specification of requirements.
- Weightings must be assigned to each question, with a total of 100% across all questions being evaluated.
- Have these questions been shared with Subject Matter Experts to ensure they are fit for purpose?
- Consideration should be given as to whether presentations will be included within the evaluation process. If presentations are to be included the questions and weighting must be shared as part of the published procurement document set.

Evaluation of Finances

- Has Finance been consulted regarding any questions associated with Costs, breakdown of costs and Value for Money?
- Consideration should be given as to what weighting will be assigned to the Financial Questions, as opposed to the Quality questions against the specification of requirements.

Evaluation of Submitted Bids

- Who will be the members of the evaluation panel?
- Consideration must be given to their availability and time commitment to the process, each panel member must be available for all stages of the evaluation to ensure a fair and transparent process.
- Once timeline is agreed Project Lead should ensure that diary invites are sent out and the appropriate time is held within panel members diaries for meetings etc.
- The Project Lead is responsible for setting up the Evaluation Meetings (diary invites, venues, panel availability etc.).
- The Project Lead should ensure that the appropriate representation is assigned to the Evaluation Panel, such as but not limited to:
  - ➢Subject Matter Experts
  - ➢HEE Project Lead
  - ➢Finance
  - ➢Information Governance
  - ➢Patient/Lay/Trainee Representative
  - ➢NHS E&I or DHSC representative (if appropriate)

Communications

- A Communication strategy should be implemented to ensure all identified key stakeholders are aware of how the procurement will be managed and manage expectations regarding the process.
- All Communication MUST be through the Procurement Lead via the e-procurement portal, no other means of communication should take place.
- Should communication be received this must be immediately sent to the Procurement Lead for advice, do not respond or start a dialogue.
- Communications outside of the procurement process could be cited as unfair and inconsistent with transparency.

Data – What date will the successful provider have access to?

- A specification of requirements will need to be written to inform the potential bidders for the service what the Project Lead is going to procurement for.
- The specification should be clearly laid out and give the appropriate level of detail, allowing bidders the opportunity to decide whether they can deliver the service to HEE.
- Any conditions that are associated with providing the service must be explicit.
- Any changes that are required to the specification once the procurement is open to the market could impact the timeline if they are significant.

Patient Advisory Forum/ Service users

- Has engagement with the Patient Advisory Forum and/or service users been considered for this service? This could be as stakeholder input in developing the Specification or as a member of the Evaluation Panel if appropriate.

Social Value Act 2012, Modern Slavery Act 2015 and Equality Act 2010

- Project Leads have a duty to consider, pre-procurement, how the social, economic, and environmental well-being of the area could be improved when buying goods and services.
- The Social Value Act sits alongside the public sector equality duty in the Equality Act 2010.
- Under the Regulations social and environmental considerations can now be addressed in many different parts of the procurement procedure (a 'cross- cutting social clause') including:
  - ➢Specifications, including specification of production processes and social and environmental labels, and special contract performance conditions (procurement documents)
  - ➢Selection criteria, including references and environmental management systems, and exclusion grounds (which also apply to sub-contractors)
- Contract award criteria including lifecycle costing and rejection of abnormally low tenders.

Contract Tenure

Contracts tendered should be for a minimum of 4 years, and consideration should be given to Value for Money achieved for a longer contract. Relevant Due Diligence processes should be undertaken to assess the financial viability of the proposed provider over the full lifespan of the contract.

Summary

It is essential HEE staff contact the Commercial Team as early as possible in their planning and development process to allow time for the procurement process to be run. When developing the requirements, attention must be given to who is involved in the input and/or any Steering Group meetings. Conflicts of interest can occur pre-procurement and consideration should always be given to this. It is necessary to ensure all involved complete Conflicts of Interest and Confidentiality forms to identify any potential issues.

Please contact the Commercial Team at: commercialteam@hee.nhs.uk

Step 3: Post Award Management

Contract Management

Contracts and contract management is supported by the contracts function within the commercial team. The contracts team is led by the Senior Contract and Commercial Manager who is supported by Lead Contract Specialists and Contract Support Officers.

To contact the team please email commercialcontracts@hee.nhs.uk.

What is Contract Management?

Contract Management is the process of systematically and efficiently managing the contract creation, execution, and mitigation of commercial and delivery risk to the HEE. In effect, Contract Management is the process that enables both parties to meet their obligations, to deliver the objectives of the contract.

Contract Management also involves building a good working relationship between the customer (HEE) and the contractor. It is an ongoing process, which continues throughout the life of a contract and involves proactive management, to anticipate future needs, not just reacting to situations that arise.

Contract Management should aim to demonstrate a continuous improvement in performance over the life of the contract. The core principles behind Contract Management are:

- **Managing Performance**: ensuring that the contract is performing as it should through effective monitoring
- **Managing Risk**: ensuring that contract risk is identified and mitigated if necessary •
- **Managing Financial performance**: payments are made in line with delivery and according to financial contract schedules
- **Managing the Contractor**: monitoring the relationship with the supplier to ensure contracts deliverables are met
- **Managing Change**: any changes to the contract must be enacted using the agreed process
- **Maintaining Documentation**: records and documentation relating to the contract should be stored in the commercial system for audit purposes

To enable HEE to successfully manage the contract management core principles, HEE uses a commercial system (currently Atamis) which integrates with the procurement module to provide a holistic approach to commercial transactions.

HEE Contract Management Systems

All contracts, irrespective of value, must be recorded within the commercial system. The contracts team within the commercial function can provide guidance and training on use of the system including user set up. All contracts agreed must be made public via a Contract Award Notice within prescribed timescales. It is therefore essential that they are procured through and recorded in the system correctly.

As a minimum the following information must be held within the commercial system for each contract record:

- An assigned Senior contract owner (contracts signatory)

- An assigned Contract owner (day to day contract manager)
- An assigned Commercial contract manager (member of the commercial team)
- Copy of the signed contract (signed before contract commencement)
- Copies of any signed contract extension letters
- Copies of any signed GDPR variations forms (where applicable)
- A copy of the contract classification tiering assessment (Gold/Silver/Bronze)

Day to day Contract Management - Who manages the contract?

This responsibility sits with the service (a nominated contract manager). You should be clear before commencing procurement who will be responsible for managing the contact once awarded. The resource requirement for this responsibility will vary considerably depending on the size/scale of the lead employer arrangement, it may a responsibility that can be added to an existing post holders' remit, or, in the case of a large scale arrangement you may require a dedicated contact/relationship manager, which may require you to create a new role and follow the HEE recruitment process. Some models/contracts may also require support staff or additional contract managers, e.g., where more than one contract is place for a large area such as a region.

See appendix 1 for an example Job Description and Person Specification for a contract manager for a large-scale lead employer arrangement.

Contact a member of the HEE HR Department to find out more on how to create a new role and follow the HEE recruitment process. HEE HR team contact details can be found on HR Direct

Governance

The governance requirements and arrangements for the contract will vary greatly depending on the size and scale of the lead employer arrangement/contract which is put in place, however, it is vital appropriate and proportionate arrangements are put into place to ensure the service delivered by the lead employer is optimal, that all parties (HEE, lead employer & host Trust) are meeting their requirements and meeting the needs of the staff they employ under the model. Trainees are all entitled to a 'good experience', so the size of the contract should justify the cost of HEE monitoring and governance processes.

Some example governance arrangements which you might want to consider are outlined below, please be aware you do not have to put all or any of these in place, they are examples of what might be helpful only.

Lead Employer Service Management Board

Purpose – The purpose of a Lead Employer Service Management Board may be to provide governance, strategic oversight, and leadership on behalf of provider organisations (host Trusts) in relation to the delivery of the Lead Employer Service. This will include determining whether to extend the contract when this is an option within the contract arrangements.

Duties – The Lead Employer Service Management Board may be responsible for the following duties:

- To ensure all stakeholders are appropriately represented on the Board and that engagement throughout the contract is robust and meaningful

- To receive reports from relevant sub committees on the performance, operational and financial management of the contract by the lead employer, determining where escalation is required
- To discuss performance of HEE and/or host organisations where this impacts on the performance of the Lead Employer Service contract
- To ensure alignment with wider regional and national initiatives, which may include programmes such as Enabling Staff Movement (ESM), Improving Junior Doctors Working Lives and Collaborative Bank projects
- To determine whether to extend the length of the contract where this an option under the contact arrangements.

Performance & Contract Management Committee

Purpose – The purpose of the Performance & Contract Management Committee may be to discuss the performance of the lead employer service contract against the agreed Key Performance Indicators (KPIs), to identify any concerns and agree priorities for improvement where required and to oversee the payment and recharging process.

Duties – The Performance & Contract Management Committee may be responsible for the following duties:

- To ensure all stakeholders are appropriately represented on the Committee
- To receive and review reports on the delivery of the lead employer service contract and to monitor performance against the agreed KPIs
- To identify areas of concerns and agree improvement plans
- To agree principles for recharging in relation to financial issues

Operational Management Committee

Purpose – The purpose of the Operational Management Committee may be to discuss a wide range of operational issues which relate to or impact on the effective operational delivery of the Lead Employer Service.

Duties – The Operational Management Committee may be responsible for operational service delivery issues including but not limited to the following duties:

- Recruitment
- Pre-employment matters
- Enabling staff movement processes in relation to doctors and dentists in training
- Rotations
- Trinee Information System (TIS) development and implementation
- Local or national educational policies/processes which impact upon employment and the Lead Employer Service contract
- Review of employee relations issues which facilitate the improvement of policies and processes
- Promotion of dialogue and good working relationships between the lead employer, host organisations and HEE in relation to the management of the employment of junior doctors and dentists
- Referring any matters of concern to the Performance & Contracts Committee and recommending any escalation deemed necessary

Stakeholder Engagement

There are several stakeholders who will have an interest in the lead employer service who you may want to engage with throughout the life of the contract. These stakeholders may be engaged via the above governance groups, via their own existing networks or networks may be created to facilitate engagement. These stakeholders may include, but are not limited to:

- Medical Staffing Managers
- Medical Education Managers
- Host Placement Managers/Placement Provider Managers/GP Practice Managers
- Training Programme Directors
- Training Hub Leads
- Integrated Care Systems Leaders (ICSs)
- HEE local teams such as Health Education Team, Case Management, Finance, HEE Quality teams, Heads of School
- Trainee Forums

End Contract Considerations

Exit Process

Consideration should be given to the exit plans for the contract/arrangement well in advance, recommend 3-6 months of the contract end date to allow for re-procurement or transition to alternative arrangements.

Processes to exit should typically be completed between 30 and 90 days before the end of the contract.

An exit plan would look to cover exit plan considerations, exit agreement, transition plan and lessons learnt. The commercial contracts team hold template exit plans and transition templates.

For assistance with the ending and transition out of a contract please contact the Commercial Contracts team - commercialcontracts@hee.nhs.uk

Summary

Careful consideration should be given to the management of the lead employer contract and arrangements once awarded. The requirements here will vary considerably depending on the size and complexity of the model/arrangement being implemented, but there are clear roles and responsibilities which must be met.

The governance arrangements for this management also require careful consideration and should be appropriate and proportionate to the size and scale of the lead employer contact and arrangements being implemented.

Consideration should be given to the exit plans well in advance of the processes taking place.

Appendix 1: Templates

Template 1: Example Job Description and Person Specification for a Lead Employer Contract Manager

Job Title **Lead Employer Service Programme & Contract Manager – Band 8a**

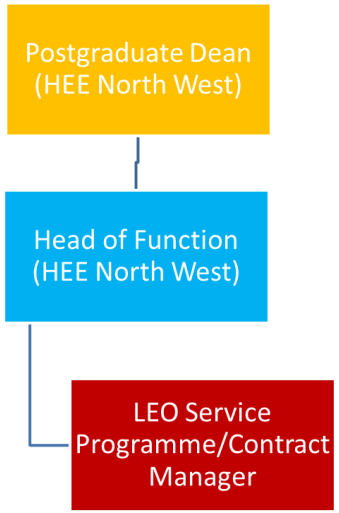
About the Job

One of the core functions in HEE is the support for it provides for postgraduate medical and dental training. One of the services HEE in the North West has supported has been the procurement and commissioning of a new Lead employer Service for doctors and dentists in training on behalf of healthcare organisations across the North West for an initial three-year period with effect from 1st October 2018. HEE is looking for a Programme and Contract Manager to manage the new contract. The programme is complex, covering over 7,000 trainees across a single Lead Employer with an overall annual budget of circa £2.5m.

The post-holder will:

- Have excellent interpersonal and communication skills including, negotiating and influencing skills and be able to engage board level stakeholders across Executive leaders in NHS organisations, Trades Unions and trainees.
- Provide effective contract management of the contract ensuring and maintaining high level engagement with key stakeholders across the North West
- Lead on policy development and implementation on issues relating to the trainee employment and work closely with Training Programme Management to lead the delivery of the new arrangements working towards sustainable best practice across a number of work streams
- Work with the Post-graduate Deans, clinical leads and others to support and exploit the opportunities for high quality learning and patient safety though effective, responsive and flexible employment arrangements

Organisation Structure



About Us

HEE provides leadership for the education and training system. It ensures that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change. HEE ensures that the workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and drive improvements through supporting healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training.

Our **ambition** is to be the best organisation of our type in the world by living our values every day.

Our Core **Values** are that everyone feels **valued and respected** and are **included and involved** in everything that affects them; are **trusted** to make decisions with clear reasons in order to **be empowered** to deliver; are committed to clear, **effective communication**, which is transparent and open when sharing information; takes **pride and has integrity** in everything we do and recognises that everyone has a significant contribution whilst taking **personal responsibility and accountability** for actions and behaviours.

Recruitment Profile

About You

This section details the personal attributes we require for this role. If you feel these describe you we would welcome your application

Behaviours and Values

We expect all staff to live the NHS Constitution Behaviours Framework, but in particular for this role you are expected to:

- Committed to working and engaging constructively with internal and external stakeholders on a range of business sensitive issues
- A thorough understanding of and commitment to equality of opportunity and good working relationships both in terms of day-to-day working practices, but also in relation to management systems for London
- Adaptability, flexibility, and ability to cope with uncertainty and change
- Willing to engage with and learn from peers, other professionals, and colleagues in the desire to provide or support the most appropriate interventions
- Professional calm and efficient manner
- Effective organizer, influencer, and networker
- Demonstrates a strong desire to improve performance and make a difference by focusing on goals.
- Completer/Finisher
- Empowered and enabled to deliver autonomously
- Recognises that improved patient care is at the heart of all decision making
- Actively promotes and leads on change and improvement

Skills and Abilities

- Ability to manage own workload working independently and prioritizing as required
- Must be able to provide and receive highly complex, sensitive or contentious information,
- Ability to negotiate with staff at all levels including senior stakeholders on difficult and controversial issues, including performance and change.
- Must be able to present complex and sensitive information to large and influential groups
- Problem solving skills including the ability to analyse complex facts and situations and develop a range of options
- Ability to respond to sudden unexpected demands
- Takes decisions on difficult and contentious issues where there may be a number of courses of action.
- Strategic thinking – ability to anticipate and resolve problems before they arise
- Must be able to use initiative to decide relevant actions and make recommendations to Sponsor/ Manager, with the aim of improving deliverables and compliance to policies.
- Ability to make decisions autonomously, when required, on difficult issues, working to tight and often changing timescales

• Makes sure themselves and others works in a way that complies with legislation and organisation policies and procedures on health, safety, and risk management • Takes ownership for improving and maintaining a healthy, safe, and pleasant work environment • Actively acts as a role model in own behaviour and fosters an inclusive culture. • Interprets equality, diversity, and rights in accordance with legislation, policies, procedures and good practice • Maintains the highest standards of integrity in all interactions	• Is a role model for teams in terms of quality assurance and performance, able to instil a culture of high quality within teams
Experience and Knowledge	**Qualifications and Training**
• Must have an understanding of the background to and aims of current healthcare policy and appreciate the implications of this on engagement • Should have an appreciation of the relationship between the HEE, individual provider organisations and service providers • Should demonstrate experience of planning over short, medium, and long-term timeframes and adjust plans and resource requirements accordingly • It would be desirable to have a comprehensive experience of project principles techniques and tools such as Prince 2 and Managing Successful Projects • Experience of managing and motivating a team and reviewing performance of the individuals. • Experience of contract management • Experience of identifying and interpreting National policy. • Experience of researching and implementing best practice • Excellent working knowledge of Microsoft Office Packages with intermediate keyboard skills. • Previous experience of budget management experience including involvement in budget setting and working knowledge of financial processes • Previous experience of working in a busy environment • Knowledge of the roles and responsibilities of stakeholders and the mechanisms for workforce planning and effecting change • Detailed knowledge of maintaining confidentiality and implementing data protection legislation requirements including information governance • Experience of managing risks and reporting	• Educated to masters level or equivalent level of experience of working at a senior level in specialist area. • Extensive knowledge of specialist areas, acquired through post graduate diploma or equivalent experience or training plus further specialist knowledge or experience to master's level equivalent • Evidence of post qualifying and continuing professional development

• Significant experience of successfully operating in a politically sensitive environment with diverse stakeholder input • Experience of developing and implementing policy on and around healthcare workforce education and training • Experience of drafting briefing papers and reports, correspondence at senior and board level and responding to parliamentary questions • Experience of chairing meetings through developing agendas and providing structure to create robust partnership working • Experience of managing and risks	

Expected Outcomes

About your role

This section details the outcomes and deliverables that would be expected from the role

Engaging People/Key Working relationships	Delivering Results/Functional Responsibilities
• Operate effectively in a flexible and demanding environment and proactively engage with service providers and the Lead Employer organisation and other stakeholders working on a variety of topics. • Work effectively with a variety of managers and clinicians working on related projects and programmes as required • Engage with Trusts, Trainees, Clinical Educators and to measure and evaluate satisfaction and outcomes where possible • Pro-actively manage stakeholder engagement, respond to and resolve conflict between different stakeholders when this arises through facilitation or other appropriate mechanisms. • Nurtures key relationships and maintains networks internally and externally, including national networks for Lead Employer Services • Link with managers and members of other functions, to address inter-dependencies and ensure alignment • Promote and maximise engagement with Trusts and other ALBs to develop best practice and streamlining principles • Working with finance team colleagues to manage and analyse budgets to ensure value for money and quality	• Provide and receive highly complex, sensitive and contentious information, presenting information, to stakeholders in a formal setting. • Deal with resulting potentially aggressive/antagonistic situations. • Inform the monitoring and reporting of the Lead Employer Service contract • Responsible for the planning and organisation of numerous events/meetings with stakeholders as required, ensuring communication tools are used to their maximum value for circulating the minutes, agenda and presentations in a timely manner. • Holds budget responsibility for assigned function/programme, budget setting with the PG Dean and stakeholders. Responsible for ensuring adherence to the budget, ongoing monitoring of expenditure against budget and ensuring the appropriate documentation is available for scrutiny. • Responsible for supporting the commissioning of projects and procurement of services to support project delivery. • Conduct in depth analysis, interpretation and production of complex and multiple reports including financial returns • Drafting reports summarising status on issues, appraising outcomes, and providing progress reports for the Management Board and sub committees • Contribute to the strategic planning of the Lead Employer Service, identifying interdependencies across projects/functions, potential impacts on wider organisation, resource requirements and building in contingency and adjustments as necessary.

	• Ensure risks beyond scope of control are directed and escalated appropriately • Lead on the process of surveys and audits as necessary the programmes of work and that of others. May undertake or instigate complex surveys relating to role • Collate qualitative and quantitative information and produce meaningful analysis of information to support decision making • Works with colleagues across HEE and the wider NHS system as appropriate to manage and analyse systems ensuring the effective monitoring of the service to ensure quality and value for money • Performance manages and monitor the contract with the Lead Employer • Deploy a programme and project management approach to ensure the effective planning, allocation, and delivery of tasks, ensuring risks, issues and dependencies are identified and managed to achieve high quality outcomes for all assigned areas of work • Support and develop clear lines of governance for all assigned work areas
Management and leadership	**Setting Direction and Service Improvement**
• Manage and performance monitor contracts with the Lead Employer • To lead and be responsible for specific programs of work, developing plans to ensure delivery within agreed timescales • To manage allocated budgets and produce agreed financial plans • Be responsible for leading on the delivery of a portfolio of programmes and related projects through planning, allocating tasks as appropriate, identifying risks, issues and dependencies, considering best practice and current options and ultimately making decisions in the best interest of the programme outcomes. • Be responsible for a high standard of work supporting the delivery of projects on time, to quality standards and in a cost-effective manner. Maintain the project initiation document and associated plans with regular team meetings to monitor progress and resources. • Provide leadership and support for project support officers. • To support, motivate and develop staff within the team to ensure that they are able to deliver the new responsibilities of HEEs strategy. • Delegate effectively and appropriately.	• Working with internal colleagues and stakeholders across the NHS in the NW to manage and provide analysis of systems ensuring the effective monitoring of the Lead Employer Service contract both in terms of value for money and quality • To engage in the development of future strategic plans for the Lead Employer service • Ensure that all projects maintain business focus, have clear authority and that the context, including risks, are actively managed in alignment with the strategic priorities of NHS. • Responsible for making recommendations, providing advice and able to prepare strategic reports/briefings for the Head of Commissioning, Steering/Reference Groups and others as required. • Responsible for proposing and drafting changes, implementation and interpretation to policies, guidelines, and service level agreements (SLAs) which may impact service. • Proposes changes to own function making recommendations for other service delivery. • The post holder will need to maintain a good knowledge of emerging policies from government departments to assist in the thinking and definition of the strategy discussions for the service and all stakeholders. • Lead on internal and external briefings relating to the Lead Employer Service Stakeholder Engagement Plans • Commission and / or undertake research to inform policy development

Template 2: Example Governance and Stakeholder Framework

North West (NW) Lead Employer Service Governance Arrangements

1. Background & Purpose

With effect from 1st October 2018, a new Lead Employer Service contract for Doctors & Dentists in Training and Public Health Trainees in the North West will commence which will involve the Service Provider, all NW Host Organisations and HEE. The contract will be funded by NW Trusts for all doctors and dentists in training in secondary care except for Palliative Care and Sports and Exercise Medicine Trainees. HEE will fund all GP and Public Health Trainees.

This document sets out the governance arrangements for the North West Lead Employer Service with formal terms of reference, decision-making powers and membership of proposed committees to ensure the effective governance, leadership and performance management of the new contract.

2. Underlying Principles of Lead Employer Arrangements

The following principles have been agreed as those which should underpin Lead Employer arrangements for trainees (doctors, dentists and Public Health) across the North West:

- Effective stakeholder input to and influence of any the governance, leadership and contract management of the service
- Agreement of contracts which deliver demonstrable value for money
- Clear, open and transparent service specifications and quality standards
- Effective stakeholder management of contract management processes
- Consistent employment arrangements for doctors in training regardless of where individual trainees are working
- Strong engagement and communication between Lead Employers, Host Organisations, and the PG Dean as Responsible Officer where there are performance issues with individual trainees that need to be effectively managed
- Aligned processes and ways of working with HEE Specialty School Teams – particularly accuracy and timeliness of rotation information to ensure compliance with the Code of Practice
- Simple and transparent processes for recharging arrangements for trainee salaries, Lead Employer contract costs and other finance charges including clarity regarding the Apprenticeship Levy and any implications for Lead Employers and Host Organisations
- Maximising technology to improve access to and efficiency of the LE service
- Flexible and responsive arrangements for access to and charging for OH services
- Commitment and delivery of driving up standards and delivering best practice

3. NW Lead Employer Service Management Board

The North West Lead Employer Service Management Board has the overall function and duty of overseeing the strategic management of the Tri-Partite Contract, governing the service and holding the service provider accountable for service delivery.

It must be risk aware and receive assurance about progress against aims and targets. Full Terms of Reference are set out at Appendix 1.

4. NW Lead Employer Service Management Board's Sub Committees

The Management Board will delegate some of its business to identified Board Sub Committees. Each Committee is an adjunct of the Board, and its core purpose is to provide operational, performance and financial management business, on behalf of the Management Board.

The Sub Committees are:

- Performance & Contract Management Committee
- Operational Management Committee

Full Terms of Reference for each subgroup are set out at Appendix 2.

5. Programme and Contract Management

HEE (NW) will provide operational Programme and Contract Management capacity and expertise for the duration of the Lead Employer Service contract accountable operationally via HEE and strategically through the Management Board. A copy of the job description for the Lead Employer Service Contract Manager is attached at Appendix 3.

6. Wider Governance and Stakeholder Engagement

Appendix 4 sets out the relationship between the Lead Employer Management Board Governance Arrangements and other fora.

7. Review

This governance framework and the terms of reference of the Management Board and its sub committees will be subject to annual review by the Management Board on behalf of all North West organisations.

December 2018

Appendix 1

Lead Employer Service Management Board
Constitution & Terms of Reference

1. Purpose

The purpose of the NW Lead Employer Service Management Board is to provide governance, strategic oversight and leadership on behalf of provider organisations in relation to the delivery of the NW Lead Employer Service. This will include determining whether to extend the contract.

2. Duties

The NW Lead Employer Service Management Board is responsible for the following duties:

- To ensure all North West stakeholders are appropriately represented on the Board and that engagement throughout the contract is robust and meaningful
- To receive reports from relevant sub committees on the performance, operational and financial management of the contract by the Lead Employer, determining where escalation is required
- To discuss where appropriate, performance of HEE and/or host organisations where this impacts on the performance of the Lead Employer Service contract
- To ensure alignment with wider North West and national streamlining initiatives, including Carter Efficiency principles and programmes and Collaborative Bank arrangements
- To review no later than 12 months before the contract is due for renewal whether to extend the length of the contract
- To review the Terms of Reference on an annual basis

3. Membership

Membership tenure of the Management Board and its sub committees will be as agreed at the inaugural meeting of the Management Board.

Chair
To be agreed from the membership of the Management Board.

4. System Representation – as nominated by individual LWABs/Professional Networks:

- 3 x HR Directors (one per STP)
- 3 x Directors of Finance (one per STP)
- 3 x Directors of Medical Education (one per STP)
- 3 x Trainee representatives (as nominated)

5. HEE Representation

- PG Dean
- Head of Finance, North or nominated Deputy
- Head of Function – Regional Training Management (NW)

6. In attendance

- Associate Director of HR Shared Services

- Assistant Director of HR – Lead Employer
- Contract Manager, Lead Employer Service

Stakeholder Network Forums and specified Reference Groups will be used to ensure effective engagement with key groups of stakeholders (e.g., trainees, BMA, Medical Staffing Managers, Medical Education Managers).

7. Quorum

A meeting is quorate if there is at least four stakeholders from host Trusts, one representative from HEE and one representative from the Lead Employer present.

8. Frequency of Meetings

The NW Lead Employer Service Management Board will meet no less than twice each calendar year.

9. Accountability & Governance

The NW Lead Employer Service Management Board will represent all NHS organisations in the North West who 'host' doctors in training on clinical placements.

The Board will report to all Provider organisation Chief Executives twice a year via a written report prepared by the Contract Manager via the relevant LWAB/STP Workforce Board.

10. Programme Management & Secretariat

HEE (NW) will provide Programme Management as well as the secretariat to support the Management Board, and expertise in the relevant areas.

Appendix 2a

North West Performance & Contract Management Committee

1. Purpose

The purpose of the Performance & Contract Management Committee is to:

- discuss the performance of the Lead Employer Service contract against the agreed KPIs and to identify any concerns and agree priorities for improvement where required.
- Oversee the payment and recharging process to ensure that all organisations are meeting their obligations within agreed timescales in order to maximise the effectiveness of service delivery and minimise any financial detriment to any of the parties involved.

2. Duties

The Performance & Contract Management Committee is responsible for the following duties:

- To ensure all North West stakeholders are appropriately represented on the Committee
- To receive and review reports on the delivery of the Lead Employer Service contract and to monitor performance against the agreed KPIs
- To identify areas of concerns and agree improvement plans
- To agree principles for recharging in relation to financial issues, including but not limited to:

  - Apprenticeship Levy
  - Occupational Health Services
  - Employment Claims (as per the Protocol)
  - Individual trainee absences where more than one host organisation is affected

- To monitor the timeliness of payments by Host Organisations in line with the contract payment Terms
- To report to the Management Board twice yearly on key contract performance indicators and recommend any escalation deemed necessary
- To record and review any disputes, reporting to the Management Board as appropriate

3. Membership

Chair - As agreed from within the Committee:

System Representation – as nominated by relevant Network Groups:

- 3 x Deputy HRDs or Medical Staffing Managers (one per STP)
- 3 x Medical Education Managers (one per STP)
- 3 x Finance Representatives (one per STP)

HEE Representation

- Head of Function – Reginal Training Programme Management

- Nominated Deputy PG Dean (Hospital / GP)
- Nominated Finance Representative
- Contract Manager (Lead Employer Service)

Lead Employer Representation

- Assistant Director of HR – Lead Employer Service
- Head of Employment Services
- Head of HR & Stakeholder Engagement
- Finance Manager

4. Quorum

A meeting is quorate if there is at least one function representative from across the North West, one HEE officer and a minimum of two Lead Employer representatives to cover issues raised and discussed.

5. Frequency of Meetings

The Committee will meet no less than twice each calendar year, in line with Management Board meetings.

6. Accountability & Governance

The Committee will report to the Management Board. Stakeholder representatives will provide feedback to the relevant Stakeholder Network meetings.

Appendix 2b

North West Operational Management Committee

1. Purpose

The purpose of the Operational Management Committee is to discuss a wide range of issues which relate to or impact on the effective operational delivery of the Lead Employer Service.

2. Duties

- The Operational Management Committee is responsible for operational service delivery issues including but not limited to the following duties:

  - Recruitment (as managed by HEE)
  - Pre-employment matters
  - Rotations
  - TIS development and Implementation
  - Streamlining processes in relation to doctors and dentists in training
  - Local or national educational policies/processes which impact upon employment and the Lead Employer Service contract
  - Review of Employee Relations issues which facilitate the improvement of policies and processes

- To promote dialogue and good working relationships between the Lead Employer, Host Organisations and HEE in relation to the management of the employment of junior doctors and dentists
- To refer any matters of concern to the Performance & Contracts Committee and recommend any escalation deemed necessary

3. Membership

Chair
Lead Employer Service Programme & Contract Manager

HEE Representation

- Head of Function – Regional Training Programme Management or nominated deputy
- Senior Programme Business Managers – Training Programme Management
- Information Manager (WPI)
- Finance Representative (as required)

Lead Employer Representation

- Assistant Director of HR – Lead Employer Service
- Head of Employment Services
- Head of HR & Stakeholder Engagement

Other representatives as will be co-opted onto the Committee as required (eg Workforce Planning & Information Representative, OH Representative, Finance Representative, Payroll Representative)

4. Quorum

A meeting is quorate if there is at least the Chair and two representatives each from HEE and the Lead Employer present.

5. Frequency of Meetings

The Committee will normally meet six times each calendar year.

6. Accountability & Governance

The Committee will report to the Management Board via a written report from the Contract Manager twice per year.

The Lead Employer Service Programme & Contract Manager will provide feedback to the relevant Stakeholder Network meetings.

Template 3: Example Host Trust Meeting Terms of Reference

North West (NW) Lead Employer – Host Meeting
Terms of Reference

1. **Aim**

   The aim of a Host Meeting is to embed and support the growth of stakeholder relationships between Lead Employer Trust, Host Trusts and Health Education England. The Host Meeting provides a platform for local operational matters to be discussed and action plans to be developed as required to maximise the effectiveness of service delivery.

2. **Framework**

- Review of Lead Employer service provision
- Implementation of a LE and Host Liaison Champion
- Identification of areas of concerns and implementation of jointly agreed improvement plans
- Overview of HWWB provision and stats
- Overview of HR formal case activity
- Overview of Absence management stats and reporting
- Overview of pre-employment arrangements/rotational arrangements
- Systems Updates
- Communications Updates
- Policy Framework
- Develop stakeholder relationships – LE designated leads
- HEE Update (if LE Programme & Contract Manager from HEE is available)

3. **Attendees**

Host Representatives
- 1 x MSM/Medical workforce lead
- 1 x MEM/DME representative
- 1 x Systems/Rota co-ordinator
- Additional attendees may be identified as requested by Host i.e., GOSW/Finance etc (Maximum 4 persons)

Lead Employer Representative
- 3 x LE representatives (for Case Management and Employment Services)
- Additional attendees may be identified as required i.e., Finance/Systems leads

Health Education England Representative
- Lead Employer Service Programme & Contract Manager (when available – if not a separate meeting may be arranged)

4. **Quorum**
   The meeting will be quorate if there are at least two representatives from the Lead Employer and the Host Trust in attendance

5. **Frequency**
   Twice per year.

6. **Accountability and Reporting**
   Locally agreed implementation plans will be managed between the agreed designated Host Liaison Champion and LE Liaison Champion

   Updates will be reported to the HEE /LE Operational Management group and the Lead Employer Performance and Contract Management Committee

Template 4: Example Host Trust Meeting Agenda

North West Lead Employer - Host Meeting Agenda
Trust Name
Date & Time

AGENDA	
1.	Introductions and Apologies
2.	Review of Terms of Reference
3.	Review of service provision – Areas of concern – Identification of improvement plans
4.	Attendance Management – Review of Absence Dashboards, Absence reporting and stats
5.	Less Than Full-Time (LTFT) / Mat leave / Sick leave / Out of Program (OOP) return to work
6.	Pre-employment and rotational update
7.	Review of HR formal case activity
8.	Health and Wellbeing Matters
9.	Systems and Technology
10.	Communication/Stakeholder Engagement
11.	HEE update

Template 5: Example Fitness to Practice Roles and Responsibilities of the Postgraduate Dean (PGD) and Lead Employer Trust (LET) for the North East

Introduction

This document is intended as a guide to help define the roles and responsibilities of the Postgraduate Dean (PGD) and the Lead Employer Trust (LET) for Health Education England North East (HEE NE) for issues of conduct and/or capability for doctors in training (DiTs) only.

Rationale

Doctors in Training are unusual compared to other doctors with reference to the Revalidation 2012/13 Statutory Instruments of the 1983 Medical Act, for the Defined Body is Health Education England and their Responsible Officer is the PGD, yet they are employed by the LET, and as such are subject to the Human Resource (HR) and disciplinary processes of the LET.

To clarify:

- *The term 'conduct' applies as it does to any doctor and is managed through the employer.*
- *'Capability' in doctors in training is not yet at a particular standard and if issues arise will require remediation through the educational processes overseen by the PGMDE. This term is therefore not useful for doctors in training and 'appropriate level for stage of training' is a better descriptor.*

Therefore, **if a doctor does not meet the standard of the appropriate level for training, this does not mean there is a fitness to practice issue and GMC referral is required**.

Any referral to the GMC of a doctor in training (that is, with an NTN, and where the designated body is HEE NE) should occur via the RO who is the Postgraduate Dean.

The PGD has a training relationship leading to the offer of NTN, which is separate to the RO and employment relationship.

Should the LET discover issues that would warrant GMC referral at pre-employment check stage, a discussion should occur with the PGD prior to referral to GMC. The training relationship might continue with employment arrangements other than the LET and the PGD may still become the RO.

Source Reference

This document is based upon national guidance produced by Health Education England in 2020

Table of Responsibilities

Issue	PGD responsibility	LET responsibility
Liaison with the GMC	PGD would normally take the lead, following discussion with the LET to agree a joint approach	Discuss with the Revalidation Team and MD
Making a referral to the GMC	PGD would normally take responsibility and usually the final decision (additional discussion may be required if at pre-employment stage)	Discuss with the Revalidation Team, MD. To arrive at a consensus decision
Responding to queries from the GMC	Queries come to PGD as RO from GMC. PGD or DD decide how to respond.	LET may be required to respond independently to specific queries from the GMC which may nor may not involve the Revalidation Team depending on the nature of the query.
Communicating currently existing or alleged fitness to practice concerns to a Local Education Provider (LEP) (so called RO to RO transfer of information)	Always. May be delegated to the revalidation team in which case the DD will undertake the task.	Timely notification of doctor movement to the revalidation team to facilitate timely RO to RO. LET MD to discuss with PGD and then approach to trust RO agreed.
Reaching the required level for investigation for a training issue **(Capability)**	Primary PGD responsibility. Will be framed as a learning need and managed through ARCP. Breaches of capability severe enough to warrant a fitness to practice investigation will proceed as follows: • PGD or DD will Case Manage • Revalidation Team will appoint the Case Investigator • On the basis of the report, the PGD will decide whether to refer to the GMC or manage within the learning framework.	LET to defer to PGD
Reaching the required level for investigation for a **Conduct issue**	This is not a PGD/ education responsibility Findings and employer decisions as a result will	LET will: • Inform PGD and/or Revalidation team as soon as an issue is known via the Live Flow process

	be overseen by MD of LET. Discussion should occur with the PGD before referral to the GMC	Appoint the case manager (MD) • Appoint a case investigator Manage the process as per LET policy. • Share relevant findings with the PGD • MD will debrief the DiT. Decision to exclude from employment/sanction/warning Communicate decision to PGD
Complaints	Low level complaints will be managed as part of the learning environment with the LEP (Trust or GP practice), the learning captured within the e-portfolio. High level complaints of an educational nature will be case managed by the DD for Revalidation. The report will be shared by the Revalidation Team with the LET and MD who will agree a joint strategy, with the emphasis on the learning.	LET will: • Inform the Revalidation Team via Live Flow that a complaint has been received. • LET and Revalidation Team will agree threshold for managing the complaint. • LET will lead on case management and investigation of complaints where these are matters of employment and conduct and share the findings with the • Revalidation Team to arrive at a joint decision with the MD on the way to progress

Appendix 2: Case Studies

Case Study 1 - North East and North Cumbria Lead Employer Trust for Doctors and Dentists in Postgraduate Training (Hosted by Northumbria Healthcare Trust)

What was the aim/problem?

There is a recognition that within a rotational training programme postgraduate doctors in training can change employers frequently, sometimes up to 8 times during a programme. In areas without a Lead Employer model this can result in postgraduate doctors in training repeating pre-employment processes and statutory and mandatory training with each employer. Data flow of pre-employment and statutory and mandatory training information can be poor across organisations.

Within the North East and North Cumbria region a Lead Employer Trust model is in place for all specialty, GP and some Dental postgraduate trainees. This model is based on postgraduate trainees holding their employment contract with the Lead Employer and being hosted in training placements throughout the local education providers. The Lead Employer holds Service Level Agreements with each host organisation to ensure standards are met by both the Lead Employer and the host organisation, this includes KPI standards.

The Lead Employer Trust ensure all postgraduate doctors and dentists in training employed under their remit are only requested to complete pre-employment checks once and complete statutory and mandatory training once (with renewal periods being aligned). This data is held on one central ESR record within the Lead Employer and data is shared via IAT with host organisations.

In addition, the North East and North Cumbria Lead Employer Trust use IT systems available to transfer data from the recruitment system to TIS to ESR, thus minimising the amount of information a postgraduate doctor and dentist in training is requested to complete during pre-employment processes.

The successful data flow between postgraduate doctors and dentists in training, the Lead Employer and the host organisations allows the code of practice deadlines to be met more easily.

What was the solution?

The solutions deployed by North East and North Cumbria Lead Employer Trust have been numerous and represent a continuous improvement journey readily embracing enhancements to systems to improve the end to end journey:

- ✓ Engagement in a regional agreement, based on the national Core Skills Training Framework, for the required statutory and mandatory training for all doctors and dentists in postgraduate training, including the HEE Induction Modules released in August 2018. Agreement across the region includes refresh periods, levels of training, agreement for the training to be accessed by the Lead Employer's ESR and stored in one central record within ESR and agreements in relation to time in lieu for study if completed prior to commencement. This has ensured consistency of both practice and

information. The host organisations have aligned their induction (face to face and e-learning) to ensure no duplication of the e-learning already completed by the postgraduate doctors and dentists in training on the Lead Employer Trusts ESR.

- ✓ Deployment of the interface between the HEE Training Information System and ESR to automatically create employment records which are also replicated in the host organisations with data carried from postgraduate doctors and dentists in training recruitment system (Oriel). This enables streamlined movement of personal information and reduces manual entry into the ESR system. The process for moving doctors when they change placement also takes place automatically at 12 weeks so that the host organisations can be informed of placements at 12 weeks. In addition, this process assists the administrative burden on the Lead Employer to advise postgraduate doctors and dentists in training of their placement location at 12 weeks (to meet the requirements of the Code of Practice).
- ✓ Use of ESR inter authority transfer to obtain information from previous employers to enhance the employment record and reduce repetition.
- ✓ Use of ESR's applicant portal to reduce the requirement for manual new starter form filling is being explored and initially used to allow the postgraduate doctors and dentists in training to check and amend their own personal details including their statutory and mandatory training.
- ✓ Creating records on host organisations ESR systems so that they can meet their obligations to provide the Lead Employer with the work schedule to issue to postgraduate doctors and dentists in training at 8 weeks. As well as initiate local processes for IT access and security for example. In addition, host organisations can use the information for workforce planning purposes and to manage vacancies and gaps in their rotas.

What were the challenges?

- Providing postgraduate doctors and dentists in training with ESR self-service logins was a challenge and demanded a vast amount of administrative time. Over a period of 8 months (May – December 2019) there have been approx. 700 account reset requests received. Working closely with ESR colleagues this was improved through enhancements to the system and the number of reset requests has decreased, although not stopped.
- Many postgraduate doctors and dentists in training provided the Lead Employer Trust with certificates of completion of e-learning which was compliant for renewal and in line with CSTF. There were approx. 500 postgraduate doctors and dentists in training records updated with certificates of previously completed statutory and mandatory training. Again, this was a large administrative task however, enhanced the experience of the postgraduate doctors and dentists in training.
- There is an ongoing error with the transfer of information from Oriel (recruitment system) to TIS and in turn interface to ESR whereby the National Insurance number is not transferring successfully. This has created a manual task of data input onto ESR for both the Lead Employer Trust and the host organisations as the IAT process will not work without the National Insurance number. Further work is being completed with both ESR and HEE TIS colleagues to rectify this error.
- The Lead Employer Trust allocated all 11 agreed statutory and mandatory training competencies on ESR against all postgraduate doctors and dentists in training positions. Further work is still to be done to align requirements specifically to postgraduate doctors and dentists in training positions.

What were the results?

Across the North East and North Cumbria region there are 7 of the 9 host training organisations live with the TIS ESR interface resulting in a reduced amount of data entry and improved data held on host organisations ESR systems.

The use of the TIS ESR interface has improved the data flow processes within the Lead Employer Trust from HR team to Payroll. It has reduced the data entry completed to create a record on ESR and ensure payment is made to a newly employed postgraduate doctors and dentists in training.

Prior to May 2019 the Lead Employer Trust did not hold a central record for all postgraduate doctors and dentists in training on their statutory and mandatory trainings. This has been the main result of the work so far as it allows the Lead Employer to report the compliance of the postgraduate doctors and dentists in training as a whole, this is currently 68%.

With the use of IAT to obtain statutory and mandatory records from previous employers/ESR systems the Lead Employer Trust obtained 2000 records. Feedback specifically on the e-learning aspects received from postgraduate doctors and dentists in training included:

- ESR for e-learning is ‘reasonably straightforward to use’, ‘easily accessible from personal computer’.
- ‘Overall good as everything including pay slip on a single platform’.
- ‘Minimal overlap at Trust induction of e-learning contents’.

What were the learning points?

Overall, for the Lead Employer Trust model it is important all SLAs are in place with host organisations to ensure both are signed up to the standard approach. The Lead Employer Trust work very closely with all host organisations to ensure open communication and information flows both ways with regards to postgraduate doctors and dentists in training.

Having the regional ‘streamlining’ group established for statutory and mandatory training agreements to be reached is imperative. Within the North East and North Cumbria region this has focused on all staff groups and not specifically to postgraduate doctors and dentists in training. All NHS Trusts within the region are aligned to the CSTF framework and most now use ESR to deliver these as e-learning packages allowing the transfer to happen via IAT.

Working closely with ESR Account Managers and HEE TIS team has proven successful where challenges have been faced as it has allowed these to be resolved timely.

Next steps and sustainability

North East Lead Employer have already maximised the benefit of being a single source record for all employment and statutory and mandatory training data to support the region.

To fully deploy the applicant portal and work in partnership with ESR to enhance the portal to further reduce requirements for manual processes with the aim to reduce further the paperwork a postgraduate doctors and dentists in training is expected to complete prior to commencement.

To review how data is extracted from the Oriel system for recruitment into the Training Information System to further reduce manual input ultimately in ESR.

To further align the statutory and mandatory e-learning specifically required for the postgraduate doctors and dentists in training position. In addition, to review any further e-learning required above and beyond the 11 statutory and mandatory competencies for the postgraduate doctors and dentists in training and build this on to their central record with the Lead Employer Trust.

To work with host organisations to improve their experience and use of the TIS ESR interface including further work to allow host organisations to use the ESR and Health roster interface for Lead Employer Trust employed postgraduate doctors and dentists in training.

To expand the Lead Employer model within the North East and North Cumbria to incorporate the employment of Foundation level postgraduate doctors in training and the remaining dentists in training from August 2020.

Want to know more?

Laura Sams
Deputy Head of Human Resources
Lead Employer Trust
E. l.sams@nhs.net

Case Study 2 - Royal Free London NHS Foundation Trust

What was the aim/problem?

Over many years, it was recognised that doctors on general practice training programmes were ill-served by a rotational scheme that saw them moving between primary and secondary care settings and changing employers, often or more times during a programme. While training (overseen by HEE) was delivered effectively, employment matters were disjointed, with primary care providers often lacking the HR, payroll, and other infrastructure to meet the needs of this group of staff. Health issues were poorly managed/supported, payroll arrangements were inconsistent (and often incorrect) and there was a lack of knowledge/expertise among smaller providers to ensure that pay and other conditions of employment were correctly handled. There was little or no handover between employers when a doctor rotated and no continuity of support for health or performance issues. While all trainee doctors face some of these challenges, GP trainees were significantly more disadvantaged by this arrangement than hospital-based trainees who were at least well-served by good quality HR and payroll functions.

What was the solution?

In 2015, HEE London undertook a tendering exercise seeking hospital trust providers to act as a lead employer for GP trainees for the duration of their training programme. The Royal Free London NHS Foundation Trust (RFL) was awarded two of the three contracts for a five-year period, handling around 1,100 trainees annually. At a subsequent retendering exercise in 2020, RFL retained both contracts and was additionally awarded contracts for public health trainees and for a third GP school, taking our total to more than 1,800 trainees.

As in other parts of the country, the model is based on postgraduate trainees having an employment contract with the lead employer and being hosted in training placements through local education providers (in other hospital trusts, in primary care, in hospices and elsewhere). The placements are provided under memoranda of understanding governing the relationship between the employer and the placement providers. Trainees are only required to complete pre-employment checks once. This data is held by the lead employer and shared with placement providers. Processes are handled by a dedicated lead employment team within the recruitment service and are automated where possible, using a mix of interfaces and robotic process automation.

There are a variety of lead employment models in operation across the country, ranging from wide-ranging/national models through to low-level, single rotation models. We believe that our model enjoys the benefits of both. The model is large enough (capable of supporting more than 1,800 trainees) to benefit from economies of scale (allowing for greater resilience, investment in systems/technology, specialist roles etc) while still offering the benefits provided through being geographically located in the area that we serve. While the model is of necessity underpinned by contractual arrangements, it is personal relationships that make it work for the benefit of all. While in a post-covid world, these can, to an extent, be built, fostered, and maintained even in a context of remote or semi-remote working, all the evidence is that “place” still matters and that is where our physical location in the midst of our customers comes into its own. When needs, must, there is no substitute for getting people together to jointly design and deliver solutions to knotty problems. Our team is mobile, flexible, and adaptable, and are equipped to work from any setting – home, trust site, customer site, “on-the-go” – as required to meet the needs of the customer.

What were the challenges?

Standing up the programme in 2015 presented a logistical challenge – processing high volumes of trainees in a very short time – that could only be met by hard work. It did the job, but it was no way to build a successful service. The real challenge came in the subsequent re-engineering programme to facilitate the use of automation, allowing us to go on to manage high volumes of activity with minimal staff and thus ensuring that the value-adding aspects of the model can be delivered even during periods of peak activity. This required a change programme encompassing:

- Information flows between HEE, the lead employer, the placement providers, and the trainees
- Data quality
- Payroll processing
- Job/placement offers, contracting and work scheduling
- Accommodating Less Than Full Time (LTFT) requests

The second main challenge lay in building strong, integrated working relationships – with HEE, with the GP schools, with placement providers, and with trainee representatives. None of these existed (at least, not to the level required) at the start of the programme and building/developing these required a skill set not traditionally deployed within a recruitment service (or at least, not to the level that was now required). Staff development was thus a key challenge and needed to be delivered at pace.

The third challenge lay in managing expectations. No new system can get established without teething difficulties, and no model can be expected to fix long-standing problems overnight. Misplaced expectations can lead to disappointment and negative perceptions on all sides, and only clear, honest, realistic, and transparent communication can help navigate the difficult, often choppy waters as things transition from the old world to the new. Clear, regular communication – written, oral, remote, and most importantly face to face - was the only way to keep all stakeholders in the boat as we went on the journey from a dispersed employment model to the new lead employer model.

What were the results?

From a low base – trainees were very dissatisfied with the old, dispersed model – things improved steadily, year on year, until by 2019, we were hitting record satisfaction scores. That year, 99.5% of trainees received their work schedule, contract, and full pay breakdown in line with code of practice deadlines (the target is 90%, things have since been impacted by covid, but this year's figure was still 94.5%), and 75% of trainees rated their experience as "good" or better. There is, of course, still room to improve on these figures, but they represent tremendous progress over the years and could not have been achieved under the old model.

In terms of trainee support, the lead employer programme allowed us to support a number of trainees with health conditions back to work, where they were able to complete their training and are now working as qualified GPs. We have established working quality improvement programmes, with trainees embedded at the heart of the process, to alleviate the long-standing difficulties faced by trainees who work less than full time (LTFT). We have developed and deployed new automated workstreams to further speed up processes and release staff for trainee-facing activities. We now have staff who can work on employee relations activity including sickness absence and disciplinary cases and have a dedicated manager working full-time on client relations, offering training and support to practice

managers and others to improve the working lives of trainees. We have well-established communication channels (trainer and trainee newsletters, a functioning intranet), have moved a number of paper processes onto electronic platforms (most recently expenses) and are continuing to develop our online functionality to improve access to our services.

What were the learning points?

The learning was surprisingly simple: don't expect this to be easy! Change is hard and requires constant engagement with all stakeholders if it is to be successfully implemented. What was particularly pleasing was that 12 months in, despite a number of teething problems (primarily but not exclusively caused by information flows), no stakeholders wanted to revert to the earlier arrangement.

Delivering a functioning service with these volumes is only achievable (and affordable) with a large degree of standardisation. Processes had to be designed that would work for 95% of activities, and then automated as far as possible to allow staff to spend the time needed to resolve the 5% of cases that were, for whatever reason, unable to run through the standard process (it is true that there is no "one size fits all" model, but it is absolutely possible to develop a "one size fits most" model). Good quality information to and from HEE at the start of a rotation is key to achieving this and time invested in improving this is time very well spent.

The biggest and most important learning point throughout was that even in an inter-connected world, "place" still matters. An awful lot can be achieved working remotely (as we all learned during the pandemic) but when things went wrong, when stakeholders became disgruntled or when individual trainees/trainers needed support, there was (and still is) no substitute for getting out there and engaging in person. Meetings, personal consultations, working breakfasts – whatever it takes to keep the wheels spinning - and only geographical co-location will allow this to happen.

One final point is worth considering too. In some parts of the country, lead employer models have been developed by consensus across providers, whereas this model, developed rapidly to meet the needs of an expanding GP trainee population, was designed top-down and was, to an extent, felt by placement providers (particularly by hospital trusts) to have been imposed upon them. Many of the initial (and in some cases ongoing) problems, particularly those connected to funding flows, could have been alleviated or avoided by a more collegiate approach in the beginning – food for thought for future developments.

Next steps and sustainability

The model clearly works, delivering benefits to trainees, enhancing the employee experience and taking away many of the problems that have traditionally bedevilled rotational training programmes. Clearly, the next step is to roll out the same model to all other training programmes in the region, but therein lies the challenge: how to do so in a cost-effective way that (a) does not present a funding pressure, (b) is concentrated enough to allow providers to affordably invest in technological solutions (robotics, e-solutions, interfaces), (c) recognises that resources will be released elsewhere in the system that can be reinvested to make the new model work and (d) takes placement providers on the journey as genuine stakeholders rather than as affected parties. Delivering change is hard; delivering change in a sustainable way is harder still and can only be done if all (or a significant majority) of stakeholders are convinced of the benefits and are "sold" on the journey.

Allied to this is the parallel – if more recent – development of shared service options for services such as recruitment. There is a logic to combining lead employment models with shared service hubs, drawing on the expertise of shared service centres to maximise the value of lead employment models, even though the latter clearly go some way beyond the narrow remit of, say, a shared recruitment service. It is likely however that the new shared service centres provide the best, most cost-effective springboard to the development of further lead employment programmes – they are designed to be scalable, customer focused and cost-effective solutions and it would be unwise to set up lead employment centres which are divorced from the shared service hubs coming into existence.

To conclude: lead employment models work for trainees, they work for placement providers, they work for the staff working in them but – crucially – in our view, they work best when situated within the regions that they serve. Linking future developments to the new shared service hubs would therefore seem to be the best way to deliver the benefits of this model to all.

Want to know more?

Gareth Jones
Director of Shared Employment Services

Gareth.Jones12@nhs.net

Lisa Fowler
Lead Employment Services Manager
Lisa.Fowler2@nhs.net

Case Study 3 - St Helens and Knowsley (StHK) NHS Foundation Trust. Lead Employer for Doctors and Dentists in Postgraduate Training in the North West.

What was the aim/problem?

There is a recognition that within a rotational training programme postgraduate doctors in training can change employers frequently, sometimes up to 8 times during a programme. In areas without a Lead Employer model this can result in postgraduate doctors in training repeating pre-employment processes and statutory and mandatory training with each employer. Data flow of pre-employment and statutory and mandatory training information can be poor across organisations. This also includes data flow in relation to the identification of ongoing support required for colleagues in training where workplace adjustments are required due to the management of ongoing health concerns.

StHK Lead Employer arrangement has been implemented for doctors and dentists for all specialty training programmes within the North West capturing Cheshire and Mersey, Lancashire and Cumbria and Greater Manchester. This contract is also in place for GP trainees in West Midlands, East Midlands, East of England and Thames Valley and for Palliative Medicine Trainees within London and South East. StHK Lead Employer also employ public health specialty trainees within the NW, East of England, and the Midlands. This model is based on postgraduate trainees holding their employment contract with StHK Lead Employer and being hosted in a variety of GMC approved training placements. The Lead Employer holds Service Level Agreements with each host organisation to ensure standards are met by both the Lead Employer and the host placement organisation, this includes KPI standards.

Through the StHK Lead Employer all postgraduate doctors and dentists in training employed under our remit are only requested to complete pre-employment checks once. This data is held centrally within ESR and is shared via the submission of Management Information to Hosts. This is undertaken by Hosts having access to our ESR systems for specific functions such as absence and training. Beyond the initial pre-employment checks process we are able to share updated Management information to host placement organisations including information such as HWWB recommendations which will identify requirements including workplace adjustments. Having the ability to passport important information throughout the trainee's employment and training life cycle reduces any burden on the trainee enabling them to focus on their specialty training programme rather than on day-to-day employment matters. Through this arrangement the Lead Employer will work closely with the Host placement organisation to ensure any equipment and adaptations are transferred to any subsequent Host placement organisation; this also reduces duplication of costs which would result where several different employing organisations were involved and were required to directly purchase specialist equipment.

In addition, StHK Lead Employer use IT systems available to transfer data from the recruitment system to TIS which interfaces with ESR, thus minimising the amount of information a postgraduate doctor and dentist in training is requested to complete during pre-employment processes as well as providing ongoing data transfer between TIS and ESR when changes are made to placements and grade changes following ARCP outcomes.

The successful data flow between postgraduate doctors and dentists in training, the Lead Employer and the host organisations allows the code of practice deadlines to be met more easily.

What was the solution?

The solutions deployed by StHK Lead Employer Trust have been numerous and represent a continuous improvement journey readily embracing enhancements to systems to improve the end-to-end journey.

Engagement in a regional agreement, based on the national Core Skills Training Framework, for the required statutory and mandatory training for all doctors and dentists in postgraduate training, including the HEE Induction Modules released in August 2018 and launched as a pilot in the North West in 2019 with the introduction of STEP (System wide Training and Employment Passport).

Through STEP host placement organisations can access a trainee's record twelve weeks ahead of their rotation to identify their compliance against core statutory and mandatory training undertaken via the e-LfH system which is transferred overnight to ESR or directly via their ESR self-service portal. The implementation of STEP currently for all host placement Trusts in the NW (36 in total) provides a means of reducing duplication of training hence a mechanism for streamlining the induction process for our doctors and dentists in specialty training by acting as a centralised data repository for core skills statutory and mandatory training competencies. The host placement organisations have aligned their induction (face to face and e-learning) to ensure no duplication of the e-learning already completed by the postgraduate doctors and dentists in training on the Lead Employer Trusts ESR.

- Deployment of the interface between the HEE Training Information System (TIS) and ESR to automatically create employment records which are also replicated in the host organisations with data carried from postgraduate doctors and dentists in training recruitment system (ORIEL). This enables streamlined movement of personal information and reduces manual entry into the ESR system. The process for moving doctors when they change placement also takes place automatically at 12 weeks so that the host organisations can be informed of placements at 12 weeks. In addition, this process assists the administrative burden on the Lead Employer to advise postgraduate doctors and dentists in training of their placement location at 12 weeks (to meet the requirements of the Code of Practice).
- Use of ESR inter authority transfer to obtain information from previous employers to enhance the employment record and reduce repetition.
- Use of ESR's applicant portal to reduce the requirement for manual new starter form filling is being explored. This is currently used to allow the postgraduate doctors and dentists in training to check and amend their own personal details including their statutory and mandatory training. Host placement organisations are provided with access to the Lead Employer ESR to enable them to update and undertake all their local checks prior to the trainee's commencement of placement.

What were the challenges?

Through STEP we have an interface with e-LfH which provides a significant amount of training compliance data.

- There is an ongoing error with the transfer of information from ORIEL (recruitment system) to TIS and in turn interface to ESR whereby the National Insurance number is not transferring successfully. This has created a manual task of data input onto ESR for both the Lead Employer and the host placement organisations as the IAT process will not work without the National Insurance number. Further work is being completed with both ESR and HEE TIS colleagues to rectify this error.

Work is ongoing via our STEP project team to ensure that ESR is structured appropriately to support the current TNA supporting the core skills training framework. It is intended that position-based training opportunities will be reviewed as part of this project plan during Q3 and Q4 of 2021/22.

What were the results?

Across our Regions all host placement organisations are live with the TIS ESR interface resulting in a reduced amount of data entry and improved data held on host organisations ESR systems.

The use of the TIS ESR interface has improved the data flow processes within the Lead Employer from HR team to Payroll. It has reduced the data entry completed to create a record on ESR and ensure payment is made to a newly employed postgraduate doctors and dentists in training.

Prior to May 2019 the Lead Employer Trust did not hold a central record for all postgraduate doctors and dentists in training on their statutory and mandatory trainings. This has been the main result of the work so far as it allows the Lead Employer to report the compliance of the postgraduate doctors and dentists in training as a whole, this is currently 63%. As at June 2021.

What were the learning points?

Overall, for the Lead Employer Trust it is important all SLA's are in place with host organisations to ensure both are signed up to the standard approach. The Lead Employer Trust work very closely with all host organisations to ensure open communication and information flows both ways with regards to postgraduate doctors and dentists in training.

Working closely with ESR Account Managers and HEE TIS team has proven successful where challenges have been faced as it has allowed these to be resolved in a timely manner.

Next steps and sustainability

- StHK Lead Employer have already maximised the benefit of being a single source record for all employment and statutory and mandatory training data to support hosts within the NW region. We continue to work closely with host organisations to embed the passporting system (STEP) across the primary care setting in the NW.
- To fully deploy the applicant portal and work in partnership with ESR to enhance the portal to further reduce requirements for manual processes with the aim to reduce further the paperwork a postgraduate doctors and dentists in training is expected to complete prior to commencement of employment.
- To review how data is extracted from the ORIEL system for recruitment into the Training Information System to further reduce manual input ultimately in ESR.

- To further align the statutory and mandatory e-learning specifically required for the postgraduate doctors and dentists in training position. In addition, to review any further e-learning required above and beyond the statutory and mandatory competencies for the postgraduate doctors and dentists in training and build this on to their central record with the Lead Employer Trust.
- To continue to work with host organisations to improve their experience and use of the TIS ESR interface including further work to allow host organisations to use the ESR and Health roster interface for Lead Employer Trust employed postgraduate doctors and dentists in training.
- Continue to explore passporting processes for the management of health specific information via the introduction of a trainee well-being passport.
- We have also introduced a colleague in training app to assist with the timely cascade of information to colleagues in training and as a means to cascade important information to colleagues in training and new starters via a message alerts process. Working closely with stakeholders we will continue to enhance user accessibility as part of our drive for continual improvement of systems access for the overall improvement of working lives for our doctors and dentists in speciality training.

Want to know more?

Debbie Livesey
Head of HR Operations & Stakeholder Engagement
Lead Employer Trust
E. Debbie.livesey@sthk.nhs.uk