Roles and responsibilities

This resource provides an overview of the roles and responsibilities for those involved in delivering the exception reporting reforms and associated processes for the HR/medical staffing function. The resources will continue to be updated as supporting guidance is developed.

HR/medical staffing lead actions

Inform the board

- Provide a summary of changes to 2016 terms and conditions of service (TCS) England.
- Provide access to supporting guidance, with additional guidance necessary to describe the implications for lead employer organisations.
- Issue a project plan to deliver change in local processes and action a cultural shift in supporting exception reporting if required
- Consider comms and engagement plans covering:
  - the medical workforce
  - rota co-ordinators
  - finance team.
- Create an investment risk plan.
- Explore interactions with NHS England's commissioned board lead for improving doctors working lives (IDWL).

HR/medical staffing team preparedness

- Undertake a review of capacity and undertake any recruitment to meet increased admin requirements.
- Review team structures to identify areas of potential conflict with changes (HR involved in the exception reporting process should not be co-located with the clinical workforce).
- Identify local education and training gaps and consider improvement activities.
- Determine the process for sending exception reporting information to payroll for payment.
- Review work schedules to ensure they meet contractual requirements and minimise the opportunities for exception reporting – continue current responsibilities. Strengthening work schedules to manage resident doctor and service expectations would have a tangible impact on compliance, engagement, and efficiency. Additionally, ensure that all work schedule rota patterns have clear names to associate with exception reports on the system.
- Formalise budgets to cover the cost of any breaches.
- Review recruitment/induction processes to ensure this is proactively managed to allow access within seven days of starting.
- Lead unit organisations to review Lead Unit Business Agreement arrangements.
- Undertake a review of relevant trust policies and procedures.
- Work schedule compliance and financial sign off process confirmation.

Updating employment contracts

Employers need to give effect to the updated national TCS locally. Employers are required to write to all affected staff (trainee doctors and dentists and to those who exception reporting access has been extended locally) informing them of the changes to their contractual terms, following agreement under national collective bargaining arrangements.

New exception reporting activity

- Generate a list of all eligible employed residents, their contract type and grade using ESR within a month of major rotation dates and complete cross validation with a list of doctors and dentists with access to exception reporting systems.
- Review LED workforce - locally employed doctors whose terms of employment substantively mirror the 2016 TCS.
- Agreements to be reached with the local negotiating committee (LNC) (or equivalent where no LNC exists).
  - Over 2 hours additional work – 'subject to locally determined process' in addition to the under two hours process.
  - LNC agreement for when access to exception reporting is not possible for reasons outside of the employers' control.
  - Arrangements for GoSWH delegation and deputising and agreeing alternative arrangements if an employer is unable to appoint a GoSWH.
  - Arrangements for DME delegation and deputising.
  - Local management of new fines structure - penalties/fines and their disbursement; access/completion fines and proven information breach fines.
  - Quarterly report sharing arrangements.
  - Local monitoring of revised processes.
- Set up a new joint email inbox for receipt of evidence in support of claims as a fallback if the software provider

systems fail.

- Set up a new joint email inbox for doctors to report if they cannot access or complete an exception report.

- Create and maintain a list (with job title input) of all those with access to exception reporting systems and exception reporting derived data (including for audit and financial purposes). Create a process for providing a list of names to residents when requested; identify a direct contact or inbox to manage requests.

- Review residents' access to exception reporting systems and ensure eligible doctors and dentists have access within seven days from the start of implementation and/or start of employment or rotation. This includes any potential overlap of systems at implementation.

- Local Negotiating Committee (LNC)/Resident Doctor Forum (RDF) or equivalent engagement - the appropriate forums should be made aware of the employer's approach to communicating exception reporting changes (including updated policies and procedures) to residents.

- Engage with the current software provider, where an exception reporting software provider is currently in use. Where no provider is used, employers will need to either update their local systems or tender for an external provider solution.

- Confirm software provider implementation plans and supporting training resources, where applicable.

- Determine training requirements for all staff involved in exception reporting and supporting engagement plan.

- Review opportunities to supplement the agreed verification process with available technologies.

- Review all rota names on the exception reporting system to ensure they match the rota names given on work schedules.
- Review rotations notifications to highlight changes to exception reporting processes.
- Engage with non-NHS orgs (academic employers, MoD, local authority etc) that substantively employ doctors in training to:
  - explore the application of new exception reporting reform arrangements to those doctors
  - review current payment processes as part of the organisations' Memorandum of Understanding (MoU) or equivalent
  - review honorary contract for clinical academic trainees to ensure contractual changes are reflected.

Employers will need to consider how their GoSWH(s) fit within these locally determined processes, especially regarding delegation, oversight, and accountability.

This forum should also be used to present employer approaches to communicating exception reporting changes (including updated policies and procedures) and revised local processes to residents and all those involved in exception reporting.

Joint LNCs are assumed to occur on a quarterly basis, so the frequency of meetings may require the instigation of 'exceptional' joint LNCs prior to implementation.

Medical directors and deputies

Actions

As per the inform the board section, plus:

- Review GoSWH role, fill any vacant positions and refine the level of administrative support considering the new requirements.
- Confirm the GoSWH deputising arrangements to ensure consistent access to the GoSWH function.
- Confirm the DME deputising arrangement to ensure consistent access to the DME function.
- Review and update job plans (mutually agreed) of those affected by the changes (covering the GoSWH, GoSWH deputy, educational and clinical supervisors)
- Explore opportunities to support and deliver cultural changes as necessary to secure the benefits of exception reporting (ie, introduce necessary changes to minimise the need for exception reporting). Departmental leads and deputies.

What is required:

- summary of changes to TCS, access to supporting guidance, project plan to deliver change in local processes, comms, and engagement plan to medical workforce.
- Seek support in communicating changes to the medical workforce.
- Update relevant policies and procedures regarding the handling of detriment.
- Update departmental induction processes for new resident doctors and dentists.

Guardians of safe working hours (GoSWH)

GoSWH actions

- Detail changes to role; access to updated guardian resources when republished (existing resources available here: Information for guardians of safe working hours | NHS Employers).
- Review and update GoSWH job plan (mutually agreed).
- Review the level of admin support and responsibilities. A business case may be required to make the case for additional resources to support the new arrangements.
- Confirm deputising arrangements to ensure consistent access to the guardian function.
- Communicate changes in the GoSWH role to medical workforce; to include escalation/remediation pathways.
- Consult with HR/Medical staffing on changes and new ways of working.
- Cross-validate all eligible employed residents against a list of doctors and dentists with access to exception reporting systems (within one month of the major rotation dates).
- Confirm data sources to help inform the analysis of exception reporting reports. Data used will need to be underpinned by a governance framework to provide assurance that it represents a reliable source of information.
- Update the GoSWH quarterly and annual reports to the Board, the content of which will need to include:

  - summary of reports submitted
  - safe working hour breaches
  - missed break breaches
  - information breaches
  - ‘access and completion’ breaches
  - all rota gaps on all shifts
  - detriment and perceived detriment (collected via survey) experienced by doctors in relation to exception reporting.

- Levy fines where necessary; confirm how the accumulation and disbursement of fines will operate, underpinned by appropriate governance arrangements; create and manage GoSWH fines account (new and existing) and distinct sub-accounts (to enable more granular distribution).

- Determine the arrangements to regularly survey residents re: experiences of detriment; survey on a quarterly basis.

- Review submitted exception reports to highlight trends/patterns.

- Mandate award of TOIL when necessary.

- Confirm software provider implementation plans and supporting training resources, where applicable.

Directors of medical education (DME) and deputies

DME and deputies actions

- Detailed changes to role; access to updated DME guidance

- Review and update DME job plan (mutually agreed)

- Confirm deputising arrangements.
- Communicate changes in role to medical workforce; to include escalation/remediation pathways.
- Consult with HR/medical staffing on changes and new ways of working.
- Establish a trust approach to common exception reports (such as missing protected training), proactively identifying themes from early reports and act on them.
- Report to the trust board quarterly or annually (as appropriate) on education exception reports, via the medical director and/or other locally agreed processes via verbal or written report.

Educational and clinical supervisors

Supervisor actions

What is required:

- Summary of changes to TCS, access to supporting guidance, project plan to deliver change in local processes, comms, and engagement plan to medical workforce.
- To be informed of their removal from process and associated systems unless consent is provided by the doctor.
- Review and update job plans (mutually agreed) in accordance with contractual provisions.
- Engagement to deliver local induction information to resident doctors and dentists.

Rota managers/co-ordinators

Rota actions

- Summary of changes to TCS, access to supporting guidance, to confirm handling of TOIL and supporting processes in line with required confidentiality restrictions.
- Develop/update local how to run the rota guide to support rota co-ordinators.
- Maintain all rotas and ensure that they are accurately labelled/named; the work schedule name should correlate to the exception report names.

Budget holders

Budget holder actions

- Determine appropriate budget holders for all costs associated with exception reporting.
- Understand new exception reporting validation processes and audit requirements.
- Confirm exception reporting information confidentiality requirements.

Finance team

Finance team actions

- Understand new exception reporting validation processes and audit requirements.

- Confirm ER information confidentiality requirements; review scheme of delegation and necessary budget reports.
- Create new budget codes to enable the payment of any fines applied.
- Determine arrangements to allow for a more granular disbursement of fine money eg, create new GoSWH sub accounts.

Payroll team

Payroll team actions

- Understand new exception reporting validation processes and audit requirements.
- Determine process for relevant payments to be made to doctors or dentists because of exception reporting, with appropriate confidentiality protections.
- Confirm payroll cut-off/submission deadlines for payments to be made so that this information can be relayed to doctors and dentists.

Fine calculation is complex and will need to be monitored to ensure payments made are correctly applied.

Governance team

Governance team actions

- Understand new exception reporting validation processes and supporting audit requirements.

Audit team

Audit team actions

- Understand new exception reporting validation processes and supporting audit requirements.
- Confirm ER information and confidentiality requirements.

Fraud team

Fraud team actions

- Understand new exception reporting validation processes and supporting audit requirements.
- Review self-declaration requirements to ensure that the information submitted by a resident adheres to the reasons for exception reporting is accurate and to the best of the doctors/dentists' knowledge.

NHS employing organisations with lead employer status

Lead employer actions

- Lead employers will additionally have to talk to their host organisations to confirm ways of working to be confirmed:
  - GP and host employer comms – review current working arrangements/memorandum of understanding; confirm list of contacts.
  - Involvement of Integrated Care Board for GP settings to be considered.

- Confirm process for accessing central funds (NHSE to determine) and associated timescales (from 4 February 2025)

- Understand expectations regarding a review of working practices in non-hospital/community settings i.e. what action should be taken considering exception reporting.

To note: DHSC will be writing to lead employers directly detailing the process for recharging of costs associated with non-hospital settings.