GUARDIANS OF SAFE WORKING HOURS CONFERENCE
Monday 30th September

Wifi code: horizonleeds
WELCOME

Paul Wallace
Director of Employment Relations and Reward
NHS Employers
Please ensure your mobile phone is on silent.

There are no fire alarm tests planned for today. If the fire alarm sounds at any time, please follow the signs to the nearest exit.

Refreshments and lunch will be served in the foyer, where the exhibition stands are also located.
JUNIOR DOCTOR UPDATE

Jonathan Fenwick
Junior doctor negotiation committee representative, British Medical Association

Steven Ned
Joint Director of Workforce
Rotherham and Barnsley Hospital NHS Foundation Trusts

Event supported by ALLOCATE
Junior doctor contract 2018 review

Dr Jonathan Fenwick

NWrJDC Chair
National BMA TCSN Exec. Subcommittee LTFT & Equalities Lead
NW Lead Employer LNC Representative (Paediatrics)
MFT LNC Junior Doctor Representative (RMCH)
Overview
What will be covered

• Background to the 2018 review

• Contractual changes against timeline for implementation

• Ongoing work

• Q&A
Evidence base for negotiated changes

- Survey of 3,567 junior doctors
- Guardian reference group for exception reporting
- Feedback from Guardians
- Issues raised through contractual queries
- Employer feedback
Background

• Contract accepted in June referendum (82% for), indicating end of dispute & acceptance of new TCS

• New deal brings a £90 million investment for junior doctors over the next four years

• Phased implementation to allow maximum benefit for the most trainees as early as possible
Safety and rest limits

• Night shifts of 12 hours or more receive third 30 min paid break
• Removal of maximum 1 in 2 weekend frequency, exemption for FY2 trainees by December 2019
• Maximum 8 shifts in 8 days reduced to 7*
• Maximum 5 long day shifts reduced to 4*

* May be reduced back by one by specific agreement of JDF & relevant approvals in exceptional circumstances, must be reviewed annually
Facilities

• Clarity that employer must pay for accommodation or alternative transport if too tired to drive home

• New commitment that employer pays expenses for return journey to work as well

• When necessary to be resident for NROC because of emergency response requirements, employers must provide accommodation without charge
Guardian fine rates

• Linked to NHS Improvement (NHSI) rates, out-with contract

• Fine is x4 NHSI hourly rate, with x1.5 to trainee, rest to Junior Doctors Forum (JDF) pot
Scope of exception reporting

- Aims to bring clarity to what can be reported

- Expanded to include (but is not limited to):
  - All scheduled NHS work under this contract
  - Any activities required for the successful completion of ARCP and any additional educational or development activities
  - Activities that are agreed between the doctor and their employer
  - All professional activities that doctors are required to fulfil by their employer
Exception reporting clarifications

• Personalisation of work schedules and educational supervision
  • Personalisation of the work schedule within 4 weeks of commencing placement
  • Release from clinical duties for educational supervision meetings (including if remote from base location)
  • Ability to exception report inability to personalise within 4 weeks

• Pre-authorisation no longer required for additional hours of work
Safety limits

• Maximum 72 hours work in 7 day period will now be measured as a maximum period of 168 hours (rather than midnight to midnight calendar days)
• 46 hours of rest previously required after 3-4 night shifts now applied to any number of nights, even 1*
• Clinical reason and JDF approval required to roster more than 1 in 3 weekends*

* To be included as soon as possible after Oct 2019. Expected to be reflected in rotas for Dec 2019 rotations. MUST be included in rotas no later than Feb 2020
Exception reporting process

• Process for exception reports to be reviewed locally

• Change reflects feedback we received from Guardians and trainees

• Guardians, trainees, and doctors are best placed to decide how reports are managed
Additional Elements

- Contractualisation of Joint Good Rostering Guidance Principles
  - NROC
  - LTFT
  - Cover arrangements & Leave

- Host/LE responsibilities to be clearly defined

- Mandatory training to be included in generic work schedule (including an induction required prior to commencement)
Guardians of safe working hours

• Employers have to engage with all parties involved in guardian performance management, including junior doctors, to assess and recommend time commitment and admin support for the role annually

• Scope of guardian fines is extended to cover 4 more types of safety breach:
  • The minimum non-resident on-call (NROC) overnight continuous rest of five hours between 22:00 and 07:00
  • The maximum 13-hour shift length
  • The minimum 11 hours rest between resident shifts
  • The minimum 8 hours total rest per 24-hour NROC shift
Exception reporting

- ES/nominated reviewer must respond to ER within 7 days to review with trainee, guardian has authority to respond if not
- Any untaken TOIL will automatically convert to pay at end of placement*
- Where agreed payment outcomes of ER are not closed on the system, these will be automatically accepted and closed at end of rotation or in 4 weeks with extenuating circumstances*
- Payment for ER must be within a month, or the next available payroll, of the outcome being agreed, with no further admin (e.g. forms) to complete*

*The submissions of reports in Dec 2019 after go-live may not be resolved in time for Jan 2020 payroll and may be carried into Feb. It is recommended that these are processed earlier where possible
New Pay Elements

- Changes to Weekend Frequency Rates
  - Increase for 1 in 2, 1 in 3, and 1 in 6 weekends to linearise rates
- New Disco Shift enhancements
  - +37% for whole shift finishing after midnight & before 04:00
- LTFT allowance
  - £1000 per annum (as monthly payments)
  - Those transitioning previously & receiving the **Transitional LTFT Allowance** (£1500 per annum) who stay training LTFT will remain on it until 4 year pro rata from transition onto 2016, after this they drop to the £1000 value.
2020 Onwards

February 2020
• Statutory & mandatory training not deducted from study leave
• Return to prospective cover of study leave

June 2020
• Code of practice (in place for August 2020)
  • Generic Work Schedule, 8 weeks prior to placement
  • Actual rota slot, 6 week prior to placement

October 2020
• Introduction of the 5th Nodal Point +£3,000 (£52,036)
• Increase in value October 2021 to +£6,000 (£56,077)
• Final value in April 2022 +£7,200 (£58,398)
Ongoing work
Ongoing Joint Negotiating Committee (Juniors) work

• Guidance on improving access to breaks being taken within shifts
• Best practice guidance on reducing fatigue during night shifts, and appropriate facilities
• Guidance on the minimum number of doctors required to roster sustainable, training-compatible rotas
• Guidance on exception reporting – Review & Update
Ongoing Joint Negotiating Committee (Juniors) work

• Guidance on visibility of exception reporting payment on payslips
• Guidance on best practice for exception reporting in non-hospital settings
• Guidance on administrative support for guardians
• Work Scheduling guidance
• LTFT Guidance review including additional templating & work scheduling guidance.
• Guidance on NROC
Questions?
Speaking up in the NHS in England

Dr Henrietta Hughes
National Guardian
Freedom to Speak Up and Guardians of Safe Working Hours

30 September 2019

Dr Henrietta Hughes
National Guardian for the NHS
@NatGuardianFTSU
Speaking up protects patient safety and improves the lives of workers…

..this is only effective if listening occurs
Origins of Freedom to Speak Up
Freedom to Speak Up Guardians

- Trusts in England
- Independent providers
- National organisations
- Primary care vanguards

Work proactively and reactively

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement
Working in partnership

- Complaints
- Patient safety
- Staffside
- Human Resources
- Organisational Development
- Occupational Health
- Diversity networks
- Guardians of Safe Working
Role of the Freedom to Speak Up Guardian

1. Identifying that something might be wrong
2. Raising a concern
3. Examining the facts
4. Outcomes and feedback
5. Reflecting and moving forward
Barriers to speaking up

- Fixed or growth mindset
- Communication Confidentiality Detriment
- Permission Knowledge Information Training
- Hierarchy ‘Normalisation’ Systems Processes Policies Conflicts
- Investigations
- Reflecting and moving forward
- Identifying that something might be wrong
- Outcomes and feedback
- Raising a concern
- Examining the facts
Barriers to speaking up

Fixed or growth mindset

Communication Confidentiality Detriment

Permission Knowledge Information Training

Hierarchy ‘Normalisation’ Systems Processes Policies Conflicts

Investigations

Reflecting and moving forward
Identifying that something might be wrong
Raising a concern
Examining the facts
Outcomes and feedback

5 1 2 3 4
Barriers to speaking up

- Permission
- Knowledge
- Information
- Training
- Hierarchy
- ‘Normalisation’
- Systems
- Processes
- Policies
- Conflicts

Fixed or growth mindset

Communication
Confidentiality
Detriment

Investigations
Barriers to speaking up

- Permission
- Knowledge
- Information
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- ‘Normalisation’
- Systems
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Fixed or growth mindset

Communication
Confidentiality
Detriment

Investigations
Barriers to speaking up

- Fixed or growth mindset
- Communication
- Confidentiality
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- Permission
- Knowledge
- Information
- Training
- Hierarchy
- ‘Normalisation’
- Systems
- Processes
- Policies
- Conflicts
- Investigations
19,045 cases

7,087
2017/18

11,958
2018/19
Unreconciled data

Based on data returns from NHS trusts and foundation trusts April ’17 – March ‘19
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>45% include an element of bullying and harassment</td>
<td>45%</td>
</tr>
<tr>
<td>32% include an element of patient safety</td>
<td>32%</td>
</tr>
<tr>
<td>5% include perceived detriment</td>
<td>5%</td>
</tr>
</tbody>
</table>

Based on data returns from NHS trusts and foundation trusts April '17 – March ‘18

7,087 cases
Case studies

What issues are being raised?

- Junior doctor rota gaps
- Human trafficking
- Bullying cultures
- Contamination
- Recruitment process
‘The National Guardian will continue to champion those who speak up through her Network of Freedom to Speak Up Guardians.

..publish an independent, annual report to be laid before Parliament.

..showcase best practice, hold the Government and the system to account and advocate for change.’
- Foundation training
- Education and training guide
- Guidance on recording
- Regional networks
- National networks
- Development day
- Weekly bulletin
- Quarterly newsletter
- Advice clinics
- Enquiries phone line and email

- Trust visits
- Twitter
- Case review recommendations
- Annual report
- Annual survey
- Stakeholder survey
- Regional integration and development events
- Freedom to Speak Up Index
- 100 Voices report
National Guardian’s Office

- NHS Improvement
- NHS England
- Care Quality Commission
- Department of Health & Social Care
- General Medical Council
- NHS Employers

Board guidance
People Plan

NHS Contract
Well led inspection
Fit and proper review

Settlement agreements
Response to Gosport

Professionalism
Revalidation
GoSW

Independence and timeliness of investigations
What is wrong with your culture?

Bullying behaviours

Conflicts of interest

Inequality

Focus on targets

Competition

Workarounds

Entrenched views

Rivalry
We traditionally recruit based on competence.
Can you be great if your conduct is poor?
Competence vs conduct

Can you be great if your conduct is poor?

‘If you can’t change the people, change the people’
Gilbert Enoka
All Blacks Mental Skills Coach
Alliance of Organisations

- Academy of Medical Royal Colleges
- Association of Anaesthetists of Great Britain and Ireland
- Association of Breast Surgery
- British Medical Associations
- Civility Saves Lives
- Department for Health and Social Care
- General Medical Council
- National Guardian, Freedom to Speak Up
- NHS Improvement
- Point of Care Foundation
- The Royal College of Anaesthetists
- Royal College of Obstetricians and Gynaecologists
- The Royal College of Midwives
- Royal College of Nursing
- Royal College of Physicians of London
- The Royal College of Surgeons of Edinburgh
- Scottish Government
What do we want the culture to look like?
Psychological safety

Psychological Safety

<table>
<thead>
<tr>
<th>Comfort zone</th>
<th>High performance zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy zone</td>
<td>Anxiety zone</td>
</tr>
</tbody>
</table>

Motivation and accountability

Amy Edmonson TEDx talk https://www.youtube.com/watch?v=LhoLuui9gX8&feature=youtu.be
A note on authority

- The Perils of Obedience to Authority
- Stanley Milgram experiment

‘ordinary people, under the direction of an authority figure, would obey just about any order they were given, even to torture’
A note on authority
My organisation has a positive culture of speaking up

There are significant barriers to speaking up in my organisation
Managers support staff to speak up

Senior leaders support staff to speak up

% positive response

Freedom to Speak Up Guardian Survey 2018
People in my organisation do not suffer detriment as a result of speaking up
Pan sector network

- Aviation, banking, finance, military, health, retail, oil and gas, sport
- Learn and share
- Challenges and best practice
Our next steps

- Response to Gosport
- Primary care
- Implement settlement agreement guidance
- Phase 2 of case reviews
- 100 Voices campaign
- Annual report laid before Parliament
Your next steps?

- Meet your Freedom to Speak Up Guardian
- Speak up
- Listen with fascination
- Make improvements
Evidence base

- National Guardian Office publications
- https://www.cqc.org.uk/national-guardians-office/content/national-guardians-office

- Freedom to Speak Up Guardian surveys 2017 and 2018
- Annual Report 2017 and 2018
- Data Report 2017/18
- Universal Job Description
- Guardian Education and Training Guide
- Case Reviews
- Board Guidance document
- Guidance for guardians re CQC inspections
- Self Reflective template
- Anti Bullying Alliance Document
Evidence base

- Roger Kline
- WRES https://www.england.nhs.uk/2016/06/wres-publication/
- NIHR funded study on implementation of Freedom to Speak Up Guardian role in 100 trusts in England
  http://speakupsafely.org.uk/
- HEE Staff and Learners Wellbeing Report
- BMA Supporting Health and Wellbeing at Work report
- Civility Saves Lives
  https://www.civilitysaveslives.com/
- Point of Care Foundation
  https://www.pointofcarefoundation.org.uk/
Questions?

@NatGuardianFTSU

#FTSU
Enhancing Working lives of Junior Doctors
Professor Sheona MacLeod
Deputy Medical Director for Education Reform
Health Education
England
Health Education England
supporting our Doctors

Professor Sheona MacLeod
Deputy Medical Director of
Education & Quality

Developing people
for health and
healthcare
www.hee.nhs.uk
The Medical Education Reform Programme (MERP)

Enhancing the structure and delivery of medical training to ensure that doctors are supported, valued and provided with the means to be the best they can.

HEE is working with partners to reform the education and training of doctors to ensure we have a medical workforce fit for the future.
High Quality Care

Challenges

• Cost containment & Resource management
• Workforce Numbers
• Demographics
• Expectations of Patients
• Expectations of Staff
• New service models
• NHS Culture and image
• Technology
• Globalisation
Problems we are trying to solve

• Junior Doctor feedback on lack of flexibility in training
• Doctors feeling burnt out
• Trust feedback on lack of flexibility in staff deployment
• Pressure to specialise, Length of training with snakes and ladders system
• Increasing NHS pressures impacting on workload and rotas
• Changing behaviours; breaks from training & alternative careers
• unfilled specialty training places and unfilled ‘geographies’
Medical education

Right People Right Place?

There is increasing recognition of the value of Generalist skills and an understanding of Mental health

Are we educating our students in line with these beliefs?

Is there still bias and a hidden curriculum?

Are students and postgraduate doctors in training where the population needs them?

The distribution of junior doctors across the country is based broadly on history. New Medical schools provide an opportunity for change.
Enhancing Junior Doctors’ Working Lives
Addressing Issues

- Rota notification and fixed leave
- Deployment issues - joint applications, enhanced preferencing
- Repeated Mandatory Training and employment checks
- Rising costs in training
- Variability in Study Leave
- Opportunities for LTFT
- Out of Programme access
- Return to programme and transitioning concerns
- ‘tick box mentality’ and ARCP inconsistencies
- Variable Educational Supervision standards
- Lack of awareness of ongoing management of Quality
Greater flexibility for doctors in training
- Category 3 LTFT - a personal choice that meets individual professional or lifestyle needs.
- RCP flexible portfolio training for doctors who started in new posts in August 2019
- Development of an Out of Programme Pause (O OPP) proposal as the first step towards establishing ‘step out, step into’ training

Implementing and sharing best practice
- Implementing SuppoRTT
- Encouraged local improvements through ‘Mapping initiatives that enhance junior doctors’ working lives across the UK

Addressing deployment concerns
- Implemented a revised Code of Practice and improved target compliance
Enhancing junior doctors’ working lives

Next steps

- Expansion of LTFT options for trainees in Obstetrics & Gynaecology and Paediatrics
- Evaluating the provision of greater flexibility to step out and into training via OOPP
- Continued improvements in the recruitment experience for trainees
- Streamlining initiatives to improve the on-boarding experience
- Improving study leave processes
- Enhancing the provision of good quality supervision
- Supporting the implementation of recommendations from the NHS Staff and Learner’s Mental Wellbeing Commission to improve the mental wellbeing of junior doctors
Enhancing Training and the Support for learners

ARCP review

- Consistent approach to reviews
- Better supervision and feedback on progression
- Better understanding of the process for those in training and their supervisors
- Better communications to ensure trainees are aware of personal and professional support and how to access it

https://www.hee.nhs.uk/our-work/annual-review-competency-progression
Flexibility in Training

The future vision for individualised flexible training pathways would enable doctors;

- to apply for a training pathway knowing it was no longer a ‘train track’
- to take a break from traditional training progression to step-out and then step-back into training when they wished to progress.
- to consolidate some of their skills
- to develop other skills in the parent speciality or another specialty
- to reduce working hours to balance personal and working lives
- to have more portfolio careers while training with special interests in or outside medicine
Enhancing Supervision for Postgraduate Doctors in Training

- Confusion and inconsistencies around supervisor roles
- Service pressures impact
- Importance of supervision for quality and safety
- Provider recognition of good supervision

Toolkit
- Full guidance document
- 'Standards in Supervision' guide
- Handbook for trainees and trainers
- Animated video for trainees and trainers
- Video for CQC inspectors

https://www.hee.nhs.uk/enhancing-supervision
Early Postgraduates

Reviewing Foundation Training

• Five working groups, literature review, research and data to inform the review
• Stakeholder events to shape the review and test high level recommendations
• Engagement events for doctors in training and educators
• Identification of best practise examples
• Further consultation ongoing

16 recommendations across the following themes;
• Improving transition from medical school to foundation and from foundation to core/specialty training
• Addressing geographical and specialty distribution issues
• Enhancing the Working Lives of Foundation Doctors
• Improving Supervision and Educational Support
• Improving Faculty Support
What will change?

- Focus on ensuring there are high quality psychiatry training posts in Foundation
- Psychiatry themed Priority Programmes – East Anglia
- 40 Psychiatry fellowship posts in partnership with the college
- Time to explore career options, including psychiatry during F2 year
- Longitudinal placements in psychiatry

https://www.foundationprogramme.nhs.uk/content/applicant-guidance
Maximising the Potential: essential measures to support SAS doctors

• 20% of the medical workforce
• Guidance sets out measures to give SAS doctors improved support and better development opportunities.
• Shared commitments; HEE, NHSI, NHS Employers will work together to improve opportunities for SAS doctors to advance as clinicians and leaders, to improve the knowledge of what they do and promote SAS as an attractive career option
Advanced Clinical Practice

The wider workforce

- Supporting ‘medical’ workload
- **Academy for Advanced Practice** to set standards and reduced unwarranted variation
- National standardised understanding of routes to train
- National apprenticeship procurement framework
- A register (not regulatory)
- Support for new pathways
- A standardised, individualised and equivalence routes to train to offer transferability of qualification
The Future Doctor

“It really will be transformative that eventually… the patient will be truly at the centre.”
The Future Doctor programme aims to elicit a system wide consensus view on the role of the doctor in the future.

To identify

- the expectations of doctors in the future;
- the factors that will impact the role of the doctor in the future;
- what the role of the future doctor will be compared to what it is now; and
- the skills, knowledge and behaviours doctors will need to perform their role in the future.

To will inform future undergraduate and postgraduate medical education and training.
Impact on Workforce

Attracting more and different candidates for priority professions/geographies who better reflect our communities

New education & training programmes to support new skills & roles at scale & pace

Today’s clinicians are also the future supply pool for new skills/roles

New routes in and through to education and training

Reforming the content, length, & flexibility for the 21st century

Valuing the development of staff

Informed by long term forecasts of the future as well as medium term NHS Plans.

Employers (recruit, retain, retrain)

Existing Education & training progs
Coffee Break

Please make your way to your designated breakout sessions by 12.00
(breakout sessions are on the back of your badges)

Breakout session rooms:
1. Challenging unprofessional behaviours training – Inspire

2. Software providers update (Q&A)
   Allocate- Think
   Skills for Health (DRS)- Engage

3. NHS Improvement - Exception Reporting- Create
   (main room)

Event supported by

Allocate

Skills for Health

Better Skills | Better Jobs | Better Health

#GOSWH
Challenging unprofessional behaviours training

Jo Wren
Principal Regional Liaison Adviser
General Medical Council
Respect protects: Improving professionalism to improve patient safety

Ian McNeill
Head of the Regional Liaison Service

Jo Wren
Principal London and South Regional Liaison Service

Working with doctors Working for patients
GMC Liaison Services

[Map with contact information for various regions including North West, North East and Cumbria, Yorkshire and Humber, East Midlands, East of England, West Midlands, South West, South East, North West London, and London. Each region has a representative's name, role, and contact email.]
The problem

There is an established body of evidence demonstrating the harmful impact of unprofessional behaviours on patient safety.
It’s at unacceptable levels

- Bullying and harassment remains an extensive problem with **19 per cent of all NHS staff** reporting that they have experienced bullying.

- Other research has shown **29.9 per cent** of all NHS staff say they have suffered some psychological stress due to bullying behaviours.
Bullying is a patient safety issue

- There is a strong negative correlation between harassment & bullying between colleagues and patients reporting being treated with poor dignity and respect.

- There is a strong correlation between disruptive behaviors and the occurrence of adverse events which compromise patient safety.
And the costs are mounting up

- Bullying and harassment drains £2.3bn from the NHS in England every year.

- The chief cost of £604m a year came from ‘presenteeism’, putting a price on the in loss performance of staff who come into work unwell.

- Sickness absence as a result of bullying and harassment added £302m to the bill.

- The total excludes costs of the impact on staff who witnessed bullying behaviour and the cost to the reputation of the NHS as a ‘good employer’.
The challenge of speaking up

58% of attendees said they were not at all confident or were unsure they’d be supported by clinical and other leaders if they raised a serious concern in their organisation.

It is important to rehearse your response to ethical dilemmas such as bullying in the same way you practice medical procedures.
The programme

‘Professional behaviours & patient safety’ (PBPS) aims to support positive culture change through collaboration, communication and development of training/support.
Collaboration

Medical professionalism matters

Report and recommendations

Royal College of Physicians
Royal College of Obstetricians & Gynaecologists

Bullying behaviour is unacceptable.
It is unprofessional and unnecessary. It affects the wellbeing of individuals and the teams within which they work.
May 31, 2019

**General Medical Council Event on Bullying and Whistle-blowing in the NHS**

I was delighted to host this roundtable event, along with Baroness Walmsley, on 7th May for the General Medical Council, exploring the issue of bullying in health systems, the danger it poses to patient safety and staff well being, and how to tackle it. We had participants from all across the UK, with representatives from the Royal College of Surgeons, the British Medical Association, the Doctors Association UK, as well as the Deputy Chief Medical Officer for Scotland.
Training/ support
The training

‘Professional behaviours & patient safety’ half-day training; taster session
Aims of the training

• Identify unprofessional behaviours in practice and understand the impact of these behaviours on patient safety

• Develop individual skills to deal with unprofessional behaviours that have potential to cause harm

• Practice skills and create the right environment for professional practice – ‘just culture’
Ground rules

What do we expect from each other in this session?
Patient safety and professionalism:

What’s the problem?
What is unprofessional behaviour?

- Draw what unprofessional behaviour looks like to you
## Unprofessional behaviour

### A spectrum of behaviours

<table>
<thead>
<tr>
<th>Passive</th>
<th>Passive/Aggressive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inadequate notes</td>
<td>• Derogatory comments</td>
<td>• Verbal outbursts</td>
</tr>
<tr>
<td>• Avoiding meetings</td>
<td>• Hostile notes /emails</td>
<td>• Assaults</td>
</tr>
<tr>
<td>• Doesn’t answer pagers/emails</td>
<td>• Sexual harassment</td>
<td>• Throwing instruments etc.</td>
</tr>
<tr>
<td>• Persistent lateness</td>
<td>• Complaining</td>
<td>• Threats</td>
</tr>
<tr>
<td>• Non-participation in meetings</td>
<td>• Inappropriate jokes</td>
<td>• Swearing</td>
</tr>
<tr>
<td>• Non-compliance with policies</td>
<td></td>
<td>• Intimidating colleagues, patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Publicly degrading team members</td>
</tr>
</tbody>
</table>

Your experiences, your behaviours...
Do you feel that ‘you have/had it tough so they should too’?

A. Yes
B. No
Have you witnessed any bullying or undermining during your career?

A. Yes
B. No
Have you experienced any bullying or undermining during your career?

A. Yes
B. No
Does banter form a big part of your interactions with others?

A. Yes

B. No
Do you always apologise to someone if you lose your temper?

A. Yes
B. No
Patient safety and professionalism:

How big is the problem?
## NHS Staff survey

<table>
<thead>
<tr>
<th>Year</th>
<th>Source</th>
<th>Experienced harassment, bullying or abuse from a manager</th>
<th>Experienced harassment, bullying or abuse from a colleague</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>National average</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>A.N. Trust</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td>2018</td>
<td>National average</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>A.N. Trust</td>
<td>21%</td>
<td>28%</td>
</tr>
<tr>
<td>Year</td>
<td>Source</td>
<td>Proportion reporting bullying and undermining</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>National</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>National</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>National</td>
<td>5.8%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>A.N. Trust</td>
<td>8.4%</td>
<td></td>
</tr>
</tbody>
</table>
Patient safety and professionalism:

Why does it matter?
Why does it matter? Your patients

74% said they’d witnessed disruptive behaviour by doctors

Most thought only 2-4% of medical staff were involved

Many said they were reluctant to interact with certain drs for fear of hostile response

14% were aware of a specific adverse event related to disruptive behaviour episode

71% agreed that disruptive behaviours were linked with medical errors

27% agreed that disruptive behaviours were linked with mortality

Survey of 4,530 staff across 100 US healthcare facilities

Rosenstein and O'Daniel (2008)
Professionalism and patient safety:

What can we do about it?
Discuss the cases you have been given in groups of three
Things to think about...

1. What are your main concerns?
2. What are the potential safety risks in this scenario?
3. What factors might have contributed to this situation?
Dealing with unprofessional behaviour

1. You’re going to deal with it yourself
2. You’re going to deal with it on behalf of somebody else
3. You’re going to escalate it
If you were on the receiving end how would you want the conversation to go?

Confidential

Respectful

Well-prepared

In a private space

Non-judgmental

Non-defensive
Having the difficult conversation

You're going to deal with it yourself

STEP 1: YOU
State the behaviour as neutrally as possible
(avoid excessive use of ‘you’ to avoid reactions due to attacking statements)

STEP 2: I
Let them know how you are affected
(or the team/project/organisation)

STEP 3: WE
What can we do now to move forward
CUDSA

2

You’re going to deal with it on behalf of somebody else

C — Confront the behaviour
U — Understand each other’s position
D — Define the problem
S — Search for a solution
A — Agree a way forward
Time to practise...

Go back to your case study and assign each person in your group a role:

- The speaker
- The listener
- The observer
“We need a collective approach to leadership - leadership of all, by all, for all. We face a choice in deciding whether to promote cultures of compassion or cultures of bullying in our workplaces. And each of us, through our every interaction at work every day, makes a choice as to which we are creating.”

Professor Michael West
Emerging concerns protocol

Ian McNeill
Head of the Regional Liaison Service
General Medical Council
Emerging Concerns Protocol

Ian McNeill
Head of the Regional Liaison Service

Jo Wren
Principal Regional Liaison Adviser

Working with doctors Working for patients
Aims

- What is the Emerging Concerns Protocol (ECP)?
- What’s the background?
- How does it work in practice?
- How may it help you with your role?
- Q&A
Collaborative, cross-regulatory
Context

This work came from:

- Discussions by the **Health and Social Care Regulators Forum** about the importance of working with partners to encourage improvement

- Recognition of need to ‘upstream’ our work with the system (i.e. act before things go badly wrong)

- Recognition that the system can often recognise challenged areas before any one agency has enough information to act
Recommendations for regulators

‘Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks.’

‘It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern’

Mid Staffordshire Review : Sir Robert Francis 2013
Recommendations for regulators

Further examples where regulators could have worked better together:

- Winterbourne
- Morecambe Bay
- Liverpool Community Trust
- Gosport
Intelligence?
What were the issues?

- Communication?
- Not seeing the full picture?
- Perceived hierarchy?
- Hubris...
ECP - where it all began
What were the concerns?

- Poor quality of care and outcomes in some areas (incl. mortality rates)
- Low patient satisfaction with services
- Poor trainee doctor experience in related areas

CQC inspection - rates trust as Requires Improvement across all domains
What was the response?

June 2014

CQC Inspection

Risk summit

‘Conversation of concerns’

‘Stakeholder quality concerns meeting’

‘Extended round table’

‘One Day Visit’

‘Quality stock take’

Risk summit number 2

Quality visit = Warning

CQC unannounced

Risk summit number 3

August 2016
The full picture?
North Middlesex University Hospital NHS Trust

Learning review in relation to the system’s response to events at NMUH from June 2014 to August 2016
The system should fundamentally revisit the function and format of Quality Surveillance Groups as they proved to be ineffective.

The risk summit design needs to be addressed as a priority as it proved to be ineffective in tackling the underlying issues.

The system did not place sufficient emphasis and value on ... intelligence in ... 2015, to the extent that it missed a significant opportunity to crystallise the scale of the cultural and leadership challenges at NMUH.

[Some organisations perceived as ] not having the same status as other organisations and, as such, the intelligence not carrying as much ‘weight’.

the system should reflect on whether ...the environment incentivises failing trusts to be open and honest about their circumstances.
Moving from reactive to proactive regulation
The signatories

- CQC
- HEE
- GPhC
- GMC
- HCPC
- PHSO
- LGO
- GDC

Soon:
- NHSE & NHSI
- Social Work England
- MHRA
- General Optical Council
A senior doctor working in the NHS approached a GMC Regional Liaison Adviser (RLA) at a conference and disclosed that they had experienced issues for several months with the quality of surgical equipment used by their organisation.

They stated that the surgical packs were not complete and frequently contained instruments that were poorly assembled and prone to coming apart during surgery. The same supplier provides theatre equipment to other healthcare providers, both public and private.

What action should we take? And if that doesn’t work? Consider:

- Is this for the GMC?
- Which professional groups does this impact?
- Where does the regulatory remit lie?
Action taken

- A call between the GMC and CQC took place and agreed that a **Regulatory Review Panel (RRP)** should be triggered in line with the ‘Emerging Concerns Protocol’.
Who is involved, and when?

All parties retain autonomy.

Actions may be taken by individual regulators at any stage.

This is not a sign off process.
Safer working

How do you think this mechanism might assist you with your role?
What are the benefits?

- Upstream / preventative regulation in action
- Provides for an agile and dynamic response
- Addresses recommendations in Francis Report and from learning review on NMUH
- Issue / problem / theme / place specific
- Creates a ‘safe space’ to share intelligence / raw data without the provider in the room
- Provides co-ordination of effort to understand the issue further and prevents unnecessary duplication of regulatory action on professionals and providers
- Does not duplicate other mechanisms i.e. MOUs / QSGs but builds on / compliments them
It’s a Fan!

It’s a Wall!

It’s a Spear!

It’s a Snake!

It’s a Tree!

It’s a Rope!
NHS Improvement - Exception Reporting

Dr Pete Scolding & Dr Rose Penfold,
Clinical Fellows
**AIMS:**
1. Recap purpose & progress
2. Gain feedback

**OBJECTIVES:**
1. Outline purpose of board report & status of template
2. Outline different sections of template
3. Discuss benefits & challenges of current template

**TEMPLATE BOARD REPORT**

**Purposes:** facilitate reporting, standardise data, feed into national picture

**Status:** template developed, some data contractually mandated, some recommended
GUARDIAN OF SAFE WORKING HOURS QUARTERLY REPORT ON
SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

HEADLINES:
- Guardian of Safe Working Hours Quarterly Report
- Reference period of report: XXX-XXX
- Author: NAME, Guardian of Safe Working
- Purpose: To provide a report from the Guardian of Safe Working to the Board on the safety of doctors' working hours and rota gaps as required under the terms and conditions of the 2016 Junior Doctor Contract

SUMMARY
- ESSENTIAL DATA
  - (No. TRAINING POSTS, No. DOCTORS/ LTFT/ VACANCIES)

ACTIONS
- Actions required by Board

ESSENTIAL DATA
- (No. TRAINING POSTS, No. DOCTORS/ LTFT/ VACANCIES)

EXCEPTION REPORTING:
- TYPES/MONTH
  - Immediate safety concerns
  - Total hours of work and/or pattern
  - Educational opportunities/support
  - Service support available
  - TOTAL

- RESOLUTION
  - (TOIL/ PAY/ WORK SCHEDULE R/V/ NO ACTION/ UNRESOLVED)

- COMMENTARY
EXCEPTION REPORTING:

WORK SCHEDULE REVIEWS

Commentary

SAFETY CONCERNS

Detail of immediate safety concerns and actions proposed and/or taken

<table>
<thead>
<tr>
<th>Site</th>
<th>Safety concern raised</th>
<th>Action(s) proposed and/or taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commentary

FINES

BY DEPARTMENT

BY TIME

BALANCES

BY DEPARTMENT

FINES AGAINST DEPARTMENTS THIS QUARTER

<table>
<thead>
<tr>
<th>Department</th>
<th>Detail</th>
<th>Total value of fine levied</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JUNIOR DOCTOR FORA:

ISSUES & ACTIONS

<table>
<thead>
<tr>
<th>Site</th>
<th>Issue</th>
<th>Action(s) agreed and/or taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commentary

GOSW ROLE:

SUPPORT

GOSW ROLE: Support

Time available in job plan for guardian to do the role: X PAs / y hours per week

Admin support provided to the guardian (if any): XX WTE
## Exception Reports Resolutions

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid overtime</td>
</tr>
<tr>
<td>Work schedule reviews</td>
</tr>
<tr>
<td>No action</td>
</tr>
<tr>
<td>Total number of reports resolved</td>
</tr>
</tbody>
</table>

Commentary
1. What is the **purpose** of the guardian board report template?

2. What do you **like** about the template? (e.g. is it practical, useful?)

3. How easy is it to obtain this **data**?

4. What **information** pertinent to your role & to the board is not included?

5. How could the template be **improved**?
Lunch & Networking

Please make your way to your designated breakout sessions by 13.45
(breakout sessions are on the back of your badges)

Breakout session rooms:
1. Sharing best practice- Create (main room)
2. Emerging concerns protocol- Inspire
3. Software providers update (Q&A)
   Allocate- Think
   Skills for Health (DRS)- Engage

Event supported by

Wifi code: horizonleeds

sli.do
#GOSWH
Sharing best practice

Snobar Bhatt, Project Manager, University Hospitals of Derby and Burton NHS Foundation Trust

Tony Bateman, Guardian of Safe Working Hours

Wifi code: horizonleeds

Event supported by ALLOCATE, Skills for Health
Guardian of Safe Working
NHS Employers Conference

30th September 2019
Exception Reporting
University Hospitals of Derby and Burton NHS Foundation Trust
A new feature of the Contract 2016 and replaced Junior Doctor Hours Monitoring.

**Preparation:**
- An electronic system
- Process & Protocols
- Podcasts
- Step by Step Guides
- Open drop-in sessions
- Back-office process (team)
Team

Medical Support Services

Trainee

Guardian of Safe Working

Educational Supervisor

Medical Staffing Administrator

Clinical supervisor
## Exception Reporting Data
### Derby

<table>
<thead>
<tr>
<th>Year</th>
<th>Eps</th>
<th>TOIL</th>
<th>Payment</th>
<th>*Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2016 – July 2017</td>
<td>233</td>
<td>150</td>
<td>18</td>
<td>65</td>
</tr>
<tr>
<td>Aug 2017 – July 2018</td>
<td>345</td>
<td>181</td>
<td>56</td>
<td>108</td>
</tr>
<tr>
<td>Aug 2018 – July 2019</td>
<td>276</td>
<td>188</td>
<td>67</td>
<td>21</td>
</tr>
<tr>
<td>Aug 2019 – Present</td>
<td>76</td>
<td>31</td>
<td>4</td>
<td>41</td>
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<tr>
<td><strong>Total</strong></td>
<td>930</td>
<td>550</td>
<td>145</td>
<td>235</td>
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</table>
# Exception Reporting Data
## Burton

<table>
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<th>Year</th>
<th>Eps</th>
<th>TOIL</th>
<th>Payment</th>
<th>*Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2016 – July 2017</td>
<td>70</td>
<td>67</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Aug 2017 – July 2018</td>
<td>64</td>
<td>52</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Aug 2018 – July 2019</td>
<td>23</td>
<td>5</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Aug 2019 – Present</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>161</strong></td>
<td><strong>124</strong></td>
<td><strong>16</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>
Improvements made so far

• Re-designing rotas
• HOOH Acute Care Fellow
• Re-Design of Medicine rotas saving Trust about £500,000 in 2 years
• Aligning services and different layers of doctors
• Fine tuning processes
Appointing a new guardian

Educator vs Manager

Compromise
The road ahead

Merging trusts

Lots of trainees
Exception reporting the norm

Lots of non training doctors
Few exception reports

open culture

CIVILITY SAVES LIVES

Junior doctors 2018 contract refresh

COMPASSIONATE LEADERSHIP
Collaborative working

Junior Doctors

Freedom to Speak up

Guardian of Safe working

Board

Freedom to Speak up Champion
How?

• Build links with your Freedom to Speak up Guardian
• Champion role?
• Share intelligence
• Is there a quick method of anonymous reporting?
• Joint walkabout
Any questions?
Coffee Break

Please be back in your seats in the main room by 15.00

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National Regional GOSWH Representatives Panel

Jane McDougall (East of England)
Steve Gill (East Midlands)
Babar Elahi (West Midlands)
Kenny Ross (North West)
Civility Saves Lives

Dr Chris Turner
Consultant in Emergency Medicine, University Hospitals of Coventry and Warwickshire NHS Trust

Event supported by ALLOCATE
CLOSING REMARKS

Paul Wallace
Director of Employment Relations and Reward
NHS Employers
THANK YOU FOR JOINING US

PLEASE FILL IN AND RETURN YOUR EVALUATION FORMS

Wifi code: horizonleeds

www.nhsemployers.org

@nhsemployers

medicalworkforce@nhsemployers.org

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