# Protocol and suggested terms of reference for a regional guardian network

## Introduction

Regional networks are effective ways to share good practice across regions, to identify common problems and agree common approaches to their resolution. They should present opportunities for data sharing, for discussion and debate, and meetings of the network should take place in an open, collegiate and supportive way.

As guardians of safe working hours are independent operators accountable to their respective boards (in the case of guardians in host-lead employer arrangements, in some respects they may also be accountable to the guardian of the lead employer), guardian networks should be independent of other networks or bodies. They should be self-sustaining, although it is recognised that links to directors of medical education (DME) networks are helpful and should be maintained where possible.

As the guardian role is a new one arising from the introduction of the 2016 terms and conditions of service (TCS) for doctors and dentists in training, it is recognised that outside assistance may be needed to help establish networks. In some regions, this assistance may come from Health Education England (HEE) while in others, it may come from NHS Employers; regardless of which party assists in setting up the network, the guardians themselves need to take control of the network to ensure that it become and remains independent of both HEE and employers while meeting their needs.

The paper which follows sets out one possible way in which a network could be established and run. It is not mandatory, and networks should feel free to arrange themselves in any way which meets their needs.

## Structure

Networks should be established across regions. These could cover an entire Local Education and Training Boards (LETB) area, a portion of a LETB area or a number of different LETB areas, depending on the geography. There is no upper limit to the size of a network; however it is likely that a network of fewer than 6-8 guardians will be too small to truly identify and share good practice. Where lead employer arrangements are in place it may be sensible for the network to be based around a lead employer region.

Each network should elect a chair (annually or biennially) and agree arrangements for secretariat; these could be provided by a member of the network or through administrative support made available by one of the network trusts.

## Frequency of meetings

Meetings should be held as often as members find practical and helpful; this is likely to be at least quarterly, but may need to be more frequently during the first few months following the implementation of the TCS. Meetings can be face to face or held virtually via teleconference or videoconference facilities.  There are pros and cons to each method, and network members should decide on the most appropriate method for their region, based on geography, time constraints and any other relevant considerations.

## The first meeting

Prior to the establishment of the first meeting, someone will need to take the lead in establishing the network. This could be an individual guardian; where no such individual comes forward, this may be taken up by either HEE (through the local office) or NHS Employers (through the national engagement service, working with colleagues in pay and reward). The individual leading the process will identify the trusts to be asked to join the network, and will make arrangements for the time, date and place of the first meeting. NHS Employers can issue the initial invitations via the central list of guardians held by the pay and reward team.

## Terms of reference

The network should agree its own terms of reference at the first meeting. These should be reviewed at least annually to ensure that they remain current and fit for purpose, and should be limited to issues relating to the safe working aspects of the TCS, concerns about training are the preserve of the DMEs. As a minimum, these might include (but as not limited to):

- Sharing data about frequency / volume of exception reports (where useful to do so)
- Identifying common problems arising through exception reports, and identifying good practice solutions to these
- Sharing information about rota gaps and related service pressures
- Identifying good practice approaches to work scheduling
- Identifying areas where support / guidance / may be required and feeding back via the chair to pay and reward
- Identifying case studies / examples to share with other networks to facilitate best practice nationally.

## Membership

Membership of networks should be limited to guardians of safe working hours, although it may be that one or two members of a medical education team may be asked to provide secretarial support. The chair may wish to invite other parties to attend particular meetings to provide updates, take questions or explore solutions to particular issues – for example, representatives of HEE, NHS Employers, NHS Improvement or other bodies might be asked to advise on particular aspects of training (or training rotations), the TCS or the implementation programme. Such individuals should not however be considered core members of a network.

## Supporting tools

NHS Employers will maintain a central list of all guardians. Guardians have been invited to join a national closed network hosted by NHS Networks. This provides a secure platform for virtual discussions to take place, both on a national and a regional level, and guardians are able to post questions and share thoughts with other guardians on this platform.

## Annual conference

A second guardian conference has been booked for March 2017. The conference will provide an opportunity for individual networks to showcase good practice and to network with guardians from other networks, to share ideas and develop common approaches to problem resolution across the wider country.