



Our reference : SPF/03

Date: 14 March 2016

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TO UNISON FOR CONSULTATION THROUGH THE PARTNERSHIP PROCESS
By Email

APPENDIX II

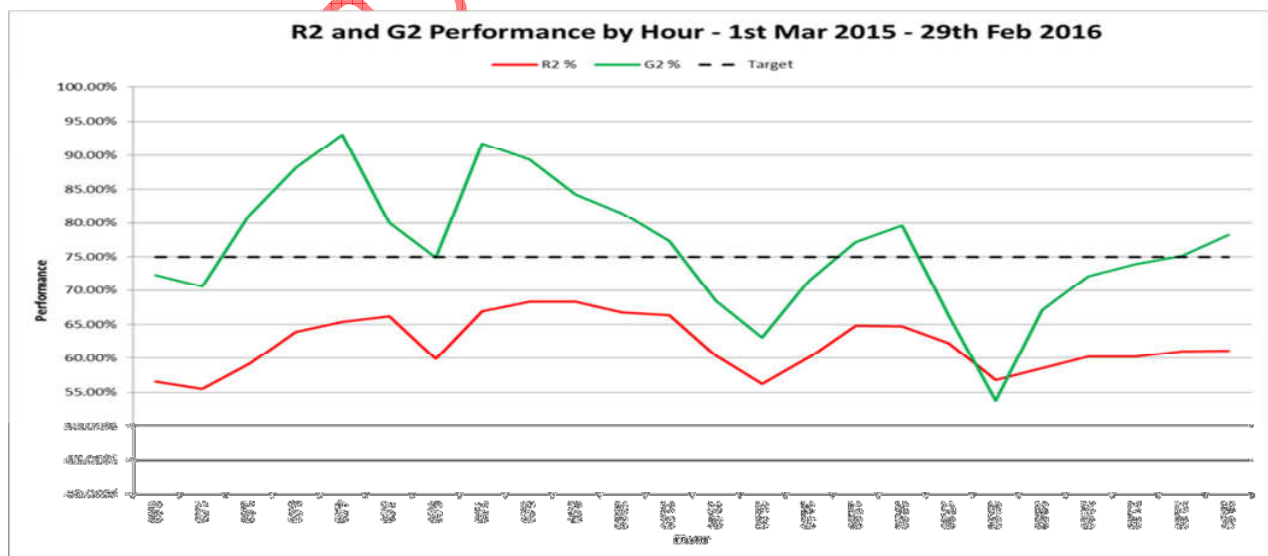
**PROPOSAL
BALANCING STAFF WELLBEING AND PATIENT SAFETY**

In addition to dealing with the issue of capacity, EEAST has had to consider whether or not any of our existing staff processes have a negative impact on service delivery, patients and colleagues. Furthermore, we have also considered how any changes that we might examine could address some of our priority issues such as late finishes.

To this end, feedback from EOC and managerial staff suggests that the current Meal Break and End of Shift Agreements are having a denigratory impact on our ability to respond to patients over the associated time periods. EEAST believes that these impacts are exasperated by the narrow shift change over times and the consequential day time meal break window which aligns with the peak periods of demand.

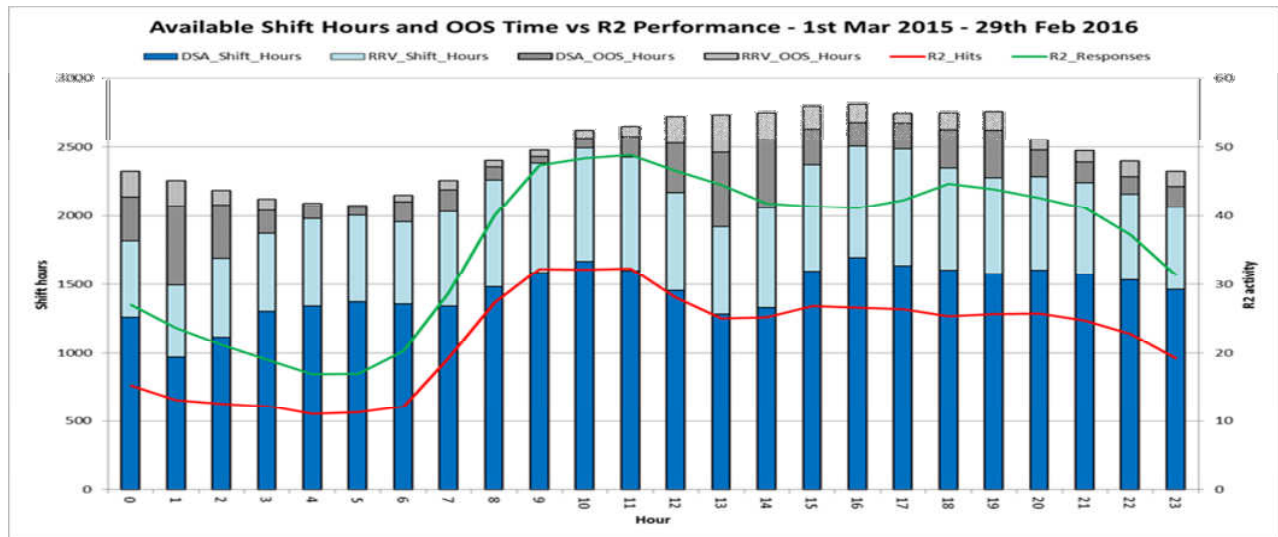
The two graphs below suggest that this is a significant contributory factor undermining our ability to respond to patients.

Note performance (and consequentially tail breach) impact at 13.00 and 18.00 hours



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Chief Executive: Robert Morton**

Note OOS time (and consequentially tail breach) impact between 12.00 and 19.00 hours



This view is strengthened by the increasing frequency of general broadcasts, and SURGE Plan activations that coincide with meal breaks and shift change over as outlined in the graph below:

MONTH	DAY	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
2016-03	1	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	AMBER	AMBER	RED	RED	RED	RED	RED	RED
2016-03	2	RED	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	RED	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	RED
2016-03	3	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	RED	RED	RED	RED	RED	AMBER
2016-03	4	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	RED	RED	RED	RED	RED	RED	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK
2016-03	5	BLACK	BLACK	BLACK	RED	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER
2016-03	6	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	RED	RED	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	AMBER
2016-03	7	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	RED	BLACK	BLACK	BLACK	BLACK	RED	RED	RED	RED	RED	RED	RED	RED
2016-03	8	RED	RED	RED	RED	RED	RED	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	RED	RED	RED
2016-03	9	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	AMBER	AMBER	GREEN
2016-03	10	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	AMBER	AMBER
2016-03	11	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	RED	RED	RED	RED	BLACK	BLACK	BLACK	BLACK	BLACK	RED
2016-03	12	RED	RED	RED	RED	RED	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

In this context, EAST believes that we need to take some meaningful steps to address these risks to patients but in doing so, use the opportunity to trial a number of measures focused on reducing the frequency of late finishes to better support colleagues.

Therefore, EAST is proposing the following trial measures over a fixed period of 20 weeks starting Tuesday 29th March 2016 up to Tuesday 19th August 2016.

The Proposal – Phase 1 (4 week period) – Review Milestone* – 26th April 2016

1. Initiate a Quality Impact Assessment (QIA) of these measures on a dynamic basis.
2. Introduce a “Staff Well Being Desk” (SWBD) within each EOC to focus on safe guarding the welfare and well-being of staff. The core skill set required will be logistical planning. The desk will co-ordinate, review and action initiatives to combat shift over-runs, equalizing of meal break times and consider the general wellbeing of staff by alerting the Command Cell (see below).

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3. Introduce an evidence based Fatigue Risk Management System (FRMS) (These documents have been previously shared with UNISON and will be communicated through the line management structure when this proposal has reached its final iteration prior to implementation) which will provide the tools required by the SWBD to monitor and support staff, reduce the potential for fatigue and eliminate the possibility of individual abuse and subsequent undermining of the concept.
4. Require the newly established 24/7 Command Cell to provide a senior oversight and escalation for disputed decisions.
5. Empower and authorise the SWBD to make discretionary decisions within the confines of this proposed system. Referral to the Command Cell should be on an exceptions basis or in the event of a disputed decision.
6. Suspend the current End of Shift Agreement, which since its introduction, has not proven effective in relation to late finishes and is potentially harmful to patient care.
7. Suspend meal break points currently contained within the Meal Break Agreement. The rest period to commence within 5 minutes of being recorded as "CLEAR" after the last allocated job within the rest break window.
8. Empower and authorise the SWBD to identify the most appropriate means to repatriate a crew to their home Depot (or home) if the Fatigue Score Calculator suggests that they would be exposed to unnecessary risk to drive themselves. These actions will be supported by the Command Cell if required.
9. The Informatics Team to provide analysis of the average job cycle time for each Station.
10. SLMs to engage with local staff side representatives to agree what the average job cycle time is for each Station in their respective area based on the information provided by the Informatics Team.
11. If at any stage during Phase 1, patient safety is compromised, the Gold Commander will exercise current authority to declare "TRIAL STOP"**** resulting in all processes returning immediately to the current (default) position.

The Proposal – Phase 2 (4 week period) – Review Milestone* – 24th May 2016

1. Once confirmed, SLMs to consult with local staff side representatives to explore changes to shift overlaps in any Station, within their respective area, where there is more than one shift on duty. The minimum shift overlap should be at least equal to the average job cycle time. Any revised shift starting and finishing times should be agreed locally within these parameters. Furthermore shifts starting and finishing times across clusters of Stations or neighbouring Stations should be offset with each other to offer the maximum response capacity in a given SLM area during shift changeover times.**
2. Empower and authorise the SWBD in EOC to authorise "INTELLIGENT X-RAY"*** on a discretionary and individual case by case basis, where they believe a staff member(s) is being exposed to unnecessary fatigue and/or excessive late finishes. Fatigue will only be considered on objective grounds within the confines of the FRMS and based on the associated Fatigue Score Calculator.
3. For long distance transfers in excess of 4 hour round trip in driving time, consider the implementation of "mid-point" clinical handovers so as to minimise the potential for late finishes. Such requests to be made to and considered by the SWBD and decided upon by the Command Cell subject to SWBD recommendation.

4. If at any stage during Phase 2, patient safety is compromised, the Gold Commander will exercise current authority to declare **"TRIAL STOP"****** resulting in all processes returning immediately to the current (default) position.

The Proposal – Phase 3 (4 week period) – Review Milestone* – 21st June 2016

1. Suspend the current Meal Break Agreement
2. Explore the deliverability of two 20-minute undisturbable rest breaks in 12-hour shifts only, to occur between the 2nd and 5th hour, and the 7th and 10th hour of the 12-hour shift.
3. The time between the allocation of the 1st and 2nd rest breaks to be a minimum of 3 hours and a maximum of 6 hours.
4. Rest Breaks to be triggered by EOC and/SWBD rather than self-selection.
5. If at any stage during Phase 3, patient safety is compromised, the Gold Commander will exercise current authority to declare **"TRIAL STOP"****** resulting in all processes returning immediately to the current (default) position.

The Proposal – Phase 4 (4 week period) – Assessment Period* – 19th July 2016

1. The trial will be considered successful if the following indicators are achieved:
 - Peak out of OOS time associated with meal breaks and shift change over windows reduced
 - Tail Breaches reduce (patient safety risk reduced)
 - Reduced frequency of significant***** late finishes
 - Reduction of late meal breaks
 - The Quality Impact Assessment is completed and can demonstrate that patient safety has improved.
 - Informatics modelling***** of both pre-trial and post-trial trends shows a clear trajectory of improvement.
2. The impact of these measures to be subject to a review through a workshop currently proposed for the 28th April 2016.
3. If at any stage during Phase 4, patient safety is compromised, the Gold Commander will exercise current authority to declare **"TRIAL STOP"****** resulting in all processes returning immediately to the current (default) position.

The Proposal – Phase 5 (4 week period) – Consolidation Period* – 19th August 2016

If the trial is deemed to be successful based on the indicators set out in Phase 4, then the following actions will need to be completed:

1. Review and revise the Meal Break Agreement
2. Rescind the current End of Shift Agreement
3. Consider the need to amend any other policies or arrangements
4. Jointly communicate the outcome to key stakeholders

The Executive Team realises that these measures may seem significant, however it is impractical and impossible to make progress on late finishes without taking measures to safe guard service delivery to our patients and staff. The Executive Team acknowledge that this will be challenging for staff side but the primary objective of safeguarding patient safety and providing a safe environment for staff is our shared objective and this proposal demonstrates a common desire to achieve these aims.

The Executive Team recommends that this proposal is discussed at the SPF scheduled for the 15th March 2015 with a view to implementation at pace within the recommended period.

NOTES:

**Assess impact of Patient Safety and Staff Wellbeing*

*** Please note this is not a change to rota patterns or lengths but a change to start and finish times only; EEAST is not proposing any changes to rota patterns.*

****The term INTELLIGENT X-RAY describes how a vehicle is put Out Of Service (OOS) so they can return to their home Depot without further deployment to 999 calls other than a confirmed or predicted immediate life threatening call (RED 1) with appropriate stand down should coding change during the call. The SWBD will review a vehicle/crew's length of shift remaining against the time it will take them to return to their home Depot and therefore decide to put them "X-RAY". This is a dynamic and discretionary "command and control" decision making process and will be considered on a case by case basis.*

*****In the interest of patient safety and/or staff wellbeing any phase of the trial may be halted immediately should any measure or collection of measures contribute to a worsening of tail breaches for patients or late finishes for staff.*

******Significant is viewed as in excess of one hour, i.e. potentially impacting on 11 hour rest period between shifts.*

******Modelling will need to consider on going changes in UHP, demand activity, hospital handover delays and any unforeseen influencing factors*

END APPENDIX II