Welcome to the latest issue of Calling Time, which introduces you to the three new NWP WTD pilot sites.

In the latest cohort of pilots, NHS NWP received bids from several organisations to become pilot sites, testing solutions on achieving WTD 2009 compliance within different settings and using different solutions. The three new sites look at possible solutions within a rural setting, in paediatrics and the testing of a shift pattern.

### Rural pilot

WTD 2009 can be a challenge for organisations based within a rural setting. The pilot will recognise that 2009 compliance in this setting will require a radical approach and seek a coordinated response to managing demand and maximising capacity without the need for significant increases in the number of doctors.

The pilot will aim to demonstrate managed clinical networks consisting of services working together; operating in a formal way with jointly established and agreed policies, protocols and pathways of care. The solution will aim to demonstrate clear clinical governance arrangements and ensure the patient receives high quality care in the most appropriate place.

**Milton Keynes General NHS Trust** was selected for this pilot - the project is expected to be complete by August 2008.

### Paediatric pilot

It is nationally acknowledged that paediatric services face particular problems in achieving WTD compliance because of their inability to participate in the cross-cover arrangements that underpin the Hospital at Night strategy.

**Royal Liverpool Children’s NHS Trust** was selected as the organisation to take forward the pilot project and is expected to be complete by September 2008.

### 3 x 9 Hour shift pattern

In 2009, all NHS trusts will be required to reduce junior doctors’ work hours from a maximum of 56 to a maximum of 48 hours per week. The UK Multidisciplinary Working Group proposed a theoretically optimised rota that is built around 9-hour shifts. This rota was derived from industrial models of shift-work and performance, adapted to meet the needs of junior doctors.

**University Hospitals Coventry & Warwickshire NHS Trust** in Coventry is piloting the study on its acute medical rota.

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Welcome to the latest edition of Calling Time.

This summer has seen several of our pilot sites reaching early compliance. Many factors have encouraged the projects to progress so quickly, from strong project leadership, senior level support and closely linked community services.

Within this issue, you will find key learning from the sites; practical steps to achieving compliance, barriers and enablers and best practice examples.

To celebrate the achievements of the pilots whilst at the same time providing practical advice to reaching the 2009 requirement within your own trust, an Early Compliance conference was held on the 6th November 2007. Key learning from the day, including all of the presentations, can be accessed at www.healthcareworkforce.nhs.uk/earlycompliance

The event enabled delegates to gain an appreciation of the issues affecting implementation of WTD within particular specialties. Presentations from the day as well as pod casts of all workshop sessions can be viewed at www.healthcareworkforce.nhs.uk/rcs

We have recently launched three new cohorts of pilots aiming to find solutions within a variety of different situations that have not previously been addressed. We’d like to welcome Milton Keynes General NHS Trust (looking at solutions in a rural setting), Royal Liverpool Children’s NHS Trust (redesigning paediatric care delivery) and University Hospitals Coventry & Warwickshire NHS (3 x 9 hour shift pattern - Redesigning traditional junior doctor rotas) and look forward to disseminating their learning in the coming months.

Events season steps up over the next few months - workshops have already started within each SHA, one focusing on rota design and another on self-assessment. So far, the events have been a great success, but don’t worry if you haven’t been able to attend, all of the information and resources will be made available on the portal. To view all forthcoming events take a look at the healthcare workforce portal.

And lastly, keep checking the portal at www.healthcareworkforce.nhs.uk to make sure you’re signed up to the WTD mailing list to receive updates and key pieces of information straight to your inbox.

Rachael Charlton, Director, NHS National Workforce Projects
rachael.charlton@nwpnhs.org.uk

Care through the night

NWP’s Hospital at Night team has produced a publication that highlights the rewards of using the Hospital at Night multiprofessional team to provide care during the night.

The Benefits Realisation and Business Case details how implementing Hospital at Night can lead to increases in productivity and can have clinical and financial benefits.

The business case that is laid out in the report supports patient safety while enabling the NHS to deliver the 2009 requirements of the WTD. The report draws on the learning from a number of SHAs and trusts and discusses the potential benefits in the areas of:

- **Clinical and Productivity**
  - Improving the patient’s experience, safety, length of stay, workforce productivity, improving working lives

- **Finance**
  - Impact of Length of Stay on Payment by Results, staffing costs.

The report will be of particular interest to trusts who are embarking on implementation or extension of the Hospital at Night concept. It will also support those trusts who want to benchmark some of the benefits associated with Hospital at Night.

To download a copy please go to www.healthcareworkforce.nhs.uk/hospitalatnight

For further information on the report please email hospitalatnight@nwpnhs.org.uk

Copies are currently being sent to all NHS trusts in England.

Working Time Directive Rota Database

The NHS Workforce Review Team has designed a web-based ‘rota database’ with a library of over 100 anonymised WTD compliant rotas that can be searched using a range of fields and used by colleagues involved in workforce planning. The database is available now at: www.healthcareworkforce.nhs.uk, for more information, or to submit your examples of compliant rotas, please contact: wrt.enquiries@wrtnhs.org
West Dorset
Emergency Care Project

Achieving WTD 2009 ahead of time with a direct approach

Why go for early compliance?
The medical HR committees chaired by the medical director set up a working group to implement MMC and WTD. The remit of the group was to make all rota 2009 compliant as early as possible. It was decided to do this as the staged approach was considered to be more disruptive both in terms of rota changes and the length of time the working group would need to exist to meet the changing regulations.

WTD and MMC Working group
The working group has expert advice from medical staff that thoroughly understand the rules of MMC and WTD. A BMA representative is also present in the group who is open and honest in discussing the challenges each rota presented.

Designing the rotas
The project lead designed the rotas following meetings with consultants in their specialty to explain the rotas and rules. The rotas were discussed and agreed at clinical meetings. Consultants and clinical directors were brought on board to think of flexible solutions and members of the medical staffing team checked the rotas to ensure that the correct implementation process was followed.

Top tips from Dorset County Hospital NHS Foundation Trust
- You have to know New Deal and WTD rules inside out - a rota that makes logical sense and fits the service well might not fall in line with a particular rule
- Do not do blocks of seven nights - the Working Time Directive National Stakeholder Group, discourages the use of 7 x 13 hour shift patterns
- Aim to keep all shifts at 8 hours or less, and where possible, have late shifts starting later on in the day
- Agree what cover is needed during the day
- In busy areas like A&E, avoid shifts longer than 10 hours
- Decide what you need first eg how many doctors need to be on call, look at the number of admissions, patterns and times etc. Looking at your organisations baseline and then deciding on the activity
- Consider scenarios which might have an effect on rotas eg 2 arrests at once, neonatal and PICU admission
- Aim for 1B rotas, except where the service is the same at weekends and weekdays when it would probably be 1A.

Paediatrics
There were not enough SpRs for a full middle grade rota so different options were considered - more staff grade doctors, resident consultants or reconfiguration.

The staff grade model proved to be more expensive than resident consultants. Resident consultants kept to less that 48 hours in total, gave whole days off in lieu to keep balanced job plans and proved to be the most viable option.

With the SHO posts, now considered ‘Family services’ (to now include O&G) training is for 1 or 2 years and GP trainees are used in full shifts to cover paediatric duties. ANNP (advanced neo-natal nurse practitioners) or midwives replaced all of the SHO O&G out of hours work helping to create enough people to do the full shifts. F2s were used in out of hours and un-banded F1s to give daytime continuity.

Dorset County Hospital NHS Foundation Trust will reach full compliance by September 2008.

For further information, please contact Vanessa Read, project manager vanessa.read@wdgh.nhs.uk
An integrated, multi-professional psychiatric emergency care system

Manchester is a very busy inner city area with high levels of mental illness. Manchester Mental Health and Social Care Trust faces constant pressures on bed availability and patients staying longer than usual when admitted.

A new service called SAFIRE (swift assessment for the immediate resolution of emergencies) was developed to combat this problem. This six-bed nurse-led unit with medical support focuses on intensive assessment and preparation for discharge to the community.

Evaluation of that unit showed that it was very successful and exceeded the initial optimistic target of two thirds discharged straight to home and at times manages to discharge 75% within the two days or slightly longer. The risk assessments were generally very good with careful consideration taken to any adverse incidents or near misses.

Calling Time spoke to medical director, Frank Margison at Manchester Mental Health and Social Care Trust about the implications of WTD in a mental health setting and how the development of the new services has helped them to achieve the 2009 requirement.

“An audit was completed across Greater Manchester which confirmed the findings from our earlier survey that the biggest pressures (even when there was a crisis resolution team) were people who needed a little longer than four hours in A&E to do a thorough assessment and engagement with community support. More than half A&E attendances were in Central Manchester so we have worked closely with the acute trusts and community services to design a short stay unit (similar to a medical assessment unit or clinical decision unit for mental health) that could assess and support people for up to 12 hours, having arranged for the more ill people to go to SAFIRE or occasionally to an acute bed directly. That will pick up a lot of the pressures in managing a timely service and there is the option to move people from the other two A&E departments in the city where it is clear that a 12 hour stay will be sufficient.

“Frank admits that the changes to mental health were not only necessary to reach the WTD 2009 requirement, but would also improve continuity and quality of patient care, “We have to comply with four hour targets in mental health and in the main we do that but a proportion of patients need a little longer for a full assessment and to put in place the crisis plan. We think this will reduce even further the need for admission; even lower than that achieved by crisis teams alone.

We were also aware that we had three teams running almost independently with a traditional three tier medical rota and separate nurse managers and separate social work rotas. We decided that we could improve the overall care of patients and could also meet our 2009 WTD targets by a redesign of how work was done. The eventual aim involves radical workforce redesign, but within the time of the project we aim to get compliance, improved education opportunities and a better patient experience.

Manchester Mental Health and Social Care Trust held a benefits realisation day in July bringing together key stakeholders and operational managers supported by the 24/7 team. “The day was a great success and helped to produce a good working draft of the project initiation document with a list of key risks and actions. More importantly, it was an opportunity for the first time to see how the bits of the jigsaw we have been planning for two years can come together and achieve real patient and carer benefits.”
Calling time

Frank cites NWP and management support for the success of the pilot, “It is perhaps stating the obvious, but the support and enthusiasm of the NWP project team and the programme management support we will fund through the grant will really help to move the project on. Our Board, and particularly the non-executive director linking with carers has been totally committed to this as a way of putting the patient and their carer centre stage and as an enabler for culture change. We have built very good links already with A&E and although we cannot solve 100% of four hour waits they know we are working as a team on this.”

“We have had the usual glitches with building works which slowed progress by a few weeks, but that has in fact enabled us to do some preparatory work with the crisis resolution teams to prepare them for a different model of working. We have been bringing this in right at the peak demand of MMC and the project leads have had to focus attention on that for a few months but we are now in clear blue water and ready to start this project with our full focused attention!”

As well as benefits to patients and carers this project has tried to put doctors’ working lives as a key objective. A recent survey showed how disruptive shift patterns have been, but Frank is confident that the project will make improvements all round, “We think we can reduce rota frequency, provide a supportive working environment and give excellent training experiences in emergency mental health in one of the busiest units in the country. So there will be a wealth of experience, but provided in a structured and safe environment where tasks are allocated according to competence not position, with a commitment to a learning culture. The changed rotas should allow much improved work life balance with less nights on call, more standard day working and protected learning time with a different environment for learning the very different skills needed to manage emergencies in a safe way.”

Realising the benefits of WTD 2009

It could seem a little premature to be talking now about realising the benefits of WTD 2009; however, a report from Workforce Programmes aims to do just this.

It examines the benefits of using a research based diagnostic assessment tool to support organisations in achieving WTD 2009 compliance. This tool was piloted in 11 trusts across England during 2006 with impressive results.

“Trusts participating in the diagnostic assessment process, moved from 32% compliance to 50% in less than one year, an increase of 18%.”

“The average compliance of trusts that did not participate in a diagnostic assessment increased by just 5%.”

Some of the early benefits of using the diagnostic assessment approach were documented in the Diagnostic Tools and Enabling Strategies Report launched at the April WTD Conference (available at www.healthcareworkforce.nhs.uk). Trusts stated the assessment had:

• Helped raise the profile of WTD 2009 in their organisation
• Provided a focus for developing and implementing WTD 2009 plans
• Had been useful in terms of engaging with clinicians
• Energised the organisation giving them renewed impetus to deal with WTD 2009.

“The Diagnostic Assessment challenged some of the traditional thinking in this area and encouraged the trust to focus on developing (and implementing) WTD plans.” (Trust HR director)

The Benefits Realisation report is now available at www.healthcareworkforce.nhs.uk/diagnostictools and builds on these findings based on further research from the 11 pilot sites. It highlights key enablers critical to achieving WTD 2009 compliance and shows examples of good practice which can be used as resources for all trusts., will build on these findings based on further research from the 11 pilot sites. It is expected to highlight key enablers critical to achieving WTD 2009 compliance, examples of good practice and as such will be a useful resource for all trusts.

For further information contact Nicole Callaghan, workforce development consultant, Workforce Programmes at nicole.callaghan@eoe.nhs.uk or 01245 397763.

For those trusts who did not participate in the pilot, training in the use of the diagnostic assessment approach is now available in a series of workshops running throughout England. There are places still left for some of the workshops taking place in the subsequent months. To see if the event within your SHA is still running please visit www.healthcareworkforce.nhs.uk/selfassessment

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Workforce planning development programme to support Maternity Matters

NHS National Workforce Projects recently completed a series of five regional workshops to support the implementation of Maternity Matters following local launches of the new maternity policy.

The five workshops were attended by almost 300 staff in total which included a range of clinical staff and their HR and workforce planning colleagues, as well as representatives from the Royal College of Midwives and the Royal College of Obstetrics and Gynaecology.

These workshops demonstrated patient-led workforce planning, using NWP’s Six Step Guide to Workforce Planning in order to develop and redesign maternity services to help organisations deliver the choice agenda for women. Local issues and challenges were also discussed and teams were able to share good practice and case studies to colleagues across different services within their region.

There was a great deal of rich learning shared at these events and it was inspirational to hear of the good practice underway throughout the country. By sharing case studies and good practice examples, colleagues can learn from successes and can clearly see the full journey from vision to implementation.

Many areas have already made huge service improvements by workforce planning to benefit the care women receive and many of these examples from across maternity services will be available in the forthcoming NWP workforce development resource pack.

The aims of the support programme are:

- To ensure maternity services have the right staff with the right skills to deliver a woman centred service
- To create capability and capacity to develop workforce strategies in response to Maternity Matters
- To ensure the NHS and its partner organisations can work together to review their overall maternity workforce plan
- To help identify and remove barriers to integrated workforce planning.

The key learning area from all the regional workshops was not to plan in isolation - it is vitally important that all key players have involvement in the workforce planning process - including commissioners, educators, HR representatives, service head/leads and clinicians.

In addition to the workforce planning capability workshops and to further support Maternity Matters, NWP has also developed the following resources:

- A CD learning tool outlining the Six Step Guide to Workforce Planning for all staff involved in the designing of maternity services, including frontline midwifery and clinical staff who will be able to complete the programme in bite size chunks as part of their development. The CD takes the user through each of the steps, suggesting key questions to consider when planning maternity services. At the end of each step there is an audio clip from a key national speaker who will talk further around each of the steps and offer valuable advice.

To request a copy of the CD please fill out the online form at www.healthcareworkforce.nhs.uk/maternity

- A maternity services workforce development resource pack providing policy background, workforce planning principles applied to policy changes in maternity services and case studies of workforce initiatives undertaken across the service. The resource pack is now available to download at www.healthcareworkforce.nhs.uk/maternity

NWP has a designated portal area providing a one stop shop for all resources alongside case studies and best practice examples from across maternity services.

There is also an interactive forum within the maternity section where users can ask questions, respond to others’ queries, exchange ideas and advice and share their successes and learning.

Presentations and evaluations from each of the regional events and further information on Maternity Matters and NWP’s support programme can be found at www.healthcareworkforce.nhs.uk/maternity

For more information please contact Stuart Taylor, project manager, on 0161 266 2063 or email stuart.taylor@nwpnhs.org.uk
Struggling to create WTD compliant rotas?

Help is at hand if you are faced with the task of designing WTD compliant rotas for junior doctors.

A free-to-use database of NHS rotas compiled by colleagues in trusts, foundation trusts and strategic health authorities is being launched on the healthcare workforce portal at www.healthcareworkforce.nhs.uk

Working in partnership with NWP, the NHS Workforce Review Team (WRT) has designed a ‘rota database’ with powerful search engine capabilities. A library of over 100 WTD compliant rotas, currently in use in the NHS, can be searched using a range of options and then used by colleagues in the NHS involved in workforce planning. Four clicks of the mouse gets you through to the type of rota you are looking for.

Here’s how it works:

**Step one:**
A front page introduction to the rota database, detailing how it works

**Step two:**
A search page where you can search by:
- Specialty
- Grade
- Pay band
- Hospital type
- Shift pattern
- SHA
- Number of doctors, or
- A mixture of these criteria.

**Step three:**
A range of rotas are displayed according to your search criteria

**Step four:**
Click on your chosen rota(s) to display details of working patterns.

The database consists of over 100 different rotas submitted by colleagues around the country. Dave Waghorn, a member of the development team commented, “This database means you don’t have to start designing rotas from scratch. Someone else working in the NHS has probably faced the same challenges when trying to design a rota in say the general medicine department in large district general hospital. The rota they designed is freely available for you to see on the database so no need to ‘re-invent the wheel’. There’s plenty of scope for other people to add to the database by submitting rotas they have designed, in fact we would welcome the chance to enhance the scope of this learning resource. Of course all rotas are anonymised before being added to the database.”

Supporting information, in the form of a narrative section on each rota, examines factors affecting the implementation of the rota such as the implementation of new ways of working and the introduction of new roles, for example the advanced practitioner role.

Although the rotas on the database are not being held up as examples of best practice they do provide a diverse range of templates as a starting point for designing rotas, as well as providing valuable information on how other NHS organisations are using their staff to manage medical staffing and achieve WTD compliance.

For further information contact: wrt.enquiries@wrtnhs.org

If you would like to learn more about designing your own rotas, why not attend one of the workshops happening within your SHA?

Designing Rotas for Doctors in Training

September saw the start of the roll out of a programme of workshops across each SHA to support skill development in designing rotas for doctors in training, to aid WTD 2009 compliance.

Delivered by workforce leads from the East of England and Workforce Review Team, the workshops target staff within medical personnel who have responsibility for supporting the process.

Jacky Beaumont, senior workforce consultant, East of England, is leading on some of the workshops “The workshops are practical and use group working and action planning to equip trusts to engage proactively with clinicians and managers, to develop compliant rotas. As well as looking at aspects such as suitability of working patterns, we will be sharing resources available with examples of rotas developed by trusts that are already compliant and an options appraisal approach to building solutions.”

To see if there are places still available for workshops running into the New Year, please visit www.healthcareworkforce.nhs.uk/rotas
Redesigning and improving secondary care services which better meet the needs of patients while simultaneously keeping an eye on the Working Time Directive presents something of a challenge for the NHS.

But for one health community, the dichotomy of taking their urology service closer to patient’s homes at the same time as meeting junior doctor hours compliance was a test they were ready for.

Stockport NHS Foundation Trust already ran a successful ‘hub and spoke’ service for urology services across sites in Stockport, Tameside, Glossop and the High Peak. When it agreed to take the model further still, it meant testing a pilot which extended it to include Macclesfield District General Hospital.

Calling Time spoke to consultant urologist and clinical lead for the urology project Dr Stephen Brown at Stockport NHS Foundation Trust to learn more.

“We’d been working with our hub and spoke model across Stockport, the High Peak and Tameside and Glossop for more than ten years and we knew it worked well.

“Our outpatient and one-stop clinic services - the spokes, if you like - combined with the inpatient service at Stepping Hill - the hub - to develop into a tried and tested formula for a population base of over 600,000 across both rural and city areas,

“Which isn’t to say setting it up wasn’t without its problems when we started, but we learned a lot of lessons along the way. When the chance to test the model that little bit further, by including Macclesfield as well, we thought it was a real opportunity.

That opportunity came about when one of the two urology consultants at Macclesfield left, leaving one consultant and two middle grade doctors.

It presented a key challenge for the trusts - how to move towards readiness with the 48 hour week alongside competing priorities in the health service.

“We agreed that centralising staff would make it easier to design rotas that were compliant. We also knew that multidisciplinary working was essential.”

The pilot started in May 2006. And straight away the Macclesfield middle grade doctors were taking part in the rota and in theatres, helping to increase throughput. They were also able to start receiving input from the sub-specialist doctors. At the same time, a specialist nursing team, started to run nurse-led sessions from Macclesfield.

And all the inpatient work went to Stepping Hill, where there was already a comprehensive urology service which included major pelvic cancer laparoscopy and female urology.

“It started really well, and has continued to work really well,” adds Dr Brown.

As to why the pilot has been so smooth and straightforward, Dr Brown is clear about its success.

“It’s down to a good team of people with good communication across the sites. Everyone has been friendly and accommodating and it’s generated an approach where we’ve talked about any problems and issues early on. We very much tackled this as a team.

“The success is certainly down to the team - senior managers across surgery, operations, modernisation, finance and human resource.

“We also spent a lot of time in the first nine months going out and talking to people - to locality meetings, to the PCTs and overview and scrutiny committee meetings. We knew we had to explain the clinical benefits to having one specialist centre across the areas.”

Dr Brown also admits that the lessons learned when the Stockport team started the hub and spoke model with Tameside and Glossop in 1995 were invaluable.

“We took the lessons off the shelf and were able to use them for the expanded service with Macclesfield.”

The opportunity to redesign also meant the project team was able to look at working practices and to reshape them.
where needed and to introduce regular central meetings where clerical, nursing and clinical staff come together.

“It works really well,” says Dr Brown. “We often have lunch together afterwards. It’s all good team building.”

As to WTD compliance? The hub and spoke model has two specialist registrars, a registrar, a research fellow and two staff grades. And a further specialist nurse has been recruited to strengthen the Macclesfield senior nursing team.

“We’re just finalising our 2009 compliant rota which will mean we need to advertise for a further staff grade, but once we’ve got that in place we’ll have achieved the ultimate goal of the project.”

The team is now looking at working more closely with the PCTs and GP practices in Macclesfield.

“We already work as a successful multi-site model. We need to look at how we can take this to other settings so we can continually improve the continuity of care. And in turn, this will help us to focus on our future workforce planning, particularly outpatient provision.”

Dr Stephen Brown and his team delivered an engaging workshop session at the Showcasing Early Compliance conference held on the 6th November. To view this presentation please visit www.healthcareworkforce.nhs.uk/earlycompliance.
Introducing the new pilot sites...

NHS NWP has worked with a range of pilots to look at different solutions to the WTD 2009 requirement. Current pilots have explored solutions in mental health, in small and isolated sites and looking at services over the full 24 hour period to name a few. A selection of new pilots aim to look at different scenarios offering learning to the wider NHS.

Looking at meeting WTD 2009 in paediatrics, in a rural setting or re-designing junior doctor rotas, these three new pilots will explore the different challenges that the health and social care communities will face in meeting compliance.

Royal Liverpool Children’s NHS Trust - Redesigning paediatric care delivery

Alder Hey Hospital was founded in 1914, and is one of the largest and busiest children’s hospitals in Europe. The Royal Liverpool Children’s NHS Trust is recognised as an international centre of excellence, with a proud history of medical achievement and clinical innovation.

More than 200,000 children a year are treated from all over the North West, North Wales, Shropshire and the Isle of Man. As well as being a tertiary referral hospital for many specialties, the trust also provides general paediatric service and clinics for the locality. The Royal Liverpool Children’s NHS Trust is a teaching hospital involved in the training of more than 600 under graduate medical students. With 2,500 staff, 309 beds and over 20 specialist services, it manages more than 800 clinics over 31 different sites across a population of 7.6 million people. This is in addition to managing community services on 38 sites across Liverpool.

It is nationally acknowledged that paediatric services face particular problems in achieving WTD compliance because of their inability to participate in the cross-cover arrangements that underpin the Hospital at Night strategy.

The trust employs 118 junior doctors and to implement a 48 hour week would result in the loss of junior doctors to service of 752 hours per week. The size and the scale of the task indicates that no one solution will meet the individual requirements of various services across the trust. The trust conducted an audit of out of hours workload undertaken by junior doctors and senior nurses. The results of the audit identified a number of opportunities for reducing the workload of junior doctors by transferring tasks to clinical support nurses.

Compliance will be delivered through a programme approach of related projects, which together will influence and shape the learning of implementing new ways of working to meet working time directive as well as delivering an improved service to our children and young people.

The projects will reduce the workload intensity of junior doctors by:

- Development of clinical skills of existing support nurses to provide increased levels of support through the implementation of a Paediatric Early Warning Tool
- Implementation of Patient Group Directives (PGDs) within the A&E setting for senior nurses to prescribe and dispense identified medication out of hours
- Implementation of nurse led discharge on the acute admissions ward.

The pilot is expected to be complete by September 2008.
Fatigue.

Improvement in patient safety and a reduction in doctors’ workload are predicted as benefits of this study. It is possible to reduce the workload of doctors in endocrinology. As smaller trusts may have difficulty combining an acute medicine cell of 5 doctors with the cell of 4 doctors in endocrinology, the cell size of 9 doctors on the rota is achieved by adapting to meet the needs of junior doctors. The study will compare the medical SHO rota at UHCW on two different rotas.

3 x 9 hour shift pattern - University Hospitals Coventry & Warwickshire NHS Trust - Redesigning traditional junior doctor rotas

In 2009, all NHS trusts will be required to reduce junior doctors’ work hours from a maximum of 56 to a maximum of 48 hours per week.

The UK Multidisciplinary Working Group proposed a theoretically optimised rota that is built around 9-hour shifts. This rota was derived from industrial models of shift-work and performance, adapted to meet the needs of junior doctors. Field data on the effect of this rota in medical settings has not been collected, and surveys of doctor opinion may not be objective. National Workforce Projects has commissioned this study, to compare the 48 hour 3 x 9 hour shift with the traditional 56 hour rota system. This pilot uses validated methods to assess the effect on doctors well-being, whilst ensuring patient safety, in a complex and demanding acute medical setting.

University Hospitals Coventry & Warwickshire (UHCW) NHS Trust in Coventry is piloting the study on its Acute Medical Rota. All doctors in this study are senior house officers (SHOs). This large progressive NHS trust has been chosen for the complexity of the rota systems which involves many different medical sub-specialties. The cell size of 9 doctors on the rota is achieved by combining an acute medicine cell of 5 doctors with the cell of 4 doctors in endocrinology. As smaller trusts may have difficulty constructing rota cells larger than 9, the findings of this study will be more generally applicable than the recommended cell size of 10 doctors.

The study will compare the medical SHO rota at UHCW on two different rotas.

Rota A is an adaptation of the current rota, where junior doctors work 54 hour weeks with blocks of three and four 12.5 hour night shifts in succession. Rota B is the new schedule where 9 doctors work a rota that has been adapted to a 48 hour week with blocks of three nine-hour night shifts, and only occasionally work two nights in succession. This study looks at four parameters on which the rota change is expected to have beneficial impact:

- Patient safety
- Doctors’ rest and sleep
- Doctors’ quality of life
- Quality of handover information.

The 3x9 hour shift using a cell size of 9 doctors aims to demonstrate that it is possible to reduce the workload of doctors in training and equivalent grades to be WTD 2009 compliant. The benefits of this study are predicted to be an improvement in patient safety and a reduction in doctors’ fatigue.

Milton Keynes General NHS Trust - WTD 2009 compliance through the improved management of emergency admissions and changed ways of working

Milton Keynes General is a medium sized general hospital providing services to the residents of Milton Keynes and surrounding rural areas.

It has a culture of delivery and innovation. The increase in population of Milton Keynes, currently estimated at 270,000, has placed high demands upon the local health service in both the acute and primary care sectors. This population is estimated to grow to 412,000 by 2031. As the main local provider of acute health services, Milton Keynes prides itself on delivering quality care to the local people. The hospital currently has under 500 inpatient beds and provides the comprehensive range of general acute and surgical, elective, paediatric and maternity services. Milton Keynes General plans to grow its services to meet the needs of the expanding population and to provide care closer to home. The challenges of WTD 2009 allow an opportunity for Milton Keynes General to review the delivery of services and the training of junior doctors.

Recognising a whole system approach, Milton Keynes General will work across organisational boundaries, for example with the local ambulance trust, PCT, social care and practice based commissioners, in the improved management of emergency admissions. Part of the focus on emergency care will be in preventing emergency admissions. For those patients that are transferred into the acute trust Milton Keynes General will provide fast access and high quality care with an appropriate skill mix of staff.

Milton Keynes General will complete a comprehensive analysis of work undertaken at night by all staff groups to identify the skills required to deliver care out of hours. The outcome of this work will inform the planning of the day and night team concept. The trust will scope test and implement if appropriate a model of care based around a Day time Hospital between 8.00am and 10pm and a Night time hospital between 10pm and 8am. The model of care would be managed by a senior clinician leading a multiprofessional outreach team. It is anticipated that this team would cover the hospital both night and day for emergency care as a core team. One of the challenges of the pilot would be to finalise the appropriate skill mix to ensure that the right balance of competencies is available to meet the presenting medical and surgical needs.

Milton Keynes General will deliver WTD 2009 compliance by scoping, testing, developing and implementing, where appropriate, changes in its approach to emergency care through:

- New pathways of care
- Developing a planned element to emergency care
- Developing the role of technology in supporting new ways of working for example iBleep
- Workforce development
- Cultural change and leadership.

The pilot is expected to be complete by August 2009.

Work with the sites is now underway and a key part of the pilot working is to share the information as soon as possible so lessons and solutions can be disseminated. Further project documentation will be made available on the portal in due course.
NHS Employers Annual Conference and Exhibition

Leading workforce thinking, NHS Employers annual conference and exhibition 2007 took place from 9-11 October in Birmingham.

At a time when workforce is at the centre of the NHS agenda, more than 1500 delegates, speakers, exhibitors and supporters came together to tackle the big issues across the three days.

NWP were present and manned a stand, discussing key workforce issues and the tools available to support you in your workforce planning. Over 150 delegates signed up to the NWP mailing list and a vast amount of resources were given out over the course of the three days.

NWP delivered a workshop session ‘Meeting the European Working Time Directive target’ chaired by NWP’s own Nigel Burgess and presented by John Coakley, medical director, Homerton University Hospitals. The presentation can be viewed on the healthcare workforce portal www.healthcareworkforce.nhs.uk/homertonpilot.

NHS South West

Time for Change

NHS South West in collaboration with NHS National Workforce Projects are holding a Working Time Directive Conference on the 13th December at Sandy Parks, Exeter.

Date: Thursday 13th December 2007
Venue: Sandy Parks, Exeter Rugby Club, Exeter
Time: 9.30am - 3.30pm

The conference aims to inform delegates that leadership is essential and that WTD compliance can help other targets within the organisation.

This conference will provide ‘leaders’ with the opportunity to:

- Reflect on their current level of compliance
- Consider the impact of compliance on the health service as a whole
- Realistically examine possible solutions through local and national case studies.

This event is open to anyone with an interest in WTD, in particular, decision makers such as chief executives of NHS trusts, ambulance services or PCTs, medical, HR or finance directors, clinical tutors, service improvement managers and medical staffing managers. To register please visit www.healthcareworkforce.nhs.uk/timeforchange.

NHS North West

Setting the Pace for EWTD

NHS North West are holding a Working Time Directive Conference on the 4th December at the Reebok Stadium, Bolton.

Mike Farrar, chief executive, NHS North West and Professor Jacky Hayden, post graduate dean, NW Deanery, will be opening the event with supporting introductions from Tim Lund, Department of Health and Dr Yasmin Ahmed-Little, NHS North West. There will be representation from local pilot sites Wrightington, Wigan and Leigh NHS Trust and Pennine Acute, NWP pilot sites - Homerton, Royal Liverpool, Chester and Royal Liverpool Children’s and the national Hospital at Night team.

Date: Tuesday 4th December 2007
Venue: Reebok Stadium, Bolton
Time: 9.00am - 5.00pm

This conference aims to:

- Raise local awareness of EWTD
- Provide updates on local progress and plans for full compliance by August 2008
- Ensure trusts are equipped with the information, evidence and tools to move forward
- Share local and national good practice to help achieve compliance
- Empower local organisations to implement sustainable change whilst preserving service delivery and education and training standards.

The event is open to all key WTD stakeholders - lead clinicians, medical directors, directors of medical education, HR directors, nursing directors, finance directors, IM&T leads, medical staffing leads, Hospital at Night leads, junior doctors, PCTs, Deanery and SHA staff. To register please visit www.healthcareworkforce.nhs.uk/settingthepace.

Showcasing Early Compliance

National Workforce Projects delivered a showcasing event on the 6th November disseminating key learning, offering practical hands on advice and highlighting opportunities for early compliance with the Working Time Directive. The one day national conference took place at the Hilton Metropole, London and over 100 delegates from across the service were present on the day. Delegates took home five key tips from each of the interactive sessions. Look out for a full de-brief of the day including any support and key information you may have missed if you didn’t attend in the next issue of Calling Time. In the mean time, all of the presentations from the day can be found at www.healthcareworkforce.nhs.uk/earlycompliance.