“Out of Hours”
All Wales Psychiatry Audit

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Executive Summary

This audit represents a two week period looking at the “out of hours” activities of the psychiatry trainees across Wales. It shows that little activity occurs at night which could be considered as beneficial to their training. The majority of work that does occur is generated by the wards within the mental health hospitals. However in total less than 50% of the tasks are deemed as being of a psychiatric nature. As much as 24% of the trainees’ time is taken up with rewriting of drug charts.

From the work episodes recorded over the two week period there is a total of 443.03 hours of work undertaken. This equates to each trainee in Wales working on average 15 minutes in every hour during the out of hours period, 75% of their time is spent resting or not working. When considering that less than 50% of the tasks were psychiatric the amount of work that is carried out during the out of hours period that is appropriate for training is minimal.

It is appreciated that psychiatry is a specialist area with not all of the tasks being able to be covered by the generic Hospital at Night team. There will be times when trainees are required at night, but this should be for tasks which are appropriate for them. A lot of the work episodes that are recorded could be brought back into the day or could be dealt with by the adoption of Hospital at Night principles. It is felt that in many areas a full shift pattern of working is inappropriate – it does not meet the needs of the trainees or the service.
Background

The European Working Time Directive came into force on 1st August 2004 for junior doctors in training; all other grades were already under its regulation in 1998. Regulations regarding the work and rest requirements were set which were to run in parallel with the existing New Deal requirements. An average weekly working time of 48 hours is set to come into force on 1st August 2009 with interim steps of 58 hours in 2004 and 56 hours in 2007.

Following the introduction of EWTD in 2004 there was a general reaction from the service to place all doctors in training on full shift rotas comprising a full week of long days and nights. Although this made it easier to achieve compliance with the regulations it was felt that in some instances the work pattern was inappropriate for education and training and in meeting the requirements of the service. In some specialities the degree of acute work during the out of hours period was not enough to warrant having doctors resident 24/7.

In Wales at the time of the audit there were 15 sites/hospitals where Senior House Officers in mental health worked. Of these one site operates a non-resident on call rota pattern and one operates a hybrid rota, the remaining rotas were all full shift. The graph below illustrates the average weekly working time of the trainees when the audit was conducted.
There is little evidence regarding appropriate working patterns in psychiatry and how best the workload should be covered compared with the national Hospital at Night audit\(^1\). The suitability of rotas has been looked into in one trust in England but this was a mental health trust only and had no other services\(^2\). Following concerns that little or no evidence existed, an All Wales Audit on the out of hours activity was conducted jointly by the Royal College of Psychiatrists in Wales and the Junior Doctors’ Team in the Welsh Assembly Government to see whether the current workload is appropriate and mirrors the rota templates.

**Aim**

This audit aims to establish whether the current rota patterns in psychiatry in Wales are appropriate for the education and training of the junior doctors as well as mapping the service need and that the work and rest requirements of the New Deal and EWTD are being met.

\(^1\) Hospital at Night Implementation Resource Pack

\(^2\) Meeting Working Time Directive in mental health -How a multi site mental health trust adopted new ways of working to achieve early compliance against the 48 hour week.
Method

The audit took place over a two week period in March 2006. Trainees recorded their “out of hours” activities on a template sheet (Appendix A). Trainees were asked to log the time of the call, the urgency, who requested, the location of the caller, the skill level required and how long the task took. Along with this there was a free text box used to further clarify the task. The urgency of the call was based on the caller’s information/interpretation of urgency rather than the trainees. The trainees were only asked to record calls made within the “out of hours” period e.g. Monday to Friday 5pm to 9am the following day and for the 24 hour periods on Saturday and Sunday.

Prior to the commencement of the audit letters were distributed to all psychiatry trainees, clinical directors and medical staffing within the trusts where psychiatry trainees were present explaining the purpose of the audit. (Appendix B) Work sheets were distributed for completion by all trainees. The audit results have been presented to the Royal College of Psychiatrists in Wales.

The results were submitted by the trusts to the Welsh Assembly Government Junior Doctors’ Team. The data from the work logs was input into a Hospital at Night analysis tool produced by Zircadian, similar to the one used to monitor junior doctors’ working hours, by the assistant junior doctor co-ordinator.

Returns were received from all 10 trusts in Wales with psychiatry trainees. This covered a total of 15 sites.
Results

The peak number of work episodes occurs around 21:00 to 22:00 hours with the second greatest peak occurring at 17:00. These most likely correspond to handover time and the end of the normal working day respectively, although a low number of tasks were recorded as handover. Throughout the night there is a low level of activity with less than 20 work episodes being recorded across Wales at any one time.

The number of hours spent by time mirrors the above data with the greatest number of hours spent working between 21:00 and 22:00 hours. After midnight the number of hours worked by time decreases and only on two occasions does it rise above 10 hours. This would suggest that after midnight the activities that the juniors are asked to perform did not take long.
When looking at the amount of time spent by urgency it can be seen that 55.83 hours are spent carrying out tasks left from the previous shift and 80.62 hours are spent doing non-urgent tasks. A total of 136.45 hours could therefore be classed as wasted carrying out unnecessary tasks which should be brought back into the daytime.

Looking at the number of hours worked by urgency it can be seen that the peak of activity around 21:00 corresponds to a large proportion of work left over from the previous shift, this would no doubt have an impact on the activity during the evening. Not all of the activity that occurs throughout the night is urgent e.g. needed at once or within the hour throughout the night, there are still some peaks of work that are categorised as during the shift.
The majority of work that is generated throughout the night is ward work. It is difficult to state whether this is psychiatric work or medical work and whether it could be left to the morning or assigned to someone else rather than the doctor on duty.

**Breakdown of Total Hours Worked by Request**

As with the previous charts the majority of work episodes come from the wards, most of these being around the two peaks seen before, 17:00 and 21:00 to 22:00 hours. However the ward work appears to continue at a steady low level throughout the night, these episodes map to the “during the shift” urgency episodes recorded and it is highly likely that a great number of the tasks may be inappropriate.
Number of work episodes by request over time

Over half of the trainees’ time out of hours is spent working on the wards. If this is dealing with non psychiatric issues then a great proportion of the out of hours experience is not delivering the educational needs of the trainees.

Breakdown of total hours worked by location (%)

When looking at the types of tasks that are carried out during the out of hours period it can be seen that across Wales only 46% of tasks are classified as being "psychiatric". 25% of tasks are medical, 18% involve rewriting of drug
charts and 7% are non-medical. Only 4% of work episodes are recorded as handover which could be due to the fact that handover always occurs and is therefore not looked upon as a “task” or that there is little handover occurring amongst the trainees.

Some tasks that were recorded which could be deemed inappropriate include:

“Called but no one on ward sure why”

“Alcohol gel in staff nurses eye”

“Ward wants to give PRN medications which were boarded”

Tasks such as those above often result in rotas which are non-resident on call breaching rest requirements and can be alleviated by simple protocol led care.

For a full breakdown of work episodes by trust please see Appendix C.
Recommendations

- In those areas where there is a low level of activity out of hours a non-resident on call rota should be explored as an alternative to a full shift.

- It is suggested that the principles of the Hospital at Night model are adopted:
  
  - Staffing levels during the day should be reconsidered to ensure that tasks do not routinely get left for the out of hours period.
  - Task books are developed for non-urgent tasks to avoid unnecessary contacting of the duty doctor.
  - The rewriting of drug charts should not be conducted during the out of hours period. The results of the pilot undertaken in North West Wales on the rewriting of drug charts is used.

- Handover occurs daily at the end of the normal working day between the doctor on duty and the senior nurse for the area.

- Bleep filtering occurs to ensure all calls are necessary and appropriate.

- It is recommended that in some regions the referral pathways of patients are explored to ensure that there are not multiple routes of admission in the out of hours period. If one or two routes of admission are adopted then staffing these will be much easier.

- We suggest that crisis liaison is developed further and extended 24/7 to support the acute admissions in psychiatry.

- The working relationship between acute medical services and psychiatry should be developed to ensure that the right person sees the right patient at the right time.

Conclusion

This audit demonstrates that throughout most sites in Wales a full shift rota pattern is inappropriate for education and training as well as meeting service needs. It is therefore proposed that new rota patterns are explored prior to August 2009, with a view to all revised rotas being in place by August 2008. It is suggested that the evidence within this report is used to facilitate change along with engagement of senior clinicians, junior doctors and medical staffing. By amending rota patterns the educational experience of the juniors could be enhanced without compromising patient care.
Appendix A

Data Collection Sheet
<table>
<thead>
<tr>
<th>Time of Call (24hr)</th>
<th>Urgency</th>
<th>Requested By</th>
<th>Location</th>
<th>Level of Skill Needed</th>
<th>Comments</th>
<th>Duration of task (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left from previous shift</td>
<td>Needed at Once</td>
<td>Within the Hour</td>
<td>During the shift</td>
<td>Ward</td>
<td>A&amp;E</td>
<td>Crisis/ Liaison</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Letter sent to Trusts
Dear Sir or Madam

Working Time Directive - Psychiatry Trainees

I write to you, following a meeting between Workforce Planning, European Working Time Directive and Regional Adviser Staff of Psychiatry.

It has become apparent that the Working Time Directive poses individual problems unique to psychiatry and junior doctors in training. The problem currently lies in junior doctors participating in full shift systems where in some places little work occurs at night. By operating this system of work there is a reduction in supervised daytime training. All Working Time Directive rotas must consider both work intensity (service provision) and educational needs.

We recommend that a simple audit takes place of ALL psychiatric trainees in facilities across Wales over a two week reference period to achieve evidence based on what work the trainees are performing at night time. This audit should be completed from 27th March - 7th April 2006. Subsequent data analysis should provide a map of service requiring cover. After this process clinical director, managers, governance and risk representatives should engage the juniors to optimise rotas and educational time. This may well require new ways of working and a reallocation of appropriate duties specific to psychiatry as well as beyond.

The end result will enable us to tailor rotas that are educationally sound, European Working Time Directive compliant whilst not pinching from service provision.
Audit design and data collection should follow the Modernisation Agency template based on hospital at night, this tool has been used in hospitals across Wales. The ultimate implementation of rotas should be before August 2006 to aid recruitment and retention.

To facilitate this audit, please find enclosed the data collection form. We would be grateful if you could circulate this to all psychiatric doctors at your Trust, and ask that they complete a form for each activity they undertake at night, during this two week period. Please then ask them to send all their completed forms to Mrs Karen Edwards, Welsh Division Manager, The Royal of Psychiatrists, Baltic House, Mount Stuart Square, Cardiff, CF10 5FH by Friday 14th April 2006. If you have any queries please contact Mrs Karen Edwards on Cardiff 029 2048 9006 or via e mail at kedwards@welshdiv.rcpsych.ac.uk

Yours faithfully

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Junior Doctor Co-ordinator Wales  
National Assembly for Wales

Dr VAL ANNESS  
Regional Advisor for  
The Royal College of Psychiatrists
Appendix C

Work Episodes by Task Type for All Participating Trusts
Work Episodes Bro Morgannwg NHS Trust

- Handover: 5%
- Psychiatry: 15%
- Non-medical: 10%
- Medical: 25%
- Medical Drug Chart: 45%

Work Episodes Cardiff & Vale NHS Trust

- Handover: 5%
- Psychiatry: 27%
- Non-medical: 5%
- Medical: 39%
- Medical Drug Chart: 24%
Work Episodes Conwy & Denbighshire NHS Trust

- Handover: 0%
- Psychiatry: 0%
- Non-medical: 11%
- Medical: 64%
- Medical Drug Chart: 25%

Work Episodes Gwent Healthcare NHS Trust

- Handover: 0%
- Psychiatry: 19%
- Non-medical: 21%
- Medical: 44%
- Medical Drug Chart: 16%