Working Time Directive compliance can be a particular challenge for a small or isolated NHS organisation. One of the ways of meeting this challenge is the development of co-operative and integrated solutions across the health community.

In the first WTD 2009 pilot work, NHS National Workforce Projects invited bids from organisations to host cooperative solutions pilot projects. Responses were received from communities across the country and were considered by an evaluation panel at the end of January. The panel was made up of a mix of workforce planning, service development, finance, policy and clinical representatives.

Four bids – from Scarborough health community, Morecambe Bay hospitals, the North Central London paediatric services and North Cumbria Acute hospitals were given the go-ahead.

The four pilots provide a balance between some of the different challenges that health and social care communities will face in order to meet compliance. They include rural community working, specialist services structure, whole healthcare community solutions and working across split site NHS trusts.

Work with the sites is underway now and a key part of the pilot working will be to share information as soon as possible so lessons and solutions can be shared. Full project documentation will be available on the portal from early April.

Further information on the pilots is available on the healthcare workforce portal www.healthcareworkforce.nhs.uk and regular progress reports on the pilots will be included in future issues of Calling Time.

Information on the second WTD 2009 pilot specification is available on page 2 of this issue. Bids are being invited now.
Bids invited for team working pilots

Funding available for 10 pilots on team working, handover and escalation

To help support 2009 compliance NHS National Workforce Projects (NWP) are opening up a second tranche of pilots to NHS organisations. The pilots will explore new ways of team working, handover and escalation to reduce the intensity of doctors’ workforce and extend the scope of work carried out by other staff.

This is the second tranche of WTD 2009 pilots. NWP are looking for around 10 pilots and funding will be in the region of £100k per site. Dissemination of pilots and funding will be in the region.

The role of NHS National Workforce Projects
NHS National Workforce Projects (NWP) have been appointed as lead organisation for supporting the NHS and enabling solutions for WTD 2009. NWP are bringing together advice and guidance and practical advice for trusts to support their WTD 2009 work. These include piloting new ways of working in the service and disseminating best practice.

Contacts and support
The healthcare workforce portal (www.healthcareworkforce.nhs.uk) makes a wide variety of WTD advice and best practice available from one point of access, as well as outlining the project approach NWP is taking to meet the WTD challenge.

Key information – an overview of WTD 2009

Background – what is the Working Time Directive?
The European Working Time Directive (WTD) is mandatory European health and safety legislation designed to protect all workers. It lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for all staff. In August 2004 it extended to apply to doctors in training for the first time. Junior medical staff have traditionally worked long hours and provided out of hours medical cover. In 2004 working hours were cut to a maximum of 58 hours a week with entitlements to daily and weekly rest breaks.

The next step – Working Time Directive 2009
The next stage of the process is WTD 2009. Hours will be cut further to a maximum of 48 a week—a near 20 percent reduction in junior medical hours. It is both a challenge and an opportunity for the NHS to further modernise its services.

The impact for the NHS
WTD is important as it impacts on all parts of the NHS. Reducing hours of junior doctors provides opportunities for other staff and will lead to new ways of working to provide the care that patients need. As it is mandatory legislation, all NHS organisations must meet the requirement—and that means that planning for overall service delivery in the future must account for WTD and the changes that it will lead to.

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Editorial
2009 – Analysing the challenge
Welcome to the second edition of Calling Time 2009. The feedback we received from issue one back in December has been very positive with many people saying that it provided a timely reminder and a way of getting Working Time Directive 2009 firmly on the agenda.

We also received a lot of reports that Calling Time has been used in briefings by staff in trusts—particularly through the nursing networks—which is great to hear and something that we want to encourage.

We want to strike the balance between giving an overview and introduction to WTD for the casual reader and more detailed information and resources for people leading WTD work in trusts.

This issue is very much about highlighting some of the challenges that we face. Some important work has been carried out that will hopefully stimulate thinking on the impact that WTD could have on an individual organisation. It’s vital that trusts are thinking and planning now and raising this as an issue. The findings that Essex and the Workforce Review Team demonstrated in this issue show why.

We are still three years away from 2009 but the message is very much that this is something that the NHS needs to be working on now if compliance is to be met. There is a lot happening to support health communities in their work. Our first major stakeholder conference has drawn WTD leads from across trusts together to share best practice, the first 2009 pilot projects have been announced and specifications for the next group of pilots are now available.

We will keep you up to date on activities through Calling Time, in updates through other networks you use and on the healthcare workforce portal (www.healthcareworkforce.nhs.uk)—where all our resources are gathered for your use. We’d be delighted to receive information and best practice from you that we can share. If you have any ideas please don’t hesitate to get in touch.

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

Contact us
Any of the articles in Calling Time are available for use in trust newsletters or updates. If you contact us at NHS National Workforce Projects, we can also provide a bespoke article or information for you to use. Email chris.horner@nwpnhs.org.uk or contact 0161 266 2136.

Calling Time is available as a PDF at www.healthcareworkforce.nhs.uk. Please feel free to host this on your sites for staff to access.
Calling time

Surviving the night shift – a guide for junior doctors

An expert working group led by the Royal College of Physicians of London has produced a unique guide to preparing for, surviving and recovering from night shifts.

Working the night shift: preparation, survival and recovery – A guide for junior doctors’, covers when and where to sleep, how to improve alertness, advice on caffeine and sleeping pills, and when to use public transport instead of driving home. Advice also includes how to build a successful normal sleep routine, evidence on using short naps to counteract fatigue and keeping your ‘sleep debt’ to a minimum.

Changes to working patterns as a result of the European Working Time Directive mean that most junior doctors now work full 11 to 13 hour night shifts, rather than on-call, as part of their rotas. On these occasions junior doctors can expect to stay awake and working throughout the entire night.

The guide aims to help junior doctors avoid problems on night shifts to improve patient and staff safety, and to help tackle potential issues. The guide has been produced with the support of NHS National Workforce Projects. Professor Roy Pounder, Royal College of Physicians lead for the European Working Time Directive, said: “Some hospital doctors have to work at night – especially those who care for emergency admissions and the gravely ill. This guide offers really practical advice, and hopefully it will make this stressful work a bit easier, and safer for both the patients and their doctors.”

“With the advent of the European Working Time Directive, hospitals are taking on new shift patterns that are designed to reduce the overall hours worked by junior medical staff,” commented Sue Dean, associate director at NHS National Workforce Projects. “This is a positive move but we also need to avoid potential issues in adopting new ways of working. Our aim is to help support the NHS in planning and adapting to new and future ways of working and this guide provides practical advice for staff to do this.”

‘Working the night shift: preparation, survival and recovery – A guide for junior doctors’ has been distributed to trusts across the country. Further copies are available by request to wtd@nwpnhs.org.uk. The guide is also downloadable free of charge from the RCP www.rcplondon.ac.uk and other Medical Royal College websites, and www.healthcareworkforce.nhs.uk

Advice from Working the Night Shift: Preparation, Survival and Recovery

Preparing for the night shift
• Build a successful normal sleep routine
• Get extra sleep before working the first night shift
• Take a two-hour afternoon sleep before coming on duty.

Surviving the night shift
• Take 20- to 45-minute short naps to counteract fatigue
• Use exposure to light to improve your alertness during the night
• Do not miss proper meals when working at night
• Use caffeine cautiously, if at all, as it is a stimulant.

Recovering from the night shift
• If planning a long drive home, consider if this is wise
• On getting home, try to sleep immediately
• Develop a routine for sleeping during the daytime
• Keep your sleep debt to a minimum.

Have you checked out the healthcareworkforce portal?

The healthcareworkforce portal is the place where Working Time Directive and other key workforce planning resources are available on the internet. The aim is to provide a one-stop resource for you to obtain information and practical tools and guidance that can be used in your organisation.

The portal is currently undergoing a revamp and review so keep checking back for new information and resources on a regular basis. Information on all the WTD pilot projects and background information is available – as well as back issues of Calling Time. Resources will continue to build as we work towards 2009. We also welcome your views and ideas for developing the portal.

www.healthcareworkforce.nhs.uk
Taking action

Analysing and diagnosing the impact of WTD 2009

Analyasing and diagnosing is a key first step that every trust needs to undertake to pinpoint and understand the current status of WTD 2009 compliance. A new range of tools are being developed to enable trusts to assess their position.

Where are we now – a snapshot across the NHS.

Many trusts are asking themselves how it will be possible to reduce working time to 48 hours in the next three years. Firstly, it’s important to recognise what the situation is now.

The Workforce Review Team (WRT), working alongside NHS National Workforce Projects, has undertaken a study based on March 2005 ministerial data returns to pinpoint the current status of WTD 2009 compliance. The results of the study are significant and showed that:

- Over 50% of doctors are not currently meeting WTD 2009 compliance
- In 15 strategic health authorities that figure is below the 30% mark
- WRT analysed 11 broad specialty groups and found anaesthetics, medicine, obstetrics and gynaecology and surgery had the most doctors working more than 48 hours – all professions which have a high out-of-hours commitment.

This is a clear indication that the service is a long way off the 2009 target, and needs to seriously start to tackle the issue, to be able to achieve WTD compliance on time.

In a similar piece of work, WRT has also identified a distinct cultural shift in the male to female ratio of doctors, after analysing a ’snap shot’ of the medical workforce, from pre registration house officer level up to consultant level.

This cultural change is even clearer when you focus on the different grades. At consultant level, the proportion of male doctors currently sits at around 70%, compared to 30% of female consultants. However, it’s a different story for medical graduates entering the service at PHQ/Foundation 1 level. The number of female junior doctors is around 55% compared to 45% of male junior doctors. This has a potential major impact on the future number of part-time workers.

A conclusion of this is that the trusts need to factor in more creative rostering solutions to take into account an increased female to male workforce split and the potential increase in flexible and part-time working that this might bring.

The message is a simple one. A big challenge faces the NHS. The majority of trusts need to make significant changes to achieve WTD compliance. However, support in finding the solutions is on the way.

Martyn Dell, medical workforce development manager for the Workforce Review Team, comments: “Future WRT work will enable trusts to compare themselves against each other to identify the actual level of compliance against the trajectory towards 2009, together with highlighting trusts which have made particularly good progress, and encouraging those identified to share best practice.”

Watch this space for news on this work and potential solutions to the challenges that it highlights. For further information, please contact: martyn.dell@wrtnhs.org or ian.weller@wrtnhs.org
on 2009: WTD in NHS organisations

To take in order to work towards 2009 the NHS to do this.

Working with trusts on analysis

Work led by Essex WDC is helping trusts gain a bespoke assessment of their position on compliance.

Essex Workforce Development Confederation is working in partnership with NHS National Workforce Projects, the Workforce Review Team and Hampshire and Isle Of Wight SHA to help the NHS develop solutions to this challenge of analysing the work that is needed in NHS organisations. The piece of work Essex is leading on involves the development of diagnostic tools and enabling strategies to support individual organisations.

The first phase of this work has involved research based assessment, interviewing teams in 31 trusts in England, between December 2005 and March 2006. The purpose of the approach is to develop comparative information and enable identification of scenario/solutions that are regarded as positive contributors to assist trusts achieve the required changes.

Commenting on the approach Jan Bloomfield, HR director for West Suffolk Hospitals NHS Trust – one of the 31 trusts contributing to the research-based assessment, says:

“I think that it is really important knowing where we have come from in order to develop a view of where we need to go. Shared learning, promoting examples of good practice is an approach that can only be of benefit to us all. It’s quite clear that it will not be possible for the NHS to come from a position of one solution fitting all, therefore the development of a toolkit which enables trusts to identify options to move forward should add value.”

A database of information from the assessments has been pulled together – trusts can compare their position to the sample group. A detailed report of the project will be available soon.

“The next phase of the project will involve more detailed diagnostics to identify the issues the trusts need to address as they try to move towards achieving WTD 2009 compliance,” explains Steve Buggle, director of workforce development at Essex WDC. “A criteria-based diagnostic tool is under development, which will enable a more detailed analysis to be undertaken with 10 representative trusts. This phase of the project will begin in April 2006. A final phase will involve working with two trusts, one teaching and one non-teaching. Utilising these tools and information to enable development and implementation of substantive plans for change.”

Learning will be widely disseminated on an ongoing basis as the project progresses and the information will be available through future issues of Calling Time and the healthcare workforce portal.

www.healthcareworkforce.nhs.uk

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Steve Buggle, Director of Workforce Development at Essex WDC

“It’s quite clear that it will not be possible that one solution will fit all”

Jan Bloomfield, HR director

“The message is a simple one. A big challenge faces the NHS. The majority of trusts need to make significant changes to achieve WTD compliance.”
A new service and workforce planning tool designed specifically for maternity services is being developed which aims to support local organisations in planning future service delivery and take into account the impact of changes such as WTD 2009.

Research and consultancy group Matrix RCL is working with the Care Services Improvement Partnership (CSIP) to develop the tool. It will provide strategic health authorities and managed clinical networks with a method of comparing alternative approaches to providing maternity services across a health economy – allowing evaluation of the various approaches and potential scenarios that may affect service provision.

Initiatives and directives such as the Children’s National Service Framework, Shifting the Balance of Power, Agenda for Change, the Clinical Negligence Scheme for Trusts and the European Working Time Directive are transforming the way that healthcare generally, and maternity services specifically, are commissioned and delivered. New models of care are emerging – partly as a result of the explicit emphasis on reconfiguring healthcare around the needs of the patient. A number of local and national drivers affect service and workforce planning for maternity services. These drivers often shape strategic plans and service and capital investments. The tool has been developed from this approach – helping the NHS take these many factors into account.

“The tool provides key service and workforce information in a format that enables and informs local discussions,” explains David Wells, CSIP’s Working Time Directive lead for maternity and paediatrics, “it allows local knowledge and expertise to design services that meet local demand and retain local choice. This has proved vitally important in initial testing. Whilst population predictions are driven by the Office of National Statistics data, local choice influences are more difficult to map. They flow across health economy boundaries and various factors greatly influence demand. Using the tool it would be possible to ask questions such as just what is the future impact on a service if it is successful and demand increases by 2% or what the impact would be if an additional 10,000 new homes are built in the local area? This means that long-term planning can be improved and flexibility built into decision making.”

The project objectives are to:

- Provide a high-level tool to support planning for health community-wide distribution of facilities and resources
- Help health economies to develop a greater understanding of the implications of different approaches to service redesign
- Help health economies to develop an understanding of the different capacity and resource requirements within the area it covers
- Consider the cost and appropriateness of various workforce arrangements with consideration of 2004/09 Working Time Directive (WTD) requirements
- Review against existing capacity and national standards such as the CNST, and understand how alternative configurations might resolve these issues.

The original vision has been shaped by working with groups of stakeholders – not only at SHA level but with doctors and midwives delivering frontline services. The model utilises national planning norms from Royal College guidance and data from existing tools such as Birthrate Plus, yet provides flexibility to allow health economies to model local norms and compare those with the national figures.

“We’ve tried to make the tool as practically useful as possible,” say David Wells, “although it is possible, it was recognised there was little benefit in modelling the ideal locations for maternity units as few health economies would have the capital resources to move existing units. However, it was critical to understand the capacity, case mix and

For further information contact: david.wells@dh.gsi.gov.uk
Staffing requirements in units both now and for the future. The model allows for comparison of various combinations of delivery units, changes to skill mix, change in clinical practice and ultimately comparison of affordability.

The tool is presently being tested in two health economies and will be available during March or April free of charge to SHAs and managed clinical networks. A series of training sessions and local support to health economies will be made available through CSIP (www.csip.org.uk/changeforchildren).

For further information contact: david.wells@dh.gsi.gov.uk

It allows local knowledge and expertise to design services that meet local demand and retain local choice.

Technology with the personal touch

Using new technology and innovative approaches to working will play a key element in hospitals adapting new ways of working to meet WTD 2009 compliance. One project using personal digital assistants (PDAs) in Middlesbrough is having a significant affect on how night shift working has been developed.

South Tees Hospitals NHS Trust developed the PDA system as part of an overall scheme to improve care with e-technology. They were keen to replace the traditional bleep system at James Cook University hospital with wireless technology that would generate, accept and interact with calls generated from the wards and allow information to be made available that would help ensure staff with the right skills can get to patients quickly.

Every junior doctor working on the Hospital at Night team is issued with a PDA, which provides them with key patient information. The call for a doctor is issued by the hospital’s night co-ordinator, who can summon an appropriate junior doctor depending on their ability, availability and proximity. All doctors – who now receive PDA training as part of their induction – respond with their current status and can also rapidly access information on the patient.

The system has proved popular with staff and the trust also gains very detailed information about the number and nature of calls each night – data that will be very useful for other trusts in helping them work towards compliance.

Consultant in infectious disease and senior project leader Dr Brendan McCarron said: “We wanted to improve communications and access to clinical information at the trust for the on-call teams. The system has been a success due to the efforts of those designing the H@N rapid response system and we’ve seen a positive and helpful attitude from medical and nursing staff within the hospital when it has come to embracing the new change in working.”

Work is now underway looking at the technology used in PDA systems and how work can be developed and shared across the services in the future.

For further details please see www.ibleep.net

“It allows local knowledge and expertise to design services that meet local demand and retain local choice.”
Calling time

European Update from the Department of Health

Member States were close to agreeing changes to the WTD to address the impact of the SiMAP and Jaeger cases in December. However, no deal was reached and the WTD dossier has passed to the Austrian Presidency of the EU. There are no guarantees that the Government will achieve changes to the directive and any agreement would have to be passed by the European Parliament as part of the very lengthy co-decision process. The NHS should plan for implementing the 48 hour week for doctors in training based on current WTD interpretations.

SiMAP and Jaeger were two European Court of Justice rulings that clarified the exact definitions of the WTD and what counts as working time and what doesn’t. The cases make it more difficult as residential on-call time spent resting or sleeping in hospitals now counts as working time, even if the person does not undertake any work also compensatory rest for working during a rest period must be taken immediately rather than within a reasonable period.

For further details please contact tim.lund@dh.gsi.gov.uk

Communicating WTD 2009

Getting the messages about WTD 2009 out to the service and stakeholders is going to be a key part of successful working towards compliance. Calling Time is one way in which this is happening but NHS National Workforce Projects are looking for volunteers from various backgrounds to help shape communications work by joining a small communications steering group. The group will primarily work in a virtual format – using e-mail and the internet to share comments and to feedback on ideas. Time commitment will be as minimal as possible.

“We’re looking for a mix of people, from clinical, service, stakeholder and communications backgrounds to get involved,” explains Chris Horner, head of corporate communications at NHS National Workforce Projects, “The aim is to gain views from different perspectives and make sure we’re communicating effectively as we work towards 2009.

It’ll be a chance to run ideas past each other, look at what events and publications might be needed and how they might work and help steer the communications work.”

If you’re interested in finding out more or joining the group then e-mail chris.horner@nwphnhs.org.uk

New Directions for Hospital at Night

The Hospital at Night (H@N) programme is now hosted by North Central London (NCL) SHA and the London Deanery and they have recently appointed a project director to progress the implementation of Hospital at Night.

Gerry Bolger has been recently appointed to work with Miss Wendy Reid, Medical Director for Hospital at Night, and took up post in late February. Gerry is a registered nurse, and has worked both in clinical practice, including a clinical site manager at Homerton hospital, and in management at a number of acute trusts. Gerry’s most recent post was as assistant director in workforce in a London strategic health authority.

Gerry sees a number of priorities to implement H@N, namely, the need to assess where trusts are in regard to implementation of H@N across the country. It is also hoped to:

• Identify local examples of good practice which could be built upon and shared nationally
• Promote the Hospital at Night concept as a national resource to support the delivery of the Working Time Directive
• Understand the benefits realisation of H@N both in terms of service delivery and productivity.

The H@N team is working in partnership with NHS National Workforce Projects and as a member of the WTD Stakeholder Board. H@N aim to support trusts by offering a sustainable solution towards 2009.

H@N recognises EWTD as a major driver, but also sees its role as developing new ways of working not only at night but also in the evenings, at weekends and for emergency care in the day.

For further information on Hospital at Night please contact gerry.bolger@nclondon.nhs.uk

Make sure you catch up with the next issue of Calling Time which will be released at the end of June where you will find a full report from the ‘Towards Working Time Directive 2009 – Transforming Care Delivery’ conference, being held at the QEII centre, London on the 4th April.

Please contact the WTD Team on 0161 266 2302 for further assistance or information on Calling Time, or if you wish to submit an article, email wtd@nwphnhs.org.uk

Issues of Calling Time can be accessed from www.healthcareworkforce.nhs.uk