Document Purpose: Best Practice Guidance
Title: A Compendium of Solutions for Implementing the Working Time Directive for Doctors in Training from August 2009
Authors: Ahmed, M., Lund, T., Morris, A., Skills for Health - Workforce Projects Team
Publication date: May 2009
Target audience: PCT CEs, NHS Trust CEs, SHA CEs, Medical Directors, Directors of HR and Doctors in Training
Description: This compendium is intended as a readily accessible resource for trusts and SHAs, suggesting ways in which they can implement EWTD for doctors in training from 1st August 2009, focusing in particular on piloted solutions and signposting them to further sources of information.

Contents

Forewords ............................................................ 1
Skills for Health - Workforce Projects Team .... 3
Enquiries ................................................................. 3
SHA WTD leads ...................................................... 3
Web based resources ............................................. 3

Introduction .......................................................... 4

The European Working Time Directive 2004 .... 5
The basics ................................................................. 6
Rest and break provisions under EWTD .......... 6
Work and rest - SiMAP ............................................ 6
Compensatory rest and Jaeger ......................... 6
Reference period ..................................................... 7
Assessing EWTD compliance ............................... 7
EWTD funding ......................................................... 7
Derogation ............................................................... 7
Software solutions .................................................. 7
Legal implications of noncompliance with EWTD... 8
The New Deal for junior doctors ....................... 8
New Deal vs EWTD .................................................. 9
Calling Time ............................................................ 10
Medical training ...................................................... 10

Pilots ........................................................................ 11
Cooperative solutions .......................................... 11
Teamworking, Handover and Escalation .......... 12
EWTD rotas ............................................................. 15
Taking Care 24:7 .................................................... 16
Rural Solutions ....................................................... 18
Paediatrics .............................................................. 19
EWTD IT solutions .................................................. 19
Patient safety ......................................................... 20

Projects and resources ......................................... 20
Hospital at Night ..................................................... 20
Hospital at Night Conference: Making Hospital at Night Mainstream and Beyond ............ 21
Working Time Directive 2009 Exhibition: The Final Countdown .............................................. 21
New Deal and WTD booklets ......................... 21
New and extended roles ....................................... 21
Showcasing ............................................................ 22
Managed care networks ...................................... 22
Specialty resources ............................................... 23
Forewords
from Sue Dean, David Grantham, Shreelata Datta and Deborah White.

This compendium brings together the wealth of solutions and expert advice to help the NHS meet the European Working Time Directive 2009 requirements.

Skills for Health - Workforce Projects Team has led the NHS work programme to support trusts and doctors with EWTD 2009. This includes some 30 pilots and the Hospital at Night programme, all led by clinicians, which show creative and innovative solutions are available to support the quality of patient care, clinical training and the work-life balance of staff.

We continue to work in partnership with health professionals, the British Medical Association, Royal Colleges, NHS Employers, NHS Information Centre for health and social care and the Department of Health. The wide coverage of the compendium reflects this collaboration. This has been essential in, for example, demonstrating the health and safety case for implementing the EWTD legislation.

As the August deadline fast approaches, the compendium contains practical solutions to help services to achieve and sustain compliance. The compendium signposts clinicians, managers and commissioners to the full range of learning from the pilots and supporting programmes - as well as a range of helpful EWTD advice for partner organisations.

Thank you to Masood Ahmed, Annabel Morris and Tim Lund for writing the compendium.

Sue Dean
Director, Workforce Projects Team
sue.dean@skillsforhealth.org.uk

This compendium of EWTD resources provides NHS organisations, medical managers, trainers and others with a valuable summary of the wealth of information and experience they can draw upon in the final run-up to EWTD compliance. NHS employing organisations are accountable for ensuring that EWTD is achieved for their junior doctors in August 2009 - it’s the law. At local level this requires strong leadership and collaboration, focussed on solutions that will deliver compliance and at the same time quality patient services and medical education and training. This compendium helps ensure that all participants are clear about the EWTD’s requirements, the reasons behind them, and also the NHS’s learning and successes to date.

David Grantham
Head of programmes, NHS Employers
With August 2009 fast approaching, the changes and challenges faced in delivering European Working Time Directive compliance have come to the forefront. The EWTD is essential health and safety legislation for our patients, all workers, providing knock-on benefits for those at the centre of our work and training.

Whilst there is no one-size-fits-all solution to achieving EWTD compliance, a full systems approach to delivering a 48 hour working week for doctors in training provides the opportunity for all areas of service and training to be reviewed, with regular revision of solutions where needed. Good communication with all stakeholders is, of course, the key to ensuring success.

This compendium has been developed to look at possible solutions to some of the questions the EWTD poses when designing compliant rotas for junior doctors - a process which can be complex and confusing, with apparently competing priorities, and the additional challenge of managing change. It considers the potential implications for the training of junior doctors, who will develop into the consultants of tomorrow. It also looks at the role of clinicians, managers and commissioners in achieving and maintaining EWTD compliance, and the impact on service needs.

We hope this compendium provides an insight into the potential changes and ways of working which have been tried and tested by employers in the quest to achieve EWTD compliance and deliver good training. Above all, please don’t forget to involve your junior doctors when considering changes to rotas and training arrangements - you will find that most of us are keen to be involved and care passionately not only about our training but, of course, delivering the best services for our patients.

Shreelata Datta and Deborah White
Chair and deputy chair of Terms and Conditions of Service and Negotiating Sub-committee, BMA Junior Doctors’ Committee
Skills for Health - Workforce Projects Team

Since 2005, Workforce Projects Team has been offering support to all NHS trusts working towards European Working Time Directive 2009 solutions. The team can offer practical resources, examples of compliant service models and rotas, links to pilot site managers and lead clinicians, and help with informing staff and tackling barriers to change.

Enquiries

Implementation queries should be directed to: annabel.morris@skillsforhealth.org.uk at Workforce Projects Team

SHA WTD leads

www.healthcareworkforce.nhs.uk/C11/PlanWTDFAQ

Web based resources

This guide lists a number of web based resources, the majority of which can be accessed through the following websites:

Healthcare Workforce Portal  
www.healthcareworkforce.nhs.uk/wtd

The Academy of Medical Royal Colleges  
www.aomrc.org.uk

The British Medical Association  
www.bma.org.uk

Department of Health  
www.dh.gov.uk

NHS Employers  
www.nhsemployers.org
Introduction

The full implementation of the EWTD and 48 hour week presents a major challenge to NHS organisations which are involved in the training of doctors. Compliance is achievable and real benefits can arise from it changing the way service and training are delivered. Many trusts are nearly there but even those that are prepared for August 2009 can look at ways of improving patient care by learning from the experiences of many of the EWTD pilot sites.

The Department of Health (DH), the British Medical Association (BMA), the Academy of Medical Royal Colleges (AoMRC), Skills for Health - Workforce Projects Team, NHS Employers and Conference of Postgraduate Medical Deans (CoPMED) regard quality of patient care and medical training as paramount. For this reason every organisation is required to review current practice and ensure that standards are not only maintained but improved.

The first phase of the staged introduction of EWTD in August 2004 brought about many short term solutions that were not tried and tested and subsequently not sustainable. This compendium looks to show real life benefits that can be achieved by focusing on long term solutions that have quantifiable outcomes and are robust. This compendium brings together the web based resources currently available to aid EWTD compliance, in a single document, to help trusts find sustainable solutions that are suitable for them.
The European Working Time Directive 2004

The implementation of the EWTD in August 2004 presented the first challenge to junior doctors’ hours in meeting the UK wide legislation that has been in place since 1998. Although working hours were coming down with the New Deal contract, this was the first step in a staged introduction of the EWTD. August 2009 sees the full implementation of the rules and regulations that will bring junior doctors’ hours in line with the rest of the UK workforce.

Planning for robust and sustainable solutions for August 2009 requires careful consideration of service delivery, education and training, and the resources/hours available. These three aspects of the ‘EWTD triad of patient care’ provide the foundation for success.

![Figure 1: EWTD Triad of patient care](image)

This compendium is aimed at equipping key stakeholders with a range of resources and tools to prepare them in the run up to August 2009 and the implementation of the 48 hour working week. There are no hard and fast rules and what works for one trust, may not work for another, but this guide can provide a reference to the problems that may be faced within an organisation as it prepares for EWTD 2009.

The greatest impact of August 2004 EWTD implementation was upon daytime presence of junior medical staff. Traditional on call rotas disappeared as a consequence of the SiMAP and Jaeger rulings and the need to provide continued resident 24:7 cover in most specialties led to widespread changes in the way teams were structured and care delivered. To meet the demands of EWTD 2009 and to provide sustainable solutions, a number of the long term solutions have been tested at various pilot sites and the results are available as we prepare for August 2009.
The European Working Time Directive

The basics

The EWTD was introduced to protect the health and safety of employees having to work long hours and became law in the UK in 1998. However, junior doctors were excluded from the original directive until August 2004, when their working hours began to be phased down from 58 hours as shown in the table below:

<table>
<thead>
<tr>
<th>Deadline</th>
<th>Maximum average working week</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2004</td>
<td>58 hours</td>
</tr>
<tr>
<td>August 2007</td>
<td>56 hours</td>
</tr>
<tr>
<td>August 2009</td>
<td>48 hours</td>
</tr>
</tbody>
</table>

Rest and break provisions under EWTD

- 11 hours continuous rest in every 24 hour period
- A break of 24 hours in each seven day period or a break of 48 hours every 14 days
- Minimum 20 minute break when shift exceeds six hours.

Work and rest - SiMAP

In the SiMAP case the European court made a judgement on the status of resident on call time; ruling that all time spent on duty at a place of work would be defined as work. This means that even if a doctor is resting in an on call room, while obliged to be at a hospital, then this is still counted as work under the EWTD. This has contributed to the decline in use of resident on call work patterns for doctors and the introduction of increased full shift rotas. In many cases, however, full shift rotas are not the only solution available, and may not be appropriate for the workload generated.

Compensatory rest and Jaeger

The Working Time Regulations, and the subsequent Jaeger judgement, state that when the 11 hours continuous rest period is interrupted by work then the employer should provide compensatory rest ‘immediately’ unless it is an ‘exceptional case’. Trusts are advised to use their own judgement, informed by their own legal advice which is based on particular local circumstances, in deciding on the definition of ‘immediately’ and ‘exceptional case’. The DH has issued advice on compensatory rest and ‘exceptional circumstances’ at:

www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingworkforceplanninghome/Europeanworkingtimedirective/DH_4068970
Reference period

The reference period is the period of time to be used to calculate the average weekly hours of workers. It is 17 weeks for the majority of workers but 26 weeks for junior doctors.

Assessing EWTD compliance

Trusts should make sure they have robust rotas in place so that their junior doctors work 48 hours or less, averaged over this reference period.

Trusts should locally decide on the methodology they use for assessing the compliance of their rotas. When checking rotas through one of the available software packages, trusts should make sure they check the EWTD analysis as well as the assessment for New Deal compliance.

EWTD funding

The Department of Health has announced an absolute commitment to support the NHS in achieving compliance with the EWTD by August 2009. It has made available a total of £310 million to support the NHS with EWTD implementation in 2009/10.

Derogation

The UK Government has approached the European Commission to agree to permit a 52 hour maximum working week from August 2009 for some specialist services that find they are unable to implement fully the 48 hour week by the target date.

The maximum possible flexibility is an extra four hours per week for two to three years for hospital services delivering 24 hour immediate patient care, some supra-specialist services and small, remote and rural units.

The Commission has until May to consider the case for derogation.


Software solutions

DRS - Doctors Rostering System
www.healthcareworkforce.nhs.uk/drs

Zircadian - MRM Live
www.zircadian.com
Legal implications of noncompliance with EWTD

Enforcement of the directive is split between the Health and Safety Executive (HSE) and employment tribunals. The HSE can enforce the 48 hour average working week and can issue ‘improvement’ or ‘prohibition’ notices for noncompliance. If these are breached they could lead to criminal prosecutions. Penalties for conviction are up to two years’ imprisonment in a crown court and up to three months’ imprisonment and a fine of up to £5,000 in a magistrates’ court.

The rest requirements are enforced through employment tribunals (as are requirements for annual leave, among others). If it is not possible to provide these rest breaks then compensatory rest should be given. Employers must ensure that workers are able to take rest breaks. If an employee finds their employer is unable to grant these rest breaks or compensatory rest they can take their case to an employment tribunal where a declaration and/or a compensation award may be given (Regulation 30).

For further information please see:
www.healthcareworkforce.nhs.uk/legaladvice
www.healthcareworkforce.nhs.uk/legalupdate

The New Deal for junior doctors

Rotas need to be compliant with both the EWTD and the New Deal.

The basics: The New Deal was introduced in 1991 to improve the working lives of junior doctors and restricts their average hours of ‘actual work’ (as defined) to 56 hours per week, though it allows for them to be rostered on for longer periods of duty if rest is included (this is subject to the rota complying with EWTD rules on the definition of work and rest). The New Deal details four different work pattern types that junior doctors can be rostered to do:

- **On call:** Periods of continuous duty must not exceed 32 hours (56 at weekends) and the average duty hours for the week should not exceed 72 hours. Rest requirement: approximately eight hours of rest in total (12 per weekend day), of which five should be continuous between 10pm and 8am

- **24 hour partial shift:** This is similar to an on call rota except that the period of duty must not exceed 24 hours and the average duty hours for the week should not exceed 64 hours. Rest requirement: six hours of rest in total, of which four should be continuous between 10pm and 8am

- **Full shift:** The maximum length of duty for a full shift is 14 hours and the maximum average should not exceed 56. Natural breaks of 30 minutes uninterrupted rest should be taken approximately every four hours

- **Partial shift:** The maximum length of duty for a partial shift is 16 hours and the average duty hours for the week should not exceed 64 hours. Rest should total one quarter of the out of hours duty period.
Pay banding

Junior doctors receive a banding supplement (a percentage of their basic salary) which relates to the number of hours and the antisocial nature of the work:

* Banding supplements relate to New Deal compliance only. However, they are used as a proxy measurement of WTD compliance with 48 hour week for planning purposes.

For further information about how WTD compliance can be assessed see Assessing EWTD compliance section

If a rota is in these green bandings it indicates it is likely to be WTD 2009 compliant on hours.

For more information on WTD please see www.healthcareworkforce.nhs.uk

For further information visit www.nhsemployers.org

New Deal vs EWTD

www.healthcareworkforce.nhs.uk/wtdfaq

This area causes a great deal of confusion. It is important to appreciate the difference but understand that both sets of requirements must be fully met.

<table>
<thead>
<tr>
<th>Requirement for compliance</th>
<th>New Deal</th>
<th>EWTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractual obligation (Junior Doctors Contract 2000)</td>
<td>Law (Health and safety legislation)</td>
<td></td>
</tr>
<tr>
<td>Financial - Band 3 payments</td>
<td>Intervention by HSE, improvement notices, possible fines to trust and legal action against CEO. Possible breach of The Corporate Manslaughter Act 2007 and possible litigation following clinical errors by noncompliant doctors.</td>
<td></td>
</tr>
</tbody>
</table>
New Deal requirements were agreed in 1991 and a formal requirement for compliance incorporated in the national Junior Doctors’ Contract since 2000. All trainees are required to be fully New Deal compliant and since August 2003 any failure to do so is a breach of contract and attracts a hefty financial penalty of Band 3 payments = 100% supplement of the juniors’ basic salary.

A typical eight doctor rota at Band 1A monitoring as noncompliant (Band 3) may result in the trust having to pay over £140,000 per annum in ADDITIONAL salaries, with further potential financial liabilities resulting from pay protection of up to £85,000 [calculated using PC(MD) 3/2008].

EWTD is health and safety legislation and enforcement of compliance with the working hours limits falls within the remit of the HSE.

EWTD is not linked to pay directly but is intended to safeguard hours of work and mandatory daily and weekly rest requirements.

**Calling Time**

[www.healthcareworkforce.nhs.uk/callingtime](http://www.healthcareworkforce.nhs.uk/callingtime)

Calling Time is the downloadable European Working Time Directive publication, which is circulated widely across the NHS every two months.

The newsletter updates the reader on progress and discusses how the NHS is meeting the challenge. It keeps you informed of initiatives being tested and other work in progress that could help you in developing and implementing your own compliance plans.

**Medical training**

Two years ago the DH commissioned research into the implications of EWTD 2009. The research was undertaken by a team from the University of Sheffield initially led by Dr Helena Davies and more recently by Professor Nigel Bax. Dr Michael Bannon, Postgraduate Dean, Oxford acted as overall project supervisor.

[www.healthcareworkforce.nhs.uk/impactofewtd](http://www.healthcareworkforce.nhs.uk/impactofewtd)

It was found that while a considerable amount of training was already in place, further efforts will be needed to ensure that educational supervisors have the relevant skills and protected time in order to fulfil their roles. Other suggestions for the protection and enhancement of medical training are discussed. The Training Climate Questionnaire is a validated tool that may be used to identify barriers (and solutions) to the provision of education and training within clinical departments.

Many opportunities exist within routine clinical work that can be converted into true learning activities. It is recommended that this booklet is made available during hospital inductions and that informal training activities are routinely monitored.

**WTD education and training briefing**

This document has been prepared jointly by Workforce Projects Team (formerly NHS National Workforce Projects) and the National Association of Clinical Tutors (NACT).

[www.healthcareworkforce.nhs.uk/wteducationandtraining](http://www.healthcareworkforce.nhs.uk/wteducationandtraining)
South East Coast Event
A host of speakers from across England gave their views on training in a 48 hour week.
www.healthcareworkforce.nhs.uk/wtdnewsandevevents

Dr Ian Wilson recently chaired a task and finish group that has been looking into how training could be better organised to improve training opportunities in the 48 hour week. He discusses how this could be achieved in an article in Issue 14 of Calling Time:
www.healthcareworkforce.nhs.uk/callingtime

MMC Report on maintaining quality of training:

Pilots

As part of the work to develop solutions for EWTD 2009, Workforce Projects Team commissioned a range of pilots to explore new ways of working and their impact on compliance with the directive.

There have been pilots looking at a wide range of solutions including: cooperative solutions, team working, handover and escalation, 24:7 working and IT solutions.

Virtually all the pilots have completed and lessons from a wide variety of organisations are being shared across the NHS and provide useful learning to as many other trusts and health communities as possible.

www.healthcareworkforce.nhs.uk/pilotprojects.html

EWTD Pilot Site Evaluation

West Midlands Deanery have been commissioned to deliver an evaluation of the pilot sites and the following presentation summarises the findings:
www.healthcareworkforce.nhs.uk/wtdevaluation

The evaluation of the pilots programme carried out by West Midlands Deanery will be published at the WTD Conference in London on 15 May 2009 and then will be available at
www.healthcareworkforce.nhs.uk/wtdevaluation

Cooperative solutions

www.healthcareworkforce.nhs.uk/cooperativesolutions.html

EWTD 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 cooperative and integrated solutions across the health community.

In the first EWTD 2009 pilot work, Workforce Projects Team invited bids from organisations to host cooperative solutions pilot projects.

For contact details at these pilot trusts, please see the pilot site portal pages listed below.
Scarborough

www.healthcareworkforce.nhs.uk/scarboroughpilot

The Scarborough pilot has been a community based cooperative solution that involved developing a consultant led Medical Assessment Unit (MAU) and reconfiguring the service. The lessons learned have been:

- Compliance determined by clinician agreement that rota is workable
- Rota design process needs to be shared across project team
- Project must prioritise EWTD focus
- Junior doctor task audit essential
- Training impact must be factored in
- Appropriate strategic planning and benefits orientation required.

Stockport NHS Foundation Trust

www.healthcareworkforce.nhs.uk/stockportpilot

Stockport NHS Foundation Trust has developed urological services across Stockport and the High Peak as well as Tameside, Glossop and neighbouring districts on a hub and spoke basis, serving a population of over 600,000. Using the hub and spoke initiative, services will now be extended to Macclesfield. They have also introduced:

- Specialist nurses undertaking extended roles (nurse led outreach service)
- Multidisciplinary team (MDT) training sessions

Teamworking, Handover and Escalation

www.healthcareworkforce.nhs.uk/teamworkinghandoverandescalation.html

New ways of working in teams to provide patient care are seen as an essential part of the work that will be needed to achieve compliance with the 2009 directive for many organisations.

These pilots look at new ways of team working that reduce the hours required by junior doctors. They also look at how to ensure that systems, around handover between teams and the need to escalate in a critical situation, can take place effectively.

For contact details at these pilot trusts, please see the pilot site portal pages listed below.

The Royal Liverpool & Broadgreen University Hospitals NHS Trust

www.healthcareworkforce.nhs.uk/liverpoolbroadgreenpilot

Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) has already implemented the Hospital at Night model and within the trust it is acknowledged to have improved the care of patients whilst improving the working lives of staff.

The aim of their pilot project was to implement a complementary model for daytime working, to achieve the requirements of EWTD 2009.

They have:

- Introduced an Acute Response Team (ART) as a daytime complement to the HaN team
- Introduced ‘Hot’ and ‘Cold’ blocks within the medical specialties
- Expanded the nurse practitioner team along with formal nurse practitioner lead handover.
Countess of Chester Hospital NHS Foundation Trust
www.healthcareworkforce.nhs.uk/chesterpilot

The Countess of Chester hospital sees compliance with EWTD 2009 as an opportunity to promote dynamic team building and recognises the challenges that it presents. The project aim was to develop a whole hospital approach to EWTD 2009 compliance. Their main achievements have been:

- Development of leadership programme for doctors in training
- Introduction of advanced nurse practitioners along with new handover, escalation and bleep filtering policies
- Service redesign and workforce planning changes including cross boundary multiprofessional team working.

The Royal Surrey County Hospital NHS Trust
www.healthcareworkforce.nhs.uk/surreypilot

In July 2006, the Royal Surrey County Hospital commenced a project to redesign various workstreams to facilitate compliance with the EWTD 2009, in order to reduce junior doctor hours. The key elements in this project were a pilot of clinical support workers and medicine management audits. They have also developed a strong HaN model.

South Devon Healthcare NHS Trust
www.healthcareworkforce.nhs.uk/southdevonpilot.html

The vision of South Devon Healthcare Trust has been to move towards a service, which connects with the patients at the earliest opportunity through the optimum balance of case-mix and skill-mix. They have developed an integrated programme of delivery of care, reflecting the need to reduce the service input from junior doctors to support compliance with EWTD 2009 and provide an enhanced training experience through Modernising Medical Careers. Their key developments have been:

- New role development and structures to deliver the services
- Weekend team working and twilight teams
- Hospital by Day
- Integrated high performance elective and emergency care pathways to deliver care and EWTD compliance
- Use of Infoflex technology.
Implementing the Working Time Directive

Airedale

www.healthcareworkforce.nhs.uk/airedalepilot

This project centred on a two team approach: TUSKERS (team for unscheduled care and emergency responses) and SPECTORS (scheduled planned care team of organised responders). This teamworking pilot builds on and expands the Australian model of specialty specific training (emergency medical teams) to promote learning beyond narrow specialties and to work towards EWTD 2009 compliance. In this pilot they have:

- Established an Acute Care Team
- Introduced cross cover between medicine and surgery at F1 level
- Established ward based medical teams for general and elderly medicine
- Appointed acute physicians.

North West London

www.healthcareworkforce.nhs.uk/northwestpilot

North West London Hospitals NHS Trust built on their Hospital at Night model within the acute setting. They have:

- Learned that you need senior members representing all areas to be covered by the HaN team and you need to have a safe and sound structure to the HaN team before you can implement technological support such as HaNBleep
- Developed a generic service model which could be used as a template in other specialties.

East Midlands Healthcare Workforce Deanery:

- Single and cross specialty solutions developed
- County wide solutions
- Cost neutral solutions to fund additional medical staff
- Multidisciplinary / multiprofessional working
- Improvements in handover/continuity of care
- Interprofessional learning.
Implementing the Working Time Directive

EWTD rotas

www.healthcareworkforce.nhs.uk/rotashandoverescalation

A selection of tools is available on rota planning, example handover and bleep policies and advice from the royal colleges.

Rota Design for 2009

This guide is aimed at equipping key stakeholders with a range of tips and tools to prepare them for designing 48 hour compliant rotas in the run up to August 2009. It also outlines a step by step approach to sustainable rota design.

www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=doc_download&gid=1890&Itemid=697

Rota Design Life Cycle

A short presentation on the principles of successful rota design.


Maximising Educational and Training Opportunities in Rotas

A short presentation on the challenges faced when redesigning rotas.


Working the night shift: preparation, survival and recovery

A unique guide for junior doctors to preparing for, surviving and recovering from the night shifts.

www.healthcareworkforce.nhs.uk/resources/latest_resources/working_the_night_shift:_preparation,_survival_and_recovery.html

7 x 13 hour shift patterns

Working Time Directive National Stakeholder Group discourages the use of 7 x 13 hour shift patterns.

Handover Policy

Handover Policy used by the Countess of Chester Foundation Trust’s EWTD pilot project team.

www.healthcareworkforce.nhs.uk/working_time_directive/pilot_projects/countess_of_chester_handover_policy.html
Handover Training Video

Salisbury NHS Foundation Trust has produced a high quality training and education video to support handover between multiprofessional teams. The 15 minute video features examples of handover which include all the types of poor behaviour associated with this activity followed by an example of a good handover.

www.healthcareworkforce.nhs.uk/eventssuite/video/salisbury/

WTD Compliant Rotas

Working in partnership with Workforce Projects Team, the NHS Workforce Review Team (WRT) has designed a ‘rota database’ with powerful search engine capabilities.

http://www.healthcareworkforce.nhs.uk/working_time_directive/rotas%2c_handover_and_escalation_tools/wtd_compliant_rotas.html

Taking Care 24:7

‘Taking Care 24:7’ is a group of pilots looking at new ways of working for healthcare services over the full 24 hour day. The aim is to support healthcare organisations across the NHS refocus ways of working and the use of different staff to reduce the dependence on junior medical staff or to restructure the way they work so that compliance with the 48 hour week for junior doctors can be achieved.

For contact details at these pilot trusts, please see the pilot site portal pages listed below.

Dorset County Hospitals NHS Foundation Trust

www.healthcareworkforce.nhs.uk/dorsetpilot

This pilot project set out to reduce the pressure on junior doctors, enhance the training, skills and opportunities of a wide range of staff by developing enhanced and extended roles ensuring compliance with the European Working Time Directive 2009. The pilot intends to create a clinical decision unit and adopt new ways of working to reduce the waiting time for assessment and treatment.

The project will continue to build upon a programme of change already underway and provides the opportunity to test, develop and evaluate interventions to achieve high quality 24:7 care within the framework of the European Working Time Directive 2009. Their achievements have been:

- Reducing unnecessary nonelective admissions
- Expansion of nurse practitioner service in A&E
- Collaborative working with primary care.
Homerton University Hospital NHS Foundation Trust
www.healthcareworkforce.nhs.uk/homertonpilot

In order to achieve the target of 48 hours for junior doctors by 2009, the Homerton University Hospital NHS Foundation Trust has separated emergency from elective care. The successes from this pilot have been:

• Daytime training opportunities preserved/improved
• Greater use of multiprofessional teams and team based continuity of care
• Coordinated use of surgical and orthopedic input into acute care
• Effective discharge planning
• Enhanced patient experience
• Emergency work not impinging on elective work
• Improved continuity of care
• Reduced length of stay
• Costs controlled and no unplanned changes in income to trust.

East Sussex Hospitals NHS Trust, Hastings & Rother Primary Care Trust (PCT) and East Sussex Downs & Weald Primary Care Trust (PCT)
www.healthcareworkforce.nhs.uk/eastsussexpilot

This pilot is a joint project between East Sussex Hospitals NHS Trust, Hastings and Rother PCT and East Sussex Downs and Weald PCT. The pilot is specifically designed to develop new models of service provision which will focus on emergency care and the ‘front door’ of the hospitals. It provides an alternative model of care for A&E and GP services. Their key learning has been:

• Lessons learned on how to introduce HaN
• HaN handbook
• Integration of A&E and MAU
• Development of a primary care referral protocol
• Rota development.

Manchester Mental Health & Social Care Trust
www.healthcareworkforce.nhs.uk/mmh

An integrated, multiprofessional psychiatric emergency care system to achieve compliance. This has led to:

• Application of HaN to an integrated mental health economy
• Improved educational opportunities and supervision for all trainees as a result of a redesigned medical on call rota
• Multidisciplinary handover from day to night through the PEARL service
• Improved risk reporting through the development of clinical and learning tools.
Guy’s & St Thomas’ NHS Foundation Trust
www.healthcareworkforce.nhs.uk/guysthomaspilot.html
The model has been introduced in two phases:

**PHASE 1**

i. The extension of the site nurse practitioner responsibilities to cover the full 24 hour period, seven days a week

ii. The introduction of extended and new roles to support the operation of the new system.

**PHASE 2**

iii. The separation of the management of emergency/acute care from planned care

iv. The introduction of new noncomplex acute care pathways.

The key achievements have been:

- Extension of site nurse practitioners to 24:7 cover
- Introduction of extended and new roles
- Separation of emergency and planned care
- Introduction of noncomplex acute care pathways.

**Rural Solutions**

Milton Keynes NHS Foundation Trust
www.healthcareworkforce.nhs.uk/miltonkeynespilot

Recognising a whole system approach, Milton Keynes General hospital 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.

Key achievements:

- Mixture of solutions to achieving compliance
- Additional staff required - medical and nonmedical
- Redesigned rotas
- Links between trusts for cross cover
- Improved HaN
- Use of HaNBleep.
Paediatrics

The paediatric pilot trust has been Royal Liverpool Children’s NHS Trust:
www.healthcareworkforce.nhs.uk/liverpoolchildrens

Compliance has been delivered through a programme approach of related projects, which together will influence and shape the learning of implementing new ways of working to meet changes to EWTD as well as delivering an improved service to our children and young people. The project’s key learning has been:

• Follow back any critical incidents around clinical deterioration of patients and ensure processes are improved to optimise future clinical care
• You need a committed team of likeminded people to drive the change, ‘selling the concept to colleagues’
• Although very sceptical at first the nurses actually enjoyed this extra knowledge and skill
• You need to continually evaluate progress and amend thinking to encompass feedback from end users.

EWTD IT solutions

A range of IT solutions have been developed by Workforce Projects Team to support trusts to reach the EWTD 2009 requirement. These range from, the HaNBleep software system that supports the work of junior doctors working in teams and is offered free across the NHS, the NHS benchmarking database that allows trusts to search and easily obtain up to date acute and PCT trust performance, demographic and workforce data, as well as other resources.

HaNBleep

www.healthcareworkforce.nhs.uk/hanbleep

Using new technology and innovative approaches to working will play a key element in hospitals adapting new ways of working to meet EWTD 2009 compliance.

HaNBleep is a new version of the iBleep software which was developed at James Cook University Hospital in Middleborough and which won a Health Service Journal award in the ‘Improving Care with Technology’ category.

It is a piece of software that enables staff to generate, accept and interact with calls generated from the wards, it utilises wireless technology on personal digital assistants (PDAs) which are carried by the junior doctors. HaNBleep has enhanced features including improved security and infrastructure.
Implementing the Working Time Directive

NHS Benchmarking Database
Free, easy to search, up to date acute and PCT trust performance, demographic and workforce data.
www.healthcareworkforce.nhs.uk/resources/nwp_resources/nhs_benchmarking_database.html

Salisbury NHS Foundation Trust
An information delivery system supporting the Hospital at Night process.
www.healthcareworkforce.nhs.uk/salisbury

Patient safety

3 x 9 hour shift pattern
www.healthcareworkforce.nhs.uk/3x9

For August 2009, the UK Multidisciplinary Working Group proposed a theoretically optimised rota that is built around nine hour shifts. This rota was derived from industrial models of shiftwork and performance, adapted to meet the needs of junior doctors. Workforce Projects Team 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. The results were reported in the following journal article:

http://qjmed.oxfordjournals.org/cgi/content/full/hcp004v1
http://qjmed.oxfordjournals.org/cgi/reprint/hcp004

Implementing a 48 hour EWTD compliant rota for junior doctors in the UK should not compromise patients’ safety. Whilst concerns remain regarding reduced educational opportunities, this study supports the hypothesis that a 48 hour work week coupled with targeted efforts to improve sleep hygiene improves patient safety.

Projects and Resources

Hospital at Night

www.healthcareworkforce.nhs.uk/hospitalatnight

The Hospital at Night (HaN) concept proposes that the way to achieve effective clinical care is to have one or more multiprofessional teams who between them have the full range of skills and competences to meet patients’ immediate needs.

HaN aims to redefine how medical cover is provided in hospitals during the out of hours period. The approach provides the best possible care for patients given the changes in permitted working hours for doctors in training. It offers the most efficient method of preserving, and even enhancing, doctors’ training in the reduced hours available.

‘Making Hospital at Night Mainstream’ is an interactive PDF of resources designed for hospitals and NHS trusts who are implementing, reinvigorating or extending the Hospital at Night concept.
This is available at: www.healthcareworkforce.nhs.uk/hospitalatnightresources
Hospital at Night Conference: Making Hospital at Night Mainstream and Beyond

www.healthcareworkforce.nhs.uk/hanconference2008

Hospital at Night Conference: Making Hospital at Night Mainstream and Beyond took place on 19th September 2008 at the QEII Conference Centre, London. Resources from the event are available at the address above.

Working Time Directive 2009 Exhibition: The Final Countdown

www.healthcareworkforce.nhs.uk/wtdconference2008

Working Time Directive 2009 Exhibition: The Final Countdown took place on 2nd July 2008 at ExCeL London. 79 interactive exhibition area (IEA) sessions were delivered from contributors including the Royal Colleges, BMA, the Hospital at Night team, Workforce Programmes teams from SHAs and Workforce Projects Team pilot sites.

New Deal and WTD booklets

www.healthcareworkforce.nhs.uk/working_time_directive/pilot_projects/new_deal_and_wtd_booklets

Workforce Projects Team has developed a series of booklets focusing on New Deal and European Working Time Directive from different perspectives:

- Junior doctors
- Consultants
- Managers
- Clinical tutors

New and extended roles

www.healthcareworkforce.nhs.uk/newandextendedroles

The development of new and extended roles is a key enabler to achieving EWTD compliance. However, these roles will have a life beyond the 2009 target in supporting the implementation of other major policy drivers in the NHS. The introduction of new and extended roles has changed the composition of the NHS workforce. These roles cross traditional professional boundaries bringing benefits to patients and staff:

- Meeting key targets e.g. European Working Time Directive compliance
- Increasing the flow of patients on the 18 week pathways
- Improving access to the services and quality of care
- Enhancing career prospects and improving retention of staff
- Addressing staff shortfalls in difficult to recruit areas
- Providing more choice for the NHS providers and patients
- Increasing capacity by transferring unnecessary tasks.
Showcasing

Showcasing Paediatrics
This resource identifies new and extended roles that have been developed and introduced in Paediatrics and Neonatology such as the advanced paediatric nurse practitioner, advanced neonatal nurse practitioner, neonatal transfer practitioner and neonatal nursery nurse.

www.healthcareworkforce.nhs.uk/newandextendedroles

Showcasing Obstetrics and Gynaecology
This resource identifies new and extended roles that have been developed and introduced in obstetrics such as the midwife consultant, assistant theatre practitioner, maternity care assistant and maternity support worker.

www.healthcareworkforce.nhs.uk/newandextendedroles

Managed care networks

www.csip.org.uk/~cypf/maternity/maternity/clinical-networks
The Acute Services Review (1998) in Scotland first introduced the concept of managed clinical networks (MCNs) as a way of refocusing on patients and services rather than organisations and institutions.

It defined MCNs as “linked groups of health professionals and organisations from primary, secondary and tertiary care working in a coordinated manner, unconstrained by existing professional and (organisational) boundaries to ensure equitable provision of high quality effective services”.

NHS Employers
NHS Employers provide advice and support to employers on some of the challenges to workforce planning.

http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/ewtd/Pages/EWTD.aspx

Signposting European Working Time Directive Solutions
Skills for Health - Workforce Projects Team, together with NHS North West and NHS East of England have compiled this practical guide to European Working Time Directive 2009 solutions. This guide provides links and examples for NHS organisations to overcome the 10 main barriers to successful EWTD implementation.

www.healthcareworkforce.nhs.uk/workingtimedirective
Specialty resources

Links to all the major specialties and related EWTD resources.

www.healthcareworkforce.nhs.uk/specialties

The Academy of Medical Royal Colleges.

Links to the royal colleges: www.aomrc.org.uk/links.htm

The Academy has published a paper on the changing shape of the medical workforce and the considerations for the future.

‘Medical Workforce Project to identify the added value doctors bring to the Healthcare team’

www.aomrc.org.uk/aomrc/admin/news/docs/Medical%20Workforce%20Project.pdf

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Paediatrics and Child Health (RCPCH)

This RCOG and RCPCH joint project published a report to evaluate the impact on maternity and children’s services of implementing the EWTD 2009, and to discover examples of good practice in order to provide guidance on achieving EWTD 2009 compliance. The report is titled: ‘Children’s and Maternity Services in 2009: Working Time Solutions’.

www.rcog.org.uk


The Royal College of Surgeons of England (RCSE) and the Royal College of Anaesthetists (RCoA)

This RCSE and RCoA joint project is the publication of a report providing a set of solutions that have broad support amongst those delivering care and training which can be applied in various types of unit/specialty to assist in achieving compliance.

www.rcoa.ac.uk/docs/rcs-rcoa_report.pdf


Other publications by the RCSE are available through the publications web link:

www.rcseng.ac.uk/service_delivery/working-time-directive/publications

- The Working Time Directive 2009: Meeting the challenge in surgery
- Safe Shift Working for Surgeons in Training
- Safe handover
- Rota planning
- Delivering surgical services: options for maximising resources.
The Royal College of Physicians (RCP)

www.rcplondon.ac.uk/professional-issues/workforce/Workforce-issues/Pages/EWTD.aspx

The RCP supports the introduction of a 48 hour working week for junior doctors in medical training as stipulated by the European Working Time Directive provided the following conditions are met:

- Patient care and quality of training are not compromised when changes to junior doctor rotas are made to achieve compliance with the Directive
- An appropriate balance between acute medicine and specialty training is achieved for all trainees, and specialty training is not lost to maintain acute medical cover for in-patients
- There is an expansion of the consultant workforce as well as other healthcare professionals to allow the above
- Individual trusts are assessed to ensure patient care and quality of training are not compromised.

British Medical Association (BMA)

The BMA believes that the European Working Time Directive is essential health and safety legislation and is necessary to protect both doctors and patients. Better rested doctors provide better patient care and the ability of doctors to learn is vastly improved when they are well rested. However, the BMA has concerns about the impact of the EWTD on junior doctors’ training.

Great care must be taken when working patterns are redesigned to ensure that the delivery of training is not adversely affected. Junior doctors working on the rota should always be consulted where changes take place, and clinical tutors should play a key role in authorising new working patterns that protect training. Whilst employers may be keen to prioritise service delivery, junior doctors’ ability to receive training should also be preserved. This can be achieved in a number of ways including:

- Provision of dedicated training lists
- Identification of failing training posts
- Provision of consultant trainers who specifically wish to provide training
- Non-resident working arrangements for senior trainees
- Hybrid working patterns that maximise daytime working for trainees
- Provision of ‘wet lab’ simulation facilities that trainees can access easily
- Identification of target numbers of training procedures necessary for qualification. The BMA also strongly supports the expansion of consultants as a solution to the problems posed by the EWTD, as well as the lengthening of training programmes where necessary.

Rota Design Made Easy by BMA


BMA Guide for Junior Doctors on the New Deal and WTD

www.bma.org.uk/images/FinalCountdown_tcm41-158037.pdf

Safe Handover


The BMA has written a report on training and EWTD in the craft specialties. This is available at http://www.bma.org.uk/employmentandcontracts/working_arrangements/hours/ewtdqualityoftraining.jsp