

Trust Launches New Project On Doctors' Working Hours

In August 2004, the European Working Time Directive came into force. The Trust is now looking at how it will address the next key milestone in 2009, which will see doctors working hours reduced further to a maximum of 48 hours per week. R&B Review gets the inside track on how it will be achieved through a new initiative.

The European Working Time Regulations already apply to most UK employees, one of the few exceptions has been doctors in training, but that changed from August 2004. Since then junior medical staff have been working an average of no more than 58 hours a week.

However, the next key challenge for the Trust focuses on August 2009 when this must be reduced to 48 hours a week. There are also specific rest provisions that must be fully met by then, including: 11 hours' continuous rest in every 24-hour period; a minimum 20-minute break when a shift exceeds 6 hours; and a minimum 24-hour rest in every 7 days or minimum 48-hour rest in every 14 days.

In order to achieve compliant working patterns for junior medical staff, the Trust is being encouraged to make effective use of the planned growth in the medical workforce; use more cross-cover between specialities, and fewer tiers of cover to reduce the number of out-of-hours rotas staffed by junior doctors; use non-medical practitioners more effectively; improve team working and redesign working patterns for staff; and develop new service models that support improved patient care and local access to services, while delivering WTD compliance.

"We plan to roll out a focused project to deliver the improvements but it will be difficult," explains Clare Pratt, Project Manager. After receiving funding from the National Workforce Project, Clare was recently appointed at the Trust's operational lead to ensure that we achieve compliance with the new milestone.

She is leading a multi-disciplinary team, comprising HR specialists, clinical, nursing and divisional representatives and specialists from the National Workforce Project.

Clare spells out the challenge in a nutshell for R&B Review: "The major contributors to our current out of hours team are medical and surgical doctors of all grades. There are different numbers of doctors within each grade and differing configurations to their out of hours rotas."

"An initial analysis of the hours worked by junior doctors shows in some areas, that to become compliant with the 2009 milestone, each PRHO would have to work 128 hours less over a 24 week period. This is equivalent to 15 working days and could potentially adversely affect training and service provision. We cannot compromise on either front, so we must get it right."

Rota	Average hours currently worked per week per doctor	Number of hours to be lost from rota to meet 48 hour week
PRHO (F1)	53.3*	128 per doctor every 24 weeks
Medical SHO (F2)	49.9*	46 per doctor every 16 weeks
Medical SpRs	48*	0
Nephrology	49.4**	11.5 per doctor every 8 weeks

* based on a realistic 8.5 hour normal working day as opposed to 8 hours

** based on an 8 hour normal working day

Through this project the Trust will primarily focus on the working day and its interface

with evening and night time. This will involve increasing the amount of multi-disciplinary team working, changing operational procedures and maximising efficiency.

The plans put forward to ensure we achieve this are based on a framework incorporating three areas of key activity - the rationalisation of junior doctors hours; the development of an acute response team; and a review of clinical operational procedures.

Rationalising junior doctor's hours will involve assessing current workload demands and content as well as identifying any excessive hours being worked and the reasons behind that. It is then envisaged that appropriate models of care involving multi-professional team working can be developed. This will in essence build on the success of the project which focused on rationalising doctors working hours during night times.

Developing an acute response team (ART) is currently viewed as an essential and integral solution. This will be established as a multi-professional team, led by a senior clinician. ART should be responsible for providing care for acutely ill patients within the ward environment. It is envisaged that this will release junior medical staff from frequent ad hoc emergency calls and improve patient safety.

Reviewing clinical operational procedures is the final work stream of the project and is self explanatory. A focus will be on ensuring that we have appropriate and safe operational procedures to guide practice.

Clare adds: "Implementing this proposed model will require a number of initiatives and a multifactorial approach. The Trust has previously commissioned reviews of factors affecting junior medical staff working time. This identified a number of interventions that potentially could reduce the burden on them.

"These initiatives combined with the three pronged approach we are advocating will improve efficiency of care and are critical in reducing the junior medical staff workload."

Proposed Initiatives

- Careful analysis of tasks done by junior medical staff over the 24-hour period. This will enable more suitable deployment of the appropriate healthcare professional in instances where an alternative exists.
- Improvement of IT systems and administrative support to assist in the ordering of tests and the location of results.
- Review of senior doctor cover during the evening to provide high-level clinic support.
- Review of the scope and usage of patient group directives (PGDs) to facilitate a wider range of appropriate non-medical prescribing.
- Increase in the number of supplementary prescribers who can undertake rewriting of drug charts and the generation of prescriptions for patients to take home.
- Implementation of a uniform approach to handover between teams. It is recognised that this handover will be an important training opportunity for the staff involved.



Interview with Clare Pratt, Project Manager

Clare Pratt was appointed Project Manager for the scheme earlier this year. Here we pose some questions about EWTD and the challenges that lie ahead.

Is WTD really achievable in a Trust of our size?

Working Time Directive 2009 compliance is achievable - we have already proved that through the Hospital at Night project for the earlier milestones. But we recognise that a small number of specialties will have particular challenges in meeting the new milestone. The key is working closely to support these areas.

What are the key aims of this project?

Essentially we are looking to build upon our very successful Hospital At Night project. Professional organisations, government and NHS staff are working together to ensure effective solutions which benefit both patients and staff. The key principle for compliance will be to redesign how services are provided. WTD compliance – as part of the wider work on service redesign - is ensuring patients receive fast, efficient treatment by appropriately skilled staff in appropriate settings. We must continue this trend with a particular emphasis on making sure our junior doctors are able to provide safe services.

Why are we doing this?

The Trust has been chosen as one of several national pilot sites to look at a specific aspect of this work. We were chosen on the back of our success through the Hospital At night project. We are very pleased and proud to be involved once again as a national leader as it shows our commitment to pioneering change in the NHS. Secondly, we do not have a choice in whether or not we do this. Legislation means we have to move forward. Our plan is to try to lead the field and highlight again our innovative team approach to solving these issues.

Why should we get involved again?

Firstly, the WTD is not a threat – where organisations have already moved successfully towards compliance, it has encouraged greater flexibility and more innovative thinking. As one of these organisations we can say now that this has clear benefits. Secondly and more importantly, successful implementation will ensure doctors are not tired. It will enhance other measures already being taken to improve safety and quality of care.

What successful outcomes have we seen through our initial involvement?

Nationally, these included faster access to medicines; better recording of medicines on drug charts; quicker diagnosis; fewer cancelled clinics and operations; shorter waiting times for appointments, operations, x-rays and transfer to ward from A&E; shorter hospital stays; and earlier discharge. Some of these were also evident in our involvement in the Hospital at Night project.

Finally, one of my commitments is to ensure that staff are kept up-to-date on key developments. I will be working with the Communications Team to make this happen.

What Others Are Doing

NHS National Workforce Projects has been appointed as the lead organisation to help support the NHS in finding and implementing solutions to WTD 2009. It is working with a wide group of stakeholders and piloting solutions that look at new ways of working and communicating best practice in the build up to 2009. You can access a variety of information from NWP online at <http://www.healthcareworkforce.nhs.uk/>

Productivity and efficiency (P&E) is a top priority for every organisation at the moment. New work has identified how taking a planned approach to Working Time Directive 2009 compliance can support efficiency as well as improve working hours for staff.

Diagnostic work has been carried out with a selective sample of different sized and configured Trusts as part of the WTD 2009 project. Over 20% of all Trusts have been studied to look at the ways in which 2009 compliance is being tackled and to identify challenges and opportunities that WTD offers.

Productivity and efficiency has been a key issue raised but the diagnostic work shows that many trusts have used WTD 2009 as an opportunity rather than a challenge to P&E and demonstrated some significant cost savings. These savings can be realised through new rota designs and staff roles that also achieve a 48-hour week while maintaining quality service delivery.

Savings through rota redesign

● The approach being adopted at York Hospitals NHS Trust for example is allowing for gradual change with foundation year one (F1) posts. A&E and paediatrics have joined with medicine and elderly medicine to form a generic medical rota out of hours and F1 posts in anaesthetics and orthopaedics have joined surgery to form general surgery out of hours rota. This reflects the model the Trust is adopting for Hospital at Night which is based on a two team approach.

- Applying this model of generic out of hours cover to another of the Trusts diagnosed, it was found that it was possible to achieve 2009 compliance without increasing the number of junior doctors and achieve a saving of approximately £174,869 per annum (after protection) for reinvestment in service or training provision.
- Analysis of the data and applying this model to other Trusts showed similar findings and significant savings for other sampled trusts.

Leadership is a key element of delivering WTD 2009. Organisations that already have a good compliance position have evidence of strong leadership and involvement from senior managers and clinicians in their work. Initial diagnostic analysis work has been carried out as part of the WTD 2009 programme. This has been led by one of the WTD partner organisations, Essex Workforce Development Confederation. Detailed work has been undertaken in 35 hospital Trusts across the country – taking into account a different range of sizes of Trust, different site configurations and geographical locations. It accounts for around 20 percent of acute Trusts. The findings show that a perceived lack of senior leadership and support around WTD is being seen as a key barrier to progress for many Trusts.

Amongst the common factors identified as barriers in moving towards 2009 compliance in those trusts were:

- An absence of board reporting and lack of awareness by some boards on WTD requirements
- No performance management expectation or project plan for planned achievement of WTD 2009
- Lack of ownership by operational managers in trusts – WTD has been 'parked' with HR
- Lack of understanding by senior management of the WTD, rotas and junior doctor's hours
- Absence of an accountable officer or lead executive responsible to the board for WTD.