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NHS
National Workforce Projects

Calling time

Conference calls time on 2009

transforming care delivery
towards working time directive 2009



Key learning points to help you move to the 48 hour week

Transforming Care Delivery was the theme of NHS National Workforce Projects' second Working Time Directive 2009 conference. The conference held on the 17th April drew an audience of over 250 delegates including clinical leaders, WTD leads and human resource directors from trusts, strategic health authorities and other key stakeholder organisations.

With just over two years to go until the maximum working hours for junior medical staff are reduced from 56 to 48 hours per week, it is crucial that trusts continue to move towards meeting the requirements of the directive.

Transforming Care Delivery re-emphasised the need for trusts to keep on working and testing solutions in the lead up to 2009. Delegates were updated on the work of the 19 WTD pilot sites as well as being given the latest national perspective on WTD and a range of linked initiatives such as Modernising Medical Careers, IT solutions that can help support compliance and effective rota design. Key speakers discussed the common challenges and possible solutions to the directive.

Workshop sessions ran throughout the day covering a variety of topics ranging from reconfiguration of service to tactics to achieve early compliance. The sessions were led by the pilot sites themselves giving them the chance to showcase their solutions, problems encountered along the way, disseminate their lessons learnt and answer questions from delegates from across the service.

Read the key learning on page 8 ▶

In this issue

Editorial

Welcome to the latest edition of Calling Time.

Firstly, thank you to everyone who attended the annual WTD 2009 conference back in April. What really struck us about the day was the interaction and the sharing of the learning that is coming out from across the service showing the different approaches to moving towards the 48 hour week.

From pilot work looking at 24:7, team working and multiorganisational approaches, to rota design and IT solutions, it is clear that trusts and other stakeholders are taking up the challenge of looking at new ways of service delivery for 2009 and are moving away from the idea that just employing more staff is the solution.

It shows how far we have come in just over 18 months since the first edition of Calling Time was published. The financial changes in the NHS, service reconfiguration and Modernising Medical Careers have all come into place and in many ways have put a greater focus on the directive. It is imperative that the 48 hour week is considered as part of all changes that are taking place in our hospitals and healthcare centres.

That's why we called the conference Transforming Care Delivery. We wanted the work around 2009 to be looking at how we deliver NHS services in new ways, with patient care and safety at the heart of compliance work - alongside the health and safety benefits for staff.

There are obviously still issues to be worked on, particularly around ensuring that training remains of the highest possible standard within a shorter working week, but the learning is showing that these can be addressed with creative thinking and communications and planning between all staff. We have just over two years until August 2009 and your planning needs to be in place so you can test possible solutions. The challenge can be met as our pilots are showing.

In this issue of Calling Time we are showcasing much of the learning from the conference and looking at solutions that can benefit your organisation and put new approaches in place. This links to the WTD pages at www.healthcareworkforce.nhs.uk/wtd where we have all the presentations, webcasts and feedback from the event.

Our aim at NHS National Workforce Projects has always been to look at sharing solutions that can be adopted across all NHS organisations and I hope you find the learning useful. ■

Rachael Charlton

Rachael Charlton, Director,
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Morecambe Bay Hospital the first in a series of local pilot events

Morecambe Bay Hospitals in conjunction with Scarborough Health Community and North Cumbria Acute Hospitals held a free one-day event for people across the service to disseminate learning to trusts facing similar challenges.

The event, held on the 22nd January, was targeted at other trusts finding the 2009 requirement challenging due to the geographically isolated position in which they are situated. Over 50 people were present on the day including project managers and several key clinicians.

Each of the three key trusts gave presentations on their current work streams. The presentations gave 'hands on' advice and were accompanied by a lively question and answer session that took place in the afternoon.

Presentations from the day and webcasts of key presentations are available on the healthcare portal www.healthcareworkforce.nhs.uk/wtd

As part of the commitment to disseminate key lessons, problems encountered and possible solutions to WTD 2009, NHS NWP is supporting all of the WTD pilot sites to hold local events in the coming months. Morecambe Bay Hospital's event was the first of its kind followed by The Countess of Chester Hospitals Dissemination Day which was held on the 13th June. All of the presentations from this event are also available on the portal. ■

Local and Regional events coming soon

RCS Craft Specialty event	**5th October**
Early Compliance workshop	**October date TBC**
Yorkshire & Humber SHA event	**22nd November**

Contact us

All of the articles featured in Calling Time are available for use in trust newsletters or updates. We can also provide a bespoke article or information for you to use.

E-mail abi.marston@nwpnhs.org.uk
or contact 0161 266 2365.

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

Hospital at Night
Competences in Action Conference

The NHS Hospital at Night team held a 'Competences in Action' conference at the Birmingham Hippodrome on 16th March which launched the *Developing the Role of the Nurse Co-ordinator* report.

The conference also highlighted areas of good practice and learning from implementation of Hospital at Night and focussed on tools to support Hospital at Night and 24/7 working in trusts.

This conference was very successful with over 150 attendees from across the country and from a variety of professional groups including nurse co-ordinators and EWTD leads. 'The day was well organised and enjoyable', said Jasek Szymanski, project manager for Hospital at Night at North Bristol NHS Trust, 'And its main theme of competences was invaluable in prompting further thought and action particularly with reference to improved patient safety. Wendy Reid and Diana Hamilton-Fairley were particularly inspirational and highlighted the need to have similar likeminded champions at a senior level in all trusts.'

Developing the Role of the Nurse Co-ordinator was produced by Staffordshire University in partnership with the NHS West Midlands Workforce Deanery, Skills for Health and the NHS Hospital at Night team. It reviews the nursing co-ordinator role and includes a revised set of competences and a standardised job description for this role. It is a valuable resource document for trusts who are setting up Hospital at Night teams or developing this model of care.

Here is an overview of the presentations given at the conference and the resources that are available:

Hospital at Night: Past, Present and Future - Wendy Reid, national clinical lead Hospital at Night: Wendy spoke on the Hospital at Night baseline assessment report and recommendations for trusts implementing Hospital at Night.

The European Working Time Directive and You - Nigel Burgess, WTD programme lead, National Workforce Projects: Nigel gave an overview of the Working Time Directive and the role of National Workforce Projects in supporting its implementation.

> *"By using these competences, trusts can be assured of a highly effective patient focussed resource, maintaining continuity and supporting the challenge of the EWTD."*
>
> ***Wendy Reid***
> *clinical lead, NHS Hospital at Night team*

Benefits Realisation - Gerry Bolger, project director NHS Hospital at Night team: Gerry spoke on the potential for benefits realisation from Hospital at Night as well as giving hints and tips for implementation.

E-learning and Hospital at Night - Delyth Jones and Steve Davies, Cardiff and the Vale NHS Trust: At Cardiff they have developed a Hospital at Night e-learning tool and this presentation outlines this tool and its benefits.

Nursing Supervisory Log - Linda Shrewsbury, NHS Midlands: Linda Shrewsbury has developed a nursing log book which is a structured record of an individual's clinical practice and learning.

Hospital at Night case study - Adel Jones and Dr John Lowes, South Devon Healthcare NHS Trust: This was a case study presentation and gave an update on their Hospital at Night team and also tips for implementing Hospital at Night.

Hospital at Night 24/7 case study - Diana Hamilton-Fairley, deputy medical director, Guy's and St Thomas' Hospital Foundation Trust: Diana spoke on how her Trust is building on the Hospital at Night model and developing a 24/7 approach.

NHS

Hospital at Night

Role of the Nurse in Hospital at Night - Ros Moore, professional officer, Acute Care Nursing and Research, Department of Health: Ros spoke on the importance of the nurse in a Hospital at Night team.

Engaging Clinicians - Diana Hamilton-Fairley, deputy medical director, Guy's and St Thomas' Hospital Foundation Trust: Diana gave advice on how to engage clinicians by exploring ways to get them involved and keeping them on board.

WENDY Data Collection - Dan Hughes, national support and development manager, Doctors Rostering System: Dan gave an overview of WENDY, the new web based data collection tool that is being developed this quarter.

Hospital at Night in Mental Health - Brian Jones, project manager, Manchester Mental Health Services: Brian showed how Hospital at Night is relevant to mental health services and how they have adopted the model in Manchester.

Role of the Patient at Risk Nurse - Sheila Adam, nurse consultant, UCLH - Sheila spoke on the importance of the PERT or critical care outreach nurse and its link to Hospital at Night.

Risk Assessment - John Morrison, patient safety manager, National Patient Safety Agency: John spoke on the importance of risk assessment when implementing Hospital at Night.

The *Developing the Role of the Nurse Co-ordinator* report and the presentations from the conference are now available to download at www.healthcareworkforce.nhs.uk/hospitalatnightconference To get more information about introducing this role or Hospital at Night email hospitalatnight@nhs.net ■

A day in the life of…

a GP working in A&E

"The advantage of having someone with primary care experience in A&E is that the interface between services is brought closer."

Scarborough Health Community piloted a GP integration into A&E scheme for three months which involved combining A&E and the GP out of hours service to see whether a GP working in A&E (particularly in a large hospital) would be effective.

The scheme called for new and extended roles of GPs who would be called to work in the A&E department during twilight hours and weekend periods.

This new role enabled the GPs to review patients, particularly those with slightly more complex problems, and instigate appropriate investigation, facilitate rapid patient management plans, admit/discharge patients and support junior doctors.

Calling Time interviewed Dr Phil Jones to ask about the experience and its impact on moving towards the directive.

What is your average day to day role as a 'normal' GP?

I currently work at two practices as a long term locum averaging four sessions a week. At one of the surgeries I see patients every ten minutes for three hours twenty minutes with a twenty minute coffee break before completing my session with review of the results and letters for the patients which I have seen recently in the practice.

At the other surgery I have a more flexible working pattern, again seeing patients for ten minutes. I average about fifteen a session but also do home visits or see extras according to the workload within the surgery.

What is your average day to day role now as a GP working in A&E?

I work with two consultants within the department on a 1:3 on-call rota as well as doing an average of five sessions per week on the shopfloor in A&E. While I do similar work to my consultant colleagues in supervising the junior and middle grade doctors on the shopfloor, I am often called to see patients who colleagues are unsure whether would be best admitted or returned to primary care/their GP for further investigation and treatment.

Did you welcome the changes to your role?

I actually, having spent ten years in London working as a GP, moved to Scarborough with the intention of continuing GP work, however at the time of my arrival there was not much work. I decided to work as a locum within the hospital initially starting as an SHO in care of the elderly, which was quite a shock to the system after such a long time as my own boss within general practice. However, I found the experience extremely beneficial and went on to do a number of jobs within the hospital before deciding to take on the role of associate specialist within the A&E department.

There is little understanding amongst many junior hospital doctors and some of their senior colleagues about the role of primary care and particularly the recent changes which the Government has made to encourage the workload being transferred from secondary to primary care. The advantage of having someone with primary care experience in A&E is that the interface between services is brought closer.

Did you ever envisage that as a GP you might work in A&E?

Certainly while working in London I would never have thought I would end up as an A&E doctor. However my time spent working around Scarborough hospital has certainly taught me there is a place for general practitioners within the secondary care system to improve the understanding and communication between primary and secondary care. It was in fact the consultants within the A&E department who recognised I would be a useful asset to the department and strongly encouraged me to take up a permanent role within the department. It was the way in which I have been utilised within the department that led us in A&E to come up with the idea of

"In recent years increasing numbers of patients have chosen to no longer contact the primary care service out of hours but to come direct to A&E."

"An experienced GP is able to devise a better management plan and expedite the patient's progress through the system."

trying to combine the GP out of hours services with the A&E department as many of the roles are similar and there is much crossover.

Have you seen a direct impact due to the Working Time Directive pilot scheme?

While the pilot was running it certainly became evident that the nurses were able to recognise patients who would be better directed towards primary care for management rather than seen within secondary care, which is why having reviewed the pilot result those of us involved now feel quite strongly that the GP out of hours and A&E should be co-located so as to allow the most appropriate person to see the patient to provide the best service for patients.

In recent years increasing numbers of patients have chosen to no longer contact the primary care service out of hours but to come direct to A&E and while many of these can be dealt with by the hospital doctors on duty clearly an experienced GP is able to devise a better management plan and expedite the patient's progress through the system and this has been shown by the pilot which reduced both admissions and waiting times within the department. However, observing the junior doctors at work with the GPs, it was clear that their understanding of primary care and what it was able to offer was greatly improved by working alongside GPs and I do feel more patients are being sent back to primary care that previously would have been admitted if it wasn't for this pilot scheme.

The pilot scheme ended in March and a review process is taking place to determine whether or not the scheme will be implemented full time. ■

How to engage your junior doctors

Homerton University Hospital NHS Foundation Trust cite effective junior doctor engagement as a key component to the success of their WTD 2009 pilot project.

What does the project entail?

Inpatients were divided into two streams; emergency/acute short-stay, and elective long-stay. Each stream is cared for and treated by a dedicated team. The emergency acute short-stay team includes junior doctors who are assigned to the team in six week blocks providing a 24/7 service. Elective long-stay inpatients are cared for and treated by doctors who work office hours - they are not expected to work evenings, nights or weekends.

Key tips to engagement

Project Board

Homerton's approach is to ensure that the project board comprises of 'heavyweight' players - Chaired by the medical director and includes the operations director, two senior consultants and a junior doctor representative. Meetings are tightly chaired, occur fortnightly and last no more than an hour. With this approach, members of the board know their time will be well used and their time commitment limited.

Communication

Communication is a standing item on the board's agenda and its pivotal importance is well recognised. Using a broad range of communication avenues to convey ideas and progress, and to encourage brainstorming which can be invaluable in uncovering issues and challenges and play a big part in the engagement and change process itself. Existing formal meetings, including the Medical Council and Clinical Board, are exploited for this purpose. In addition, less formal gatherings such as post graduate lunch meetings are used.

Reference Group

A Reference Group has been established as one of the more formal avenues for exploring ideas and collecting views and fostering engagement. Both consultants and junior doctors are included in the membership of this group, and though in the early stages, progress so far is promising.

Discussion documents

More generally, discussion documents are emailed out, and comment, feedback and views are invited. The emailing tends to be to several professional groups under cover of separate emails. This allows a wider range of people to participate while limiting the 'risk' associated with responding to a large group.

Progress updates

Progress updates are also included in the trust's systematised communication channels - the CEO's Briefing and a bi-monthly newsletter. The message sent through these channels tends to be broad and general - to match the audience - but it is still an important strand in the overall strategy.

"Engagement does not come easily nor does it come overnight. Our approach has worked so far, and we know we will have to modify it in the future."

James McQuillan,
project manager, Homerton ■

How to implement iBleep

The successful software IT system used to support the work of junior doctors working in teams is now available for free across the NHS through NHS National Workforce Projects.

The original iBleep Rapid Response system was developed at James Cook University Hospital in Middlesbrough and won the Health Service Journal Improving Care with Technology award in 2006.

iBleep 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.

NHS National Workforce Projects has negotiated free access to the iBleep software system for NHS trusts in England. This version has been configured to connect to different interfaces within trusts and will provide configuration and training documentation together with telephone and online support during and after implementation.

A launch event was held on the 13th March with over 50 delegates attending. Delegates received information on the functionality of WTD iBleep, how the system aids the WTD 2009 requirement, when and how software will be available to organisations, what type of documentation will be bundled with the software and the level of support available for the system. If you were unavailable to attend the event but would like to listen to all the information before deciding if to apply to implement WTD iBleep please listen to the webcasts www.healthcareworkforce.nhs.uk/ibleep

Next steps...

Trusts should register their interest on the iBleep portal (www.ibleep.net) they will then be validated and given a user name and password to allow access to the portal. All the documentation and software required for iBleep will be accessible from this portal

Attention should be given to the pre-requisite document available at www.healthcareworkforce.nhs.uk/wtd as trusts will have to confirm that they are in a position to implement iBleep before the software will be made available to them.

Several trusts have put themselves forward as early implementers, Calling Time spoke to Troy Welch, clinical site manager from The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust about their early implementation.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust first learnt about iBleep early last year when two members of the Clinical Site Management Team attended a Hospital at Night conference in Manchester. Dr Brendan McCarron, the project lead for the introduction of the iBleep system at James Cook University hospital, presented the iBleep system at the conference. "From the huge interest this presentation created with the delegates from our trust, we were intrigued to find out more," says Troy.

Potential benefits

"Back in October we arranged a visit to the James Cook University Hospital in Middlesbrough, to find out more and to see the system in operation. This system had numerous benefits in bringing improvements to our Hospital at Night Team, improving response times to the patients needs and monitoring the workloads of the hospital at night team ensuring that the work was delegated fairly and most importantly appropriately. Shortly after this visit we decided that the trust would definitely benefit from the introduction of the iBleep system in order to enhance patient safety and ensure that our services remain patient focused."

Stakeholder signup

"The next stage in the process was to inform the key stakeholders within the trust about iBleep. These stakeholders consisted of Hospital at Night consultants, junior doctors, the director of service delivery, IT services, clinical governance and risk management. The Clinical Site Management team provided these stakeholders with the basic demographics of the system as well as information on how to find out more about iBleep. We then asked these key stakeholders to relay their views back to us about the introduction of the system.

The results were astonishing; all stakeholders were keen and enthusiastic to introduce this system within the trust. Some junior doctors highlighted an element of concern due to the size of the PDAs but we reassured them that this negative would be outweighed by the positives. All parties involved could see the potential benefits this system would make in direct patient care by prioritising calls, auditing workloads and tasks undertaken, reducing inappropriate bleeps from ward staff enabling the doctors to manage their time more effectively and ensuring the fair delegation of work to the most appropriate members of the Hospital at Night Team."

iBleep steering group

"In February following our registration of interest, the NHS National Workforce Projects awarded the trust the opportunity to become an early implementer of the iBleep system along with this we gained funding from National Workforce Projects to help implement the system. Our next priorities were to identify the IT equipment needed and to set up an iBleep steering group consisting of representatives from all roles involved in the hospital at night team, consultants, junior doctors, IT, clinical governance/risk management and senior nurses with in the trust.

This group would then meet on a bi-weekly basis to enable the members of the steering group to feed back on the progress and problems encountered with the system."

The steering group then identified four stages of implementation.

1 To introduce iBleep throughout the medical and rehabilitation wards at the Royal Bournemouth Hospital from 21.00hrs - 07.00hrs seven days a week.

2 To introduce iBleep to all wards and specialities throughout the Royal Bournemouth Hospital night time only.

3 To introduce iBleep at our second site at Christchurch Hospital, again night time only.

4 To introduce the use of iBleep during weekend and bank holiday daytime, throughout the whole trust.

Problems encountered - which IT equipment to use?

"One problem area which we encountered was purchasing the right IT equipment, there is a vast range of equipment available all meeting the required specification.

In the end the decision was made purely on the IT department negotiating deals with individual companies and deciding on which deal proved to be more beneficial to the trust ensuring that the equipment met the approved specification for the operation of iBleep and with enough added extra features to enable us to develop the system to our trusts needs over time."

Staff training

"Staff training and information has been high on the trusts agenda; managing change can always prove difficult, changing a system that staff had become comfortable and reliant on is not without its challenges.

In our experience we were initially met with resistance. The nursing staff expressed concerns that this system was going to be time consuming and complicated, providing a demonstration of the system in action via the secure portal on the web site, dispelled these concerns. The nursing staff actually now feel reassured that this system will save time as they are no longer having to wait for the bleep holder to phone them back which could take up to ten minutes. They can see on the screen of the ward PC, whether the call has been read and who the task has been delegated to and what priority the call is. Many of the staff expressed their opinion that using the traditional bleep system was often frustrating and sometimes concerning. They were not entirely sure the bleep had been received and often ended up bleeping several times, then feeling they had inconvenienced the bleep holder. The iBleep system has reassured the staff that this will dispel the need for multibleeping and the staff feel that they will be more in control of their patient care and that this will also record their actions in reporting the sick unwell patient, helping to protect their accountability.

The doctors can see all the potential benefits that the system can bring such as audits of workloads, monitoring tasks left over from the day shifts and the ability to have an email facility, access to the internet, protocols and policies online, reducing the need to carry endless handbooks around with them."

Moving forward

"iBleep is an exciting new challenge for the trust with huge potential benefits for both the organisation and improving patient care out of hours. The introduction of this system has already taken months of hard and intense project management. Advice to any trust that would like to introduce the system is to ensure that the project leads for your trust have the time and dedication to commit to this project. It is very challenging and you need to expect to meet opposition in your organisation from very senior stakeholders. Through excellent project management and education programmes the opposition will find it difficult to argue against the huge potential benefits iBleep can bring to the organisation ensuring that patient safety remains the top priority and the hospital @ Night teams remain patient focused and WTD 2009 compliant." ■

For more information on iBleep or to discuss implementing it within your organisation, please contact Denis Lenihan denis.lenihan@nwpnhs.org.uk or 0161 266 2419.

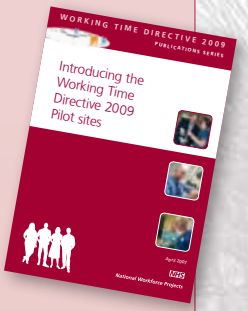
Publication series launched

The first booklets in the WTD publication series, designed to provide learning on key areas have been launched with the booklets *Introducing the Working Time Directive 2009 Pilot sites* and *Working Time Directive 2009 - Education and Training*.

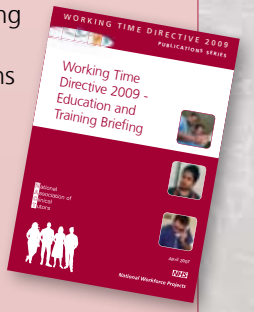
NWP is developing the series over the coming months and years in the build up to 2009 to showcase good practice examples and areas of work that might be useful.

The booklets are aimed at WTD leads, human resources and workforce planning professionals, service leads, clinicians, junior doctors, nurses and executive board members.

Introducing the Working Time Directive 2009 Pilot sites gives a brief overview of the WTD 2009 pilot sites and sets out the objectives of the pilot schemes, key challenges they have faced and how they are aiming to deliver compliance.



Working Time Directive 2009 - Education and Training was produced in conjunction with the National Association of Clinical Tutors and provides information on applying WTD 2009 to doctors in training and contains useful links to the background of WTD.



To order a copy of either publication please email pilots@nwpnhs.org.uk with 'pilot sites' or 'education and training' in the subject line.

PDFs of both booklets are also available to download here www.healthcareworkforce.nhs.uk/wtd

Future booklets in the publication series include Hospital at Night, Rota Design and IT solutions which will be released in the next few months. ■

Different perspectives from Transforming Care Delivery

Several key lessons learnt were taken away from the conference helping you to reach the 48 hour week.

1 "People, planning and productivity are essential"

Flora Goldhill, director of workforce and capacity at the Department of Health spoke around the national perspective on working time and how that links with productivity and the wider agenda in the service at the moment.

"Most importantly, WTD is a driver to improve services and look at creative new ways of working that can benefit staff and patients," said Flora, highlighting a number of the WTD pilots and other examples of good practice around new role development.

2 "Good rota design is central to meeting the directive"

The rota design workshop looked at the latest thinking and practical examples of rota design that have been put in place to help plan junior medical staff's hours in line with the 48 hour week.

However, rota design requires careful planning. "Identifying the local workload is the first step," Yasmin Ahmed-Little, F2 trainee and WTD lead for NHS North West, explained, "Before planning the rota for WTD you need to identify who is doing what and look at the basic principles of the tasks that juniors are carrying out. Can these tasks be done earlier

David Sowden, postgraduate dean, Trent Multidisciplinary Deanery, answers a question from the audience.

in the day rather than at night and what is the intensity of the work that is required? We have to look at out of hours commitments and roles being carried out before planning rotas."

The workshop also looked at some of the models available and work that has been piloted by Royal Colleges and latest thinking on ensuring good quality training within reduced working hours.

3 "We need to consider the training issues"

Professor David Sowden, dean director at East Midlands Healthcare Workforce Deanery talked through the issues around training and education – giving an honest appraisal of the issues regards the MTAS application process and urged trusts to work through the current situation and to prepare for the longer term work around introducing Modernising Medical Careers and how it works alongside WTD 2009.

"There are a range of issues we can work towards," explained Professor Sowden, "The need for middle grade cover is a key issues that will require careful rostering. That's alongside providing quality emergency care in new ways building on Hospital at Night and using reconfiguration and also addressing challenges around single specialty training. We have to keep a focus on the longer benefits of restructuring training."

4 "Clinical leadership is the key for trusts"

As well as the perspective of those involved in the detail of WTD, Transforming Care Delivery provided the views from a trust chief executive and how the 48 hour week fits in with bigger agenda for a foundation trust.

"For me the key is simple, it's about clinical leadership," explained Chris Burke, chief executive at Stockport NHS Foundation Trust, "It's got to be led by my clinical directors - consultants and clinicians who know the ins and outs and can work with and lead the junior teams."

Wendy Reid, postgraduate dean, London Deanery and national clinical lead for Hospital at Night facilitated the day.

As a board, WTD is not an agenda item in itself. "The board are very business focused and work on the basis that it will be dealt with. They are much more interested in how we use this to look at the bigger picture, using the appropriate skills for the appropriate role so we're using cost effective solutions that allow us to provide excellent patient care in an efficient way." ■

You can download all the plenary speeches as webcasts and view the presentations at **www.healthcareworkforce.nhs.uk/wtd2007conference**

Workshop sessions

The workshop sessions at Transforming Care Delivery were broken down into five different themes based around the WTD 2009 pilots and giving the opportunity for the pilot sites to share their learning.

Redesigning Mental Health Services

Looking at Working Time Directive solutions for mental health, this workshop was supported by Manchester Mental Health and Social Care Trust, Tees, Esk and Wear Valleys NHS Trust and Avon and Wiltshire NHS Trust.

Key areas of learning derived from this workshop:

- ✔ Ensure that you get the right person, at the right time, for the right job
- ✔ Decisions around changes in working patterns should not be made in isolation.

Small and Isolated sites

This workshop looked at Working Time Directive solutions for small and isolated sites and had pilot contributions from Airedale NHS Trust, South Devon NHS Foundation Trust, East Sussex Hospitals NHS trust and University Hospitals of Morecambe Bay NHS Trust.

Key areas of learning derived from this workshop:

- ✔ Communication – use existing channels and networks
- ✔ Look at the bigger picture – WTD is not an isolated initiative, look at the whole organisation which will keep WTD high on the decision makers agenda
- ✔ Clinical leadership key
- ✔ Team based working approach essential.

Making it work for your juniors

This workshop looked at the ways of providing good quality education and training within reduced hours. Several presentations were given by Leicestershire, Northamptonshire and Rutland Workforce Deanery, Royal College of Obstetrics and Gynaecology/Royal College of Paediatrics and Child Health and the Royal College of Surgeons.

Key areas of learning derived from this workshop:

- ✔ Engage your juniors early in planning service changes
- ✔ Initiatives like Hospital at Night can benefit training
- ✔ A range of evidence looking at the impact on training will be available soon.

Reconfiguration

This workshop looked at the reconfiguration of services around Working Time Directive 2009. Presentations were given from The Whittington Hospital NHS Trust, Royal Surrey County Hospital NHS Trust, the Royal College of Paediatrics and Child Health and Stockport NHS Foundation Trust.

Key areas of learning derived from this workshop:

- ✔ Develop a clear aim of the proposed changes but with flexibility to adapt if necessary
- ✔ High level enthusiastic senior sponsors needed.

Compliance ahead of time

The fifth workshop explored the ways in which trusts have implemented the Working Time Directive ahead of time. Support was given from Guy's and St Thomas' NHS Foundation Trust, Dorset Healthcare NHS Trust, Countess of Chester NHS Foundation Trust and Scarborough Healthcare NHS Trust.

Key areas of learning derived from this workshop:

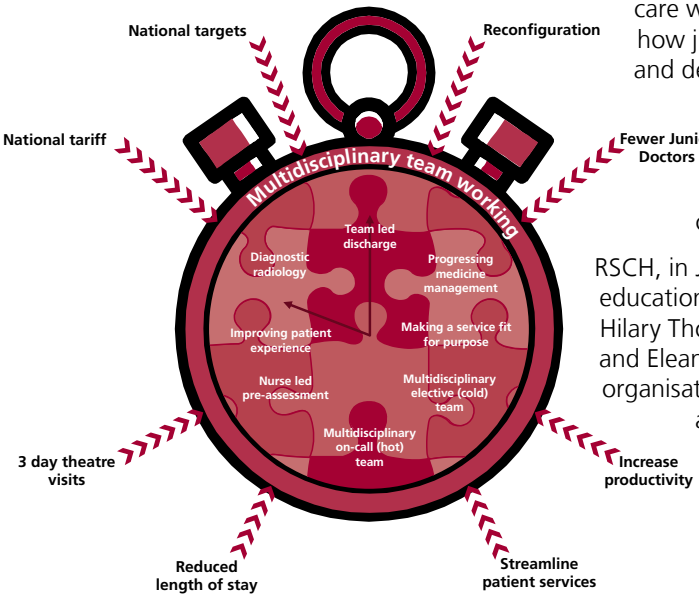
- ✔ Early buy-in from key stakeholders
- ✔ Closer primary and secondary care working
- ✔ Highlight current problems, listen to potential problems and devise a realistic action plan.

All of the resources from the day including presentations, webcasts and an image gallery are now available to download www.healthcareworkforce.nhs.uk/wtd2007conference. We still have some copies of the conference mini CD that contains a range of information. To order a copy please email abi.marston@nwpnhs.org.uk

Teamworking, Handover and Escalation pilot - progress in Surrey

The Royal Surrey County Hospital (RSCH) in Guildford is a single site district general hospital with a full range of services including accident and emergency.

Following on from the successful implementation of Hospital at Night, the Royal Surrey County Hospital is one of the Teamworking, Handover and Escalation pilots focusing on how the hospital is organised by day.



The pilot is developing an emergency care team focussed on the patient care pathway from admission to discharge, incorporating diagnostics and liaison with community/social care. Elective care will be managed by a second team. More structured management of patient care will enable a review of how junior doctors are used and develop the competencies necessary for their training whilst moving towards WTD 2009 compliance.

RSCH, in January, held a half-day educational event led by Professor Hilary Thomas, medical director and Eleanor Murray director of organisational development and human resources. Information stands were also manned by project leads detailing their WTD work streams.

The event attracted an audience of over 50 people across the afternoon, made up of junior doctors, consultants, nursing staff, AHPs particularly radiographers, physiotherapists and OTs, general managers and the HR Team.

The main aims of the afternoon were to raise awareness of the project and to encourage staff to sign up to engage with one or more of the workstreams. There was a main presentation and poster display, plus posters and laptop presentations for each workstream on separate stands. Ideas, comments and suggestions were captured through message and contact boards. Workstream leads manned the stands and talked about the project and explained progress to date and what they are trying to achieve.

Our solution: Hospital by Day

- 'Hot' Emergency Team and 'Cold' elective team
- Multidisciplinary: medical, nursing staff, therapists, pharmacists, diagnostics, primary, community and social care.

- Team led discharge planning
- Handover & escalation protocols between emergency and elective teams and H@N teams
- Junior doctor training bleep free and protected during elective work
- 7 new F1 doctors in August 2006 - merged rota and generic working at night
- Junior doctors spend less time 'joining up' services
- Analyse each working pattern against re-designed service.

Benefits

for Staff

- Reduced hours for junior doctors
- Better training
- Improved handover
- Supports MMC
- Better supported team working
- Development opportunities for non medical staff
- Greater job satisfaction.

For patients

- Timely, safer care
- Cared for by a designated team
- Shorter waiting times
- Sick patients escalated more quickly
- Improved liaison with primary & social care
- Prompter, planned discharge
- More joined up care.

How will we do it?

- Engage senior clinicians and junior staff
- Engage nursing and allied health professionals
- Extended roles in nursing, AHPs, pharmacists, diagnostics and primary care liaison
- Improve handover: Emergency to H@N and Elective teams
- Review protocols for escalation & handover
- Enhance team approach to managing patient flow
- Increase use of technology: telemedicine
- Appoint a high level experienced project manager
- Use Prince methodology to quality assure work
- Develop better relationships with primary care, social care & voluntary groups
- Become ambassadors for the project and share our learning. ■

DRS NHS

Doctors Rostering System

Doctors Rostering System (DRS) is a piece of software developed within the NHS to help trusts manage their junior doctors' hours within the Working Time Directive and the New Deal and to help with rota planning. Used successfully by over 180 NHS organisations, it provides analysis and data management tools, along with Ministerial Returns and re-banding functions.

Users of DRS are supported by a dedicated resource who manages incoming queries. The support desk is subject to agreements with each participating SHA, governing response times, quality and availability of training.

New products

Due to be released this quarter:

DRS version 3 - A fully web based version of DRS, version 3 also includes an improved and much simplified user interface, integrated updates, secure data management on dedicated servers, and additional workflow tools allowing inter-trust cooperation on data collection and compliance management.

WENDY (Web enabled diary monitoring) - A web based tool that allows trusts to collect data via the internet, readily enabling analysis of junior doctor activity.

Integration with WENDY

When using DRS version 3, WENDY is presented as an integrated part of the whole, allowing for easy management of data collection, live analysis during studies, managed reminders and fully configurable activity audits.

SALVADOR

SALVADOR will be released over the summer and will be an integrated support tool which will allow you to track your support calls, follow DRS events and news, contact other users to discuss WTD and New Deal issues and eventually chat live with DRS support.

We're also looking at ways in which SALVADOR will integrate with NWP products, so you will be able to access DRS support through the NWP portal and NWP communities through DRS.

Further information

DRS is financed through various funding bodies. SHAs using DRS are asked to contribute £10,000 per year towards the system. Individual trusts can take out agreements for approximately £1,000 per year.

Contacts

For support using DRS, contact Russell Harding, Russell.harding@nwpnhs.org.uk, 0207 953 0224.

You can also contact Dan Hughes on dan.hughes@nwpnhs.org.uk, 0207 953 0225 to discuss using DRS in your organisation.

Tools and resources

NWP has produced a range of tools and resources that underpin WTD 2009 by ensuring that the workforce is planned efficiently from the higher levels down, taking the pressure off junior doctors.

Each pack supports new roles and new ways of working to allow the service to achieve the WTD 48 hour requirement.

Resource packs

18 week patient pathway resource pack

What is this resource?

This resource pack is the first part of a series of workforce planning resources for the 18 week pathway that help organisations plan the flexible affordable workforce of the future that will be needed to deliver this target.

What is in this resource?

This workforce planning resource pack provides an overview of current developments in the implementation of the 18 week pathway, the NWP six step guide to workforce planning and a range of practical solutions and examples of best practice that are already in place within NHS organisations.

Who is this useful for?

This resource pack has been designed to be used by all staff involved in planning for the 18 week patient pathway - workforce leads, service or HR planners, clinical leads in primary, secondary or social care.

How will this help me and my organisation?

This resource pack will help all organisations plan for the staffing implications of the 18 week patient pathway implementation. All NHS organisations will have to demonstrate that they meet the 18 week patient pathway target by December 2008. To succeed the NHS must transform the way in which services are delivered to patients and still take into account the WTD requirements to keep the workloads of junior doctors at a manageable level.

Modernising Medical Careers (MMC) resource pack

What is this resource?

MMC is a wide-ranging programme that is set to reform every aspect of a doctor's career. The implications of the proposed change are extremely significant and will place increased demand upon the whole workforce.

Although the details of the MMC programme are under review this resource pack highlights the workforce planning implications associated with MMC and offers practical examples and questions for organisations to consider in implementing the MMC programme.

What is in this resource?

This workforce planning resource pack is an informative guide (including FAQs, contextual information and good practice examples) to the Modernising Medical Careers (MMC) programme

Who is this useful for?

The pack is aimed at all staff involved in planning the workforce - whether they are MMC leads, workforce, service and HR planners or clinical leaders of doctors, nurses and therapists in trusts and PCTs. It supplements the existing generic resources developed by the Department of Health's MMC team.

How will this help me and my organisation?

The pack highlights the workforce planning implications associated with MMC and offers practical examples and questions for organisations to consider.

Long Term Conditions Workforce Development resource pack

What is this resource?

This resource pack is designed to give some examples of workforce changes relating to long term conditions (LTC) that are currently being piloted or have been implemented. The guide also acts as a signpost to other documents and projects that can be accessed to aid the planning process.

It contains an approach to workforce planning which allows a start from first principles, provides an overview of current developments, and a range of practical solutions already in place which may be transportable.

In addition, the pack contains:

- Workforce planning checklists
- Examples of best practice
- Contact details for each best practice example
- A section on useful contacts and resources
- Frequently asked questions (FAQs) that other organisations have developed to solve common issues.

Who is this useful for?

This resource pack has been designed to be used by all staff involved in planning and developing the long term conditions workforce - workforce leads, service or HR planners or clinical leads in primary, secondary or social care.

How will this help me and my organisation?

Identifying and implementing the right solutions to the LTC challenges requires an integrated approach involving service planners, commissioners, clinicians, workforce planners, managers and educationalists. Some arrangements will be specific to local environments; others may be more general. This resource pack has been designed to help in both circumstances.

Planning Now for your Future Workforce Needs

What is this resource?

This guide discusses the importance of long term planning, and steers you through the challenges you may face when creating a long term plan for your workforce.

What is in this resource?

The guide sets out the strategic context for long term workforce planning, before outlining how the guide should be used within organisations and how it relates to other workforce planning tools.

There is a section devoted to explaining how to develop a long term plan - following the Workforce Planning Step Guide instructions.

In the full 100-page version there are two appendices, as follows:

1. A fully worked example of an SHA's long term plan and how it is developed
2. Details of two practical and engaging whole systems approaches for getting people together to think about the future and how to make changes.

Who is this useful for?

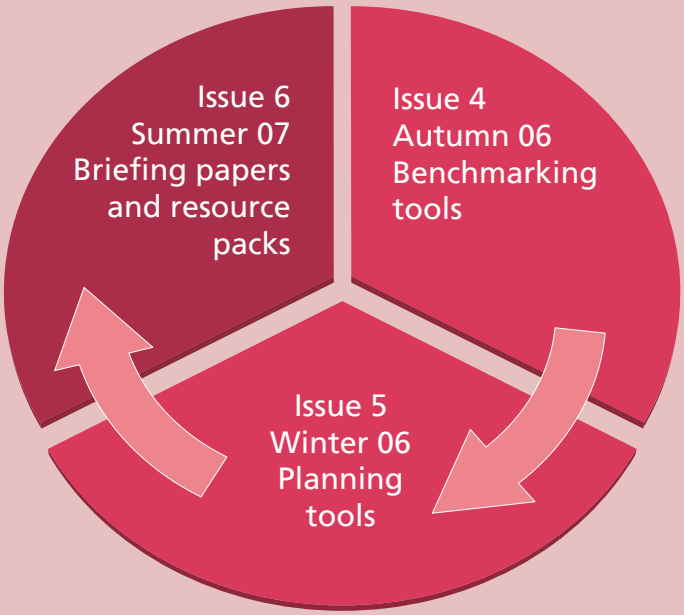
This guide is particularly useful to workforce planners in SHAs, trusts and PCTs. However the guide is also useful for service modernisation leads and anyone involved in service redesign across all healthcare organisations.

How will this help me and my organisation?

This guide takes you through every step of creating a long term workforce plan, it also signposts some other tools which may help. In addition it includes valuable information which you can use to engage colleagues across the organisation in the importance of looking to the longer term future workforce.

The guide encourages you and your organisation to take a proactive stance for the future, taking many complex issues facing the NHS into consideration, rather than reacting to events as they happen.

This resource sits alongside the audio CD 'Planning for a 21st Century Workforce'. This can be ordered via www.healthcareworkforce.nhs.uk



Tools and briefing papers

Demographics and the Healthcare Workforce

This briefing paper was produced as part of NWP's Long Term Workforce Planning project. It provides an overview of the demographic factors which could have an impact on the healthcare workforce, both in terms of demand for services and the capacity of the health service to respond to the demand.

The briefing outlines the five key trends which make up the demographic challenge:

1. Labour supply
2. Diversity in the workforce
3. More demanding employees
4. Competition for talent
5. Organisational forms.

This briefing will raise awareness, at board level, of the current and future impact of demographics on the workforce. Board members and directors should use this briefing to increase their awareness of the issues and to reflect on the positions that their organisations are taking.

PCT boards need to understand the effect of the demographics on the population they are planning commissioning and providing services for, as well as the effects on their current and future workforce.

This should ensure that changes are made throughout the workforce, rather than just at the base levels.

Six Step Guide to Workforce Planning

Six Steps guide is based on best practice workforce planning guidance developed in partnership with a range of NHS frontline organisations. It helps ensure that decisions made around design and recruitment of new staff and teams are sustainable, realistic and fully support the delivery of quality patient care and productivity and efficiency. As the name suggests, the guide takes the user through six clear steps to develop their workforce plan. It runs from a free CD Rom and is also available to access online at www.healthcareworkforce.nhs.uk/sixsteps

Our tools and resources aim to help you set up a sustainable workforce plan, taking WTD 2009 into account the entire way. ■

All tools and resources are available to download from www.healthcareworkforce.nhs.uk

Taking forward 2009 **diagnostic work**

The latest information from the diagnostic work carried out as part of the WTD 2009 work programme has been released.

The work has been carried out for NHS National Workforce Projects by East of England SHA.

Following last year's initial diagnostic work, the programme has continued with work using the national diagnostic framework produced to look at key issues and work underway in NHS trusts. 11 trusts have been visited by the team to look in detail at the work underway and key issues and solutions to give a snapshot across the NHS.

As well as using their diagnostic framework, rotas have been analysed, key staff were interviewed and information triangulated from across the organisations. The work found that levels of compliance with the 48 hour week ranged from 9 percent to 54 percent and that, whilst it was recognised that it won't be achieved by adding more doctors, there were still areas where it is seen as just a 'doctors' issue rather than a whole systems issue. WTD is also still relatively low on many trust's priorities with MMC taking a priority - although there were many examples of good practice and innovation in finding solutions.

The findings showed that when WTD work is done well it is part of a larger change in an organisation with good partnership working between clinicians and management that benefits both patients and staff. This has been backed by the successful WTD 2009 pilot sites where staff have led change.

The reports and diagnostic tools are available on the healthcare workforce portal at www.healthcareworkforce.nhs.uk

For further information about this project, its findings and how they can be applied to challenged specialties or to support your trust in complying with the WTD 2009 target, please contact Deborah Wodhams, Workforce Project Manager (Workforce Programmes), East of England Strategic Health Authority at deborah.wodhams@eoe.nhs.uk

Trusts visited in phase II of the work were:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Essex Rivers Healthcare NHS Trust
- Frimley Park Hospital NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Northumbria Healthcare NHS Foundation Trust
- Royal Berkshire Hospitals NHS Foundation Trust
- Royal United Hospital Bath NHS Trust
- Salford Royal NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- University Hospital of North Staffordshire NHS Trust
- West Suffolk Hospital NHS Trust.

Key themes from the work

These key themes are explored in more detail in the latest publications from this work.

Vision

- Need an agreed vision, shared by leaders
- Service and process re-design can be the catalyst for change
- Jumping straight to solutions can be dangerous.

Governance

- Clear leadership and accountabilities at all levels
- Requires doctors, nurses and managers working together on the issues, not separately on different issues
- Build structural links between WTD and MMC
- Options appraisals can generate the strongest possible solution.

Engagement

- Doctors, nurses and managers working together on the issues, not separately on different issues
- Hospital at Night thrives in a strongly collaborative environment
- Availability of specialist skills around rota design, change and project management is crucial
- Clinician involvement and engagement is essential.

Solutions

- Over-confidence in solutions based on rota design and increasing doctor numbers is a danger
- Service and process re-design needs a stronger emphasis
- Specialty reviews can focus effort on the key problem areas
- Training models can change to accommodate both MMC and WTD.

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@nwpnhs.org.uk

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