

CASE STUDY: SUCCESSFUL MONITORING OF JUNIOR DOCTORS' HOURS AT SALFORD ROYAL NHS FOUNDATION TRUST

It is a contractual obligation for individual trusts to monitor junior doctors' hours every six months, to make certain that they are compliant with the Junior Doctor Contract (known as New Deal), and that doctors' pay is correct, yet this process is carried out with variable success across the North West. Therefore Health Education England's Junior Doctor Advisory Team (JDAT) reviewed a selection of monitoring exercises across the North West, all of which had taken place in the last five years. The total number reviewed was 734, of which only 401 (55%) achieved a valid return rate.

One of the best performing trusts, based upon this review, was Salford Royal NHS Foundation Trust (SRFT) whose success is underpinned by a clear understanding of the importance of the monitoring process, support from management and senior consultants and a clear structured approach. At SRFT there is a good understanding at board level of the importance of monitoring and this feeds down to consultants and divisional management.

At SRFT rota templates are organised by the workforce systems team leader who is based within the HR department, but rostering of doctors onto the rota is done at directorate and departmental level by rota co-ordinators. The workforce team, which consists of three workforce officers and a team leader, is responsible for monitoring studies. On average the officers spend half a day a week directly working on monitoring and the team leader about one day per week.

Key Outcomes

- From the last 37 studies carried out at SRFT, involving 182 doctor episodes, the average number of forms filled out was 91%, with 89% of studies being valid. This compares to the average in the North West of 68% forms filled out (below the prerequisite of 75%) and only 55% of exercises being valid
- Whilst it is difficult to determine cost savings, it is possible to outline the ways in which using the monitoring tool can prevent increased costs from being incurred. If a trust does not use the tool and its monitoring return is invalid then the exercise would need to be repeated increasing the overall cost. Also, if it were found during monitoring that a junior doctor had not been paid sufficiently then there would be a requirement for back pay to be given. The sooner this is discovered, using a robust monitoring tool, then the lower the back pay would be.

Background

Junior Doctor Contract

The Junior Doctor Contract the "New Deal" implemented in 1991 sets the principle that doctors' hours should be monitored regularly to ensure compliance to the contracted number of hours they are paid for. Monitoring should occur across all rotas twice a year and for a monitoring exercise to be valid it requires a return rate in excess of 75%. Despite the contractual obligation this return rate is not always achieved.



Junior Doctor Advisory Team

The Junior Doctor Advisory Team (JDAT) is part of Health Education North West. It is an independent team of doctors working to provide guidance to trusts and doctors on pay, monitoring and rotas. JDAT funds a computer-based monitoring system which is widely used across the North West. This reviewed available monitoring results over the last five years and found a wide variation in success at achieving valid monitoring outcomes. Of the results of the 734 monitoring exercises reviewed only 55% were valid. This was due to the average completion/return rate being 68% which was below the required rate of 75%. There was a wide variation across trusts, with average return rates varying from 36% up to 100%.

Key Aims

- Monitor every rota twice a year as per contractual obligations
- Have all monitoring exercises achieve 100% return, thus ensuring a valid monitoring process
- Proactively identify any concerns of junior doctors about their rotas and use monitoring to check that hours are compliant to rota.

Key Stages of Setup

As the system has been in place for many years it is difficult to capture exactly how and when it was set up. However the approach and principles employed in setting it up included:

- a clearly planned monitoring timetable and rolling cycle
- early involvement and information for doctors
- keeping up-to-date contact details for junior doctors
- information at hospital induction
- pre-monitoring notification and opportunity for feedback
- monitoring exercise and live review
- a clear, structured approach to reminders, once the monitoring exercise is complete.



How It Works

Clearly planned monitoring timetable and cycle

The workforce team have a record of all live rotas within the Trust. These are split between the team, and a timetable for monitoring is arranged to spread the burden of the process equally across the team and the year. The monitoring timetable repeats automatically ensuring monitoring occurs every six months (Appendix 1).

There is a master sheet of all rotas with the number of doctors who should be working on it, and for each rota there is an identified senior person, who is either a service manager or consultant, to liaise with regarding rotas and the monitoring process.

Early involvement and information for doctors

Prior to doctors starting at the Trust, or starting a new job, they are sent an information sheet by email (Appendix 2). On this there is a copy of their rota template, information about hours of work, banding and pay and also contact details so they can raise any concerns. It also includes an explanation of the maximum number of hours they are allowed to work and natural breaks and that monitoring of the rota is required. The doctors are asked to reply to confirm receipt of the rota template.

Keeping up-to-date contact details for junior doctors

For each rota there is an up-to-date contact list. This does not rely on hospital emails but on personal emails and mobile phones. This is checked and updated monthly.

Information at hospital induction

The workforce information team do not actually attend hospital induction but all the information about each doctor's rota is provided. It is checked that everybody has received the rota template which has contact details for the workforce information team included on it.

Pre-monitoring notification and opportunity for feedback

Two weeks prior to the commencement of monitoring doctors are emailed to inform them of the dates for the proposed monitoring exercise. Email receipts are requested to make certain that their email accounts are active. At this time doctors are asked to highlight any concerns they might have about the timing of the monitoring. They are informed they will receive an email just prior to the monitoring date with details of how to log in to the computerised system. They are also warned that this email comes directly from the computerised system and therefore they might need to check their spam filter. A further reminder is sent on the Thursday before monitoring begins on the Monday.

Monitoring exercise and live review

The computerised system allows live reviewing of monitoring data. This is used to check if doctors are filling in the data in a timely manner. A standard reminder is sent to all doctors at the end of the first week to encourage continual compliance. NHS mail text reminders are also used.

Post monitoring exercise

Once the two week monitoring exercise is complete it remains live to allow additional data to be entered if it is not fully complete. This process of retrospective data entry is not encouraged but it is accepted that data can be retrospectively entered if done in a timely manner.

Standard reminders are sent to doctors who have not completed 100% of the monitoring.

1. On the Wednesday following the end of the monitoring period
2. One to two weeks later, stating that it is a contractual obligation to complete monitoring, with the email copied to the trainee's consultant. Doctors are informed that if a further reminder is needed then a meeting will be arranged with their educational supervisor so they can explain why they are not complying with their contractual obligation
3. The final reminder states that an appointment, as described above, has been arranged.

If all of the data is not collected within four weeks this is escalated to the workforce information team leader.

After monitoring is complete a summary document is sent to all doctors giving results of the monitoring exercise.

Resources

This monitoring process is carried out within the remit of the workforce information team and therefore no additional costs are incurred by the Trust.

Key Challenges

- The divisional set up of the medical staffing department makes it harder for direct oversight of rota management. This is overcome by making certain there is a contact person identified for each rota. This could be the service manager, a consultant or senior trainee
- Poor engagement by doctors is also a challenge. This is overcome by using reminders, as well as having involvement from consultants and senior managers (including board level managers) who have an understanding of the process of monitoring

Key Learning

- It is important to have the support of senior management, consultants and managers, to embed the process of monitoring into the everyday systems
- A master spread sheet of all rotas allows a planned cycle of monitoring to occur
- There is a need to engage with doctors prior to the start of the monitoring process
- It is vital to keep an up-to-date contact list of doctors and use personal emails and also text reminders
- The live review of monitoring exercises and reminders during the process is essential
- It is useful to keep monitoring open for a period after the final day to allow for retrospective catch up and reminders, though this should be a short process and not extend beyond a few weeks
- There should be a standard schedule for reminder emails and escalation for doctors that are non-compliant

Sustainability

The workforce team have a rolling cycle of monitoring exercises. This ensures that it is embedded in everyday practice. The responsibility is shared out to allow the process and work to be spread throughout the team rather than having a single person solely responsible.

Next Steps

- JDAT to spread SRFT example of good practice and support others in improving their monitoring process.
- JDAT to design a standard information sheet based on the SRFT information sheet for all Trusts to adopt and use to inform doctors of the rota template they work.

Supporting Material

The following resources are available as an appendix to this case study:

- Appendix 1 – Example of master sheet
- Appendix 2 – Example of template sheet

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