Clinical Assistant Project

Purpose
- Reduce excess hours worked by Junior Doctors
- Improve the learner experience of medical trainees
- Reduce settlement payments given to medical trainees (create net saving)
- Create hybrid role spanning patient pathway
- Improve work-life balance and well being of Junior Doctors, and improve attractiveness of BSUH placements

Process
- Task reallocation
- Pilot developmental role
- Intense training
- Challenge boundaries regarding Band 3 Tasks
- Monitor impact of role

Outcomes
- Improved medical trainee experience
- Create developmental role for B2s – acceleration to Medical pathway
- Improved efficiency of care
- Cost reduction
- Improved patient safety
- KSS wide sharing of best-practice
Team Working

Integration into Junior Doctor and AHP teams

Development and enhancement of inter-disciplinary team work

Instrumental role in self-development

Initially managed by Foundation Year 2 Trainees
Patient Safety

Shift handovers

- Provide continuity of care

Rotation handovers

- Provide continuity of care
- Onboarding for Junior Doctors
- Continuity of local procedure

Ward rounds

- Continuity to Junior Doctors, Consultants and Patients
- Up-to-date clinical results readily available at bedside
- Follow-up of requests actioned by medical team
Career Development

- Band 2 - Health Care Assistant
- Band 3 - Clinical Assistant
- Band 4 - Nursing Associate / Assistant Practitioner / RN Training
- BSMS Physician Associate Course
- Band 5 - Nurse
- Band 7 - Physician Associate
Right Care, Right Place, Right Time...

**HCAs**
- Skills training
- Patient Care

**Phlebs**
- Blood forms
- Re-taking bloods

**Junior Doctors**
- Onboarding
- Admin

**Consultants**
- Ward round support
- Additional FY1 support

**Ward Clerks**
- Updating patient location
- Locating patient info

**Nurses**
- VTE Risk assessment
- NEWS score

**Porters**
- Location of patients
- Escorting patients

**Dieticians**
- MUST score
- Updating patient notes

**Impact**
- More timely care
- Reduction in avoidable hospital time
Overcoming Challenges

Team integration

Pushing role and skill boundaries

Budget vs ‘run-rate’ & buy-in
# Financials

## Reality – to date (from March ‘16)

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual Cost</th>
<th>Cost for year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Assistant costs to date</td>
<td>£93,989</td>
<td>£112,787</td>
</tr>
<tr>
<td>Settlement costs avoided*</td>
<td>£99,810</td>
<td>£99,810</td>
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<tr>
<td>Settlement costs reduced**</td>
<td>£27,045</td>
<td>£27,045</td>
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<tr>
<td>Savings</td>
<td>£32,866</td>
<td>£14,068</td>
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</tbody>
</table>

*Two rotations with no claims @ £49,905 average claim
** £22,860 settlement vs £49,905 average claim
Moving forward – New Junior Doctor Contract

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual compensatory banding costs</td>
<td>£142,229</td>
</tr>
<tr>
<td>Expected annual cost of 5WTE Clinical Assistants</td>
<td>£112,787</td>
</tr>
<tr>
<td>Expected run-rate saving</td>
<td>£29,442 (pa)</td>
</tr>
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</table>

Moving forward - Role

- Continue to support other HEKSS organisations to implement the role
- Expand use of the role across the Trust
- Continue to develop the role to ensure continuous improvement
Summary

✔ Improved patient safety and experience
✔ Improved medical trainee experience
✔ Reduced Junior Doctor admin time
✔ Developmental role for HCAs
✔ Fast-track route to progression
✔ Increased numbers of staff
✔ Improved continuity
✔ Increased workforce sustainability
✔ Reduced cost