Case example title	**Implementing protected clinical and training time for doctors through development of clinical assistant roles**
Trust (and site) name	**Brighton and Sussex University Hospital NHS Trust**
Background and initial problem	There was increasing service demand in a tertiary general surgical unit within a Major Trauma Centre, with no significant increase in trainee workforce. This led to persistent FY1 rota non-compliance, and 'up banding' from the initial rota template – both resulting in additional costs to the trust. In addition, consistently poor FY1 morale and job satisfaction was reported through GMC National Training Surveys. Health Education England working across Kent, Surrey & Sussex raised the possibility of removal of General Surgery trainees, with risk to costs, patient care and service viability. Relevance to junior doctors' morale comes from the NHS Constitution's 3rd Principle: *'Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do - but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported'.* Health Education England's 2016 listening exercise on improving working conditions for Junior Doctors identified opportunities that fall broadly into three themes: 1. *Being supported*: for training, service provision and individual career aspirations 2. *Feeling valued*: by clinical and non-clinical staff 3. *Having autonomy*: through greater involvement in decisions relating to their working and personal lives. Health Education England collected this case example and we believe it addresses themes 1, 2 & 3 above.
Specific aims and objectives	Hard intelligence • Rota compliance for foundation doctors • Financial implications • GMC job satisfaction survey results. Soft intelligence Junior doctor and consultant feedback.
Process	The project was led by an Academic FY2 Management & Leadership trainee, with support from FY1 trainees, Director of Medical Education, Directorate Management Team and the Trust Workforce Transformation

	team. Five Healthcare Assistants (HCAs) received an intensive programme of additional clinical skills training and assessment. Then they were seconded as Band 3 Clinical Assistants (CAs) to work with the twelve FY1 trainees. CA support was made available 0700 to 2100, 7 days/week. CAs free up FY1s from routine paperwork (eg. populating patient lists, writing requests for investigations, pre-populating discharge summaries and TTOs), undertake core clinical skills (cannulation, venepuncture, catheterization and PICC lines) and support FY1s provide advice/orientation and continuity (between FY1 shifts, and rotations).
Challenges	Detailed audit confirmed that a significant proportion of trainee working days was spent on routine administrative and clinical tasks not requiring medical knowledge/intervention; this represented poor value-for-money and distracted trainees from other, value-adding activities (direct patient care, own education). Engagement with nursing team – concerns around role boundaries, impact on HCA role and supervision/liability for CA role. (The FY1s formally delegate to and supervise the CAs day-to-day). Finance – working to different timescales/targets. Finance had target of reducing budgeted costs – CA introduction saved against costs that were never budgeted for ('run-rate' costs). Senior Clinicians – there was an initial degree of skepticism for the role, and questions regarding how the CA role would fit with the existing team structure and supervision/liability. Risk structured clinical risk assessment/risk mitigation process was needed to determine safe boundaries of Band 3 CA role and required training (continuing process as new activities/competencies are identified). Introduction of CAs to the department was one of a number of interventions to improve trainee experience.
Outcome, impact and learning	There has been a 5% reduction in trainee average weekly working hours to achieve contractual compliance (natural breaks, protected time between shifts). There was also a 91% (11 to 1) reduction in the number of instances of under 11 hours rest per 24-hours. Improvement has been observed in trainee educational experience and working lives/morale. Placement feedback has been completely reversed, with ALL trainees now saying they would recommend the placement to a friend/colleague. Financial savings have been achieved (reduction/avoidance in historic banding settlement payments and in anticipation of increased penalties under new contract) – approximately £70k net saving/year (£120k/year cost of CA salaries, offset by £190k saving on banding settlement claims, and risk of £245k penalties under new contract). Career development opportunities for HCAs/CAs have been created (two

	entering nurse training, one in the first cohort of Brighton & Sussex Medical School Physician Associates). Patient safety benefits were observed as CAs provide continuity between FY1 shifts and rotations, and enhance timeliness, continuity and quality of patient care (ward-based rather than peripatetic). Awards and commendations: Shortlisted for *Health Service Journal* Value in Healthcare Awards 2017. Described as 'outstanding practice' with 'cutting-edge innovations'. Commended by Health Education England (HEE) as 'exemplary practice', and in its inspection of the Trust (November 2016) for impact on trainee working lives, morale and educational experience. Shortlisted for BMJ Award 2017 for Clinical Leadership team of the year.
Next steps and sustainability	Continue to review GMC survey results on job satisfaction and ensure the business case is made for succession planning. The CAs are currently line managed within the Workforce Transformation team, in order to move this to 'business as usual' their line management will transition to the Clinical Directorate in future. A case is in development to make the CA role/posts substantive, following the success of the pilot. Other opportunities to introduce the CA role elsewhere within the Trust are being considered. BSUH has also been pleased to support neighbouring NHS Trust in introducing the CA role, which will then be adapted to meet their particularly needs.
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