

KENDALL BLUCK PROJECTS

1. INTRODUCTION

This report sets out the initial findings of the work undertaken by Kendall Bluck in terms of a review of the Emergency Medicine Departments at Morrision and Neath Port Talbot hospitals and a review of all junior doctor rotas in the Health Board.

2. BACKGROUND

The Health Board commissioned Kendall Bluck to undertake the above mentioned reviews. Kendall Bluck works in partnership with Medacs Healthcare who provide the Health Board with the Vantage and Direct Engagement models to supply external agency medical staff.

The Health Board was able to engage with Kendall Bluck as part of the Medacs contract and references were sought from Trusts in England where Kendall Bluck had worked previously. These references were extremely positive which influenced the Health Board's decision to contract with them.

It was agreed that they would review the medical and nursing workforce to more effectively align staff with activity in the Emergency Departments at Morrision and Neath/Port Talbot Hospitals. Also, they were commissioned to undertake a review of the junior doctor rotas across the Health Board.

Kendall Bluck's operating model employs clinicians in the main which facilitates credible clinical conversations and challenge when undertaking their work. It should be noted that Kendall Bluck have engaged extensively with clinical teams which should lead to easier implementation. .

They presented their initial findings to the Executive Team on 27th February 2019. The Health Board is expecting the final report in late March with a further presentation planned to the Executive Team and key clinical stakeholders from the Emergency Departments on 3rd April 2019. In terms of the review of junior doctor rotas, all rotas have been reviewed, but the initial findings have only been based on the services that will remain in the new organisation from April 2019.

The final Kendall Bluck report will contain an action plan for the Health Board to utilise. The Health Board can also choose to engage Kendall Bluck further during the implementation stage if necessary. The costs for both reviews will be £99,900.

3. INITIAL FINDINGS

3.1 Review of Junior Doctor Rotas

Kendall Bluck identified three potential areas where safety was considered a risk. These services are:

- Anaesthetics,
- Obstetrics and Gynaecology,
- Possibly Paediatrics.

Their findings set out various options to either invest in these services. For example, the findings suggest a possible £290K investment in Anaesthetics and for Obstetrics and Gynaecology, due to the difficulty in recruiting middle grade doctors to develop a consultant led service.

The additional findings noted that on the whole the Health Board's junior doctor rotas have been planned well. However, they have suggested in order to maximise efficiency it may be possible to reduce New Deal bandings where there is a potential saving of £386K. They have also identified through a reduction in the number of vacancies on rotas, which will lead to reduced locum utilisation, a further potential saving of £290K. At the time of presenting the initial findings, they have not had the opportunity of including the data relating to internal locum spend and so these potential savings could increase.

Kendall Bluck stressed, however, that it may not be possible to realise all of the savings and explained it is usual to deliver between 70 to 75% of potential savings in order to account for all eventualities.

3.2 Review of ED Departments

Kendall Bluck have carried out a detailed review of the medical and nursing workforce in the Emergency Departments at Morriston and Neath/Port Talbot Hospital. They analysed all the activity data over a period of a year to create a model which aimed to align the workforce to activity. For example, the current workforce model is rostered in the same way across the year, yet the data highlighted that the department needs fewer resources in the summer compared to the winter.

Through this review, Kendall Bluck aimed to:

- Create a bespoke core rota based on activity data
- A rota which varies day to day, week to week, month to month
- Agree preferred shift patterns
- Attempt to align workforce as closely as possible to clinical activity
- Manage leave and escalation in workload

Overall, they have explained that it is likely to be a cost neutral exercise due to the current high agency costs utilised in the departments.

In particular, they have proposed the following:-

- Move to a 4 shift system
- Adjust annual leave away from 4 x 25% per quarter
- Introduce term time working and part time contracts
- Recruitment campaign
- Deliver an attractive remuneration package

