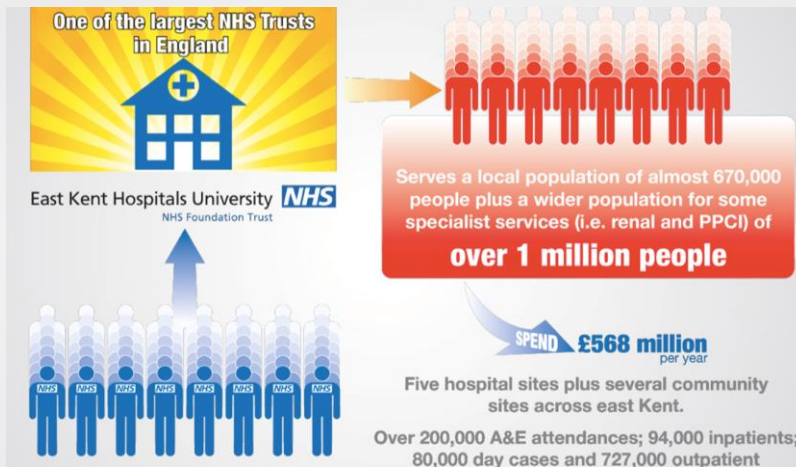


# Implementing advanced clinical practice within urgent & emergency care

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## My Trust





**Our vision**

- Improving health and wellbeing

**Our mission**

- Great healthcare from great people  
 We will achieve this by:  
 Providing incredible care, delivered with expertise, using research, innovation and new technology.  
 Investing in our staff through education and training and upholding our shared values.  
 Excelling in the delivery of services and driving forward new models of care with our staff and partners.  
 Building services that are best in class and are a magnet to attract the best staff.

**Our values**

- People feel cared for, safe, respected and confident we are making a difference

**Our strategic objectives - 4Ps** (how we will deliver our vision and mission)

Providing high quality care to **patients** with great outcomes for their health and lives - getting the basics right every time and building healthcare that is best in class.  
 Attracting the best **people** to our team, who are passionate, motivated and feel able to make a difference and investing in them.  
 Work in **partnerships** to design health and social care which transcends the boundaries of organisations and geography.  
 The **provision** of high quality care through the use of technology, research, education, innovation and intelligence.

**Our priorities** for the next 1 - 3 years under our transformation plan



# Case for change



## Why did we do it?

- The Trust was forecasting an Agency spend of circa £3.4m on medical staff
- Recruitment & retention strategy
- Strategically it made sense:
  - Aligns with clinical strategy proposal & Trust's mission to provide person centred safe and effective care.
  - Improve recruitment and retention, develop a workforce succession plan, and recognise talent within the organisation.
  - Innovative



## How did we do it?

Our approach: changing mind-sets

- Not modelling what we already have but what we want for the future
- Not concentrating only on numbers of staff but skills and competencies required for the future
- Focus on career pathways across traditional staff groups
- Developed links with local HEI
- Influencing key decision makers
- Ensured correct governance, policy and clinical competence document was in place
- Business case for 24 tACP's in acute care!!!



# How much did it cost?

Income & Expenditure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Total (8 yr)
<b>Direct Costs</b>									
Pay	188,505	511,657	834,809	1,023,053	1,114,933	1,206,813	1,245,096	1,245,096	7,369,962
Non-Pay	48,000	96,000	96,000	48,000					288,000
less: Cost Reductions		(12,600)	(34,200)	(55,800)	(589,550)	(1,426,264)	(1,954,479)	(2,071,800)	(6,124,693)
<b>Increase / (decrease) cost</b>	<b>236,505</b>	<b>595,057</b>	<b>896,609</b>	<b>1,015,253</b>	<b>545,383</b>	<b>(219,452)</b>	<b>(709,383)</b>	<b>(826,704)</b>	<b>1,533,269</b>
<b>Investment Required</b>									
Pay - investment required	188,505	511,657	834,809	1,023,053	1,114,933	1,206,813	1,245,096	1,245,096	7,369,962
Pay - conversion of 7 Middle Grade posts (cohort 1)					(358,659)	(717,318)	(717,318)	(717,318)	(2,510,613)
Pay - conversion of 7 Middle Grade posts (cohort 2)						(358,659)	(717,318)	(717,318)	(1,793,295)
Pay - conversion of 7 Middle Grade posts (cohort 3)							(358,659)	(717,318)	(1,075,977)
<b>Net investment required / (CIPs)</b>	<b>188,505</b>	<b>511,657</b>	<b>834,809</b>	<b>1,023,053</b>	<b>756,274</b>	<b>130,836</b>	<b>(548,199)</b>	<b>(906,858)</b>	<b>1,990,077</b>

Financial modelling is on the basis of 16-17 outturn funding



# Did we do it?



## Where are we now and what's next?

- 1<sup>st</sup> cohort of tACPs started January 2018
- 2<sup>nd</sup> cohort started September 2018
- Honorary lecturers delivering modules on MSc Advanced Clinical Practice
- Advanced practice leads
- Seconded to HEKSS
- Trust on NHSI fast track ACP programme
- Kent ACP forum



LESSONS  
LEARNED



**“The best way  
to predict  
the future  
is to  
create it.”**

Abraham Lincoln

