

**2018/19 Accountability Report**

**NHS Board: Shetland**

*Note:* This report is required to be submitted to Ulrike Sperling, ACT Officer of your lead Regional Group, **by 7th June 2019**, for discussion at the North Regional Medical ACT Working Group meeting on 27th June 2019.

**Section**

Reviewed  
by

<b>1) Confirmation of total Medical ACT funding received from NES during 2018/19</b>				
		Initial Allocation £'000	Reallocation Adjustments £'000	2018/19 Total £'000
a)	<b>ACT Allocation 2018/19</b>	156		156
		Recurring £'000	Non-Recurring £'000	2018/19 Total £'000
b)	<b>Use made of 2018/19 additional allocation</b>	5.0	14	19.0

ACT Officer

ACT Officer

<b>2) General narrative on 2018/19 Medical ACT activity within your Board area:</b>	
a)	<i>Health Board Involvement in Regional ACT group Meetings</i>
	The Director of Medical Education for NHS Shetland attends the 3 times yearly North Regional Medical ACT working group (via VC link). Items of business include student feedback, ACT Accountability Reports, ACT allocation, Recognition and supporting trainers. If the DME from Shetland is unable to attend the meeting an update document is requested by the regional ACT group chair.
b)	<i>Decision making process at local and regional level for any new uses of Medical ACT funding</i>
	NHS Shetland's Medical Education Governance Group (MEGG) meets once a month to discuss and plan issues related to medical student placements; RAG reports and other forms of student feedback is reviewed as well as operational medical staffing issues that may have a potential impact on medical student teaching and training. There is a standing item to discuss local use of new ACT money. This process is to be made more robust going forward in that finance will attend the MEGG 2-3 times a year to discuss ACT monies. The Medical and Nursing/Acute services Director attends MEGG meaning that educational issues are highlighted to members of the executive management team. The Medical Education Governance Group reports to the NHS Shetland board, via the Clinical Governance Committee. The networking with other DMEs in the north region was strengthened by the GMC visit in 2017/18. This networking has continued in a very practical level ever since. There is a 6 weekly VC meeting between the DME in Shetland and the Western Isles

Regional  
Group

Word  
Count

59

169

## Section

## Medical ACT

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c)	<i>Detail of any new initiatives funded by Medical ACT within the last 12 months</i>	
	<p>In October 2018, our on site teaching resource centre opened. This fantastic resource allows easy access to teaching rooms and equipment. There is one large lecture style teaching room as well as 2 hands on teaching spaces and a dedicated simulation space. The medical education administrative staff are based on site. This has helped with the co-ordination of teaching and training as they support the clinical teachers in their role. Students are encouraged to use the space both in and out of hours for group or individual study. They have access to the SIM equipment for formal as well as more informal teaching sessions. ACT funding and NHS innovation funding in 2018 allowed us to kit out the space with equipment. This included lecture style chairs, 2 SMART boards, new mannequins as well as smaller pieces of teaching kit. Having access to the on site teaching site will allow the education team to develop more sophisticated teaching packages. NHS Shetland continues to support access to medicine.</p>	165
	<p>Clinical Development Fellows (CDFs), jointly appointed with the University of Aberdeen, have used development time (8 hours week) primarily to support undergraduate activity. The time has been used to deliver OSCEs (2 per block), identify teaching needs as identified in the OSCE, writing of OSCE stations and well as delivery teaching sessions. In addition, to this each CDF has acted as a named mentor for the medical students. The multi-disciplinary team involved in teaching and training comes together to run the OSCE. A poster on the use of OSCE as a teaching tool, received commendation at Aberdeen Education conference and was displayed at the Scottish Education conference.</p>	107
	<p>Each medical student has a nominated clinical supervisor. The block lead has responsibility for the pastoral support and teaching experience for the medical student. In 2018/19 the University linked Clinical Development Fellow (CDF) has developed a mentoring support system for the medical students. They met up with the students at the beginning of the block and help with the site specific induction. They periodically meet up with the students through out the block to ensure that the placement is going well. Any additional teaching needs are then discussed and targeted teaching sessions are then provided. The CDF is responsible for the more formal 8 week teaching plan ensuring that the sessions are covered and students teaching requests are met.</p>	119
	<p>In 2018/19 we have been able to offer mandatory Intermediate Life Support course to final year medical students, who had not undertaken this prior to their placement in Shetland. As well as offering formal ILS qualification our local resuscitation officer runs informal ILS based teaching sessions for the medical students. This has been very popular with the medical students as they have found it helps them to consolidate their life support skills.</p>	72
	<p>The final year medical students have been into the school to offer advice and support to these considering medical careers.</p>	20
d)	<i>General use of Medical ACT funding within health board area for improvement of teaching.</i>	
	<p>NHS Shetland provides healthcare to a population of 22,000. There are 10 General Practices (some single handed) throughout the Islands as well as a 50 bedded rural general hospital (Gilbert Bain Hospital) which provides unselected emergency care as well as ongoing care. Aberdeen Royal Infirmary is our tertiary referral centre. It is located 200 miles away by sea. In view of our geography the model of healthcare in Shetland is a generalist one, lead by locally based consultants in general medicine, surgery, anaesthetics and psychiatry. There are visiting specialists to Shetland from a wide range of disciplines such as paediatrics, neurology, dermatology, genetics, ENT, nephrology, rheumatology, ophthalmology and gynaecology. There are a number of specialist nurses and NHS Shetland is developing the Advanced Nurse Practitioner (ANP) role. The generalist model of healthcare shapes the teaching and training provided by NHS Shetland.</p>	139

NHS Shetland provides clinical placements for Final Year University of Aberdeen students (medical, surgical and general practice) as well as week long summer placements for Second Year St Andrews University. During 2018/19 we also had a number elective students from Scottish Universities. Placements are based at the Gilbert Bain hospital, Lerwick as well as in rural General Practices.

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NHS Shetland continues to support the Final Year OSCE in Aberdeen.

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Students are encouraged to attend department teaching sessions, clinical governance teaching afternoons, monthly evening teaching session for secondary and primary care doctors as well as the Royal College of Edinburgh monthly evening medical update lectures. Students are encouraged to become involved with audit work and present either an audit or a case at the clinical governance meetings. There is also a once monthly Shetland wide medical education meeting where there are two half an hour presentations on "Hot Topics".

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Medical students on placements in Shetland have the opportunity to spend time with the wider multi-disciplinary team. This allows the student to experience a holistic view of healthcare in a remote and rural setting. Students are encouraged to accompany the ambulance service, attend A&E and then follow the patient up in the ward where they can be involved in planning their discharge. Students are also provided with the opportunity to accompany specialist nurse to see patients in clinic as well as in their homes. Although, our specialist nurses are an integral part of the medical student teaching experience we are keen to develop this further in 2020. This is partly due to positive feedback we have from students on time spent with the specialist nursing team. Allied health professionals such as lab staff are involved in teaching and training. Students are encouraged to attend for out of hour sessions at weekends and nights.

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Students are both encouraged to attend and present at our educational governance sessions. These are held once a month and attended by all medical staff in the Gilbert Bain Hospital. Once a year psychiatry and general practice leads the session. Students are also encouraged to attend the multi-disciplinary ward governance sessions and morbidity and mortality meetings. Students are expected to attend the shift handover meetings - these are used as informal teaching sessions. In the medical ward there is a twice weekly grand round where all the consultant attend. This is used as an opportunity of teaching and training. The students are encouraged to present patients to the rest of the team. This helps develop their skills of succinct and focused handover of patient information.

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### 3) Detail Funding Confirmation 2018/19

- a) Confirmation that your Board have used the 2018/19 additional funding as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.

ACT Officer

#### Successful proposals for additional uplift:

Ref	Proposal	Funding	Status	In year slippage
1	Administrative Support	5.00	Implemented	Utilised as planned
Due to the delay of allocation timelines last year, there was some in-year slippage, which we used for further non-recurring equipment towards proposal 2 below, as outlined in our proposal template from September 2018.				
2	Creation of a undergraduate and postgraduate teaching space	14.00	Implemented	None
		<b>19.00</b>		

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<i>Creation of a undergraduate and postgraduate teaching space - details:</i>		
One way Mirror and equipments such as headsets and mikes for use in SIM situation	3.00	
Adult Full Body ALS Trainer with ECG Trainer + CPR / Intubation Head	4.00	
Storage racks for equipment	2.00	
1 Smart board / cabling box and furniture - white board for the lecture room.	5.00	
	14.00	
Practice suture kits x 2 and other miscellaneous training equipment	1.00	
Go pro camera - for simulated ward round/ critical care teaching	0.40	
OSCE kit such as bag valve masks/ equipment for airway station and ILS teaching	1.00	
	2.40	

b) *For each item of additional expenditure; Based on the benefit criteria identified please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure and confirm that this investment is to continue in future years.*

Ref 1 The additional hours for undergraduate administration has been implemented. Although the previous post holder has left the post there has been bank staff filling the hours until a permanent individual is appointed

2.0 The education teaching resource centre opened in October 2018. ACT funding provided for a SMART board, resuscitation trolley for use in ILS (and other life support courses/teaching), a teaching mannequin, Go pro for recording teaching and suture kits.

c) Please attach a revised base-line budget for 2018/19 which reconciles to your 2017/18 base-line budget submitted to NES plus the additional recurring funds received in year.

see 'recurring' tab

ACT Officer

**4) Use of Measurement of Teaching Data and Financial Allocations**

Please refer to: <http://www.scotlanddeanery.nhs.scot/trainer-information/medical-act/medical-act-performance-management-framework/>

Regional Group

a) Please provide a breakdown of your Boards 2018/19 ACT allocation by specialty/department or other clinical service grouping used locally. This should reconcile to the total ACT funds identified in 1a above.

- b) Please detail the number of ACT funded teaching sessions identifiable in job plans (shown by consultant and other teaching staff) in each specialty/department or other clinical service grouping detailed in 4a. Please use the template provided.
- At a minimum this should include all sessions funded from all ACT funding provided to the Boards since the NES allocation model was introduced, however, if possible this should show all sessions funded from total ACT funds set out in 1a.
- The table below can be used to provide the information requested in 4a and 4b but amended as necessary to suit local circumstances.

Specialty/ Department	ACT funding received in 2018/19 £'000	ACT Funded PAs (consultants)	ACT Funded PAs (other staff)	2017/18 MOT hours Cat A (if available)	2017/18 MoT Hours Cat B (if available)
Medicine	26.8	0.20			183.5
Surgery	21.7	0.14			51.5
Anaesthetics	16.3	0.10			
Clinical Fellow post	11.0		0.20		
General Practice	12.0		6 Teaching Placements		
Student Paediatric and Intermediate Life Support Training plus consultants study leave	5.4				
Other Student Clinical Training Placements	15.1				
Administration and Service Support	12.5		0.41		
Other (Staff Development, VC equipment maintenance)	5.0				
Teaching Support	2.0				
Student Placement Travel Reimbursements	8.6				
ACT Administration and Other NHS Recharges	5.6				
Creation of undergraduate and post graduate teaching space	14.0				
<b>Totals</b>	<b>156.0</b>	<b>0.44</b>	<b>0.61</b>		<b>235</b>

5)	<b>Any future significant changes anticipated in ACT activity:</b>
1	NHS Shetland is to host local pupils interested in a career in medicine. Until now pupils have had to travel to Orkney to undertake a week long placement. Due to tighter arrangements between the school and NHS Shetland we are now in a position to host local school pupils. The schools liaison officer will make contact via the undergraduate administrator to ensure all appropriate paperwork is complete. The administrator will also be involved in the initial induction session.
2	There are plans to expand the range of teaching opportunities available in the Teaching Resource Centre. This includes offering more simulation directed teaching. The hope is that by now having access to a teaching space on site will free up clinician time. It would be anticipated that NHS Shetland could offer an extra student space in in both medicine and surgery in the future.

Signed:

Date:

Signed:

Date:

**Note: DoF and DME signature and date must be obtained prior to report submission to Regional ACT Group & NES**

## NHS Shetland - ACT budget review to 2018/19

Recurring Costs		2016/17	2017/18	2018/19
<u>Cost Breakdown</u>	<u>Department/Speciality</u>	<u>WTE</u>	<u>£'000</u>	<u>£'000</u>
ACT Infrastructure and support/central cost	Overhead (regional)		4.6	4.8
			4.6	4.8
Consultant sessions	Medicine & Act Lead	0.20	23.2	26.8
Consultant sessions	Surgery	0.14	18.1	21.7
Consultant sessions	Anaesthetics	0.10	12.9	16.3
Additional Consultant sessions	Psychiatry		8.0	0.0
Clinical Development Fellow	Surgical & Medicine	0.20		11.0
			62.2	75.8
Administrative Support	Overhead	0.41	7.0	7.5
Teaching Support Infrastructure	Medicine/Surgery/Anaesthetics		2.0	2.0
			9.0	14.5
GP Placement Fee	General Practice		12.0	12.0
			12.0	12.0
Other	Travel charges from Aberdeen Universities for student placements		8.6	8.6
Other (Staff Development, VC equipment maintenance)	Overhead		5.0	5.0
Other (Paediatric and Intermediate Life Support Training & consultants study leave)	Overhead		5.4	5.4
Quality Initiatives	Various clinical support depts		13.2	15.1
Infection Control				1.4
Labs				3.1
Physiological Measurements				3.0
Public Health				3.6
Pharmacy				1.2
Renal				2.8
NHS Highland: Prescribing Training	Medicine/Surgery/Anaesthetics		0.8	0.8
		<b>1.05</b>	<b>120.7</b>	<b>137.0</b>
				<b>142.0</b>

Non-recurring spend

14.0

Allocation Total

**156.0**