

## 2018/19 Accountability Report

NHS Board:

GOLDEN JUBILEE NATIONAL HOSPITAL

Note: This report is required to be submitted to your regional group in time for their meeting on: xxxxxx  
Section

Reviewed by

1) Confirmation of total Medical ACT funding received from NES during 2018/19			
	Initial Allocation £'000		2018/19 Total £'000
a) ACT Allocation 2018/19	482		482
	Recurring £'000	Non-Recurring £'000 <i>(b/fwd from previous year)</i>	2018/19 Total £'000
b) Use made of 2018/19 additional allocation	7	59	66

ACT Officer

Regional Group

2) General narrative on 2018/19 Medical ACT activity within your Board area:	
a)	Health Board Involvement in Regional/ACT group Meetings  Dr Alan Kirk, Consultant Thoracic Surgeon - Elizabeth O'Brien, Asst Director of Finance - Rhona Wilson, Directorate Accountant - Dr Alistair MacFie, Interim Medical Director
b)	Decision making process at local and regional level for any new uses of Medical ACT funding  The Boards local decision process for new use and bids to additional ACT allocations is supported through quarterly ACT finance and education performance meetings attended By the Medical Director, Director of Medical Education and Assistant Director of Finance. The Management Accountant responsible for the Boards Surgical Services Division manages the finance reports that are circulated monthly to the Director of Medical Education, any plans discussed at the ACT performance meetings are also fed through the Divisional performance reviews to ensure that bids and plans proposed for new monies can be supported through the Divisional route and any changes to existing arrangement supported by ACT funding are known and monitored.

Word Count

25

109

c)	<p><i>Detail of any new initiatives funded by Medical ACT within the last 12 months</i></p> <p>Whilst the majority of these sessions are led by the Clinical Teaching Fellows, there is significant input from Consultant Anaesthetists, Cardiologists &amp; Surgeons as well as SAS doctors and Fellows. In view of student feedback, in the last 12 months we have heavily invested in IT connections allowing students to access University and Medical School accounts, predominantly via Eduroam. Whilst this has been difficult due to IT issues and bandwidth, this has been partially addressed as of now with dedicated student PCs in the library. Ongoing discussions with IT at the University and GJF will hopefully result in even wider access this coming session.</p> <p>We appointed an additional Teaching Fellow as a pilot (non-recurring) in 2018/19 and this has been a major success, allowing more small group and bedside teaching as well as bespoke one-to-one feedback sessions. We would like to make this a recurring addition going forward. An additional value of this post will be to allow delivery of the central CardioNeuro teaching week that was piloted last year.</p> <p>A Lead GJNH Cardiologist is about to be appointed to provide more Cardiology oversight into this block. We will continue to use appropriate PA allocation to improve Consultant input as Supervisors and role models. This will commence this August.</p> <p>A small but important part of the developments in 2018/19 was the purchase of 3 electronic stethoscopes. These have proved to be very useful in identifying, discussing and diagnosing abnormal cardiac and chest sounds.</p> <p>An important part of the delivery of the Clinical Cardiology curriculum will continue to be supported by simulation. The continued site based training allows students to practice clinical skills in realistic settings whilst providing peer review. The echocardiography sim session continues to be evaluated very highly.</p> <p>Two of our Clinical Teaching Fellows presented their work on low-fidelity simulation at an International Conference on Medical Education in Prato earlier this year.</p>	313
d)	<p><i>General use of Medical ACT funding within health board area for improvement of teaching</i></p> <p>The GJF continues to host students from the University of Glasgow Medical School throughout the academic year. The bulk of activity is directed at delivering the clinical cardiovascular sciences part of the Cardio/Neuro block. The main thrust of this short block is to allow the students to understand the presentation and management of patients with acute cardiac disease within an Interventional Regional Heart and Lung Centre. They also get to appreciate how the part of the patient pathway impacts on their management at base hospital.</p> <p>In addition to these undergraduates, GJF hosts students for elective placements and SSC modules.</p> <p>The curriculum is delivered through a series of lectures, seminars, tutorials, involvement in clinical areas and bedside teaching. An increase in use of both low and high fidelity simulation is being used</p>	131
3)	<p><b>Detail Funding Confirmation 2018/19</b></p>	ACT Officer
a)	<p><i>Confirmation that your Board have used the 2017/18 additional funding as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.</i></p> <p>GJF bid for additional £66k funding of which £58k was non-recurring. The additional bid funding was used in agreement with the additional allocation.</p>	Regional Group
b)	<p><i>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.</i></p> <p>We appointed an additional Teaching Fellow as a pilot (non-recurring) in 2018/19 and this has been a major success, allowing more small group and bedside teaching as well as bespoke one-to-one feedback sessions. We would like to make this a recurring addition going forward. An additional value of this post will be to allow delivery of the central CardioNeuro teaching week that was piloted last year.</p>	ACT Officer
c)	<p><i>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.</i></p> <p>Attached as separate tab</p>	

4) Use of Measurement of Teaching Data and Financial Allocations

a) Please refer to: <http://www.scotlanddeanery.nhs.scot/trainer-information/medical-ac/medical-ac-performance-management-framework/>  
 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.  
 Attached as separate tab

Regional Group

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)
Cardiac/Cardiology		1	1	6,461	623
Anaesthesia		4			14
Thoracic		0.5			
Orthopaedic		1			206
Medicine/Other					84
Clinical Teaching Fellows					
Centrally funded initiatives					
Totals		6.50	1.00	7,388	927

Section

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5)	Any future significant changes anticipated in ACT activity:

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