

2018/19 Accountability Report

NHS Board: **NHS LANARKSHIRE**

Section

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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					3305	3081	
						Recurring £'000	Non-Recurring £'000 <i>(b/fwd from previous year)</i>	2018/19 Total £'000
b)	Use made of 2018/19 additional allocation					152	101	253
Of the £477k uplift, £224k slippage was handed back to the Region. Detail of the use of this is included in the relevant Accountability Reports								

ACT Officer

ACT Officer

2) General narrative on 2018/19 Medical ACT activity within your Board area:	
a)	<i>Health Board Involvement in Regional ACT group Meetings</i>
	The health board have consistent engagement with the Regional ACT Group. At each meeting, the health board is represented by the DME and a Senior Finance Manager. If either representative is unable to attend, a suitable deputy is identified and will attend on their behalf. The Head of medical School University of Galsgow Medical School attends our Medical Education Governance group which is co- chaired by DME and Medical Director Acute services, undergraduate teaching and experience is a standing item on this agenda, The DME reports to the Board directly twice yearly, and to various committee's within the Board governanace structure as appropriate
b)	<i>Decision making process at local and regional level for any new uses of Medical ACT funding</i>
	The local decision-making process for any new uses of Medical ACT funding takes place at our quarterly Education Committee meetings and monthly local ACT meetings were attendees include: Hospital subdean, Directors of Medical Education, ACT Officer, Teaching Lead(s) and education centre manager. All decisions at a regional level are made following consultation with our regional ACT officer followed by discussion and approval at the regional ACT group meeting. In addition to these ACT meetings, there are monthly operational meetings between the curriculum team, health board management, DME/UG DME and ACT Officer to discuss a variety of relevant undergraduate issues including: the appropriate use of ACT funding, Red-Amber-Green reports and all other available forms of student and tutor feedback, MoT requirements and job planning.

Regional Group

Word Count

103

123

c)	Detail of any new initiatives funded by Medical ACT within the last 12 months
	<p>New Initiatives:</p> <p>Widening access With new widening access monies and CTF / simulation staff and strengthened administrative staffing we have been able to provide a wider and increased range of opportunities for school pupils, which are detailed below, these programs all evaluate on feedback very highly: <i>Widening Access to Medicine Programme Aug 18 - Mar 19 (Total number of students: 1701)</i> <i>3 day Medical Placement: 48</i> <i>Application Process Evening: 33</i> <i>Career Advice Evening (Medicine): 32</i> <i>Clinical Skills Day: 168</i> <i>Interview Practice Day: 33</i> <i>Interview Process Evening: 28</i> <i>Junior Doctor for a Day: 71</i> <i>Midwifery Seminar: 60</i> <i>Mobile Skills Unit High School: 29</i> <i>Mobile Skills Unit Primary: 384</i> <i>NHS Lanarkshire Careers Event: 736</i> <i>Plan B: 32</i> <i>Preparing for UK CAT: 28</i> <i>UKCAT Practice Day: 19</i></p> <p>Primary care: We were able to immediately move forward with this initiative once the bids had being approved. The CTF appointed has done a range of work to establish links across Primary care in Lanarkshire, with colleagues in the University of Glasgow and within management and Medical education in NHS lanarkshire. They have commenced programs of work with practices, principals and managers to learn and explore how we can develop and support teaching in primary care. The DME has established a strong link with senior management for primary care which has facilitated a number of projects which we hope with the lead trainers, will increase the amount and quality of undergraduate teaching in primary care in NHS Lanarkshire. This work will continue to move forward in the next year, with a CTF in the position, and the existing CTF remaining with the department on a part time (0.5 WTE) to ensure that the excellent momentum that has been created continues.</p> <p>MOT: Our Scottish Clinical Leadership fellow has completed a pilot using the Consultants electronic job planning tool to collect information on contribution to teaching from Consultant colleagues. This has produced a significant amount of data which triangulates well with other data sources. The completion of the additional form by Consultants in the pilot departments allowed the collection</p>

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	<p>of all teaching and learning activity, and was well received. We are further evaluating this work with colleagues in the relevant management of the departments. We anticipate once evaluation is completed and feedback incorporated we will extend this collection of data to enable more accurate reconciliation of both new ACT funding and general ACT funding particularly where it is represented in job plans and departmental funding</p> <p>QI fellow: This work has continued to embed the finding of studies performed by the QI fellow using DATIX, into teaching for undergraduates in both preparation for practice and in specialties including psychiatry teaching. The fellow has been working with pharmacy colleagues in drawing the experience from the DATIX study into PfP teaching and other training to ensure we are training and addressing for current concerns and patient safety</p> <p>Lead Trainer and Board wide Clinical lead trainer Posts: These posts are established and are facilitating the on-going delivery of our undergraduate program and the development of new undergraduate teaching, the posts are ensuring that we deliver teaching more efficiently and on an equitable basis regardless of site. We are delivering more of our simulation teaching in situ on site in departments, this not only increases the immersive nature of the simulation, but allows wider access and reduces time and resources lost in travel. The increase in in situ / site based simulation allows freeing of capacity at the Medical education and Training centre for further courses including undergraduate training. Specifically the lead trainer for surgery has helped with colleagues improve the student experience in UHW where there are no longer any red/amber flags and an increase in green flags.</p> <p>Simulation Equipment The simulation equipment has allowed NHSL to continue to provide high quality simulation to students and also to expand to offering low-fidelity simulation as part of the general teaching timetable.</p> <p>CTF posts This year we have the new posts as outlined have facilitated the planned new initiatives. Going forward there will be 12.5 CTF posts with the expansion into the clinical specialities of O&G, Paediatrics, Psychiatry and Primary Care. There is a new post to support the increasing use of simulation in undergraduate education.</p> <p>Adaptions to physical space in new simulation facility at University hospital Monklands This teaching and simulation space is now open and in use having been formally opened by the Chief medical Officer and is being regularly used for teaching, training and immersive simulation on site</p>	
d)	<p><i>General use of Medical ACT funding within health board area for improvement of teaching.</i></p>	
	<p>We have been working with the MOT project and our other data sources so that we can increasingly reconcile going forward the allocation of general ACT monies to job plans and teaching activity as well as central infrastructure, administration and governance structures. The DME is part of the newly created senior managers group as well as regular AMD and site Chiefs meeting, this allows education to be given high profile such that there is continued high profile of education and the recognition of this in job plans, and ensuring the delivery and experience of undergraduate teaching remains high quality and improves as appropriate</p> <p>We have and continue to work across the board area with clinical leads to ensure that block leads / co-ordinator have or work toward specific time in job plan for this activity</p>	

3)	<p>Detail Funding Confirmation 2018/19</p>	
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>Board bid for additional £477k funding of which £101k was non-recurring, however, given timings of approval process and time taken to recruit to posts and clinical sessions, slippage of £224k associated with recurring funding was advised to NES & Regional ACT group near the end of financial year</p>	

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	associated with recurring funding was advised to NES & Regional AC I group near the end of financial year.	
b)	<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. (If applicable above inflation as agreed by NES)</i>	
	Proposals	Supporting Narrative
	Creation of deputy lead within Simulation and clinical skills	We have a comprehensive clinical skills and simulation based Education program. This post will allow the further development of our programs both at METC, Kirklands and off site with in-situ simulation. This post is currently in an advanced stage of sign off by colleagues in nursing management and HR

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Simulation equipment Adult Manikin Sim Junior Standalone Av system to support on site / in department undergraduate simulation sessions	Equipment has been purchased which is in use in our extensive range of simulation courses replacing manikins being used. The manikins are used in the delivery of recognition & management of sick patient 22 courses / per year and emergency medicine course. In addition to many other simulation courses. Further details in relevant section of 2C
CTF QI post	Appointed and in post, will recur in 2019-2020. The CTF embedded the proposed interventions and has done further QI work both in the area of prescribing and other areas of patient safety / DATIX categories. The QI work has ensured the teaching and learning we are providing, matches need in a constantly evolving Healthcare environment. Further details in relevant section of 2C
Clinical Teaching Fellow (Specialty x 3 posts) Simulation Fellow 1 post	The relatively late final decision on the funding made these posts and the simulation post difficult to appoint in year, the development work and organisational preparation has been completed and all posts have been appointed and confirmed for 2019-2020. Posts are in the Specialties of Obstetrics and Gynaecology, Paediatrics and Psychiatry, which will significantly benefit from additional teaching support. This initiative has already facilitated new undergraduate students to psychiatry planned for 2019-2020. Similarly the sim fellow has been appointed and further details of all 4 posts are in relevant section of 2C
Lead Clinical Trainer sessions 2 x 1 pa surgical cross board post and 1 pa medical cross board post	The posts will be cover both undergraduate and postgraduate education. The posts have been advertised and integrated into appointee's job plans. These posts will support developing undergraduate simulation and skills courses including integrating human factors. As well as improving quality in undergraduate teaching (Further details are given in section 2C). The posts have facilitated excellent feedback from core surgical IST trainee's and the creation of a board wide surgical skills club.
8x 0.5 pa undergraduate coordinator specifically in: WG Medicine/WG MSK/WG Paeds /MH Medicine/MH ENT/MK surgery/HM medicine/HM Ophthalmology	These additional funded sessions are aimed to support our current undergraduate structure. This ensures that each speciality would have a lead/co-ordinator to ensure the challenges of undergraduate programming are met by a consultant from the speciality who has a working knowledge of the team & team dynamics. We have working with clinical leads and colleagues to ensure these posts are allocated and integrated into job plans over the forthcoming job planning cycle, as the timing of the decision for funding prevented completion of this work this year
Creation of new surgical teaching facility at University hospital Wishaw	We have secured a room within University Hospital Wishaw (UHW) to use a surgical teaching facility, and this has been developed for enhancing undergraduate and postgraduate teaching and training on the site
Adaptions to physical space in new simulation facility at University hospital Monklands	This has been completed please see 2C for details
Primary Care and Multidisciplinary Teaching Program (stage 1) Primary Care Lead Clinical Trainer 2 sessions Clinical Teaching Fellow	Please see details in section 2C we have appointed the CTF and we are in process of appointing the lead trainers to support this work. We have been working closely with the AMD in primary care to ensure that we align these developments with the new GMS contracts and wider developments in primary care and the multidisciplinary delivery of care

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	Lead for Pastoral Care	Post in in process of appointment
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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.



Additional Allocations Approved					18/19 Budget	
Year	Cost Breakdown	Department/Speciality	WTE	£'000	WTE	£'000
2005-06	Accommodation/Facilities			1157		1157
2006-07	Additional Consultant sessions	Medicine	0.6	63	0.6	63
2011-12	Additional Consultant sessions	A&E	0.3	33	0.3	33
2011-12	Additional Consultant sessions	Medicine	0.1	11	0.1	11
2011-12	Additional Consultant sessions	Paediatrics	0.1	11	0.1	11
2011-12	Additional Consultant sessions	Psychiatry	0.1	11	0.1	11
2013-14	Additional Consultant sessions	Medicine/Surgery	0.1	11	0.1	11
2008-09	Costing shortfall funded from Equipment & Materials			11		11
2014-15	FY Effect Consultant sessions 12-13			14		14
2014-15	Additional Consultant sessions		0.3	35	0.3	35
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2018-19	Additional Consultant sessions		0.1	10	0.1	10
2018-19	Additional Consultant sessions		0.1	12	0.1	12
2018-19	Additional Consultant sessions	Surgery/Ortho	0.2	24	0.2	24
2018-19	Additional Consultant sessions	Medicine	0.1	12	0.1	12
2018-19	Additional Consultant sessions		0.4	48	0.4	48
2018-19	Additional Consultant sessions		0.2	24	0.2	24
			3.10	378	3.1	378
2008-09	Additional Consultant sessions	Medicine	0.3	35	0.3	35
	Faculty Development		0.3	35	0.3	35
2006-07	Teaching Fellows/Tutors	Rotational	2	70	2	70
2007-08	Teaching Fellows/Tutors	Rotational	2	95	2	95
2008-09	Teaching Fellows/Tutors	Rotational	1	58	1	58
2010-11	Teaching Fellows/Tutors	Rotational	1	45	1	45
2014-15	Teaching Fellows/Tutors	Rotational		5		5
	Costing shortfall funded from infrastructure support			50		50
2017-18	Teaching Fellows/Tutors	Elderly medicine	0.1	12	0.1	12
2017-18	Teaching Fellows/Tutors	Rotational	1.2	42	1.2	42
2018-19	Teaching Fellows/Tutors	Rotational	1	40	1	40
2018-19	Teaching Fellows/Tutors	Obs/Gyn, Medicine & Surg.	3	123	3	123
2018-19	Teaching Fellows/Tutors	Primary Care	1	40	1	40
2018-19	Teaching Fellows/Tutors	Simulation Fellow	1	42	1	42
			13.3	622	13.3	622
2005-06	Clinical Skills nurses	N/A	1.5	64		64

2007-08	Clinical Skills nurses	N/A	2.25	95		95	
2008-09	Clinical Skills nurses	N/A	1.5	65		58	
2010-11	Clinical Skills nurses	N/A	1.5	70		45	
2011-12	Clinical Skills nurses	N/A	1	37		37	
2005-06	Costing shortfall funded from infrastructure support			5		5	Note 3
	Clinical Skills nurses	N/A	7.75	336	7.75	336	
2005-06	ACT Infrastructure and support	Clinical		7		7	(7k+50k Note 2 + 5k Note 3)
2006-07	ACT Infrastructure and support	Clinical		2		2	
2007-08	ACT Infrastructure and support	Overhead		11		11	
2008-09	ACT Infrastructure and support	Overhead		6.5		6.5	
2008-09	ACT Infrastructure and support	Overhead		4.5		4.5	
2008-09	ACT Infrastructure and support	Overhead		7		7	
2008-09	ACT Infrastructure and support	Overhead		12		12	
2008-09	ACT Infrastructure and support	Paediatrics	0.1	14	0.1	14	
2008-09	ACT Infrastructure and support	Surgery	0.1	14	0.1	14	
2008-09	ACT Infrastructure and support	Psychiatry	0.2	32	0.2	32	
2008-09	ACT Infrastructure and support	Overhead		17.5		17.5	
2008-09	ACT Infrastructure and support	Overhead		85.5		85.5	
2010-11	ACT Infrastructure and support	Overhead		38.5		38.5	
2010-11	ACT Infrastructure and support	Overhead		9		9	
2010-11	ACT Infrastructure and support	Overhead		12		12	
2010-11	ACT Infrastructure and support	Overhead		21.5		21.5	
2011-12	ACT Infrastructure and support	Overhead		63		63	
2011-12	ACT Infrastructure and support	Paediatrics	0.1	9	0.1	9	
2011-12	ACT Infrastructure and support	Overhead		12		12	
2011-12	ACT Infrastructure and support	Overhead		3		3	
2011-12	ACT Infrastructure and support	Overhead	0.1	11	0.1	11	
2012-13	ACT Infrastructure and support	Overhead		21		21	
2012-13	ACT Infrastructure and support	Overhead	0.1	12	0.1	12	
2013-14	ACT Infrastructure and support	Overhead		23		23	
2013-14	ACT Infrastructure and support	Overhead	0.2	5	0.2	5	
				20		20	
2014-15	ACT Infrastructure and support	Overhead	1	25	1	25	
2015-16	ACT Infrastructure and support	Surgery	0.3	18	0.3	18	
2017-18	ACT Infrastructure and support	Overhead	2.5	104	2.5	104	Note 1 - Additional Allocations SIM - FYE
2017-18	ACT Infrastructure and support	Overhead		60		60	Note 3 - Student Travel - FYE
			4.7	680	4.7	680	
2005-06	Equipment & Materials	Overhead		89		89	
2010-11	Equipment & Materials	Overhead		13		13	
2011-12	Equipment & Materials	Overhead		34		34	
2013-14	Equipment & Materials	Overhead		7		7	
2017-18	Equipment & Materials	Overhead		10		10	Note 1 - Additional Allocations SIM - FYE
				153		153	
				3361		3361	

Notes

1. 2008-09 11k Equipment & Materials funding used to bridge shortfall in actual cost of post.
2. 2005-06 50k of Infrastructure Support costs used to bridge shortfall in actual cost of posts
3. 2005-06 5k of Infrastructure Support costs used to bridge shortfall in actual cost of posts.

4) Use of Measurement of Teaching Data and Financial Allocations

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)
<i>General Practice /Primary Care</i>					
DME	48	4			
Deputy DME	36	3			
Subdeans (Glasgow / Edinburgh / Dundee)	48	4			
Lead Clinical Trainers - A&E	24	2			
Lead Clinical Trainers - Anaesthetics	48	4			
Lead Clinical Trainers - Care of the Elderly	12	1			
Lead Clinical Trainers - Medicine	36	3			
Lead Clinical Trainers - Obs & Gyn	12	1			
Lead Clinical Trainers - Renal	24	2			
Lead Clinical Trainers - Respiratory	6	0.5			
Lead Clinical Trainers - Surgery	24	2			
Consultant Teaching - Psychiatry	12	1			
Consultant Teaching - Medicine	12	1			
Consultant Teaching - A&E	36	3			
Undergraduate Co-ordinator in ENT	6	0.5			
Undergraduate Co-ordinator in Paediatrics	6	0.5			
Undergraduate Co-ordinator in Medicine	6	0.5			
?? Unfilled Sessions	96	8			
Clinical Teaching Fellows	925	12			
Clinical Skills Consultant	53		0.7 WTE		
Clinical Skills Specialist	316		7.3 WTE		
Clinical Skills Technician	53		2 WTE		
Business Support Manager	36		0.60 WTE		
Admin Support	170		5.75 WTE		
Work Experience / Widen Access Band 6	18		0.43 WTE		

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Centrally funded initiatives									
Totals 2063									
Glasgow Allocation 1819 2805315									
	SITE	SPECIALTY	ACT Funding	ACT PAs - Consultant	ACT PAs - Other	Category A Hours	Category B Hours	Tot Hrs	
UoGMS	Airbles	Psych	3338				34	34	
UoGMS	Coathill	GUM	1227				12.5	12.5	
UoGMS	No Site Spec		10651				108.5	108.5	
UoGMS	Kirklands	Anes/Resus/Skills	87958				896	896	
UoGMS	Kirklands	Ortho/Blank	10798				110	110	
UoGMS	HH	No Spec	21695				221	221	
UoGMS	HH	EmerMed	148281			1029	481.5	1510.5	
UoGMS	HH	Medicine	239233			1813	624	2437	
UoGMS	HH	MSK	83344			735	114	849	
UoGMS	HH	Ophth	128795			1127	185	1312	
UoGMS	HH	Surgery	227600			1862	456.5	2318.5	
UoGMS	MH	No Spec	32051			0	326.5	326.5	
UoGMS	MH	EmerMed	169583			1470	257.5	1727.5	
UoGMS	MH	ENT	139446			1127	293.5	1420.5	
UoGMS	MH	Medicine	212973			1666	503.5	2169.5	
UoGMS	MH	Surgery	184406			1372	506.5	1878.5	
UoGMS	WGH	No Spec/Other	29450			0	300	300	
UoGMS	WGH	Paeds	191720			1127	826	1953	
UoGMS	WGH	EmerMed	163890			1421	248.5	1669.5	
UoGMS	WGH	Medicine	178369			1519	298	1817	
UoGMS	WGH	MSK	140968			1127	309	1436	
UoGMS	WGH	O&G	230250			1813	532.5	2345.5	
UoGMS	WGH	Surgery	169289			1372	352.5	1724.5	
			2805315			20580	7997	28577	
Central Costs									
GP ACT			230220						
5) Any future significant changes anticipated in ACT activity:									

Inc 34 Psychiatry

Section

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We have been working with colleagues from University of Glasgow and Psychiatry in NHS Lanarkshire to establish a new psychiatry placement in 2019-20. This will significantly expand the psychiatry teaching in NHS Lanarkshire and allow undergraduate students to benefit from a broad range of both primary and secondary care mental Health training opportunities, this will be supported by our new CTF in psychiatry and as well as our well established clinical skills team such that we aim to include newly developed simulation for undergraduate.

We will take forward our development of teaching in primary care and increase the number of placement offered at undergraduate level with support for practices based on our learning from current evaluation. There are new 4 Vocational Study tutors / groups based in Lanarkshire this year, we have strong indication of a number of practices considering undergraduate placement.

We aim to develop a new opportunity for undergraduates in sexual health based in Primary care, along with plans to jointly develop a new Pharmacy Clinical Teaching Fellow with our Pharmacy colleagues; this post will facilitate new undergraduate teaching in prescribing.

The continued and improving quality of Medical education in NHS Lanarkshire provides an opportunity to develop additional undergraduate places in the area, working with partner universities.

Signed:	Please insert scanned/electronic signature:
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(Director of Medical Education)

Date:	
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Signed:	
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(Director of Finance)

Date:	
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Note: DME and DoF signature and date must be obtained prior to report submission to regional ACT group & NES