

NHS Scotland Medical ACT 2021/22 Accountability Report

NHS Board: Lanarkshire

Section 1 Confirmation of Total Medical ACT Funding Received From NES During 2021/22

a	Confirmation of Allocation of Funding	Recurrent	Non Recurrent*	Total
	Base Allocation	£3,463,167		£3,463,167
	Value of Bids Required in 21/22 - as per letter	£575,424		£575,424
	Value of Bids Required in 21/22 - Add 20/21 100 places - non recurrent		£88,167	£88,167
	Value of Bids Required in 21/22 - Add 21/22 165 places - recurrent	£100,148		£100,148
	Value of Bids Required in 21/22 - Add 21/22 15 places - non recurrent		£9,104	£9,104
	Initial Allocation Available to Board	£4,138,739	£97,271	£4,236,011
	Total Funding Available for Bids in 21/22- pre national slippage	£675,572	£97,271	£772,843

b	Confirmation of Funding Received	Recurrent	Non Recurrent*	Total	
	Base Costs	£3,463,167		£3,463,167	Detail in section 2c
	Bids Approved by RAWG and NES	£202,139	£578,913	£781,052	Detail in section 2a
	21-22 Request to T/f GP ACT Top-Slice Between Boards		£4,500	£4,500	
	In Year Slippage on Bids Approved by RAWG and NES			£0	Detail in section 2a
	Total Funding Received	£3,665,306	£583,413	£4,248,719	
	Bids Under/(over) Allocation Agreed by RAWG and NES			(£12,709)	using regional, national slippage or NES additional funding if over initial allocation

*Non recurrent spend/bids are for time limited spends usually for 1 financial year but can cover multiple years, examples of multi year spends/bids- Mat leave cover 5 months in year and 7 year after; capital projects covering several years, IT equipment needed in year; CTF's.

Comments on above

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Director of Finance

Signed:	
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Print name:	
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Date:	
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Director of Medical Education

Signed:	Please insert scanned/electronic signature or email approval of submission accepted
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Print name:	
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Date:	
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Note: DoF and DME signature and date must be obtained prior to report submission to Regional ACT Working Group.

Report Approved at Regional ACT Working Group
Copies can be sent to NES before approved by RAWG

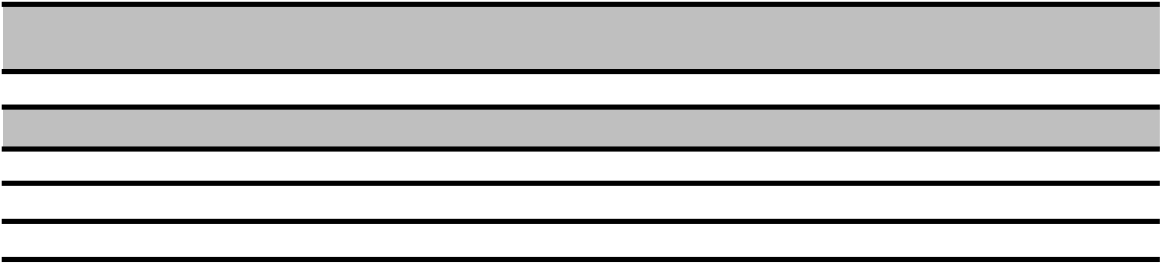
(Y/N)	Date

			0			0							
			0			0							
			0			0							
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			0			0							
Total	202,139	583,413	785,552	0	0	0	0						

Check to section 1









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Section 2b In Year Spends and Slippage Not Pre-Populated on "Section 2a - Bids" including transfers of funding from other boards

Proposal/Item Description	Board - if using funding transfer from an other board.	Recurring (£)	Non-Recurring (£)	Total (£)	GT		Capital (Y/N)	Requester	Benefits for UG Medical Training (and others where relevant)
					2022/23	2023/24			
NHS Lanarkshire received no ACT slippage from other health boards									
Total		0	0	0	0	0			

* Future year spend will need to be approved by RAWG and NES in 22/23 bids process

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Section 2c Recurrent Baseline Medical ACT Funding.

Total per Section 1		3,463	202		3,665							
Activity	Provider: Select from Drop Down Menu	2020/21 Cost (£000's)	Movement		2021/22 Cost (£000's)	Reason for Movement (excluding bids)	Staffing time					
			2021/22 Recurrent Bids (£000's)	2021/22 Other (£000's)			Medical PA	Medical WTE	Clinical Non Medical WTE	Others WTE		
Accommodation/Facilities		627			627							
Additional Consultant sessions	Medicine	63			63		6.00	0.60				
Additional Consultant sessions	A&E	33			33		3.00	0.30				
Additional Consultant sessions	Medicine	11			11		1.00	0.10				
Additional Consultant sessions	Paediatrics	11			11		1.00	0.10				
Additional Consultant sessions	Psychiatry	11			11		1.00	0.10				
Additional Consultant sessions	Medicine/Surgery	11			11		1.00	0.10				
Costing shortfall funded from Equipment & Materials		11			11		0.00					
FY Effect Consultant sessions 12-13		14			14		0.00					
Additional Consultant sessions		35			35		3.00	0.30				
Additional Consultant sessions		12			12		1.00	0.10				
Additional Consultant sessions		12			12		1.00	0.10				
Additional Consultant sessions		12			12		1.00	0.10				
Additional Consultant sessions		12			12		1.00	0.10				
Additional Consultant sessions		10			10		1.00	0.10				
Additional Consultant sessions		12			12		1.00	0.10				
Additional Consultant sessions	Surgery/Ortho	24			24		2.00	0.20				
Additional Consultant sessions	Medicine	12			12		1.00	0.10				
Additional Consultant sessions		48			48		4.00	0.40				
Additional Consultant sessions		24			24		2.00	0.20				
Additional Consultant sessions	Sexual Health	12			12		1.00	0.10				
Additional Consultant sessions	Psychiatry	12			12		1.00	0.10				
Additional Consultant sessions	Medicine	35			35		3.00	0.30				
Teaching Fellows/Tutors	Rotational	70			70		20.00	2.00				
Teaching Fellows/Tutors	Rotational	95			95		20.00	2.00				

Teaching Fellows/Tutors	Rotational	58			58		10.00	1.00		
Teaching Fellows/Tutors	Rotational	45			45		10.00	1.00		
Teaching Fellows/Tutors	Rotational	5			5		0.00			
Costing shortfall funded from infrastructure support		50			50		0.00			
Teaching Fellows/Tutors	Elderly medicine	12			12		1.00	0.10		
Teaching Fellows/Tutors	Rotational	42			42		12.00	1.20		
Teaching Fellows/Tutors	Rotational	40			40		10.00	1.00		
Teaching Fellows/Tutors	Obs/Gyn, Medicine & Surgery	123			123		30.00	3.00		
Teaching Fellows/Tutors	Primary Care	40			40		10.00	1.00		
Teaching Fellows/Tutors	Simulation Fellow	42			42		10.00	1.00		
CTF	Pharmacy	6			6				0.20	
Clinical Skills nurses		64			64				1.50	
Clinical Skills nurses		95			95				2.25	
Clinical Skills nurses		58			58				1.50	
Clinical Skills nurses		45			45				1.00	
Clinical Skills nurses		37			37				1.00	
Costing shortfall funded from infrastructure support		5			5					
Clinical Skill/Simulation Technician		24			24					1.00
Clinical Skill/Simulation Technician		24			24					1.00
ACT Infrastructure and support	Clinical	7			7					
ACT Infrastructure and support	Clinical	2			2					
ACT Infrastructure and support	Overhead	11			11					
ACT Infrastructure and support	Overhead	7			7					
ACT Infrastructure and support	Overhead	5			5					
ACT Infrastructure and support	Overhead	7			7					
ACT Infrastructure and support	Overhead	12			12					
ACT Infrastructure and support	Paediatrics	14			14		1.00	0.10		
ACT Infrastructure and support	Surgery	14			14		1.00	0.10		
ACT Infrastructure and support	Psychiatry	32			32		2.00	0.20		
ACT Infrastructure and support	Overhead	18			18					
ACT Infrastructure and support	Overhead	86			86					
ACT Infrastructure and support	Overhead	39			39					
ACT Infrastructure and support	Overhead	9			9					

ACT Infrastructure and support	Overhead	12			12				
ACT Infrastructure and support	Overhead	22			22				
ACT Infrastructure and support	Overhead	63			63				
ACT Infrastructure and support	Paediatrics	9			9	1.00	0.10		
ACT Infrastructure and support	Overhead	12			12				
ACT Infrastructure and support	Overhead	3			3				
ACT Infrastructure and support	Overhead	11			11	1.00	0.10		
ACT Infrastructure and support	Overhead	21			21				
ACT Infrastructure and support	Overhead	12			12	1.00	0.10		
ACT Infrastructure and support	Overhead	23			23				
ACT Infrastructure and support	Overhead	5			5	2.00	0.20		
ACT Infrastructure and support	Overhead	20			20				
ACT Infrastructure and support	Overhead	25			25				1.00
ACT Infrastructure and support	Surgery	18			18	3.00	0.30		
ACT Infrastructure and support	Overhead	104			104			2.50	
ACT Infrastructure and support	Overhead	60			60				
ACT Infrastructure and support	Overhead	11			11				
ACT Infrastructure and support	Overhead	4			4				
Equipment & Materials	Overhead	89			89				
Equipment & Materials	Overhead	13			13				
Equipment & Materials	Overhead	34			34				
Equipment & Materials	Overhead	7			7				
Equipment & Materials	Overhead	10			10				
Recurring Uplift		67			67				
LCT Wellbeing			26		26	2.00			
Deputy DME			13		13	1.00			
Undergrad coord Surg			7		7	0.50			
Undergrad coord for Medicine			7		7	0.50			
MOT Psych			39		39	3.00			
MOT Paeds			39		39	3.00			
Admin 0.5 wte post for Psych			12		12		0.50		
ACT accountant			12		12		0.50		
Year 3 CPC uplift - regional bid			5		5				

4 new clinical leadership roles - rgional bid			8		8					
Add'l 1% uplift			35		35					
Uplift to be utilised for Capital Investment					0					
HCP Placements		16			16					
GP ACT Top Slice		488			488					
Total			3,463	202	0	3,665				

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NHS Board: Lanarkshire

Section 3

a	<p>Local Governance Structure</p> <p>Does the Board hold Local Medical ACT meetings?</p> <p>We have 2 main groups in which we discuss aspects of Medical ACT and delivery of teaching: Firstly, our Medical Education Governance group (MEGG) which has DDME for undergraduate and the Lead Dean from our main partner university has a standing invite. Secondly the management meetings within the medical education department, which have medical ACT Bids and reconciliation as agenda item. In addition to this the DME meets with the Deputy Director of Finance who lead on medical ACT on a regular basis (approx. 4 times per year) to discuss all aspects of medical ACT</p> <p>Provide brief details of the Board's local governance structure for Medical ACT and how this feeds into RAWG business</p> <p>The DME through the department management meetings (formal) and 1:1 meetings with Undergraduate senior team will develop the bids which are then developed and managed with the Deputy Director of Finance and the Medical education manager. The finalised bid is presented to Regional MAWG. The delivery and quality management is formally reviewed and reported by Medical Education Governance group. MEGG is co-chaired by the DME and medical Director of the Acute Division and reports to the Quality Planning and professional Governance group which reports to the NHS Board</p> <p>DME, ADME, medical education manger will complete reconciliation documents from Regional MAWG and NES reviewed and signed by DOF</p> <p>DME meets with executive Medical Director (currently 6 weekly meetings) items regrading Medical ACT are discussed and reported</p> <p>DME completes and approximately twice yearly report to the main NHGS Board on Undergraduate Education, in which Quality, delivery and Medical ACT are reported</p>
b	<p>Please provide details of any Medical ACT funded activities/initiatives which may be beneficial and/or transferable to other Boards - General</p> <p>Medical Education fellows in primary care: This has been challenging during the pandemic. We are focussing the resource at a primary care locality level, early experience suggests this focussed approach will have benefit and facilitate learning opportunities in primary care, which is a very challenging environment</p> <p>Psychiatry simulation for undergraduates – this is shared through Sim networks, and with postgraduate</p> <p>Primary care simulation – shared with Glasgow University colleagues and continuing to develop</p> <p>ACT and Measurement of Teaching, we have developed internal systems and used GGC tariff tools to ensure we can accurately describe the teaching done in a department in a format that allows and facilitates us to work with Clinical leads to ensure this is reflected in job plans and can be tracked (on going)</p> <p>We have developed Quality dashboards on LanQIP – our board corporate quality management dashboards and are extending this to undergraduate this academic year</p> <p>Paediatric simulation shared and co-delivered with GGC and Glasgow University</p> <p>Please provide details of Medical ACT funded activities/initiatives which may be beneficial and/or transferable to other Boards for increasing teaching capacity</p> <p>ACT and Measurement of Teaching, we have developed internal systems and used GGC tariff tools to ensure we can accurately describe the teaching done in a department in a format that allows and facilitates us to work with Clinical leads to ensure this is reflected in job plans and can be tracked (on going). Used with clinical leads this may allow increased capacity through working to include education in new posts</p>
c	<p>Please provide a brief overview of any opportunities/challenges in year which have impacted on the delivery of Undergraduate Medical Education</p> <p>The main challenge this training year have been both the Omicron wave in Autumn / Winter 21/22 and the unprecedented levels of acute activity we have experienced as a Board. This is linked with considerable pressures across the Health and social care sector. Staff fatigue and sickness absence for COVID and non COVID reasons remain a significant challenge and concerning issue.</p> <p>The DME continue to work with senior management, clinical teams and site management across the Board to strive to deliver both UG</p> <p>Our Acute sites have been at or beyond capacity for much of the training year. This impacts training opportunity as well as student and trainer wellbeing, which whilst the sites has successfully mitigated much, some impact may occur, albeit quality data remains very good. Some departments have been impacted more due to combination of factors including but not limited to:</p> <p>the need to develop new respiratory and non-respiratory pathways to ensure robust infection control measures and the safety of staff and patients during COVID the continuation of social distancing and point of care testing prior to admission especially in our outpatient area which have been difficult to reverse due to collocation of cancer outpatient services with more general OP services.</p> <p>Prolonged periods with higher levels of patient activity with greater acuity and complexity of patient presentations</p> <p>During the pandemic sickness absence rates in addition to vacancies have created significant strain for trainers and those who deliver teaching and training adding to pressure with the day to day delivery of clinical care and training. Whilst NHS Lanarkshire has made funds available to recruit additional staff it has been challenging to fill vacancies and also to retain existing staff.</p> <p>The issues of managing delayed discharges due to extreme pressure within social care, increasing bed pressures and stressing the clinical learning environment</p> <p>Please provide details of any anticipated future challenges which may impact the delivery of Undergraduate Medical Education</p> <p>Continued Site pressures whilst delivering across 3 sites</p> <p>There is no sign of the acute pressures on the health and social care services lessening as we move into the next training year. This is compounded by the requirement to deliver acute services and duplicated rotas across 3 sites in many departments. The workload pressures make it difficult to deliver undergraduate training and maintain quality, but this remains an absolute priority along with safe patient care</p> <p>Potential Staff Burnout and Wellbeing concerns</p> <p>The last 2 1/2 yrs have resulted in staff across all professions being exhausted both physically and emotionally, challenging the resilience of all. The board continue to deliver in partnership with NHS Scotland as much wellbeing support as possible.</p> <p>Workforce pressures and gaps in rotas</p> <p>The ongoing difficulties staffing the junior middle grade and senior Consultant rotas is and will be a constant theme throughout the training year, we will continue to engage through SDME, SAMD and other professional groups to manage this complex situation.</p> <p>Increase in UG Numbers</p> <p>We are seeing a significant increase in UG numbers across all departments, this is prior to the current 500 medical student number expansion instituted by Scottish government. As a board we would very welcome constructive discussion on how this expansion can be managed and instituted for the clinical year's education. The increased number both current and planned require a step change in how we deliver UG education. We are absolutely committed to the current excellent standards we provide in UG education and would wish to actively engage with partners in managing this increase. However, whilst ACT funding is welcome, embedding supervisor time into job plans under such clinical pressure is extremely challenging and the step change required will need infrastructure and additional funding for both Primary and Secondary care if this change is to be successful.</p>
d	<p>Please provide details of any anticipated changes to Undergraduate teaching and/or curriculum in the forthcoming academic year which could impact Medical ACT in your board.</p> <p>We appear to have increased Glasgow University numbers, this may require us to rapidly increase support particularly on one of our sites. This was raised at Regional group and we will work with partners at the university and Nes, once we fully understand the apparent increase in numbers. We look forward to welcoming the HCP students into their third year and beginning of secondary clinical studies.</p>

Please Submit to NES as an Excel File not in PDF Format
Information provided should be from 2021/22

Section	User Information
1	<p>Tab summaries, initial allocations offered to the Boards and actual funding received, also for sign off by DoF and DME of Boards and date of RAWG approval</p> <p>1a and 1b are pre-populated by NES based on 21/22 Allocation Letter and Payment on Behalf (POB) payments made to Boards.</p> <p>Signatures - email approval or signature accepted. We will also accept an excel copy without signatures if this is provided with a PDF signed version.</p>
2A	<p>Tab details the bids approved by RAWG and NES in year, including any slippage reflected in payments from NES. NES will prepopulate columns: B, C, D, E, F, I, L Boards should complete G, H, J, K, M, N, O, P delayed etc N – Please provide metric results where available O – Anticipated benefits as per bid details P - please provide brief overview detailing why the anticipated benefit was not achieved for example if the equipment did not fulfil the need.</p>
2A Sup -PY Evaluation	<p>In section 2A we have asked for evaluation details. We acknowledge that evaluation often takes place a year after implementation and can therefore take some time. Information from the evaluation of bids not covered in the Accountability report timeline should be included in this tab.</p>
2B	<p>Tab details of all other spend and slippage of medical ACT in year not either shown in 2a or part opening baseline allocation, i.e. use of additional in year funding not spend on bids as shown on 2a, where the funding has come from- underspend on bid or other health board. All details to be added by Boards</p>
2C	<p>Tab details of baseline recurrent Medical ACT Funding received by Board, include in year recurrent bids per section 1 To allow us to prepopulate this section in future years please complete the excel sheet provided, do not attach as an additional sheet. Please use drop downs where provided. Staffing time Medical PA - Consultant/GP PA's Medical WTE - Training grades, Specialty Doctors, CTF's Clinical non medical WTE - all other clinical staff Other WTE - support functions, Admin, Medical ACT officers, education managers</p>
3	<p>Tab requests details on Local regional ACT groups/practises, new initiatives details, future opportunities/ challenges and future anticipated changes to teaching/curriculum.</p> <p>Please keep the answers to these sections brief and concise. If you have any metric data to support this would be appreciated.</p> <p>We hope these will provide an opportunity for sharing intelligence and highlighting common challenges.</p>