

2018/19 Accountability Report

NHS Board: **Greater Glasgow and Clyde**

Section

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		17193192	17220934
		Recurring £'000	Non-Recurring £'000 <i>(b/fwd from previous year)</i>	2018/19 Total £'000
b)	Use made of 2018/19 additional allocation	591	0	591
	Regional Slippage Bid Funding Received in 18/19		88	88

£27742 of slippage funding was drawn down from NES (t/f from NHS NWC to NHS GGC). This is included in the 18/19 total above. The remainder was t/f from NHS Lanarkshire as the funding had already been drawn down by them.

2) General narrative on 2018/19 Medical ACT activity within your Board area:	
a)	<i>Health Board Involvement in Regional ACT group Meetings</i>
	As previous years, NHSGGC have consistent engagement with the regional ACT group with the DME and senior finance support attendance. The DME attends the University of Glasgow quality management meetings and the Head of the Medical school attends our Board Medical Education and Staff Governance meeting chaired by NHSGGC Medical Director and attended by the Postgraduate Dean. As DME I report to the Board Staff Governance Committee meeting twice a year on all training matters including our undergraduate students. These structures ensure focus on medical student training and learning. Regular meetings with the Head of the Undergraduate Medical School take place at which all matters ACT related are discussed. Of particular note is our
b)	<i>Decision making process at local and regional level for any new uses of Medical ACT funding</i>
	Use of Medical ACT funding is discussed locally between the DME and Medical Director; with NHSGGC finance colleagues with responsibility for overseeing ACT funding; at the Board Medical Education and Staff Governance meeting; with UoG Medical School leads; UoG/Regional ACT Finance Officer (Evelyn) and ultimately at ACT regional group. Where appropriate, discussions will take place between regional DMEs on matters of collective interest.
c)	<i>Detail of any new initiatives funded by Medical ACT within the last 12 months</i>

Section

	<p>We have undertaken an ACT mapping project, seeking to assess the teaching capacity across NHSGGC and align a proportion of uplift monies appropriately to units where resource is most needed. The project has made good progress and will continue during 2019/20. Our Widening Access Programme has made good progress with our clinical Lead sessions now embedded and our school experience programme gaining good traction and evaluating well. The programme has extended to reach pupils from S3 through to S6, actively seeking to target disadvantaged pupils whilst not hindering opportunities available to more advantaged pupils. UoG Medic Insight has been supported through our WA programme, with both practical and financial support. We have embedded governance of student IT access to NHSGGC IT systems ensuring students now have appropriate individual access to systems which is subject to robust governance and IT colleagues are actively engaging with students whilst at university on matters of IT access and governance to ensure students are educated and engaged in our systems and policies prior to becoming our employees. We have appointed a Clinical Simulation Fellow to develop the simulation experience for undergraduates and augment our Clinical Teaching Fellow team. It is recognised that the use of CTFs, whilst a very successful model, is not a sustainable long term solution and we cannot continue to increase the number of CTFs. Our ACT Mapping project will seek to address this, ensuring adequate time for teaching within clinical units and thereby a sustainable and consistent model.</p>
d)	<p><i>General use of Medical ACT funding within health board area for improvement of teaching.</i></p>
	<p>Medical ACT funding is hypothecated into base budgets for service. There is an expectation that appropriate measures are put in place at local level to ensure a good teaching experience for students and to constantly review and improve that experience. The increase in numbers of medical students and consequent need for increased teaching capacity will require roll out and successful implementation of our ACT mapping project going forward.</p>

3) Detail Funding Confirmation 2018/19

a) *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.*

See below - notations against bids complete, in progress, and related slippage.

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.*

NB For reference the bids are included as embedded documents

Recurring Bids from Main Uplift

		£		Post In Place?	
1	Specialty Lead for Anaesthesia and Critical Care	12.00	Propose	Yes	QEUH
2	Specialty Lead for Palliative Care	12.00	Propose	Yes	GGH
3	Provision of Teaching sessions for ENT and Ophthalm	48.00	We have	No	In progress
4	OSCE Lead	24.00	OSCE set	Yes	
5	Elective Director	12.00	UoG	Yes	
6	Lead of Early Phase Clinical Visits	12.00	Clinical	Yes	
7	QEUH Sub dean	12.00	The large	No	in progress

Section

8	Associate Director of Medical Education (Quality Imp	24.00	Lead for	Yes	
9	Additional Teaching session for QEUH O and G.	12.00	Student	Yes	qeuH
10	Administrator for ENT / Ophth and Clinical Visits	14.00	Half time	Yes	
11	Quality improvement manager	48.00	Quality	No	Advert ready to go
12	SPA time within 9:1 contracts	72.00	Teaching	No	ACT Mapping project
13	SPA time within 9:1 contracts	200.00	Propose	No	ACT Mapping project
13	Increase in VS Costs	89.00	Regional	Yes	
		<u>591.00</u>			

Partly due to the very late running of the allocation process, the fact most of the above are posts not purchases, and the ongoing work on linking PAs to units requiring more teaching via a formal process involving unit tariffs and QA data most posts were not in place during the year. The initial tariff exercise is now complete and the Baseline data recognises where those new PAs will be placed. In-year slippage was used to fund the small number of CTFs used in Glasgow - because of previous reductions in funding this programme is almost entirely funded by mainstream NHS funding rather than, as it should be, by ACT. GGC will also, via the Regional Group, look to share the mapping methodology across the West.

Non-Recurring Slippage Bids

Purchased at 31st July

1	SMOTS Portal	47128.48	This Portal	Yes	
2	VC Unit for teaching room at New Victoria ACH	6195.60	To support	Yes	
3	Ceiling mounted projector system for IRH Educa	4257.48	To facilitat	Yes	
4	Lockers for students at RAH	310.00	To provide	Yes	
5	Update teaching space at RAH	3126.00	Provision of	Yes	
6	ABG simulator for QEUH	3000.00	This is ext	in progress	In place beginning 19/20 Academic Year
7	Ophthalmoscopes for clinical skills area at QEUH	1000.00	To support	in progress	In place beginning 19/20 Academic Year
8	SMOTS Camera System for GRI simulation suit	21985.00	ivery of in s	Yes	
9	Resuscitation / Sim manikin for EM in-situ simul	991.20	To allow e	Yes	
10	Scrubs for medical students	400.00	, maintain	Yes	
		<u>88393.76</u>			

Funding for any items still in progress at 31st March was carried forward to the 2019/20 financial year to complete purchase.

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.



Section

	1819 GGC Baseline Update.xlsx
--	-------------------------------

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/>

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.

Included within the template attached

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.



5) Any future significant changes anticipated in ACT activity:

Section

	Increasing time in consultant job plans to enable a move from an ever increasing CTF model and ensure a sustainable and consultant/service led/owned model. Supporting innovation in medical education will require development of infrastructure within the Directorate. Development of directorate team is required to ensure succession planning and to allow admin teams to be supported to develop. An increase in simulation activity is anticipated. We already know that having a Sim lead outwith NHSGGC is logistically challenging due to scale; and we would wish to appoint a local NHSGGC Sim lead to improve this by appointing a lead to work with the regional sim lead.
--	---

Signe	Please insert scanned/electronic signature:
--------------	---

Director of Finance

Date:	
--------------	--

Signe	Please insert scanned/electronic signature:
--------------	---

Director of Medical Education

Date:	
--------------	--

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

Reviewed by

ACT Officer

ACT Officer

Regional
Group

**Word
Count**

137

62

Reviewed by

247
68

ACT Officer

Regional
Group

Reviewed by

ACT Officer

Reviewed by

Regional
Group

Reviewed by