2019/20 Accountability Report

NHS Board: NHS Ayrshire and Arran

<u>Note:</u> This report is required to be submitted to your regional group in time for their meeting on:

Section

Confirmation of total Medical ACT funding received from NES during 2019/20				
		Initial Allocation	2019/20 Total	
		£'000	£'000	
a) ACT Allocation 2019/20	<u> </u>	2911	2911	
a) Ao i Ailecation 2013/20		2011	2011	
a) AOT AIRCCAIGH 2013/20		2011	2011	
a) Act Allocation 2013/20	Recurring	Non-Recurring	2019/20 Total	
a) Act Allocation 2013/20	Recurring £'000		*	
a) AOT AIRCCAIGHT 2013/20	1	Non-Recurring	2019/20 Total	

2)	General narrative on 2019/20 Medical ACT activity within your Board area:
a)	Health Board Involvement in Regional ACT group Meetings
	The Board participates in Regional ACT group meetings through regular attendance of the DME and a Senior Finance Manager. The meetings are prioritsed to ensure appropriate Board representation; in 2019-20 this will include ensuring that a deputy is able to attend should either the DME or Senior Finance Manager be unavailable. Meetings this year are anticipated to be mainly via MS Teams while social distancing guidelines continue to be a requirement.
b)	Decision making process at local and regional level for any new uses of Medical ACT funding.
	The DME and Senior Finance Manager participate in the decision making of the regional ACT group. Governance of ACT locally is managed through the medical education committee which includes representation by DME, Assistant DMEs (SubDeans) and Finance (as required); the governance pathways for medical education are linked to clinical governance pathways and reporting to the Board is via a medical education governance group chaired by a Non-Executive Director (currently the Chair of A&A Health Board) with the DME as deputy-chair for this group.





Regional Group

71

83

Section

Reviewed by

c)	Detail of any new initiatives funded by Medical ACT within the last 12 months.	
	There was an uplift in ACT in 2019/20 of £130k. Recurring investment of ACT income from previous years was unchanged. The recurring plan for the £130k was Simulation Technical Co-ordinator £50k, Clinical Teaching Fellow - Paediatrics £60k, Student Residencies £10k and Travel costs £10k.	
	The funding for student travel costs was recognised to be insufficient for needs and the plan to reimburse travel costs was deferred for a year. The £10k allocated for student travel was instead used to fund licences for portal for all students (initial cost £10K for 100 licences, recurring cost £2k). The provision of portal licences for students has enabled them full access to patient results and electronic patient communication. This had previously been highlighted by students as a requirement for their learning. There was some other minor slippage in-year due to delays in recruitment however this was invested non-recurringly in additional soft furnishings for the residencies.	150
d)	General use of Medical ACT funding within Health Board area for improvement of teaching.	

921

NHS Ayrshire and Arran aims to provide a fully supported, resourced and structured learning experience for undergraduate medical students on clinical attachment from Scottish Universities. Undergraduate feedback has consistently been very positive and the Board values the role it plays in helping to teach the doctors of tomorrow. The Chair of the Board chairs the Medical Education Governance Group and receives reports on the quality of undergraduate medical education. The Assistant Directors of Medical Education (SubDeans) regularly review and act on student feedback; and share with relevant stakeholders to ensure that standards are maintained and any issues identified are appropriately addressed.

COVID-19 severely disrupted student clinical attachments and teaching during 2019-20 session and will continue to have a significant impact throughout 2020-21. NHS Ayrshire and Arran recognises the absolute need to continue to provide high quality teaching and worthwhile student placements to ensure that our students continue to progress and develop to become our Foundation doctors of 2021 and beyond. Our teaching faculty supported FiY1 doctors during this period in what was a well-evaluated extended induction and preparation period for being a new FY1. Throughout this academic year our education faculty will similarly work together to ensure that students continue to achieve their learning outcomes and receive appropriate clinical experience despite the current restrictions on clinical activity resulting from COVID-19 pandemic. New technologies and teaching methods will be embraced to ensure this.

Specialties available for Undergraduate placement include general medicine (incorporating most major medical subspecialties), general surgery, orthopaedics, ENT, ophthalmology, emergency medicine, paediatrics, and Obstetrics and Gynaecology, anaesthesia, intensive care medicine, urology, geriatrics and psychiatry.

Undergraduates are exposed to a breadth of subjects across the range of medical, surgical and other specialties dependent on placement. In addition to the teaching provided by Consultants and trainees, there is a large cohort of clinical teaching fellows (CTF's) across medicine, emergency medicine, surgery, paediatrics and obstetrics and gynaecology. The CTF posts (23) are funded through a combination of ACT and central board funding; with CTFs encouraged and funded to undertake a qualification in medical education. Educational Supervisors (mainly consultants) and CTF's are fully informed of the learning objectives for each student and specific learning needs / objectives are discussed at student's initial meeting with their supervisor.

Bedside teaching is underpinned by some tutorial style teaching sessions across a range of disciplines. For clinical teaching, in general students will be supervised either during a meeting with a patient, or at the end of that encounter.

Simulation based learning has been established in both acute hospitals for many years. Sim-man units are particularly utilised when students are on rotation to medicine with a locally developed and structured learning plan including weekly simulation sessions. In 2019-20 academic year we continued to develop this through the purchase of enhanced simulation "lifecast" manikins to replace the ageing Sim-mans. A faculty lead for simulation (who has a joint role with the national centre in Larbert) provides oversight and clinical leadership of simulation ensuring that the learning outcomes for students on attachment are achieved. Organisation and reliability of our simulation programme for students was further improved by investment in a dedicated technician who supports clinicians deliver teaching and who has promoted further development of in situ simulation.

A locally developed peri-operative medicine course is provided for surgical students on attachments. Simulation teaching is delivered by a combination of consultant trainers, clinical teaching fellows, clinical development fellows and resuscitation officers skilled in this format of teaching. The Simulation faculty receive training on debrief after simulation teaching sessions to ensure optimal experience and learning for the students. In O+G simulation based teaching is used for speculum examination, for acute Obstetric emergencies and for OSCE practice. In paediatrics there is a weekly simulation based teaching session, usually based around an acute scenario which includes feedback / debrief.

Throughout the yearly calendar there are a number of regular multi-professional learning events to which students are encouraged to attend. These range from hospital wide educational talks held within the education centre to which all staff are invited, through to weekly multidisciplinary meetings such as those in O+G and MDT's in Haematology and other specialties. In paediatrics there is a weekly departmental multidisciplinary education session, weekly neonatal meeting, and simulation based teaching which are all of a multi-professional nature. Two senior pharmacologists with a major remit for delivery of prescribing training for medical students and trainee doctors contribute to the teaching and development of students in various attachments.

All hospital sites have dedicated education centre with protected resources for medical students. There are a large number of individual teaching rooms within the centres together with a simulation unit in both acute hospitals. The acute hospitals also provide an IT cluster and a library. There is free public Wifi throughout the entire hospital campus on the University Hospital Crosshouse site which is also available in the overnight accommodation block. There are ongoing plans to improve and extend the wifi provision across all sites in AAHB. Wifi provision has been installed and provided in all student residences. The teaching faculty are supported by undergraduate administrators on each hospital site.

The contribution and professionalism of our CTF's in supporting our undergraduate programmes are one of the cornerstones of the positive feedback that we receive; CTFs are supported in their roles by dedicated educational supervisors and annual appraisal.

In summary Ayrshire continues to invest and support undergraduate medical education through a combination of investment in facilities and newer technology including simulation underpinned by dedicated teaching staff including consultants, clinical teaching fellows and non-medical specialists.

3)

Confirmation that your Board have used the 2019/20 additional funding as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.

107.05

See section 2c above

Regional Group

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.

The appointment of a full-time Clinical Skills and Simulation technician has enhanced our ability to provide students on clinical attachment with a comprehensive simulation training programme that is responsive to their learning needs. Having a dedicated technician ensures that clinical staff are fully supported in delivery of simulation teaching events without the inherent problems of being unfamiliar with equipment and being able to trouble shoot technical issues. A full risk assessment has taken place to ensure that processes have been put in place to allow continued delivery of our simulation teaching programme during current COVID-19 pandemic.

The appointment of Clinical Teaching Fellow in Paediatrics has provided resilience for this department in planning, management and development of teaching for students from Dundee and Glasgow universities. Teaching and student supervision continues to be provided by consultant staff with a contribution from senior trainees however the teaching fellow provides continuity and enables teaching to be scheduled and ensured when staffing levels fluctuate. The Teaching Fellow this year will also as part of their role provide support to and help further develop the simulation teaching programme provided by the paediatric department.

Funding for student travel assistance, recognised to be insufficient, was re-allocated to support purchase of 100 portal licences (£10k set-up cost, £2k recurring cost) for students to permit student access to electronic results and patient communication. This had been identified through student feedback as an important resource that had not until this year been available to students in Ayrshire and one which was critical for their learning experience. Student response to this has been very positive. The need expressed by students for funding support of travel assistance continues to be recognised. Although the majority of students are provided with rent free on-site accommodation the need to travel home for studies at weekend and the need to support a small proportion of students with daily commute costs is something we wish to support. This is subject of a bid in our additional allocation for 2019-20 year.

Due to poor public transport links from Glasgow to our hospital sites the majority of students on clinical attachment in Ayrshire depend on provision of on-site accommodation. NHS Ayrshire and Arran provides a total currently of 63 furnished rooms for students distributed across each of the acute hospital sites. Student feedback for clinical attachments in Ayrshire have consistently been very positive with the exception of accommodation where there are ongoing maintenance and update needs due to continued turnover and use by students. The allocation in the 2019-20 budget for this has been well-utilised to bring standards up to that expected by students and to ensure that accommodation is conducive for learning while students are staying on site.

Please attach a revised base-line budget for 201920 which reconciles to your 2018/19 base-line budget submitted to NES plus the additional recurring funds received in year.

Per attachment A

ACT Officer

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/

Section



a)	Please provide a breakdown of your Boards 2019/20 ACT allocation by specialty/department or other clinical service grouping used locally. This should reconcile to the total ACT funds identified in 1a above.
	Per attachment B
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.

Regional Group

Any future significant changes anticipated in ACT activity:

Section



The Board recognises the need to increase teaching capacity for the expanded student numbers across Scotland and in particular at Glasgow University; currently capacity at UHC and Woodland View (psychiatry) sites especially, is limited by availability of residential accommodation. Accordingly the Board are looking to invest in additional student residential accommodation to raise capacity to allow accommodation of increases in student numbers over the next few years. Suitable accommodation has been identified on the UHC site which previously was residential however more recently has been converted and used for office space. The Board hope to complete this project over the next 6-12 months.

The Board also proposes to invest additional ACT funding this year to improve the resilience and reliability of teaching in surgical specialties by investment in a Clinical Teaching Fellow in surgery. This should enable maintenance and improvement in surgical teaching experience, compensating for changes to trainee establishment that may otherwise impact adversely on training.

The Board continues to recognise the drives to increase the primary care element of the undergraduate curriculum and will respond appropriately as required to support this including support of uplift in GP ACT funding; however as the vast majority of ACT funding is now invested within recurring spend, principally staffing to support teaching, any shift in activity and funding would need to be managed in a phased manner.

COVID-19 severely disrupted student clinical attachments and teaching during 2019-20 session and will continue to have a significant impact throughout 2020-21. NHS Ayrshire and Arran recognises the absolute need to continue to provide high quality teaching and worthwhile student placements to ensure that our students continue to progress and develop to become our Foundation doctors of 2021 and beyond. Our teaching faculty supported FiY1 doctors during this period in what was a well-evaluated extended induction and preparation period for being a new FY1. Throughout this academic year our education faculty will similarly work together to ensure that students continue to achieve their learning outcomes and receive appropriate clinical experience despite the current restrictions on clinical activity resulting from COVID-19 pandemic. New technologies and teaching methods will be embraced to ensure this. Continued investment and upgrade of residential student accommodation will include review of wifi capabilities and upgrade of this where possible; recognising the increased importance of remote access for students on attachment including any needing to self-isolate on site.

As student numbers expand and as Scottish Government increasingly recognise the need to promote recruitment into medicine from across the social spectrum the Board this year seeks to invest in and extend on community work it has been involved in. Primarily the Board aims through an expanded faculty of Clinical Development Fellows to promote medicine as a career for "widening access" eligible pupils in Ayrshire schools and to provide mentorship and support for this group.

UHA medicine, despite ongoing GMC enhanced monitoring status for postgraduate medical education, continues through consultants, a faculty of clinical teaching fellows and the wider multi-professional team including the resuscitation department and two educational pharmacists, to deliver undergraduate teaching that is highly evaluated by the students. We will continue to support investment in undergraduate medical education within this area.

In areas where teaching feedback is highly positive the Board would be keen to work with the Universities to increase student numbers, with assurances that we will ensure capacity to meet any increase.

Signed:				
---------	--	--	--	--



Director of	f Finance		
Date:]	
Signed:			
Director of	f Medical Education		
Date:		7	

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

AYRSHIRE AND ARRAN BASE LINE RECONCILIATION

	£K
2017-2018 FUNDING	2,781
2018-2019 FUNDING	2,781
20/19/20 UPLIFT	130
2019/20 RECURRING FUNDING	2,911

Ayrshire and Arran ACT Input: 2019/20

				ACT PAs -	ACT PAs -
SCHOOL	SITE	SPECIALTY	ACT Funding	Consultant	Other
UoGMS	No Site		11,141		2.8
UoGMS	AC	Psych	83,945	4.8	1.0
UoGMS	Ayr	No Spec/Other	7,972		2.2
UoGMS	Ayr	EmerMed	107,044	5.0	0.6
UoGMS	Ayr	Oph	91,052		
UoGMS	Ayr	Medicine	507,607	18.4	2.4
UoGMS	Ayr	MSK	122,267	4.6	1.0
UoGMS	Ayr	Surgery	315,465	14.4	3.3
UoGMS	CH	No Spec	109,253		4.6
UoGMS	СН	СН	82,216	3.5	0.6
UoGMS	СН	EmerMed	127,454	5.0	1.6
UoGMS	СН	ENT	94,990	8.3	1.8
UoGMS	СН	Medicine	290,637	10.9	2.4
UoGMS	СН	MSK	90,284	5.0	1.2
UoGMS	СН	O&G	175,429	5.9	2.2
UoGMS	СН	Surgery	251,978	8.5	3.3
Balancing Item			186,275		
Glasgow Funding			2,655,010		
Central Costs					
GP ACT			134,780		
Glasgow Funding			2,789,790		
Edinburgh	ACH	Care Of Elderl	7,840		
Dundee	CH / Ayr		82,802		
GP ACT			30,192		
Dundee Funding			112,994		
ACT FUNDING 201	 9-20		2,910,624		

Category A	Category B	
Hours	Hours	Tot Hrs
0	116	116
686	188	874
0	83	83
931	183.5	1114.5
833	115	948
4508	777	5285
1078	195	1273
2646	638.5	3284.5
0	1137.5	1137.5
735	121	856
1078	249	1327
833	156	989
2401	625	3026
735	205	940
1421	405.5	1826.5
1715	908.5	2623.5
19600	6103.5	25703.5

inc 424hrs ClinSkill/Resus/Sim & 480 hrs CTF