

NHS Scotland Medical ACT 2021/22 Accountability Report

NHS Board: Highland

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	£4,027,041		£4,027,041
	Value of Bids Required in 21/22 - as per letter	£337,452		£337,452
	Value of Bids Required in 21/22 - Add 20/21 100 places - non recurrent		£22,716	£22,716
	Value of Bids Required in 21/22 - Add 21/22 165 places - recurrent	£98,553		£98,553
	Value of Bids Required in 21/22 - Add 21/22 15 places - non recurrent		£8,959	£8,959
	Initial Allocation Available to Board	£4,463,047	£31,675	£4,494,722
	Total Funding Available for Bids in 21/22- pre national slippage	£436,005	£31,675	£467,681

b	Confirmation of Funding Received	Recurrent	Non Recurrent*	Total	
	Base costs	£4,027,041		£4,027,041	Detail in section 2c
	Bids Approved by RAWG and NES	£198,143	£358,404	£556,547	Detail in section 2a
	21-22 Request to T/f GP ACT Top-Slice Between Boards		£10,000	£10,000	
	In year Slippage on Bids approved by RAWG and NES			£0	Detail in section 2a
	Total Funding Received	£4,225,184	£368,404	£4,593,588	
	Bids Under(over) Allocation agreed by RAWG and NES			(£98,866)	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

Director of Finance

Signed:

Print name:

Date:

Director of Medical Education

Signed:

Print name:

Date:

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

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Section 2a Bids approved by RAWG and NES and funded during 2021/22

Proposal/Item Description	In Year Bid					Slippage		Evaluation Requested				Anticipated Benefits		Barriers to Achievement of Anticipated Benefits
	Recurring (£)	Non-Recurring (£)	Total (£)	Capital (Y/N)	Fully Implemented (Y/N)	Per POB Payments Schedule (£)	Other (details of spend should be included on 2b) (£)	By NES (Y/N)	By Other (Y/N)	Report Next Year (Y/N)	Detail Results of Evaluation.	Achieved (Y/N)	Please Provide Details	
1% uplift allocated to pay	36,070		36,070	N	Y	0		N				Y	recognise pay uplift	
0.5 WTE Clinical Skills Facilitator band 6	28,000		28,000	N	Y	0	9,240	N				Y	enhance capacity, meet growing demands on clinical skills team	
0.1 WTE / 1 consultant PA for local clinical lead for student support	14,000		14,000	N	N	0	14,000	N	Y	Y	post now recruited and will evaluate after postholder in place for 6-12 months	N	To create a new lead for student support, with remit to liaise with university student support teams, ensure clarity of support structures and pathways across programmes, ensure access to appropriate support mechanisms for students, trainers and faculty.	as per column I
Clinical Skills eye examination simulator		1,400	1,400	N	Y	0		N				Y	meets need highlighted by student feedback and requests for additional training capacity for eye examination - particularly impact during Covid due to close proximity during examination limiting opportunities for practices	
Clinical Skills - Clinical male pelvic trainer (Mk2 advanced)		5,000	5,000	N	Y	0	-22	N				Y	This anatomically accurate trainer is an ideal platform for teaching and learning 'hands-on' male pelvic examination and diagnosis which can create a realistic training experience for all of the medical students that we teach in Highland. Using simulation models to teach clinical skills such as intimate examination in a safe environment is integral to UG medical education. It offers hands on practice without compromising patient safety, while maintaining a high degree of realism. We currently have one of these models but with two we would be able to incorporate intimate male examination in the formative CSCCEs we run which will provide invaluable assessment of this clinical skill alongside essential feedback on student performance with guidance for future learning. Exposure to practice on examining real patients with these pathologies can differ and this will allow for equity across the student groups to receive some standardised hands on practice.	
GoPro cameras	1,000	1,200	2,200	N	N	0	2,200	Y			not implemented recurrent funding of 1,000 will require new proposal in new FY	N	N/A	as per column I
0.1 WTE / 1 Consultant PA for Equality and Diversity Lead in Medical Education	14,000		14,000	N	N	0	14,000	N	Y	Y	unsuccessful recruitment at first attempt, subsequent recruitment successful but start date in new financial year, however due to positive feedback on Active bystander course delivery, slippage used to support EDI agenda through active bystander training delivery	N	promote diversity awareness, cultural competency and inclusion across all educational activities	as per column I
0.05 WTE / 0.5 Consultant PA for Quality Improvement Lead	7,000		7,000	N	N	0	7,000	N			unsuccessful recruitment in financial year	N	support QI activities for students and across medical education	as per column I
Refurbishment of Medical Education room, Raigmore Hospital		20,000	20,000	N	Y	0	-25,000	N			additional costs due to rising contractor and consumables costs	Y	enhances capacity for teaching, small group tutorials, virtual clinical/MDT access and simulation teaching.	
General Practice fees to support delivery of Year 4 student preference block primary care components		10,200	10,200	N	N	0	8,500	Y	Y	Y	note positive feedback in year from tutors and students but numbers very small - has already supported recruitment of new practices to teaching so initial evaluation positive, but will continue to evaluate in new financial year	Y		as per column I
Active bystander training for medical education faculty		1,500	1,500	N	Y	0	-4,260	N	Y	N	note extremely successful and well evaluated therefore utilised slippage on EDI lead post to support additional course provision	Y	Support our educators with active bystander training, to support and give them confidence to challenge antisocial and inappropriate behaviour in the workplace including in an educational environment, in conjunction with appointment of EAD lead.	
Renovation of Juniper and Heather Courts, Raigmore Hospital accommodation - medical student use only		120,000	120,000	N	Y	0		N			intention had been to focus on full renovation of Juniper and Heather courts but a combination of contractor availability changing, building materials supply issues and student accommodation concerns raised across a number of sites mean that funding was used to support a broader programme of improvement to student accommodation in both Raigmore and Oban Hospitals which will support student placements and wellbeing	N	to support placements experience, and support future capacity challenges	
create accommodation capacity in Skye for placements at Mackinnon memorial and new hospital		15,000	15,000	N	N	0		N			delay in opening of new hospital impacted on plans to refurbish area for accommodation in old building, accommodation supported through local lease in interim, but plan for board to support creation of new accommodation capacity in 22/23. Slippage on this bid used to support accommodation renovation in Oban/Lochgilphead	N	to support enhanced capacity and rural experience	as per column I
General Practice equipment bid		20,000	20,000	N	Y	0	-10,000	N			enhancing capacity for additional placements has been a priority due to increased challenge with meeting practice placement numbers and Foundation placement requirements, therefore with evidence of late slippage	Y	to support recruitment and capacity for placements	
Band 3 37.5 hours (split across specialties) - administrative support to departments to facilitate detailed timetabling of student activities and identification of capacity in line with service remobilisation and staff availability ADJ Jan from £22,500		22,088	22,088	N	Y	0		N				Y	to support increasingly complex timetabling and co-ordination of placement	
Additional 0.1 WTE Year 4 Lead (Inverness)	14,000		14,000	N	Y	0		N				Y	to support increased complexity of year 4 delivery	
0.05 WTE / 0.5 Consultant PA for Student Selected Component SPB Block Lead	7,000		7,000	N	N	0	7,000	N			delayed recruitment processes meant final recruitment passed in to new financial year	N	to support delivery of Student preference block	as per column I

			0			0							
			0			0							
Total	198,143	358,404	556,547	0	0	0	71,293						
Check to section 1	0	(10,000)				0							

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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			
Ophthalmoscopes for Clinical Skills Centre			4,315	4,315			N	Clinical skills	enable access to clinical equipment for practice of skills outwith clinical areas
smart screens to support teaching and debrief for clinical skills centre			9,600	9,600			N	Clinical skills	enhance simulation teaching and support opportunities for virtual debriefs and supporting remote sites
Increased contractor costs for Medical Education Room renovations			25,000	25,000			N	DME	enhanced capacity and quality of teaching environment
Paediatrics nursing baby (nursing baby £2782, Simpad PLUS £1466, LLEAP £2428, Tablet-PC £1729 delivery £15)			8,422	8,422			N	DME	capacity to support both in situ and departmental sim/skills teaching, enhances capacity through flexible use of trainer and teaching fellow time, opportunity to support interprofessional learning.
Paediatrics nursing junior (nursing kid £2338, paediatric IO leg £144, Simpad plus£1466, LLEAP £2428, Tablet £1729 delivery £15)			8,121	8,121			N	DME	capacity to support both in situ and departmental sim/skills teaching, enhances capacity through flexible use of trainer and teaching fellow time. Opportunity to support interprofessional learning
Male rectal examination trainer			1,308	1,308			N	DME	skills trainer to support teaching and opportunity for students to practise examination skills, also promote diversity of teaching equipment
Canva membership			100	100			N	University	support teaching resource and social media resource development to connect with students and faculty and explore social media based education opportunity
Chester Chests (4 at £1514/item)			6,055	6,055			N	Clinical skills	support skills teaching of both final year students and FY1s, promote diversity of teaching resources
Fridge freezer for HMEC office			180	180			N	DME	Staff & student wellbeing - ran wellbeing coffee sessions for students
Microwave for Medical Education department			100	100			N	DME	Staff wellbeing
Mentimeter membership			150	150			N	DME	support interactive teaching delivery whether F2F or online - promote participation
excess costs of postgraduate bids in year to purchase clinical skills trainers with dual benefit to both UG and PG learners			7,942	7,942			Y	DME	purchase of central line, PICC line, chest drain ,and abdominal examination trainers which while of maximal benefit to postgraduate trainees, will both enhance diversity of teaching resources through varied skin colours, and offer opportunities for skills teaching and extend training opportunities for UG learners.
Total		0	71,293	71,293	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		4027.04	198.14		4225.18					
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
1% Pay Uplift		0.00	72.14		72.14					
Cost share - NHS Grampian (UoA)	Central costs	109.90			109.90					
Cost share - NHS Tayside (UoD)	Central costs	17.51			17.51					
Cost share - Uni of Edinburgh	Central costs				0.00					
GP sessional teaching contracts	Primary Care	13.90			13.90		Sessional contracts			
Infrastructure Costs e.g office/teaching space	University	133.68			133.68					
Innovation Fund	Health Board	10.00			10.00					
Library Services(CFHS)	University	45.84			45.84					
Support Costs - Medical Education / Simulation / GP Fellows	Health Board	353.40			353.40			7.5		
Support Costs - Medical Education leadership	Health Board	324.70	56.00		380.70		31.5			
Support Costs - Medical Education Management/Administration	Health Board	357.12	27.00		384.12					8.93
Office / operating costs	Health Board	38.47			38.47					
Pre Hospital Care course	Health Board	7.00			7.00		0.5			
Professional Fees e.g. UpToDate licence, Canva, Mentimeter	Health Board	19.36	1.00		20.36					
Staff Development	Health Board	45.50			45.50					
Student Accommodation (NHSH owned property)	Health Board	100.00			100.00					
Student Accommodation (private provider)	3rd Sector	20.16			20.16					
Student Bursaries	Health Board	6.50			6.50					
Student Placement Costs e.g. GP fees, student Travel & Accommodation (hospital & GP placements)	Other	779.48			779.48					
Support Costs - Student Support	Health Board	0.00	14.00		14.00		1			
Support Costs - Clinical Skills Education	Health Board	144.71	28.00		172.71					4.4
Support Costs - EHealth	Health Board	0.98			0.98					2 hrs/week
Support Costs - Finance	Health Board	9.82			9.82					0.2
Teaching/Admin/Support costs - Argyll and Bute	Health Board	113.50			113.50					
Teaching Costs - Highland Hospice	Hospice	26.26			26.26		2			
Teaching Costs - Occupational Health	Health Board	5.00			5.00		0.5			
Teaching Costs - Out of Hours service	Health Board	15.00			15.00		1			
Teaching Costs - Professional Practice Block (UoA Year 5)	Health Board	5.50			5.50					

Teaching costs - Public Health	Health Board	32.00			32.00		3		
Teaching costs - Raigmore Hospital Clinical Services	Health Board	18.49			18.49		1.54		
Teaching costs - Sexual Health	Health Board	12.00			12.00		1		
Teaching/Admin Costs - Belford Hospital	Health Board	54.25			54.25		4		Balance upgrade Band 3 to Band 4
Teaching/Admin Costs - Caithness General Hospital	Health Board	3.30			3.30				4 hours / week
Interprofessional Education	Health Board	5.50			5.50				
Teaching/Admin/Support costs - Psychiatry (New Craigs Hospital)	Health Board	147.66			147.66		2		7.5 hours/week
Teaching/Admin costs - Raigmore Hospital Medicine	Health Board	459.20			459.20		38.27		
Teaching/Admin costs - Raigmore Hospital Surgical	Health Board	505.29			505.29		42.11		
Teaching/Admin costs - Resuscitation	Health Board	8.00			8.00			4 hrs/week	1 hr/week
Teachings costs - Pharmacy	Health Board	45.21			45.21				1
UoA Remote and Rural programme	Health Board	24.00			24.00		2		
UoA Year 3 Humanities block - health in education (student travel and accommodation)	Health Board	5.00			5.00				
Historical - absorbed into Bassline	Health Board	3.86			3.86				
Total		4027.04	198.14	0.00	4225.19				

0.00

Please note that we have used the new reporting template as an opportunity for an internal ACT budget reporting review, and therefore the activity descriptions and 20/21 recurring cost differ from their equivalents in the 20/21 accountability report.

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SECTION 3

a	<p>Local Governance Structure</p>
	<p>Does the Board hold Local Medical ACT meetings? ACT budget review meetings are held regularly between DME, Finance & medical education quality manager. Proposals for use of medical ACT are discussed at a local ACT meeting which includes university representation, DME and medical education quality manager, clinical skills representation and teaching fellow, and successful bids are then progressed through the regional ACT working group.</p>
	<p>Provide brief details of the Board's local governance structure for Medical ACT and how this feeds into RAWG business The ACT budget is discussed at NHS Highland's Medical Education Governance committee which meets every quarter with attendance from senior leadership and medical education teams. Throughout the year issues can arise at local level within clinical departments e.g. staffing pressures, service changes which can have an impact on medical education, and our department continues to work with those areas to support the delivery of teaching, which may require non recurring or recurring ACT funding, or approval for changing how existing ACT funding is being spent. In addition to this there is the National Survey, national RAG report and university feedback processes for undergraduate medical education which can influence how ACT funding is used. Combined undergraduate and postgraduate governance meetings are held within directorates to discuss survey feedback data and action plans related to undergraduate teaching will help to identify priorities for ACT bids. Bids for ACT funding are discussed within the board by a small committee consisting of DME/UG ADME, medical education Service manager, university representative, teaching fellow +/- senior representation from the clinical skills team, and those with local approval will be submitted to the RAWG.</p>
b	<p>Please provide details of any Medical ACT funded activities/initiatives which may be beneficial and/or transferable to other Boards - General In the last 2 years we have employed a clinical teaching fellow for psychiatry and have found this to be a valuable addition to the team, supporting teaching in a service which is increasingly challenged by recruitment issues and workload. This focused role has helped to promote psychiatry careers for fellows, while also allowing additional resource to support development of simulation capacity within mental health specialties with positive feedback from both students and staff. In addition we have recruited to a clinical simulation fellow which has allowed us to develop our simulation delivery across out undergraduate activities and innovate in teaching design and delivery with positive feedback from our students and faculty.</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 We have utilised funding to support renovation of a teaching area within Raigmore hospital to support a simulation area and small tutorial rooms with virtual clinical/meeting/near me capacity which will support students to join clinics or MDT activities remotely, supported by teaching fellows where appropriate. We have also supported refurbishment of board accommodation for student placement to enhance both student experience and future capacity. Through investment in our clinical simulation team and resources we are able to support increased capacity through simulation teaching.</p>
c	<p>Please provide a brief overview of any opportunities/challenges in year which have impacted on the delivery of Undergraduate Medical Education Continued Covid disruption to service has presented challenges over the last financial year, primarily in the context of staffing absences, and clinical priorities impacting on recruitment to educational faculty and leadership roles. The effort of the full medical education team and university partners to ensure continued delivery of high quality placements, teaching and assessments has been phenomenal but leaves teams fatigued. We are optimistic that we are seeing a renewed interest in medical education roles, but aware that service disruption continues and a challenging winter may lie ahead. By necessity to ensure resilience to our teaching and placement model, we have developed our simulation capacity and resources to ensure training capacity even in event of service disruption. It is perhaps worth noting that Covid disruption also impacted on the capacity to enact all our planned bids within the financial year leading to some late unanticipated slippage which we were able to use to support medical education as outlined in section 2b. Difficulties in recruitment caused by absence within recruitment teams, reduced capacity within clinical teams to take on additional roles or sessions and late notice from contractors of supply issues, altered costs, or delayed timeframes all impacted. We worked closely with our estates teams and faculty to identify priorities for redistribution of slippage to benefit our UG teaching delivery. Examples would be realignment of funding to renovate Raigmore accommodation impacted by delayed supplies and contractor availability utilised to support renovation of student accommodation in our RGHS instead which we anticipate will support enhanced capacity in these sites, or expanded delivery of active bystander training with slippage from delayed recruitment of our EDI lead.</p> <p>Please provide details of any anticipated future challenges which may impact the delivery of Undergraduate Medical Education The greatest challenge we anticipate is the requirement to increase placement capacity substantially in the context of the expansion to medical student numbers nationally, and enabling this at a time of ongoing service pressures and staff fatigue. Primary care capacity is particularly challenging and we are working with university partners to consider all options available including redesign of placements. We are aware of increasing challenges with student and trainee wellbeing and enhanced support requirements, perhaps related to covid disruption to both school and university experiences. The current impact on progression and resit numbers adds an additional challenge to capacity planning and resilience. We welcome the continued emphasis on widening participation and reducing inequities, but recognise that for rural placements, the rapidly increasing cost of living, accommodation and travel may impact on some individuals and think we need to be proactively planning how we can support those in need during their training to maintain a diverse and representative medical workforce.</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. We hope to develop capacity for the clinical skills team to support teaching/sim/clinical skills training in clinical areas which will have a dual role in supporting local clinical teams, and facilitating student support roles. With the anticipated continued expansion of student numbers we will need to undertake detailed capacity review with additional administrative burden. We are exploring options to support additional capacity for placements in primary care including supporting practice renovations or creation of teaching hubs. We are developing teaching resources to support EDI awareness and sustainability in medicine teaching.</p>