

**2014/15 Accountability Report**

NHS Board WESTERN ISLES

Note: Sections 1, 2, 3 and 5 of this report are required to be submitted to Ulrike Sperling, ACT Officer of your lead Regional Group, [by 18th June 2015](#), for discussion at the North Regional Medical ACT Working Group meeting on 9th July 2015. Section 4 has to be submitted [by 8th September 2015](#), for discussion at the meeting on 29th September 2015.

**Section**

Reviewed by

**1) Confirmation of total Medical ACT funding received from NES during 2014/15**

	Initial Allocation £'000	Reallocation Adjustments £'000	2014/15 Total £'000
a) ACT Allocation 2014/15	155	0	155
	Recurring £'000	Non-Recurring £'000	2014/15 Total £'000
b) Use made of 2014/15 additional allocation	0	0	0

ACT Officer

ACT Officer

**2) General narrative on 2014/15 Medical ACT activity within your Board area:**

Regional Group

*Medical undergraduate training is a high priority for NHS Western Isles. Training currently takes place in a hospital based setting at Western Isles Hospital, Stornoway but also students are attached to GP placements in Stornoway, Harris and North Uist. Hospital based training occurs in Medicine, Surgery and Psychiatry. Training includes input from senior medical staff and also contributions from a wide range of multidisciplinary healthcare staff, and also engagement with social services and the third sector to allow students a holistic view of healthcare provision in a remote and rural setting. Although there have been some staffing changes in substantive consultant posts in Medicine and Surgery, students are supervised by substantive consultants from the dept of Anaesthetics, for continuity, until the substantive posts can be filled. There has been significant improvement in provision of structured teaching sessions for the medical staff and undergraduate students with regular departmental teaching sessions and mortality and morbidity meetings including senior nursing staff. Students also have the opportunity to engage in structures handover meetings and observe the provision of medical services during the out of hours period, with the opportunity to accompany enhanced role GPs and CSNs, who provide acute care in the hospital setting. ACT monies support NHS WI to continue to provide a unique training experience to students, including attendance at peripheral clinics across the islands.*

**3) Detail Confirmation**

- a) Confirmation that your Board have used the 2014/15 additional funding above inflation as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.  
*We received no additional funding in 14/15. The allocation from NES was actually reduced by £8k from the 13/14 allocation. However, the costs associated with undergraduate training have not reduced which has necessitated NHS Western Isles covering the shortfall.*
- 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.  
  
N/A
- c) Please attach a revised base-line budget for 2014/15 which reconciles to your 2013/14 base-line budget submitted to NES plus the additional recurring funds received in year.  
*As attached as Section 3c. Budget remained the same as 13/14 despite the reduction in funding from NES. The shortfall being borne by NHS Western Isles.*

ACT Officer

Regional Group

ACT Officer

Section

Reviewed by

**4) Review of Student Evaluation 2014/15 Results;**

Regional Group

Please attach the detailed undergraduate RAG report for 2014/15

**5) Please provide an update on the use of MoT data and linking MoT teaching activity to job plans. Please refer to: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/undergraduate-education/medical-act-performance-management-framework.aspx> 2014/15**

Regional Group

*Educational activity is now incorporated into the annual job planning interviews, as per protocol below. The consultants record teaching activity in their job plan diaries and the agreed job plans reflect the agreed amount of teaching time which is being used.*

Consultant job planning protocol - revised 26th January 2015

- Job Planning interview will take place annually for each Consultant
- Annual Job Planning schedule will be maintained by Med Directors' office
- Consultants will complete and sign off 6 weeks of diary entries prior to job planning interview
- Health Intelligence will present performance data for each consultant, to be presented to Clinical Lead, Med Director and the Consultant 1 week prior to Job Planning interview. They will use the job planning diary to inform them of deadlines. - The Job
- Planning interview will include a discussion regarding the identification of potential new areas of service or development needs. - Educational
- responsibilities will be discussed during the Job Planning interview.
- Pre interview meeting will take place between clinical lead and MD
- Job planning interview will normally take place between clinical lead, MD and consultant, all of whom will sign and date the agreed job plan. It is accepted that due to availability there will be times when only the MD or the Clinical Lead can be present. Both, however, will sign the agreed plan.
- EPA contract is reviewed signed and dated by consultant and MD at the time of the job plan interview.
- No agreement will be reached regarding the increase in EPAs without prior agreement from CMT.
- The Clinical lead / MD will ensure that a signed EWTD waiver is in place at the time of the job planning interview.
- Job plans for vacant consultant positions: meeting will take place between ACOO Acute, Clinical Lead Acute, department lead and Medical Director to review Job Plan of the vacant post.
- annual job planning report will be sent to CMT for January meeting and will report on progress in completing annual job plan reviews during the previous calendar year.
- Any changes in this protocol will result in the revised protocol being sent to the Consultant Committee for their information.

**6) As at 2014/15, Any future significant changes anticipated in ACT activity:**

Regional Group

*NHSWI will set up an education committee in 2015-16 which will oversee medical educational activity. There has already been an increase in multidisciplinary educational activity in 2014-15 - this will be further developed. The role of the UG lead clinician will be further embedded and further admin support will be allocated to the support of the UG med education, particularly for elective students.*

These reports will be published on the NES web-site once reviewed by Regional Groups and NES