

2019/20 Accountability Report

NHS Board: **Grampian**

Note: Note: This report is required to be submitted to Ulrike Sperling, ACT Officer of your lead Regional Group, **by 5th June 2020**, for discussion at the North Regional Medical ACT Working Group meeting on **22nd June 2020**.

Section

Reviewed by

1) Confirmation of total Medical ACT funding received from NES during 2019/20				
			Initial Allocation £'000	2019/20 Total £'000
a)	ACT Allocation 2019/20		13,486,397	13,486,397
		Recurring £'000	Non-Recurring £'000 <i>(b/fwd from previous year)</i>	2019/20 Total £'000
b)	Use made of 2019/20 additional allocation	492,200	374,700	866,900

ACT Officer

ACT Officer

2) General narrative on 2019/20 Medical ACT activity within your Board area:	
a)	<i>Health Board Involvement in Regional ACT Group meetings</i>
	NHS Grampian is part of the North Regional Medical ACT Working Group, which constitutes the five North Boards as well as further three partner Boards of the University of Aberdeen. As every year, the regional group has met three times this year, in line with national timescales and deadlines: February/March - ACT budget updates and a review of cost-shared activities for the financial year ahead, June/July - annual ACT ACT Accountability Reports and proposals for additional allocations, September/October - Quality Management feedback (RAG reports, QRP) and strategic discussions of teaching activity, curricular changes and impact on MoT/ACT allocations. Membership is reviewed annually and Chairmanship is rotated every few years. All institutions represented on this regional group work together in a collaborative and constructive way.
b)	<i>Decision making process at local and regional level for any new uses of Medical ACT funding</i>

Regional Group

Word Count

125

Section

Reviewed by

	<p>Grampian contributes to the decision-making process for new funding of the five North Boards through the regional group, as described above.</p> <p>Grampian's full budget (base-line plus reduction/increase as per allocation letter) is discussed and agreed by the Local Medical ACT Working Group, comprising members from our Board and the University of Aberdeen. This has met 3 times this year. There are also a number of ad hoc meetings throughout the year with relevant members of the group regarding specific proposals and aspects of the budget outwith these formal meetings. We have also started a monthly meeting between our ACT Officer, NHSG Senior Finance Manager and UGDME to ensure contemporaneous communication around spending.</p> <p>In addition, there are regular meetings every 1-2 months between the curriculum team/Teaching Dean, NHS Grampian management, undergraduate DME, Medical Education Quality Manager and ACT Officer, to discuss and co-operate on a variety of relevant issues such as: the appropriate use of ACT funding including the review of specifically agreed consultant sessions, RAG reports and other forms of student and tutor feedback, MoT requirements and impact, job planning, potential issues of NHS service pressures on UG teaching and conversely changes in curriculum and its impact on the provision of clinical teaching.etc. Relevant matters are discussed at Grampian's Medical & Dental Education Governance Group which reports through the Staff Governance Committee to the Board.</p>	<p>224</p>
<p>c)</p>	<p><i>Detail of any new initiatives funded by Medical ACT within the last 12 months</i></p>	
	<p>The main new development in the academic year 2019/20 was the start of Aberdeen Medical School's GP Enhanced Programme, which increased student intake by 30 but also entailed, and continues to entail, the development of new GP teaching activities and the modification and expansion of existing ones. This is reflected in the proposals for additional uplift.</p> <p>The new Year 4 curriculum has been developed and with the appointment of new block leads and administration staff was due to be fully implemented at the start of the new academic year 2020/21. Because of COVID this will now be a modified version. However, the work that has already been done by these appointees will ensure there will still be high quality clinical placements. This will be supplemented by virtual clinics and MDTs in some areas maximising clinical activity for year 4 students in the coming months. The development of supplementary online materials (which was already part of the new Year 4 curriculum) will be augmented further.</p> <p>Another new initiative is the development of the clinical skills area in the Royal Aberdeen Children's Hospital. This will enable use of high fidelity simulation to teach undergraduates (years 3-5) a wide range of paediatric emergencies and cases in a safe environment consistently over the whole year.</p>	<p>212</p>
<p>d)</p>	<p><i>General use of Medical ACT funding within health board area for improvement of teaching.</i></p>	
	<p>ACT funding supports teaching in the early years Year 1 - 3 across the full spectrum of MoT Category B activities and also supports some clinical experience (MoT Category A) in these years. In years 4 + 5, teaching is predominantly placement-based (Cat A), but Cat B teaching activity also takes place, mainly in the Year 4+5 GP/Psychiatry core weeks, the Year 5 Professional Practice Block and the Year 5 taught courses. ACT funding furthermore supports additional ('support cost') activities, eg, curricular development by Clinical Teaching Fellows and Clinical Tutors, administrative support for clinical placements, placement related student travel and accommodation and much more.</p> <p>Teaching in all years is subject to ongoing review, adjustments and improvements, in line with educational needs, GMC requirements and local provider circumstances and is helped by regular meetings between year leads, clinical placement staff and local UG DME. Clinicians are encouraged to innovate and to forward proposals for new initiatives. This is done through informal conversations, email conversations and at TUTELAGE meetings.</p>	<p>167</p>

3) Detail Funding Confirmation 2019/20

Medical ACT

Section

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ACT Officer

a)	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.
	<p>see section 3 a) and 3 b) tab</p> <p>After four years of ACT budget reductions, NHS Grampian was pleased to see a budget increase in 2019/20. This took us up to and just over the level of funding we had in 2014/15 (£13,247k). As a result of the significant ACT budget reductions in the past four years, plus inflationary and incremental drift of existing salaries which are not supported by ACT, Grampian has by now accumulated a shortfall in its ACT budget of £1.4m (as per tab 3c, row 100). To avoid curtailing educational activities, the Board has to find this from outwith ACT, creating additional pressure on funding for clinical service. As any new money has to be justified by new proposals, this shortfall is growing every year, even if the Board receives an additional allocation.</p> <p>The £1.4m of Board support funding has been partly mitigated in 2019/20 by unplanned slippage of £0.35m (see tab 3a and 3b).</p>
b)	<p>For each item of additional expenditure;</p> <p>i. Please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure.</p> <p>ii. If no evaluation/review or other assessment has yet been undertaken, please detail planned evaluation/review including estimated date.</p> <p>iii. If no evaluation/review is possible please detail why.</p> <p>iv. confirm that this investment is to continue in future years.</p>
	see section 3 a) and 3 b) tab
c)	Please attach a revised base-line budget for 2019/20 which reconciles to your 2018/19 base-line budget submitted to NES plus the additional recurring funds received in year.
	see section 3 c) tab

Regional Group

ACT Officer

4)	<p>Use of Measurement of Teaching Data and Financial Allocations</p> <p>Please refer to: http://www.scotlanddeanery.nhs.scot/trainer-information/medical-act/medical-act-performance-management-framework/</p>
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.

Section

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	see section 3 c) and 4 b) tabs
b)	<p>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.</p> <p>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.</p> <p>The table below can be used to provide the information requested in 4a and 4b but amended as necessary to suit local circumstances.</p>

Specialty/ Department	ACT funding received in 2019/20 £'000	ACT Funded PAs (consultants)	ACT Funded PAs (other staff)	2018/19 MOT hours Cat A (if available)		2018/19 MoT Hours Cat B (if available)	
see section 4 b) tab							
Totals							

Work is continuing on trying to triangulate the teaching data from Job plans, MoT calculations and undergraduate teaching timetables as well as individual departments time contribution to OSCE examinations and teaching plans described by each speciality. This will allow us to identify the level of ACT funding allocated to individual specialties based on the MoT model and ensure funding consistently follows the teaching.

NHS Grampian has now moved to e-job planning for the consultant body and the inclusion of teaching activity has been highlighted throughout the organisation with support from the Medical Director's office. With the relative newness of e-job planning as well as the embargo on job planning during the COVID crisis there is still some way to go to ensure that teaching activity is appropriately entered to allow extraction of useful data and it is hoped that as clinicians and managers become more familiar with the online system more accurate data re teaching time and activities will be more readily available.

The medical education structure in NHS Grampian continues to work well with the Associate Medical Director for Education and Medical Education Team, comprising 6 Associate DMEs, covering the divisional structure of NHS Grampian. The local Undergraduate DME and Education Quality Manager continue to visit clinical units to support the local delivery of teaching and to create individual Specialty Teaching Plans. We anticipate that this will better help us clearly identify teaching activity across the MoT categories within each department and also clarify the share of teaching activity amongst the individual consultants and other staff involved in UG teaching. We are very aware that MoT is limited in its methodology as it only considers Consultant time in teaching through job plans and yet significant NHS staff time for teaching done by the wider multidisciplinary teams is not recognised in job plans e.g. nursing and allied health care professionals as well as non-consultant grades and trainee doctors. This work is being done in close collaboration with the University of Aberdeen Medical School.

Section

Reviewed by

5)	Any future significant changes anticipated in ACT activity:
	<p>Aberdeen's GP Enhanced Programme, which commenced in the academic year 2019/20, continues to be developed and expands as it moves through the MBChB programme, impacting on teaching delivery. With effect from the academic year 2020/21, the new Year 4 curriculum will be implemented, which will have a further impact on teaching and thus MoT data, as will the implementation of the GMC's 'Outcomes for Graduates'.</p> <p>Managing the financial changes, i.e. budget reductions, from year to year without affecting staffing levels and thus individual job plans is a serious challenge for us, and for any Board in a similar position. Despite the COVID pandemic, some of the major changes to the Year 4 curriculum will still be implemented for a start in August 2020. Looking forward, as in all Boards, clinical placements will by necessity likely be very different with fewer students attending more frequently over a wider range of hours which will involving more hours of clinical teaching involving more staff members. There will also need to be a significant increase in time from NHSG clinicians in developing online and virtual teaching to ensure that high quality clinical and non clinical education is achieved through blended learning.</p> <p>We still have concerns that the ACT allocation model allocates funding based on staff input which does not always reflect the educational need or the output of the teaching. Neither does it acknowledge the fact that teaching large groups involves more teaching related work than teaching small groups, e.g. preparation such as looking for and consenting more patients to see, administration to follow-up student attendance, and general questions and issues. The model also appears to give more weighting to clinical years' teaching (Cat A), with less weighting towards lecture or tutorial based teaching which is delivered in the early years of our MBChB curriculum (Cat B). As the latter is a prominent feature of being a primary teaching Board, we feel these Boards are disadvantaged. Furthermore, there is the well-documented concern that a retrospective funding allocation does not allow Boards with a reduced or even maintained ACT allocation to invest in new teaching developments. There also seems general consensus across the Boards that an averaged-out allocation (maybe over three years?) would be less destabilising than the current significant swings in ACT allocation from year to year. We look forward to contributing to NES's Short-Life Working Group to consider the ACT allocation model.</p> <p>The arrival of Covid-19 had a direct impact on teaching and will continue to do so for some time, and thus on the MoT data of 2019/20 and 2020/21 academic years. So whilst the ACT year 2020/21 may be unaffected or less affected as it is based on 2018/19 academic year teaching activity, the ACT allocations in 2021/22 and 2022/23 will be affected, and this could cause significant destabilisation if it isn't managed carefully.</p>

Signed:

Date:

Signed:

Date:

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

3) Detail Funding Confirmation 2019/20
a) 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.
b) For each item of additional expenditure; i. Please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure. ii. If no evaluation/review or other assessment has yet been undertaken, please detail planned evaluation/review including estimated date. iii. If no evaluation/review is possible please detail why. iv. Confirm that this investment is to continue in future years.

ACT Officer

Regional Group

No	Proposal Title	Recurring (£)	Non-recurring (£)	Total (£ '000)	Status	If delay, reason	In-year Slippage (£)	Evaluation	Continuation of Funding
1	Occupational Health Service provision for medical students	23.0		23.0	implemented			This service complies with national requirements for health screening and immunisation as part of health assessments of all students. Also screens and recommends reasonable adjustments in clinical areas and where there are safety issues for students / patients. The service is timely and fully complies with national ACT MoU.	yes
2	CSC Technician	33.0		33.0	implemented	post holder started in August	12.3	Allowed maintenance of core clinical skills and simulation teaching whilst maintaining health and safety standards for cleaning and moving of equipment. Although the number of sessions has reduced with lockdown the post holder has supported the provision of induction of FiYs in this year.	yes
3	EMIS software for supporting the Patient Partner Programme for teaching and assessment of medical students	6.5	5.9	12.4	not implemented	negotiations about technical logistics ongoing; start expected some time in 20/21 - tbc	12.4	There have been significant challenges in procuring this software, initially due to expected changes in the software to allow compatibility with other systems, and also communication with the company due both to staff illness and company issues. This has been further compounded in the last four months due to the Covid 19 pandemic. Extensive work has been undertaken in the past for alternatives but nothing found suitable. A further review of needs and of the options is underway for this core service.	very likely, though the non-rec 5.9k would need to be re-proposed
4	Patient Partner Programme - operating budget	2.0		2.0	implemented			Our patient partner programme is core to the delivery of clinical method teaching (communication and examination aspects). Growing numbers of students and rising costs in transport for the patient partners have been covered by this increase and allowed teaching to continue up until the time of lockdown. Patient partners have continued to engage with the programme using digital technology. We anticipate reduced travel cost in the forthcoming year, but there may be some costs in lending digital devices and then when face to face teaching is possible with increased sessions to allow students to 'catch up' on missed core curriculum delivery	yes
5	Lead for Simulation-Based Education	100.0		100.0	not implemented	After approval further particulars were prepared for this post and it went through all recruitment approval process and was advertised along with two other posts in February. There were delays in both preparation of further particulars and in the recruitment approval processes and so the post was not advertised as quickly as anticipated. These posts were then pulled as the lockdown was beginning before completion of recruitment. We are in the process of seeking approval to re-advertise this post and anticipate it will be advertised in the next few weeks.	100.0	Once implemented	yes
6	GP Enhanced: Foundations of Primary Care (FPC) practices	55.0		55.0	implemented	part-year cost	27.6	This additional funding is allowing the delivery of the GP Enhanced Curriculum for additional 30 students and meeting the SFC national targets for community based education	yes

7	GP Enhanced: FPC related travel costs	3.6		3.6	implemented	part-year cost	2.8	This additional funding is allowing the delivery of the GP Enhanced Curriculum for additional 30 students and meeting the SFC national targets for community based education	yes
8	GP Enhanced: Whole class experience	9.6		9.6	not implemented	This was taken to the GP tutors at our first tutors meeting and agreed as a project that all felt worthwhile. A second tutors meeting in the Spring was cancelled due to Covid-19. At the same time, the GP Enhanced lead who was appointed in the autumn who would normally progress this took unpaid leave. The rest of the team would have ensured delivery of this, but then the 2 new SSC projects fell into chaos due to COVID and demanded huge amounts of senior team time. By the time they were successfully resolved and the GP enhanced team member returned there was no time to deliver this in 19/20. Administrative support was identified as lacking in practice and if going forward we would need to support this in the core team. This project is very much in keeping with the recently written GP Enhanced strategic document and a new bid will be submitted if this project is deliverable.	9.6	once implemented	yes
9	GP Enhanced: Student Selected Component (SSC)	4.5		4.5	implemented			This was implemented and has received excellent student feedback although there were adaptations this year due to COVID. The activity is part of the changes in the curriculum to deliver a GP enhanced curriculum and to provide learning opportunities for the additional 30 medical students.	yes
10	GP Enhanced: GP Mentoring	4.0		4.0	not implemented	Delay in recruiting tutors. A cohort of senior GPs had been identified, though training has been curtailed as we respond to C-19. Tutors have been confirmed for 20/21.	4.0	once implemented	yes
11	GP Enhanced: Foundations of Clinical Method Teaching	2.4		2.4	implemented			This teaching is evaluated each year as part of ongoing curriculum evaluation. The teaching was delivered as planned for all students until the COVID pandemic required development of new approaches. Student evaluation is very positive for all such teaching and the approaches continue to evolve each year in line with evaluation and with developments in healthcare. This funding allowed additional student delivery as we move to the GP Enhanced curriculum for additional students.	yes
12	GP Enhanced: Training & Development and Operating Budget	5.0		5.0	implemented			This funding has allowed the continued development and implementation of the concepts of the GP Enhanced curriculum.	yes
13	GP Enhanced: Core staff - clinical	58.5		58.5	implemented	post holders started in Sep & Oct	26.4	This additional support contributes to the teaching faculty required for increased student numbers and development and implementation of the GP Enhanced Curriculum. Despite the impact of COVID there has been progress made in implementing new approaches and many adaptations made to allow core student learning to continue throughout COVID and lockdown for all years of the curriculum.	yes
14	GP Enhanced: Core staff - admin	17.0		17.0	implemented	post holder started in August	6.5	As above, this funding has supported the administration of the additional students and the additional time in GP/ community teaching being rolled out across the curriculum	yes
15	General Practice and Community Medical Education - additional admin	10.0		10.0	implemented	post holder started in Nov	5.0	This followed a change in staffing, and joining up the previously separate placement administrations in Aberdeen and Inverness. This change has been implemented successfully, and administering all Year 4 & 5 clinical placements centrally in Aberdeen has proved to be much more efficient and effective than doing this from two separate locations.	yes
16	Year 4 Block Leads - implementation		84.0	84.0	implemented	all sessions filled half-way through year	42.0	These posts have been filled and the post holders have done	yes, but will

17	Year 4 - Curriculum Implementation Officer		47.0	47.0	implemented			This post was filled and supported the implementation work for the new Year 4 curriculum. The post holder supported communication across three health boards and several hundred clinicians. Due to COVID, the new curriculum could not be fully implemented but significant progress was made and the first students have entered the new Year 4. We hope that clinical placements will be permitted by Scottish Government in the near future and evaluation of the year will be available after this academic year.	no
18	Year 4 - Medical Education Development post		36.0	36.0	implemented			This post was filled and supported the implementation work for the new Year 4 curriculum including mapping of learning outcomes, training the trainers and further development of case based learning to support clinical placements. Although not planned for this, the case based learning materials have been invaluable during the period of lockdown.	no
19	Medical Education Secretaries (3 p-t posts)	55.0		55.0	not implemented	Recruitment delay by two months due to internal HR process issues. 2 posts filled WEF April 20. Recruitment of remaining post paused just before interviews due to Covid 19.	55.0	Difficulties in recruitment processes immediately before and during COVID have led to these posts not yet being fully operational but we will provide evaluation next year when all will have been in post.	yes
20	Medical Education Secretary at Dr Gray's Hospital (linked to the existing post of Library Assistant)	9.5		9.5	implemented	post holder started in March	8.7	This post only recently filled and unfortunately at a time when COVID has stopped existing clinical placement activity and planned expansion. The time has been used for induction processes, induction of FiY and support of the preparation for return to clinical placements. Further evaluation will be available next year.	yes
21	Consultant PAs for Dr Gray's		24.0	24.0	not implemented	This has not been possible to implement in this academic year due to timeframes for job planning (freeing individuals up from current sessional commitment) and then the impact of COVID. It is anticipated that NHSG will move back from major incident status to consultants working to previous or modified job plans in the next few weeks and we will begin the process again of recruiting to these sessions. We plan to re submit the proposal.	24.0	Once implemented	yes, but will require fresh proposal in 20/21 as 19/20 was non-rec
22	Medical Ethics and Law teaching, Year 3	12.0		12.0	not implemented	Recruitment to this role was not possible and as consultants return to working job plans in NHSG with moving from major incident status, this role will be re-advertised. This year teaching was not updated as all existing resource was required to change the delivery from face to face to online. Recruitment of the new lead will allow the expected ongoing development and evaluation.	12.0	Once implemented	yes
23	Innovation Fund		30.0	30.0	implemented	Funded all applications received. As all North Boards received an uplift this year, assume they had less need to apply to Innovation Fund.	25.0	This initiative was started in NHS Highland to allow support of innovation projects / pilot projects which benefitted the clinical teaching across all our linked boards. This allows some support for forward planning and evolution of the curriculum in particular where funds are tied to existing activity through the MoT model. Following the success of the NHSH fund, NHSG also bid for such a fund. The projects funded in this way have all been positive and in some cases transformed areas of the curriculum (e.g. introduction of immersive clinical experiences for Year 1 medical students). In particular the support has been valued by the smaller boards where there are limited funds available for innovation. We plan to bid for recurring funds for this resource.	Would require fresh proposal in 20/21 as 19/20 was non-rec, and value might change.
24	Medical Illustration video production technology replacement plan	4.0		4.0	implemented	implemented		Video production with regular updates to reflect changing clinical practice is a core teaching tool. The replacement of this equipment has enabled the ongoing production of such tools. The value of such activity has been particularly evident during the COVID pandemic but the use of video is integral to all our foundations of clinical method teaching. There is an ongoing review of videos with upgrading and in this next academic year captioning to meet new legislative requirements	yes

25	Clinical Development Fellow/s supporting delivery of undergraduate clinical teaching (principally but not exclusively FoCM)		17.4	17.4	not implemented	Advertised but failed to recruit - we have attempted to develop these posts on two occasions now but been unsuccessful and so will we will review before a renewal of this proposal in the foreseeable future	17.4	n/a	no
26	Foundations of Clinical Method (FoCM) Lead	60.0		60.0	not implemented	After approval further particulars were prepared for this post and it went through all recruitment approval process and was advertised along with two other posts in February. There were delays in both preparation of further particulars and in the recruitment approval processes and so the post was not advertised as quickly as anticipated. These posts were then pulled as the lockdown was beginning before completion of recruitment. We are in the process of seeking approval to re-advertise this post and anticipate it will be advertised in the next few weeks.	60.0	once implemented	yes
27	Staff Development budget	16.0		16.0	implemented			This fund is used to support the ongoing programme of development for the staff who are delivery the clinical curriculum. The activities include annual RoT workshops, workshops on workplace based assessment, new innovations in delivery of clinical teaching. The programme of events is delivered by both internal and occasionally external facilitators and all sessions are evaluated. Support for undertaking post graduate qualifications in clinical education is also provided for core clinical teaching staff through this fund. The fund is highly valued. Each submission for support is reviewed by representatives from the ACT working group.	yes
28	GP Enhanced: Year 1 GP teaching in Cardiology and Respiratory	1.6		1.6	implemented			This teaching has been implemented and evaluated through the student course feedback forms. The teaching has been positively received and maps to core learning outcomes (GMC outcomes for graduates). The funding will continue to support the ongoing delivery. Evaluation of such teaching is routine each academic year with review of the evaluation and subsequent actions taken by the university quality assurance processes.	yes
29	Establishment of a new clinical skills area in Royal Aberdeen Children's Hospital		23.6	23.6	implemented		-2.6	This project has been completed and the facility is now ready for teaching delivery. Much of the activity has been stopped during the period of major incident status due to COVID but will be reintroduced as students return to clinical placements. The evaluation of the activity that was introduced before lockdown was universally positive. Such activity is evaluated each academic year through the student course feedback system. The evaluation and subsequent actions taken are reviewed by the University quality assurance processes.	no
30	Advanced Paediatric (5-year-old) tetherless human patient simulator, Clinical Skills Centre		49.7	49.7	implemented			This equipment supports the activity taken in the clinical skills area in the Royal Aberdeen Children's Hospital. In particular this supports the learning for students across the year allowing equivalent core learning in a speciality where there are regular seasonal patterns of pathology. The use of the simulator is evaluated through the regular student course feedback system and feedback for teaching with this, along with all other simulation session is extremely positive.	no
31	Laptops and textbook for Medical Microbiology		2.5	2.5	implemented			These resources are in place and being used regularly in teaching (prior to COVID lockdown). They are allowing the deliver of core learning outcomes. The resource was sought as a result of student feedback and to update previous resources to fit with modern healthcare. They have been incorporated successfully.	no
32	Physical Activity and the effect of advancing years or obesity (General Practice & Community Medical Education)		6.1	6.1	implemented			This has been implemented to the core curriculum for all students and meets national priorities for healthcare professional learning. The teaching has had initial evaluation which is positive. Minor revisions being made for ongoing delivery. The teaching will be evaluated routinely through the student course feedback system and the outcomes of this and any resulting actions reviewed through the University quality assurance processes.	no

33	AV equipment for Foundations of Primary Care (FPC) practices		12.3	12.3	not implemented	For both this and prop. 34, we piloted new purchasing mechanisms for NHS practices via NHSG. Initial communications appeared to proceed well, but orders were not progressed due to Covid-19. There was an email from NHSG IT in March suggesting that the equipment had been ordered, when in fact it had not. We were disappointed that this was not progressed in time and are considering reapplication	12.3	n/a	no, but GPCME might re-apply
34	Standard clinical teaching equipment for Foundations of Primary Care (FPC) practices		9.9	9.9	not implemented	This was ordered through a NHSG GP practice, has been pursued by academic GP dept and was thought to have been ordered. However, it turned out at year-end that the equipment had in fact not been ordered, due to persisting process issues within the practice. The new clinical management of the practice has acknowledged the errors in process. As above this was a disappointment and presents challenges for ongoing implementation of GP enhanced curriculum. Review of the bid with anticipation for reapplication underway.	9.9	n/a	no, but GPCME might re-apply
35	Additional High-backed chairs (to improve seating for those with mobility issues) for teaching within Suttie Centre		2.1	2.1	implemented			These chairs are in place and meet the needs of the patient partners and others with mobility issues who are critical to the delivery of the core clinical method teaching. The Chairs meet recommended requirements for people with mobility issues.	no
36	Replacement of inadequate furnishings at MacGillivray Education Centre (125 stackable chairs, 6 high-backed chairs, 4 trolleys, 16 tables)		24.2	24.2	implemented			The equipment has improved the quality of learning experience in this facility which was very outdated. In addition it has expanded the capacity available for clinical skills teaching as the equipment (tables / trolleys / flexibility provided by stackable chairs) allows additional teaching to be delivered in this environment. The facility was regularly being used for teaching before the onset of the COVID pandemic with teaching here freeing up space for increased fidelity simulation teaching to meet curricular needs in the Suttie Centre (which has advanced AV resource). With physical distancing limitations on capacity for clinical teaching in the Suttie Centre, this facility is now even more important as it is equipped in a manner that will support the ongoing delivery of core teaching.	no
Totals		492.2	374.7	866.9	0.0		470.3		

Utilisation of in-year slippage

Funding (non-rec) approved locally at year-end through local proposal process

£

Tadeonal sessions for GP Head of teaching to enable delivery of enhanced strategy	22.5
Additional time (GP) for development of Year 4 Long-term Conditions/Integrated Care teaching	11.7
Aboyne Medical Practice - develop case-based learning resource	5.8
Torry Medical Practice - develop case-based learning resource	5.8
Clinical Skills Centre: 3 x Ultra tablet cart (Parity medical)	2.2
Clinical Skills Centre: Autopulse resuscitation system	8.9
Clinical Skills Centre: Interchangeable nodule breast self-examination trainers	1.0
Year 4 Lead - additional day for 3 months for new Y4 curriculum implementation	4.1
Upgrade/replacement of Audio Visual and IT presentation facilities in MacGillivray seminar rooms and conference room	60.0
	121.9

Remaining Slippage:

348.4

Used to off-set part of the non-ACT support funding provided by NHS G to address the ACT shortfall
-£ 1,391,404.71 as per tab 3c, cell F100.

It should be noted that a significant part of the in-year slippage was caused by the delay in ACT allocation letters being issued and further by a delay in getting proposals formally approved.

Detail Funding Confirmation 2019/20

Please attach a revised base-line budget for 2019/20 which reconciles to your 2018/19 base-line budget submitted to NES plus the additional recurring funds received in year.

ACT Officer

3)
c)

NHS Grampian

Department / Activity	2018/19 base-line budget (£)	Adjustments to base-line budget # (£)	2019/20 uplift proposals - ref. no.	2019/20 proposals - Value (£)	2019/20 base-line budget (£)
# Adjustments to base-line budget for inflation, increments, cost-share moves, movement between Uni and NHS budgets, budget reductions					
<i>Activities highlighted in yellow are cost-shared.</i>					
<u>UNIVERSITY BASED</u>					
General	642,698	74,355			717,053
<i>Clinical posts</i>					
Clinical Teaching Fellows (3 posts)	181,231				165,286
Additional Teaching Consultant sessions (Uni contracts only; breakdown as below)	18,635				19,649
Additional Teaching Consultant sessions (Uni contracts only; breakdown as below)	24,688				21,241
Clinical Lecturer (Scholarship)	55,686				58,069
<i>Non-Clinical posts</i>					
ACT Monitoring & Support / IT Support & MediCAL post / Senior Lecturer in Medical Education	199,275				181,360
Lecturer in Medical Education, Interprofessional Education Programme, Educational Lead for Health Studies in Education, AV Support, Teaching Fellow in Patient Safety and Human Factors	119,202				124,467
Year 4 Curriculum Implementation	0		17, 18	83,000	83,000
Professional Practice Block and Personal & Professional Development portfolio	5,000				5,000
<i>Other</i>					
ACT operating budget	5,468				5,468
Consumables for ACT funded staff, budget for advertising ACT funded posts, Teaching Support Infrastructure, Staff Development, contribution to Medical Illustration	33,513		24, 27	20,000	53,513
General Practice & Primary Care	557,851	208,512			766,363
Years 1-3 Community Course GP Tutors	166,995		6, 8, 11	67,000	233,818
Years 1-3 Community Course GP practices' facilities + expenses	30,240				38,304
Face-to-face teaching	55,582		10, 28	5,600	50,549
Infrastructure to support teaching (staff) - cost-shared	114,828				121,166
Infrastructure to support teaching (teaching staff) - not cost-shared	143,218		13, 16	82,500	239,587
Infrastructure to support teaching (secretarial/admin staff) - not cost-shared	28,841		14, 15	27,000	59,291
Infrastructure to support teaching (operating budgets)	7,013		12	5,000	12,013
Deputy Student Support	11,133				11,634
Clinical Skills Centre (CSC) & Foundations of Clinical Method (FoCM)	999,342	211,575			1,210,917
<i>CSC & FoCM Support Staff</i>					
CSC Manager, CSC Secretary, Technicians	157,193		2	33,000	191,863
<i>FoCM staff</i>					
Clinical Tutors (6.6 FTE)	473,093				487,971
Clinical Trainer, Educator, Facilitator	157,051				166,894
Communication Skills Lead	44,532				46,359
FoCM Lead and Lead for Simulation-based Education	0		5, 26	160,000	160,000
Clinical Communication staff & actors	28,566				0

CSC/FoCM Operating & Equipment Budget	37,290				37,290
<i>Patient Programme</i>					
Manager & Administrators	83,618				88,141
Patient travel expenses & subsistence	18,000		4	2,000	20,000
EMIS software for PPP	0		3	12,400	12,400
Additional uplift - non-recurring expenditure items (Uni invoice)	0		30,32,35,36	82,100	82,100
TOTAL - University based activities	2,199,891	494,442		579,600	2,776,433
<u>NHS BASED</u>					
General					
<i>Clinical Posts</i>	427,765				592,761
Pharmacy/Prescribing, Student Welfare, Career Guidance	38,506				53,085
Director of Institute for Medical & Dental Education and UG	43,233				48,157
Director of Medical Education	204,005		16, 21, 22	96,000	340,206
Additional Teaching Consultant Sessions (<i>breakdown as below</i>)	96,387				104,219
FY2 Teaching Fellow post, Fellows in Regional Analgesia and Surgery, Pharmacist, Child Health Nurse	45,634				47,095
Professional Practice Block	118,435				201,915
<i>Non-Clinical posts</i>	33,337				37,436
e-Health Medical Education Lead	85,098				164,479
Med Ed eHealth Admin Asst, Contribution to NHS G Finance, Medical Education Quality Manager, Secretarial/Admin Support for Psychiatry, Rheumatology, Orthopaedics, Dr Gray's Hospital, Year 4 Med Ed admin	63,872		19, 20	64,500	63,872
<i>Other</i>	0		23	30,000	30,000
Teaching Support Infrastructure, IT/Information/Library facilities					
Innovation Fund					
Occupational Health Service for students					
OHS service for students	52,531		1	23,000	75,531
TOTAL - to be transferred NHS G internally	662,602	87,976		213,500	964,078
General Practice & Primary Care					
Payment Rates for Placements:					
Year 4 Clinical Attachments	178,000				168,000
Year 5 Clinical Attachments	104,000				114,000
Years 4 + 5 Clinical Attachments - student accommodation & travel	95,888		7, 9	8,100	103,988
TOTAL - General Practice & Primary Care	377,888	0		8,100	385,988
Clinical Skills Centre					
Foundations of Clinical Method Lead	24,252				27,852
Clinical Skills Centre Director	24,252				27,852
Clinical Development Fellow	0		25	17,400	17,400
	48,503	7,201		17,400	73,104
Hospital-based					
Clinical Teaching - Acute Services	9,169,214				9,462,628
Clinical Teaching - Mental Health Services	1,254,767				1,294,920
NHS G inflation/increments & support funding	-962,871				-1,391,405
TOTAL - Hospital-based	9,461,110	-94,967		0	9,366,143
TOTAL - Dundee & Glasgow GP placements (Placement fees & accomm/travel costs for Dundee & Glasgow Uni medical students on GP placement in Grampian)	0	0			0
Other Boards' share or cost-share (Invoiced by NHS G)	-129,994	2,345		0	-127,649

Additional uplift - non-recurring expenditure items (NHS invo	0		29,31,33,34	48,300	48,300
TOTAL - NHS based activities	10,420,109	2,556		287,300	10,709,965
TOTAL BUDGET	12,620,000	496,997		866,900	13,486,397

2018/19 allocation	12,620,000	<i>12,619,514</i>	rounding variance in NES correspondence
2019/20 allocation	13,486,397	<i>13,486,397</i>	
2019/20 increase/reduction	866,397	866,883	
Balance to be supported by additional bids		866,397	866,883

Additional Information:**Summary of NHS-based ACT funded Additional Teaching Consultant Sessions by specialty**

Number of overall sessions within ACT allocation since 2005/06:		30
Reduction in session number due to ACT budget reduction 2016/17:		-2
Increase in session number in 2019/20:		8
Number of overall sessions in ACT allocation in 2019/20:		36
Number of sessions Uni-based at 31.03.2020:		4.5
	MBCbB Programme Lead	2.5
	Year 4 Lead	1
	GP/Deputy Student Support	1
Number of sessions NHS-based at 31.03.2020:		31.5
Number of sessions filled at 31.03.2020:		
	Acute Medicine	2
	Radiology	1 <i>new 19/20</i>
	Diabetes & Endocrinology	3
	Respiratory Medicine	3
	Anaesthetics	3.25 <i>of which 2.25 new 19/20</i>
	Reproductive Health	2
	Laboratory Medicine	1
	Psychiatry	3
	Paediatrics	3
	OHS	2
		<hr/> 23.25
plus sessions filled for most of the year but not at year-end	Radiology	1
Number of sessions vacant at 31.03.2020:		7.25
<i>Total number of NHS-based sessions linking to Cat B data as per section 4b tab</i> (sessions filled but excluding those new in 19/20 as they do not feature in 18/19 MoT data)		21 see tab 4b

(N.B.: ACT funded consultant PAs can change from year to year and any vacancies are discussed and agreed as required.)

Summary of other NHS-based ACT funded posts by specialty

<i>Clinical posts:</i>		Sessions
DME	O&G	2
Clinical Nurse Specialist in Paediatric Urology	Child Health	1
FY2 Teaching Fellow post (3 x 4 months p.a.)	n/a: FY2	10
Fellow in Regional Analgesia	Anaesthetics	3
Fellow in Surgery	Breast Surgery	1
Pharmacist	Pharmacy	5
Professional Practice Block (PPB)	staff from all specialties	
Director of Institute of Education for Medical and Dental Sciences	Anaesthetics	1.5
Clinical Skills Centre Director / Foundations of Clinical Method (Lead)	Emergency Medicine	4
<i>All specifically agreed sessions and identifiable in job plans, apart from PPB</i>		<hr/> 27.5 see tab 4b
<i>Non-clinical posts:</i>		
NHS Finance	Finance	1
Medical Education Quality Manager	HR	7
Admin for Psychiatry	Psychiatry	5
Admin for Rheumatology	Rheumatology	2
Admin for Orthopaedics	Orthopaedics	5
Admin for Dr Gray's Hospital	whole hospital	5
eHealth Medical Education Lead & Asst	eHealth	11
		<hr/> 36.0
3 further p-t admin posts agreed in 19/20 for implementation in spring 20, but halted due to Covid-19		1.6

4) Use of Measurement of Teaching Data and Financial Allocations

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.

NHS-based ACT funded Additional Teaching Consultant Sessions by specialty

Specialty/Department	ACT funding received in 2019/20	ACT funded PAs (consultants)	ACT funded PAs (other staff)	2018/19 MoT hours Cat A (if available)	2018/19 MoT hours Cat B (if available)
	ACT funded				
Acute Medicine	24,533	2		n/a / unknown	407.25
Radiology	12,382	1		n/a / unknown	160.50
Diabetes & Endocrinology	41,623	3		n/a / unknown	566.75
Respiratory Medicine	35,907	3		n/a / unknown	131.00
Anaesthetics	11,921	1		n/a / unknown	440.75
Reproductive Health	26,140	2		n/a / unknown	186.75
Laboratory Medicine	13,070	1		n/a / unknown	96.00
Psychiatry	38,110	3		n/a / unknown	105.00
Paediatrics	38,407	3		n/a / unknown	168.50
OHS	24,533	2		n/a / unknown	22.50
	266,626	21			2285.00

Other NHS-based ACT funded posts by specialty

Specialty/Department	ACT funding received in 2019/20	ACT funded PAs (consultants)	ACT funded PAs (other staff)	2018/19 MoT hours Cat A (if available)	2018/19 MoT hours Cat B (if available)
	ACT funded				
Obs & Gynae (DME)	26,141	2		n/a / unknown	468.50
Anaesthetics (Dir. IEMDS)	22,016	1.5		n/a / unknown	357.75
Emergency Medicine (CSC Dir / FoCM Lead)	55,704	4		n/a / unknown	753.00
Child Health	5,006		1	n/a / unknown	54.00
n/a: FY2	40,564		10	n/a / unknown	363.00
Anaesthetics	15,604		3	n/a / unknown	56.00
Breast Surgery	8,697		1	n/a / unknown	39.50
Pharmacy	34,348		5	n/a / unknown	0.00
staff from all specialties (Y5 Professional Practice Block)	47,095			n/a / unknown	336.50
	255,175	7.5	20		2428.25

Notes:

ACT funding year (NHS financial) and MoT year (academic) do not agree, e.g., some of the PAs above were in place for a whole ACT year but only for part of the MoT year, or vice versa.

ACT PAs are awarded for different remits, and not all of these can be reflected in Cat B. Equally, a number of ACT PA holders may have a PA for a specific curricular development but in addition deliver face-to-face teaching as expected of all staff. There is therefore no clear correlation between number of ACT PAs and number of Cat B hours.