

NHS Scotland Medical ACT 2021/22 Accountability Report

NHS Board: Ayrshire & Arran

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	£3,126,442		£3,126,442
	Value of Bids Required in 21/22 - as per letter	£337,761		£337,761
	Value of Bids Required in 21/22 - Add 20/21 100 places - non recurrent		£73,750	£73,750
	Value of Bids Required in 21/22 - Add 21/22 165 places - recurrent	£85,931		£85,931
	Value of Bids Required in 21/22 - Add 21/22 15 places - non recurrent		£7,812	£7,812
	Initial Allocation Available to Board	£3,550,134	£81,562	£3,631,696
	Total Funding Available for Bids in 21/22- pre national slippage	£423,692	£81,562	£505,254

b	Confirmation of Funding Received	Recurrent	Non Recurrent*	Total	
	Base Costs	£3,126,442		£3,126,442	Detail in section 2c
	Bids Approved by RAWG and NES	£127,761	£759,025	£886,786	Detail in section 2a
	21-22 Request to T/f GP ACT Top-Slice Between Boards		£55,500	£55,500	
	In Year Slippage on Bids Approved by RAWG and NES		(£15,000)	(£15,000)	Detail in section 2a
	Total Funding Received	£3,254,203	£799,525	£4,053,728	
	Bids Under/(over) Allocation Agreed by RAWG and NES			(£422,032)	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

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Director of Finance

Signed:	Please insert scanned/electronic signature or email approval of submission accepted
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Print name:	
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Date:	
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Director of Medical Education

Signed:	Please insert scanned/electronic signature or email approval of submission accepted
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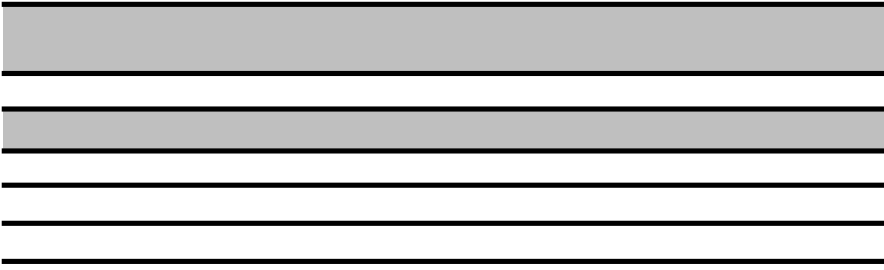
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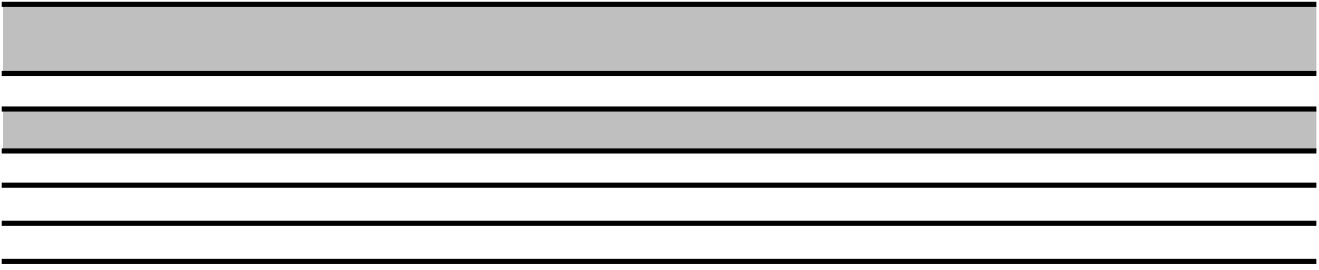
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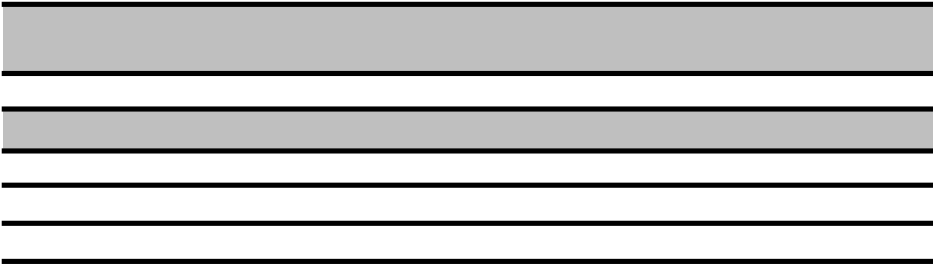
Note: DoF and DME signature and date must be obtained prior to report submission to Regional ACT Working Group.

Report Approved at Regional ACT Working Group
Copies can be sent to NES before approved by RAWG

(Y/N)	Date









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NHS Board: Ayrshire & Arran

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 (£)	Future Year Spend - Non Recurrent*		Capital (Y/N)	Requester	Benefits for UG Medical Training (and others where relevant)
					2022/23	2023/24			
Total		0	0	0	0	0			

* Future year spend will need to be approved by RAWG and NES in 22/23 bids process

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NHS Board: Ayrshire & Arran

Section 2c Recurrent Baseline Medical ACT funding.

Total per Section 1		3,126	128		3,254	Staffing time			
Activity	Provider: Select from Drop Down Menu	2020/21 Cost (£000's)	Movement		2021/22 Cost (£000's)	Medical PA	Medical WTE	Clinical Non Medical WTE	Others WTE
			2021/22 Recurrent Bids (£000's)	2021/22 Other (£000's)					
Additional Consultant sessions	Health Board	750	0		750	5			
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	90	0		90		2		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	20	0		20		0.4		
Teaching Fellows/Tutors	Health Board	45	0		45		0.8		
Teaching Fellows/Tutors	Health Board	12	0		12		0.26		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	22	0		22		0.5		
Additional Consultant sessions	Health Board	66	0		90	0.6	0		
Teaching Fellows/Tutors	Health Board	42	0		42		1		
Teaching Fellows/Tutors	Health Board	46	0		46		1		
Additional Consultant sessions	Health Board	40	0		60	0.4			
Teaching Fellows/Tutors	Health Board	51	0		51		0.5		
Teaching Fellows/Tutors	Health Board	30	0		30		0.5		
Teaching Fellows/Tutors	Health Board	45	0		45		1		
Teaching Fellows/Tutors	Health Board	20	0		20		0.5		
Primary Care	Health Board	135	0		135				
Teaching Fellows/Tutors	Health Board	65	0		65		1		
Teaching Fellows/Tutors	Health Board	50	0		50		1		
Teaching Fellows/Tutors	Health Board	175	0		175		2.5		
Teaching Fellows/Tutors	Health Board	52	0		52		1		
Teaching Fellows/Tutors	Health Board	41	0		41		1		
Quality Initiatives	Health Board	35	0		20				
Quality Initiatives	Health Board	27	0		25				
Associate Nurse Practitioner	Health Board	55	0		55		1		
Additional Consultant sessions	Health Board	60	0		60	0.4			
ACT Infrastructure and support	Health Board	136	0		136				
ACT Infrastructure and support	Health Board	65	0		65				
ACT Infrastructure and support	Health Board	115	0		115				
ACT Infrastructure and support	Health Board	122	0		122				
ACT Infrastructure and support	Health Board	42	0		42				
ACT Infrastructure and support	Health Board	33	0		33				
ACT Infrastructure and support	Health Board	14	0		14				
GP ACT Uplift	Primary Care	0	8		8				
Central Costs	Health Board	0	7		7				

Additional Consultant sessions	Health Board	0	30	30	0.2		
Additional Consultant sessions	Health Board	0	15	15	0.1		
ACT Infrastructure and support	Health Board	0	31	31			
Central Costs	Health Board	0	7	7			
Additional Consultant sessions	Health Board	0	15	15	0.1		
ACT Infrastructure and support	Health Board	0	15	15		0.35	
ACT Infrastructure and support	Health Board	30	0	30			
Additional Consultant sessions	Health Board	12	0	15	0.1		
Teaching Fellows/Tutors	Health Board	9	0	9		0.15	
ACT Infrastructure and support	Health Board	2	0	2			
Teaching Fellows/Tutors	Health Board	30	0	30		0.5	
Teaching Fellows/Tutors	Health Board	12	0	12		0.2	
Teaching Fellows/Tutors	Health Board	12	0	12		0.2	
ACT Infrastructure and support	Health Board	21	0	21			
Teaching Fellows/Tutors	Health Board	17	0	17			1
Additional Consultant sessions	Health Board	5	0	5			
Teaching Fellows/Tutors	Health Board	50	0	50			1
Teaching Fellows/Tutors	Health Board	60	0	60		1	
ACT Infrastructure and support	Health Board	10	0	10			
ACT Infrastructure and support	Health Board	10	0	10			
Total		3,096	128	0	3,254		

NHS Scotland Medical ACT 2021/22 Acco

NHS Board: Ayrshire & Arran

Section 3

a	<p>Local Governance Structure</p>
	<p>Does the Board Hold Local Medical ACT Meetings?</p> <p>Medical ACT is considered as part of the business of the Medical Education Executive co-chairing is currently the Chair of NHS Ayrshire and Arran Board Medical Education chair Training Quality Management Groups for each site (each group meets twice per year). Membership of this group includes Dr</p> <p>Provide Brief Details of the Board's Local Governance Structure for</p> <p>RAWG is attended by the Director of Medical Education (Dr Hugh Neill) and normally one of the representatives is able to attend. The DME and Senior</p>
b	<p>Please Provide Details of any Medical ACT Funded Activities/Initiatives</p> <p>Ayrshire and Arran was one of the first Boards to develop the role of the Medical Education Executive delivered high quality undergraduate teaching programme. Many of the CTFs have provided feedback that these doctors and consequently the students that they teach value the teaching time. Support by consultants and more experienced CTFs with their teaching at Arran.</p> <p>Development of Clinical Simulation teaching for undergraduates has been something we would hope to continue to expand and invest further in. Development has been positive.</p> <p>Please provide details of Medical ACT funded activities/initiatives with</p> <p>Investment in additional residential accommodation to increase student numbers to accommodate more students. This is not necessarily transferable to all other Boards.</p> <p>In emergency medicine self-rostering seems to have been a success and has benefited our patients.</p> <p>Undoubtedly the investment through Medical ACT in developing a faculty of Medical Education quality teaching that is evaluated very positively by students. This has been achieved in units where gaps in consultant or training grade appointments would have otherwise existed. Teaching Fellow contract with different mixes of teaching/ clinical and development of candidates. The expansion of our CTF faculty and with this student number approach.</p>
c	<p>Please Provide a Brief Overview of Any Opportunities/Challenges in</p> <p>The issues with the student residential accommodation at Crosshouse has been a standing agenda item with our Medical Education Governance Group who have been exploring accommodation on campus, the health board has invested in townhouse use the facilities at Lister Street to accommodate all students. Continued investment in the accommodation remains habitable and suitable for students, and with the support of the health board. The unprecedented increase in demand on unscheduled care services in the region has been challenging and will continue to be a challenge moving forward. However, the health board has provided some resilience by ensuring teaching in any area is not dependent on a single site. Plans allowing for different splits between teaching, clinical and development</p>

Please Provide Details of Any Anticipated Future Challenges Which

Most local Undergraduate Teaching leads have expressed their concern: The unprecedented demands on services in primary and secondary care undergraduate training numbers planned by Scottish Government. Although challenging in specialties where consultant recruitment is already challenged, Fellow faculty will in the short to medium term be critical to ensuring teaching Estate and space to teach may also emerge as problems in the next few

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Please Provide Details of Any Anticipated Changes to Undergraduate Your Board.

No significant changes anticipated apart from potential reconfiguration of

untability Report

tion Governance Group co-chaired by a non-Executive Director and the Director of Medical Education (the non-board). This group meets four times per year. The Director of Medical Education and the Assistant Directors of specialty /department and Medical ACT and undergraduate teaching is considered as part of these groups ME/ADME, Clinical Director, General Manager, Trainee rep and rota/training leads)

Medical ACT and How This Feeds Into RAWG Business

and the Senior Finance Manager with responsibility for ACT (Ian Ferris). Currently deputies are not used but or Finance Manager meet regularly to review Medical ACT.

aves Which May be Beneficial and/or Transferable to Other Boards - General

Clinical Teaching Fellow. The current cohort of CTFs that we have provide a strong Foundation for a reliably CTFs that we depend on are recruited immediately post Foundation and it is our experience, based on their ch, benefit from having clinical activity to support their own development scheduled alongside protected a higher proportion of teaching time within job plans works well for a regional Board like NHS Ayrshire and

efited from dedicated sessional time for consultant leads and technical support to facilitate teaching and this is velopment of in situ multiprofessional simulation teaching for medical students has also been evaluated

hich may be beneficial and/or transferable to other Boards for increasing teaching capacity

accommodation alongside payment of travel expenses has allowed the board to increase or capacity to host

d helps ensure not too many students on at once are competing for same practical skills/ procedures/

r of Clinical Teaching Fellows has enabled the Board to increase teaching capacity and ensure reliable high en incredibly important at a time of unprecedented demands on our consultants and training grade staff and in e otherwise have extremely limited the ability to accommodate students. A flexible approach to the Clinical velopment time has also been extremely important for a regional Board like Ayrshire to attract suitable ers would not have been possible without Medical ACT and the Regional ACT groups supporting this flexible

Year Which Have Impacted on the Delivery of Undergraduate Medical Education

nd Ayr are well known and have proven difficult to address despite investigation and investment. This is a ich is chaired by the Chair of the health board. Given the difficulties in addressing the problems with the s in a new development in Kilmarnock which should be ready this coming academic year but we still need to investment in the accomodation on Lister Street (UHC) and Woodend Oval (UHA) is required to ensure that ut which our capacity to accomodate studnets would be severely restricted.

n the last 12 months alongside increased staff absences associated with isolation and Covid-19 pandemic . A large faculty of Clinical Teaching Fellows in addition to consultants and other staff delivering teaching has ent on one or two individuals. This has only been achieved by having a mix of Clinical Teaching Fellow job rent time.

May Impact the Delivery of Undergraduate Medical Education

s about maintaining high quality training in a challenging clinical environment with issues around staffing. are likely to continue and will add to the challenge of accommodating the expansion in Scottish. hgh it would be preferable to have more consultants appointed with dedicated teaching time this will be gging and insufficient to meet the demand of clinical services. Continued development of a Clinical Teaching hing capacity for the increased number of students. years.

te Teaching and/or Curriculum in the Forthcoming Academic Year Which Could Impact Medical ACT in

critical care services.

Please Submit to NES a
Information provided st

Section

1

2A

2A Sup -PY Evaluation

2B

2C

3

is an Excel File not in PDF Format
could be from 2021/22

User Information
<p>Tab summaries, initial allocations offered to the Boards and actual funding received, also for sign off by DoF and DME of Boards and date of RAWG approval</p> <p>1a and 1b are pre-populated by NES based on 21/22 Allocation Letter and Payment on Behalf (POB) payments made to Boards.</p> <p>Signatures - email approval or signature accepted. We will also accept an excel copy without signatures if this is provided with a PDF signed version.</p>
<p>payments from NES.</p> <p>NES will prepopulate columns: B, C, D, E, F, I, L</p> <p>Boards should complete G, H, J, K, M, N, O, P</p> <p>sourced in time, work delayed etc</p> <p>N – Please provide metric results where available</p> <p>O – Anticipated benefits as per bid details</p> <p>P - please provide brief overview detailing why the anticipated benefit was not achieved for example if the equipment did not fulfil the need.</p>
<p>In section 2A we have asked for evaluation details. We acknowledge that evaluation often takes place a year after implementation and can therefore take some time. Information from the evaluation of bids not covered in the Accountability report timeline should be included in this tab.</p>
<p>Tab details of all other spend and slippage of medical ACT in year not either shown in 2a or part opening baseline allocation, i.e. use of additional in year funding not spend on bids as shown on 2a, where the funding has come from- underspend on bid or other health board.</p> <p>All details to be added by Boards</p>
<p>bids per section 1</p> <p>To allow us to prepopulate this section in future years please complete the excel sheet provided, do not attach as an additional sheet.</p> <p>Please use drop downs where provided.</p> <p>Staffing time</p> <p>Medical PA - Consultant/GP PA's</p> <p>Medical WTE - Training grades, Specialty Doctors, CTF's</p> <p>Clinical non medical WTE - all other clinical staff</p> <p>Other WTE - support functions, Admin, Medical ACT officers, education managers</p>
<p>Tab requests details on Local regional ACT groups/practises, new initiatives details, future opportunities/ challenges and future anticipated changes to teaching/curriculum.</p> <p>Please keep the answers to these sections brief and concise. If you have any metric data to support this would be appreciated.</p> <p>challenges.</p>