

# Minutes

**MEETING:** Agency Board  
**DATE:** Thursday 23rd September 2010  
**TIME:** 12.30 pm  
**VENUE:** Seminar Room, Beechill House, NIMDTA

## **Present**

### **Members**

Mrs J Eve (Acting Chair)  
Dr RJ Atkinson  
Dr J Marley  
Mrs A Eggert

### **Officers**

Dr T McMurray (Chief Executive/Postgraduate Medical Dean)  
Mr T Hutchinson (Finance Manager)  
Dr D Hussey (Postgraduate Dental Dean)  
Dr C Loughrey (Director for Postgraduate GP Education)  
Ms R Campbell (Human Resources Manager)  
Ms M Roberts (Administrative Director)

### **In Attendance**

Mrs P Dardis

## **1 APOLOGIES**

There was a full attendance.

## **2 DECLARATION OF MEMBERS INTERESTS**

None declared.

## **3 ANNOUNCEMENTS**

There were no announcements.

## **4 MINUTES**

The following minutes, copies of which had been circulated prior to

the meeting, were approved.

- 17 June 2010 (Paper B10/32)
- 25 June 2010 (Paper B10/33)
- 11 August 2010 (Paper B10/34)

The Chairman praised the consistently high quality of the minutes and the Board members agreed.

## **5 MATTERS ARISING**

Dealt with in the Agenda

## **6 REPORT FROM THE AUDIT SUB COMMITTEE**

Members received and noted the minutes of the Audit Committee meeting held on 17 June 2010 (Paper B10/35).

Dr Marley (Acting Chair) had given an overview of the business of the meeting to members at the June Board meeting.

The date of the next Audit Committee had been circulated and confirmed as 1 November 2010 at 10.30 am. Members also discussed possible further dates for 2011 and agreed provisional dates for January and June.

## **7 FINANCIAL UPDATE**

### **7.1 Annual Report 2009/10 (*inc. Financial Statements for the year ended 31 March 2010 (Paper B10/36)*)**

The Board received and the discussed the Annual Report 2009/10 and Financial Statements for the year ended 31 March 2010.

The Finance Manager informed the Board that there had been three further minor adjustments made to the Financial Statements at the request of the Auditor and clarified the adjustments.

A remuneration report had also been added to the Annual Report. The Chief Executive and Administrative Director explained again that the Annual Report had been produced to a new template and that there could be no deviation from the format.

The Board accepted and adopted the Annual Report and Financial Statements which would be made available via the website once the Audit opinion had been added.

## **7.2 Budget Report (Paper B10/37)**

The Finance Manager tabled a budget update summarising the period from beginning of April to the end of August 2010. The report showed a projected year end surplus of approximately £163K which equated to 0.3%. £200k had been surrendered to the Department at the beginning of September from the 2010/11 allocations.

Mr Hutchinson informed members that prompt payment compliance at the end of August had been 90.3%. However, now that the Finance Department was working at full capacity, after the return from sick leave of a member of their team, it was back on target to achieve the required performance target of 95%.

Members discussed the potential future efficiency savings for 2011/12.

## **7.3 National Fraud Initiative**

Mr Hutchinson informed members of the requirement for the Agency to participate in the data matching exercise for 2010/11. He had recently attended a workshop and clarified the process and timeline to the Board. Results from the exercise were expected to be available in January 2011.

## **8 REPORT FROM THE CHIEF EXECUTIVE/POSTGRADUATE MEDICAL DEAN (Paper B10/38)**

The Board received and discussed the report from the Chief Executive. Attention was drawn to the following and the accompanying documents were received and noted:

- PMETB visit to Deanery Report – January 2010 (Appendix 1&2)
- GMC Quality Framework – Learning points from the second year of annual reporting and the major review of all specialty and subspecialty curricula and assessment systems (July 2010)

### **8.1 PMETB Deanery Visit (January 2010)**

The Chief Executive informed members that the Agency continued to meet the timeline for the conditions set by PMETB (now GMC). His report highlighted the action taken by the Trusts and NIMDTA. Ongoing recommendations were being addressed through the Agency's Quality Management Group, led by the Associate Dean, Mr Keith Gardiner.

## **8.2 PMETB Annual Deanery Report**

Dr McMurray informed the Board that this had been the second Annual Deanery Report submitted by NIMDTA. Members discussed the GMC Quality Framework. The Board was pleased to note that NIMDTA compared well when benchmarked against the other UK Deaneries.

## **8.3 Revalidation and the Responsible Officer**

It was noted that the regulations relating to the creation of a 'Responsible Officer' for HSC organisations had been passed by the Northern Ireland Assembly on 22 June. The Postgraduate Medical Dean had been confirmed as the Responsible Officer for NIMDTA with effect from 1 October 2010.

Members discussed the implications for the Agency. It was noted that a bid for additional resources had been submitted to the Department and the outcome was awaited.

## **9 REPORT FROM POSTGRADUATE DENTAL DEAN (Paper B10/39)**

The Board received and discussed the report from the Postgraduate Dental Dean. Attention was drawn to the following and the accompanying tabled documents were received and noted :

- Dental Course Programme
- Business Plan 2010/11 – Review of Dental Key Performance Indicators

### **9.1 Vocational Training/General Professional Training**

Training had started in August for the new VT and GPT trainees. Induction was on-going and this year training in 'Case Based Discussions' had been introduced and delivered for all Trainers across General Dental Practice, Community Dental Service and the Hospital Sector.

The Postgraduate Dental Dean had presented at the International Association for Dental Research meeting in Barcelona in July.

The recruitment process for Vocational Training was currently being revised and would go to Senior Management for approval.

## **9.2 Continuing Education Programme**

Members noted the Dental Course Programme for September 2010 to March 2011 which was printed in poster format and colour coded.

The Intrepid system was now up and running and the on-line payment system was in place.

Another major conference is being organised for February 2011. A range of speakers have been invited to participate and would be held again at the Island Centre in Lisburn.

## **9.3 Hospital Dentistry**

Two one-year Career Development Posts had been appointed to and would be based in the School of Dentistry and Altnagelvin Hospital.

## **9.4 Business Plan 2010/11 - Review of Dental Key Performance Indicators**

Members received and discussed the Dental key performance indicators set against objectives for 2010 /11. Dr Hussey updated the Board on the progress and timescale for completion of the Dental objectives.

## **10 REPORT FROM DIRECTOR FOR POSTGRADUATE GENERAL PRACTICE EDUCATION – (Paper B10/40)**

The Board received and discussed the tabled report from the Director for Postgraduate General Practice Education. Attention was drawn to the following and the accompanying document was received and noted:

- Personal and Public Involvement (PPI) – Correspondence from DHSSPS (6.8.10)

### **10.1 Business Plan 2010/11 – Review of General Practice Key Performance Indicators**

Members received and discussed the General Practice key performance indicators set against objectives for 2010/11.

The Board noted that the majority of General Practice objectives had been met. Work was ongoing against those objectives which had been partially met though in some cases funding had been an issue.

Dr Loughrey informed members that the risks and implications of not meeting the objectives were highlighted via the General Practice

Risk Register which, the Administrative Director clarified, fed into the Corporate Risk Register and was then taken forward by the Risk Management Team.

## **10.2 Personal and Public Involvement (PPI)**

Members noted the correspondence from the DHSSPS giving formal approval of the Agency's draft scheme. Dr Loughrey informed members that an action plan had already been agreed with Senior Management and she would be meeting with the Corporate Services Manager to take this forward.

DPGPE/CS  
Manager

The Board wished to congratulate everyone involved and acknowledged the contribution of the Director for Postgraduate General Practice Education and the General Practice Department who had taken the lead on this.

## **11 REPORT FROM ADMINISTRATIVE DIRECTOR (Paper B10/41)**

The Board received and discussed a report from the Administrative Director. Attention was drawn to the following and the accompanying documents received and noted.

- Senior Management Minutes – 15 June 2010
- Senior Management Minutes – 30 July 2010
- Senior Management Minutes – 3 August 2010
- Senior Management Minutes – 24 August 2010
- Business Plan 2010/11 – Review of Hospital Key Performance Indicators (tabled)
- Corporate Risk Register
- Corporate Risk Register Amendments
- Report on Complaints/Incidents/Accidents
- Mid-Year Assurance Statement – Correspondence from DHSSPS (23.8.10)
- Periodic Review of Records Management Key Performance Indicators
- Health & Safety Report
- Draft Health & Safety Policy
- Draft Health & Safety Standing Orders
- Equality – Annual Review of Progress 2009/10

### **11.1 Senior Management**

Members received and discussed the minutes of Senior Management meetings which had been held on three occasions since the last Board Meeting in June.

It was noted that the Chief Executive had also met with the Administrative Director, Human Resources Manager and Finance Manager on 6 August to discuss and take forward the Agency's submission to the Department for financial planning 2011/12 to 2014/15.

## **11.2 Performance against Business Objectives**

### 11.2.1 Performance Framework

The Audit on Performance Management had suggested more regular reporting to the Board on the Agency's progress against the business objectives set. The Administrative Director would liaise with the Corporate Services Manager to produce a framework outlining a performance management reporting mechanism for the next Board meeting.

Administrative  
Director/CS  
Manager

### 11.2.2 Business Plan 2010/11 – Review of Hospital Key Performance Indicators

Members received and discussed the Hospital key performance indicators set against objectives for 2010 /11. The Administrative Director highlighted the following objectives to the Board:

- 2.1 Review foundation and specialty training assessment processes and record and monitor outcomes
- 3.1 Work with QUB and the Trusts to put in place support mechanisms for trainees
- 4.1 Develop and agree processes for the accreditation and evaluation of courses and the charging of course fees
- 5.1 Review strategy for the recruitment of core and specialty trainees
- 8.1 Review roles and responsibilities of staff involved in the administration and delivery of foundation core and specialist training

Ms Roberts updated the Board on the progress and timescale for completion of the Hospital objectives.

### 11.2.3 Business Plan 2011/12

The Business Plan for 2011/12 will be presented to the February Board meeting.

Administrative  
Director

## **11.3 Risk Management**

### **11.3.1 Risk Management Committee**

The Risk Management Committee had met on 10 September to review the Human Resources, Health & Safety and Corporate Risk Registers. Members received and discussed the up-dated Corporate Risk Register and noted the summary of modifications.

The Chair suggested that a graph summarising the key risks would be helpful. The Administrative Director agreed to take this forward with the Risk Management Committee.

Members also noted and discussed the report on complaints, incidents, accidents and information requests which had been ranked in line with the incident impact criteria contained within the attached table.

In relation to the Industrial Tribunal case it was anticipated that this would be settled via conciliation with the Labour Relations Agency.

### **11.3.2 Key Risks**

Members noted and discussed the three key risks that had been highlighted in the Administrative Director's report:

- Risk 5: Failure to fill foundation and specialty training posts with suitable applicants.
- Risk 9: The contribution of staff to the organisation is not recognised or valued.
- Risk 10: Ensure that the Agency achieves a break-even position in the context of it's business and budgetary plans

### **11.3.3 Internal Audit Reports**

Reports were awaited for the Course Management and Health and Safety audits which had been completed.

### **11.3.4 Mid Year Assurance Statement**

The Mid Year Assurance Statement was due to be submitted to the Department by 22 October 2010 and would be used to inform the Mid Year Accountability Review.

## **11.4 Records Management and Information Governance**

Members noted and discussed the Periodic Review of Records Management Key Performance Indicators report which outlined the

Risk  
Management  
Committee

progress against objectives.

A project team had been set up to oversee the implementation of the Intrepid Candidate Application Matching System (I:CAMS). Training had been provided to key members of staff and the system would be used to support the next round of recruitment.

### **11.5 Health and Safety**

Members received and considered the Health and Safety Report and reviewed and adopted the Health and Safety Policy and Terms of Reference. Ms Roberts confirmed that the Health and Safety Committee report to Senior Management and minutes go to Senior Management meetings for consideration.

### **11.6 Statutory Equality Duties**

Members noted the Annual Review of Progress which had been approved by Senior Management and forwarded to the Equality Commission in line with the deadline of 31 August.

Further to the June Board Meeting, the Administrative Director and Corporate Services Manager had met with the Equality Commission to make a case regarding exemption from the requirement to conduct an audit of inequalities and produce a new Equality Scheme. The Equality Commission, though sympathetic to the Agency, indicated it could not grant an exemption without written confirmation of the Ministerial plans to subsume the Agency into the BSO.

The audit of inequalities had commenced and would be completed by mid October ready for consultation in November.

Ms Anne Basten from the BSO Equality Unit had provided training in equality screening to key members on 22 September. A further session had been organised for 24 September.

## **12 REPORT FROM HUMAN RESOURCES MANAGER (Paper B10/42)**

The Board received and discussed the report from the Human Resources Manager. Attention was drawn to the following:

### **12.1 Posts to be Reviewed and Vacancies**

Members discussed the issue of future vacancies and possible solutions/action to be taken by the Agency.

A number of requests had been received from staff to have their posts re-evaluated. The Beeches Management Centre had been approached to undertake this. If they did not agree then the Business Services Organisation would have to be approached.

#### **12.2** Human Resource Policies

Ms Campbell informed the Board that the Human Resource policies had been revised but were awaiting further review by the Joint Negotiating Forum.

#### **12.3** HSCA Recruitment Managers Network

Ms Campbell continued to attend the HSC Recruitment Managers Network meetings which she found very useful.

#### **12.4** Independent Safeguarding Authority (ISA) Registration

Ms Campbell informed members that the ISA registration process had not launched in July. The Agency would continue to undertake Access (NI) for new medical and dental staff.

#### **12.5** Training for Staff

As an outcome of the administrative staff appraisals, the Agency had been in contact with the Beeches to help organise a course which would cover how to deal with difficult people and delegation of duties.

### **13** **CORRESPONDENCE/REPORTS (Paper B10/30)**

The Board received and noted the following paper:

- NIAO – Report & Correspondence by Comptroller & Auditor General re. Improving public sector efficiency: Good practice Checklist for public bodies (May 2010)

Members noted and discussed the report from the Northern Ireland Audit Office which had been deferred from the June meeting of the Board. As requested the checklist had been considered by Senior Management and comments made.

### **14** **ANY OTHER BUSINESS**

Members discussed the current vacancies (Chairman and member with financial accounting experience) within the Board. Ms Roberts agreed to pursue this with the Department and Public Appointments

Administrative  
Director

Office.

**15 DATE OF NEXT MEETING**

Thursday 16 December @ 2.30 pm, Specialty Schools Room

**DATES FOR 2011**

Monday 21 February 2011 @ 2.00 pm, Boardroom

Thursday 14 April 2011 @ 12.30 pm, Specialty Schools Room

Thursday 23 June 2011 @ 12.30 pm, Seminar Room