



**NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY**

**Annual Report and Accounts**

**FOR THE YEAR ENDED 31 MARCH 2018**

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 by the Department of Health

On

6 July 2018

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## Foreword from the Chair

Firstly I would like to acknowledge the dedication, commitment and professionalism of staff at all levels throughout the NIMDTA team, who have worked collectively to enhance our standing across the Health and Social Care sector, not only within Northern Ireland but throughout the UK. As always, I would want to highlight the leadership of the Chief Executive/Post Graduate Dean and the Senior Management Committee. Both individually and as a team, they have sought to strengthen our interfaces with the wide range of partners, who support our training processes by consistently delivering the necessary education and training, not only in terms of clinical skills development, but also in respect of leadership, innovation and interpersonal skills. The further enhancement of these essential partnerships is, and will remain, a priority for every member of the NIMDTA team.

We have continued to make real progress in delivering the outcomes set out in our strategic and business plans and, in addition, we have embarked on a number of initiatives to further improve the experience of those who are undertaking their training within Northern Ireland.

During the year, there were a number of achievements which I would want to highlight:

- GMC acknowledgement for the high standard of education, training and oversight processes within Northern Ireland following their review;
- The achievements of a number of our doctors in training at national and international levels;
- The continuing high level of outcomes from quality improvement projects conducted by those engaged in the ADEPT Programme;
- The development and introduction of our VALUED strategy to support recruitment and retention of both doctors and dentists;
- The introduction of the Mentoring, Trainee Ambassador and Examination Preparation Programmes;
- Further development of our staff engagement processes through workshops, regular briefings as well as a comprehensive health and well-being programme; and
- Significant progress on the Recognising Trainers Initiative.

We have continued to place emphasis on recruitment and retention by seeking the best possible medical and dental graduates and providing them with the highest quality of education and training. Our vision is ***“To equip, develop and inspire doctors and dentists in training to provide and continuously improve the quality of health care delivery to the population of Northern Ireland”***. A major obstacle in relation to the achievement of this vision arises as a result of vacancies within our programmes, where there are insufficient applicants, or insufficient applicants of the required calibre to be appointed.

We recognise that this difficulty is not specific to Northern Ireland, but it is an issue which must be addressed urgently, if we are to be able to meet the ever increasing future health and social care needs.

We will, of course, continuously review and improve our effectiveness, as we respond to a range of new challenges in the next year. Many of these will be dictated by our external environment with the ongoing uncertainties of the current political situation and the changes which will take place under the Brexit arrangements. NIMDTA will continue to react positively, flexibly and quickly to these changing demands.

Key activities will centre on:

- Adapting training programmes to the projected reconfigurations in both the primary and secondary care sectors;
- Delivering our outcomes and new initiatives within the prescribed financial targets;
- Managing the changes arising from regulatory and statutory requirements;
- Implementing workforce planning initiatives;
- Seeking to minimise the number of vacancies across our programmes, particularly by retaining those who are post-Foundation;
- Developing initiatives to highlight Northern Ireland as an attractive location in which to train and to live;
- Developing meaningful quality measures for evaluating and accrediting all training environments; and
- Continuing to focus on quality improvement and excellence in all areas.

In order for us to be able to respond effectively, it is, however, essential that there continues to be genuine and timely engagement between relevant NIMDTA staff and other regional stakeholders.

Throughout our team, we are confident that we have the skills, commitment and professionalism to deliver the outcomes identified within our current strategic and business plans.

Over the last year, we have been able to operate with a full complement of Non-Executive Board Members, following the appointment in April 2017 of Dr Janet Little as the Medical Member and Garry McKenna as a Lay Member. In addition, Deane Morrice, Chair of the Audit Committee, and Lee Wilson, Chair of the Governance and Risk Committee, were both granted one year extensions.

We were delighted that it was announced in the Queen's Birthday Honours on 17 June 2017 that Margot Roberts was to be awarded an MBE. This was a well-deserved recognition for 37 years of service to trainees, trainers, educators and colleagues at NIMDTA and to postgraduate medical and dental training in Northern Ireland.

Finally, I would like to acknowledge my Board colleagues for their support and reiterate my thanks to ALL members of staff for their dedication over the past year.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', with a stylized, cursive script.

Alistair Joynes, Chair

26 June 2018

## Performance Report

### 1. Performance Overview

#### Chief Executive's Statement on Performance

I am satisfied that NIMDTA has performed well in 2017-18. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £24,145 (0.04%) against a target of 0.25%;
- an outturn of 98.45% in relation to thirty day prompt payments against a target of 95%;
- an outturn of 93.65% in relation to ten day prompt payments against a target of 70%;
- substantive levels were attained across all applicable Controls Assurance Standards;
- an absence rate of staff of 2.1% against a target of 5.5%;
- 100% of referrals to the Professional Support Team were responded to within two weeks against a target of 90%; and
- 97% of hospital based trainers were Recognised Trainers against a target of 90%.

Further narrative on each of the above, as well as other areas of performance, is contained within the body of this report.

#### Purpose & Activities

NIMDTA was established in 2004, under the Health and Personal Social Services Act 1990, as a Special Agency, sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the



highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal.

NIMDTA manages the quality of postgraduate medical and dental education in Health and Social Care (HSC) Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with Local Education Providers (LEPs) to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains Clinical and Educational Supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout Northern Ireland.

The General Medical Council (GMC) is responsible for the regulation of education and training throughout a doctor's career and sets the standards for the delivery of foundation and specialty training, including general practice training.

NIMDTA is accountable to the GMC for ensuring that the standards they set for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the Committee of Postgraduate Dental Deans and Directors (COPDEND) framework for the quality development of postgraduate dental training in the UK.

NIMDTA seeks to enhance the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to carry out these roles on behalf of DoH through attentiveness to the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and with a focus on its key principles of openness and honesty, learning and professional excellence, efficiency and effectiveness, courtesy, respect, innovation and continuous improvement.

### Engagement with Training Partners and Stakeholders

To carry out its roles effectively, NIMDTA works closely with its training partners (five HSC Trusts, Public Health Agency, GP and Dental Practices) and engages with many other regional and national stakeholders.

Representatives from the Queen's University Belfast (QUB) Centre for Medical Education regularly attend NIMDTA's Quality Management and Faculty Development Groups. NIMDTA representatives attend the QUB Centre for Medical Education's Quality Management Group meetings. QUB and NIMDTA have joint working groups on Recognised Trainers, Wellbeing and Resilience, Equality and Diversity, and Careers as well as an overarching collaborative working group.

NIMDTA staff contributed to a number of collaborative meetings, events and initiatives during 2017-18, including the Northern Ireland Health and Social Care Postgraduate Education Forum, Health Foundation Q community, NI Simulation and Human Factors Network, Quality 2020 Showcasing Event, Workshop on Learning, Action and Change from Morbidity and Mortality Meetings, Daisy Hill Hospital Pathfinder Emergency Medicine Group, and the RQIA Hospital Inspection Programme Roundtable.

In 2017-18, NIMDTA participated in established DoH Groups (Medical Leaders' Forum, Medical Education Policy Group, Revalidation Delivery Board, Responsible Officer Forum, Central Medical Advisory Committee, Death Certification Implementation Working Group, Medical Library Advisory Committee, Privacy Advisory Committee, Employer Liaison Group) as well as contributing to working groups on the HSC Leadership Strategy, HSC Workforce Strategy, Acute and Elective Task and Finish Group, Review of Medical Student Places, Design Collaborative for Improvement, Supporting Professional Leadership and Hyponatraemia Recommendations Implementation Liaison Group.

During 2017-18, NIMDTA staff contributed to GMC consultative groups – UK Advisory Forum, Education and Training Advisory Board, Revalidation Oversight Group, Responsible Officer Reference Group, National Training Surveys Group, Quality Leads, Equality and Diversity Advisory Group and Curriculum Oversight Group.

Nationally, NIMDTA members play an active role in the UK Medical Education Reference Group, UK Medical Education Database Advisory Board, Irish Clinical Academic Training (ICAT) Programme Steering Group, national education committees (UK Foundation Programme Executive Committee, COPMED, COPDEND, COGPED, Senior Manager's Group, UK Recognition of Trainers' Forum) as well as subcommittees of these groups (4 Nations Revalidation Oversight Group, Professional Support, Less Than Full Time Training Forum, Academic), Medical and Dental Recruitment and Selection (MDRS) Groups (Programme Board, Quality and Standards, Recruitment Sub-Group, Careers Group), Academy of Medical Royal Colleges Education Committee and Safe Clinical Systems Advisory Group.

During 2017-18, I have been leading the DoH commissioned Review of the Number of Funded Places in Medical School in Northern Ireland. The Foundation School Director has been the President of the Ulster Medical Society. The Director of General Practice Education continued in her role as Chair of National Committee of GP Educators and Directors (COGPED). The Director of Hospital Specialty Training has been contributing as Lead Dean in the UK for Rehabilitation Medicine training and as Co-Editor of the Gold Guide for Specialty Training in the UK.

NIMDTA hosted visits from the Transformation Implementation Group, the Chief Medical Officer and Deputy Chief Medical Officer, DoH Director of Workforce Policy, DoH Director of Transformation, Belfast Trust Chief Executive, RQIA Chief Executive and Medical Director, BSO Chief Executive and BSO Head of Shared Services, Wales Deanery Postgraduate Medical Dean and team, NI Health and Social Care Postgraduate Education Group, Chair of the HSC Leadership Strategy Working Group and the Director of the NI Centre for Pharmacy Learning and Development (QUB).

The GMC undertook a National Review of medical education in NI between February and April 2017. The GMC described the visit to NIMDTA as positive and documented that NIMDTA was working well to implement the GMC's Promoting Excellence standards. The GMC identified three areas of good practice (use of patient safety reports; well organised ADEPT Clinical Leadership Programme; lay representative expertise, scrutiny and externality), four areas that were working well (culture of making people feel valued; strong collaboration with QUB; managing transitions between stages of training; Annual Review of Competence Progression process) and two areas for improvement (awareness of equality and diversity among trainees and trainers; alignment of training posts to the best training opportunities). A National Review Day was held on 18 October 2017 when the GMC published the National Report on this cycle of GMC visits. The overarching National Report on the GMC's visit to Northern Ireland in 2017 can be found at:

[https://www.gmc-uk.org/-/media/documents/ni-national-report-2017-v1-final\\_pdf-72317324.pdf](https://www.gmc-uk.org/-/media/documents/ni-national-report-2017-v1-final_pdf-72317324.pdf)

NIMDTA educators contributed to leading sessions at the NICON Annual Conference, the National Association of Clinical Teachers Multi-Specialty Conference, Developing Excellence in Medical Education Conference (DEMEC), Leaders in Healthcare Conference (BMJ and FMLM), BMA (Northern Ireland) SAS Conference, Royal College of Surgeons in Edinburgh Northern Ireland Conference and the Faculty of Medical Leaders and Managers Leadership Event for Trainees.

### Quality Management

The GMC is responsible for the regulation of education and training throughout a doctor's career and sets the standards for the delivery of foundation and specialty training, including general practice training.

NIMDTA, which is also referred to as the Northern Ireland Deanery, has a crucial role in assuring that the postgraduate training of doctors and dentists is consistent with the delivery of safe care and that doctors are trained to the standards set by the GMC (Quality Management). In line with all UK Deaneries (or equivalent), NIMDTA is required to demonstrate compliance with the GMC standards and ensure that its quality processes support the development and improvement of postgraduate medical education and training within Northern Ireland.

NIMDTA's Quality Management Group oversees this area of work and is chaired by the Director of Hospital Specialty Training. NIMDTA's Quality Management Team led by NIMDTA's Quality Manager coordinates NIMDTA visits and surveys, reports and responses to the GMC.

NIMDTA assesses the performance of training units in LEPs against GMC Standards for Medical Education and Training (Promoting Excellence) and against COPDEND's Standards for Quality Development. During 2017-18, NIMDTA carried out two specialty reviews, seven cyclical visits (including Psychiatry, General Surgery and General Medicine), one scheduled annual review (Paediatric Cardiology), one triggered visit, 34 visits to general medical practices (seven new practice visits; 27 reaccreditation visits) and three Quality Management visits to GP Out of Hours Centres. NIMDTA was involved in visits to six units under Enhanced Monitoring by the GMC. For the recruitment process for the 2017-18 Dental Foundation Training Programme, 29 practices were assessed by NIMDTA. Twenty five practices were appointed and allocated a trainee following interview. A further seven practices had been assessed during the previous year and continued to train in 2017-18 bringing the total up to 32 training practices. During 2017-18 NIMDTA worked with the

GMC to resolve issues identified during the GMC National Review which took place in February and March 2017.

Each year, NIMDTA reviews, modifies and improves existing policies and guidance and develops new policies and guidance in response to new requirements. GMC Standards 'Promoting Excellence' came into effect in January 2016 and the seventh edition of the Gold Guide for specialty training in medicine was launched in February 2018. During 2017-18 NIMDTA reviewed existing processes and guidance and developed new policies in line with the Gold Guide. The GP Specialty Training Committee reviewed GP-specific policies and guidance.

NIMDTA is required to report concerns to the GMC in real time and this is done via Online Dean's Reporting through GMC Connect. Dean's concerns are used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met.

NIMDTA effectively promoted trainee engagement and response to the 2017 GMC National Training Survey (which was published in July 2017) with a final trainee response rate of 99.7%. One undermining concern and fifteen patient safety concerns were raised by trainees through the survey and for each of these NIMDTA followed up with the LEP where the concern occurred. The GMC carried out a Trainer Survey in parallel with the trainee survey during 2017-18 and 56.9% of trainers in Northern Ireland responded to this survey.

### Revalidation

During 2017-18, the Revalidation Operational Group reviewed minutes and reports from national and local groups and forums which oversee Revalidation. The terms of reference of the group and NIMDTA Revalidation Operational Policy were reviewed and adjusted to reflect changes to membership and policy. The group contributed to revised COPMED guidance on making revalidation recommendations for doctors in postgraduate training. Trainee Representatives presented the findings of a survey relating to the reporting of incidents and the level of support received at the Medical Leaders' Forum (September 2017) and Lead Educators' Forum (November 2017).

Throughout the year, as Responsible Officer for postgraduate medical trainees in Northern Ireland, I have been making recommendations to the GMC regarding revalidation of medical trainees. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. During 2017-18, a positive recommendation

was made for 361 doctors in training (76 for GP trainees and 285 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in Northern Ireland since revalidation began to 1,342. There were 249 requests for deferral of the recommendation made for doctors in training. These were due to reasons such as their Certificate of Completion of Training (CCT) date having moved from the time they were first appointed to their programme, or due to changes in the length of time their training was taking place over. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

### Recruitment and Selection

The majority of recruitment to training posts in Northern Ireland is managed by NIMDTA. A small proportion is managed nationally with NIMDTA assessors participating in the process. There are three main recruitment rounds to fill vacancies with some additional recruitment for a number of specialties. NIMDTA works to try and maximise the fill rates whilst ensuring a threshold for appointment is maintained. In August 2017, the Medical Foundation Programme achieved a fill rate of 96% and Medical Specialty Training a fill rate of 83%. At August 2017, there were a total of 185 training posts that were unfilled with the highest vacancy rate within Core Medical Training, Obstetrics and Gynaecology and Paediatrics. The number of vacancies increased to 201 by February 2018 due to resignations, maternity leave, sick leave, completion of training and out of programme training.

In Dentistry, all 32 Foundation posts were filled and 22 dentists were appointed to Dental Core Training. An ST1 post in Oral Surgery was also filled via recruitment in May 2017.

In 2015-16 the Minister for Health announced an increase of 20 posts in General Practice, in addition to the 65 posts that had been previously recruited to training on an annual basis. A subsequent announcement stated there would be expansion to this figure by a further twelve training posts to start in August 2017, and as a result 97 posts were recruited to. In 2017-18 the Minister has announced a further increase of 14 posts in General Practice resulting in 111 available places. NIMDTA has been involved in planning for this expansion in cooperation with HSC Trusts and GP practices.

From August 2017, the following hospital specialties expanded their training programmes: Core Medical Training (1), Radiology (4), Emergency Medicine (7) and Ophthalmology (1). It is anticipated that the Clinical Radiology training programme will further expand in August 2018 in addition to Anaesthetics, Urology and Neurology.

## Delivery of Curriculum and Provision of Additional Training Opportunities

NIMDTA worked with LEPs to deliver programmes of training and was supported by its Medical and Dental Foundation and Specialty Schools in ensuring that the curricula were implemented to the standards required.

NIMDTA delivered generic skills programmes for Foundation and Specialty (iQuest) trainees as well as formal education sessions and examination preparation courses in specialty programmes. Each year this formal education provision is updated in response to changing training requirements. In August 2017, NIMDTA core surgical trainees had a two-day Enhanced Induction (Boot Camp) as a group.

NIMDTA has introduced a VALUED initiative and worked with LEPs and other organisations to promote Northern Ireland as a place to train. NIMDTA staff attended Careers Fairs in Dublin and London. Communication with trainees was facilitated through information leaflets, trainee newsletters and NIMDTA road shows at LEPs.

NIMDTA works in partnership with QUB to promote opportunities for clinical trainees to undertake academic training, to be involved in scholarly activity and to present their research work. During 2017-18, one trainee commenced their Wellcome sponsored Irish Clinical Academic Training (ICAT) programme and two trainees have been appointed to start in August 2018. The prestigious ICAT programme provides 4-year funding to support a trainee to undertake clinical research training. Once again NIMDTA partnered with QUB to run an all-day workshop 'Using Evidence' as part of the iQuest programme in September 2017. In partnership with QUB and the Ulster Medical Society (UMS), NIMDTA organised a very successful Research Day for Trainees in October 2017 informing trainees about opportunities to undertake research as well as providing the stage for trainees to present their research through oral and poster presentations. There were nine appointments to the Clinical Academic Training Programme at Foundation level and four appointments at Specialty level during 2017-18.

During 2017-18, the GP Department delivered 381 courses and training events for those associated with GP Training and has continued to run a Dermatology and Quality Improvement training programme using the ECHO platform. In total 355 events for GP Specialty Trainees, six courses for Practice Managers (including five ECHOs), five days to deliver the Learning and Teaching Course for those GPs interested in becoming GP Trainers, fourteen GP Trainer courses and one Recruitment Assessor Training Day were provided.

The GMC visited the GP Department as part of the National Review in Northern Ireland in February 2017. The GMC identified a number of areas in which they felt the GP Department

demonstrated good practice. Firstly, for their responsiveness to Trainee feedback on curriculum coverage in the implementation of a Dermatology ECHO. Secondly, the GMC reported that they heard consistent feedback from Trainees that the GP Department made every effort to protect training against markedly increasing service pressure.

The GMC reported that the following areas were working well;

- Doctors in training had a positive experience in general practice and were supported by the educational supervisors.
- The quality of supervision in and access to out of hours training was robust.
- There was evidence that management were being responsive to feedback from doctors in training about curricula coverage such as the introduction of ECHO (dermatology).
- The general practice trainer approval and re-approval process was effective.

The following areas were identified as areas for improvement;

- The transfer of information about doctors in training from post to post could be formalised.
- There was relative disconnection between clinical supervisors in secondary care and the general practice programme as a whole.
- Doctors in training in secondary care were less clear on how to raise concerns about patient safety.
- The general practice management teams' involvement in quality management of supervisors and doctors in secondary care was unclear.

The areas for suggested improvement have been formulated into an action plan for the General Practice team to take forward.

NIMDTA's second cohort of ADEPT Clinical Leadership Fellows completed their programme at the start of August 2017. The fellows presented their projects at NIMDTA's Educational Excellence Day in June 2017 at the Stormont Hotel. All of the Fellows have been successful in achieving a Level 7 Certificate in Leadership from the Institute of Leadership and Management. The Fellows have also been inducted into the AlumNI network. The aim of the AlumNI network is to assist with the continuing work of ADEPT colleagues, offering support, advice and guidance and also to give feedback on how their experiences in the ADEPT Fellowship have been put into place in the working environment. The network also aims to assist Fellows in maintaining and developing their leadership skills. The AlumNI network meets three to four times per year.



The third cohort of ADEPT Fellows commenced in August 2017 and have been based in the Western HSC Trust, South Eastern HSC Trust, Belfast HSC Trust, Southern HSC Trust, co-sponsored between RQIA and the HSC Leadership Centre, HSC Board and the Northern Ireland Medical & Dental Training Agency. The Fellows participated in the National Induction with all clinical leadership fellows from England, Scotland and Wales in September 2017 hosted by the Faculty of Medical Leadership and Management. In addition to receiving formal leadership training, undertaking leadership insight visits, editing trainee newsletters, the Fellows have participated in the Northern Ireland Simulation and Human Factors Network Conference, attended nationally organised events such as Developing Excellence in Medical Education Conference in November 2017 and the forthcoming National Scottish Medical Education Conference April 2018. A fourth cohort of eleven trainees will commence the ADEPT Clinical Leadership Fellow programme in August 2018.

The Royal College of Physicians' Chief Registrar Scheme is a healthcare leadership and management development role and appointees contribute to quality improvement, education, local service re-design and workforce transformation activity. NIMDTA participated in the pilot of this during 2016-17 with two Chief Registrars being appointed in the Belfast and Northern HSC Trusts. Northern Ireland did not participate during 2017-18; however both the Northern and Southern HSC Trusts intend to appoint to this scheme from August 2018.

NIMDTA's Simulation team has continued to support and develop the Northern Ireland Simulation and Human Factors Network (NISHFN) by creating a number of new Special Interest Groups within the Network to accelerate the development and delivery of simulation-based education and Human Factors training in a range of subspecialty areas. This process was assisted by the development of a dedicated NISHFN website and bi-monthly newsletter. NIMDTA's Simulation team continued to create links with stakeholders in other professions and educational and regulatory bodies and delivered a very successful multi-professional NISHFN Conference in October 2017. The team helped to develop and pilot a new multi-professional course in Human Factors, continued the delivery of the regional simulation faculty development programme and completed a Quality 2020 Task *'Improving Patient Safety through Multi-disciplinary simulation and human factors training'*.

NIMDTA's leadership and quality improvement programme (ENGAGE) for final year trainees in GP and Hospital Specialty training continued into a second year in 2017-18 with 32 higher trainees enrolled. The programme was delivered in collaboration with the HSC Leadership Centre on Monday evenings from November 2017 and is due to complete in June 2018. The core principles of the programme are to develop clinical leaders of the future, enabling them to work collaboratively to implement quality improvement and meaningful leadership.

The second annual NIMDTA Educational Excellence Day took place on Wednesday 14 June 2017 in the Stormont Hotel, with opening remarks from the Chief Medical Officer and keynote address from the Permanent Secretary to Northern Ireland Department of Health, who assisted with the presentation of awards for Excellence in Clinical Education, Excellence in Exam Results, Excellence in Quality Improvement, Excellence in Research, Outstanding Contribution to Society and Recognition by National Award. Trainees who achieved Certificates in Completion of Training during 2016-17 were acknowledged. ADEPT Clinical Leadership Fellows presented their projects to a distinguished panel of judges consisting of the Chief Medical Officer, Head of HSC Leadership Centre and the Director of Integrated Care at the HSC Board. This event saw the launch of the new and innovative VALUED Strategy which was developed with the ADEPT Fellows.

### Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal. In 2017-18, a total of 1,790 trainees were assessed using the Annual Review of Competence Progression (ARCP) process; 1,274 were specialty trainees and 516 were foundation trainees. In Specialty Training, 223 trainees completed their training, 871 achieved satisfactory progress, 128 had unsatisfactory outcomes and 52 trainees were Out of Programme. In Foundation Training, 256 F2 trainees completed their training, 259 F1 trainees achieved satisfactory progress to enter F2 and one had an unsatisfactory outcome. There was one appeal against ARCP Outcome 3 (Inadequate progress by the trainee – additional training time required) in hospital specialty training during 2017-18 which the appeal panel upheld.

In General Practice, 48 trainees finished their training during 2017-18. The ARCP process showed that 154 trainees achieved satisfactory progress, nine had unsatisfactory outcomes and three trainees were Out of Programme due to maternity leave. This number is relatively small in comparison to previous years as there has been a change to the process for recording Out of Programme due to maternity.

In Dentistry, 30 Foundation dentists achieved satisfactory completion, whilst two trainees resigned from training mid-year. Two extensions to Dental Foundation training were facilitated to enable satisfactory completion. Appraisals were carried out for all Dental Core Trainees. In Dental Specialty Training, two Specialty Registrars completed their Post-CCST training whilst five specialty registrars achieved satisfactory progress at ARCP.

## Professional Support

The Professional Support Unit (PSU) at NIMDTA is led by the Associate Dean for Careers and Professional Support, Dr Camille Harron, and the Professional Support Development Officer, Mrs Elaine Fugard. The Unit provides one-to-one support and guidance to medical and dental trainees experiencing challenges or seeking career advice. Trainees may be referred by trainers or self-refer to the unit. Referrals are discussed at monthly Trainee Review Group meeting which are chaired by the Associate Dean.

The Professional Support Committee continues to oversee strategy and delivery of Professional Support. This committee is chaired by the Professional Support Manager, Ms Roisin Campbell and meets up to five times yearly. Initiatives overseen by the committee this year have included development of case management and data capture facilities, production of quarterly reports on PSU activity and introduction of new services based on educator and user feedback e.g. learning assessments.

A total of 127 new referrals to the Professional Support Unit were received in 2017-18. This reflects a greatly increased workload from the new referral rate of 41 in 2016-17.

New referrals broken down by area of training as below:

Area of Training	Number of Referrals
Dental	3
Foundation	22
GP	12
Hospital Specialty	89
Other HSC [non-training]	1
<b>Total</b>	<b>127</b>

As of March 2018, there are 157 trainees with active status on the professional support database broken down as:

Status	Number of Trainees
New Referral	17
TRG Active	57
PSU Active	48
TOI	27
On Hold	6
Reactivated	2
<b>Total</b>	<b>157</b>

Reasons for referral are often multifactorial, however, performance and health have presented as the most frequent reasons for referral during this period. Thirty one trainees were seen for one-to-one careers counselling.

The PSU contributes to Faculty & Trainee development events. These include organisation of the Annual Professional Support Faculty Development day, level one and two Trainee Support courses for Recognition of Trainers delivered both by NIMDTA and within Trusts and delivery of mentoring training in support of the Peer Mentoring Scheme. An iQUEST module on trainee support is also delivered to senior trainees. Careers Education includes provision of careers talks to Foundation One doctors on Trust sites, delivery of generic skills modules on career decision-making to all Foundation Two doctors and delivery of an iQUEST module on CV development and resilience.

Other projects within Professional Support include expansion of the Mentoring Scheme to all Foundation doctors, doctors new to training in Northern Ireland, and a specialty specific mentoring pilot within Obstetrics and Gynaecology, co-chairing the joint NIMDTA/QUB professional Wellbeing and Resilience group and development of a joint QUB/NIMDTA Equality and Diversity Group. The PSU continue to host an ADEPT fellow aiming to progress the VALUED strategy aiming to Attract, Welcome, Develop, Celebrate and Support Doctors in Training in Northern Ireland. PSU hosted a standalone workshop on exam progression, presented a VALUED workshop, and two posters at the DEMEC conference in November 2017.

## Trainee Engagement

NIMDTA continues to engage with trainees through welcome evenings, induction events, Formal Education sessions, Deanery visits, ARCP panels, one-to-one meetings, focus groups, publication of information on NIMDTA's website, email announcements, School Boards and Training Committee, Trainee Fora, Trainee Surveys and Trainee newsletters. The second NIMDTA Welcome Evening for specialty trainees new to Northern Ireland took place in August 2017. This event was facilitated by the Trainee Forum, Educators and Education Management teams in conjunction with NIMDTA Professional Support, the BMA and the GMC.

Trainee engagement roadshows commenced in November 2017 and provide the opportunity for trainees to discuss concerns and feedback on their current and previous training placements. This also provides NIMDTA with the opportunity to interact with both trainees and also doctors not currently in training posts. Roadshows will take place across all Trusts during 2017 and 2018.

NIMDTA launched the VALUED Strategy at the Educational Excellence Day at the Stormont Hotel on Wednesday 14 June 2017. A number of initiatives have been developed under this strategy to attract, welcome, support and encourage doctors to remain in Northern Ireland and to ensure that trainees are valued. NIMDTA is developing a SUCCEED strategy which will be launched at the Educational Excellence Day in June 2018. The aim of this strategy is to enhance the care of patients by proactively supporting NIMDTA doctors and dentists in training to enjoy their training, successfully progress, complete training and be appointed to permanent posts in Northern Ireland.

NIMDTA engaged with prospective trainees at both the Health Sector Jobs Fair in Dublin and the BMJ Careers Fair in London during October 2017 to provide further information on training opportunities and promote Northern Ireland as a location for doctors to train and remain. Trainee Engagement events during 2017-18 included: Welcome Evenings (Foundation - July; Specialty - August), Trainee Research Day (October), Educational Excellence Day (June), Next Steps Careers Evening (November), ADEPT Open Night (January) and Mentoring launch (January).

Trainee success is celebrated on the NIMDTA website and in NIMDTA trainee newsletters. During 2017-18, Medical Foundation, Core Medicine, Paediatrics, GP and Hospital Specialty continued to issue regular newsletters to trainees.

## Educational Faculty and Faculty Development

NIMDTA continued to be very active in developing its Faculty of Educators during 2017-18 with a wide range of workshops (ARCP, Recruitment and Selection, Leadership Skills, Facilitation Skills, Unconscious Bias), its annual Professional Support Faculty Development Study Day in November 2017 and the flagship Clinical Education Day (with QUB) in September 2017. At the Clinical Education Day there were invited contributions from the GDC and GMC, the Wales Deanery and Scottish Government, University of Liverpool, QUB, from the Chief Medical Officer, the GMC Director of Education and Standards, Point of Care and the King's Fund with particular focuses on Thoughtful Leadership, Shape of Training, Technology Enhanced Learning and Health and Wellbeing 2026: Delivering Together.

NIMDTA supports its educators through the Lead Educator newsletter (launched in April 2015) and through the Lead Educators' Forum (Hospital Specialty) who meet quarterly, the biannual GP Training Programme Director training days and through the Foundation Programme Directors Group, who meet three times per year.

During 2017-18, NIMDTA supported 33 educators and trainers working towards university level qualifications in clinical education (twenty one GP; four Dental; and eight Hospital Foundation/Specialty).

## Recognised Trainers

NIMDTA has continued to work on the full implementation of the Northern Ireland Recognised Trainers Programme (STATUS) during 2017-18. At the end of March 2018, 879 out of a total of 921 trainers were fully recognised (95%). Following new facilitator recruitment induction and training, a full timetable of Achieving Recognition and Maintaining Recognition Courses has been run throughout the academic year with the introduction of Quality Improvement training and Mentoring workshops for trainers. The appraisal of trainers has been supported by the use of a joint NIMDTA and QUB annual education review forum. The forum has been created with medical education centre staff from the HSC Trusts to further improve links and transfer of data regarding recognition of trainers.

NIMDTA was successful in achieving recurrent funding from the DoH of £2.4m during 2017-18 to support the Time to Train initiative which has sought to provide trainers, through top-up funding, with one hour of education-related activities/trainee per week.

NIMDTA appointed an Associate Dean for Recognised Trainers in May 2017. The Associate Dean represented NIMDTA at the UK Recognition Forum in May 2017. A Recognised Trainer newsletter was launched in February 2017, providing information on current developments in medical education, and continues to be published quarterly. The first Trainer Roadshow was held in January 2018 and further roadshows have been planned for April 2018. A social media presence for Recognised Trainers has been created and the trainer section of the NIMDTA website has been updated.

### Continuing Education and Career Development

Continuing professional development is provided for trained dentists and dental care professionals at various locations throughout Northern Ireland. During 2017-18, 1,937 members of the dental community attended various educational opportunities through NIMDTA's Continuing Education Calendar courses. In addition, a series of 'In-practice' training events on radiography and safeguarding of both children and adults were provided. In 2017-18 NIMDTA provided a course to enable dental nurses from community, general practice and hospital services to obtain the National Examining Board for Dental Nurses certificate in special care dental nursing.

The successful Practice Management Programme endorsed by The Institute of Leadership and Management (ILM) was delivered once more and was also further developed to cover the advanced Level 2. Training was provided for dental nurses working in community dental services on cognitive behavioural therapy and fluoride application. safeTALK training was delivered province wide. Continuing Professional Development was also offered on a 'bespoke' basis for individual practices across the region.

The GP Department, in collaboration with the HSCB, has been working to implement schemes to recruit, retain, and induct GPs into the Northern Ireland workforce. During 2017-18, six doctors completed the Returner Scheme. Two doctors are currently participating in the Returner Scheme. There are currently 22 doctors participating in the Retainer Scheme.

### GP Appraisal

NIMDTA co-ordinates and manages appraisal for all General Medical Practitioners in Northern Ireland underpinned by a Service Level Agreement with the HSCB. The NIMDTA Appraisal team meets with the HSCB revalidation team quarterly. NIMDTA organised two full day GP Appraisal Conferences during 2017-18 (June and November 2017) which received very good feedback. In addition, Lead Appraisers have had one training day during the year.

All GPs on the Northern Ireland Performers list, unless granted “extenuating circumstances”, are required to undergo annual appraisal. A total of 1,585 GP appraisals were undertaken in 2017-18. The GP Department at NIMDTA works closely with the HSCB to facilitate the flow of information to the Responsible Officer in the HSCB. The following table summarises the status of GPs who underwent appraisal in 2017-18.

Self-declared status	Total†
Partner	1,116
Sessional	271
Salaried	117
Solely Out of Hours	52
Other*	29

\*Other includes returners, retainees and Associate GPs

#### Post-Registration Education and Training (PRET Review)

Although NIMDTA had been informed in April 2015 of the DoH’s intention to establish a project management structure to oversee the PRET review, NIMDTA has received no further written communication about the review during 2017-18.

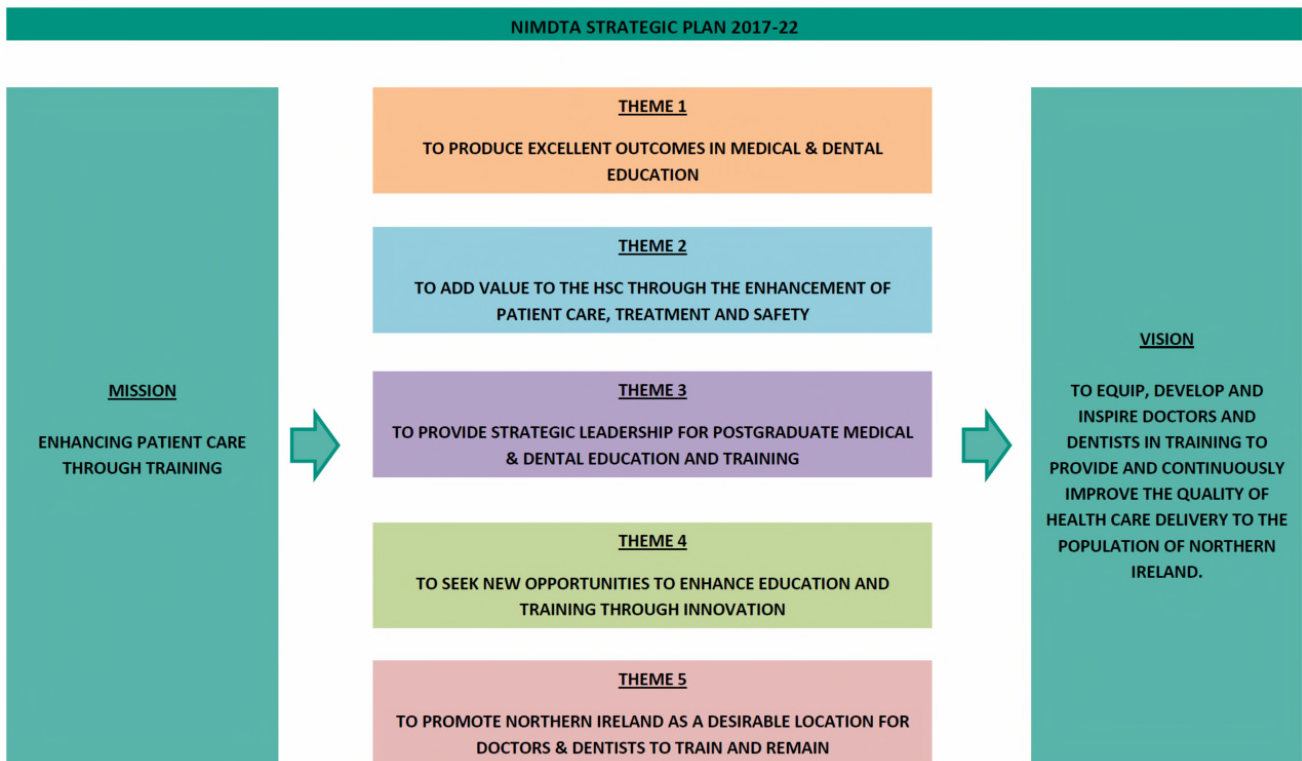


## Performance Report

### 2. Performance Analysis

In June 2017 the NIMDTA Board approved its Strategic Plan 2017-22.

The Strategic Plan is based around the following themes:



The Business Plan 2017-18 sets out the business objectives for the first operational year of the Strategic Plan 2017-22. The Business Plan was used to effectively co-ordinate resources and activities across the organisation in order to deliver identified objectives and was the focus for translating NIMDTA’s strategic themes into action.

## Performance Against Key Performance Indicators

NIMDTA monitors performance through the use of a Corporate Scorecard which is considered by the Board at regular intervals.

The following table shows NIMDTA's performance against the key performance indicators which are reviewed on the scorecard:

<b>CORPORATE SCORECARD 2017/18</b>		
	<b>KPIs</b>	<b>Status</b>
<b>1</b>	90% of referrals to the Professional Support Team will be responded to within two weeks	<b>ACHIEVED [100%]</b>
<b>2</b>	90% of hospital based trainers are recognised trainers	<b>ACHIEVED [97%]</b>
<b>3</b>	Staff absence rate will be less than 5.5%	<b>ACHIEVED [2.1%]</b>
<b>4</b>	30 day (95%) prompt payment targets will be met	<b>ACHIEVED [98.45%]</b>
<b>5</b>	10 day (70%) prompt payment targets will be met	<b>ACHIEVED [93.65%]</b>
<b>6</b>	Learning and Development Agreements are circulated to local education providers by April	<b>ACHIEVED [100%]</b>
<b>7</b>	80% of postings will be disseminated to LEPs 8 weeks before the post start date	<b>ACHIEVED [82.3%]</b>
<b>8</b>	10% of ARCP outcomes will be subjected to external review	<b>ACHIEVED [19.2%]</b>
<b>9</b>	Annual appraisal is offered to 100% of GPs on the performers' list	<b>ACHIEVED [100%]</b>
<b>10</b>	90% core subjects are covered within Dental CE courses	<b>ACHIEVED [100%]</b>
<b>11</b>	Substantive compliance in all applicable controls assurance standards will be achieved	<b>ACHIEVED [100%]</b>
<b>12</b>	Breakeven as defined by DoH will be achieved	<b>ACHIEVED [0.04%]</b>

## Finance

During 2017-18, NIMDTA achieved a financial break even position, with a surplus against RRL of £24,145 (0.04%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 24.3 within the accounts.

DoH requires that Agencies pay their non-HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules.

NIMDTA achieved an outturn of 98.45% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (70%) was 93.65%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.

There were no bad debts written off in the year.

There have been no post balance sheet events having a material impact on the accounts and there have also been no charitable donations in excess of £250.

### Human Resources

NIMDTA recognises the importance of collective leadership and empowering its staff. The key corner stone is having effective communication and engagement.

During this period NIMDTA held three staff engagement sessions and two staff briefings. The views of employees were sought at these sessions as well as through departmental meetings and through staff surveys.

NIMDTA places high value on supporting the Health & Wellbeing of staff. During this period NIMDTA participated in the Health Matters (Northern Ireland) Health Survey. An action plan has been produced as an outcome of this, which will be undertaken over the next three years. The Health & Wellbeing and Staff Development Group continue to meet on a quarterly basis. NIMDTA continues to support an hour per week for staff to undertake exercise and during this period staff participated in a Swimathon, Parkrun and a staff walk. Wellbeing events were also provided on Emotional Resilience, Gratitude and Appreciation, Colour Breathing, Managing your health and Care in the sun. The wellbeing choir 'NIMDTA Notes' continues to meet monthly and entertains staff at staff events.

During this year Staff Development Workshops were provided on Appraisee Skills, Appraiser Skills, Minute Taking Skills and Professional Self-Management.

NIMDTA supports the development of its staff and worked in conjunction with the HSC Leadership Centre to provide a number of opportunities for staff. A development programme for Band 3 and Band 4 staff, as well as a leadership programme for Band 5 and Band 6 Managers were provided through this collaboration. The leadership programme was accredited at ILM Level 5 and provided an opportunity for the nine participants to undertake a quality improvement project. Participants will present their quality improvement poster at a staff workshop in 2018-19.

One member of staff has been supported to undertake a Master's Degree in Business Improvement, with a further member of staff supported to undertake a Master's Degree in Career Development and Counselling. A number of Educators were also sponsored to undertake a Certificate or Diploma or Masters in Medical Education.

During 2017-18, there were 2,742 hours lost due to sickness within NIMDTA. This represents a loss rate of 2.1%. This is well below the DoH target of 5.5%.

NIMDTA recruited 22 Education Management staff across the Corporate, Business Management, Education Management, GP and Hospital departments.

NIMDTA participates in the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. NIMDTA makes employer contributions of 16% of gross pay under the Universities Superannuation Scheme and 16.3% of gross pay under the HSC Superannuation Scheme. Further information in relation to how this is treated in the Accounts is provided in the Remuneration Report (p62 onwards).

NIMDTA has updated its Equality Scheme and produced an Equality Action Plan and Disability Action Plan for 2018-2023. NIMDTA participated with the other small agencies in a joint consultation of their Equality and Disability Action Plans. Feedback from this consultation will be implemented within the action plans.

### Corporate Governance

NIMDTA met the DoH requirement for substantive compliance with all of the HSC Controls Assurance Standards. Further the Governance, Risk Management, Financial Management, and Fire Safety Standards were verified and benchmarked by Internal Audit. The effective management of risk remains key to delivering the business of NIMDTA and robust systems have been put in place to ensure that the identification and management of risk is embedded throughout the organisation.

A full overview of the governance framework in operation within NIMDTA is provided in the Corporate Governance Statement (p37 onwards).

NIMDTA published its Annual Quality Report in November 2017. This report is available online at the following link:

<http://www.nimdtg.gov.uk/about/corporate-services/annual-reports/>

## Social & Community Issues

Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as how service users, patients, clients and carers (including the public), can have their say about care and treatment and the way services are planned and delivered.

Personal refers to service users, patients, carers, consumers, customers or any other term to describe people who use HSC Services as individuals or as part of a family. Public refers to the general population and includes locality, community and voluntary groups and other collective organisations. Individuals who use HSC services are also members of the general public. Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

As an HSC organisation NIMDTA has a statutory responsibility to ensure that the PPI agenda is delivered throughout its work. As part of NIMDTA's PPI strategy, lay representatives are involved in many different functions.

## Environmental Management

NIMDTA recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are considered in respect of decisions, policies and practices to ensure that the impact of the work of NIMDTA on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2017-18, NIMDTA co-ordinated this area of work through its Environmental Management Policy.

## Factors affecting NIMDTA Performance

It is a continual challenge to deliver postgraduate medical and dental education of a high quality in the presence of increasing governance and regulatory requirements, repeated cuts to NIMDTA's budget, increasing shared services (outsourcing of finance, human resources and corporate functions increasing dependence on external agencies), as well as increasing vacancies in training posts, diverging healthcare systems and postgraduate medical and dental training approaches in the four UK countries.

Further information in relation to the challenges presented is set out in the Long Term Expenditure Challenges section of the Audit & Accountability Report.

## Long Term Expenditure Trends

The following trends will impact future budgetary considerations:

- The introduction of the Apprenticeship Levy in April 2017 means that NIMDTA continues to incur recurrent expenditure in this regard without a commensurate increase in allocation from DoH;
- Any future pay uplifts in relation to staff salary may have to be absorbed within NIMDTA's budget as to date there has not been a commensurate increase in allocation from DoH;
- Any future changes to employer contributions and costs may have to be absorbed within NIMDTA's budget as there may not be a commensurate increase in allocation from DoH;
- The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly; and
- On 29<sup>th</sup> March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. Any subsequent changes in legislation, regulation and funding arrangements are subject to the outcome of the negotiations.

### Cost of Audit

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2018 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in relation to the accounts for the year ended 31 March 2018 was £10,500.

### Accounts Direction

The accounts for the year ended 31 March 2018 have been prepared in a form determined by DoH based on guidance from DoF's Financial Reporting Manual (FRM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

A handwritten signature in black ink that reads "Keith Gardiner". The signature is written in a cursive style with a long, sweeping tail on the letter 'r'.

Professor Keith Gardiner  
**Chief Executive/Postgraduate Medical Dean**

26 June 2018

## Accountability Report

### 1. Governance Report

#### a) Director's Report

#### The Role of the Board

The NIMDTA Board is responsible for the strategic direction and control of NIMDTA's activities and comprises a non-executive Chair and five non-executive members (three lay members, one medical member and one dental member).

The Board delegates specific areas of work to its three sub-committees (Audit, Governance and Risk, Remuneration) as well as to the Senior Management Committee. An overview of the work of the Board is provided in the Governance Statement.

The names, roles and external interests of the Board Members are listed in the Table below.

Name	Role	External Interests
Mr Alistair Joynes	Non-Executive Chair	Alistair Joynes Associates, Management Consultancy
Mr Deane Morrice MBE	Non-Executive Lay Member	Independent Non-Executive Member of the Northern Ireland Housing Executive Audit Committee Member of the QUB Investment Committee
Mr Lee Wilson	Non-Executive Lay Member	Non-Executive Board Member of Northern Ireland Social Care Council
Dr Derek Maguire	Non-Executive Dental Member	DJ Maguire & Associates Ltd, Dental Practice (Partner with wife)
Dr Janet Little OBE	Non-Executive Medical Member	Belfast Health & Social Care Trust (to review Morbidity & Mortality)
Mr Garry McKenna	Non-Executive Lay Member	Department for Infrastructure (Northern Ireland) - Full time employee, present Head of Transport Legislation Courts & Tribunal Service - Lay Magistrate Rates & Valuation tribunal - Lay Member of the Tribunal Society of St Vincent de Paul - Conference President and Secretary to the North Belfast Area Council



### Audit Sub-Committee

The Audit Sub-Committee supports the Board by providing an independent and objective review of financial systems and information, the adequacy and effectiveness of the systems of internal control, as well as compliance with the law and appropriate guidance.

An overview of the membership and work of the Audit Committee is provided in the Governance Statement.

### Governance and Risk Sub-Committee

The Governance and Risk Sub-Committee supports the Board by providing oversight of NIMDTA's corporate governance framework. This includes areas such as the implementation and development of an embedded and proactive culture of risk management, the management and investigation of complaints, incidents, and accidents, and the arrangements in place for the processing, transferring, safe keeping and disposal of information records within NIMDTA.

An overview of the membership and work of the Governance & Risk Committee is provided in the Governance Statement.

### Remuneration Sub-Committee

The Remuneration Sub-Committee supports the Board by considering the remuneration and terms of service of the Chief Executive, Directors, Senior Managers and all other staff to ensure that they are fairly rewarded for their contributions to the organisation.

An overview of the membership and work of the Remuneration Sub-Committee is provided in the Governance Statement.

## Senior Management Committee

The Senior Management Committee (SMC) supports the Board through the provision of operational oversight of NIMDTA and the delivery of its services, ensuring that the structures and processes in place, as it strives to deliver excellence, are robust and adequate.

During 2017-18 the membership of the Senior Management Committee was as follows:

Name	Role
Prof Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Dr Brid Hendron	Postgraduate Dental Dean
Dr Ian Steele	Director of Hospital Specialty Training
Ms Angela Carragher	Director of Foundation School
Ms Roisin Campbell	Professional Support Manager
Mr Mark McCarey	Governance, IT and Facilities Manager
Ms Paula Black	Business Manager
Ms Denise Hughes	Education Manager

An overview of the work of the Senior Management Committee is provided in the Governance Statement.

## Reportable Data Breaches

There were two data related incidents reported during 2017-18. Both incidents involved the disclosure of information via email. The incidents were reviewed internally and NIMDTA sought advice from BSO Corporate Services in relation to whether either incident was reportable to the Information Commissioner's Office (ICO). The advice received was indicated neither incident was a reportable breach.

A further data incident occurred in April 2018 and is currently being investigated. This incident has been reported to the ICO and DoH.

### Register of Interests

Interests are recorded on NIMDTA's Register of Interests, (copies can be made available on request). Interests of Board Members are recorded within the Accountability Report. There were no significant conflicts of interest for NIMDTA Board members or staff during the year.

### Statement of Disclosure to Auditors

In my role as Accounting Officer I am not aware of any relevant audit information of which the NIAO is not aware. As Accounting Officer I have taken all steps to make myself aware of any relevant audit information and ensure that the NIAO is informed. I confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable. I take personal responsibility for the judgements required to determine this.

## **b) Statement of Accounting Officer Responsibilities**

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed NIMDTA to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of NIMDTA, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FREM) and in particular to:

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that NIMDTA will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of NIMDTA; and
- Pursue and demonstrate value for money in the services the NIMDTA provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Keith Gardiner as the Accounting Officer for NIMDTA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding NIMDTA's assets, are set out in the Accountable Officer Memorandum, issued by DoH.

## c) Corporate Governance Statement

### 1. Introduction/Scope of Responsibility

The Board of NIMDTA is accountable for internal control. As Accounting Officer and Chief Executive of NIMDTA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH.

Specifically, NIMDTA has the following key relationships through which it must demonstrate a required level of accountability:

- NIMDTA, as an Arm's Length Body of the DoH, is subject to twice yearly Accountability Reviews with the Permanent Secretary and quarterly bi-lateral meetings with its Sponsor Branch (Workforce Policy Directorate). On the 22 December 2016, DoH issued the Medical and Dental Training Directions (Northern Ireland) 2016. The Directions state that NIMDTA is to exercise DoH's training function in relation to postgraduate training programmes for medical and dental clinicians. Further, a Management Statement and associated Financial Memorandum between DoH and NIMDTA sets out the strategic control framework within which NIMDTA is required to operate.
- NIMDTA is accountable to the GMC for ensuring that the standards set by the GMC for training, educational structures and processes are achieved. NIMDTA is the designated body for the revalidation of doctors in training within Northern Ireland. The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors keep their professional knowledge and skills up to date and are practising to the standards defined by Good Medical Practice. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, is required to evaluate their fitness to practise and advise the GMC accordingly through revalidation recommendations. Revalidation is the process through which the GMC confirms that a doctor's license to practise will continue.

In addition, NIMDTA meets with the HSCB and PHA on a quarterly basis to discuss any potential patient safety issues, areas of concern or service pressures. NIMDTA also meets at least annually with each of the five Health and Social Care Trusts to monitor compliance with the Learning and Development Agreement (LDA) for the provision of postgraduate medical and dental training and education.

NIMDTA has regular meetings with QUB regarding the governance of the Foundation Training Programme, academic training, quality management, faculty development and professional support.

NIMDTA also reports to each UK Royal College/Faculty through NIMDTA's Training Programme Directors on the quality of training within each Specialty Training Programme.

NIMDTA has a Service Level Agreement (SLA) with the Business Services Organisation (BSO) for the provision of monthly reconciliation of control accounts and annual accounts preparation, legal services, internal audit, equality, procurement, information technology services, human resources, corporate services and shared services for accounts payable, accounts receivable and payroll. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

## 2. Compliance with Corporate Governance Best Practice

The Board of NIMDTA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIMDTA does this by undertaking continuous assessment of its compliance with corporate governance best practice and by exercising strategic control over the operation of the organisation through a system of corporate governance. This includes:

- A clearly articulated strategic plan supported by an annual business plan;
- Regular reports to the Board on performance against key performance indicators and objectives;
- A clear definition of the roles and responsibilities of the Board and the scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- Clear procurement regulations set out in the Standing Financial Instructions and supported by detailed procedures;
- An established structure of standing committees of the Board with clearly defined remits including the Audit Committee, Governance & Risk Committee and Remuneration Committee;
- A comprehensive programme of internal audit review;
- A Whistleblowing Policy and Complaints Policy and regular reporting of complaints to the Board;

- An induction programme for all new Board members and provision of development opportunities;
- Clear channels of communication with all stakeholders including Accountability Review meetings with DoH;
- Evaluation of the Board's performance through annual appraisal;
- A Board Governance Self-Assessment Tool; and
- An Audit Committee Self-Assessment Checklist.

In line with good practice, NIMDTA takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

The Board conducted a self-assessment for the year ended 31 March 2018 and assessed itself to be compliant with the Corporate Governance Code in all areas with no red flags identified. Further, the Audit Committee carried out a self-assessment against the National Audit Office checklist and achieved a compliant outcome.

### 3. Governance Framework

The NIMDTA Board has corporate responsibility for ensuring that NIMDTA complies with any statutory or administrative requirements for the use of public funds, for fulfilling the aims and objectives set by the Minister and for promoting the efficient, economic and effective use of staff and other resources. Other important responsibilities of Board members are to:

- Ensure that high standards of corporate governance are observed at all times, including using NIMDTA's Audit Committee to address the key financial and other risks facing NIMDTA;
- Ensure that DoH is kept informed of any changes which are likely to impact on the strategic direction of NIMDTA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- Ensure that the Board receives and reviews regular financial information concerning financial management; is informed in a timely manner about any

concerns about financial activities; and to provide positive assurance to DoH that appropriate action has been taken on such concerns;

- Establish the overall strategic direction of NIMDTA within the policy and resources framework agreed with DoH;
- Ensure that NIMDTA's performance fully meets its aims and objectives as efficiently and effectively as possible;
- Ensure that any statutory or administrative requirements for the use of public funds are complied with, that the Board operates within the limits of its statutory authority and any delegated authority agreed with DoH, and in accordance with any other conditions relating to the use of public funds;
- Ensure that, in reaching decisions, the Board has taken into account any guidance issued by DoH and any other relevant organisations, such as the Department of Finance (DoF), the Equality Commission or the Human Rights Commission;
- In the development of significant new policies, the Board consults with DoH and other relevant organisations as is considered appropriate; and
- Appoint the Chief Executive and, in consultation with DoH, set remuneration terms for that post.

### The Board

The Board, as constituted, is composed of the Chair and five non-executive members, which include one medical member and one dental member. Dr Janet Little was appointed as the medical member with effect from 1 April 2017. Mr Garry McKenna was appointed to a further non-executive vacancy, this post also took effect from 1 April 2017.

Although no executive director sits on the Board, members of the Senior Management Committee are in attendance at all Board meetings and report directly to the Board. The Board provides a forum for discussion on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk.

Formal meetings of the Board were held on eight occasions, and there were also four Board workshops.



Attendance of members of the Board at formal Board meetings was as follows:

Board Member	% Attendance
Mr Alistair Joynes (Chairman)	100% [8 of 8]
Mr Deane Morrice MBE	75% [6 of 8]
Mr Lee Wilson	100% [8 of 8]
Dr Derek Maguire	100% [8 of 8]
Dr Janet Little OBE	75% [6 of 8]
Mr Garry McKenna	87.5% [7 of 8]

The Chief Medical Officer is responsible for the annual appraisal of the Chair of the Board and Board members are, in turn, appraised annually by the Chair. Appraisals were completed for the Chairman and three Board members during 2017-18. First appraisals for the two newly appointed Board members will be held in 2018-19.

#### The Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of NIMDTA's activities. The Audit Committee, which is chaired by a member of the NIMDTA Board, met four times during 2017-18. The attendance rate was as follows:

Member	% Attendance
Mr Deane Morrice MBE (Chairman)	75% [3 of 4]
Mr Lee Wilson	100% [4 of 4]
Dr Derek Maguire	100% [4 of 4]
Dr Janet Little OBE	50% [2 of 4]
Mr Garry McKenna	75% [3 of 4]

Activities of the Audit Committee during the year included the following:

- Review and approval of the Internal Audit Strategy and Plan;
- Review of the External Audit Plan;
- Review of the Mid -Year Assurance Statement and Governance Statement;
- Review of the reports and management responses to the internal audit assignments;
- Review of the Annual Report and Accounts prior to submission to the Board;
- Review of the Report to those Charged with Governance from the external auditors;
- Review of the structures, processes and responsibilities for identifying and managing key risks;
- Review of policies and procedures for ensuring compliance with regulatory, legal and code of conduct requirements; and
- Completion of the Audit Committee Self-Assessment Checklist.

### The Governance and Risk Committee

The Governance and Risk Committee oversees NIMDTA’s governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. The Governance and Risk Committee, which is chaired by a member of the NIMDTA Board, met five times during 2017-18.

The attendance rate was as follows:

Member	% Attendance
Mr Lee Wilson (Chairman)	60% [3 of 5]
Mr Deane Morrice MBE	60% [3 of 5]
Dr Derek Maguire	60% [3 of 5]
Mr Alistair Joynes	100% [5 of 5]
Dr Janet Little OBE	80% [4 of 5]
Mr Garry McKenna	60% [3 of 5]

The activities of the Governance and Risk Committee during the year included the following:

- Review of the corporate and departmental risk registers;
- Assessment and grading of risks;
- Review and approval of new and revised policies and procedures;

- Review of the Standing Orders of the Board and Sub-Committees and associated Schedules;
- Discussion and grading of complaints and incidents including data related incidents;
- Review of information requests;
- Review of NIMDTA’s Business and Strategic Plans; and
- Consideration of the implications of issues identified in relation to Day 1 EU Exit.

### The Remuneration Committee

The Remuneration Committee makes recommendations to the Board on the remuneration and terms and conditions of the Chief Executive and the Executive Directors. The Committee met once during 2017-18, and its recommendations were ratified by the Board.

The attendance rate was as follows:

<b>Member</b>	<b>% Attendance</b>
Mr Alistair Joynes (Chairman)	100% [1 of 1]
Mr Deane Morrice MBE	100% [1 of 1]
Dr Derek Maguire	100% [1 of 1]
Mr Lee Wilson	100% [1 of 1]
Dr Janet Little OBE	100% [1 of 1]
Mr Garry McKenna	100% [1 of 1]

### The Senior Management Committee

The Senior Management Committee is responsible for overseeing the operational management of NIMDTA’s business and provides assurances to the Board, through the provision of accurate and timely information that the services delivered are effective, of high quality and comply with all statutory, licensing and regulatory requirements. The Senior Management Committee met 38 times during 2017-18.

#### 4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

##### Business Planning

The Business Plan for 2017-18 was approved by the Board in September 2017, following confirmation from DoH of the relevant financial allocations. The Senior Management Committee met in October 2016 to agree strategic objectives and put in place a five year Corporate Strategy for 2017-2022. Regular reports on the achievement of objectives and the performance against key financial targets were provided to the Board. Progress against objectives was also reported to DoH at Accountability Review meetings and an end of year position report provided to NIMDTA's Sponsor Branch on DoH requirements.

##### Risk Management

NIMDTA's risk management arrangements are embedded within its performance management framework. Identified risks are aligned to each of the key strategic and business objectives and corrective actions to deliver objectives and minimise risk are regularly monitored and assessed. The system is based on an ongoing process designed to identify and prioritise risks to the achievement of NIMDTA's aims and objectives. Responsibility for operational risk management sits with the Senior Management Committee and risks to the organisation are discussed at Senior Management Committee meetings.

An essential element of the risk management process is NIMDTA's Corporate Risk Register. Any new risks identified are highlighted in departmental risk registers, reported to the Governance and Risk Committee for review and assessment and, where appropriate, escalated to the Corporate Risk Register. Risk registers are discussed at the Governance and Risk Committee and risks assessed in accordance with the likelihood of occurrence and their impact on the delivery of NIMDTA's business objectives. The Corporate Risk Register was reviewed and discussed by the Board, at least quarterly, to take account of new and escalated risks and determination of the risk appetite. The Board was also apprised of the status of the actions required to mitigate the risk.

## Assurance Framework

NIMDTA's Assurance Framework sets out the Chief Executive's overall accountability to the Board for risk management and underpins the activities of risk management and procedures for the escalation of risks. The Assurance Framework, which is reviewed annually by the Board, seeks to develop a consistent approach to risk management that will:

- Implement effective risk management as a key element of good governance and rigorous performance management;
- Consider risk as an integral part of corporate and business planning and service delivery;
- Encourage considered and responsible risk taking as a legitimate response to opportunity and uncertainty;
- Achieve better outcomes through a more realistic assessment of the challenges faced, through improved decision-making and targeted risk mitigation and control; and
- Engender, reinforce and replicate good practice in risk management.

The Assurance Framework is designed to identify, prioritise, evaluate and manage risks to the achievement of NIMDTA's aims and objectives and in accordance with NIMDTA's policies, procedures and processes.

## Leadership

Committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. Leadership for risk management is provided through the Senior Management Committee and the Governance and Risk Committee. The Chief Executive has overall responsibility for the implementation of the risk management strategy and for ensuring that NIMDTA has in place the necessary controls to manage identified risks and provide overall assurance to the Board. A system of internal governance, which complies with DoH guidance, has been in place for the year ended 31 March 2018, including the period up until the date of approval of the Annual Report and Accounts. A mid-year assurance statement, which updated progress on the continuing effectiveness of the system of internal control to the Permanent Secretary, was submitted to DoH in October 2017.

## Training

All new staff members are provided with an overview of key policies as part of the induction process, as well as access to these on the intranet. All staff members are actively encouraged to use NIMDTA's incident reporting process to report incidents, and training was provided on this in year. Members of the Board and Senior Management Committee have been trained in the principles and practice of corporate governance and risk management.

## Complaints and Incidents

NIMDTA recognises that adverse incidents and complaints can present an opportunity to review processes and control weaknesses with a view to improving services and reducing risk.

All complaints and incidents are reported to the Senior Management Committee and graded according to severity and potential risk. These are reviewed by the Governance and Risk Committee and reported to the Board. During 2017-18 there were five complaints received of which one was assessed as insignificant and four as minor. All complaints were responded to within the required timeframe. Thirty two incidents were reported all of which were assessed as either insignificant or minor.

## Learning

Sharing learning throughout the organisation from complaints, incidents, and significant events is key to maintaining the risk management culture within NIMDTA. Staff members are encouraged to disseminate learning acquired from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from the GMC to Dean's reports and inspections from regulatory bodies. Discussion of the Issues Log is a standing item at meetings of the Senior Management Committee. NIMDTA also uses information received from the GMC annual National Trainee Surveys to improve its quality management processes.

NIMDTA is committed to continuous improvement in the development and implementation of new policies and procedures in response to audit reports and developments in best practice.

## Quality Management Framework

NIMDTA has in place a Quality Management Framework to ensure that Local Education and Training Providers meet the standards and requirements set by the General Medical Council (GMC) and the Committee of Postgraduate Dental Deans and Directors (COPDEND).

This is done through a system of robust monitoring and inspection visits of LEPs (Health and Social Care Trusts, GP and Dental Training Practices). The reports arising from these visits are considered by the Quality Management Group which meets twice monthly and reports to the Board through the Chief Executive and the Senior Management Committee. This work further feeds into business planning and risk management processes.

NIMDTA remains alert to all risks which could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of concern relating to DoH, HSCB, RQIA and the GMC. NIMDTA also meets regularly with the HSCB, PHA and DoH to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts.

NIMDTA is responsible for the educational governance of all approved Foundation Programmes and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance to the GMC with the standards and requirements that it sets out. To achieve this NIMDTA works in close partnership with the five HSC Trusts and other LEPs. An educational contract known as the Learning and Development Agreement (LDA) sets out the obligations of both NIMDTA and LEPs. This LDA is monitored for compliance and is reviewed annually.

Revalidation is the process by which all licensed doctors must demonstrate that they are up to date and fit to practise. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, was required to make a number of revalidation recommendations to the GMC during 2017-18 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's appraisals, usually over a five year period, and other information drawn from the employer's clinical governance systems. The appraisal forms part of the annual review of competence progression (ARCP) which is an indicator of the trainee's clinical performance and progress to date.

## Asset Management

NIMDTA has identified the effective management of its estate and assets as a key objective. NIMDTA maintains a fixed assets register and decisions regarding the procurement and disposal of assets are taken in accordance with relevant policies and legislation. The Business Support Committee is responsible for monitoring and reviewing NIMDTA's fire safety and health and safety arrangements. Risk assessments are completed and reviewed at least annually.

With regard to estate management NIMDTA has produced a Property Asset Management Plan, which is communicated to DoH.

## 5. Information Risk

The Chief Executive, as Accounting Officer and Personal Data Guardian, is responsible for overseeing all arrangements in relation to the processing and transfer of information and for protecting the confidentiality of service user information. The Governance, IT and Facilities Manager is the Senior Information Risk Owner (SIRO) and is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an ongoing basis and recorded in the Business Support Risk Register which is the subject of review by both the Governance & Risk Committee and the Business Support Committee, whom may decide to escalate such risks to the Corporate Risk Register. The Governance, IT and Facilities Manager is supported in his role by the IT and Records Management Officer and departmental Team Leaders who are NIMDTA's nominated Information Asset Owners (IAOs). The Governance, IT and Facilities Manager is responsible for providing assurances to DoH that actions relating to the management of information risks have been implemented.

NIMDTA has introduced a series of measures to manage information risks. These include specific training for IAOs in the management of information assets and training for all staff in records management, data protection and freedom of information. All staff are required to understand and apply data protection principles in the management of information. To support compliance with best practice, staff have been issued with NIMDTA's Information Governance Strategy and associated policies and also have access to these documents through NIMDTA's intranet as well as supporting e-learning modules. Compliance with information governance policies and procedures is monitored through regular reviews, audits and spot checks. NIMDTA's Information Asset Register is kept under review and information risks and control measures are recorded in the Business Support Risk Register. NIMDTA continues to review and develop all processes and procedures for the management,



disclosure and transfer of information, especially as preparation continues for the introduction of the General Data Protection Regulation (GDPR) in May 2018.

There were two data related incidents reported during 2017-18. These incidents were reviewed by NIMDTA and BSO Corporate Services. Both were judged to be internal, with no external impact. Therefore, NIMDTA was not required to report these incidents to the Information Commissioner's Office (ICO).

A data incident occurred in April 2018 and is currently being investigated. This incident has been reported to the ICO and DoH.

## 6. Public Stakeholder Involvement

NIMDTA has a statutory responsibility to ensure that the practice of Personal and Public Involvement (PPI) is embedded within the organisation. NIMDTA is represented on the Regional HSC PPI Forum which operates a programme for the promotion and advancement of PPI across health and social care. NIMDTA uses members of the public as non-clinical lay representatives to provide external scrutiny of NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care.

In accordance with Section 75 of the Northern Ireland Act 1998, NIMDTA has also developed an Equality Scheme which sets out the arrangements in place for the delivery of its statutory equality obligations. As a member of the HSC Equality Partnership Forum, NIMDTA works with other organisations to promote equality and diversity and ensure that processes are in place to consult on and assess the impact of its policies on service users.

## 7. Assurance

The Board receives regular assurance from a range of sources which include internal audit, sub-committee reports, and reports from each member of the Senior Management Committee. The quality of the data presented by members of senior management is regularly reviewed by the Board to ensure the information is accurate, timely and fit for purpose. The Chair also appraises the quality of the information received, as well as the performance of the Committees in the annual appraisal of the Board members and Chief Executive.

The assurances that the Board and the Chief Executive require to endorse and approve the Governance Statement, in terms of the effectiveness of internal control, are derived from internal and independent sources of evidence.

## Internal Controls

NIMDTA operates a process of continual review and improvement of internal controls. This is backed up by an assessment by independent internal auditors. All audit reports and progress against audit recommendations are presented to the Audit Committee, which in turn reports to the Board. The Board is also provided with regular financial and internal governance reports as well as shared service audits for external functions that NIMDTA is reliant on.

The system of internal financial control is based on a framework of regular financial information, administrative procedures including the segregation of duties and a system of delegation and accountability. In particular it includes:

- comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Board;
- regular reviews by the Board of periodic financial reports, which indicate financial performance against forecast;
- setting targets to measure financial and other performances;
- appropriate formal budget management disciplines; and
- a requisition and approval system for procuring goods and services.

NIMDTA's Standing Financial Instructions are designed to ensure that all financial transactions are carried out in accordance with the law and DoH policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. In 2017-18 the Standing Financial Instructions and Standing Orders were revised to clarify financial management responsibilities at Senior Management and Board level. The Senior Management Committee continues to review and improve the efficient and effective use of resources with a view to securing best value for money.

NIMDTA has implemented a range of policies and procedures that are designed to ensure probity, business integrity and minimise the risk of fraud occurring. NIMDTA continues to participate in the National Fraud Initiative. To date no instances of fraud have been detected through this exercise.

## Controls Assurance Standards

NIMDTA assessed its compliance with the applicable Controls Assurance Standards (CAS) which were defined by DoH and achieved the following levels of compliance for 2017-18:

<b>Standard</b>	<b>DOH Expected Level of Compliance</b>	<b>NIMDTA Level of Compliance</b>	<b>Reviewed by</b>
<b>Governance (Core Standard)</b>	<b>&gt;75% Substantive</b>	<b>90% Substantive</b>	<b>Internal Audit</b>
<b>Risk Management (Core Standard)</b>	<b>&gt;75% Substantive</b>	<b>88% Substantive</b>	<b>Internal Audit</b>
<b>Financial Management (Core Standard)</b>	<b>&gt;75% Substantive</b>	<b>93% Substantive</b>	<b>Internal Audit</b>
Information Management	>75% Substantive	83% Substantive	Self -Assessed
Buildings, Land, Plant and Non-Medical Equipment	>75% Substantive	83% Substantive	Self -Assessed
Management of Purchasing	>75% Substantive	84% Substantive	Self-Assessed
Environmental Management	>75% Substantive	78% Substantive	Self-Assessed
Waste Management	>75% Substantive	87% Substantive	Self- Assessed
Health and Safety	>75% Substantive	86% Substantive	Self- Assessed
Security Management	>75% Substantive	82% Substantive	Self-Assessed
Human Resources	>75% Substantive	84% Substantive	Self-Assessed
<b>Fire Safety</b>	<b>&gt;75% Substantive</b>	<b>87% Substantive</b>	<b>Internal Audit</b>
Information & Communications Technology	>75% Substantive	83% Substantive	Self-Assessed

In 2017-18, DoH consulted with the HSC in relation to the CAS, and how assurance was formed and reported. The outcome of this review was that the majority of the CAS were to be set aside after the 2017-18 cycle, and that other pre-existing forms of assurance would be relied on in the future. For some of the CAS there will be a transition period to new forms of assurance, meaning that the current standard will continue to be used in 2018-19. NIMDTA will continue to develop its controls and procedures to ensure that it can provide statements of assurance to stakeholders.

## 8. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

1. Internal Audit;
2. GMC; and
3. RQIA.

### 8.1 Internal Audit

NIMDTA utilised an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In 2017-18 Internal Audit reviewed the following systems:

#### Finance Audits

One finance audit was conducted in 2017-18:

#### **Financial Review**

Internal Audit carried out an audit of financial systems in October 2017. NIMDTA received a satisfactory level of assurance with five Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

### Corporate Risk Based Audits

Three corporate risk based audits were conducted in 2017-18:

#### **Allocation of Junior Doctors**

In December 2017, Internal Audit carried out an audit of the allocation of junior doctors. The audit work specifically focused on the allocation of General Practice trainees and Core Medicine trainees in Year 1 of their training (ST1/CT1). NIMDTA received a satisfactory level of assurance with no Priority 1 or Priority 2 findings identified. An action plan has been put in place to implement the recommendations identified in this report.

#### **Quality Management**

In September 2017 Internal Audit carried out an audit of NIMDTA's Quality Management processes. The scope of the audit included the implementation of the Quality Management Framework, the monitoring arrangement to ensure the implementation of any recommendations identified, and the process of recording concerns and how these would be escalated if appropriate. NIMDTA received a satisfactory level of assurance with one Priority 2 finding identified. This recommendation has been fully implemented.

#### **Learning and Development Agreements**

In March 2018 Internal Audit carried out an audit of this work stream. The scope of the audit included the effectiveness of the management of Learning and Development Agreements and to demonstrate value for money. NIMDTA received a satisfactory level of assurance with one Priority 2 finding identified. An action plan has been put in place to implement the recommendations identified in this report.

### Governance Audits

One governance audit was conducted in 2017-18:

#### **Risk Management**

Internal Audit carried out a review of risk identification, recording, management reporting and monitoring of risks in February 2018. NIMDTA received a satisfactory level of assurance with three Priority 2 findings identified.

An action plan has been put in place to implement the recommendations identified in this report.

#### Controls Assurance Verification

Internal Audit confirmed that NIMDTA had met the required level of compliance with the four controls assurance standards that it verified (Governance, Risk Management, Financial Management, and Fire Safety).

#### Year End Follow up on Outstanding Internal Audit Recommendations

During March 2018, Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. Internal Audit reported that 92% of recommendations had been fully implemented and that 8% were partially implemented.

An action plan is in place to ensure full implementation of all recommendations in 2018-19.

#### Overall Opinion of Head of Internal Audit

The Head of Internal Audit is required to provide an annual opinion on risk management, control and governance arrangements. This opinion is based upon and limited to, the internal audit work performed during the year, as approved by the Audit Committee.

The purpose of the annual opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin NIMDTA's own assessment of the effectiveness of the system of internal governance, which, in turn, assists with the completion of this Governance Statement. The opinion expressed does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

Overall for the year ended 31 March 2018, the Head of Internal audit provided a 'Satisfactory' assurance on the adequacy and effectiveness of the NIMDTA's framework of governance, risk management and control. The basis for forming this opinion was an assessment of the range of individual opinions arising from the financial, corporate and risk-based audit assignments performed and reported on during 2017-18. Further information in relation to each of these audits is detailed above.

## Shared Service Audits

BSO Internal Audit conducted a programme of Shared Services audits as part of the BSO Internal Audit Plan during 2017-18. As NIMDTA is a customer of BSO Shared Services the following reports were presented to NIMDTA's Audit Committee.

Shared Service Audit	Assurance
Payroll Shared Service (as at September 2017)	Limited - Payroll Processing and Payroll System Stability Unacceptable - Payroll Function Stability
Payroll Shared Service (as at March 2018)	Limited
FPL Upgrade	Satisfactory
Income Shared Service	Satisfactory
Recruitment Shared Service	Satisfactory
Shared Service Governance	Satisfactory
Accounts Payable Shared Service	Satisfactory

Internal Audit have provided Limited assurance in relation to Payroll Shared Services. This level of assurance is in respect of Payroll Function Stability, Payroll System Stability and Payroll Processing.

The level of assurance over Payroll Function Stability has been raised from the previous Unacceptable level provided in September 2017. This takes account of improvements in respect of Overpayments identification, calculation, notification and reporting. Internal Audit noted progress on the activities within the three work streams of the Payroll Improvement Project to improve the control environment. However, it is important to note that these issues have not been fully resolved and continue to impact on Payroll Function Stability, and a number of key functions which have not yet been stabilised.

The BSO has put action plans in place to address the control weaknesses and NIMDTA will monitor progress in these areas through Internal Audit reports to the Audit Committee.

## 8.2 General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with the GMC standards and must satisfy itself that the Local Education Providers (LEPs), primarily the Health and Social Care Trusts, deliver postgraduate medical education and training to the standards required. NIMDTA carries out its functions through the conduct of Deanery Visits, the review of reports and action plans and the evaluation of trainee surveys and assessment outcomes.

NIMDTA is required to report to the GMC online through a live reporting method. This reporting from the Deanery is used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met.

Any risks or areas of concern identified by the Deanery relating to the quality of training or patient safety were further reviewed against the results of the GMC's annual National Trainee Survey which provides feedback on trainee's perception of the quality of their training.

The GMC, as part of its quality assurance processes, conducts scheduled visits to Postgraduate Deaneries and designated LEPs. It also carries out enhanced monitoring visits to LEPs if there are any significant areas of concern. There are currently four concerns subject to this process within Northern Ireland. Details of the issues being monitored in this fashion are published on the Enhanced Monitoring section of the GMC website.

<http://www.gmc-uk.org/education/27111.asp>

The GMC visited NIMDTA and the five HSC Trusts between February and April 2017. The purpose of the visit was to assess compliance with the standards and requirements set out in Promoting Excellence: Standards for Medical Education and Training. The resultant report was published in September 2017. The GMC set requirements where they find that their standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped to evidence gathered during the course of the visit. The GMC did not identify any requirements within their report on NIMDTA.

The report noted the following areas of good practice:

### GMC – Good Practice 1

Patient safety reports are being used for educational intervention and are shared amongst all levels and specialities of doctors in training



### GMC – Good Practice 2

The ADEPT programme is well organised, integrated into training and provides opportunity to gain good leadership skills. This was valued by doctors in training. The ADEPT fellows we met appreciated the Dean’s direct involvement and his accessibility

### GMC – Good Practice 3

The lay representatives working with NIMDTA have considerable expertise, bringing a positive degree of scrutiny and externality to proceedings. They felt a valued part of the team and their feedback influences change.

The report also noted the following areas that are working well:

#### GMC - Area that is working well (1)

We recognise that NIMDTA has a culture of making people feel valued which ranged from doctors in training, future leaders (ADEPT Fellows) and educators, particularly heads of schools.

#### GMC - Area that is working well (2)

There is a strong collaboration between NIMDTA and Queen’s University Belfast School of Medicine which provides a linear continuum of medical education. This relationship also allows positive influences on training through transfer of information.

#### GMC - Area that is working well (3)

There are areas where transitions between stages of training are being managed well. We heard of examples from undergraduate to foundation programme, ST2 to ST3 in obstetrics and gynaecology, and the ‘registrar ready’ programme in medicine.

#### GMC - Area that is working well (4)

We heard good feedback that the ARCP process was working well from doctors in training, training programme directors and lay representatives.

The report identified two recommendations:

#### GMC – Recommendation 1

There is insufficient understanding and awareness of equality and diversity amongst the learners and educators we met at NIMDTA and LEPs. NIMDTA should maximise the use of data to inform their E&D work.

#### GMC – Recommendation 2

NIMDTA should continue to work with LEPs to ensure that posts are aligned to the best training opportunities. This is to ensure service delivery is not prioritised over training, and doctors in training receive the experience and support they require, in posts they regard as attractive.

NIMDTA has drawn up and submitted an action plan to the GMC in response to these recommendations.

### 8.3 Regulation and Quality Improvement Authority (RQIA)

A review of NIMDTA's whistleblowing arrangements was carried out by RQIA in February 2016 which was based on the National Audit Office's eight assessment criteria. NIMDTA scored excellent for four of the National Audit Office assessment criteria and satisfactory for four other criteria.

The RQIA published its findings in September 2016, and this contained a number of recommendations for HSC organisations. A report on progress against these recommendations was provided to the NIMDTA Board in March 2017. DoH issued a model Whistleblowing Policy in November 2017, which following a period of review, was adopted as a NIMDTA policy in March 2018. One action remains for NIMDTA in relation to this review, and this relates to training for staff in the processes identified in the new policy. This training will be provided in 2018-19.

#### 8.4 External Audit

The Comptroller and Auditor General is responsible for the audit of NIMDTA's financial statements and for assessing the economy, efficiency and effectiveness with which public money has been deployed. The external audit function operates in line with auditing standards.

For the year ended 31 March 2018, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity of NIMDTA's accounts.

#### 9. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors, and the executive managers within NIMDTA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Governance and Risk Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

#### 10. Internal Governance Divergences

##### 10.1 **Prior year control issues which have now been resolved**

###### Priority 1 finding in the Internal Audit Financial Review 2016-17

This was recorded as fully implemented through Internal Audit's recommendation follow up process.

###### Priority 1 findings in the Internal Audit – Performance Management and Complaints 2016-17

These were recorded as fully implemented through Internal Audit's recommendation follow up process.

### Fraud investigation detected £62 loss

This was fully recovered and conviction secured in 2017-18, and the matter is closed.

### Uncertainty as to the treatment of the 1% pay increase for staff

This was awarded to staff within 2017-18, with payment backdated to 1 April 2017.

## **10.2 Control issues identified last year that persist**

### Financial Challenges

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

NIMDTA remains committed to working in partnership with DoH to ensure that extensive budget planning work is undertaken in this time of significant financial challenge. This was demonstrated through the achievement of a breakeven position in 2017-18. NIMDTA will endeavour to continue to work in such a manner in 2018-19.

## **10.3 New control issues identified during the year**

The following control issues have arisen during 2017-18:

### EU Exit Day 1 Planning

On 29<sup>th</sup> March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. Any subsequent changes in legislation, regulation and funding arrangements are subject to the outcome of the negotiations.

NIMDTA is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by DoH. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

#### Data Breaches

A data incident occurred in April 2018 and is currently being investigated. This incident has been reported to the ICO and DoH. An interim investigation report has been presented to the NIMDTA Board. This included an action plan to address identified actions. One hundred percent of the recipients of the information relating to the incident have confirmed that they have deleted the email, and that they have not saved or forwarded the data to any other person or source.

#### 11. Conclusion

NIMDTA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds as detailed in Managing Public Money NI.

Further to considering the accountability framework within NIMDTA and in conjunction with the assurances given to me by the Head of Internal Audit I am content that NIMDTA has operated a sound system of internal governance during the period 2017-18.



Professor Keith Gardiner  
**Chief Executive/Postgraduate Medical Dean**

26 June 2018

## Accountability Report

### 2. Remuneration & Staff Report

#### Remuneration Report

Section 421 of the Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about Directors' remuneration. The Remuneration Report summarises the remuneration policy of NIMDTA and particularly its application in connection with senior managers. The report also describes how NIMDTA applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by DoH.

#### Remuneration Committee

The Board of NIMDTA, as set out in its Standing Orders, has delegated certain functions to the Remuneration Committee, which met once in 2017-18. The membership of this committee was as follows:

Name	Role
Mr. Alistair Joynes	Chair
Mr. Deane Morrice MBE	Non-Executive Lay Member
Mr. Lee Wilson	Non-Executive Lay Member
Dr Derek Maguire	Non-Executive Dental Member
Dr Janet Little OBE	Non-Executive Medical Member
Mr Garry McKenna	Non-Executive Lay Member

#### Remuneration Policy

The policy on remuneration of NIMDTA Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by DoH.

Performance of senior managers is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the

Board and a judgement is made as to their banding in line with the departmental contract against the achievement of regional, organisational and personal objectives.

### Contracts

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and Circular HSS (SM) 3/2001. All contracts of Senior Executives in NIMDTA are permanent. Non-executive contracts are made on a fixed term basis of up to a period of four years, with the option of a single further extension for a period of up to four years.

The dates of appointment for NIMDTA's Executive and Non-Executive Directors are set out below:

### Executive Directors

Prof. K. Gardiner was appointed as Chief Executive and Postgraduate Dean on 1st November 2012;

Ms A. Carragher was appointed as Foundation School Director on 1st March 2005;

Ms B. Hendron was appointed as Postgraduate Dental Dean on 1st February 2016;

Dr.C. Loughrey was appointed as Director of General Practice Education on 25th August 2008; and

Dr I. Steele was appointed as Director of Hospital Specialty Training on 1st June 2013.

### Non-Executive Directors

Mr. A. Joynes was appointed (as Chairman) on 20th June 2011 (for a period of 2 years until 19th June 2013, further extended to 19th June 2017, and further extended to 19th June 2018);

Mr. D. Morrice was appointed on 25th July 2011 (for a period of 2 years until 24th July 2013, further extended to 24th July 2017, and further extended to 24th July 2018);

Mr. L. Wilson was appointed on 13th February 2012 (for a period of 2 years until 12th February 2014, further extended to 12th February 2018 and further extended until 12<sup>th</sup> February 2019);

Dr. D Maguire was appointed on 18th March 2013 (for a period of 2 years until 17th March 2015 and further extended to 17th March 2019);

Dr J Little was appointed on 1 April 2017 (for a period of four years until 31 March 2021); and

Mr G McKenna was appointed on 1 April 2017 (for a period of four years until 31 March 2021).

### Notice period

Three months' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

### Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to Directors in respect of compensation for loss of office during 2017-18.

### Retirement Age

Prior to 1 October 2006 employees were required to retire at age 65 years, with occupational pensions normally effective from age 60 years onwards. With the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

### Compensation for Premature Retirement

In accordance with DoH circular HSS (S) 11/83 and subsequent supplements, there is provision within the HSC Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- efficiency of the service;
- redundancy; and
- organisational change.



Employers who retire staff early on any of the above grounds must pay the following:

- the basic pension plus increases up to normal retirement age;
- the enhancement element of the pension plus increases for as long as this remains in payment;
- the enhancement element of the lump sum; and
- the actuarial charge for payment of the basic lump sum before normal retirement age.

There is also provision within the scheme for early retirement with benefits on health grounds subject to confirmation of permanent incapacity by HSC medical advisors.

There were no early retirements or payments of compensation for other departures relating to Senior Managers or Directors during 2017-18.

### Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any gratia payments.

### Benefits in Kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

### Bonuses

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. No bonus payments were made in 2017-18 or in 2016-17.

## Retirement Benefit costs

### - HSC Superannuation Scheme

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for DoH.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

In respect of Directors, there are no provisions for the cost of early retirement included in the 2017-18 accounts.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2017-18 accounts.

Employee contributions are determined by the level of pensionable earnings.

The employee contribution rates for the 2017-18 year are as follows for members of the HSC Superannuation Scheme:

<b>Annual pensionable earnings (full-time equivalent basis)</b>	<b>Contribution rate before tax relief from 1 April 2016</b>
Up to £15,431	5.0%
£15,432 - £21,477	5.6%
£21,478 - £26,823	7.1%
£26,824 - £47,845	9.3%
£47,846 - £70,630	12.5%
£70,631 - £111,376	13.5%
£111,377 and over	14.5%

- University Superannuation Scheme

NIMDTA also participates in the University Superannuation Scheme. This is a multi-employer defined benefit scheme with employer contributions of 16% of gross pay. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). The most up to date actuarial was carried out at 31 March 2016. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

Salary and Pension Entitlements (Audited)

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out overleaf. This information is subject to audit.

There is a requirement for the Remuneration Report to include a Single Total Figure of Remuneration. The figure includes salary, bonus/performance pay, benefits in kind as well as pension benefits. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights. This is also included overleaf.

## Senior Management Remuneration (Audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of NIMDTA were as follows:

	Salary £000s	Bonus Performance Pay £000s	2017-18 Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s	Salary £000s	Bonus Performance Pay £000s	2016-17 Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s
<b>Non-Executive Members</b>										
Mr A Joynes (Chairman)	10-15	-	-	-	10-15	10-15	-	-	-	10-15
Mr D Morrice (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr L Wilson (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr G Smyth (Non- Executive Director) [Resigned April 2016]	-	-	-	-	-	0-5	-	-	-	0-5
Dr D Maguire (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	300	-	0-5
Dr J Little (Non-Executive Director) †	0-5	-	-	-	0-5	-	-	-	-	-
Mr G McKenna (Non-Executive Director)	0-5	-	-	-	0-5	-	-	-	-	-
<b>Executive Members</b>										
Prof K Gardiner (Chief Executive & Postgraduate Dean)	145-150	-	400	8	155-160	175-180	-	200	23	195-200
Dr C Loughrey (Director of General Practice Education)	115-120	-	-	10	130-135	115-120	-	-	14	130-135
Ms Margot Roberts (Administrative Director -retired Sept 2016)*	-	-	-	-	-	35-40 [FTE 65-70]	-	-	-	35-40 [FTE 65-70]
Dr I Steele (Director of Hospital Specialty Training) †	105-110	-	100	22	130-135	105-110	-	-	30	135-140
Ms A Carragher (Director of Foundation School) †	115-120	-	-	-	115-120	115-120	-	-	22	130-140
Ms B Hendron (Postgraduate Dental Dean) †◆	50-55 [FTE 100-105]	-	100	28	75-80 [FTE 125-130]	50-55 [FTE 100-105]	-	-	13	60-65 [FTE 100-115]

\*This post was not replaced at Director Level †On BHSCT/SEHSC/HSCB payroll, costs recharged to NIMDTA and included under 'other' within staff costs below.

◆Ms B Hendron currently works at a WTE of 0.5

## Fair Pay Statement (Audited)

Following the Hutton Fair Pay Review, which recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year, DoH issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid director in the organisation and the median remuneration of the organisation's workforce.

Subsequent to the application of the guidance contained in circular HSC (F) 23/2013, the following can be reported:

<b>Fair Pay (Audited)</b>	<b>2017-18</b>	<b>2016-17</b>
Band of Highest Paid Director's Total Remuneration	175-180	175-180
Median Total Remuneration	86,929	86,068
Ratio	2.0	2.1

## Pensions of Senior Management (Audited)

	Real increase in pension and related lump sum at pension age £000s	Total accrued pension at pension age and related lump sum £000s	CETV at 31/03/17 £000s	CETV at 31/03/18 £000s	Real increase in CETV £000s
<b>Executive Members</b>					
Prof Keith Gardiner Chief Executive/ Postgraduate Dean	0-2.5 Plus lump sum of 2.5-5	55-60 Plus lump sum of 165-170	1,202	1,276	30
Dr Claire Loughrey Director of GP Education	0-2.5 Plus lump sum of 2.5-5	35-40 Plus lump sum of 105-110	690	750	26
Dr Ian Steele Director of Hospital Specialty Training	0-2.5 Plus lump sum of (0-2.5)	40-45 Plus lump of 105-110	713	759	19
Ms Brid Hendron* Postgraduate Dental Dean	0-2.5 Plus lump sum of 0-2.5	5-10 Plus lump sum of 0-2.5	71	101	19

\*Appointed February 2016

Note: There are no pension figures for A Carragher as this individual is over the normal retirement age. (Figures for A Carragher's pension were disclosed in 2016-17 Accounts).

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

### Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any

pension benefits in another scheme or arrangement, which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

#### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

## Staff Report

### Staff Profile

At 31 March 2018, there were 147 employees (48 male and 99 female) on NIMDTA's payroll, including six Non-Executive Directors. In addition there were 155 employees (98 male and 57 female) on the payroll of HSC Trusts, 2 employees (female) on the payroll of QUB and six agency staff (0 male and 6 female).

The breakdown was as follows:

	Male	Female
<b>Non –Executive Directors</b>		
Board Members	5	1
<b>Total</b>	<b>5</b>	<b>1</b>
<b>Medical and Dental</b>		
Consultant (Chief Executive/Postgraduate Dean)	1	0
GP00	4	13
GP01	18	32
GP02	4	2
GP03	7	5
GP06	0	2
<b>Total</b>	<b>34</b>	<b>54</b>
<b>Administrative and Clerical</b>		
AFC Band 3	1	6
AFC Band 4	3	23
QUB Band 4	0	2
AFC Band 5	2	5
AFC Band 6	1	6
AFC Band 7	0	1
AFC Band 8A	1	2
AFC Band 8B	1	1
<b>Total</b>	<b>9</b>	<b>46</b>
<b>Medical Programmed Activities Re-charges</b>		
Consultant	98	57
<b>Total</b>	<b>98</b>	<b>57</b>
<b>*Agency Staff</b>		
AFC Band 3	0	4
AFC Band 4	0	2
<b>Total</b>	<b>0</b>	<b>6</b>

*\*Agency staff replaced NIMDTA staff who were on sick leave, maternity leave and career breaks*



### Sickness Absence

The cumulative sickness absence rate for NIMDTA for 2017-18 was 2.1% (1.7% in 2016-17) which was below the 5.5% DoH target.

### Disabled Employees

It is the policy of NIMDTA to provide employment equality for all, irrespective of, for example, disability, religious belief, political opinion, gender and marital status, sexual orientation, disability, race or ethnic origin, domestic responsibility, trade union membership and age. NIMDTA has in place a Disability Action Plan and operates the guaranteed interview scheme for disabled applicants. NIMDTA provides Equality and Diversity Training to all employees and Doctors and Dentists in training. Training is also provided to NIMDTA Educators, Recognised Trainers and members of NIMDTA recruitment panels.

NIMDTA is committed to promoting Equality of Opportunity, as well as a good and harmonious working environment in which all employees are treated with dignity and respect. NIMDTA's Staff Handbook and Equality of Opportunity Policy sets out the commitments made in this regard. These policies ensure that disabled employees can access training, career development and promotion.

### Public Sector appointees and Staff Resources not on Payroll

Under DoH circular reference: HSC (F) 21-2014 Departmental ALBs are required to disclose in their Annual Reports the details of 'off-payroll' engagements at a total cost of over £58,200 per annum that were in place during 2017-18.

NIMDTA had no off-payroll engagements during 2017-18.

### Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2017-18.

## Staff Costs (Audited)

Staff costs comprise	2017-18			2016-17
	Permanently employed staff £000s	*Others £000s	Total £000s	Total £000s
Wages and salaries	3,159	4,183	7,342	6,075
Social security costs	228	0	228	210
Other pension costs	383	0	383	426
Sub-Total	3,770	4,183	7,953	6,711
Capitalised staff costs	0	0	0	0
<b>Total staff costs reported in Statement of Comprehensive Expenditure</b>	<b>3,770</b>	<b>4,183</b>	<b>7,953</b>	<b>6,711</b>
Less recoveries in respect of outward secondments			0	0
<b>Total net costs</b>			<b>7,953</b>	<b>6,711</b>

*\*Others include: Agency costs of £80,300 and £4,103,147 Trust recharges.*

*There were no staff costs charged to capital projects during the year (2016-17:£Nil)*

The increase in total net costs for staff in 2017-18 (£7,953,550) over 2016-17 (£6,711,626) arose due to the full year effect of Recognition of Trainers, a review of TPD's remuneration, introduction of the Apprenticeship Levy and a 1% Pay Award.

### Average Number of Persons employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:

	<b>Permanently employed staff No.</b>	<b>2017-2018 Others No.</b>	<b>Total No.</b>	<b>2016-2017 Total No.</b>
Medical and dental	17	36	53	43
Administrative and Clerical	58	3	61	52
Less average staff number relating to capitalised staff costs	0	0	0	0
Less average staff number in respect of outward secondments	0	0	0	0
<b>Total net average number of persons employed</b>	<b>75</b>	<b>39</b>	<b>114</b>	<b>95</b>

### Early Retirement and Other Compensation Scheme – Exit Packages (Audited)

During 2017-18, NIMDTA had no staff leave through early retirements, exit packages or any other form of compensation schemes (2016-17:£Nil).

### Staff Benefits

There were no staff benefits paid during 2017-18 or 2016-17.

### Retirements due to ill-health

During 2017-18 and 2016-17 there were no early retirements from NIMDTA on the grounds of ill-health.

## Accountability Report

### 3. Accountability and Audit Report

#### a) Funding Report

##### Losses and Special Payments (Audited)

There were no cash losses arising from theft, fraud etc. during 2017-18 (2016-17: £63)

##### Losses and Special Payments over £250,000

NIMDTA had no losses or special payments over £250,000.

##### Fees and Charges (Audited)

There were no other fees and charges made during the year.

##### Remote Contingent Liabilities (Audited)

NIMDTA had no remote contingent liabilities in 2017-18.

##### Compliance with Regularity of Expenditure Guidance (Audited)

NIMDTA developed a budget that supported the work of its Business Plan 2017-18. A budget update report was provided to DoH on a monthly basis, with any variances explained.

NIMDTA has an Authorisation Framework in place, which sets out the delegated authority for budgetary spend. This Framework is kept under regular review.

NIMDTA has put in place contracts, service level agreements, and learning and development agreements that identify the terms for significant and regular areas of spend. These agreements are kept under regular review, with variances and/or resultant issues being reported to the NIMDTA Board.

NIMDTA is not aware of any irregularities or variances in spend in relation to expenditure guidance.

## Gifts

There were no gifts noted over the limits proscribed in Managing Public Money Northern Ireland.

## Financial Targets

During 2017-18, NIMDTA achieved a financial break even position, with a surplus against RRL of £24,145 (0.04%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 24.3 within the accounts.

DoH requires that Agencies pay their non-HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules.

NIMDTA achieved an outturn of 98.45% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (70%) was 93.65%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.



Professor Keith Gardiner  
**Chief Executive/Postgraduate Medical Dean**

26 June 2018

## **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

### **THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY**

#### **Opinion on financial statements**

I certify that I have audited the financial statements of the Northern Ireland Medical and Dental Training Agency for the year ended 31 March 2018 under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended). The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Northern Ireland Medical and Dental Training Agency's affairs as at 31 March 2018 and of the Northern Ireland Medical and Dental Training Agency's net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended) and Department of Health directions issued thereunder.

#### **Opinion on regularity**

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

#### **Basis of opinions**

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Northern Ireland Medical and Dental Training Agency in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

#### **Other Information**

The Board and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material

misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

### **Opinion on other matters**

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended); and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Responsibilities of the Board and Accounting Officer for the financial statements**

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended).

I am required to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Matters on which I report by exception**

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

## **Report**

I have no observations to make on these financial statements.



*KJ Donnelly  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street  
Belfast  
BT7 1EU*

*3 July 2018*



**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**ANNUAL ACCOUNTS FOR THE  
YEAR ENDED 31 MARCH 2018**

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# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

### **FOREWORD**

The accounts for the year ended 31 March 2018 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

**CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE**

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 85 to 121) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Northern Ireland Medical and Dental Training Agency and with the accounting standards and policies for HSC bodies approved by the DoH.



Chief Executive

26 June 2018

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 85 to 121) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

26 June 2018



Chief Executive

26 June 2018

## NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

### STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2018

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2018 £	2017 £
<b>Income</b>			
Income from activities	4.1	183,165	152,785
Other Income (Excluding interest)	4.2	174,049	319,865
Deferred income	4.3	-	-
<b>Total operating income</b>		<b>357,214</b>	<b>472,650</b>
<b>Expenditure</b>			
Staff costs	3	(7,953,549)	(6,711,626)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(47,163)	(39,384)
Provision expense	3	-	-
Other expenditure	3	(11,799,718)	(11,348,323)
<b>Total operating expenditure</b>		<b>(19,800,430)</b>	<b>(18,099,333)</b>
<b>Net Expenditure</b>		<b>(19,443,216)</b>	<b>(17,626,683)</b>
Finance income	4.2	-	-
Finance expense	3	-	-
<b>Net expenditure for the year</b>		<b>(19,443,216)</b>	<b>(17,626,683)</b>
<b>Revenue Resource Limits (RRLs) issued to;</b>			
Belfast HSC Trust		(19,594,277)	(19,747,132)
South Eastern HSC Trust		(5,595,362)	(5,576,513)
Southern HSC Trust		(5,242,456)	(5,222,919)
Northern HSC Trust		(5,524,896)	(5,626,416)
Western HSC Trust		(6,178,994)	(5,847,588)
Public Health Agency		(485,790)	-
<b>Total RRL issued</b>		<b>(42,621,775)</b>	<b>(42,020,568)</b>
<b>Total commissioner resources utilised</b>		<b>(62,064,991)</b>	<b>(59,647,251)</b>
Revenue Resource Limit (RRL) received from DoH	24.1	62,089,136	59,713,077
<b>Surplus/(Deficit) against RRL</b>		<b>24,145</b>	<b>65,826</b>
<b>OTHER COMPREHENSIVE EXPENDITURE</b>			
	NOTE	2018 £	2017 £
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	611	350
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
<b>Items that may be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of investments		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2018</b>		<b>(19,442,605)</b>	<b>(17,626,333)</b>

The notes on pages 89 to 121 form part of these accounts

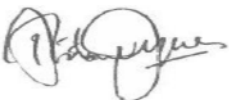
# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of FINANCIAL POSITION as at 31 March 2018

This statement presents the financial position of NIMDTA. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2018		2017	
		£	£	£	£
<b>Non-Current Assets</b>					
Property, plant and equipment	5.1/5.2	179,242		157,665	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Trade and other receivables	12	-		-	
Other current assets	12	-		-	
<b>Total Non-Current Assets</b>			179,242		157,665
<b>Current Assets</b>					
Assets classified as held for sale	9	-		-	
Inventories	10	1,176		2,069	
Trade and other receivables	12	68,434		198,631	
Other current assets	12	96,428		104,950	
Intangible current assets	12	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	11	47,134		44,239	
<b>Total Current Assets</b>			213,172		349,889
<b>Total Assets</b>			<b>392,414</b>		<b>507,554</b>
<b>Current Liabilities</b>					
Trade and other payables	13	(2,440,084)		(2,015,359)	
Other liabilities	13	-		-	
Intangible current liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
<b>Total Current Liabilities</b>			(2,440,084)		(2,015,359)
<b>Total assets less current liabilities</b>			<b>(2,047,670)</b>		<b>(1,507,805)</b>
<b>Non-Current Liabilities</b>					
Provisions	15	-		-	
Other payables > 1 yr	13	-		-	
Financial liabilities	7	-		-	
<b>Total Non-Current Liabilities</b>			-		-
<b>Total assets less total liabilities</b>			<b>(2,047,670)</b>		<b>(1,507,805)</b>
<b>Taxpayers' Equity and other reserves</b>					
Revaluation reserve		7,406		6,795	
SoCNE Reserve		(2,055,076)		(1,514,600)	
<b>Total equity</b>			<b>(2,047,670)</b>		<b>(1,507,805)</b>

The financial statements on pages 85 to 88 were approved by the Board on (date) and were signed on its behalf by;

Signed  (Chairman) 26 June 2018

Signed  (Chief Executive) 26 June 2018

The notes on pages 89 to 121 form part of these accounts.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of CASH FLOWS for the year ended 31 March 2018

The Statement of Cash Flows shows the changes in cash and cash equivalents of NIMDTA during the reporting period. The statement shows how NIMDTA generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by NIMDTA. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to NIMDTA's future public service delivery.

	NOTE	2018 £	2017 £
<b>Cash flows from operating activities</b>			
Net surplus after interest/Net operating expenditure		(19,443,216)	(17,626,683)
Adjustments for non-cash costs	3	57,687	49,978
(Increase)/decrease in trade and other receivables	12	138,719	109,535
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories	10	893	2,227
Increase/(decrease) in trade payables	13	424,725	609,154
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment	13	58,396	(112,634)
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions		-	-
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(18,762,796)</b>	<b>(16,968,423)</b>
<b>Cash flows from investing activities</b>			
(Purchase of property, plant & equipment)	5	(126,549)	-
(Purchase of intangible assets)		-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
<b>Net cash outflow from investing activities</b>		<b>(126,549)</b>	<b>-</b>
<b>Cash flows from financing activities</b>			
Grant in aid		18,892,240	16,965,300
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
<b>Net financing</b>		<b>18,892,240</b>	<b>16,965,300</b>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>	11	2,895	(3,123)
<b>Cash &amp; cash equivalents at the beginning of the period</b>	11	44,239	47,362
<b>Cash &amp; cash equivalents at the end of the period</b>		<b>47,134</b>	<b>44,239</b>

The notes on pages 89 to 121 form part of these accounts.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2018

This statement shows the movement in the year on the different reserves held by NIMDTA, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of NIMDTA, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
<b>Balance at 31 March 2016</b>		<b>(844,726)</b>	<b>6,445</b>	<b>(838,281)</b>
<b>Changes in Taxpayers Equity 2016-17</b>				
Grant from DoH		16,965,300	-	16,965,300
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(17,626,683)	350	(17,626,333)
Transfer of asset ownership		(18,991)	-	(18,991)
Non cash charges - auditors remuneration	3	10,500	-	10,500
<b>Balance at 31 March 2017</b>		<b>(1,514,600)</b>	<b>6,795</b>	<b>(1,507,805)</b>
<b>Changes in Taxpayers Equity 2017-18</b>				
Grant from DoH		18,892,240	-	18,892,240
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(19,443,216)	611	(19,442,605)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	10,500	-	10,500
<b>Balance at 31 March 2018</b>		<b>(2,055,076)</b>	<b>7,406</b>	<b>(2,047,670)</b>



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1. Authority

These accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Northern Ireland Medical and Dental Training Agency ("NIMDTA"). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of NIMDTA for the purpose of giving a true and fair view has been selected. NIMDTA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

As illustrated in our Statement of Financial Position, NIMDTA operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, NIMDTA is funded through the DoH. As DoH funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis. The accounts have been prepared on the going concern basis and in accordance with the direction issued by DoH under the Health and Social Care (Reform) Act (Northern Ireland) 2009. Management are not aware of any conditions or events, currently or in the future, that would bring this assumption into question.

#### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

#### 1.2 Currency

These accounts are presented in UK Pounds sterling, rounded to the nearest pound.

#### 1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

##### Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;

- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### **Valuation of Land and Buildings**

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

NIMDTA's land and buildings relate to fittings of the leased building.

Land and buildings used for NIMDTA's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

#### **Modern Equivalent Asset**

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

#### **Assets Under Construction (AUC)**

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

#### **Short Life Assets**

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

#### 1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which NIMDTA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Leasehold Property	Remaining period of lease
IT Assets	5 years
Intangible assets	5 years
Other Equipment	10 years

#### 1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of NIMDTA's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

#### 1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

#### Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of NIMDTA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, NIMDTA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### **1.8 Non-current assets held for sale**

NIMDTA has no non-current assets held for sale.

#### **1.9 Inventories**

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

#### **1.10 Income**

Operating Income relates directly to the operating activities of NIMDTA and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

##### **Grant in aid**

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

#### **1.11 Investments**

NIMDTA does not have any investments.

#### **1.12 Other expenses**

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

#### **1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

##### NIMDTA as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating NIMDTA's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

##### NIMDTA as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of NIMDTA's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on NIMDTA's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

#### 1.15 Private Finance Initiative (PFI) transactions

NIMDTA had no PFI transactions during the year.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1.16 Financial instruments

- Financial assets

Financial assets are recognised on the Statement of Financial Position when NIMDTA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when NIMDTA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within NIMDTA in creating risk than would apply to a non-public sector body of a similar size, therefore NIMDTA is not exposed to the degree of financial risk faced by business entities.

NIMDTA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NIMDTA in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

NIMDTA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. NIMDTA has no overseas operations. NIMDTA therefore has low exposure to currency rate fluctuations.

- Interest rate risk

NIMDTA has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit risk

Because the majority of NIMDTA's income comes from contracts with other public sector bodies, NIMDTA has low exposure to credit risk.

- Liquidity risk

Since NIMDTA receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1.17 Provisions

NIMDTA had no provisions at either 31 March 2018 or 31 March 2017.

#### 1.18 Contingencies

NIMDTA had no contingent assets or liabilities at either 31 March 2018 or 31 March 2017.

#### 1.19 Employee benefits

##### Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2018. It is not anticipated that the level of unused leave will vary significantly from year to year. Unused flexi leave is estimated to be immaterial to NIMDTA and has not been included.

##### Retirement benefit costs

###### *HSC Superannuation Scheme*

Past and present employees are covered by the provisions of the HSC Superannuation Scheme.

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2017-18 accounts.

###### *The University Superannuation Scheme*

This is a defined benefit scheme with employer contributions of 16% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2016. Further information on this can be obtained from the Universities Superannuation Scheme Limited. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

#### 1.20 Reserves

##### **Statement of Comprehensive Net Expenditure Reserve**

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

##### **Revaluation Reserve**

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

#### 1.21 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

#### 1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NIMDTA has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

#### 1.23 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

#### 1.24 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

#### 1.25 Accounting Standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1<sup>st</sup> January 2014.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### STATEMENT OF ACCOUNTING POLICIES

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2017. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

#### **1.26 Impact of implementation of ESA 2010 on research and development expenditure**

Following the introduction of the 2010 European System of Accounts (ESA10), there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. In order to reflect this new treatment which was implemented from 2017-18, additional disclosures have been included in the notes to the accounts.

#### **1.27 Estimation, judgements and application of Accounting Policies**

The Accounting Officer has observed the Accounts Direction issued by the Department of Health which included relevant accounting and disclosure requirements, applied suitable accounting policies on a consistent basis, made judgements and estimates on a reasonable basis, stated whether applicable accounting standards as set out in FReM had been followed, and disclosed and explained any material departures in the financial statements.

# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

### **NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT**

The core business and strategic objective of the Northern Ireland Medical & Dental Training Agency is the training of doctors and dentists in Northern Ireland.

The Agency Board acts as the Chief Operating Decision Maker and receives financial information on the Agency as a whole and makes decisions on this basis. Hence, it is appropriate that the Agency reports on a single operational segment basis.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 3 EXPENDITURE

	2018	2017
	£	£
Staff costs <sup>1</sup> :		
Wages and Salaries	7,342,226	6,075,680
Social security costs	227,961	209,983
Other pension costs	383,362	425,963
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	773,265	712,984
Transport	-	-
Premises	220,674	271,972
Bad debts	-	-
Rentals under operating leases	160,594	158,172
PFI and other service concession arrangements service charges	-	-
Miscellaneous	855	8,220
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	7,994,995	7,528,877
Junior Doctors Trainer Grants	1,415,983	1,323,699
Junior Doctors Study Leave	392,107	499,327
Training	536,582	575,009
Recruitment	294,139	259,469
<b>Non-cash items</b>		
Depreciation	47,163	39,384
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	24	94
Loss on disposal of intangibles	-	-
Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Other administration	-	-
Auditors remuneration	10,500	10,500
<b>Total</b>	19,800,430	18,099,333

<sup>1</sup> Further detailed analysis of staff costs is located in the Staff Report on pages 72-75 within the Accountability Report.

During the year the NIMDTA purchased no non audit services from its external auditor (NIAO) in relation to National Fraud Initiative. (2017: £1,261).

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 4 INCOME

#### 4.1 Income from Activities

	2018	2017
	£	£
GB/Republic of Ireland Health Authorities	-	-
Business Services Organisation	-	-
Non-HSC:- Private patients	-	-
Non-HSC:- Other	-	-
Course Fees	183,165	152,785
<b>Total</b>	<b>183,165</b>	<b>152,785</b>

#### 4.2 Other Operating Income

	2018	2017
	£	£
Other income from non-patient services	174,049	319,865
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government grant / Lottery funding for non-current assets	-	-
Profit on disposal of land	-	-
FTC interest receivable	-	-
Interest receivable	-	-
<b>Total</b>	<b>174,049</b>	<b>319,865</b>

<b>TOTAL INCOME</b>	<b>357,214</b>	<b>472,650</b>
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NIMDTA had no deferred income during 2017-18 (2016-17: NIL)

## NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

#### NOTE 5.1 Property, plant & equipment - year ended 31 March 2018

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
<b>Cost or Valuation</b>									
At 1 April 2017	-	340,311	-	-	-	-	255,946	139,340	735,597
Indexation	-	25,996	-	-	-	-	-	(1,676)	24,320
Additions	-	-	-	-	-	-	68,153	-	68,153
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(39,691)	(35,631)	(75,322)
At 31 March 2018	-	<b>366,307</b>	-	-	-	-	<b>284,408</b>	<b>102,033</b>	<b>752,748</b>

#### Depreciation

At 1 April 2017	-	327,511	-	-	-	-	111,084	139,337	577,932
Indexation	-	25,385	-	-	-	-	-	(1,676)	23,709
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(39,667)	(35,631)	(75,298)
Provided during the year	-	6,522	-	-	-	-	40,641	-	47,163
At 31 March 2018	-	<b>359,418</b>	-	-	-	-	<b>112,058</b>	<b>102,030</b>	<b>573,506</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2018

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
<b>Carrying Amount</b>									
At 31 March 2018	-	6,889	-	-	-	-	172,350	3	179,242
At 31 March 2017	-	12,800	-	-	-	-	144,862	3	157,665

#### Asset financing

Owned	-	6,889	-	-	-	-	172,350	3	179,242
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
<b>Carrying Amount</b>									
At 31 March 2018	-	6,889	-	-	-	-	172,350	3	179,242

Any fall in value through negative indexation or revaluation is shown as impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2017: £Nil).

The fair value of assets funded from the following sources during the year was:

	2018 £	2017 £
Donations	-	-
Government grant	-	-
Lottery funding	-	-



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 5.2 Property, plant & equipment - year ended 31 March 2017

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
<b>Cost or Valuation</b>									
At 1 April 2016	-	332,040	-	-	-	-	177,955	161,044	671,039
Indexation	-	8,271	-	-	-	-	-	-	8,271
Additions	-	-	-	-	-	-	112,634	-	112,634
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	(21,704)	(21,704)
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(34,643)	-	(34,643)
At 31 March 2017	-	<b>340,311</b>	-	-	-	-	<b>255,946</b>	<b>139,340</b>	<b>735,597</b>

### Depreciation

At 1 April 2016	-	313,306	-	-	-	-	115,361	139,222	567,889
Indexation	-	7,921	-	-	-	-	-	-	7,921
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	(2,713)	(2,713)
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(34,549)	-	(34,549)
Provided during the year	-	6,284	-	-	-	-	30,272	2,828	39,384
At 31 March 2017	-	<b>327,511</b>	-	-	-	-	<b>111,084</b>	<b>139,337</b>	<b>577,932</b>

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

**NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2017**

	<b>Land</b> £	<b>Buildings (excluding dwellings)</b> £	<b>Dwellings</b> £	<b>Assets under Construction</b> £	<b>Plant and Machinery (Equipment)</b> £	<b>Transport Equipment</b> £	<b>Information Technology (IT)</b> £	<b>Furniture and Fittings</b> £	<b>Total</b> £
<b>Carrying Amount</b> At 31 March 2017	-	<b>12,800</b>	-	-	-	-	<b>144,862</b>	<b>3</b>	<b>157,665</b>
At 1 April 2016	-	<b>18,734</b>	-	-	-	-	<b>62,594</b>	<b>21,822</b>	<b>103,150</b>

**Asset financing**

Owned	-	12,800	-	-	-	-	144,862	3	157,665
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
<b>Carrying Amount</b> At 31 March 2017	-	<b>12,800</b>	-	-	-	-	<b>144,862</b>	<b>3</b>	<b>157,665</b>

**Asset financing**

Owned	-	18,734	-	-	-	-	62,594	21,822	103,150
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
<b>Carrying Amount</b> At 1 April 2016	-	<b>18,734</b>	-	-	-	-	<b>62,594</b>	<b>21,822</b>	<b>103,150</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 6.1 Intangible assets - year ended 31 March 2018

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
<b>Cost or Valuation</b>									
At 1 April 2017	123,706	-	-	-	-	-	-	-	123,706
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(4,641)	-	-	-	-	-	-	-	(4,641)
At 31 March 2018	<b>119,065</b>	-	-	-	-	-	-	-	<b>119,065</b>

### Amortisation

At 1 April 2017	123,706	-	-	-	-	-	-	-	123,706
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(4,641)	-	-	-	-	-	-	-	(4,641)
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2018	<b>119,065</b>	-	-	-	-	-	-	-	<b>119,065</b>

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

**NOTE 6.1 (continued) Intangible assets - year ended 31 March 2018**

	<b>Software Licenses</b>	<b>Information Technology</b>	<b>Websites</b>	<b>Development Expenditure</b>	<b>Licences, Trademarks &amp; Artistic Originals</b>	<b>Patents</b>	<b>Goodwill</b>	<b>Payments on Account &amp; Assets under Construction</b>	<b>Total</b>
	£	£	£	£	£	£	£	£	£
<b>Carrying Amount</b>									
At 31 March 2018	-	-	-	-	-	-	-	-	-
At 31 March 2017	-	-	-	-	-	-	-	-	-

All Intangible assets wholly owned by NIMDTA.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 6.2 Intangible assets - year ended 31 March 2017

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
<b>Cost or Valuation</b>									
At 1 April 2016	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(24,429)	-	-	-	-	-	-	-	(24,429)
At 31 March 2017	<b>123,706</b>	-	-	-	-	-	-	-	<b>123,706</b>

### Amortisation

At 1 April 2016	148,135	-	-	-	-	-	-	-	148,135
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(24,429)	-	-	-	-	-	-	-	(24,429)
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2017	<b>123,706</b>	-	-	-	-	-	-	-	<b>123,706</b>

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

**NOTE 6.2 (continued) Intangible assets - year ended 31 March 2017**

	<b>Software Licenses</b>	<b>Information Technology</b>	<b>Websites</b>	<b>Development Expenditure</b>	<b>Licences, Trademarks &amp; Artistic Originals</b>	<b>Patents</b>	<b>Goodwill</b>	<b>Payments on Account &amp; Assets under Construction</b>	<b>Total</b>
	£	£	£	£	£	£	£	£	£
<b>Carrying Amount</b>									
At 31 March 2017	-	-	-	-	-	-	-	-	-
At 1 April 2016	-	-	-	-	-	-	-	-	-

All Intangible assets wholly owned by NIMDTA.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of NIMDTA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with NIMDTA's expected purchase and usage requirements and NIMDTA is therefore exposed to little credit, liquidity or market risk.

### NOTE 8 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2018 or 31 March 2017.

### NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

NIMDTA did not hold any assets classified as held for sale at either 31 March 2018 or 31 March 2017.

### NOTE 10 INVENTORIES

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Office supplies	1,176	2,069
<b>Total</b>	<b>1,176</b>	<b>2,069</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 11 CASH AND CASH EQUIVALENTS

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Balance at 1 <sup>st</sup> April	44,239	47,362
Net change in cash and cash equivalents	2,895	(3,123)
<b>Balance at 31<sup>st</sup> March</b>	<b>47,134</b>	<b>44,239</b>

### The following balances at 31 March were held at

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Commercial Banks and cash in hand	47,134	44,239
<b>Balance at 31<sup>st</sup> March</b>	<b>47,134</b>	<b>44,239</b>



# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2018	2017
	£	£
<b>Amounts falling due within one year</b>		
Trade receivables	65,648	198,631
Deposits and advances	-	-
VAT receivable	-	-
Other receivables – not relating to fixed assets	2,786	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
<b>Total Trade and other receivables</b>	<u>68,434</u>	<u>198,631</u>
Prepayments	96,428	104,950
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
<b>Total other current assets</b>	<u>96,428</u>	<u>104,950</u>
Carbon reduction commitment	-	-
<b>Intangible current assets</b>	<u>-</u>	<u>-</u>
<b>Amounts falling due after more than one year</b>		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
<b>Trade and other receivables</b>	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-
<b>Other current assets falling due after more than one year</b>	<u>-</u>	<u>-</u>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<u><u>68,434</u></u>	<u><u>198,631</u></u>
<b>TOTAL OTHER CURRENT ASSETS</b>	<u><u>96,428</u></u>	<u><u>104,950</u></u>
<b>TOTAL INTANGIBLE CURRENT ASSETS</b>	<u><u>-</u></u>	<u><u>-</u></u>
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<u><u>164,862</u></u>	<u><u>303,581</u></u>

The balances are net of a provision for bad debts of £Nil (2016-17: £Nil).

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2018	2017
	£	£
<b>Amounts falling due within one year</b>		
Other taxation and social security	-	-
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	54,238	112,634
Trade capital payables – intangibles	-	-
Trade revenue payables	649,300	314,592
Payroll payables	1,949	1,183
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals	1,710,148	1,578,910
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	24,449	8,040
<b>Trade and other payables</b>	<u>2,440,084</u>	<u>2,015,359</u>
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
<b>Other current liabilities</b>	<u>-</u>	<u>-</u>
Carbon reduction commitment	-	-
<b>Intangible current liabilities</b>	<u>-</u>	<u>-</u>
<b>Total payables falling due within one year</b>	2,440,084	2,015,359
<b>Amounts falling due after more than one year</b>		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of PFI and other service concession arrangements	-	-
Long term loans	-	-
<b>Total non-current other payables</b>	<u>-</u>	<u>-</u>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<u><u>2,440,084</u></u>	<u><u>2,015,359</u></u>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 14 PROMPT PAYMENT POLICY

#### 14.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that NIMDTA pay their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. NIMDTA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	<b>2018 Number</b>	<b>2018 Value £</b>	<b>2017 Number</b>	<b>2017 Value £</b>
Total bills paid	9,151	7,849,437	8,194	8,594,859
Total bills paid within 30 day target	9,009	7,757,008	8,053	8,526,555
<b>% of bills paid within 30 day target</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>99%</b>
Total bills paid within 10 day target	8,570	7,334,287	7,795	8,246,522
<b>% of bills paid within 10 day target</b>	<b>94%</b>	<b>93%</b>	<b>95%</b>	<b>96%</b>

#### 14.2 The Late Payment of Commercial Debts Regulations 2002

	<b>£</b>
Amount of compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
<b>Total</b>	<b>-</b>

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2018 or 31 March 2017.

### NOTE 16 CAPITAL COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2018 or 31 March 2017.

### NOTE 17 COMMITMENTS UNDER LEASES

#### 17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2018	2017
	£	£
<b>Obligations under operating leases comprise</b>		
<b>Land</b>		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-
<b>Buildings</b>		
Not later than one year	136,080	136,080
Later than one year but not later than five years	36,630	172,710
Later than five years	-	-
	<hr/>	<hr/>
	<b>172,710</b>	<b>308,790</b>
<b>Other</b>		
Not later than 1 year	797	498
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	<b>797</b>	<b>498</b>

#### 17.2 Finance Leases

NIMDTA had no finance leases at either 31 March 2018 or 31 March 2017.

# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

### **NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS**

#### **18.1 Off balance sheet PFI and other service concession arrangement schemes.**

NIMDTA had no commitments under PFI and other concession arrangement contracts at 31 March 2018 or 31 March 2017.

#### **18.2 On balance sheet (SoFP) PFI Schemes**

NIMDTA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2018 or 31 March 2017.

### **NOTE 19 OTHER FINANCIAL COMMITMENTS**

NIMDTA did not have any other financial commitments at 31 March 2018 or 31 March 2017.

### **NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT**

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2018 or 31 March 2017.

### **NOTE 21 CONTINGENT LIABILITIES**

NIMDTA did not have any contingent liabilities at 31 March 2018 or 31 March 2017.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 22 RELATED PARTY TRANSACTIONS

The Agency is a Special Agency sponsored by the Department of Health (DoH) and as such the DoH is a related party. During the year the Agency has undertaken various transactions with the DoH and with other entities for which the Department of Health is regarded as the parent Department. These are:

Belfast HSC Trust, South Eastern HSC Trust, Southern HSC Trust, Northern HSC Trust, Western HSC Trust, HSCB , PHA and Business Services Organisation.

During the year, none of the board members, members of key management staff or other related parties has undertaken any material transactions with the Agency.

Some of the Agency's Non-Executive Directors have disclosed interests with organisations from which the Agency purchased services or supplied services to during 2017/18. Set out below are details of the amount paid to these organisations during 2017/18. In none of these cases listed did the Executive/Non-Executive Directors have any involvement in the decisions to procure the services from the Organisation concerned.

Interests in the below organisations were declared by the following:-

Dr. Claire Loughrey's husband ( Dr.Paul Loughrey) is a G.P. Trainer at Salisbury Medical Centre.

During 2017-18 Dr Ian Steele was employed also with Belfast HSC Trust.

During 2017-18 Janet Little was employed also with the Belfast HSC Trust

During 2017-18 Ms Angela Carragher was employed also with South Eastern HSC Trust.

Brid Hendron is employed by the HSCB.

	2017-18				2016-17			
	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Health and Social Care Board***	-	1,940,645	-	-	-	1,661,116	-	161,341
Salisbury Medical Centre	14,000	-	4,919	-	11,265	-	2,188	-
Belfast HSC Trust*	21,590,629	-	146,815	-	21,332,831	-	4,264	-
South Eastern HSC Trust**	6,307,263	-	36,750	-	6,128,707	-	6,750	-

\* 2017-18 figures include £19,594,277 RRL; 2016-17 figures include £19,747,132 RRL.

\*\*2017-18 figures include £5,595,362 RRL, 2016-17 figures include £5,576,513 RRL

\*\*\*2017-18 figures include £1,645,532 RRL; 2016-17 figures include £1,531,240 RRL.

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### NOTE 23 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2018 or 31 March 2017 belonging to third parties.

### NOTE 24 Financial Performance Targets

#### 24.1 Revenue Resource Limit

NIMDTA is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit for NIMDTA is calculated as follows:

	<b>2018</b>	<b>2017</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
DoH (excludes non cash)	60,237,670	58,000,281
HSCB	1,645,532	1,531,240
PHA	-	-
Non cash RRL (from DoH)	57,687	49,978
<b>Total agreed RRL</b>	<b>61,940,889</b>	<b>59,581,499</b>
Adjustment for income received re Donations / Government grant / Lottery funding for non-current assets	-	-
Adjustment for Research and Development under ESA10*	148,247	131,578
<b>Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure</b>	<b>62,089,136</b>	<b>59,713,077</b>

\*This adjustment was received in both periods from the Public Health Agency

#### 24.2 Capital Resource Limit

NIMDTA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	<b>2018</b>	<b>2017</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
Gross capital expenditure by NIMDTA	68,153	112,634
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	68,153	112,634
Capital Resource Limit	68,238	112,675
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	(85)	(41)

# NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

### 24.3 Financial Performance Targets

NIMDTA is required to ensure that it breaks even on an annual basis by containing its surplus to within 0.25% of RRL.

	<b>2017-18</b>	<b>2016-17</b>
	<b>£</b>	<b>£</b>
Net Expenditure	(62,064,991)	(59,647,251)
RRL	62,089,136	59,713,077
Surplus/(Deficit) against RRL	24,145	65,826
Break Even cumulative position (opening)	1,878,573	1,812,747
Break Even Cumulative position (closing)	<b>1,902,718</b>	<b>1,878,573</b>

### Materiality Test:

	<b>2017-18</b>	<b>2016-17</b>
	<b>%</b>	<b>%</b>
Break Even in year position as % of RRL	0.04%	0.11%
Break Even cumulative position as % of RRL	3.06%	3.15%



# **NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY**

## **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018**

### **NOTE 25 EVENTS AFTER THE REPORTING PERIOD**

There are no material post balance sheet events.

### **DATE OF AUTHORISATION FOR ISSUE**

The Accounting Officer authorised these financial statements for issue on 3 July 2018.