

Minutes

MEETING: NIMDTA Board
DATE: Thursday 25 November 2021
TIME: 2.00 pm
VENUE: Zoom Meeting Room

Members:

Derek Wilson	Chair
Mr H Graham	Member
Dr J Little	Member
Mr G McKenna	Member
Ms G Campbell	Member
Mr B Garland	Member

In Attendance:

Mr M McCarey	Chief Executive/Senior Governance, IT & Facilities Manager
Dr I Steele	Postgraduate Medical Dean/Director for Education
Ms P Black	Senior Business Manager
Dr M Stone	Director of Postgraduate General Practice Education
Dr L Parks	Foundation School Director
Ms R Campbell	Senior Professional Support Manager
Dr B Hendron	Postgraduate Dental Dean
Ms J Turner	Senior HR Manager (Trainee Employment)
Ms D Hughes	Senior Education Manager
Dr A Smyth	Director of Hospital Specialty and Professional Development
Ms G Kerr	Committee Support Executive Officer

Ref	Item	Action
1.0	Apologies	
1.1	Dr C Harron (Medical Director)	
2.0	Declarations of Interests – Items of Business	
2.1	None.	

Ref	Item	Action
3.0	Announcements	
3.1	<p>Mr D Wilson explained that this was his first meeting as Chair, introducing himself to those he had not yet had an opportunity to meet, and raised a number of points:</p> <ul style="list-style-type: none"> • That papers are taken as read. • That presenters highlight essential issues which are of importance to the Board • Confirmed that the Board is available at all times for concerns to be raised, not just within meetings. 	
3.2	Mr D Wilson shared the Board’s condolences with Dr Parks on her recent bereavement.	
3.3	Mr D Wilson congratulated Ms G Campbell on her appointment to the Pharmaceutical Society.	
4.0	Minute of Meeting	
4.1	The Minutes of 23 September 2021 were approved, subject to minor amendments at 13.6 and 13.8.	Ms Kerr
5.0	Matters Arising	
5.1	<p><u>9.2 Training Programme (29.06.21)</u> Dr Stone advised that recruitment to the 111 capacity for GPST1 intake has been achieved for the first time and recognised the practical issues of managing full capacity. Dr Stone highlighted the need to review administrative structures now that capacity has been reached. This will be pursued with Ms Black on her return.</p> <p>26.08.21 – Dr Stone confirmed Ms Black is aware and they will discuss at the earliest opportunity.</p> <p>23.09.21 – Dr Stone advised discussions have taken place, with work ongoing.</p>	Dr Stone
5.2	<p><u>13.6 Staffing (29.06.21)</u> Dr Hendron advised that Ms Jackson (Dental Care Professional Tutor) is leaving. Dr Hendron committed to discuss recruitment options with Ms Black on her return.</p>	Complete

Ref	Item	Action
	<p>26.08.21 – Mr McCarey confirmed this will be discussed at the earliest opportunity when Dr Hendron and Ms Black are both available.</p> <p>23.09.21 – work ongoing.</p>	
5.3	<p><u>9.2 Resourcing (28.08.21)</u> Dr Stone highlighted funding is behind current recruitment levels. Ms Black is aware and this will be looked at as soon as possible. A new baseline for funding and recruitment is required.</p> <p>Mr McKenna stressed the need to add a risk to the Corporate Risk Register, on the ongoing likelihood of increases and how NIMDTA deal with this long term. It is important a more strategic view is taken, rather than reacting to individual DoH requests. Mr McKenna noted his concerns that historically NIMDTA has been asked to take things on with resourcing discussions taking place later.</p>	Mr McCarey
5.4	<p><u>12.3 Annual Equality Report (28.08.21)</u> Approved.</p> <p>Ms Campbell committed to arrange an Equality workshop for new Board Members.</p> <p>Ms Campbell and Mr McCarey highlighted work to obtain additional resources for NIMDTA’s equality responsibilities; this may be either via outsourcing to BSO or additional support in house.</p> <p>23.09.21 – Ms Campbell confirmed that funding has been obtained</p>	Complete
5.5	<p><u>16.2 Budgets (28.08.21)</u> Mr McCarey advised Ms Black has been focusing on budgets and allocations since her return.</p> <p>Mr Wilson queried Note 12, asking if NIMDTA should write to DoH highlighting the work DoH have asked NIMDTA to take on with non-recurrent funding. Mr McKenna agreed it is important for NIMDTA to highlight to DoH work streams which are reliant on non-recurrent funding.</p>	Complete

Ref	Item	Action
	<p>Dr Little queried Paragraph 2.1. Asking if the 1% includes all SLE trainees, as this would make for a much larger bill. Mr McCarey committed to check this.</p> <p>23.09.21 – Mr McKenna noted is continuing concerns. Ms Black confirmed 2 allocation letters have been received to date confirming 21/22 non-recurrent funding, the non-recurrent nature is highlighted repeatedly to DoH in year. Mr McCarey drew attention to email trail within his report on this matter.</p>	Mr McCarey
5.6	<p><u>8.4 Confidential Section (28.08.21)</u> Please refer to the Confidential Section of Minute.</p>	Mr McCarey
5.7	<p><u>14.6 LMS (23.09.21)</u> Ms Hughes confirmed she is content with the interim arrangements. Dr Parks noted the successful use for Foundation. Ms Hughes advised the regional LMS will take a further 2/3 years to implement.</p> <p>Mr Garland asked if the LMS could be used for Board papers. Ms Hughes confirmed it could. Mr McCarey undertook to investigate.</p> <p>25.11.21 – Mr McCarey advised Members it is not feasible to use the LMS for Board papers.</p>	Complete
6.0	Report from The Audit Sub-Committee	
6.1	<p>Mr Garland confirmed the Minute from the previous meeting on 14 October 2021 is included and welcomed questions. No questions arose.</p> <p>Mr D Wilson welcomed the positive report from Internal and External Audit.</p>	
7.0	Report from Governance & Risk Sub-Committee	
7.1	<p>Mr D Wilson noted his initial discomfort with the existence of a Governance & Risk Committee, rather than an Audit & Risk Committee as is more commonly seen across the public sector.</p> <p>Mr D Wilson confirmed that having gained more knowledge, he is content to proceed as established for now and revisit if necessary. Mr Garland agreed with Mr D Wilson thoughts.</p>	

Ref	Item	Action
7.2	Members who attended agreed the minutes are an accurate reflection of the meeting. Members agreed to ask Mr L Wilson to sign off the minutes, as he chaired the meeting.	Ms Kerr
8.0	Report from the Senior Business Manager	
8.1	<p>Members noted the report from Ms Black, Senior Business Manager.</p> <p>Ms Black apologised for the delayed issue of her report.</p> <p>Mr D Wilson thanked Ms Black for her overview of Business Management work streams at the Board Workshop in October.</p>	
8.2	<p><u>Authorisation Framework</u> Ms Black highlighted the addition of the Band 6 Communications post approval in line with other Band 6's across NIMDTA.</p> <p>Mr Garland asked if approval levels are for single item transactions. Ms Black confirmed they are, adding that risk is minimised by the processes and controls in place.</p> <p>Ms Black asked if Members are content to approve. Approved.</p>	
8.3	<p><u>Concerns</u> Ms Black advised she has no present concerns of note for the Board, confirming she will report any issues which arise appropriately.</p>	
8.4	<p><u>Financial Reporting</u> Ms Black advised budget review work is ongoing, adding that the move to departmental budgets allows for closer monitoring of budgets. Mr D Wilson asked Ms Black to keep the Board updated on the delegation of financial reporting, and how the roll out progresses. Ms Black committed to do so, confirming that BSO will deliver training to SMC Members and the Business Management team will continue to provide overview and support to NIMDTA staff.</p>	Ms Black

Ref	Item	Action
8.5	<u>16.10 GP B4 x2 Expansion posts (23.09.21)</u> Following circulation of additional paperwork and the answering of resultant queries, Members were content to approve posts. Approved.	
8.6	<u>Dental Simulation Staff Costs</u> Ms Black confirmed that a business case will be sent to the January Board for formal approval.	
9.0	Report from the CEO/Acting Senior Governance, IT and Facilities Manager.	
9.1	Members noted the report from Mr McCarey, Chief Executive/Acting Senior Governance, IT & Facilities Manager.	
9.2	<u>Standing Orders</u> Mr McCarey noted Standing Orders were discussed in detail at a pre-meeting with Board Members. Members confirmed they are happy to approve Standing Orders subject to the additional minor wording amendments noted at the pre-meeting. Approved.	Ms Kerr
9.3	<u>Confidential – Tribunals</u> Please see confidential section.	
9.4	<u>Stormont Messaging re Home Working</u> Mr McCarey advised he, along with Ms R Campbell met with Team Leaders yesterday and will provide further detail at SMC on 29 November 2021. Team Leaders have been empowered to roll out the 1:4 hybrid working model as required, rather than to meet a target. Mr D Wilson suggested the Board keep this matter under review and act on individual concerns as raised. Dr Parks noted the Foundation team will have to work at a higher ratio for a period to deliver 10 days of training and recruitment pre-Christmas. Dr Parks stated she is mindful of the risk especially given the small team, should someone have to isolate. Mr D Wilson asked if contingency plans are in place. Dr Parks advised not at present, Foundation are reliant on goodwill from other teams. Mr McCarey committed to look at putting plans in place, should Foundation staff become unable	Mr McCarey Dr Parks

Ref	Item	Action
	to attend.	
9.5	<p><u>Organisational Overview</u> Mr McCarey shared plans to create an organisational overview, which will include governance structures, staff reporting and budgets within individual teams.</p>	
10.0	Report from the Director of Postgraduate General Practice Education	
10.1	Members noted the report from Dr Stone, Director of Postgraduate General Practice Education.	
10.2	<p><u>Capacity</u> Dr Stone noted that GP trainee intake numbers at GPST1 have increased significantly in recent years, from 65 to 111. Due to delays recruiting trainees to fill all available places, progress on funding and the recruitment of the required administrative and educational staff was delayed.</p>	
10.3	<p><u>Funding</u> Dr Stone confirmed work is ongoing to ensure the correct funding is in place for the full scheme. Ms Black advised costs were submitted based on gradual increases over a number of years, the inability to recruit to those levels delayed progress, resulting in some monies being returned to DoH.</p> <p>Ms Black confirmed that DoH have provided funding for 111 trainees for the first time this year, work is being carried out internally to establish how this funding is best utilised.</p>	
10.4	<p><u>Education</u> Dr Stone highlighted the curriculum change, which has created an issue in terms of having enough available placements for trainees within GP practices.</p> <p>Mr D Wilson asked if pressures manageable. Dr Stone confirmed they are, however clarity is required on the current baseline, as it is difficult to move forward with the new curriculum until clarification has been received from DoH.</p> <p>Dr Stone and Ms Black committed to meet to establish if current funding is appropriate. Mr D Wilson offered the Boards assistance if required.</p>	<p>Dr Stone Ms Black</p>

Ref	Item	Action
10.5	Mr Garland queried if the skilled workers VISA is appropriate. Dr Stone provided an overview of progress being made.	
11.0	Report from the Postgraduate Medical Dean /Director of Education	
11.1	Members noted the report from Dr Steele, PGMD/Director of Education.	
11.2	<p>Dr Steele noted inclusion of information on PGD role for new Members.</p> <p>Dr Steele updated Members that Dr S Craig has been offered the post of Deputy Director of Hospital Specialty and Professional Development, and is due to take up post in February 2022.</p>	
11.3	<p><u>Concerns/Incidents</u></p> <p><u>Clinical Oncology TPD</u> Dr Steele shared previous recruitment difficulties, adding it is hoped a new TPD will be appointed in December 2021. Mr Graham asked if there are specific reasons for the difficulty recruiting to this post. Dr Steele confirmed the difficulties have been both specific and general in nature, these include the impact of Covid-19 on both this training programme and staff wellbeing.</p> <p><u>Cardiothoracic Surgery – Enhanced Monitoring</u> Dr Steele advised that a GMC visit is scheduled to take place tomorrow. Dr Little asked for clarification on the difficulties Dr Steele provided.</p>	
11.4	<p><u>Foundation Trainee –Incident</u> See Confidential Section below.</p>	
11.5	<p><u>Foundation Increases</u> Mr D Wilson asked if increases could be seen as positive given the future benefits to the HSC workforce. Dr Steele provided an overview of the reasons for recent increases in Foundation numbers, including the inclusion of all medical specialties on the UK shortage list. Dr Steele added that additional funding to cover the increased numbers is required from DoH.</p>	

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	Mr D Wilson asked if there is a joined up approach on this from both DoH Workforce Planning and DoH Finance. Dr Steele advised the issues are consistently raised with DoH, however he does not believe a level of urgency has yet been observed.	
11.6	Dr Smyth introduced herself to Members, and thanked Dr Steele for reporting on her behalf in this instance.	
12.0	Report from the Director of Foundation Training	
12.1	Members noted the report from Dr Parks, Director of Foundation Training.	
12.2	Dr Parks noted the Foundation issues covered during Dr Steele's report.	
12.3	<p><u>Risk</u> Dr Parks shared her concern about the significant workload generated by the creation of the thirty additional programmes, which must be confirmed and complete before 31 January 2022.</p> <p>Dr Parks confirmed that a business case is currently with DoH for approval, and in the interim planning work has begun on assumption that approval will be granted.</p> <p>Mr Garland asked if the PSA SCRIPT fail rate is typical. Dr Parks confirmed the level seen is quite normal, advising that support sessions will be held in evening going forward in the hopes of better attendance.</p>	
13.0	Report from the Senior Professional Support Manager	
13.1	<p>Members noted the report from Ms R Campbell, Senior Professional Support Manager.</p> <p>Mr D Wilson thanked Ms R Campbell for her overview of Professional Support work streams earlier this month.</p>	
13.2	<p><u>Resourcing</u> Ms R Campbell overviewed the current resourcing challenges within PSU, noting she feels they are unable to provide the level of support she would wish, due to a lack of resources</p>	

Ref	Item	Action
	<p>within the team.</p> <p>Mr McCarey recognised the recurrent theme of lack of resourcing across departments, confirming he has been working with departments to establish resourcing requirements. Mr McCarey confirmed Board discussions have also taken place re the requirement to ensure baseline need is resourced across NIMDTA.</p> <p>Mr D Wilson suggested resourcing across NIMDTA become a standing agenda item, rather than individual departments reporting. Agreed.</p>	Ms Kerr
13.3	<p><u>GP Trainees</u></p> <p>Ms R Campbell noted the high sponsorship numbers, highlighting that OHS will not begin their process until trainees are physically in NI. This approach has the potential to delay trainee start dates.</p>	
13.4	<p><u>PSU Support</u></p> <p>Ms R Campbell noted the increased demand, which was expected given pandemic fatigue. It was also recognised that some trainees are not aware of the support available to them, thus further work is required to promote this service.</p> <p>Dr Little highlighted that care should be taken when reporting PSU referrals, as the inclusion of grade can make an individual identifiable. Noted.</p>	
13.5	<p><u>Staff Handbook</u></p> <p>Mr D Wilson commended the Handbook as a very useful document. Ms R Campbell recognised the excellent work of Ms Woods.</p> <p>Dr Little agreed that the Handbook is excellent.</p> <p>Mr McCarey noted frustrations at SMC level re NIMDTA's website, adding it is hoped an upgraded website will be deployed by year end.</p>	
13.6	<p><u>Absence</u></p> <p>Mr Garland asked why levels are particularly high within some Departments. Ms R Campbell advised that given the small number of staff within some Departments, any long term</p>	

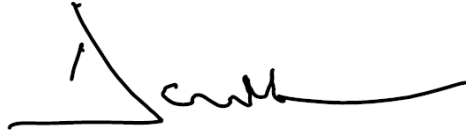
Ref	Item	Action
	absence significantly impacts the final %.	
13.7	<p><u>Equality Scheme</u> Ms R Campbell updated Members on the additional Equality service NIMDTA have obtained from BSO.</p> <p>Mr D Wilson asked if online training is mandatory. Ms R Campbell confirmed it is. Mr D Wilson requested completion of equality training be added to Board induction requirements.</p> <p>Ms G Campbell noted the leadership role for the Board on Equality. Mr McCarey confirmed he would welcome Board leadership on this issue.</p>	Ms Kerr
14.0	Report from the Postgraduate Dental Dean.	
14.1	Members noted the report from Dr Hendron, Postgraduate Dental Dean.	
	<p><u>Concerns</u></p> <p><u>Covid Impact</u> Dr Hendron noted that the Covid-19 impact on dentistry is ongoing.</p> <p><u>SLE Model</u> Dr Hendron shared her concern that other UK nations have moved to a SLE model, with little appetite in NI to amend legislation, allowing NIMDTA to align with this approach. Dr Hendron has stressed to DoH it would be best if Foundation Dentistry was aligned with SLE here.</p> <p><u>Foundation Dentistry</u> Dr Hendron noted that timeline issues experienced in Scotland may result in oversubscription for the NI scheme.</p> <p><u>Educational Supervisor (ES) Scheme</u> Dr Hendron remains concerned that if the payment scheme is stopped, the NI scheme is unlikely to be attractive to ES's.</p> <p><u>Advances in Dental Care</u> Dr Hendron highlighted that HEE programme changes will have an impact in NI, as schemes will have to be amended to ensure NI remains an attractive option for trainees.</p>	

Ref	Item	Action
	<p><u>GDC Quality Assurance Process</u> Dr Hendron advised the process begins on 1 December 2021.</p>	
14.2	<p><u>SLE & Dental</u> Mr D Wilson asked Ms Turner for input re Dr Hendron’s earlier comments. Ms Turner confirmed significant work alongside DoH would be required to facilitate moving Dental Foundation trainees to SLE. Ms Turner noted she would welcome such a move.</p>	
14.3	<p><u>DCT Pay Scales</u> Dr Hendron noted this long running issue, the result of a different pay scale in NI for dental core trainees. This has made NI less attractive to trainees than the rest of the UK. Mr D Wilson requested that the Board is kept aware of progress on this issue.</p> <p>Dr Hendron noted her concern at the potential reputational damage to NIMDTA.</p>	
14.4	<p><u>COPDEND Vice-Chair</u> Dr Little asked if there will be an impact on NIMDTA when Dr Hendron takes up the role of COPDEND Vice-Chair. Dr Hendron provided background for Members, confirming there will be a significant time commitment for her, and noting that she feels there will be benefits to NIMDTAs visibility on a national level. Dr Hendron confirmed she has discussed time management with Mr McCarey.</p>	
14.5	<p><u>Training Practices</u> Mr Graham noted concern that it may become increasingly difficult to attract training practices if there is return to an activity based payment model. Dr Hendron agreed, confirming she has flagged this issue with DoH.</p>	
15.0	Report from the Senior Education Manager	
15.1	<p>Members noted the report from Ms Hughes, Senior Education Manager.</p> <p>Ms Hughes highlighted she has included background information for the benefit of new Members.</p>	

Ref	Item	Action
15.2	<p><u>GMC Quality Assurance Process</u> Ms Hughes advised Members this has been a significant workload in recent months. Due to Covid-19, a paper exercise is being carried out in place of the normal visits. Mr D Wilson asked if this is a planned exercise and if NIMDTA know in advance what will be asked. Ms Hughes confirmed this is planned, and provided an overview for Members. Ms Hughes also committed to send the final report to Members for information.</p>	Ms Hughes
15.3	<p><u>LMS</u> Ms Hughes advised it is hoped the regional LMS will be in place by October 2022, adding that in the meantime a NIMDTA LMS has been successfully rolled out.</p>	
15.4	<p><u>NIMDTA Website Development</u> Ms Hughes highlighted the impact of Ms Woods leaving her NIMDTA role, adding it is likely to be March 2022 before someone new is in post. Ms Hughes confirmed work will continue in the interim to progress website development. This work is being carried out alongside HEE web developers to ensure NIMDTA trainee experience is comparable to other parts of the UK.</p>	
15.5	<p><u>Trainee Information and Learning Management Systems (TIS)</u> Mr Garland asked for further clarification. Ms Hughes provided an overview of reasons for the current interim arrangements, confirming that that new system should be operational in January 2022.</p>	
16.0	Report from the Senior HR Manager for Trainee Employment	
16.1	Members noted the report from Ms Turner, Senior HR Manager for Trainee Employment.	
16.2	<p>Ms Turner updated Members that SLE remains on target, with the final training programmes on boarding in early December 2021.</p> <p>Ms Turner noted that exceptions have arisen throughout the deployment process. Trainees whose transfer to SLE has been delayed can only be moved across to SLE when they are</p>	

Ref	Item	Action
	eligible to return to work e.g., upon return from maternity leave; sick leave; OOPT; or when their current Trust Contract of Employment expires. As such dates for their onboarding / transfer to SLE employment will vary.	
16.3	<p><u>IT Work Streams</u> Ms Turner highlighted a regional development programme which SLE must comply with.</p> <p>Mr Garland asked how expensive it would be to have a custom IT solution. Ms Turner advised she hoped the longer term regional project will deliver SLE requirements, with the EQUIP project due by 2024.</p>	
16.4	<p><u>MHPST</u> Ms Turner advised that a Regional HR MHPS Forum has recently been established. The purpose of the forum is to share learning and promote consistency and best practice when managing Doctors and Dentists in difficulty via the MHPS Framework, in addition to organising MHPS training for all organisations involved in this process, hoping to benefit from economies of scale. Ms Turner noted the need to organise MHPS training for NIMDTA Board members and this has been raised via the Forum, however if this does not progress in a timely manner we could consider organising NIMDTA training independently of this group. Board Members' views were sought regarding preferences for arranging this training.</p>	
16.5	<p><u>Concerns</u></p> <p><u><i>FT Contract Termination</i></u> Ms Turner advised that BMA legal advisors raised concerns, thus discussions are ongoing.</p> <p><u><i>Increased Queries</i></u> Ms Turner highlighted that as trainee numbers increase; the workload for queries is also increasing. Ms Turner stressed that training for SLE team members is crucial.</p>	
16.6	Mr D Wilson asked that the SLE Induction Overview session be scheduled asap.	Ms Kerr

Ref	Item	Action
	Mr D Wilson suggested non urgent queries are held until the SLE Induction Overview. All agreed.	
17.0	Correspondence/Reports/Papers Received.	
17.1	<p>The following correspondence/reports/papers received were noted.</p> <p>a) RP5910 - Letter to All Chief Executives & Chairs of ALBs - Senior Executive Job Evaluation re-grading</p> <p>b) HSC(F) 31-2021 - DAO (DoF) 07/21 - Guidance on Conflicts of Interest</p> <p>c) RP5899 Letter to ALB Chairs & ALB Chief Executives - Further Pause Sponsorship and Governance Activities 2021/22</p>	
18.0	Any Other Business	
18.1	<p><u>Board Process</u></p> <p>Members requested the Board Agenda be regularly amended to facilitate SMC Members presenting earlier in the meeting.</p>	Ms Kerr
18.2	<p><u>NIMDTA Resourcing</u></p> <p>Mr McCarey stressed the importance of resourcing correction prior to production of a new strategic plan, suggesting a separate work stream is created for this purpose. Mr McCarey and Mr D Wilson will meet to begin the process.</p>	Mr McCarey Mr D Wilson
18.3	<p><u>Governance & Risk Chair</u></p> <p>Members discussed and supported Ms G Campbell's appointment as Governance & Risk Chair.</p>	
19.0	Date of next meeting	
19.1	Thursday 27 th January 2022, 2pm.	

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NIMDTA Chair

27.01.22

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Date