

Minutes

MEETING: NIMDTA Board
DATE: Thursday 27 June 2019
TIME: 2.00 pm
VENUE: Board Room, NIMDTA

Members:

Mr A Joynes	Chair
Mr D Morrice	Member
Dr J Little	Member
Mr L Wilson	Member
Mr G McKenna	Member

In Attendance:

Professor K Gardiner	Chief Executive/Postgraduate Medical Dean
Ms P Black	Business Manager
Mr M McCarey	Governance, IT & Facilities Manager
Dr B Hendron	Postgraduate Dental Dean
Dr I Steele	Director for Hospital Specialty Training / Professional Development
Ms R Campbell	Professional Support Manager
Ms D Hughes	Education Manager
Dr L Parks	Director of Foundation Training
Ms C McGlone	Committee Support Executive Officer

Ref	Item	Action
1.0	Apologies	
1.1	<ul style="list-style-type: none">• Dr C Loughrey (Director of Postgraduate GP Education)• Mr D Maguire (Non- Executive Member)	
2.0	Declarations of Interests – Items of Business	
2.1	None.	

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3.0	Announcements	
3.1	<p><u>Meeting with Permanent Secretary</u></p> <p>The Chair and Professor Gardiner met with Permanent Secretary, Department of Health [DoH] Richard Pengelly on 26th June 2019 for the Annual Accountability meeting. Also present at the meeting were Peter Barbour and Liz Hynes [both DoH].</p> <p>Professor Gardiner agreed to write to DoH regarding concerns identified in relation to Single Lead Employer as instructed to by the NIMDTA Board.</p>	
3.2	<p><u>Western Trust</u></p> <p>It was noted that a letter was received regarding the allocations in the Western Trust.</p>	
4.0	Unconfirmed Minute of Meeting held on 30 April 2019	
4.1	<p>The minutes of the meeting held on 30 April 2019 were discussed and were agreed subject to any amendments.</p> <p>Board members to contact Ms McGlone if there are any further amendments.</p>	
5.0	Matters Arising	
5.1	<p><u>Matters Arising: (5.2) Fire Drill</u></p> <p>It was noted that a fire drill is to be arranged when Board Members are present at NIMDTA.</p> <p>Mr McCarey advised that there had been an incident in relation to a fire alarm test on Monday 24th June. This involved the fire alarm not being placed on test, and as a result NIFRS had attended Beechill House in response.</p>	Mr McCarey
5.2	<p><u>Matters Arising: Report from the Director for Hospital Specialty Training & Professional Development: (8.5) Quality Management: Plastic Surgery</u></p> <p>Dr Steele reported excellent feedback from this report.</p>	
5.3	<p><u>Report from the Director for Hospital Specialty Training & Professional Development: (8.8) Reimbursement of Accommodation Costs relating to Study Leave/Examinations</u></p> <p>It was noted that a response to Professor Gardiner's letter had not yet been received. Professor Gardiner advised that an update would</p>	Professor Gardiner

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	be provided when the response has been considered.	
5.4	<p><u>Report from the Chief Executive/Postgraduate Medical Dean: 16.2 Post to support development of the Communications Strategy</u></p> <p>There was no update in relation to this matter and it was deferred to the next meeting.</p>	Professor Gardiner
5.5	<p><u>Report and Attendance from the General Practice Department at Board Meeting of 21 March 2019</u></p> <p>The Chair noted that he had not yet received a letter in relation to this matter.</p>	
5.6	<p><u>Report from the Business Manager: 14.2 Resource Planning</u></p> <p>It was noted a response had been drafted and was included in Ms Black's board report.</p>	
6.0	Report from The Audit Sub-Committee	
6.1	<p>Mr Morrice (Chair of the Audit Committee) provided an update of the meeting held on the morning of 27th June 2019 with NIAO, Internal Audit and ASM.</p> <p>Mr Morrice reported that the Audit meeting had been very positive and that for the second year in a row NIMDTA have a clear report with no misstatements identified and no priority 1, 2 or 3 recommendations. A clear audit certificate noting this outcome will be issued in due course.</p> <p>Mr Morrice commended Professor Gardiner, Mr McCarey, Ms Black, Ms Sanderson on the Audit outcome. The Chair suggested a note should be added to the staff newsletter to thank everyone. Mr Joynes thanked Mr Morrice as Chair of the Audit Committee.</p> <p>Mr Morrice added External Audit had drawn attention to the outcome of the recent ruling in relation to PSNI Holiday pay. There would be an identified action for NIMDTA to check that there was no exposure to this ruling which related to holiday payments for employees who worked overtime on a regular basis.</p>	Professor Gardiner
	Mr Morrice referred to the Audit Committee pre-meeting attended by Denver Lynn (NIAO), Brian Clerkin (ASM), Eimer Proctor (ASM) and Catherine McKeown (BSO). No issues had been identified at this meeting. Mr Morrice drew attention to the HSC wide Internal Audit	

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	<p>Update, noting that NIMDTA had performed to a high level when compared to the benchmark across the sector.</p> <p>Professor Gardiner addressed the overtime issue in relation to the PSNI case previously discussed and estimated that overtime over the past 3 years could be £30,000 and any holiday back pay should not be significant. Professor Gardiner advised that NIMDTA would continue to monitor the outcome of the PSNI case</p>	
	<p><u>Annual Report & Accounts</u></p> <p>Mr Morrice advised that this was subject to slight amendments as agreed at the Audit Committee; the recommendation was that the Report be signed in line with these.</p> <p>Mr McCarey noted that the only comments to be received from NIAO on the draft report had been received the previous night and because of this the report was an amended version. Mr McCarey provided a list of the agreed amendments to the Members.</p> <p>Mr McCarey highlighted two amendments in particular;</p> <ul style="list-style-type: none"> • On page 68 there was an issue regarding median salary. Mr McCarey was to verify this with BSO finance. • A request that the Governance Statement included arrangements for Single Lead Employer. <p>There was a further query regarding staff remuneration and the level of disclosure at a Senior Management level. It had been agreed to report at the current level for this year, however this would likely be changed moving forward to include the details of the Senior Management Committee.</p> <p>Mr Morrice highlighted that there were no changes to the accounts or figures and he was happy that the only changes were cosmetic.</p> <p>The Chair agreed that subject to amendment, the Annual Report and Accounts would be signed.</p>	
6.2	<p>Audit Committee Self-Assessment Checklist</p> <p>Mr Morrice confirmed that the checklist was completed and 'yes' answered to all questions. This checklist will be kept on file incase DoH request a copy.</p>	
7.0	<p>Report from Governance & Risk Sub-Committee</p>	

Ref	Item	Action
7.1	<p><u>Draft Minute of the Meeting held on 18 June 2019</u></p> <p>Mr Wilson (Chair of the Governance & Risk Committee) provided an overview of the meeting held on 18 June 2019. The Committee had reviewed the Corporate Risk Register in detail.</p> <p>Mr Wilson noted that there was a discussion regarding the role of the Committee; and the cyclical consideration of the Risk Registers at meetings.</p> <p>Mr Wilson and Mr McCarey met on the morning of 27th June 2019 and will bring a proposal to the next Governance & Risk meeting addressing the possibility of changing the focus of the meetings on this basis.</p>	
13.0	<p>Report from the Education Manager</p> <p>Members received and discussed the report from the Education Manager. Ms Hughes drew Member's attention to the following:</p>	
13.1	<p><u>Learning and Development Agreements</u></p> <p>Ms Hughes reported that Learning and Development Agreements had been received from all HSC Trusts and the PHA. Those from Marie Curie, QUB and NI Hospice were expected.</p> <p>99% of trainers have been recognised; this figure will be reviewed in August for any changes.</p> <p>The Chair commended the efforts of Ms Hughes. Ms Hughes suggested that the figures could be broken down further or overall figure given.</p>	Ms Hughes
13.2	<p><u>Single Employer</u></p> <p>Communication had been sent to trainees regarding Single Lead Employer from NIMDTA.</p> <p>Ms Hughes advised that two open events have been planned for June and start of July 2019. There were sixteen responses to these events; mainly queries regarding annual leave, maternity leave and splitting paternity leave. Ms Hughes advised the Board of the difficulty of having no point of contact to deal with these queries and that no one within the Health Trusts had expressed interest in being a point of contact.</p> <p>Ms Hughes added that she was hopeful there would be communication from DoH shortly as there were issues that they</p>	

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	<p>needed to clarify.</p> <p>Mr Wilson queried if a change of terms and conditions was of concern to the trainees. Mrs Hughes confirmed that it was a change of arrangements.</p> <p><u>Education Agreement</u></p> <p>The changes made to the Education Agreement were discussed and noted.</p> <p><u>Systems</u></p> <p>Ms Hughes advised the OM Structure has been built and that Ms Black has added cost centres and Business Support have done as much as they can without documents for the trainees.</p> <p>Ms Campbell added that GP documents need to be with NIMDTA before mid-July. Trainees will have to submit ten documents, four of which are related to NIMDTA.</p> <p>Ms Hughes confirmed a meeting had been set to review and finalise the core documents required from trainees.</p> <p><u>Policies</u></p> <p>Ms Hughes provided an update in relation to the group established to review policies for the commencement of Single Lead Employer. Mr Joynes questioned whether standard policies could be changed. Ms Hughes responded that the addendums addressed the changes required in policies.</p> <p>Ms Hughes noted that the Contract of Employment has not been finalised and Ms Turkington has made comments and circulated.</p> <p>Ms Hughes informed Members of the change in the Travel Policy to manage travel for trainees, addressing the issue of identifying the trainees' core hospital and working hours. Ms Hughes highlighted the problem of identifying authorisers in each Trust with Belfast Trust being the only Trust to have identified eight authorisers who are in post.</p> <p>Ms Hughes advised it would take approximately two days for Ms Campbell's team to add the information on to HRPTS for payment assuming documents were received and agreed.</p> <p><u>Annual Quality Report</u></p> <p>Submission of report is due in September 2019 and Ms Hughes will</p>	<p>Ms Hughes/</p>

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	<p>Mr McCarey also advised that a further business case would be required in relation to the final repurposing of the building.</p> <p>Mr McCarey noted that within the original strategy for seeking more space, a key driver had been the need to provide further training space. Developments through the process, which had identified the space required for 33 new workstations in relation to Single Lead Employer and the co-location of NICPLD meant that the ability to offer more training space through the extension is unlikely. There will be a transition period of approximately 12-15 months whilst the building is unified. After completion, there may be additional space for training available.</p> <p>The Chair queried over the short/medium term the manner in which events would be funded that had not previously been in the budget. Mr McCarey confirmed a staff member was evaluating how events in the coming months would be impacted. Mr McCarey noted the difficulty in planning as milestones for NICPLD could not change. Mr McCarey confirmed that a week before NICPLD arrive, QUB IT would be on site.</p> <p>Professor Gardiner advised a Business Case may be needed. Mr McCarey estimated ten events may be re-located externally.</p> <p><u>Assurance Framework</u></p> <p>Amendments made at the June Governance & Risk meeting were discussed and noted. It was noted that the Assurance Framework included only the higher risks as requested previously.</p> <p>Six risks were added to address NICPLD and Single Employer.</p> <p>Mr McCarey advised that the Internal Control Framework had been updated for year end, and that work would now start on the version to be used for 2019/20.</p> <p><u>Policies</u></p> <p>Mr McCarey advised that a number of policies had been reviewed in order to consider issues that may arise in relation to co-location with NICPLD. It was noted that the BSO use an SLA for the purposes of co-location, which clarifies that all individuals working in their buildings are referred to as 'staff' within the appropriate policy.</p> <p>The following policies were discussed and approved:</p> <ul style="list-style-type: none"> i. Fire Safety Policy ii. Health and Safety Policy iii. Reporting and Management of Incidents policy 	<p>Mr McCarey</p>

Ref	Item	Action
	<p>iv. Security Policy and Protocol</p> <p><u>SMC away day</u></p> <p>Mr McCarey noted that the SMC Away day was focused on a horizon scan for issues that could impact NIMDTA's current Strategic and Business Plans.</p> <p>Mr Wilson queried when the Corporate Business Plan was due. Mr McCarey confirmed that this was due in 2022. Mr Wilson asked if the Board members could be involved in the business planning. Mr McCarey suggested business planning could be incorporated into a Board Workshop.</p> <p><u>Incidents</u></p> <p>Mr McCarey drew attention to the ongoing issue regarding the website and confirmed a temporary solution was in place. The issue had arisen following an update from Microsoft that had changed security settings with their browsers.</p> <p>Professor Gardiner is to write to Ms Hargan [Director of Human Resources & Corporate Services, Business Services Organisation] regarding the return to the Equality Commission which was not submitted in line with the deadline. A formal letter had been received from the Equality Commission drawing NIMDTA's attention to this and requesting submission within a further four weeks. The return was made and Ms Hargan responded.</p> <p>Mr McCarey informed the Board members that the GP complaint continued to progress. Ms Campbell advised that a further FOI from a GP had been received.</p> <p>The Chair suggested that Issue 48, as identified on the Issues Log, could be escalated in rating as it was becoming more serious. Mr McCarey queried if this should be amended to enable a more nimble response and potentially put in a clause that a nominated representative would sit in on meetings to achieve a quicker result.</p> <p>Ms Black noted that under issue 5, the letters have now been issued and should be closed. Similarly, regarding issue 8, the GP Payments have been processed and paid.</p> <p>Mr McCarey confirmed that the NICPLD induction was scheduled for Friday 2nd August and that the schedule for the programme would be circulated shortly. Mr McCarey invited the Members to attend.</p> <p>Mr McCarey left the meeting.</p>	<p>Professor Gardiner</p>

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	<p>The Chair highlighted that a letter had been received from the Permanent Secretary seeking assurance that NIMDTA was managing its outsourced work. The Chair reiterated that NIMDTA are still accountable for work that is outsourced and queried if there were systems in place to manage these in-house ensuring an issue does not arise again. Ms Black noted that BSO and NIMDTA communicate regarding outsourced work and the incident report identified gaps in controls and this issue was an oversight.</p> <p>Mr Joynes highlighted that the focus is on ensuring that NIMDTA comply with identified targets. It was noted that letters had been received from the Permanent Secretary regarding the RRL with the PHA, as well as from the Equality Commission. Important to ensure that outsourcing is working. Professor Gardiner advised that the issue appeared to be information communication and outsourcing carries the risk of deadlines not being met and confirmed that this issue will be addressed with the BSO.</p> <p>Ms Campbell informed the Board that the failure to complete the equality return was the responsibility of the BSO, as they are tasked with providing this information in line with the terms of the SLA. Ms Campbell noted that this return had been completed internally for many years, and that there had been no issues during this time.</p> <p>Members were informed that the BSO had notified NIMDTA of a payment increase for their services. Professor Gardiner has written to the DoH regarding this notification. Professor Gardiner queried if it would be more cost effective for NIMDTA to perform aspects of the SLA internally, as opposed to paying the BSO in such areas. Mr McKenna noted that the SLA clearly states the work required and queried if BSO cannot satisfy this agreement should payments be increased.</p>	Professor Gardiner
9.0	<p><u>Report from the Business Manager</u></p> <p>Members received and discussed the report with accompanying documents from the Business Manager:</p>	
	<p><u>Areas of update</u></p> <p>Ms Black advised that the monitoring return for Month 2 was reporting a breakeven position but that work continued in this regard. The allocation letter for 2019/20 has not yet been received.</p>	
	<p><u>Savings Target 2019/20</u></p> <p>Ms Black responded to DoH regarding the savings target but no response has yet been received. Professor Gardiner indicated he</p>	Professor Gardiner

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	would follow this matter up with Mr Barbour.	
	<p><u>Single Employer</u></p> <p>Ms Black advised that processes are in place regarding invoicing and due to commence. Ms Black drew attention to the data sharing concerns which they are currently trying to resolve. Ms Black also noted the difficulty in getting licenses for HRPTS.</p>	
	<p><u>Resources</u></p> <p>Ms Black reported that a staff member has been identified as having travel experience but the process was still being developed.</p> <p><u>Staffing level</u></p> <p>Ms Black updated that:</p> <ul style="list-style-type: none"> • Band 4 has been appointed for travel • Band 4 required for Finance however no approval from DoH • Line Manager to be recruited • Band 3 to be recruited. <ul style="list-style-type: none"> • Band 4 has returned from sick leave • Band 4 has returned from career break. 	
	<p><u>Procurements and Contract report</u></p> <p>There were no issues regarding this.</p>	
	<p><u>Post Approval</u></p> <p>Ms Black highlighted there was a new process of approving a post. An approval form had been circulated prior to the meeting regarding a post in Hospital Speciality team.</p> <p>Ms Little queried if the post was based in NIMDTA. Professor Gardiner confirmed that the TPD would be based in NIMDTA but working elsewhere. Dr Steele added that although the base was here there is currently not a workplace available and that flexibility to use previously existing desks was now limited due to the co-location of NICPLD in Bechill House.</p> <p>The post approval form was approved.</p>	
10.0	<p>Report from the Director of Foundation Training</p> <p>Members received and discussed the report from the Foundation</p>	

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	<p>Department. Dr Parks (Director of Foundation Training) drew Members attention to the following:</p>	
10.1	<p><u>ARCP</u></p> <p>Face to face ARCP's for 10% of Foundation Doctors took place week commencing Monday 17^h June. Feedback from lay rep in attendance was largely positive.</p> <p>The FPD recruitment process is now well established and in the process of advertising a post for FPD in SWAH. Interviews have been held for FPD in the Ulster Hospital.</p> <p>Dr Parks informed the Members that the Foundation School had collaborated with QUB in piloting the introduction of the "Purple Pen" Prescribing training for Final Year medical students. Training had been carried out in SWAH, Ulster Hospital and City Hospital with plans to continue to pilot. Positive feedback was received for this training.</p> <p>Dr Parks advised that the first Induction session was now completed for the new FPD's. Induction was more bespoke and specific, excellent feedback was received from this session.</p>	
10.2	<p><u>Events</u></p> <p>Dr Parks and the Foundation ADEPT fellow, Dr Doris had attended a recent Scottish Medical Education conference and presented posters promoting the NIFS Arrive & Thrive strategy and the Foundation newsletter.</p> <p>A Meet & Greet evening has been arranged for Wednesday 31st July.</p> <p>Regional Induction has been planned for Thursday 1st August at Lagan Valley Island.</p> <p>Educational sessions would be offered to all FPD's with the aim of introducing educational sessions within the next year to FES's also.</p> <p>The F1 Summit which took place on 1st April was received positively. Key recommendations are now being circulated to the HSC Trusts and meetings between Directors of Medical Education and the Associate Dean for Placement Quality were being organised.</p> <p>The National Foundation Review was completed at the end of May 2019. The recommendations were divided into five themes;</p> <ul style="list-style-type: none"> • Transition • Geographic/speciality shortages • Enhance working lives 	

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	<ul style="list-style-type: none"> • Support GP • Improving facilitators education <p>Recruitment to Foundation Programme for August start was nationally oversubscribed. Currently 4 posts at F1 available. If these posts are filled post holders may be requiring a visa.</p> <p>At F2, there were 3 vacancies in the Western Trust; these vacancies may be used by those requiring extensions.</p>	
10.3	<p><u>Resources</u></p> <p>Dr Parks updated that:</p> <p>Karen Moore was now in Post as Foundation School Manager Band 5 post vacant and to be advertised Band 3 on maternity leave and covered by temporary staff Band 4 resigned and their last day would be 19/07/19</p> <p>Two junior doctors have self-referred to GMC and Professional Support.</p> <p><u>Area of concern</u></p> <p>Dr Parks advised Members that temporary staff were covering the workload at a busy time for the Foundation department. Mr Joynes queried if there were short term arrangements in place to support Ms Moore. Professor Gardiner noted that the Band 3 and Band 4 waiting list had been exhausted.</p> <p>Ms Campbell advised that the band 3 post could not be replaced from the waiting list as it was covering maternity leave. Mr Joynes queried if there were any provisions to help Foundation and if Dr Parks had any staff members in mind. Professor Gardiner suggested Ms Campbell could look into placing someone in this department. Dr Parks highlighted that the Foundation Team are prioritising their work load as they do not have capacity to complete all tasks.</p> <p>Dr Little left the meeting</p>	
11.0	<p>Report from the Director of Hospital Specialty Training And Professional Development</p> <p>Members received and discussed the report from the Director for Hospital Specialty Training. Dr Steele drew Members attention to the following:</p>	
11.1	<p><u>Recruitment fill rates</u></p> <p>Dr Steele noted that fill rates were better than expected. However,</p>	

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	<p>Obstetrics & Gynaecology, Paediatrics and Emergency Medicine were proving difficult to fill. The Western Trust posts were challenging to fill.</p>	
11.2	<p><u>Educator Appraisal</u></p> <p>Dr Steele suggested that a separate appraisal process could be undertaken for Lead Educators for their role at NIMDTA. Dr Steele highlighted that there were over 50 trainers overseeing trainees and NIMDTA should evaluate work on a regular basis suggesting it could potentially reduce risk.</p> <p>Dr Steele suggested that annual reviews would be too frequent but NIMDTA could be selective regarding individuals appraised. Professor Gardiner suggested this could be done with both Foundation and Dentistry. The Chair agreed that this could be done 3 yearly rather than annually.</p>	
11.3	<p><u>Workforce planning</u></p> <p>Dr Steele provided an update:</p> <ul style="list-style-type: none"> • A meeting took place with PHA on 25th June 2019 regarding paediatric intensive care. • Business case is almost complete for two trainees in paediatrics and anaesthetics. • During an ARCP an issue arose regarding exam progression. The trainee ran out of extensions and exam attempts which they hoped to resolve. • Issue arose regarding a trainee on sick leave being able to extend their leave beyond the exam date. <p>Mr Joynes queried if there was a solution for the trainee who exceeded their extension and exam attempts. Dr Steele advised that the trainee could change speciality or remain as a staff grade. Mr Joynes queried if NIMDTA were obliged to help the trainee. Dr Steele advised that PSU had covered all solutions with this trainee.</p> <p>Dr Steele advised that an Ophthalmology trainee exhausted exam attempts and extensions but was later diagnosed as dyslexic. The trainee requested an appeal which was turned down and re-appealed as a complaint and waiting response. Professor Gardiner highlighted that this was not picked up until the individual was in training. Dr Steele noted it is not unusual and in the appeal the trainee made reference to the support provided by other colleges.</p>	

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11.4	<p><u>Quality Management</u></p> <p><u>Dr Steele provided updates:</u></p> <p><u>Transplant Surgery</u></p> <p>Transplant LAT appointed from Scotland to Northern Ireland. If funded, Belfast Trust confirmed that they could provide training.</p> <p><u>Obs & Gynae</u></p> <p>Dr Steele will discuss findings from the survey. A small amount of trainees took the survey and there was very little representation resulting in limited feedback.</p> <p><u>Foundation Summit</u></p> <p>Feedback is currently being circulated to the HSC Trusts.</p> <p><u>GMC National Training Survey</u></p> <p>Dr Steele has not reviewed this yet. The public launch of the feedback was delayed.</p> <p><u>Occupational Health</u></p> <p>Discussed the delivery of training programme with the Western Trust and Belfast Trust however it was agreed that this would not be done without the appointment of another Consultant to ensure there is support for trainees. There is funding in Belfast Trust for this but no appointment will be made soon.</p> <p><u>ENT</u></p> <p>Discussed the two trainee posts in Altnagelvin where there are concerns regarding supervision. It was confirmed that the Head of School was in discussion with the TPD.</p> <p><u>Vascular Surgery</u></p> <p>There had been more communication from Belfast Trust since the PHA report was produced.</p> <p>Consultants have raised concerns regarding one member of staff within the unit concerned.</p> <p><u>O+G</u></p> <p>Daisy Hill raised concerns regarding interactions between trainers</p>	

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	<p>and trainees. Trainees had reported undermining and unacceptable behaviour which has now been brought to the attention of the Trust. A focus group of former trainees from past years was being formed.</p> <p><u>Paediatric Cardiology</u></p> <p>Communication was received from DoH regarding Paediatric Cardiology being a vulnerable speciality and the ability to meet training requirements. Dr Steele noted that Trainees from the Republic of Ireland were being trained on a Belfast site.</p> <p><u>Altnagelvin Haematology</u></p> <p>There was concern regarding interaction between trainers and trainees. During a meeting with trainees a majority felt training it did not start positively, however had left speciality with positive experiences. Dr Steele advised that he would keep this under review.</p>	
11.4	<p><u>Academic training</u></p> <p>Dates for interviews were being arranged and an interview panel being formed.</p> <p><u>Trainers</u></p> <p>A Maintaining Recognition had been planned for the Southern Trust and Belfast Trust.</p> <p>Dr Steele noted that there were concerns amongst Consultants on a higher pay scale that undertaking educational roles would impact tax bills and pension.</p> <p>Mr Joynes queried if this should be noted as a risk. Professor Gardiner highlighted that this was not a risk as it had not occurred. Mr Joynes suggested reviewing this identifying as a risk. Professor Gardiner noted this was on the Risk Register and suggested it could be escalated. Mr Wilson suggested this issue was discussed at the G&R.</p>	
12.0	<p>Report from the Director of Postgraduate GP Education</p> <p>Members received and discussed the report from the Director for Postgraduate General Practice Education. Professor Gardiner spoke on behalf of Dr Loughrey who was an apology</p>	
12.1	<p>Professor Gardiner gave an overview of the report from the Director of Postgraduate GP Education.</p>	

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	<p>Professor Gardiner noted that one trainee had transferred through the national process but had changed their mind and one trainee had been accepted through exceptional circumstances.</p> <p>Professor Gardiner highlighted that exam fail rate was high due to the high number of applications this year.</p> <p>Professor Gardiner noted that the GP department were in the process of preparing a Business Case to go to the DoH for the Trainee Assist Pathway to ensure NIMDTA can deliver this service.</p> <p>Ms Campbell (Professional Support Manager) noted that there was an opportunity for a temporary Band 4 and there was also a Band 3 waiting list.</p>	
13.0	<p>Report from the Postgraduate Dental Dean</p> <p>Dr Hendron provided members with an overview of her report.</p>	
13.1	<p><u>Transformation Projects</u></p> <p>Dr Hendron drew attention to the issue regarding funding for transformation projects. Dr Hendron confirmed funding for the 2nd year of a 2 year transformation project was withdrawn in April 2019. However, HSCB have agreed to fund these projects to proceed on a smaller scale for the next year.</p>	
13.2	<p><u>Trainer Engagement</u></p> <p>Trainer engagement was received positively.</p> <p>APLAN was received positively and Dr Hendron felt that it had benefited those in isolated locations and participants had requested further sessions like this.</p> <p><u>NIMDTA Foundation Values and Behaviours</u></p> <p>Following the publication of the Collective Leadership Strategy, Dr Hendron noted the Dental Team were developing a set of behaviours and communication principles for Foundation Dentists and Educational Supervisors; this would be produced for inductions and modified each year.</p> <p>Dr Hendron agreed with Dr Steele's suggestion of appraisals for Educators and agreed that it would ensure best practice.</p> <p>Dr Hendron advised that trainees were concerned with the comparatively low level of "hands on" clinical skills / simulation training provided during the scheme . This concern was identified</p>	

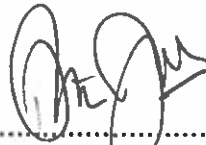
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	<p>during an engagement session as a learning limitation for trainees. Dr Hendron acknowledged there were no clinical skills facilities accessible to NIMDTA with trainees going into practices to achieve this.</p> <p>Dr Hendron advised members the GDC tripartite is ongoing and were meeting regularly and trainees had been encouraged by this.</p> <p>The results of the GDC survey undertaken with Educational supervisors had not yet been shared with COPDEND but COPDEND has been advised that three areas of improvement were identified.</p> <p><u>Final review panel</u></p> <p>27 had an outcome 6 and 25 had an outcome 7. Dr Hendron explained that most outcomes were beyond the control of NIMDTA due to health reasons; time lost to occupational health appointments, a non-UK graduate who had a lack of clinical experience.</p> <p>30 training practices had been recruited for 2019/20. Places for Foundation Dentists has been capped at 30 due to increased pressure on advisors, lack of training practice applications , and a significant number of extensions were expected for which additional practices were required to host .</p> <p>Five non-UK graduates are commencing who may have less clinical experience than their peers who have graduated from a UK dental school which could impact trainer confidence. Dr Hendron queried how best they could support the practices and suggested the possibility of assisting at induction.</p> <p>DCT there was 1 unfilled post (Western Trust) and 21 filled posts in the coming year starting September 2019. In 2017/18 there were 2 unfilled posts.</p> <p>Dr Hendron confirmed she would look at data received from BSO regarding the range of activity carried out by Foundation dentists as this may assist in advising practices a more realistic income generation range for an FD as this was identified as a risk by the ES group</p> <p>A Band 3 post has been allocated and expected to commence at the end of August 2019.</p> <p><u>Workforce review DoH</u></p> <p>There had been increased discussion around dental nurse training and extended competence training however Dr Hendron advised she</p>	<p>Dr Hendron</p>

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	<p>would maintain involvement in these discussions to ensure there is no assumption that NIMDTA would be in a position to deliver any initiatives proposed without funding. Mr Joynes assured that NIMDTA could not deliver this without funding and was important to note.</p> <p>Dr Hendron agreed to address the limitations of trainees having no hands on facility available as she felt it left Northern Ireland out of sync with the rest of the UK. Professor Gardiner suggested putting a case together and looking at possible options. Dr Hendron agreed to do so.</p> <p>Mr Joynes queried how the tripartite was working. Dr Hendron spoke positively about the meetings and these were available to all parties, issues are being shared and there is a better understanding. Dr Hendron advised that her only concern was the Chairperson of tripartite had now left the GDC and she was unsure of their replacement.</p>	
14.0	<p><u>Professional Support</u></p> <p>Members received and discussed the report from Ms Campbell [Professional Support Manager]. Attention was drawn to the following:</p>	
14.1	<p><u>Recruitment</u></p> <p>Ms Campbell noted there was an increase in recruitment of TPD's.</p> <p>Ms Campbell confirmed that Single Employer job descriptions had been redrafted and posts would be advertised on 27th June or 28th June.</p> <p>Ms Campbell discussed the recent recruitment for band 4 posts as an organisation. Five band 4 employees were recruited externally and had their induction in June 2019.</p>	
14.2	<p><u>Absence rate</u></p> <p>Ms Campbell was hopeful that absence level would change with three staff on long term sick leave which was having a huge impact on a small organisation.</p>	
14.3	<p><u>Staff Engagement</u></p> <p>A feedback session was held on the Collective Leadership Cultural assessment review on 14th June.</p> <p>Appraisee and Appraiser training was delivered to NIMDTA staff and</p>	

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	<p>positively received.</p> <p>Delivery of Training for Educators has been planned over 2 half days.</p>	
14.4	<p><u>Section 75 Equality Scheme</u></p> <p>Advised that the HR policies had been reviewed but there was a query if these applied to all staff. Ms Campbell was to seek guidance regarding these policies.</p>	
14.5	<p><u>HR Contingency plan</u></p> <p>Ms Campbell circulated copies of the contingency plan during the meeting and asked to bring comments to the Board meeting scheduled for Thursday 19th September.</p>	
14.6	<p><u>Professional Support</u></p> <p>Ms Campbell attended the QUB Equality Group in April and it was agreed a focus group of international medical and dental graduates would be arranged. This has taken place in June and a report was being produced on the findings.</p>	
14.7	<p><u>Pre-employment checks</u></p> <p>Licenses for pre-employment checks had run out. Currently an 18 week delay for these checks however a fee of £200 could be paid to get the checks in 5 days. Professor Gardiner advised that this could be charged to the HCS Trusts. Mr Joynes highlighted that the £200 fee would be minor compared to employing a locum.</p>	
14.8	<p><u>Single Employer</u></p> <p>Ms Campbell advised a structure had been set up and tested the following functions; payroll, HR, maternity and uploading documents to the system. Ms Campbell noted they had limited time to conduct the test.</p>	
15.0	<p>Report from the Chief Executive/Postgraduate Medical Dean</p> <p>Members received and discussed the report and attachments from the Chief Executive.</p>	
15.1	<p><u>HEE Foundation review- Recommendations</u></p> <p>Professor Gardiner had received Foundation recommendations but awaiting final report but could be quite challenging to implement.</p>	

Ref	Item	Action
15.2	<p><u>Delegation of Statutory Functions</u></p> <p>Regarding statutory functions, there was a query if the decision was that of the Board or Officer of the Board and queried what an organisation had ability to do. Professor Gardiner highlighted that more work was needed with BSO legal team and DoH legal team.</p>	
15.3	<p><u>HICOM Course Manager Incident Report</u></p> <p>Professor Gardiner advised that the issue with HICOM was now closed.</p>	
15.4	<p><u>Staff Engagement</u></p> <p>Professor Gardiner would provide staff with an update on the Collective Leadership feedback.</p> <p>Professor Gardiner confirmed that the Foundation report was received well by the UK Foundation office</p> <p>GMC Survey contained huge data and Professor Gardiner would spend time analysing this.</p>	
16.0	<p>Correspondence/Reports/Papers Received (for information)</p>	
	<p>The Chair drew attention to the circulars and acknowledged the letter regarding Guidance of Layouts.</p> <p>The Board discussed the Letter regarding second term of Boards of ALBS. Mr Joynes highlighted that this could lead to another backlog of appointing board members and would need to look at the risk around this appointment process. Mr Joynes noted that his contract was due to expire in September 2020. Mr McKenna and Dr Little were also at risk and would need to re-apply.</p> <p>Mr Joynes drew attention to the risk that the board could all expire within 6-12 month period and they may need to be addressed on the Corporate Risk Register. Professor Gardiner highlighted that this was not a risk as it had not yet occurred and should be regarded as a potential risk.</p> <p>Mr Wilson drew attention to the issue that there could be large changes in such a short space of time, and that there was a clause in this requirement that if there could be a large turnover on the Board, the rule would be waived by the DoH. Professor Gardiner highlighted that the DoH would need to be alerted of the expiration of Non-Executive Directors. Mr McKenna suggested that this was positive as the DoH were addressing the appointment of Board</p>	

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	members and allows continuity which will eventually be lost. Professor Gardiner advised that it was the responsibility of NIMDTA to notify the DoH at the end of a director's term. Mr Wilson highlighted the risk that a lot of expertise could be lost from the Board.	
	Any other business	
	None.	
19.0	Date of next meeting	
19.1	Thursday 19 th September 2019 2pm, Boardroom, NIMDTA.	



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NIMDTA Chair

19-09-19

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Date