

# Minutes

**MEETING:** NIMDTA Board  
**DATE:** Thursday 22 March 2018  
**TIME:** 2.00 pm  
**VENUE:** Board Room, NIMDTA

<b>Members:</b>	Mr A Joynes Mr D Maguire Mr L Wilson Mr G McKenna Dr J Little	Chair
<b>In Attendance:</b>	Professor K Gardiner Ms P Black Mr M McCarey Dr I Steele Dr B Hendron Ms D Hughes Ms G Kerr Ms N O’Kane Dr R Campbell Ms L Bouzan	Chief Executive/Postgraduate Dean  Business Manager Governance, IT & Facilities Manager Director of Hospital Specialty Training Postgraduate Dental Dean - part only Education Manager Committee Support Executive Officer Guest Guest – ADEPT Fellow Guest – ADEPT Fellow

Ref	Item	Action
<b>1.0</b>	<b>Apologies</b>	
1.1	Mr D Morrice Dr C Loughrey (Director for Postgraduate GP Education) Ms R Campbell (Professional Support Manager) Ms A Carragher (Director of Foundation Programme)	
<b>2.0</b>	<b>Declarations of Interests – Items of Business</b>	
2.1	None.	
<b>3.0</b>	<b>Announcements</b>	

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3.1	Mr Joynes welcomed Ms O’Kane, Ms Campbell and Ms Bouzan to the meeting.	
3.2	Mr Joynes advised that the disabled dental trainee been granted a Research & Development Fellowship.	
3.3	Mr Joynes advised that Dr Cushley has received the Wade Undergraduate Education Award having been voted as the best undergraduate teacher.	
3.4	Professor Gardiner highlighted that Dr Tim Shaw had been awarded the MRC Clinical Research Training Fellowship.	
3.5	Professor Gardiner highlighted that two NIMDTA trainees (Dr Anita Lavery and Dr Gerard Walls) had been appointed as ICAT Fellows, beginning in August 2018. Professor Gardiner clarified that there were only eight fellows per year, so it was a considerable achievement to have two trainees recognised.	
<b>4.0</b>	<b>Draft Minute of Previous Meeting</b>	
4.1	Mr Joynes advised that, due to leave, he had been unable to review the previous minutes and that hard copies had, therefore, been circulated as a confidential draft. Mr Joynes confirmed the minutes would be reviewed and circulated to Members for comment urgently. Any comments should be fed back to Ms Kerr.	<b>Mr Joynes All Ms Kerr</b>
<b>5.0</b>	<b>Matters Arising</b>	
5.1	<u>5.1 Review of the Operation of Health &amp; Social Care Whistleblowing Arrangements / Board Champion for Culture In Governance, IT &amp; Facilities Manager’s Report.</u>	<b>Mr McCarey</b>
5.2	<u>5.6 Board Training Options</u> Ms Black advised that a survey had been issued to all Members, and that responses to this would be reviewed. Suppliers were being investigated and other HSC organisations were being consulted for recommendations. Mr Joynes asked if Members had completed the survey. A majority confirmed they had completed it. Professor Gardiner advised he had also completed it in his role on the	<b>All Ms Black</b>

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	Senior Management Committee (SMC).	
5.3	<u>5.7 HR Continuity Plan</u> Professor Gardiner advised that, following new allocations, work was ongoing to review the HR Continuity Plan. Professor Gardiner confirmed the report would be brought back to the Board in April 2018.	<b>Ms Campbell</b>
5.4	<u>5.10 Strategic/Business Planning Update</u> Mr McCarey noted that the previous session on Cyber Security had been postponed and advised that it was planned to reschedule this for the Board Workshop in May 2018.	<b>Mr McCarey</b>
5.5	<u>9.2 Occupational Health Medicine</u> In Director of Hospital Specialty Training Report.	<b>Dr Steele</b>
5.6	<u>12.2 Corporate Scorecard</u> Mr McCarey advised this would be presented at the April 2018 Board.	<b>Mr McCarey Professor Gardiner</b>
5.7	<u>12.3 Policy Review</u> Mr McCarey confirmed that updates were made as requested to the following Policies: <ul style="list-style-type: none"> <li>a. Standing Orders – NIMDTA Board</li> <li>b. Schedule 1 – Audit Committee ToR</li> <li>c. Schedule 2 – Remuneration Committee ToR</li> <li>d. Schedule 3 – Senior Management Committee ToR</li> <li>e. Schedule 4 – Governance &amp; Risk Committee ToR</li> <li>f. Schedule 5 – Declaration of Interests</li> <li>g. Schedule 7 – Matters Reserved for Agency Board</li> <li>h. Schedule 8 – Scheme of Delegation</li> <li>i. Assurance Framework</li> <li>j. Schedule 6 – Tendering &amp; Contract Procedure</li> <li>k. Schedule 9 – Standing Financial Instructions</li> <li>l. Fraud Policy</li> <li>m. Authorisation Framework</li> </ul> All were approved  Mr McCarey highlighted that a number of other policies were included on the Agenda.	<b>Complete</b>
5.8	<u>12.4 Business Plan 2018/19</u>	<b>Mr McCarey</b>

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	In Governance, IT & Facilities Manager's Report.	
5.9	<u>12.5 Premises</u> In Governance, IT & Facilities Manager's Report.	<b>Mr McCarey</b>
5.10	<u>15.4 Study Leave – Expenditure Analysis</u> In Business Manager's Report.	<b>Ms Black</b>
<b>6.0</b>	<b>Report From The Audit Sub-Committee (verbal)</b>	
6.1	Mr Wilson advised that he had chaired the Audit Committee on 22 February 2018 in Mr Morrice's absence. Mr Wilson overviewed the audit reports received, highlighting that all had achieved a satisfactory level of assurance and provided details on the priority recommendations included.	
6.2	Mr Wilson advised that an audit timetable had been provided. Members were content with the proposed deadlines.	
6.3	Mr Wilson advised that a new Self-Assessment Checklist had been issued just after the Audit Committee. Mr Wilson advised he had reviewed this and was content that NIMDTA met all the requirements.	
6.4	<p>Mr Joynes highlighted his concern regarding follow up of all audit recommendations, in order to ensure that they had been completed. Mr McCarey confirmed that completion was close to 100%.</p> <p>Mr Joynes stated that he was concerned when Priority 2 &amp; 3 recommendations were made, when these could have been avoided by NIMDTA with some pre-planning. Mr Wilson used an example of the Financial Review audit, where 8 areas had been considered, with only a small number of recommendations. Mr McKenna stated that, in his view, minor recommendations were learning points, adding that he would be more concerned to see repetition of the same Priority 2 &amp; 3 recommendations. Mr McKenna suggested it would be useful for the Audit Committee to get a report showing all recommendations and those that had been implemented. Mr Wilson confirmed that Internal Audit provided this information twice per year. Professor Gardiner confirmed that a report had just been received from Internal</p>	

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	<p>Audit showing 69% of recommendations as implemented. Professor Gardiner advised that from the 2016/17 year, 6 recommendations were fully implemented and 6 partially implemented. Mr Joynes voiced his concern that recommendations were still outstanding at this stage in 2018, assuming that they were within NIMDTA's control to implement. Ms Black clarified what these recommendations were. Mr Joynes stated that it would be useful for a report to be produced for the Board at this time of year showing all recommendations and what stage they were at. Mr McCarey stressed that it would be impossible to achieve no Priority 3 recommendations, as Internal Audit were unlikely to present a totally clean audit report. Sometimes action had been taken to implement changes, but the results had not yet been evident. Timing could be a problem that prevented issues from being fully implemented. Ms Black stated that Internal Audit recommendations should be used by NIMDTA to support internal controls, and that it was beneficial for them to highlight improvements. For example, the use of a Government Procurement Card had never previously been an issue, but once introduced it was necessary to comply with the guidance. This had then triggered a Priority 3 recommendation. Mr Wilson stated that Priority 3 recommendations often related to the implementation of regional procurement guidance and systems. Ms Black advised that Internal Audit could also make recommendations based on learning from issues identified in other HSC organisations. Mr McCarey advised that the tone of audit reports would always highlight the negative, as that was the nature of the audit process.</p>	
7.0	<b>Report from the Governance &amp; Risk Sub-Committee</b>	
7.1	<p><u>Minute of Committee on 24 January 2018</u>  Mr Joynes overviewed the minutes, highlighting that the majority of the meeting was spent discussing EU Exit implications for NIMDTA and the preparation required. Mr Joynes clarified that the aim was to discuss the impact for NIMDTA and to ensure that all Members fed back their views to Mr McCarey, who was the NIMDTA representative on the DoH Working Group. Mr Joynes again highlighted his concern that the DoH was working towards a worst case scenario only</p> <p>Mr Joynes advised that the Committee also reviewed a</p>	

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	number of policies, including the Standing Orders which had gone to the January Board for approval.	
7.2	<p><u>Verbal Update of Committee on 22 March 2018</u>  Mr Joynes advised that the majority of this meeting had been spent reviewing the Corporate Risk Register (CRR), highlighting that a new risk had been added regarding the extension of, or new appointment to Board positions currently held by Mr Joynes, Mr Morrice and, at a later date, Mr Wilson and Mr Maguire. Professor Gardiner advised that he had raised the risk posed by the end dates of these contracts in 2018/19 with the DoH.</p> <p>Mr Joynes advised that a risk regarding the difficulties in recruiting senior educational staff and the impact this would have on the delivery of programmes, was escalated from the Education Risk Register (ERR) to the CRR.</p>	
<b>8.0</b>	<b>Report from the Director of Hospital Specialty Training</b>	
8.1	Dr Steele provided Members with an overview of his report. Members noted the current position regarding recruitment, training, staffing and funding.	
8.2	<p><u>Recruitment events</u>  Dr Steele highlighted that at this time of year there were a lot of events, which required a lot of staff time.</p>	
8.3	<p><u>Recruitment issues</u></p> <ol style="list-style-type: none"> <li>a. Dr Steele advised that due to a high pass mark in clinical radiology interviews, only 6 out of 120 applicants were deemed appointable. Mr Joynes queried if the pass mark had been unreasonably high, given these results. Dr Steele advised that a 2<sup>nd</sup> round of radiology interviews would take place, as the DoH had increased the number of trainees in this specialty. Mr McKenna asked how many posts needed to be filled. Dr Steele advised that he would have preferred at least 12 applicants deemed appointable, to allow for the creation of a waiting list.</li> <li>b. Dr Steele advised that an applicant for a core training post had provided contradictory information during their interview. Professor Gardiner advised that he</li> </ol>	

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	had shared this information with colleagues in GB.	
8.4	<p><u>Occupational Health Medicine</u></p> <p>a. Dr Steele advised that PSNI had now recognised that it was more appropriate to take 1 trainee at this stage.</p> <p>b. Dr Steele advised that there was work to be done to establish why there were difficulties between a trainee and a trainer in the BHSCT. This work was ongoing with BHSCT to resolve the issue.</p>	
8.5	<p><u>Failure to fill TPD posts</u></p> <p>Dr Steele advised that the Palliative Care TPD role had been re-advertised, and he was hopeful there would be 1 applicant.</p>	
8.6	<p><u>Respiratory Medicine posting</u></p> <p>Dr Steele advised that there had been some issues, specifically around the misunderstanding of requirements. This had now been resolved.</p>	
8.7	<p><u>Trainee Acting Up as a Consultant</u></p> <p>Dr Steele advised that the Trust had made an approach directly to the trainee, which was outside of NIMDTA guidelines. The importance of the current posting was stressed. Mr Joynes asked at what level the trainee in question was. Dr Steele confirmed the trainee was in the last year of training , which was the requirement for acting-up as a Consultant. Professor Gardiner clarified that acting up should be used to give a trainee experience under supervised conditions. It should not be used to plug gaps in a problematic unit and risk putting the trainee under stress/pressure.</p>	
8.8	<p><u>Physician Associates</u></p> <p>Dr Steele advised that feedback was received that some core trainees were missing out on training practice because Physician Associates were assisting instead, which was not appropriate. Professor Gardiner advised that he had raised this with the DoH and the practice had been stopped.</p>	

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8.9	<p><u>Introduction of IMT stage 1</u> Dr Steele advised that work was ongoing to prepare an approach to the DoH for funding.</p>	
8.10	<p><u>OMFS</u> Dr Steele advised that there was no OMFS programme in NI at present, but there had been suggestions to reintroduce this. Dr Steele clarified that more definitive data was needed before deciding on next steps.</p>	
8.11	<p><u>O&amp;G LAT allegation of being denied training opportunities</u> Dr Steele advised that a trainee had reported that they had been denied training opportunities. Dr Steele confirmed he had reviewed the case and did not find any suggestion of mistreatment. The trainee had asked the Trust to provide a copy of the survey completed.</p>	
8.12	<p><u>Plastic Surgery</u></p> <ul style="list-style-type: none"> <li>a. Dr Steele advised that the investigation was ongoing, but that information could not be shared at this point for confidentiality reasons.</li> <li>b. Dr Steele advised that he would be attending the Regional Plastic Surgery &amp; Burns Group on behalf of Professor Gardiner.</li> </ul>	
8.13	<p><u>Radiology on call workload in Belfast</u> Dr Steele advised that work was ongoing between Trusts to resolve workload issues.</p>	
8.14	<p><u>Trainee Questionnaire</u> Dr Steele highlighted that he felt this questionnaire should be issued to all who delivered fluids, not just trainees.</p>	
8.15	<p><u>Maternity pay from following OOP</u> Dr Steele advised that the employing Trust felt that maternity pay should not be given due to short timescales. However legal advice was that maternity pay must be paid</p>	



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	in this situation.	
8.16	<p><u>New Training Posts</u></p> <p>Dr Steele advised that since his Board Report was drafted, the DoH had increased funding for training posts as follows:</p> <ul style="list-style-type: none"> <li>- 3 x anaesthetics</li> <li>- 1 x neurology,</li> <li>- 1 x urology,</li> <li>- 3 x radiology.</li> </ul> <p>Dr Steele highlighted that not all of these specialties were ones that he necessarily felt would benefit most from additional posts.</p>	
9.0	<b>Report from the Director of Postgraduate GP Education</b>	
9.1	<p>Professor Gardiner offered to take questions in the absence of Dr Loughrey.</p> <p>Mr Joynes asked if it was likely that all training posts would be filled. Professor Gardiner advised that there were currently 111 posts available, 86 acceptances had been received to date, leaving 25 vacant posts. Professor Gardiner confirmed that the DoH had decided against introducing incentives or assigning more training posts to the WHSCT. Professor Gardiner advised that Round 1b attracted only 7 further applicants which could potentially take the number to 93 and advised that Round 2 recruitment window would be open in August 2018 for a February 2019 start. Professor Gardiner felt that this might attract another 5 or 6 applications, which would leave a total of 100 posts filled. Professor Gardiner confirmed that it was unlikely that all 111 posts would be filled (as per the presentation and discussion at the January 2018 Board) Although posts were increasing in NI, the output from medical schools had not increased, which created gaps. Mr McKenna asked if this variance should be fed back to the local universities for them to address. Professor Gardiner advised that GB were taking the approach that 50% of students leaving medical schools must go into GP training, highlighting that in his opinion GP must be introduced early</p>	

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	<p>in training/rotation. Professor Gardiner stressed that taking trainees out of hospital posts to fill GP gaps only created a further issue within Hospitals, clarifying that the only real solution was a higher output from medical schools.</p> <p>Mr Joynes stated that it was concerning that the target had been set at 111, when there was a fundamental problem with the mathematics of achieving this level of posts. Mr Joynes recognised that, while work was being done to address this problem, there was no quick solution and it would not be as simple as increasing the number of training posts. Mr Joynes noted that there had been increased pressure on Professor Gardiner to complete the report on the number of medical student places in NI quickly. Professor Gardiner stressed that regardless of how carefully the statistics were considered, the likelihood of getting forecasts correct was limited, given the variables involved.</p> <p>Mr McKenna asked what percentage of medical practitioners in NI were from European origin. KG advised that of 6096 registered practitioners, 542 were from within the EEA, with 386 of this number being from Ireland.</p> <p>Mr Joynes asked for clarification of what GPARTS was. Professor Gardiner advised that it is the GP Academic Research Training Scheme run by the PHA, advising that there were 4 applicants this year, with 3 deemed appointable.</p> <p>Mr Joynes asked what the current position was on the Business Case for increased numbers. Professor Gardiner advised that the DoH would be asked to provide increased support for the GPARTS scheme.</p>	
<b>10.0</b>	<b>Report from the Postgraduate Dental Dean</b>	
10.1	Members noted the current position regarding recruitment, training and continuing education.	
10.2	Dr Hendron advised that 1 trainee had left the scheme. AJ asked why this was the case. Dr Hendron clarified that they had resigned for their own personal reasons and that there was no input from NIMDTA.	

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10.3	<u>Educational Supervisor Recruitment</u> Dr Hendron advised that to date 31 applicants had been interviewed, highlighting that she felt it was likely that 30 would be appointed. Dr Hendron confirmed that a new recruitment round would begin and was confident this would result in the extra Practice being found. Dr Hendron stressed that time was being invested to look after Education Supervisors throughout the year to make sure they remained keen to continue in the role.	
10.4	<u>Hospital Dentistry</u> Dr Hendron advised that 1 trainee had left core training, which left the total currently at 21. Dr Hendron highlighted an increased intake for the 18/19 year to 24, advising that nationally core posts had not been filled, but this had not been an issue in NI. Dr Hendron advised that numbers were down by 2 specialty trainees. Professor Gardiner queried if funding needed to be moved between Trusts. Dr Hendron confirmed that this was not required, as trainees were within the same Trusts. Dr Steele clarified that, on the medical training side, Trusts were required to complete a form for additional medical trainees. Dr Hendron advised she did not believe that this needed to be been done for dental posts. Ms Hughes asked if, in principle, these posts were being rebadged for a 1 year period. Dr Hendron confirmed this was correct.	
10.5	<u>Continuing Education</u> Dr Hendron advised that a number of unavoidable situations had arisen due to the Calendar being released later than planned. Dr Hendron confirmed that to date, more than 100 places had been booked for the Dental Conference.	
10.6	Dr Hendron advised that Mr Qudairat would be taking up his post from April 2018.	
<b>11.0</b>	<b>Report From The Governance, IT and Facilities Manager</b>	
11.1	Mr McCarey provided Members with an overview of his report.	
11.2	<u>Whistleblowing Policy</u> Mr McCarey confirmed the policy had been discussed at the	<b>Mr McCarey</b> <b>Ms Kerr</b>

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	Governance & Risk Committee earlier in the day, advising that some changes to job titles were requested. Approved subject to these amendments.	
11.3	<u>Corporate Risk Register (CRR)</u> Mr McCarey confirmed the CRR was discussed at Governance & Risk Committee earlier in the day, where a number of wording amendments were made and 2 new risks added.	<b>Mr McCarey Ms McIlvenny</b>
11.4	<u>Escalation of Risk Policy</u> Mr Wilson stated that escalation happened when a risk became a threat to a Corporate objective, rather than just a risk at a business/operational level. Mr Wilson stated that he felt the wording could be clearer on this. Mr McCarey agreed to amend the wording accordingly. Approved subject to this amendment.	<b>Mr McCarey Ms Kerr</b>
11.5	<u>Business Plan 2018/19</u> Mr McCarey confirmed that the Business Plan presented was Version 4, which had been to the DoH for review. The DoH had requested the inclusion of " <i>feedback and/or reporting to DoH</i> ". Mr McCarey advised that some minor changes to wording were required. Approved subject to these amendments.	<b>Mr McCarey Ms McIlvenny</b>
11.6	<u>EU Exit</u> Mr McCarey confirmed EU Exit had been discussed at the Governance & Risk Committee earlier in the day and asked for questions. Mr Joynes commented that, as EU Exit planning was led by the DoH, NIMDTA was reliant on their approach, although NIMDTA feedback to the group was important.	
11.7	<u>Complaints Policy</u> Mr McCarey confirmed that the policy had been discussed at the Governance & Risk Committee earlier in the day, advising that a standard BSO template had been adopted. Mr McCarey advised that a flow chart had been inserted which was specific to NIMDTA, showing how complaints were designated using the Issues Log. This was introduced following previous audit criticism of reporting of issues, which were not accurately regarded as complaints. Mr Joynes restressed his earlier comments, that NIMDTA should	<b>Mr McCarey Ms Kerr</b>

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	<p>adopt a duty of candour, openness and transparency. Mr Joynes requested that a statement of values was needed at the front of the Complaints Policy. Dr Little suggested the issue was wider than just complaints and should be included in NIMDTA's core values and applied consistently across all policies. Professor Gardiner suggested that the last paragraph of the current <i>Role of NIMDTA</i> section was the most appropriate place to include this. Members agreed this should be added across all policies.</p>	
11.8	<p><u>General Data Protection Regulations (GDPR) Action Plan</u> Mr McCarey presented an update report showing the work being done to prepare for the introduction of GDPR regulations and advised that a number of policies impacted by GDPR would be sent to the next Board Meeting on 26 April 2018. The report was noted by Members.</p>	
11.9	<p><u>Business Continuity Plan (BCP)</u> Mr McCarey confirmed that the policy had been discussed at the Governance &amp; Risk Committee earlier in the day, advising that a standard BSO template had been adopted. Mr McCarey stressed that assurances were not yet in place due to the draft nature of the policy, advising that, if approved at this stage, these would be implemented and brought back to the Board on 26 April 2018, along with the associated procedures manual. Mr McCarey confirmed that the Manual would be available to SMC Members on the Intranet, so it was accessible out of hours and without a network connection. Mr McKenna asked if contact numbers would be included. Mr McCarey confirmed they would be included, subject to GDPR consideration. Members were content to approve, subject to the additional detail.</p>	<p><b>Mr McCarey Ms McIlvenny</b></p>
11.10	<p><u>Health &amp; Safety</u> Mr McCarey confirmed that staff training in relation to Fire and Health &amp; Safety had taken place on 9 March 2018.</p>	
11.11	<p><u>Premises</u> Mr McCarey advised that work was currently being completed before year end.</p> <p>Mr McCarey also advised that negotiations were ongoing regarding the future use of the building next door. BSO have agreed to prepare a business plan for this. Scenario A was</p>	<p><b>Mr McCarey</b></p>

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	<p>to take the rest of the block. Mr McCarey highlighted that there was a case for purchasing the property rather than taking on a further lease, given the lease cost in comparison to the property value. Mr McCarey advised that, at this time, NIMDTA were not content with the condition of the building. Mr Maguire asked if the building was privately owned. Mr McCarey confirmed that it was privately owned by a family firm. Mr Maguire suggested that, as the roof was in bad condition, NIMDTA should ask for a drone to photograph this and establish what repairs were needed.</p>	
11.12	<p><u>Incidents</u> Mr McCarey highlighted the Dental FOI and severe weather incidents. Mr Joynes queried Issue 36, "Fall in Car Park". Mr McCarey confirmed that this had happened during the previous bad weather spell and that there was no injury other than "ripped trousers".</p>	
<b>12.0</b>	<b>Report from the Professional Support Manager</b>	
12.1	<p>Members noted the current position regarding recruitment and training &amp; development.</p>	
12.2	<p><u>Absence Figures</u> The absence rate for 1 April 2017 to 31 March 2018 was currently 2.4%. Mr Joynes noted the slight increase.</p>	
12.3	<p><u>Staff Development</u> Professor Gardiner advised that a number of Middle Managers had completed the ILM Level 5 qualification and would be presenting a poster on their project at a staff event on 19 September 2018. Professor Gardiner invited Board Members to attend this event.</p>	
12.4	<p><u>NIMDTA Workplace Health &amp; Wellbeing Survey – Summary Report &amp; Action Plan</u></p> <p>Professor Gardiner provided an overview of the results and associated action plan, highlighting feedback received which would be useful for negotiations with the landlord.</p> <p>Professor Gardiner advised that NIMDTA would be advising staff on issues raised and action taken.</p>	

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	Mr Joynes stated he was pleased to see the positive feedback from staff.	
12.5	<p><u>Flexible Working Policy</u>  Professor Gardiner advised that this policy had been reviewed at SMC, with the intention to have a process in place to deal with future requests This would be reviewed on an annual basis.</p> <p>Dr Little asked if term time working was covered. Ms Hughes advised she was unsure if term time was available within NIMDTA. Professor Gardiner agreed to check with Ms Campbell if this was covered elsewhere.</p> <p>Professor Gardiner highlighted that requests were granted on need, based on special circumstances or otherwise on seniority.</p> <p>Mr Joynes stressed that requests required careful consideration given NIMDTA's size, in order to ensure that sufficient levels of cover remained in place.</p>	
<b>13.0</b>	<b>Report from the Director of the Foundation Programme</b>	
13.1	Members noted the current position regarding recruitment and training & development.	
13.2	Professor Gardiner advised that applications from students had been positive, although exact figures were unknown until 26 March 2018. Professor Gardiner confirmed that the nine academic posts had been filled. Mr Joynes asked for a prediction on fill rate. Professor Gardiner advised it was expected that all posts would be filled or very close to this, which was a better result than 2017/18.	
<b>14.0</b>	<b>Report From The Business Manager</b>	
14.1	Ms Black provided Members with an overview of her report.	
14.2	<p><u>Finance Report - Month 10 &amp; Verbal Update – Month 11</u>  Ms Black advised that the report from BSO showed a breakeven position, following easements, with £77k of underspend. Ms Black highlighted that the Month 11</p>	

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	<p>Monitoring Report which was submitted earlier in the week had reported breakeven, with a £30k underspend. Ms Black clarified that the variance in figures largely related to GP recruitment costs and GP indemnity payments which had peaked. Work was ongoing on accruals and study leave, with improvements being seen from work done previously.</p> <p>Ms Black confirmed that prompt payment was currently above target, with 30 day rate at 97.8% and 10 day at 91.8%.</p> <p>Dr Little queried on Page 2 what the variance was between £19 million &amp; £16 million. Ms Black advised that £19 million is the full year budget after RRL has issued to Trusts. £16 million is the budget which should be spent at Month 10, ie. 10/12<sup>th</sup> of the full year budget.</p> <p><u>Resource Planning</u> Ms Black advised that a new allocation letter was expected within the next few days.</p> <p>Ms Black asked if Members had any questions regarding the Finance Report. There were no further questions.</p>	
14.3	<p><u>Contract Report</u> Ms Black advised that the DAC for HICOM (Intrepid) had been submitted. Feedback was awaited.</p> <p>Ms Black advised that the DAC for telephone equipment will be extended to cover the notice period and changeover.</p> <p>Ms Black advised that a DAC had been submitted by the Dental Department for A Plan, which was the sole supplier of required software.</p>	
14.4	<p><u>Venue Hire</u> Ms Black advised she had met with Selective following the pilot, and all agreed that there was no added value for them to be involved. Ms Black confirmed that moving forward any payments over £5k must go through PALS.</p>	
14.5	<u>Financial Process Review</u>	

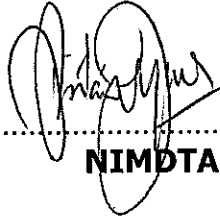


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	Ms Black highlighted that the intention of the review was to bring forward timetables as would be the case across HSC, with faster closing as the goal.	
14.6	<u>Study Leave – Expenditure Analysis</u> Ms Black advised Members that benefits on budgeting at year end had been seen this year as mentioned earlier. Processing timescales had improved, as had approval timescales.	
14.7	<u>Zero Based Budgets</u> Ms Black advised that meetings had been ongoing to align with RRLs and work was continuing to map posts.	
14.8	<u>Financial Review Audit</u> Ms Black advised that Controls Assurance Standard (CAS) feedback had not yet been received, but was predicted to be in line with other HSC organisations.	
14.9	<u>Petty Cash Policy</u> Members were content to approve all policies as per changes agreed at the Governance & Risk Committee earlier in the day.	
<b>15.0</b>	<b>Report from the Education Manager</b>	
15.1	Ms Hughes provided Members with an overview of her report.	
15.2	<u>Learning and Development Agreements (LDAs)</u> Ms Hughes advised Members that a recent audit achieved a satisfactory level of assurance, with two Priority 2 recommendations highlighted. These included the time frame for issue of LDAs and delays in escalation of difficulties.  Ms Hughes advised that the LDA with PSNI had been completed, and was currently with BSO Legal awaiting their input.	

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15.3	<p><u>Trainee Engagement</u> Ms Hughes advised that a second successful Trainee Engagement Roadshow was held on 5 February 2018 at the Northern Trust. This was also attended by Trust HR staff which proved very helpful for trainees. Feedback had been very positive.</p>	
15.4	<p><u>Trainer Engagement</u> Ms Hughes highlighted that the number of Recognised Trainers across Trusts was steadily increasing.</p> <p>Ms Hughes agreed to check if Board Members were included in the circulation of the Recognised Trainer Newsletter.</p>	<b>Ms Hughes</b>
15.5	<p><u>ADEPT Clinical Leadership Fellows</u> Ms Hughes advised that interviews had taken place on 14 March 2018; of 16 interviewed, 13 had been informed that they were appointable.</p>	
15.6	<p><u>Trainee Information System (TIS)</u> Ms Hughes advised Members that a contract had now been finalised for a cost of £69,830 and would run until 31 March 2019.</p> <p>Monitoring of the HEE TIS roll out would be ongoing in order to establish if this was a feasible option for NIMDTA from April 2019.</p>	
15.4	<p><u>Lead Employer</u> Ms Hughes advised there was no progress to report at present, with publication of the report still awaited.</p>	
<b>16.0</b>	<b>Report From The Chief Executive/Postgraduate Medical Dean</b>	
16.1	Professor Gardiner provided an overview of his report.	
16.2	Professor Gardiner recognised Mr McCarey, Ms Craig and Ms	

Ref	Item	Action
	Black for the significant work they had taken on to ensure the building works were successfully completed.	
16.3	<p><u>Potential NICPLD (Pharmacy) Merger</u>  Professor Gardiner advised that work was ongoing to scope the requirements for accommodation, staffing, funding etc and confirmed that proposals would be brought to the Board on 26 April 2018.</p> <p>Mr McCarey advised there was a significant amount of work to be done to ensure due diligence and full consideration of all factors. Mr McCarey asked Mr McKenna if he was aware of any mergers within NICS which could provide useful comparisons. Mr McKenna advised that he was not aware of any. Mr Maguire stated that he was happy to share the procedure used by his company when merging practices.</p> <p>Mr Joynes stressed the importance of ensuring cultures were also merged, so that no silos were created.</p>	<b>Professor Gardiner</b> <b>Mr McCarey</b> <b>Mr Maguire</b>
16.4	<u>Inquiry into Hyponatraemia Related Deaths</u> Professor Gardiner advised that the DoH would be creating a Recommendation Implementation Working Group, which he had been asked to sit on.	
16.5	<u>ADEPT Programme</u> Professor Gardiner highlighted that there was interest in extending the ADEPT programme to include nursing and other health professionals. Professor Gardiner advised that he would be keen to see a joint process and the creation of a multi-disciplinary group.	
<b>18.0</b>	<b>Correspondence/Circulars (for information)</b>	
18.1	None.	
<b>19.0</b>	<b>Any Other Business</b>	
19.1	None.	
<b>20.0</b>	<b>Date of Next Meeting</b>	
	Thursday 26 <sup>th</sup> April 2018 at 2pm in the Board Room, NIMDTA	

Ref	Item	Action



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**NIMDTA Chair**

26-04-18

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**Date**