

Minutes

MEETING: NIMDTA Board
DATE: Thursday 25 January 2018
TIME: 2.00 pm
VENUE: Board Room, NIMDTA

Members:	Mr A Joynes Mr D Maguire Mr L Wilson Mr G McKenna Dr J Little	Chair
In Attendance:	Professor K Gardiner Ms P Black Mr M McCarey Dr I Steele Dr C Loughrey Ms R Campbell Dr B Hendron Ms A Carragher Ms D Hughes Ms K McIlvenny Ms G Kerr	Chief Executive/Postgraduate Dean Business Manager Governance, IT & Facilities Manager Director of Hospital Specialty Training Director for Postgraduate GP Education Professional Support Manager Postgraduate Dental Dean Director of Foundation Programme – part only Education Manager Governance Executive Officer Committee Support Executive Officer

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	Apologies	
1.1	Mr D Morrice	
2.0	Declarations of Interests – Items of Business	
2.1	None.	
3.0	Announcements	
3.1	Mr Joynes offered congratulations to Elaine Fugard who	Mr Joynes

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	recently obtained a Coaching & Mentoring Certificate from the Chartered Management Institute. Mr Joynes advised he will send letter a letter of congratulation.	
3.2	Professor Gardiner advised that Mr Eiad Qudairat had been appointed as Deputy Dental Dean. Mr Joynes queried if other parties had been advised, Dr Hendron advised that this had been done.	
3.3	Mr Joynes advised that Dr Steele had been appointed as Director of Professional Development and offered the Board's congratulations.	
3.4	Mr Joynes welcomed Ms McIlvenny in her new role as Governance Executive Officer.	
3.5	Mr Joynes advised that Mr Wilson's term of office as a Board Member has been extended for 1 year, now ending in February 2019.	
4.0	Draft Minute of Previous Meeting	
4.1	The minutes of the meeting held on 30 November 2017 were agreed and signed.	
5.0	Matters Arising	
5.1	<u>5.2 Review of the Operation of Health & Social Care Whistleblowing Arrangements / Board Champion for Culture</u> In Governance, IT & Facilities Manager's Report.	Mr McCarey
5.2	<u>5.6 Board Training Options</u> Ms Black advised that work is ongoing to assess appropriate training options available.	Ms Black
5.3	<u>5.7 HR Continuity Plan</u> In Professional Support Manager's report.	Ms Campbell
5.4	<u>5.10 Strategic/Business Planning Update</u> Mr McCarey advised that the Board Workshop on 22 February 2018 is due to include a session on Cyber Security.	Mr McCarey
6.0	Finance Report	

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6.1	<p data-bbox="268 322 488 353"><u>Finance Report</u></p> <p data-bbox="268 398 1034 430">NIMDTA's financial position was discussed and noted.</p> <p data-bbox="268 474 1158 1590">Ms Black advised of an anticipated underspend at year end of £164k, which was above both the target of £74k and the breakeven maximum of £150k. Mr Joynes stated that action needed to be taken to ensure that NIMDTA would achieve breakeven. Professor Gardiner advised that a decision needed to be taken on whether to ask DoH to accept an easement. Ms Black stated this would not be as large as previously expected. Professor Gardiner advised there were some issues to be considered, including a trainee being offered a 1 year post rather than 6 months. Professor Gardiner suggested a £90k easement would be appropriate. Ms Black sought guidance as to whether she should go to DoH now with this figure, or wait until next month. Mr McKenna highlighted that DoH were unlikely to appreciate getting money back at the end of February. Ms Black advised that she would be attending the Finance Forum on the next day and would discuss the matter with DoH Reps there. Mr Joynes asked if it would be more sensible to return £50k, in order to ensure that we did not overspend. Professor Gardiner voiced concerns that some planned spend might not happen. Ms Black confirmed the possibility that some spend may not happen before year end and advised that the biggest movement was within GP trainees and this was very difficult to predict with posts changing in February which could result in increased numbers of higher salaried GP trainees. Mr Joynes asked if £50k was returned at this stage would there be sufficient room to manoeuvre. Ms Black confirmed this was correct. Mr McKenna advised that, in his opinion, it would be better to return a little more than not enough.</p> <p data-bbox="268 1635 1158 1823">Mr Wilson asked about the value of outstanding projects. Ms Black advised the figure was currently £83k. Mr Wilson stated that if these projects did not go ahead for any reason within the financial year, the surplus could jump to £183k. which was over the breakeven limit.</p> <p data-bbox="268 1868 1158 2051">Mr Joynes clarified that NIMDTA normally aims for £70/80k, to be sure that the surplus stays under £100k, after any possible adjustments. Mr Joynes asked for Ms Black's opinion on whether anything unexpected could arise and was assured that this was unlikely, with the only unknown element being</p>	

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	that of GP trainee salaries. Mr Joynes asked what the variation could be for GP. Professor Gardiner advised it would be expected to be around £30/35k. Members agreed to an easement of return £65k to DoH.	
6.2	<p><u>Prompt Payment</u> Ms Black advised that prompt payment is currently above target, with 30 day rate at 98.9% and 10 day at 94.5%.</p> <p>Mr Joynes queried if we should change the 10 day target, as our figures are consistently above this by a significant margin. Ms Black clarified this is a regional target which NIMDTA cannot change.</p>	
7.0	Report From The Audit Sub-Committee (verbal)	
7.1	Mr Joynes asked Mr Wilson if any items needed to be raised in the absence of Mr Morrice. Mr Wilson confirmed that he had discussed this with Mr Morrice before his departure, and there were no issues to note.	
7.2	Professor Gardiner advised that an audit of allocations in Core Medicine and GP had identified 2 priority 3 findings, which should be easily addressed.	
7.3	Mr Joynes confirmed that Mr Wilson would act as Audit Chair until Mr Morrice's return. Mr Joynes advised that he would chair the Governance & Risk Committee for this period.	
7.4	Mr Joynes asked members if they had any questions for Mr Wilson. No questions/issues were raised.	
8.0	Report from the Governance & Risk Sub-Committee (verbal)	
8.1	Mr Joynes advised that, on 24 th January's G&R Committee, members had largely focused on the Brexit implications for NIMDTA. This had been followed up by members' attendance at the NICON Healthy Brexit event on 25 th January. The main issues raised were workforce registration and cross border jurisdiction issues. Mr Joynes advised that, at this event, his group had discussed potential registration changes (previously the GMC had a Dublin office) and the manner of resolving issues surrounding registration after Brexit. Mr	

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	<p>McCarey stated it was difficult to know how to record Brexit on Risk Registers when the outcomes of negotiations were unknown. DoH is currently planning for a no deal outcome i.e. worst case scenario. Mr Joynes advised that he was not convinced of the wisdom of this approach. Mr Joynes asked Mr McCarey if he had any further update, Mr McCarey replied that the next step was to develop the Business Continuity Plan, based on the approach DoH had instructed NIMDTA to use. Mr Joynes highlighted that Mr McCarey was the NIMDTA representative on the DoH Brexit Group and encouraged members and Senior Management to raise anything with him. Mr Joynes stressed that unless we raised concerns there would not be feedback into this work stream on NIMDTA issues. Mr McCarey encouraged SMC to consider the potential issues as they were working through matters and highlight anything.</p> <p>Mr Wilson asked if a risk had been added to Corporate Risk Register. Mr McCarey clarified that this had not been done as yet. It was agreed to add this at the Governance & Risk Committee and that he, Professor Gardiner & Ms Black would meet to develop their thoughts. Mr McKenna highlighted that more than one risk may need to be added for the differing outcomes possible. Dr Little highlighted that it could impact on existing risks in relation to filling posts (due to uncertainty). Professor Gardiner agreed that this would have an impact on the risk rating. Dr Little highlighted the GMC papers with breakdowns on nationality. Mr McCarey confirmed that he had viewed these reports and would utilise the content. Mr McKenna stated there could be a high level of ROI nationals working in UK generally.</p> <p>Mr Joynes highlighted that the uncertainty was making EU workers feel undervalued and insecure in their roles. Dr Little highlighted the impact on under graduate choices as graduates were unsure as to what future would now be available to them. Mr Wilson confirmed that for those already in posts, UK surveys suggest that they already did not feel valued because of Brexit. Dr Little asked if the report can be circulated to all members. Mr Joynes felt the important feedback from the Healthy Brexit event is that while it appears little preparation is happening, however planning is being undertaken but implementation is being held up due to lack of an Assembly.</p>	

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	Mr Joynes stated that, as further information becomes available, regular updates would be provided on the impact for NIMDTA.	
	<u>Professor Gardiner Presentation – DoH Review of NI Medical School Places</u>	
	<p>Mr Joynes advised that Professor Gardiner had been asked to chair this Working Group and that he had asked him to make a presentation on some of the early findings. Professor Gardiner highlighted the drop in applicant numbers for medicine across the UK and noted that NI is consistent with trends being seen across the UK. Dr Little asked if this was linked to a drop in birth rates around 2000. Professor Gardiner advised that this was not the case, since applications overall have not dropped, just the numbers applying for medical courses. Professor Gardiner suggested negative media coverage as a possible reason. Mr McKenna stressed that costs/political issues re-contracts could have had a negative influence.</p> <p>Professor Gardiner highlighted that Queen’s University’s change in application rules had caused a drop in GB domiciled applicants. Mr Joynes highlighted that international applicants would be attractive to Queen’s University for financial reasons. Professor Gardiner clarified that there was a cap on these numbers to limit the posts being filled by international students. Professor Gardiner clarified that the admissions process impacted on the number of NI trainees.</p> <p>Professor Gardiner advised that there had been an overall drop in male students since 2009, with a slight increase seen last year. Students did not appear to be applying straight from school at 18, rather more applications were being seen from those who are 21/22.</p> <p>Professor Gardiner advised that the decline in female applicants aged 18 has not been as steep, with a rise in those aged 21/22 and graduates.</p> <p>Professor Gardiner noted also the increase in those who were extending the duration of medical course to six years instead of five. This was not because they had failed, but rather because they were taking a year out to study something else, which was encouraged by Universities (intercalated degree) .</p>	

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	<p>A lot of students were going out at 3rd year and completing a Master's Degree. Professor Gardiner indicated that, ultimately, the system would finish with a workforce with a broader experience, but it had an impact on the rate of people progressing through the system. Professor Gardiner stressed that DoH had not been aware of the number of students intercalating and this had a financial impact as students paid for the 1st four years, with the DoH paying for the 5th year. Consequently a year out, if taken, resulted in an additional year paid for by DoH.</p> <p>Professor Gardiner highlighted that 83% of students who train outside NI do not return to NI to work after qualification. Mr Wilson asked if there were more places in NI, would more of these students study here rather than elsewhere. Dr Little stated there would not be enough jobs. Dr Loughrey stated there were higher fees elsewhere, so it was likely that would mean more students would study in NI at the lower rate. Ultimately NI foots the bill for sending all those students away. Mr Maguire commented that the application process for Queen's University is notoriously difficult, so a lot go elsewhere so they can get in with lower grades. Dr Hendron felt that some were not ready at that stage. Professor Gardiner indicated that there were various reasons why, including some just want to go away from home for their university experience.</p> <p>% QUB working in UK – Professor Gardiner indicated that a greater number of GB domiciled students at QUB could result in a higher number of students moving to GB to work after graduating.</p> <p>Gender – female dominated intake. Mr Maguire commented that this was not unique to medicine or NI, and was being seen across other professions. Professor Gardiner indicated that it was possible that this could have an impact on the future workforce with a greater proportion of females choosing not to go on and become consultants. Part-time working/maternity/caring responsibilities could all possibly increase as these female-predominant cohorts moved through their careers.</p> <p>More doctors not in training after Foundation. It was now becoming more common for doctors not to go into a speciality immediately after Foundation, with some taking</p>	

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	<p>time out, going elsewhere, working as locums etc.</p> <p>Ms Hughes indicated that there were 311 doctors who had finished Foundation, but it had not been possible to trace them in training in the UK. Although it could be assumed that many were IMG and had returned home this was not the case and we were working with DoH to establish where these people were working, possibly within Trusts.</p> <p>Mr Joynes commented that Professor Gardiner's analysis had been a real eye-opener and that the information really needed to be focused on in order to decide what can be done about it since there were problems at every level. The Department needed to act, discussions were needed with Queen's University & Ulster University (if their application is successful) Queen's University need to be sure that they are positioning themselves correctly within the overall needs of the Health & Wellbeing requirements of NI. Under the present system DoH are subsidising international students for clinical training, and subsidising NI students to go to train in GB. Mr Wilson clarified that working out the future need for doctors should allow proper planning as to how many places are needed. Professor Gardiner indicated that there were a lot of different areas to look at. Dr Little asked if there was information on why those who go away do Was this because they could not get a place at Queen's University. Professor Gardiner advised that numbers coming back are high from Glasgow and Edinburgh, but possibly this was because higher numbers go there. Mr Maguire asked if students are surveyed each year to see what their planning/thoughts are. Professor Gardiner indicated that this was not occurring as far as he was aware. Mr McKenna was concerned that Queen's University were not playing a sufficient role in workforce planning, which should be the case. A "perfect storm" was possibly on the horizon with the political uncertainty and the possible implications of Brexit having the potential for serious issues within the workforce in NI.</p> <p>Mr Joynes advised that a question re Ulster University Medical school had been asked at the Healthy Brexit event. Professor Gardiner confirmed that a Dean has been appointed, Mr Joynes stated it was likely that there would be political support for this Medical School if there was a sitting Assembly.</p> <p>Professor Gardiner advised that the first report had been</p>	

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	issued in December, with another due in March and a final report in June. Professor Gardiner highlighted that a lot of useful data was coming from the analysis of the group.	
9.0	Report from the Director of Hospital Specialty Training	
9.1	Dr Steele provided Members with an overview of his report. Members noted the current position regarding recruitment, training, staffing and funding.	
9.2	<p><u>Occupational Health Medicine</u></p> <p>Dr Steele advised that the TPD has recently been reappointed, although was now working for PSNI, and is keen to use it as training location. Dr Steele stressed that an LDA would be needed with PSNI as it is a new organisation for NIMDTA. This process is currently being worked through. Dr Steele remains concerned about 2 trainees being placed in PSNI and felt that it would be better to have one trainee placed initially and increase the number of trainees once content with the new setting. Dr Little asked if these placements were rotational .Dr Steele advised that he had concerns about this.</p> <p>Dr Steele advised that BHSCT had indicated that they were not in position to take on a new trainee once the current trainee completes. Dr Steele advised that the TPD would like to take 3 trainees in PSNI in this case. Professor Gardiner advised that WHSCT also felt they were not in a position to take a trainee. Professor Gardiner advised that DoH however, were keen to increase funding for OH posts. Professor Gardiner clarified the difficult position for NIMDTA. Mr Joynes stated the situation was unsatisfactory for OH service capacity. Dr Steele advised the service was seen as having the potential to be more nurse-led, but no nurse training had been available for 5 years (since the University of Ulster stopped running the course).</p>	Dr Steele

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	<p>Ms Hughes confirmed that the LDA is currently being worked on, and needed to be finalised within the next month in order to be ready for a trainee to start in the post.</p> <p>Mr Joynes asked if the issue of a TPD acting both as supervisor and TPD for the same trainee had been resolved. Dr Steele advised he was ensuring that someone else will act as Educational Supervisor, but this had not been agreed as yet. Dr Steele clarified that a lot more steps needed to be taken before a trainee could be given a start date. Mr Joynes asked for clarification on what the TPD's reaction is likely to be if a 2nd trainee is not placed in PSNI at this stage. Dr Steele clarified that although this had been accepted, it was met with some resistance. National OH training, would result in further non-HSC placements for OH training. Ultimately Dr Steele was concerned with making sure we had appropriate placements arranged for trainees to be able to qualify and take up posts. Dr Little asked if we were currently recruiting these trainees. Dr Steele confirmed this to be the case.</p>	
9.3	<p><u>LTFT Ophthalmology</u></p> <p>Dr Steele clarified that applicant success for slot share was largely dependent on timing of application. It was possible if more than one trainee wished to work this way. However if there was no other trainee to slot-share this created a difficulty. Dr Steele stated that from NIMDTA's perspective it could be done from an educational viewpoint, but the trainee would need to negotiate with the Trust which could prove difficult.</p> <p>Dr Little asked if the issue for Trusts is with on-call rotas. Dr Steele stated that this was not the case as this should be pro-rata.</p>	
9.4	<p><u>Special Circumstances Trainee</u></p> <p>Dr Steele advised that not many trainees apply, as they can normally be accommodated in other ways. This particular case came up late in the process and cannot now be accommodated in the Trust they are currently in, which is where they wish to remain. Dr Steele advised that 6 months supernumerary funding would need to be used to</p>	

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	<p>accommodate the request.</p> <p>Mr Joynes asked if there is any precedent. Dr Steele advised that this was not the case.</p>	
9.5	<p><u>Increased Tariff for TPDs</u> Dr Steele advised that work is ongoing to implement the additional TPD PA's, which may require some job planning.</p>	
9.6	<p><u>SWAH EM</u> Dr Steele advised that there was no wish to increase locations, as this would have a knock on effect on funding for other required elements of training. Dr Steele commented that in reality EM trainees spend little time in the ED in the first 2 years of training. Dr Steele stated it was unfortunate that the Trust Medical Director was unable to attend the meeting.</p>	
9.7	<p><u>Internal Audit of allocations of Junior Doctors (CMT)</u> Dr Steele advised that the audit report had now been received and that he was content with the feedback.</p>	
9.8	<p><u>Extra ST3 LAT in General Surgery</u> Dr Steele confirmed that staff changes and pressures had caused the error. Learning had been taken from the incident.</p>	
9.9	<p><u>Concern that trainees may experience sexual harassment in work</u> Dr Steele advised that O&G staff were keen to survey trainees. However BSO Legal advice recommended this was not done. Dr Steele stated that the annual survey is intended to remind trainees that they should report things as they happen.</p> <p>Mr Wilson asked if sexual harassment was covered in the Bullying & Harassment policy, Professor Gardiner confirmed that it was. Professor Gardiner clarified the difficulty faced by NIMDTA due to not being the employer, namely if trainees do make such a report, NIMDTA would hold this information, but have no ability to address. Mr McKenna stated he felt this was an area that needed careful handling.</p>	
9.10	<p><u>Stroke Training Programme</u> Professor Gardiner advised that a business case may be required. Dr Steele clarified there had been no real progress by Commissioners in identifying additional funding.</p>	

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9.11	<p><u>Difficulty in recruiting TPDs and Trainee Posts to be advertised</u></p> <p>Dr Steele stressed the importance of these posts being filled, as without the TPDs training schemes could not run.</p>	
10.0	Report from the Director of Postgraduate GP Education	
10.1	<p>Dr Loughrey asked if there were any questions about the report. Mr Joynes asked about the recruitment figures. Dr Loughrey confirmed it was unlikely that NIMDTA would be able to fill 111 posts and confirmed that multiple recruitment rounds would be done to try to fill as many posts as possible. Mr Joynes highlighted his concern that when GP trainee numbers were increased it put additional pressure on NIMDTA to fill the posts, albeit from the same applicant pool.</p> <p>Dr Loughrey stated that the workforce plan was approximately 3/4 years out of date. Mr Joynes highlighted that the trend across the board seems to be to put more training posts in place, but filling these was a long term process that could not be achieved immediately.</p> <p>Mr Joynes clarified, for the benefit of other Board Members, that WHSCT was trying to introduce incentives to encourage trainees to take up posts there and reduce inequities. Professor Gardiner advised that speciality trainees in rotational posts which are more than 40 miles away get a 28p per mile allowance. GP trainees however, are allocated to a Trust area rather than to the whole of NI, which does not permit for mileage allowances. If however, they can declare their base as a Hospital or Belfast, they may be able to claim mileage if travelling.</p> <p>Professor Gardiner stated it is likely Trusts would want NIMDTA to part fund this initiative. Dr Loughrey stated that to make a level playing field was not really an incentive as it was correcting a "non-incentive" currently in place. She also clarified that the interpretation of directives by Trusts differs. Dr Loughrey advised that she & Ms Black were working to establish the funding implications for incentives/changes, the potential costs of which could be considerable. Dr Loughrey stated that indemnity costs were also considerable.</p> <p>Professor Gardiner advised there were currently 20 posts in</p>	

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	<p>WHSCT and that, if they are moving to 4 month blocks this would require 21 trainees to be in multiples of 3. Dr Loughrey confirmed that Ms Iwanczuk had worked on options and 20 trainees may possibly work. However DoH had suggested 23.</p> <p>Professor Gardiner stated that a significant issue was getting the numbers right, advertising and clarifying costs. Mr Joynes suggested that NIMDTA would require more funding.</p> <p>Professor Gardiner stated this would depend on DoH priority i.e. was it to increase overall GP numbers or to ensure more GP's work in WHSCT. Members queried if DoH were aware of the extra costs involved, and asked where the additional funding would come from.</p>	
11.0	Report from the Postgraduate Dental Dean	
11.1	Members noted the current position regarding recruitment, training and continuing education.	
11.2	<p>Dr Hendron advised that three trainees had needed to move to different training practices. Two of these moves were almost complete. Dr Hendron highlighted the large amount of work these moves had created.</p> <p>Dr Hendron also advised that one trainee was receiving additional support which hopefully would remove the requirement for a fourth move.</p>	
11.3	<p>Dr Hendron highlighted her concerns that only 14 Educational Supervisors applications have been received for a closing date on 2nd February.</p> <p>Mr Joynes asked if there was any action to be taken to promote applications, which should be a priority at this stage as, if NIMDTA are short on numbers, it would create real difficulties. Dr Hendron confirmed she was conscious of the risk, but advised that all promotion has been done as in previous years and applications are in a similar position to last year at this point.</p>	
11.4	Dr Hendron advised that a number of collaborative projects were ongoing, which it was hoped would complete before the end of March. Dr Hendron stated she believed it was very beneficial for the Dental Department to be collaborating with	

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	others.	
11.5	Dr Hendron highlighted that Mrs McLaughlin was currently on maternity leave, which had created a temporarily vacant post, reducing support significantly.	
11.6	Dr Hendron highlighted that there were a number of vacancies coming up over next 6 months for speciality training posts which would have to be recruited and filled. This would be a large piece of work over the coming months.	
11.7	Mr Maguire asked what could be expected from RQIA. Dr Hendron clarified that RQIA were collaborating with NIMDTA to coordinate practice inspections. Dr Hendron confirmed she had seen a draft, which would be sent to Professor Gardiner once finalised, and would then apply to the next intake. Dr Hendron advised she would submit a list of training practices at the start of year and they would advise if they were satisfactory, based on the RQIA inspection process. Mr Maguire stated he would be conscious that RQIA would intend moving to biannual inspections, once the Assembly was back in place to approve this. Dr Hendron clarified this had been taken into account. Mr Joynes commented that it was good practice to remove duplication. Professor Gardiner commented that it was good to be able to rely on the regulator, which will reduce the burden on educational resources.	
12.0	Report From The Governance, IT and Facilities Manager	
12.1	Mr McCarey provided Members with an overview of his report.	
12.2	<p><u>Corporate Scorecard</u> Mr McCarey overviewed the Corporate Scorecard, highlighting the one amber KPI, which was that 90% of hospital based trainers were recognised trainers. This had been 89% in December 2017. However Mr McCarey advised that this had already improved and was back above target.</p> <p>Mr Joynes asked why it dipped. Professor Gardiner advised he believed there had been a problem which he had raised with WHSCT. The figure dropped from 90% to 69% because of an</p>	Mr McCarey Professor Gardiner

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	<p>increase in the number of trainers, which had jumped by nearly 50%. Professor Gardiner highlighted his concern that there may have been previous under reporting of trainer numbers. Mr Joynes queried how it was possible to increase trainer numbers. Professor Gardiner clarified that none of the figures added up, hence why he had queried the data. Ms Hughes stated she was trying to confirm that no trainee was allocated to an unrecognised trainer, and why there had been such a difference in trainer numbers. Ms Hughes advised she would be attending a meeting on 30th January where this would be discussed.</p> <p>Mr McCarey reminded colleagues that if they had a KPI within their work area, an annual return needed to be submitted. Mr Joynes asked if Mr McCarey received regular feedback. Mr McCarey responded that he did not at this stage. Mr Joynes stressed that he was anxious that feedback should not be left until year end. Professor Gardiner clarified that some work which informs KPIs only happens once or twice per year so monthly/regular feedback was impossible. Professor Gardiner corrected the quarters that were shown against a number of KPIs. Professor Gardiner highlighted that reporting on Breakeven is difficult. For example during the year there would be constant reports of non-compliance. Mr McKenna stated KPIs were useful tools and were reported on annually as requested. There was more detailed reporting at each Board Meeting to ensure that things were not off track. KPIs provided a method of assurance. Mr McCarey & Professor Gardiner will review the Corporate Scorecard to improve for the next Board meeting in March 2018. Mr Joynes was keen to ensure that reporting to the Board was timely so that members could be assured that things were highlighted if there was an issue/spike.</p>	
12.3	<p><u>Policy Review</u> Members were content to agree all policies subject to the changes requested at the Governance & Risk Committee.</p> <p>Dr Little queried on the Business Continuity Plan, that there was no mention of vaccinating staff against flu and also when there were clinical pressures, were those who are both NIMDTA and clinical staff obliged to prioritise their clinical role. Mr McCarey clarified that the Business Continuity Plan had been included in error, but would be sent to the March Board meeting. Comments had been noted.</p>	Mr McCarey

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	<p>Mr Wilson queried Page 7 of the Governance & Risk Committee Standing Orders. The quorum mentions 4 people, 2 of which must be Board Members, which suggests 2 staff must attend also. Mr Wilson queried the impact this would have if it was necessary to meet without staff members present about a sensitive issue. Mr Joynes suggested amending the wording to match the Audit Committee quorum. Agreed change to quorate with 2 Board Members.</p> <p>Mr Wilson queried that, in the Assurance Framework, the definition of risk (from DoH document) only refers to likelihood not to impact. Mr Wilson proposed instead using the ISO definition but not referring to it as ISO. Mr McCarey agreed to this change. Mr Joynes highlighted to Mr Wilson (who had been absent from the Governance & Risk Committee) the change requested to the qualifying sentence below the table on page 20.</p>	
12.4	<p><u>Business Plan 2018/19</u> Mr McCarey advised the paper provided was a first draft. Most of changes to which, came from Strategic Plan updates. Mr McCarey advised that the first draft was to be finalised by the end of January, and brought back to the March Board for approval.</p> <p>Mr Joynes asked if there were plans to go through the Business Plan in detail before March. Mr McCarey confirmed this would be done, but no time had been booked for this at present. Members agreed to discuss the Business Plan after the Audit Committee on 22nd February. Mr Joynes asked members to review the document and provide feedback on this in advance of the meeting.</p>	Mr McCarey All
12.5	<p><u>Premises</u> Mr McCarey advised that Beechill House was currently operating at full capacity, highlighting that BSO have reported on a few areas which could be better utilised. Mr McCarey will discuss BSO advice with SMC.</p> <p>Mr McCarey updated members in relation to long term plans to expand into the building next door, advising that proceedings with the current tenant next door are at court. They will be vacating the premises in May 2018. Professor Gardiner clarified that one of the biggest challenges was car</p>	Mr McCarey

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	<p>parking spaces, which had been quoted at £500 each. Mr McCarey highlighted that there was negotiation to be done to reduce this, which LPS will do on NIMDTA's behalf. Mr McCarey noted that the current rental rate was low due to when it was negotiated, so an increase was to be expected.</p> <p>Mr Joynes asked if options for all of the building, or part of it were being explored. Professor Gardiner clarified that only part was needed at present, but if potential additional work streams for NIMDTA come to fruition the entire building may be required. Mr McCarey confirmed this, highlighting that the speed of movement for the existing tenant does not help in this regard. Mr Joynes asked if there was competition from other interested parties. Mr McCarey advised that he had been made aware of 3 other parties. Mr Maguire highlighted that NIMDTA were a valuable tenant due to being Government and long term.</p>	
12.6	<p><u>Incidents</u> Mr McCarey highlighted a number of incidents, which had not resulted in the loss of any business hours.</p>	
13.0	Report from the Professional Support Manager	
13.1	Members noted the current position regarding recruitment and training & development.	
13.2	<p><u>Absence Figures</u> The absence rate for 1 April 2017 to 31 January 2018 was reported as 2.3%.</p>	
13.3	<p><u>HR SLA with BSO</u> Ms Campbell advised that BSO had indicated that high levels of staff sickness would reduce service delivery to NIMDTA. BSO had also advised that Ms Burns was leaving, which could also have a negative impact on service to NIMDTA.</p> <p>Ms Campbell advised that Recruitment moving to shared services has been delayed further.</p>	
13.4	<p><u>Trainee Support Meetings</u> Ms Campbell highlighted that there continued to be high demand for meetings, which put significant pressure on Professional Support staff.</p>	

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13.5	<p><u>NIMDTA Human Resources Continuity Plan</u> Ms Campbell advised that the staffing structure had been amended to reflect new posts/roles.</p> <p>Mr Joynes asked if the plan provided contingency arrangements across the spectrum of NIMDTA work. Ms Campbell stated there were some requests for which funding would have to be considered in future. Mr Joynes stressed that communication was important to ensure that staff knew who was responsible for what within the continuity arrangements.</p>	
14.0	Report from the Director of the Foundation Programme	
14.1	<p>Mr Joynes clarified that for the November 2017 Board a Foundation Report had been prepared, but unfortunately had not been submitted.</p> <p>Ms Carragher highlighted that recruitment was a major issue, advising that academic recruitment had started and that the 2nd tranche of offers had started. These should be in place by 26th January and showed how many posts had been filled.</p> <p>Ms Carragher highlighted concerns regarding 2 trainees who needed to pass the Prescribing Safely Assessment (PSA), to stay in practice. These trainees could not be signed off by GMC if they did not pass. Mr Joynes asked when the exams were being taken. Ms Carragher confirmed these would take place on 10th March 2018. Mr Joynes asked for clarification as to what would happen if these trainees did not pass. Ms Carragher confirmed that for 1 of them there was no further opportunity to re-sit the exam, advising that previously there would have been a 2nd chance in July but this option had now been removed. Mr Joynes asked if there was anything extra NIMDTA could be doing to assist. Ms Carragher confirmed that the trainees had been provided with access to the SCRIPT remedial package and that the trainee was fully aware of their circumstances. Dr Steele asked if failure meant that they could not be registered with GMC. Ms Carragher confirmed this was correct, highlighting that she had never seen this situation before, so was unsure if this meant they would never be able to register. Dr Steele asked if this</p>	

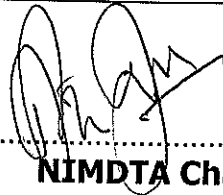
Ref	Item	Action
	<p>situation had happened elsewhere, Ms Carragher advised she was not aware of any other occurrences. Professor Gardiner asked if this trainee could get an extension. Ms Carragher confirmed that the trainee had already had an extension. Dr Steele highlighted NIMDTA would need to clarify the correct approach so future occurrences could be handled correctly. Mr Joynes stated that when there was nothing wrong with a trainee's clinical practice, it was worrying that this single thing could stop them from becoming registered with GMC.</p>	
14.2	<p>Ms Carragher advised that the Foundation Update would be issued that afternoon. Following research, it had been established that 3pm on Thursday was the optimum time to send.</p>	
14.3	<p>Professor Gardiner highlighted the 'Ultimate Discharge Letter', which was selected from abstract submissions for the National Foundation Doctors Presentation Day on 12 January 2018.</p>	
15.0	Report From The Business Manager	
15.1	<p>Ms Black provided members with an overview of her report.</p>	
15.2	<p><u>Contract Report</u> Ms Black advised that VOIP would change to green, as the BT contract would no longer be needed.</p>	
15.3	<p><u>Venue Hire</u> Ms Black advised that she had asked for a meeting with Selective to discuss issues which the pilot had flagged, such as increased costs for venues and response times.</p>	
15.4	<p><u>Study Leave – Expenditure Analysis</u> Ms Black advised Members that work was ongoing to streamline the Study Leave process, with significant reductions in applications which were approved but unpaid.</p> <p>Dr Steele queried the introduction of an online form. Ms Black clarified that Mr Oliver was working on this.</p> <p>Dr Steele suggested that it would be a good use of current funds to have something developed to suit NIMDTAs process.</p>	Ms Black

Ref	Item	Action
	<p>Ms Black advised that this could fit in with website redevelopment plans, but clarified that the spend would need to be completed before year end to be taken from this year's funds.</p> <p>Dr Steele clarified that medicine covered a wide range of specialties, and therefore advisor approval could be difficult due to the large number of TPDs involved.</p>	
15.5	<p><u>Zero-Based</u></p> <p>Ms Black highlighted the significant amount of work involved in this piece of work. Mr Joynes stated he was pleased to note that DoH would take forward the discussions with Trusts.</p>	
15.6	<p><u>Financial Review Audit</u></p> <p>Ms Black advised that the Audit Report was received in December, with most recommendations easily addressed and an overall satisfactory rating.</p>	
15.7	<p><u>Policies for Approval</u></p> <p>Members were content to approve all policies as per changes agreed by the Governance & Risk Committee.</p>	
16.0	Report from the Education Manager	
16.1	Ms Hughes provided members with an overview of her report.	
16.2	<p><u>Trainer Engagement</u></p> <p>Ms Hughes advised that the first trainer roadshow had taken place on 18 January, highlighting that a lot of trainers brought trainees along. Given this, it may be prudent in future to run joint trainer/trainee roadshows. The roadshow provided an opportunity for NIMDTA staff to receive feedback from trainees and trainers about how the organisation communicates initiatives to trainees.</p>	
16.3	<u>Trainee Information System (TIS)</u>	

Ref	Item	Action
	Ms Hughes advised Members that a contract has been received from HICOM for £75k, highlighting that once final costs are agreed, a DAC will must be submitted to BSO.	
16.4	<u>Lead Employer</u> Ms Hughes advised there was no progress to report at present. Lead Employer is currently low on the DoH list of priorities. Professor Gardiner raised his concern that Lead Employer will get parked and nothing will happen.	
17.0	Report From The Chief Executive/Postgraduate Medical Dean	
17.1	Professor Gardiner provided an overview of his report.	
17.2	<u>Meeting with Chief Medical Officer & Chief Pharmaceutical Officer</u> Professor Gardiner updated that the all attendees were in favour of a merger. A proposal would now be drafted and submitted to the DoH Permanent Secretary, who was also expected to be keen. Professor Gardiner advised that Pharmacy currently consists of 13 staff, 9 of whom are f/t equivalent and a budget of £700k. Data has been obtained on office space requirements and training/rooms etc. Mr McCarey will use this information to inform the negotiations about premises/property next door.	
17.3	<u>GMC post approval</u> Professor Gardiner advised that some trainees could be unfairly penalised if their employing organisations did not have GMC approval in place for a site to which they moved their service. GMC had seemed to take the feedback on board, but there had been no formal outcome as yet.	
17.4	<u>Succeed Strategy</u> Professor Gardiner advised that the strategy had been developed to promote doctors being able to stay in training, including exam preparation courses, boosting examination success and alignment of the trainees to the best training opportunities. Professor Gardiner advised that he would apprise the Board when further consultations had been	

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	completed.	
17.5	<p><u>Refugee Doctors</u> Professor Gardiner advised that there were currently between 20/30 refugee doctors in NI. NIMDTA had been approached to help them. The Medical Recruitment Group, which Ms Campbell sat on, would take this forward from a social responsibility point and Trusts will have some input.</p>	
17.6	<p><u>Enhanced Monitoring</u> Professor Gardiner advised that the visit to Causeway was cancelled due to severe weather pressures. Previously there had been multiple requests for a delay which Professor Gardiner had refused. On this occasion a direct approach was made to the Permanent Secretary and CMO to delay, which was agreed. Professor Gardiner highlighted that the GMC were not happy about this delay and he expected they would feed this back.</p> <p>Professor Gardiner advised that SWAH had asked for postponement of the Enhanced Monitoring visit to General Medicine, despite it being in their interests to have the enhanced monitoring lifted.</p> <p>Professor Gardiner advised that both Causeway and SWAH visits will be rearranged for end March 2018.</p> <p>Mr Joynes asked if it may be wise in future not to schedule visits in December/January because of the high risk of bad weather pressures. Professor Gardiner saw the merit in this. However he stated that visiting during busy times allowed us to see what the work area was really like. Dr Little stated that she agreed that cyclical visits should not be planned during December/January, but an enhanced visit needs to happen when planned, regardless of pressures.</p> <p>Professor Gardiner also highlighted that undermining at RVH Anaesthetics was reported in both June and December 2017, advising that GMC were keen to close due to pressure from consultants. Professor Gardiner advised he was not content that the problem had been addressed, so declined to recommend closure.</p>	

Ref	Item	Action
17.7	<u>Strategy to Enhance the Quality of Medical Education in NI (SEQME NI)</u> Professor Gardiner advised that DoH were willing to chair on this, as they feel it was aligned with workforce policy.	
18.0	Correspondence/Circulars (for information)	
18.1	None.	
19.0	Any Other Business	
19.1	None.	
20.0	Date of Next Meeting	
	Thursday 22 nd March 2018 at 2pm in the Specialty Schools Room, NIMDTA	



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NIMDTA Chair

26-04-18

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Date

