

Minutes

MEETING: NIMDTA Board
DATE: Thursday 29 September 2021
TIME: 2.00 pm
VENUE: Zoom Meeting Room

Members: Mr G McKenna
Mr D Maguire
Dr J Little
Mr L Wilson
Ms G Campbell
Mr B Garland

Chair
Member
Member
Member
Member
Member

In Attendance:

Mr M McCarey

Dr I Steele
Ms P Black
Dr M Stone
Dr L Parks
Ms R Campbell
Dr B Hendron
Dr C Harron
Ms D Hughes
Ms G Kerr

Chief Executive/Senior Governance, IT & Facilities
Manager
Postgraduate Medical Dean/Director for Education
Senior Business Manager
Director of Postgraduate General Practice Education
Foundation School Director
Senior Professional Support Manager
Postgraduate Dental Dean
Medical Director
Senior Education Manager
Committee Support Executive Officer

Ref	Item	Action
1.0	Apologies	
1.1	Ms J Turner - Senior HR Manager (Trainee Employment)	
2.0	Declarations of Interests – Items of Business	
2.1	Mr Maguire noted that there are currently 8 trainees placed within his dental practices for the incoming academic year.	

Ref	Item	Action
3.0	Announcements	
3.1	Mr McKenna welcomed Mr Garland and Ms Campbell to their first Board meeting.	
3.2	Mr McKenna advised that a new Chair has been appointed. Mr Derek Wilson.	
3.3	Mr McCarey noted today marks Mr Lee Wilson and Mr Maguire's final Board meeting, thanking them for their commitment and generous contribution.	
3.4	Mr McCarey advised that Ms Campbell will have to leave the meeting early, requesting that Members take her report first. Members agreed.	
4.0	Minute of Meeting	
4.1	The Minutes of 26 August 2021 were approved, subject to a minor amendment at 14.3.	Ms Kerr
5.0	Matters Arising	
5.1	<p><u>15.5 Strategic Direction (23.03.21)</u> Ms Turner informed the group that Anaesthetic trainees were due to be on-boarded in June 2021 but may not be possible due to contract commitments. Ms Turner will work to resolve.</p> <p>Ms Turner confirmed that the posts for Human Resources Co-ordinator OM & Systems Administration Band 5 (1 post) and Human Resources Co-ordinator HR Generalist Band 5 (3 posts) had closed and shortlisting was to take place on 24 March 2021. Recruitment of these posts will greatly help ease workload pressures.</p> <p>29.06.21 – Ms Turner advised that moves have been deferred to August 21.</p> <p>26.08.21 – Ms Turner provided an update, confirming that moves have now taken place, with a small number of exceptions due to maternity leave etc.</p> <p>23.09.21 – deferred.</p>	Complete

Ref	Item	Action
5.2	<p><u>15.8 Audit Report (23.03.21)</u> Ms Turner advised that the first audit of Single Lead Employer commenced on 11 January 2021. A working draft of the report has been received for review and comment. Ms Turner will update when the final report is released.</p> <p>29.04.21 - Ms Turner confirmed that the final report remains outstanding.</p> <p>29.06.21 – Mr Morrice recognised the challenges faced by SLE, and commended staff on their work to date.</p> <p>26.08.21 – Ms Turner confirmed the report has been signed off and the majority of recommendations have been implemented.</p> <p>23.09.21 – deferred.</p>	Complete
5.3	<p><u>16.6 Policies and Procedures (23.03.21)</u> Ms Black previously noted that a timetable of policy reviews will be brought to a future Board for approval.</p> <p>29.04.21 - Work is ongoing.</p> <p>29.06.21 - Work is ongoing.</p> <p>26.08.21 – Mr McCarey overviewed plans to present Standing Orders to first meeting with new Board Members. Mr McKenna asked to look at in more detail at the next meeting.</p> <p>23.09.21 – Mr McCarey confirmed amended Standing Orders will be sent to the November meeting.</p>	Complete
5.4	<p><u>13. 6 Confidential Issues (29.04.21)</u> Dr Hendron provided an overview for Members. Dr Hendron asked Mr McCarey for clarification on allocating on an EEA basis. Mr Joynes asked if Dr Hendron has stopped allocating. Dr Hendron stated she will stop now that she has become aware. Mr McCarey committed to meet with Dr Hendron to resolve. Mr Joynes asked if this impacts on decisions already made. Mr McCarey confirmed this will have to be investigated.</p> <p>29.06.21 – Mr McCarey confirmed meetings have taken place. Dr Hendron advised of ongoing discussions re legislation and committed to provide an update at on 26 August.</p>	Complete

Ref	Item	Action
	<p>26.08.21 – Mr McCarey suggested allowing Dr Hendron to provide an update at the next meeting. Agreed.</p> <p>23.09.21 - Dr Hendron advised that advice has become clear in the last few days. NIMDTA has been instructed to continue allocating as previously.</p>	
5.5	<p><u>17.3 Risk Management (29.04.21)</u></p> <p>Mr McCarey highlighted the addition of a new risk re dental foundation training. Mr McCarey suggested this is discussed further at the next Governance & Risk Committee.</p> <p><i>Assurance Framework</i></p> <p>Mr McCarey noted some difficulties due to the building being officially closed. For example fire evacuation.</p> <p>29.06.21 – Mr McCarey advised work is ongoing.</p> <p>26.08.21 – Mr McCarey confirmed that this risk has not transpired. Updates are ongoing and new documents will be sent to the September Board.</p> <p>23.09.21 – Dr Hendron provided background, noting expectations for the requirement of an additional scheme in March. As it transpired that all students were able to begin in September, plans for a March scheme were shelved. Dr Hendron welcomed the successful outcome.</p>	Complete
5.6	<p><u>8.3 Risk Management (29.06.21)</u></p> <p>Mr McCarey highlighted current return to workplace date is end September 21. Mr McCarey suggested moving this date back to November and advising staff at the Staff Engagement session tomorrow. Dr Little reminded of the importance of using 'return to workplace' as recognition staff have been working throughout.</p> <p>26.08.21 – Mr McCarey advised a SMC sub-committee is discussing a way forward and provided an overview of proposals.</p> <p>23.09.21 - Mr McCarey advised that a number of meetings have taken place re a return to office, with work ongoing.</p>	Complete
5.7	<u>9.2 Training Programme (29.06.21)</u>	

Ref	Item	Action
	<p>Dr Stone advised that recruitment to the 111 capacity has been achieved for the first time and recognised the practical issues of managing full capacity. Dr Stone highlighted the need to review support structures now that capacity has been reached. This will be pursued with Ms Black on her return.</p> <p>26.08.21 – Dr Stone confirmed Ms Black is aware and they will discuss at the earliest opportunity.</p> <p>23.09.21 – Dr Stone advised discussions have taken place, with work ongoing.</p>	Dr Stone
5.8	<p><u>13.3 Educational Supervisor (ES) Recruitment (29.06.21)</u> Dr Hendron noted ongoing difficulties due to a lack of clarity on remuneration. Dr Hendron advised she and Mr McCarey met with Mr Barbour (DoH) regarding the business case. Dr Hendron shared her intention to discuss the business case with Ms Black again on her return.</p> <p>Dr Hendron highlighted ES's are aware there is possibility of a delayed start for training, despite the best efforts of all involved.</p> <p>26.08.21 – deferred to Dr Hendron's return.</p> <p>23.09.21 – Dr Hendron confirmed this related to the increase in numbers required for the September scheme, given there would no longer be an additional scheme starting in March.</p>	Complete
5.9	<p><u>13.6 Staffing (29.06.21)</u> Dr Hendron advised that Ms Jackson (Dental Care Professional Tutor) is leaving. Dr Hendron committed to discuss recruitment options with Ms Black on her return.</p> <p>26.08.21 – Mr McCarey confirmed this will be discussed at the earliest opportunity when Dr Hendron and Ms Black are both available.</p> <p>23.09.21 – work ongoing.</p>	Dr Hendron
5.10	<p><u>8.2 Merger with NICPLD (28.08.21)</u> Mr McCarey advised of increased correspondence from DoH to progress the proposed merger with NICPLD, following successful co-location.</p>	Complete

Ref	Item	Action
	<p>Mr McKenna asked when next Group meeting is planned for. Mr McCarey confirmed 27 Sept, noting that Ms Black will now be involved.</p> <p>Mr Wilson asked if Dr Steele should be involved in discussions. Mr McCarey agreed this may be useful at a later stage.</p> <p>Mr Wilson suggested this is added to the Corporate Risk Register.</p> <p>23.09.21 – Mr McCarey provided background and highlighted the impact a merger would have on NIMDTA. Noting the opportunities it would also present.</p>	
5.11	<p><u>8.3 NED Recruitment (28.08.21)</u> Mr McCarey committed to obtain an update on Chair recruitment for September Board meeting.</p> <p>23.09.21 – Mr McCarey updated Members on recruitment and expected start date for new Chair.</p>	Complete
5.12	<p><u>9.2 Resourcing (28.08.21)</u> Dr Stone highlighted funding is behind current recruitment levels. Ms Black is aware and this will be looked at as soon as possible. A new baseline for funding and recruitment is required.</p> <p>Mr McKenna stressed the need to add a risk to the Corporate Risk Register, on the ongoing likelihood of increases and how NIMDTA deal with this long term. It is important a more strategic view is taken, rather than reacting to individual DoH requests. Mr McKenna noted his concerns that historically NIMDTA has been asked to take things on with resourcing discussions taking place later.</p>	Mr McCarey
5.13	<p><u>11.2 Foundation Report (28.08.21)</u> Dr Steele advised that a report was compiled by Ms Moore. Ms Kerr committed to circulate.</p>	Complete
5.14	<p><u>12.3 Annual Equality Report (28.08.21)</u> Approved.</p> <p>Ms Campbell committed to arrange an Equality workshop for</p>	Ms Campbell

Ref	Item	Action
	<p>new Board Members.</p> <p>Ms Campbell and Mr McCarey highlighted work to obtain additional resources for NIMDTA's equality responsibilities; this may be either via outsourcing to BSO or additional support in house.</p> <p>23.09.21 – Ms Campbell confirmed that funding has been obtained</p>	
5.15	<p><u>14.2 Annual Quality Report (28.08.21)</u> Ms Hughes confirmed the Annual Quality Report has been drafted, and is currently with Mr McCarey for approval.</p> <p>Ms Hughes highlighted the benefits to looking at how this is managed alongside the Annual Report build, both of which create a significant workload for staff. Ms Hughes is hopeful some time saving can be achieved.</p>	Complete
5.16	<p><u>16.2 Budgets (28.08.21)</u> Mr McCarey advised Ms Black has been focusing on budgets and allocations since her return.</p> <p>Mr Wilson queried Note 12, asking if NIMDTA should write to DoH highlighting the work DoH have asked NIMDTA to take on with non-recurrent funding. Mr McKenna agreed it is important for NIMDTA to highlight to DoH work streams which are reliant on non-recurrent funding.</p> <p>Dr Little queried Paragraph 2.1. Asking if the 1% includes all SLE trainees, as this would make for a much larger bill. Mr McCarey committed to check this.</p> <p>23.09.21 – Mr McKenna noted is continuing concerns. Ms Black confirmed 2 allocation letters have been received to date confirming 21/22 non-recurrent funding, the non-recurrent nature is highlighted repeatedly to DoH in year. Mr McCarey drew attention to email trail within his report on this matter.</p>	<p>Complete</p> <p>Mr McCarey</p>
5.17	<p><u>19.1 Board Format (28.08.21)</u> Mr McKenna noted the changes introduced today succeeded in shortening the meeting duration. Dr Little asked for feedback from Mr McCarey and Dr Steele.</p>	Complete

Ref	Item	Action
	<p>Mr McCarey noted with absent members in attendance future meetings would likely take 2 hours, which seems acceptable. Mr McCarey thanked Members for taking SMC feedback on board.</p> <p>It was also noted that Audit and Governance & Risk updates were shorter than usual due to no such meetings taking place in the interim.</p> <p>Dr Steele suggested board report heading could be amended to suit individual business areas. He believes the current template causes some repetition. Dr Steele welcomed the changes made at today's meeting, as a good start to reviewing Board arrangements.</p>	
5.18	<p><u>19.2 New Board Members (28.08.21)</u> Mr Wilson suggested a meeting with new Board colleagues early in September, rather than waiting until the Board proper on 23rd. Mr McKenna seconded, and requested this be held in person if possible.</p> <p>23.09.21 – Mr McCarey confirmed an in person planning meeting for Board Members was held on 16 September.</p>	Complete
5.19	<p><u>8.4 Confidential Section (28.08.21)</u> Please refer to the Confidential Section of Minute.</p>	Mr McCarey
6.0	Report from the Senior Professional Support Manager	
6.1	Members noted the report from Ms Campbell, Senior Professional Support Manager.	
6.2	<p><u>Return to Workplace</u> Ms Campbell advised that numerous meetings have taken place recently, noting the increased stress on Team Leaders.</p>	
6.3	<p><u>Agency Worker Contracts</u> Mr McKenna asked if there is a solution to this issue. Ms Campbell provided an overview of difficulties encountered, including attracting candidates due to the non-comparable salaries within HSC.</p>	
6.4	<u>BSO Working From Home Survey</u>	

Ref	Item	Action
	<p>Mr McKenna noted the concerns raised by staff in the survey. Ms Campbell stressed care will need to be taken in communication and NIMDTAs approach carefully considered. Mr McCarey recognised the difficulties of operating with little sectoral guidance on this evolving issue.</p>	
6.5	<p><u>Immigration Sponsorship</u> Mr Garland asked if NIMDTA has a licence from the Home Office to sponsor foreign nationals, and if records are in place appropriately. Ms Campbell confirmed NIMDTA have a licence, advising that there have been many changes to guidance during C19, which have increased workload significantly.</p>	
6.6	<p><u>Mandatory Vaccination</u> Mr Wilson asked if mandatory vaccination for healthcare workers, particularly trainees will cause issue. Ms Campbell advised this is not applicable in NI at present. Dr Steele noted that should mandatory vaccination be introduced, this would be a decision taken outside of NIMDTA's remit.</p>	
7.0	Report from The Audit Sub-Committee	
7.1	<p>Mr McKenna confirmed this was reported on at the last meeting, with no Audit Committee since.</p> <p>Mr Wilson advised he attended DoH Audit & Risk Committee on 15 September, and provided a comprehensive overview of the matters discussed.</p>	
8.0	Report from Governance & Risk Sub-Committee	
8.1	<p>Members noted the meeting this morning. Mr Wilson provided an overview, noting CRR and ERR will come to next Committee meeting.</p> <p>NICPLD risk will require Board attention, primarily in relation to the rising number of associated staff.</p> <p>Standing Orders will be sent to next Board, which gives opportunity for the new Chair and Board Member to consider.</p>	
9.0	Report from the CEO/Acting Senior Governance, IT and Facilities Manager.	

Ref	Item	Action
9.1	Members noted the report from Mr McCarey, Chief Executive/Acting Senior Governance, IT & Facilities Manager.	
9.2	<p>Mr McCarey highlighted an error on the Corporate Scorecard. Item 2 should be green rather than red.</p> <p>Mr McCarey drew Members attention to Page 6 of his report, which notes plans to meet with Trust Chief Executives.</p> <p>Mr McCarey confirmed that he had written to Dr Harron re her appointment as Responsible Officer, this letter is attached for information.</p>	
10.0	Report from the Director of Postgraduate General Practice Education	
10.1	Members noted the report from Dr Stone, Director of Postgraduate General Practice Education.	
10.2	<p><u>Specialty Training</u> Dr Stone noted the increasing numbers in recent years, adding that funding has not increased at the same rate. Funding issued are currently being addressed. Dr Stone advised she expects GP numbers will continue to increase in coming years.</p> <p>Dr Stone highlighted that these increases, along with changes to the GP curriculum create potential issues around space for trainees in GP practices.</p> <p>Ms G Campbell asked if Dr Stone foresees a saturation point where NIMDTA will be unable to obtain further training places. Dr Stone advised there is currently 33% extra capacity, adding that other models can be investigated if required.</p>	
10.3	<p><u>GP Appraisal</u> Dr Stone advised that GP appraisal has increased in line with overall GP numbers. Additional funding has been obtained for this increase. Dr Stone highlighted issues with the current data management system, exacerbated by Covid-19. A pilot of a new data management system is ongoing.</p>	
10.4	<p><u>Induction and Returners</u> Dr Stone highlighted difficulties caused by sponsorship/visa issues, advising that in some circumstances GP's who</p>	

Ref	Item	Action
	successfully complete training cannot stay in NI due to VISA conditions. NIMDTA do not have control of this, but will continue to highlight what is a national issue.	
11.0	Report from the Postgraduate Medical Dean /Director of Education	
11.1	Members noted the report from Dr Steele, PGMD/Director of Education.	
11.2	Dr Steele advised he has amended the format of his report following discussions at the August Board.	
11.3	<p><u>GP</u> Dr Steele highlighted that capacity within GP practices is also an issue for Hospital Specialty trainees who require GP placements as part of their training.</p> <p>Mr McKenna queried the wider impact of changes to the GP curriculum. Dr Steele welcomed the positive move, recognising that the NI GP programme will be more attractive to trainees. Dr Steele recognised that hospitals will see some variation in numbers, but overall this will be a positive change for training in NI.</p> <p>Ms Black highlighted the cost difference between trainees in a GP Practice and trainees in a Hospital setting, advising this will result in a slightly increased financial risk to NIMDTA.</p>	
11.4	<p><u>Lead Educator Recruitment</u> Dr Steele confirmed work is ongoing to recruit an Oncology training programme director (TPD).</p>	
11.5	<p><u>Appointment of Director of Hospital Specialty Training/Professional Development</u> Mr McKenna welcomed the appointment of Dr Smyth from 1 October 2021. Dr Steele confirmed that Dr Smyth's current post has now been advertised.</p>	
11.6	<p><u>Increase to Foundation Programme</u> Mr McKenna queried the potential increase to Foundation programme numbers. Dr Steele provided an overview of the background, highlighting the need for planning rather than reaction.</p>	

Ref	Item	Action
11.7	<u>Cardiothoracic Surgery</u> Dr Little requested an update. Dr Steele advised that trainees cautiously continue to be placed within units under enhanced monitoring.	
12.0	Report from the Director of Foundation Training	
12.1	Members noted the report from Dr Parks, Director of Foundation Training.	
12.2	<u>Recruitment</u> Dr Parks advised current numbers are 519, recognising oversubscription is being seen as a trend nationally. Dr Parks highlighted that August 2022 is expected to have considerably higher numbers again. Dr Parks welcomed the opportunity to provide a funded week for starting F1's. Mr Garland queried why Medicine is on the shortage list when there is a contradictory oversubscription at Foundation level. Dr Parks clarified that previously only some specialties were included on the shortage list. Following a decision to add Medicine in its entirety to the list, a unique situation was created at Foundation level, as all trainees on the list must be placed. Ms G Campbell asked for clarification on the meaning of SJT. Dr Parks advised this is situational judgement test, providing background on its purpose within Foundation recruitment.	
12.3	<u>ARCPs</u> Dr Parks highlighted that ARCPs are becoming a year round activity rather than a year end only.	
12.4	<u>PSA</u> Dr Parks advised new Members this exam must be passed for completion of F1 training. 18 of the new intake sat recently, with 8 passing and 10 failing. Those who failed will re-sit in March 2022. Dr Parks noted that SCRIPT is now free of charge, which is an excellent development.	
12.5	<u>FLIGHT</u>	

Ref	Item	Action
	Dr Parks credited the Foundation Team for their excellent work in having 13 of 15 modules bookable to date.	
12.6	<u>FIRST</u> Dr Parks welcomed this new initiative, which has been created since the move to online learning during Covid-19.	
12.7	<u>Community Experience</u> Dr Parks highlighted difficulties due to placement opportunities. Short term measures are in place; however a long term solution is required.	
12.8	<u>Absence Monitoring</u> Dr Parks noted the importance of Covid absence monitoring within Foundation, due to the 20 day limit for missed training days.	
12.9	<u>LMS</u> Dr Parks advised the LMS was used very successfully for induction.	
12.10	See confidential section.	
13.0	Report from the Postgraduate Dental Dean.	
13.1	Members noted the report from Dr Hendron, Postgraduate Dental Dean.	
13.2	Dr Hendron welcomed the new Board Members and provided a brief background to Foundation Training, Core Training and Specialty Training. Dr Hendron added that the Dental Department also provide CPD.	
13.3	<u>Foundation</u> Dr Hendron noted the difficulties managing the late allocation, commending the Dental team for achieving placement of all but 3 trainees. These trainees are awaiting GDC registration.	
13.4	<u>Core</u> Dr Hendron advised of 1 additional DCT post (academic). Dr Hendron apologised that this may not have been clear within her report.	
13.5	<u>SLE</u>	

Ref	Item	Action
	Dr Hendron advised a SLE approach is being adopted across other UK nations; this is not possible in NI with the current dental contract. Dr Hendron feels it is important to bring this work stream forward as it is likely NI will have to move to an SLE model eventually.	
13.6	<u>Post Covid-19</u> Dr Hendron noted she foresees difficulties attracting Educational Supervisors (ES) if there is a return to the activity income model. This may create a vulnerable position for an ES as they may be assigned an FD with lower than average treatment activity.	
13.7	<u>DCT Recruitment</u> Dr Hendron noted poor recruitment levels, adding that salary level is likely to have impacted application levels. Dr Hendron advised significant work will be required on the Core programme, with feedback received requesting more varied programmes. Dr Hendron believes there is a need for a business case to DoH for funding to make changes.	
13.8	<u>Specialty Training</u> Dr Hendron confirmed standards set by the GDC are now in place, with the first Quality assurance process due to take place imminently.	
13.9	<u>SIMODONT</u> Dr Hendron advised the SIMODONT suite was used for the first time last week, receiving very positive feedback from trainees. Dr Hendron noted a positive Covid-19 case transpired during the training days. Negative lateral flow tests must now be provided prior to attending SIMODONT sessions.	
13.10	See confidential section.	
13.11	<u>Continuing Education</u> Mr Garland queried the cancellation of training due to the trainer cancelling. Dr Hendron clarified this training is for DCP (nurses etc), the trainer was unfortunately impacted by Covid-19. Dr Hendron noted difficulties in regarding rates of remuneration for training of DCPs in relation to dentists. Mr Garland asked if there are plans in place to reduce the	

Ref	Item	Action
	impact of staff leaving in future. Dr Hendron confirmed work is ongoing to ensure there is adequate cover.	
14.0	Report from the Senior Education Manager	
14.1	Members noted the report from Ms Hughes, Senior Education Manager.	
14.2	<p><u>Annual Quality Report</u> Ms Hughes asked if Members are content to approve the Annual Quality Report. Members approved.</p> <p>Ms Hughes thanked all Departments for their input to the report.</p>	
14.3	<p><u>LDAs</u> Ms Hughes confirmed all LDAs have been returned with the exception of QUB. There are a small number of queries outstanding from QUB, which require input from QUB Compliance & Legal teams.</p> <p>Ms Hughes confirmed arrangements are in place with Kingsbridge. However, a meeting with RQIA has been arranged to ensure all necessary governance is in place prior to progressing.</p>	
14.4	<p><u>Data Sharing Agreements</u> Ms Hughes overviewed the Data Sharing Agreements now in place.</p>	
14.5	<p><u>Revalidation</u> Ms Hughes welcomed the appointment of Dr Harron as Responsible Officer.</p>	
14.6	<p><u>LMS</u> Ms Hughes confirmed she is content with the interim arrangements. Dr Parks noted the successful use for Foundation. Ms Hughes advised the regional LMS will take a further 2/3 years.</p> <p>Mr Garland asked if the LMS could that be used for Board papers. Ms Hughes confirmed it could. Mr McCarey undertook to investigate.</p>	Mr McCarey

Ref	Item	Action
14.7	<u>NTS Results</u> Ms Hughes noted positives, along with a number of identified areas which are now with Directors for feedback.	
14.8	<u>Regional HR Cell</u> Ms Hughes confirmed she represents NIMDTA, ensuring training is represented.	
14.9	<u>Recognised Trainers</u> Ms Hughes advised that the 5 year period has expired for those recognised in 2016. During this period they were required to carry out 20 hours of recognised training and development.	
14.10	<u>Quality Management Audit</u> Ms Hughes advised that the final report is awaited.	
14.11	See confidential section.	
15.0	Report from the Senior HR Manager for Trainee Employment	
15.1	Members noted the report from Ms Turner, Senior HR Manager for Trainee Employment.	
15.2	Deferred.	
16.0	Report from the Senior Business Manager	
16.1	Members noted the report from Ms Black, Senior Business Manager.	
16.2	Ms Black advised she continues to catch up from her period of absence, and is currently finalising the budget, which she plans to present at the November Board. Ms Black confirmed she predicts breakeven based on current figures.	
16.3	<u>Study Leave</u> Ms Black advised SL activity has returned to normal, however costs are down due to travel restrictions.	
16.4	<u>Contracts Register</u>	

Ref	Item	Action
	For noting.	
16.5	<u>Whole of Government Accounts</u> Ms Black advised of delays, with Cycle 1 now due in January/February.	
16.6	<u>Pensions Issue</u> Ms Black provided an update. Work is ongoing.	
16.7	<u>SLE</u> Ms Black recognised that August is a difficult month with rotation levels. The Recharge workload is also steadily increasing. Ms Black noted an ongoing review of policies/procedures as SLE imbeds.	
16.8	<u>Policy Review – Petty Cash Policy</u> Ms Black presented the policy for approval, confirming it has also been approved by SMC. Members approved. Ms Black confirmed other policies will follow at upcoming Boards.	
16.9	<u>IBC.41 GP Appraisal</u> Ms Black noted the Business Case has been approved by SMC and detailed the 4 additional posts. Dr Little queried if these are being funded internally. Ms Black clarified these are a result of 2019 external business case which was provided on a non-recurrent last year, but remained unused due to Covid-19 causing appraisal cancellation. Ms Black confirmed the funding has been provided non-recurrently this year also. Ms Black advised this internal business case serves to review and confirm that the original external business case was appropriate and that funding has been received. Ms Black clarified: <ul style="list-style-type: none"> • External Business Cases are a means for securing new funds. • Internal Business Cases are a means for funding service amendment or recalibration. Members thanked Ms Black for clarification and approved.	

Ref	Item	Action
16.10	<u>GP B4 x2 Expansion posts</u> Ms Black overviewed this request, advising further paperwork will follow. Members agreed these posts will be approved by circulation.	
16.11	<u>Hospital Recruitment – B3, B4 & B5</u> Ms Black overviewed this request, advising paperwork will follow. Members agreed these posts will be approved by circulation.	
17.0	Correspondence/Reports/Papers Received.	
17.1	<u>Mid-Year Assurance Statement</u> Mr McCarey confirmed the MYAS will issue in coming weeks, with a draft to be forwarded for the consideration of the Audit Committee on 14 October.	
18.0	Any Other Business	
18.1	Mr McKenna noted today marks Mr Wilson and Mr Maguire’s final Board meeting, thanking them for their work over the years. Mr Maguire thanked all for their help during his tenure. Mr Wilson thanked all for their help during his tenure.	
19.0	Date of next meeting	
19.1	Thursday 25 th November 2021, 2pm.	



.....
NIMDTA Chair

25.11.21

.....
Date