

## Minutes

**MEETING:** NIMDTA Board  
**DATE:** Thursday 27 January 2022  
**TIME:** 2.00 pm  
**VENUE:** Zoom Meeting Room

**Members:**

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

**In Attendance:**

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

Ref	Item	Action
<b>1.0</b>	<b>Apologies</b>	
1.1	None.	
<b>2.0</b>	<b>Declarations of Interests – Items of Business</b>	
2.1	None.	

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<b>3.0</b>	<b>Announcements</b>	
3.1	<p><u>Board Reporting</u> Mr D Wilson noted the high volume of papers, advising attendees that Members plan to meet to discuss Board reporting requirements.</p> <p>Mr D Wilson confirmed Members will feed back to attendees following those discussions.</p>	<b>Members</b>
<b>4.0</b>	<b>Minute of Meeting</b>	
4.1	The Minutes of 25 November 2021 were approved, subject to minor amendments requested by Dr Hendron and Ms Turner.	<b>Ms Kerr</b>
<b>5.0</b>	<b>Matters Arising</b>	
5.1	<p><u>9.2 Training Programme (29.06.21)</u> Dr Stone advised that recruitment to the 111 capacity for GPST1 intake has been achieved for the first time and recognised the practical issues of managing full capacity. Dr Stone highlighted the need to review administrative structures now that capacity has been reached. This will be pursued with Ms Black on her return.</p> <p>26.08.21 – Dr Stone confirmed Ms Black is aware and they will discuss at the earliest opportunity.</p> <p>23.09.21 – Dr Stone advised discussions have taken place, with work ongoing.</p>	<b>Dr Stone</b>
5.3	<p><u>9.2 Resourcing (28.08.21)</u> Dr Stone highlighted funding is behind current recruitment levels. Ms Black is aware and this will be looked at as soon as possible. A new baseline for funding and recruitment is required.</p> <p>Mr McKenna stressed the need to add a risk to the Corporate Risk Register, on the ongoing likelihood of increases and how NIMDTA deal with this long term. It is important a more strategic view is taken, rather than reacting to individual DoH requests. Mr McKenna noted his concerns that historically NIMDTA has been asked to take things on with resourcing</p>	<b>Mr McCarey</b>

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	discussions taking place later.	
5.5	<p><u>16.2 Budgets (28.08.21)</u> Mr McCarey advised Ms Black has been focusing on budgets and allocations since her return.</p> <p>Mr Wilson queried Note 12, asking if NIMDTA should write to DoH highlighting the work DoH have asked NIMDTA to take on with non-recurrent funding. Mr McKenna agreed it is important for NIMDTA to highlight to DoH work streams which are reliant on non-recurrent funding.</p> <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><b>Complete</b></p> <p><b>Mr McCarey</b></p>
5.6	<p><u>8.4 Confidential Section (28.08.21)</u> Please refer to the Confidential Section of Minute.</p>	<b>Mr McCarey</b>
	<p><u>8.4 Financial Reporting (25.11.21)</u> Ms Black advised budget review work is ongoing, adding that the move to departmental budgets allows for closer monitoring of budgets. Mr D Wilson asked Ms Black to keep the Board updated on the delegation of financial reporting, and how the roll out progresses. Ms Black committed to do so, confirming that BSO will deliver training to SMC Members and the Business Management team will continue to provide overview and support to NIMDTA staff.</p>	<b>Ms Black</b>
	<p><u>13.2 Resourcing (25.11.21)</u> Ms R Campbell overviewed the current resourcing challenges within PSU, noting she feels they are unable to provide the level of support she would wish, due to a lack of resources within the team.</p> <p>Mr McCarey recognised the recurrent theme of lack of resourcing across departments, confirming he has been working with departments to establish resourcing</p>	

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	<p>requirements. Mr McCarey confirmed Board discussions have also taken place re the requirement to ensure baseline need is resourced across NIMDTA.</p> <p>Mr D Wilson suggested resourcing across NIMDTA become a standing agenda item, rather than individual departments reporting. <b>Agreed.</b></p>	<b>Ms Kerr</b>
	<p><u>13.7 Equality Scheme (25.11.21)</u> Ms R Campbell updated Members on the additional Equality service NIMDTA have obtained from BSO.</p> <p>Mr D Wilson asked if online training is mandatory. Ms R Campbell confirmed it is. Mr D Wilson requested completion of equality training be added to Board induction requirements.</p> <p>Ms G Campbell noted the leadership role for the Board on Equality. Mr McCarey confirmed he would welcome Board leadership on this issue.</p>	<b>Ms Kerr</b>
	<p><u>15.2 GMC Quality Assurance Process (25.11.21)</u> Ms Hughes advised Members this has been a significant workload in recent months. Due to Covid-19, a paper exercise is being carried out in place of the normal visits. Mr D Wilson asked if this is a planned exercise and if NIMDTA know in advance what will be asked. Ms Hughes confirmed this is planned, and provided an overview for Members. Ms Hughes also committed to send the final report to Members for information.</p>	<b>Ms Hughes</b>
	<p><u>16.6 (25.11.21)</u> Mr D Wilson asked that the SLE Induction Overview session be scheduled asap.</p> <p>Mr D Wilson suggested non urgent queries are held until the SLE Induction Overview. All agreed.</p>	<b>Ms Kerr</b>
10.4	<p><u>10.4 Education (25.11.21)</u> Dr Stone highlighted the curriculum change, which has created an issue in terms of having enough available placements for trainees within GP practices.</p> <p>Mr D Wilson asked if pressures manageable. Dr Stone confirmed they are, however clarity is required on the current</p>	

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	<p>baseline, as it is difficult to move forward with the new curriculum until clarification has been received from DoH.</p> <p>Dr Stone and Ms Black committed to meet to establish if current funding is appropriate. Mr D Wilson offered the Boards assistance if required.</p>	<p><b>Dr Stone Ms Black</b></p>
9.2	<p><u>9.2 Standing Orders (25.11.21)</u> Mr McCarey noted Standing Orders were discussed in detail at a pre-meeting with Board Members.</p> <p>Members confirmed they are happy to approve Standing Orders subject to the additional minor wording amendments noted at the pre-meeting. <b>Approved.</b></p>	<p><b>Ms Kerr</b></p>
	<p><u>9.4 Stormont Messaging re Home Working (25.11.21)</u> Mr McCarey advised he, along with Ms R Campbell met with Team Leaders yesterday and will provide further detail at SMC on 29 November 2021. Team Leaders have been empowered to roll out the 1:4 hybrid working model as required, rather than to meet a target. Mr D Wilson suggested the Board keep this matter under review and act on individual concerns as raised.</p> <p>Dr Parks noted the Foundation team will have to work at a higher ratio for a period to deliver 10 days of training and recruitment pre-Christmas. Dr Parks stated she is mindful of the risk especially given the small team, should someone have to isolate. Mr D Wilson asked if contingency plans are in place. Dr Parks advised not at present, Foundation are reliant on goodwill from other teams. Mr McCarey committed to look at putting plans in place, should Foundation staff become unable to attend.</p>	<p><b>Mr McCarey Dr Parks</b></p>
	<p><u>18.1 AOB - Board Process (25.11.21)</u> Members requested the Board Agenda be regularly amended to facilitate SMC Members presenting earlier in the meeting.</p>	<p><b>Ms Kerr</b></p>
	<p><u>18.2 AOB - NIMDTA Resourcing</u> Mr McCarey stressed the importance of resourcing correction prior to production of a new strategic plan, suggesting a separate work stream is created for this purpose. Mr McCarey and Mr D Wilson will meet to begin the process.</p>	<p><b>Mr McCarey Mr D Wilson</b></p>

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	<u>7.2 G&amp;R Mins (25.11.21)</u> Members who attended agreed the minutes are an accurate reflection of the meeting. Members agreed to ask Mr L Wilson to sign off the minutes, as he chaired the meeting.	<b>Ms Kerr</b>
<b>6.0</b>	<b>Report from The Audit Sub-Committee</b>	
6.1	Members noted there had been no Audit Committee since the last Board meeting.	
<b>7.0</b>	<b>Report from Governance &amp; Risk Sub-Committee</b>	
7.1	Ms G Campbell advised Members will discuss risk reporting requirements at a Board Workshop on 24 February. This will inform risk reporting to Board and clarify the information required to allow the Governance & Risk Committee to provide assurance to the Board.  Ms G Campbell confirmed the Governance & Risk Committee are content give assurance to the Board re Information Governance.	
<b>8.0</b>	<b>NIMDTA Resourcing</b>	
	Mr D Wilson advised of the decision to add NIMDTA Resourcing as a standing item on the Agenda going forward. Mr D Wilson noted that there is no substantive paper for this meeting, matters remain within reports on this occasion.  Mr D Wilson requested that SMC highlight resourcing issues separately going forward.  Mr McCarey provided some background to the various resourcing discussions ongoing across NIMDTA.	
<b>9.0</b>	<b>Report from the Senior Business Manager</b>	
9.1	Members noted the report from Ms Black, Senior Business Manager.	
9.2	<u>Financial Position</u> Ms Black overviewed the FMR which was submitted earlier this week, adding that she is content NIMDTA is on target to achieve Breakeven.	

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	<p>Ms Black advised that DoH have confirmed the allocation letter re Month 7 easements will issue shortly. Information re pay awards remains outstanding.</p> <p>Ms Black highlighted the expected financial pressures for 2022/23.</p> <p>Ms Black invited questions. Mr D Wilson asked for clarification on 1.1.1. Ms Black provided clarification on the forecasting process used to calculate figures for the Financial Management Return (FMR). Ms Black added that a Financial Management Statement, which provides a detailed comparison of forecast vs. actuals is normally included with Board papers, but unfortunately is not included this month due to work pressures.</p> <p>Mr Garland asked for clarification on retractions. Ms Black provided clarification on the process that returns unused monies to DoH.</p> <p>Mr Garland asked for clarification on the Study Leave database incident, specifically asking why daily backups are not taken to minimise the risk of data loss. Ms Black advised that the technical information is outside of her expertise, adding that her understanding is that BSO have not been carrying out a daily backup. Ms Black shared the internal controls which allowed for resolution, recognising the significant time commitment from NIMDTA staff to resolve the issue. Mr McCarey provided an overview of IT arrangements, noting NIMDTA's reliance on the service received from BSO. Mr Garland requested the Risk Register is updated to accurately reflect such risks.</p>	<p><b>Mr McCarey</b></p>
9.3	<p><u>Approvals</u> Ms Black presented the items below for approval:</p> <p><u>IBC 42 – Dental Simulation Suite</u> Ms Black noted only 2 posts are within today's papers, as the Band 7 post remains with BSO. Dr Hendron highlighted that Covid support resources are currently being used to facilitate use of the Simulation Suite until permanent appointments are made. Dr Little asked if this is internal money being assigned or are we asking for additional money from DoH. Ms Black clarified funding is within NIMDTA current resourcing. Mr D</p>	

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	<p>Wilson requested that post funding is covered under the Resourcing agenda item in future.</p> <p>Dr Little asked for confirmation that this £100k will not cause a shortfall in NIMDTA finances at a later stage. Mr McCarey confirmed these posts have been budgeted for since the Capital Business Case for SIMODONT equipment was submitted. Dr Hendron added that the DCP Tutor vacancy allowed for restructuring of the Dental team which resulted in some savings. Mr D Wilson asked if the Band 7 paperwork will come to the March 2022 Board. Mr McCarey stated that it is going through an external process, but he would hope to have confirmation from within the next 8 wks. <b>Approved.</b></p> <p><u>Foundation Expansion – New Posts</u>  Ms Black noted there are 2 new posts, plus 3 additional PAs for the Foundation Director. Ms G Campbell asked for confirmation if the additional PAs started on 1 January 2022. Mr McCarey confirmed that additional PAs begun on a temporary basis following consultation with Mr D Wilson. This was felt essential to allow delivery of Foundation expansion. Dr Parks confirmed the additional posts have not been recruited to. Mr D Wilson clarified the Board is ratifying a decision which has already been taken. <b>Approved.</b></p>	
<b>10.0</b>	<b>Report from the Senior HR Manager for Trainee Employment</b>	
10.1	Members noted the report from Ms Turner, Senior HR Manager for Trainee Employment.	
10.2	<p>Ms Turner advised that 93% of trainee doctors have now moved to NIMDTA SLE employment. Work is ongoing to move the remaining 7% across as circumstances allow.</p> <p>Ms Turner noted the SLE team are currently focused on the February 22 rotation, which is a significant piece of work given the numbers of trainees now employed. Ms Turner highlighted that a number of staff have not undertaken this work before, and are training simultaneously. Mr Turner also noted the delays caused by the closure of the payroll system due to the AfC pay award.</p>	
10.3	<u>Maintaining High Professional Standards (MHPS)</u>	



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	<p>Ms Turner confirmed she has been in contact with Ms Turkington (BSO DLS), who has agreed to provide Board training. A date will be scheduled as soon as practicable.</p> <p>Mr D Wilson queried the resourcing implications of MHPS. Ms Turner advised this is difficult to predict until volumes are known and committed to provide feedback to Board Members as the process evolves. It was noted that an introductory session for Board Members in relation to this was currently being scheduled in partnership with BSO Legal.</p>	<b>Ms Turner</b>
10.4	<p><u>Fixed Term Contracts</u></p> <p>Mr Turner updated Members on discussions with BMA, advising that BMA have confirmed they will attend meetings to support trainee doctors as required.</p> <p>Mr Garland queried if the process for termination of FT contracts has been fully risk assessed. Ms Turner advised there is no written risk assessment, rather risk was assessed during discussions with BMA, where it was agreed there is a very low risk. Ms Turner committed to record the agreed low risk for completeness.</p> <p>Ms G Campbell stated the lack of formal endorsement is concerning, and asked if NIMDTA has done any mitigation to ensure it is clear trainee opinion was considered. Ms Turner confirmed that trainees are represented on the joint NIMDTA/BMA Local Negotiating Committee and NIMDTA processes have been wholly endorsed by DLS.</p>	<b>Ms Turner</b>
10.5	<p><u>EQUIP Project</u></p> <p>Mr Garland asked for clarification on the links between the SLE project and EQUIP project, particularly on how SLE feeds information into EQUIP. Mr D Wilson additionally asked if the current HRPTS system is fit for purpose, given the considerable time before EQUIP will be live. Ms Turner confirmed that HRPTS is an effective system, and the contract has been extended until such times as EQUIP is ready. Ms Turner also confirmed that the IT Project Manager is attending EQUIP meetings and feeding back SLE requirements.</p> <p>Mr D Wilson asked if HRPTS access issues have been resolved. Ms Turner confirmed SLE staff currently have access to HRPTS, adding that contingency arrangements have been agreed with BSO to allow SLE to work effectively. Ms Turner recognised</p>	

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	<p>HRPTS has been slow this week due to HSC staff checking payslips following the pay award.</p> <p>Mr Garland queried the timing of the Pay Award background works, given the clash with SLE rotation work. Ms Turner confirmed she has asked that the impact on SLE is considered when timing future pay awards, and noted that Payroll colleagues have been very helpful in supporting SLE to date.</p>	
10.6	<p><u>SLE Project</u></p> <p>Mr Garland queried how the SLE project will be signed off. Ms Turner advised that the SLE Steering Group met earlier this week, where the project was signed off by DoH and it was confirmed that governance responsibility will move to NIMDTA from 1 April 22. Mr D Wilson queried the gap between the close of the SLE Steering Group and 1 April 2022. Mr McCarey advised this was raised at the Steering Group meeting and confirmed that a plan will be developed and shared with Board Members. Mr D Wilson clarified the Board have no criticism of the SLE team and recognise their excellent work, however are keen to ensure NIMDTA is not left vulnerable to outside criticism.</p> <p>Mr McCarey highlighted the positive feedback received from stakeholders at the Steering Group, and the desire to draw public attention to the success of the SLE Project.</p> <p>Ms Turner added that DoH are keen to lead on Project Evaluation, with a review after 1 year.</p>	
10.7	<p><u>GP Trainees</u></p> <p>Ms G Campbell asked if there is a target date for the move of GP trainees who are currently based in practices. Mr D Wilson queried the practical implications of the delay in scoping this move. Ms Turner apologised that due to other work pressures, she has been unable to progress this work as yet. Ms Turner confirmed this work will take priority once the February rotation is complete.</p>	<b>Ms Turner</b>
10.8	<p><u>Underperforming Trainees</u></p> <p>Mr Graham requested further detail of the procedures in place to dealing with underperformance of trainees. Ms Turner noted this was included with queries following her SMC Overview and confirmed she will provide a written response to these queries</p>	<b>Ms Turner</b>

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	as soon as practicable.	
<b>11.0</b>	<b>Report from the Senior Education Manager</b>	
11.1	Members noted the report from Ms Hughes, Senior Education Manager.	
11.2	<p><u>GMC Self-Assessment Questionnaire (SAQ)</u>  Ms Hughes noted the SAQ is included for information, and provide an overview of the positive feedback received at the GMC meeting earlier this week. Ms Hughes added that no risks were identified, and some clarification is required.</p> <p>Ms Hughes acknowledged the work of Ms Carlisle in preparing the SAQ.</p> <p>Mr D Wilson commended NIMDTA staff for their work on the SAQ and asked if there is more NIMDTA can do to provide multi professional training opportunities, as mentioned in Section 1F. Ms Hughes clarified that NIMDTA are not a multi professional training organisation, unlike HEE. Adding that NIMDTA have asked GMC for feedback on how other areas are handling this.</p> <p>Ms Hughes stressed NIMDTA is keen to hear from trainees directly, adding that Covid has benefitted trainee engagement due to the increased trainee numbers attending Zoom Focus Groups in comparison to numbers seen at in person events.</p> <p>Dr Little congratulated staff on the SAQ completion and noting the dependency on key documents and the importance of these documents being high quality. Ms Hughes agreed.</p> <p>Mr D Wilson queried the completion process of the SAQ. Ms Hughes overviewed pre-Covid visit process, noting she believes the new SAQ system is preferable. Ms Hughes recognised this will be most difficult and time consuming year, as it is the first time completing the SAQ.</p>	
11.3	<p><u>NIMDTA Website</u>  Ms Hughes advised work has been delayed due to the vacant Communications Manager role, though interviews for this post are scheduled in February. Ms Hughes noted Mr Watters has been assisting with work to source an external supplier to</p>	

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	progress Website update, but this has been hindered by PALS input.	
11.4	<u>TIS</u> Ms Hughes advised of the required move to Course Manager by the end of March 2022, confirming no anticipated risks have been identified.	
11.5	<u>Regional LMS</u> Ms Hughes advised the 'go live' date has been moved back from June to October 2022. Ms Hughes highlighted the benefits of NIMDTA having a local LMS for the interim period.	
11.6	<u>Revalidation</u> Mr D Wilson asked Ms Hughes for her opinion of revalidation processes. Ms Hughes confirmed she is very confident in NIMDTAs revalidation processes.	
11.7	<u>Recognised Trainers</u> Mr D Wilson asked for clarification on Recognised Trainers. Ms Hughes provided an overview of the introduction of the scheme and the processes involved.	
11.8	<u>RQIA</u> Mr Garland asked for clarification of NIMDTAs relationship with RQIA, whether this is for oversight or collaboration. Ms Hughes advised the relationship is collaborative.	
11.9	<u>Trauma &amp; Orthopaedics (T&amp;O)</u> Ms G Campbell asked for clarification regarding the T&O issue recently featured in local media, specifically asking what NIMDTAs liability is post SLE, should a Trainee be unable to complete their training and thus take up a Consultant post. Ms Hughes confirmed there is no liability to NIMDTA as the employer, this lies with the Trust in which the Trainee is placed.  Ms G Campbell asked if NIMDTA have previously raised this issue with DoH. Ms Hughes and Dr Steele confirmed this has been raised with DoH on numerous occasions, with Dr Steele adding he has tried to draw to the attention of all parties within NI and indeed the wider UK. Dr Steele overviewed the background to the issue, noting the severe Covid impact which continues to be seen in T&O.	

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	<p>Mr D Wilson committed to raise via the HSC Chairs Ministerial meeting, suggesting he liaises with Dr Steele separately to discuss.</p> <p>Ms G Campbell asked if this issue is on Risk Registers as a specific risk. Ms Hughes confirmed there is a generic risk on the Education Risk Register (ERR), adding that she will be meeting with Mr McCarey soon to review ERR content and committed to add a specific risk.</p> <p>Dr Little asked if SLAs are in place for private sector training, and is it possible for the SLA to allow T&amp;O training to happen within the private sector where Orthopaedic surgery is going ahead. Dr Steele advised this has been raised with DoH and work is ongoing to try to facilitate this. There has been a frustrating lack of want to facilitate trainees. Mr D Wilson committed to help raise this issue also.</p>	<p><b>Mr D Wilson</b> <b>Dr Steele</b></p> <p><b>Ms Hughes</b></p> <p><b>Mr D Wilson</b></p>
11.10	<p><u>SLE Models</u> Ms Hughes advised that HEE are scoping SLE models, and confirmed she has passed Ms Turners contact details.</p>	
<b>12.0</b>	<b>Report from the Postgraduate Dental Dean.</b>	
12.1	Members noted the report from Dr Hendron, Postgraduate Dental Dean.	
12.2	<p><u>Educational Supervisor (ES) Recruitment</u> Dr Hendron shared her concerns re Educational Supervisor (ES) recruitment, noting that clarification on payment arrangements is yet to be issued by DoH. Dr Hendron confirmed she is highlighting to DoH the urgency of this confirmation.</p> <p>Mr D Wilson asked if this is included on the Risk Register. Dr Hendron clarified she would be less concerned if DoH extends the block payment scheme, a return to an income based on trainee output is likely to make ES posts unattractive.</p> <p>Mr Graham asked if SLE would be beneficial given the payment flexibility. Dr Hendron confirmed SLE would be beneficial for moves due to statutory leave, but she does not believe it would change how ES's are paid. Dr Hendron added there is no</p>	

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	<p>current push by DoH to move to an SLE model.</p> <p>Mr Graham asked if the new cohort of Foundation Dentists have also been impacted by a Covid related lack of practical experience. Dr Hendron confirmed this is the case and recognised the impact this has on ES's. Dr Hendron noted this will continue to be the case until we move out of Covid restrictions completely.</p>	
12.3	<p><u>Recruitment</u> Dr Hendron advised that the national recruitment process is currently underway. Dr Hendron noted that Trusts have raised concerns about potential vacancies in Core Dentistry. Dr Hendron confirmed she also has concerns re vacancies, particularly if attractive locum posts are introduced to provide service delivery.</p>	
12.4	<p><u>GDC Self-Assessment Questionnaire (SAQ)</u> Dr Hendron advised the GDC self-assessment process is ongoing. Covid related staffing issues have been problematic for progressing work on the SAQ.</p>	
12.5	<p><u>Confidential</u> See Confidential section below.</p>	
12.6	<p><u>SIMODONT</u> Mr D Wilson asked if the specialty SIMODONT training took place earlier this week and if it was considered successful. Dr Hendron confirmed the training took place, however as she has been involved in national recruitment this week, she has not yet received feedback on its success. Dr Hendron committed to advise Members once she has received feedback.</p> <p><i>Dr Hendron left meeting.</i></p>	<b>Dr Hendron</b>
<b>13.0</b>	<b>Report from the Senior Professional Support Manager</b>	
13.1	Members noted the report from Ms R Campbell, Senior Professional Support Manager.	
13.2	<p><u>Recruitment</u> Ms R Campbell advised that a significant amount of recruitment has been carried out recently, noting difficulties experienced with posts being offered and not taken up,</p>	

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	<p>resulting in NIMDTA having to recruit for a second time. Ms R Campbell believes this is due to the number of jobs on offer within NI being high in comparison to the number of applicants.</p> <p>Ms R Campbell confirmed the moved to Shared Service recruitment has taken place.</p>	
13.3	<p><u>Absence Management</u> Ms R Campbell confirmed that NIMDTA absence remains within target.</p>	
13.4	<p><u>Home Working</u> Ms R Campbell highlighted the HSC wide review on Flexible Working, noting this will impact NIMDTAs plans going forward.</p>	
13.5	<p><u>Salary Uplift</u> Ms R Campbell noted that nursing staff shortages were the reasoning behind the uplift being paid in January rather than February. Ms R Campbell also noted that Ms Turner has raised with Payroll the issues this caused for SLE.</p>	
13.6	<p><u>EDI Action Plan</u> Ms G Campbell asked if the action plan for GMC is focused on race or if it also includes gender. Ms R Campbell advised that a number of meetings have taken place to establish what information is required, adding that race is not a factor in NI to the same extent as in England where the population is more diverse. Ms R Campbell recognised that data can be limited due to trainees choosing not to answer.</p> <p>Ms Campbell also asked what information NIMDTA currently hold on Educational Supervisors (ES's) and Training Programme Directors (TPD's). Ms R Campbell advised that the Equality Working Group will seek more regular data for analysis.</p>	
13.7	<p><u>Sponsorship Certificate Removal</u> Mr Garland queried the removal of a sponsorship certificate, asking if this was an issue with the NIMDTA process or the applicant, and asking if there any risk to NIMDTA's sponsorship licence. Ms R Campbell clarified that NIMDTA were asked to sit on a Trust panel regarding the termination of an employment contract. Ms R Campbell advised that NIMDTA procedures are</p>	

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	being reviewed, and confirmed that additional staff member has been trained to ensure adequate cover. Ms R Campbell confirmed there is no risk to NIMDTA's sponsorship licence.	
<b>14.0</b>	<b>Report from the Director of Foundation Training</b>	
14.1	Members noted the report from Dr Parks, Director of Foundation Training.	
14.2	<p><u>Specialised Foundation Programmes</u> Dr Parks advised that all 9 F2 posts have been filled, which is very positive.</p> <p>Mr D Wilson asked what the next steps are. Dr Parks advised of the longer lead in for increases due to the recruitment process involved, adding the non-approval of expansion funding impacts specialised posts also. Dr Parks confirmed discussions have begun with Ulster University regarding places in their Medical School, and these will continue to progress. Dr Parks added she is hopeful this will increase retention from F1 to F2.</p>	
14.3	<p><u>Confidential – Examinations</u> See confidential section 8.0 below.</p>	
14.4	<p><u>Expansion</u> Dr Parks advised it is unlikely NIMDTA will have funding approval by tomorrow for the upload of 30 additional posts. Dr Parks noted her disappointment that NIMDTA, of the impact of a lack of funding due to concerted effort by NIMDTA staff to be in a state of readiness for this milestone. Dr Parks noted the significant work carried out is not in vain as funding will arrive in due course. Dr Parks noted the extra work to allocate all 50 'extra' posts.</p> <p>Mr D Wilson recognised NIMDTA staff are doing all possible to progress this matter.</p>	
14.5	<p><u>F2 Standalone Recruitment</u> Mr D Wilson asked if F2 Recruitment should be a cause of concern for the Board. Dr Parks doesn't foresee difficulties, noting there are currently have no vacancies. Dr Parks highlighted it is important to remain in the national recruitment process to attract high quality trainees.</p>	



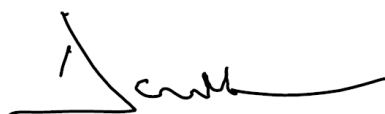
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<b>15.0</b>	<b>Report from the Director of Hospital Specialty Training and Professional Development</b>	
15.1	Members noted the report from Dr Smyth, Director of Hospital Specialty Training and Professional Development.	
15.2	<u>Educator Recruitment</u> Dr Smyth drew attention to the considerable number of appointments made recently for Training Programme Directors (TPD) and Heads of School (HoS). Dr Smyth highlighted the appointment of Dr Stan Craig as Deputy Director of Hospital Speciality training, noting he is due to take up post in late February 2022.	
15.3	<u>Inter Deanery Transfers (IDTs)</u> Dr Smyth overviewed the process for IDTs, noting the increasing trend for trainees leaving NI.	
15.4	<u>Simulation</u> Dr Smyth advised that a new Simulation Lead was appointed in late 2021. A meeting is scheduled for next week to develop a strategic plan for Simulation, with input from Dr Steele, Ms Hughes and Trusts.	
15.5	<u>Recruitment</u> Dr Parks noted significant risk re local recruitment, which covers 27 specialties due to a staffing deficit and the incoming changes to processes.	
15.6	<u>Neurology Training Programme</u> Dr Smyth noted the number of concerns about the Neurology training programme, advising the GMC also raised some concerns. NIMDTA await the Trust Action plan.	
15.7	<u>Trauma &amp; Orthopaedics (T&amp;O)</u> Dr Smyth recognised issues are largely due to a nursing crisis caused by Covid redeployment. Dr Smyth advised she does not believe the TPD spoke to media, but committed to check this and advise Members.  Dr Smyth confirmed discussions have taken place at SMC re the inclusion of this issue on the Risk Register.	<b>Dr Smyth</b>

Ref	Item	Action
15.8	<u>Confidential - Trauma &amp; Orthopaedics (T&amp;O)</u> Please see confidential section 9.0 below.	
15.9	<u>Board Induction Session</u> Mr D Wilson thanked Dr Smyth for her report, adding that he will delay further contextual questions that he had until the scheduled Induction Overview Session on 10 <sup>th</sup> March 2022.	
<b>16.0</b>	<b>Report from the Postgraduate Medical Dean /Director of Education</b>	
16.1	Members noted the report from Dr Steele, PGMD/Director of Education.	
16.2	<u>Cardiothoracic Surgery Training Unit</u> Mr Garland asked for an overview of the issue and associated risks. Dr Steele advised that a number of problems were identified during a visit, with additional problems identified by the Royal College of Surgeons. Dr Steele noted the Training Unit has a long history of poor culture re support of staff/trainees and multi-disciplinary working. Adding it remains the only Training Unit under Enhanced Monitoring by GMC, due to slow progress in tackling problems. Dr Steele confirmed a Trust Action Plan received last week will be discussed at tomorrow's Quality Management Group. Dr Steele stressed his concern that's there is nowhere else in NI that trainees can get access Cardiothoracic training. Dr Steele confirmed the issued is on the Risk Register as an individual risk.	
16.3	<u>Covid-19 Financial Implications</u> Ms G Campbell asked what the financial impact of Covid has been, given the resulting extensions required to training. Dr Steele advised the financial cost to NIMDTA is relatively small, as this has been balanced out by not recruiting to posts where extensions have been required. On the flip side this approach will have had a negative impact on the wider HSC workforce.	
16.4	<u>Sexual Harassment of Trainees</u> Ms G Campbell asked if there had been any NI specific instances of sexual harassment of trainees. Dr Steele advised there have not been significant numbers of occurrences raised with NIMDTA. Dr Steele confirmed advice has been strengthened to trainees and they are signposted on how to raise issues.	

Ref	Item	Action
	<p>Dr Steele noted the School of Surgery are keen to push the same message to trainees as is being shared elsewhere in the UK. Dr Steele believes a wider approach is required, to highlight to all Doctors, not just trainees what constitutes unacceptable behaviour. Ms G Campbell agreed that clarification on what constitutes sexual harassment would be useful.</p>	
16.5	<p>Mr D Wilson queried the support being provided for staff who are involved in trainee difficulties, tribunals etc. Noting his wish to ensure NIMDTA employees are not left individually exposed. Mr McCarey noted the significant Senior staff time taken by tribunals, complaints etc and the impact this has on business as usual.</p> <p>Dr Steele agreed it is important to support NIMDTA Directors in dealing with trainees who have difficulties, particularly given the very long timescales which can be involved. Mr D Wilson asked if NIMDTA seek legal advice, Dr Steele confirmed NIMDTA seek advice from BSO Legal Services.</p>	
<b>17.0</b>	<b>Report from the Director of Postgraduate General Practice Education</b>	
17.1	Members noted the report from Dr Stone, Director of Postgraduate General Practice Education.	
17.2	<p><u>Additional Funding</u> Dr Stone advised that the additional funding for 10 additional training places has not yet been confirmed by DoH.</p>	
17.3	<p><u>February Changeover</u> Dr Stone advised that there are a significant number of ST3 posts starting in February 2022, which causes concerns about how many trainees are Out of Sync (OOS), especially given a higher proportion of these are international trainees who require additional support.</p>	
17.4	<p><u>Training Practices</u> Dr Stone advised of work ongoing to utilise the experiences of current Training Practices to attract the 100 GP practices that are not currently registered as NIMDTA Training Practices.</p>	

Ref	Item	Action
17.5	<p><u>Skilled Worker VISA</u>  Dr Stone provided an overview of the issues faced by GP trainees, namely that the GP training programme is 3 years, and VISA requirement is 5 years. Unfortunately, this means that GP trainees who complete training in NI and do not have employment lined up immediately, have to leave the country. Dr Stone confirmed work is ongoing to help retain these trainees in NI. Dr Stone added this is an issue is seen across all 4 nations, it is not unique to NI.</p>	
17.6	<p><u>Appraisal and Mentoring</u>  Dr Stone noted the difficulties due to current use of spreadsheet and the limitations of that, particularly now GP numbers have increased. IT options to improve this are being investigated.</p>	
<b>18.0</b>	<b>Report from the CEO/Acting Senior Governance, IT and Facilities Manager.</b>	
18.1	Members noted the report from Mr McCarey, Chief Executive/Acting Senior Governance, IT & Facilities Manager.	
18.2	<p><u>Cyber Security Audit</u>  Mr Garland asked if there has been anything further from this. Mr McCarey advised that no further update had been received, and advised he has submitted feedback on why he feels the Limited assurance is unfair. Mr McCarey stated a response is expected pre Audit Committee on 24 February 2022. Mr D Wilson noted the first DoH Cyber Security policy was published just this week.</p>	
18.3	<p><u>Confidential - Disclosure Notice</u>  See confidential section 5.1 below.</p>	
18.4	<p><u>Hybrid Working Group</u>  Mr McCarey advised of consultation between employers and Trade Unions on a new policy. Mr McCarey confirmed this will be reviewed when available and the impact for NIMDTA taken forward.</p>	
<b>19.0</b>	<b>Correspondence/Reports/Papers Received.</b>	
19.1	The following correspondence/reports/papers received were noted.	

Ref	Item	Action
	a) HSC (F) 03-2022 - Government Financial Reporting Manual b) HSC(F) 01 - 2022 Annual accounts 2021-22 Senior Management Disclosures and Cash Equivalent Transfer Values	
<b>20.0</b>	<b>Any Other Business</b>	
20.1	Mr Garland advised he has been appointed as a lay member of the Board of the Blood Transfusion Service. Members congratulated Mr Garland on his appointment.	
20.2	<u>Day/Timing of Board Meetings</u> Members discussed and agreed Thursday remains the best day for meetings. Members suggested an earlier start, and Mr D Wilson asked for Members to feed their preferences back to Ms Kerr.	<b>All Members</b> <b>Ms Kerr</b>
20.3	<u>Board Meeting – 24 February 2022</u> Mr D Wilson advised he feels the time is better utilised for the Board Workshop on Risk and the time identified for a potential Board meeting would be used for this. Ms Kerr committed to issue an email confirmation of this change.  Members discussed and agreed to hold the Workshop in Beechill House, directly following the Audit Committee meeting. A working lunch will be provided.	<b>Ms Kerr</b>
<b>19.0</b>	<b>Date of next meeting</b>	
19.1	Thursday 31 <sup>st</sup> March 2022, 2pm.	



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**NIMDTA Chair**

**31.03.22**

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**Date**