



NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

Annual Report and Accounts

FOR THE YEAR ENDED 31 MARCH 2019

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 by the Department of Health

On

19 July 2019

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Foreword from the Chair

We have continued to make significant progress and have successfully delivered the outcomes which were set out in our Strategic and Business Plans. In addition, we have introduced a number of new initiatives which should improve the experience of doctors and dentists in training within Northern Ireland and enhance the Health and Social Care (HSC) system.

During the year, there were a number of achievements which should be highlighted:

- The delivery of all key performance indicators within our Strategic and Business Plans;
- The success at a national level of our doctors in training;
- The major contributions made to host organisations by ADEPT Fellows through their leadership of quality improvement projects;
- The progressive implementation of our VALUED strategy to attract, welcome, develop, celebrate and support doctors and dentists in training;
- The extension of the Mentoring, Trainee Ambassador and SUCCEED Programmes and increased research opportunities;
- The enhancement of our support for staff through courses, workshops, engagement events as well as a comprehensive health and wellbeing programme; and
- Significant progress in the support for and engagement with the STATUS Recognised Trainer Programme.

Our vision is:

“To equip, develop and inspire doctors and dentists in training to provide and continuously improve the quality of health care delivery to the population of Northern Ireland”

In order to achieve this vision, we have maintained our focus on both recruiting and retaining the best possible calibre of medical and dental graduates ensuring that they receive the highest standard of postgraduate education and training. As in recent years, the delivery of this vision continues to be impacted upon by the number of vacancies which exist within our programmes. There continues to be either an insufficient number of candidates, or a shortfall in the number of those who meet the required standard for appointment. These difficulties are, of course, being experienced across all parts of the National Health Service (NHS) and are not specific to Northern Ireland. This is, however, an issue which must be addressed urgently, if we are to be able to deliver the number of highly

trained medical and dental professionals that the HSC requires to meet the population's projected healthcare needs.

We will continue to review and improve our effectiveness throughout all of the services which we provide and will, as always, respond to the new challenges we face during the next year. Most of these will be determined by our external environment with the ongoing uncertainties of the current political situation, as well as proposed changes across the HSC.

Key activities will centre on:

- Adapting training programmes to the projected reconfigurations as these arise e.g. the new range of Elective Care Centres;
- Delivering our services and any new demands within financial targets;
- Improving the experience of doctors and dentists in training;
- Giving due consideration to the Academy of Medical Royal Colleges proposals to increase flexibility in postgraduate medical training;
- Implementing new workforce planning initiatives;
- Identifying opportunities to minimise vacancies and, in particular to encourage more doctors to progress to specialty training, after Foundation Year 2 (F2);
- Continuing to develop quality measures for evaluating and accrediting training environments;
- Maintaining focus on quality improvement and excellence in all areas;
- Preparation for phased introduction of Single Lead Employer for doctors and dentists in training from August 2019; and
- Preparation for the co-location of NICPLD with NIMDTA from August 2019.

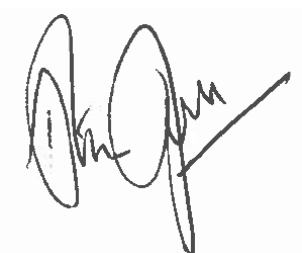
We are confident that, within the team, we have the skills, commitment and professionalism to deliver the outcomes within our Business and Strategic Plans.

Over the last year, we have continued to operate with the full complement of Non-Executive Board Members, following extensions to my term as Chair, as well as those of Deane Morrice (Chair of the Audit Committee), Lee Wilson (Chair of the Governance and Risk Committee) and Derek Maguire (Non-Executive Dental Representative).

As always, I would wish to acknowledge the dedication, commitment and professionalism of all of our team, who have worked together to enhance our reputation across the Health and Social Care sector, not only within Northern Ireland but throughout the UK. I would particularly highlight the leadership of Professor Keith Gardiner and the Senior Management

Committee. Ms Angela Carragher, NIMDTA's NI Foundation School Director since the introduction of the UK Foundation Programme, retired in July 2018 after 13 years of committed and inspirational leadership of the School. Dr Lorraine Parks was appointed as the new Foundation School Director and commenced post in August 2018. Collectively, the Senior Management Committee has strengthened our engagement with the partners who support our training processes by consistently delivering the necessary education and training, not only in terms of clinical skills development, but also in respect of leadership, innovation and interpersonal skills. The further enhancement of these essential partnerships is and will remain a priority for every member of the NIMDTA team.

Finally, I would like to acknowledge my Board colleagues for their commitment and support and again reiterate my appreciation to everyone in NIMDTA for their contributions to our success over the past year.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', written over a light grey rectangular background.

Alistair Joynes, Chair

27 June 2019

1. Performance Overview

Chief Executive's Statement on Performance

I am satisfied that NIMDTA has performed well in 2018-19. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £139,164 (0.21%) against a target of 0.25%;
- an outturn of 99% in relation to thirty day prompt payments against a target of 95%;
- an outturn of 96% in relation to ten day prompt payments against a target of 75%;
- satisfactory levels of assurance were identified across all Internal Audit reports [including a review of Post Controls Assurance Standards systems];
- an absence rate of staff of 3.8% against a target of 5.5%;
- 97% of referrals to the Professional Support Team were responded to within two weeks against a target of 90%; and
- 98% of hospital based trainers were Recognised Trainers against a target of 90%.

Further narrative on each of the above, as well as other areas of performance, is contained within the body of this report.

Purpose & Activities

NIMDTA is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. NIMDTA endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in Northern Ireland so that the HSC has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. NIMDTA supports trainees

with the aim of maximising their potential to successfully progress, complete training and be appointed to permanent posts in Northern Ireland. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that both the training and supervision of trainees support the delivery of high quality safe patient care. NIMDTA provides trainees with a wide range of opportunities to gain experience in leadership, quality improvement, research and teaching.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout Northern Ireland.

NIMDTA is accountable to the GMC for ensuring that the standards they have set for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practise. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA works to the standards in the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) framework for the Quality Development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA carries out these roles on behalf of the DoH by focussing on the needs of people (population, trainees, trainers and NIMDTA staff), in partnership with key stakeholders and by embracing the HSC Values - openness and honesty, compassion, excellence and working together.

Engagement with Training Partners and Stakeholders

To carry out its roles effectively, NIMDTA works closely with its training partners (five HSC Trusts, Public Health Agency (PHA), Queen's University Belfast (QUB), General Medical and General Dental Practices) and engages with many other regional and national stakeholders.

Representatives from the QUB Centre for Medical Education regularly attend NIMDTA's Quality Management and Faculty Development Groups. NIMDTA representatives attend the QUB Centre for Medical Education's Quality Management Group meetings. QUB and

NIMDTA have joint working groups on Recognised Trainers, Wellbeing and Resilience, Equality and Diversity, and Careers as well as an overarching collaborative working group.

NIMDTA staff contributed to a number of collaborative meetings, events and initiatives during 2018-19, including the Northern Ireland Health and Social Care Postgraduate Education Forum, Health Foundation Q community, Health and Social Care Quality Improvement, NI Simulation and Human Factors Network, NICON Conference, Regional Serious Adverse Incident (SAI) Learning Workshop, Royal College of Physicians Regional Quality Improvement Workshop and the PHA led Workforce Planning Group on Vascular Surgery and Infectious Diseases.

In 2018-19, NIMDTA participated in established DoH groups (Medical Leaders' Forum, Medical Education Policy Group, Revalidation Delivery Board, Responsible Officer Forum, Death Certification Implementation Working Group, Central Medical Advisory Committee, Medical Library Advisory Committee, Privacy Advisory Committee, Employer Liaison Group) as well as contributing to DoH and HSC new or short term groups - HSC Leadership Strategy Reference Group, Review of Medical School Places, Quality 2020 Developing Professional Leadership, Improving Doctors and Dentists in Training Working Lives' Group, Single Employer Steering Group, Single Employer Working Group, Hyponatraemia Recommendations Implementation HSC Liaison Group, Inquiry into Hyponatraemia Related Deaths (IHRD) Training Workstream, IHRD Implementation Programme Management Group, Emergency Care Regional Collaborative, HSC Daycase Elective Care Centres Project Board, and the Regional Plastic Surgery and Burns Project Board.

During 2018-19, NIMDTA staff contributed to GMC consultative groups – UK Advisory Forum, Education Advisory Forum, Revalidation Oversight Group, Responsible Officer Reference Group, National Training Surveys Group, Quality Leads, Equality and Diversity Advisory Group and Curriculum Oversight Group. Further contributions were made to a GMC Roundtable Event on Education and Standards, a GMC Workshop on Reflective Practice, the GMC-funded Independent Review of Gross Negligence Manslaughter and a GMC Review of Wellbeing.

Nationally, NIMDTA members play an active role in the UK Medical Education Reference Group, UK Medical Education Database Advisory Board, Irish Clinical Academic Training (ICAT) Programme Steering Group, 4 Nations Healthcare Education Chief Executives' Group, national education committees (UK Foundation Programme Executive Committee, UK Foundation Programme Board, Conference of Postgraduate Medical Deans (COPMeD), UK Committee of Postgraduate Dental Deans and Directors (COPDEND), Committee of General Practice Education Directors (COGPED), COPMeD Senior Manager's Group, UK Recognition of Trainers' Forum as well as subcommittees of these groups (4 Nations Revalidation Oversight Group, Professional Support, Less Than Full Time Training Forum, Academic), Medical and Dental Recruitment and Selection (MDRS) Groups (Programme Board, Quality and Standards, Recruitment Sub-Group, Careers Group), Academy of Medical Royal Colleges

Education Committee, Royal College of Physicians; Postgraduate Deans' Liaison Group and Safe Clinical Systems Advisory Group.

NIMDTA hosted the Conference of Postgraduate Medical Deans' Professional Support Group meeting in Belfast on 11 May 2018. NIMDTA representatives have also been contributing to the HEE-led Review of the Foundation Programme participating in the 4 Nations and Policy, the Workforce Issues and the Supporting and Valuing working groups. NIMDTA participated in the DHSC consultations on the Regulation of Medical Associate Professions in the UK, and Promoting Professionalism, Reforming Regulation.

During 2018-19, I have been leading the DoH commissioned Review of the Number of Funded Places in Medical School in Northern Ireland which reported in July 2018. I have been appointed as Chair of the IHRD Training Recommendations Working Group. Ms Angela Carragher, the NI Foundation School Director has been the President of the Ulster Medical Society (UMS) finishing her term in October 2018. Dr Claire Loughrey, the Director of General Practice Education completed her three year term as Chair of National Committee of GP Educators and Directors (COGPED) in June 2018. Dr Ian Steele, the Director of Hospital Specialty Training has been contributing as Lead Dean in the UK for Rehabilitation Medicine training and as Co-Editor of the Gold Guide for Specialty Training in the UK.

NIMDTA hosted visits from the QUB Vice-Chancellor, the President of the Royal College of Surgeons of Edinburgh, the DoH Director of Communications, Northern Ireland Health and Social Care Postgraduate Education Group, Head of GMC Northern Ireland Office and Sir Nigel Hamilton (former Head of Northern Ireland Civil Service).

NIMDTA educators contributed to leading sessions at the Northern Ireland Confederation for Health & Social Care (NICON) Annual Conference, University of West London Strategic Workforce Planning Course, COPMed Professional Support Conference, Royal College of Surgeons in Edinburgh Northern Ireland Conference, and the Royal College of Physicians Regional Quality Improvement Event.

NIMDTA has been asked during 2018-19 to take on the role of being Single Lead Employer for doctors and dentists in training from August 2019 onwards and to host the Northern Ireland Centre for Pharmacy Learning and Development from August 2019.

Quality Management

The GMC is responsible for the regulation of education and training throughout a doctor's career and sets the standards for the delivery of foundation and specialty training, including general practice training. NIMDTA, which is also referred to as the Northern Ireland Deanery, has a crucial role in assuring that the postgraduate training of doctors and dentists

is consistent with the delivery of safe care and that doctors are trained to the standards set by the GMC.

In line with all UK Deaneries (or equivalent), NIMDTA is required to demonstrate compliance with GMC standards and ensure that its quality processes support the development and improvement of postgraduate medical education and training within Northern Ireland.

NIMDTA's Quality Management Group oversees this area of work and is chaired by the Director of Professional Development. NIMDTA's Quality Management Team led by NIMDTA's Quality Manager coordinates NIMDTA visits and surveys, reports and responses to the GMC.

NIMDTA assesses the performance of training units in Local Education Providers (LEPs) against GMC Standards for Medical Education and Training (Promoting Excellence) and against COPDEND's Standards for Quality Development.

Dr Richard Tubman has been NIMDTA's Lead for LEP Visits and retired from NIMDTA at the end of September 2018. This was after many years of service as Head of School of Paediatrics (2007-13) and since early 2013 as Associate Dean for Visits and Faculty Development. Mr Kourosh Khosraviani (previous Head of School of Surgery), and Dr Jackie Rendall (Head of School of Medicine) were appointed as Associate Deans for Visits and Curriculum Review following interview in December 2018.

During 2018-19, NIMDTA carried out seven cyclical visits (including General Medicine, General Surgery and Hospital Dentistry), one meeting with trainees following postponement of a visit (General Medicine), 63 visits to general medical practices (nine new practice visits; 54 reaccreditation visits) and one Quality Management visit to a GP Out of Hours Centre. NIMDTA was involved in two GMC Enhanced Monitoring Progress Reviews and one Enhanced Monitoring Follow-up visit. Following these reviews only one service remained under Enhanced Monitoring by the GMC.

During the recruitment process for the 2018-19 Dental Foundation Training Programme; 15 general dental practices had practice assessments carried out by NIMDTA. A further 17 practices had been assessed the previous year. Twenty-six practices were appointed and allocated a trainee following interview. A further six practices continued to train in 2018-19 bringing the total up to 32 training practices.

Each year, NIMDTA is engaged in reviewing, modifying and improving existing training policies and guidance and developing new policies and guidance in response to new requirements. The GMC Standards 'Promoting Excellence' came into effect in January 2016 and the seventh edition of the Gold Guide for specialty training in medicine was launched in February 2018.

During 2018-19 the Hospital Specialty Training Committee reviewed existing processes and guidance and developed new policies in line with the new edition of the Gold Guide. The GP Specialty Training Committee reviewed GP-specific policies and guidance.

As part of the wider GMC Quality Assurance (QA) Review, the Quality Manager participated in two GMC Working Groups. Firstly, the GMC QA Review Postgraduate Task and Finish Group which had the responsibility to review the progress and processes of two pilot visits to ensure the proposed new model was appropriate and efficient. The second group was the GMC Online Deans Report (DR) Working Group which aimed to establish consistency across regions around thresholds for recording items in real time on the Online DR, sharing information and removing items from the system, and general improvements to the user interface.

NIMDTA promoted trainee engagement and response to the 2018 GMC National Training Survey (which was published in July 2018) with a final trainee response rate of 99.88%. Eight patient safety concerns were raised by trainees during the course of the survey and for each of these NIMDTA followed up with the LEP where the concern occurred. No undermining concerns were raised by trainees. The GMC carried out a Trainer Survey in parallel with the trainee survey during 2018 and 59.31% of trainers in Northern Ireland responded to this survey.

Placement Quality

Dr Sally-Anne Phillips was appointed to the role of Associate Dean for Placement Quality in August 2018, and has been supported by an ADEPT Clinical Leadership Fellow in this role. The aim of the Placement Quality workstream is to optimise patient-centred care through quality improvement of medical training posts within Northern Ireland. This involves rigorous review of current placements, active engagement with trainees, trainers and providers and the development and implementation of strategies to improve current practices within medical training.

The placement quality review of Obstetrics and Gynaecology training commenced in August 2018. This involved research into placement quality initiatives across the UK and internationally, researching the Obstetrics and Gynaecology curriculum and previous measures of quality (including review of the Royal College of Obstetricians & Gynaecologists (RCOG) training matrix and review of current placements in Northern Ireland), and engaging with Obstetrics & Gynaecologist trainees in Northern Ireland via survey and focus group to obtain information in relation to their experiences in Northern Ireland.

Training for Foundation Year 1 (F1) doctors has also been one of the primary focuses this academic year for the Placement Quality Workstream, looking specifically at the experiences of F1 doctors in Northern Ireland with the aim of identifying how that

experience can be redefined through a collaborative approach involving all of the key stakeholders.

Revalidation

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. As Responsible Officer for postgraduate medical trainees in Northern Ireland, I continued to make recommendations to the GMC regarding revalidation of medical trainees. During 2018-19, a positive recommendation was made for 263 doctors in training (55 for GP trainees and 208 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in Northern Ireland since revalidation began to 1,698. There were 144 requests for deferral of the recommendation made for doctors in training. These were due to reasons such as their Certificate of Completion of Training (CCT) date having moved from the time of first appointment to programmes, or due to changes in the duration of training. There were no doctors in training who required notification to the GMC of non-engagement with the revalidation process.

The NIMDTA Revalidation Operational Group continued to meet regularly throughout the year to review updates and reports from national and local groups and forums which oversee Revalidation. The terms of reference and policy of the NIMDTA Revalidation Operational Group were reviewed and adjusted to reflect changes to membership and policy. The Education Manager is co-Chair of the Revalidation Best Practice and Development Forum, which is a sub-group of the COPMeD Senior Manager Forum. The purpose of the forum is to facilitate collaborative working and sharing of good practice in relation to revalidation processes for doctors in training across the 4 nations.

Recruitment and Selection

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes. The recruitment process is governed by the nationally agreed guidelines for Medical and Dental Recruitment and Selection (MDRS). The process varies between specialties and programmes with a combination of local recruitment, nationally co-ordinated local recruitment and national recruitment. However in Northern Ireland, the majority of the recruitment is managed by NIMDTA. There are three main recruitment rounds to fill vacancies with some additional recruitment events for a number of specialties. NIMDTA works to try and maximise the fill rates whilst ensuring that the national thresholds for appointment are maintained. In August 2018, the Medical Foundation Programme achieved a fill rate of 97% and Medical Specialty Training a fill rate of 76%. For August 2018, 490 training posts were advertised

with a total of 373 filled. In August 2018, 165 training posts were vacant due to resignations, maternity leave, sick leave, completion of training and out of programme training. This increased to 213 by February 2019.

In Dentistry, all 32 Foundation posts were filled and one Foundation Trainee with a three month extension (who commenced in post in September 2017) completed their training in November 2018. Twenty-two dentists were appointed to Dental Core Training; however two dentists subsequently withdrew from their post. Two Specialty Trainees in Restorative Dentistry were appointed in September 2018.

In 2015-16 the Minister for Health announced an increase of 20 posts in General Practice, in addition to the 65 posts that had been previously recruited to training on an annual basis. Further expansion occurred incrementally up to the current 111 available GP training posts per annum. NIMDTA has been involved in planning for this expansion in cooperation with HSC Trusts and GP practices. In 2018-19 the number of available places remained the same at 111 per annum.

From August 2018, the following hospital-based specialties expanded their training programmes: Anaesthetics (3), Clinical Radiology (3), Emergency Medicine (8), Urology (2), Neurology (1), Vascular Surgery (1), Immunology (1) and Stroke Medicine (1). It is anticipated there will be expansion to the following specialty training programmes from August 2019: Clinical Radiology, Urology, Intensive Care Medicine, Paediatrics, Trauma & Orthopaedic Surgery, Public Health Medicine and Academic Training.

Delivery of Curriculum and Provision of Additional Training Opportunities

NIMDTA continues to work with LEPs to deliver programmes of training and is supported by the Medical Foundation, Dental Foundation and Specialty Schools in ensuring national curricula are implemented to the standards required.

After thirteen years of dedicated and inspiring leadership as NI Foundation School Director, Ms Angela Carragher retired in July 2018. Dr Lorraine Parks, previous Deputy Director of the NI Foundation School was appointed as NI Foundation School Director commencing in August 2018.

Generic skills programmes for Foundation and Specialty (iQuest) trainees continue to be delivered, in addition to formal education sessions and examination preparation courses in specialty programmes. Formal education provision is reviewed and updated annually in response to changing training requirements.

In August 2018, NIMDTA core surgical trainees took part in a two-day Enhanced Induction (Boot Camp).

Engagement and communication with trainees continues to be promoted and facilitated through trainee newsletters, NIMDTA road shows at LEPs and information leaflets.

Academic training is provided in partnership with QUB to promote opportunities for clinical trainees to undertake academic training, to be involved in scholarly activity and to present their research work.

During the 2018-19 academic year, two trainees commenced their Wellcome-sponsored Irish Clinical Academic Training (ICAT) programme, with a further two appointed to start in August 2019. The prestigious ICAT programme provides four year funding to support clinical research training.

NIMDTA and QUB jointly delivered the annual all-day workshop 'Using Evidence' as part of the iQuest programme in November 2018.

The annual NIMDTA, QUB and UMS Research Day for Trainees took place in October 2018. This event provides an opportunity to undertake research as well as providing a platform for trainees to showcase their research through oral and poster presentations.

There were nine appointments to the Clinical Academic Training Programme at Foundation level and four appointments at Specialty level during 2018-19.

The General Medical Practice (GP) Department delivered 514 courses and training events for GP Trainees, in 2018-19. This reflects a 35% increase in the number of training events from the previous year (381). The increase in courses reflects the introduction of a new programme for ST1 trainees and other new events to support curriculum delivery. The GP team also ran a number of courses using ECHO and ZOOM video conferencing platforms.

There were 19 events for GPs involved in providing training such as the Learning and Teaching Course, GP Trainer courses and Recruitment Assessor Training Days.

It is anticipated that 59 GP trainees will gain a Certificate of Completion of Training by August 2019. There are 293 trainees in the GP Programme, 95 in ST1, 85 in ST2 and 113 in ST3. Currently 64 trainees work less than full time and approximately 35% of all trainees are classed as out of sync with the standard training year cycle.

The third cohort of ADEPT Clinical Leadership Fellows completed their programme at the start of August 2018. All of the Fellows have been successful in achieving a Level 7 Certificate in Leadership from the Institute of Leadership and Management (ILM) and presented their projects at NIMDTA's Educational Excellence Day in June 2018 at La Mon Hotel. The Fellows have joined the AlumNI network which is comprised of current and previous ADEPT fellows and provides the opportunity for further development of leadership skills.

The fourth cohort of ADEPT Clinical Leadership Fellows commenced in August 2018 and have been based in the Belfast HSC Trust, Southern HSC Trust, Department of Health, HSC Board, RQIA, NIMDTA and HSC Leadership Centre co-sponsored with NIMDTA. The Fellows attended the Annual Faculty of Medical Leadership and Management National (FMLM) Induction in September 2018. This presented an opportunity for networking with clinical leadership fellows from England, Scotland and Wales. A fifth cohort of eleven trainees will commence the ADEPT Clinical Leadership Fellow programme in August 2019.

During the 2018-19 academic year, the Northern and Southern HSC Trusts hosted trainees as part of The Royal College of Physicians' Chief Registrar Scheme. This is a healthcare leadership and management development opportunity and appointees contribute to quality improvement, education, local service re-design and workforce transformation activity.

The NIMDTA Simulation Lead and Simulation Fellow continue to support the development of simulation-based education (SBE) and Human Factors (HF) training in Northern Ireland both within NIMDTA and in cooperation with the Northern Ireland Simulation and Human Factors Network (NISHFN).

A wide range of projects are underway across a range of medical, dental and inter-professional areas. Close links continue to be forged between NIMDTA, NISHFN, PHA and the Safety Forum/Improvement Hub through ongoing Quality 2020 and patient safety projects.

NISHFN continued to create links with stakeholders across other professions, educational and regulatory bodies, delivering a fully subscribed inter-professional conference in October 2018 at Lagan Valley Island Conference Centre. NISHFN is currently organising a much larger inter-professional conference in conjunction with the Association for Simulated Practice in Healthcare (ASPiH) and the Irish Association for Simulation (IAS). This meeting will take place in November 2019 at the Waterfront Hall and will showcase some of the excellent SBE and HF work being carried out within Northern Ireland.

NIMDTA's Clinical Leadership and Improvement Programme (ENGAGE) for final year trainees in GP and Hospital Specialty training continued into a third year in 2018-19 with 18 higher trainees enrolled. The programme was delivered in collaboration with the HSC Leadership Centre on Monday evenings from November 2018 and is due to complete in June 2019. The core principles of the programme are to develop clinical leaders of the future, enabling them to work collaboratively to implement quality improvement and meaningful leadership.

The third annual NIMDTA Educational Excellence Day took place on Friday 22 June 2018 in La Mon Hotel with opening remarks and a keynote address from Sir Nigel Hamilton, Former Head of Northern Ireland Civil Service. Sir Nigel also assisted with the presentation of

awards for Excellence in Clinical Education, Examination Results, Quality Improvement, Research, Outstanding Contribution to Society and Recognition by National Award. Awards were also presented for the first time in the categories for outstanding contributions of Named Clinical or Educational Supervisors and Leaders of NIMDTA Educational Programmes. This also provided the opportunity to recognise all trainees who achieved Certificates in Completion of Training during 2017-18. ADEPT Clinical Leadership Fellows presented their projects to a distinguished panel of judges. This event provided the opportunity to launch the SUCCEED Strategy. The aim of this strategy is to enhance the care of patients by proactively supporting NIMDTA doctors and dentists in training to enjoy their training, successfully progress, complete training and be appointed to permanent posts in Northern Ireland.

SUCCEED is built on the foundation of the VALUED strategy which was developed to attract, welcome, support and encourage doctors to remain in Northern Ireland and to ensure that trainees are valued. A number of initiatives have been further developed during 2018-19 as part of VALUED such as the Peer Interview Scheme, Trainee Ambassador Programme and Trainee Representative Programme.

Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal. For the 2017-18 academic year, a total of 1,715 trainees were assessed using the Annual Review of Competence Progression (ARCP) processes; 1,227 were specialty trainees and 488 were Foundation trainees. In Specialty Training, 175 trainees completed core or higher specialty training, 760 achieved satisfactory progress, 116 received unsatisfactory outcomes and 40 trainees were Out of Programme. In addition, there were 129 trainees who were not assessed as a result of statutory leave or because they were training out of sync. In Foundation Training, 244 F2 trainees completed their training, 233 F1 trainees achieved satisfactory progress to enter F2 and three received an unsatisfactory outcome. There were two reviews due to ARCP Outcome 2 (Inadequate progress by the trainee – no additional training time required) and two appeals against Outcome 3 (Inadequate progress by the trainee – additional training time required) in hospital specialty training during the 2017-18 academic year and the original outcome was upheld for three trainees and changed for one trainee.

In General Practice, 58 trainees finished their training during 2018-19. The ARCP process showed that 171 trainees achieved satisfactory progress, 25 had unsatisfactory outcomes and zero Out of Programme ARCPs due to maternity leave/sickness absence. There is no longer a Royal College of General Practitioners (RCGP) requirement to record ARCPs for trainees Out of Programme due to absence.

In Dentistry, 30 Foundation dentists achieved satisfactory completion, while one trainee resigned from training mid-year. One extension to Dental Foundation training was facilitated to enable satisfactory completion. In Dental Core Training, 21 trainees had a successful ARCP outcome, while one trainee resigned mid-year. One dentist also returned to complete Dental Core training following time out of programme. In Dental Specialty Training, two Specialty Registrars achieved their post Certificate Completion of Specialist (CCST) training, while one Specialty Registrar completed their CCST training. A further three specialty registrars achieved satisfactory progress at ARCP.

Professional Support

The Professional Support Unit (PSU) at NIMDTA is led by the Associate Dean for Careers and Professional Support, Dr Camille Harron. The Unit provides one-to-one support and guidance to medical and dental trainees experiencing challenges or seeking career advice. Trainees may be referred by trainers or self-refer to the unit. Referrals are discussed at monthly Trainee Review Group meetings which are chaired by the Associate Dean.

The Professional Support Committee continues to oversee strategy and delivery of Professional Support. This committee is chaired by the Professional Support Manager, Ms Roisin Campbell and usually meets five times per year. Initiatives overseen by the committee this year have included promotion of PSU services to NIMDTA educators, the development of services in response to trainee feedback, and development of a SharePoint system to streamline pre-employment checks.

In November 2018, Mrs Elaine Fugard, PSU Development Officer who was instrumental in developing mentoring and coaching programmes resigned and new Professional Support Leads have been appointed (Dr Ciaran O’Gorman and Dr Mary Murnaghan).

A total of 152 new referrals to the Professional Support Unit were received in 2018-19. This reflects the ongoing trend of increased referrals and a 20% increase in the referrals received in the previous year.

As of March 2019, there were 187 trainees with active status on the Professional Support Database. This represents a 63% increase in active caseload compared to 2017-18. Performance and Health remain the most frequent reasons for referral during this period. Thirty-four trainees were seen for one-to-one careers counselling.

There has been major expansion of the NIMDTA coaching service offered to trainees who have been assessed by PSU. Thirty-five trainees availed of the coaching service in 2018-19.

The Professional Support Unit contributes to Faculty & Trainee development events. These include organisation of the Annual Professional Support Faculty Development day which took place in November 2018, Trainee Support Achieving and Maintaining Recognition courses for STATUS Recognition of Trainers Programme and delivery of mentoring training in support of the peer mentoring scheme. An iQUEST module on Trainee Support was also delivered to senior trainees. Careers Education includes provision of career talks to F1 doctors on Trust sites, delivery of generic skills modules on career decision-making to all F2 doctors and delivery of an iQUEST module on Building your CV and Developing Resilience.

Other projects within Professional Support include expansion of peer mentoring within Specialty Training programmes, co-chairing the joint NIMDTA/QUB Professional Wellbeing and Resilience group and establishment of a joint QUB/NIMDTA Equality and Diversity Group. PSU hosted the national meeting for COPMed Professional Support staff in Belfast in May 2018. PSU provided support to an ADEPT fellow working on aspects of the VALUED strategy. PSU also continue to collaborate with national colleagues presenting posters at the Scottish Medical Education Conference (SMEC) and FMLM Conference as well as contributing to the Supporting and Valuing work-stream of the Health Education England (HEE) sponsored review of the Foundation Programme.

Trainee Engagement

NIMDTA has continued to engage with trainees through welcome evenings, induction events, formal education sessions, deanery visits, ARCP panels, one-to-one meetings, focus groups, publication of information on NIMDTA's website, email announcements, School Boards and Training Committees, Trainee Fora, Trainee Surveys and Trainee newsletters. The third NIMDTA Welcome Evening for specialty trainees new to Northern Ireland took place in August 2018. This event was facilitated by the Trainee Forum, Educators and Education Management teams in conjunction with NIMDTA Professional Support, the British Medical Association (BMA) and the GMC.

Trainee engagement roadshows took place throughout the year in a variety of sites across all HSC Trusts. Roadshows provided NIMDTA trainee engagement team with the opportunity to interact with both trainees and also doctors not currently in training posts. Additionally, these roadshows provided trainees with the opportunity to discuss concerns and to feed back on their current and previous training placements. Two visits are scheduled for the Belfast Trust in 2019-20 which will complete the cycle.

The Peer Interview Scheme delivered four sessions from January to March 2019 for trainees transitioning from Foundation to Core training and from Core to Higher Specialty training. All sessions were fully booked and positively received by those who attended.

The Trainee Ambassador Programme recruited 12 trainees in 2018-19 to promote and support areas such as Trainee Wellbeing, Academic Research, Trainee Engagement and Social Media. Ambassadors were also invited to participate with Trainee Representatives in a training initiative to support their leadership roles.

Trainee success was celebrated at NIMDTA's Annual Educational Excellence Day, through the Annual Quality Report, on NIMDTA's website as well as social media, and in trainee newsletters. During 2018-19, regular trainee newsletters were issued to all doctors and dentists in training.

Previous trainees who have completed training at Foundation, Core and Higher level receive a biannual Alumnus Newsletter to highlight opportunities and successes of training in Northern Ireland with the aim of attracting doctors back into training and to providing opportunities beyond completion of training.

Educational Faculty and Faculty Development

NIMDTA continued to be very active in developing its Faculty of Educators during 2018-19 with a wide range of workshops (ARCP, Recruitment and Selection, Leadership Skills, Mentoring for Success and Chairing Skills), its annual Professional Support Faculty Development Study Day in November 2018 and the flagship Clinical Education Day (in collaboration with QUB) in October 2018. At the Clinical Education Day, there were invited contributions from the Royal College of Physicians London, NHS Education for Scotland, Health Education England (HEE) North East Deanery and HEE Yorkshire and Humber Deanery, University of Birmingham, General Dental Council (GDC), QUB, the Chief Medical Officer, the GMC Director of Education and Standards, and Homeless Care, Belfast Health & Social Care Trust (BHSCT). Particular focus was on Health and Wellbeing 2026: Delivering Together, Training Pathways, Fitness to Practise, Brexit and Reflecting Change.

NIMDTA supports its educators through the Lead Educator newsletter (launched in April 2015) and through the Lead Educators' Forum (Hospital Specialty) which meets quarterly, the biannual GP Training Programme Director training days and through the Foundation Programme Directors Group, which meets three times per year.

During 2018-19, NIMDTA supported 34 educators and trainers working towards university level qualifications in clinical education (18 GP; seven Dental; and nine Hospital Foundation/Hospital Specialty).

Recognised Trainers

NIMDTA has continued to support the Northern Ireland Recognised Trainers Programme (STATUS) during 2018-19. At the end of March 2019, 892 out of a total of 902 trainers were fully recognised (99%).

A full timetable of Achieving and Maintaining Recognition Courses has been run throughout the academic year. New courses for Psychiatry and Emergency Medicine trainers have been introduced and a Recognised Trainer Forum has been successfully held at NIMDTA. The first Maintaining Recognition Day was held at the end of March 2019 in the Western Trust Health and Social Care Trust (WHSCT).

The appraisal of trainers has been supported by the use of a joint NIMDTA and QUB Annual Education Review form. A new HSC-wide on-line appraisal system has been introduced for non-training doctors in Northern Ireland which includes a component for doctors who have an educational role such as trainers and educators. A new Forum has been created involving NIMDTA staff and Medical Education Centre staff from the HSC Trusts to further improve links and transfer of data regarding recognition of trainers.

NIMDTA successfully secured £2.4m of recurrent funding from the DoH during 2018-19 to support the Time to Train initiative. This initiative seeks to provide trainers, through top-up funding, with one hour of education-related activities/trainee per week. This has been widely publicised to trainers to enable appropriate job planning.

NIMDTA appointed Dr Joanna Turner as the Associate Dean for Recognised Trainers in May 2017. The Associate Dean represented NIMDTA at the UK Recognition Forum in September 2018 and delivered a presentation on Trainer Support by NIMDTA. In June 2018 the Associate Dean for Recognised Trainers helped launch the Succeed Strategy at NIMDTA's Annual Educational Excellence Day.

The Recognised Trainer newsletter was launched in February 2017, providing information on current developments in medical education, and continues to be published quarterly. The first Trainer Roadshow was held in January 2018. A social media presence for Recognised Trainers has been created and the trainer section of the NIMDTA website has been updated with guidance for Trainers.

Continuing Education and Career Development

Continuing professional development is provided for trained dentists and dental care professionals at various locations throughout Northern Ireland. NIMDTA's Continuing Education Calendar provided opportunities for 1,685 members of the dental community to

attend a range of educational events. In addition, a series of 'In-practice' training events on radiography and safeguarding of both children and adults were provided. A "Drugs in Dentistry" conference was held in April 2018, which focused on antimicrobial resistance.

Training was provided for dental nurses working in community dental services on fluoride application. SafeTALK training was delivered province-wide and Continuing Professional Development (CPD) was also offered on a bespoke basis for individual practices across the region. The Dental Continuing Education Team also used Zoom technology to provide online training sessions on Enhanced CPD.

The GP Retention scheme which is funded by the Health & Social Care Board (HSCB) continues to provide an opportunity for qualified GPs who for varying reasons, need to reduce their fixed practice commitment. They can also avail of mentoring and a protected CPD programme. The number of places available on this scheme increased from 25 to 50 in 2018-19.

The Induction and Refresher scheme assists GPs who have been out of HSC General Practice for two years or more, or who have never worked in such a role within the region. CPD is provided, and following a satisfactory assessment and practice placement, scheme participants can apply to work anywhere in Northern Ireland. Increased participation in this scheme will lead to increased number of GPs in the workforce.

An innovative Quality Improvement programme called SHARE, designed specifically for GP practices in Northern Ireland and funded by DoH, ran from October 2018 to March 2019. "Our practice, our problem, our solution" encouraged GPs and their staff to share ideas which would improve patient care and develop networks of good practice. The programme was oversubscribed however 40 practices completed a mix of face to face and ECHO sessions with mentors.

There have also been a number of events delivered for qualified GPs through the CPD Programmes.

GP Appraisal

NIMDTA continues to co-ordinate and manage the process of GP Appraisal in Northern Ireland and works in partnership with the DoH and the HSCB under the guidance of a Central Board of Management. The governance arrangements are underpinned by a Service Level Agreement (SLA) and Communications Protocol with the HSCB which is updated annually. A number of new Appraisers have been appointed to deliver the increasing demand for GP Appraisals in Northern Ireland.

Autumn 2018 saw the launch of a pilot GP mentoring scheme aimed at providing mentoring support to GPs on the Northern Ireland Performers List. Initially six GP mentors were available to provide mentoring support. These were shortly joined by a further 14 GPs who have undertaken mentoring training. All GPs eligible for GP appraisal have been advised of the availability of the GP mentoring scheme and how to access it

Post-Registration Education and Training (PRET Review)

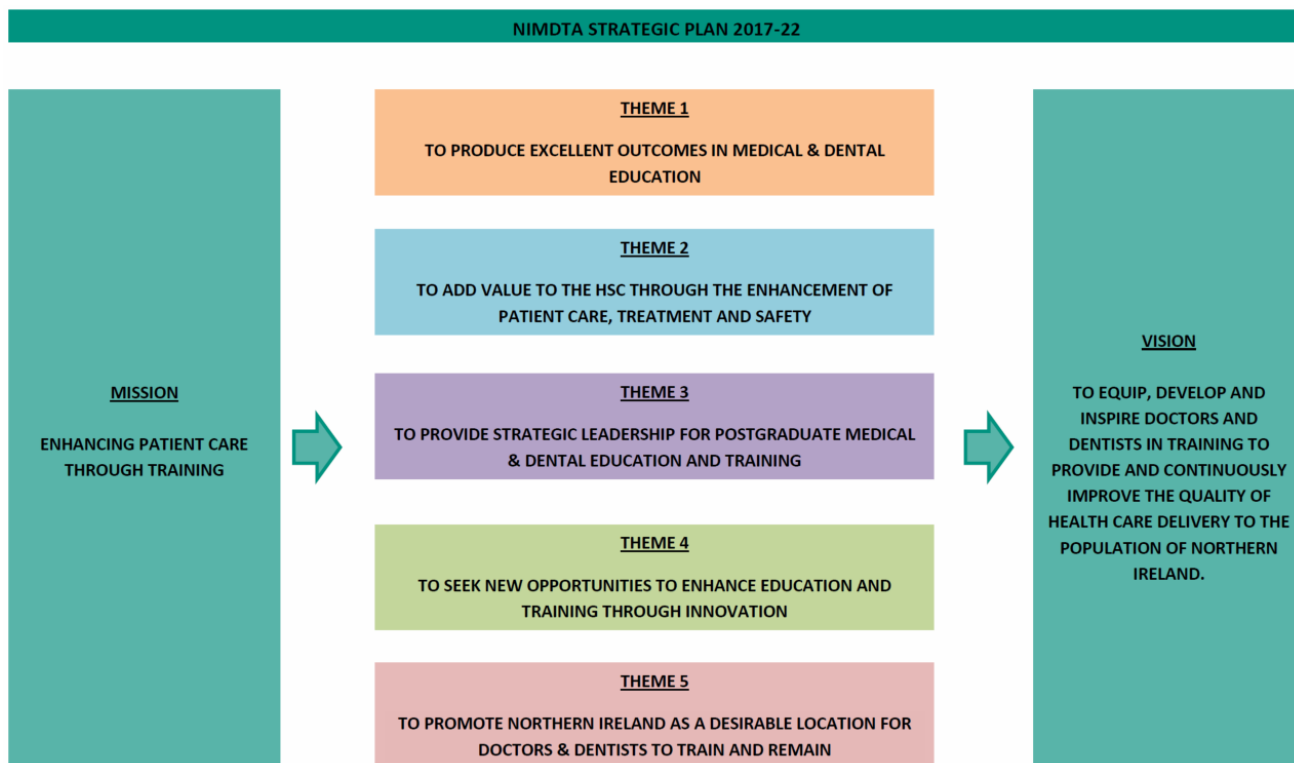
Although NIMDTA had been informed in April 2015 of the DoH's intention to establish a project management structure to oversee the PRET review, NIMDTA has received no further written communication about the review during 2018-19.

Performance Report

2. Performance Analysis

In June 2017 the NIMDTA Board approved its Strategic Plan 2017-22.

The Strategic Plan is based around the following themes:



The Business Plan 2018-19 set out the business objectives for the second operational year of the Strategic Plan 2017-22. The Business Plan was used to effectively co-ordinate resources and activities across the organisation in order to deliver identified objectives and was the focus for translating NIMDTA's strategic themes into action.

Performance Against Key Performance Indicators

NIMDTA monitors performance through the use of a Corporate Scorecard which is considered by the Board at regular intervals.

The following table shows NIMDTA's performance against the key performance indicators which are reviewed on the scorecard:

<u>CORPORATE SCORECARD 2018/19</u>		
KPIs		Status
1	90% of referrals to the Professional Support Team will be responded to within two weeks	ACHIEVED [95%]
2	90% of hospital based trainers are recognised trainers	ACHIEVED [98%]
3	Staff absence rate will be less than 5.5%	ACHIEVED [3.8%]
4	30 day (95%) prompt payment targets will be met	ACHIEVED [99%]
5	10 day (75%) prompt payment targets will be met	ACHIEVED [96%]
6	Learning and Development Agreements are circulated to local education providers by April	ACHIEVED [100%]
7	80% of postings will be disseminated to LEPs 8 weeks before the post start date	ACHIEVED [89%]
8	10% of ARCP outcomes will be subjected to external review	ACHIEVED [30.46%]
9	Annual appraisal is offered to 100% of GPs on the performers' list	ACHIEVED [100%]
10	90% core subjects are covered within Dental CE courses	ACHIEVED [100%]
11	Breakeven as defined by DoH will be achieved	ACHIEVED [0.21%]

Finance

During 2018-19, NIMDTA achieved a financial break even position, with a surplus against RRL of £139,164 (0.21%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 23.3 within the accounts.

DoH requires that Agencies pay their non-HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules.

NIMDTA achieved an outturn of 99% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (75%) was 96%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.

There were no bad debts written off in the year.

There have been no post balance sheet events having a material impact on the accounts and there have also been no charitable donations in excess of £250.

Human Resources

During 2018-19, NIMDTA focused on building capacity in its workforce and strengthening the roles of individual staff through development and ensuring that there are sufficient contingency arrangements in place to provide business continuity.

Development for NIMDTA staff is discussed and agreed at appraisal. NIMDTA worked in conjunction with the HSC Leadership Centre to provide an Administrative Development Programme for Band 3 and 4 employees in October 2018. In addition, nine staff members were supported to undertake an ILM Level 5 qualification in Leadership and Management.

NIMDTA is committed to the development of its staff and supported applications in relation to a Master's Degree in Business Improvement, a Master's Degree in Career Development and Counselling, as well as an advanced Neuro Linguistic Programming Practitioner Programme. Three Senior Managers were supported to attend the Regional Succession Planning 'Building Capacity' Programme provided by the HSC Leadership Centre. Two members of staff were also supported in undertaking a Coaching and Mentoring qualification.

Staff Development Workshops were provided to include the following: Interview Skills Training, Appraisee Training, Appraiser Skills Training, Dealing with employee stress for Managers, and Planning for the future.

NIMDTA continued to support the wellbeing of its entire staff with provision of an hour per week for staff to undertake exercise. A staff walk was held in June 2018 and staff joined doctors in training at a Park Run in September 2018. NIMDTA launched a cycle to work scheme facilitated by the Business Support Organisation (BSO). A NIMDTA choir meets monthly and performs twice per year.

The NIMDTA Health and Wellbeing Group met quarterly to plan Wellbeing workshops. During this period the following workshops were held: Five ways to wellbeing, a healthy

heart, care in the sun, accessing the employee assistance programme, body health checks and positive mental health.

NIMDTA values communication with staff and circulates a monthly update newsletter. Staff and Board members attended two Randomised Coffee Trials, which facilitate one on one conversations between members of different teams in relation to their role. A Café Conversation event provided the opportunity for each department to showcase innovations that they had implemented.

NIMDTA recruited 15 Education Management staff across the Corporate, Business Management, Education Management, GP and Hospital departments. These recruitment exercises were carried out in order to fill vacancies that were caused by statutory leave, and to fill posts relating to identified work funded through our Sponsor Branch at DoH.

NIMDTA participates in the HSC Superannuation Scheme and the Universities Superannuation Scheme, both of which are multi-employer defined benefits schemes. NIMDTA makes employer contributions of 18% of gross pay under the Universities Superannuation Scheme and 16.3% of gross pay under the HSC Superannuation Scheme. Further information in relation to how this is treated in the Accounts is provided in the Remuneration Report.

Corporate Governance

A full overview of the governance framework in operation within NIMDTA is provided in the Corporate Governance Statement (page 38 onwards).

NIMDTA published its Annual Quality Report in November 2018. This report is available online at the following link:

<http://www.nimdt.gov.uk/about/corporate-services/annual-reports/>

Social & Community Issues

Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as how service users, patients, clients and carers (including the public), can have their say about care and treatment and the way services are planned and delivered.

Personal refers to service users, patients, carers, consumers, customers or any other term to describe people who use HSC Services as individuals or as part of a family. Public refers to the general population and includes locality, community and voluntary groups and other

collective organisations. Individuals who use HSC services are also members of the general public. Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

As an HSC organisation NIMDTA has a statutory responsibility to ensure that the PPI agenda is delivered throughout its work. As part of NIMDTA's PPI strategy, lay representatives are involved in many different functions.

Environmental Management

NIMDTA recognises that good management includes all environmental matters and seeks to ensure that environmental protection and the prevention of pollution are considered in respect of decisions, policies and practices to ensure that the impact of the work of NIMDTA on the environment is minimised. NIMDTA is committed to the requirements of the Environmental Protection Act 1990 and to all other relevant statutory legislation. In 2018-19, NIMDTA co-ordinated this area of work through its Environmental Management Policy.

Factors affecting NIMDTA Performance

It is a continual challenge to deliver postgraduate medical and dental education of a high quality in the presence of increasing governance and regulatory requirements, repeated cuts to NIMDTA's budget, increasing shared services (outsourcing of finance, human resources and corporate functions increasing dependence on external agencies), as well as increasing vacancies in training posts, diverging healthcare systems and postgraduate medical and dental training approaches in the four UK countries.

Further information in relation to the challenges presented is set out in the Long Term Expenditure Challenges section of the Audit & Accountability Report.

Long Term Expenditure Trends

The following trends will impact future budgetary considerations:

- The introduction of the Apprenticeship Levy in April 2017 means that NIMDTA continues to incur recurrent expenditure in this regard without a commensurate increase in allocation from DoH;
- Any future pay uplifts in relation to staff salary will only be absorbed up to 1% of NIMDTA's budget as to date there has not been a commensurate increase in allocation from DoH;

- Any future changes to employer contributions and costs may have to be at least partly absorbed within NIMDTA's budget it is uncertain to what extent an increased allocation from DOH will cover these costs;
- The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. NIMDTA will continue to work with DoH officials in order to plan within these frameworks;
- On 22 January 2019 the Permanent Secretary at DoH formally requested that the NIMDTA Board consider taking on the role of Single Lead Employer for Doctors and Dentists in Training with effect from 1 August 2019. NIMDTA representatives have engaged in a number of strategic and operational work streams established in order to scope and deliver this work. NIMDTA will continue to work with DoH officials in order to address the challenges presented; and
- On 1 April 2019 the Director of Workforce Policy (Acting) at DoH wrote to advise of the intention, subject to arrangement of a Service Level Agreement, for the co-location of NICPLD with NIMDTA from 1 August 2019. NIMDTA will continue to participate in discussions with DoH officials, QUB and NICPLD on the practical issues relating to the co-location. The priority will be to ensure that there is no disruption to the services that NIMDTA provide.

Cost of Audit

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2019 have been audited by the Northern Ireland Audit Office (NIAO). The notional cost of audit work performed in relation to the accounts for the year ended 31 March 2019 was £14,700.

Statement of Disclosure to Auditors

In my role as Accounting Officer I am not aware of any relevant audit information of which the NIAO is not aware. As Accounting Officer I have taken all steps to make myself aware of any relevant audit information and ensure that the NIAO is informed. I confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable. I take personal responsibility for the judgements required to determine this.

Accounts Direction

The accounts for the year ended 31 March 2019 have been prepared in a form determined by DoH based on guidance from DoF's Financial Reporting Manual (FRM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

A handwritten signature in black ink that reads "Keith Gardiner". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

27 June 2019

Accountability Report

1. Governance Report

a) Non-Executive Director's Report

The Role of the Board

The NIMDTA Board is responsible for the strategic direction and control of NIMDTA's activities and comprises a non-executive Chair and five non-executive members (three lay members, one medical member and one dental member).

The Board delegates specific areas of work to its three sub-committees (Audit, Governance and Risk, Remuneration) as well as to the Senior Management Committee. An overview of the work of the Board is provided in the Governance Statement.

The names, roles and external interests of the Board Members are listed in the Table below:

Name	Role	External Interests
Mr Alistair Joynes	Non-Executive Chair	Alistair Joynes Associates, Management Consultancy Non-Executive Chair of Private Engineering Company LRA Arbitrator Independent Member of PSNI Misconduct Panel
Dr Janet Little OBE	Non-Executive Medical Member	Belfast Health & Social Care Trust (to review Morbidity & Mortality)
Dr Derek Maguire	Non-Executive Dental Member	DJ Maguire & Associates Ltd, Dental Practice (Partner with wife)
Mr Garry McKenna	Non-Executive Lay Member	Department for Infrastructure (Northern Ireland) - Full time employee, present Head of Transport Legislation Courts & Tribunal Service - Lay Magistrate Rates & Valuation tribunal - Lay Member of the Tribunal Society of St Vincent de Paul - Conference President and Secretary to the North Belfast Area Council Volunteer on Holy Family Parish Committees
Mr Deane Morrice MBE	Non-Executive Lay Member	Member of the QUB Investment Committee
Mr Lee Wilson	Non-Executive Lay Member	Non-Executive Board Member of Northern Ireland Social Care Council Non-Executive Board Member of Northern Ireland Guardian Ad Litem Agency

Audit Committee

The Audit Committee supports the Board by providing an independent and objective review of financial systems and information, the adequacy and effectiveness of the systems of internal control, as well as compliance with the law and appropriate guidance.

An overview of the membership and work of the Audit Committee is provided in the Governance Statement.

Governance and Risk Committee

The Governance and Risk Committee supports the Board by providing oversight of NIMDTA's corporate governance framework. This includes areas such as the implementation and development of an embedded and proactive culture of risk management, the management and investigation of complaints, incidents, and accidents, and the arrangements in place for the processing, transferring, safe keeping and disposal of information records within NIMDTA.

An overview of the membership and work of the Governance & Risk Committee is provided in the Governance Statement.

Remuneration Committee

The Remuneration Committee supports the Board by considering the remuneration and terms of service of the Chief Executive, Directors, Senior Managers and all other staff to ensure that they are fairly rewarded for their contributions to the organisation.

An overview of the membership and work of the Remuneration Committee is provided in the Governance Statement.

Senior Management Committee

The Senior Management Committee (SMC) supports the Board through the provision of operational oversight of NIMDTA and the delivery of its services, ensuring that the structures and processes in place, as it strives to deliver excellence, are robust and adequate.

During 2018-19, the membership of the Senior Management Committee was as follows:

Name	Role
Professor Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Dr Claire Loughrey	Director of General Practice Postgraduate Education
Dr Brid Hendron	Postgraduate Dental Dean
Dr Ian Steele	Director of Hospital Specialty Training/Director of Professional Development
Dr Lorraine Parks	NI Foundation School Director [from 1 August 2018]
Ms Roisin Campbell	Professional Support Manager
Mr Mark McCarey	Governance, IT and Facilities Manager
Ms Paula Black	Business Manager
Ms Denise Hughes	Education Manager
Ms Angela Carragher	NI Foundation School Director [retired 31 July 2018]

An overview of the work of the Senior Management Committee is provided in the Governance Statement.

Reportable Data Breaches

There were five data related incidents reported during 2018-19. These incidents were reviewed by NIMDTA and BSO Corporate Services. Four were judged to be internal, with no external impact. Therefore, NIMDTA was not required to report these particular incidents to the Information Commissioner's Office (ICO). The ICO was notified in relation to the fifth incident, which had also been recorded in the 2017-18 Annual Report as a post balance sheet event. An update in relation to this incident is provided in the Governance Statement.

Register of Interests

Interests are recorded on NIMDTA's Register of Interests, (copies can be made available on request). Interests of Board Members are recorded within this Accountability Report. There were no significant conflicts of interest for NIMDTA Board members or staff during the year.

Other Assembly Accountability Disclosures

In July 2018, the UK Government announced an extension of its guarantee of EU-funded projects after the UK has left the EU. The guarantee was originally announced in 2016. The guarantee now covers the following:

- The full Multiannual Financial Framework allocation for structural and investment funds over the 2014-20 funding period, with payments to beneficiaries made up to the end of 2023;
- The payment of awards where UK organisations successfully bid directly to the European Commission on a competitive basis for EU funding projects while we remain in the EU (e.g. before Exit day), for the lifetime of the project;
- The payment of awards where UK organisations successfully bid to the European Commission on a competitive basis to participate as a 3rd country after Exit, and until the end of 2020, for the lifetime of the project; and,
- The current level of agricultural funding under CAP Pillar 1 until 31 December 2020.

The financial settlement was agreed in principle by both the UK and EU, as set out in the draft Withdrawal Agreement of 25th November 2018. The guarantee will therefore only be called in the event that the Withdrawal Agreement is not ratified in the case of no deal, and UK organisations are unable to access EU funding.

NIMDTA do not have any EU funded projects therefore have not identified any contingent liability to disclose.

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

Any subsequent changes in legislation, regulation and funding arrangements are subject to the outcome of the negotiations.

NIMDTA have not identified any contingent liability in relation to EU withdrawal.

b) Statement of Accounting Officer Responsibilities

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed NIMDTA to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of NIMDTA, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FREM) and in particular to:

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that NIMDTA will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of NIMDTA;
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and judgements required for determining that this is fair balanced and understandable; and
- Pursue and demonstrate value for money in the services the NIMDTA provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Keith Gardiner as the Accounting Officer for NIMDTA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding NIMDTA's assets, are set out in the Accountable Officer Memorandum, issued by DoH.

c) Corporate Governance Statement

1. Introduction/Scope of Responsibility

The Board of NIMDTA is accountable for internal control. As Accounting Officer and Chief Executive of NIMDTA, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH.

Specifically, NIMDTA has the following key relationships through which it must demonstrate a required level of accountability:

- NIMDTA, as an Arm's Length Body of the DoH, is subject to twice yearly Accountability Reviews with the Permanent Secretary and quarterly bi-lateral meetings with its Sponsor Branch (Workforce Policy Directorate). On the 22 December 2016, DoH issued the Medical and Dental Training Directions (Northern Ireland) 2016. The Directions state that NIMDTA is to exercise DoH's training function in relation to postgraduate training programmes for medical and dental clinicians. Further, a Management Statement and associated Financial Memorandum between DoH and NIMDTA sets out the strategic control framework within which NIMDTA is required to operate.
- NIMDTA is accountable to the GMC for ensuring that the standards set by the GMC for training, educational structures and processes are achieved. NIMDTA is the designated body for the revalidation of doctors in training within Northern Ireland. The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors keep their professional knowledge and skills up to date and are practising to the standards defined by Good Medical Practice. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, is required to evaluate their fitness to practise and advise the GMC accordingly through revalidation recommendations. Revalidation is the process through which the GMC confirms that a doctor's licence to practise will continue.

In addition, NIMDTA meets with the HSCB and PHA on a quarterly basis to discuss any potential patient safety issues, areas of concern or service pressures. NIMDTA also meets at least annually with each of the five HSC Trusts to monitor compliance with the Learning and Development Agreement (LDA) for the provision of postgraduate medical and dental training and education.

NIMDTA has regular meetings with QUB regarding the governance of the Foundation Training Programme, academic training, quality management, faculty development and professional support.

NIMDTA also reports to each UK Royal College/Faculty through NIMDTA's Training Programme Directors on the quality of training within each Specialty Training Programme.

NIMDTA has a SLA with the BSO for the provision of monthly reconciliation of control accounts and annual accounts preparation, legal services, internal audit, equality, procurement, information technology services, human resources, corporate services and shared services for accounts payable, accounts receivable and payroll. A report on performance against the SLA is provided to NIMDTA on a monthly basis and the SLA is subject to annual review.

2. Compliance with Corporate Governance Best Practice

The Board of NIMDTA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIMDTA does this by undertaking continuous assessment of its compliance with corporate governance best practice and by exercising strategic control over the operation of the organisation through a system of corporate governance. This includes:

- A clearly articulated strategic plan supported by an annual business plan;
- Regular reports to the Board on performance against key performance indicators and objectives;
- A clear definition of the roles and responsibilities of the Board and the scheme of delegation which delegates decision making authority within set parameters to the Chief Executive and other officers;
- Standing Orders and Standing Financial Instructions;
- Clear procurement regulations set out in the Standing Financial Instructions and supported by detailed procedures;
- An established structure of standing committees of the Board with clearly defined remits including the Audit Committee, Governance & Risk Committee and Remuneration Committee;
- A comprehensive programme of internal audit review;

- A Whistleblowing Policy and Complaints Policy and regular reporting of complaints to the Board;
- An induction programme for all new Board members and provision of development opportunities;
- Clear channels of communication with all stakeholders including Accountability Review meetings with DoH;
- Evaluation of the Board’s performance through annual appraisal;
- A Board Governance Self-Assessment Tool; and
- An Audit Committee Self-Assessment Checklist.

In line with good practice, NIMDTA takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

The Board conducted a self-assessment for the year ended 31 March 2019 and assessed itself to be compliant with the Corporate Governance Code and has produced an action plan for 2019-20. Further, the Audit Committee carried out a self-assessment against the National Audit Office checklist and achieved a compliant outcome.

3. Governance Framework

The NIMDTA Board has corporate responsibility for ensuring that NIMDTA complies with any statutory or administrative requirements for the use of public funds, for fulfilling the aims and objectives set by the DoH and for promoting the efficient, economic and effective use of staff and other resources. Other important responsibilities of Board members are to:

- Ensure that high standards of corporate governance are observed at all times, including using NIMDTA’s Audit Committee to address the key financial and other risks facing NIMDTA;

- Ensure that DoH is kept informed of any changes which are likely to impact on the strategic direction of NIMDTA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- Ensure that the Board receives and reviews regular financial information concerning financial management; is informed in a timely manner about any concerns about financial activities; and to provide positive assurance to DoH that appropriate action has been taken on such concerns;
- Establish the overall strategic direction of NIMDTA within the policy and resources framework agreed with DoH;
- Ensure that NIMDTA's performance fully meets its aims and objectives as efficiently and effectively as possible;
- Ensure that any statutory or administrative requirements for the use of public funds are complied with, that the Board operates within the limits of its statutory authority and any delegated authority agreed with DoH, and in accordance with any other conditions relating to the use of public funds;
- Ensure that, in reaching decisions, the Board has taken into account any guidance issued by DoH and any other relevant organisations, such as the Department of Finance (DoF), the Equality Commission or the Human Rights Commission;
- In the development of significant new policies, the Board consults with DoH and other relevant organisations as is considered appropriate; and
- Appoint the Chief Executive and, in consultation with DoH, set remuneration terms for that post.

The Board

The Board, as constituted, is composed of the Chair and five non-executive members, which includes one medical member and one dental member.

Although no executive director sits on the Board, members of the Senior Management Committee are invited to attend Board meetings and report directly to the Board. The Board provides a forum for consultation on NIMDTA's performance against the objectives contained within its Business Plan and the provision of assurance on the management of risk. Formal meetings of the Board were held on nine occasions, and there were also four Board workshops.

Mr Alistair Joynes, Chair, received an extension of non-executive appointment that commences from 1 October 2019 and ends on 30 September 2020. Mr Deane Morrice [commencing 1 November 2019, ending 31 October 2020], Dr Derek Maguire [commencing 18 March 2019, ending 17 March 2020], and Mr Lee Wilson [commencing 13 February 2019, ending 12 February 2020] also received extensions to their non-executive roles.

Attendance of members of the Board at formal Board meetings was as follows:

Board Member	% Attendance
Mr Alistair Joynes (Chair)	100% [9 of 9]
Dr Janet Little OBE	100% [9 of 9]
Dr Derek Maguire	89% [8 of 9]
Mr Garry McKenna	89% [8 of 9]
Mr Deane Morrice MBE	89% [8 of 9]
Mr Lee Wilson	89% [8 of 9]

The Chief Medical Officer is responsible for the annual appraisal of the Chair of the Board and Board members are, in turn, appraised annually by the Chair. Appraisals were completed for the Chair and all Board members during 2018-19.

The Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of NIMDTA's activities. The Audit Committee, which is chaired by a member of the NIMDTA Board, met four times during 2018-19. The attendance rate was as follows:

Member	% Attendance
Mr Deane Morrice MBE (Chair)	100% [4 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire	75% [3 of 4]
Mr Garry McKenna	100% [4 of 4]
Mr Lee Wilson	75% [3 of 4]

Activities of the Audit Committee during the year included the following:

- Review and approval of the Internal Audit Strategy and Plan;
- Review of the External Audit Plan;
- Review of the Mid -Year Assurance Statement and Governance Statement;
- Review of the reports and management responses to the internal audit assignments;
- Review of the Annual Report and Accounts prior to submission to the Board;
- Review of the Report to those Charged with Governance from the external auditors;
- Review of the structures, processes and responsibilities for identifying and managing key risks;
- Review of policies and procedures for ensuring compliance with regulatory, legal and code of conduct requirements; and
- Completion of the Audit Committee Self-Assessment Checklist.

The Governance and Risk Committee

The Governance and Risk Committee oversees NIMDTA’s governance structures and processes, ensuring that processes are in place for the effective monitoring of identified risks. The Governance and Risk Committee, which is chaired by a member of the NIMDTA Board, met four times during 2018-19.

The attendance rate was as follows:

Member	% Attendance
Mr Lee Wilson (Chair)	50% [2 of 4]
Mr Alistair Joynes	100% [4 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire	100% [4 of 4]
Mr Garry McKenna	75% [3 of 4]
Mr Deane Morrice MBE	75% [3 of 4]

The activities of the Governance and Risk Committee during the year included the following:

- Review of the Corporate, Education, and Business Management risk registers;
- Assessment and grading of risks;
- Review and approval of new and revised policies and procedures;
- Review of the Standing Orders of the Board and Sub-Committees and associated Schedules;
- Discussion and grading of complaints and incidents including data related incidents;
- Review of information requests;
- Review of NIMDTA’s Business and Strategic Plans; and
- Consideration of the implications of issues identified in relation to Day 1 EU Exit.

The Remuneration Committee

The Remuneration Committee makes recommendations to the Board on the remuneration and terms and conditions of the Chief Executive as well as the Committee and NIMDTA staff met four times during 2018-19, and its recommendations were ratified by the Board.

The attendance rate was as follows:

Member	% Attendance
Mr Alistair Joynes (Chair)	100% [4 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire	100% [4 of 4]
Mr Garry McKenna	100% [4 of 4]
Mr Deane Morrice MBE	75% [3 of 4]
Mr Lee Wilson	100% [4 of 4]

The Senior Management Committee

The Senior Management Committee is responsible for overseeing the operational management of NIMDTA's business and provides assurances to the Board, through the provision of accurate and timely information that the services delivered are effective, of high quality and comply with all statutory, licensing and regulatory requirements. The Senior Management Committee met 39 times during 2018-19.

4. Business Planning and Risk Management

Business planning and risk management are at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

Business Planning

The Business Plan for 2018-19 was approved by the Board in March 2018. The Senior Management Committee met in October 2016 to agree strategic objectives and put in place a five year Corporate Strategy for 2017-2022. Regular reports on the achievement of objectives and the performance against key financial targets were provided to the Board. Progress against objectives was also reported to DoH at Accountability Review meetings and an end of year position report provided to NIMDTA's Sponsor Branch on DoH requirements.

Risk Management

NIMDTA's risk management arrangements are embedded within its performance management framework. Identified risks are aligned to each of the key strategic and business objectives and corrective actions to deliver objectives and minimise risk are regularly monitored and assessed. The system is based on an ongoing process designed to identify and prioritise risks to the achievement of NIMDTA's aims and objectives. Responsibility for operational risk management sits with the Senior Management Committee and risks to the organisation are discussed at Senior Management Committee meetings.

An essential element of the risk management process is NIMDTA's Corporate Risk Register. Any new risks identified are reported to the Governance and Risk Committee for review and assessment and, where appropriate, escalated to the Corporate Risk Register. Risk registers are discussed at the Governance and Risk Committee and risks assessed in accordance with the likelihood of occurrence and their impact on the delivery of NIMDTA's business objectives. The Corporate Risk Register was reviewed and discussed by the Board, at least quarterly, to take account of new and escalated risks and determination of the risk appetite. The Board was also apprised of the status of the actions required to mitigate the risk.

Assurance Framework

NIMDTA's Assurance Framework sets out the Chief Executive's overall accountability to the Board for risk management and underpins the activities of risk management and procedures for the escalation of risks. The Assurance Framework, which is reviewed annually by the Board, seeks to develop a consistent approach to risk management that will:

- Implement effective risk management as a key element of good governance and rigorous performance management;
- Consider risk as an integral part of corporate and business planning and service delivery;
- Encourage considered and responsible risk taking as a legitimate response to opportunity and uncertainty;
- Achieve better outcomes through a more realistic assessment of the challenges faced, through improved decision-making and targeted risk mitigation and control; and
- Engender, reinforce and replicate good practice in risk management.

The Assurance Framework is designed to identify, prioritise, evaluate and manage risks to the achievement of NIMDTA's aims and objectives and in accordance with NIMDTA's policies, procedures and processes.

Leadership

Committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks. Leadership for risk management is provided through the Senior Management Committee and the Governance and Risk Committee. The Chief Executive has overall responsibility for the implementation of the risk management strategy and for ensuring that NIMDTA has in place the necessary controls to manage identified risks and provide overall assurance to the Board. A system of internal governance, which complies with DoH guidance, has been in place for the year ended 31 March 2019, including the period up until the date of approval of the Annual Report and Accounts. A mid-year assurance statement, which updated progress on the continuing effectiveness of the system of internal control to the Permanent Secretary, was submitted to DoH in October 2018.

Training

All new staff members are provided with an overview of key policies as part of the induction process, as well as access to these on the intranet. All staff members are actively encouraged to use NIMDTA's incident reporting process to report incidents, and training was provided on this in year. Members of the Board and Senior Management Committee have been trained in the principles and practice of corporate governance and risk management.

Complaints and Incidents

NIMDTA recognises that adverse incidents and complaints can present an opportunity to review processes and control weaknesses with a view to improving services and reducing risk.

All complaints and incidents are reported to the Senior Management Committee and graded according to severity and potential risk. These are reviewed by the Governance and Risk Committee and reported to the Board. During 2018-19 there were four complaints received of which all were assessed as minor. All complaints were responded to within the required timeframe. Forty eight issues were recorded on our Issues Log, which were reviewed and managed by the Senior Management Committee, with lessons learned shaping appropriate review.

Learning

Sharing learning throughout the organisation from complaints, incidents, and significant events is key to maintaining the risk management culture within NIMDTA. Staff members are encouraged to disseminate learning acquired from the analysis of incidents, complaints and claims, internal and external audit reports, quality management processes, responses from the GMC to Dean's reports and inspections from regulatory bodies. Discussion of the Issues Log is a standing item at meetings of the Senior Management Committee. NIMDTA also uses information received from the GMC annual National Training Surveys to improve its quality management processes.

NIMDTA is committed to continuous improvement in the development and implementation of new policies and procedures in response to audit reports and developments in best practice.

Quality Management Framework

NIMDTA has in place a Quality Management Framework to ensure that Local Education and Training Providers meet the standards and requirements set by the General Medical Council (GMC) and the Committee of Postgraduate Dental Deans and Directors (COPDEND).

This is done through a system of robust monitoring and inspection visits of LEPs (Health and Social Care Trusts, GP and Dental Training Practices). The reports arising from these visits are considered by the Quality Management Group which meets twice monthly and reports to the Board through the Chief Executive and the Senior Management Committee members. This work further feeds into business planning and risk management processes.

NIMDTA remains alert to all risks which could impact on the delivery of patient care and has in place an Escalation Policy for the reporting of significant areas of concern re to DoH, HSCB, RQIA and the GMC. NIMDTA also meets regularly with the HSCB, PHA and DoH to discuss the outcomes of Deanery visits, including patient and trainee safety issues and the impact of unfilled training posts.

NIMDTA is responsible for the educational governance of all approved Foundation Programmes and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance to the GMC with the standards and requirements that it sets out. To achieve this NIMDTA works in close partnership with the five HSC Trusts and other LEPs. An educational contract known as the LDA sets out the obligations of both NIMDTA and LEPs. This LDA is monitored for compliance and is reviewed annually.

Revalidation is the process by which all licensed doctors must demonstrate that they are up to date in their knowledge, skills and are fit to practise. The Postgraduate Medical Dean, as the Responsible Officer for doctors in training, was required to make a number of revalidation recommendations to the GMC during 2018-19 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's appraisals, usually over a five year period, and other information drawn from the employer's clinical governance systems. These appraisals feed into the annual review of competence progression (ARCP) which is an indicator of the trainee's clinical performance and progress to date.

Asset Management

NIMDTA has identified the effective management of its estate and assets as a key objective. NIMDTA maintains a fixed assets register and decisions regarding the procurement and disposal of assets are taken in accordance with relevant policies and legislation. The Business Support Committee is responsible for monitoring and reviewing NIMDTA's fire safety and

health and safety arrangements. Risk assessments are completed and reviewed at least annually.

With regard to estate management NIMDTA has produced a Property Asset Management Plan, which is communicated to DoH.

5. Information Risk

The Chief Executive, as Accounting Officer and Personal Data Guardian, is responsible for overseeing all arrangements in relation to the processing and transfer of information and for protecting the confidentiality of service user information. The Governance, IT and Facilities Manager is the Senior Information Risk Owner (SIRO) and is responsible for ensuring that information risks within NIMDTA are accurately identified and managed with appropriate assurance mechanisms and for ensuring that any breaches of information security are reported to the Board. Information risks are assessed on an ongoing basis and recorded in the Business Support Risk Register which is the subject of review by both the Governance & Risk Committee and the Business Support Committee, whom may decide to escalate such risks to the Corporate Risk Register. The Governance, IT and Facilities Manager is supported in his role by the Data & Information Systems Manager and departmental Team Leaders who are NIMDTA's nominated Information Asset Owners (IAOs). The Governance, IT and Facilities Manager is responsible for providing assurances to DoH that actions relating to the management of information risks have been implemented.

NIMDTA has introduced a series of measures to manage information risks. These include specific training for IAOs in the management of information assets and training for all staff in records management, data protection and freedom of information. All staff are required to understand and apply data protection principles in the management of information. To support compliance with best practice, staff have been issued with NIMDTA's Information Governance Strategy and associated policies and also have access to these documents through NIMDTA's intranet as well as supporting e-learning modules. Compliance with information governance policies and procedures is monitored through regular reviews, audits and spot checks. NIMDTA's Information Asset Register is kept under review and information risks and control measures are recorded in the Business Support Risk Register. NIMDTA continues to review and develop all processes and procedures for the management, disclosure and transfer of information.

There were five data related incidents reported during 2018-19. These incidents were reviewed by NIMDTA and BSO Corporate Services. Four were judged to be internal, with no external impact. Therefore, NIMDTA was not required to report these particular incidents to the Information Commissioner's Office (ICO). The ICO was notified in relation to the fifth incident, which due to the timing of its occurrence [April 2018] was included within my last

Governance Statement as a new control issue. Therefore an update in relation to this is included at Section 10.

In addition, an individual who had made a Subject Access Request in 2017-18 followed the internal appeal process querying the level of redaction applied and the time taken to respond. Following the receipt of the outcome of the appeal the individual referred the matter to the ICO. The ICO issued written recommendations that have been reviewed internally, as well as being discussed with the BSO who perform aspects of this function on NIMDTA's behalf under the terms of the SLA.

6. Public Stakeholder Involvement

NIMDTA has a statutory responsibility to ensure that the practice of Personal and Public Involvement (PPI) is embedded within the organisation. NIMDTA is represented on the Regional HSC PPI Forum which operates a programme for the promotion and advancement of PPI across health and social care. NIMDTA employs members of the public as non-clinical lay representatives to provide external scrutiny of NIMDTA processes and to give assurance that they are consistent with the delivery of high quality safe patient care.

In accordance with Section 75 of the Northern Ireland Act 1998, NIMDTA has also developed an Equality Scheme which sets out the arrangements in place for the delivery of its statutory equality obligations. As a member of the HSC Equality Partnership Forum, NIMDTA works with other organisations to promote equality and diversity and ensure that processes are in place to consult on and assess the impact of its policies on service users.

7. Assurance

The Board receives regular assurance from a range of sources which include internal audit, sub-committee reports, and reports from each member of the Senior Management Committee. The quality of the data presented by members of Senior Management Committee is regularly reviewed by the Board to ensure the information is accurate, timely and fit for purpose. The Chair also appraises the quality of the information received, as well as the performance of the Committees in the annual appraisal of the Board members and Chief Executive.

The assurances that the Board and the Chief Executive require to endorse and approve the Governance Statement, in terms of the effectiveness of internal control, are derived from internal and independent sources of evidence.

Internal Controls

NIMDTA operates a process of continual review and improvement of internal controls. This is backed up by an assessment by independent internal auditors. All audit reports and progress against audit recommendations are presented to the Audit Committee, which in turn reports to the Board. The Board is also provided with regular financial and internal governance reports as well as shared service audits for external functions that NIMDTA is reliant on.

The system of internal financial control is based on a framework of regular financial information, administrative procedures including the segregation of duties and a system of delegation and accountability. In particular it includes:

- comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Board;
- regular reviews by the Board of periodic financial reports, which indicate financial performance against forecast;
- setting targets to measure financial and other performances;
- appropriate formal budget management disciplines; and
- a requisition and approval system for procuring goods and services.

NIMDTA's Standing Financial Instructions are designed to ensure that all financial transactions are carried out in accordance with the law and DoH policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. The Senior Management Committee continues to review and improve the efficient and effective use of resources with a view to securing best value for money.

NIMDTA has implemented a range of policies and procedures that are designed to ensure probity, business integrity and minimise the risk of fraud occurring. NIMDTA continues to participate in the National Fraud Initiative. To date no instances of fraud have been detected through this exercise.

Controls Assurance Standards

In August 2017 the Permanent Secretary at DoH advised ALB Chief Executives that the Controls Assurance Standards (CAS) process, which has been in place since 2002, would cease with effect from 1 April 2018. Alternative, proportionate assurance arrangements were to be put in place from 1st April 2018. In March 2018 a further letter was issued by the Permanent Secretary confirming that Departmental Policy Leads had been engaging with

their counterparts in the ALBs to ensure that suitable and proportionate assurance arrangements were in place for each of the standards from 1 April 2018.

Up until April 2018, NIMDTA was required to self-assess against 13 different CAS questionnaires. These covered a range of different areas including, for example, Financial Management, Governance, Information Management and Risk Management. Each year BSO Internal Audit then validated a sample of these completed self-assessments.

In accordance with the 2018-19 Annual Internal Audit Plan, BSO Internal Audit carried out a review of the Assurance Arrangements Post Controls Assurance Standards (CAS) in March 2019. The finding of the review was that the processes adopted by NIMDTA during 2018-19 should be adequate to provide appropriate assurances internally in the areas previously covered by the former Control Assurance Standards.

NIMDTA will continue to work with DoH Policy Leads as further processes are identified and implemented. It is noted that DoH has requested a return is submitted in May 2019 in relation to Information Governance controls.

8. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

1. Internal Audit;
2. GMC; and
3. RQIA.

8.1 Internal Audit

NIMDTA utilised an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the organisation is exposed and annual audit plans are based upon this analysis. In 2018-19 Internal Audit reviewed the following systems:

Finance Audits

Two finance based audits were conducted in 2018-19:

Finance Review 2018-19

Internal Audit carried out an audit of financial systems and issued the final report on 28 January 2019. NIMDTA received a satisfactory level of assurance with ten Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Compliance with DoH Permanent Secretary's Instructions Regarding Travel 2018-19

The Permanent Secretary (DoH) requested that Internal Audit undertake an audit to provide assurance that all 17 Departmental Arm's Length Bodies were complying in full with the instructions set out in his letter dated 27 September 2016 in respect of travel. Internal Audit issued the final report on 21 August 2018. NIMDTA received a satisfactory level of assurance with three Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Corporate Risk Based Audits

One corporate risk based audit was conducted in 2018-19:

Recruitment & Selection of Core Medical Training & Anaesthetics Trainees 2018-19

Internal Audit issued the final report in relation to this area of work on 12 February 2019. NIMDTA received a satisfactory level of assurance with no Priority 1 or Priority 2 findings.

Governance Audits

Two governance audits were conducted in 2018-19:

Board Effectiveness 2018-19

Internal Audit conducted fieldwork in March 2019 with regard to Board Effectiveness. NIMDTA received a satisfactory level of assurance with two Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Information Governance 2018-19

Internal Audit conducted fieldwork in March 2019 with regard to information governance processes. NIMDTA received a satisfactory level of assurance with eight Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Year End Follow up on Outstanding Internal Audit Recommendations

During March 2019, Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. Internal Audit reported that 100% of recommendations had been fully implemented.

Overall Opinion of Head of Internal Audit

The Head of Internal Audit is required to provide an annual opinion on risk management, control and governance arrangements. This opinion is based upon and limited to, the internal audit work performed during the year, as approved by the Audit Committee.

The purpose of the annual opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin NIMDTA's own assessment of the effectiveness of the system of internal governance, which, in turn, assists with the completion of this Governance Statement. The opinion expressed does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

Overall for the year ended 31 March 2019, the Head of Internal Audit provided a 'Satisfactory' assurance on the adequacy and effectiveness of the NIMDTA's framework of governance, risk management and control. The basis for forming this opinion was an assessment of the range of individual opinions arising from the financial, corporate and risk-based audit assignments performed and reported on during 2018-19. Further information in relation to each of these audits is detailed above.

Shared Service Audits

BSO Internal Audit conducted a programme of Shared Services audits as part of the BSO Internal Audit Plan during 2018-19. As NIMDTA is a customer of BSO Shared Services the following reports were presented to NIMDTA's Audit Committee.

Shared Service Audit	Assurance
Payroll Shared Service (September 2018 and March 2019)	Limited
Payments Processing in Accounts Payable Shared Service	Satisfactory
Recruitment Shared Service	Satisfactory
Business Services Team	Satisfactory

Internal Audit has provided Limited assurance in relation to Payroll Shared Services. It is important to note that these issues have been previously highlighted, have not been fully resolved, and continue to impact on Payroll Function Stability as well as a number of key functions which have not yet been stabilised.

The BSO has put action plans in place to address the control weaknesses and NIMDTA will monitor progress in these areas through Internal Audit reports to the Audit Committee.

8.2 General Medical Council

NIMDTA, as the Northern Ireland Deanery, is required to demonstrate compliance with GMC standards and must satisfy itself that LEPs, primarily the Health and Social Care Trusts, deliver postgraduate medical education and training to the standards required. NIMDTA carries out its quality management functions through the conduct of Deanery Visits, the review of reports and action plans and the evaluation of trainee surveys and assessment outcomes.

NIMDTA is required to report to the GMC online through a live reporting method. This reporting from the Deanery is used by the GMC with other sources of information to monitor the quality of postgraduate medical education and training and ensure that the GMC standards for training are being met in Northern Ireland.

Any risks or areas of concern identified by the Deanery relating to the quality of training or patient safety were further reviewed against the results of the GMC's annual National Trainee Survey which provides feedback on trainees' perception of the quality of their training.

The GMC, as part of its quality assurance processes, conducts scheduled visits to Postgraduate Deaneries and designated LEPs. It also carries out Enhanced monitoring visits to LEPs if there are any significant areas of concern. There is currently one concern subject to this process within Northern Ireland. Details of the issues being monitored in this fashion are published on the Enhanced Monitoring section of the GMC website:

<https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/enhanced-monitoring>

8.3 Regulation and Quality Improvement Authority (RQIA)

There were no RQIA reviews that applied in 2018-19.

8.4 External Audit

The Comptroller and Auditor General is responsible for the audit of NIMDTA's Financial Statements and for assessing the economy, efficiency and effectiveness with which public money has been deployed. The external audit function operates in line with auditing standards.

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2018, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity of NIMDTA's accounts.

9. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors, and the executive managers within NIMDTA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Governance and Risk Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

10.1 **Prior year control issues which have now been resolved**

Data Breach

A data incident occurred in April 2018 and was fully investigated, with the outcomes of this reported to our Board. The incident was also reported to the ICO and DoH. One hundred percent of the recipients of the information relating to the incident have confirmed that they have deleted the email, and that they had not saved or forwarded the data to any other person or source. The action plan to address the factors contributing to this incident has been fully completed. The ICO has written to advise that following their review of the breach, and the subsequent action taken by NIMDTA, there will be no further follow up. Further guidance has been issued to staff in relation to lessons learned from this incident.

10.2 **Control issues identified last year that persist**

Financial Challenges

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018

which received Royal Assent on 28 March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

NIMDTA remains committed to working in partnership with DoH officials to ensure that extensive budget planning work is undertaken in this time of significant financial challenge. This was demonstrated through the achievement of a breakeven position in 2018-19.

EU Exit Day 1 Planning

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. Any subsequent changes in legislation, regulation and funding arrangements are subject to the outcome of the negotiations.

On 16 April 2019 the Permanent Secretary at DoH wrote to all HSC Chief Executives to advise of the agreement that the UK Government had secured with the European Union to further extend the Article 50 period to 31 October 2019. We will continue to work with DoH officials to plan in this regard.

10.3 New control issues identified during the year

The following control issues have arisen during 2018-19:

Single Lead Employer

On 22 January 2019 the Permanent Secretary at DoH formally requested that the NIMDTA Board consider taking on the role of Single Lead Employer for Doctors and Dentists in Training with effect from 1 August 2019. Under the current employment arrangements groupings of doctors in training can potentially change employer every six months in line with their placements across the Trusts. NIMDTA representatives have engaged in a number of strategic and operational work streams established in order to scope and deliver this work. NIMDTA will continue to work with DoH officials in order to address the challenges presented. The project will commence during the next allocation of placements/rotations of doctors in August 2019 and will initially involve doctors in three specialty programmes: Clinical Radiology, histopathology and trauma and orthopaedics.

Northern Ireland Centre for Pharmacy Learning & Development [NICPLD]

On 1 April 2019 the Director of Workforce Policy [Acting] at DoH wrote to advise of the intention, subject to arrangement of a Service Level Agreement, for the co-location of NICPLD with NIMDTA from 1 August 2019. NIMDTA will continue to participate in discussions with DoH officials, QUB and NICPLD on the practical issues relating to the co-location. The priority will be to ensure that there is no disruption to the services that NIMDTA provide.

11. Conclusion

NIMDTA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds as detailed in Managing Public Money NI.

Further to considering the accountability framework within NIMDTA and in conjunction with the assurances given to me by the Head of Internal Audit I am content that NIMDTA has operated a sound system of internal governance during the period 2018-19.



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

27 June 2019

Accountability Report

2. Remuneration & Staff Report

Remuneration Report

Section 421 of the Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about Directors' remuneration. The Remuneration Report summarises the remuneration policy of NIMDTA and particularly its application in connection with senior managers. The report also describes how NIMDTA applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by DoH.

Remuneration Committee

The Board of NIMDTA, as set out in its Standing Orders, has delegated certain functions to the Remuneration Committee, which met four times in 2018-19. The membership of this committee was as follows:

Name	Role
Mr Alistair Joynes	Chair
Dr Janet Little OBE	Non-Executive Medical Member
Dr Derek Maguire	Non-Executive Dental Member
Mr Garry McKenna	Non-Executive Lay Member
Mr Deane Morrice MBE	Non-Executive Lay Member
Mr Lee Wilson	Non-Executive Lay Member

Remuneration Policy

The policy on remuneration of NIMDTA Senior Executives for current and future financial years is the application of terms and conditions of employment as provided and determined by DoH.

Performance of senior managers is assessed using a performance management system which comprises of individual appraisal and review. Their performance is then considered by the

Board and a judgement is made as to their banding in line with the departmental contract against the achievement of regional, organisational and personal objectives.

Contracts

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and Circular HSS (SM) 3/2001. All contracts of Senior Executives in NIMDTA are permanent. Non-executive contracts are made on a fixed term basis of up to a period of four years, with the option of a single further extension for a period of up to four years.

The dates of appointment for NIMDTA's Executive and Non-Executive Directors are set out below:

Executive Directors

Professor K Gardiner was appointed as Chief Executive and Postgraduate Dean on 1st November 2012;

Ms A Carragher was appointed as NI Foundation School Director on 1st March 2005 and retired on 31 July 2018;

Dr B Hendron was appointed as Postgraduate Dental Dean on 1st February 2016;

Dr C Loughrey was appointed as Director of General Practice Education on 25th August 2008;

Dr I Steele was appointed as Director of Hospital Specialty Training on 1st June 2013; and

Dr L Parks was appointed as NI Foundation School Director on 1 August 2018.

Non-Executive Directors

Mr A Joynes was appointed (as Chair) on 20th June 2011 (received an extension to current appointment that commences on 1 October 2019 and ends on 30 September 2020);

Mr D Morrice was appointed on 25th July 2011 (received an extension to current appointment that commences on 1 November 2019 and ends on 31 October 2020);

Mr L Wilson was appointed on 13th February 2012 (received an extension to current appointment that commenced on 13 February 2019 and ends on 12 February 2020);

Dr D Maguire was appointed on 18th March 2013 (received an extension to current appointment that commenced on 18 March 2019 and ends on 17 March 2020);

Dr J Little was appointed on 1 April 2017 (for a period of four years until 31 March 2021); and

Mr G McKenna was appointed on 1 April 2017 (for a period of four years until 31 March 2021).

Notice period

Three months' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Termination Payments

Statutory provisions only apply as detailed in contracts. There were no payments made to Directors in respect of compensation for loss of office during 2018-19.

Retirement Age

Prior to 1 October 2006 employees were required to retire at age 65 years, with occupational pensions normally effective from age 60 years onwards. With the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

Compensation for Premature Retirement

In accordance with DoH circular HSS (S) 11/83 and subsequent supplements, there is provision within the HSC Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- efficiency of the service;
- redundancy; and
- organisational change.

Employers who retire staff early on any of the above grounds must pay the following:

- the basic pension plus increases up to normal retirement age;
- the enhancement element of the pension plus increases for as long as this remains in payment;
- the enhancement element of the lump sum; and
- the actuarial charge for payment of the basic lump sum before normal retirement age.

There is also provision within the scheme for early retirement with benefits on health grounds subject to confirmation of permanent incapacity by HSC medical advisors.

There were no early retirements or payments of compensation for other departures relating to Senior Managers or Directors during 2018-19 or 2017-18.

Salary

'Salary' includes gross salary; overtime; reserved rights to London weighting or London allowances; recruitment and retention allowances; private office allowances and any other allowance to the extent that it is subject to UK taxation and any gratia payments.

Benefits in Kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

Bonuses

Bonuses are based on performance levels attained and are made as part of the appraisal process. Bonuses relate to the performance in the year in which they become payable to the individual. No bonus payments were made in 2018-19 or in 2017-18.

Retirement Benefit costs

- HSC Superannuation Scheme

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for DoH.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

In respect of Directors, there are no provisions for the cost of early retirement included in the 2018-19 accounts.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2018-19 accounts.

Employee contributions are determined by the level of pensionable earnings. The employee contribution rates for the 2018-19 year are as follows for members of the HSC Superannuation Scheme:

Annual pensionable earnings (full-time equivalent basis)	Contribution rate before tax relief from 1 April 2016
Up to £15,431	5.0%
£15,432 - £21,477	5.6%
£21,478 - £26,823	7.1%
£26,824 - £47,845	9.3%
£47,846 - £70,630	12.5%
£70,631 - £111,376	13.5%
£111,377 and over	14.5%

- University Superannuation Scheme

NIMDTA also participates in the University Superannuation Scheme. This is a multi-employer defined benefit scheme with employer contributions of 18% of gross pay. Further information on this can be obtained from the Universities Superannuation Scheme Limited (website: <http://www.uss.co.uk>). The most up to date actuarial was carried out at 31 March 2016. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

Salary and Pension Entitlements (Audited)

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out overleaf. This information is subject to audit.

There is a requirement for the Remuneration Report to include a Single Total Figure of Remuneration. The figure includes salary, bonus/performance pay, benefits in kind as well as pension benefits. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increases or decreases due to a transfer of pension rights. This is also included overleaf.

Senior Management Remuneration (Audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of NIMDTA were as follows:

	2018-19					2017-18				
	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s	Salary £000s	Bonus Performance Pay £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefit £000s	Total £000s
Non-Executive Members										
Mr A Joynes (Chairman)	15-20	-	-	-	15-20	10-15	-	-	-	10-15
Mr D Morrice (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr L Wilson (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr D Maguire (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Dr J Little (Non-Executive Director) †	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Mr G McKenna (Non-Executive Director)	0-5	-	-	-	0-5	0-5	-	-	-	0-5
Executive Members										
Prof K Gardiner (Chief Executive & Postgraduate Dean)	150-155	-	200	(10)	135-140	145-150	-	400	8	155-160
Dr C Loughrey (Director of General Practice Education) †	120-125	-	-	(1)	115-120	115-120	-	-	10	130-135
Dr I Steele (Director of Hospital Specialty Training/Director of Professional Development) †	100-105	-	-	(59)	50-55	105-110	-	100	22	130-135
Ms A Carragher (NI Foundation School Director)* †	35-40	-	-	-	35-40	115-120	-	-	-	115-120
Ms B Hendron (Postgraduate Dental Dean) †	50-55 [FTE 100-105]	-	100	27	75-80 [FTE 125-130]	50-55 [FTE 100-105]	-	100	28	75-80 [FTE 125-130]
Dr L Parks (NI Foundation School Director) †	95-100	-	-	53	145-150	-	-	-	-	-

*Ms A Carragher retired in July 2018.
under 'other' within staff costs below.

** Dr L Parks was appointed with effect from August 2018. † On BHSCT/SHSCT/SEHSCT/HSCB payroll, costs recharged to NIMDTA and included

Fair Pay Statement (Audited)

The Hutton Fair Pay Review recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year. The DoH issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid director in the organisation and the median remuneration of the organisation's workforce.

Following application of the guidance contained in circular HSC (F) 23/2013, the following can be reported:

Fair Pay (Audited)	2018-19	2017-18
Band of Highest Paid Director's Total Remuneration*	175-180	175-180
Median Total Remuneration	86,068	86,929
Range	17-177	17-178

*The remuneration of the highest paid Director includes amounts relating to non-pensionable allowances

Pensions of Senior Management (Audited)

	Real increase in pension and related lump sum at pension age £000s	Total accrued pension at pension age and related lump sum £000s	CETV at 31/03/18 £000s	CETV at 31/03/19 £000s	Real increase in CETV £000s
Executive Members					
Prof Keith Gardiner Chief Executive/ Postgraduate Dean	0-2.5 Plus lump sum of 2.5-5	55-60 Plus lump sum of 175-180	1,277	1,444	22
Dr Claire Loughrey Director of GP Education	0-2.5 Plus lump sum of 2.5-5	35-40 Plus lump sum of 110-115	765	876	19
Dr Ian Steele Director of Hospital Specialty Training/ Director of Professional Development	0-2.5 Plus lump sum of (10-15)	40-45 Plus lump of 95-100	759	817	(50)
Ms Brid Hendron Postgraduate Dental Dean	0-2.5 Plus lump sum of 0-2.5	5-10 Plus lump sum of 0-2.5	85	123	23
Dr Lorraine Parks* NI Foundation School Director	0-2.5 Plus lump sum of 0-2.5	25-30 Plus lump sum of 70-75	447	563	47

*Appointed August 2018

Note: There are no pension figures for A Carragher as this individual is over the normal retirement age and retired from NIMDTA in July 2018.

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit

accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Staff Report

Staff Profile

At 31 March 2019, there were 161 employees (54 male and 107 female) on NIMDTA's payroll, including six Non-Executive Directors. In addition there were 99 employees (55 male and 44 female) on the payroll of HSC Trusts, 1 employee (female) on the payroll of QUB and 7 agency staff (2 male and 5 female).

The breakdown was as follows:

Non –Executive Directors	Male	Female
Board Members	5	1
Total	5	1
Medical and Dental		
Consultant (Chief Executive/Postgraduate Dean)	1	-
Consultant (Director)	1	-
Consultant (Associate Dean)	-	1
GP00	2	6
GP01	22	44
GP02	4	3
GP03	7	5
GP06	1	4
Total	38	63
Administrative and Clerical		
AFC Band 3	3	11
AFC Band 4	5	16
QUB Band 4	-	1
AFC Band 5	-	6
AFC Band 6	1	5
AFC Band 7	-	1
AFC Band 8A	1	2
AFC Band 8B	1	1
Total	11	43
Medical Programmed Activities Re-charges		
Consultant	55	44
Total	55	44
*Agency Staff		
AFC Band 2	-	1
AFC Band 3	1	3
AFC Band 4	1	1
Total	2	5

*Agency staff replaced NIMDTA staff who were on sick leave, maternity leave and career breaks

Sickness Absence

During 2018-19, there were 4,588.5 hours lost due to sickness within NIMDTA. This represents a loss rate of 3.8% (2.1% for 2017-18). This is well below the DoH target of 5.5%.

Section 75 Equality Duty NI Act 1998

NIMDTA provided an annual progress report on its Equality Action Plan and Disability Action Plan to the Equality Commission to meet its statutory duty under Section 75 of the NI Act 1998. NIMDTA has a Disability Champion and NIMDTA staff are invited to attend the Disability Network Tapestry facilitated by BSO. Resources were provided to staff on diversity. NIMDTA also held 2 Disability awareness days. NIMDTA also provides Equality and Diversity training to recruitment and training panels.

Public Sector appointees and Staff Resources not on Payroll

Under DoH circular reference: HSC (F) 21-2014 Departmental ALBs are required to disclose in their Annual Reports the details of 'off-payroll' engagements at a total cost of over £58,200 per annum that were in place during 2018-19.

NIMDTA had no off-payroll engagements during 2018-19.

Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2018-19

Staff Costs (Audited)

Staff costs comprise	2018-19			2017-18
	Permanently employed staff £000s	*Others £000s	Total £000s	Total £000s
Wages and salaries	3,235	102	3,337	7,342
Social security costs	254	-	254	228
Other pension costs	662	-	662	383
Sub-Total	4,151	102	4,253	7,953
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	4,151	102	4,253	7,953
Less recoveries in respect of outward secondments			60	-
Total net costs			4,193	7,953

Included within Trust RRLs were £4,458,335 of salary costs in relation to Programme Activities (PA) recharges and recognition of trainers.

Average Number of Persons employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:

	2018-2019			2017-2018
	Permanently employed staff No.	Others* No.	Total No.	Total No.
Administrative and Clerical	61	3	64	61
Medical & Dental	18	-	18	53
Medical & Dental (inc within Trust RRLs)	3	33	36	-
Total average number of persons employed	82	36	118	114
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments			1	-
Total net average number of persons employed			117	114

* The staff numbers disclosed as Others in 2018-19 relate to temporary members of staff.

Early Retirement and Other Compensation Scheme – Exit Packages (Audited)

During 2018-19, NIMDTA had no staff leave through early retirements, exit packages or any other form of compensation schemes.

Redundancy and other departure costs would be paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

There were no staff benefits paid during 2018-19 or 2017-18.

Retirements due to ill-health

During 2018-19 and 2017-18 there were no early retirements from NIMDTA on the grounds of ill-health.

Accountability Report

3. Accountability and Audit Report

a) Funding Report

Losses and Special Payments (Audited)

There were no cash losses, claims abandoned, administrative write-offs or fruitless payments made during 2018-19 or 2017-18.

Losses and Special Payments over £250,000

NIMDTA had no losses or special payments over £250,000.

Fees and Charges (Audited)

There were no other fees and charges made during the year.

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, NIMDTA also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability.

NIMDTA had no remote contingent liabilities in 2018-19.

Compliance with Regularity of Expenditure Guidance (Audited)

NIMDTA developed a budget that supported the work of its Business Plan 2018-19. A budget update report was provided to DoH on a monthly basis, with any variances explained.

NIMDTA has an Authorisation Framework in place, which sets out the delegated authority for budgetary spend. This Framework is kept under regular review.

NIMDTA has put in place contracts, service level agreements, and learning and development agreements that identify the terms for significant and regular areas of spend. These agreements are kept under regular review, with variances and/or resultant issues being reported to the NIMDTA Board.

NIMDTA is not aware of any irregularities or variances in spend in relation to expenditure guidance.

Gifts

There were no gifts noted over the limits proscribed in Managing Public Money Northern Ireland.

Financial Targets

During 2018-19, NIMDTA achieved a financial break even position, with a surplus against RRL of £139,164 (0.21%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 23.3 within the accounts.

DoH requires that Agencies pay their non-HSC creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. NIMDTA's payment policy is consistent with the CBI Prompt Payment Code and Government Accounting Rules.

NIMDTA achieved an outturn of 99% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (75%) was 96%. Further details of compliance with the Better Payments Practice code are given in Note 14 within the accounts.

A handwritten signature in black ink, appearing to read "Keith Gardiner". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

27 June 2019

b) The Certificate and Report of the Comptroller and Auditor General

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Medical and Dental Training Agency for the year ended 31 March 2019 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Northern Ireland Medical and Dental Training Agency's affairs as at 31 March 2019 and of the Northern Ireland Medical and Dental Training Agency's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Northern Ireland Medical and Dental Training Agency in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Other Information

The Board and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my

audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Report

I have no observations to make on these financial statements.



*KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU*

11th July 2019

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

**ANNUAL ACCOUNTS FOR THE
YEAR ENDED 31 MARCH 2019**

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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

FOREWORD

The accounts for the year ended 31 March 2019 have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 83-118) which I am required to prepare on behalf of the Northern Ireland Medical and Dental Training Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Northern Ireland Medical and Dental Training Agency and with the accounting standards and policies for HSC bodies approved by the DoH.



Chief Executive

27th June 2019

Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 83 to 118) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

27th June 2019

Date



Chief Executive

27th June 2019

Date

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2019

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2019 £	2018 £
Income			
Revenue from contracts with customers	4.1	182,551	183,165
Other Operating Income	4.2	180,248	174,049
Total operating income		362,799	357,214
Expenditure			
Staff costs	3	(4,252,994)	(7,953,549)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(53,269)	(47,163)
Provision expense	3	-	-
Other expenditure	3	(13,833,453)	(11,799,718)
Total operating expenditure		(18,139,716)	(19,800,430)
Net Expenditure		(17,776,917)	(19,443,216)
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		(17,776,917)	(19,443,216)
Revenue Resource Limits (RRLs) issued to;			
Belfast HSC Trust		(21,763,675)	(19,594,277)
South Eastern HSC Trust		(6,589,796)	(5,595,362)
Southern HSC Trust		(5,888,510)	(5,242,456)
Northern HSC Trust		(6,117,293)	(5,524,896)
Western HSC Trust		(6,732,628)	(6,178,994)
Public Health Agency		(485,790)	(485,790)
Total RRL issued		(47,577,692)	(42,621,775)
Total commissioner resources utilised		(65,354,609)	(62,064,991)
Revenue Resource Limit (RRL) received from DoH	23.3	65,493,773	62,089,136
Surplus/(Deficit) against RRL		139,164	24,145
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2019 £	2018 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	502	611
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2019		(17,776,415)	(19,442,605)

The notes on pages 87-118 form part of these accounts


NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY


STATEMENT of FINANCIAL POSITION as at 31 March 2019

This statement presents the financial position of NIMDTA. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2019		2018	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	158,469		179,242	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Non current trade and other receivables	12	-		-	
Other non current assets	12	-		-	
Total Non Current Assets			158,469		179,242
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	10	1,220		1,176	
Trade and other receivables	12	50,120		68,434	
Other current assets	12	87,552		96,428	
Current Intangible assets	12	-		-	
Current Financial assets	7	-		-	
Cash and cash equivalents	11	45,276		47,134	
Total Current Assets			184,168		213,172
Total Assets			342,637		392,414
Current Liabilities					
Trade and other payables	13	(1,886,451)		(2,440,084)	
Other liabilities	13	-		-	
Current Intangible liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(1,886,451)		(2,440,084)
Total assets less current liabilities			(1,543,814)		(2,047,670)
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	13	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			(1,543,814)		(2,047,670)
Taxpayers' Equity and other reserves					
Revaluation reserve		7,908		7,406	
SoCNE Reserve		(1,551,722)		(2,055,076)	
Total equity			(1,543,814)		(2,047,670)

The financial statements on pages 83 to 86 were approved by the Board on (date) and were signed on its behalf by;

Signed  (Chairman) Date 27 June 2019

Signed  (Chief Executive) Date 27 June 2019

The notes on pages 87-118 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CASH FLOWS for the year ended 31 March 2019

The Statement of Cash Flows shows the changes in cash and cash equivalents of NIMDTA during the reporting period. The statement shows how NIMDTA generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by NIMDTA. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to NIMDTA's future public service delivery.

	NOTE	2019 £	2018 £
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(17,776,917)	(19,443,216)
Adjustments for non cash costs	3	67,969	57,687
(Increase)/decrease in trade and other receivables	12	27,190	138,719
<i>Less movements in receivables relating to items not passing through the NEA</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories	10	(44)	893
Increase/(decrease) in trade payables	13	(553,633)	424,725
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant & equipment	13	-	58,396
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions		-	-
Net cash inflow/(outflow) from operating activities		(18,235,435)	(18,762,796)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(31,994)	(126,549)
(Purchase of intangible assets)		-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		(31,994)	(126,549)
Cash flows from financing activities			
Grant in aid		18,265,571	18,892,240
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		18,265,571	18,892,240
Net increase (decrease) in cash & cash equivalents in the period	11	(1,858)	2,895
Cash & cash equivalents at the beginning of the period	11	47,134	44,239
Cash & cash equivalents at the end of the period		45,276	47,134

The notes on pages 87-118 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2019

This statement shows the movement in the year on the different reserves held by NIMDTA, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of NIMDTA, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2017		(1,514,600)	6,795	(1,507,805)
Changes in Taxpayers Equity 2017-18				
Grant from DoH		18,892,240	-	18,892,240
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(19,443,216)	611	(19,442,605)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	10,500	-	10,500
Balance at 31 March 2018		(2,055,076)	7,406	(2,047,670)
Changes in Taxpayers Equity 2018-19				
Grant from DoH		18,265,571	-	18,265,571
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(17,776,917)	502	(17,776,415)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	14,700	-	14,700
Balance at 31 March 2019		(1,551,722)	7,908	(1,543,814)

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Northern Ireland Medical and Dental Training Agency ("NIMDTA"). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of NIMDTA for the purpose of giving a true and fair view has been selected. NIMDTA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

In addition, due to the manner in which NIMDTA is funded, the Statement of Financial Position will show a negative position. In line with the FReM, sponsored entities such as NIMDTA which show total net liabilities, should prepare financial statements on a going concern basis. The cash required to discharge these net liabilities will be requested from the Department of Health when they fall due, and is shown in the Statement of Changes in Taxpayers' Equity.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Currency

These accounts are presented in UK Pounds sterling, rounded to the nearest pound.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the ‘Member of Royal Institution of Chartered Surveyors’ (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

NIMDTA’s land and buildings relate to fittings of the leased building.

Land and buildings used for NIMDTA’s services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which NIMDTA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Leasehold Property	Remaining period of lease
IT Assets	5 years
Intangible assets	5 years
Other Equipment	10 years

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of NIMDTA's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of NIMDTA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, NIMDTA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current assets held for sale

NIMDTA has no non-current assets held for sale.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of NIMDTA and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

In year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price is determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

Grant in aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

NIMDTA does not have any investments.

1.12 Research and Development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, additional disclosures are included in the notes to the accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

1.13 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

NIMDTA as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating NIMDTA's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

NIMDTA as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of NIMDTA's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on NIMDTA's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) transactions

NIMDTA had no PFI transactions during the year.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

1.17 Financial instruments

- Financial assets

Financial assets are recognised on the Statement of Financial Position when NIMDTA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when NIMDTA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within NIMDTA in creating risk than would apply to a non public sector body of a similar size, therefore NIMDTA is not exposed to the degree of financial risk faced by business entities.

NIMDTA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NIMDTA in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

NIMDTA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. NIMDTA has no overseas operations. NIMDTA therefore has low exposure to currency rate fluctuations.

- Interest rate risk

NIMDTA has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

- Credit risk

Because the majority of NIMDTA's income comes from contracts with other public sector bodies, NIMDTA has low exposure to credit risk.

- Liquidity risk

Since NIMDTA receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.18 Provisions

NIMDTA had no provisions at either 31 March 2019 or 31 March 2018.

1.19 Contingencies

NIMDTA had no contingent assets or liabilities at either 31 March 2019 or 31 March 2018.

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2019. It is not anticipated that the level of unused leave will vary significantly from year to year. Unused flexi leave is estimated to be immaterial to NIMDTA and has not been included.

Retirement benefit costs

HSC Superannuation Scheme

Past and present employees are covered by the provisions of the HSC Superannuation Scheme.

NIMDTA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both NIMDTA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by NIMDTA and charged to the Statement of Comprehensive Net Expenditure at the time NIMDTA commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2018-19 accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

The University Superannuation Scheme

This is a defined benefit scheme with employer contributions of 18% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2017. Further information on this can be obtained from the Universities Superannuation Scheme Limited. NIMDTA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NIMDTA has no beneficial interest in them. Details of third party assets are given in Note 22 to the accounts.

1.24 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.25 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

1.26 Accounting Standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the Requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2020.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1st January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic objective of the Northern Ireland Medical & Dental Training Agency is the training of doctors and dentists in Northern Ireland.

The Agency Board acts as the Chief Operating Decision Maker and receives financial information on the Agency as a whole and makes decisions on this basis. Hence, it is appropriate that the Agency reports on a single operational segment basis.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 3 EXPENDITURE

	2019 £	2018 £
Staff costs ¹ :		
Wages and Salaries	3,337,682	7,342,226
Social security costs	253,803	227,961
Other pension costs	661,509	383,362
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	817,360	773,265
Transport	-	-
Premises	215,418	220,674
Bad debts	-	-
Rentals under operating leases	160,834	160,594
PFI and other service concession arrangements service charges	-	-
Miscellaneous	4,147	855
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	9,228,150	7,994,995
Junior Doctors Trainer Grants	1,480,204	1,415,983
Junior Doctors Study Leave	909,117	392,107
Training	693,908	536,582
Recruitment	309,615	294,139
Non cash items		
Depreciation	53,269	47,163
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	24
Loss on disposal of intangibles	-	-
Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Other administration	-	-
Auditors remuneration	14,700	10,500
Total	18,139,716	19,800,430

¹ Further detailed analysis of staff costs is located in the Staff Report on pages 70-73 within the Accountability Report.

During the year the NIMDTA purchased £1,156 of non audit services from its external auditor (NIAO) in relation to National Fraud Initiative. (2018: Nil).

The decrease in wages and salaries is directly related to PA recharges now through RRL, the pension increase is a result of an error on how superannuation was calculated on sick pay and maternity dated back to 2013-14. The junior doctor pay fluctuates year on year depending on intake.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 4 INCOME

4.1 Revenue from contracts with customers

	2019	2018
	£	£
Course Fees	182,551	183,165
Total	182,551	183,165

4.2 Other Operating Income

	2019	2018
	£	£
Other income from non-patient services	120,491	174,049
Seconded staff	59,757	-
Charitable and other contributions to expenditure	-	-
Donations / Government grant / Lottery funding for non current assets	-	-
Profit on disposal of land	-	-
FTC interest receivable	-	-
Interest receivable	-	-
Total	180,248	174,049

4.3 Deferred income

	2019	2018
	£	£
Research & development income released	-	-
Income released from conditional grants	-	-
Total	-	-

TOTAL INCOME	362,799	357,214
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This is the initial year of application of IFRS 15 Revenue from Contracts with Customers. Under IAS 18 Revenue, should IFRS 15 not have been adopted, £182,551 would have been disclosed as Income from activities and £180,248 as Other operating income totalling £362,799 income for 2018-19. Refer to accounting policy note 1.10 for further information.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.1 Property, plant & equipment - year ended 31 March 2019

	Land £000s	Buildings (excluding dwellings) £000s	Dwellings £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation									
At 1 April 2018	-	366,307	-	-	-	-	284,408	102,033	752,748
Indexation	-	10,635	-	-	-	-	506	1,568	12,709
Additions	-	-	-	-	-	-	31,994	-	31,994
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	(824)	-	-	-	-	(12,504)	(42,997)	(56,325)
At 31 March 2019	-	376,118	-	-	-	-	304,404	60,604	741,126

Depreciation

At 1 April 2018	-	359,418	-	-	-	-	112,058	102,030	573,506
Indexation	-	10,585	-	-	-	-	54	1,568	12,207
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	(824)	-	-	-	-	(12,504)	(42,997)	(56,325)
Provided during the year	-	6,939	-	-	-	-	46,330	-	53,269
At 31 March 2019	-	376,118	-	-	-	-	145,938	60,601	582,657

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2019

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2019	-	-	-	-	-	-	158,466	3	158,469
At 31 March 2018	-	6,889	-	-	-	-	172,350	3	179,242

Asset financing

Owned	-	-	-	-	-	-	158,466	3	158,469
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2019	-	-	-	-	-	-	158,466	3	158,469

Any fall in value through negative indexation or revaluation is shown as impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2018: £Nil).

The fair value of assets funded from the following sources during the year was:

	2019 £	2018 £
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.2 Property, plant & equipment - year ended 31 March 2019

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2017	-	340,311	-	-	-	-	255,946	139,340	735,597
Indexation	-	25,996	-	-	-	-	-	(1,676)	24,320
Additions	-	-	-	-	-	-	68,153	-	68,153
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(39,691)	(35,631)	(75,322)
At 31 March 2018	-	366,307	-	-	-	-	284,408	102,033	752,748

Depreciation

At 1 April 2017	-	327,511	-	-	-	-	111,084	139,337	577,932
Indexation	-	25,385	-	-	-	-	-	(1,676)	23,709
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(39,667)	(35,631)	(75,298)
Provided during the year	-	6,522	-	-	-	-	40,641	-	47,163
At 31 March 2018	-	359,418	-	-	-	-	112,058	102,030	573,506

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2019

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount At 31 March 2018	-	6,889	-	-	-	-	172,350	3	179,242
At 1 April 2017	-	12,800	-	-	-	-	144,862	3	157,665

Asset financing

Owned	-	6,889	-	-	-	-	172,350	3	179,242
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2018	-	6,889	-	-	-	-	172,350	3	179,242

Asset financing

Owned	-	12,800	-	-	-	-	144,862	3	157,665
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2017	-	12,800	-	-	-	-	144,862	3	157,665

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 6.1 Intangible assets - year ended 31 March 2019

	Software Licenses	Information Technology	Websites	Development Expenditure	Licences, Trademarks & Artistic Originals	Patents	Goodwill	Payments on Account & Assets under Construction	Total
	£	£	£	£	£	£	£	£	£
Cost or Valuation									
At 1 April 2018	119,065	-	-	-	-	-	-	-	119,065
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2019	119,065	-	-	-	-	-	-	-	119,065

Amortisation

At 1 April 2018	119,065	-	-	-	-	-	-	-	119,065
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2019	119,065	-	-	-	-	-	-	-	119,065

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 6.1 (continued) Intangible assets - year ended 31 March 2019

	Software Licenses	Information Technology	Websites	Development Expenditure	Licences, Trademarks & Artistic Originals	Patents	Goodwill	Payments on Account & Assets under Construction	Total
	£	£	£	£	£	£	£	£	£
Carrying Amount									
At 31 March 2019	-	-	-	-	-	-	-	-	-
At 31 March 2018	-	-	-	-	-	-	-	-	-

Asset financing

Owned
 Finance leased
 On B/S (SoFP) PFI and other service concession arrangements contracts

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2019	-	-	-	-	-	-	-	-	-

Any fall in value through negative indexation or revaluation is shown as impairment.

The fair value of assets funded from the following sources during the year was:

	2019	2018
	£	£
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 6.2 Intangible assets - year ended 31 March 2019

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Cost or Valuation									
At 1 April 2017	123,706	-	-	-	-	-	-	-	123,706
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(4,641)	-	-	-	-	-	-	-	(4,641)
At 31 March 2018	119,065	-	-	-	-	-	-	-	119,065

Amortisation

At 1 April 2017	123,706	-	-	-	-	-	-	-	123,706
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	(4,641)	-	-	-	-	-	-	-	(4,641)
Provided during the year	-	-	-	-	-	-	-	-	-
At 31 March 2018	119,065	-	-	-	-	-	-	-	119,065

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 6.2 (continued) Intangible assets - year ended 31 March 2019

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount At 31 March 2018	-	-	-	-	-	-	-	-	-
At 1 April 2017	-	-	-	-	-	-	-	-	-

Asset financing

Owned
Finance leased
On B/S (SoFP) PFI and other service concession arrangements contracts

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2018	-	-	-	-	-	-	-	-	-

Asset financing

Owned
Finance leased
On B/S (SoFP) PFI and other service concession arrangements contracts

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2017	-	-	-	-	-	-	-	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of NIMDTA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with NIMDTA's expected purchase and usage requirements and NIMDTA is therefore exposed to little credit, liquidity or market risk.

NOTE 8 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2019 or 31 March 2018.

NOTE 9 NON CURRENT ASSETS HELD FOR SALE AND DISCONTINUED OPERATION

NIMDTA did not hold any assets classified as held for sale at either 31 March 2019 or 31 March 2018.

NOTE 10 INVENTORIES

	2019	2018
	£	£
Office supplies	1,220	1,176
Total	1,220	1,176

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 11 CASH AND CASH EQUIVALENTS

	2019	2018
	£	£
Balance at 1 st April	47,134	44,239
Net change in cash and cash equivalents	(1,858)	2,895
Balance at 31st March	45,276	47,134

The following balances at 31 March were held at

	2019	2018
	£	£
Commercial Banks and cash in hand	45,276	47,134
Balance at 31st March	45,276	47,134

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2019	2018
	£	£
Amounts falling due within one year		
Trade receivables	36,557	65,648
Deposits and advances	-	-
VAT receivable	-	-
Other receivables – not relating to fixed assets	13,563	2,786
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	<u>50,120</u>	<u>68,434</u>
Prepayments	87,552	96,428
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	<u>87,552</u>	<u>96,428</u>
Carbon reduction commitment	-	-
Intangible current assets	<u>-</u>	<u>-</u>
Amounts falling due after more than one year		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
Trade and other receivables	<u>-</u>	<u>-</u>
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	<u>-</u>	<u>-</u>
TOTAL TRADE AND OTHER RECEIVABLES	<u><u>50,120</u></u>	<u><u>68,434</u></u>
TOTAL OTHER CURRENT ASSETS	<u><u>87,552</u></u>	<u><u>96,428</u></u>
TOTAL INTANGIBLE CURRENT ASSETS	<u><u>-</u></u>	<u><u>-</u></u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>137,672</u></u>	<u><u>164,862</u></u>

The balances are net of a provision for bad debts of £Nil (2017/18: £Nil).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2019 £	2018 £
Amounts falling due within one year		
Other taxation and social security	435,748	-
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	54,238	54,238
Trade capital payables – intangibles	-	-
Trade revenue payables	204,973	649,300
Payroll payables	21,808	1,949
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals	1,165,979	1,710,148
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	3,705	24,449
Trade and other payables	<u>1,886,451</u>	<u>2,440,084</u>
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Other current liabilities	<u>-</u>	<u>-</u>
Carbon reduction commitment	-	-
Intangible current liabilities	<u>-</u>	<u>-</u>
Total payables falling due within one year	1,886,451	2,440,084
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of PFI and other service concession arrangements	-	-
Long term loans	-	-
Total non current other payables	<u>-</u>	<u>-</u>
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	<u><u>1,886,451</u></u>	<u><u>2,440,084</u></u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that NIMDTA pay their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. NIMDTA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2019 Number	2019 Value £	2018 Number	2018 Value £
Total bills paid	9,489	8,576,845	9,151	7,849,437
Total bills paid within 30 day target	9,413	8,522,275	9,009	7,757,008
% of bills paid within 30 day target	99%	99%	98%	99%
Total bills paid within 10 day target	9,102	8,277,797	8,570	7,334,287
% of bills paid within 10 day target	96%	97%	94%	93%

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
Total	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2019 or 31 March 2018.

NOTE 16 CAPITAL COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2019 or 31 March 2018.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2019	2018
	£	£
Obligations under operating leases comprise		
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	-
Buildings		
Not later than one year	36,630	136,080
Later than one year but not later than five years	-	36,630
Later than five years	-	-
	36,630	172,710
Other		
Not later than 1 year	-	797
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	797

17.2 Finance Leases

NIMDTA had no finance leases at either 31 March 2019 or 31 March 2018.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 PFI and other service concessions arrangement schemes deemed to be off-balance sheet (SoFP)

NIMDTA had no commitments under PFI and other concession arrangement contracts at 31 March 2019 or 31 March 2018

18.2 'Service' element of PFI and other service concession arrangement schemes deemed to be on balance sheet (SoFP)

NIMDTA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2019 or 31 March 2018.

NOTE 19 OTHER FINANCIAL COMMITMENTS

NIMDTA did not have any other financial commitments at 31 March 2019 or 31 March 2018.

NOTE 20 CONTINGENT LIABILITIES

NIMDTA did not have any contingent liabilities at 31 March 2019 or 31 March 2018.

20.1 Financial Guarantees, Indemnities and Letters of Comfort

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2019 or 31 March 2018.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 21 RELATED PARTY TRANSACTIONS

The Agency is a Special Agency sponsored by the Department of Health (DoH) and as such the DoH is a related party. During the year the Agency has undertaken various transactions with the DoH and with other entities for which the Department of Health is regarded as the parent Department. These are:

Belfast HSC Trust, South Eastern HSC Trust, Southern HSC Trust, Northern HSC Trust, Western HSC Trust, HSCB , PHA and Business Services Organisation.

During the year, none of the board members, members of key management staff or other related parties has undertaken any material transactions with the Agency.

Some of the Agency's Non-Executive Directors have disclosed interests with organisations from which the Agency purchased services or supplied services to during 2018/19. Set out below are details of the amount paid to these organisations during 2018/19. In none of these cases listed did the Executive/Non-Executive Directors have any involvement in the decisions to procure the services from the Organisation concerned.

Interests in the below organisations were declared by the following:-

- Alistair Joynes is an Independent member on the Police Service NI misconduct panel.
- Dr Derek Maguire is a part time Dental Advisor with the HSCB.
- During 2018-19 Dr Janet Little is employed also with the Belfast HSC Trust
- Dr Claire Loughrey's husband (Dr Paul Loughrey) is a G.P. Trainer at Salisbury Medical Centre. Also during 2018-19 Dr Claire Loughrey was seconded to the GP Federation.
- Dr Ian Steele is employed also with Belfast HSC Trust.
- Ms Angela Carragher was employed also with South Eastern HSC Trust.
- Dr Lorraine Parks is also employed with the Southern HSC Trust.
- Brid Hendron is employed by the HSCB.

	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Health and Social Care Board***	-	1,938,286	-	27,000
Salisbury Medical Centre	21,185	-	1,279	-
Belfast HSC Trust*	21,793,999	-	1,080	-
South Eastern HSC Trust**	6,592,081	450	450	-
Southern HSC Trust****	5,888,510	-	-	-
Police Service NI	7,112	-	-	-
GP Federation	-	59,757	-	-
Western HSC Trust*****	6,732,628	-	-	-
Northern HSC Trust*****	6,117,293	-	-	-

*Includes £21,763,675 RRL

**Includes £6,589,796 RRL

***Includes £1,825,754 RRL

****Includes £5,888,510 RRL

*****Includes £6,732,628 RRL

***** Includes £6,117,293 RRL

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 22 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2019 or 31 March 2018 belonging to third parties.

NOTE 23 FINANCIAL PERFORMANCE TARGETS

23.1 Revenue Resource Limit

NIMDTA is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit for NIMDTA is calculated as follows:

	2019	2018
	Total	Total
	£	£
DoH (excludes non cash)	63,374,251	60,237,670
HSCB	1,825,754	1,645,532
PHA	102,207	-
Non cash RRL (from DoH)	67,969	57,687
Total agreed RRL	65,370,181	61,940,889
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Adjustment for Research and Development under ESA10	123,592	148,247
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	65,493,773	62,089,136

23.2 Capital Resource Limit

NIMDTA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2019	2018
	Total	Total
	£	£
Gross capital expenditure by NIMDTA (Receipts from sales of fixed assets)	31,994	68,153
Net capital expenditure	-	-
	<u>31,994</u>	<u>68,153</u>
Capital Resource Limit	32,000	68,238
Adjustment for Research and Development under ESA10	-	-
	<u>-</u>	<u>-</u>
Overspend/(Underspend) against CRL	(6)	(85)

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

23.3 Financial Performance Targets

NIMDTA is required to ensure that it breaks even on an annual basis by containing its surplus to within 0.25% of RRL.

	2018-19	2017-18
	£	£
Net Expenditure	(65,354,609)	(62,064,991)
RRL	65,493,773	62,089,136
Surplus/(Deficit) against RRL	139,164	24,145
Break Even cumulative position (opening)	1,902,718	1,878,573
Break Even Cumulative position (closing)	2,041,882	1,902,718

Materiality Test:

	2018-19	2017-18
	%	%
Break Even in year position as % of RRL	0.21%	0.04%
Break Even cumulative position as % of RRL	3.12%	3.06%

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 24 EVENTS AFTER THE REPORTING PERIOD

There are no material post balance sheet events.

DATE OF AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 11 July 2019.