



NORTHERN IRELAND MEDICAL & DENTAL TRAINING AGENCY

Annual Report and Accounts

FOR THE YEAR ENDED 31 MARCH 2020

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On

31 July 2020

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Foreword from the Chair

Throughout most of 2019-20, we continued to make significant progress towards the delivery of the outcomes which were specified in our Strategic and Business Plans. In addition, we implemented a number of new initiatives designed to improve the education and experience of doctors and dentists in training within Northern Ireland and, as a result, further enhance our contribution to the wider Health & Social Care [HSC] system.

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

- Continued implementation of the VALUED and SUCCEED strategies to improve the quality of postgraduate training in NI;
- Extension of the Placement Quality Initiative to improve the quality of training placements in the Core Surgery and Psychiatry programmes in addition to Foundation and Obstetrics and Gynaecology;
- Delivery of Flagship Education Events for trainees, trainers and educators;
- Introduction of the first phase of the Single Lead Employer project, designed to improve the employment experience of doctors and dentists in training;
- Hosting of the Northern Ireland Centre for Pharmacy Learning and Development [NICPLD] in Beechill House;
- Support of the new DoH-led Strategic Group to Enhance the Quality of Medical Education in Northern Ireland;
- Support of the Inquiry into Hyponatraemia-Related Deaths Recommendation Implementation Groups;
- Acquisition and commissioning of additional space in Beechill House;
- Comprehensive staff engagement, development, health and well-being programmes; and
- Maintaining focus on continuous improvement in all areas of our service.

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 and on ensuring that they receive the highest standard of education and training. As highlighted over a number of years, the delivery of this vision continues to be impacted upon by changing career aspirations of more recent graduates with an associated increased number of vacancies which exist within our programmes.

We have and will continue to review and improve our effectiveness throughout all of the services and will respond to the many new challenges which we will face going forward. Many of these challenges are external with the most significant challenge to postgraduate education and training arising as a consequence of the COVID-19 pandemic during the final period of 2019-20.

This pandemic has had a significant impact on every area of the Northern Ireland Medical & Dental Training Agency's [NIMDTA] activities. For example:

- Cancellation of:
 - all formal educational events and teaching including flagship events;
 - rotations of trainees to their next planned placements;
 - professional examinations for trainees;
 - mandatory courses for trainees;
 - study leave for trainees;
 - out of programme trainee placements;
 - academic and leadership fellow recruitment;
 - training quality management activity (surveys, visits);
 - training placement quality improvement initiatives;
 - training committees and training school boards;
 - appraisals for all medical staff in NI (affecting NIMDTA's GP appraisal function); and
 - NIMDTA staff development, health and wellbeing events.
- Postponement of:
 - trainee recruitment; and
 - trainee revalidation.
- Redeployment of:
 - trainees to different clinical duties; and
 - trainers and educators to fulltime clinical duties.
- Reduced:
 - clinical experience for trainees due to cancellation of routine clinical activities in HSC Trusts;
 - completion of work-place based assessments for trainees;
 - completion of Supervisor's reports for trainees; and
 - opportunity for trainees to take annual leave.
- Delayed acquisition of competences and capabilities by trainees
- Risk of significantly increased numbers of trainees:
 - being unable to progress to the next stage of their training; and
 - needing extensions to training.

- Absence of trainees, trainers and educators from the training environment due to sickness, self-isolation and shielding.

NIMDTA has transitioned its staff successfully to working remotely from home, and conducting all meetings using teleconferencing and videoconferencing. In addition, NIMDTA staff have been very involved in facilitating the return to full time clinical practice of academic and leadership fellows and other trainees who were out of programme as well as facilitating the early entry into clinical service of new medical graduates (Foundation Interim Year 1 doctors).

Whilst these factors are having a major impact on NIMDTA currently, they will become much more significant when training activity is recommenced. The pressures on the NIMDTA team will be exceptional, as recruitment, Annual Review of Competence Progression [ARCP], educational activities, revalidation, allocation and induction are compressed into a short time frame. Although difficult to quantify at present, another major factor will be the extent of the additional professional support activities for trainees which will arise in the aftermath of the current pandemic. There is no doubt that significant additional costs will arise in 2020-21 and, almost certainly, 2021-22. We are confident that within our team, we have the skills, commitment and professionalism to deliver what is required and also maintain our focus on the outcomes within our Strategic and Business Plans.

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

Dr Claire Loughrey (Director of Postgraduate GP Education), resigned with effect from January 2020 to take up a new post with the GP Federations. Dr Loughrey made a major contribution to GP training during her years within the role and was instrumental in establishing the Northern Ireland GP School as the number one within the United Kingdom [UK]. Dr Michele Stone, who had been in a key leadership role within GP specialty training, was appointed to succeed Dr Loughrey in this role. NIMDTA has also welcomed Mrs Joanne Turner to the Senior Management Committee as the Senior HR Manager (Trainee Employment).

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 HSC, not only within Northern Ireland but throughout the UK. I would particularly highlight the leadership of Professor Keith Gardiner and the Senior Management Committee. Collectively, they have 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. Finally, I would also like to acknowledge my Board colleagues for their commitment and support and again reiterate my appreciation to everyone in NIMDTA for their contribution over the past year and, more recently their resilience.

A handwritten signature in black ink, appearing to read 'Alistair Joynes', with a stylized flourish at the end.

Alistair Joynes, Chair

Date: 25 June 2020

Performance Report

1. Performance Overview

The purpose of this performance overview is to provide a brief summary of NIMDTA and its aims as well as provide insight into the achievement of its objectives. It also provides an overview of NIMDTA's performance over the past year.

Chief Executive's Statement on Performance

I am satisfied that NIMDTA has performed well in 2019-20. The following key targets have been met:

- a financial break even position, with a surplus against RRL of £76,579 (0.11%) against a target of 0.25%;
- an outturn of 98% in relation to thirty day prompt payments against a target of 95%;
- an outturn of 94% in relation to ten day prompt payments against a target of 75%;
- satisfactory overall levels of assurance were identified across all Internal Audit reports [with a limited aspect noted in the Financial Review relating to Travel & Subsistence];
- an absence rate of staff of 4.39% against a target of 5.5%;
- 98% 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 and Activities

NIMDTA is an Arm's Length Body [ALB] 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 [ST] 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 General Medical Council [GMC] for ensuring that the standards they have set for medical training, educational structures and processes are achieved. This is monitored through the completion of the Online Dean's Report [DR] which records information in real time. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. 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 focusing 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, Faculty Development Groups and Trainee Review Group. 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 and QUB share the leadership of the Clinical Academic Training Programme Board. NIMDTA and QUB jointly organise an Annual Clinical Education Day and an Annual Trainee Research Day. NIMDTA participated in a review of the QUB Medical School as an employer contact and a NIMDTA representative contributed to QUB Medical Student Surgical Society Day as a keynote speaker. NIMDTA representatives have also engaged with the Foundation Dean for the proposed new medical school in the Ulster University.

In 2019-20, NIMDTA participated in established DoH groups (Medical Leaders' Forum, Death Certification Implementation Working Group, Central Medical Advisory Committee, Medical Library Advisory Committee, Privacy Advisory Committee, Improving Doctors and Dentists in Training Working Lives' Group) and in established HSC Groups (Public Health Agency [PHA] Medical Director's Group; HSC Informal Medical Director's Group; ALB Chief Executive's Group; Regional Postgraduate Medical Education Forum; HSC Quality Improvement; NI Health and Social Care Postgraduate Education Forum; NI Simulation and Human Factors Network).

In addition, NIMDTA contributes to DoH and HSC new or short term groups – DoH Strategic Group to Enhance Quality of Medical Education; DoH GP Training Task and Finish Group; HSC Collective Leadership Reference Group; Quality 2020 Developing Professional Leadership; Single Employer Steering Group; Single Employer Working Group; Inquiry into Hyponatraemia Related Deaths [IHRD] HSC Liaison Group; IHRD Education and Training Group (Chair); 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. NIMDTA representatives have also participated in the Belfast Trust's Revalidation Steering Board.

During 2019-20, NIMDTA staff contributed to GMC consultative groups – UK Advisory Forum; Education Advisory Forum; Responsible Officer Reference Group; National Training Surveys Group; Quality Leads; and Curriculum Oversight Group. In addition, NIMDTA participated in GMC Workshops on Supporting a Profession under Pressure and the Medical Licensing Assessment as well as meeting with the GMC Medical Director and the GMC Education Quality team.

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 Nation Statutory Education Body Chief Executive's Group, national education committees (UK Foundation Programme Executive Committee; UK Foundation Programme Board; Conference of Postgraduate Medical Deans [COPMeD]; COPMeD Executive Committee; 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 in 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 and the Royal College of Physicians Postgraduate Deans' Liaison Group.

NIMDTA representatives have also been contributing to the Health Education England [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 representatives participated in the HEE Future Doctor Event, National Health Service [NHS] Education for Scotland Annual Medical Education Conference (keynote speaker), COPMeD Careers Conference (workshop facilitation), University of West London Strategic Workforce Planning Course (keynote speaker), Royal College of Pathologist's Scotland Symposium (keynote speaker) and Royal College of Surgeons in Edinburgh Anti-Bullying Event and engaged with Northern Ireland representatives of the Medical Royal Colleges.

During 2019-20, I have continued as Chair of the IHRD Education and Training Recommendations Working Group engaging with the Serious Adverse Incident, Paediatric Clinical and Assurance work streams and their events as well as participating in the IHRD Stocktake event. 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 representatives continue to engage with the British Medical Association [BMA] through meetings with the Junior Doctors' Committee representatives, Consultants' Committee and the Northern Ireland BMA Chair.

In 2019-20, NIMDTA was asked to host NICPLD. The NICPLD team moved into Beechill House at the start of August 2019. This was a result of the DoH expressing its strategic intention for this work, and was a result of collaborative efforts between DoH officials, QUB, NICPLD & NIMDTA.

NIMDTA engaged with its stakeholders at flagship events (Annual Clinical Education Day; Annual Educational Excellence Day; Annual Trainee Research Day) as well as events with a specific focus (Foundation Placement Quality Summit and Follow Up Event; Plastic Surgery Training workshop; Learning from Trainee Sudden Death workshop).

NIMDTA has commenced during 2019-20 its new role as Single Lead Employer for doctors and dentists in training from August 2019 when trainees in the Histopathology, Trauma & Orthopaedics and Clinical Radiology training programmes transferred to NIMDTA for their employment. The next stage in this initiative will be taken forwards on 1 April 2020 when all the current Foundation Year 1 trainees become NIMDTA employees. This new initiative led by the DoH involves NIMDTA representatives working closely with medical, human resource and service leads in the HSC Trusts as well as trainee representatives.

In response to the COVID-19 pandemic, NIMDTA representatives are working very closely with the Medical Directors and Chief Executives of the Statutory Education Bodies of the other three UK nations, as well as with the GMC, Academy of Medical Royal Colleges, Medical Schools Council, Department of Health NI, PHA, Health & Social Care Board [HSCB], HSC Trust representatives and trainee organisations to support the response of the health services across the UK to this crisis.

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 oversaw this area of work and was chaired by the Director of Professional Development. NIMDTA's Quality Management Team led by

NIMDTA's Quality Manager, coordinated 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.

During 2019-20, Mr Kourosh Khosraviani and Dr Jackie Rendall, Associate Deans for Visits and Curriculum Review carried out five cyclical visits and one triggered visit to General Surgery (2), Emergency Medicine (1), Cardiothoracic Surgery (1), Neurosurgery (1), and O&G. There were 17 visits made to general medical practices. This included 8 accreditation visits to new practices and 9 reaccreditation visits to established training practices. In addition, one GMC Enhanced Monitoring Progress Review took place in January 2020. Following this review, the service remained under Enhanced Monitoring by the GMC.

For the recruitment process for the 2019-20 Dental Foundation Training Programme, 21 general dental practices had practice assessments carried out by NIMDTA and were allocated trainees. A further nine practices, which had been assessed during 2018-19 continued to train during 2019-20. This brought the total up to 30 training practices.

During 2019-20 the Hospital Specialty Training Committee reviewed existing processes and guidance and developed new policies in line with the Gold Guide. The GP Specialty Training Committee reviewed GP-specific policies and guidance.

The seventh edition of the Gold Guide for specialty training in medicine was superseded by the Eighth edition following its publication on 31 March 2020.

To conclude the wider GMC Quality Assurance [QA] Review, the Quality Manager participated in the Postgraduate Task and Finish Group. This group had the responsibility to review the progress and processes of two pilot visits to ensure the proposed new model was appropriate and efficient. The Quality Manager also participated on the GMC Online Dean's 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 2019 GMC National Training Survey [NTS] (which was published in July 2019) with a final trainee response rate of 100%. Doctors in training in Northern Ireland made a total of 17 comments about eight specific patient safety concerns and three concerns were raised about undermining through the 2019 GMC National Training Survey. NIMDTA raised all of these concerns with the relevant

Trusts and is continuing to follow up on the actions the Trusts have taken to resolve the concerns.

The GMC carried out a Trainer Survey in parallel with the trainee survey during 2019-20 and 50.1% of trainers in Northern Ireland responded to this survey.

Placement Quality

Dr Sally-Anne Phillips continues in her role of Associate Dean, leading the Placement Quality work stream. The aim of the Placement Quality work stream is to optimise patient-centred care through quality improvement of medical training posts within Northern Ireland. Placement Quality Reviews involve research into placement quality initiatives across the UK and internationally, researching the relevant curricula and previous measures of quality, engaging with trainees via surveys and focus groups to obtain information in relation to their experiences in Northern Ireland.

On 1 April 2019, QUB and NIMDTA jointly hosted the “Redefining F1” Foundation Summit, with the aim being to consider the experiences of Foundation Year 1 [F1] doctors in Northern Ireland and to identify how the F1 experience could be improved through a collaborative approach involving all of the key stakeholders, including DoH, HSCB, PHA, HSC Trusts, GMC, BMA, and Trainee representatives. The outcomes that F1s are expected to achieve during their first year of clinical practice and the feedback from the Placement Quality Review were presented.

Following the Summit, a Foundation Placement Quality Report based on the background information presented and on the proposals generated during the Summit was published. The Report outlined twelve Key Recommendations for HSC Trusts to improve the F1 experience. The report is available at: <https://www.nimdtg.gov.uk/quality-management/placement-quality/foundation-year-1>

During the summer of 2019, the Placement Quality Review team met with representatives of each Trust to share the findings for each site within their Trust and the United Kingdom Foundation Programme Office [UKFPO] ranking analysis for the GMC NTS 2018. The team learnt of the local actions being taken to implement “quick fixes” in advance of the August 2019 changeover, and the longer term strategies each Trust was developing.

On 9 October 2019, QUB and NIMDTA jointly hosted a “Redefining F1 Follow-up” event. Each Trust was asked to give a short presentation outlining the actions taken to address each of the Key Recommendations and to describe the further actions planned. All key stakeholders were invited to attend and contribute, to learn and share good practice

from each Trust and to discuss the remaining common challenges which might require advice/input from the DoH.

A 'Finding Solutions Together' Workshop at the "Redefining F1 Follow-up" event identified the good practice presented that could be easily transferred across Trusts, reviewed the obstacles encountered by all Trusts and collectively identified possible local solutions. The remaining common challenges which might require advice/input from the DoH were then considered. A Progress Update Report was published in November 2019 which is available at <https://www.nimmdta.gov.uk/quality-management/placement-quality/foundation-year-1>

In August 2019, the second ADEPT [Achieve, Develop, Explore Programme for Trainees] Clinical Leadership Fellow for Placement Quality commenced in post. The focuses of this work stream for 2019-20 were Psychiatry Training and Core Surgical Training. The Placement Quality review of Obstetrics and Gynaecology training commenced in August 2018, and will conclude later in 2020 following a resurvey of trainees.

The work of the Placement Quality initiative was highlighted at a number of educational events during 2019-20. An update on the Placement Quality review process and outcomes was presented at the NIMDTA Clinical Excellence day on 28 June 2019. Two workshops, at the NIMDTA/QUB Clinical Education Day in Riddell Hall, QUB on 26 September 2019, shared the outcomes of the F1 Review and outlined the role of Placement Quality as a mechanism for driving change in higher specialty training. A further presentation on 'Hospital Specialty Placement Quality Reviews' was made at the Recognised Trainers' Forum in November 2019 to increase awareness amongst Recognised Trainers. Additionally, the positive changes resulting from the current Placement Quality Reviews were promoted nationally through poster presentations at the National Association of Clinical Tutors [NACT] UK Multi Specialty and Foundation Meetings in London in 2019 and January 2020.

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 have continued to make recommendations to the GMC regarding revalidation of medical trainees. During 2019-20, a positive recommendation was made for 350 doctors in training (102 for GP trainees and 248 for Hospital Specialty Trainees) bringing the total of positive recommendations for doctors in training in Northern Ireland since revalidation began to 2,285.

There were 92 recommendations for deferral submitted to the GMC on the basis of insufficient evidence available to enable a positive recommendation. The reasons for

insufficient evidence may include recent re-entry to a training programme or interruption to training as a result of statutory leave or time out 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 Senior Education Manager is co-Chair of the Revalidation Best Practice and Development Forum, which is a sub-group of the COPMeD Senior Manager's 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 four nations. I am a member of the GMC's Responsible Officer Reference Group and the Department of Health's Revalidation Delivery Board and Responsible Officer Forum.

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 processes are overseen by the Medical and Dental Recruitment and Selection (MDRS) Programme Board using nationally agreed guidelines.

The recruitment process for Hospital Specialty Training varies between specialties and programmes with a combination of local recruitment, nationally co-ordinated local recruitment and national recruitment. Within Northern Ireland, the majority of the recruitment is managed directly 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 2019, the Medical Foundation Programme achieved a fill rate of 99.2% and for Hospital Specialty Training there was a fill rate of 88%. For August 2019, 302 training posts were advertised with a total of 266 filled. At the start of the academic year in August 2019 157 training posts were vacant due to resignations, maternity leave, sick leave, completion of training and out of programme training. This increased to 176 vacant posts by February 2020.

In Dentistry, all 30 Foundation posts were filled and one Foundation Trainee with a three month extension (who commenced in post in September 2018) completed their training in

November 2019. Another Foundation Trainee who required additional training time completed their training in January 2020. A third Foundation Trainee completed their extension to training within Health Education England. Twenty-one dentists were appointed to Dental Core Training; however one dentist withdrew from their post in March 2020. Three Specialty Trainees were appointed to Orthodontics, Oral Medicine and Oral Maxillofacial Pathology training programmes in November 2019. A Dental Clinical Leadership Fellow was appointed to post in December 2019.

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 2019-20, 109 trainees were appointed to posts, which reflects an increase from the 88 appointed in 2018-19.

From August 2019, the following hospital-based specialties expanded their training programmes: Intensive Care Medicine (2 x ST3), Clinical Radiology (2 x ST1), Urology (2 x ST3), Trauma & Orthopaedic Surgery (1 x ST3), and Paediatrics (2 x Level 1, 2 x Level 2-3). The Minister has approved an expansion in the Intensive Care Medicine training programme in August 2020 by 4 posts.

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.

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 2019, 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, social media 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 2019-20 academic year, two additional trainees commenced their Wellcome-sponsored Irish Clinical Academic Training (ICAT) programme. 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 2019.

The annual NIMDTA, QUB and Ulster Medical Society [UMS] Research Day for Trainees took place in October 2019. This event provides an opportunity to learn about how 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 eight appointments at Specialty level during 2019-20.

The General Medical Practice (GP) Department delivered 519 courses and training events for GP Trainees, in 2019-20. This reflects an increase in the number of training events from the previous year (514). 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 on the GMC's GP Register who are involved in providing training such as the Learning and Teaching Course, GP Trainer courses and Recruitment Assessor Training Days.

It is anticipated that 49 GP trainees will gain a Certificate of Completion of Training by August 2020. There are 311 trainees in the GP Programme, 117 in ST1, 90 in ST2 and 104 in ST3. Currently 59 trainees work less than full time and approximately 47% of all trainees are classed as out of sync with the standard training year cycle.

The fourth cohort of ADEPT Clinical Leadership Fellows completed their programme at the start of August 2019. 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 held in June 2019 at the Stormont Hotel. The Fellows have joined the ADEPT Alumni network which is comprised of current and previous ADEPT fellows and provides the opportunity for further development of leadership skills.

The fifth cohort of ADEPT Clinical Leadership Fellows commenced in August 2019 and have been based in the Belfast HSC Trust, Southern HSC Trust, South Eastern HSC Trust, Department of Health, HSCB, Regulation & Quality Improvement Authority [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 2019. This presented an opportunity for networking with clinical leadership fellows from England, Scotland and Wales. Recruitment to the sixth cohort, due to commence in August 2020 was postponed due to the impact of the COVID-19 pandemic.

During the 2019-20 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 and human factors 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.

The annual HFC19 Human Factors Conference took place at Concorde Exhibition Centre in May 2019. This multi-professional conference brought together a diverse line up of speakers from across healthcare, fire and aviation to explore the science of Human Factors.

NISHFN organised a larger inter-professional conference in conjunction with the Association for Simulated Practice in Healthcare (ASPiH) and the Irish Association for Simulation (IAS). The 10th Anniversary ASPiH conference took place on 4-6 November 2019 at the Belfast Waterfront Hall showcasing some of the excellent simulation-based education and human factors 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 fourth year in 2019-2020. The programme was delivered in collaboration with the HSC Leadership Centre with twelve trainees completing the programme and presenting at the showcase event on 3 June 2019. There were 29 higher trainees enrolled for the 2019-20 programme which commenced in November 2019. This was suspended in March 2020 due to the COVID-19 pandemic.

The fourth annual NIMDTA Educational Excellence Day took place on Friday 28 June 2019 in Stormont Hotel with opening remarks and a keynote address from Professor Stuart Elborn, Pro-Vice Chancellor, QUB. Professor Elborn 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 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 of Completion of Training during 2018-19. As mentioned above, ADEPT Clinical Leadership Fellows presented their projects to a distinguished panel of judges. This event provided the opportunity to deliver an update on the VALUED and SUCCEED Strategies as well as to hear about six innovations presented by HSC Trusts and NIMDTA. The aim of the SUCCEED 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.

Progression of Trainees

NIMDTA rigorously assesses the performance of trainees through annual review and appraisal. For the 2018-19 academic year, a total of 1,595 trainees were assessed using the ARCP processes; 1093 were specialty trainees and 502 were Foundation trainees. In Foundation Training, 226 F2 trainees completed their training, 244 F1 trainees achieved satisfactory progress to enter F2 and seven received an unsatisfactory outcome. For Hospital Specialty Training 729 trainees achieved an Outcome 1 (Satisfactory progress), 192 trainees successfully completed their programme and received an Outcome 6, 52 trainees received an Outcome 2 (Inadequate progress by the trainee – no additional training time required), 49 received an Outcome 3 (Inadequate progress by the trainee – additional training time required), 19 trainees received an Outcome 4 (Released from Training Programme – with or without specified competences) and 52 trainees received an Outcome 8 (Out of programme for clinical experience, research or a career break). There were two requests for an appeal against Outcome 3 and two requests for an appeal against an Outcome 4 for the 2018-19 academic year. The original outcome was overturned for one trainee, upheld for one trainee and appeals were subsequently withdrawn by two trainees.

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. 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, 28 Foundation dentists achieved satisfactory completion. Five extensions to Dental Foundation training were necessary and subsequently three Foundation Trainees have achieved satisfactory completion. In Dental Core Training, 19 trainees had a successful ARCP outcome, while one trainee resigned mid-year. In Dental Specialty Training, four specialty registrars achieved satisfactory progress at ARCP.

Professional Support

The Professional Support Unit (PSU) is led by the Associate Dean for Careers and Professional Support, Dr Camille Harron together with two clinical Professional Support Leads, Dr Ciaran O’Gorman and Dr Mary Murnaghan. In addition to providing one-to-one support and guidance to Medical and Dental trainees experiencing challenges in their training, PSU staff are involved in a number of support work-streams which can benefit all trainees.

Strategic development and delivery of professional support to NIMDTA trainees is overseen by the Professional Support Committee. This committee is chaired by the Senior Manager for Professional Support, Ms Roisin Campbell and meets on a quarterly basis. The PSU service planning day was held in December 2019 to agree priorities for this work stream.

In the autumn of 2019, PSU undertook meetings with all four training departments within NIMDTA. This enabled an opportunity for feedback on current services, development of the PSU policy and a discussion on future service development.

Trainees may be referred to PSU by an educator or can self-refer. For the period 2019-20, 152 new referrals for one-to-one support were received by PSU (152 referrals were also received during 2018-19). At the close of 2019-20 there was an active case load of 186 trainees receiving support. Performance and health remain the most common reasons for referral. Nineteen trainees were provided with careers guidance. All new referrals are reviewed at the monthly Trainee Review Group chaired by the Associate Dean for Careers and Professional Support. An annual client feedback survey takes place. The policy for support of trainees was reviewed and revised with the input of the Trainee Review Group members. Key changes to the policy included review of data security, enhanced feedback to referrers and a plan to focus discussions on trainees with the most challenging issues. One-to-one support by PSU was audited by the Internal Audit function of the Business Services Organisation [BSO] with a favourable report received.

Dr Mary Murnaghan is the lead for mentoring. PSU supports the delivery of mentoring to both trainees and to recognised trainers as part of the maintaining recognition programme. An innovative mentoring, continuing professional development [CPD] and supervision session for GP and Specialty trainers took place in October 2019. Mentoring schemes are

available for all Foundation doctors, trainees new to Northern Ireland, trainees who have attended for one-to-one support and within some specialities. PSU staff have contributed to the development of more informal buddy and listening schemes in LEPs. The NIMDTA Mentoring Group which includes QUB and DME representation met in October 2019.

Dr Ciaran O’Gorman is the lead for coaching. Coaching is offered to trainees attending for one-to-one support who have been identified as having performance issues. Trainees who have been unsuccessful in specialty exams on two occasions are recommended to have a referral to PSU. During this period, 26 trainees availed of coaching. Since initiation of the coaching service in 2017, 91 trainees have received coaching and 68 coaching assignments have been completed. NIMDTA has commissioned the Principal Consultant from the HSC Leadership Centre, to provide coaching supervision for NIMDTA coaches. There have been two coaching supervision sessions held in this period. A strategy for expansion of coaching services and culture to a wider group of trainees is under preparation.

Trainees may be offered an Educational Assessment as part of the referral to PSU following two unsuccessful attempts at specialty exams. During this period, 24 trainees were provided with an Educational Assessment of whom 75% were advised that they had a specific dyslexic learning disorder. Specialist dyslexia coaching was provided for 17 trainees during this period.

In addition to one-to-one services, the Associate Dean and her colleagues delivered seven sessions of generic skills training on career decision making for all F2 doctors. Careers talks were also delivered on Trust sites for F1 doctors. Both sets of events have received positive feedback. The Senior Manager for Professional Support had a key role in the development and delivery of the annual peer interview scheme.

PSU is involved in a number of activities which contribute to Faculty Development. These include organisation of the Professional Support Day (annually in conjunction with QUB) and delivering trainer courses on support themes. A new programme entitled Advanced Trainee Support was developed by Dr Harron, Dr Murnaghan and Dr O’Gorman as part of the Maintaining Recognition programme. PSU staff were supported in their own professional development through attendance at the COPMED Professional Support Group. Dr Harron also completed the ACUMEN leadership course.

PSU also facilitated a working group on support for International Medical and Dental Graduates (IMDG). This work was developed through the use of a focus group, social media and representation of IMDGs in trainee ambassador programmes. PSU staff contributed to the delivery and facilitation of a workshop on Sudden Trainee Death in November 2019 and are taking forward recommendations from this workshop. The PSU team continues to work in partnership with external partners in relation to this work stream. There are joint working groups with QUB in relation to Equality and Diversity and Well Being and Resilience.

The Associate Deans for Careers and Professional Support and Associate Dean for Recognised Trainers provided a workshop on trainee and trainer support at the Scottish Medical Education Conference (SMEC) in May 2019. In February 2020 the Associate Dean for Careers and Professional Support and the Senior Manager for Professional Support delivered well-received careers-themed workshops at the COPMED National Careers conference in Newcastle.

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 fourth NIMDTA Welcome Evening for specialty trainees new to Northern Ireland took place in August 2019. This event was facilitated by the Trainee Forum, Educators and Education Management teams in conjunction with NIMDTA Professional Support, the BMA and the GMC.

A cycle of trainee engagement roadshows were completed during 2019-20 which provided the NIMDTA trainee engagement team with the opportunity to interact with 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.

The Peer Interview Scheme delivered three sessions from January to March 2020 for trainees transitioning from Foundation to Core training. All sessions were fully booked and positively received by those who attended.

The Trainee Ambassador Programme recruited a further six trainees in 2019-20 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 2019-20, 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 of providing educational opportunities beyond completion of training.

Educational Faculty and Faculty Development

NIMDTA continued to be active in developing its Faculty of Educators during 2019-20 with a range of workshops (ARCP, Leadership Skills, and Chairing Skills), and the flagship Clinical Education Day (in collaboration with QUB) in September 2019. At the Clinical Education Day, there were invited contributions from Cardiff University, Ulster University, Black Country Partnership NHS Foundation Trust, University College London, QUB, DoH, the GMC Director of Education and Standards, and Senior Educators from NIMDTA. Particular focuses were on Health and Wellbeing 2026: Delivering Together, Health Innovation, Human Psychology and Introducing Change, Developing a Career in Medical Education and Data Science.

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 2019-20, NIMDTA supported 29 educators and trainers working towards university level qualifications in clinical education (13 GP; 10 Dental; and 6 Hospital Foundation/Hospital Specialty).

NIMDTA has continued to support the Northern Ireland Recognised Trainers' Programme (STATUS) during 2019-20. At the end of March 2020, 934 out of a total of 948 trainers were fully recognised (98%).

A full timetable of Achieving and Maintaining Recognition Courses has been run throughout the academic year. New courses for Paediatrics and Obstetrics & Gynaecology trainers have been introduced and four Recognised Trainer Forums have been successfully held at NIMDTA and across the HSC Trusts. Following the pilot event in the Western HSC Trust at the end of 2019-20, Maintaining Recognition Day events were delivered across three HSC Trusts in 2019-20 and plans are underway to deliver a session in the South Eastern HSC Trust in 2020-21.

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 Forum involving NIMDTA staff and

Medical Education Centre staff from the HSC Trusts continued to meet bi-annually to further improve links and transfer of data regarding recognition of trainers.

Funding continues to be provided to HSC Trusts to support the Time to Train initiative. This initiative provides 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.

The Associate Dean for Recognised Trainers and Associate Dean for Careers and Professional Support delivered a workshop on 'SUCCEED: Supporting Successful Training Beyond Supervision and Assessment' at the Scottish Medical Education Conference in May 2019. The Associate Dean for Recognised Trainers provided an update on Maintaining Trainer Recognition and Educational Appraisal at the QUB NIMDTA Clinical Education Day in September 2019.

A number of senior educators and senior managers also attended the national Developing Excellence in Medical Education Conference (DEMEC) in December 2019 and presented a summary to SMC on the workshops attended.

The Recognised Trainer newsletter continues to be published quarterly and provides information on current developments in medical education. The Associate Dean for Recognised Trainers also facilitated a Trainer roadshow in the Belfast HSC Trust on 2 April 2019 which completed the cycle of Trust engagement sessions. This event was a useful means of supporting Trainers with queries on educational appraisal, supervision and Maintaining Recognition requirements. Trainers continue to be kept informed of all updates through promotional emails, promotional posters in Trust Medical Education Centres and through guidance on a dedicated section of the NIMDTA website.

Continuing professional development is provided for qualified dentists and dental care professionals at various locations throughout Northern Ireland. NIMDTA's Continuing Education Calendar provided opportunities for 2,113 members of the dental community to attend a range of educational events.

NIMDTA increased the number of 'hands on' and 'extended scope of practice' events for dental nurses this year, such as cannulation and taking alginate. 'In-practice' training events have increased in popularity and the following core topics were delivered: Infection Prevention and control, radiography, safeTALK and safeguarding of both children and adults.

The Practice Management certification course was again provided in 2019-20, with 28 delegates completing the two year programme in September, while another 14 delegates

commenced training in this area. NIMDTA held a regional dental conference, “Teeth: a traumatic life or an alternative lifestyle” on 27 September 2019, which was open to all members of dental teams.

NIMDTA provided training for dental nurses working in community dental services on fluoride application. SafeTALK training was delivered province-wide. The Dental Continuing Education Team increased the number and breadth of education topics delivered using Zoom technology after the success of previous sessions.

A two day training event was held for trainee dental nurses who are working in practice to gain work experience while waiting to access a place on a qualification course. A new programme was developed by the Dental Care Practitioner [DCP] tutor to provide certification specifically for dental nurses who support a foundation dentist. This has been successfully piloted and the feedback has been very encouraging. NIMDTA is currently seeking National Examining Board for Dental Nurses [NEBDN] accreditation for this course.

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. In 2019-20, the number of places available on the scheme was 25 and the time participants could be in the scheme was extended to three years.

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.

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 DoH and 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.

The pilot GP mentoring scheme that was launched in Autumn 2018 continues to offer mentoring support to GPs on the Northern Ireland Performers' List. There are currently 21 trained GP mentors located across Northern Ireland. All GPs eligible for GP appraisal have been advised of the availability of the GP mentoring scheme and how to access it.

Single Lead Employer

The Department of Health's *"Health and Social Care Workforce Strategy 2026: Delivering for Our People"* set out ambitious goals for the Health and Social Care workforce. A key objective of the Workforce Strategy was to "make it easier for the workforce to do their jobs" (theme 9 of the Workforce Strategy's Action Plan). One of the means of achieving this objective was to be through the simplification of employment arrangements, delivered initially via a Single Lead Employer [SLE] for Doctors and Dentists in Training (DDiTs).

The aim of the HSC Workforce Strategy was that a SLE for DDiTs would provide clarity and remove duplication of effort as DDiTs rotate across HSC Trusts during the course of their training. An SLE would also provide other benefits such as a reduction in Payroll-related errors, the prevention of DDiTs being subject to emergency tax codes as a result of changing employers, and greater consistency and standardisation regarding induction and generic training.

On 22 January 2019 the Permanent Secretary at the Department of Health (DoH) formally requested that the NIMDTA Board consider taking on the role of SLE for DDiT. It was agreed that the SLE for DDiT would be introduced via a phased approach with effect from 1 August 2019.

The implementation of the SLE initiative is supported by a regional framework, led by DoH, and comprised of representatives from NIMDTA, all HSC Trusts, the BMA, and the BSO's Payroll Service Centre and Information Technology Services (ITS). Work streams to advance the implementation of SLE are managed via various groups under this regional framework, namely the Steering Group, Working Group, Finance Group, Occupational Health Group, IT Infrastructure Group, and the Statutory and Mandatory Training Group.

The first phase of the SLE initiative which commenced in August 2019 saw the transfer of 99 trainees from three specialties (Histopathology, Trauma & Orthopaedics and Clinical Radiology) from HSC Trust employment to NIMDTA SLE employment. The deployment of this first phase was completed before any dedicated staff were appointed to the NIMDTA SLE Trainee Employment team, and the support of Trust Medical HR staff was required to assist NIMDTA's Professional Support team to enrol this group of doctors successfully onto the NIMDTA SLE payroll.

Appointments were made to the NIMDTA SLE Trainee Employment team commencing on 2 December 2019 with the appointment of a Senior Human Resources Manager (Trainee Employment), followed on 6 January 2020 by the Human Resources Manager (Trainee Employment). Two Human Resources Officers took up appointment with the SLE Trainee Employment team in early 2020. Two posts within the agreed HR staffing structure remain vacant, and it has been recognised by DoH that this initial staffing structure is not sufficient to support the full deployment and “bedding in” of the SLE for DDiT . A business case to secure funding for additional staff was developed in early 2020-21.

It was agreed that all 250 Foundation Year One (F1) trainees would transfer from HSC employment to NIMDTA SLE with effect from 1 April 2020. To progress the deployment of Phase Two of the SLE initiative, during January and February 2020 the newly established SLE Trainee Employment team embarked on a series of Trainee Engagement sessions across the HSC, visiting F1 trainees at their hospital sites to communicate the objectives and benefits of the SLE for DDITs, and to explain roles and responsibilities for the on-boarding of F1 trainees to NIMDTA SLE’s payroll. Through close liaison with BSO Payroll Service Centre deadlines were agreed and actions to transfer 250 F1 trainees were progressed during March 2020.

Also in February 2020 the SLE Trainee Employment team successfully completed all rotational changes (that is, the “internal” transfers across the organisational structure) for doctors in training who had transferred to SLE during the first phase of deployment in August 2019 and who were now rotating across the HSC for training purposes.

In partnership with the BMA, NIMDTA has established a Local Negotiating Committee (LNC). In addition to NIMDTA management representatives, the LNC comprises locally elected BMA junior doctor representatives and will be responsible for negotiating and making collective agreements on behalf of DDiT on a range of issues including terms and conditions of service and working arrangements.

NIMDTA and each HSC Trust have entered into an Employment Responsibilities Agreement (ERA), the purpose of which is to promote a successful partnership working arrangement, and to ensure a clear understanding of the roles and responsibilities of NIMDTA SLE and HSC Trusts in the employment relationship of DDITs. The ERA was formally approved by the regional Steering Group and issued to Trust Chief Executives on 6 March 2020.

With the support of the HSC Leadership Centre, NIMDTA SLE invited expressions of interest from senior medically qualified experts to act as Case Managers with responsibility for overseeing investigations into concerns about doctors and dentists in training under the Maintaining High Professional Standards [MHPS] Framework. Case Management work will be allocated on an ad hoc basis in the first instance, however following the future expansion of NIMDTA SLE through the ongoing deployment of all remaining DDITs working within

Northern Ireland, the longer term plan would be to appoint a part time Medical Director to oversee case management.

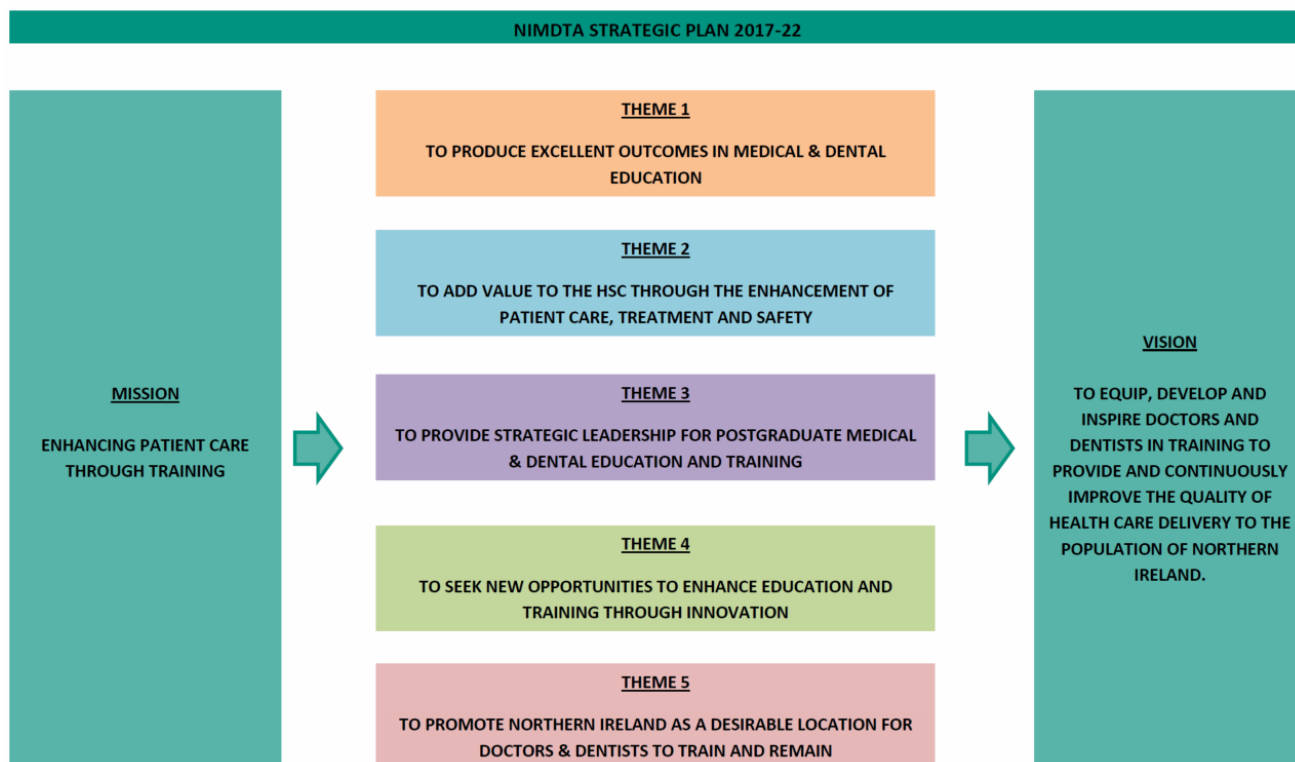
Finally, the NIMDTA SLE Trainee Employment team continues to deliver a full employment service, providing advice and guidance on the full range of terms and conditions for DDiTs who have transferred to NIMDTA SLE. We look forward to progressing the deployment of future phases of DDiTs to NIMDTA SLE in 2020-21.

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 2019-20 set out the business objectives for the third 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.

Significant planning work was undertaken during 2019-20 in order to review and revise the Strategic Plan. This was due to the achievement of some of the key priorities within the 2017-22 plan that necessitated structural review, in advance of completion of the initial time frame. For example the implementation of the Single Lead Employer for Doctors and Dentists in Training saw the realisation of a strategic aim (within the previous plan) that is now an operational activity. As a result the Business Plan for 2020-21 will be aligned to a new Strategic Plan covering the period 2020-25.

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:

CORPORATE SCORECARD 2019/20		
	KPIs	Status
1	90% of referrals to the Professional Support Team will be responded to within two weeks	ACHIEVED [98%]
2	90% of hospital based trainers are recognised trainers	ACHIEVED [98.5%]
3	Staff absence rate will be less than 5.5%	ACHIEVED [4.39%]
4	30 day (95%) prompt payment targets will be met	ACHIEVED [98%]
5	10 day (75%) prompt payment targets will be met	ACHIEVED [94%]
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 [90%]
8	10% of ARCP outcomes will be subjected to external review	ACHIEVED [31%]
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 [0.11%]

Finance

During 2019-20, NIMDTA achieved a financial break even position, with a surplus against RRL of £76,579 (0.11%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 23.3 within the accounts.

There was a fruitless payment of £3,156 that has been disclosed in the attached Accounts. This relates to a rent payment for an area of the car park at Beechill House that was used as a health & safety demarcation while the landlord was carrying out essential works to the roof and windows.

There have been no events after the reporting period having a material impact on the accounts and there have also been no charitable donations in excess of £250.

Public Sector Payment Policy – Measure of Compliance

DoH 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:

	2020		2019	
	Number	Value £	Number	Value £
Total bills paid	10,205	11,005,670	9,489	8,576,845
Total bills paid within 30 day target	10,048	10,746,965	9,413	8,522,275
% of bills paid within 30 day target	98%	98%	99%	99%
Total bills paid within 10 day target	9,546	9,843,242	9,102	8,277,797
% of bills paid within 10 day target	94%	89%	96%	97%

NIMDTA achieved an outturn of 98% in relation to the thirty day prompt payments target (95%). Outturn against the ten day target (75%) was 94%.

Human Resources

The highlight of 2019-20 for Human Resources was the outcome of the HSC Survey 2019. NIMDTA response rate to this survey was 63% which had increased from 59% in the 2015 HSC Survey. Over recent years NIMDTA has placed particular emphasis on communication and engagement within the organisation. NIMDTA achieved the highest score across the HSC with a staff engagement score of 3.93, the average score across the HSC was 3.78. During this period NIMDTA held a Café Conversation event on 18 April 2019 to show case developments within each department as well as a number of events with the Board and Senior Management Team.

Team working was also highlighted in the 2019 HSC Survey with NIMDTA scoring the highest score across the HSC of 4.06, the average score across the HSC was 3.73. The NIMDTA Senior Management Committee (SMC) meets every Monday morning and membership includes the Head of each department. This provides an opportunity to discuss the business of the organisation and any issues or concerns. Quarterly Team Manager meetings also provide an

opportunity to share good practice and to agree consistent team management across the organisation. The 2019 HSC Survey had also identified supportive line management and effective feedback processes including appraisal.

NIMDTA continues to support the Health and Wellbeing of its staff. 100% of respondents to the HSC Survey 2019 felt that NIMDTA takes positive action on Health and Well Being and on Mental Health which was the highest score in the HSC Survey. The Health and Well Being and Staff Development Group meet quarterly to plan staff events. During this period a Staff Walk was held on 21 June 2019, Mindfulness Training was provided on 6 August 2019, Caring for the Carer training was provided on 2 October 2019 and Emotional Resilience training was provided on 9 December 2019.

NIMDTA is committed to the development of its staff. SMC reviewed NIMDTA's Learning and Development Policy at their away day on 23 September 2019 to ensure that it supported all staff in their development and produced a staff development plan relevant to the staff member's role in the organisation. During 2019-20, NIMDTA supported 29 educators and trainers working towards university level qualifications in clinical education (13 GP; 10 Dental; and 6 Hospital Foundation/Hospital Specialty).

One member of staff was also supported to undertake a Masters' Degree in Business Improvement and one member of staff was facilitated to undertake a Mini MBA. Two members of staff were supported to undertake Coaching qualifications. Team Managers and SMC were provided with training on Appraisal, Interview Skills, Training on the Absence Management Policy and Training on the Conflict and Bullying & Harassment Policies. NIMDTA also commissioned the HSC Leadership Centre to provide Coaching Skills training for Managers.

NIMDTA participated with other HSC organisations in the design of the HSC Collective Leadership Strategy which is an action from the 'Health and Well Being Strategy 2026: Delivering Together' and in the subsequent development of the HSC Core Values and associated behaviours.

During this period there were two Joint Negotiation Forum meetings with the Northern Ireland Public Service Alliance [NIPSA] and one Local Negotiating Committee meeting with the BMA. Successful negotiations with Trade Unions ended HSC-wide strike action in March 2020 with the implementation of the Agenda for Change pay scale as adopted in England.

NIMDTA produced an Equality and Disability Action Plan in line with its statutory duty. NIMDTA with other small HSC Agencies promoted equality in contracting with recruitment agencies. Staff undertook 'Making a Difference' e-learning training to promote disability awareness and provided training for NIMDTA educators and trainees. The Senior Manager

for Professional Support is NIMDTA's disability champion and worked with other organisations to promote disability awareness and encouraged NIMDTA staff to attend the Disability Network Tapestry and to promote the two disability days: MS and Autism. NIMDTA also reviewed the Flexible Working Policy for staff and the HR policies as part of the Equality Action Plan.

NIMDTA undertakes recruitment for Education Management staff and Educators. NIMDTA reviewed its recruitment processes during this period and introduced a waiting list process for Band 3 and Band 4 posts across the organisation. During this period there were 38 recruitment episodes, 26 for Educators and 12 for Education Management staff. In view of NIMDTA becoming the Single Lead Employer for DDiTs from August 2019 new posts were created and NIMDTA recruited new staff for these posts.

NIMDTA undertakes pre-employment processes for DDiTs, and a new Sharepoint was created to support Trusts with information transfer which was created by the Senior Manager for Professional Support.

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 and Staff Report.

Corporate Governance

A full overview of the governance framework in operation within NIMDTA is provided in the Governance Statement (page 45 onwards).

NIMDTA published its Annual Quality Report 2018-19 in November 2019. This report is available online at the following link:

<http://www.nimdtg.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.

HSC Values

NIMDTA has adopted the HSC values:



Working together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.



Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.



Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.



Openness & Honesty

We are open and honest with each other and act with integrity and candour.

It is within the context of these values that NIMDTA seeks to deliver its statutory responsibility to promote equality, as well as a uniform acceptance of human rights.

Fraud, Anti-Corruption & Anti-Bribery

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 the above areas of work, 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 two years.

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 2019-20, 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:

- Following the introduction of the Apprenticeship Levy in April 2017 NIMDTA continue to incur these costs without commensurate increase in allocation from DoH;

- DoH continue to instruct NIMDTA to absorb the first 1% of any agreed pay uplift for all grades of staff within their existing Allocation Financial Planning without commensurate increase in allocation from DoH;
- 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. The first phase of the Single Lead Employer initiative for DDiTs commenced on 1 August 2019. The second phase is commencing on 1 April 2020 with the transfer of current F1 trainees to NIMDTA's employment. The third phase will occur on 1 August 2020 when NIMDTA employs a new cohort of F1 trainees. Further phases of implementation of this initiative will depend on NIMDTA being provided with the funding to support a new staffing structure for its SLE Employment Department;
- On 1 April 2019 the Director of Workforce Policy at DoH wrote to advise of the intention to co-locate NICPLD with NIMDTA from 1 August 2019. NIMDTA commenced a hosting arrangement for NICPLD from August 2019 under a Service Level Agreement with DoH. DoH has indicated that this co-location arrangement is an interim step preceding a proposed formal merger between the two organisations which will require Ministerial approval and legislative change. It had been anticipated that this would have taken place in June 2021, but this timeline may change due to the COVID-19 pandemic;
- The COVID-19 pandemic has had an immediate and far reaching impact on the work of NIMDTA. A wide range of medical and dental education events and processes have had to be cancelled, recruitment and revalidation activities have been postponed, trainees and trainers have had to be redeployed, and there is reduced capacity to offer clinical experience, assessments, and the completion of associated reports. This presents risks of significantly increased numbers of trainees being unable to progress to the next stage of their training, and requiring extensions to training. It is anticipated that the challenges arising from COVID-19 will place a heavy strain on resourcing levels in 2020-21 and beyond; and
- On 31 January 2020 the United Kingdom withdrew from the European Union. NIMDTA will continue to work in partnership with DoH and HSC colleagues in order to plan for future milestones associated with this withdrawal, to include applying any subsequent changes in legislation, regulation and standards.

Cost of Audit

The Accounts and supporting notes relating to NIMDTA's activities for the year ended 31 March 2020 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 2020 was £15,500.

Accounts Direction

The accounts for the year ended 31 March 2020 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.



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

25 June 2020

Accountability Report

1. Corporate Governance Report

a) Director's Report

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), HSCB (Dental Advisor)
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	
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 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.

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 2019-20, the membership of the Senior Management Committee was as follows:

Name	Role
Professor Keith Gardiner	Chief Executive/Postgraduate Medical Dean
Dr Brid Hendron	Postgraduate Dental Dean
Dr Claire Loughrey	Director of General Practice Postgraduate Education [until 21 January 2020]
Dr Michele Stone	Director of General Practice Postgraduate Education [from 6 January 2020]
Dr Ian Steele	Director of Hospital Specialty Training/Director of Professional Development
Dr Lorraine Parks	Director of NI Foundation School
Ms Roisin Campbell	Senior Professional Support Manager
Mr Mark McCarey	Senior Governance, IT and Facilities Manager
Ms Paula Black	Senior Business Manager
Ms Denise Hughes	Senior Education Manager
Mrs Joanne Turner	Senior Trainee Employment Manager [from 2 December 2019]

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

Reportable Data Breaches

There were ten data related incidents recorded during 2019-20. These incidents were reviewed by NIMDTA and BSO Corporate Services. Nine were judged to be internal, with no external impact. One incident was self-referred to the Information Commissioner's Office (ICO), which related to incorrect credentials being provided to a personnel system. The ICO reviewed the matter and advised that they did not require to take further action. The recommendations arising from this incident have been implemented and the matter is closed.

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

- On 31 January 2020 the United Kingdom withdrew from the European Union. NIMDTA will continue to work in partnership with DoH and HSC colleagues in order to plan for future milestones associated with this withdrawal, to include applying any subsequent changes in legislation, regulation and standards.
- On 11 January 2020, following the reinstatement of the Northern Ireland Assembly on 9 January 2020, an Executive was formed. NIMDTA will work in partnership with DoH officials to ensure that extensive budget planning work is undertaken in this time of significant financial challenge.

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.

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; and
- pursue and demonstrate value for money in the services 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 Professor Keith Gardiner of NIMDTA as the Accounting Officer for the HSC Body. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC Body's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

c) 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 DoH.

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

- NIMDTA, as an ALB of 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 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 and academic training as well as meetings to discuss mutual interests in 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 an 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.

The Board conducted a self-assessment for the year ended 31 March 2020 and assessed itself to be compliant with the Corporate Governance Code. 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 exercises strategic control over the operation of NIMDTA ensuring compliance 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 seven occasions with four ad hoc meetings, and there was also one Board workshop.

Two extensions to non-executive appointment were granted in 2019-20. Dr Derek Maguire [commencing 18 March 2020, ending 17 March 2021], and Mr Lee Wilson [commencing 13 February 2020, ending 12 February 2021].

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

Board Member	% Attendance
Mr Alistair Joynes (Chair)	86% [6 of 7]
Dr Janet Little OBE	100% [7 of 7]
Dr Derek Maguire	57% [4 of 7]
Mr Garry McKenna	100% [7 of 7]
Mr Deane Morrice MBE*	100% [3 of 3]
Mr Lee Wilson	100% [7 of 7]

*Prior to the acceptance of an extension to his period of appointment Mr Morrice advised the Chair that he would only be available for three of the arranged meetings of the Board within this time period. The attendance figure noted above reflects this arrangement.

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 2019-20.

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 2019-20. The attendance rate was as follows:

Member	% Attendance
Mr Deane Morrice MBE (Chair)	75% [3 of 4]
Dr Janet Little OBE	100% [4 of 4]
Dr Derek Maguire	75% [3 of 4]
Mr Garry McKenna	75% [3 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 2019-20.

The attendance rate was as follows:

Member	% Attendance
Mr Lee Wilson (Chair)	100% [4 of 4]
Mr Alistair Joynes	50% [2 of 4]
Dr Janet Little OBE	50% [2 of 4]
Dr Derek Maguire	75% [3 of 4]
Mr Garry McKenna	100% [4 of 4]
Mr Deane Morrice MBE	25% [1 of 4]

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

- Review of the Corporate, Education, and Business Support 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 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 40 times during 2019-20

4. Framework for 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 Senior Management Committee met in October 2016 to develop a five year Corporate Strategy for the period 2017-2022, in line with related discussions with the Board. 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.

Significant planning work was undertaken during 2019-20 in order to review and revise the Strategic Plan. This was due to the achievement of some of the key priorities within the period 2017-22 plan that necessitated structural review, in advance of the completion of the initial time frame. For example the implementation of the Single Lead Employer for Doctors and Dentists in Training saw the realisation of a strategic aim (within the previous plan) that is now an operational activity. As a result the Business Plan for 2020-21 will be aligned to a new Strategic Plan covering the period 2020-25.

The approval of the Strategic Plan 2020-25 and Business Plan 2020-21 was scheduled to take place in March 2020, but was delayed due to the introduction of the pandemic continuity plan in light of COVID-19. These documents are now scheduled for approval in June 2020.

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 at Senior Management Committee meetings and 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 quarterly 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 2020, 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 2019.

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 practices 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 2019-20 there were two new complaints received of which both were assessed as minor. NIMDTA also continued to manage two unresolved complaints that had originated in earlier periods; these were both assessed as moderate. All complaints were responded to within the required timeframe. Forty four issues were recorded on the 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 to DoH, HSCB, PHA, 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 and Specialty Training Programmes, including General Practice, and is expected to demonstrate compliance with the standards and requirements that the GMC 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 2019-20 and confirm that there were no unaddressed concerns about a trainee's fitness to practise. The recommendations were based on the trainee's updated registration forms and educational reports, usually over a five year period, and information drawn from the employer's clinical governance systems. These educational reports feed into the 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 Senior 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. This includes responsibility for ensuring appropriate cyber security arrangements are in place, with operational aspects of this managed through a service level agreement with the BSO. 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, who may decide to escalate such risks to the Corporate Risk Register. The Senior 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 Senior 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 ten data related incidents reported during 2019-20. These incidents were reviewed by NIMDTA and BSO Corporate Services. Nine were judged to be internal, with no external impact. One incident was self-referred to the Information Commissioner's Office (ICO), which related to incorrect credentials being provided to a personnel system. The ICO reviewed the matter and advised that they did not require to take further action. The recommendations arising from this incident have been implemented and the matter is closed.

6. Fraud

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 two years.

7. 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.

8. 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 that 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 Senior Management Committee and 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 1 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.

NIMDTA has developed an Internal Control Framework that forms part of the Assurance Framework, and is reported to the Board on a quarterly basis.

9. Sources of Independent Assurance

NIMDTA obtains independent assurance from the following sources:

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

9.1 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 2019-20 Internal Audit reviewed the following systems:

Finance Audits

One finance based audit was conducted in 2019-20:

Finance Review 2019-20

Internal Audit carried out an audit of financial systems, which was considered by the Audit Committee on 27 February 2020. NIMDTA received a Satisfactory level of assurance in relation to income, non-pay, expenditure, payments to staff, human resources processes, contract management and legal/consultancy payments. A Limited level of assurance was found in relation to travel and subsistence. The report contained no Priority 1 findings and

seven Priority 2 findings. An action plan has been developed in order to implement the identified recommendations.

Corporate Risk Based Audits

Two corporate risk based audits were conducted in 2019-20:

Trainee Support Mechanisms 2019-20

Internal Audit carried out an audit of area of work which was considered by the Audit Committee on 27 February 2020. NIMDTA received a satisfactory level of assurance with no Priority 1 or Priority 2 findings.

Annual Review of Competence Progression 2019-20

Internal Audit carried out an audit of area of work which will be considered by the Audit Committee on 28 May 2020. NIMDTA received a satisfactory level of assurance with no Priority 1, six Priority 2 findings and two Priority 3 findings.

Governance Audits

Two governance audits were conducted in 2019-20:

Risk Management 2019-20

Internal Audit carried out an audit of area of work which was considered by the Audit Committee on 10 October 2019. NIMDTA received a satisfactory level of assurance with no Priority 1 and two Priority 2 findings.

Performance Management 2019-20

Internal Audit carried out an audit of area of work which will be considered by the Audit Committee on 28 May 2020. NIMDTA received a satisfactory level of assurance with no Priority 1 and four Priority 2 findings.

Year End Follow up on Outstanding Internal Audit Recommendations

During March 2020, Internal Audit reviewed the implementation of previous Priority 1 and Priority 2 recommendations where the implementation date had now passed. Internal Audit reported that 77% [14 of 19] of recommendations had been fully implemented, with the remaining 23% [5 of 19] partially 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 2020, 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 2019-20. 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 2019-20. As NIMDTA is a customer of BSO Shared Services the following reports were presented to NIMDTA’s Audit Committee.

Shared Service Audit	Assurance
Payroll Service Centre (Follow Up review September 2019)	Limited
Payroll Shared Service (Year End March 2020)	Satisfactory [Elementary PSC processes]
	Limited [Timesheets, Management of Overpayments, & SAP/HMRC RTI Reconciliation]
Recruitment Shared Service	Satisfactory [RSSC Recruitment Processes]
	Limited [eRecruit System functionality]
Accounts Payable Shared Service	Satisfactory
Accounts Receivable Shared Service	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 services provided 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.

9.2 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>

9.3 Regulation and Quality Improvement Authority (RQIA)

There were no RQIA reviews that applied in 2019-20.

9.4 External Audit

The Financial Statements of NIMDTA are audited by the Northern Ireland Audit Office who provides independent assurance to the Northern Ireland Assembly. Any control weaknesses identified in the course of conducting the audit are communicated to the Audit Committee in the Report to those Charged with Governance. A representative from the Northern Ireland Audit office attends the meetings of the Audit Committee.

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2019, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity of NIMDTA's accounts.

10. 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.

11. Internal Governance Divergences

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

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

EU Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between

the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. NIMDTA will continue to work collaboratively with colleagues during 2020-21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

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. The first phase of the Single Lead Employer initiative for DDiTs commenced on 1 August 2019. The second phase is commencing on 1 April 2020 with the transfer of current F1 trainees to NIMDTA's employment. The third phase will occur on 1 August 2020 when NIMDTA employs a new cohort of F1 trainees. Further phases of implementation of this initiative will depend on NIMDTA being provided with the funding to support a new staffing structure for its SLE Employment Department.

Northern Ireland Centre for Pharmacy Learning & Development

On 1 April 2019 the Director of Workforce Policy at DoH wrote to advise of the intention to co-locate NICPLD with NIMDTA from 1 August 2019. NIMDTA commenced a hosting arrangement for NICPLD from August 2019 under a Service Level Agreement with DoH. DoH has indicated that this co-location arrangement is an interim step preceding a proposed formal merger between the two organisations which will require Ministerial approval and legislative change. NICPLD were co-located with NIMDTA at Beechill House from the start of August 2019. This was a result of the DoH expressing its strategic intention for this work, and was a result of collaborative efforts between DoH officials, QUB, NICPLD & NIMDTA.

11.2 New control issues identified during the year

The following control issues have arisen during 2019-20:

COVID-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. Following which DoH and its ALBs immediately enacted emergency response plans across the NI Health sector. There is a UK-wide coordinated approach guided by the scientific and medical advice from respective Chief

Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care service were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. Financial measures have been put in place by the NI Executive to enable NI to tackle the response to COVID-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against COVID-19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within DoH to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across DoH and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. DoH's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. DoH has prepared a

COVID-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI COVID-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and DoH and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to COVID-19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of COVID-19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior DoH officials, Trust Chief Executives and other HSC leaders. COVID-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The DoH is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

The NIMDTA Board has increased it's pattern of meeting during this time, in order to avail of situation reports, as well as to provide advice and support to the management team. This pattern of meetings will be kept under review as the response to the pandemic moves through the different phases of the response plan.

Non-Executive Directors' periods of appointment

The periods of appointment of all NIMDTA's Non-Executive Directors are due to end within 2020-21. NIMDTA will seek to work with colleagues in the DoH Public Appointments Unit in order to plan for the challenges presented by these timescales.

12. 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 2019-20.

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 letter 'r'.

Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

25 June 2020

Accountability Report

2. Remuneration and 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. The membership of this committee was as follows:

Name	Role
Mr Alistair Joynes	Non-Executive Member, 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 judgment 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 1 November 2012;

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

Dr C Loughrey was appointed as Director of General Practice Education on 25 August 2008 until 21 January 2020;

Dr M Stone was appointed as Director of General Practice Education on 6 January 2020;

Dr I Steele was appointed as Director of Hospital Specialty Training on 1 June 2013, as well as to the role of Director of Professional Development on 1 May 2018; and

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

A list of appointments of Non-Executive Directors and any associated extensions, put in place by the Public Appointments Unit, DOH are listed below:

Non-Executive Directors

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

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

Mr L Wilson was appointed on 13 February 2012 (received an extension to current appointment that commenced on 13 February 2020 and ends on 12 February 2021);

Dr D Maguire was appointed on 18 March 2013 (received an extension to current appointment that commenced on 18 March 2020 and ends on 17 March 2021);

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 2019-20. Further, 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 the age of 65 years.

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 2019-20 or in 2018-19.

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 2019-20 accounts. Further, there were 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 2019-20 accounts.

Employee contributions are determined by the level of pensionable earnings. The employee contribution rates for the 2019-20 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 2020
Up to £23,999.99	4.6%
£24,000.00 - £55,499.99	5.45%
£55,500.00 - £152,499.99	7.35%
£152,500.00 and above	8.05%

- 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 2018. 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:

	2019-20					2018-19				
	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	15-20	-	-	-	15-20
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

	2019-20					2018-19				
	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
Executive Members										
Prof K Gardiner* (Chief Executive & Postgraduate Dean)	150-155	-	100	(11)	140-145	150-155	-	200	(10)	135-140
Dr C Loughrey ¹ (Director Of General Practice Education)	95-100	-	-	15	110-115 FYE 135-140	120-125	-	-	(1)	115-120
Dr I Steele (Director of Hospital Specialty Training/Director of Professional Development)	110-115	-	100	24	135-140	100-105	-	-	(59)	50-55
Ms A Carragher ² (Director of Foundation School)	-	-	-	-	-	35-40	-	-	-	35-40
Ms B Hendron (Postgraduate Dental Dean)	70-75	-	-	29	100-105	50-55 [FTE 100-105]	-	100	27	75-80 [FTE 125-130]
Dr L Parks ³ (Director of Foundation school)	105-110	-	-	80	185-190	95-100	-	-	53	145-150
Ms P Black (Senior Business Manager)	45-50	-	-	17	65-70	-	-	-	-	-
Ms D Hughes ⁴ (Senior Education Manager)	45-50	-	-	-	45-50	-	-	-	-	-
Mrs J Turner (Senior HR Manager [Trainee Employment]) ⁵	10-15 (FYE 40-45)	-	-	17	30-35 (FYE 55-60)	-	-	-	-	-
Dr M Stone ⁶ (Director of Postgraduate GP Education)	35-40 (FYE 95-100)	-	-	-	35-40 (FYE 95-100)	-	-	-	-	-
Mr M McCarey ⁷ (Senior Governance, IT & Facilities Manager)	45-50	-	-	-	45-50	-	-	-	-	-
Ms R Campbell ⁸ (Senior Professional Support Manager)	55-60	-	100	-	55-60	-	-	-	-	-

* Prof K Gardiner's decrease in pension benefit is due to there being no increase to the member's total superannuable remuneration (TSR) from FY 2018/19.

¹ Dr C Loughrey resigned in January 2020

² Ms A Carragher retired in July 2018; as such there are no pension figures as this individual is over the normal retirement age.

³ Dr L Parks was appointed in August 2018

⁴ Ms Hughes - there was an error in the calculation and recording of Ms Hughes pension contributions which is being investigated by HSC pensions

⁵ Mrs J Turner was appointed December 2019 (transferred from BHSCT - £17K Pension benefit accumulated between BHSCT and NIMDTA)

⁶ Dr M Stone was appointed January 2020: as such there are no pension figures as this individual joined in the last quarter

⁷ Mr M McCarey left the HSC Pension Scheme May 2019: as such there are no pension figures as this individual opted out in the first quarter

⁸ Ms R Campbell is not a member of the HSC Pension Scheme

NOTE: The disclosures in this table are made in line with HSC(F) 01-2020 and as a result those relating to Ms P Black, Ms D Hughes, Mrs J Turner, Mr M McCarey and Ms R Campbell are made for the first time,

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. The table below outlines this relationship.

Fair Pay	2019-20	2018-19
Band of Highest Paid Director's Total Remuneration (£000s)*	150-155	150-155
Median Total Remuneration (£)	86,929	86,068
Ratio	1.8	1.8

* Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions

The banded remuneration of the highest-paid director in NIMDTA in the financial year 2019-20 was £150-£155k (2018-19; £150-£155k). This was 1.8 times (2018-19; 1.8) the median remuneration of the workforce, which was £86,929 (2018-19; £86,068). In 2019-20, 0 (2018-19; 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £18,755 to £139,538 (2018-19; £16,570 to £134,834). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. The figures for the prior year disclosure have been restated and do not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Pensions of Senior Management (Audited)

	Accrued pension at pension age as at 31/3/20 and related lump sum £000s	Real increase in pension and related lump sum at pension age £000s	CETV at 31/03/20 £000s	CETV at 31/03/19 £000s	Real increase in CETV £000s
Executive Members					
Prof K Gardiner Chief Executive/ Postgraduate Dean	0-25 Plus lump sum of 0-2.5	60-65 Plus lump sum of 180-185	1,513	1,464	49
Dr C Loughrey ¹ Director of GP Education	0-2.5 Plus lump sum of 2.5-5	40-45 Plus lump sum of 120-125	965	892	30
Dr I Steele Director of Hospital Specialty Training/ Director of Professional Development	0-2.5 Plus lump sum of 0-2.5	45-50 Plus lump sum of 110-115	970	902	28
Ms B Hendron Postgraduate Dental Dean	0-2.5 Plus lump sum of 0-2.5	10-15 Plus lump sum of 0-2.5	173	142	24
Dr L Parks ² NI Foundation School Director	2.5-5 Plus lump sum of 7.5-10	35-40 Plus lump sum of 85-90	728	617	82
Ms P Black Senior Business Manager	0-2.5 Plus lump sum of 0-2.5	15-20 Plus lump sum of 35-40	309	280	16
Mrs J Turner ³ Senior HR Manager [Trainee Employment]	0-2.5 Plus lump sum of 0-2.5	5-10 Plus lump sum of 15-20	148	130	12

¹ Dr C Loughrey left 21 January 20

² Dr L Parks appointed 1 August 2018

³ Mrs J Turner was appointed 2 December 2019 (previously employed by BHSCT)

As Non-Executive members do not receive pensionable remuneration, there will be 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 a 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 and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS 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.

Real Increase in CETV

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.

Staff Report

Staff Profile

At 31 March 2020, there were 163 employees (50 male and 113 female) on NIMDTA's payroll, including six Non-Executive Directors. In addition there were 95 employees (53 male and 42 female) on the payroll of HSC Trusts, 1 employee (female) on the payroll of QUB and 2 agency staff (1 male and 1 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	4	6
GP01	20	42
GP02	2	4
GP03	6	4
GP06	0	2
Total	34	59
Administrative and Clerical		
AFC Band 3	3	7
AFC Band 4	3	29
QUB Band 4	0	1
AFC Band 5	1	4
AFC Band 6	2	7
AFC Band 7	0	1
AFC Band 8A	1	3
AFC Band 8B	1	1
Total	11	53
Medical Programmed Activities Re-charges		
Consultant	53	42
Total	53	42
*Agency Staff		
AFC Band 2		
AFC Band 3	1	1
AFC Band 4		
Total	1	1

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

Sickness Absence

During 2019-20, there were 7,116.6 hours lost due to sickness within NIMDTA. This represents a loss rate of 4.39% (4,588.5 hours lost due to sickness in 2018-19 representing 3.8% loss rate).

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 awareness days as part of co-ordinated activity across the HSC. 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 2019-20.

NIMDTA had no off-payroll engagements during 2019-20. Further, there were no off-payroll engagements during 2018-19.

Consultancy Expenditure

NIMDTA had no consultancy expenditure during 2019-20. Further, there were no consultancy expenditure during 2018-19.

Staff Costs (Audited)

Staff costs comprise	Permanently employed staff £000s	*Others	Total	2019
		£000s	£000s	Total £000s
Wages and salaries	7,270	93	7,363	3,337
Social security costs	723	-	723	254
Other pension costs	1,170	-	1,170	662
Sub-Total	9,163	93	9,256	4,253
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	9,163	93	9,256	4,253
Less recoveries in respect of outward secondments			4,862	60
Total net costs			4,394	4,193

*Included within the 2020 Wages and Salaries figure are Single Lead Employer Trainee Salaries which are recharged to Trusts, related funding is included in Trust RRL's.

Included within Trust RRLs were £4,510,835 of salary costs in relation to Programmed Activity recharges and recognition of trainers.

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

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 2019-20 accounts.

Average Number of Persons employed (Audited)

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

	Permanently employed staff No.	2020 Others* No.	Total No.	2019 Total No.
Administrative and Clerical	66	3	69	64
Medical & Dental	18	-	18	18
Medical & Dental (inc within Trust RRLs)	5	33	38	37
Medical And Dental (SLE)	-	63	63	0
Total average number of persons employed	89	99	188	118
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments			63	1
Total net average number of persons employed			125	117

The staff numbers disclosed as Others in 2019-20 relate to temporary members of staff.

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

During 2019-20, NIMDTA had no staff leave through early retirements, exit packages or any other form of compensation schemes. 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 have been 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 (Northern Ireland) Order 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 in the Accounts. 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 2019-20 or 2018-19

Accountability Report

3. Accountability and Audit Report

a) Funding Report

Losses and Special Payments [Audited]

Losses statement	2019-20		2018-19
	Number of Cases	£000	£000
Total number of losses	1	-	-
Total value of losses	-	3	-

There was a fruitless payment of £3,156 that has been disclosed in the attached Accounts. This relates to a rent payment for an area of the car park at Beechill House that was used as a health and safety demarcation while the landlord was carrying out essential works to the roof and windows. There were no fruitless payments in 2018-19.

There were no cash losses, claims abandoned, or administrative write-offs made during 2019-20 or 2018-19

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 2019-20. Further, there were no other fees and charges made during 2018-19.

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, the 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 2019-20. 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 2019-20. 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 other special payments or gifts made during 2019-20 or 2018-19.

Financial Targets

During 2019-20, NIMDTA achieved a financial break even position, with a surplus against RRL of £76,579 (0.11%) against a target of 0.25%. Further detail in relation to financial breakeven is provided at Note 23.3 within the accounts.



Professor Keith Gardiner
Chief Executive/Postgraduate Medical Dean

25 June 2020

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 2020 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 2020 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 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.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Northern Ireland Medical and Dental Training Agency's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Northern Ireland Medical and Dental Training Agency have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Northern Ireland Medical and Dental Training Agency's ability to continue to adopt the going concern basis.

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 (UK) 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

28 July 2020

**NORTHERN IRELAND MEDICAL AND DENTAL TRAINING
AGENCY**

**ANNUAL ACCOUNTS FOR THE
YEAR ENDED 31 MARCH 2020**

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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

FOREWORD

The accounts for the year ended 31 March 2020 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 2020

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 92 to 127) 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

25 June 2020

Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 92 to 127) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Chairman

25 June 2020

Date



Chief Executive

25 June 2020

Date

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2020

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	2020 £	2019 £
Income			
Revenue from contracts with customers	4.1	151,457	182,551
Other Operating Income	4.2	5,016,045	180,248
Total operating income		5,167,502	362,799
Expenditure			
Staff costs	3	(9,255,971)	(4,252,994)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(53,852)	(53,269)
Provision expense	3	-	-
Other expenditure	3	(14,595,508)	(13,833,453)
Total operating expenditure		(23,905,331)	(18,139,716)
Net Expenditure		(18,737,829)	(17,776,917)
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		(18,737,829)	(17,776,917)
Revenue Resource Limits (RRLs) issued to;			
Belfast HSC Trust		(22,220,150)	(21,763,675)
South Eastern HSC Trust		(6,683,275)	(6,589,796)
Southern HSC Trust		(6,237,484)	(5,888,510)
Northern HSC Trust		(6,241,493)	(6,117,293)
Western HSC Trust		(6,917,816)	(6,732,628)
Public Health Agency		(485,940)	(485,790)
Total RRL issued		(48,786,158)	(47,577,692)
Total commissioner resources utilised		(67,523,987)	(65,354,609)
Revenue Resource Limit (RRL) received from DoH	23.1	67,600,566	65,493,773
Surplus/(Deficit) against RRL		76,579	139,164
OTHER COMPREHENSIVE EXPENDITURE			
	NOTE	2020 £	2019 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	118	502
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
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 2020		(18,737,711)	(17,776,415)

The notes on pages 96-127 form part of these accounts


NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of FINANCIAL POSITION as at 31 March 2020

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	2020		2019	
		£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	385,258		158,469	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Non current trade and other receivable:	13	-		-	
Other non current assets	13	-		-	
Total Non Current Assets			385,258		158,469
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	1,220		1,220	
Trade and other receivables	13	275,980		50,120	
Other current assets	13	194,948		87,552	
Current Intangible assets	13	-		-	
Current Financial assets	7	-		-	
Cash and cash equivalents	12	919,598		45,276	
Total Current Assets			1,391,746		184,168
Total Assets			1,777,004		342,637
Current Liabilities					
Trade and other payables	14	(2,760,757)		(1,886,451)	
Other liabilities	14	-		-	
Current Intangible liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(2,760,757)		(1,886,451)
Total assets less current liabilities			(983,753)		(1,543,814)
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			(983,753)		(1,543,814)
Taxpayers' Equity and other reserves					
Revaluation reserve		8,026		7,908	
SoCNE Reserve		(991,779)		(1,551,722)	
Total equity			(983,753)		(1,543,814)

The financial statements on pages 92 to 95 were approved by the Board on (date) and were signed on its behalf by;

Signed:  (Chairman) Date: 25 June 2020

Signed:  (Chief Executive) Date: 25 June 2020

The notes on pages 96-127 form part of these accounts.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CASH FLOWS for the year ended 31 March 2020

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	2020 £	2019
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(18,737,829)	(17,776,917)
Adjustments for non cash costs	3	69,352	67,969
(Increase)/decrease in trade and other receivables		(333,256)	27,190
<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			(44)
Increase/(decrease) in trade payables		874,306	(553,633)
<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		(9,562)	-
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	15	-	-
Net cash inflow/(outflow) from operating activities		(18,136,989)	(18,235,435)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(270,961)	(31,994)
(Purchase of intangible assets)	6	-	-
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		(270,961)	(31,994)
Cash flows from financing activities			
Grant in aid		19,282,272	18,265,571
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		19,282,272	18,265,571
Net increase (decrease) in cash & cash equivalents in the period	12	874,322	(1,858)
Cash & cash equivalents at the beginning of the period	12	45,276	47,134
Cash & cash equivalents at the end of the period		919,598	45,276

The notes on pages 96-127 form part of these accounts

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2020

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 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)
Changes in Taxpayers Equity 2019-20			
Grant from DoH	19,282,272	-	19,282,272
Other reserves movements including transfers	-	-	-
(Comprehensive expenditure for the year)	(18,737,829)	118	(18,737,711)
Transfer of asset ownership	-	-	-
Non cash charges - auditors remuneration	3 15,500	-	15,500
Balance at 31 March 2020	(991,779)	8,026	(983,753)

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

- 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.

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, of the HSC estate as a whole, was carried out on 31 January 2020 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. NIMDTA’s leasehold estate was not valued at this time as it had a nil net book value.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

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.

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

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

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 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.

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

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;

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

- 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.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

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.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

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.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

- 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.

- 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 2020 or 31 March 2019.

1.19 Contingencies

NIMDTA had no contingent assets or liabilities at either 31 March 2020 or 31 March 2019.

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

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

unused annual leave balance as at 31 March 2020. 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 2019-20 accounts.

The University Superannuation Scheme

This is a defined benefit scheme with employer contributions of 21.1% of gross pay. The most up to date actuarial valuation was carried out at 31 March 2018. 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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

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.

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.

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.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF ACCOUNTING POLICIES

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021'.

Management consider that on initial application, the introduction of IFRS 16 will have minimal impact on the accounts

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2020

NOTE 3 EXPENDITURE

	2020	2019
	£	£
Staff costs ¹ :		
Wages and Salaries	7,362,917	3,337,682
Social security costs	722,619	253,803
Other pension costs	1,170,435	661,509
IT Programme	-	-
Recharges from other HPSS organisations	-	-
Cost of Sales	-	-
Supplies and services - General	-	-
Establishment	922,772	817,360
Transport	-	-
Premises	261,746	215,418
Bad debts	-	-
Rentals under operating leases	212,241	160,834
PFI and other service concession arrangements service charges	-	-
Miscellaneous	12,958	4,147
FTC expenditure	-	-
BSO Services - Regional Interpreter Services	-	-
Junior Doctors Salaries	9,709,420	9,228,150
Junior Doctors Trainer Grants	1,486,667	1,480,204
Junior Doctors Study Leave	908,002	909,117
Training	766,078	693,908
Recruitment	300,124	309,615
Non cash items		
Depreciation	53,852	53,269
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)	-	-
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	15,500	14,700
Total	23,905,331	18,139,716

¹ Further detailed analysis of staff costs is located in the Staff Report on pages 79-82 within the Accountability Report.

During the year the NIMDTA purchased £nil of non audit services from its external auditor (NIAO) in relation to National Fraud Initiative. (2019: £1,156).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 4 INCOME

4.1 Revenue from contracts with customers

	2020	2019
	£	£
Course Fees	151,457	182,551
Total	151,457	182,551

4.2 Other Operating Income

	2020	2019
	£	£
Other income from non-patient services	153,741	120,491
Seconded staff	4,862,304	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	5,016,045	180,248

4.3 Deferred income

	2020	2019
	£	£
Research & development income released	-	-
Income released from conditional grants	-	-
Total	-	-

TOTAL INCOME

5,167,502	362,799
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NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5.1 Property, plant & equipment - year ended 31 March 2020

	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 2019	-	376,118	-	-	-	-	304,404	60,604	741,126
Indexation	-	16,507	-	-	-	-	157	113	16,777
Additions	-	98,794	-	-	-	-	181,729	-	280,523
Donations / Government grant / Lottery									
Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2020	-	491,419	-	-	-	-	486,290	60,717	1,038,426

Depreciation									
At 1 April 2019	-	376,118	-	-	-	-	145,938	60,601	582,657
Indexation	-	16,507	-	-	-	-	39	113	16,659
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (index)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	53,852	-	53,852
At 31 March 2020	-	392,625	-	-	-	-	199,829	60,714	653,168

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2020

	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 2020	-	98,794	-	-	-	-	286,461	3	385,258
At 31 March 2019	-	-	-	-	-	-	158,466	3	158,469

Asset financing

Owned	-	98,794	-	-	-	-	286,461	3	385,258
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2020	-	98,794	-	-	-	-	286,461	3	385,258

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:

	2020 £	2019 £
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 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)	(56,625)
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 2020

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 2019	-	-	-	-	-	-	158,466	3	158,466
At 1 April 2018	-	6,889	-	-	-	-	172,350	3	179,242

Asset financing

Owned	-	-	-	-	-	-	158,466	3	158,466
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2019	-	-	-	-	-	-	158,466	3	158,466

Asset financing

Owned	-	6,889	-	-	-	-	172,350	-	172,350
Finance leased	-	-	-	-	-	-	-	-	-
On SOFP PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2018	-	6,889	-	-	-	-	172,350	-	172,350

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 6.1 Intangible assets - year ended 31 March 2020

	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 2019	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 2020	119,065	-	-	-	-	-	-	-	119,065

Amortisation

At 1 April 2019	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 2020	119,065	-	-	-	-	-	-	-	119,065

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 6.1 (continued) Intangible assets - year ended 31 March 2020

	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 2020	-	-	-	-	-	-	-	-	-
At 31 March 2019	-	-	-	-	-	-	-	-	-

Asset financing

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2020	-	-	-	-	-	-	-	-	-

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:

	2020 £	2019 £
Donations	-	-
Government grant	-	-
Lottery funding	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 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 2020	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 2020	119,065	-	-	-	-	-	-	-	119,065

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2019	-	-	-	-	-	-	-	-	-
At 1 April 2018	-	-	-	-	-	-	-	-	-

Asset financing

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

Asset financing

Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2018	-	-	-	-	-	-	-	-	-

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 INVESTMENTS AND LOANS

NIMDTA had no investments or loans at either 31 March 2020 or 31 March 2019.

NOTE 9 IMPAIRMENTS

NIMDTA had no impairments at either 31 March 2020 or 31 March 2019.

NOTE 10 NON – CURRENT ASSETS HELD FOR SALE AND DISCONTINUED OPERATIONS

NIMDTA did not hold any assets classified as held for sale at either 31 March 2020 or 31 March 2019.

NOTE 11 INVENTORIES

	2020	2019
	£	£
Office supplies	1,220	1,220
Total	1,220	1,220

HERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 12 CASH AND CASH EQUIVALENTS

	2020	2019
	£	£
Balance at 1 st April	45,276	47,134
Net change in cash and cash equivalents	874,322	(1,858)
Balance at 31st March	919,598	45,276

The following balances at 31 March were held at

	2020	2019
	£	£
Commercial Banks and cash in hand	919,598	45,276
Balance at 31st March	919,598	45,276

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2020	2019
	£	£
Amounts falling due within one year		
Trade receivables	246,573	36,557
Deposits and advances	-	-
VAT receivable	-	-
Other receivables – not relating to fixed assets	29,407	13,563
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	<u>275,980</u>	<u>50,120</u>
Prepayments	194,948	87,552
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	<u>194,948</u>	<u>87,552</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>275,980</u></u>	<u><u>50,120</u></u>
TOTAL OTHER CURRENT ASSETS	<u><u>194,948</u></u>	<u><u>87,552</u></u>
TOTAL INTANGIBLE CURRENT ASSETS	<u><u>-</u></u>	<u><u>-</u></u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u><u>470,928</u></u>	<u><u>137,672</u></u>

The balances are net of a provision for bad debts of £Nil (2018/19: £Nil).

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2020 £	2019 £
Amounts falling due within one year		
Other taxation and social security	783,387	435,748
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	63,800	54,238
Trade capital payables – intangibles	-	-
Trade revenue payables	273,150	204,973
Payroll payables	27,865	21,808
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	-	-
Other payables	-	-
Accruals	1,592,533	1,165,979
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	20,022	3,705
Trade and other payables	<u>2,760,757</u>	<u>1,886,451</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	2,760,757	1,886,451
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>2,760,757</u></u>	<u><u>1,886,451</u></u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

NIMDTA had no provisions for liabilities and charges at either 31 March 2020 or 31 March 2019.

NOTE 16 CAPITAL COMMITMENTS

NIMDTA had no capital commitments at either 31 March 2020 or 31 March 2019.

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.

	2020	2019
	£	£
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	-	-
	<hr/>	<hr/>
	-	-
Buildings		
Not later than one year	215,288	36,630
Later than one year but not later than five years	825,271	-
Later than five years	-	-
	<hr/>	<hr/>
	1,040,559	36,630
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	<hr/>	<hr/>
	-	-

17.2 Finance Leases

NIMDTA had no finance leases at either 31 March 2020 or 31 March 2019.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 Off balance sheet PFI and other service concession arrangement schemes.

NIMDTA had no commitments under PFI and other concession arrangement contracts at 31 March 2020 or 31 March 2019

18.2 On balance sheet (SoFP) PFI Schemes

NIMDTA had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at 31 March 2020 or 31 March 2019.

NOTE 19 OTHER FINANCIAL COMMITMENTS

NIMDTA did not have any other financial commitments at 31 March 2020 or 31 March 2019.

NOTE 20 CONTINGENT LIABILITIES

The following contingent liabilities have been identified:

Court of Appeal judgement on backdated holiday pay

On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. The Supreme Court is currently considering whether to hear an appeal of this decision. This is an extremely rare and complex case with a significant number of issues that still need to be worked through and HSC implications determined and resolved, including further legal advice with regards to the impact of the judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the HSC sector will need further extensive consideration. Until there is further clarity on the specifics, based on the inherent uncertainties in the final decision that will be made from an HSC perspective, and the fact that there is currently neither legally nor constructively an obligation for the HSC, a possible obligation exists and a reliable estimate cannot be provided at this time, until the HSC implications are fully explored and concluded.

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years by NIMDTA. It is not possible for the Department to give a reasonable estimate of the impact at this time.

20.1 Financial guarantees, Indemnities and letters of comfort

NIMDTA did not have any financial guarantees, indemnities and letters of comfort at 31 March 2020 or 31 March 2019.

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2019/20. Set out below are details of the amount paid to these organisations during 2019/20. 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:-

- Derek Maguire – Non Executive – is a Director/Owner of DJ Maguire & Associates.
- During 2019-20 Janet Little is employed also with the Belfast HSC Trust
- Dr Claire Loughrey’s (Leaver as of Jan 2020) husband (Dr Paul Loughrey) is a G.P. Trainer at Salisbury Medical Centre. Dr Claire Loughrey was also seconded to the GP Federation
- Dr Lorraine Parks is also employed with the Southern HSC Trust.
- Brid Hendron is employed by the HSCB.
- Lee Wilson – Non Executive Board member is also a Non Executive in NIGALA and NISCC
- Alistair Joynes – Chairman – is a Director of Mallaghan Holdings and owns Alistair Joynes Associates
- Dr Michele Stone is GP Partner at Meadowbridge Surgery

	Payments to Related Party £	Income from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Health and Social Care Board**	1,870	2,076,678	-	9,900
Salisbury Medical Centre	20,988	-	-	-
Belfast HSC Trust*	22,247,434	3,162,695	18,056	-
Southern HSC Trust***	6,237,484	402,261	-	59,812
Police Service NI	6,572	-	-	-
GP Federation	-	-	-	-
Meadowbridge Surgery	7,312	-	-	-

*Includes £22,220,150 RRL

**Includes £1,866,206 RRL

***Includes £6,237,484 RRL

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 22 THIRD PARTY ASSETS

NIMDTA held no assets at either 31 March 2020 or 31 March 2019 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:

	2020	2019
	Total	Total
	£	£
DoH (excludes non cash)	65,526,813	63,374,251
HSCB	1,866,206	1,825,754
PHA	-	102,207
Non cash RRL (from DoH)	69,352	67,969
Total agreed RRL	67,462,371	65,370,181
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Adjustment for Research and Development under ESA10	138,195	123,592
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	67,600,566	65,493,773

Trust RRL funding issued by NIMDTA includes funding for Single Lead Employer Trainee Salaries and Travel.

23.2 Capital Resource Limit

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

	2020	2019
	Total	Total
	£	£
Gross capital expenditure by NIMDTA	280,523	31,994
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	<u>280,523</u>	<u>31,994</u>
Capital Resource Limit	<u>290,546</u>	<u>32,000</u>
Overspend/(Underspend) against CRL	<u>(10,023)</u>	<u>(6)</u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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.

	2019-20	2018-19
	£	£
Net Expenditure	(67,523,987)	(65,354,609)
RRL	67,600,566	65,493,773
Surplus/(Deficit) against RRL	76,579	139,164
Break Even cumulative position (opening)	2,041,882	1,902,718
Break Even Cumulative position (closing)	<u>2,118,461</u>	<u>2,041,882</u>

Materiality Test:

	2019-20	2018-19
	%	%
Break Even in year position as % of RRL	<u>0.11%</u>	<u>0.21%</u>
Break Even cumulative position as % of RRL	<u>3.13%</u>	<u>3.12%</u>

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 28 July 2020.