DMETA

ANNUAL REPORT 2007/2008

DEFENCE MEDICAL EDUCATION & TRAINING AGENCY

Defence Medical Education and Training Agency

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Presented to the House of Commons pursuant to section 7 of the Government Resources and Accounts Act 2000.

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Chief Executive's Overview

Maj Gen MJ von Bertele
Chief Executive DMETA

This is the final Annual Report and Accounts to be presented to Parliament by the Defence Medical Education and Training Agency. DMETA ceased to be an executive agency on 1 April this year and was replaced by a new Joint Medical Command.

DMETA was formed on 1 April 2003. Over the five years of its existence it has been a successful agency. The targets set for it have regularly been achieved and sometimes exceeded.

The past year has been the busiest in the short history of DMETA. Operational tempo has continued to increase and nearly a quarter of the military staff have deployed in the past 12 months. Changes in the management and delivery of medical post-graduate training introduced last year have been successfully absorbed and we have created a stronger training base that should serve us well as the Agency transitions to form the Joint Medical Command. The MOD's increased requirement for specialist nurses has led to a re-focusing of attention on the way we train and employ many of our staff. In order to manage our trained clinical staff better, we have created a Defence Medical Group to command the MDHUs and oversee the deployment of their people on operations and exercises. This has already produced a major improvement in their professional and career management that we hope will translate into greater job satisfaction and retention in the future.

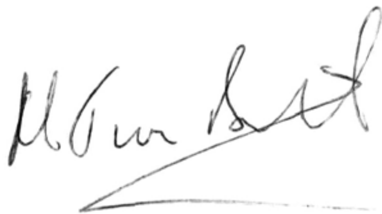
The most significant change in Agency business has been driven by our growing involvement in the delivery of a formal "Role 4" capability to oversee and ensure the care of our operational casualties, in order to provide seamless integration of clinical and welfare support to patients and their family members. There has been an unprecedented degree of attention focused on our two key units delivering this care; the clinical unit of the Royal Centre for Defence Medicine (RCDM) based at Selly Oak hospital and the Defence Medical Rehabilitation Centre at Headley Court. Plans are well advanced to deliver major enhancements to capability at both of these centres.

Against this challenging background the Defence Medical Services (DMS) has been conducting a review of its higher level organisational structures. One of the outcomes of the study, Top Structures – Next Steps, was agreement that an agency structure was no longer appropriate and that a Joint Medical Command should be established to bring together the parts of the DMS that deliver tri-service and joint capability in the areas of manpower to support operations, training, healthcare and dental service delivery. This new organisation was formed on 1 April 2008 and is to be fully operational by 1 April 2009.

Planning continues to rationalise the training elements in the Midlands, and we expect that the Headquarters of the JMC will move to Lichfield in the spring of 2010, representing a further step in the intent to create a centre of excellence for medical training in the Midlands. When this work is finally concluded in a few years' time, it will be a fitting tribute to all those who have worked so hard for the Agency over the past five years. The high quality of medical support now being given to Service personnel on current operations is also testament to their dedication and hard work.

We were delighted earlier this year that the House of Commons Defence Committee, following visits to several of our units, paid tribute to our work in their report on Medical Care for the Armed Forces.[1]

The report that I now present is a record of considerable achievement by the former Defence Medical Education and Training Agency. The Agency's achievement has laid the ground for the establishment of the new Joint Medical Command which I and all the staff of the former DMETA look forward to bringing to full operating capability over the next few months.



Major General Mike Von Bertele QHS OBE MB BCh MFOM
Commander Joint Medical Command
Former Chief Executive DMETA

10 July 2008

1 Defence Committee, Seventh Report of Session 2007-08, *Medical care for the Armed Forces*, HC 327.

Section 1

About the Agency

Agency Aim

DMETA's aim has been to make available nominated Secondary Care personnel for deployments and exercises, and to deliver appropriate medical and military training and education to specified standards to meet the operational requirement.

About the Agency

Agency Aim

DMETA's aim has been to make available nominated Secondary Care personnel for deployments and exercises, and to deliver appropriate medical and military training and education to specified standards to meet the operational requirement.

Objectives

In achieving its aim, DMETA sought to meet the following objectives while operating within the framework of the Defence Health Programme and the Deputy Chief of Defence Staff (Health)'s Management Plan –

a. Make nominated Secondary Care personnel available for deployment;

b. Provide medical, dental and military education and training to Defence Medical Service and other personnel;

c. Develop training and training policy in response to change;

d. Provide worldwide Defence Medical Library Services;

e. Develop and motivate DMETA's personnel;

f. Ensure efficiency in business processes;

g. Ensure financial propriety and regularity;

h. Provide timely and accurate advice on Defence medical education and training issues to the MoD, single Services, Ministers, Parliament and members of the public.

Personnel

DMETA employed on average some 2,256 staff, 1710 (76%) military and 546 (24%) civilian, providing clinical and support services.

Organisation

DMETA operated from ten principal sites across the UK (all now part of the Joint Medical Command) to provide clinical, academic and military education and training for trainees ranging from new Nurse and Combat Medical Technician recruits through to Hospital Consultants –

a. The **Royal Centre for Defence Medicine (RCDM)**, with its headquarters at Selly Oak Hospital, Birmingham. RCDM has responsibility for the **Defence Medical Services Training Centre (DMSTC)**, based at Aldershot, and a small residual training facility at Fort Blockhouse, Gosport. Since 1 February 2007 RCDM has also been responsible for the **Defence Medical Rehabilitation Centre (DMRC),** based at Headley Court in Surrey.

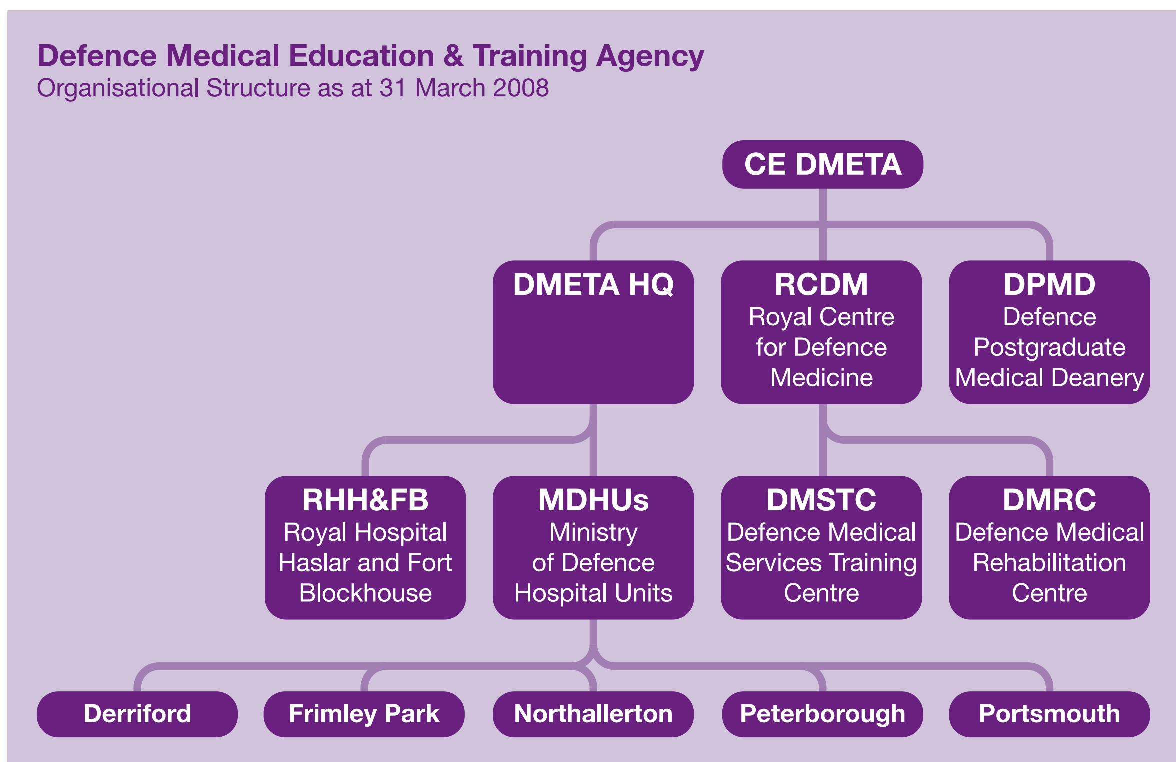
b. The **Defence Post-graduate Medical Deanery (DPMD)** in Birmingham;

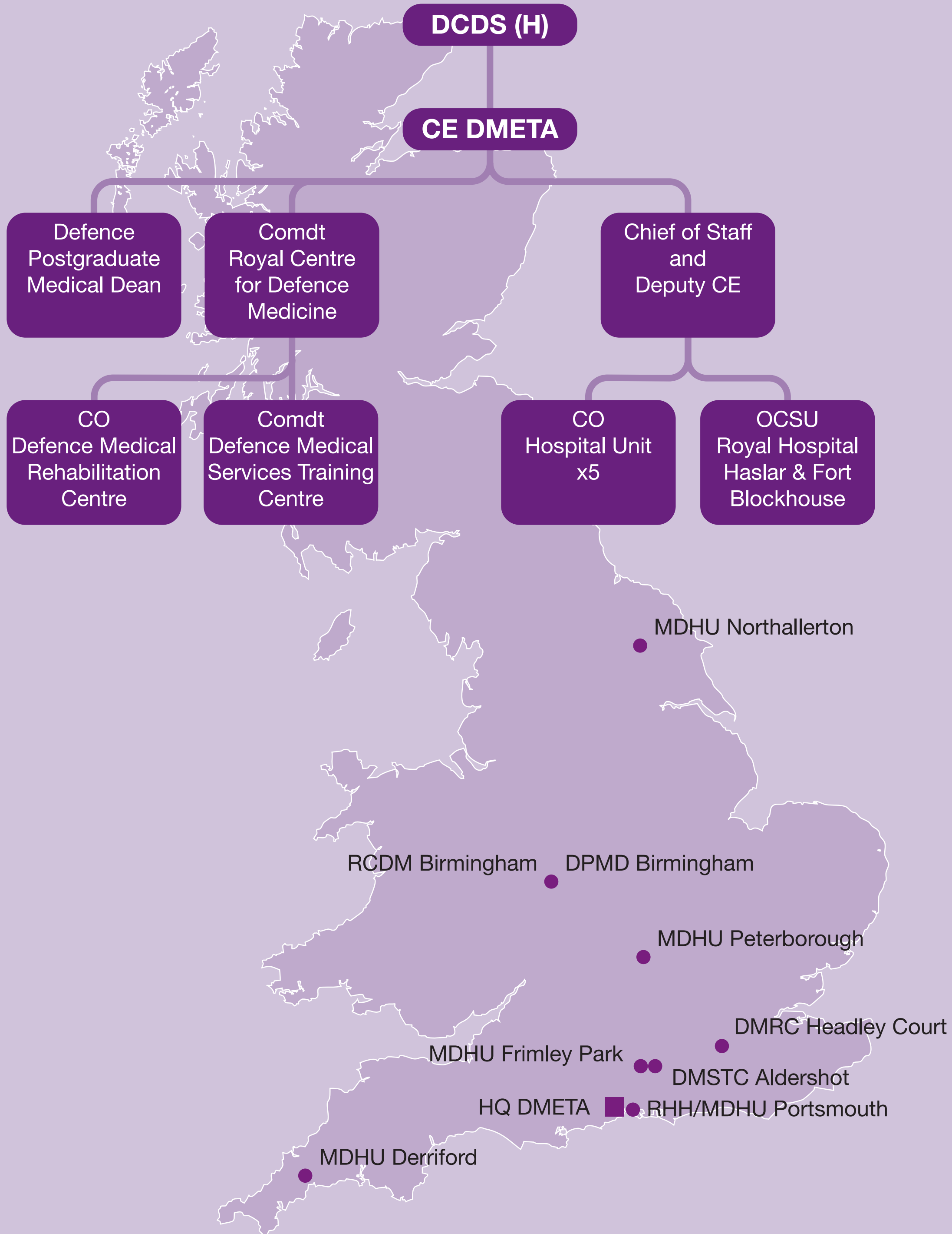
c. DMETA personnel (now JMC) provide Secondary Care within more than thirty NHS Hospitals, with large concentrations of staff at Birmingham and the **five Ministry of Defence Hospital Units (MDHUs)** at
   - **Derriford, Plymouth**
   - **Frimley Park, Surrey**
   - **Northallerton, Yorkshire**
   - **Peterborough, Cambridgeshire**
   - **Portsmouth, Hampshire**

d. The **Royal Hospital, Haslar (RHH)**, administered in partnership with Portsmouth Hospitals Trust (planned to close in the latter part of 2009);

e. A worldwide **Defence Medical Library Service (DMLS);**

f. The **DMETA HQ (now HQ JMC)** at **Fort Blockhouse, Gosport.**



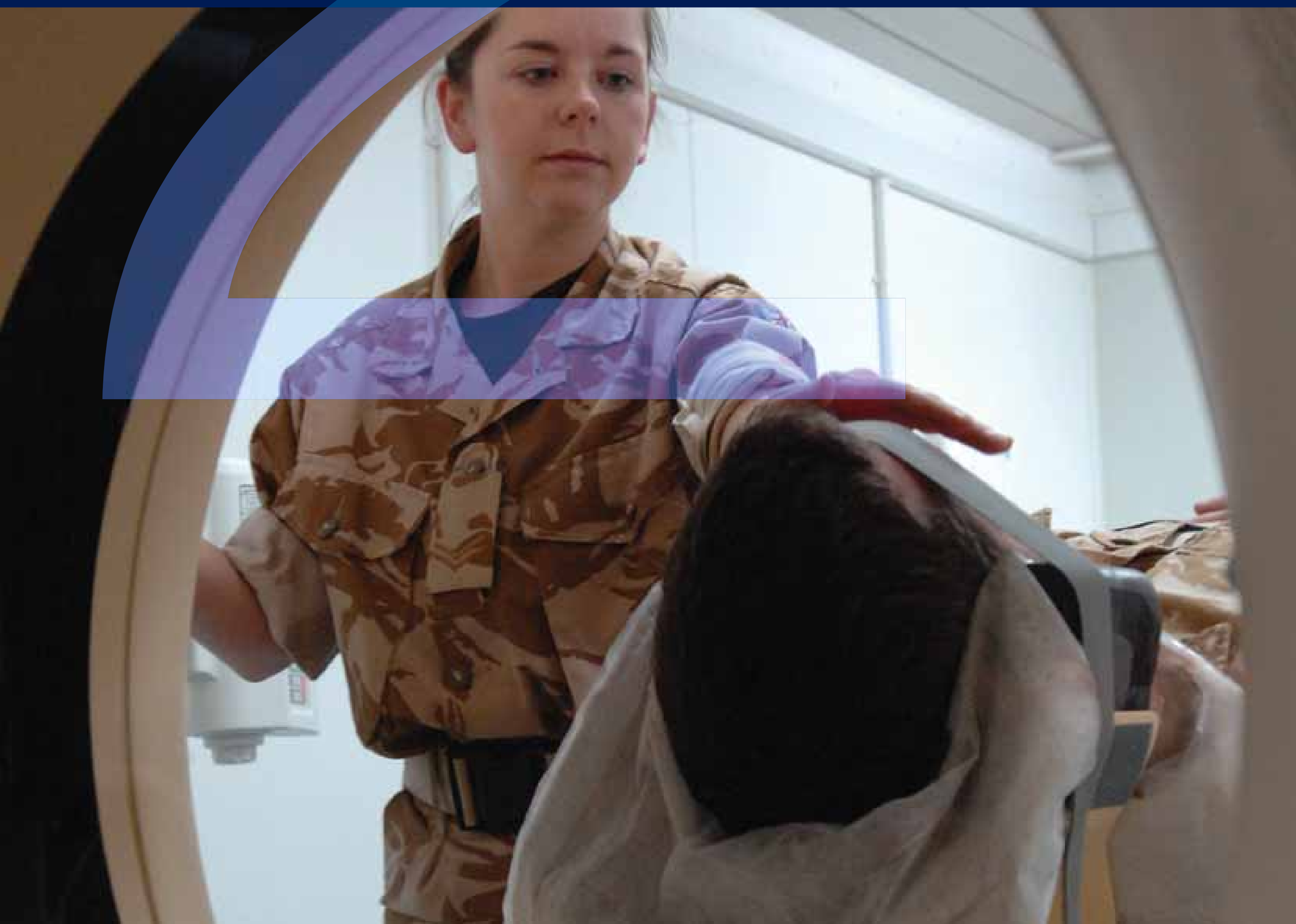


DMETA Establishments
As at 31 March 08
DCDS (H)
CE DMETA
Defence Postgraduate Medical Dean
Comdt Royal Centre for Defence Medicine
Chief of Staff and Deputy CE
CO Defence Medical Rehabilitation Centre
Comdt Defence Medical Services Training Centre
CO Hospital Unit x5
OCSU Royal Hospital Haslar & Fort Blockhouse
MDHU Northallerton
RCDM Birmingham
DPMD Birmingham
MDHU Peterborough
DMRC Headley Court
MDHU Frimley Park
DMSTC Aldershot
HQ DMETA
RHH/MDHU Portsmouth
MDHU Derriford

Section 2

DMETA Performance 2007/2008

2007/2008 Key Targets



DMETA Performance 2007/2008

2007/2008 Key Targets (KT)

KT 1 Deployable Personnel

To meet 100% of the Commanders'-in-Chief requirements for Secondary Care personnel under DMETA command for operational deployments.

KT 2 Individual Military Continuation Training

To ensure that 90% of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training.

KT 3 Medical Professional and Career Training

Initial Training (Phase 2) - To provide Initial Training (Phase 2) that meets the requirements, professional standards and timescales defined by the single Services.

Career, Professional and Continuation Training (Phase 3) - To provide career, professional and continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services, and the statutory requirements of the relevant national bodies.

KT 4 Efficiency

To reduce the ratio of personnel engaged in support activities compared with direct activities.

KT 5 Customer Focus

To maintain the Customer Confidence Index score within a stated range.

KT 6 Harmony/Separated Service

To ensure compliance with the single Services' harmony guidelines for all deployable personnel under DMETA's command.

Performance against Key Targets

Key Target	2005/2006		2006/2007		2007/2008	
	Target	Achieved	Target	Achieved	Target	Achieved
Key Target 1 To meet the Commanders In Chief's requirements for Secondary Care personnel under DMETA command for operational deployments.	100%	100%	100%	100%	100%	100%
Key Target 2 To ensure that 90% of all DMETA personnel, whose medical category permits, achieve their Service's annual mandatory individual military training.	90%	89%	92.5%	90.2%	90%	91%
Key Target 3						
a. Initial Training (Phase 2). To provide Initial Training (Phase 2) that meets the requirements, professional standards and timescales defined by the single Services.	>95%	94.5%	>95%	99.7%	>95%	96.9%
b. Career, Professional and Continuation Training (Phase 3). To provide career, professional and continuation training (Phase 3) that meets the requirements, professional standards and timescales defined by the single Services and the statutory requirements of the relevant national bodies.	>95%	95.6%	>95%	97.5%	>95%	98.9%

Key Target	2005/2006		2006/2007		2007/2008	
	Target	Achieved	Target	Achieved	Target	Achieved
Key Target 4 To reduce the ratio of personnel engaged in support activities compared with direct activities.	N/A	N/A	N/A	2.1:1 (baseline)	2.25:1	2.4:1
Key Target 5 To maintain the Customer Confidence Index score within a stated range.	63	62	66	63	62-65	63
Key Target 6 To ensure compliance with the single Services' data data harmony guidelines for all available available deployable personnel under DMETA's command.	100%	No reliable data available	100%	No reliable data available	100%	99.75%

Performance Highlights

Key Target 1 – Deployable Personnel

2007/2008 status: Achieved

This is the prime focus for the Agency and has been achieved, though not without some difficulty, given the current operational tempo and available personnel numbers.

Key Target 2 – Military Training

2007/2008 status: Achieved

The overall percentage of those who have achieved annual mandatory training is 91%, a slight improvement on last year. JMC unit training departments have recorded this information for DMETA personnel. JPA has improved the way that this is recorded and it is now possible to obtain accurate information from the system.

KT 3 – Medical Professional and Career Training

2007/2008 status: Achieved

Phase 2 trainees within the DMS have a success rate of 96.2% across all courses (albeit not quite as good as last year), while Phase 3 students exceed this and record a 98.9% success rate across all courses (an improvement on the previous year).

KT 4 – Efficiency

2007/2008 status: Achieved

This Key Target – to reduce the ratio of personnel engaged in support activities compared with "direct" activities – has been achieved for two main reasons. First there has been an increase in the numbers of clinical staff posted to the RCDM to assist in the care of military patients. Second, there has been a reduction in the number of civilian staff employed by DMETA, mainly as a result of transfers of staff working at the Royal Hospital Haslar to Portsmouth Hospitals NHS Trust.

KT 5 – Customer Focus

2007/2008 status: Achieved

The Customer Confidence Index score was maintained at the same level as the previous year – which was within the stated range required to achieve the target.

KT 6 – Harmony/Separated Service

2007/2008 status: Missed

The target of 100% compliance with harmony guidelines for all deployable personnel under DMETA's command was narrowly missed this year (by 0.25%). A robust process is now in place to monitor Harmony data across DMETA/JMC. The data are now no longer being reported by exception but via monthly returns from all DMETA/JMC units (and in due course will be collected via use of a JPA 'Separated Service' tool). As such, only a very small number of Harmony breaches have been identified over the past 12 months (reflected in high compliance figures). Prospective data now being collected should facilitate attainment of the 100% target in future years.

Section 3

In-year activity and change

Support to operations and exercises

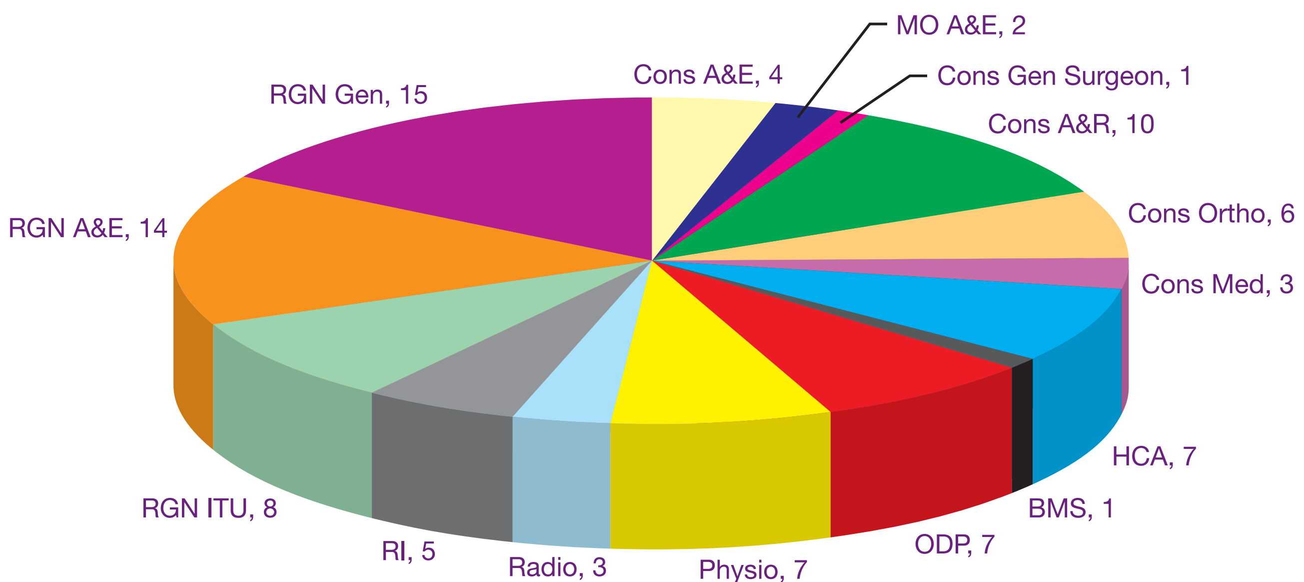
In-year activity and change

Support to Operations and Exercises

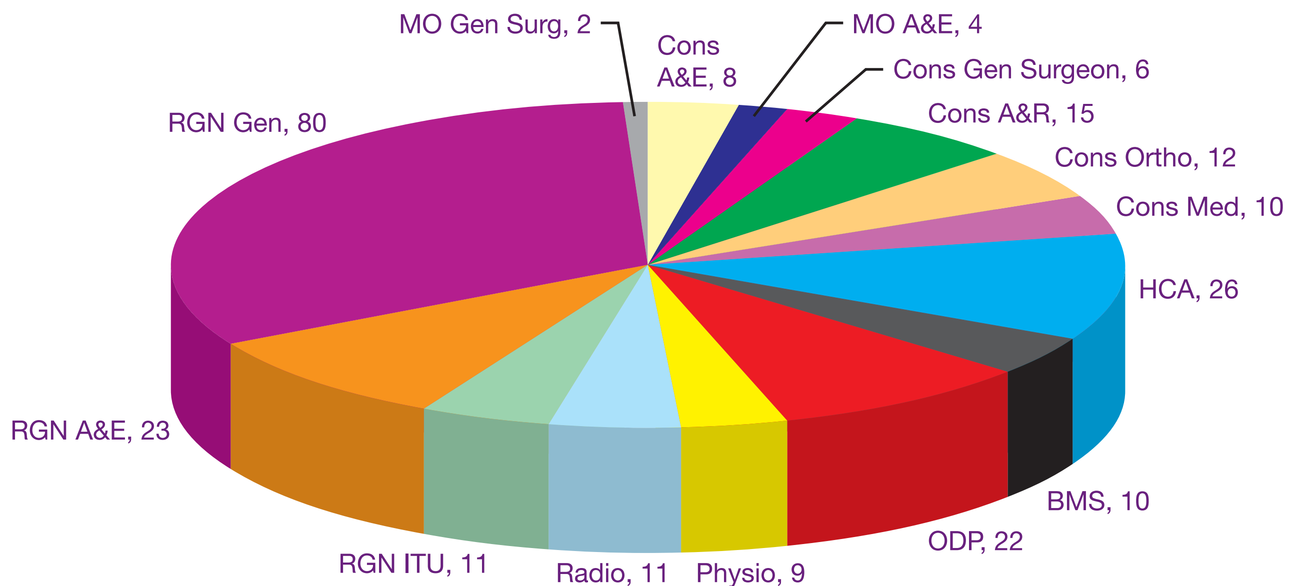
While there have been significant reductions in overall troop levels in Iraq, the level of DMETA's contribution to Operation Telic has not reduced proportionately. Furthermore, while the TA has contributed substantially to Operation Herrick, DMETA has still provided a significant number of individual reinforcements, often at short notice. Overall, during 2007/2008 342 DMETA personnel deployed to Afghanistan (Op Herrick) and Iraq (Op Telic). The breakdown of personnel deployed by theatre of operations and medical speciality is shown below.

Medical Facility Camp Bastion

DMETA personnel deployed on Op Herrick FY 07/08 – Total: 93



DMETA personnel deployed on Op Telic FY 07/08 – Total: 249



Cons A&E	Consultant Accident and Emergency
MO A&E	Medical Officer Accident and Emergency
Cons Gen Surgeon	Consultant General Surgeon
Cons A&R	Consultant Anaesthetics and Resuscitation
Cons Med	Consultant Medical
RGN Gen	Registered General Nurse - General
RGN A&E	Registered General Nurse – Accident and Emergency
RGN ITU	Registered General Nurse – Intensive Therapy Unit
RI	Remedial Instructor
Radio	Radiographer
Physio	Physiotherapist
ODP	Operating Department Practitioner
BMS	Biomedical Scientist
HCA	Health Care Assistant

Portable x-ray system in use in Afghanistan

As well as the two main enduring operations, a light surgical group including a number of DMETA personnel deployed to Tristan de Cunha to provide medical support to Operation ZEST, which undertook essential repairs to the main harbour wall.

We have continued to provide personnel for high readiness formations such as the Spearhead Lead Element (SLE), Commando Forward Surgical Group (CFSG) and Critical Care Aeromedical Support Teams (CCAST). The aeromedical air bridge from operational theatres to the UK is continuously manned by DMETA (and now JMC) personnel who escort all casualties and patients returning from overseas. DMETA personnel played an active part in a number of single Service exercises such as Green Serpent and Grey Heron, which have been essential to establishing the effectiveness of these formations.

As well as supporting contingency operations and standby commitments, DMETA personnel have also continued to provide manning assistance to the Principal Joint Operating Bases (PJOBs) in Cyprus and Gibraltar, as well as supporting PJHQ's medical audits world-wide. Over the year we have developed closer liaison with 2nd Medical Brigade which has delivered significant benefit, especially in the pre-operational phase.

Medical Education and Training

This has been a busy and productive year for DMETA's education and training personnel.

In the last year, a total of 7,500 training places were offered to the single Services, with 73% of these places being filled. The overall success rate, in excess of 96%, was achieved over a period of instructor under-manning, particularly at the Defence Medical Services Training Centre (DMSTC), caused in part by civilian recruitment difficulties. However, high quality instructors have continued to deliver excellent training to officers, NCOs, and junior ranks who are committed to their future careers and excited by the prospect of operational service. The work of DMSTC and also of the Defence School of Health Care Studies is discussed further at page 26.

The busy BATLS Team filming a training DVD

Noteworthy too has been the provision of BATLS training, which prepares medical personnel for their pre-hospital patient care duties on operations. A completely re-designed and more operationally focused course was introduced which was considered much more fit for purpose. The new course was a great success. It had been planned to run 17 courses during the year, offering a total of 408 places. But demand exceeded supply, and a further four courses, offering an additional 96 places, were provided. Next year we plan to offer over 600 places to meet the expected operational demand.

Within HQ DMETA, the Training Analysis Cell (TAC) continued its focus on joint projects that will produce positive benefits in terms of care for personnel on deployed operations. The TAC has completed a number of diverse and “time-constrained” projects. Particular highlights include the DMS Senior Officer Course where the TAC not only conducted a compressed Needs Analysis project to compile a competency matrix, but also designed, developed and delivered an extremely well received pilot course.

Similarly, the Supplementary Paediatric Care Package for nurses on operations was dealt with expeditiously, with the pilot course on track for delivery in September 2008. The Advanced Military Acute Care project has now moved into the course design and development phase. We envisage that this will deliver a long-awaited capability to the RN as well as filling a niche capability requirement for the Defence Human Intelligence cadre, and will potentially free up slots on future BATLS courses. TAC involvement with the DE&S E2E project has been successfully concluded and should result in the medical and logistics communities having a far better understanding of each other’s processes: this collaborative effort is already showing benefits in the operational arena.

The Technical Authors have been involved in the development of an on-line course management system; MOODLE is a Virtual Learning Environment providing a range of functionality covering course content creation and delivery, communication and management, including student tracking and assessment, and many of our key courses will be hosted on this system over the next year.

The Training Development Advisor has assisted in the development of the learning environments being designed as part of the Midlands Medical Accommodation project. This work, combined with the Learning Technologies Symposium hosted at Fort Blockhouse in September 2007, has demonstrated an increased interest in embracing new technology to maximise the learning experiences of DMS personnel and will see a move away from traditional teaching methods towards a greater use of simulation and on-line learning.

The Training Governance team has continued to provide a comprehensive training quality assurance service across DMETA Training Delivery Units and has increased the consultancy service it offers.

The Defence Medical Library Service has again been much appreciated in the DMETA Customer Confidence Survey and will seek to maintain its library accreditation in the new MOD-wide scheme during 2008. A new horizon-scanning service for military medical literature was established at DMLS Central Library on behalf of the Surgeon General.

HRH Duchess of Cornwall visits Fort Blockhouse

Secondary Care Placements

The majority of over 1,700 DMETA military personnel remain mostly employed within the five MDHUs and the RCDM, hosted by NHS Trusts, although additional placements have been increasingly sought in other areas of clinical excellence, mainly owing to saturation of some specialities within the MDHUs. 30 military consultants have been successfully placed within other NHS Trusts this year and a wide range of opportunities within the clinical environment has been sustained for doctors, nurses and allied health professionals.

Upholding our contracted commitments to NHS Trusts has also been testing at times in light of the high operational tempo and shortfalls in some operational "pinch point" specialities. DMETA's continuing ability to achieve 100% of the Commanders' in Chief requirements for Secondary Care personnel under DMETA command for operational deployments (KT1) reflects the commitment, professionalism and dedication of our people.

Defence Post-graduate Medical Deanery

2007 was an exceptional year for medical education and training as a result of changes deriving from the implementation of the Department of Health initiative, Modernising Medical Careers.

The Defence Post-graduate Medical Deanery (DPMD) has had to monitor and adapt to those changes, with particular attention focused on helping DMS MOs to work through the MTAS process for selection into their various specialties. While acknowledging that there were many problems with the Medical Training Application Service (MTAS), the 151 DMS applicants who were required to use this process during 2007 still achieved a commendable success rate (82% overall), ranging from 100% success in Medicine and 97% in Anaesthetics to 63% in Surgery (including all surgical sub-groups) – the latter being a specialty which is regularly oversubscribed with applicants.

As a result of further reviews, the national selection process for 2008 has been changed, reverting to a regional deanery process, and some 87 DMS applicants are taking part. Early indications suggest even higher success rates in general for our applicants compared with 2007, although General Practice is a notable exception. Of the 49 DMS applicants for GP training during 2008 (of whom 17 are second choice applications), 39 took part in the first selection round in March, with a success rate of 82%. The national GP selection process (which is also used to benchmark DMS applicants against their civilian colleagues) has seen considerable development during recent years and is now a sophisticated and validated 3-phase event.

Further changes are expected to be introduced across all specialties from 2009 as a result of the Tooke report. DPMD will continue to adapt its selection procedures and support DMS MOs across all specialties through the changing selection processes and beyond. During the 2007 selection process, most of our applicants performed well above average, with a significant number judged to be outstanding. The new selection process has the advantage of providing greater visibility of the collective performance of DMS applicants, enhancing our reputation at a national level.

In May 2007, DPMD received a visit from the national statutory authority, the Postgraduate Medical Education and Training Board (PMETB), as part of its national programme to ensure that all deaneries maintain appropriate education and training quality management procedures for postgraduate medical training. Following the visit, PMETB was content to approve DPMD's activities and a number of areas of our work were commended. As a result of the PMETB recommendations, work is now being taken forward *inter alia* to formalise the educational roles and responsibilities of the DCAs within DPMD and to extend the support given to our medical educators.

The year has also seen increased liaison with regional NHS deaneries in order to formalise arrangements for DMS MOs who have been placed within those deaneries to undertake their specialty training. Memoranda of Understanding are now in place for Specialty Registrars and are being developed for the Foundation Programmes which have been specifically constructed to meet DMS requirements. They have been developed to ensure that military doctors are able to progress through training which is integrated into recognised training programmes, and can rely on the full educational support of the regional deanery.

Nurse and Allied Health Professional Training

Nurses and Allied Health Professionals have also seen further developments in the selection processes, monitoring and approval of post registration courses. The core operational nursing competencies have been published and single Service competencies are awaiting approval. The recruitment and selection of specialist nurses has remained a key issue, requiring collaborative work with all our stakeholders. The development of competencies for the Officer Commanding Nursing posts has begun, with the aim to recognise and better prepare for these roles in MDHUs.

The first PhD study day for nurses was held this year, with eight out of the ten nurses currently in higher professional education giving presentations on their research projects. Their work will enhance the evidence base available to the DMS and enable our staff to make a significant contribution to the work of the research department at RCDM, while developing personnel for the Professor of Nursing post, the first incumbent of which is yet to be selected.

The Professional Education Department (PED), in conjunction with HQ DMETA, has taken steps to ensure that the changing requirement for external education can be met within available resources, and that all employment groups in the DMS have equitable access to such training when appropriate. Although an online application process remains the ultimate goal, current systems cannot support such a facility and so PED strives to make the existing process as straightforward as possible.

Defence Dental Services

Assimilation of Defence Dental Services (DDS) training output under the auspices of DMETA (and now the JMC) is nearing completion. This will lead to an improved training provision, with more efficient use of scare resources. Part of the strategy has been to bring the DDS Training Establishment at Aldershot under the DMETA (and now JMC) umbrella.

Defence Dental Service personnel at work in Camp Bastion

A major work stream over the last year has been to prepare the dental hygienist training school for accreditation by the General Dental Council. This is a ten-yearly inspection which seeks to validate that training governance is in place to ensure compliance with best practice in civilian hygienist training establishments.

The Modernising Dental Careers (MDC) initiative is still under discussion at a national level. Once formalised into a mature entity, it will be adapted as appropriate for implementation within the DDS. Whilst maintenance of parity with the civilian dental profession for higher professional training opportunity is a prime objective, training establishments that can offer credible modular training courses are increasingly being sought rather than those offering full-time study. Such courses offer the benefit of undertaking a significant proportion of service delivery while studying.

The dental therapist trial continues and is due to report in summer 2008.

Veterinary Training

DPMD, through the Director of Postgraduate Veterinary Education, continues to take a lead in the development and implementation of the Royal College of Veterinary Surgeons' vocational training scheme. The Professional Development Phase of the scheme is undertaken by all officers joining the RAVC.

Royal Centre for Defence Medicine

The Royal Centre for Defence Medicine (RCDM), based at Selly Oak, brings together the delivery of medical education and training and research with the clinical responsibilities that it delivers at Selly Oak and other Birmingham hospitals and at the Defence Medical Rehabilitation Centre (DMRC) at Headley Court in Surrey. The three "pillars" – research, training and clinical – are mutually supportive, but the clinical pillar can play a vital role in the "audit" of research and training outcomes.

Last year was inevitably a challenging one for RCDM if only because the numbers of casualties who are aeromedically evacuated to the UK from military operations have continued to be significant. The pressures have been felt not only by the clinical staff responsible for severely wounded military patients, but also by teaching staff facing higher than expected demands for training courses, and by those dealing with clinical expectations for research and doctrine development. Human resources have undoubtedly been stretched, perhaps most notably at the Defence Medical Services Training Centre.

However, against that background, the confidence of RCDM staff has grown that they are delivering a first-class service to military patients which offers a comprehensive level of care and support to casualties and their families. That confidence has been achieved through the hard work and tenacity of both military and NHS staff. RCDM's Clinical Unit is now rightly and deservedly receiving accolades from those Service casualties and families that have entered the "Role 4" care pathway, as well as from the military chain of command.

Research

The research area has achieved major successes in the last year. Staff made presentations at international conferences in the USA, Canada and Australia as well as in the UK, thus increasing the visibility of research undertaken under RCDM auspices.

Most of the large research projects undertaken at RCDM are in collaboration with DSTL and many smaller projects are undertaken in collaboration with the NHS. The NHS provides medical staff who assist in our conceptual development as well as putting at our disposal various resources and equipment. Some projects are undertaken in collaboration with universities and we are keen to encourage research partnerships both with universities and the NHS which can offer mutual benefit.

Training

The Defence School of Health Care Studies (DSHCS) achieved another excellent year, with specific reference to the January 2008 (ODP) and April 2008 (Nursing) Phase 2 outputs in terms of academic achievement and clinical quality. For ODPs, 61% of students gained either distinction or commendation. For nursing, this level was achieved by 74% of students.

Defence School of Healthcare Studies – Graduation

The DSHCS works in partnership with selected educational institutions, principally Birmingham City University, to provide Phase 2 and Phase 3 training and education for nurses and allied health professions. At Birmingham, pre-registration nursing, operating department practice and diagnostic radiography are delivered, alongside the post-registration BSc (Hons) in Defence Nursing Studies. At Gosport the Biomedical Science Division manages both the Phase 2 training and the essential blood donor and supply courses.

The Healthcare Assistant Training Division (HCA Div) delivers the HCA Foundation course before trainees continue their Phase 2 training within MDHUs, and this year successfully piloted the Government's Modern Apprenticeship scheme. The HCA Div also delivered a highly successful Short Term Training Team to facilitate local instructor training in Sierra Leone.

The results for tri-Service Phase 2 trainees at the DSHCS compare very favourably with those of their civilian counterparts, and are well above the national average. Of the 33 degree students, 91% gained at least an upper second class honours, with 21 attaining first class honours. Of the 98 diploma students, 71% were awarded either commendation or distinction. There has also been a significant effort within the DSHCS over the past year to bolster the provision of military training alongside the academic and clinical programme, enhancing the maintenance of military ethos among Phase 2 trainees. A parallel military training curriculum is now well established, including field exercises, leadership development, directed physical education and military medical skills.

Defence Medical Services Training Centre (DMSTC): sustained instructor under-manning severely stretched the ability to deliver training and restricted DMSTC's ability to conduct first level audit. The situation was aggravated by difficulties over civilian instructor recruitment and the limited funding status of the Keogh site. However, despite these constraints there were also notable successes: high quality instructors continue to deliver excellent training to officers, NCOs and junior ranks who are committed to their future careers and excited by the prospect of operational service. The exceptional success rates at DSHCS are replicated at DMSTC where the training is producing CMTs and MAs capable of meeting the requirements of the Commands, whenever and wherever they are deployed.

Operational Medical Simulation in action – Defence Medical Services Training Centre.

Mapping of medical assistant training against the Ambulance Technician criteria means that many students may now pursue this worthwhile qualification in parallel with their military training.

The Joint Medical Operational Planners Course has been refined and the first batch of Entry Officer Courses that reflect changes to medical training have been extensively validated to assist in their continual improvement. Finally, minor works services and initiatives have mitigated many of the potential infrastructure failings that are a reflection of the age and of the estate and its current limited funding status.

RCDM Clinical Unit Birmingham

Aeromedical Evacuation Teams are a critical link in the patient care pathway

The high military tempo of current operations in Iraq and Afghanistan has continued to generate significant numbers of casualties evacuated to RCDM. During 2007 RCDM received 677 operational casualties. This amounted to roughly half the annual AEROMEDs received.

In February 2007, RCDM was given command of the UK Role 4 Patient Care Pathway. This brought DMRC under the command of Commandant RCDM. A new OF5 post of Standing Joint Commander Medical (SJC Med) was created to manage UK Role 4. SJC Med investigated the criticisms of military secondary care provision that were then frequent and consulted widely.

Our Military Patient Care Pathway consists of three elements: the clinical, military administration and military welfare aspects of care. We need to focus not only on the patient but also on his/her next of kin and/or partner and wider family when making decisions about treatment options and future career choices. To do this it is important to be able to follow casualties through their secondary care and rehabilitation pathways.

Throughout the year RCDM has worked with University Hospital Birmingham NHS Foundation Trust (UHBFT) as well as MOD departments and the single Services to improve the care package available to our operational casualties. Notable improvements have been made to the military support available to in-patients at RCDM. These include: better discharge planning with improved communications to the next point of treatment, increases in personal allowances for patients (including an incidental expense allowance for all patients admitted over 24 hours and continued entitlement to operational bonus payment for patients until their operational tour was due to finish). There have also been improvements delivered through better harnessing of available Service welfare provision and the roles and responsibilities of Commanding Officers for admitted patients.

In October 2007 the Defence Patient Tracking Application was launched. This system now captures all Aeromed patients and tracks them throughout their Secondary and Rehabilitation Care Pathways. These improvements in patient care were highlighted in the House of Commons Defence Committee's report on Medical Care for the Armed Forces.

In 2010 the Clinical Unit of RCDM will relocate within a new PFI hospital build currently under way on the Queen Elizabeth Hospital site, Birmingham. This will provide both a modern clinical environment for the treatment of our military patients and for training clinical staff for their operational role. We are working closely with the Trust to identify the requirements to deliver these two key targets.

While patients will still be treated within the most appropriate specialty for their clinical care, there will be a ward focused on the needs of military patients, managed by military nursing staff working alongside their civilian colleagues, where a significant cohort of military patients will be grouped. This will allow the military patients to share experiences and support each other throughout their stay in hospital. The ward will have a military patients' day room and separate welfare interview room. There will also be a physiotherapy area adjacent to the military ward for exclusively military use, to allow early rehabilitation programmes to be delivered. Within the plans for the new build a dedicated military patient hostel is also included. A separate work strand will deliver new family welfare accommodation.

While occasional criticisms about individual cases continue to be repeated by the news media (and in some instances the same story has been repeated from time to time for several years) and often attract headlines, the outstanding care and clinical services provided by military staff and their NHS colleagues have not been given the attention that they deserve. In 2007 RCDM's Clinical Unit received some 57 VIP visitors. Almost without exception, they commented favourably on the care and treatment that military patients were receiving.

We and our NHS colleagues also listen, of course, to the concerns expressed by patients, as well as the praise that they often offer. In a survey of military patients being treated in Birmingham over the last year, the overwhelming majority of respondents rated their care as good, very good or excellent.

Defence Medical Rehabilitation Centre

The Defence Medical Rehabilitation Centre (DMRC) Headley Court has continued to be very busy throughout 2007/2008. Admissions and outpatients have increased by 10% and 14% respectively from the previous year. During 2007/2008 Headley Court provided 4,825 appointments to out-patients and 1,885 episodes of treatment to in-patients, including both new referrals and review visits (of which an individual patient may have many). The opening of a new temporary ward annexe in May 2007 (at a cost of about £1.7m) increased the DMRC ward bed capacity by 30 to a total of 66 beds. Headley Court continues to demonstrate the enormous benefit of bringing together Service personnel, both those wounded on operations and those injured in training, which contributes significantly to the astonishing recovery that so many of our patients have been making.

DMRC Headley Court

Amputee/Podiatry Provision: Throughout the year there have been enhancements to Service amputee provision, including the expansion of the prosthetics contract to employ additional staff, the establishment of a dedicated fitting suite for prosthetics and podiatry, and the commissioning of IT infrastructure for casting and socket manufacture. These enhancements have led to a reduction in casting and production times. The total new patient episodes for amputees in 2007/2008 were 26, with the Prosthetics Department receiving 831 build tasks. A podiatry service has also been introduced for the single Services where local provision is limited.

Defence Patient Tracking Cell (DPTC) A Defence Patient Tracking System was brought into operation in October 2007. It tracks all military patients who are aeromedically returned to the UK for further treatment, including all patients injured on deployed operations. The system continues to track patients while they are in secondary or specialist care and is monitored by the DPTC located at DMRC.

Welfare There have been considerable enhancements to the Social Work Department to manage better the increase in case load and changes in case mix. The department has seen a 108% increase in patient contact compared with 2006. During the year there has been increased liaison with single Service welfare agencies and close consultation with the Sailors, Soldiers and Airmen's Family Association (SSAFA) on the provision of Norton House which opened in February 2008. The house is located three miles from DMRC and provides welfare accommodation – a "home from home" – for patients' relatives, supplementing the accommodation that the MOD had already provided.

Early spines class

Clinical Improvements Enhanced liaison with RCDM has achieved better management of patients through the care pathway. The appointment of a Rehabilitation Liaison Officer at RCDM and a Complex Trauma Manager post at DMRC have ensured timely, accurate referral of patients to DMRC, with improved communication. Following the successful work of a vocational occupational therapist in the re-integration of patients back into military duty, a further such post has been established.

mTBI A new Mild Traumatic Brain Injury (mTBI) Team has been located at DMRC. The programme was established to treat patients with concussive brain injury who would respond to an education-based rehabilitation programme. Those mTBI patients who need in-patient care are being admitted in two week blocks to DMRC, with the first course starting on 1 July.

New Facilities at Headley Court We have started to build this year a new 58-bed temporary accommodation block for patients and staff, at a cost of about £4m. On 6 May 2008 the Defence Secretary announced that the MOD would make a further £24m available for investment in new facilities at Headley Court. The decision on additional funding followed the completion of a review of defence rehabilitation which confirmed that DMRC should continue to be the specialist centre for rehabilitation, and recommended further improvements so that it can continue to deliver first-class care.

The £24m is being made available over the next four years to maintain and enhance DMRC's capabilities. This investment will enable us to replace the current temporary ward annex by extending the Peter Long Unit, and incorporating into that extension an expanded prosthetics facility, treatment areas, and imaging facilities; and to replace progressively over the next few years all the existing 180 non-ward bed patient and staff accommodation.

Hydrotherapy pool at Headley Court

Charitable bodies have contributed generously to the work of DMRC and its predecessor organisations since Headley Court first opened its doors to RAF patients shortly after the Second World War. The estate is owned by a charitable trust, which has itself contributed generously to the improvement of facilities on the site. Last year a new charity, Help for Heroes, generously offered to raise funds for a swimming pool and gym, which would together form part of a new rehabilitation complex. Work has now started on this project on which JMC will be working closely with Help for Heroes. The aim is to start construction before the end of 2008.

DMETA HQ Support

The Environment

In order to comply with the newly introduced waste pre-treatment regulations and reduce the amount of waste going to landfill, recycling schemes were introduced across all DMETA-owned sites. While we are still gathering data on the overall reduction in the volume of waste now going to landfill, reductions of 30% to 40% are expected.

To develop an action plan for implementation of Sustainable Development Strategies and monitor progress, an Environmental Working Group has been established. As well as monitoring environmental management performance and sharing best practise, the group will review how the strategies can best be implemented.

Wherever possible, DMETA has collaborated with its delivery partners, such as Defence Estates, in ensuring that our environmental impact is kept to a minimum and investigating the use of renewable energy, combined heat and power plants as well as eg rain water harvesting in all new construction projects.

Civilian Staff Transfers

Since 1 April 2008 some 116 civilian posts have been transferred from DMETA to the Portsmouth Hospitals Trust under Transfer of Undertaking (Protection of Employment) terms. The departments transferred from the Royal Hospital Haslar: were Central Medical Records, Hospital Sterilisation and Disinfection Unit, Medical Supplies, Pathology, Pharmacy and Plastics. These transfers took place after full consultation with staff and their Trade Unions representatives.

Information Management

The main focus of the Information Management team during 2007/2008 has been on providing an Intelligent Customer capability for DMETA in our dealings with service providers and deciders. This role has been vital to our successful procurement of information systems.

There have also been a number of key projects in which the IM team had a major part to play. The database produced by the team for the Defence Medical Rehabilitation Coordination Cell (DMRECC) has now been incorporated into the wider-scoped Defence Patient Tracking System. Similarly, the initial system produced for the Academic Department of Medical Emergency Medicine (ADMEM) at RCDM has been further developed by external contractors. The infrastructure for both projects was also provided by the IM team, in the case of ADMEM over a three day period.

The IT Training Team continues to provide high-quality training, including Content Management Systems. The team is in constant demand and provides courses to DMS customers wherever they are required by means of a mobile training environment as well as in a permanent classroom at Fort Blockhouse.

The team is also heavily involved in preparing for the implementation of the Defence Information Infrastructure (DII) programme throughout DMETA. This is a major undertaking: when delivered, it will help to transform the way in which the JMC conducts its business. This would be a complicated, demanding and challenging venture under 'normal' circumstances, but when it has to be integrated into the business activities of our partners, such as NHS Hospital Trusts, the levels of difficulty are multiplied. Plans for the introduction of DII are on schedule.

EFQM & CCI

Following on from the 2007 survey, DMETA units were empowered to develop and take responsibility for their own action plans. These have focused specifically on areas where responses from unit surveys have revealed areas needing development. During the past year EFQM has been further embedded in the culture of the organisation where it has become, in the case of the Clinical Units and Board of Management, a standing agenda item for reporting against.

The momentum of EFQM continues, with regular meetings with unit representatives along with the development of more robust feedback mechanisms to help track improvements. Additionally, following an internally facilitated EFQM workshop, themes and practical solutions were identified to be included as part of unit action plans, of which, focusing on improving a sense of Service ethos and communication were central.

Units are now reporting success in areas of improved communication, IT, unit induction programmes, weekly updates to all staff, news letters, adventure training, away days and team building exercises. Additionally, the steering group has redefined and extended its focus to include the capture and sharing of best practice and the personnel issues identified within the DMS continuous attitude survey.

The DIA audit team have been invited in to evaluate the organisation's EFQM process. To build on the successes of the previous year, it is intended to run an in house EFQM "master class" for all unit EFQM focal points to improve knowledge, techniques and sharing of best practice through experiential learning. Given the degree of success EFQM has achieved across the organisation, we intend to take it forward under JMC.

The Customer Confidence Index was introduced in 2004. It aims to evaluate the organisation's performance in delivering its objectives against those specified in the DMETA 2003 Framework Document. In effect it is an indicator from a customer's perspective of how well the Agency has performed. CCI data have been brought together using a mixed methodology of a targeted postal questionnaire followed up with semi structured interviews, led by the DMETA Plans team.

The 2007 Customers Survey indicated that the provision of Continuous Professional Development when compared with NHS colleagues' experience is viewed as having a positive impact on retention rates. All of DMETA's Customers also agreed that the Defence Medical Library Services provides an invaluable service which inspires confidence and is regarded as a 'Jewel in the Crown'.

There are several discrete areas where improvements can be made, however, specifically in the facilitation of Individual Mandatory Training, providing wider availability of Clinical Placements, improving the facilitation of research, and the need for greater focus on providing speciality-specific personnel for operations. All of these issues are being pursued further.

Whittington Barracks Lichfield

The Move to the Midlands

Work has recently been completed on the Assessment phase of the Military Medical Accommodation (MMA) project which began in late 2006 after the project passed the Initial Gate hurdle.

The project assessment confirmed that the Whittington Barracks site at Lichfield offered excellent potential for meeting the needs of the Defence Medical Services through a combination of new build and up-grading of existing buildings. We could thus provide ample, high quality, "fit for purpose" accommodation, training and sports facilities at Whittington. As a result of assessment work, full planning approval has been granted for the re-development of the site.

It is now planned that the project would be delivered in three increments:

Increment 1 An HQ Office building which would house both a new Strategic Medical HQ for DMS and HQ JMC.

Increment 2 New and refurbished training accommodation; combined officers' and senior NCOs' mess; junior ranks' dining room; training centre; and lecture theatre.

Increment 3 Single Living Accommodation bed spaces.

We are planning to locate the HQs at Lichfield by 1 April 2010. Increments 2 and 3 will involve the move of the Defence Medical Services Training Centre from Keogh Barracks, Aldershot, to Lichfield, and the provision of modern training facilities and living accommodation for over 800 staff and trainees. The precise date for the re-location of DMSTC has yet to be decided, but the move of the Training Centre would be completed between 2012 and 2014.

The range of related facilities in the area will enhance our ability to deliver joint medical support for the armed forces as a strategic asset, under the leadership of the Surgeon General who will become the "end-to-end process owner" for Defence healthcare and medical operational capability.

An announcement on the next steps in the project was awaited at the time this report was written.

DMETA Annual Report & Accounts for the year ending 31 March 2008

Remuneration Report

Composition of the Board of Management

The composition of the Management Board during 2007/2008 was:

Chairman Major General MJ von Bertele	Chief Executive DMETA
Brigadier J McIntosh	Chief of Staff HQ DMETA
Surg Cdre NS Bevan	DPMD
Air Cdre AJ Batchelor	Comdt RCDM (until 9 Dec 07)
Brigadier C Parker	Comdt RCDM (from 10 Dec 07)
Mr DC Kirk	Director Change Programme HQ DMETA
Mr PJ Fieldsend	Financial Controller HQ DMETA
Mrs E Ransom	Non Executive Director

Changes in the Board of Management

Brigadier C Parker was appointed Comdt RCDM on 10 December 2007 in place of Air Cdre A J Batchelor on the latter's retirement from the service.

Remuneration Policy

For Service members of the Management Board, pay is determined by the Armed Forces Pay Review Board. For the civilian member of the Management Board, pay is determined as part of the national MOD pay agreement for civilian staff.

Salary and Benefits in Kind

The following sections provide details of the remuneration and pension interests of the members of the Management Board.

	2007/2008	2006/2007
	Salary including Performance pay £000	Salary including Performance pay £000
Major General MJ von Bertele Chief Executive	130-135	60-65
Brigadier J McIntosh COS DMETA	85-90	20 - 25
Surgeon Commodore N Bevan RN Defence Post-Graduate Medical Dean	120-125	115-120
Air Commodore AJ Batchelor Cmdt RCDM (Until 9 December 2007)	90-95	150-155
Brigadier C Parker Cmdt RCDM (From 10 December 2007)	35-40	-
Mr DC Kirk Director Change Programme	80-85	55-60
Mr PJ Fieldsend Financial Controller	50-55	35-40

Mrs E Ransom, the Non Executive Director, received £12k for attendance at meetings during the period of these accounts.

The salary details in the table above reflect only the periods when the individuals were members of the Board of Management during 2007/2008. None of the above received any benefits in kind during their membership of the DMETA Board of Management during either year.

Salary includes gross salary, performance pay or bonuses, overtime, reserved rights to London weighting or London allowances, private office allowances and any other allowance to the extent that it is subject to UK taxation. The monetary value of benefits in kind covers any benefits provided by the employer and treated by the HMRC as a taxable emolument.

Pension Entitlements

	Column 1 Total accrued pension at normal retirement age at 31 March 08 and related lump sum £000	Column 2 Real increase in pension and related lump sum at normal retirement age £000	Column 3 CETV at March 07 £000	Column 4 CETV at March 08 £000	Column 5 Real increase in CETV after adjustment for inflation and changes in market investment factors £000
Major General MJ von Bertele Chief Executive Age 51	50 – 55 plus 150 – 155 lump sum	0 – 2.5 plus 2.5 – 5 lump sum	520	589	18
Brigadier J McIntosh COS DMETA Age 47	30 – 35 plus 95 – 100 lump sum	2.5 – 5 plus 12.5 – 15 lump sum	684	823	113
Surgeon Commodore N Bevan RN Defence Post-Graduate Medical Dean Age 55	60 – 65 plus 180 – 185 lump sum	5 – 7.5 plus 15 – 17.5 lump sum	659	1,367	591
Air Commodore AJ Batchelor Cmdt RCDM (Until 9 December 2007) Age 60	60 – 65 plus 185 – 190 lump sum	0 – 2.5 plus 5 – 7.5 lump sum	1,118	1,151	24
Brigadier C Parker Cmdt RCDM (From 10 December 2007) Age 51	45 – 50 plus 135 – 140 lump sum	0 – 2.5 plus 2.5 – 5 lump sum	492	524	11
Mr DC Kirk Director Change Programme Age 60	30 – 35 plus 100 – 105 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	775	893	19
Mr PJ Fieldsend Financial Controller Age 46	15 – 20 plus 45 – 50 lump sum	0 – 2.5 plus 0 – 2.5 lump sum	209	251	6

The salary details in the table above reflect only the periods when the individuals were members of the Board of Management during 2007/2008.

Owing to the fact that there were certain errors in earlier CETV calculations, there may be a difference between the final period CETV for 2006/2007 and the start of period CETV for 2007/2008.

Civil Service Pensions

Pension benefits for civilian staff are provided through the Principal Civil Service Pension Scheme (PCSPS) arrangements. From 1 October 2002, civil servants may be in one of three statutory based 'final salary' defined benefit schemes (Classic, Premium, and Classic Plus). The schemes are unfunded with the cost of benefits met by monies voted by Parliament each year. Pensions payable under Classic, Premium and Classic Plus are increased annually in line with changes in the Retail Price Index. New entrants after 1 October 2002 may choose between membership of premium or joining a good quality 'money purchase' stakeholder based arrangement with a significant employer contribution (partnership pension account).

Employee contributions are set at the rate of 1.5% of pensionable earnings for Classic and 3.5% for Premium and Classic Plus. Benefits in Classic accrue at the rate of 1/80th of pensionable salary for each year of service. In addition, a lump sum equivalent to three years' pension is payable on retirement. For Premium, benefits accrue at the rate of 1/60th of final pensionable earnings for each year of service. Unlike Classic, there is no automatic lump sum (but members may give up (commute) some of their pension to provide a lump sum). Classic Plus is essentially a variation of Premium, but with benefits in respect of service before 1 October 2002 calculated broadly as per Classic.

The partnership pension account is a stakeholder pension arrangement. The employer makes a basic contribution of between 3% and 12.5% (depending on the age of the member) into a stakeholder pension product chosen by the employee. The employee does not have to contribute but where they do make contributions, the employer will match these up to a limit of 3% of pensionable salary (in addition to the employer's basic contribution). Employers also contribute a further 0.8% of pensionable salary to cover the cost of centrally-provided risk benefit cover (death in service and ill health retirement).

Further details about the CSP arrangements can be found at the website www.civilservice-pensions.gov.uk

The Cash Equivalent Transfer Value (CETV)

The above table show the member's Cash Equivalent Transfer Value (CETV) accrued at the beginning and the end of the reporting period. Column 5 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.

A CETV is the actuarially assessed capitalised 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 disclosure applies. The CETV figures, and from 2003/2004 the other pension details, include the value of any pension benefit in another scheme or arrangement which the individual has transferred to the AFPS or CSP arrangements and for which the AFPS or CS Vote has received a transfer payment commensurate to the additional pension liabilities being assumed. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

10 members of staff in DMETA have taken out partnership pensions, the departmental contribution to which in 2007/2008 was £13,414.74.

Financial Review

Background

DMETA was launched as a Defence Agency on 1 April 2003. DMETA was an Executive Agency of the MoD and an integral part of the Defence Medical Services under the Deputy Chief of Defence Staff (Health) (DCDS(H)), within the Centre Top Level Budget area. It operated from ten sites across the UK and had its Headquarters at Fort Blockhouse in Gosport, Hampshire. These Accounts have been prepared in accordance with a Direction given by HM Treasury in accordance with Section 7(2) of the Government Resources and Accounts Act 2000.

DMETA remains on vote and receives its resource funding through the MoD resource allocation system. The full cost of services provided by other MoD budget holders was notified to DMETA to allow preparation of its financial accounts.

The net cash expenditure for the year was £129,915,000, slightly lower than the budget allocation of £130,021,000. The net operating cost for the year was £198,153,000. Total assets less current liabilities at 31 March 2008 were (£3,906,000), which compares with a figure of (£2,085,000) at 31 March 2007. The main changes in operating costs over the prior year are a £6.7M (6%) increase in Personnel costs. Of this about £1.3M is due to an increase in the number of temporary civilian staff employed by the Agency, and the remainder is due to pay increases. This increase in costs has been negated by lower non-pay costs and increased income.

Policy on the Payment of Creditors

The Department's bills, with the exception of some payments to suppliers by units locally and outside Great Britain, are paid through the Financial Management Shared Service Centre (FMSSC). In FY 2007/2008 the FMSSC paid 99.76% of its target its target of paying 99.9% of all correctly submitted bills within eleven calendar days, meaning that the Department has just fallen short of its statutory obligation under the Late Payment of Commercial Debts (Interest) Act 1998. Commercial debt interest paid during the year amounted to £4,728.08.

Auditor

The accounts of DMETA have been audited by the Comptroller and Auditor General under section 7(3)(b) of the Government Resources and Accounts Act 2000. The notional cost of the statutory audit is £52,500.

In February 2008 The NAO carried out a Review of the Controls Framework at the Royal Centre for Defence Medicine, Defence Medical Services Training Centre and the Defence Post Graduate Medical Deanery. This review made a number of recommendations concerning the controls framework and financial reporting issues. These recommendations have been reviewed and are being progressively implemented.

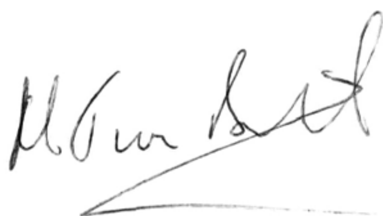
Financial agreements

In May 2007 contractual arrangements were agreed with Portsmouth Hospitals NHS Trust (PHT) concerning the Trust's future use of the Royal Hospital Haslar (RHH) site while the Trust's Queen Alexandra Hospital site continues to be redeveloped under a PFI agreement.

RHH has been administered under a partnering arrangement with PHT since 2001. The contract entered into between The MoD and PHT enables the latter to continue to use the RHH site until late 2009 for the delivery of services to the local health economy. PHT will pay a financial contribution to DMETA in respect of the costs of providing staff, equipment and infrastructure on the RHH site to meet PHT requirements. The financial contribution for FY 2007/2008 was about £5.7M, to meet the service levels specified in the contract. This sum reduces during the life of the agreement, as responsibility for service provision is transferred from DMETA to PHT and current DMETA staff are transferred to PHT in accordance with the Transfer of Undertakings (Protection of Employment) (TUPE) regulations. Over the same period DMETA Service personnel will continue to provide certain "retained" clinical services from the Haslar site until they are also transferred elsewhere.

During 2007/2008 83 staff working at RHH were transferred to PHT under Transfer of Undertakings Protection of Employment (TUPE) terms. This was in accordance with the terms of the contract signed in May 2007. The provision included in the financial accounts (see Note 13) is regularly reviewed and the current provision reflects expected future liabilities.

In August 2007 agreement was obtained from HM Treasury to transfer the remaining stock of medical consumables that remained on the shelf at RHH at 31 March 2007 to PHT at no cost to PHT. The value of this stock was £1.7M. This agreement was obtained following consideration of a number of alternative options which would have all resulted in greater cost to the taxpayer and in some cases would have led to the disposal of medical stores that might otherwise have been used.



Major General M J von Bertele QHS OBE MB BCh MFOM
Former Chief Executive DMETA

10 July 2008

Section 4

Financial Accounts

Statement of the Agency's and Chief Executive's responsibilities

Under Section 7(2) of the Government Resources and Accounts Act 2000 the Treasury have directed the Defence Medical Education and Training Agency to prepare a statement of accounts for each financial year in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the Agency's state of affairs at the year end and of its net operating cost, recognised gains and losses and cash flow for the financial year.

In preparing the accounts, the Agency is required to:

- Observe the Accounts Direction issued by the Treasury, including the relevant accounting disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on a "going concern" basis, unless it is inappropriate to assume that the Agency will continue in operation.

It has been agreed with HM Treasury that, although Chief Executives of Defence Agencies are not appointed Agency Accounting Officers, analogous arrangements will apply. Their responsibilities, including responsibility for the propriety and regularity of the public finances for which the Chief Executive is answerable, and for the keeping of proper records, are set out in the Accounting Officer's Memorandum, issued by the Treasury and published in 'Government Accounting'.

Statement on internal control

Scope of responsibility

As Chief Executive of the Defence Medical Education and Training Agency I have responsibilities analogous to an Accounting Officer. These include responsibility for maintaining a sound system of internal control that supports the achievement of Agency objectives which underpin departmental policies and aims, whilst safeguarding the public funds and departmental assets for which I am personally responsible in accordance with the responsibilities assigned to me in Government Accounting and through my letters of delegation and designation.

The Agency is an Intermediate Higher Level Budget (IHLB) and separate Management Group within the Deputy Chief of Defence Staff (Health)'s (DCDS(H))'s Higher Level Budget (HLB) and provides regular reports to DCDS(H) as the Agency Owner.

Purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of departmental policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in DMETA for the year ended 31 March 2008 and up to the date of the approval of the annual report and accounts, and accords with Treasury guidance.

Capacity to handle risk

The Agency Board of Management (BOM) has adopted a fully documented risk management strategy, which includes details of the methods to be used in the identification of the risks facing the Agency, an analysis of the risks in the form of an organisation wide risk register, planning for their mitigation, and implementation of appropriate management and control mechanisms. Guidance is regularly reviewed and updated in the light of experience and emerging best practice. During this year the risk reporting templates have continued to evolve as a result of experience from using them and to reflect changes within the Defence Health Programme.

Each of the Agency's one star officers now chairs their own management boards and each of these maintain a risk register. Risks that cannot be managed at one star level are then proposed to the BOM as candidate risks for the Agency's register via the Risk Panel. In addition, three further boards, the Education and Training Advisory Board, the Information Management Steering Group and the Clinical Advisory Board all also are able to nominate candidate risks through the

Chief of Staff (COS) who chairs them all. Chaired by the COS, the Risk Panel has met four times and reviews candidate risks identified by the subordinate boards to agree at which level these should be managed and whether they should be recognised as DMETA-wide risks. The panel then focuses on the effectiveness of the mitigating actions and makes recommendations to the BOM. The BOM also identifies and reviews those risks that should be reported to Defence Medical Services Department (DMSD) through the Defence Health Programme risk-reporting framework. It also evaluates risks identified by the HLB Management Board and assesses the impact that management action will have in mitigating the risk. At all levels managers submit regular reports on the steps they are taking to manage risks in their areas of responsibility, including progress reports on key projects.

The Agency's most significant risks are related to the delivery of key projects relating to proposed changes to the DMETA estate.

The risk and control framework

There is a framework of regular management information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability that this year has been incorporated into a Service Delivery Agreement that sets out the annual resource control total and the outputs to be delivered. Development and maintenance of the system has been undertaken by executive managers within the Agency. In particular, it included:

- Comprehensive budgeting systems with an annual budget which is agreed as part of the MOD's resource allocation process;
- Monthly reviews by the Chief Executive and quarterly reviews by the DMETA BOM of periodic and annual financial reports which report the Agency's financial performance against forecasts;
- Setting targets to measure financial and other performance;
- Clearly defined capital investment control guidelines;
- As appropriate, formal project management disciplines; and
- Periodic assurance and compliance reviews.

In addition DMETA has an Agency Audit Committee which reports to the DMETA Board of Management and which is chaired by an external Non-Executive member of the Agency Board of Management. The Audit Committee met four times during the year. Membership of the Audit Committee includes a further member external to DMETA. Representatives from Defence Internal Audit (DIA) and the National Audit Office are also invited to attend.

Review of effectiveness

As Chief Executive, with powers analogous to those of an Accounting Officer, I have responsibility for reviewing the effectiveness of the system of Internal Control. My review of the effectiveness of the systems of internal control is informed by the work of Defence Internal Audit (DIA), DMETA assurance review and the executive managers within the Agency 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. In addition, when the Agency has been subject to DIA scrutiny my review is also informed by the work of the DIA and the Defence Audit Committee, which oversees the work of DIA. During 2007/2008 work continued on implementing the recommendations of the two DIA reports (Pan MOD-Assessment of the Effectiveness of the Medical Statement of Training Requirement (SOTR) and DMETA Travel Cells) carried out during the year. 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 of Management and the Audit Committee and plan to address weaknesses, and ensure continuous improvement of the system is in place.

The Agency defines a "significant internal control issue" as one that has had a bearing on DMETA's ability to achieve any or all of its key targets and/or objectives or which has impacted adversely on the successful operation of a key process. During the year ending 31 March 2008 management checks identified one instance of fraud relating to claiming of expenses that had not been incurred and two instances of falsification of timesheets. In all cases appropriate disciplinary action was taken and management controls were reviewed for effectiveness.

In addition to existing controls, further measures were introduced to ensure that the Agency has in place all the risk management and review systems and processes necessary to ensure compliance with the provisions of Treasury guidance and good governance practice.

In particular, these measures have included:

- Training Governance has introduced an ongoing biennial rolling programme of assurance visits of all Training Delivery Units to review the application of the Defence Systems Approach to Training and identify any non-conformities, shortcomings and examples of best practice. Training Governance has also introduced an evaluation programme to ensure that the training delivered by or on behalf of DMETA continues to meet the requirements of its customers.
- An ongoing annual rolling programme of checks and assurance visits across the Agency to review the application of financial controls and procedures and identify any failure, shortcomings and examples of best practice. These assurance visits identified some areas of concern:
  - (i) Corporate Governance checks are not being undertaken at some units. As a result, the Agency's Corporate Governance processes were reviewed and re-issued in 2007. These processes detail what management checks are to be carried out and their frequency. The results of these checks are to be reported to the Corporate Governance Team every six months.

(ii) There appeared to be a lack of understanding of the rules relating to Travel and Subsistence (T&S) claims within some units, in particular the requirement for line management authorisation, prior to undertaking any periods of detached duty. This issue was brought to the attention of line management who have been asked to ensure that all staff are familiar with the T&S Policy, Rules and Guidance document.

(iii) Several examples were found where there had been no line management authorisation obtained prior to undertaking overtime. This issue was also brought to the attention of line management and staff reminded of this requirement.

These issues, along with other findings from the visits will be followed up during the planned 2008/2009 programme of JMC visits.

- Safety, Health, Environment and Fire (SHEF) continues to be an established standing agenda item at BOM meetings to ensure that SHEF is an integral part of our business and remains firmly embedded in all management systems and processes. Environmental Management Systems introduced last year that are compliant with both MOD policy, ISO 14001 and international best practice, have been reviewed by Centre Top Level Budget (CTLB) staff. The Agency has also introduced recycling schemes to meet Government sustainability targets.
- The Audit of Safety and Environmental Management in the Central TLB scored the Agency at level B (meets target) and action has been completed to address the points raised. The main issue raised was the procedures associated with the Control of Contractors; these issues have been reviewed and the required changes implemented.
- DMETA established an Environmental Working Group (EWG) which will assist in implementing the CTLB sustainable development strategies & SOiG within the Agency. The EWG will lead in sharing best practice & produce common procedures across the agency.
- All new contract requirements are reviewed with the customer and staffed through CTLB Commercial to ensure that the Statement of Requirement defines the Agency's needs and the Commercial Terms and Conditions are robust. Regular reviews of existing contracts are carried out.
- Internal SHEF auditing has been identified as an area of weakness across the Agency owing to a lack of SHEF staff who are also trained in auditing. Action is planned this year to address this situation and an internal audit programme has been prepared for use by the JMC.
- The maintenance of the Clinical Governance Quality Assurance Framework as part of the overarching DMETA Corporate Governance Framework. The main driver for the framework is the need for continual improvement of the quality of reporting mechanisms across DMETA units and to provide assurance that the Agency's clinical governance processes and procedures are consistent, appropriate and fit for purpose. The framework is informed by SGPL 07/07 and includes the process by which Clinical Governance (CG) outputs from DMETA units are to be monitored. My SO1 CG has undertaken monitoring and advisory visits to all units to monitor the arrangements that are in place.

- Health of Financial Systems. A Health of Financial Systems review has been completed as part of the annual departmental review. This includes both objective and subjective assessments of the operation of financial controls in the resource accounting environment. The review concluded that overall the system of financial controls was effective but it noted that changes arising from the Faster Closing Simplify and Improve initiatives might become an issue.

Business Continuity

All DMETA units have developed BCPs based on a bespoke DMETA BCP template. Unit draft Business Continuity Plans are periodically reviewed and have all been tested through desktop exercises during 2007/2008. Both testing individual unit BCPs and assuring our processes by means of external audit are essential elements of ensuring robust and cohesive maintenance of an effective Business Continuity strategy across the Agency.

To maintain the impetus and focus of Business Continuity (BC) issues, Agency BC documents, with appropriate external links, have been made available on the DMETA Intranet site. An overarching DMETA BC policy has been developed and will be published on the DMETA Intranet Web site.

This has been a challenging year but I am confident that good progress continued to be made in a number of areas and that the Agency has been able to manage risk effectively, giving us good confidence in the transition arrangements to the JMC.

Major General M J von Bertele QHS OBE MB BCh MFOM
Former Chief Executive DMETA

10 July 2008

Defence Medical Education and Training Agency

The Certificate and Report of the Comptroller and Auditor General to the House of Commons

I certify that I have audited the financial statements of the Defence Medical Education and Training Agency for the year ended 31 March 2008 under the Government Resources and Accounts Act 2000. These comprise the Operating Cost Statement and Statement of Recognised Gains and Losses, the Balance Sheet, the Cash Flow Statement and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Agency, the Chief Executive and auditor

The Agency and Chief Executive, as Accounting Officer, are responsible for preparing the Annual Report, which includes the Remuneration Report, and the financial statements in accordance with the Government Resources and Accounts Act 2000 and HM Treasury directions made thereunder and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of Accounting Officer's Responsibilities.

My responsibility is to audit the financial statements and the part of the Remuneration Report to be audited in accordance with relevant legal and regulatory requirements, and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000. I report to you whether, in my opinion, the information, which comprises the management commentary and financial review, included in the Annual Report, is consistent with the financial statements. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In addition, I report to you if the Agency has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by HM Treasury regarding remuneration and other transactions is not disclosed.

I review whether the Statement on Internal Control reflects the Agency's compliance with HM Treasury's guidance, and I report if it does not. I am not required to consider whether this statement covers all risks and controls, or to form an opinion on the effectiveness of the Agency's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises the management commentary and financial review. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of audit opinion

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Agency and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Agency's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error, and that in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

Opinions

Audit opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the Government Resources and Accounts Act 2000 and directions made thereunder by HM Treasury, of the state of the Agency's affairs as at 31 March 2008, and of the net operating cost, recognised gains and losses and cash flows for the year then ended;
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000; and
- information, which comprises the management commentary and financial review, included within the Annual Report, is consistent with the financial statements.

Opinion on regularity

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

Report

I have no observations to make on these financial statements.

T J Burr
Comptroller and Auditor General
National Audit Office
151 Buckingham Palace Road
Victoria
London SW1W 9SS

15 July 2008

Operating cost statement

For the year ended 31 March 2008

	Note	2007/2008 £'000	2006/2007 £'000
Operating Costs			
Staff Costs	2	118,061	111,371
Supplies and Services Consumed	3	36,106	41,504
Accommodation Costs	4	28,202	27,950
Other Administration Costs	5	33,968	37,270
Gross Operating Cost		**216,337**	**218,095**
Operating Income			
Income from Non MoD Customers	6	(18,184)	(17,730)
Net Operating Cost		**198,153**	**200,365**

All activities undertaken during the year are continuing.

The notes on pages 55 to 71 form part of these accounts.

Statement of recognised gains and losses

For the year ended 31 March 2008

	Note	2007/2008 £'000	2006/2007 £'000
At 1 April 2007		0	0
(Downward) / Upward revaluation of Tangible Fixed Assets	15	71	0
At 31 March 2008		71	0

The notes on pages 55 to 71 form part of these accounts.

Balance Sheet

As at 31 March 2008

	Note	31 March 2008 £'000	31 March 2007 £'000
Fixed Assets			
Tangible Fixed Assets	8	5,078	1,803
Current Assets			
Stocks	9	411	2,044
Debtors	11	6,317	9,312
Current Liabilities			
Creditors due within one year	12	(9,215)	(8,635)
Net Current Assets		**(2,487)**	**2,721**
Provisions for liabilities & other charges	13	(6,497)	(6,609)
Net Assets		**(3,906)**	**(2,085)**
Taxpayers' Equity			
General Fund	14	(3,977)	(2,085)
Revaluation Reserve	15	71	0
Total		**(3,906)**	**(2,085)**

Major General MJ von Bertele QHS OBE MB BCh MFOM
Former Chief Executive DMETA

10 July 2008

The notes on pages 55 to 71 form part of these accounts.

Cash flow statement

For the year ended 31 March 2008

	Note	2007/2008 £'000	2006/2007 £'000
Net Cash Outflow from Operating Activities	17	126,138	118,734
Capital Expenditure			
Payments to acquire Tangible Fixed Assets	8	3,777	1,819
Net Cash Outflow before Financing	14	**129,915**	**120,553**
Financing			
Payments from the Defence Resource Account		148,099	138,283
Receipts into the Defence Resource Account		(18,184)	(17,730)
Net Financing from the Defence Resource Account		**129,915**	**120,553**
(Increase) / Decrease in cash		0	0

The notes on pages 55 to 71 form part of these accounts.

Notes to the Financial Accounts for the year ended 31 March 2008

Note 1 – Principal Accounting Policies

The accounts for the Defence Medical Education and Training Agency have been prepared in accordance with the Financial Reporting Manual issued by HM Treasury.

A. Removal of Agency Status

DMETA ceased to be an Agency with effect from 1 April 2008. The primary outputs of DMETA will continue to be provided within the Joint Medical Command, and the accounts have therefore been prepared on a going concern basis.

B. Basis of Accounting

These accounts have been prepared under the historical cost convention modified to account for the revaluation of fixed assets at their value to the business by reference to their current costs.

C. Value Added Tax

DMETA is not separately registered for Value Added Tax (VAT) as the Ministry of Defence (MOD) accounts for VAT centrally. Input VAT on certain contracted out services is recovered centrally through the MOD registration under specific Treasury Direction. Other non-recoverable input VAT attributable to the DMETA's activities is included in the cost of the related expenditure or asset.

D. Income

Income comprises the invoiced value of transactions of services to repayment customers. The amounts charged are calculated to reflect the full cost to DMETA of providing the service, except in the case of rent for buildings, which are calculated by Defence Estates. No value is attributed in the accounts to services provided to MOD. The MOD funding of DMETA is shown in cash terms in the Cash Flow Statement.

E. Notional Charges

(a) Interest Charge on Capital

A notional charge, calculated at 3.5% per annum of the average value of total net assets, is charged to the Operating Cost Statement.

(b) Intra-Departmental Charges

Notional amounts are included in the Operating Cost Statement for charges in respect of services provided from other areas of MoD, including a share of central departmental overheads. The amounts charged reflect the full cost of providing these services to DMETA.

(c) Audit Fee

DMETA is not charged an audit fee by the National Audit Office. The audit fee represents the notional charge to the operating cost statement based on the cost of services provided.

F. Fixed Assets and Depreciation

On 1 April 2006 the Ministry of Defence transferred responsibility for accounting for fixed assets from DMETA to other parts of the Department. Where DMETA retains the risks and rewards of ownership of these assets they continue to be accounted for on the Agency's Balance Sheet in accordance with FRS5 and SSAP21. In all other cases the costs of the use of these assets are communicated to DMETA by the asset owners and are charged to the Operating Cost Statement.

Where DMETA retains the risks and rewards of ownership:

(a) Land and Buildings

Where DMETA is the principal beneficial user of Departmental Estate, such estate is treated as an asset of DMETA although legal ownership is vested in the Secretary of State for Defence.

Professional revaluation of existing Land and Buildings is carried out every five years. It has been agreed between the Ministry of Defence and the National Audit Office that these revaluations should be carried out across the Department on a rolling programme. DMETA Land and Buildings were included in this revaluation programme for 2005/2006. Revaluation is carried out annually using appropriate indices in accordance with MOD policy. Adjustments arising on revaluation of fixed assets are taken to a Revaluation Reserve. Permanent diminution in value of fixed assets is charged to the Operating Cost Statement to the extent that it is not covered by previous increases in values.

(b) Plant, Machinery and Vehicles and IT and Communications Equipment

Plant, Machinery and Vehicles and IT and Communications Equipment are capitalised where their useful lives exceed one year and the cost of acquisition and installation exceeds DMETA's capitalisation threshold. They are revalued annually, using indices issued by the Corporate Financial Controller. Adjustments arising on revaluation of fixed assets are taken to a Revaluation Reserve. Permanent diminution in value of fixed assets is charged to the Operating Cost Statement to the extent that it is not covered by previous increases in values.

(c) Single Use Military Equipment (SUME) and Transport Other

The majority of DMETA's SUME and Transport Other is held on the Fixed Asset Register of the Equipment Support (Land) area of the MOD, and is communicated by them to DMETA. Fighting Equipment is capitalised where the useful life exceeds one year and the cost of acquisition and installation exceeds DMETA's capitalisation threshold. They are revalued annually using indices issued by the Corporate Financial Controller.

(d) Depreciation

Freehold land is not depreciated. The majority of depreciation on Single Use Military Equipment (SUME) and Transport Other is communicated to DMETA by the Equipment Support (Land) area of the MOD in respect of DMETA assets held on their Fixed Asset Register.

Freehold buildings and other tangible assets are depreciated in equal instalments over their estimated remaining lives, which are normally in the following ranges:

	Life in years
Buildings – permanent brick construction	15 – 50
Fighting Equipment	5 – 40
Temporary construction	5 – 20
Plant and machinery	5 – 15
Computers	5

G. Tangible Fixed Asset Transfers

In common with all Defence Agencies, tangible fixed assets are transferred to other parts of the MOD on a nil gain / nil loss basis. Under this accounting treatment, net asset transfers to other MOD bodies are transferred through the General Fund with no effect on the Operating Costs of DMETA.

H. Stocks

All stocks are held for continuing use and are valued at current replacement cost.

I. Pension Costs

Past and present employees are covered by the provisions of the Principal Civil Service Pension Scheme (PCSPS) and the Armed Forces Pension Scheme (AFPS), which are described in Note 2. These defined benefit schemes are unfunded and non-contributory, except in respect of dependents' benefits.

DMETA recognises the expected cost of these elements on a systematic and rational basis over the period during which it benefits from employees' services by payment to the PCSPS and AFPS of amounts calculated on an accruing basis. Liability for payment of future benefits is a charge on the PCSPS and AFPS. In respect of the PCSPS defined contribution schemes, DMETA recognises the contributions payable for the year.

J. Cash Balances and Liabilities

Apart from minor transactions through local imprest accounts, which are cleared to nil balances at the Balance Sheet date, DMETA does not pay or receive money on its own account. The majority of cash payments are made, and receipts collected, by the MOD's central accounting organisations on behalf of DMETA. All transactions, both locally and centrally processed, are brought to account by the MOD in the Department Resource Account and are disclosed in aggregate in the Cash Flow Statement.

As the MOD charges DMETA during the year with the gross payments, inclusive of PAYE and National Insurance contributions, due to DMETA employees, the Department is liable for the payment of any liabilities which may be due to Revenue and Customs or the Department for Works and Pensions at the Balance Sheet date, and these are not disclosed in DMETA's Balance Sheet.

K. Debtors and Creditors

Debtors represent monies owed to DMETA by its customers where goods and services have been provided before the period end and for which invoices have been issued but not settled. Debtors also include accrued income, which is defined as other amounts properly receivable where no specific invoice has been issued. Prepayments are represented by payments made but for which goods and services have not yet been received.

Creditors represent amounts owing to other organisations, outside the MOD, in respect of goods and services that have been received before the period end and for which supplier invoices have been received but not paid. Accruals are represented by goods and services received but for which no invoice or claim has been submitted.

L Reserves

Taxpayers' equity comprises the General Fund and the Revaluation Reserve. The General Fund represents the total net assets of DMETA to the extent that they are not represented by other reserves. Net funding from the MOD and realised gains and losses for the period are reflected in the General Fund. The General Fund also includes the notional funding in respect of the communicated costs shown in the operating cost statement. The Revaluation Reserve represents the unrealised element of the cumulative balance of revaluation and indexation adjustments on fixed assets.

M. Operating Leases

Rentals due under Operating Leases are charged over the lease term on a straight-line basis or on the basis of actual rentals payable where this fairly reflects usage.

N. Provisions for Liabilities and other charges

Provisions for liabilities and other charges have been established under the criteria of FRS12 and are based on realistic and prudent estimates of the expenditure required to settle future legal or constructive obligations that exist at the Balance Sheet date.

Provisions are charged to the Operating Cost Statement unless they have been capitalised as part of the cost of the underlying facility where the expenditure provides access to current and future economic benefits. In such cases the capitalised provision will be depreciated as a charge to the Operating Cost Statement over the remaining estimated useful economic life of the underlying asset. All long-term provisions are discounted to current prices by the use of HM Treasury's Test Discount Rate which was 2.2% for the financial year 2007/2008. The discount is unwound over the remaining life of the provision and shown as an interest charge in the Operating Cost Statement.

Note 2 – Staff numbers and costs

(a) The average number of full time equivalent staff employed during the year was as follows:

	2007/2008 Number	2006/2007 Number
Service	1,710	1,736
Non-Industrial Civilian	413	465
Industrial Civilian	133	158
Total	**2,256**	**2,359**

All civilian staff are members of the Civil Service.

(b) Staff costs for the year were as follows:

	2007/2008 £'000	2006/2007 £'000
Salaries and Wages		
Service	74,195	69,321
Civilian	11,982	12,735
Sub Total	86,177	82,056
Social Security Costs (ERNIC)		
Service	6,415	6,204
Civilian	864	903
Sub Total	7,279	7,107
Other Pension Costs		
Service	20,092	18,897
Civilian	1,922	2,034
Sub Total	22,014	20,931
Total	**115,470**	**110,094**
Total Casual Staff costs	**2,591**	**1,277**
Total Staff costs	**118,061**	**111,371**
Total number of Casual staff employed over the year	**255**	**247**
Average number of Casual staff per month	**21**	**21**

The Principal Civil Service Pension Scheme (PCSPS) and the Armed Forces Pension Scheme (AFPS) are un-funded multi-employer defined benefit schemes, but the Defence Medical Education and Training Agency is unable to identify its share of the underlying assets and liabilities. A full actuarial valuation was carried out at 31 March 2007 for the PCSPS and at 31 March 2005 for the AFPS. Details can be found in the resource accounts of these schemes, which are published and laid before the House of Commons. The PCSPS is also available at www.civilservice-pensions.gov.uk

Note 3 – Supplies and services consumed

This heading includes the following cash and non-cash cost items:

	2007/2008 £'000	2006/2007 £'000
Career, Professional and External Training	24,202	24,914
Cost of Stationery, Materials and Equipment and Publications	4,389	4,550
Medical Stores	3,121	7,512
Food Purchases	4,112	4,240
Miscellaneous	282	288
Total	**36,106**	**41,504**

Note 4 – Accommodation costs

This heading includes the following cash and non-cash cost items:

	2007/2008 £'000	2006/2007 £'000
Works Maintenance	7,293	8,161
Security	3,429	3,267
Utilities	3,717	3,812
Occupation Charges	5,984	5,665
Accommodation Services	7,428	6,689
Operating Lease costs – Rental of premises	351	356
Total	**28,202**	**27,950**

Note 5 – Other administration costs

Other administration costs comprise cash, communicated and capitation rate based charges as follows:

	2007/2008 £'000	2006/2007 £'000
Departmental Overheads	2,730	2,778
Depreciation on Fixed Assets	6,796	7,347
Information Technology	4,696	4,921
Travel and Subsistence	4,786	4,136
Early Departure Provision	234	2,042
Miscellaneous Expenditure	5,796	7,655
Office Machinery & Telecoms	3,507	3,484
Audit Fee	52	48
Impairment in the value of fixed assets	4	0
Fixed Asset Adjustments to Asset Values	0	(432)
(Profit) / Loss on Disposal of Fixed Assets	0	86
Capital Project Expenditure Write-Off	56	0
Operating Lease Costs – Hire of plant and machinery	440	342
Asset Communicated Costs	4,801	4,743
Interest charge on Capital	70	120
Total	**33,968**	**37,270**

Note 6 – Operating income

The majority of income received by DMETA arises from the MDHU arrangements with NHS Trusts. The Trusts hosting the MDHUs pay for the value of DMETA personnel working within the hospitals and contributing to the clinical outputs of the hospitals. This is known as the NHS value of service personnel (NVSP) and is based on what the hospitals would have paid had they employed NHS staff. The total NVSP income during the year was £11,768,000.

In some cases DMETA waived the requirement for NVSP income because its priority was to ensure that its staff received the necessary medical training to retain the skills base.

The Department of Health has produced a Health Service Guidance note covering arrangements between the Ministry of Defence and NHS for the use of Service personnel in NHS Trusts. This sets out the concept under which DMETA guarantee either a percentage of time that will be provided to a NHS Trust, 'Trust Protected Time' for individual posts such as Consultants, or 'Whole Time Equivalents' for groups of posts such as Nurses. The level of Trust Protected Time and Whole Time Equivalents provided determines the level of NVSP that will be paid by the Trusts. An adjustment is made to take account of the costs of accommodating MDHU staff on the hospital site.

On 21 May 2007 Portsmouth Hospitals NHS Trust (PHT) signed a contract with the Ministry of Defence to allow PHT to continue to have use of the Royal Hospital Haslar (RHH) site and for the MOD to continue to provide certain service to PHT from 1 April 2007 until late 2009. During the period of the contract it is intended that the majority of services provided by MOD civilian staff employed at RHH will be transferred to PHT (in accordance with TUPE provisions). A provision in the accounts has been made for the costs associated with this transfer of staff and any associated redundancies.

The financial negotiations which followed the agreement were based on what was affordable to the Trust, rather than the cost to DMETA of providing the services and the total amount payable has been capped at £7.45 million. This was agreed to as the provision of ongoing services provides valuable training experience for military personnel.

Management estimates that the cost to DMETA of providing these services to the Royal Hospital Haslar will exceed the payments received from PHT. The decision to incur these costs does not indicate any agreement to meet on a longer term basis the costs of providing services which should be funded by PHT.

	2007/2008 £'000	2006/2007 £'000
NHS value of service personnel (NVSP)	11,768	12,156
Infrastructure income	5,534	5,238
Rental income	70	49
Other income	812	287
Total	**18,184**	**17,730**

Note 7 – Non-cash and notional items

The non-cash and notional cost elements included under the headings of Supplies and Services Consumed, Accommodation, and Other Administration Costs, are as follows:

	2007/2008 £'000	2006/2007 £'000
Notional Costs:		
Asset Communicated Costs	4,801	4,743
Interest on Capital	70	120
Notional Staff Costs	(1,311)	136
Shared Cost of Training	17,572	17,242
Security	3,458	3,279
MOD Central Overhead	19,883	19,877
MOD Permanent Transfer & Allowances	1,525	1,508
Utilities	476	635
MOD Telecom, Welfare & Post	3,490	3,552
Audit Fee	52	48
Stores supplied	548	4,060
Office & Business support	358	400
Accommodation	1,529	1,481
Works Maintenance	7,266	7,918
Total	**59,717**	**64,999**
Other Non-Cash Costs:		
Depreciation	6,796[2]	7,347
Early Departure Provision	234	2,042
Impairment to the value of fixed assets	4	0
Fixed Asset Adjustment to Asset Values	0	(432)
(Profit) / Loss on disposal of fixed assets	0	86
Capital Project expenditure write-off	56	0
Total	**7,090**	**9,043**

2 The 2007/2008 and 2006/2007 Depreciation charges relate to a communicated cost in respect of depreciation on assets transferred to other parts of the MoD.

Note 8 – Tangible Fixed Assets

	Land & Building Dwellings £000	Land & Building Non Dwellings £000	Single Use Military Equipment £000	Plant & Machinery £000	IT Equipment £000	Transport £000	Assets Under Construction £000	Total £000
Cost or Valuation								
At 1 April 2007	**0**	**232**	**0**	**66**	**72**	**0**	**1,433**	**1,803**
Additions				237	53		3,487	3,777
Transfers Out[3]		(232)		(204)	(73)			(509)
Revaluation				2			69	71
Impairment losses					(4)			(4)
Captial Project Expenditure Write-Off							(56)	(56)
At 31 March 2008	**0**	**0**	**0**	**101**	**48**	**0**	**4,933**	**5,082**
Depreciation								
At 1 April 2007	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Charge for the year	0	0	0	0	4	0	0	4
At 31 March 2008	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**4**
Net Book Value								
At 1 April 2007	**0**	**232**	**0**	**66**	**72**	**0**	**1,433**	**1,803**
At 31 March 2008	**0**	**0**	**0**	**101**	**44**	**0**	**4,933**	**5,078**

3 Assets transferred to the Defence Communication Services Agency, Defence Estates and the Defence Logistics Organisation.

Note 9 – Stock

	31 March 2008 £'000	31 March 2007 £'000
Stock	**411**	**2,044**

The stock balance has reduced significantly between 2006-2007 and 2007-2008 due to the transfer of stock to PHT at no cost to PHT. This has been approved by HM Treasury and therefore has not been classified as a loss. This has been reflected in these Accounts as a write-off of stock against the Operating Cost Statement.

Note 10 – Commitments Under Operating Leases

At 31 March 2008 DMETA had annual commitments under non-cancellable operating leases set out below:

	31 March 2008 £'000	31 March 2007 £'000
Land & Buildings		
Operating leases which expire:		
Within one year	44	0
In the second to fifth years inclusive	291	356
Other		
Operating leases which expire:		
Within one year	12	17
In the second to fifth years inclusive	139	118
Over five years	227	271
Total	**713**	**762**

Note 11 – Debtors

Amounts falling due within one year:

	31 March 2008 £'000	31 March 2007 £'000
Trade Debtors	1,248	921
Other Debtors	11	2
Prepayments	2,181	3,378
Accrued income	2,877	5,011
Total	**6,317**	**9,312**

Note 12 – Creditors

Amounts falling due within one year:

	31 March 2008 £'000	31 March 2007 £'000
Trade Creditors	1,512	1,483
Accruals and Deferred Income	7,703	7,152
Total	**9,215**	**8,635**

Note 13 – Provisions for Liabilities and other Charges

	2007/2008 £'000	2006/2007 £'000
Provisions at 1 April	6,609	4,567
New Provisions created	89	1,942
Unwinding of Discount	145	100
Utilised in year	(346)	0
Provisions at 31 March	**6,497**	**6,609**

Early Departure Costs:

Two provisions were created in 2005/2006, in accordance with FRS12, relating to the MOD's then declared intention to withdraw from the Royal Hospital Haslar (RHH) site by 31 March 2007. It was subsequently decided that activities on the site would continue until late 2009 when there will be a complete withdrawal and transfer elsewhere of clinical services. This will result in a number of Compulsory Early Retirements (CER) and Compulsory Early Severances (CES) of civilian staff over the period. It will also result in a number of civilian posts transferring to Portsmouth Hospitals NHS Trust (PHT).

Following a detailed review in 2007/2008 of the number of civilian posts now expected to be subject to CER, CES or transfer to PHT, the overall value of these provisions has been increased.

Note 14 – General Fund

Reconciliation of Net Operating Cost to changes in General Fund

	2007/2008 £'000	2006/2007 £'000
Net Financing from the Defence Resource account	129,915	120,553
ES (Land) Asset Transfer (net)	0	(99)
Other inter management group Fixed Asset transfers	(509)	(103,689)
Notional charges and other costs	66,855	72,346
Net Operating Cost	(198,153)	(200,365)
Net Increase/(Decrease) in General Fund	**(1,892)**	**(111,254)**
General Fund: Opening Balance 1 April 2007	**(2,085)**	**109,169**
General Fund: Closing Balance 31 March 2008	**(3,977)**	**(2,085)**

Note 15 – Revaluation reserve

	2007/2008 £'000	2006/2007 £'000
At 1 April 2007	0	31,086
Movements in year	71	0
Transferred to other parts of MoD	0	(31,086)
At 31 March 2008	**71**	**0**

Note 16 – Capital commitments

There were no Contracted Capital commitments, either at 31 March 2008 or 31 March 2007.

Note 17 – Reconciliation of net operating cost to operating cost cash flows

	2007/2008 £'000	2006/2007 £'000
Net Operating Cost	**198,153**	**200,365**
Adjustments for non-cash transactions:		
Depreciation	(6,796)	(7,347)
Fixed Asset Adjustments to Asset Values	0	432
Loss on disposal of Fixed Assets	0	(86)
Early Departure Provision	(234)	(2,042)
Impairment in the value of fixed assets	(4)	0
Abortive Capital Expenditure	(56)	0
Interest Charge on Capital	(70)	(120)
Other Notional Costs (see Note 7)	(59,647)	(64,879)
	131,346	**126,323**
Movement in Net Current Assets		
Increase/(Decrease) in Stocks	(1,633)	(1,654)
Increase/(Decrease) in Debtors	(2,995)	(3,505)
(Increase)/Decrease in Creditors	(580)	(2,430)
Net Cash Outflow from Operating Activities	**126,138**	**118,734**

Note 18 – Losses and Special Payments

During 2007/2008 DMETA incurred £4,282.14 of losses of Accountable Stores. It also incurred £1,189 of Claims abandoned or waived.

Note 19 – Related party transactions

The Defence Medical Education and Training Agency is an Executive Agency of the Ministry of Defence.

The Ministry of Defence is regarded as a related party. During the period 1 April 2007 to 31 March 2008, the Defence Medical Education and Training Agency has had material transactions with the Ministry of Defence and with other entities for which the Ministry of Defence is regarded as the parent Department. During the year none of the senior and other key management staff, or related parties, undertook any material transactions with the Defence Medical Education and Training Agency.

Note 20 – Financial Instruments

FRS13, Derivatives and Other Financial Instruments, requires disclosure of the role which financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

Because of the largely non-trading nature of its activities and the way in which agencies are financed, DMETA is not exposed to the degree of financial risk faced by business entities. Moreover, financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS13 mainly applies. Financial assets and liabilities are generated by day-to-day operational activities and are not held to change the risks facing the Agency in undertaking its activities.

Liquidity risk

The Agency's revenue and capital resource requirements are voted annually by Parliament and are therefore not exposed to significant liquidity risk.

Interest rate risk

All the Agency's financial assets and liabilities carry no interest.

Foreign currency risk

The Agency does not transact in foreign currencies on its own behalf and is therefore not exposed to foreign currency risk.

Fair values

Financial assets. The Agency has no financial assets other than short term debtors which do not require disclosure.

Financial liabilities. The fair value of the provision approximates to the book value. The Agency has no other financial liabilities other than short-term creditors which do not require disclosure.

Note 21 – Post Balance Sheet Events

On 1 April 2008 the Minister of State for the Armed Forces announced to the House of Commons that from that date DMETA would cease to be an Agency. Consequently, these are the last set of accounts to be prepared on the Agency basis. The activities of the Agency will continue within the Ministry of Defence under the Joint Medical Command, and it therefore remains appropriate for these Accounts to be prepared on a going concern basis.

The annual report and financial statements were authorised for issue by the Accounting Officer on 17 July 2008.

Note 22 – Intra-Government Balances

	Debtors: Amounts falling due within one year £'000	Debtors: Amounts falling due after more than one year £'000	Creditors: Amounts falling due within one year £'000	Creditors: Amounts falling due after more than one year £'000
Balances with other central government bodies				
Balances with local authorities				
Balances with NHS Trusts	4,131		2,852	
Balances with public corporations and Trading Funds	28			
Balances with bodies external to government	2,158		6,353	
At 31 March 2008	**6,317**	**0**	**9,205**	**0**
Balances with other central government bodies			1	
Balances with local authorities			3	
Balances with NHS Trusts	5,164	787	2,956	
Balances with public corporations and Trading Funds	17		0	
Balances with bodies external to government	3,344		5,675	
At 31 March 2007	**8,525**	**787**	**8,635**	**0**

Glossary

ADMEM Academic Department of Medical Emergency Medicine

AFPS Armed Forces Pension Scheme

Air Cdre Air Commodore

BATLS Battlefield Advanced Trauma Life Support

BC Business Continuity

BCP Business Continuity Planning

BOM Board of Management

CCAST Critical Care Air-transportable Support Team

CCI Customer Confidence Index

CER Compulsory Early Retirement

CES Compulsory Early Severance

CETV Cash Equivalent Transfer Value

CG Clinical Governance

Cmdt Commandant

CMT Combat Medical Technician

CO Commanding Officer

COS Chief of Staff

CPD Continuing Professional Development

CTLB Central Top Level Budget

DCA Defence Consultant Advisor

DCDS(H) Deputy Chief of Defence Staff (Health)

DDS Defence Dental Services

DE&S Defence Equipment and Support

DIA Defence Internal Audit

DII Defence Information Infrastructure

DMETA Defence Medical Education & Training Agency

DMLS Defence Medical Library Service

DMRC Defence Medical Rehabilitation Centre

DMRECC Defence Medical Rehabilitation Evaluation and Coordination Cell

DMS Defence Medical Services

DMSD Defence Medical Services Department

DMSTC Defence Medical Services Training Centre

DPMD Defence Postgraduate Medical Dean (and Deanery)

DPTC Defence Patient Tracking Cell

DSHCS Defence School for Health Care Studies

E2E End to end

EFQM European Foundation of Quality Management

EOC Early Operation of Change

EWG Environmental Working Group

Ex Exercise

FRS Financial Reporting Standard

FY Financial Year

GP General Practitioner

HCA Health Care Assistant

HLB Higher Level Budget

HQ Headquarters

IOC Initial Operating Capability

JMC Joint Medical Command

JPA Joint Personnel Administration

KT Key Target

MA Medical Assistant

MA/CMT Medical Assistant/Combat Med Tech

MDC Modernising Dental Careers

MDHU	Ministry of Defence Hospital Unit
MIMMS	Major Incident Medical Management and Support
MMA	Midland Medical Accommodation (project)
MMC	Modernising Medical Careers
MO	Medical Officer
MoD	Ministry of Defence
MTAS	Medical Training Application Service
mTBI	mild Traumatic Brain Injury
NCO	Non Commissioned Officer
NHS	National Health Service
NVSP	NHS Value of Service Personnel
NVQ	National Vocational Qualification
OC	Officer Commanding
ODP	Operating Department Practitioner
PAYE	Pay As You Earn
PCPS	Principal Civil Service Pension Scheme
PED	Professional Education Department
PFI	Private Finance Initiative
PHT	Portsmouth Hospitals NHS Trust
PJHQ	Permanent Join Headquarters
PJOBs	Principal Joint Operating Bases
PMETB	Postgraduate Medical Education and Training Board
RAVC	Royal Army Veterinary Corp
RCDM	Royal Centre for Defence Medicine
RGN	Registered General Nurse
RHH	Royal Hospital Haslar
SHEF	Safety Health Environmental and Fire
SJC Med	Standing Joint Commander Medical
SLA	Service Level Agreement
SLE	Spearhead Lead Element
SS	Single Services
SNCO	Senior Non-Commissioned Officer
SSAFA	Soldiers, Sailors & Air Force Association
SUME	Single Use Military Equipment
T&S	Travel and Subsistence
TA	Territorial Army
TUPE	Transfer of Undertaking (Protection of Employment)
UHBFT	University Hospital Birmingham NHS Foundation Trust

JOINT MEDICAL COMMAND

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