



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 10AM ON THURSDAY
2 DECEMBER 2020 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr J Dennison - Committee Chair
Ms N Lappin - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive
Ms L Charlton - Director of Quality, Safety & Improvement (left the meeting at 12.30pm)
Ms M Lemon - Interim Director of Human Resources
Mr P Nicholson - Interim Director of Finance
Ms M Paterson - Director of Planning, Performance & Corporate Services
Mrs C Mooney - Board Secretary
Mr F Orr - Assistant Director of HR, Training, Learning & Development

APOLOGIES: Mr A Cardwell - Non Executive Director
Ms R Byrne - Director of Operations
Mr B McNeill - Programme Director – CRM
Ms R O’Hara - Programme Director – Workforce Planning
Dr N Ruddell - Medical Director

1 Apologies & Opening Remarks

Apologies were noted from Mr Cardwell, Ms Byrne, Mr McNeill, Ms O’Hara and Dr Ruddell.

The Chair welcomed members to the first meeting of the People, Finance and Organisational Development Committee and

expressed the Committee's sympathies to Dr Ruddell on the recent death of his father.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

There were no declaration of conflicts of interest.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Committee Terms of Reference (PC02/12/20/01)

The Chair thanked Mr Nicholson and Ms Lemon for developing the draft Terms of Reference and noted that this was an iterative process. He said that he would be meeting with Ms Paterson to discuss how best to include performance.

A number of suggested amendments to the draft ToR were put forward and it was agreed that these would be incorporated into a final draft to be shared with members prior to Christmas with a view to seeking approval to these at the February meeting.

The Committee noted that it would be important to consider all Committees' ToR to ensure there was a complete map in terms of governance and assurance.

It was also acknowledged that the above work would involve a revision of the current Standing Orders, Scheme of Delegation and Standing Financial Instructions.

Ms Lemon made the point that it would be important for the Committee to receive qualitative as well as quantitative information and she suggested that it would be helpful for members to hear from staff about their experiences.

Ms Charlton agreed with this approach. She said that there had been discussions around whether risk sat specifically within the remit of one particular Committee as well as whether every Director should attend each Committee or attend for specific agenda items relating to their remit in order to provide the necessary assurance.

Ms Charlton said it was her personal view that her remit of quality, safety and improvement permeated through the whole organisation and she considered it important to attend each Committee regardless of whether there was a specific agenda item relating to her remit.

Ms Lappin stressed the importance of using Directors' time wisely and said she did not want Directors to feel it necessary to attend every meeting but to attend when they felt it would add value or benefit the discussion. She suggested that it might be prudent for all meetings to be included in Directors' diaries and the Committee Chair then decide upon attendance.

The Committee **APPROVED** the first draft of the Committee Terms of Reference subject to any amendments which may be received following further circulation.

4 **Financial Plan 2020-21 Update (PC02/12/20/02)**

Mr Nicholson explained that, as part of the financial planning process, the Trust Board was asked to approve the Financial Plan for submission to the HSCB and the DoH on an annual basis. He reminded members that the draft Financial Plan had been approved by the Trust Board in August 2020.

Mr Nicholson advised that a critical element of that Plan was the assumed income levels contained within it in terms of their reasonableness and accuracy.

Continuing, Mr Nicholson drew members' attention to the paper before them and highlighted the July position in terms of the assumptions across each of the various elements of income received from the HSCB. He referred to the third column which set out an update in November 2020 and indicated how realistic the Trust's income assumptions had been and whether they had materialised in line with the Trust's expectations and the indicative allocations agreed with the HSCB as part of the financial process.

Mr Nicholson pointed out that, while these remained estimates and assumptions, the Trust's assumptions had proved realistic.

He indicated that, in July, the forecasted assumed income was approximately £19 million, and the revised estimate figure was now £22 million. He said that the increases were exclusively related to Covid-19 costs from initial estimates and he referred members to the narrative within the report which provided further detail.

Mr Nicholson advised that much of the original elements of forecasting had already been received. He further advised that, since writing the report, the Trust had received formal notification of demography funding allocations of £382,000 and £320,000 in 2019-20 in 2020-21 respectively. Mr Nicholson said that the Trust still awaited formal approval of the confirmation of costs relating to Covid-19 and added that these were subject to business case approval process. He added that Trust officers continued to work with HSCB colleagues in this regard.

Mr Nicholson said that, whilst the total of these assumed income levels may not be significant, it would be important for members to understand the requirements that the Trust operated under and the potential impact on service delivery if such assumptions were not realistic. He pointed out that, in purest terms, there was a requirement upon the Trust not to incur any expenditure in advance of approved business cases and resources were not confirmed to the Trust until a full and final business case had been approved.

Mr Nicholson cited the example of clinical education and said that it had been a challenging year in terms of the complexity and training that had been delivered. He said that, within the income assumptions, there had been £5 million of assumed income to support that programme and added that the resources for this programme had only been finally confirmed in November 2020. Mr Nicholson said that such arrangements made planning for such a complex programme as clinical education more difficult and said it would be important for members to understand the potential implications if the assumptions made were incorrect.

Mr Nicholson explained that, had the resources for clinical education not materialised, the Trust would have been required to cease the programme of expenditure or identify alternative cash releasing measures to support the programme.

Mr Nicholson said that he was pleased to advise that the planning was largely in line with the assumption and expectations of the Trust with the significant elements outstanding being that of Covid-19 costs and costs relating to AfC. He pointed out that the Trust had received £0.5 million additional support from the HSCB which had not been included within the original Trust plan.

Ms Lappin said that she had found the narrative within the report helpful and self-explanatory. Referring to the business case approvals required for Covid-19 costs and the fact that, at the onset of the pandemic, the HSC had been told to spend whatever necessary, Ms Lappin asked Mr Nicholson whether he had been taken aback at the level of detail required and whether this would present difficulties.

Responding, Mr Nicholson highlighted the complexity of the Covid-19 business case approval process. He indicated that Trusts were also required to break expenditure down further into periods which covered the initial surge; remainder of the year; second surge and an element of rebuilding services. Mr Nicholson explained that Trusts were taking a pragmatic approach and were working together to develop one business case setting out expenditure for each required element.

In response to a further question from Ms Lappin as to the Trust's ability to respond to the level of detail required by the DoH, Mr Nicholson acknowledged that events were progressing at pace. He reminded the meeting that, at the start of the year, the Trust's estimates had changed by over £2 million in that the expectation that the Trust would return to 'business as usual' had not materialised.

Mr Nicholson referred to reports in the English media in terms of 'middle men' around the procurement and quality of equipment. He said that questions were being asked around the increased market prices paid for PPE and added he was aware that some increased prices had been paid, but no 'middle men' had been identified in Northern Ireland procurement.

Ms Lappin suggested that, given the next meeting of Committee was due to take place before the end of the financial year, it might be helpful for the Committee to receive a paper around the

increased prices. She explained that it would also be helpful in ensuring an audit trail as to why certain decisions were taken and for the Committee to be mindful of the circumstances in which they were taken at the time.

Mr Bloomfield said it would be important to be mindful of the context in which the Trust had operated at that time and acknowledged that there was a number of occasions on which the Trust had deviated from normal procurement routes.

The Chair agreed that it was important to place the decisions taken in context and agreed with Ms Lappin's suggestion of a paper being brought to the next meeting. He said that it was important to be mindful that staff were doing everything possible to maintain a service.

The Chair sought further clarification around a potential overspend of £1 million which had been reported by Mr Nicholson at the November Board meeting and asked whether that had been reflected in the paper before the Committee.

Responding, Mr Nicholson explained that one of the first elements confirmed to the Trust was the extent of cash releasing savings required and he referred members to the 2020-21 recurrent savings of £965,000 identified in the paper. He indicated that £1.6 million, representing the savings required from the previous year, had already been removed from the opening RRL and explained that this, together with the current year's savings required, totalled £2.6 million removed from the Trust's baseline. Mr Nicholson said that this figure had largely been made up of vacancies within non-frontline service and had resulted in a shortfall of savings, totalling a £1 million overspend.

Mr Nicholson advised that the Trust had since received additional support of £0.5 million from the HSCB and the fact that the Trust had not been able to continue its post-proficiency training for frontline staff had enabled further resources to be released, allowing the Trust to achieve its £2.6 million savings plan.

The Chair acknowledged that, while it was positive that the Trust had been able to make such savings, it was likely that there would be implications later in the year.

Mr Nicholson advised that the usual finance processes would commence again in January with the development of the Trust's Delivery Plan. He pointed out that the usual processes had been changed this year to take account of Covid-19.

The Chair suggested that it might be timely to bring some financial planning assumptions to the next meeting for consideration. Mr Nicholson undertook to bring an update to the next meeting but suggested that the July meeting would be more appropriate as the Trust transitioned from the current financial year and looked forward to the new financial year in terms of its planning assumptions.

The Chair thanked Mr Nicholson for his Financial Plan 2020-21 Update which was **NOTED** by the Committee.

5 **Clinical Education, Learning and Development – Mid-Year Update (PC02/12/20/03)**

The Chair welcomed Mr Frank Orr to the meeting and invited him to present the Mid-Year Update.

Mr Orr acknowledged that it had been a very challenging year to date and he described in detail the training which had been provided and the arrangements which had been put in place because of Covid-19. He said that, while these had impacted significantly on training activity, the Trust had continued to deliver the majority of its training with the exception of post-proficiency for A&E staff which had been postponed and some Divisional work.

The Chair thanked Mr Orr for his comprehensive overview and referred to the demands being placed on staff. He asked how the Trust was supporting staff to ensure they were able to continue working and complete their training/courses.

In response, Mr Orr advised that, when training had moved online early in the pandemic, a survey had been conducted of those staff undertaking training and he acknowledged that there had been a mixed response. He indicated that every student on the paramedic course had an adviser as well as a facilitator to look after student welfare, needs and support.

Mr Orr acknowledged that staff were under pressure, particularly when, during the first wave of the pandemic, staff had been asked

to take on other roles. However, he stressed that training aimed to deliver new staff to the frontline by ensuring qualified EMTs, paramedics and ACAs. Mr Orr said that the training team were trying to alleviate any pressure on staff by incorporating breaks into the programme.

He advised that, although a number of tutors had had to self-isolate, arrangements had been put in place to allow them to continue to tutor students by remote access. Mr Orr also pointed out that Inspire and peer support were available to staff should they wish to use these services.

Ms Charlton thanked Mr Orr for his update and said that she would like to acknowledge the tremendous efforts made by the training team in this context. She said that it was regrettable that post-proficiency training had to be postponed and explained that this was a key element of the RQIA Improvement Plan around IPC. Ms Charlton advised that she understood the context and the operational challenges in releasing staff to undertake training as well as the need for the continual development of those experienced staff out on the road who were not part of an academic course.

Referring to the Quality Improvement Plan around safeguarding, Ms Charlton commented that, having reviewed referrals, she was struck by the issues facing staff as they provided care and she reiterated the need for further safeguarding training. Ms Charlton said that this also reinforced the obvious impact on quality and safety, staff experience and patient experience in terms of how invaluable post-proficiency training was. She assured the Committee that the Trust would continue to review the position regarding post-proficiency training with a view to reinstating this as soon as was practicably possible.

Ms Lappin echoed Ms Charlton's comments and said that she had heard at first-hand from training officers about the amount of work that had been undertaken to ensure courses were successfully delivered. She said that she had been struck by the significant efforts made by the training team to ensure training was available and delivered in different contexts in order to ensure the Trust had appropriately trained and qualified staff providing care. She pointed out that, as a Committee member, it would also be important to take account of the additional pressures placed on trainers and asked Mr

Orr to feedback her appreciation, as Trust Board Chair, to all involved.

Ms Lappin alluded to the potential risk posed by the postponement of post-proficiency training and, whilst accepting Ms Charlton's assurance that this would be kept under review, suggested that updates on the provision of training might be better placed within the Safety Committee. Ms Lappin advised that she had discussed with Mr Sinclair, Assistant Clinical Director, his vision around enhanced clinical and professional leadership and she questioned how this would best link with the ongoing training. Ms Lappin said that she would be interested in a strategic approach to ensure that training was developed and delivered on behalf of the Trust to meet people's needs as well as identifying the needs of the organisation in terms of training not just for frontline but to support staff to deliver the service.

Ms Lemon clarified that learning and development related more to the general education and development as opposed to clinical education and she agreed that the clinical focus around clinical educational needs might be better placed within the Safety Committee.

Referring to the risk associated with not providing training, Ms Lappin said that references had been made to this at Trust Board meetings. She acknowledged the inherent risks in not being able to release staff from frontline duties to undertake training and suggested it would be important to consider this further.

Mr Orr indicated that he would be happy to provide updates to the appropriate Committee and said his focus was on the clinical education element, notwithstanding the other aspects of leadership development. He advised that he and Mr Sinclair had already met to discuss how best to progress these issues. Mr Orr stressed the importance of ensuring there was a good foundation and quality being delivered by staff and said that Mr Sinclair and he would be liaising in relation to the development of the content of post-proficiency training. He pointed out that consideration was being given to changing the post-proficiency training to a rolling programme due to the number of topics to be covered.

Mr Orr advised, should approval be forthcoming from the HCPC to permit a fifth course, it would allow the Trust to commence courses

by March 2022 rather than the current September 2021 deadline. He acknowledged that there would be an overlap in courses and expressed concern at the capacity to deliver the necessary training.

Alluding to future staffing, Mr Orr expressed concern at how the Trust would ensure training roles were attractive to prospective candidates.

Ms Lappin welcomed HCPC's consideration of allowing a fifth course. She said Trust Board would find it helpful to receive an update on plans around the current cohort of training officers and how their skills might be best utilised as well as an indication of how the training strategic plan in terms of future plans for training linked in with the Trust's 'Strategy To Transform'.

Ms Paterson reminded the meeting that she was responsible for bringing strategic assurance to the Committee and providing an overview. She explained that her intention would be to set out the goal and strategic objectives as articulated by Mr Orr and Mr Sinclair. She acknowledged that the strategic goals permeated across the organisation, hence the discussions as to which Committee would be appropriate to consider such issues.

Ms Paterson suggested that there would be an opportunity to discuss the risk within an Audit and Risk Committee for example, thus providing assurance within the governance structure the Trust intended to implement.

Mr Bloomfield conveyed his appreciation to everyone involved in the training team. He acknowledged the pressures on the training team to ensure staff were appropriately trained to deliver the service and emphasised that staff were key to service delivery and to addressing many of the challenges faced by the Trust.

Continuing, Mr Bloomfield indicated that the past year had been one of the busiest for the Trust. He said that the single biggest investment from transformation funding was £5 million in respect of NIAS training. Mr Bloomfield pointed out that, when one took account of the challenges presented by Covid-19, the volume of training delivered by the training team had been significant. He said that the Senior Management Team had already commenced discussions in relation to how the Trust might start to see real change in terms of the increased professionalisation of the

workforce. Mr Bloomfield referred to the academic routes available and stressed the importance of ensuring all staff were supported appropriately. He acknowledged the reality that training posts may not be as attractive due to the recent rebanding of EMTs and paramedics and accepted the need to consider this and plan for it. He said that discussions would continue with a view to bringing the outcome to a future meeting of the Committee.

Ms Lemon referred to the implementation of the Trust's recent pay agreement with Trade Unions and said that she had had some discussions with Mr Orr in relation to this issue. She pointed out the agreement had recommended that, in paramedics moving to a Band 6, consideration should be given to the potential impact on supervisory posts in that pay band and committed the organisation to review this. Ms Lemon said that this would not necessarily result in a change in pay band but she acknowledged the need to consider the scope of practice and, where appropriate, develop new job descriptions. She pointed out that this would be considered within the Operations structure review for station supervisor posts for example.

The Chair thanked Mr Orr for his comprehensive update and said he looked forward to receiving further updates at future meetings.

Mr Orr withdrew from the meeting.

6 HR Directorate Review (PC0212/20/04)

7 HR Directorate Strategy & Improvement Plan - presentation (PC02/12/20/05)

Ms Lemon explained that she would take agenda items 6 and 7 together as she believed both were inextricably linked.

Referring to the Review, Ms Lemon reminded members that the Trust had asked the Association of Ambulance Chief Executives (AACE) to undertake a review of its Human Resources (HR) function and delivery model. She said it was generally felt that the Trust had not received adequate HR services for a variety of reasons and added that this was supported by a benchmarking study in 2019 which had indicated a need to review and revise HR resources and service provision.

Ms Lemon acknowledged that, while the report had made for difficult reading, she did not disagree with the findings and recommendations. However, she stressed the importance of using the report as a platform for improvement and advised the Committee that some steps had already been taken.

The Chair agreed with the comments made by Ms Lemon and said that the report clearly articulated the issues around culture, processes and resources.

Mr Bloomfield explained that the review had emanated from a previous benchmarking exercise across all corporate support functions carried out at his request by AACE. He agreed with the comments already made around the content of the report and he paid tribute to Ms Lemon in terms of her positive response and determination to use the report as a means to improve the services provided by the HR Directorate. Mr Bloomfield also thanked those staff who had contributed to the report. He acknowledged that the report had been direct in its findings and said that Ms Lemon was discussing the report constructively with her team.

Ms Lappin commented that, as Trust Board Chair, she had been keen for the review to take place and said that the Trust Board had first been made aware of the need for a review in June 2019. She acknowledged the journey to reach this point and believed that the People, Finance & Organisational Development Committee had a role in monitoring and ensuring the recommendations from the review were delivered. Ms Lappin said that she recognised the particular pressures being experienced by the HR Directorate and added that, whilst it would be important to see progress made, there was a need to remain mindful of such pressures and to understand the context in which the Trust would deliver on the review.

Ms Lemon thanked the Committee for their comments and said there were helpful drivers in terms of ensuring momentum was maintained.

By way of a presentation, Ms Lemon set out the detail of her plan for improvement and achievement. She highlighted the key themes for action and the various workstreams to progress the recommendations. Ms Lemon also presented the success of initiatives which had already been put in place and reiterated that

the report was important in setting out what the Trust recognised needed to be done.

The Chair acknowledged the extent of the task ahead.

Ms Lappin said that, while she was familiar with the plans for improvement, she would be interested to hear Ms Lemon's view on how the Committee and Trust Board could assist. She added that the Committee would also be interested to hear where improvement had already taken place, where progress might be delayed and how Covid-19 had impacted on the Directorate.

Responding, Ms Lemon explained that Covid-19 had created a different working environment and associated issues around terms and conditions for example and she described the arrangements in place as a result. These included new arrangements required for occupational health and risk assessment for staff who were considered to be clinically extremely vulnerable in a COVID context. She also described the work that was undertaken to support a regional HSC HR cell and related regional working groups, NIAS Trade Union engagement and temporary changes to some terms and conditions to reflect this context.

In relation to successes, Ms Lemon referred to the implementation of the recent pay agreement and the work undertaken to ensure staff received their payments before Christmas. She reminded members of the presentation given to the March Trust Board meeting on peer support and said that Covid-19 had now become the new trauma faced by staff. As a result, she added, peer support had been increasingly used by staff over the last number of months. Ms Lemon also advised that HR had achieved Key Performance Indicators (KPIs).

The Chair was of the view that the strategy represented the start of the work while the implementation plan would focus on identifying the work to be done and ensuring strategic direction. He sought clarification from Ms Lemon as to her ambitions for the development of the plan and suggested that the Committee could initially be updated on progress with a view to Trust Board using the plan to assess progress.

Ms Lemon emphasised the importance of the strategy remaining live and dynamic while the implementation plan was the framework

for the development and delivery of the strategy. She stressed her intention to engage with the team to inform the development of KPIs, thus ensuring they were realistic and deliverable.

Ms Lemon said that she hoped to be in a position by the next meeting to bring a plan for consideration which had been discussed with the team, Trade Union colleagues and customers. She pointed out that the Operations Directorate would be key in its development and said that the plan should not be developed in isolation.

The Chair welcomed the fact that Ms Lemon intended to use a co-production approach to the development of the implementation plan and said he looked forward to its consideration at the February meeting. He added that he was of the view that the plan represented 'the right direction of travel'.

Mr Bloomfield agreed with the Chair's comments. He indicated that one of the recommendations within the report related to the need for stability in the Directorate and moving to appoint a substantive Director post. He confirmed that he was progressing this issue and had written to the DoH to seek approval to the post. Mr Bloomfield undertook to keep the Committee apprised.

Ms Lappin said that it was encouraging to hear how Ms Lemon intended to progress the development of the implementation plan and believed that the involvement of the team would result in them being more determined to deliver upon it. She suggested that, if Ms Lemon would consider it helpful, she would be willing as a Committee member, or as Trust Board Chair, to link in with the HR team via Zoom to convey support for the approach adopted.

The Chair thanked Ms Lemon for her presentation and said he very much looked forward to receiving updates on progress.

8 Key Issues and Timelines

The Chair asked those present to give some thought as to the issues to be considered by the Committee at certain times throughout the year.

Ms Lappin commented that, having observed the recent Safety, Quality, Patient Experience and Performance Committee, she was of the view that all issues considered had appropriately fallen within

the remit of that Committee and she suggested that more frequent meetings might negate the need for prolonged meetings. However, she acknowledged the additional pressures placed on Directors as a result of Covid-19 and said it would be important to work with Directors to ensure Trust Board received the necessary assurances.

Mr Bloomfield indicated that his preference would be more frequent meetings and added that he considered it to be a joint approach between Non-Executive and Executive Director colleagues. He cautioned that the next number of months would likely prove challenging in terms of normal winter pressures in addition to the pressures presented by Covid-19.

The Chair agreed with the points made by Ms Lappin and Mr Bloomfield

Ms Lemon referred to the information needs of the Committee and asked members to give consideration to this. She alluded to the issue of Whistleblowing and said it would be helpful to have some offline discussion in relation to this.

The Chair thanked those present for their contributions.

9 **Date of next meeting**

The next meeting of the People Committee will take place on Wednesday 10 February 2021 at 10am (arrangements to be confirmed).

It was suggested that, if social distancing guidelines could be met, consideration should be given to holding the next meeting face-to-face.

10 **Any Other Business**

The Chair thanked those present for ensuring the inaugural meeting of the Committee had been a positive one.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.30PM.

SIGNED: 

DATE: 22 April 2021



ACTION - PEOPLE COMMITTEE – 2 DECEMBER 2020

		INDIVIDUAL ACTIONING	UPDATE
1	<p>Terms of Reference:</p> <ul style="list-style-type: none"> - Ms Paterson to arrange to discuss with Chair; - To be considered against other Committee ToRs to ensure all governance and assurance aspects are covered; - Points raised by Ms Lappin to be examined. 	<p>MP</p> <p>CM</p> <p>CM</p>	<p>8/4/21</p> <p>Ongoing</p> <p>Ongoing</p>
2	<p>Finance paper to be brought to next meeting setting out Trust position re increased market prices relating to Covid-19 costs</p>	<p>PN</p>	<p>Included within Finance paper on agenda for 22/4/21 meeting</p>
3	<p>Financial planning assumptions:</p> <ul style="list-style-type: none"> - update to be brought to February (April) meeting with a view to bringing planning assumptions for 2021-22 to July meeting 	<p>PN</p>	<p>On agenda for 22/4/21 meeting</p>
4	<p>Clinical, Learning and Development Plan – Mid Year Update:</p> <ul style="list-style-type: none"> - consideration to be given to risk of not being able to deliver training and not being able to release frontline staff to undertake training; - Trust Board to be advised of the future direction of training in terms of how the 	<p>NR</p>	<p>Update to be provided to April meeting</p>

	<p>training strategic plan links with Trust Strategy to Transform;</p> <ul style="list-style-type: none"> - Trust Board to be updated on plans for current cohort of training officers and how their skills might best be utilised; - update to be provided to Cttee on risk associated with postponement of PP training and when might that be reviewed. 		
5	HR Implementation Plan to be brought to Feb (April) meeting	ML	Listed for April meeting
6	Appointment of substantive Director of HR – Committee to be kept apprised of progress	MB	Ongoing
7	Consideration to be given to the information needs/regular reports to the Committee, for example Whistleblowing.	ALL	Ongoing
8	Next meeting – consideration to be given to holding the February meeting face-to-face	CM	Feb mtg canc. Face-to-face meetings to be kept under review.