



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 10AM ON THURSDAY  
22 APRIL 2021 (VIA ZOOM DUE TO COVID-19)**

**PRESENT:** Mr J Dennison - Committee Chair  
Mr T Haslett - Non Executive Director (left the  
meeting at 12 noon)  
Ms N Lappin - Non Executive Director

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms M Lemon - Interim Director of Human  
Resources  
Mr P Nicholson - Interim Director of Finance  
Ms A Quirk - Boardroom Apprentice  
Mrs C Mooney - Board Secretary

**1 Apologies & Opening Remarks**

The Committee Chair welcomed members to the meeting. He said that he had noted that the papers before members contained a number of requests for noting and approval and said he was unsure as to the Committee's level of authority to approve any projects which required recurrent funds.

Ms Lemon clarified that the documents accompanying the HR Strategic Plan 2021-22 had been provided as appendices to the Plan and had gone through approval processes at the Trust's Senior Management Team.

**2 Procedure**

**2.1 Declaration of Potential Conflicts of Interest**

Ms Lappin noted that, as Chief Commissioner of the Charity Commission for Northern Ireland, she would not participate in any discussion around NIAS Charitable Trust.

## 2.2 Quorum

The Chair confirmed the Committee as quorate.

## 2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

## 3 Previous Minutes (PC22/04/21/01)

The minutes of the previous meeting held on 2 December 2020 were **APPROVED** on a proposal from Mr Dennison and seconded by Ms Lappin.

## 4 Matters Arising (PC22/04/21/02)

### 4.1 Clinical, Learning and Development Plan – Mid Year Update

Mr Bloomfield advised that the Trust Board would receive an update on the Review of Clinical Education at its meeting on 6 May 2021.

### 4.2 Appointment of Director of HR

Mr Bloomfield advised that the Trust had received approval from the DoH to progress this issue and he undertook to keep members updated.

### 4.3 Face-to-face meetings

The Committee Chair said he welcomed the opportunity to meet on a face-to-face basis with NED colleagues when they recently met with Mr Sowney and said he looked forward to doing so again soon.

### 4.4 Financial Management Workshop

The Committee Chair referred to the financial management workshop on 20 April and said he had found it helpful.

Ms Lappin thought it had been an excellent workshop and acknowledged that it had provided an opportunity for Non-Executive Directors to consider what information they might wish to see at Committee and Board level. She suggested that she would consider convening a Non-Executive Director only session to discuss such issues further. Ms Lappin said that she was also conscious that a workshop on assurance/risk register was to be organised.

Mr Haslett agreed to give some thought as to the areas he would like to see covered in reports to the Committee/Board and added that such areas needed to be proportionate to the funding.

The Committee Chair pointed out that the capital strategy would be vital to the work carried out over coming years. He also expressed an interest in budget setting and the delegation and management of budgets across Directorates and suggested that the Committee might find it helpful to focus on these areas moving forward.

## **5 Financial Plan 2021-22 (PC22/04/21/03)**

At the Chair's request, Mr Nicholson advised that, at the December meeting, he had provided update on the Financial Plan 2020-21 showing what levels of income had materialised in line with the initial assumptions last year. He drew the Committee's attention to the paper before them which provided an initial assessment of the opening financial position for the new financial year 2021-22 as well as savings requirements and income levels. He commented that the paper was timely given that members had attended Financial Management Workshop earlier in the week.

Mr Nicholson reminded the meeting that funds were allocated on a Full Year Effect (FYE recurrently) basis and a Current Year Effect (CYE Non Recurrently) basis. He explained that, from the £115 million the Trust received in 2020-21, only £87 million was recurrent and was now included in the opening Revenue Resource Limit (RRL).

Mr Nicholson pointed out that the Trust also had a savings requirements totalling £2.6 million and he added that these funds had been removed from the RRL. He indicated that, while it was

not expected that additional savings would be required from DoH/HSCB in-year, the Trust was entering into the new financial year with a £2.6 million gap and said he estimated that only £1 million of these savings could be achieved.

Continuing, Mr Nicholson advised that there were other issues to be worked through which would have the potential to increase this requirement for savings.

In response to a question from Ms Lappin on how the Trust planned to achieve the £1 million savings, Mr Nicholson explained that the Trust had been able to contribute funding from a number of frontline vacancies to the savings requirement.

Ms Lappin also referred to the fact that a number of new Directorates had been established within the Trust and asked to what extent Directors knew it would not be possible to fill vacancies.

Responding, Mr Nicholson confirmed that the Trust continued to fill vacancies and he agreed with Ms Lappin's point that the Trust had used funding from vacancies to achieve a balanced budget.

Mr Nicholson advised the meeting that there were a number of regional issues currently being worked through by the Trust which would impact on the overall financial position and which could result in an increase in the savings requirement. He drew members' attention to the transformation funding of £5.1 million and explained that this largely related to paramedic training and associated backfill of staff. Mr Nicholson pointed out that the Trust had received £5 million in each of the previous two years and had expected to receive a further £5 million in the current year. However, following a recent meeting with the HSCB, Mr Nicholson said that this funding would not now be available and added that the Trust had been asked to scope the implications of this funding not being available in the current year.

Referring to the points made by Mr Nicholson, Mr Bloomfield reminded the meeting that the Trust needed in excess of £30 million to fully implement the Clinical Response Model (CRM) and added that a significant proportion of this related to corporate support functions. Mr Bloomfield said that, while the Trust recognised such investment was needed, this had also been confirmed in the AACE benchmarking report. He advised that the Trust was not taking

permanent decisions to reduce corporate support functions but was using opportunities that arose in-year.

Mr Nicholson referred to the other ring-fenced funding of £11 million in respect of CRM and explained that this was a marker based on the first year costs of the Strategic Outline Case which had recently been passed to the Department of Finance by the Department of Health.

Mr Nicholson indicated that the Trust had been advised that £2.5 million would be available to NIAS in 2021-22 for this Project and again the Trust had been asked for an assessment of what could be delivered within this resource.

Mr Nicholson pointed out that the Trust had received confirmation of the allocations for Community Paramedics and Research and Development of just over £0.6 million. He said that, while this funding was very welcome, the allocation was of a non-recurrent nature and created a number of issues around the development of these staff and also the retention of them beyond the period of funding.

Continuing, Mr Nicholson advised that the £12.6 million in relation to Covid-19 was the current best estimate of the costs for the full year across each of the areas of workforce, Service Delivery, PPE and Cleaning. He was of the view that it was a good estimate as the Trust had learnt from previous experience in 2020-21, but indicated that this figure may change. Mr Nicholson said that, like last year, the Trust was assuming that all additional costs relating to Covid in the current year would be met in full by DoH/HSCB.

Ms Lappin thanked Mr Nicholson for his explanation of the figures and suggested it would be helpful for future reports to contain some explanatory narrative. She expressed concern at the level of non-recurrent funding received by the Trust and was of the view that it would be remiss not to comment on the significant impact this would have on the Trust in terms of service delivery. Ms Lappin suggested that this issue should be discussed in greater detail at Trust Board with a view to agreeing what action might be taken. She said that, while the Permanent Secretary had sought clarification at a meeting she had attended with the Chief Executive as to how many paramedics the Trust could train, the Trust needed the necessary funding to deliver training.

Ms Lappin said she noted that the Trust had assumed that funding to cover Covid-19 costs would be forthcoming from the DoH and asked if any confirmation of this had been received.

Responding, Mr Nicholson advised that formal confirmation had been received and funding had been included within RRL. He said he was confident that all costs of Covid-19 would be covered by the DoH and was preparing the year-end position to reflect this position. Mr Nicholson added that all Trusts had been asked to assess the impact of funding not being received.

Ms Lappin sought clarification that the RRL of £87 million included the funding for Covid-19 costs. Mr Nicholson advised that, while £87 million was the Trust's opening position, a further £12 million had been assumed in addition to this as part of the response to Covid-19.

The Chair referred to the £2.5 million received in respect of CRM and asked whether this was in addition to the £87 million RRL. Mr Nicholson explained that, while the Trust had included a marker of £11 million for CRM within its Financial Plan, only £2.5 million had been received.

Ms Lappin suggested that it would be helpful for the Committee to receive a table showing the Trust's RRL as well as other income received and funding assumptions so as to give members some detail of guaranteed funding in-year.

Mr Bloomfield provided the Committee with a detailed explanation of the Trust's planned approach to the CRM funding. He explained that the Trust had received funding for the previous two years to deliver the paramedic foundation degree and ensure associated backfill. Mr Bloomfield was of the view that, while this funding was provided under the auspices of transformation, such funding should have been confirmed from workforce budgets. He said that the Trust had been aware that this funding had been of a non-recurrent nature and added that the DoH was fully aware of the Trust's need to supply trained paramedics.

Continuing, Mr Bloomfield accepted that the overall budget settlement had been poor. He indicated that Cohort 3 of paramedic training had already commenced and was now in its fourth week.

He added that the funding received would be used to complete this cohort and ensure the associated backfill arrangements were put in place. Mr Bloomfield indicated that the impact of ceasing training would be significant across the organisation and he said that both the DoH and the HSCB had agreed that NIAS would be given priority in Monitoring Rounds. He pointed out that it was the Trust's intention to commence Cohort 4 in October with Cohort 5 commencing before the end of March 2022. Mr Bloomfield added that there would be little risk associated with Cohort 5.

Mr Bloomfield said that, at the HSCB's request, the Trust was scoping the impact and he believed it would be important to ensure there was clarity around the financial risk associated with undertaking this training.

Mr Haslett referred to the opening RRL of £87 million and said that he would like to see some detail as to how this could be further broken down. He suggested that the Trust's energy costs identified as being £100,000 in the Plan appeared to be low and commented that, while there had been mention at the recent financial workshop of costs of £11 million for independent ambulance providers, such costs were not referred to within the Plan. Likewise, he said, it was not clear whether expenditure for HEMS of £1 million were included within the RRL of £87 million.

In response, Mr Nicholson clarified that the HEMS expenditure was included within the RRL and that the costs associated with independent ambulance providers were included within the overall Covid-19 costs of £12.6 million. He acknowledged that energy costs had always proved difficult to predict and advised that some regional work was being taken forward in this regard.

Mr Haslett thanked Mr Nicholson for the clarification and said he looked forward to seeing further detail as the financial reports evolved over the coming weeks.

The Chair referred to discussion at the March Trust Board meeting where reference had been made to the costs associated with voluntary and independent ambulance providers and said she would be keen to have sight of the detail behind the figures. She indicated that the Board had been keen to see expenditure in this area reduce and would find the detail to be helpful in monitoring this.

Mr Haslett explained that, in the past, he would have looked at overtime figures to determine if overtime was being used to cover sickness as well as determining whether overtime was being used to supplement staffing levels.

The Chair referred to the £1.1 million which had been identified against holiday pay. He questioned whether this related to staff entitlement or whether it was funding identified to cover unused annual leave or to buy leave back.

Mr Nicholson advised that the funding identified related to an ongoing legal case and liabilities in respect of holiday pay. He explained that, in 2020-21, the DoH had provided funding to meet that liability and added that the £1.1 million identified within the Plan was the ongoing revenue commitment. He pointed out that in 2020-21 the Trust's financial account would have a significant accrual relating to this liability.

Ms Lemon advised that work was being taken forward on a regional basis to resolve this system-wide issue and confirmed that Trusts had been asked to make provision for funding.

The Committee Chair referred to Mr Bloomfield's earlier comment around proceeding at risk in terms of training and CRM. He said that he did not disagree with the approach being taken by the Trust and believed it would be important to articulate this at Trust Board.

Mr Bloomfield acknowledged that the Trust would have to carefully consider the response from the HSCB and the potential impact it might have across the organisation in terms of the Trust's commitment to progressing CRM. He said that he intended to update the Trust Board and seek its support in the approach outlined.

Ms Lemon pointed out that there were employment connotations associated with the offers made to those students undertaking the courses, particularly those individuals undertaking training relating to new posts.

Mr Nicholson referred to increased market prices in the context of Covid-19 and said that, at the last meeting, there was some discussion around the prices paid for PPE. He added that the Committee had asked for a paper on this issue.



Mr Nicholson said that, while he would like to provide an update, he would prefer to leave a formal paper to the National Audit Office, as the issue was significant and far reaching.

Continuing, Mr Nicholson pointed out that, during the pandemic, there were price increases across a huge range of products over hundreds of suppliers with prices between products and suppliers changing daily and often many times in a day.

He cited the example of aprons which increased from just over 3p to an average of around 12p – an average increase of approx 240%; face masks from around 14p to an average of 78p – an average increase approaching 500%; visors from around 66p to an average around £1.40 – an average increase over 100%; gloves, depending on the type, went from around 3p to 7p to an average around 22p – an average increase touching 400%. Mr Nicholson referred to NIAS specifically and said that coveralls costing around £4 had increased to over £15 each.

Mr Nicholson acknowledged that there had been significant increases for some products and some suppliers with some seeing a 1000% increase for a period of time. He said that very often global supply shortage was the reason quoted for such increases and added that this was both for the finished goods and also raw materials and supplier capacity. In addition to this, prices were also affected by minimum orders and freight costs with some provisions being delivered by air rather than by sea as had been the case.

Mr Nicholson assured the Committee that everything was procured through BSO PaLS. He said that it was important to note this not just in relation to price increases but also product quality, including the identification of counterfeit goods. There was also a significant supply provided free of charge from the DoH pandemic stockpile. Mr Nicholson pointed out that all costs had been fully supported with funding.

Continuing, Mr Nicholson acknowledged that, while price fluctuations continued, they were not at the level seen at the start of the pandemic. However he cautioned that this could happen again especially in relation to further surges and other global events.

Mr Nicholson advised the Committee that this area would receive significant attention from Auditors and other bodies both within NIAS and the wider HSC and NHS and confirmed that any relevant details would be brought either to People or Audit Committee.

Ms Lappin agreed that it was inevitable that such areas would come under close scrutiny and said she hoped that, when doing so, cognisance was given to the Covid-19 context and the importance of staff receiving the necessary equipment to keep themselves and patients safe. She said that she would be happy to consider any further action necessary.

Mr Bloomfield thanked members for their support and understanding.

The Financial Plan 2021-22 was **NOTED** by the Committee.

## 6 **Human Resources Strategic Plan 2021-22 (PC22/04/21/04)**

Introducing this agenda item, Ms Lemon said she was mindful that Mr Haslett had not been at the inaugural meeting of the Committee when the HR Review undertaken by the Association of Ambulance Chief Executives (AAACE) had been discussed and she undertook to share a copy of the Review with Mr Haslett.

Ms Lemon explained that the review provided a baseline for the HR Strategic Plan before members and, at the Committee Chair's request, she proceeded to take members through the detail of the Plan.

Mr Haslett suggested that the timescale for achieving the objectives set out in the Strategic Plan should correlate with the Trust's Strategy to Transform with a view to achieving these by 2026. He said that a mid-point review after three years could be incorporated as well as the prioritisation of those objectives to be achieved within the first year. He referred to the size of the HR team and said, in recent discussions with Mr Sowney around his findings since assuming the role of Senior Clinical Adviser, Mr Sowney agreed that it would be important to progress a proportionate amount of tasks.

Ms Lemon acknowledged the significant task ahead in achieving the objectives and said that many were already being progressed.

Ms Lappin agreed with the points made by Mr Haslett. She sought further clarification from Ms Lemon in relation to how she envisaged the Committee monitoring the delivery of the objectives and how often the Committee would consider such information.

Ms Lemon suggested that, while it would be helpful for members to comment on what they would like to see at Committee level, the Committee might find it helpful to focus on a specific area. She acknowledged that, in her view, health and wellbeing, attendance management and the culture programme would be specific priorities.

Ms Lappin referred to the five priority strategic objectives and suggested that the next meeting examine objective 3 in detail, ie 'To invest in the Health, wellbeing and development of our people, improving employee and applicant experience and making NIAS an Employer of Choice'. She said she would be interested to hear how this work was progressing in partnership with Trade Union colleagues. Ms Lappin acknowledged that there may be other aspects of work that Ms Paterson might wish to bring to the Committee's attention.

Ms Lappin said that it was clear from discussions with Mr Sowney, along with NIAS Directors, agreed on the need to improve the culture within the organisation. She acknowledged that, while the paper before the Committee focussed on the HR Directorate, culture was a Trust-wide issue. Ms Lappin referred to the review of education to be discussed at the May Trust Board meeting and she questioned how this would link with the work being taken forward and how members could have input to the review.

Ms Lemon was of the view that the review would highlight such issues. She explained that previously training sat within the remit of the HR Directorate while the clinical education element had transferred to the Medical Directorate. She said that she would be keen to see the outworkings of the review.

Mr Haslett clarified that his suggestion to spread the timescale for progressing the Plan had focussed on the need for a more realistic timeframe and the identification of priorities. He acknowledged that it would be acceptable to take longer to progress different elements of the work but that the key issue should be to include the culture element.

Ms Lemon alluded to Ms Lappin's earlier reference to culture being a Trust-wide issue and said that the Senior Management Team was clear that culture was very much a cross-Directorate issue.

Mr Bloomfield accepted that it was an ambitious programme with a broad scope. He said that, despite best efforts and messages, there were still examples that demonstrated the need for changes to organisational culture. He said that he had every confidence that Ms Lemon would lead the implementation of the HR Strategic Plan but acknowledged that she did require support to do so.

The Committee Chair agreed that the HR Strategic Plan was ambitious and asked whether its implementation depended on resources forthcoming from the monitoring rounds or whether the Trust needed to seek additional resources.

Responding, Ms Lemon agreed that some elements of the Plan were dependent on having the appropriate structures in place. She was of the view that the objectives set out within the Plan were all deliverable and were reflective of work already underway. She agreed with members' view that the Plan was ambitious but pointed out that the Trust could not afford not to implement it.

Mr Bloomfield assured the Committee that the Trust would do everything possible to ensure that the key posts within the HR structure were put in place.

Mr Nicholson pointed out that, while the Trust had already invested some resources, elements were also included within the CRM business case. He said it was important to determine the risk associated with implementing the HR Strategic Plan with non-recurrent funding.

The Committee Chair said that he would find it helpful to establish how the Plan aligned with the Trust's Strategy to Transform and he suggested the inclusion of a column to provide this information as well as information around expected outcomes.

Mr Bloomfield referred to the Chair's declaration of an interest of conflict and alluded to the provision of alternative therapies through funding received via NHS Charities. He suggested that there was a need for further discussion around the decision-making processes

in relation to such funding and said he was conscious that Board members were Trustees of the NIAS Charitable Fund.

Ms Lappin suggested that Ms Quirk would identify this through her work on the Scheme of Delegation and said that, in some Trusts, the management and application of Charitable Funds had been delegated to a Committee.

Mr Nicholson said that the management of the Charitable Trust Funds had been delegated to the Director of Finance. However, he recognised that, following a number of significant donations to the NIAS Charitable Fund, there was a need to review this position.

Ms Lemon referred briefly to the appendices which accompanied the Strategic Plan and explained that she had provided these as points of reference.

Responding to a question from Ms Quirk on whether consideration had been given to the risk around the use of independent services, Ms Lemon agreed to discuss this further offline.

The Committee Chair referred to the fact that the Trust used occupational health services within the Western and Belfast Trusts and asked whether NIAS availed of services in other Trusts. In response, Ms Lemon explained that this would be examined within the procurement element of the review of occupational health services. She confirmed that NIAS only used occupational health services within HSC and pointed out that there was a need for consistency in terms of the services received.

Ms Lappin said that it would be remiss of the Committee not to note that the Trust had spent approx. £250,000 in ensuring the provision of occupational health services. She believed this was reflective of the level of support needed by staff over the past year and in the months ahead as a result of the legacy of Covid-19. Ms Lappin noted that there were no significant contracts in place for the provision of occupational health services and she drew the Committee's attention to the fact that the Trust could not afford for such expenditure to continue. She suggested that it would be helpful to receive information on what contracts had been put in place to assist the Committee in seeking assurances that the appropriate governance systems had been put in place and to allow the Committee Chair determine whether further 'deep dives' were

required as a means of ensuring the contracts were delivering for staff. She further suggested that the Committee may wish to interrogate such information with a view to informing what should be considered at other Trust Committees.

Ms Lemon agreed with the points made by Ms Lappin. She referred to the Committee Chair's earlier request in relation to the provision of information around outcomes and measuring improvement and said that, in order to do this, it would be important to determine the baseline for improvement. Expressing her concern at this, Ms Lemon explained that she had included this point on the HR Risk Register. She added that, while there was an improvement plan in place, she believed it was important for the Committee to be aware of the difficulties associated with delivering improvement because the baseline was challenging.

Ms Lappin referred to the extract from the Risk Register contained within the NIAS OHS Provision Review paper and suggested that it would be helpful for the Committee, at its next meeting, to be advised as to whether the risk had been addressed within the timescale identified, ie June 2021, or what steps had been taken to mitigate the risk.

Ms Lappin also suggested that, moving forward, it would be helpful for Directors to indicate in the cover paper accompanying documents to Committees, how the paper linked with the Trust's Corporate Plan and the Trust's Risk Register to demonstrate that the necessary action was being taken to mitigate the risk.

The Committee Chair thanked Ms Lemon for her presentation and the HR Strategic Plan 2021-22 was **NOTED** by the Committee.

## 7 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 1 July 2021 at 10am (arrangements to be confirmed).

Consideration would be given to face-to-face meetings if permitted.

## 8 **Any Other Business**

There were no items of Any Other Business.

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

**SIGNED:**   
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**DATE:** 8 July 2021