



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY  
9 DECEMBER 2021 (VIA ZOOM DUE TO COVID-19)**

**PRESENT:** Mr J Dennison - Committee Chair (left the meeting at 1.15pm)  
Mr T Haslett - Non Executive Director (assumed Chair at 1.15pm)  
Ms N Lappin - Non Executive Director

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms M Lemon - Interim Director of Human Resources  
Mrs C Mooney - Board Secretary  
Mr C Carlin - Boardroom Apprentice (left the meeting at 11.15am)  
Mr J Kearney - Assistant Director of Human Resources  
Ms AM McStocker - Health & Wellbeing Project Manager  
Ms V Cochrane - Assistant Director of Human Resources  
Ms J McFarlane - Graduate Intern  
Dr S Meekin - Consultant Clinical Psychologist, BHSCT

**APOLOGIES:** Mr P Nicholson - Interim Director of Finance

**1 Apologies & Opening Remarks**

The Committee Chair noted that apologies had been received from Mr Nicholson.

## 2 **Procedure**

### 2.1 **Declaration of Potential Conflicts of Interest**

The Committee Chair asked the meeting to declare any potential conflicts of interest now or as the meeting progressed.

### 2.2 **Quorum**

The Committee Chair confirmed the Committee as quorate.

### 2.3 **Confidentiality of Information**

The Committee Chair emphasised the confidentiality of information.

## 3 **Previous Minutes (PC09/12/21/01)**

The minutes of the previous meeting held on 30 September 2021 had been approved by e-mail but were **APPROVED** on a proposal by Mr Haslett and seconded by Ms Lappin. It was noted that the approved minutes would be presented to the December Trust Board.

## 4 **Matters Arising (PC09/12/21/02)**

Mr Bloomfield referred to discussion at the previous meeting in relation to overtime undertaken by staff and how the Trust might monitor this in terms of the potential impact on patient safety. He acknowledged that there was capability within Global Rostering System (GRS) to monitor the extent of overtime uptake but that this was not fully utilised at present and added that Ms Paterson was examining this issue. Mr Bloomfield advised that the Resource Management Centre (RMC) mainly considered shifts against the Working Time Directive and ensured that shifts were appropriately distributed.

Mr Bloomfield undertook to ensure that the Committee would receive an update at a future meeting.

With regard to the action around AACE presenting to the Committee on its work, Mr Bloomfield suggested that this should be arranged

for the next HR focussed Committee. He said that this would also allow AACE to discuss its support to NIAS in the next year.

Ms Lemon advised that she would bring a paper on KPIs to the next HR focussed Committee meeting.

The Committee **NOTED** the Matters Arising.

Ms Lappin indicated that she and Mr Bloomfield had discussed the alternate nature of HR/Finance focus of the Committee and agreed that verbal updates would be provided at meetings in order to keep the Committee advised of progress in between meetings.

There was discussion in relation to the frequency of Committee meetings. The Committee Chair said it was his understanding that there would be eight Committee meetings each year and said that Non-Executive Directors were committed to meeting as required.

Ms Lappin said that the proposal to increase the frequency of meetings had been driven by the work coming from the various workstreams reporting through to the Committee. She asked that Directors would give this some consideration with a view to finalising the frequency of meetings by January.

Mr Haslett acknowledged the lengthy agendas and said that he hoped, once the new Committee had settled, the agendas would reduce over time. He further acknowledged the demanding workload on Directors associated with servicing additional meetings and said that he would support the current frequency.

Ms Lappin said that, if the decision was taken not to increase the frequency of the meetings, the Committee should recognise that there would be aspects of business which would not receive the necessary scrutiny. She highlighted the potential for the Committee not to have the opportunity to interrogate the information presented in the detail required and that, in her view, presented inherent risks.

She asked Mr Bloomfield to discuss further with Directors with a view to resolving the position in January and ensuring clarity around the governance consequences of the Committee not being able to scrutinise certain areas of work.

## 5 **Finance – verbal update**

In Mr Nicholson's absence, Mr Bloomfield presented a verbal update on the financial issues discussed at the September meeting.

He explained that the risk associated with the income assumptions had meant that the Trust would normally have been developing its savings plan at this time. Mr Bloomfield reminded members that, at the September meeting, Mr Nicholson had reported £21 million of assumed income including a substantial amount of Covid-19 monies. He said he was pleased to report that the vast majority of the assumed income had now been received by the Trust, leaving an equivalent figure of £1 million in terms of assumed income. Mr Bloomfield said that the receipt of the DoH letter confirming the £11 million allocation had meant that the Trust was now not required to prepare a savings plan as the assumed income throughout the year had been confirmed.

He pointed out that the only two areas which remained uncertain in terms of funding related to the Pay Award and Cohort 4 of the Paramedic Foundation Degree. He indicated that funding was required to allow a further 48 Emergency Medical Technicians (EMTs) commence the Foundation Degree in February and he acknowledged that the majority of the costs associated with this would fall into the 2022-23 financial year. However Mr Bloomfield advised that both the DoH and the HSCB were aware that this was a priority for the Trust.

Continuing, Mr Bloomfield advised that Trusts had received correspondence from the DoH in October asking Trusts to cease any discretionary spend which would not have an impact on patient care. He said that, following discussion with colleague Trust Directors of Finance, there had been a collective view that potential areas which could have ceased in previous years were not now taking place because of Covid-19 and he cited the example of costs associated with attendances at conferences. Mr Bloomfield said that the Trust had not been able to identify any material savings in this area.

Concluding his update, Mr Bloomfield advised that, as the level of assumed income had reduced significantly, the Trust was now in a much more confident financial position as it approached year-end.

Mr Haslett referred to the DoH request to cease any discretionary spend and asked whether this would include capital spend, for example estates maintenance.

In response, Mr Bloomfield explained that, at this stage in the financial year, all capital spend had been contractually committed and clarified that his understanding was that estates maintenance would be categorised as revenue funding.

Mr Haslett acknowledged that any savings realised would be minimal in terms of the savings required by the DoH.

The Committee **NOTED** the financial update provided by Mr Bloomfield.

## **6 HR Strategic Priorities and Challenges (PC09/12/21/03)**

The Committee received a presentation from Ms Lemon in relation to the HR strategic priorities and challenges and how these linked to work being taken forward.

Ms Lemon declared a conflict as an individual who was currently in an acting position within the Trust and she advised that the work to progress the workstream looking at permanent posts was being led by Ms Shirley Young from the HSC Leadership Centre. She said that she would liaise with Ms Young with a view to Ms Young linking with Mr Dennison on this work.

Ms Lappin sought clarification on how the Committee would monitor the plans and the significant amount of work involved to ensure the Trust identified a baseline. She queried whether, due to the magnitude of work involved, the programme of work should span 3-5 years. Ms Lappin said that this linked to the point she had made earlier in the meeting in relation to the amount of business to be transacted by the Committee and the opportunities afforded to members to scrutinise such business effectively. She asked how the plans set out by Ms Lemon would deliver on the Strategic Plan.

Ms Lemon reminded members that she had brought the in-year Plan to the first meeting of the Committee in December 2020 and agreed that it was likely to take 3-5 years in terms of absolute delivery. She undertook to bring an update to the next HR Committee meeting.

Continuing, Ms Lemon acknowledged that KPIs would be important and said she hoped that relevant KPIs would be identified by the start of the next financial year. She explained that the Strategic Plan provided an indication of the areas which would be taken forward. Ms Lemon referred to the review undertaken by AACE and said this had alluded to a small team of people who were keen to deliver but could not due to the current infrastructure. She also indicated that the key items on the agenda for the Committee, namely the Health and Wellbeing Strategy, the Culture Programme and outline approach to a Recruitment and Selection Strategy were priority actions within the Trust's Strategy 'Our Strategy to Transform'.

The Committee Chair stressed the importance of monitoring progress and sought further clarification around how best to measure the impact. He was of the view that key to this would be the prioritisation of the work to be taken forward and asked how Ms Lemon intended to do this.

Responding, Ms Lemon advised that the Plan initially brought to the Committee at its inaugural meeting had identified the priorities. She acknowledged the ambitious nature of the Plan and believed that there were priorities which had to be progressed, for example ensuring staff were remunerated and ensuring staff health and wellbeing through Covid-19. She pointed out that transformation was also key. Ms Lemon indicated that there were inefficiencies with the current model so improvement and transformation were key to freeing up capacity.

Ms Lemon indicated that work was also underway in relation to recruitment with a view to putting in place some temporary interim arrangements. She added that this work was being supplemented by individuals from the HSC Leadership Centre and acknowledged that this would not be sustainable in the longer term.

Mr Bloomfield acknowledged the importance of being able to prioritise the work to be undertaken and being able to make progress on the culture programme which was inextricably linked to other areas of service delivery. He said that recruitment would remain challenging until such times as the Trust supported the health and wellbeing of staff in its widest sense. Mr Bloomfield said that there was an absolute commitment to ensure the necessary

resources were in place to enable the HR team progress this important work.

Ms Lappin alluded the magnitude of the work to be undertaken and sought clarification on how the Committee would know that issues were being addressed when work was ongoing in relation to identifying a baseline.

Ms Lemon acknowledged that it would take between 3-5 years to take forward the significant improvements needed to transform the HR Department. She pointed out that, while these improvements were being taken forward, the Department continued to try to transform and deliver against that.

The Committee Chair suggested that it might be helpful to revisit the HR Strategic Plan last discussed in July. He added that his recollection was that discussion had focused on similar points, ie how would the Committee know what impact the Plan has had.

Ms Lemon agreed to revisit the Plan with a view to examining the time-bound priorities and how best the Committee could monitor these and measure their impact.

Mr Haslett said that this was a significant piece of work. He asked if other Trusts had experienced similar issues and whether their learning could be helpful to NIAS.

Ms Lemon acknowledged that other Trusts had experienced similar challenges and she agreed that engagement with Trust colleagues had been helpful, for example, around the development of a number of regional policies as well as the ability to benchmark services.

The Committee **NOTED** the presentation given by Ms Lemon.

7 **Health and Wellbeing Strategy - 'Healthy People, Healthy Place. We Thrive Together'**

- **Trauma Informed Approach and Psychological Wellbeing – Dr Sarah Meekin, Consultant Clinical Psychologist, Belfast HSC Trust**
- **Occupational Health Improvement Plan (PC09/12/21/04)**

The Committee Chair welcomed Ms Ann Marie McStocker and Dr Sarah Meekin to the meeting and invited them to present their papers.

Thanking both for their detailed presentations, the Committee Chair referred to the approach of outcome-based accountability used to develop the Health and Wellbeing Strategy and sought further clarification around the anticipated outcomes.

Ms McStocker explained that outcomes were interspersed across the Strategy and were also within each intervention.

Dr Meekin commented that there was a tendency on occasions to identify structured outcomes, for example reduce absenteeism. She believed that very often absenteeism rather than presence at work was measured and suggested that one outcome might be to see an increase in absenteeism as this would be evidence that those staff who needed to be on sickness absence were. Dr Meekin also suggested that a good baseline would consider short and medium term outcomes and added that outcomes tended to be linked to investment.

Ms Lappin welcomed the focus on staff wellbeing. She said that colleagues would be very much aware of the additional pressures on the workforce brought about by Covid-19 and said that there had been low workforce morale prior to the pandemic.

Continuing, Ms Lappin expressed her concern in relation to outcomes. She noted that the Health and Wellbeing Strategy was intuitive and was of the view that, where the organisation was concerned about the wellbeing of staff allocating resources, it would be important to measure outcomes. She suggested that it would be helpful for the Committee to receive a paper outlining what might be considered as realistic outcomes and how these might be measured.

She said she had been struck by Dr Meekin's suggestion that the Trust may wish to see a temporary increase in absenteeism. Ms Lappin believed that a good baseline had been established through the staff survey and said she would look to Ms McStocker and Dr Meekin to ensure the actions were carried out and more importantly to ensure the impact on staff was monitored and measured. Ms Lappin also referred to the Employee's Benefits Handbook and

asked if this followed on from work undertaken by the Women's Forum some time previously.

Responding, Ms Lemon alluded to the use of the partnership survey with UNISON as well as international accredited methodology of examining specific measures around health and wellbeing. She added that Trade Union colleagues were meeting with staff in stations and discussing issues relating to health and wellbeing and said that this information would provide a helpful steer in terms of what has been delivered.

Ms Lemon commented that, while this was the Health and Wellbeing Strategy, there were many other factors impacting on staff health and wellbeing. She cited examples of the workplace and environmental factors. Ms Lemon expressed her agreement with Ms Lappin's comment around realistic outcomes and said it was hoped that the work delivered through the Strategy would demonstrate the Trust's commitment to staff.

Dr Meekin agreed with the comments made by Ms Lemon around the importance of meeting staff needs and believed that the onset of Covid-19 underlined the importance of meeting staff's basic needs. She said it would be important not to lose sight of the fact that care as well as value started at the bottom of the pyramid in terms of physical needs.

Ms Lappin welcomed the fact that the Strategy also considered maintaining and developing mental health and social wellbeing and said she would be interested in the timelines associated with this aspect of the Strategy.

Ms Lemon clarified that one element of this work related to the restructuring of the HR Department and resolving in the long-term the number of staff in temporary posts within the Trust.

Mr Bloomfield welcomed the input and support from Dr Meekin to this important work and believed the fact that external expertise had been secured clearly demonstrated the Trust's commitment to this agenda. He stressed the importance of ensuring staff felt change and referred to a number of small practical projects which had already been implemented such as the establishment of welfare hubs outside EDs. Mr Bloomfield said he hoped this signalled that the Trust was very much aware of the difficulties facing staff at

present. Continuing, he said that work was also being taken forward to address late finishes and ensure staff finished their shifts on time. He assured the Committee that this was only one element of a programme of work to demonstrate to staff that they were an integral part of a Trust which cared for them and which was trying to resolve the challenges facing them.

The Committee Chair noted Mr Bloomfield's assurance and agreed that, wherever possible, it would be important to ensure 'quick wins' which, in his view, conveyed a clear message to staff.

Dr Meekin commended the way in which the Trust was implementing its Health and Wellbeing Strategy by demonstrating change at organisational level before moving to individual level.

Noting members' comments around timelines and outcomes, Ms Lemon asked whether the Committee wished to have sight of the revised Strategy before it would be submitted to Trust Board for consideration.

The Committee Chair said that, as these were key to the Strategy, his preference would be for the Committee to revisit the Strategy in February with a view to submitting it to the Trust Board for consideration thereafter.

Ms Lappin agreed with the Committee Chair. She welcomed the update on the Occupational Health Improvement Plan and sought further clarification on its purpose.

Ms Lemon reminded members that the Committee had received an initial paper on the 'Review of Occupational Health Services' at its July meeting and the paper before today's Committee represented an update on the review. She said that she would be happy to bring regular updates against delivery of the plan.

Ms Lappin said that she would welcome this and suggested that a light touch update would be included in the February Committee meeting.

The Committee Chair thanked Ms McStocker and Dr Meekin for their contribution to the meeting.

## **8 Culture Programme Launch (PC09/12/21/05)**

The Committee Chair welcomed Mr Jarlath Kearney and Ms Jodie McFarlane for this agenda item and members were shown a short video developed for the launch of the Culture Programme entitled 'Proud to work for NIAS'.

Mr Kearney advised that the Trust's Strategy, 'Caring Today, Planning for Tomorrow' stated that NIAS would initiate a new Organisational Culture Programme to develop a culture of collective and compassionate leadership.

He explained that drivers for change had been identified through various quantitative surveys such as the Cultural Assessment Tool and HSC Staff Survey as well as a number of staff engagement methodologies including the UNISON/NIAS health and wellbeing partnership and, most recently, 'Make Time for What Matters' engagement events where staff shared suggestions for improving workplace culture and ideas for inclusion in a Health and Wellbeing Strategy.

Mr Kearney reminded the meeting that the 'Proud to Work for NIAS' Cultural Improvement Programme Year 1 Action Plan had been considered by the Committee in July 2021. He explained that the actions were aligned to address the findings and recommendations from the engagement surveys/methodologies and were reflective of priorities and actions identified by staff in partnership with Senior Management Team in their commitment to making NIAS an Employer of Choice.

Mr Kearney drew the Committee's attention to a number of papers before it for consideration, namely:

- Culture Leadership Charter – the Committee noted that the Charter consisted of seven values proposed to clarify the purpose, role, behaviours and expectations of all employees as leaders in NIAS and included an associated communications plan;
- Proud to Work for NIAS video - 'You Said We Did' internal video using NIAS staff to highlight the cultural improvement work completed to-date and the Trust's plans for the coming 12-18 months;

- Staff recognition overview - benchmarking research of current staff recognition processes in place and ideas for future development.

The Committee noted that the papers would act as the service-wide launch of the programme for culture improvement.

Ms Lemon advised that today's presentation of papers represented the culmination of this work led by Mr Kearney and assisted by Ms McFarlane. She stressed the importance of setting out the vision and expectation and being clear on what the Trust's vision of culture was and what was expected.

Ms Lappin commended the papers before the Committee and said she had been impressed by the range of issues taken into account. She sought clarification on how the documentation would be disseminated to staff and what steps would be taken to ensure it was embedded.

Continuing, Ms Lappin referred to page 15 of the Charter which was to be displayed in all NIAS stations and reiterated the fact that the focus was on changing behaviours. She said that she would be keen to see the approaches taken by staff to ensure engagement with colleagues from other functions. Ms Lappin also sought clarification on what evidence could be presented to the Committee in terms of allowing the Committee monitor its dissemination and implementation. She commented that it would be important to demonstrate the impact on staff's views across the Trust and revisiting these through further staff engagement.

Mr Kearney pointed out that culture was iterative. He indicated that further changes had been made to the Culture Improvement Action Plan as a result of staff feedback. He stressed the importance of being realistic and said he would welcome the Committee's views on what realistic outcomes it might expect to see. He acknowledged that a number of outcomes might relate to the Framework where the evidence base was clear and where the actions would clearly impact on the behaviours and narrative of staff. Mr Kearney added that the Trust's partnership with UNISON in terms of health and wellbeing would be important in this regard.

Ms Lemon agreed that the Trust would revisit engagement and surveys with a view to determining whether there had been any change.

Ms Lappin said that she would expect to see, for example, a change in an employee's satisfaction as a result of greater support from his/her line manager.

There was discussion in relation to the importance of outcomes and the need to identify what outcomes might be expected.

Mr Bloomfield agreed that outcomes would be important and he reminded the meeting that, while progress was being made, it was slow as the Trust had started from a low baseline. He acknowledged the importance of seeing some improvement and said he would be surprised if there was no improvement in the next survey results.

Mr Haslett said that he would be happy to approve the Culture Programme Launch.

The Committee Chair agreed with this and suggested that it would be helpful to have further information around outcomes. He also added that he would be happy to have further discussion on this area.

The Committee **APPROVED** the Culture Programme Launch.

## 9 **Recruitment and Selection Strategic Approach (PC09/12/21/06)**

The Committee received a detailed presentation from Ms Verity Cochrane on the strategic approach to recruitment and selection.

Ms Lappin sought clarification on whether the presentation represented the Strategy or whether it was the identification of elements to be included within the Strategy. She referred to implementation of the Strategy and suggested it would be helpful for the Committee to be advised of timescales so it could consider the necessary monitoring outcomes. Ms Lappin said that, in her presentation, Ms Cochrane had referred to managers identifying individuals who shared HSC values and added that this was an important point. She sought further detail on how the Strategy would assist managers in doing this.

Responding, Ms Cochrane confirmed that timelines would be identified and said that the recruitment process in itself was an indication of how it was working. She indicated that an appropriate recruitment approach was key to feeding into the organisation's culture. Ms Cochrane referred to supporting managers to recruit individuals who shared HSC values and advised that consideration was being given to the development of training around value-based questions and how that would be best assessed.

The Committee Chair was of the view that there were two underpinning themes, namely knowing what was to be achieved and how it would be measured. He commended all involved in this work and said he looked forward to further updates.

Mr Haslett thanked Ms Cochrane for her presentation and said he looked forward to hearing more about the development of value-based questions.

The Committee **NOTED** the presentation received on the Recruitment and Selection Strategic approach

Mr Haslett assumed the position of Committee Chair at this point in the meeting.

#### 10 **Attendance Management Update (PC09/12/21/07)**

Ms Lemon drew members' attention to the attendance management update paper. She advised that absence within the Trust continued at an unprecedented high level due to both sickness absence and Covid-19 related absences as extreme pressures remained ongoing within NIAS and the wider HSC resulting in an increasingly pressurised work environment for staff.

She said it was important to be clear that Covid-19 related to absences as opposed to sickness absence and indicated that she had sought further detail around the use of the term 'absence' within the paper to ensure it was being used in a consistent manner.

Continuing, Ms Lemon indicated that management meetings would be held in those instances where staff had multiple absences due to Covid-19.

Ms Lemon acknowledged that further work was required to refine the report. She advised that Ms Charlton had taken forward some work with the Testing Team around the definition of abstraction and how this would be measured against the case definition.

Ms Lappin referred to the percentage sickness by Directorate and asked whether the figure of 5.98% sickness within the Medical Directorate was slightly skewed because of the small numbers within the Directorate. She was of the view that the pie charts were helpful for comparison purposes and said she was unsure as to what was meant by 'Part 4: Measures'.

Ms Lappin referred to page 6 of the paper which implied there was a potential financial impact on the Trust as all Covid-19 related sickness absence was separate to normal sickness and attracted full pay, irrespective of duration and frequency with no time limits on payment of the enhanced provision.

Ms Lappin noted the high numbers of staff absence due to Covid-19. She further noted that, in the period 1 April 2020 to 31 July 2021, a total of 27 staff had been absent due to long Covid-19 and that, at 31 July 2021, a total of nine staff remained absent due to long Covid-19. Ms Lappin said she was unsure whether these nine staff were originally included in the 27 staff.

Mr Haslett referred to the fact that the level of absence due to Covid-19 had ranged between 0.91% to 1.98% with a significant increase in October to 4.31%. He said that he would be interested to know if there were any particular reasons behind this increase. He asked for further detail around the threshold for long-term sickness.

Ms Cochrane confirmed sickness absence was considered long-term after four weeks.

Ms Lemon pointed out that payment for Covid-19 abstraction differed to sickness absence. She referred to the reporting of sickness absence and Covid-19 abstractions and said it was hoped that this reporting would be further developed as part of the dashboard. She added that it would then be possible to provide regular ongoing reports.

Ms Lappin suggested that, with the Committee Chair's agreement, the Committee might wish to revisit Covid-19 abstractions in 6-12 months' time.

The Committee **NOTED** the attendance management update paper.

11 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 17 February 2022 at 10am (arrangements to be confirmed).

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

12 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 1.30PM.**

**SIGNED:** \_\_\_\_\_

(electronically signed due to Covid-19)

**DATE:** 9 February 2022



Northern Ireland Ambulance Service  
Health and Social Care Trust



FEMNAL