



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY
17 FEBRUARY 2022 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr T Haslett Committee Chair
Ms N Lappin Non-Executive Director
Mr J Dennison Non-Executive Director (joined the meeting at 9.40am)

IN

ATTENDANCE: Ms R Byrne Director of Operations
Mr P Nicholson Interim Director of Finance
Ms M Lemon Interim Director of Human Resources
Ms M Paterson Director of Planning, Performance & Corporate Services
Mrs C Mooney Board Secretary
Mr C Carlin Boardroom Apprentice
Ms AM McStocker Health & Wellbeing Project Manager (for item 4)
Ms R O'Hara Programme Director – Strategic Workforce Planning
Mr G Plant Senior HR Business Partner Workforce Planning

APOLOGIES: Mr M Bloomfield Chief Executive

1 Apologies & Opening Remarks

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

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

The Committee Chair asked those present 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 (PC17/02/22/01)**

The minutes of the previous meeting held on 9 December 2021 had been approved by e-mail and would be presented to the March Trust Board.

4 **Matters Arising (PC17/02/22/02)**

Ms Lemon advised that a number of actions from the February meeting would be discussed at a HR focussed workshop. She explained that the workshop would focus on outcomes and map the challenges and priorities to be taken forward. She said that she would be meeting with Mr Dennison to discuss the workshop in more detail.

The Matters Arising were **NOTED** by the Committee.

- NIAS Health and Wellbeing Strategy (PC17/02/22/03)

The Committee Chair welcomed Ms Ann Marie McStocker to the meeting and reminded members that the draft NIAS Health and Wellbeing Strategy had been presented at the December meeting. At the Committee Chair's request, Ms McStocker provided a detailed update on the expected outcomes and measurement methodology to be used in the implementation of the Strategy.

Referring to the disappointing results of 2018 staff survey, the Committee Chair alluded to the intention to repeat the survey in 2023 and asked Ms McStocker if she believed there would be an improvement.

Ms McStocker indicated that she was hopeful that this would be the case but discussed the significance of increased efforts to improve health and wellbeing to assist in this regard. However she acknowledged that one area where she would expect to see marked improvement was around colleagues reporting mental ill-health/illness. Ms McStocker added that, in the survey, 61% had experienced adverse behavioural, physical and/or psychological symptoms due to work and 9% coped with stress by talking to their manager, with 38% stating that they felt comfortable doing so. She said that, with the development of peer support services and the planned work being undertaken with Dr Meekin, she would like to see an increase in colleagues reporting that they felt comfortable talking to their line manager about mental health and stress.

Ms Lemon said that she hoped to see improvement around the outputs delivered and which had made a difference for staff. She acknowledged the results of the 2018 survey were difficult to read and staff had made it clear that they did not feel valued or cared for. Ms Lemon said that she very much hoped this aspect of the survey would improve as a consequence of increased engagement with staff, the peer support programme, the psychological support/recognition and the culture programme among other things. She acknowledged the societal issues around mental health and system pressures.

Mr Dennison referred to the outcome around staff absence being maintained to pre-Covid-19 levels. He said that, when he joined the Trust as a Non-Executive Director before the pandemic, sickness absence was impacting significantly on the Trust and asked if the target of returning to pre-Covid-19 levels was sufficiently ambitious.

Ms McStocker acknowledged that, while she would like to have pushed the target to 1-2%, there was evidence to suggest that there would be increased absence in the coming months and the target to return to staff absence levels pre-Covid-19 was more realistic, given the resources available.

Ms Lemon reminded members that, at the December meeting, Dr Meekin had referred to the potential impact of psychological support which could result in increased absence.

Mr Dennison asked whether, if additional resources were available, the staff absence target might be more ambitious.

Ms McStocker pointed out that NIAS was the only Trust which had not introduced the 20-minute care spaces to allow managers to undertake self-care and compassionate leadership. She acknowledged that, while there had been some improvements, additional resources would result in more outcomes at a faster pace.

Mr Dennison asked whether it was possible to identify metrics against the fact that staff were reporting mental health and increased levels of job satisfaction.

Responding, Ms McStocker said that any improvement in these areas would be welcome. She said she had been surprised that, in the 2018 survey, individuals were reporting good physical health and added that the HSC and population data were showing evidence that BMIs would be higher in NIAS than in other sectors. Ms McStocker added that she would like to see an improvement in this.

The Committee Chair agreed with the comments around setting targets and acknowledged any improvements, even if small, would be welcome.

Ms Paterson agreed with the view expressed by Mr Dennison around the need to be more ambitious when setting targets and believed that the vocabulary used did not promote the idea that the Trust was striving to achieve an improvement. She suggested that it might be helpful to revisit the wording.

Ms Lappin was of the view that there was a compelling case for additional resources for health and wellbeing. She suggested that this might be an issue which the Committee would wish to reflect on and said she suspected this might become a significant challenge for the Trust moving forward.

Continuing, Ms Lappin said she had been struck by Dr Meekin's comments at the December meeting when she had commented on the expectation that Trust sickness levels would increase. Ms Lappin welcomed Ms Paterson's comments about this this might be monitored.

Ms Lappin welcomed the focus on improvements from the 2018 survey. She acknowledged that, while it might not be possible to see improvement in some of the more health related areas, the Trust had an important role to play in supporting individuals' mental health as well as ensuring they felt valued and cared for. Ms Lappin believed that the work being taken forward should lead to improvement and she expected to see this in the survey to be repeated in 2023.

Ms McStocker commented that the work around psychological support overlapped with the culture work being progressed. She acknowledged that staff were struggling and did not feel safe to share their feelings.

Continuing, Ms McStocker said that, perhaps one of the unintended consequences of peer support was the willingness of colleagues to be open and seek help and support when needed.

Ms Byrne said that it was important to recognise the value of peer support and the critical role they played albeit with limited resources. She acknowledged the need to focus on progressing the review of the Operations Management Structure which had been paused before Christmas due to operational pressures and said that 24/7 support for staff on the ground could only be of benefit to staff.

Mr Dennison referred to the slide around low mental health and high stress and sought confirmation that there were no particular issues identified around physical health.

Ms McStocker advised that, in the 2018 survey, staff had reported they were feeling physically well and yet the Trust had higher BMIs than other sectors.

The Committee **NOTED** the update.

The Committee Chair thanked Ms McStocker for her attendance and she withdrew from the meeting.

5 **NIAS Personal Development Performance Review Policy (PC17/02/22/03)**

The Committee Chair welcomed Ms Roisin O'Hara and Mr Gavin Plant to the meeting and asked them to take the Committee through the detail of the Personal Development Performance Review Policy.

Ms Lappin welcomed the fact that the Policy was concise and had undergone significant engagement with a number of staff groupings. She referred in particular to para 5.3 which stated that *'All Directors have the responsibility to ensure that all staff within their responsibility are aware of and comply with this Policy...'* as well as para 6 around performance indicators, eg *'90% of staff have undertaken a PDPR with their nominated reviewer in a 12 month period and 90% of staff have a Personal Development Plan in place..'* and asked how compliance would be monitored. She also queried whether the 90% target was a best practice standard.

Ms O'Hara explained that the DoH NI requirement for PDPR was 90% and had been replicated in the Trust's Policy. She referred to the implementation plan, ensuring PDPR was rolled-out in practice and said that it may be that the timescale for implementation would be extended to ensure meaningful appraisal while at the same time ensuring the delivery of frontline services. She added that the targets set could be reviewed but that it would be important to work through the implementation plan in the first instance. Ms O'Hara pointed out that staff would need time to prepare for their appraisal as well as ensuring the twice yearly leadership discussions could place in a structured manner.

In terms of monitoring compliance, Ms O'Hara explained that other ambulance services had Organisational Development Departments which would take the lead in supporting PDPR and the associated governance. She advised that the Policy had an evaluation summary report which would be completed and returned by managers and which would capture compliance. Ms O'Hara said that this would come to SMT and the Committee for consideration.

Mr Plant indicated that, within the PDPR toolkit, there was a governance tracker and said the intention would be to engage with staff on a Directorate basis with a view to determining how PDPR

would best be implemented within respective Directorates. He acknowledged that there would be different challenges within each area.

Mr Dennison referred to the fact that the Policy clearly set out responsibility across a range of individuals. He believed that the majority of the work lay with the appraisee but that the Policy was light on the responsibility of the appraiser. Mr Dennison stated that it should be a collegiate approach.

Responding, Ms O'Hara advised that the procedure and toolkit provided managers with suggestions on how to provide positive and effective feedback. She undertook to give consideration to transferring this detail to the Policy.

Mr Plant added that the toolkit contained further information in relation to appraiser and appraisee responsibilities. He added that it was a collaborative discussion and both parties had clear responsibilities in this regard.

Ms Lemon welcomed the PDPR policy and referred to the linkages with the Health and Wellbeing Strategy presented earlier in the meeting. She said that the workshop would further examine performance management within Directorates and also consider what form an improvement trajectory might take.

Ms Lemon was of the view that, while the mechanisms to enable the appraisal to take place were important, what was more important was the manner in which the appraisal was carried out. She said it would be important to consider the other mechanisms which should be put in place in order to achieve the 90% target amongst frontline staff.

Agreeing with the comments made by Ms Lemon, Ms O'Hara also stressed the need for care to be taken around the language used in the Policy, procedure and toolkit and said this needed to be meaningful and supportive. She acknowledged that the Trust would be starting the process from a low baseline.

Ms Lappin welcomed the ambitious nature of the plan. She sought clarification around what additional support might be available for managers to carry out appraisals appropriately. Ms Lappin was of the view that ensuring effective implementation should lead to

improvements in staff views as to how they feel supported by managers.

Mr Plant advised that the coaching sessions with staff would cover this and suggested it might be helpful to identify a 'champion' within Operations. He explained that such an individual could provide others with the necessary skills to become a coach within their own Directorate. Mr Plant indicated that additional training would be made available should an individual be willing to undertake such a role.

Ms O'Hara pointed out that the HR business partners would work well in that circumstance and welcomed the partnership approach. She suggested that it might be helpful, when undertaking appraisals, to have the HR business partner observe and then provide feedback with a view to improving the experience for both the appraiser and appraisee.

Ms Lappin said that she would also welcome feedback from individuals being appraised. She queried whether there were plans in place to provide the coaching and training referred to by Mr Plant as well as training and the dissemination of the appraisal system to managers.

Mr Plant described the process envisaged as 'train the trainer' and was of the view that such an approach would work well within the Trust.

The Committee Chair referred to the principles listed within the Policy and noted that the PDPR process was not '... the forum for disciplinary or grievances issues...'. He enquired whether there was a policy within the toolkit for this.

In response, Ms O'Hara advised that there were separate HR policies covering disciplinary and grievance issues.

Following this discussion, the Committee **APPROVED** the NIAS Personal Development and Performance Review Policy on a proposal from Ms Lappin which was seconded by Mr Dennison.

The Committee Chair thanked Ms O'Hara and Mr Plant for their attendance and they withdrew from the meeting.

6 **Finance:**

- **Financial Plan 2021-22 Update**
- **Use of Voluntary & Private Ambulance Providers**
- **Use of HSC Leadership Centre Associates**
- **Use of Staff Substitution**
- **Use of Overtime**
- **Capital Programme 2021-22 (PC17/02/22/05)**

Mr Nicholson commented that he was taking the papers as read but wished to highlight a number of salient points for members.

• **Financial Plan 2021-22 Update**

Mr Nicholson said he wished to draw two areas to the Committee's attention. He referred to the assumed income of £5.8 million and noted that this was across two specific areas, namely the pay award and the training programme for Paramedic Cohort 4.

Mr Nicholson advised that staff had received the pay award in January salaries and referred to the significant amount of work which had been involved in implementing this across the HSC. He added that the pay award had totalled just over £4 million for NIAS. He pointed out that the Trust had not yet received the Revenue Resource Limit (RRL) for this as it was only issued once per month. However he confirmed that the Trust had received e-mail confirmation that it would receive £4.16 million at the end of the month.

Mr Nicholson reported that the Trust had also received an allocation of £1.65 million in relation to the Paramedic Cohort 4 training to allow the Trust commence the Cohort 4 training in March. He said it would be important for the Committee to be aware of the revenue tail of £2.65 million into the 2022-23 and said that this remained an issue under discussion between the Trust, the HSCB and the DoH.

Continuing, Mr Nicholson pointed out that there were a number of other allocations to be received by the end of the year and which would increase the Trust's final RRL and added that untaken annual leave was one of these. He referred to earlier discussions around the importance of health and wellbeing and said he believed this issue would continue for some time for NIAS and would impact on the Trust financially as well as impacting on staff not being able to

avail of leave. Mr Nicholson said that the financial impact to the Trust was in the region of £4 million and this would increase as the amount of untaken annual leave increased. He pointed out that this had been recognised as a financial liability in Trust accounts.

Mr Nicholson reminded members that, in the past, it had been possible for staff to buy back annual leave and said that, although yet to be confirmed, there was a proposal that a similar scheme would operate this year.

The Committee Chair referred to the assurances received by the Trust in relation to the assumed allocations.

Ms Lappin stated that the Trust would not receive the remaining assumed allocations until the end of March and that uncertainty remained around the £2.6 million required for the cohort 4 paramedic training. She sought confirmation that, if the Trust did not factor in the assumed allocations, it would not breakeven at the end of the financial year. Ms Lappin also expressed concern at the significant amount of untaken annual leave and the potential impact on staff health and wellbeing.

Responding to Ms Lappin's comments, Mr Nicholson explained that the pay award was implemented in January and had been based on estimated costs. He advised that those estimates would then be revised with actual costs by the Trusts, HSCB and DoH. He said that he had been assured that the Trust would receive the full £4.61 million in respect of the pay award and added that he had received similar assurances around the background training work undertaken to allow cohort 4 to proceed. Mr Nicholson reiterated that there would be a revenue tail into the next financial year and pointed out that this would be the last cohort of paramedics delivered by the Trust. He indicated that it was essential that this training commenced by 31 March in order for the Trust to be accredited and added that it would be important that the risks associated with this were clearly understood by all concerned.

Ms Lappin welcomed the assurances provided by Mr Nicholson in relation to receiving the funding. She queried whether the potential £5 million in respect of untaken annual leave had been taken into account in terms of the Trust having to breakeven. Ms Lappin expressed concern at staff not being able to take annual leave and asked what steps were being taken to encourage staff to do so.

In response, Ms Lemon explained that, at the outset of the pandemic, the DoH had recognised that staff may not be able to take annual leave as planned and had therefore removed the cap around carrying over annual leave to the next leave year. She said that the Trust continued to encourage staff to take leave and were endeavouring to allow them to do so.

Ms Lemon referred to the scheme which allowed staff to sell some of their annual leave and clarified that this did not include the statutory leave entitlement included within terms and conditions. She stressed that it was important to encourage and enable staff to use their annual leave.

Responding to Ms Lappin's query re the Trust's ability to breakeven, Mr Nicholson explained that the annual leave accrual would be calculated on 31 March 2022 when the Trust would look at the untaken annual leave of each member of staff. He reminded the meeting that the figure in the 2021-22 accounts was £3.6 million. Mr Nicholson acknowledged that the issue of untaken annual leave was an issue across the HSC and said that this would take a number of years to allow staff to take leave and the Trust's ability to provide backfill would be reduced.

Ms Lappin acknowledged the financial impact on the Trust but more importantly the impact on members of staff.

- **2022-23 Budget position**

Moving to the 2022-23 budget position, Mr Nicholson acknowledged that there was considerable uncertainty around this and that any spending over and above existing commitments would not be expected. He indicated that it was likely that the Trust's baseline position would be the same as the previous year's including unrealised savings. Mr Nicholson said that Trusts were currently identifying developing pressures for the next year and he referred to pressures around AfC with the potential for a further £3 million to be added to the savings target.

Mr Nicholson advised that, while the NIAS position was relatively manageable, the wider financial outlook would have implications for the Trust and he cited the example of CRM.

Ms Lappin expressed her disappointment around the uncertainty of the budget and said it was likely that there would be a negative impact on the Trust as well as on the rest of the public sector. She said that she was somewhat encouraged by the work carried out by Mr McNeill who continued to press the DoH on the importance of funding the CRM. Ms Lappin acknowledged the complexity of resolving the budget position and believed it was prudent that the Committee recognised this.

Mr Nicholson referred to the additional granular detail which had been provided within the report and said he would be happy to examine particular areas of interest to the Committee moving forward.

- **Use of Voluntary & Private Ambulance Services 2021-22**

Mr Nicholson acknowledged that the Trust's reliance on voluntary and private ambulance providers over the Covid-19 pandemic had been significant. He advised that, while the expenditure had started to reduce in the current financial year against the same period in the previous year, this had not been the case over the last four months.

Mr Nicholson drew members' attention to page 46 of the Committee papers and pointed out that expenditure averaged £1 million per month. Referring to page 47, he alluded to the review of VAS/PAS in the context of the overall review of PCS and advised that significant work had been carried out around performance management and effective governance arrangements around the Trust's use of VAS/PAS.

Mr Haslett referred to the increased expenditure in the use of VAS/PAS and sought confirmation that these increased costs would be covered by the Covid-19 allocations received by the Trust.

Mr Nicholson confirmed that the vast majority of the increased expenditure was indeed covered by Covid-19 allocations. He further explained that a large number of vacancies had created an underspend and the Trust had used this for VAS/PAS support. Mr Nicholson acknowledged that the Trust's internal ability to fund this type of resource had reduced.

Mr Nicholson indicated that, as part of the financial planning, he had forecasted that the Trust would require additional resources around cover, cleaning and PPE.

Ms Lappin pointed out that the expenditure on VAS/PAS in 2019/20 had been £5.2 million and, while this had doubled in the 2020/21 year, the expenditure had been covered by Covid-19 allocations. She assumed that the Trust would continue to require similar VAS/PAS support in the 2022-23 year and reminded the meeting that the Trust Board had been keen to see a reduction in expenditure. Ms Lappin expressed concern at the potential for neither Covid-19 monies nor an uplift in the budget being available and the Trust continuing to maintain its usage of VAS/PAS. She asked what steps would be taken by the Trust to begin to reduce the expenditure on VAS/PAS to its original level.

Mr Nicholson acknowledged that there was a need to look at the Trust's use of VAS/PAS and said that any decisions to reduce usage would be taken in consultation with Ms Byrne as Director of Operations.

Ms Lappin referred to monitoring VAS/PAS expenditure and sought confirmation that, as the Trust moved to managing Directorate budgets, Ms Byrne would be responsible for any decisions relating to VAS/PAS.

Responding, Mr Nicholson pointed out that all decisions made by the Operations Directorate had a financial impact and said the primary approach adopted had been to ensure cover with consideration then being given to the subsequent financial impact. He added that he was grateful for the support of the Board in terms of the approach adopted. He indicated that there had been a much more dynamic use of resources across all Directorates.

Ms Byrne explained that the focus had very much been on maximising the Trust resources and identifying the gaps. She referred to the work which was being progressed at pace by the PCS Improvement Team and said she hoped that this would begin to allow the Trust to reduce its reliance on VAS/PAS. Ms Byrne reiterated that the Trust focus was now on ensuring the maximum use of its own resources before approaching VAS/PAS.

Continuing, Ms Byrne acknowledged that this transition would take time and she advised that, although some progress had already been made, service pressures had impacted on the Trust's ability to maintain this progress.

- **Use of HSC Leadership Centre Associates**

The Committee Chair noted that expenditure on HSC Associates to 31 December 2021 (Month 9) had totalled £89,503.

Ms Lemon reminded members that there had been an IA recommendation around the use of the HSC Leadership Centre (HSCLC) and the associated governance arrangements. She said that this had been discussed at the Audit and Risk Assurance Committee meeting on 2 December when the Committee had received a brief update on the arrangements put into place. Ms Lemon advised that the engagement of an Associate required agreement within the Trust and an outline of the assignment was provided to HSCLC for consideration with a view to the Centre identifying potential Associates to the Trust for selection.

The Committee Chair noted that the IA recommendation had mentioned the presentation of a database on the use of HSCLC Associates to the Trust Board.

Mr Nicholson acknowledged this but said that, in his view, detailed discussion should take place at Committee level and believed that this would meet that particular element of the IA recommendation.

The Committee Chair said that he would support this and sought confirmation from Ms Lappin, as Trust Chair, that she would be in agreement.

Ms Lappin said she would be happy with this arrangement.

- **Use of Staff Substitution**

Mr Nicholson drew the Committee's attention to this section of the report and reminded members that the Trust utilised staff substitution to support specific work streams. He explained that this was generally in situations where expertise should normally be available in-house but capacity was insufficient.

Mr Nicholson indicated that the support provided to NIAS by the Association of Ambulance Chief Executives was classified as staff substitution. He said that both the People Committee and Trust Board had received updates on the utilisation of AACE and a further update would be provided to the People Committee at its April meeting.

Ms Lappin welcomed the fact that the Committee would be looking at this in detail in April. She said she expected to receive an acknowledgement from AACE that the Trust's in-house expertise and experience had developed, thereby starting to reduce the Trust's reliance on AACE support.

- **Use of Overtime**

Mr Nicholson reminded the meeting that the Trust relied significantly on the use of overtime for the provision of services, in particular for the provision of ambulance cover. He pointed out that, while expenditure could vary at different times of the year, it had remained consistent between years averaging approximately £6 million per year.

Mr Nicholson explained that, while there had been increased staff absences due to Covid-19, the Trust's reliance on available staff to undertake overtime shifts to provide cover had increased. He pointed out that, in order to fill more overtime shifts, a Covid-19 Rapid Response payment scheme had been introduced and had been covered by additional Covid-19 allocations.

Mr Nicholson said it would also be important for members to remain aware of the Band 8 overtime issue and he reminded members that senior staff paid in pay Bands 8 or 9 were not entitled to overtime payments. However, while regional initiatives had been introduced to allow the payment of overtime to these staff, Mr Nicholson advised that such initiatives were only in specific circumstances and were time limited.

Continuing, Mr Nicholson noted that the NIAS historical practice had been inconsistent with the rest of HSC and AfC terms and conditions and said that this had been reinforced in a recent IA recommendation. He added that the Trust would address this recommendation going forward in the context of the current regional

approvals for the payment of these staff which would likely cease on 31 March 2022.

The Committee Chair commented that it seemed harsh that Bands 8 and 9 were not eligible for overtime payments.

Agreeing with the comments made by Mr Nicholson, Ms Lemon advised that the issue had been discussed at SMT and the view expressed had been that the Trust was not yet ready to put those staff affected on notice due to the fact that the Trust was relying heavily on the same staff to ensure continuity of services. She pointed out that the necessary arrangements were in place should the decision be taken to proceed.

Ms Byrne commented that it would not have been possible for Silver Command to operate without the availability of overtime and said that it had been invaluable at times of extreme pressure. She advised that Silver Command had been stood down to shadow form but would be ready to re-engage should there be further surges or incidents.

The Committee Chair suggested that, should the Trust determine that overtime was essential for Bands 8 and 9, consideration could be given to approaching the DoH to outline the potential difficulties withdrawing overtime could pose for the Trust.

Ms Lemon explained that a regional approach was being taken to this issue and said all Trusts were of the view that the continuation of significant pressures within the system warranted the extension of the scheme. She said that it would be important to present a case to the DoH but also important to give sufficient notice to staff should that be required.

- **Capital Programme 2021-22**

Mr Nicholson alluded to the detail within the report and advised that there had been a slight increase in the Capital Revenue Limit (CRL) from £8.4 million to £8.9 million with expenditure to the end of December totalling £1.905 million. He acknowledged that there had been some movements since first finalising the report and pointed out that he was confident, having received broad assurances from responsible managers across fleet, estates and IT, that spend on projects would be achieved.

Mr Nicholson referred to the number of schemes within the Capital Plan and the range of projects to be managed and delivered and said that this went some way to reducing the Trust's financial risk.

Ms Lappin commented that the report provided a detailed breakdown and referred in particular to funding of £494,000 for bodycam.

Mr Nicholson explained that this funding related to the purchase of Body Worn Video (BWV) equipment. He pointed out that the consultation on the principle of introducing BWV had closed on 14 February and said that there had been overarching support for its introduction both from staff and consultees. Mr Nicholson said that nothing had been received which would stop the Trust from purchasing the necessary equipment and said he was in the process of raising the procurement order to do so.

Ms Lappin welcomed the fact that the purchase of the equipment would take place within the current financial year.

Responding to a query from Ms Lappin as to the number of ambulances procured, Mr Nicholson explained that the Trust had not increased the size of its fleet and clarified that the fleet replacement had straddled two financial years, for example, procuring the required number of chassis in one year but not converting them until the following year.

Ms Lemon referred to the BWV consultation and said the Trust had been monitoring responses received during the consultation period with a view to purchasing the equipment before the year-end. She reminded the meeting that the consultation process had two phases – the first focusing on the principle of using BWV equipment and the second on how the equipment would be used. Ms Lemon emphasised the importance of information governance and referred to helpful comments that had been received from the Information Commissioner's office in this regard.

Mr Nicholson pointed out that, over the last year, the Trust had engaged on a partnership with the Northern Ireland Specialist and Retrieval (NISTAR), and two charities – the Children's Heartbeat Trust and the Saoirse Foundation - for a donated specialist children's ambulance – Bumbleance. He explained that this would

be a specialist vehicle which would meet the holistic needs of children having to travel for treatment.

The Committee Chair referred to the capital programme for the 2022-23 year and asked whether, in light of recent political developments, funding for this might now be at risk.

Responding, Mr Nicholson advised that the Trust had been asked to identify the impact on the Trust should capital schemes not proceed. He said that NIAS had been fortunate over the last four years in that the DoH had topsliced £4 million from the capital budget for NIAS replacement fleet. Mr Nicholson said that this had given the Trust the ability to plan across financial years, knowing that the necessary resources would be available. He indicated that, whilst this arrangement had been in place for over five years, the financial requirement had now increased for £4.7 million in respect of the vehicles. He confirmed that the Trust was currently examining both its capital and revenue resources.

The Committee Chair thanked Mr Nicholson for his report which was **NOTED** by the Committee.

7 Date of next meeting

The next meeting of the People Committee will take place on Thursday 28 April 2022 at 9.30am (arrangements to be confirmed).

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

8 Any Other Business

(i) Business Case Scrutiny

Mr Nicholson referred to the significant level of detail provided to the Committee at today's meeting and acknowledged that some of this had originated from recent IA recommendations. He cited the examples of papers around DACs, HSCLC Associates and staff substitution which had originated from IA findings. However, he said, there was one further outstanding recommendation in relation to business case oversight.

Mr Nicholson reminded members of the IA recommendation, ie 'Spend incurred against appropriately approved DACs and business

cases should be regularly monitored and reported. Spend must not exceed DAC or business case value without appropriate additional DAC/business case approval.'

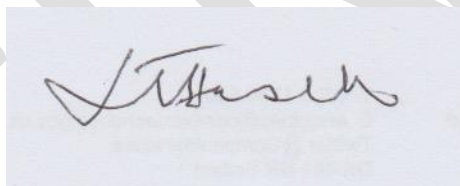
He further reminded members of discussion at the December Audit and Risk Assurance Committee where it had been agreed that the scrutiny of business cases should be undertaken by the People Committee.

The importance of the Committee having oversight and assurance was noted.

Following brief discussion as to what detail members might wish to consider, it was agreed that Ms Paterson and Mr Nicholson would liaise to develop a proposal for the Committee's consideration with a view to testing it to ensure the process met the IA requirements.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.15PM.

SIGNED:

A rectangular box containing a handwritten signature in dark ink, which appears to read 'J. Paterson'.

(electronically signed due to Covid-19)

DATE: 21 April 2022