



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

PRESENT: Mr T Haslett Committee Chair
Mr J Dennison Non-Executive Director
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 M Paterson Director of Planning,
Performance & Corporate
Services
Dr N Ruddell Medical Director
Mrs C Mooney Board Secretary
Ms L Gardner Asst Director HR
Mr J Kearney Asst Director HR
Ms V Cochrane Asst Director HR
Mr F Orr Asst Director of Education,
Learning & Development (for
agenda item 7 only)
Mr C Thompson Head of Strategic Transformation,
Planning, Performance and
Corporate Services (for agenda
item 8 only)
Ms R Leonard Project Development and
Implementation Manager, PP&CS
(for agenda item 8 only)

1 Apologies & Opening Remarks

The Chair welcomed those present to the meeting.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

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

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 (PC30/06/22/01)**

The minutes of the previous meeting held on 28 April 2022 were approved on a proposal from Mr Dennison and seconded by the Chair.

4 **Matters Arising (PC30/06/22/02)**

Ms Lemon updated the Committee on the recent developments regarding HRPTS.

With regard to actions 3 and 4 around VAS/PAS trigger points for utilisation and ensuring value for money, Mr Bloomfield advised that Mr Thompson had recently updated the Senior Management Team on the progress made with the Patient Care Services (PCS) Improvement Project.

Ms Paterson explained that a current focus on this work was on information, particularly around utilisation, value for money and productivity. She noted that the next meeting of the Committee would be in September and suggested that the draft findings could be presented to members at that time.

Mr Bloomfield highlighted the importance of ensuring that the VAS/PAS provide value for money when used. He pointed out that equally as important was that the PCS provided an efficient service

and greater productivity which would ultimately result in a reduction in need for VAS/PAS.

Ms Paterson emphasised that the Improvement Project would also consider the quality of services provided to patients.

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

5 **Draft Financial Plan 2022-23 (PC30/06/22/03)**

The Chair referred to the Draft Financial Plan for 2022-23 which covered both revenue and capital funding and noted that a significant proportion of the Trust's financial position remained unconfirmed.

Mr Nicholson apologised for the lateness of the paper circulated to members. He noted the exceptional year in terms of the absence of a functioning NI Assembly and therefore no agreed budget. He indicated that the Trust had not yet been allocated a formal Revenue Resource Limit (RRL) for the year and explained that the Trust's opening position for 2022-23 was based on the closing recurrent RRL from 2021-22 of £87.7 million.

Continuing, Mr Nicholson clarified that there were a number of indicative allocations for 2022-23, as advised by the Strategic Planning and Performance Group (SPPG), as well as other income assumptions. He indicated that these allocations were categorized as 'assumed ringfenced' and 'assumed earmarked'. Mr Nicholson advised that the assumed ringfenced allocation totalled approximately £13 million, the vast majority of which was made up of Covid-19 income assumptions of £12.9 million. He said that the only income confirmed at this point was £1.2 million in respect of PPE. He added that the bulk of the remaining £12 million would be allocated for workforce in terms of providing and maintaining cover and the use of the Independent Ambulance Services (IAS). Mr Nicholson clarified that, while there was currently no indication that this funding would continue beyond Quarter 1 of 2022-23, it was his understanding that the DoH would consider the need for these Covid-19 related activities to continue, if the ongoing requirement could be clearly identified.

Mr Nicholson said that the Trust had advised the SPPG of its planning assumptions and of the need for the Trust to continue with

the levels of overtime and use of the IAS in order to provide cover. He pointed out that this was incorporated into the Financial Plan.

Referring to the assumed earmarked allocation, Mr Nicholson advised that this allocation comprised indicative and assumed allocations totaling approximately £18 million. He indicated that, of this, £11.2 million had been identified as an indicative allocation and funding could be assumed for planning purposes while the balance of approximately £6 million was subject to ongoing discussions. Mr Nicholson acknowledged that his focus was on the £6 million which included, for example, the Cohort 4 Paramedic Training programme which commenced in 2021-22. He pointed out that the Trust was proceeding at risk with this training at a cost of £2.6 million and said the Trust needed to secure funding for further training to be provided throughout the year.

Mr Nicholson explained that the financial assumptions within the Plan were reviewed and revised on a regular basis and reported to the SPPG/DoH on a monthly basis as part of the requirement to deliver a balanced financial position.

Alluding to savings, Mr Nicholson advised that the Trust's saving position for 2022-23 was similar to that in 2021-22. He reminded members that the Trust's RRL had been reduced by £2.6 million and the Trust would be able to deliver £1 million of savings through non-recurrent initiatives, for example largely non-frontline vacancies.

The Chair acknowledged the challenges associated with not having an agreed budget and said it was a 'nervous position' to be in. He added that he appreciated other Government departments were in a similar position.

Mr Bloomfield acknowledged the predicament of the current position. He said that, on the one level, the Trust could adopt a cautious position and avail of funding when it became available. However, he believed that this would result in missed opportunities. Mr Bloomfield said that, on another level, it was possible that this would be the first year funding would not become available and the Trust would have to limit its developments to how much risk it could proceed with.

Referring to the first meeting of the HSC Performance and Transformation Executive Board, which replaced the former Rebuilding Management Board, Mr Bloomfield advised that the Permanent Secretary had made it clear that neither he nor the Minister wished to cease any activities which would cause harm to patients in terms of service delivery. However, Mr Bloomfield acknowledged the challenging financial circumstances despite the previous budget which had included an increase for health.

Mr Bloomfield said that the Permanent Secretary had recently written to Trust Chief Executives and, whilst acknowledging the difficult circumstances of the last 18-24 months, had emphasised the absolute need for financial discipline. He said the DoH did not intend to set savings targets for organisations and added that it appeared the DoH was heavily involved in discussions with the DF around finalising budgets which would enable the system to work to achieve a breakeven position. Mr Bloomfield pointed out that this meant that Trusts would not have confirmation of the continuation of Covid-19 funding beyond the end of June 2022. He advised that Mr Nicholson continued to liaise regularly with SPPG/DoH colleagues in terms of the level of funding NIAS had committed to.

Mr Bloomfield explained that, in order to adhere to the approach advocated by the Permanent Secretary, the only potential to deliver significant savings within NIAS would be to reduce overtime and the use of the IAS. He advised that, given the amount of capacity being lost due to handover delays, this would impact on patients. He said that the Trust would continue to work closely with SPPG/DoH colleagues in this regard.

Continuing, Mr Bloomfield explained that if it reached the stage where the Trust was forecasting significant risk, he would formally raise the Trust's position with the DoH and seek guidance as to whether the Trust should continue on the understanding of a shared risk around the financial exposure.

Ms Lappin thanked Mr Nicholson for producing the paper, given his recent involvement in producing the Trust's Annual Report and Final Accounts. She referred to the Covid-19 Rapid Response Payment Scheme (CRRPS) and said it was her understanding that funding for this would cease at the end of June. She sought clarification on the position for July and August and noted that there were usually challenges with cover during these months.

In response, Ms Lemon advised that the Trust did not have confirmation of the availability of funding beyond the end of June. She pointed out that other Trusts could rely on other contingencies, for example, use of other schemes such as a crisis payment scheme as well as using nursing agencies and off-contract nursing agencies which tended to be more costly.

Ms Lemon indicated that NIAS did not have that option and in regional discussions, she had advised that it would be NIAS' intention to continue to use the CRRPS where necessary. She emphasised that the Trust did not use the CRRPS lightly and applied certain methodologies in its use, for example targeting the use of the CRRPS where cover had fallen below the required threshold. Ms Lemon said that she had made this known to SPPG and Trade Union colleagues. However she reiterated the fact that the Trust did not have DoH cover to use the CRRPS and would have to identify internal sources of funding to do so.

Ms Lappin welcomed the fact that the DoH had been made aware of the Trust's intention to continue to use the CRRPS when necessary. She sought further clarification around whether the assumption was made based on cover levels last July and August; what such payments might look like and the source of funding for these.

Mr Nicholson clarified that, within the assumed ringfenced funding of approximately £13 million, £3.66 million related to workforce costs. He added that this would also cover overtime costs as well as costs incurred as result of applying the CRRPS. Mr Nicholson said that Ms Lemon had accurately articulated the regional discussions. He clarified that there were two elements to the CRRPS payments. The first related to the Trust having authority to make the payment under terms and conditions and the second relating to the funding to allow the Trust to do so. Mr Nicholson said he was concerned that the DoH would permit the Trust to continue with the CRRPS payments but not provide the necessary funding.

Ms Lappin alluded to Table B 'Forecast Covid Expenditure' and asked if the service delivery of £7.2 million referred to VAS/PAS expenditure.

Mr Nicholson confirmed that this was the case and said the SPPG required this distinction in the detail. He added that the focus was

to look to the NIAS workforce in the first instance, supplemented by the IAS.

Mr Dennison asked whether the budget assumptions had been predicated on history and precedence or whether it was an informal indication of what the finalised budget might look like.

Responding, Mr Nicholson acknowledged that there had been extensive formal and informal engagement with SPPG colleagues. He referred to the cover provided and drew the Committee's attention to the breakdown of assumed earmarked funding. Mr Nicholson added that discussions were ongoing with regard to the £7 million balance. He acknowledged that there would always be a number of planning assumptions at the start of the financial year and said that this had been compounded by Covid-19.

Mr Nicholson referred to recent correspondence from the Permanent Secretary focusing on Financial Management during Covid-19 Recovery/Rebuild and said it was stark. At his request, Mrs Mooney undertook to share a copy of the correspondence with members.

Mr Bloomfield briefly outlined the content of the Permanent Secretary's letter which emphasised the importance of returning to the same level of financial discipline that was exercised prior to the pandemic. He said that the letter reinforced the need to move away from the over-reliance on non-recurrent funding over the next 2-3 years. Mr Bloomfield acknowledged that, as alluded to earlier in the meeting, he could see a point at which it would become necessary to write to the Permanent Secretary to outline the financial exposure being faced by the Trust. He added that to cease certain activities would always be an organisational decision.

Mr Bloomfield said it was his understanding that the funding which would become available would not be similar to last year and that there would be a need for the Trust to reduce activities significantly unless further funding became available.

Moving to the capital programme for 2022-23, Mr Nicholson advised that the Trust was currently going through the process of revising and reprioritising some of the schemes with a view to mitigating against those risks and ensure full utilisation of available resources. He explained that as the Trust went through this process, the

business cases and related procurements would be ready to proceed should potential additional funding become available. Mr Nicholson acknowledged that this was further complicated by the lack of a functioning Assembly as, at this stage in the year, the Trust would have normally availed of the June Monitoring Round.

Mr Dennison referred to the shortfall of £2.6 million and asked whether schemes would not now be taken forward as a result.

Mr Nicholson explained that this would become clearer once the exercise to review and reprioritise schemes had concluded. He acknowledged that it would likely be estate-based schemes which might be impacted and said that IT schemes tended to be specifically funded.

Continuing, Mr Nicholson advised that the Trust had worked hard to ensure its fleet replacement was updated and said there was potential that, if lost in one year, the effect would be felt for the five year rolling replacement cycle.

He said he was confident that the Trust had a range of schemes ready to be delivered subject to the Trust securing some additional funding and capacity to deliver. Mr Nicholson acknowledged the ambitious nature of the programme across all elements. He referred to the increasing costs generally and said it was likely that this could also have an impact on the programme throughout the year.

The Chair acknowledged the difficulties in terms of the increasing costs and said he was aware of Mr McNeill's desire to ensure the fleet and equipment were refreshed on an cyclical basis.

Mr Bloomfield said that the Trust was proud of the quality of its fleet. He agreed that the Trust should continue to prioritise its fleet and be ready to proceed with estate schemes should additional funding become available.

The Chair thanked Mr Nicholson for presenting the Draft Financial Plan for 2022-23 which was **NOTED** by the Committee.

6 'Funding to 100' (PC30/06/22/04)

Mr Nicholson explained that 'funding to 100' was new terminology which he was hoping to progress over the next year and, through a presentation, he provided an overview of NIAS services; the geographical spread of services over NI; total commissioned hours; pre- and post-demand capacity reviews and translating numbers into operational cover & performance. Mr Nicholson advised that, as far as the availability of funding would allow, the Trust would continue to build on demand and capacity models with a view to maintaining the link between planned hours of cover and budgets.

He undertook to share the presentation with members following the meeting.

Ms Lappin thanked Mr Nicholson for his presentation and said it had helped her start to understand the terminology. However, she suggested that it might be helpful for Committee members to have a separate meeting with Mr Nicholson to discuss the detail.

The Chair said that he had a number of questions but in the interests of time, he undertook to forward these to Mr Nicholson. He suggested that perhaps his questions could be covered at the next Committee meeting.

Mr Nicholson welcomed this and acknowledged that the challenge was to translate the available resource into cover and subsequently improved performance.

Mr Dennison acknowledged that such figures would be useful as the Committee came to consider KPIs, particularly around the availability of staff. He welcomed the suggestion of a brief meeting with Mr Nicholson to discuss further.

Ms Paterson said that she would be interested in joining this discussion.

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

7 **2022-23 Clinical Education Plan (PC30/06/22/05)**

The Chair welcomed Mr Frank Orr to the meeting and noted that today was Mr Orr's last day with the Trust before he retired.

By way of introduction, Dr Ruddell explained that the Plan was before the Committee for noting. He said it clearly reflected the huge amount of work provided by the team in the most challenging circumstances over the past year. Dr Ruddell said that the Plan also looked forward to how the Trust would meet the future challenges presented.

Dr Ruddell took the opportunity of highlighting a particular challenge for the team in terms of assisting the final cohort of the Foundation Degree as well as providing support for those students on the first year of the BSc course and said the latter would become a huge commitment moving forward. He said that, as he had reported at the June Trust Board, the Trust had recently had some success in securing funding for the practice placement co-ordinator in line with that given to other Trusts and he alluded to the significant work involved in this role.

Mr Orr drew members' attention to the Executive Summary within the Plan which set out the various aspects of the core programme being delivered as well as those programmes scheduled to be delivered in the 2022-23 year. He pointed out that courses had been held at the Magee campus and were now being delivered at the Coleraine campus. Mr Orr highlighted the salient points of each course including the number of programmes scheduled as well as the number of students per cohort.

He advised that one of the biggest challenges facing the Training Team related to practice based learning undertaken by NIAS students as well as those students from the Ulster University BSc Honours course. Mr Orr said that this challenge would continue as the BSc course progressed over the three-year period.

Mr Orr explained that the Plan also reported on achievements during the previous year and he advised that, with one exception, the Training Team delivered all its planned programmes. He pointed out that the one exception related to the delivery of the Post Proficiency Evaluation (PPE) course which had been suspended as a result of sustained REAP 4 pressures. Mr Orr said that there

were now plans to roll this course forward with a view to scheduling it for autumn 2022.

Mr Orr presented a spreadsheet which demonstrated the monitoring of progress against the 2022-23 Clinical Education Plan and explained that this had been developed following an Internal Audit recommendation.

Dr Ruddell sought a view from the Committee as to whether it felt the monitoring information was an effective way to demonstrate current progress and met their needs in terms of providing assurance.

Ms Lappin said that she had found the spreadsheet to be clear and helpful. She suggested it might be helpful to include how not having sufficient numbers of practice placement educators might impact on the ability to deliver on newly qualified and placement of BSc students. Ms Lappin said that the Committee would also wish to ensure that the PPE course was rolled forward.

Mr Orr clarified that while it had not been possible to provide the two days, the Training Team had provided one day for all eligible and available clinical frontline staff. He pointed out that remaining staff would be picked up in the 2022-23 year. Mr Orr added that the day had also been used to roll out the REACH devices to staff.

Mr Dennison believed the Plan was clear and comprehensive and said he had no suggestions for improvement.

Dr Ruddell acknowledged the progress which had been made in training. He alluded to Ms Lappin's concerns about not having sufficient practice placement educators and said it would be important to balance this with the provision of continuing clinical education and the ability to maintain clinical governance and oversight and the challenges this presented. Continuing, Dr Ruddell referred to the fact that Clinical Support Officers (CSOs) had been redeployed to other duties including frontline response, IPC training and oversight and now student oversight which had impacted on the Trust's ability to undertake clinical audit which represented a significant risk for the Trust.

Dr Ruddell referred to Mr Orr's retirement and thanked him for his work over the years.

Mr Nicholson clarified that some of the training referred to within the Plan remained subject to the availability of funding. He pointed out that, over the last three years, Mr Orr had been instrumental in the Trust securing significant funding for training and congratulated him on his impending retirement.

Ms Lappin extended her thanks and appreciation to Mr Orr for his significant contribution over many years and she wished him well for his retirement.

Ms Lemon explained that she and Mr Orr had worked closely together as, prior to moving to the Medical Directorate, the clinical education element had fallen within the remit of HR. She said it would be important for members to be aware that Mr Orr had been instrumental in the delivery of the development of the Foundation Degree programme as well as ensuring approval was obtained from the Health and Care Professions Council (HCPC). She added that Mr Orr had also been a member of the working group which delivered the BSc. Ms Lemon said that Mr Orr would leave a huge legacy upon his retirement and she wished him well.

The Chair said that he was honoured as Committee Chair to pay tribute to Mr Orr on his retirement from the service and believed that Mr Orr was responsible, through the delivery of training, for saving countless lives.

The Committee **NOTED** the Clinical Education Plan 2022-23.

The Chair thanked Mr Orr for his attendance and he withdrew from the meeting.

8 **HR & OD Transformation and Performance Update:**

- **Presentation**
- **Progress Report**
- **HR Strategic Plan on a Page and KPIs**
- **HR Improvement Plan (PC30/06/22/06)**

Ms Lemon explained that the papers before the Committee represented the culmination of work undertaken since the April meeting and added that it remained work in progress.

Ms Lemon highlighted various aspects of the work and advised that the strategic plan to transform the HR Directorate was ongoing. She pointed out that the Committee had approved the proposed HR&OD Programme Mandate, the Single Improvement Plan and the HR&OD KPI Scorecard at its April meeting. She added that funding had been confirmed for three senior posts and the recruitment exercise for these was underway. Ms Lemon confirmed that all short and medium term initiatives were currently in progress.

In terms of challenges, Ms Lemon advised that the KPI reporting for the 15 areas agreed by the Committee had not yet been finalised and work was ongoing to develop and maintain ongoing KPI reporting capability. She added that work was also continuing on initiatives in line with the Improvement Plan.

Mr Thompson advised that the balanced scorecard was incomplete and was very much work in progress. He indicated that three workshops had been held with colleagues from BI, Finance and HR with a view to populating the scorecard at a high level against the 15 agreed KPIs.

Continuing, Mr Thompson pointed out that Trust Board and the Committee had sought assurance that it would be possible to have a 'drill down functionality' within the scorecard. He said that work was ongoing to quality assure the data and data source but also to put in place the data capture for the secondary level KPIs. Mr Thompson said that, moving forward, the intention would be to present a high level dashboard but have the capability behind that to drill down to the secondary level KPIs. He added that the intention would also be to include some narrative on a report by exception basis to add value.

Mr Thompson acknowledged that some of the data sources were new and would have to be developed. He reminded members that the KPIs were a combination of annual and six-monthly reporting and said he intended, by the next Committee meeting, to present a completed scorecard, second level KPIs and related narrative which would link the various elements of this work. Mr Thompson said he hoped his summary provided members with the assurance that progress was being made.

Ms Lemon said there was a clear sense of progress. Referring to the secondary indicators and accompanying narrative, she emphasised the need for clarity around interpretation of the data.

Ms Lemon sought views from members as to the proposed approach and said that, by its nature, the reporting would be high level with the ability to drill down for further detail. She cited the example of overtime and suggested the Committee may wish to consider the Trust's reliance on overtime, how many staff were accessing overtime for example. Ms Lemon said she was mindful that members would wish to drill down further into such detail and the position behind the high level figures and acknowledged that some of this work correlated directly with the HR Improvement Plan.

Mr Dennison said that he had been encouraged by the direction of travel. He alluded to detailed discussions which he and Ms Lemon had had recently. He welcomed the KPIs and, while he believed these were now starting to 'take shape', he said that he and Ms Lemon had alluded to the further detail behind these. Mr Dennison acknowledged that the Committee would have the appropriate financial information but would wish to drill down into the underlying issues affecting staff, for example, sickness absence. He alluded to Mr Thompson's intention to have fully populated KPIs by September. Mr Dennison thanked all involved for the significant progress which had been made to date.

Ms Lappin echoed the comments made by Mr Dennison. She acknowledged that the KPIs would be reported at a high level and said that these could change over time. Ms Lappin said that, working with Mr Dennison as co-Chair of the HR element of the Committee would enable Ms Lemon to prioritise which KPIs required further focus at meetings. She believed that this prioritisation would allow better informed decisions to be taken at Board level as well as providing assurance to the Board.

Ms Lemon suggested that it might be helpful for the Committee to have a schedule of planned agenda items, for example those issues which need to be considered by the Committee on an annual basis or a six-monthly basis and she undertook to develop one for consideration.

The Chair noted that this agenda item was to be approved by the Committee.

Ms Lemon explained that she would appreciate the Committee's approval that the work being progressed was in keeping with the Committee's wishes.

The direction of travel was **APPROVED** on a proposal from Mr Dennison and seconded by Ms Lappin.

The Chair said he looked forward to further updates.

Mr Thompson and Ms Leonard withdrew from the meeting at this point.

9 **Equality Commission Annual Progress Report (PC30/06/22/07)**

Ms Lemon explained that the report set out details of retrospective compliance on activities already undertaken. She reminded the meeting that the report would be considered by the Trust Board at its next meeting with a view to submitting it to the Equality Commission by the end of August.

Ms Lemon commended Mr Kearney and his team for producing the report, specifically around the delivery of the equality scheme, given the challenges presented by the pandemic.

Mr Kearney explained that it was a factual report which took stock of regional engagement which then translated into regional and local action plans. He cited an example within the local equality action plan to explore the issue of diversity champion status. Mr Kearney commented that the region would be consolidating a range of regional equality action plans for the next five year period. He added that this work would be reported on in next year's report.

Ms Lemon reminded members that Section 75 originated in the Good Friday Agreement and focussed on mainstreaming equality duties in post-conflict society. She explained that there were two elements, namely the policy element looking at how the Trust screened and assessed the impact of policies while the second element was around the promotion of good relations. Ms Lemon advised that of particular importance was the governance around this in terms of ensuring all Trust policies were fully compliant in terms of their consideration of equality duties.

Ms Lappin thanked Mr Kearney for his contribution and was of the view that the report served as an informative record of work carried out within the Trust over the last year. She noted that today was Mr Kearney's last day with the Trust and wished him well as he left to commence a career break.

The Chair echoed Ms Lappin's comments.

Ms Lemon said she would like to take this opportunity to recognise the significant contribution made by Mr Kearney. She commended his commitment to producing the Annual Progress Report and continuing to emphasise the importance of the equality and human rights agenda as well as the health and wellbeing of staff.

Mr Kearney highlighted the commitment shown by NIAS staff particularly over the last number of years and believed that the Trust had led by example.

The Committee **NOTED** the Equality Commission Annual Progress Report and **NOTED** that it would be submitted to the August Trust Board.

10 **Health and Wellbeing Strategy (PC3006/22/08)**

Ms Lemon reminded members that the Health and Wellbeing Strategy had previously been discussed by the Committee at its meeting in December 2021 when there had been significant discussion relating to what would be achieved through the Strategy. Ms Lemon extended her thanks to Ms Lappin for her engagement around some national work that was shared with Chairs and said that this had offered the opportunity to cross-check the Trust's Strategy with other strategies in operation on the mainland.

Ms Lemon said that she hoped the Committee could see the significant work which had taken place since the December meeting to ensure particular focus on the outputs to be delivered.

She clarified that, in relation to achieving a reduction in sickness, a decision had been taken not to state an arbitrary figure. She explained that a separate piece of work was being taken forward to examine sickness issues and examine further workplace factors, the actions being taken and identify outcomes. Ms Lemon said it was

intended to present a more comprehensive report to a future meeting setting out proposed trajectories and improvement targets.

Ms McStocker commented on the intention to undertake a further NIAS/UNISON survey. She reminded members that the survey had last been carried out in 2017 and had provided a poor baseline.

Ms Lemon advised that the NIAS/UNISON partnership was an internationally recognised methodology and said the reporting of that would be an indicator of what had been delivered in terms of the Strategy.

Ms Lemon said that, while the Committee would receive quantitative data, members would recall early discussion around the intention to bring qualitative data in the form of 'stories' to the Committee. She said she hoped that through these stories, members would be able to see the real changes which had been made for staff and added that work was continuing on how best to present these to the Committee.

Ms Lappin acknowledged that it had taken some time to reach this point but commended the Strategy and suggested that it could potentially be used as a template for other organisations. She referred to the extensive evidence base within the Strategy and said this was clear from the extent of the bibliography references. Ms Lappin believed that the Committee could derive assurance and provide assurance to the Trust Board that, not only had the Strategy adopted the right direction, the real result would be in individuals feeling comfortable to attend Committee meetings and talk about sensitive issues relating to health and wellbeing. Ms Lappin said that the Strategy provided huge opportunities for the Committee to hear directly from staff and to see at first-hand how the Strategy had been applied and the results of that application for NIAS staff.

Mr Dennison welcomed the Strategy and thanked all involved in its development. He added that it was clear how it had developed even further from the December meeting and agreed with Ms Lemon's decision not to include arbitrary figures around sickness.

The Chair said it was an excellent piece of work, particularly the infographics.

The Health and Wellbeing Strategy was **APPROVED** on a proposal from Ms Lappin and seconded by Mr Dennison.

11 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 15 September 2022 at 9.30am in the Boardroom, NIAS HQ.

12 **Any Other Business**

Ms Lemon reminded members that the Committee had approved the Culture Programme at its meeting in December 2021 and said that members had said they were keen to ensure how delivery of the programme would be measured.

Ms Lemon explained that she intended to pick this up through the KPIs and engagement scores. She added that she would be keen to bring the Programme to the August Trust Board with a view to launching it thereafter.

Members indicated that they were content with this proposal.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.50AM.



SIGNED: _____

DATE: 15 September 2022