



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY  
20 APRIL 2023 IN THE BOARDROOM, NIAS HQ & VIA ZOOM**

**PRESENT:** Mr J Dennison Committee Chair  
Mr T Haslett Non-Executive Director (via Zoom)

**IN**

**ATTENDANCE:** Mr A Arandia Asst Director of Planning & Performance  
Mr M Bloomfield Chief Executive  
Ms R Byrne Director of Operations  
Ms L Charlton Director of Quality, Safety & Improvement  
Ms V Cochrane Asst Director HR  
Ms L Gardner Asst Director HR  
Ms P Larkin Senior HR Advisor  
Ms M Larmour Trust Chair  
Ms M Lemon Director of HR & OD  
Ms C Matchett HR Graduate Trainee  
Mrs C Mooney Board Secretary  
Mr P Nicholson Director of Finance, Procurement, Fleet & Estates  
Mr J Wilson Boardroom Apprentice  
Ms S Young HR Associate

**APOLOGIES:** Ms M Paterson Director of Planning, Performance & Corporate Services  
Dr N Ruddell Medical Director

**1 Apologies & Opening Remarks**

The Chair welcomed those present to the meeting and noted that Mr Haslett had joined the meeting via Zoom.

The Chair also extended a welcome to Ms Young, Ms Larkin and Ms Matchett.

## 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.

No declarations of conflict of interest were made.

### 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 (PC20/04/23/01)**

The minutes of the previous meeting held on 24 November 2022 were approved on a proposal from the Chair and seconded by Mr Haslett.

## 4 **Matters Arising (PC20/04/23/02)**

Members **NOTED** the actions points.

The Committee noted that Ms Paterson would provide an update on the usage of the Collaborative Planning tool at the next meeting.

Ms Byrne confirmed that the workshop to consider various financial planning scenarios had taken place. She acknowledged the challenging discussions which had taken place at the workshop around the potential to consider reducing the usage of VAS and PAS and the subsequent impact on service users.

Mr Bloomfield advised colleagues that the Trust initially had considered how VAS/PAS could be reduced due to the cessation of Covid-19 funding and said that the DoH correspondence had been shared with members. He said that the Trust was proceeding at risk during April and May with the agreement of the DoH. Mr Bloomfield reminded the meeting that the Trust had been asked by the DoH to

put forward various scenarios for savings target of between 3-5% and that these scenarios should consist of low, medium and high impact proposals.

Ms Cochrane advised that Ms Keating, the Trust's Risk Manager, had facilitated a risk workshop to examine all HR risks and refresh thinking on how the HR Directorate identified, assessed and put mitigation in place. Ms Cochrane said that, following this workshop, a Directorate planning day had been held to consider the annual plan and identify any additional risks emanating from the plan that would need to be included in the Directorate risk register.

Ms Cochrane confirmed that the Directorate had recently appointed a senior manager with responsibility for governance and advised the postholder would be instrumental in the development of an HR assurance framework which reflected the format of the current Board Assurance Framework. She added that it was envisaged that the framework would be completed in Quarter one of the 2023-24 year with a view to presenting it at the June meeting.

Ms Lemon said she was conscious that the Committee had not yet discussed the level of risk within the Directorate and added that the assurance framework would enable this discussion to take place.

## **5 Maximising Attendance Update (PC20/04/23/03)**

The Chair welcomed Ms Young, Ms Larkin and Ms Matchett to the meeting and invited Ms Young to provide an update in relation to the Maximising Attendance Project.

By way of introduction, Ms Lemon reminded those present that, in light of the high sickness absence levels, the Trust had decided to establish a specific improvement project focus on maximising attendance and had engaged Ms Young from the HSC Leadership Centre to assist with this approach. She added that Ms Larkin, as Attendance Manager, would focus on attendance support to managers.

Ms Lemon said that the Committee had previously received a presentation outlining the remit of the project, its intended focus and outcomes. She added that Ms Young would provide an update to the Committee on the progress to date and said this issue would continue to be discussed at both Committee and Board level.

Ms Larmour acknowledged the focus on attendance management. She acknowledged that the statistics did not make for good reading and welcomed the development of a project plan to address such important issues.

Commencing her update, Ms Young thanked the Committee for the opportunity to provide an update and explained that she would be seeking members' approval to a number of issues, namely the move to HRPTS as a single source of data and the Terms of Reference for the Project Board.

Ms Young explained that, while managers preferred to use the Global Rostering System (GRS), to record staff sickness, the system was not the IT platform for which the Trust Chief Executive was accountable in terms of payroll.

Ms Young suggested that the high absence figures could cause potential difficulties for the Trust in seeking additional resources for staffing. She referred to the challenging financial period ahead and emphasised the importance of addressing sickness absence and ensuring staff were returned to work when appropriate.

Continuing, Ms Young said that the Project Board would maintain strategic links and ensure that, when focussing on absence levels, there would also be a focus on staff well-being. She emphasised that this was an important pre-cursor to the work being taken forward.

Ms Young expressed concern at the level of sickness absence and advised that, at January 2023, the level was 14.96% (cumulatively 12.01% in January 2023 for 2022-23). She added that there had been a slight increase on the previous month.

Ms Young advised that workshops had been prioritised in the Operations Directorate and advised that there had been 73% attendance by Assistant Director to Station Officer, EAC and NEAC managers. She said it was now intended to hold workshops for other Trust Directorates.

In terms of the information to be presented to the Committee, Ms Young explained that data on KPIs is intended to provide information which was as up-to-date as possible and said the

Committee would be provided with this data on a quarterly basis. Ms Young advised that the data considered the longest absentee and said that, while the Bradford Score was not to be used in discussions with individual members of staff, it was used to identify prioritisation.

The Chair sought clarification on what data using the Bradford Score would provide.

Responding, Ms Young explained that cognisance would be taken of the longest absentee as well as the highest Bradford Score in terms of frequency of absence. She said the Bradford Score proved useful in terms of being able to remind line managers of those staff who might require specific intervention.

In response to a question from the Chair on whether managers had been receptive to this, Ms Young was of the view that they had been. She noted that there had been a marked increase in the number of phone calls from managers seeking clarity on various aspects and said it were important to ensure managers clearly understood their responsibilities around the management of Level 1 absences which require minimum HR support allowing Station Officers and the HR team members to focus on Level 2 with an escalation to Level 3 as required to Area Managers and Ms Larkin.

Ms Byrne welcomed the fact that there had been an increase in phone calls and contact with staff.

Ms Larkin indicated that there was now a sense of priority in that the member of staff who had been absent the longest was now being identified as a priority whereas previously it had been very much process-driven only.

Mr Haslett expressed his concern at the high level of absenteeism. He said it was likely that, in the event of the Trust being unable to make any further savings, the DoH might point to the level of absenteeism within the Trust and seek clarification on what steps were being taken to address this. Mr Haslett questioned if a culture existed whereby an assumption of entitlement to sick leave existed.

Ms Young drew the Committee's attention to Section 3 of the update and explained that these issues had been highlighted to the Committee at its meeting in September 2022 and she described the

progress which had been made. Responding to Mr Haslett's comment re staff feeling they were entitled to sick leave, she said that short-term absence accounted for a small percentage of the overall absence figures. She added that she could not highlight specific evidence at this point which would support a sense of entitlement amongst staff as suggested by Mr Haslett and acknowledged that seasonal absence was common across the public sector.

Ms Young advised that the Belfast Trust had had a 2% increase in absences due to mental health and said that NIAS had experienced similar figures. She emphasised the need to keep wellbeing as the focus.

Ms Lemon explained that absence was multi-factoral in terms of the reasons behind staff absence. She acknowledged that management had a role to play in managing those staff who perhaps were not genuinely ill. Ms Lemon referred to the lack of uptake of annual leave within the Trust and said Internal Audit had identified this as an issue. She pointed out that ambulance staff had a disproportionately high exposure to trauma and emphasised that this needed to be recognised. Ms Lemon said there was a strong focus within the project in identifying different thresholds and ensuring there was focus where it was needed.

Continuing, Ms Lemon explained that work was also needed to empower leaders to lead and she stressed the importance of relationships with staff and engaging with them. She referred to the Health and Wellbeing Strategy 'Healthy People, Healthy Place' which had been approved by the Board in August 2022 and said the Strategy focussed on trauma response and the management of staff mental health. Ms Lemon acknowledged that sickness levels were increasing in HSC generally but said that the work being progressed through this project was focussed in stages and she reminded colleagues of the importance of connectivity with other ongoing work.

Mr Bloomfield reassured the Committee of the absolute priority the Trust attached to addressing attendance management and believed this was reflected in the membership of the Project Board. He acknowledged that, in seeking additional funding through the CRM business case for staff, the DoH could point to the Trust's high absence rates. Mr Bloomfield indicated that, through the hard work

of the Directorate of Operations, the Trust's cover was approximately 100% every shift. However, he acknowledged that a significant proportion of this was funded through overtime and said that such funding may no longer be available moving forward. Therefore, he said, it was critical that the Trust addressed its sickness levels.

Mr Bloomfield advised that he had recently attended a DoH workshop looking at workforce challenges and said the DoH was keen to understand why there were significantly more staff working in the HSC but there was less activity being delivered by those staff. Mr Bloomfield said he had been struck by the increase in sickness levels across the HSC which had increased cumulatively from around 10% to 12%. He added that there had been an overall increase of 50% in days lost through mental health issues.

Continuing, Mr Bloomfield sought assurance around the accuracy of the figures and asked if that related to the recommendation to use HRPTS as the single source of data. He welcomed the ongoing workshops and attendance of 73% by Operations staff during periods of industrial action. However, he said he would be keen to see the training now put into practice and managers would be able to identify and address the issues identified.

Responding to Mr Bloomfield's question re the accuracy of the figures, Ms Young indicated that this was dependent on managers inputting figures accurately. She pointed out that the leave data had been extracted from HRPTS and said she hoped to be able to represent this within acceptable tolerance levels. Ms Young advised that HR advisers had planned to spend time with Station Officers to show how to input data onto HRPTS accurately and added that a brief guide had also been produced.

Ms Young suggested there would always be an issue of compliance and stressed the importance of an accountability framework through the various levels of seniority, for example from Station Officer through to Assistant Director.

Ms Young acknowledged that the issue of case drift had been most concerning and explained that the introduction of Levels 1-3 had been helpful in this regard. She described in detail the definitions of each level and the thresholds for escalation between each and said that definitions had been provided to help managers. Alluding to

patterns of seasonal absence, Ms Young explained that managers had been provided with details of winter seasonal absence in order that they might address this with relevant staff in advance of the winter period. She indicated that this was a conduct issue as opposed to an issue of sickness.

Ms Lemon stressed the need to ensure the accountability framework was appropriately structured and that managers were clear on the actions they needed to deliver. She stressed the need to equip managers to manage and allow performance management to be mainstreamed.

Ms Byrne explained that the accountability framework would be through line management arrangements.

Ms Cochrane referred to a recent issue effecting the HRPTS system re the accuracy of absence figures. She advised that the issue had affected the entire HSC system and explained that it would be necessary to rerun the figures when the issue had been rectified.

Mr Haslett referred to the cumulative absence figure and noted that, while it was increasing slowly, it would take time for any reductions to be realised. He commented that, with the cessation of additional funding to cover overtime and staff substitution, there was an urgency to address sickness levels within the Trust.

The Chair sought clarification about the point at which the situation became critical.

Mr Bloomfield explained that the critical point would be when the Trust found it impossible to provide cover. He reminded colleagues that cover had been good and that this had been because of optimum planning in terms of staff availability.

Ms Lemon alluded to the need for a healthy workforce and said that an overreliance on overtime was not an ideal way to ensure cover.

Ms Young referred to the move to use HRPTS as the single source of data. She explained that this had been identified as a finding by Internal Audit and the recommendation had been for the Trust to move to using HRPTS as the single source.



Ms Lemon agreed and said this was another step in making managers more responsible for staff.

Responding to a question from the Chair around the need for a 'business as usual' plan to mainstream this work, Ms Young explained that it was intended that such a plan would be presented to the Project Board for approval by September. She assured the Committee that progress was being made in addressing the issues identified by Internal Audit.

Ms Larmour emphasised the importance of addressing the elements concerned with the workforce. She noted that the Health and Wellbeing Strategy had been approved in August 2022 and the project had commenced in September 2022. However, she commented that the first meeting of the Project Board had not yet taken place and the project was due to complete in September 2023.

Ms Young explained that her involvement in terms of achieving full implementation phase was due to cease in September. She said it was intended to have address any outstanding Internal Audit recommendations, ensure new processes had been implemented as well as having delivered the necessary training. Ms Young indicated that she would be dependent on others to develop the accountability framework and ensure this was disseminated to staff as appropriate.

Ms Lemon stressed the long-term nature of the work to address the Trust's sickness levels and said reductions would not take place immediately. She explained that the quantum of the work required and the necessary system changes were the reasons why this specific project had been established. Ms Lemon said it was intended that the work would revert to the Directorate of HR & OD and become mainstreamed. However, she acknowledged that the decision to do so would lie with the Project Board.

Ms Larmour commented that it would be important to recognise and understand the longevity of this work and stressed the importance of staff being supported by the expertise within HR. She said she would be keen to understand the causation factors which ran in parallel with administration, governance, strategy and policy for example. Ms Larmour acknowledged that there were 'softer' elements which could be progressed in parallel with governance

and accountability. She queried how the Trust might consider these causation factors in the context of trauma and leadership and whether they had a direct correlation.

Continuing, Ms Larmour referred to short-term sickness which she believed was equally as challenging for the Trust as long-term sickness and queried why the workshops had focussed on long-term sickness.

Ms Lemon acknowledged that, while short-term sickness was an issue for the Trust, long-term sickness accounted for 80% of lost capacity. She also explained that there had been challenges in arranging for staff to be released to attend the workshop and HR advisers had been advising on short-term absence.

Ms Young advised that HR dashboards were being developed to show the current position in each team and said these would also provide detail on frontline staff.

Ms Lemon pointed out that this approach was part of the business partner model and would provide a snapshot around levels of sickness, grievance and disciplinary for example within respective teams.

Mr Bloomfield acknowledged that the dashboards would prove informative.

Following this discussion, the Committee **APPROVED** the move to use HRPTS as the single source of data. The Committee also **NOTED** the terms of reference for the Project Board and the update provided by Ms Young and Ms Larkin

## 6 **HR Improvement Plan – progress update April 2023** **(PC20/05/23/04)**

Through a presentation, Ms Cochrane provided a detailed update on the first year of the HR & OD Directorate Transformation Programme.

Mr Haslett pointed out that many of the processes had already been in place within HR and questioned why transformation had not been completed.

Responding, Ms Cochrane agreed that many of the processes were in place. However, she said, the focus was now on how these could be improved. She alluded to the outstanding Internal Audit recommendations and said it would be important for all processes to meet the requirements set by Internal Audit, thereby achieving full implementation.

Ms Lemon cited the example of the HR Directorate having 56 manual paper-based processes and said work was ongoing to transition to electronic processes.

Mr Haslett sought clarification on timescales and asked when the transformation might be completed.

In response, Ms Cochrane reminded the Committee that the HR Improvement Plan was a four-year plan which had commenced in 2022. She highlighted a number of actions which had transferred from the 2022-23 year, due to challenges in addressing these, for example, most significantly industrial action, and said these would be prioritised for completion during the first quarter of 2023-24 – one of which included a re-baselining of the Improvement Plan which would be presented to the Committee at its next meeting.

Mr Haslett queried whether the Plan covered four years due to a lack of resources.

Ms Lemon reminded members that the HR Improvement Plan originally shared with the Committee covered a period of four years and had set out both short-term and long-term actions to be taken over that time. She acknowledged that there were issues which could not be addressed within one year and cited the example of addressing culture. Ms Lemon pointed out that, while the focus tended to be on the establishment of improvement systems and structures, it was also about the investment in leadership and culture of the organisation.

Ms Cochrane indicated that the HR Improvement Plan could not be progressed in isolation and would be impacted by other developments within the Trust.

The Chair acknowledged that much of the improvement work was processed based and said he would be keen to hear what difference it would make to staff on the ground.

Responding, Ms Cochrane advised that one improvement which was of benefit to staff was the ability now to issue contracts of employment to staff electronically. Another, she pointed out, was clarity of processes and therefore a reduction in the backlog of job evaluations. She explained that this removed the psychological pressure from staff working in these functions and ultimately would make a difference to staff using the service.

Ms Lemon stressed the importance of ensuring staff in HR had the opportunity to contribute and felt part of the change to which they were contributing. She said the aim was to continue to work towards a model which resulted in HR customers engaging better with HR managers.

Mr Arandia advised that the Transformation and Performance team would be involved in re-baselining the Improvement Plan. He emphasised the need to prioritise and refocus on delivering tangible evidence that would address transformation as well. Mr Arandia commented that the Trust was on a journey towards digitising as many business as usual processes as possible in order to make workloads more manageable and was of the view that the end result would be more efficient and effective HR processes.

The Chair thanked Ms Cochrane for her update which was **NOTED** by the Committee.

## **7 KPI Scorecard and Monitoring Dashboard (PC20/04/23/05)**

Ms Cochrane referred to hours lost through long-term and short-term absence and explained that, until now, the Committee had received figures on a monthly basis. However, she suggested that it might also be helpful for the Committee to receive cumulative figures, similar to those provided in the Trust Board performance report.

She advised that the figures on the HR & OD Scorecard were up to February 2023 and said she hoped to see a reduction by the next report to the Committee.

Ms Cochrane pointed out that the staff count figures did not change significantly in each reporting period.

Mr Bloomfield sought clarification on whether the fixed term figure included temporary and bank staff.

Mr Nicholson noted that this was the first dashboard developed for the Trust and work was ongoing to continue its development and ensure there was a clear understanding around the figures quoted.

The Chair noted that the usual supporting information behind the Scorecard was absent.

Ms Cochrane undertook to circulate the information to members.

Ms Young asked whether the absence percentage figures collated through HRPTS took account of bank and agency staff.

Ms Cochrane clarified that the absence reports concerned directly employed staff only.

Ms Gardner acknowledged that the number of complaint cases within NIAS was proportionately higher than other Trusts and said that the main issue was the timeframes associated with completion.

She advised that there would be further analysis of the KPI scorecard at the next Committee meeting when she would outline the plan to improve these timeframes. Ms Gardner alluded to the need to ensure the development of an accountability framework to manage this. She advised that a suite of policies and procedures in respect of disciplinary, grievance, conflict, bullying and harassment had been developed regionally and these would be brought to the Committee in due course for consideration.

The Committee **NOTED** the HR & OD Scorecard.

## 8 **Resources**

The Chair advised that, due to time constraints, he would defer this agenda item.

## 9 **Finance Update (PC20/04/23/06)**

Commenting that the 2023-24 financial year appeared bleak, the Chair invited Mr Nicholson to present his report.

Mr Nicholson advised that the report was presented in the format which had been agreed by members. He pointed out that, given the time of year, some of the information within the report was to the end of February 2023 (Month 11) while other elements provided the full-year position. He added that work was ongoing to close out the position at the end of March 2023 (Month 12) for the submission of the final monitoring return of the year due on 25 April 2023 and the production and submission of the Annual Report and Accounts on 5 May 2023.

Mr Nicholson reported that the Revenue Resource Limit (RRL) had been largely finalised for the financial year at £116.3 million. He said that a significant proportion of these funds had been allocated non-recurrently to the Trust for the 2022-23 financial year only.

Continuing, Mr Nicholson pointed out that the most substantial element of the non-recurrent funds related to Covid-19 allocations to support operational service delivery and advised that these funds had not been confirmed beyond 31 March 2023.

Mr Nicholson reported that the Trust continued to forecast a breakeven position at February 2023 (Month 11) and at year end. However, he said, this was subject to the completion of the final accounts and review by External Audit.

Moving to discuss the position for the new financial year 2023-24, Mr Nicholson confirmed that the outlook was uncertain in that it was expected to be a particularly challenging financial position in health and across the public sector. He commented that the absence of an Executive and a Minister and subsequently a budget added to this uncertainty. He said that this was the similar position across the public sector and all HSC organisations continued to work with the DoH and SPPG to take these matters forward. However, he said, in the interim, the Trust continued to provide operational cover at levels to maintain service and safety. Mr Nicholson acknowledged that the Trust had assumed some risk in doing so and said that DoH and SPPG colleagues were formally advised of this position and the risk was shared.

Turning to the Capital Resource Limit (CRL), Mr Nicholson reported a £2,000 underspend on this budget. He advised that the DoH had reduced the NIAS RRL by £100,000 in order to redistribute resources across the HSC to get as close to an overall breakeven

position as possible. Mr Nicholson acknowledged that the risks within the capital programme had been particularly difficult this year and prices had increased significantly. He drew members' attention to page 5 of the Report which set out the individual capital schemes within the Trust. He added that the Trust had experienced an inflationary increase in prices.

Mr Nicholson said the Trust had been successful in installing a Welfare Hub for staff at Antrim Hospital and said he looked forward to staff making use of these facilities. He added that the Trust had also made some improvements at Downpatrick as well in the form of a new modular building.

Commenting on the 2023-24 financial position, Mr Bloomfield indicated that the lack of certainty continued to cause concern across the health and social care system. He reminded the Committee that, at the end of January, the Trust had been asked to provide scenarios of potential 3-5% savings and subsequently Trusts had been instructed by the DoH to implement what had been described as 'low impact' savings.

Mr Bloomfield explained that the Trust only had a small number of areas where low impact measures could deliver savings. He pointed out that the Trust's savings focussed more on efficiency measures as opposed to cash savings. Mr Bloomfield said that the DoH remained of the view that no saving measures should impact on patient care and he added that the Trust's 'high impact' savings would result in reduced cover.

However, he advised that, to implement high impact savings would necessitate the Trust in having to consider public consultation around changes in services.

Mr Bloomfield reiterated Mr Nicholson's earlier point that the Trust was progressing at risk in terms of maintaining levels of expenditure without confirmation of funding. He said that there had been an exchange of correspondence between the Trust and the DoH/SPPG to alert colleagues of the Trust's actions and seek their agreement. Mr Bloomfield explained that the DoH/SPPG had been in agreement with the Trust's actions due to the fact that significant expenditure was directly linked to delayed handovers at EDs.

Mr Bloomfield said he would brief members again at the May Trust Board. He noted that, only the previous day, the Trust had received correspondence confirming the 2023-24 budget and was of the view that this demonstrated the absence of any certainty in relation to budgets.

Mr Haslett commented that the use of Covid-19 resources had helped in masking the real extent of financial pressures through the health and social care system over the last number of years and agreed that the forecast for 2023-24 was ominous.

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

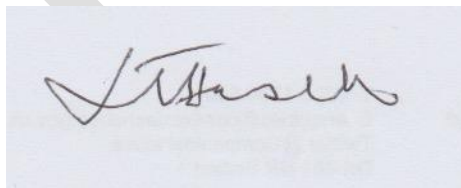
10 **Date of next meeting**

The next meeting of the Committee was scheduled to take place on Thursday 29 June 2023. However, it has become necessary to reschedule this and Mrs Mooney undertook to make the necessary arrangements.

11 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12 NOON.**



**SIGNED:**

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**DATE:** 4 July 2023