



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

**PRESENT:** Mr T Haslett Committee Chair  
Mr J Dennison Non-Executive Director

**IN**

**ATTENDANCE:** Ms R Byrne Director of Operations  
Ms M Lemon Director of HR & OD  
Mr P Nicholson Director of Finance, Procurement,  
Fleet & Estates  
Ms M Paterson Director of Planning,  
Performance & Corporate  
Services  
Mr M Bloomfield Chief Executive (left the meeting at  
4.25pm)  
Ms V Cochrane Asst Director HR  
Ms L Gardner Asst Director HR  
Ms M Larmour Trust Chair (observer)  
Mrs C Mooney Board Secretary  
Ms S Young HR Associate (via Zoom)

**APOLOGIES:** Dr N Ruddell Medical Director  
Ms L Charlton Director of Quality, Safety &  
Improvement

**1 Apologies & Opening Remarks**

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

He conveyed the Committee's sympathies to Mr Nicholson on the recent loss of his Mother.

## 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 (PC04/07/23/01)**

The minutes of the previous meeting held on 20 April 2023 were approved on a proposal from Mr Dennison and seconded by Mr Haslett.

## 4 **Matters Arising (PC04/07/23/02)**

Members **NOTED** the actions points.

Referring to the Collaborative Planning Tool, Ms Paterson reported that she had found the tool helpful and explained that it allowed respective Directors to have access to relevant budgetary information. She added that training on the system had been provided by Finance staff.

The Chair said that he would be keen for Directors to be accountable for their respective budgets and highlighted the importance of this.

Mr Nicholson advised that a regional working group had been established to look at replacing the current finance and HR systems. He added that Finance was currently reviewing who had access to the Collaborative Planning tool and the intention would be to organise some refresher training.

Ms Lemon confirmed that Ms Gardner had produced the Employee Relations paper as part of the HR Improvement Plan and wished to evaluate it before presentation to the Committee at its September meeting.

The Chair referred to the HR Assurance Framework and said it would be helpful to identify a timescale within which the Framework would be presented to the Committee, suggesting the November meeting. Ms Lemon agreed that this would be possible.

Ms Lemon alluded to the HR & OD Scorecard and the supporting information that had been omitted from the April meeting. She confirmed that the information had now been shared with members.

Ms Cochrane asked if Committee members would find it helpful to have access to the live scorecard or continue to receive the PDF version. She explained that the live version would allow members to drill down to any month.

Ms Lemon conveyed her thanks to Ms Paterson's team for their assistance in this regard.

Ms Paterson explained that work was ongoing to automate as much information as possible and said that timeliness and quality of information would be important. She added that it would be possible to produce information for the KPIs as determined by Committee members.

## **5 NIAS Summary Financial Plan 2023-24 (PC04/07/23/03)**

The Chair referred to the special Trust Board meeting held on 29 June to approve the NIAS Summary Financial Plan which was to be submitted to the DoH by 30 June. He acknowledged the significant work programme to be taken forward over the coming months and asked Mr Bloomfield to provide a brief update on the current position and the governance arrangements for this work.

Mr Bloomfield explained that the Permanent Secretary had provided some feedback at the Performance Transformation Executive Board meeting when he had expressed concern at the initial forecasted shortfall collectively reported by all Trusts.

Continuing, Mr Bloomfield said that the Permanent Secretary intended to meet with respective Trust Chairs, Chief Executives and Directors of Finance to discuss the robustness of the Plans to breakeven. He added that the Permanent Secretary did not rule out the need to consider implementing high impact savings. Mr Bloomfield said there had been some discussion around, if it became necessary to consider high impact savings, the need for Trust Board approval to proposals to deliver further savings. He added that such proposals would require consultation.

Mr Bloomfield advised that the Permanent Secretary had since written to Trust Chairs and Chief Executives on 3 July highlighting three main areas that should be progressed. The first related to the cessation of all off-contract nursing agency spend by mid-August while the second area was the cessation of all critical shift payments and the third area related to sickness absence and a target to reduce absence rates to 92.5% of the non-Covid absence levels reported in 2022-23.

Continuing, Mr Bloomfield said that the Permanent Secretary had made clear that Trusts should not assume that any financial package which might be forthcoming as a result of a potential political settlement would assist in addressing any financial shortfall. He added that the Permanent Secretary had clearly advised that the HSC system would have to achieve a breakeven position at the year end.

Mr Bloomfield said that the NIAS current forecast deficit was £2.2 million. He reminded the meeting that the figure originally highlighted by Mr Nicholson had been in the region of £6 million. However, the Plan described to members at the special Board meeting had reduced this to £4.2 million and a further allocation by the SPPG of £2 million to reflect overtime costs because of service reconfigurations had further reduced the forecast deficit to £2.2 million. Mr Bloomfield pointed out that other Trusts would have significantly higher forecast deficits.

Mr Bloomfield advised that the NIAS £2.2 million forecast deficit was made up of currently unfunded forecast expenditure of £1 million overtime and £1.2 million of independent ambulance providers.

The Chair noted that, although the savings plan submitted by the Trust had focussed on the use of low and medium impact savings

proposals, the Trust continued to forecast a shortfall of £2.2 million. He sought clarification that any plan to implement high impact savings proposals would require public consultation.

Mr Bloomfield confirmed that this was the case and clarified that Trusts would be required to undertake their own consultation exercises. He said this issue had been raised with DoH colleagues in early spring when Trust Chief Executives had asked for a single consultation led by the DoH to be undertaken with involvement from all Trusts. However, the DoH had indicated that it would co-ordinate any consultation but that each organisation would be individually responsible to consult on its own savings plan.

The Chair commented on the time involved in undertaking consultations and believed that this would reduce the time available in which to implement any savings.

Mr Bloomfield agreed with this point. He said it would be important for the Trust to proceed with the savings proposals in the coming weeks. He pointed out the need for a communications plan to be put in place, for example with staff, independent providers, Trade Unions and the public and clarified that a communications plan did not constitute consultation.

Mr Bloomfield clarified that, when the Trust was asked in January to put forward low, medium and high impact savings proposals, the high impact proposals submitted related to reducing A&E cover and how this would be spread across Divisions as well as reducing emergency ambulance cover on the road. However, having worked through the significant impact such proposals would have, the Trust took the decision to focus on the non-emergency elements of business in the first instance by rationalising the availability of transport to convey patients to hospital for appointments.

Mr Bloomfield explained that this would require the development of criteria and, as some patients would no longer receive the service, the change would be deemed as a change in service. He said that the Senior Management Team was making every effort to avoid having to bring proposals to Trust Board which involved a reduction in A&E ambulances.

Referring to the governance arrangements, Ms Paterson explained that the Trust had established a programme structure under four

main projects, namely Absence Management, Resource Optimisation, Operational Efficiencies and Operations Structure, to take forward this work. Each project would have an identified AD lead and all would report to Ms Paterson as the Senior Responsible Officer (SRO) for the programme.

Ms Paterson advised that each project would have Key Performance Indicators (KPIs) looking at progress to enable identification of risks and benefits as well as KPIs around operational efficiency and effectiveness. She said that the intention would be for a weekly update to be provided to the Senior Management Team (SMT) and this would alert SMT to any deviations from target. There would then be a 'deep dive' on a monthly basis into the detail. Ms Paterson said that a report would then be provided to the Committee on assurance and delivery of the programme.

Ms Paterson indicated that the first Programme Board meeting was scheduled on 2 August and said she intended to issue communications to staff in advance of this as well as engaging with the AD Network Forum to ensure there was absolute clarity around corporate priority to deliver on the plan.

The Chair referred to the governance issue which had been raised by Mr Dennison at the special Board meeting in relation to the importance of the timing of reporting and the need to ensure that reports were accurate from a financial perspective.

Ms Paterson acknowledged that, while there was a lag in the financial systems in terms of potential delays in receiving invoices and submission of overtime claims, for example, the Trust was aware of the resources on the road and could determine an indicative spend.

Mr Dennison asked if implementation of the plan was then reported to the Permanent Secretary by the Chief Executive. He suggested that the DoH might wish to have more regular reporting.

Mr Bloomfield clarified that the reporting mechanism would be to the SPPG through the normal financial reporting cycle. However, he acknowledged that the SPPG could decide in due course on the monitoring information to be submitted and the frequency of that. He explained that the arrangements outlined by Ms Paterson

referred to the internal governance arrangements put in place by the Trust to oversee the plan.

Ms Paterson said that the Committee could decide whether the monitoring would be carried out at Committee level or at Trust Board.

Mr Dennison believed that the additional financial scrutiny had potential to create a greater workload for the Committee as well as the significant improvement plan within the HROD Directorate. He questioned whether this could be managed through the Committee or whether consideration should be given to splitting the Committee. Mr Dennison was of the view that the two elements, ie finance and HROD, did not necessarily complement each other.

The Chair agreed that it would be important to strike the right balance in terms of workload for the Committee and said that, from a Non-Executive Director perspective, this would be important. He suggested that regular reports could be provided rather than waiting until PFOD Committee meetings.

Mr Bloomfield pointed out that the returns to be submitted to the SPPG monitoring progress would be high level and therefore much more detailed scrutiny would be required at Committee level. He said it would be necessary to examine each element of the Trust's savings plan and determine, if it was not possible to deliver one element of the plan, how this might be compensated for elsewhere or later in the year. He said the preference would be to use the one reporting system.

The Chair said that he would not be supportive of 'salami slicing' across the Trust.

However, Mr Bloomfield said that the Trust had not adopted a 'salami slicing' approach whereby each Director had been asked to identify a certain percentage of savings from their budget but had adopted a genuine team approach in determining where savings could be made.

Commenting on the governance arrangements, Ms Larmour believed that it was appropriate for the PFOD Committee to provide oversight and scrutiny. She suggested that an extraordinary meeting of the Committee should take place in August, either

physically or virtually, to ascertain the current position with a view to determining what governance and assurance arrangements would be required thereafter. Ms Larmour said that, should there be significant change in the interim, the Non-Executive members would be advised accordingly.

She suggested that this approach would be helpful in providing assurance to the Permanent Secretary.

Mr Bloomfield welcomed this approach and said that, by then, the Trust would have started to implement the changes around non-emergency transport. He suggested that the Trust should also consider the high impact proposals should the Permanent Secretary ask Trusts to identify further savings. Mr Bloomfield said that if the Trust was asked to revisit its savings proposals with a view to identifying further savings, it would have to consider what could be done without impacting on A&E services. An alternative, he said, would be to make further reductions within the non-emergency services which would require consultation.

Ms Larmour said it would be important to ensure that NIAS was not unnecessarily conveying patients to ED. She alluded to See and Treat and Hear and Treat and acknowledged the need for the Trust to be as productive and efficient as it could be.

Mr Bloomfield acknowledged the vulnerability of the Trust in relation to its absence rate and being unable to deliver the required savings.

Ms Byrne agreed that absence management was inextricably linked to the other areas of work.

Mr Nicholson welcomed the additional allocation of £2 million from the SPPG and suggested that the focus would be on the Trust's sickness absence and productivity. He acknowledged that 2023-24 was always going to be a challenging year but was of the view that the Trust's circumstances had improved since earlier in the year.

Ms Larmour cautioned against there being too much of a focus on finance and said it was important to take account of whether staff felt valued while at work and felt that they had helped patients to the best of their ability.



The Chair stressed the importance of Non-Executive support in terms of the approach adopted by the Trust.

**6 HR & OD Transformation Programme – 4-Year Improvement Plan (re-baselined) (PC04/07/23/04)**

Ms Lemon said that, as had been agreed at a previous PFOD Committee, the HR & OD Improvement Plan had been re-baselined to include proposed new timeframes for initiatives not previously delivered in 2022-23. She explained that the re-baselined plan had not removed any workstreams but rather workstreams had been amended, combined or expanded to provide additional clarity. Ms Lemon advised that, in light of a number of challenges arising during the first year of implementation, target completion dates had been amended to take account of reviewed priorities, available resources and in the context of planning assumptions moving forward.

Mr Dennison said he was unsure how the various elements of work linked together and what the key targets were for the Trust. He asked Ms Lemon to comment on this.

Ms Lemon acknowledged Mr Dennison's point and said she intended to do some further work on this and bring it back to the Committee for consideration. She reminded the meeting that a single strategic plan had been developed for the Directorate and that this linked to the Corporate Plan, for example. She noted the balanced scorecard which had been discussed at previous meetings in terms of the matrix that members would like to see.

Ms Cochrane explained that a column focussing on outcomes for patients and/or staff linked to the overall business of the Trust had been added to the re-baselined plan and undertook to revisit these to ensure they were linked against each of the initiatives.

Ms Larmour reminded the meeting that the absence management project had been ongoing for the last year and said it would be important to determine how this work had contributed towards the Trust's overall absence figure as well as, for example, the number of disciplinary hearings and grievances dealt with in two months as opposed to the previous 12 months. She said that, while she appreciated the ongoing activity, it would be important to know what difference that activity was making. Ms Larmour said that it was

useful for her as incoming Chair to identify the various strands of ongoing work but she was unclear as to the impact this work had had over the first 12 months.

Ms Lemon said it would be helpful to discuss the work of the HROD Directorate and how that is done in partnership with other Directorates. She alluded to the Employee Relations paper which she intended to bring to the September meeting and said that the Directorate would help to equip and support the Trust in delivering on that aspect of the Trust's work. Ms Lemon said that TU colleagues would argue that staff experiences of how they are being managed would not be reflected in what the HROD Directorate was experiencing. She said the Directorate was progressing some work around supporting managers in order to give them exposure to manage conflicts and have leadership discussions with staff.

Continuing, Ms Lemon referred to pathways for staff and the access for staff to high intensity pathways. She added that, to date, 21 staff had accessed the crisis pathways. She acknowledged that the matrix needed to focus more on delivery as opposed to the detail. Ms Lemon said that she would discuss further with SMT re reporting to that forum and revisit the detail presented to the PFOD Committee.

Ms Larmour pointed out that absence and culture, for example, crossed all Directorates and believed that to restrict outcomes to HROD-related issues would not be appropriate.

The Chair commented that the outcomes in Year 1 had been positive and asked re the linkages with the Trust's Strategic Plan.

Ms Lemon commented that there were absolute links and cited the example of the delivery of a Culture Improvement Plan which was within the Strategic and Corporate Plans. She acknowledged that some linkages were more difficult to describe or quantify, for example, how staff feel about working for the Trust. Ms Lemon said that it was important that the Trust mainstreamed culture in every aspect of its work but more importantly the focus was on feeling different to work for the Trust in terms of what TU colleagues were reflecting.

Ms Lemon acknowledged the need to describe the linkages more effectively and assured members that the objectives had been taken from the Strategic and Corporate Plans.

Responding to a question from Ms Larmour on whether it was the intention to conduct a Pulse Survey, Ms Lemon advised that she would be keen to do this. She said that the key issues for staff which had been identified in the regional staff survey undertaken some time ago were communications and leadership.

Mr Bloomfield was of the view that there was a more positive reception to the arrangements being put in place around staff wellbeing compared to a year ago. He acknowledged that a major issue for staff related to the pay award as well as the ongoing issues of late finishes and missed meal breaks. He said it would be helpful to undertake the Pulse Survey as soon as possible so the Trust could benchmark going forward.

Ms Lemon reminded the meeting that, in the regional staff survey, NIAS had scored much lower than other HSC organisations in relation to how staff felt working for their organisation. She said that discussions had taken place with staff around what it would take for them to have pride to work for NIAS. She acknowledged that there were actions within the Trust's control and which could be progressed but acknowledged the issue of timing as well around for example, the pay award.

Ms Larmour said that, in her discussions, the one thing exercising staff was the inability to finish their shift on time. She suggested that there needed to be some narrative around this.

She believed it was correct that the PFOD Committee acknowledged the real tension between the intentions of the Trust to move forward in terms of caring and valuing staff and the fact that staff were unable to finish on time and were not getting meal breaks.

Ms Lemon agreed with Ms Larmour's point and referred to the recent Ground Clearing meeting where she had raised these issues with DoH colleagues. Ms Lemon said she had also raised issues relating to exposure to trauma and the cumulative impact of that exposure as well as the demand capacity review which confirmed that the Trust needed 325 more staff to meet the demand on

services. She alluded to the reduced downtime between calls, resulting in exposure to trauma and the cumulative impact this had on staff health and wellbeing.

Ms Larmour noted that the majority of frontline staff were within the Operations Directorate and she asked what steps were being taken to address these issues.

Responding, Ms Byrne explained that crew relief teams were being used to try to allow more staff to finish their shift on time or relieve crews during their shift. Within EAC, Ms Byrne said that work was ongoing to look at shift patterns as well as encouraging staff to return to substantive posts. She assured the meeting that the Trust was doing what it could within available resources to support staff to finish on time and added that if crews were able to handover patients at ED in a timely manner, there would be no need for crew relief teams to be put in place and these staff could be returned to operational duties.

Ms Lemon referred to the dashboard which, at a glance, provided data around rest periods, assaults, employment processes for example, and said this would allow managers to have sight of their 'people matrix' and give them the ability to have an information-led focus to ensure actions were directly related. She noted that some of the actions before the Committee were related to the preparatory work.

Ms Byrne explained that, prior to the pandemic, the Trust had been able to cohort patients into groups at hospital and said this was something that the Trust was keen to explore again in order to release crews in a timely manner to respond to calls in the community.

Mr Bloomfield advised that SPPG colleagues had visited EDs and had been of the view that EDs no longer had the available space to cohort patients. However, he said that the Trust had raised the need to look at cohorting patients on a number of occasions. Mr Bloomfield said that late finishes was the single biggest issue for NIAS staff. He agreed with Ms Byrne's point that allowing NIAS to cohort patients would enable crews to be released to respond to calls in the community and crew relief teams to be returned to operational duties.

Mr Bloomfield said that the challenges facing staff in EAC should not be underestimated in terms of not being able to dispatch an emergency response to patients in the community who had been waiting considerable periods of time.

Mr Bloomfield said that not being able to ensure staff finished their shift on time would undoubtedly increase absence rates.

The Chair said it did not appear that the situation would improve.

Responding, Mr Bloomfield advised that a number of Trust Directors had recently met with Getting It Right First Time (GIRFT) team who had been commissioned by the DoH to look at EDs. He explained that the Team had met with NIAS in terms of its linkages with EDs and the Team had reinforced their view that the most significant and urgent step to take would be to eradicate ambulance handover delays which were, in their professional clinical view, the biggest public health risk that the HSC was currently carrying.

Ms Byrne said that the Team had intentionally left NIAS as the last Trust to visit so they could feedback on their meetings with other Trusts.

Mr Bloomfield said that he hoped the GIRFT findings would convey a strong message to the DoH in terms of the importance of addressing ambulance handover delays.

Ms Paterson advised that GIRFT had also pointed out that, in terms of conveyance, NIAS was much lower than other UK ambulance services. She suggested that it would be helpful for the Trust Chair to reflect this in her assurances to the Permanent Secretary notwithstanding that the Trust recognised it had to make internal operational efficiencies.

The Chair referred to heat mapping and asked if it remained Ms Lemon's intention to conduct some heat mapping.

Ms Lemon said she still intended to undertake heat mapping and added that it would be important to drill down and determine where the sickness hotspots were within the Trust with a view to ensuring actions were targeted.

The Committee **NOTED** the update on the HR & OD Transformation Programme – 4-Year Improvement Plan (re-baselined).

## 7 **Maximising Attendance – verbal update**

At the Chair's invitation, Ms Young provided an update on the Maximising Attendance project and undertook to share the terms of reference with members. She said it would be helpful to have a sense from members as to the frequency of presentation of information to the Committee. Ms Young suggested the Committee might find that twice per year, in March and September, for example would be sufficient. She added that Internal Audit had deemed it important to quantify the reporting frequency.

Mr Bloomfield advised that he would be content with information being presented on a bi-annual basis.

Ms Young advised that initial signs were that compliance had increased in June. She explained that, while it had not been possible to provide figures, the increase had been cross-referenced between HRPTS and HR Advisors. Ms Young said that there had been a move away from a linear model to a more prioritised model and process to be applied by managers and added that this had presented challenges in terms of moving to a model which required more judgement on the part of managers.

Continuing, Ms Young advised that work was also ongoing in relation to identifying the overlap between employee relations and ill health and being cross-referenced on a regular basis.

Ms Young reported that 35 members of staff had returned from long-term sick leave in April with 43 members of staff on long-term absence in May. She indicated that, according to national Government figures, if staff were off between 3-6 months, there was a 12% chance of them not returning to work; 20% chance of not returning to work if off six months and if off work for 12 months, there was a 40-50% chance of staff not returning to work. Ms Young acknowledged the need for further work in relation to long-term absences.

Ms Young referred to the potential to consider the work around mental health being taken forward by Ms McStocker and determine

whether the inputs around this were linked to the reductions in absence.

Ms Lemon clarified that the figures being presented to the Committee reflected a direction of travel and reflected the nature of the data being incorporated into the dashboard. She added that, by the next Committee, she hoped to be in a position to reflect the data which had been agreed by the Programme Board as being appropriate to report.

The Chair expressed his surprise at the length of time it had taken to reach this point. He described the absence figures as 'stark' and representing at least 10% of the NIAS workforce in terms of long-term absence.

Ms Lemon pointed out that the information being suggested by Ms Young for inclusion in the dashboard focussed on providing absence detail by Division, by Area, by Department and reason for absence. She added that it had taken a huge amount of work to reach this point and acknowledged that such work also required a cultural change.

The Chair asked whether the Trust carried out Return to Work interviews.

Ms Young said that she too shared the Chair's surprise and added that, when she joined the Trust in September 2022, there had been no prioritisation model. However, she assured members that this was now in place and said it would be important to give the Operations Directorate sufficient time to embed the new model and provide support in its operation.

Ms Young acknowledged the Chair's point in relation to Return to Work interviews and said she had found that these were being conducted, in some instances, weeks after an individual had returned to work. Likewise, she said, those members of staff who had returned to work following a long-term absence had not received formal or final reviews. Ms Young said that these were the responsibility of the manager and represented an important part of the process in terms of monitoring the actions agreed to facilitate an individual's return to work.

Ms Paterson referred to the slight change in focus from a programme perspective, with more resource and capacity from Ms Paterson's team, to working across the Delivering Value programme.

Ms Lemon commented that the level of work and capacity involved to reach this point had been significant. She emphasised that the HR model in itself would not improve absence but needed to be implemented and supported by managers and it was this aspect on which the Committee required assurance.

Ms Lemon advised that the model had been put forward for an Innovative Best Practice award. She noted that this was a robust model from a HR perspective but one which needed to be delivered by leaders within the Trust.

Ms Larmour thanked those present for their comments and said she had found the discussion very informative. She added that the independent scrutiny provided by the Committee was positive. She commented that, in her experience, organisational culture was a long-term investment, both in terms of effort and ensuring a consistent message to staff, as well as it needing to be an element of transformational change.

Ms Larmour welcomed the approach of using heat maps and said it would be important to ensure that, when investing so much energy and effort, the work was having an impact. She enquired as to the absence rate currently.

Ms Cochrane explained that figures were reported mid-month and a month in arrears and advised that, at the end of May, the figure was 14.16%.

Ms Young pointed out that the figure for March was 14.6%.

Ms Larmour noted that the figure reflected a reduction in absence in May and June. She suggested that it would be helpful for members of the Committee to have a small number of succinct points around long and short-term sickness and the direction of travel to hand. She acknowledged that it would be challenging for her as Trust Chair to make a robust case for increased capacity when approximately 14% of the Trust workforce was absent from work.



Ms Larmour noted that there was a small number of staff being considered for redeployment and believed that the speed of the work needed to be accelerated.

Ms Lemon referred to the introduction of a formal redeployment process.

Ms Young said that, in the first year of the operation of the redeployment process, approximately 21 staff had been redeployed and noted that it was necessary to redeploy staff into a vacancy.

The Chair thanked everyone for their comments and the update was **NOTED** by the Committee.

## 8 **HR & OD KPI Scorecard – May 2023 (PC04/07/2023/05)**

Ms Lemon acknowledged the assistance from Ms Paterson's team in the development of the dashboard.

Ms Cochrane referred to the ongoing work in terms of refining the calculations and she reminded members of the difficulties which had existed around the supplier of the system in terms of the absence information and the Trust's ability to verify this. Ms Cochrane said the Trust had since been reassured that the system glitch had been resolved and she advised that the figure of 14.16% was as reliable as could be expected subject to any late reporting.

Ms Cochrane explained that, as the project progressed, the indicators would not be the primary source of information around absence. She noted that this may alter a number of KPIs to make them more meaningful to the Committee.

Referring to agency staff, Ms Cochrane reminded members that only a small number of substantive Vehicle Cleaning Operatives were now employed by the Trust with the remaining agency posts having ceased employment with the Trust at the end of March.

Ms Byrne acknowledged that overtime remained a challenge and the Trust continued to manage this dynamically. However she said that the daily huddle report and the ability to forecast seven days in advance was invaluable in terms of planning.

In terms of policy awareness, Ms Lemon advised that consideration was being given to providing training sessions with a view to evaluating them thereafter through Pulse Surveys to measure staff satisfaction.

Ms Cochrane advised that staff turnover remained static.

Ms Gardner said it was her intention to bring a further analysis of employee relations issue to the Committee as well as reporting the yearly position in September.

The Committee **NOTED** the HR Scorecard update.

9 **Date of next meeting**

The next meeting of the Committee was scheduled to take place on Thursday 14 September 2023. However, this was subsequently rescheduled to take place on Friday 22 September 2023.

10 **Any Other Business**

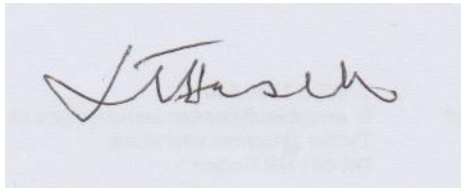
**(i) Regional Policies**

Ms Lemon referred to a suite of regionally agreed HSC policies for implementation and explained that, as these had been agreed regionally, there was little opportunity for amendment. She sought the Committee's view on whether it would be content for SMT to note the policies or whether the policies should be brought to the attention of the relevant Committee.

The general Committee view, in keeping with the Standing Orders, was that the policies should be considered by a Committee in the first instance.

Ms Paterson advised that this was similar to the recent suite of cyber policies which had been considered by the ARAC.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 5.15PM.**

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "J. H. Smith".

**SIGNED:**

**DATE:** 19 October 2023

FINAL