Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY 19 OCTOBER 2023 IN THE BOARDROOM, NIAS HQ

PRESENT:	Mr T Haslett	Committee Chair
	Mr J Dennison	Non-Executive Director
IN ATTENDANCE:	Ms R Byrne	Director of Operations
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Ms V Cochrane	Asst Director HR
	Mrs C Mooney	Board Secretary
	Ms L O'Connor	Senior HR Manager (for agenda item 5 only)
APOLOGIES:	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Director of HR & OD
	Ms L Gardner	Asst Director HR
	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Dr N Ruddell	Medical Director
	Ms L Charlton	Director of Quality, Safety & Improvement

1 <u>Apologies & Opening Remarks</u>

The Committee Chair welcomed those present to the meeting and noted that this meeting would focus on finance as well as considering the NIAS Grievance Policy and Procedures.

2 **<u>Procedure</u>**

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 **<u>Previous Minutes (PC19/10/23/01)</u>**

The minutes of the previous meeting held on 4 July 2023 were approved on a proposal from Mr Dennison and seconded by Mr Haslett.

4 **<u>Matters Arising (PC19/10/23/02)</u>**

Members **NOTED** the actions points and the updates provided.

5 **<u>NIAS Grievance Policy & Procedure (PC19/10/23/03)</u>**

The Chair welcomed Ms O'Connor to the meeting.

By way of introduction, Ms Cochrane explained that the Grievance Policy and Procedure was a regional one which had been developed through the Assistant Director Network for Employee Relations. She added that NIAS had been fully involved in the development of the documentation which had been discussed and negotiated through the Regional Negotiating Framework. Ms Cochrane noted that there was little scope for any amendment.

Ms O'Connor highlighted the key changes within the revised Policy and Procedure. She explained that the Policy provided an approach to ensure concerns were dealt with quickly, fairly and constructively and aimed to encourage positive employee relations as well as secure constructive and lasting resolutions to workplace concerns.

Ms O'Connor also outlined the actions which had been taken to date to support the implementation of the revised Policy and Procedure. She advised that initial feedback following engagement sessions with senior managers had been positive in relation to the Policy and Procedure and approach to managing grievances. Ms O'Connor also provided an overview of the future actions required. These included further management training for those who had been unable to attend the original training. She added that consideration would also be given to further skills training for effectiveness implementation of the new Policy and Procedure.

Ms O'Connor advised that the Trust had a disproportionate number of grievances in relation to total staff numbers compared to other Trusts.

Mr Dennison asked if any of the current grievances focussed on similar issues and whether there was an emergent pattern.

Ms O'Connor acknowledged that there was no clear pattern. However, she stressed the need to learn from grievances and apply this learning across Divisions. She advised that regular meetings were scheduled with managers and Assistant Directors to ensure a consistent approach was being adopted.

Ms O'Connor indicated that, if the Committee approved the revised Policy and Procedure, she would like to implement it from 1 November 2023.

Ms Cochrane commended the approach taken by Ms O'Connor in preparation for implementation of the Policy in terms of developing staff skills for handling difficult conversations, for example around managing attendance and disciplinaries. She said that this approach spoke to the change in leadership culture and a change to individuals' roles in people management and enabling and empowering managers to lead their staff.

The Chair sought clarification around the point at which it was determined that a final decision had been reached.

Responding, Ms O'Connor explained that the outcome of an appeal hearing was final.

The Chair alluded to the fact that it was hoped to implement the Policy with effect from 1 November 2023 and asked if any discussions with Trade Unions had taken place.

Ms O'Connor confirmed that discussions had taken place and advised that Trade Union colleagues were supportive of the Policy and its aim to resolve issues at informal resolution level.

Ms Byrne said that, from an operational perspective, Ms O'Connor had provided considerable support and focus in terms of training and support to managers to give them confidence to implement the Policy. She said that managers very much appreciated the training provided and the clarity within the Policy.

Ms Cochrane pointed out that the Policy and Procedure reflected best practice and she commended it to members.

Following this discussion, the Committee **APPROVED** the NIAS Grievance Policy and Procedure on a proposal from Mr Dennison. This proposal was seconded by the Chair.

The Chair thanked Ms O'Connor for her attendance and she withdrew from the meeting.

6 **<u>Finance Update (PC19/10/23/04)</u>**

Mr Nicholson drew members' attention to the report and noted that Month 6 figures had not been available when the report was drafted. He reminded colleagues that the Trust's Financial Plan had forecast an overspend of £2.2 million and said that this position remained the same. However, he noted that there had been some indication from the SPPG that some additional resources would be made available to the Trust.

Mr Nicholson indicated that additional resources had been made available to other Trusts, broadly reducing their deficits by 50%.

The Chair pointed out that the Trust was already more than six months into the 2023-24 financial year and to make the required savings of £1.975 million would prove challenging.

Responding, Mr Nicholson explained that, for absolute clarity, the Trust was required to save £1.975 million in addition to the £2.2 million deficit identified in the Financial Plan. He advised that, given the current projections, he was hopeful that there would be the opportunity to release more creditors through, for example, the granting of annual leave. Mr Nicholson explained that, during the pandemic, staff had been unable to take annual leave which had resulted in an increased financial liability at the year end. As outstanding annual leave was taken, this liability reduced. This provided an in-year financial benefit to the Trust.

Mr Nicholson noted that the Trust had received a number of further allocations in relation to additional support for the Clinical Support Desk and the transfer of the Major Trauma Network to NIAS. He explained that the Clinical Support Desk, now known as the Integrated Clinical Hub, was part of the effort to reduce regional pressures on unscheduled care through the clinical advice provided to patients and avoidance of conveyance to hospital. Mr Nicholson said there were plans to implement this over the winter period with a view to exploring the feasibility of mainstreaming this in subsequent years.

Ms Byrne indicated that this additional funding had been provided on the back of lessons learned during periods of industrial action and its impact on the management of calls and the ability to upgrade or downgrade calls with a view to better managing demand. She welcomed the funding which had been provided by the SPPG following a request from the Trust.

Mr Nicholson pointed out that the Trust did not have a pool of staff from which to recruit and said that the recruitment would draw staff from the operational tier.

He reminded the Committee that there had been a previous savings proposal to reduce AAP training but that this had not been implemented.

Ms Byrne confirmed that approximately 65+% of annual leave entitlement had either been taken or rostered and said she was keen that this would continue to be the case.

Mr Haslett commented that it was unusual to consider annual leave as a creditor.

In response, Mr Nicholson advised that this practice had commenced a few years previously and Trusts had to account for outstanding annual leave at the year end. He added that for NIAS this was in excess of £3.5 million of a creditor and, with current projections, this was estimated to reduce by the order of up to £1 million.

The Chair sought confirmation that such practice was permissible within accounting procedures.

Mr Nicholson confirmed that this was both permissible and required and advised that changes in the annual leave accrual had a similar impact on the financial position as changes in stock levels.

Mr Nicholson referred to the specific proposals for savings in 2023-24 and advised that many of these were non-recurrent proposals and therefore could not be delivered in future years.

Mr Nicholson alluded to the Trust's Delivering Value Programme which aimed to limit expenditure to the level of allocations received, particularly in relation to overtime and the use of VAS/PAS. He said that this remained a challenge for the Trust given its current operational pressures but pointed out that the trajectory was positive in comparison with previous years.

Ms Byrne advised that up to 20 IAS providers had been available and used and the Trust had worked to reduce that number to nine. She added that this reduction had been dependent on the Delivering Value programme and achieving efficiencies from PCS to meet the gap. Ms Byrne emphasised the need to maintain a focus on this and to keep the use of IAS to the trajectory of expenditure.

The Chair said that overtime was critical and said it would be important to ensure that the level of service was not unduly impacted by reducing overtime.

Ms Byrne confirmed that the reduction in IAS had not effected A&E provision.

Mr Dennison welcomed the reductions in overtime expenditure but noted that absenteeism was increasing and asked how these could be reconciled.

Mr Nicholson indicated that, with the outturn from the training school at the start of the year, the Trust had been very close to full establishment and these substantive appointments had reduced reliance on overtime. He acknowledged that the level of absenteeism and the reduced level of overtime was counter intuitive, but advised that, when more staff were absent from work, there was a corresponding smaller number of staff available and willing to do overtime.

He also advised that the focus placed on this issue by Operational colleagues had been significant in understanding and managing the use of overtime.

Ms Byrne advised that, from an Operational perspective, overtime was risk managed on a daily basis and said there was now much more focus on highlighting those areas where overtime was needed.

Mr Dennison referred to late finishes and asked if overtime automatically came into operation when a member of staff was unable to finish his/her shift on time.

Ms Byrne confirmed that overtime was paid in such circumstances.

Agreeing with Ms Byrne, Mr Nicholson said that, as well as overtime, Time Off In Lieu (TOIL) was also available in that instance and he acknowledged that this element was more difficult to control. He reiterated that the continued focus within the Operations Directorate of targeting the use of overtime was to be welcomed. Mr Nicholson advised that the support of the Informatics Department had been invaluable in terms of developing management information around overtime which was more timely and provided the necessary detail and analysis to support Operational decisions. He pointed out that overtime costs continued in the region of approximately £500-£600,000 per month and said that sickness was one of the many factors impacting on the Operational need for overtime.

Mr Nicholson commented that overall overtime was on the right trajectory and said it was not unusual for July and August to incur additional overtime. He said that the report before the Committee contained further granular detail in terms of overtime by Directorate and added that it would not come as a surprise to the Committee that the majority of overtime was within the Operations Directorate.

Commenting on the availability of information, Mr Nicholson said that it was now possible to access the necessary information before the end of the month and added that this had proved extremely useful.

Mr Dennison was of the view that there was a correlation between overtime and absence and referred to the high absence and overtimes levels within EAC. He enquired whether the DoH viewed overtime costs as core costs.

Responding, Mr Nicholson said he believed that the DoH viewed overtime as a necessary requirement. He acknowledged that the reasons for overtime had changed over the years and explained that, where previously core shifts would have been undertaken through overtime, posts had now been recruited to on a substantive basis. Mr Nicholson said he would have expected expenditure on overtime to reduce, however, further overtime costs had been incurred in order to cover staff absence.

Mr Nicholson alluded to CRM funding and said that any enhancement of the service would be used to fund overtime in the first instance for up to 12-18 months while staff were recruited and trained. He indicated that this level of investment was being supported by Covid-19 allocations from SPPG, recognising the pressures within the service and the level of absenteeism.

Referring to VAS/PAS costs, Mr Nicholson reminded the Committee that these had increased significantly over the Covid-19 period and said that the figures presented provided an analysis across the last three years. However, he said the figures for September had been included within the Trust Board report and demonstrated a welcome containment in costs. Mr Nicholson said that the efforts to reach this position should not be underestimated. However, he pointed out that the costs for the use of taxis had increased significantly as the Trust looked to support the patient transport service. He indicated that the VCS had reduced over the pandemic and work was now ongoing to return this to pre-Covid-19 capacity levels. Mr Nicholson also alluded to the core non-emergency PCS and productivity gains which the Trust was intending to introduce as part of the significant body of work being taken forward within PCS. He explained that the figures were a combination of invoices and estimates in an attempt to produce the most robust financial position within a reasonable timeframe.

The Chair sought clarification that the Trust had not taken any direct intervention to reduce the level of transport and commented that this had been identified, at one stage, as a potential area for savings.

In response, Ms Byrne explained that, at the height of the pandemic and due to limited cover because of absence, the Trust had prioritised PCS to convey patients to cancer/renal appointments using NIAS crews. She noted that VAS/PAS had also been used to to convey other patients, leaving PCS to convey higher acuity/priority patients. Ms Byrne said that the intention was to continue to deliver the cover but not always using NIAS vehicles and supplementing the service with VAS/PAS and taxis.

Mr Nicholson said that NIAS was resetting this element of its service post the pandemic.

The Chair sought clarification on how the Trust intended to achieve the remaining savings.

Responding, Mr Nicholson clarified that the intervention had focussed on containing expenditure in terms of reducing overtime and VAS/PAS. He acknowledged that there were variable elements which could be ceased but said it would be important to clearly understand the quality, performance and safety aspects of any decisions taken.

Mr Nicholson drew the Committee's attention to the financial information provided around staff substitution provided by AACE and the HSC Leadership Centre and reminded the meeting that this had been an Internal Audit recommendation. He said that he was pleased to report a reduction across both areas of expenditure. Mr Nicholson indicated that the Trust was currently finalising the support it would seek from AACE for the 2024-25 year.

Ms Byrne said it would be key that the Trust would continue to avail of AACE expertise around EPRR and noted that previous support from AACE had reduced as NIAS continued to build its own resilience.

Mr Nicholson stressed the importance of the Committee having sight of information around the Trust's engagement of Associates through the HSC Leadership Centre.

Ms Cochrane advised that the Trust had now trained a number of staff to undertake job evaluation on panels and said she would expect to see that nature of expenditure reducing once staff had developed the necessary skills and become competent in job evaluation.

Mr Nicholson explained that a Regional Co-ordination Centre was being established and said a briefing would be provided to the Trust Board meeting in due course. He advised that NIAS had agreed to act as host Trust in order to facilitate ‘pay and rations’ and said that the Leadership Centre Associates would be providing that function over the winter period. Therefore, he said, while expenditure would be reported in the NIAS’ budget, it would be resource matched as costs were being shared regionally by all Trusts.

Moving to discuss the capital programme, Mr Nicholson advised that the total budget was currently £7.1 million and said that the Chair had often highlighted the fact that expenditure on capital schemes had traditionally been profiled towards the end of the financial year. This was due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times.

Mr Nicholson acknowledged the significant increase, in some cases 30%, in vehicle costs which had materialised this year and said the Trust had received additional support in its baseline capital resources to support these increases. He said that the baseline now totalled £5.7 million and that this included an additional £1 million received to support estates. Mr Nicholson advised that the fleet replacement programme pre-Covid-19 had been in the region of £4 million. However, over Covid-19, there had been an inflationary impact and this cost had increased to just over £4 million. He said that the Trust continued to engage with DoH/SPPG colleagues as it had now become clear that approximately £5.5 million would be required to replace the A&E, PCS and support vehicles within the programme.

Continuing, Mr Nicholson said that members would be aware that construction costs had increased significantly. He noted that the 10-year capital plan in place prior to the pandemic had now been stood down and work was ongoing to review it in light of the increase in costs.

Mr Nicholson confirmed that additional funding had also been identified in-year for replacement defibrillators. He expressed concern that the business case had not yet been completed and approved at this stage of the financial year. He said that there was a risk around the expenditure moving into the next financial year when funding was not guaranteed.

Mr Nicholson also alluded to the additional support received in respect of REACH devices and confirmed that the business case for the second tranche of Toughbooks had been approved.

Mr Nicholson expressed some concern over the global availability of goods across the areas of fleet, estate and IT and the resultant impact on supply and associated costs. He said that, while the Trust continued to place orders early with suppliers, the global availability issue was continuing to impact on the capital programme.

The Chair alluded to the plethora of small projects within Estates and asked who project managed these.

In response, Mr Nicholson explained that the Trust had a small in-house Estates function, supported by DoH Health Estates colleagues, that would oversee projects. These were delivered through a combination of NIAS suppliers and also local Trust Health Estates functions and suppliers.

The Chair commented on the impact of estate issues on staff welfare.

Mr Nicholson said that the Trust had invested resources in staff welfare at EDs in order to support staff during protracted handovers. He said that, although he welcomed the fact that the Trust had invested in staff welfare hubs, such resources should be invested in stations and supporting staff at NIAS locations, not EDs.

Ms Byrne agreed with this point and reminded the meeting that the recent staff engagements had taken place at EDs rather than at local stations.

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

7 **<u>Date of next meeting</u>**

The next meeting of the Committee is scheduled to take place on Thursday 23 November 2023. However, Mr Dennison noted that he may be unable to attend on this date and undertook to keep Mrs Mooney informed.

8 **<u>Any Other Business</u>**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.30AM.

SIGNED: ______________________

DATE: 6 December 2023