



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON
THURSDAY 18 APRIL 2024 IN THE BOARDROOM, NIAS HQ**

PRESENT: Mr P Quinn Committee Chair
Mr P Corrigan Non-Executive Director

IN

ATTENDANCE: Mr M Bloomfield Chief Executive
Ms M Lemon Director of Human Resources &
Organisational Development (HR
& OD)
Mr P Nicholson Director of Finance, Procurement,
Fleet & Estates
Ms V Cochrane Asst Director HR
Ms M Paterson Director of Planning,
Performance & Corporate
Services
Mrs C Mooney Board Secretary
Ms L Turley Senior HR Business Partner &
Change Manager
Ms L Donnelly Asst Director of Finance
Mr M Cochrane Asst Director of Operations
Ms A M McStocker Health & Wellbeing Project
Manager (for agenda item 9 only)
Ms E Hallissey Health & Wellbeing, Peer Support
Manager (for agenda item 9 only)
Ms V O'Neill Health & Wellbeing, Peer Support
Officer (for agenda item 9 only)

APOLOGIES: Mr J Dennison Committee Chair
Ms L Gardner Asst Director HR

1 **Apologies & Opening Remarks**

Mr Quinn explained that he would be chairing today's meeting in Mr Dennison's absence.

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 (PC18/04/24/01)**

The minutes of the previous meeting held on 29 February 2024 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Quinn.

4 **Matters Arising (PC18/04/23/02)**

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

Ms Lemon drew the Committee's attention to some of the detail contained within the Employee Relations Update which had been included with papers.

The Chair noted that the title 'Disciplinary Policy' had a more negative connotation and referred to the Trust's efforts to improve culture.

Ms Lemon acknowledged the point made by the Chair but explained that the Trust was required to have Disciplinary Policy and Procedures in place.

Mr Corrigan was of the view that there should not a dilution of language to such an extent where it was not effective and that the Trust needed to have the appropriate mechanisms in place to deal with cases of misconduct, for example. He noted that managers had the right to manage staff.

Mr Bloomfield pointed out that the Trust had adopted this approach in terms of absence management.

Ms Lemon emphasised the need for consistency in approach and the importance of a just culture.

The Chair referred to the Trust aiming to develop leadership skills and acumen from an Operations perspective and noted that a similar approach had been used when dealing with absence management.

Ms Lemon suggested that similar skills were required by managers, for example to enable them to have difficult discussions with staff. She said that skills around building confidence and supporting proportionate risk management decisions. She acknowledged that a fast track approach was also key and noted that performance management was important in this regard.

The Chair noted that it was a regional policy and sought further detail around the involvement of managers.

Responding, Ms Lemon advised that there had been engagement sessions and consultation on the development of the new regional policy.

Ms Cochrane noted that the level of injury allowance claims within the Trust was higher than elsewhere. She explained that this was as a result of exposure to trauma, Post Traumatic Stress Disorder (PTSD) and physical injuries to staff. She explained that there was a specific procedure around injury allowance which involved the hearing of the claim by a panel.

Mr Corrigan enquired whether staff received top-up pay for a maximum of 12 months or 85% of salary if absent with a condition that was wholly or partly work related.

Ms Cochrane explained that, if a member of staff was subsequently redeployed as a result of an injury at work, pay protection did not apply but, in the case of a member of staff who was injured in work, pay protection did apply.

Mr Corrigan referred to the fact that frontline staff received unsocial hours payment and asked if this payment continued if a member of staff was absent from work due to illness.

Mr Cochrane explained that, with regard to unsocial hours payment, a member of staff's pay whilst absent due to illness includes the unsocial hours.

Ms Lemon indicated that the Trust had a number of grievances where applications for injury allowance had been refused. She said the Trust was working with TU colleagues in an effort to resolve issues informally as opposed to following a formal hearing route.

The Chair alluded to the discussion which he and Ms Lemon had in relation to culture. He noted that the recent AACE report on culture had been helpful but had focused on workplace culture as opposed to developing a positive and constructive organisational culture.

Mr Bloomfield agreed and believed that culture needed to cascade from the top of the organisation.

The Chair believed that there was a correlation between culture and absence and noted the need to identify hotspots within the Trust in relation to absence management.

Mr Cochrane advised that there was data to support the correlation and was of the view that this may also be linked to performance management. He cited examples of outstanding responses to Datix, delays in responses to complaints and progressing Serious Adverse Incident (SAI) reports.

Ms Lemon alluded to the absence management project which she had co-chaired with Mr Cochrane and said that this work had focused on the officer level and had identified where there had been inconsistencies. She said she had been grateful to the Business Services Organisation in enabling Ms Turley to join the Trust on secondment. Ms Lemon said she looked forward to re-establishing partnership working relationships with TU colleagues.

Mr Cochrane referred to the Operations Management Restructure and acknowledged that progress had been slow. He explained that there were currently two models under consideration which had been presented to the Senior Management Team (SMT). Mr Cochrane advised that the first model was an enhancement of existing structure to provide 24/7 management cover and strengthen the structures in place. The second potentially combined clinical management and oversight with Operations management roles, providing 24/7 management cover. He pointed out that the overarching aim of both models was to deliver a team approach.

The Chair expressed his interest in a combined clinical and operational model.

Mr Cochrane explained that the current model had clinical and management oversight operating in parallel.

Mr Bloomfield indicated that NIAS was the only ambulance service in the UK not to have 24/7 management cover and acknowledged the associated risks.

The Committee noted that it would receive a detailed presentation on the Operations Management Restructure at its July meeting.

5 Finance Update (PC18/04/24/03)

Mr Nicholson predicated his financial update on the fact that all figures were subject to the production of the accounts and noted that the first draft was due to be submitted to the NIAO on 3 May 2024.

Mr Bloomfield alluded to the significance of the NI Assembly having been re-established and reminded the meeting that Permanent Secretaries previously did not believe they had the powers to take the decisions about services and their costs necessary for the system to breakeven.

Mr Corrigan acknowledged that, while there was a statutory requirement to breakeven, there was also a requirement to provide a safe and effective service.

Mr Nicholson said that NIAS would be following the same current indicative financial assumptions as other Trusts in planning for 2024-25.

Responding to a question from Mr Corrigan on whether the £13 million received by the Trust and noted within the presentation was directly linked to Covid-19, Mr Nicholson noted that a specific Covid-19 funding stream had been identified during the pandemic.

Mr Bloomfield reminded the meeting that, during the pandemic, the Trust had increased its expenditure on private providers as only one patient could be conveyed on each PCS vehicle. He said the DoH had recognised the increased pressures on the Trust.

Ms Paterson also pointed out that the additional investment was an acknowledgement of the mitigation put in place by the Trust against the 25% loss in capacity.

Mr Nicholson reminded the meeting that the Trust had been operating at a reduced capacity since handover delays had increased significantly, resulting in circa 25% of funded hours being lost. He said that this equated to approximately £11 million across the five Divisions. Mr Nicholson pointed out that the Trust was also further impacted by the need to support unplanned reconfigurations in the wider HSC, for example, changes to service provision at the South West and Daisy Hill hospitals. This had resulted in additional expenditure on overtime to maintain and enhance ambulance provision.

Mr Corrigan believed it was important to present costs in this way. He noted that, if pressures eased, it would mean the Trust would be able to respond to calls more quickly and acknowledged that this would not result in savings to the Trust.

Mr Nicholson agreed and said that it would release capacity for the Trust as opposed to savings.

Mr Bloomfield acknowledged that if the Trust was able to release lost capacity from handovers, there would be an improvement in performance as well as being able to consider reducing PCS provision to undertake A&E support, thereby negating the need to replace PCS capacity with private providers.

Mr Cochrane noted that one of the reasons for absence was the impact on staff of delayed handovers and the duration of these handovers.

Mr Nicholson clarified that the Trust had not received funding directly linked to the South West Acute Hospital, for example, but had received some additionality within the year. He said the Trust continued to have discussions with commissioners around the need to consider the impact on NIAS services when making such decisions.

The Chair asked whether the Trust had seen any improvements in delayed ambulance handovers as a result of the Regional Co-ordination Centre (RCC).

Mr Bloomfield reminded the meeting that the RCC had only been in place for a relatively short period of time and it was too early to determine whether any improvements could be attributed to the RCC. However, he acknowledged that the Trust had not seen the same level of deterioration as had been evident previously but reiterated that it was too early to confirm that this was due to the work of the RCC.

Referring to the planned deployment of new resources, Mr Nicholson advised that there would be a transition period in the delivery of the additional ambulance provision.

Mr Bloomfield clarified that this provision was linked to the 48 Newly Qualified Paramedics due to join the Trust in September. However, he outlined that, while they would be onboarded in September, they would be supernumerary. Therefore, there would not be an immediate impact of their deployment. He noted that some of them would not undertake their emergency driving until early 2025 and, as such, would not be providing additional activity.

Ms Paterson pointed out that, in terms of planning, the Trust had to demonstrate to the SPPG that the measures being taken would reduce demand and increase capacity.

Mr Corrigan enquired whether there would be any assistance from the SPPG to close the shortfall.

Responding, Mr Nicholson clarified that it had been made clear that it was the Trust's responsibility to ensure it achieved breakeven. He said the Trust had been asked to submit a revised financial plan by the start of May.

Mr Bloomfield said that key to the financial plan, it would be imperative that the Trust reduce its expenditure on private providers and overtime. He added that it remained the DoH view that more could be done in terms of efficiency and productivity.

Ms Lemon alluded to the need to adhere to the Circular on change or withdrawal of services as well as the need to undertake human rights and equality screening.

The Committee **NOTED** the Financial Report as presented by Mr Nicholson.

6 **HR & OD Balance Scorecard (PC18/04/24/04)**

Ms Lemon sought the Committee's view on any other indicators they would like to see included in the scorecard.

The Chair said that he had found the accompanying narrative to be helpful and asked whether it would be possible to correlate the low uptake of flu and Covid-19 vaccines with short-term absence. He added that, as the Trust was adopting a health and wellbeing approach, vaccination should be regarded as part of a public health approach.

Ms Paterson advised that there was correlation with short-term absence.

Ms Cochrane noted that Ms Robb, Infection Prevention and Control Lead, was leading on vaccination within QSI and queried how best to reflect vaccination data on the scorecard. She pointed out that short-term absence was reported in the Trust Performance Report presented to Trust Board. Ms Cochrane said it would be important to avoid duplication and helpful to determine what should be reported at Committee and at Trust Board level.

Ms Paterson welcomed the improvements and enhancements in the performance report to date. She suggested the development of a suite of metrics for the Trust Board corporate scorecard and

consideration to be given to those metrics to be reported at Committee level. She acknowledged that further improvements were required.

Ms Lemon said she was conscious that the Trust reported absence at several different fora and therefore there was potential for it to be reported in different ways. She advised that the report alluded to cumulative absence as that was the target set by the DoH.

Ms Lemon welcomed the reduction in absence and reported that the absence figure for the month of February 2024 was 12.08% overall. She explained that a quantum of this figure pertained to long-term absence and this had been the Trust's rationale for targeting this area in the first instance. Ms Lemon said that the Trust was now also examining those members of staff who had high incidences of short-term absences.

Ms Lemon advised that the Trust was now seeing a high proportion of holiday pay cases being resubmitted for consideration and she said HR was seeking to engage with TU colleagues around these.

Ms Lemon said she was conscious Mr Nicholson provided the financial figures around overtime within his financial reports to the Committee and she suggested that this detail should be removed from the scorecard. She noted that it was not yet possible to populate some elements of the scorecard and suggested that these should be removed until such times as the appropriate data became available.

She indicated that, at the time the scorecard was being developed, some of the indicators being included had been aspirational in nature. She said she would be keen to review the scorecard and present an updated version to the Committee.

The Chair suggested that, for comparison purposes, it would be helpful to have sight of the previous month's data when the report was being presented.

Ms Cochrane stressed the need for figures to be meaningful and advised that staff were working on developing data, for example, around equality breakdown and percentage of qualified paramedics versus unqualified.

The Committee **NOTED** the HR&OD Balance Scorecard as had been presented by Ms Lemon and colleagues.

7 HR & OD Improvement Plan – April 2024 (PC18/04/24/05)

Ms Lemon explained that she had been keen to present the Improvement Plan to the Committee to provide a sense of the Directorate workplan. She acknowledged that the Directorate had to divert its attention to absence management and Action Short of Strike (ASOS) and advised that work on the improvement plan had been stood down to allow the Directorate focus on negotiating derogations with TU colleagues around ASOS.

Continuing, Ms Lemon advised that the Transformation Team had been helpful in terms of determining the key functions, the key deliverables and the actions required to deliver improvement. She added that she intended to revisit the RAG rating within the report in the coming weeks.

Ms Lemon said the workplan would give the Committee a sense of the priorities, where progress had been made/needed to be made and those areas which needed to be deferred.

Ms Cochrane noted that several initiatives were 'invest to save' initiatives. She cited the example of improving data sources which in turn would allow the Directorate to make much better use of technology and be able to see performance in all areas of HR.

The Chair acknowledged that the scale of the plan was significant and the way in which information was presented in it was difficult to follow. He sought further detail around the trajectory for the plan and whether consideration had been given to prioritising certain areas of work into more manageable sub-initiatives.

Ms Lemon noted that the timelines within the plan went to 2026 and suggested that the focus should be on how the plan was presented.

8 **Maximising Attendance:**
- Progress Report
- Delivery Plan Update (PC18/04/24/06)

Ms Lemon highlighted the salient points of the progress report on maximising attendance. She pointed out that the need to review the Trust's Attendance Management policy and procedures had arisen from an Internal Audit recommendation to review and update the documentation. Ms Lemon said that, following presentation to the Senior Management Team, there had been agreement that the extant documentation remained fit for purpose.

Mr Corrigan commented that, in his experience, there was potential for issues to arise following the implementation of any policy or procedure. He asked if Internal Audit continued to review this area.

Ms Lemon advised that a robust audit had been undertaken in the 2022-23 year and noted that significant work had been undertaken to address the outcomes of that audit. She suggested it might be helpful to bring an update on progress in addressing the recommendations to a future meeting.

Mr Corrigan believed that the renewed focus on managing absence would filter through the organisation.

Mr Cochrane agreed with Mr Corrigan's comment. He was of the view that staff were now seeing absence being robustly managed and were encouraged by the renewed focus. He added that this was in turn supporting performance.

Ms Lemon explained that an important element of work embedded in the methodology around absence management was seasonal absence. She advised that data relating to staff who tended to be absent from work at regular seasonal intervals had been shared with managers to allow them to follow-up with staff accordingly.

Continuing, Ms Lemon advised that some work had been carried out to improve the Trust's redeployment procedures and, following consultation with TU colleagues, these had been presented to the Senior Management Team. She said it was felt that, as the procedures were operational in nature, there was no need for these

to be considered by the Committee. Ms Lemon said that the Internal Audit recommendations would be updated accordingly.

Mr Corrigan clarified that, for the 2023-24 year, the DoH had set a target of 92.5% of the outturn for the previous year and asked if there was any indication of the current target. He noted that the sickness absence reports were divided by Divisions and non-A&E staff groupings.

Responding, Ms Lemon confirmed that Trusts had not yet been advised of a revised target. She reminded the meeting that the Trust was held to account through the Strategic Planning and Performance Group (SPPG) on this issue.

Mr Cochrane referred to the absence reports and confirmed that the Trust had a split workforce categorised as A&E and non-emergency staff.

The Chair thanked Ms Lemon for the Maximising Attendance update which was **NOTED** by the Committee.

9 **Update on Peer Support & Health and Wellbeing Workstreams (PC18/04/24/07)**

The Chair welcomed Ms McStocker, Ms Hallissey and Ms O'Neill to the meeting and invited Ms McStocker to provide an update on year two of the Trust's Health and Wellbeing Strategy which had been approved by the Board in August 2022. Ms McStocker gave a detailed presentation on the Peer Support and Health and Wellbeing Workstreams.

Members commended Ms McStocker on her presentation and said it had assisted in their understanding of the breadth of the work ongoing within the Trust.

Mr Corrigan alluded to the references to 'critical incident' in terms of Critical Incident Stress Management (CISM) and asked who determined what would be a 'critical incident'. He also sought further detail around the threshold for peer support becoming involved.

Ms McStocker explained that the peer support team would debrief staff involved in a critical incident separately and consider several

areas, for example exposure to trauma and the duration of that exposure. She stressed the importance of the peer support programme being two-way in terms of the peer support team making contact with the member of staff who had been exposed to trauma. Ms McStocker said it was key for the member of staff to know that it was good to speak up and to contact peer support for assistance.

Mr Corrigan asked for a sense of the calls and interactions received by the peer support team and how many were generated by the team and by self-referral.

Responding, Ms Hallissey explained that there were specific incident criteria which would lead the team to contacting staff, for example paediatric resuscitation, out-of-hospital cardiac arrest, incidents for patients under the age of 18 years. She said that the team used to contact staff by phone but, on reflection, had determined that this was not the best way to communicate with staff. She advised that the team now contact staff by text in the first instance and provide an opportunity for a call-back.

Ms Hallissey said that, on occasions, the team might receive a referral from a manager who may be concerned about a member of staff. She indicated that, in terms of self-referral, she had found that by talking to staff initially, the team would eventually receive a self-referral.

Mr Corrigan stressed the importance of peer support and believed the team had credibility with staff because they were paramedics and had served on the frontline. He also alluded to the importance of the manager's role to look after their staff. Mr Corrigan asked how the team ensured they complemented line management.

Ms Hallissey explained that training was provided to managers around having difficult conversations and allowing them to support staff who were struggling and said that peer support complemented line management through psychoeducation.

Ms Lemon commended the engagement undertaken by Ms McStocker and Ms Hallissey with managers. She said there had been a huge transformation in managers' understanding of and the realisation of the benefit of peer support.

Mr Cochrane noted that this provided another skill for managers in terms of managing members of staff on long-term absence and the support provided by peer support was key.

Ms Turley explained that she was relatively new to the Trust and had been impressed by the peer support arrangements in place within NIAS and what had been put in place with the resources available. She commended the different interventions available at different levels because the capability to cope with mental health varied. Ms Turley advised that she had previously worked with the regional Mental Health Strategy and noted that there had been a 29% increase in demand for mental health services. She believed that NIAS had used its resources to make its peer support services meaningful for staff and provided staff with the ability to cope.

The Chair commended the need to build capacity and resilience in individuals and asked if this was covered in the undergraduate programmes in terms of the importance of coping strategies.

Responding, Mr Cochrane said that the Trust had strongly advocated for its inclusion and acknowledged that it was touched upon during the course. He also pointed out that peer support colleagues would periodically receive referrals for students on placement.

Ms McStocker advised that the peer support team would be invited to speak to the students but said her plan would be to develop a module which could be delivered to students. She pointed out that there was currently a health and wellbeing module but this needed to be strengthened.

The Chair believed that resilience would be an important core capacity for any role. He referred to the HSC staff survey and suggested that there may be a need for a bespoke NIAS survey.

Ms Lemon said it would be important to examine timings and to avoid any internal NIAS survey clashing with the more general HSC survey.

Ms Cochrane pointed out that, in terms of undergraduate education, peer support would have input to the Associate Ambulance Practitioner (AAP) course.

Ms McStocker confirmed that this was the case and that input was usually time limited, for example a few hours. She said her preference would be to develop a module for delivery. Ms McStocker advised that the Health and Care Professions Council (HCPC) had introduced its own Fitness and Wellness module as a core competency. She referred to the onus on staff to be self-aware and ensure they were able to carry out their roles and responsibilities.

Ms McStocker advised that public health recognised that workplaces provided an effective way to promote the health promotion agenda. She said this had driven the HSC Wellbeing Framework for staff and had recognised that if, for example, staff were experiencing domestic violence, the safest place to receive support might be the workplace. Ms McStocker said that the peer support team worked with teams at an administrative level who were also often exposed to traumatic content.

The Chair commented that the team's work was impressive and said he looked forward to further updates. He thanked the team for their attendance and they withdrew from the meeting. The Update was **NOTED** by the Committee.

10 **Date of next meeting**

The next meeting of the Committee is scheduled to take place on Thursday 3 July 2024 at 9.30am in the Boardroom, NIAS HQ.

11 **Any Other Business**

(i) HR&OD Structure

Ms Lemon provided an update in relation to the HR&OD structure.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.30PM.

SIGNED:



DATE: 3 July 2024