



PEOPLE, CULTURE & ORGANISATIONAL DEVELOPMENT COMMITTEE (PCOD)

Date 23 April 2026

Time: 9.30 am

Location: Board Room

Attendance	
Chair:	Phelim Quinn (Non-Executive Director)
Attendees:	Paul Corrigan (Non-Executive Director)
In Attendance:	Michelle Lemon (HR & OD Director)
	Michael Riddell (Deputy Director Workforce & Governance)
	Laura Turley (Deputy Director HROD – People & Culture)
	Robert Sowney
	Ciaran McKenna (AD Operations)
	Neil Sinclair (Interim Director of Ops and Chief Paramedic Officer)
Apologies:	Jim Dennison (Non-Executive Director)

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	Apologies & Remarks The Chair welcomed members and recorded apologies.	
2.	Procedure: Declaration of potential conflict/pecuniary interest/confidentiality of information/quorum The Chair invited declarations of actual or potential conflicts of interest; none were declared. Confidentiality was reiterated and the Committee confirmed it was quorate.	
3.	Previous Minutes – 12/2/26 The Committee APPROVED the minutes of the previous meeting (12 February 2026).	
4.	Matters Arising Matters arising were NOTED. The organisational chart was discussed, including clarity that the Interim Director of Operations/Chief Paramedic Officer role remains an interim arrangement spanning two directorates.	



	Members noted the intention to keep EQUIP (digital transformation) as a standing agenda item and to refresh the forward workplan on return of the Committee Chair. Next Steps Continue to include EQUIP as a standing agenda item and update the forward workplan at the next meeting.	Ms Beggs
5.	Monthly Workforce Information and Strategic HR Report	
	The Committee NOTED the Monthly Workforce Information and Strategic HR Report, including: (i) workforce overview and stability. (ii) actions to strengthen bank governance, including cleansing inactive bank staff and introducing a more robust bank policy to maintain clinical currency. (iii) improvement trajectory on sickness absence (noting that the reporting is a month behind as a consequence of payroll system) and assurance that grip measures remain unchanged. (iv) wellbeing and occupational health initiatives, with discussion on whether regional occupational health access could be progressed as a system-wide initiative; Mr Quinn queried whether there was potential to have this discussed at CIC. (v) employee relations pressures (high volume of formal cases), with an emphasis on early/informal resolution where appropriate and strengthening people-management capability. (vi) Mandatory Training - Members discussed that the current presentation of mandatory training compliance can be misleading and difficult to assure, as different calculations can produce markedly different headline figures. Management explained that the previous format combined headcount measures (number of individuals fully compliant) alongside course/module compliance in a way that could be interpreted as a single percentage, creating ambiguity. Management clarified that Internal Audit applies a “complete set” measure (i.e., the proportion of staff due to complete the full suite of mandatory modules who have completed all required modules), which can generate a low headline percentage and was a key driver of audit concern. In contrast, management reporting has also used average course compliance	

(average completion across the mandatory modules), which provides a different view and does not necessarily mean that the same proportion of staff have completed every required module.

The Committee noted the need to present mandatory training in a way that is clear, auditable, and aligned to Internal Audit expectations, while still enabling operational insight into which modules are weakest and where action should be targeted. Management advised that improved functionality is being developed to support better oversight, including:

clearer dashboards for managers to view compliance and required actions by team;
improved visibility for individual staff of outstanding modules and due dates; and
stronger governance through a monthly training oversight approach with accountable “module owners” (e.g., where directorates hold responsibility for specific modules such as manual handling).

Management also outlined recent mitigations to accelerate compliance, including focused work at year-end to enable additional completion activity (supported through local arrangements for time/backfill/overtime where appropriate), and noted that training capacity constraints (particularly the ability to stand down operational staff) continue to influence delivery.

Agreed approach / assurance route: Management will engage directly with Internal Audit to agree a single, coherent assurance narrative and the evidence pack required to demonstrate compliance against the audit recommendation(s) and will return to the Committee with an updated reporting format that reconciles the different measures and clearly explains what each metric represents.

(vii) Members noted an increase in legal activity and associated costs during the reporting period, with particular pressure arising from Employer Liability claims (increasing) and a marginal rise in Medical Negligence claims, while Occupiers’ Liability remained broadly unchanged. Management advised that claims activity creates a sustained workload for the litigation function, supported by DLS, and that timely resolution remains challenging.

The Committee discussed that the drivers of litigation link strongly to wider organisational controls and operational context, including: the need for up-to-date policies and procedures, improved e-learning/mandatory training compliance, and the importance of prompt and accurate investigations (including securing contemporaneous records such as incident documentation and CCTV where available before deletion). Management also highlighted ongoing focus on safety controls (e.g., ensuring staff are appropriately secured in the rear of ambulances during RTAs).

The Committee explored the relationship between Coroners' activity and clinical claims, noting a perceived "pipeline" whereby some cases progress from incident review/SAI processes into Coroner's Court engagement and subsequently into formal claims. Members discussed the increasing likelihood that ambulance delays (response and/or handover-related) and the associated clinical complexity of delayed care may feature more prominently in future Coroner scrutiny and claims, given ongoing system pressures.

Management advised there are currently multiple active Coroner requests and that ensuring comprehensive support to staff is a key priority. The litigation team provides structured preparation for staff required to attend, including pastoral/emotional support and practical guidance on court process and questioning. The Committee noted an increase in requests for peer support connected to these processes (both pre- and post-engagement).

Members further noted a significant increase in external legal hours/costs associated with Coroners and medical negligence activity (and some commercial matters), described as a regional picture. The Committee discussed the importance of ensuring organisational accountability is fair and proportionate, particularly where NIAS is being examined for consequences arising from wider system pressures outside its direct control. It was agreed that this should inform wider corporate discussions on the disproportionate impact of delays and the wider financial/savings context.

The Committee also discussed changing Coroner practice, including increased expectation for witnesses to attend in person and for detailed SAI material to be scrutinised in court, with potential unintended

	consequences for staff engagement in learning processes (including concern about a “chilling effect” on candour). Management confirmed the issue has been raised through relevant channels (including via DLS involvement in a Coroners working group) and may require escalation for Board awareness in the context of system pressures and patient safety Finally, management advised work is underway to centralise Coroners case management within litigation to streamline processes and improve oversight; however, the Committee noted the need to keep resourcing and workload under review given the rising volume and complexity. (viii) recruitment and resourcing updates (including NQP recruitment outcomes), and ongoing job evaluation pressures. <u>Next Steps</u> • Workforce & Governance to complete the bank ‘cleansing’ exercise and report outcomes/impact at the next meeting. • HR Director to ensure NIAS contribution to regional OH Review and related work streams • HR/OD to agree a clear, auditable mandatory training compliance narrative with Internal Audit and bring an updated reporting approach to the Committee. • HR/Operations to continue monitoring coroner/litigation trends (including resource implications) and escalate material concerns to the Board.	Ms Lemon / Mr Riddell / Ms Turley
6.	EQUIP / Digital Transformation Update The Committee NOTED the update and recognised that the programme has reached a critical phase (integration testing, UAT and change readiness). Members noted actions underway and that project support was already substantially in place. HR to implement “stop/start/continue” assessment to free capacity for go-live, and establish a Change Readiness Programme Board chaired by the programme sponsors. The Committee reiterated that EQUIP remains a significant corporate risk requiring routine oversight. <u>Next Steps</u>	

	Programme team to establish the Change Readiness Programme Board and provide regular progress and risk updates at each PCOD meeting.	
7.	Culture, Sexual Safety & Workplace Safety (Including Links to Being Human Framework) The Committee welcomed the appointment of the Culture Lead and NOTED progress into Phase 2 of the culture programme, including the King's Fund diagnostic and engagement approach mapped to the Being Human Framework. Members discussed the importance of visible momentum and meaningful staff engagement (including on-road/ED engagement), and highlighted communications challenges (staff awareness of initiatives). The Committee emphasised the need for clear short, medium and long term objectives and associated measurable indicators (baseline and trajectory) and the importance of communicating existing supports (e.g., trauma/peer support) to staff. Next Steps • Culture Lead/HR Comms to strengthen staff communications and engagement mechanisms (including face-to-face station/ED engagement) and to develop measurable culture indicators for Committee oversight. • Arrange a King's Fund session for Committee/Board members to review emerging diagnostic findings and heat-map outputs.	Ms Lemon
8.	Policy Development & Partnership Update The Committee NOTED substantial progress in reducing the backlog of overdue HR/OD policies, supported by early and sustained trade union engagement. Members highlighted that policy approval must be matched by consistent implementation through line management, and that monitoring/controls should support compliance in practice. Next Steps HR/OD to continue policy clearance programme and report quarterly progress.	
9.	Partnership Working Update The Committee NOTED progress toward a revised partnership model with trade unions, recognising both	

	governance benefits (clarity on structures, representation, time and cost of facility arrangements) and cultural benefits (civility, constructive challenge). Members discussed the ongoing context of action short of strike (ASOS) and agreed that partnership documentation should be framed by clear principles aligned to Being Human (including primacy of patient and staff safety). Next Steps • HR Director/Workforce & Governance to progress outstanding points and target completion of the partnership model for JCNC discussion at the next meeting. • Incorporate agreed underpinning principles (including Being Human) into partnership documentation.	Ms Lemon
10.	Governance & Reporting – Including Management Response to Internal Audit (Mandatory and Driver Training)	
	The Committee NOTED updates on governance reporting, including strengthened processes for concerns in the public interest (screening/triage arrangements), improved performance in FOI/SAR/Assembly Questions turnaround, and progress across Internal Audit recommendations (including mandatory training and driver training). Members noted that “not implemented” status can reflect pending evidence review and/or future due dates and emphasised the need for clear evidence packs for Internal Audit and GARAC assurance. Next Steps • Workforce & Governance to maintain the Internal Audit recommendations tracker and provide exception reporting to PCOD (highlighting overdue/high-risk items). • Progress appointment of Raising Concerns Advocates in line with the regional policy and report implementation status to the Committee.	Ms Lemon
11.	Managing Attendance – Operations Management Focus	
	The Committee undertook a deep dive on sickness absence management which included a comprehensive HROD report and presentation from the Operations Directorate. The Committee took assurance from	

	strengthened operational grip, including daily monitoring/huddles, monthly and quarterly reviews, improved compliance with sick note processes, and closer joint working between Operations and HR advisors. The AD Ops in attendance illustrated how many of the HR processes worked with multiple examples. The Committee discussed drivers of absence (including long-term illness, mental health/stress, accidents at work and complex domestic circumstances), the impact of workforce fatigue/late finishes, and the balance between compassionate leadership and active management. In the context of the NIAS response to the HSC planning guidance document its target for 6% savings, the members noted that absence improvement supports service capacity but outlined a concern around the potential for this, in isolation, to deliver material savings without wider system change. Members thanked the AD Ops for his comprehensive presentation and explanations on operational management of absence <u>Next Steps</u> • Operations/HR to continue enhanced absence governance (daily/weekly/monthly reviews) and report trajectory, hotspots and interventions to PCOD. • HR/Operations to review “accidents at work” as a driver of absence and bring analysis/mitigation actions through existing governance routes. • Ensure contingency arrangements are in place where local management capacity is reduced, to maintain process compliance.	
12.	PCOD Forward Work Plan 2026/2027	
	The Committee agreed the work plan will be kept under review and aligned to principal workforce, culture and organisational development risks.	
13.	Any Other Business <u>Identity and Language (NI) Act 2022</u> The Committee formally NOTED the Identity and Language (NI) Act 2022 correspondence for awareness,	



	acknowledging equality and human rights as key HR priorities. Members also reiterated the importance of keeping key risks (including EQUIP, culture, attendance and partnership) under review.	
14.	<u>Next meeting:</u> 18 June 2026	

Signed:

Date: 18-6-26