



PEOPLE, CULTURE & ORGANISATIONAL DEVELOPMENT COMMITTEE (PCOD)

Date 26 June 2026

Time: 11.00 am

Location: MS Teams

Attendance	
Chair:	Jim Dennison (Non-Executive Director)
Attendees:	Paul Corrigan (Non-Executive Director)
	Phelim Quinn (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
	Jacob McCleery Madams (item 8 only)
	Steven Carson
Apologies:	

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	Apologies & Remarks The Chair welcomed members to the meeting and noted the attendance. Mr Carson was welcomed as standing in for Mr Sinclair. Mr McCleery-Madams was expected to join for the workforce planning item.	
2.	Procedure: Declaration of potential conflict/pecuniary interest/confidentiality of information/quorum The Chair invited members to declare any actual or potential conflicts of interest at the outset or as they arose during the meeting. No declarations were made. The Committee was confirmed as quorate and members were reminded of the confidentiality requirements relating to Committee business.	
3.	Previous Minutes – 23/4/26 The minutes of the previous meeting were reviewed for accuracy, omissions and follow-up amendments. Mr	

	Quinn highlighted two comments in the draft minutes. Members agreed that the point relating to support arrangements for EQUIP should be clarified to reflect that support was substantially in place and had developed further since the previous meeting. The absence-related point was discussed in the context of SPPG planning assumptions and workforce savings; members noted that events and discussions at Trust Board had moved on since the previous meeting. Ms Beggs to update the previous minutes to clarify the EQUIP support point before finalisation. On a proposal from Mr Corrigan, seconded by Mr Quinn, the minutes were APPROVED subject to the agreed amendment.	Ms Beggs
4.	Matters Arising The Committee NOTED the update on matters arising. Bank list cleansing had been delayed due to the departure of the HR administrative resource supporting the work; however, the team expected to complete the cleansing exercise and present a more substantive update at the next meeting. The Bank Worker Standard Operating Procedure / Policy was noted as having been agreed in principle, with one final trade union meeting required when Neil Sinclair returned from leave. A regional occupational health workshop had taken place to inform an options appraisal for an effective HSC-wide occupational health model. The workshop was attended by occupational health practitioners and medics and the next stage will involve populating the option detail and costs. Members discussed whether the work should be linked into Committees in Common, particularly given related workstreams on staff passporting and agency use. It was agreed that system-level support and investment would be critical. NIAS is also progressing bespoke psychological support internally, reflecting that mental health remains a significant driver of absence; BSO has asked to link with NIAS on the model being developed. On mandatory training, an internal oversight group has been established with directorate representation to provide cohesive oversight of education and training	

	recommendations. In parallel, NIAS is participating in a Committees in Common regional review of statutory and mandatory training, including harmonisation of modules and frequency. This will also link with the new digital programme to support reporting. Coroners / litigation work, EQUIP and culture updates were noted as being covered under substantive agenda items. The King's Fund work is underway, with engagement visits and frontline sessions taking place. The partnership framework is progressing, with the intention to agree principles with trade unions and move to the next stage on facilities and the establishment of the trade union forum. For Raising Concerns, the number of advocates has increased to approximately eight or nine, with a focus on recruiting additional operational staff. Training is scheduled for 27 July 2026, with further sessions likely due to summer leave. Post-PCOD whistleblowing catch-ups also need to be placed in diaries. <u>Next Steps</u> Mr Riddell / HR team to complete bank list cleansing and report progress at the next PCOD. Mr Riddell / Mr Sinclair to finalise Bank Worker SOP / Policy following final trade union discussion. Ms Lemon to raise the occupational health regional linkage and potential Committees in Common interface with HR Directors. Mandatory training audit update as at 30 June 2026 to be brought forward. Mr Riddell to ensure Mr Corrigan is invited to Raising Concerns advocate training and to arrange post-PCOD whistleblowing catch-ups.	Mr Riddell Mr Riddell/Mr Sinclair Ms Lemon HR Mr Riddell
STANDING ITEMS		
5.	Monthly Workforce Information and Strategic HR Report	
	The Committee considered the report and welcomed the improved structure, presentation and level of information. Members noted that the report is continuing	

to evolve and provides the Committee with an increasingly comprehensive HR performance overview.

Workforce profile: permanent recruitment had increased and agency usage had reduced, which was welcomed. Members noted, however, that 51 agency staff remained in place, primarily in administrative / clerical and support roles rather than frontline roles. Given Trust Board discussions on financial control, this was identified as an area requiring ongoing scrutiny. Management advised that refreshed controls are being introduced, including regular review of agency requests and appointments through SLT.

The reported attrition rate of approximately 4.4% was discussed; members noted that English ambulance service comparators may not be appropriate and that Northern Ireland comparators and local context should be considered. Members also observed that low turnover in NIAS may not necessarily be a positive culture indicator, given the limited alternative ambulance-service employment market locally.

Absence: Ms Turley advised that sickness absence remains a key priority for capacity, wellbeing and resilience. Following the diagnostic review and action plan, in-month sickness absence for May was 9.4%, below the 9.5% target and significantly improved from the December peak of around 12.5%. Members welcomed the evidence of grip and traction, while noting that absence management will remain an ongoing priority. Links were made to health and wellbeing, bespoke psychological support and the need to examine specific organisational pockets such as Control, where absence, stress, trauma exposure and criticality may be more acute.

Employee relations and employment law: the Committee considered the employment law update as part of this item. The ER function has moved to a substantially stronger position, with complex legacy cases reduced from 15 to approximately two or three, all on active resolution pathways. The Committee welcomed the resolution of historical cases and noted that such cases consume significant management time and can cloud the assessment of current processes. Members stressed the need to maintain focus on clearing the remaining legacy cases.

The Committee discussed the high grievance and disciplinary caseload. Robert Sowney noted that NIAS appears to be an outlier for the volume of formal grievances relative to an organisation of around 1,900 staff and that this is closely linked to wider cultural issues.

Members agreed that grievance, disciplinary, absence and raising-concerns metrics should be used as indicators within culture and transformation work.

Mr Quinn emphasised that the trauma-informed approach should be explicitly reflected, both for those raising concerns / grievances and those who are subject to processes, to support evidence-based, sensitive and earlier resolution.

Ms Turley advised that this links to the “Being Open” strand, just and learning culture, informal resolution, mediation, mentoring and forthcoming regional policies on discipline, grievance and performance improvement.

Equality, diversity and inclusion: the Committee noted positive progress reflected in the Article 55 return, with an improving balance in gender, religion and political opinion. The Safe Space lanyard initiative was also highlighted. While regional advice was that organisations should not formally participate in the Pride march, NIAS will continue to promote inclusive-employer messaging and safe-space initiatives.

Claims, litigation and learning: Mr Riddell highlighted 81 active cases and four new claims, including two medical negligence cases and two employer liability claims linked to slips, trips, falls and manual handling. Members noted that service provision pressures can have a direct impact on claims and coronial work. The importance of learning from claims, updating policies and ensuring training compliance, especially around manual handling, stretcher safety and ambulance safety, was emphasised.

Job evaluation: seven new job evaluation requests had been received. Members noted that the process remains challenging due to the need for panels, appropriate matching and partnership arrangements. Mr Quinn queried whether regional efficiencies could be sought. Ms Lemon explained that job evaluation is governed through partnership mechanisms including trade union

involvement and regional JNCF oversight, and that there may be limited scope to move this into Committees in Common. NIAS also has internal improvement work to do, including better quality job descriptions, better manager engagement with masterclasses, earlier business partnering with directorates, and greater use of existing or multifunctional job descriptions where appropriate.

Raising concerns and governance: two additional raising-concerns cases had been screened in April, with one further case re-screened following additional information. The new regional policy and clearer internal screening process were welcomed. Members discussed the draft internal audit on raising concerns, which was with management for response. Ms Lemon advised, in the interests of transparency, that the draft position was likely to be limited assurance, but that NIAS intended to challenge aspects where the audit fieldwork had not reflected processes already in place. The Committee noted management's confidence that recommendations could be closed quickly and the intention to improve the audit position by year end, with an update expected for GARAC in September.

Audit recommendations: significant progress had been made in closing audit recommendations. Active recommendations had reduced from 24 to 21, with further recommendations implemented or partially implemented during May and June. The use of focused "boot camp" sessions with recommendation owners and co-owners was welcomed.

HSC Staff Survey 2027: NIAS is represented on the Regional People and Leadership Group and will contribute to co-producing the survey content. The survey will link to the culture strands, and members emphasised the importance of maximising staff participation and using results to support culture measurement.

Next Steps

HR team to continue monitoring and reporting on agency usage, with refreshed controls through SLT.

HR team to consider more appropriate attrition comparators and localised analysis, including pockets of risk.

HR



	HR team to develop divisional / area workforce dashboards including absence, grievance, disciplinary, attrition and raising-concerns indicators. HR team to maintain focus on the remaining legacy ER cases and report by exception. Management to meet Internal Audit regarding the Raising Concerns draft report and progress recommendations, with updates through GARAC / PCOD as appropriate. Job evaluation improvement work to continue, including JD quality, manager engagement and earlier business partnering.	
6.	EQUIP / Digital Transformation Update	
	The Committee NOTED the EQUIP / Digital Transformation update. The programme governance arrangements have strengthened, with a programme board and steering group in place. The next meeting was scheduled for the following week. Members noted the significant HR and OD resource commitment to EQUIP and the need to understand the impact on business-as-usual functions. Business continuity planning is underway, with work to identify HR functions most significantly impacted, including pay and conditions and IT-related casework. The Committee noted that deep dives on some other areas, such as grievances, may need to be postponed while the organisation prioritises readiness for the digital implementation. Members discussed communications, training and change readiness. The Chair emphasised the scale of the transition and the need to ensure staff understand how to use the new system, what support will be available and how issues will be managed if implementation does not go smoothly. Ms Turley advised that approximately 20% of the system remained either not built or not agreed, and that staff are managing overlapping demands. The central team has brought in additional project management support and the NIAS communications team has been engaged.	

	The GRS interface was discussed following GARAC consideration. Members noted the risk of duplicate data entry for managers if the interface is not delivered. Management explained that the GRS interface is part of the design and contractual requirements, and that NIAS and other trusts continue to escalate the issue through governance routes. It was also noted that even with an interface, cross-validation between GRS and HRPTS / the new system will be required and will require resource. The Committee agreed that EQUIP should remain on PCOD's radar due to the scale of change, the impact on workforce functions, and the need to manage readiness, communications and risks closely. <u>Next Steps</u> EQUIP / HR leads to continue business continuity planning and bring back key "start, stop, continue" decisions and associated risks as required. Management to continue escalating the GRS interface issue through programme governance. Communications and change readiness activity to remain a core focus.	HR
7.	Culture, Sexual Safety & Workplace Safety (Including Links to Being Human Framework) The Committee NOTED the culture, sexual safety and workplace safety update. Robert Sowney and Mr Quinn are involved in the organisational culture board. The King's Fund diagnostic work has commenced, including quantitative and qualitative baseline activity. Survey results and other data have been shared with the King's Fund, and further staff engagement visits were planned. Members emphasised the need to be honest about the baseline and the significant improvement work required. The Committee noted that the baseline exercise should identify key indicators and lead to a clear improvement plan with recommendations, to be considered through the programme board and reported back to PCOD. Discussion highlighted the importance of communications, visible leadership and ensuring the programme is not perceived as an isolated project.	

	Management noted that senior leaders are considering their own leadership behaviours and approach in a qualitative way. The operational context remains challenging, especially with financial and performance pressures, and the middle-management tier was recognised as critical to culture change. OREL work, including manager capability, education and skills, is being mainstreamed to support the culture programme. Mr Quinn stressed that the organisation should be clear about the intended short-, medium- and long-term outcomes from the King's Fund work and how these objectives align with the corporate strategy. Members agreed that culture objectives should be supported by measurable indicators and qualitative evidence of progress. Mr Corrigan welcomed the update and looked forward to the forthcoming workshop. <u>Next Steps</u> Culture programme leads to bring the King's Fund baseline, key indicators and improvement plan / recommendations through the programme board and to PCOD. Culture objectives to be framed across short-, medium- and long-term horizons and linked clearly to corporate strategy and KPIs.	HR
ITEMS FOR APPROVAL		
No items listed for approval		
ITEMS FOR NOTING		
8.	Workforce Planning (OREL and Tactical)	
	Mr McCleery-Madams joined for this item. The Committee NOTED the workforce planning update. Scheduled care workforce planning was reported as progressing well. For unscheduled care, engagement with trade unions remains central to progressing revised roles and workforce models. The Chair questioned the timeline and delivery plan, noting that the work had taken a considerable period of time and that the Committee needed visibility of when implementation would move forward. Jacob advised that	



there is a Gantt chart, but delivery is dependent on the length and outcome of negotiations with union colleagues and agreement on how roles will operate in practice.

The organisation is pushing to have matters progressed in the autumn to support recruitment in the new year. Engagement has moved from partnership meetings to correspondence to help progress matters.

Mr Riddell advised that Mr Sinclair is focused on having a position by the end of July to put forward to trade unions. A previous proposal had not been well received, and a further proposal is being prepared.

Detailed implementation may follow in October / November, subject to progress. Jacob advised that sessions are also taking place with other ambulance services elsewhere in the UK to inform the NIAS approach.

Mr Corrigan asked about the implications for the £13m SPPG workforce transformation funding if implementation is delayed. Mr McCleery-Madams advised that flexibility exists to support other areas of the business if particular workstreams do not progress as expected, but budgets were not yet fully agreed and spend in other areas remained uncertain. Members noted the potential risk of clawback or non-utilisation if delivery is delayed.

Mr Quinn expressed frustration that the process remains protracted and that it is difficult, from a Board perspective, to see the beginning and end points.

Ms Lemon explained that the programme / project board has requested further information to support decision-making and that, while trade union engagement is legally and practically important, progression is not always dependent on trade union agreement. Some progress has been made on the non-emergency side. It was agreed that this item should return to the next agenda, when Mr Sinclair will be available to provide a fuller update, including OREL and the wider vacancy position.

Next Steps

Add Workforce Planning to the next PCOD agenda.

Ms Beggs



	Mr Sinclair to provide an update at the next meeting covering both OREL implementation and the wider vacancy / tactical workforce position. Programme leads to clarify timeline, decision points, funding implications and delivery milestones.	Mr Riddell/Mr Sinclair
9.	Annual Report – Employment Law	
	The Annual Report – Employment Law was considered under Item 5 as part of the Monthly Workforce Information and Strategic HR Report. The Committee NOTED the report and the progress made in strengthening employee relations governance, resolving legacy cases, improving partnering arrangements, increasing legal capability and aligning the function with wider culture, just and learning and trauma-informed approaches.	
10.	Assistance to Study Annual Report	
	Dr Ruddell presented the Assistance to Study Annual Report and the Committee NOTED the report. The scheme has been successful in supporting staff across operational, headquarters and administrative areas. Support ranges from one-day courses and conferences through to higher-level academic study, including masters and PhD programmes. The panel provides governance and challenge to ensure decisions are properly managed, particularly in the context of financial constraints. The report covered activity over the previous six years and was linked to the Trust's strategic aim of supporting staff development. A clear trend was noted in previous years around paramedic staff completing BSc top-up or academic conversion pathways, helping staff align with the changing educational profile of paramedic practice and enhancing their ability to critically assess patients. That legacy demand is reducing, although regular applications continue from staff seeking to broaden knowledge in specialist areas. The Committee noted that the panel may need to decline requests where they do not align with organisational priorities or where affordability is constrained. Ms Turley clarified that Assistance to Study supports self-directed learning requests for funding and / or time	

off, but that the organisation does not yet have a sufficiently comprehensive profile of wider corporate learning and development, such as management development, soft skills and organisation-directed training. She proposed a training needs analysis and a more integrated review of the corporate training budget and Assistance to Study arrangements, with a potential business case to follow.

Mr Quinn raised several areas for consideration, including how the Trust identifies specialist paramedic practice needs, how research and academic development can support culture and learning, whether additional funding sources could be accessed, and how actively training and development opportunities are promoted.

Dr Ruddell advised that there is no specific Assistance to Study budget line; spend has historically been managed indicatively with Finance advice. An Education Stakeholder Group brings directorates together to identify clinical education needs, although time and budget constraints remain significant.

Research-related requests often involve external funding with relatively limited direct financial ask from NIAS, although time off may be requested.

Cross-border collaboration proposals are ongoing, and Marie Curie funding is already being utilised for relevant specialist training. Members discussed Trust charitable funds and other external funding opportunities, including potential Shared Island funding, particularly for research, training and specialist paramedic practice.

The Committee also discussed promotion of opportunities, noting that Assistance to Study is promoted through daily bulletins and reaches different divisions and areas of the organisation, but that a broader L&D portfolio or prospectus may be helpful.

Mr Corrigan noted that the report highlighted the breadth and scope of training and development. The AAP / EMT to paramedic degree conversion pathway was discussed, including the offer of places linked to Magee and improved uptake in recent years. Members welcomed this as a progressive pathway to support wider scope of practice. Financial control considerations were also noted: total organisational cost includes not

	only tuition fees but also accommodation, travel, subsistence and staff time. Hospitality and subsistence costs are already being reviewed. Ms Turley also referenced the SLA with the Leadership Centre and the need to prioritise learning activity in light of financial pressures, potentially using gold, silver and bronze prioritisation. Members agreed that Assistance to Study should be considered within a wider, strategically prioritised learning and development framework. <u>Next Steps</u> Ms Turley / L&D leads to progress a corporate training needs analysis and consider a business case for a more integrated L&D approach. Management to explore additional funding routes for training, research and specialist paramedic development, including charitable funds and external schemes where appropriate. L&D leads to consider developing a clearer organisational L&D portfolio / prospectus and promotion approach. Finance / L&D to continue considering total cost of supported learning, including travel, accommodation, subsistence and staff time.	Ms Turley Dr Ruddell Ms Turley Ms Turley/Dr Ruddell
11.	Any Other Business The Committee considered the Forward Work Plan. Members agreed that workforce planning should be added to the next meeting scope, with both OREL and wider vacancy/workforce position covered. The Chair thanked members and officers for the preparation of papers and the organisation of the meeting.	Ms Beggs/Mr Sinclair/Mr Riddell
14.	<u>Next meeting:</u> 10 September 2026	

Signed:





Northern Ireland Ambulance Service
Health and Social Care Trust



Date: 10-9-26