

1. Part 2 Board Meeting Dec 2022.
51/22 External HR Review [15.18 – 15.27]

DA confirmed that Board members have already seen this report and it is here to formally receive it.

AM then set out how this has been considered and received by his team and how the recommendations cover HR functions, people development, and reporting. All the issues picked up are complimentary of other reviews, such as the Board Effectiveness Review. Improving relations with unions is key and ACAS should help with this.

DA thanked AM for the positive way he and the executive has responded to the review. He reinforced that this is for the whole board and indeed the wider organisation to take note of.

SM agreed with AM that this exercise was a healthy one; everyone that took part spoke frankly which helped triangulate the core issues. At the root is employee and industrial relations and solving challenging issues at source needs to be more commonplace, when we get to a mediated position with a better partnership arrangement with unions. This helps create clarity about what good looks like and we will use this to help inform the development of a people strategy, signalling the Board's strategic intent.

SS referred to one of issues from this review (which relates to the WN and FTSU issues) related to the capability within the HR team to tackle the ER cases. AM responded that the first action was for a HR Director to help us on complex cases and the overall volume and how best to manage this. We have a process of upskilling with some external development, coaching and mentoring. Also, we have some temporary HR capacity to take the brunt of the casework, leaving HRBPs and Advisors to do the jobs they are employed to do.

DA noted that this report has been formally received. There is assurance that this has been taken seriously and that there are actions in place within HR and related to the wider approach to people management and development.

Action

Need to build into the Board timetable development of a People Strategy, via WWC

2. WWC Approved Minutes 16.2.23. Relevant section:
78/22 External HR Review Actions (AM)

Paper taken as read.

This paper outlines the large number of ER cases we currently have and the support we have been given for 5 of the most complex cases and now have plans for them. The HRBPs should be looking at overall improvement and the HRAs manage sickness, but they need support from the HRBPs due to sheer volume – at least 10 times the amount the group was set up to deal with. The bigger issue is to unpick why there is that level of discontent and why raised formally. We have started to push back on this and making some progress. We now hold a weekly suspension meeting, and have reduced this from 16 to 7, with a plan to reduce further to 5.

SS: Good to see this analysis and granularity. 172 ER cases with a resource built for 15 is actually 12 times the amount, so pleased that the BC to increase resource is planned for end Feb. AM: There is an issue with financial approval of any BC, but we need to resolve this due to CQC involvement. SS: We have to inject resource to resolve. The overarching picture from stats is some improvement so confidence is increasing. When will we see the impact of moving to informal resolution? AM: We have implemented a process with the Unions around avoidance of formality. We know from evidence

from other Trusts that when you look at outcomes, the vast majority don't need to go through formal process. Concerns as well that we are seeing disproportionate BAME cases, so it's a compelling case for RJC to be implemented here. We're concerned that managers/Unions are reluctant to use informal routes.

EW: This is difficult to capture obviously and people are quick to start the formal route. Challenge is through the culture work, to rebuild trust. Must give credit to [redacted] and Unions and recognize Union colleagues are helping to avoid formal route.

LS: The resource ER would need is impossible funding wise, so need to go back to local management for support. Sickness should be dealt with by them as a one to one discussion. AM: Agrees, but we are talking about complex sickness cases impacting HRBP dept as they need to support the manager. Currently reviewing the Policy as it's not fit for purpose. SS: Still concerned about local management capacity and skills. Cases to be reduced via evidence.

3. PC Approved Minutes 11.5.23. Relevant Section:
12/23 HR Review (AM)

Paper taken as read.

SS: At each Committee meeting, we are looking at a separate aspect of the HR Review for update.

AM: With such a high volume of ER cases, how quickly we respond and resolve is the key part. The outcome of the HR review was a triple answer - management development, relationship with Unions, Management and HR capacity (in terms of structure and skills).

TW: The key things for him to address quickly on his arrival was the quality and skills of ER advice. He is focused on this now and establishing a team with the expertise. Unfortunately, it's clear that we do give incorrect advice, which will feed up into restructuring the HRBPs to do what they should be doing. As the case load is extremely high, we are just firefighting, so we need to establish partnership work, which is key. Also, if we keep using same HR policies, then we will continue to have problems, so he will be working on reviewing policies. We must upskill managers as, without this, we will continue as we are.

EW has discussed with [redacted] the challenge around capacity of the teams and making judgement calls. We need to address both short term and long term. Also, must recognize Union difficulties at the moment. AM and EW review suspensions currently, but collaborative working is not at the place we need and this places managers in an uncomfortable position. EW is supportive of this approach and this needs to be timed and part of a larger work piece. SS: Work needed on management skills, policies, capabilities. Capacity is an issue as 15 cases are expected, not 180+ . AM: The paper is presented in the new improvement format, but it is still to go through EMB for review.

PL: It would be helpful if recommendations were shown and progress to date as paper not clear on that. AM: PL is correct. The final review was received just before Christmas and since then, due to trust finances, we've been pushing to deal with capacity. We do now need to move ahead with it as the team is at breaking point and all under stress from both a skills and capacity perspective. We need to focus on trying to resolve going forward, rather than looking back, but agrees more assurance needed.

ACTION: HR Review: Bring back to PC with fuller paper showing recommendations, plan and progress made on all the recommendations – AM/TW

DRC: No trajectory shown and these questions will be asked so we need to take a view on this. TW: This is due to be provided, but his initial task was to get sign off for the BC and then he can move forward and provide a full plan. Numbers for the new team were scoped from his experience within a previous role with a similar headcount, where he established a new ER team that was successful, so following this blueprint. At the moment he hasn't been able to assess the skills and capabilities of the current team, so plans to move HR systems to ER team, which will then be reviewed to try to reduce headcount. He needs the expertise to be brought in and then will undertake a review in 3 – 6 months as this will focus on upskilling. Hand holding managers reduced cases in his last job. Agrees it is a finger in the air somewhat currently. The additional cost pressure is the 3 higher bands. SS: Accepts that TW's long experience has been brought to bear in this BC and is looking forward to seeing the trajectory. TQ & SS: It is not the job of PC to look at operational detail; HR are the experts.

4. PC approved minutes 20.07.2023

30/23 HR Review (AM)

Paper taken as read.

Recently appointed an excellent Head of ER with good expertise. We will now focus on HRBPs and their role. For external assurance, SW is working with [redacted] who is due to come back in August to perform a re-review to get assurance on track.

DRC asked what is the biggest risk. AM: There is a balancing act across all 4 workstreams to change this and we must not stop/start this.

SS: Regarding policies, Phase 1 is to look at Grievance, Phase 2 is to review Disciplinary, however, both of these are causing issues so believes they should both be in Phase 1. AM: This is a recommendation from DD of HR, as grievances are our vast majority of cases and we need to work out how to construct this policy alongside P&C work. 19 suspensions in 2022, now down to 5 and none are sexual misconduct so that is really positive. SS: This needs flagging and feeding back as a positive result. AM: We treat the most serious cases in a different way to change the culture.

SS: Noted that the EOC Code of Conduct Policy has been withdrawn. EW: No other Trust has this and was advised by Moorhouse that this only needs functional guidance, which is being worked on currently. SS: Asked about professional standards. Would like to know how we are spelling things out concerning conduct and doesn't know where this is.

ACTION: Assurance needed that EOC Code of Conduct is being covered whilst guidance being developed – due PC 18.9.23