

What are the key objectives and priorities?

- Attract and retain the best and most diverse talent
- Maximise our workforce supply routes to reduce vacancy gaps
- Create a fully inclusive workplace where people are healthy, happy and productive
- Design a future workforce which is agile and responsive to the changing population health needs.
- Build the capacity and capability of our leaders to enable them to feel empowered and to make decisions.
- Work with our local partners to improve the health and wellbeing of our population as part of the sustainable environment agenda

Why does this matter to us?

- People with ideas and ambition will enable the organisation to develop its future skills and capabilities and broaden the depth of our thinking.
- Closing our vacancy gap will reduce the pressures on our workforce, enabling them to do their jobs well and take pride in their work.
- A healthy, happy and productive workforce results in better quality and safety of patient care and creates positive engagement
- Developing and managing effective services with the best outcomes and experience for patients requires effective leaders.
- We recognise our social responsibility to ensure that we are doing our best to improve the opportunities and health and wellbeing of our local population.

How does this support the delivery of the Trust strategy?

- It creates a workforce with the right skills in the right place at the right time.
- By building a resilient workforce, we can meet the challenge of restoration and recovery of services
- Creating an agile, healthy and responsive workforce will enable us to deliver high quality patient care
- Using intelligent data we can make informed decisions at a system level
- Equipping our workforce with the digital skills they need will enable us to respond to the growth in digital solutions
- We will be able to transform services through consistently applied Quality Improvement methodologies

Where are we now?

- We have significant workforce gaps in our hardest to fill vacancies across our clinical workforce
- We have growing rates of stress, anxiety and depression and a need to focus attention on mental health and wellbeing to avoid burn out
- We have too much temporary nursing workforce movement and high bank and agency usage to support additional escalation beds.
- We have inconsistency in our workforce data and data systems are not aligned.
- We have good systems and processes in place for international recruitment
- We have talent management processes in place which can be build upon.
- We have developed system relationships to support the Environmental and Social responsibility agenda

How will we get there?

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> Close the nursing vacancy gap through IR and maintain retention rates Reduce the medical workforce gaps with medium to long term solutions (CESR route) Develop an AHP workforce plan Implement the People Recovery Plan stage 2 Embed Talent Boards and mobilise succession plans Establish Divisional Governance structures Introduce QI Create Digital dashboards using intelligent data sources Introduce BAME leadership programme 	<ul style="list-style-type: none"> Fully embed a Flexible Working culture Implement e-roster for medical workforce Transition teams in to the new business models Create talent boards at a Place based level Create opportunities for secondments and shared posts across the system Deliver the People Recovery plan phase 3 Deliver joint social responsibility priorities Ensure improved use of the apprenticeship levy spend Widen the International recruitment programme to other people groups Develop a Cheshire 	<ul style="list-style-type: none"> Implement new ways of working / new roles across health and social care to support new patient pathways Eradicate high cost agency spend Adopt innovative ways to encourage retire and returners Expand OD programme to support high level of change Develop talent and succession planning to incorporate requirement of QI knowledge Work with the DCS programme leads to ensure all people are fully digitally enabled with the skills and equipment to do their roles in a digital world Expand diverse and inclusive leadership programmes 	<ul style="list-style-type: none"> Develop a fully integrated workforce plan across health and social care Ensure effective job plans are in place across all specialities and aligned to new Business units Robust talent pipeline in place with key individuals 'ready now' to move in to key roles Shared data and analytics across health and social care for Cheshire East Place Positive social responsibility plans in place and outcomes being evidenced in diversity metrics Develop integrated terms and conditions of service across specific health and social care teams. 	<ul style="list-style-type: none"> Integrate health and social care teams working together across 4 new Business Units Develop collaborative ways of working for corporate teams working across health and social care e.g Recruitment / OD Integrate business intelligence systems to provide robust workforce data Pool senior leadership expertise and workforce budgets Fully agile workforce across health and social care – one workforce.

What does success look like?

1-3 Years	3-5 Years
<ul style="list-style-type: none"> Sustained low level of vacancies Established and consistent pipeline of new recruits Robust talent management / succession plans in place Positive career pathways and internal promotion Manageable sickness levels New roles identified and in place High quality reliable data sources used for workforce planning Posts and people aligned to the new Business units 	<ul style="list-style-type: none"> High digital capability across the workforce Job flexibility and fully agile workforce Shared roles across system partners Greater breadth and depth of diversity Improved ratio of permanent to temporary people QI fully adopted

How are we going to measure success?

Funded establishment fill rate	Levels of Anxiety Stress & Depression	Promotion and Retention rates
people Survey engagement score	Agency / Locum spend	Reason for leaving

What are the key dependencies and risk?**Key interdependencies:**

- Funding of innovative recruitment models remains available e.g. international nurse recruitment
- Ability to release people for training and development
- Buy in from system partners for the new ways of working
- Rebuild and regeneration of the Leighton and VIN sites
- Implementation of the Digital Clinical System
- Successful implementation of QI methodology
- Business intelligence Unit capacity and capability

Key risks:

- Escalation beds remain open outside of winter planning
- Burn out of the workforce and loss of key individuals
- Capacity of current workforce to deliver the changes required
- Lack of skilled talent across the system and failure to attract
- National shortage of key roles (e.g. acute physicians)
- Cost improvement plans reduce ability to invest in new workforce