Workforce & OD Strategy
2015 – 2020

Ensuring a workforce with the right number of people, with the right values, behaviours and skills, to meet the needs of patients both now and in the future

February 2015
East Cheshire NHS Trust
Workforce & OD Strategy

Forward

East Cheshire NHS Trust is committed to providing high quality integrated care to its patients and services users. The Trust believes that a highly skilled, motivated and engaged workforce is essential to ensuring that this can be achieved. The Trust has a track record of promoting diversity and through this Strategy will continue to act as a role model organisation.

This Strategy outlines the future vision and implications for workforce at East Cheshire NHS Trust over the next five years to 2020. Our delivery plans will focus on Resourcing, Engagement and Development, all of which are interdependent and are of equal strategic importance.

The Strategy is aligned to the priorities contained in the Integrated Business Plan and should be read in conjunction with the Trust’s Clinical Strategy. The workforce strategy seeks to ensure we have a workforce which is financially sustainable, as modelled in the Long Term Financial Model (LTFM) and delivers high quality services and satisfaction for our staff and patients. This document renews our organisational commitments and updates the Trust’s workforce pledges, in line with Trust Board Objectives. It also aims to bring together strategic workforce issues highlighted within the Trust’s Clinical Strategy, Integrated Business Plan, and other key work programmes.

Implementing this Strategy will support the Trust to achieve its vision and strategic objectives. Importantly it also details the changes that need to be made to enable the organisation to move forward and adapt to the changing environment of the NHS. It provides a long term strategic framework under which a number of more detailed projects will be developed to address specific challenges or development priorities.

The Strategy will be reviewed and refreshed in parallel with the annual business planning cycle to ensure it remains aligned with the Trust’s vision and emerging priorities and to take account of internal and external changes in light of new HR evidence and best practice.

Development of the Strategy has been led by the HR service with input from Trust Board, senior clinical and managerial leaders from across the business. Through our staff engagement programmes we have sought direct feedback from our teams as to what they need from the organisation to perform at their best. The Strategy has been informed by an integrated process of long term strategy development and planning, and a copy of the Workforce Plan submitted to the Trust Development Authority is included in Appendix 1.
1. Rationale for change

1.1 The National Context

A number of national initiatives will impact ECT over the planning period, for example the Health & Social care Act 2012, the Francis Report 2013, the Keogh review into Transforming Urgent and Emergency Care Services 2013, the new CQC hospital inspection regime, the Health Education England Framework 15, the Shape of Training Report 2013 and others. These initiatives, together with the current financial pressures across the public sector will impact the way that services are commissioned and delivered, the standards of care provided, the way in which future staff are trained and the way in which healthcare is regulated.

The NHS 5 Year Forward View (2014) sets out how the NHS needs to change and articulates the need for a more engaged relationship with patients, carers and citizens to promote wellbeing and to prevent ill health. As a member organisation of Caring Together in Eastern Cheshire, ECT has collaborated with its partners to be part of a submission to the ‘forerunner programme’ to explore the Primary & Acute Care System (PACS) model of care delivery. If successful this will speed up ECT’s transformation programme and will have a significant impact on the way that the Trust delivers services and the workforce required to achieve this.

National workforce supply / availability drivers include, but are not limited to, the impact of:

- Labour market constraints and increasing competition for skilled staff;
- Historical education commissioning patterns take time to unwind (it takes 13 years to train as an Emergency Department consultant, for example, so planning for change needs to be long term);
- Regulator, Royal College and Professional Body staffing guidelines;
- Rigidity of reward and the NHS pay and terms and conditions regime;
  And,
- Changing NHS and wider pension arrangements

1.2 The Local Context

ECT is also experiencing substantial changes in its local environment, in its patient and staff base, in how its services are commissioned and in the cost and quality standards of the care that it provides.

Demographic Change: The local population is ageing and disease patterns are changing. This requires services to change to support local communities and staff with the appropriate skills and competencies to treat older patients who are living longer and who are developing more complex and long term conditions. ONS data predicts the most significant population changes in East Cheshire to be in residents aged 65 to 84, in whom an increase of 22% (11,000 people) is forecast, and in residents 85 years and over, in whom an increase of 42% (3,000 people) is forecast; together a combined increase of 24% by 2021. The ageing population places particular challenges upon the health and social care system in East Cheshire, bringing an increasing need for services and for a more integrated approach to managing ill health. The rural nature of large parts of the Eastern Cheshire area brings some problems with access to services for more geographically dispersed communities.
Commissioning and Provider Landscape: Changes to how services are commissioned and how they are provided are also having a substantial impact on how the Trust operates. As more services are being put out to tender, increased competition and downward cost pressures are significantly impacting the shape of the Trust’s clinical activity and the workforce required to deliver this. The Trust continually explores new opportunities in terms of its core activities and adjacent markets. In some cases this is resulting in the loss of activity and staff providing those services, whereas in others existing activity has either been retained, or new additional business has been secured, bringing additional staff on board.

As the Trust continues to shift its activity from acute to community and social care provision and settings, this will also impact the numbers, skill-mix, work patterns and employment models of our workforce. Social care provision for the local patient population, and its interaction with health care, is highly significant in terms of the Trust’s approach to its clinical and workforce strategies. The interface with neighbouring provider and commissioner organisations, and our approach to whole system care of the patient will necessarily change how we work.

Local initiatives including Caring Together, Healthier Together, Connecting Care, Challenged Health Economies and others are impacting ECT at a local planning level as the Trust seeks to work collaboratively with its partners. The requirement to support seven day services will also have a considerable impact on service delivery and the expectations placed on staff.

1.3 Summary

In summary:

- There are a number of national and local demand and supply drivers impacting on the workforce
- Peoples needs and expectations are changing as they are living longer and developing more complex conditions; this requires an integrated model of care offered across 7 days, by a workforce with a range of generalist and specialist skills
- Changes to the way in which care is delivered, and where, means that many conditions can be treated successfully in the community by professionals working alongside patients and carers
- Opportunities for self-management and personal budgets have increased, helping some people to avoid hospital altogether;
- Different models of employment and team working are emerging to support 7 day services, advances in technology and treatment

Taking these factors into account, the Trust requires a workforce strategy that will deliver an able, motivated and flexible workforce - the right number of people, with the right values, behaviours and skills, to meet the needs of patients both now and in the future
2. What will the future look like for ECT

2.1 Changes in Clinical Service Strategy

ECT’s Clinical Strategy 2014 – 2019 sets out the Trust’s ambition to deliver high quality, clinically and financially sustainable care for all of our patients. ECT expects to continue to provide a broad range of medical and surgical services for the patient population, from hospital settings and in the community, in particular to elderly patients and those with long term conditions.

ECT is involved in a number of large scale transformational change programmes within its local health economy that will impact which services it provides to patients and how it will provide those services. Changes in the way services are commissioned, continued downward financial pressures, technological developments and an ageing workforce will all have an impact on how the future will look and feel for patients, their families and carers, and our staff.

The Trust has adopted two guiding principles in developing its clinical strategy:

- The clinical safety of services must be paramount; and
- Services will be delivered as close to home as possible.

ECT’s Clinical Strategy categorises its current range of clinical services into Partnership, Grow and Sustain as follows:

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Grow</th>
<th>Sustain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centralising the most specialised services in dedicated facilities –</td>
<td>Mainly services provided in the community, related to changing</td>
<td>Expect to continue, although likely to be subject to some change to</td>
</tr>
<tr>
<td>potential partnerships are in place or being explored</td>
<td>demographic profile and those that require greater care integration</td>
<td>reflect policy guidance and/or new partnership arrangements</td>
</tr>
<tr>
<td>• Emergency Care</td>
<td>• Preventative Care</td>
<td>• Majority of Community Services</td>
</tr>
<tr>
<td>• Paediatrics</td>
<td>• Integrated Care - Community</td>
<td>• GP Out of Hours</td>
</tr>
<tr>
<td>• Maternity Services</td>
<td>• Acute Assessment &amp; Ambulatory Care</td>
<td>• Majority of Outpatient Services</td>
</tr>
<tr>
<td>• Gynaecology</td>
<td>• Elderly Care Services</td>
<td>• Majority of Hospital based Diagnostics</td>
</tr>
<tr>
<td>• General Surgery</td>
<td>• Community Paediatrics</td>
<td>• Elective Care in Hospital</td>
</tr>
<tr>
<td>• Breast Screening</td>
<td>• Diagnostics &amp; Elective Care in the Community</td>
<td>• Medical Specialties</td>
</tr>
<tr>
<td>• Cardiology</td>
<td>• IV Line Services</td>
<td>• Hosted Services</td>
</tr>
<tr>
<td>• Single Handed Specialties</td>
<td>• Integrated Respiratory Services</td>
<td></td>
</tr>
<tr>
<td>• Dermatology</td>
<td>• MCATs</td>
<td></td>
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<tr>
<td>• Some Specialist Nursing Services</td>
<td>• Elective Orthopaedics</td>
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<td></td>
<td>• Ophthalmology</td>
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<td></td>
<td>• Rheumatology</td>
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<td></td>
<td>• Gastroenterology</td>
<td></td>
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<tr>
<td></td>
<td>• Palliative &amp; End of Life Care</td>
<td></td>
</tr>
</tbody>
</table>

From 2015/16, the Trust is forecasting a reduction in the number of in-patient beds it provides, as community based service provision is enhanced. It is anticipated that as a consequence of this, the in-patient group will become increasingly complex and that patients with less complex conditions will move to being cared for in a community setting.
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The Trust has a strong track record of working in partnership with a range of different organisations, and such arrangements will become increasingly important due to the commissioning trend towards delivering care in terms of whole pathways and the need to work collaboratively in order to meet rising clinical standards. Additional partnering arrangements are likely to come about in future, either to meet specific service needs or to develop arrangements currently in place.

The diagram below shows the planned shift in activity from acute and community services to hospital and integrated care, with a corresponding growth in new activity areas:

2.2 Changes for Patients

Through adoption of the Trust’s clinical strategy, we expect our patients to:

- Be better supported to manage their own health, with better outcomes for individuals;
- Be treated in ways that recognise their needs, leading to improved outcomes and greater satisfaction with our services;
- Have better quality relationships with healthcare professionals, reducing unnecessary visits and improving patient experience;
- Receive high quality care wherever they are and at the time of their choosing; and
- Benefit from the latest research and technology whilst being treated with care and compassion.

2.3 Changes for the Workforce

In order to deliver the clinical transformation of our services we need a workforce that is:

- Resourced appropriately, flexible and agile to support 7 days working and the provision of care in the right place
- Engaged, rewarded and resilient, demonstrating the values and behaviours expected by the organisation
- Safe, confident and competent to enable innovation and the provision of quality services
3. ECT Workforce Profile – as at 31st December 2014

3.1 Banding Profile and Staff Groupings

Chart 1

The current workforce totals around 3,090 FTE (including bank and agency staff), most of whom are employed on Agenda for Change terms and conditions of service (substantive staffing is around 2,740 FTE). The Trust has an annual staff paybill of around £120M, representing around 70% of total annual expenditure.

Chart 2

Chart 2 sets out the staff banding profile by Agenda for Change FTEs for 2014. The staff profile is broadest at bands 5, 6 and 7, representing the bulk of qualified clinical staff.

Chart 3

Within the Medical & Dental staff group, there were 72 FTE consultants, 13 FTE GPs and 29 FTE Specialty Doctors.
3.2 Vacancy Rates & Turnover

For 2014, vacancy rates across staff groups varied from between 2% and 4.5%, representing a significant staffing issue for the Trust. Staff turnover also varies by staff group but overall has been increasing during 2014 and January 2015.

3.3 Sickness Absence

Sickness absence varies seasonally, however rolling 12 month averages for 2014 show an increasing trend. Our Year 1 strategy will focus on measures to help the Trust reduce sickness, particularly musculoskeletal and stress, through a range of preventive activities and tactical actions.

1 It should be noted that vacancy rates referred to in the IBP 8.68% as at Month 9 are substantially higher than the rates shown below, due to the calculation methodology used. However, a key project within this strategy is development of Establishment Control within Electronic Staff Records, enabling us to align HR and financial approaches to reviewing vacancy rates.

2 Turnover rates have been impacted by the removal of a number of non-active bank staff.
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3.4 Temporary Staffing

Increasing vacancy rates and increasing sickness absence rates have an impact on the Trust’s spend on temporary staff to fill workforce gaps, and the Trust has seen an increase in temporary staffing spend during 2014.

There will inevitably be times when temporary staffing is needed to meet spikes in demand however part of our Year 1 strategy is to explore the causes of this in more depth and also to bring in tactical measures to help the Trust reduce vacancies and switch spend from Agency staff to Bank staff.

3.5 Training & Appraisals

Statutory and Mandatory training and appraisal compliance rates have both increased over the last 12 months. Appraisal compliance is below the 90% target while statutory and mandatory training is slightly above this target (December 2014).
3.6 Age Profile

There is an ageing workforce at the Trust, with 35% of the workforce aged over 50 years in 2014, compared with 32% in 2009. We know that turnover of staff is higher in the younger age groups than in the older age groups and that changes to NHS Pension arrangements are likely to impact on staff aspirations and career choices.

We understand from current research\(^3\) that as our workforce ages, staff are at increased risk of workplace injury to their health and resilience, leading to increased rates of sickness / absence. To support our workforce, we will be developing new roles with more flexible hours, along with reviewing different employment models.

![ECT Age Profile](image)

3.7 Engagement Scores

Staff engagement scores have been improving year on year, at 3.65 in 2012, 3.66 in 2013 and 3.69 in 2014. However, these scores are still below the national average for acute Trusts at 3.74.

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\(^3\) NHS Working Longer Report (2014)
4. How we will get there

4.1 The Future Workforce – our ambition

We will use a three-pronged approach to responding to the changes described in the previous sections and to support the delivery of the Trust’s clinical strategy and vision for 2020. Our delivery plans will focus on Resourcing, Engagement and Development, all of which are interdependent and are of equal strategic importance.

Our ambition is to give our staff the skills and competencies they need to enable them to work across acute and community pathways. They will be well-trained and have the experience that they need to deliver care collaboratively in partnership with other staff groups across organisational boundaries. They will be able to provide patients with greater access to services seven days a week. We will work collaboratively with the Partnership Forum to develop employment models that meet staff aspirations as well as providing the organisation with long term sustainability of service.

The delivery plans set out in this strategy will enable us to attract and recruit staff quickly and safely and deploy them using good governance and appropriate controls. We will improve efficiency and productivity through standardised and streamlined processes and an investment in workforce technology. Our managers will be able to utilise technology and workforce intelligence to help inform decision making and support learning. We know that good line management relationships lead to good employee health and reduced rates of sickness / absence. We will help our managers to realise the health and wellbeing benefits that their support and guidance can bring to their teams and to the organisation as a whole.

Our ambition is that our future workforce will have a clear understanding of the contribution that they can make and they will have the skills and training that they need to care for their patients. They will no longer be confined to rigid training and career pathways, but will have access to more rewarding and adaptable careers. We have an aspiration to improve the support that we provide to our staff, both in terms of training and in terms of employee wellbeing, helping them to stay healthy, resilient and motivated. Our education programmes and our reward and recognition programmes will help to inspire our staff to continually improve the care they provide. We will continue to promote diversity in our workforce.

4.2 Our Approach to Change

ECT has developed a 5 year workforce strategy to ensure future patient needs can be met. This strategy will be delivered in three key work-streams – Resourcing, Engagement and Development. The diagram overleaf sets out the approaches and the delivery plans in each area:
4.3 Resourcing

4.3.1 Shape & Size of the Workforce

Improving access to and understanding of, real time ECT and local health economy workforce data is crucial to enable managers to make informed decisions about current and future staffing needs and arrangements. We need to be able to design new roles based on competencies and skills that take our people beyond current service delivery models, to respond to future cross-organisational care pathways and emerging ways of working across organisational boundaries. Workforce information is a key element in enabling this approach to be adopted.

Key Actions
- Develop tools and resources to support decision making and planning, giving managers access to real-time workforce data and information (such as eWIN and the Workforce Information Data Warehouse - WIDW)
- Implement Establishment Control through Electronic Staff Record (ESR), enabling the Trust to ensure that investment in staff is made at the right level, and utilising natural turnover to focus resource where it is needed, in the most cost effective way
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- Co-produce a health economy workforce plan with our partners across Caring Together and Connecting Care – to enable the sharing and analysis of system wide intelligence across both health and social care
- Provide training and tools to support competency based workforce planning and education commissioning
- Benchmark and share workforce best practice across acute, community, social care and primary care with an additional focus on comparable peer organisations
- Ensure continuous improvements to data quality, timeliness and access

Success will be measured via:
- The development of a health economy workforce plan for Connecting Care and Caring Together
- Increased use of workforce tools including eWIN and WIDW
- Top Quartile quality scores for National WOVEN (Workforce Information Centre) workforce data

4.3.2 Attraction Strategy

Competition for staff in healthcare is increasing, with national shortages for roles within a variety of professional groups. It is essential that East Cheshire is known as a great place to work and that talented individuals choose to apply for posts within the Trust. We need to develop a comprehensive attraction strategy that reflects the way that people are making decisions about their careers and rooted in an understanding of why clinical staff choose to undertake specific roles or to work with specific organisations.

Key Actions

- Develop our brand and effective use of social media to ensure that the Trust has a prominent, immediate and meaningful means of communicating with prospective employees and trainees
- Develop a more sophisticated total reward package and staff incentive schemes to enhance and differentiate ECT as a great place to work
- Create strategic alliances to attract talent, specifically working with local schools, colleges and other education providers
- Develop educational placements, programmes and other activities to attract future staff
- Develop a process for automatic Bank inclusion for new starters and promote working on the Bank to existing nursing staff

Success will be measured via:
- Ratio of potential applicants / candidate to posts
- Growth in volume of candidates applying for positions at ECT
- Growth in volume of applications via social media / online
- A reduction in time to hire and in professional staff grade vacancy rates

4.3.3 Recruitment, Selection & Induction

The recruitment of skilled and able staff who demonstrate our shared values, is vital for our patients and for the organisations’ long term success. We will work to improve our recruitment processes and to ensure that we have effective induction policies and a strategy to retain the best talent within the organisation. Specifically, we need to do more to identify and build relationships with future talent.
Key Actions

• On-going work to improve our recruitment process including the introduction of NHS Jobs 2 technology and e-DBS
• The introduction of workforce e-governance processes and pre-selection values screening (selection and compliance with Duty of Candour fit and proper persons test for all staff)
• Development of an on-boarding process to engage and motivate staff from the start of their employment
• On-going work to better understand why staff leave, leaver patterns and the stability index (including maternity leave) for different staff groups to help to develop optimum targets for staff turnover and to drive pre-emptive recruitment campaigns
• Introduction of new feedback mechanisms to inform future recruitment and the ongoing retention of staff

Success will be measured via:

• Targeted reduction in time to hire averages
• Implementation of NHS Jobs 2 and e-DBS by April 2015
• Experience of ‘on-boarding’ checked with new starters at Day 1 and at 6 months
• Increase in 1 year and 2 year retention rates
• Reduction in grievances, disciplinary processes and complaints relating to staff during the first 12 months of an appointment

4.3.4 HR Framework to Deliver the Clinical Strategy

Changing operational and strategic demands on the organisation will require a flexible and responsive workforce. As an integrated organisation, increasingly working in partnership, we will need employment models which are flexible and responsive. We need to be agile to cope with the quickening pace of change and to be responsive to competitive tenders and new service models as they are commissioned.

Key Actions

• Co-design of the HR framework and employment models to support new ways of working, particularly the shift in focus from acute to community and social care settings, and to reflect potential changes in employer resulting from commercial developments
• Development of the framework to support cross-organisational working (developed in partnership with others including Caring Together, Connecting Care, Southern Sector and others) enabling collaborative workforce planning at a health economy level, and helping our staff to work across a variety of settings
• Design and development of more flexible roles, enabling staff to work with a core set of skills, whilst being flexible in their approach within their scope of practice. We will explore more flexible terms and conditions such as part time options, job sharing, secondment opportunities and new, more flexible career paths
• Programme of continuous improvement of HR and corporate transactional processes
• Design of new roles with broader competencies to support cross-organisational working

Success will be measured via:

• Targeted reduction in the proportion of acute to community clinical staff
• Increase in the number of acute nursing and HCA staff who have completed the clinical competency training package and are competent to transition across both acute and community
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- An increase in the number of community based consultant clinics
- Positive feedback from Partnership Forum on the joint agenda of HR framework development

### 4.3.5 Workforce Sustainability & Productivity

Achieving effective staff management basics right first time, and effectively managing pay spend is critical to the sustainability of the organisation into the future. Specifically, use of expensive temporary staffing is de-stabilising for the organisation in terms of continuity of care and financial position. Use of temporary staffing peaks when substantive staff are absent due to sickness and stress related illnesses, so management of pressure at work and the improvement of the wellbeing of staff are critical.

**Key Actions**

- Implementation of an agency staffing spend reduction programme
- Development of the Trust bank to deliver financial savings, respond to urgent staffing pressures and support continuity of care for our patients
- Recruitment of a tactical pool of staff within the establishment, to respond to operational pressures and vacancy gaps
- Undertake an on-going review and continued development of workforce policies, pay and terms and conditions to support workforce equity and organisational sustainability
- Train leaders in change and workforce improvement methodologies – starting with evaluation six months on from the clinical management restructure
- E-rostering system upgrade and roll out

Success will be measured via:

- Year on year reduction in agency spend
- Year on year reduction in the vacancy gap
- A reduction in pay errors
- Levels of completed training in improvement methodologies

### 4.4 Engagement

#### 4.4.1 Listening to staff and acting upon what they say

Research shows that when staff feel listened to, they are more motivated, engaged and innovative in their work. Organisations that listen to their workforce are more resilient to change, perform better and deliver better quality than other organisations who do not. When leaders listen to their staff they support creative and engaging cultures. By making our senior leaders and line managers more visible and accessible, staff engagement with the organisation will grow. Involving staff in decisions about their future is key to engaging them, as is keeping them informed about the progress and rational for change.

**Key Actions**

- Conducting Board departmental visits and providing feedback
- CEO staff briefings that encourage and enable staff to make their voices heard
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- Line managers and senior leaders are encouraged and supported in reviewing and building engagement within their teams and together with their direct reports, actively seeking and acting on staff feedback
- Continued rollout, review and improvement of staff matters and other corporate communications and feedback tools – including Your Voice and Listening into Action (LiA)

Success will be measured via:
- Engagement survey feedback including NHS National Staff Survey, local Pulse Surveys and Staff FFT

### 4.4.2 Valuing staff; ensuring every employee counts

Where all staff feel valued and recognised they use discretionary effort and demonstrate commitment and motivation to the organisation. This in turn is likely to impact positively on staff turnover / retention rates. Staff that feel valued provide better care for their patients and are likely to be proud ambassadors for the Trust. This in turn helps ECT to attract and recruit like-minded people.

Simple thanks and recognition of the effort people make in their daily work is key to personal motivation. Staff are motivated when they are recognised and celebrated for their work and this helps to bring about pride in the organisation.

**Key Actions**
- Embedding the Trust's value based behaviours across the whole organisation ensuring all staff know and understand what is expected of them, irrespective of their base and grade
- Reward and Recognition strategy implementation, including a range of schemes to underpin our approach, for example service line suggestion boxes
- Encouraging staff feedback via NHS Staff Survey, Pulse Survey, Staff FFT, and demonstrably acting on that feedback
- Equipping managers with the necessary skills to provided balanced feedback to all staff
- Developing and supporting the Partnership Forum in its role of supporting staff involvement in decisions that affect them
- Contributing to regional and national learning events and promoting what we do, so that others can learn from our experience

Success will be measured via:
- Engagement survey feedback including NHS National Staff Survey, local Pulse Surveys and Staff FFT relating to reward, recognition and motivation
- Staff FFT – would staff recommend working at the Trust
- Reward and Recognition Scheme launch and uptake, including recognising special and long service
- Quality and number of nominations for staff awards
**4.4.3 Creating an Engaging Culture**

Organisations perform better when staff exhibit higher levels of engagement. Engaging cultures create more resilient and agile workers with lower levels of work related absence. Engaging cultures tend to have higher standards and deliver higher quality because staff are proud of the organisation, of the services that they deliver and the part they play in achieving the organisations objectives. Collaborative learning and coaching is critical to developing an empowered and engaged workforce, along with a clear vision of what good looks like in terms of the culture we are striving to achieve.

**Key Actions**
- Development of programmes to develop core leadership behaviours and coaching skills, linked to annual performance monitoring
- Online toolkit and resources for leaders and managers
- Establishing performance measures and monitoring of engagement plans for each Service Line
- Introduction of Engagement Impact Assessments (EIAs) when planning change
- Support leaders to become visible engagement champions

Success will be measured via:
- Results of Board annual cultural assessment and 360 effectiveness review
- Correlation of Zenger & Folkman evaluation
- Uptake and impact of both internal and external leadership programmes
- Number of engagement champions
- Introduction of an EIA for organisational change, new policies and procedures affecting staff
- 1% of workforce are accredited coaches (year 1)

**4.4.4 Empowering Staff; Enabling them to make a Difference**

Empowered staff contribute more to their organisation by using their own initiative and ideas to make improvements to systems and processes, and so they help change to happen more quickly. Staff who are committed and motivated go the extra mile, and so enable ECT to achieve improved performance and better results.

NHS organisations with effective mechanisms for empowering and involving staff in decision making manage risk more effectively and provide safer, higher quality care than organisations that have no such mechanisms. Reducing bureaucracy and helping staff to understand where they have the freedom to act will help the organisation to be more agile in implementing change.

**Key Actions**
- Continue to build and support Your Voice, LiA projects, conversations and forums for helping staff to get involved
- Partnership Forum development to promote and increase participation
- Building better connections at ward / department level with the Board and senior leaders
- Development of an engagement and improvement toolkit and supporting resources
- Incorporating engagement within leadership development programmes

Success will be measured via:
- Number of staff-led projects across all Service Lines and Corporate Functions
Engagement survey feedback including NHS National Staff Survey, local Pulse Surveys and Staff FFT
Triangulation of engagement scores and patient outcome and experience measures

4.4.5 Supporting Health & Wellbeing and a Safe Work Environment

Safety and environment has a positive contribution to wellbeing, performance, staff presenteeism and resilience. Staff who are well at work demonstrate positive behaviour changes such as increased morale and support to others. As our staff work longer, we need to adapt to changing age profiles and working preferences.

If we keep our staff safe and well at work, we can provide improved continuity of care for patients, reducing our reliance on temporary staff. It will be important to ensure that staff have regular breaks, time to reflect and develop, are line managed effectively and have the right equipment and facilities to enable them to do their jobs.

Key Actions

- Trust Wellbeing Programme aligned to the needs of the organisation and its staff
- Regular review of environment, equipment and facilities to identify risks and inform improvements
- Mechanisms for raising concerns and risks are actively promoted and area accessible to all staff
- Continued development of the Occupational Health provision to support the wellbeing agenda, e.g. introduce staff MOTs
- Implementation of the Boorman Health & Wellbeing recommendations to support an improvement in absence rates
- The development of a staff hub (and spokes) – to support health, wellbeing, education and learning

Success will be measured via:

- NHS Staff Survey and Pulse Survey indicators relating to health and wellbeing
- Reduction in sickness absence due to stress and musculoskeletal problems
- % reduction in H&S risks / incidents reported relating to working environments

4.5 Development

4.5.1 Setting the Standard for Learning & Development

Making learning available for the whole workforce from Day 1 of employment enables staff to be empowered to take greater control of their own development. Empowered learners become empowered workers delivering better care to patients. Staff need access to learning at a time and place to suit them, and regular meetings with line managers are key to helping staff understand the gaps in their learning and enabling them to address these.

Effective induction and orientation on commencement of a new role is critical to enabling new starters to hit the ground running and to consolidate learning for use in a new environment.
Key Actions

- To increase the availability and choice of e-learning resources
- To modernise our library and knowledge management service, making it more accessible to all staff groups
- To streamline the appraisal and PDP process with renewed focus on the quality as well as quantity of appraisals taking place
- To support the introduction of nurse revalidation with effect from April 2015
- To commission additional training in appraisal to help appraisers and appraisees to develop their skills
- To review corporate induction and how this can be improved in support of wider on-boarding strategy – helping new starters to make a difference from Day 1
- To introduce a new consultant development programme

Success will be measured via:

- % rate of staff having an annual appraisal and active PDP
- % revalidation rates
- % compliance with corporate induction and statutory and mandatory training
- % staff with an Athens account and accessing the libraries and knowledge management service

4.5.2 A Confident, Competent, Caring & Capable Workforce

Staff who have the skills and abilities to do their job tend to perform better, delivering better care. A high performing workforce delivers high quality care today while it continues to innovate and improve sustainable services for the future. Staff will need clear guidance and training in the competencies required for their role, and need access to training to ensure their practice is safe and up to date. More leadership training will also be crucial in supporting managers to develop their teams, supported by positive and constructive feedback to help staff to improve their performance.

Key Actions

- A new model for clinical mandatory training to be launched April 2015
- Strengthening the L&D Planning process and supporting arrangements for prioritisation and allocation of resources (MPET, CPD Apply)
- Continued investment in HPLP, Empowered Leaders and Team Leader Development Programmes
- Investment in coaching and supervision for accredited in-house coaches
- Reviewing training needs in support of compliance with Duty of Candour policy requirements
- We will support our leaders to develop the skills to deliver new business activity, specifically around integrating and co-designing new or transformed services
- The development of a staff hub (and spokes) – to support health, wellbeing, education and learning

Success will be measured via:

- % of staff achieving a vocational qualification / completing apprenticeships
- % of staff having up to date appraisal and PDP
- % of staff with mandatory training
- 1% of workforce have a coaching qualification / accreditation (year 1)
- Correlation of Zenger & Folkman evaluation for High Performing Leaders
4.5.3 Growing Future Talent
Supporting, developing and enabling talent to grow provides a direct pipeline for the future workforce. Effective succession planning supports business continuity and enables the organisation to have a resilient workforce to support the shift to the future care model.

Staff are keen to have opportunities to develop through secondments, shadowing and by leading projects – rather than relying on the formal process of applying for jobs. In addition, more varied career development options are needed within all professional groups and particularly for staff who don’t have a professional qualification or a degree. Education and development opportunities also need to be tailored to the growing diversity of the workforce, and to recognise the increasing role and impact of volunteers.

Key Actions
- Improved appraisal and PDP process supported by additional training for staff
- Embed talent management and succession planning
- Establish an ECT Coaching and Mentoring resource
- Bands 1 – 4 development programme to be rolled out
- Developing and promoting online toolkits and resources for learning
- Co-development and design of training programmes with patients and volunteers
- Increase the involvement of service lines and staff in determining the L&D priorities and plan – revise membership of the L&D Strategic Group and re-launch
- Partnering with Health and social care providers across the system to develop system leaders and workers

Success will be measured via:
- % staff with an Athens account and accessing the libraries and knowledge management service
- Number of staff completing simulation training packages and learning events
- % participation in mentoring programmes

4.5.4 Excellence in Education
Delivering excellence in education for students and learners supports excellence in practice and competence. Evidence tells us that students and learners who have a positive experience here at ECT are more likely to want to stay at ECT and continue their professional careers with the Trust. Staff and learners also want more access to simulation style learning and to learn alongside colleagues and other professionals.

It will be crucial to improve access to online learning and outreach library resources to support the shift from acute to community. More mentors and time allocated to students and mentors spending time together will also be important in developing the future workforce.

Key Actions
- Continued development of multi-professional grand round and clinical skills training programmes
- Programme of development to widen the scope of simulation training across pathways of care and in community settings
- Review of mentor facilities and learning facilities for students
East Cheshire NHS Trust  
Workforce & OD Strategy

• Modernise the library and knowledge management service (including a specific project to support HCA certification)  
• Review of ‘on-boarding’ for students and undergraduates  
• Produce a compelling business case for improving our people facilities, creating world class environments that support learning and wellbeing

Success will be measured via:  
• Increased number of simulation training packages and learning events across the Trust  
• % staff with an Athens account and % staff accessing the libraries and knowledge management service  
• Increased number of mentors and mentoring relationships – compliance with LDA student: mentor ratio requirements

4.5.5 Maximising Learning Partnerships

Staff benefit from opportunities to network and learn from other settings and environments, developing learning networks that support ideas and knowledge exchange among professionals. Education, research and learning opportunities are available through other bodies and we will support staff to access these where appropriate. Colleagues who participate in these programmes will be supported in sharing their learning across the Trust.

Key Actions
• Strengthening links with OD&L networks, LETBs and HEIs  
• Modernising the library and knowledge management service to further develop online toolkits, resources and supportive learning communities  
• Working with our Partnership Forum on the development agenda alongside the employment agenda  
• Working with other NHS employers and skills for health to develop skills passports  
• Work to maximise our membership of NHS NW Leadership Academy and supporting staff to access national development programmes and resources  
• Establish virtual learning communities to enable colleagues to share learning and knowledge they have acquired from development programmes

Success will be measured via:  
• Number of ECT places taken up on NHS Leadership Academy and Regional Leadership Academy programmes  
• Participation in system wide induction orientation and learning via Cooks Tours, shadowing and secondment opportunities  
• Skills passport adoption rates
4.6 Our Delivery Plan

Our delivery plans will support our workforce to adopt the values, attitudes, beliefs and behaviours that they will need to ensure that our patients receive the highest standards of care. We have an ambitious but credible plan for 2015/16 Year 1 of this workforce strategy, designed to land a number of key initiatives and deliver significant change at pace, as set out in the table below:

<table>
<thead>
<tr>
<th>Resourcing</th>
<th>Staff Engagement</th>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resourcing implementation plan</td>
<td>• New Reward &amp; Recognition Scheme launched</td>
<td>• New appraisal policy and process</td>
</tr>
<tr>
<td>• Workforce Information Strategy</td>
<td>• New Wellbeing Programme launched</td>
<td>• Modernisation plan for library and knowledge management service</td>
</tr>
<tr>
<td>• NHS Jobs 2</td>
<td>• Start of the Year and in-year staff conversations</td>
<td>• New model for clinical mandatory training</td>
</tr>
<tr>
<td>• Health Economy Workforce Plan</td>
<td>• Engagement Summits</td>
<td>• Programme to support HCA certification implemented</td>
</tr>
<tr>
<td>• Reduction in Agency spend</td>
<td>• Values &amp; behaviours rolled out</td>
<td>• High Performing Leaders and Empowered Leaders graduation event</td>
</tr>
<tr>
<td>• E-Rostering upgrade and roll-out</td>
<td>• LiA; Your Voice Year 3 projects underway</td>
<td>• ECT coaches accredited</td>
</tr>
<tr>
<td>• Switching temporary staffing support and spend from Agency to Bank</td>
<td>• Pulse and Staff Survey Improvement Plans</td>
<td>• Business case developed for improving environment for learning and wellbeing</td>
</tr>
</tbody>
</table>

More detailed plans are set out in the tables at Appendix 2 covering the next five years.
4.7 Our Resource Plan

This strategy will be delivered from within existing HR, OD and Learning resources and other Service Line budgets. However some areas will need additional support, considered as part of the annual business planning cycle, to enable us to deliver the quantum of change required in the time available. The table below details the identified resources associated with delivery of the strategy for Year 1 in line with the three key areas of activity.

<table>
<thead>
<tr>
<th>Resourcing</th>
<th>Year 1 15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Requirement</strong></td>
<td><strong>Additional Cost £0s</strong></td>
</tr>
<tr>
<td>Resourcing Coordinator / additional support for recruiting managers to achieve optimal establishment of medical and nursing appointments – reduce time to hire</td>
<td>25,000</td>
</tr>
<tr>
<td>Development of attraction strategy:</td>
<td></td>
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<tr>
<td>Stage 1 – analysis of recruitment advertising methodology and brand awareness campaign</td>
<td>20,000</td>
</tr>
<tr>
<td>Stage 2 – implementation / social media campaigns / website development</td>
<td></td>
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<tr>
<td>ER Case Investigation support</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>70,000</td>
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</table>

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Year 1 15/16</th>
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<tbody>
<tr>
<td><strong>Resource Requirement</strong></td>
<td><strong>Additional Cost £0s</strong></td>
</tr>
<tr>
<td>NHS Staff Survey – a whole workforce approach instead of sample (mixed mode paper and electronic – sample cost £1,710)</td>
<td>2,500</td>
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<tr>
<td>Reward &amp; Recognition Scheme – to include welcome / celebration wall at both Congleton and Knutsford and staff awards (currently funded through charitable funds)</td>
<td>20,000</td>
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<tr>
<td>Engagement Summits – including Start of the Year</td>
<td>5,000</td>
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<tr>
<td>Staff side back-fill and Partnership Forum development</td>
<td>30,000</td>
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<tr>
<td>Wellbeing / attendance management activities to reduce sickness/absence rates</td>
<td>25,000</td>
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<tr>
<td><strong>Total</strong></td>
<td>82,500</td>
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<table>
<thead>
<tr>
<th>Development</th>
<th>Year 1 15/16</th>
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<tbody>
<tr>
<td><strong>Resource Requirement</strong></td>
<td><strong>Additional Cost £0s</strong></td>
</tr>
<tr>
<td>HPLP Costs for 2015/16 (including additional modules for DNAs in 14/15)</td>
<td>30,000</td>
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<tr>
<td>Empowered Leaders costs – 2 programmes</td>
<td>25,000</td>
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<tr>
<td>Accredited Coaching Programme for an additional 15-20 participants across Service Lines and Corporate Functions</td>
<td>19,535</td>
</tr>
<tr>
<td>NHSNW Leadership Academy Membership</td>
<td>15,000</td>
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<tr>
<td>Additional e-learning packages (clinical modules) &amp; new consultant programme</td>
<td>15,000</td>
</tr>
<tr>
<td>Modernising development resources (including library and knowledge management services, Education Learning &amp; Wellbeing Hub)</td>
<td>20,000</td>
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<tr>
<td><strong>Total</strong></td>
<td>124,535</td>
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<table>
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<tr>
<th>Total</th>
<th>Year 1 15/16</th>
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<tbody>
<tr>
<td><strong>Resource Requirement</strong></td>
<td><strong>Additional Cost £0s</strong></td>
</tr>
<tr>
<td>Resourcing</td>
<td>70,000</td>
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<tr>
<td>Engagement</td>
<td>82,500</td>
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<tr>
<td>Development</td>
<td>124,535</td>
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<tr>
<td><strong>Total</strong></td>
<td>277,035</td>
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</table>
5.0 Measuring success

5.1 Governance, Monitoring & Evaluation

Each Service Line will have its own Workforce and OD Plan, signed off by the Clinical Director and Head of Service. This will provide the Service Line with clear delivery plans covering its area of activity, supported by measurable objectives and forecast impact, aligned to the IBP and the overall Workforce and OD strategy. The objectives will be monitored quarterly at the Service Line performance meetings.

Monitoring and evaluation of the strategy is key to ensuring that our plans are delivering our objectives and the indicators set out at Appendix 4 will be reported at FPW on a quarterly basis. Some of the measures set out specify evaluation timeframes and in addition, the programme in its entirety will be evaluated annually and progress reported at FPW. The strategy will be reviewed and refreshed in parallel with the annual business planning cycle to ensure it remains aligned with the Trust’s vision and emerging priorities and to take account of internal and external changes in light of new HR evidence and best practice.
5.2 Monitoring, Communication & Engagement Plan 15/16

**Monitoring** - We will ensure that all stakeholders are included in the governance and monitoring of workforce delivery strategy.

<table>
<thead>
<tr>
<th>Forum / Audience</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<td>Trust Board</td>
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<td>Finance Performance &amp; Workforce Committee</td>
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<td>Operational Management Team</td>
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<td>Service Line Performance Meetings</td>
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**Engagement & Communication** – ensure there are regular, timely, communications to all stakeholders.

<table>
<thead>
<tr>
<th>Communication Briefings</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
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<tr>
<td>Senior Leaders &amp; Team Briefings</td>
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<td>Clinical Directors Forum</td>
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<td>Partnership Forum</td>
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<td>Commercial Partner – arvato UK</td>
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Appendix 1a: Annual Workforce Plan 15/16

DN: To be included once the Workforce Plan has been submitted to the TDA in line with the TDA planning schedule - March 2015
Appendix 1b: 5 Year Workforce Plan 2015 – 2020

DN: To be included once the Workforce Plan has been submitted to the TDA in line with the TDA planning schedule - March 2015
Appendix 2: Year 1 Strategic Workforce Delivery Plans

The year 1 plan below will be rolled out as part of the workforce strategy. Plans for the following years of the strategy will be developed in light of progress made and emerging priorities, during the course of the preceding year, in line with the annual planning process.

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Apr - Jun</th>
<th>Jul – Sept</th>
<th>Oct - Dec</th>
<th>Jan - Mar</th>
</tr>
</thead>
</table>
| **Resourcing** | • Start Establishment Control programme  
• Development of a resource plan  
• Implement NHS Jobs 2  
• Adoption of tactical plans to reduce temporary staffing spend  
• E-rostering upgrade and roll out  
• Provide update on progress of Bank Review (commencing March 15), and adopt early recommendations  
• Launch programme of Sickness / Absence support for managers  
• Design and launch Attraction Strategy | • Provide update on progress of Bank Review (commencing March 15)  
• Provide update on progress of Establishment Control programme  
• Develop Health Economy Workforce Plan  
• Launch ER Case Investigation support service | • Review Sickness / Absence support programme and refine approach  
• Review ER case Investigation support service and refine service offer  
• Provide update on progress of Bank Review (commencing March 15) | • Provide update on progress of Bank Review (commencing March 15) |
| **Engagement** | • Staff Survey improvement plans identified for each Service Line  
• Start of the year staff conversations  
• Launch Staff Engagement Framework  
• Launch of Reward and Recognition Operational Plan (2015-2018)  
• March – Engagement Summit 1  
• Continued roll-out of V&B visual displays across all Trust sites  
• Evaluation of service line structure  
• Produce partnership forum development plan | • Introduction of engagement metrics for service lines  
• OD & Engagement Champions appointed  
• Commission Survey Provider – whole workforce rather than sample and service line specific  
• LiA Your Voice Year 3 projects underway  
• Trust Board culture assessment  
• Review model and policy for manual handling management | • Annual NHS Staff Survey  
• Review and re-launch the Trust’s Wellbeing Plan  
• Introduction of Engagement Impact Assessments  
• Engagement Summit 2  
• Annual Staff Awards | • Annual NHS Staff Survey  
• Develop year 2 coaching plan |
| **Development** | • Accredited Coaching programme launched  
• Library and Knowledge Management plan (2015-2018) launched  
• Publish 2015/16 Learning and Development Plan  
• Launch of 2015/16 Appraisal Process  
• New model for clinical mandatory training launched | • Library and Knowledge Management service re-launch  
• Launch Talent Management Plan  
• Publish simulation education plan  
• New consultant programme | • High Performing Leaders & Empowered Leaders graduation event  
• L&D Planning process commences  
• Complete Learning and Development Agreement and Library Quality Assurance Framework Assessments for Health Education North West | • Develop outline proposal to develop education and well-being hub /facilities |
Appendix 3: Wider System Developments

There have been a range of guidance and policy changes, both nationally and locally, that will impact ECT and its workforce over the next five years:

- **Health & Social Care Act 2012** – brought Clinical Commissioning Groups (‘CCGs’) into being, giving local healthcare professionals budgets to buy care on behalf of their communities, creation of Monitor and development of the Foundation Trust status regime;
- **Francis Report 2013** – the findings of the public inquiry into failing care standards at Mid Staffordshire NHS Trust resulting in a focus on patient safety and quality;
- **Transforming Urgent and Emergency Care Services in England 2013** – Sir Bruce Keogh’s review has recommended changes to the way patients are managed through urgent and emergency care;
- **New CQC Hospital Inspection Regime** – implemented in 2013 to identify substandard care such as that demonstrated at Mid Staffordshire, the new inspection regime will be more specialised and involve a wider range of individuals;
- **Review of 7 Day Working, Sir Bruce Keogh 2013** – this review has made recommendations regarding the provision of sustainable services across seven days to improve care provided at the weekend;
- **Shape of Training Review Report 2013** – this review has made recommendations for putting in place a healthcare education structure that will produce doctors who are able to work in general areas of their specialties;
- **Shape of Caring Review due to report early 2015** - this review will make recommendations for the reform of nursing and care assistant education and training in England;
- **Integrated Care and the Better Care Fund** - £3.8bn integrated transformation fund has been ring-fenced for use by CCGs when commissioning services which will support ‘whole system’ approaches to the provision of patient care. Eastern Cheshire CCG has launched the Caring Together programme involving Cheshire East Council, Cheshire & Wirral Partnership Trust, ECT, 23 GP Practices and NHS England – the partners have committed to work together to develop a new model of care that integrates services within general practice, community care, mental health services, hospital care and social care;
- **Healthier Together** – led by the Greater Manchester CCGs, this programme has a focus on urgent, emergency and acute medicine, emergency general surgery and children’s and women’s services and its development will have implications for services at ECT;
- **Southern Sector Partnership** – developing a range of options for joint working across ECT, Stockport, UHNS and Tameside (including shared back office efficiencies), which will be critical in reaching increasing care standards for acute clinical services; and
- **Challenged Health Economies 2014** – Eastern Cheshire has been identified as one of 11 challenged health economies in England and work to support the health and social care system in the area is ongoing.
Appendix 4: Indicators to be reported at quarterly FPW meetings

Specific indicators will be used to evaluate progress in each of the three areas of focus and are summarised below. However, a programme of work will be undertaken to develop detailed definitions, a baselining exercise and a regime of specific measures by the end of Q1 2015/16.

<table>
<thead>
<tr>
<th>Resourcing Framework</th>
<th>Resourcing Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attraction</td>
<td>• Ratio of potential applicants / candidates to posts</td>
</tr>
<tr>
<td>Recruitment, selection and induction</td>
<td>• Time to hire</td>
</tr>
<tr>
<td></td>
<td>• ‘On-boarding’ experience recorded by staff at Day 1 and 6 months</td>
</tr>
<tr>
<td>Shape &amp; Size of Workforce - planning and information</td>
<td>• National WOVEN data quality score</td>
</tr>
<tr>
<td>HR Framework - Flexible and new ways of working</td>
<td>• Ratio of community to acute based clinical staff</td>
</tr>
<tr>
<td>Maximising productivity</td>
<td>• Agency spend</td>
</tr>
<tr>
<td></td>
<td>• Vacancy rates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement Framework</th>
<th>Engagement Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening to staff</td>
<td>• NHS Staff Survey and Pulse results relating to communication and staff involvement</td>
</tr>
<tr>
<td></td>
<td>• FFT results relating to communications</td>
</tr>
<tr>
<td>Valuing our staff</td>
<td>• NHS Staff Survey and Pulse results relating to reward, recognition and motivation - would staff recommend working at the Trust</td>
</tr>
<tr>
<td>Creating an ‘engaging’ culture</td>
<td>• Results of Board annual cultural assessment and 360 effectiveness review</td>
</tr>
<tr>
<td></td>
<td>• 1% of workforce are accredited coaches (year 1)</td>
</tr>
<tr>
<td>Empowering our staff – enabling them to make a difference</td>
<td>• Number of staff-led projects across all Service Lines and Corporate Functions</td>
</tr>
<tr>
<td></td>
<td>• Triangulation of engagement scores and mortality rates</td>
</tr>
<tr>
<td></td>
<td>• Patient FFT scores</td>
</tr>
<tr>
<td>Supporting health and wellbeing and a safe work environment</td>
<td>• Staff absence (reduction in work related stress and m/s absence)</td>
</tr>
<tr>
<td></td>
<td>• % reduction in the number of risks / incidents relating to working environments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Development Framework</th>
<th>Development Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting the standards for learning &amp; development</td>
<td>• % attendance at induction</td>
</tr>
<tr>
<td></td>
<td>• % appraisal and revalidation rates</td>
</tr>
<tr>
<td>A confident, competent and capable workforce</td>
<td>• % compliance with mandatory training</td>
</tr>
<tr>
<td></td>
<td>• 1% of workforce have a coaching qualification / accreditation</td>
</tr>
<tr>
<td></td>
<td>• Correlation of Zenger &amp; Folkman evaluation for High performing Leaders</td>
</tr>
<tr>
<td>Growing Future Talent</td>
<td>• Completion of simulation training packages and learning events</td>
</tr>
<tr>
<td></td>
<td>• % library membership and Athens account use</td>
</tr>
<tr>
<td></td>
<td>• Participation in mentoring programmes</td>
</tr>
<tr>
<td>Maximising learning partnerships</td>
<td>• Attendance at NHS leadership Academy programmes</td>
</tr>
<tr>
<td></td>
<td>• Participation in system wide induction orientations and learning via Cooks Tours, shadowing and secondment opportunities</td>
</tr>
<tr>
<td></td>
<td>• Skills passport adopted</td>
</tr>
</tbody>
</table>