

Place plan for The People Directorate

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**North East &
North Cumbria**

Summary Statement: The NENC People and Culture Plan is being developed at a critical time for health and care whilst change is undertaken both nationally and in NENC.

These changes are being delivered against the backdrop of significant workforce challenges and together present the greatest risk to improving health and care provision in our communities. It is crucial that we prioritise our workforce and create stability to ensure the best possible care for the people of NENC and to ensure the safe delivery of our ambitious ICP Health and Care Strategy. Key challenges facing our workforce include recruitment, retention, absenteeism, presenteeism and wellbeing, as well as the lack of diversity amongst our workforce, and the lack of parity between the NHS and care in terms of pay and conditions.

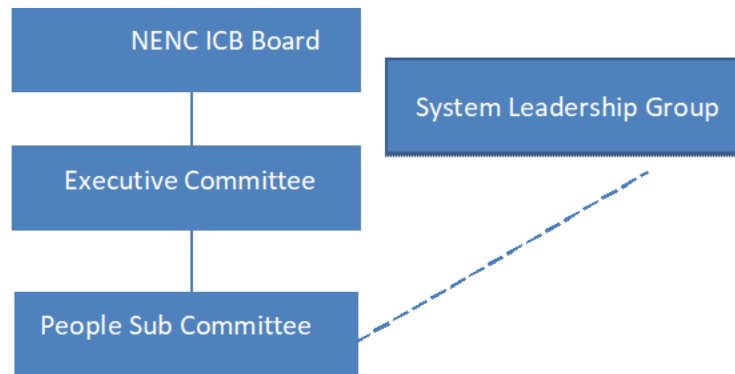
This plan aims to outline a shared vision that moves us further towards a 'one workforce' model, focusing on greater integration and recognising and building on the strong foundations already in place. It appreciates the role of culture in developing our people and provides the enabling infrastructure to learn and deliver improvements as a health and care community. It acknowledges the importance of improving employment standards to enhance the health and wellbeing of the local population, with a core goal of addressing inequalities. It commits to ensuring that the North East and North Cumbria a better place to live and work and supports our ambition of becoming the employer of choice and increasing our job fill rate across health and social care services by 50% by 2029.

To deliver on these ambitions we have outlined five people and culture priorities that can be targeted at system level

- Workforce supply across the system, including a key focus on retention
- Workforce health and wellbeing across the system
- Health Equity, Inclusion and Belonging
- System Leadership and Talent
- The development of the learning and improvement community

This strategy requires all commitment and collaboration from all our partners. System delivery will be led by the NHS NENC People and Culture Directorate, working in collaboration system partners, our trade unions and place teams. The NENC People Committee will oversee the delivery of the strategy.

Our outcomes will be measured against the NHS People Plan reporting process, however we recognise the limitation of this approach, as the measures although universally helpful, are restricted to the NHS. We will continue to influence nationally- to resolve this. Other national measures include the national NHS staff survey data, leaver rate, sickness absence rate, and CQC rating for well-led rating. At the NENC level, we have outlined in this strategy the opportunity to shape the key success indicators we wish to be measured



Key stakeholders

NENC Integrated Care People Subcommittee Chair	Newcastle City Council Chief Executive	
NENC ICB Leadership members of the subcommittee	Executive Chief people officer (Co-Chair) Executive Chief Nurse Director of Workforce Director of People, Culture and OD Director of Health Inequalities and Inclusion Director of Communication Strategic Head of Digital Secretariat (EA to the ECPO) – none voting	
System Partners	<ul style="list-style-type: none"> - Local Authority: <ul style="list-style-type: none"> o NEREO/Lead professional for HR/OD o Lead Director of Education o Lead Director for ADASS/CSC o Lead Director of Public Health - NHS HR Directors Network Lead - Lead contact for regional universities (to be added when identified) - HEE Workforce and Education Transformation Lead - North East Local Enterprise Partnership (NELEP) - NHS Provider Collaborative representative. 	<ul style="list-style-type: none"> - Primary Care rep - Social Partnership Forum representative - North East Combined Authority – Good Employer Lead - Patient/Public representative (to be added when identified) - Skills for Care - Department for Work and Pensions (DWP) - Voluntary Organisations Network North East (VONNE) - Staff Network representative (to be added when identified) - HEE/NHSE Regional Workforce Director - NEYLA representative

Priority Area 1: Workforce supply across the system, including a specific focus on retention

Why is change needed?

The recovery of our workforce continues to be the most important aspect of post-covid recovery. Successful recovery of services depends on having a healthy, supported and engaged workforce and our planning, programmes and deliverables must recognise this.

Our plans cover all service areas: mental health, learning, disability and autism, community health, primary care, social care, voluntary and hospital services taking account of everybody involved whether paid or unpaid.

People are at the heart of our health and care services and are our biggest strength. We are fortunate to have a highly skilled, dedicated and committed workforce. People working in health and care services showed exceptional resilience throughout the COVID-19 pandemic, however, our workforce is now stretched, and we are now realising the legacy of the last three years.

Nationally as of September 2021 the NHS was advertising nearly 100, 000 vacant posts and Social Care a further 105, 000. Furthermore, an estimated extra 475,000 jobs will be needed in health and 490,000 in social care by the early part of the next decade due to the increasing demands of an aging population. Our organisations are experiencing severe challenge in recruiting and retaining staff.

For this reason, our overarching commitment is to reduce our vacancy rate across health and social care services by 50% by 2030. This commitment is underpinned by our ambition to become the employers of choice. However, this is weighted heavily in our ability to work together to attract local people to careers in health and care. This plan builds on the infrastructure and capability to embed integrated workforce planning in NENC, focussing on both attraction and retention by building workforce development capacity across the system.

Objectives –

1. We will ensure safe staffing levels across all of our services and sectors, in every Place, and
2. We will enable our system workforce to enjoy satisfying careers, feeling valued and able to make their best contribution.
3. A key focus will be on developing improved career structures across and between health and social care. This will include better ways to enable people living in our communities to enter the health and social care workforce, with good training and support, recognising that many talented and committed people currently face barriers to joining our workforce.

Goals – *measure of the objective*

1. We will increase the job fill rate across health and social care services by 50% by 2029. Achieved by both increasing supply through increase in training numbers and increased retention by reduced attrition rates
2. We will have data supporting measurement of how people are successfully moving through our career structures
3. We will have data to supporting the measurement that there are limited barriers for people to have careers spanning health and social care without impacting on terms and conditions of employment

Initiatives – Key deliverables

		23/24				24/25	25/26	27/28	28/29	Measure Reference
Item	Deliverable description	Q1	Q2	Q3	Q4					
Workforce Supply Across the System										
1.	To have Workforce Planning networks established for each WF Specialty with vacancy issues		x							a
2.	Develop a consistent and streamlined regional application process for nurses qualifying through our universities to supply health and social care				x					
3.	To fill significant workforce gaps, international recruitment of adult nurses in acute and some mental health and learning disability settings along with midwives, AHPs and diagnostic staff.				x	x	x	x	x	
4.	Agree to a shared collective understanding of the problem we're trying to solve via establishing valid baseline health AND social care data sets				x					
5.	Addressing the gap between health and social care staff shortages that cause bed pressures				x					
6.	Encourage school age children to consider careers within health and social care including virtual work experience				x					
7.	Care leavers Pathfinder				x					
8.	Apprenticeship pathway – learning from apprenticeship models across the ICS including flexible apprenticeships and system passporting of unspent levy to support system wide career development				x					
9.	Use of Artificial Intelligence to release human capital in hard to fill roles							x	x	
Retention – Developing Fulfilling Careers										
10.	To have a Workforce Retention Lead employed and in post	x								
11.	Compelling career pathways communicated to potential candidates– inc Primary Care/Independent Sector			x						
12.	Gather better intelligence through structured exit process, providing collated insight into why people leave and develop strategies to address				x					

13.	Empower care workers to deliver more healthcare – enhancing their job satisfaction and augmenting community capacity. Enable more clinical supervision and reflective practice in social care					x	x			
14.	Generational diversity including the scoping potential impact from the implementation of recycled pensions						x			

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
1	That these are in place	Nursing Established, medics being established	All specialties with supply issues to be established	As above
2	A tangible process	Need identified	To have a recognised process in place	As above
3	Numbers of vacancies successfully filled by international recruitment	Established process	Clear numbers that cannot be filled by domestic recruitment are well known and funding streams and infrastructure supports the ongoing requirement for international recruitment	As above
4	The establishment of a recognised system level health and social care data	Reasonable levels of data available within the NHS system but not joined up for social care	To have the same level of quality base line data across the health and social care system	As above
5	Addressing the gap between health and social care shortages that cause bed pressures	Not yet in place	A full suite of actions that health and social care providers can trial and agree to	As above
6	The number of school leavers taking up employment in health and social care	Not currently know	How do we increase cross sector skills so that we are more joined up with children and young families?	As above
7	To establish clear entry points for care leavers	Successfully chosen as care leaver pathfinder	To have a implemented strategy over a number of years	As above
8	The number of successful apprenticeships	Many examples of successful apprenticeship programmes in discreet areas	A systemwide offering of flexible apprenticeships with evidence that all levy post are fully utilised	As above
9	The expanded use of artificial intelligence	Varied implementation to date	That all roles that can and should be automated are, so that valuable human capital is used to its best effect	As above

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
10	Successful appointment of a retention lead	There has been difficulty recruiting to this post on 2 occasions	To successfully recruit and have a defined strategy specifically led by the objectives of the successful candidate	As above
11	Identified career pathways	Not yet established	Initially to have these scoped and market tested and to feed into the Employee value proposition in 7.	As above
12	Established system wide exit metric data	Not yet in place	Established process feeding into a central data set	As above
13	Measurable standards for social care workers	Not yet in place	Established processes as there are for qualified staff feeding into the EVP in No7	As above
14	Staff wellbeing metrics	Grow OH established	To maintain and grow the work across the system without central funding	As above

Prioritv Area 2: Health and Wellbeina Across the Svstem

Why is change needed?

The Covid-19 pandemic shone a spotlight on to the health inequalities within our health and care workforce in the NENC region. This is something that we need to understand better. Though there are many examples of excellent health and wellbeing support from within our organisations it is also clear that there is wide variation in staff experience of working within our system which needs to be addressed. The national staff survey has indicated that presenteeism within the workforce is rising and our sickness absence rates remain higher than the national average.

We have made some progress on developing our provision through our role in the trailblazer programme for growing occupational health and wellbeing. We now need to build on this to ensure implementation of the drivers within the national Growing Occupational Health and Wellbeing Together Strategy (GOHWBT) to ensure that it is delivered collaboratively.

To ensure that we are offering the right kind of support we need to work with our people to establish an evidence informed and people led approach for equitable wellbeing.

Objectives – describe *the key things we want to achieve*

1. To support a wellbeing culture that improves equitable access to health and wellbeing support regardless of employer
2. To collaborate to develop a system approach to health and wellbeing where it makes sense to work together.
3. To work on maximising the terms and conditions of staff across sectors and services, wherever possible ensuring that people are appropriately rewarded for their work
4. To improve our staff engagement and morale by sharing the outputs of our staff engagement surveys.

Goals – *measure of the objective*

1. Develop a health and wellbeing strategy agreed and committed to by all system partners.
2. Commit to a NENC data set that provide assurance for the wellbeing of our people
3. Delivery of an agreed plan for an integrated approach to growing occupational health and wellbeing across our system.
4. A scoping document to outline current position and intention of employers to endorse the real living wage.
5. Reporting of collective themes from staff surveys across the system aligned to the NENC People Plan

Initiatives – Key deliverables

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1.	Creation of the Health and Wellbeing strategy				x					
2.	Achieve 'Better Health at Work' award in the ICB				x					
3.	Aim for 'Ambassador' status on the 'Better Health at Work'							x		
4.	Scope the organisations that have achieved Safe, Effective Quality Occupational Health Service accreditation			x						
5.	Create personalised place-based plans as part of the people plan				x					
6.	Design a routinely collectible H&WB dataset across the NENC ICS						x			
7.	Report the baseline absenteeism across the system				x					
8.	Establish a T&F group to create a framework for monitoring presenteeism					x				
9.	Scope commitment for the NENC ICS to endorse real living wage				x					
10	Monitor and report staff engagement			x						
11	Undertake data analysis of the staff survey and produce a reactive strategy		x							
12	Engage a research partner to produce a heatmap of the region's current workforce, utilising ESR data and postcode as a methodology to determine actions on wellbeing.				x					
13	Develop a system plan for collaboration to deliver the growth of occupational health and wellbeing in line with the drivers in the GOHWT strategy				x					

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
1.	Presence of the HWB strategy	Engaging with stakeholders	Final strategy published	Q4
2.	Award status	Sent out scoping in staff survey	Maintaining excellence status	
3.	Ambassador status	Working on the bronze, silver and gold levels	Ambassador status	
4.	SEQOHS accreditation report	Developing a pathway to accreditation	Full accreditation	
5.	Each place to have a published personalised plan	Mapping where each place is, in plan development	A published plan from each place.	
6.	Presence of a dataset	Identifying stakeholders to scope variables	A live dataset	
7.	Presence of a dataset	Identifying stakeholders for design phase	A live dataset	
8.	A monitoring framework development	Scoping evidence	Framework for implementation	
9.	Production of a real living wage proposal	Engaging stakeholders	Published proposal	
10.	System wide engagement score index	Engaging stakeholders	Published dataset	
11.	Staff survey response strategy	Engaging stakeholders	Analysis and action plan	
12.	Workforce health and wellbeing heat map	Scoping proposal	Published live data set	
13.	Plan developed and ratified	Engaging stakeholders	Published plan	

Priority Area 3: System Leadership and Talent

Why is change needed?

Achieving true integration is dependent on how we work and learn together. Good leadership and talent management is at the centre of our model for ensuring that we work beyond organisational and professional boundaries and can achieve our integrated care strategy of better health and wellbeing for all. Improving our system leadership capacity and culture will help us to develop a wider understanding of how our system wants to operate and will ensure that we are resilient by securing talent pipelines for the future. Working together to develop a leadership identity will support our progress as an ICS in developing a 'one workforce' model.

Objectives – describe *the key things we want to achieve*

1. We will develop a proactive and inclusive talent management approach that increases our leadership supply pipeline
2. We will develop compassionate and inclusive leaders that represent our diverse communities and amplify our strength as a system.
3. We will create a system of leadership development focusing on sharing best practice for integrated working. We recognise that different places need different approaches, but we will come together with a collective ethos of learning and developing to create the NENC ICS 'way'.

Goals – *measure of the objective*

1. Share the latest talent pool data from across our system to inform inclusive workforce planning and succession planning.
2. We will establish a system leadership and talent subgroup of the NENC People Committee to support accountability and governance
3. Develop a NENC ICS system leadership and talent plan and agree the principles for developing our people the 'NENC way'.

Initiatives – Key deliverables

		23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1.	Establish a NENC system leadership and talent subgroup reporting to the People Committee			x						
2.	Develop and publish a NENC system leadership and talent plan					x				
3.	Create a network of future leaders across the ICS				x					
4.	Undertake a gap analysis of mentoring and coaching provision across the ICS			x						
5.	Collaborate with the leadership networks to inform and design a leadership development programme					x				
6.	Collaborate with the leadership and talent subgroup to co-create the NENC 'ways of working'			x						

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
1	Presence of a leadership and talent subgroup	Not started	Established group good representation	
2	System talent and Leadership Plan	Not started	To publish	
3	Establishment of the network	Collating potential members	To launch the networks	
4	Current provision	Not started	To publish	
6	Publication of a leadership development programme	Engaging with Leadership Academy	Implementation of plan	
7	Publication of 'ways of working'	Developing plan	Endorsed method	

Priority Area 4: Equality, Diversity and Inclusion (EDI) 2023-2024

Why is change needed?

There has been no EDI Strategy in place for the ICB since it was created in July 2022. Therefore, it is vitally important to put in place the foundations in place to build our credibility and function as a representative of our system. The delivery of the plan outlined here forms an initial commitment and will be supported by a long-term EDI strategy which will be consulted and co-created with our partners in the ICS, including charities, the VCSE sector and local authorities.

The ambition is that the EDI Strategy will be a data rich, evidence led and KPI driven product, which will focus on the views and the voice of our people. Our EDI strategy will speak to the high impact actions, from the new NHS England EDI strategy. This will enable the NENC ICS in becoming the most equitable and inclusive place to work in the health and social care sector, creating fairer outcomes for all. The NENC ICB will commit to creating an environment, workplace, and system, where our people feel; that they belong, are listened to, invested in, and are valued. They will receive equity of treatment, opportunity and see representation, in their work and at all levels of the ICB. We will embed and weave EDI into the fabric of the ICB, creating a golden thread flowing through the organisation, its delivery, and policies.

Objectives –

1. Improved EDI capability and knowledge by providing our people with opportunities for learning, experiences and development in all professions and at all levels.
2. We will be compliant with the statutory and mandatory elements of being part of the health and social care system and we will exceed expectations beyond legal compliance
3. We will listen and work with our People to build psychological safety, improve their lived experience, to create the best workplace environment, providing them with the opportunities to perform at their best

Goals – measure of the objective

The ICB will provide expertise, to encourage collaboration across the system with partners and stakeholders providing leadership and strategic direction on EDI, with a focus on.

1. Evaluation and assessment of EDI, implementation, and improvement across the system
2. Data analysis, deep dives and sharing in line with GDPR at the right time.
3. Ownership of an evidence based best practice interventions and positive action toolkit

Initiatives – Key deliverables

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4					
1	Curate a series of events and comms engagements (in accessible formats) to celebrate the diversity of all our people and communities, to showcase the positive impact and success stories of diverse leaders and role models			x	x					
2	Provide, in collaboration with NHS England, an Inclusive leadership pathway for all Executive Board members of the ICB, ensuring our board lead by example and embed EDI into board level decision making.			x	x					
3	Provide an EDI capability building package to ICB colleagues in all bands and locations, to expand their knowledge and awareness to create a shared understanding of EDI.			x	x					

4	Creation of a new framework and training on Equality Impact Assessments, for colleagues working on policy development and evaluation.			X						
5	Perform a deep dive into the staff experience survey and national staff survey, to create a targeted EDI action plan for improvement.			X	X					
6	Create and publish an ICB EDI data dashboard to break down and understand, the differing lived experiences of our people and the representation rates of their protected characteristics.				X					
7	Collaborate across the people directorate to ensure all ICB HR policies are subject to an Equality Impact Assessment, which will be published alongside the policy.			X						
8	Gather and publish ICB data for the first time, in keeping with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES)			X						
9	Create a five-year EDI plan, which will be embedded in a new ICB People strategy, with strategic coherence to the NHS Long Term Plan, People plan, People Promise, NHSE D&I Plan, and link to wider Government commitments in the Inclusive Britain report and the National Disability Strategy.				X					
10	Engage across the ICS to co-create and collaborate on key EDI events and activities across the year.				X					

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
1	The amount and range of EDI comms	Working up a calendar of events and engagements	At least one engagement at month	Working in conjunction with ICB Comms team
2	The delivery of the NHS England BFLII programme	Worked with NHSE to organise 121 for all board members and moving on to group sessions	A year long programme on inclusive leadership for board members	By the end of FY2023-24
3	Roll out of EDI capability build	Scoping phase	Roll out within 2023-24	Using existing products and where needed procuring from elsewhere
4	All new ICB policies have EIAs	Part of policy review	EIA training product and training roll out	By mid FY2023-24
5	An increase in staff declaration rates	Insert declaration data here	Current rate plus 5% or more	By the end of FY2023-24

Priority Area 5: Developing as a Learning and Improvement Community

Why is change needed?

Early work supported by PWC prior to the formation of the ICB in July, involved interviewing more than 40 senior leaders across the ICS. Establishing a learning system for the North East and North Cumbria was identified as one of eight early priorities for the ICS

The opportunity to better utilise our learning and improvement community to support our workforce, improve clinical outcomes and reduce unwarranted variation is fully aligned to the key priorities of the long-term plan. It can help support the recovery and transformation of services and contribute towards the ambitions of the quadruple aim (safety, outcomes, and patient experience; value for money; population health including narrowing inequalities; staff experience and wellbeing) The principles of learning system development and enhancement also align with the approach for spread of innovation and improvements and the ongoing Delivery and Continuous Improvement Review.

The learning and improvement community will focus on the following priorities:

- Waiting times and crisis support for child and adolescent mental health services
- Collaborative leadership across the system
- Shifting from treatment to prevention
- Sharing learning and joining up as a system
- Social care workforce – influencing the market and impacting patient flow
- Workforce retention and wellbeing
- Safe transfer/ discharge out of hospital

Objectives – describe *the key things we want to achieve*

1. To make learning and improvement the default approach in how we go about tackling our biggest challenges as an ICS
2. Build a thriving learning and improvement community, bringing people together from across the system to identify, share learning and collaborate on these challenges
3. To build a collective capability in learning and improvement, that enables us to keep learning and growing as individuals, teams, communities, places and as a system and to get better at delivering our goals

Goals – measure of the objective

1. Build an effective and mature learning and improvement community
2. Grow “leaders everywhere” who can lead improvement across our system
3. Ground innovation and improvement in real work that matters to people
4. Connect our system and seek to involve all our people in improvement work
5. Build skills and capability for change and improvement for all
6. Use data and evidence to drive our learning approach

Initiatives – Key deliverables

Item	Deliverable description	23/24				24/25	25/26	27/28	28/29	Measure Reference
		Q1	Q2	Q3	Q4	5	26	28	29	
1.	Develop and describe a shared ethos/spirit in the way we work together that builds energy and reflects our “true north”	x	x	x	x					1
2.	Create time, space and platforms for learning together, to share and spread good practice	x	x	x	x	x	x	x	x	1
3.	Build an accountability structure and steering group	x								1
4.	Embark on a development strategy for collaborative leadership		x			x				2
5.	Identify core minimum knowledge for improvement and co-production and opportunities to develop these			x						2
6.	Convene sub collaboratives / communities of practice or communities of interest			x	x	x	x	x	x	2, 4
7.	Collectively define priorities with community members and focus on improvements in priority areas	x	x	x	x	x	x	x	x	3, 4
8.	Connect improvement with Innovation, using research and evidence to spread good practice		x	x	x	x	x	x	x	3
9.	Set up a pattern of meetings and summits that will meet the needs of all		x		x	x	x	x	x	3

10	Build co-production and co-creation into all the work of the community	x	x	x	x	x	x	x	x	3,4
11	Stay curious and learn from the best: locally, nationally and globally	x	x	x	x	x	x	x	x	3,4,6
12	Define our improvement approach and deliver learning opportunities aligned to local and national improvement frameworks		x	x	x					5,6
13	Commission an evaluation and build an impact measurement framework.	x		x						6
14	Measure staff, patient and public engagement within the collaborative approach				x	x	x	x	x	5,6
15	Publish our improvement work - celebrating success and learning from failure.				x	x	x	x	x	5,6
16	Develop an annual recognition event to celebrate best practice				x	x	x	x	x	6
17	Mapped improvement at accelerated rate with evidence of benefit for our people, patients, and communities.				x	x	x	x	x	
18	Recorded use of learning and improvement approaches				x	x	x	x	x	
19	Levels of engagement monitored				x	x	x	x	x	
20	Number of improvement ideas to implementation					x	x	x	x	
21	Evaluate members sense of shared purpose and belonging				x	x	x	x	x	
22	Growth of social capital with an ambition of year-on-year growth				x	x	x	x	x	

Key performance metrics to track delivery

Reference	What is being measured?	Where are you now?	What is the target?	When do you aim to get there?
1.	Delivery of the strategy for collaborative leadership	De		
2.	Delivery improvement events for the remaining themes	Design and planning	Delivery of the events	
3.	Establishment of ongoing subcommittees/CoP	Engaging with members	CoP for each theme	
4.	Publication of audit report	Not started	Report issued to People Committee	
5.	Presence of an evaluation and impact framework	Not started	Tender complete and framework published	
6.	Report on engagement by staff, public and patients	Not started	Report submitted to People Committee	
7.	The recognition of good practice event	Not started	Delivery of event	

Enablers – what do you need in place for your full place-based plan?

1. Process – operational models that will require change as a result of this plan being delivered.

2. Workforce

The system to work together to solve system issues
Leaders to provide the commitment and capacity for staff to engage

3. Research and Innovation

4. Digital technology and Data.

Technology innovations to fully investigated and appropriately commissioned
the use of AI to be fully integrated within all plans

5. Estates.

6. Finance

HEE funding to remain in place
Short-term non-recurrent funding to be addressed for longer term strategy achievement

Risks	Mitigations
There is a lack of capacity / funded resources within the People and Culture Function due to organisational Change and Short-term funding	Development of the operating model, Flexible working to support emerging priorities Seeking external investment wherever possible On-going System Resourcing discussions
The system is unable to retain workforce and thus there is a risk of a failure to deliver safe and effective care (social and health) to the population of NENC. The supply pipeline although demonstrating growth will not be enough to match rising demand.	Appointment of a system retention lead, funded by NHSE for the ICS. Workforce planning group for each priority workforce group Oversight by People Committee
The Political landscape means the focus on EDI is lessened	Ensuring we are aware of, and fulfil of our legal and statutory responsibilities, as well as the business benefits of EDI
When tough decisions are to be made by senior leaders, EDI falls to the bottom of the pile	Reiterating the evidence based behind better patient outcomes comes from better workforce experience
A lack of commitment from senior leaders that affect the capacity and capability for people to engage in networks and learning events.	Sam to engage senior leaders to agree commitment of support