



One Gloucestershire  
**People Strategy**

**2023**

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# Introduction

**Across the Gloucestershire health and social care system we recognise our people are our greatest asset. This has been the case since the NHS was founded 75 years ago and most recently was unequivocally demonstrated by health and social care colleagues in our response to the pandemic.**

However, if we are to meet the demands and expectations of the population we serve, we recognise the workforce is also one of our greatest challenges. Many parts of our system are experiencing shortages of staff impacting on the delivery and recovery of services. Clinical Programme Groups are struggling to deliver planned transformational service change to improve health and social care for the residents of Gloucestershire. The Independent care sector face particular difficulties competing for staff against the health service and the private sector (e.g. retail).

We also know that both nationally and locally the morale of health and social care staff is much lower than it has been in the past. The impact of the pandemic, the on-going recovery of services and rising patient demand and workloads has meant many staff feel over-worked and burnout. There are high attrition rates and more staff want to retire early.

The development of a shared People Strategy for One Gloucestershire provides the opportunity to build on recent joint working and to set the roadmap and actions to support the supply and retention of a skilled and sustainable workforce as well as meeting the vision of our local Integrated Care Partnership Strategy and the needs of our population over the next 10 years.

There is much to be done. We need to collectively create the best possible working environments for our shared workforce, with a continued focus on the health and well-being of our staff and work places where staff feel safe, supported and able to thrive. We need to focus on those priority areas that we can sustainably deliver as a system, aligning collaborative effort with organisation-led plans.

We want to be able to attract and retain more staff to Gloucestershire building its reputation as a great place to live, work and learn, where staff can build and develop their careers and work flexibly.

We also want to build our reputation for developing new ways of working, for research and innovation in workforce transformation, with a workforce that is able to make the best use of new technologies.

We are committed to developing and building stronger relationships with partners across the ICS and with schools, higher education institutions and Universities to help us realise this strategy.

We hope you will enjoy reading this strategy and we welcome your feedback.



**Tracey Cox**

Director of People,  
Culture & Engagement



**Professor  
Jane Cummings  
CBE RN**

Chair of People Committee



# Overview of Gloucestershire

The Gloucestershire Integrated Care System is one of the smallest and less complex ICSs in the country. We are coterminous with our Local Authority: Gloucestershire County Council, have one Acute Hospital, Gloucestershire Hospitals' Foundation Trust (operating across two sites in Gloucester City and Cheltenham) and one Community and Mental Health services provider, Gloucestershire Health & Care Foundation Trust (GHC). This lays a foundation for close collaborative working and joining up our efforts to provide an opportunity to present an attractive proposition to potential staff.

We also have 69 GP practices working across 15 Primary Care Networks. We have circa 200 care home providers and circa 150 community-based care providers.

We work closely with our six District Councils through Integrated Locality Partnerships. We also have a thriving voluntary community and social enterprise sector as well as an established VCS Alliance. Over the last 2 years we have worked with the VCS Alliance to establish a strong working relationship with our VCSE and have developed the systems and structures for this to continue.

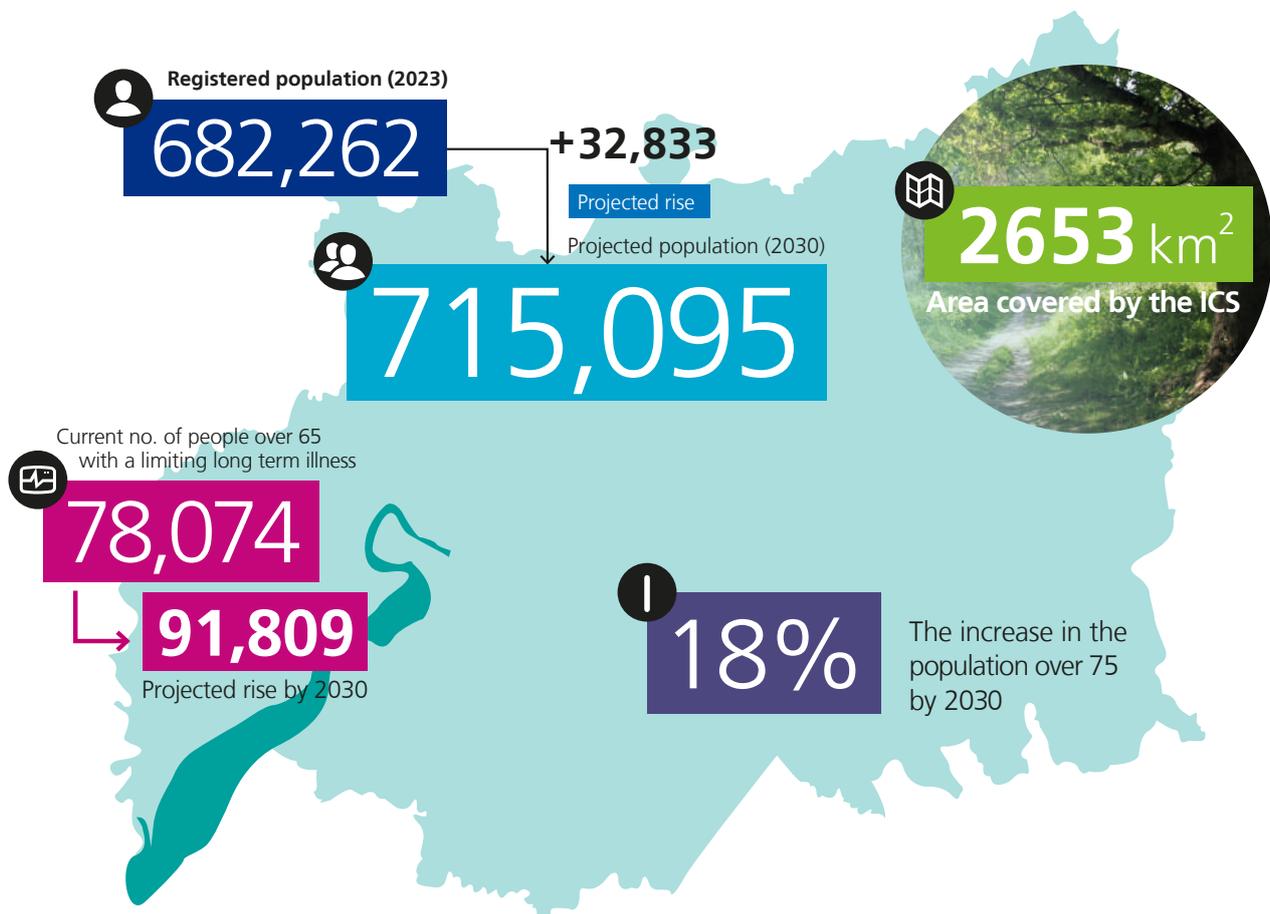
We have strong relationships with a wide range of local and regional organisations including the University of Gloucestershire (UoG) and other Higher Education Institutes (HEIs); we work closely with NHSE, the South West Leadership Academy, the Health Innovation West of England and the remaining six ICSs across the South West.

Gloucestershire has a population of approximately 682,200 – expected to rise to 715,095 by 2030.

Like many systems we have a number of demographic challenges.

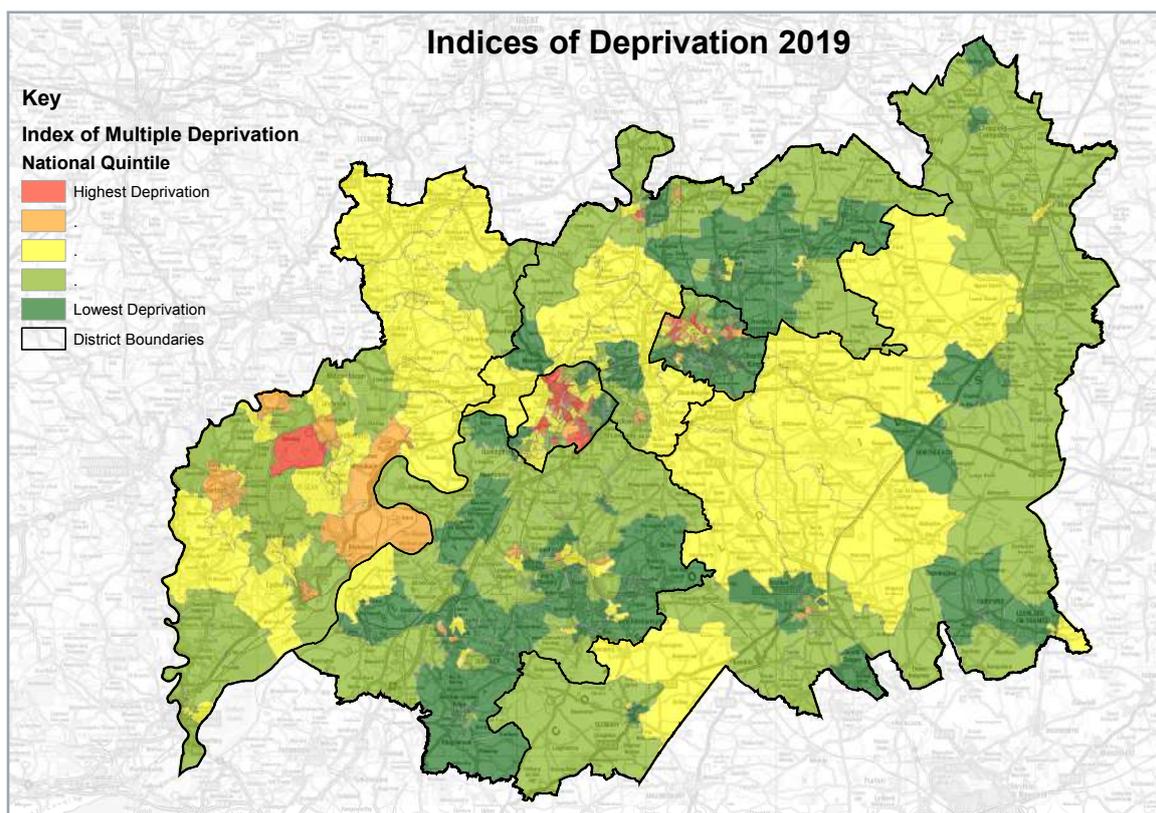
The proportion of the population aged 75-84 are expected to increase by 41.7% from 2018 to 2028, whilst from 2028 to 2043, the increase will be greatest in the age group 85 or over (an increase of 60%). These changes mean that by 2043, the proportion of people in the county who are aged 85 or over will have risen from 2.8% to 5.0%.

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+. The county experiences a net movement of over 400 people aged between 18-30 leaving the county each year.



We also have pockets of both urban and rural deprivation. Life expectancy is 7.4 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.

We have a smaller proportion of people of working age (56.3% compared to 58.4%) and 4.5% of population is unemployed (17,450).



# Overview of our workforce



Across Gloucestershire we have over 28,000 staff working in health and social care. Our combined workforce includes nearly 5000 nurses, 1800 medical staff, over 2000 Allied Health Professionals and healthcare scientists over 6800 support and administrative and clerical staff and nearly 10,000 staff who provide direct care.

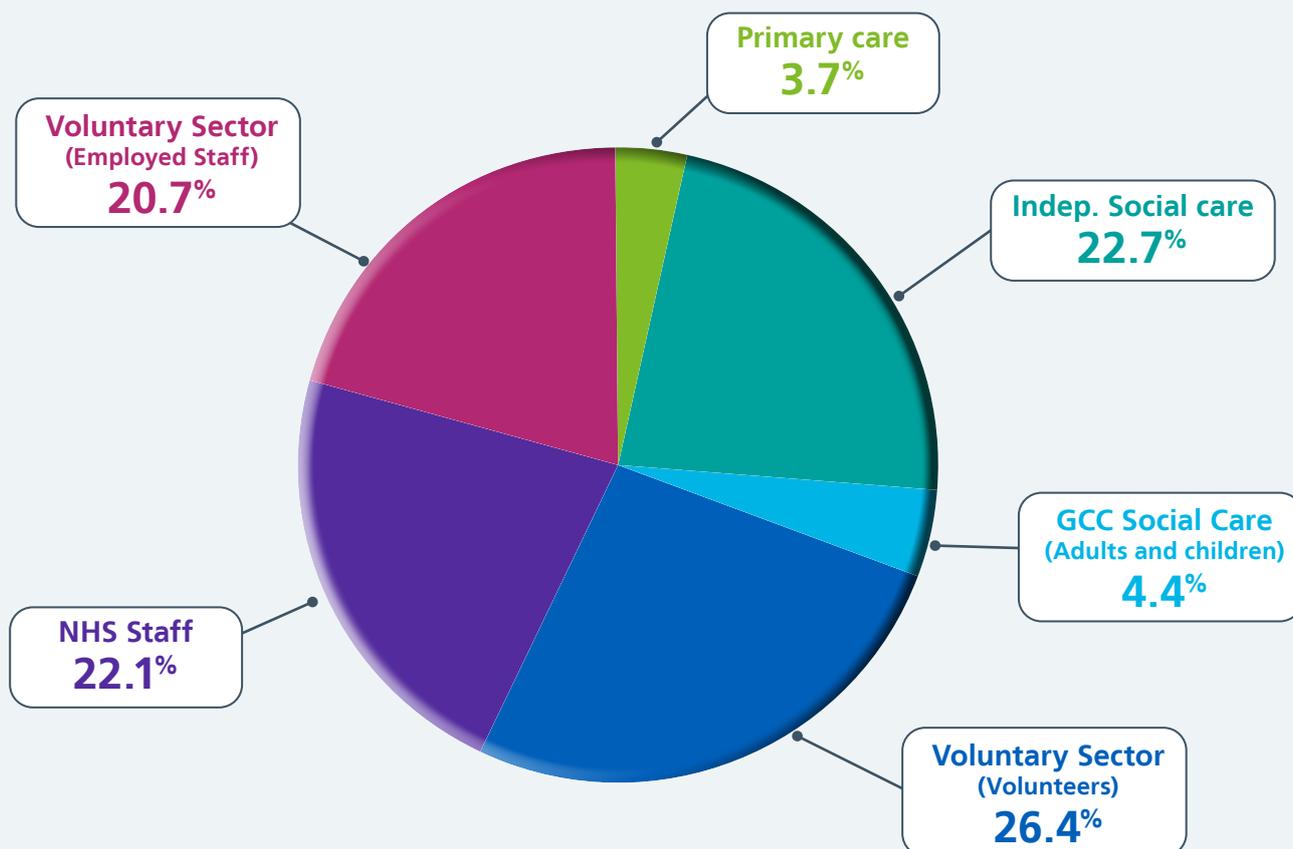
We have over 17,500 staff working in the independent care sector (care homes and domiciliary care) and over 1000 care staff in the local authority.

We also have over 2850 primary care staff working in our 69 practices. From the 1st April 2023 we also became responsible for the commissioning of 112 community pharmacies, 66 Opticians and 77 dental practices.

In addition there are an estimated 7000 employed staff and 14,000 volunteers working in the voluntary, community and social enterprise sector (VSCE).

Gloucestershire has a total health and social care of over 28,700 wte, with over half of that workforce based within social care. There are a further estimated 21,000 VSCE staff.

The average age of our workforce is 45 years, 82% are female and 18% are male. 12% of staff are from an ethnic minority background. 4% of staff declare having a disability and 2.8% identify as LGBTQI+.





# Our Challenges

We face significant issues with recruiting, developing and retaining staff – as is the case across the country.

Post pandemic we still have a workforce that is tired and further impacted by the rising cost of living. Staff satisfaction with pay is at its lowest level for many years and we are competing for staff with other sectors such as retail and hospitality. This is especially pertinent for the independent social care sector.

We have an aging staff profile and an aging population particularly within key services such as primary care and social care.

The recent (2022) NHS staff survey results shows a mix of some very good and some very challenging performance for our organisations.

All our ICS organisations have much more to do to improve equality, diversity and inclusion, to

reduce staff experience in relation to bullying and harassment and improve the representation of ethnic minority staff at higher grades.

With an independent care sector that has a large and diverse provider base, implementing change with ICS-wide solutions is also a particular challenge.

Volunteer numbers within the VCSE dropped off after COVID and have not recovered to pre COVID levels. This is putting a strain on VCSE services and volunteer recruitment remains a significant issue for the sector.

As with all challenges, these also present opportunities, how we can build on our strong collaborative partnerships, promote the unique aspects of our system and our County and use local community people and assets to address the workforce needs now and into the future.

## We have significant vacancy rates across the system



Approx **1200 vacancies** across GHFT and GHC

Nurse vacancy rates are **12.2%**

GCC Adult Social Care vacancy rates are **12.9%**

GCC Children's Social Care vacancy rates = **24%**

## % Staff over 55 years



## Turnover of staff is a significant challenge for our system



NHS Staff turnover rates are **12.6%**

GCC Adult Social Care turnover rate are **13.6%**

GCC Children's Social Care turnover rate are **20.3%**

## Staff leaving within 12 months of starting



NHS = **14.3%**

GCC Adult Social Care = **13.3%**

GCC Children's Social Care = **10.1%**

\*Figures correct April 2023. <sup>1</sup>GCC staff over 50 years of age.

# Related Strategies & Plans

## National Context

The NHS long-term workforce plan was published on 30 June 2023. The plan takes a 15-year view (2021/22 to 2036/37) of the NHS clinical workforce and addresses how a staffing shortfall of between 260,000 and 360,000 will be addressed over this duration.

It sets out the case for change and investment in that, despite recent increases in staff, we are starting with high vacancy rates for many clinical roles, demographic changes (in the general population and staff), and an increased demand for services.

The plan has three priority areas:

- ▶ **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff. There is £2.8bn of investment over the next five years to fund additional training
- ▶ **Retain:** A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer.
- ▶ **Reform:** Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.



Whilst the plan is a national one, there are many elements that will need local response and action, and there is critical role for ICSs to work to connect local partners in delivery. Our short-term focus, in line with the national plan, will be on recruitment and retention.

There is a commitment to refresh the plan at least every two years.

We have also considered the national guidance on the People Functions for Integrated Care systems – 10 identified functions that systems should consider as part of the development of Integrated Care Boards but with a specific focus on local needs and priorities.





## Local Context

The recently published Integrated Care Strategy identified **Creating One Workforce for One Gloucestershire** as one of its priority themes - recognising that without a sustainable workforce we will not be able to continue to deliver safe and effective services or transform care for our local population.

This strategy reflects and builds on the ambitions described in the Integrated Care Strategy but also identifies other priority areas for action.

It also recognises that many of our local partners will have developed their own

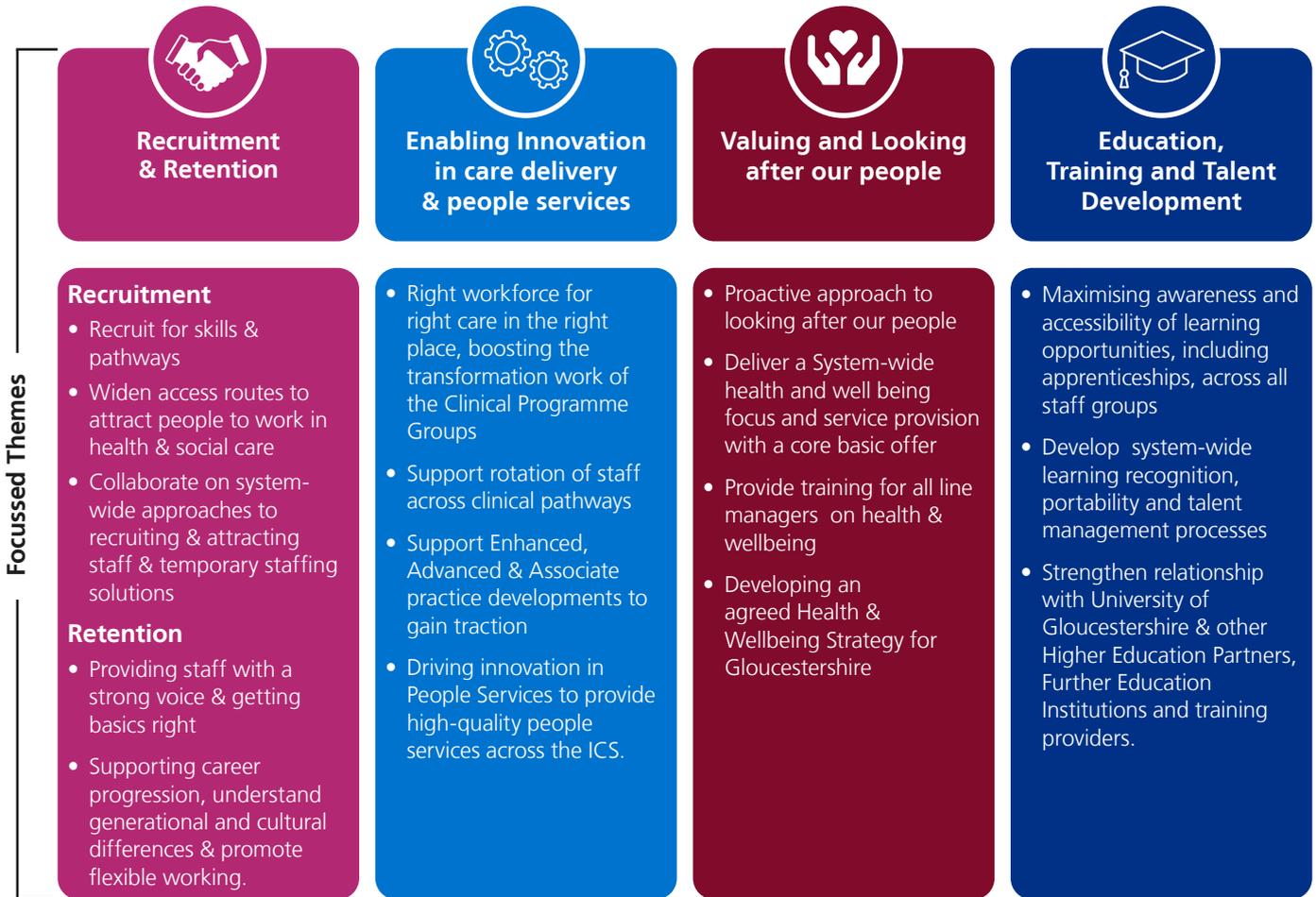
organisational workforce and people plans which set out individual organisational based priorities. This strategy does not seek to negate those strategies but to identify the areas where joint working at system level can add value, deliver potential efficiencies and ultimately improve the sustainability of our workforce for all partners.

Supporting these organisational strategies, focused workforce strategies are also being developed, for example an Allied Health Professionals strategy is in final stages of production.



# Strategy on a page

## “Developing One Workforce for One Gloucestershire”



The strategy has eight themes, depicted as four cross-cutting themes (“the foundations”) and four focused themes (“the pillars”). Although shown as distinct themes they are inter-related.

**Example  
1**

When we are innovating and developing new care pathways, we undertake workforce planning to ensure the new models are sustainable, we may need to recruit new staff and existing staff will need development through education and training, including new digital skills.

**Example  
2**

Retention is heavily influenced by valuing and looking after our people which also has a strong link to ensuring staff feel we act fairly with respect to equality, diversity and inclusion, and this in turn is underpinned by a kind and compassionate leadership culture.



# Mapping our ICS People Strategy to the NHS Long-Term Workforce Plan (June 2023)

NHS Long-Term Workforce	Train	Retain	Reform
ICS People Strategy Theme			
Recruitment & Retention			
Innovation			
Looking after our people			
Education, Training and Talent			
Future workforce planning			
Digital, Data and Technology literacy			
Equality, Diversity and Inclusion			
Leadership and Culture			

# Mapping our ICS People Strategy to the NHS People Promise (July 2023)

NHS People Promise	Looking after our people	Belonging to the NHS	Growing for the future	New ways of working and delivering care
ICS People Strategy Theme				
Recruitment & Retention	✓		✓	
Innovation				✓
Looking after our people	✓	✓		
Education, Training and Talent			✓	✓
Future workforce planning			✓	
Digital, Data and Technology literacy			✓	✓
Equality, Diversity and Inclusion	✓	✓		
Leadership and Culture	✓	✓	✓	



# Theme 1 (Foundational): Leadership and Culture



Leadership and culture has a significant impact at all levels of the workforce; our health and social care workforce has been through enormous pressure in recent years and continues to face unprecedented demands and so it is vital to ensure that great leadership (both clinical and non-clinical) and a kind and compassionate culture of civility and respect is nurtured and developed as a core component of our people strategy.

### Where are we now

- ▶ Some shared leadership development programmes, underpinned by non-recurrent funding and short term commitments
- ▶ Inadequate understanding of leadership development needs across the system
- ▶ One Gloucestershire Leadership Programme Alumni established with further development opportunities being planned for them, with possible expansion of these opportunities to all system leaders
- ▶ Predominately organisational focused cultural development with limited sharing of approaches
- ▶ Lack of detailed shared understanding of system capability and/or a long term development plan for the system.

### Our Ambition

- ▶ Consistent high quality multi-professional leadership is defined and demonstrated across all levels and across the system
- ▶ All Partners proactively think about leadership and culture as a key component to the delivery of the People strategy and workplans
- ▶ Sustainable long term agreed leadership development strategy and delivery plan that supports all system partners
- ▶ We have embedded a culture of kindness, civility and respect across our system
- ▶ Systems Leadership is the default leadership mindset – what's in the best interest of all of us across the system
- ▶ Embedding a Restorative, Just and Learning Culture
- ▶ To create the conditions to enable staff to freely speak up through line management and team structures as well as through freedom to speak up services.





# Theme 2 (Foundational): Equality, Diversity and Inclusion



The NHS has one of the most diverse workforces in the public sector, however, we know from research data, staff surveys measures and anecdotes that the workplace experience of all staff, their work-related outcomes and opportunity to progress is inconsistent. Whilst there has been a welcome and overdue emphasis on EDI, we know we have more to do in addressing inequality in staff outcomes (notwithstanding a continued focus on wider health inequalities in our population).

### Where are we now

- ▶ We have delivered several ICS-wide and organisational specific ED&I initiatives
- ▶ Several cohorts of the Flourish talent management programme were taken-up by staff with protected characteristics (race, disability, sexual orientation) and their line managers
- ▶ Allyship & Reciprocal mentoring programmes are being established to help leaders across the system develop greater understanding and empathy
- ▶ Each of the ICS partners continue to offer cultural awareness and EDI programmes to managers and staff
- ▶ Organisational actions plan are developed and tracked based on WRES, WDES, Gender Pay Gap and staff survey data
- ▶ Some shared working on the Equality Delivery System (EDS)
- ▶ Support Programme for EDI Network chairs.

### Our Ambition

- ▶ We genuinely embrace diversity in all of it's dimensions and aim to ensure that our work places are free from discrimination and that our workforce at all levels is representative of the populations we serve. This extends beyond legally protected characteristics into social deprivation
- ▶ We will ensure the principles of Equality, Diversity and Inclusion are embedded as the personal responsibility of all members of staff
- ▶ We will ensure all our policies, procedures, systems and practices are reviewed and de-biased
- ▶ Our staff report that they feel they work in teams and organisations that operate fairly, and that are open and free from any form of discrimination
- ▶ Collaborative delivery of the [NHS EDI Improvement plan](#).





## Theme 3 (Foundational): Digital, Data and Technology



“Within 20 years, **90%** of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy”

*The Topol Review:  
Preparing the healthcare  
workforce to deliver the  
digital future -  
Eric Topol, 2019*

Data, Digital and Technology (DDaT) has been identified as a foundational theme for our People Strategy.

The NHS and social care sectors have witnessed an extraordinary pace of digital innovation in the past couple of years. Virtual working, virtual clinics and wards are now part of the norm, but have placed additional demand in terms of skills and new ways of working on our staff.

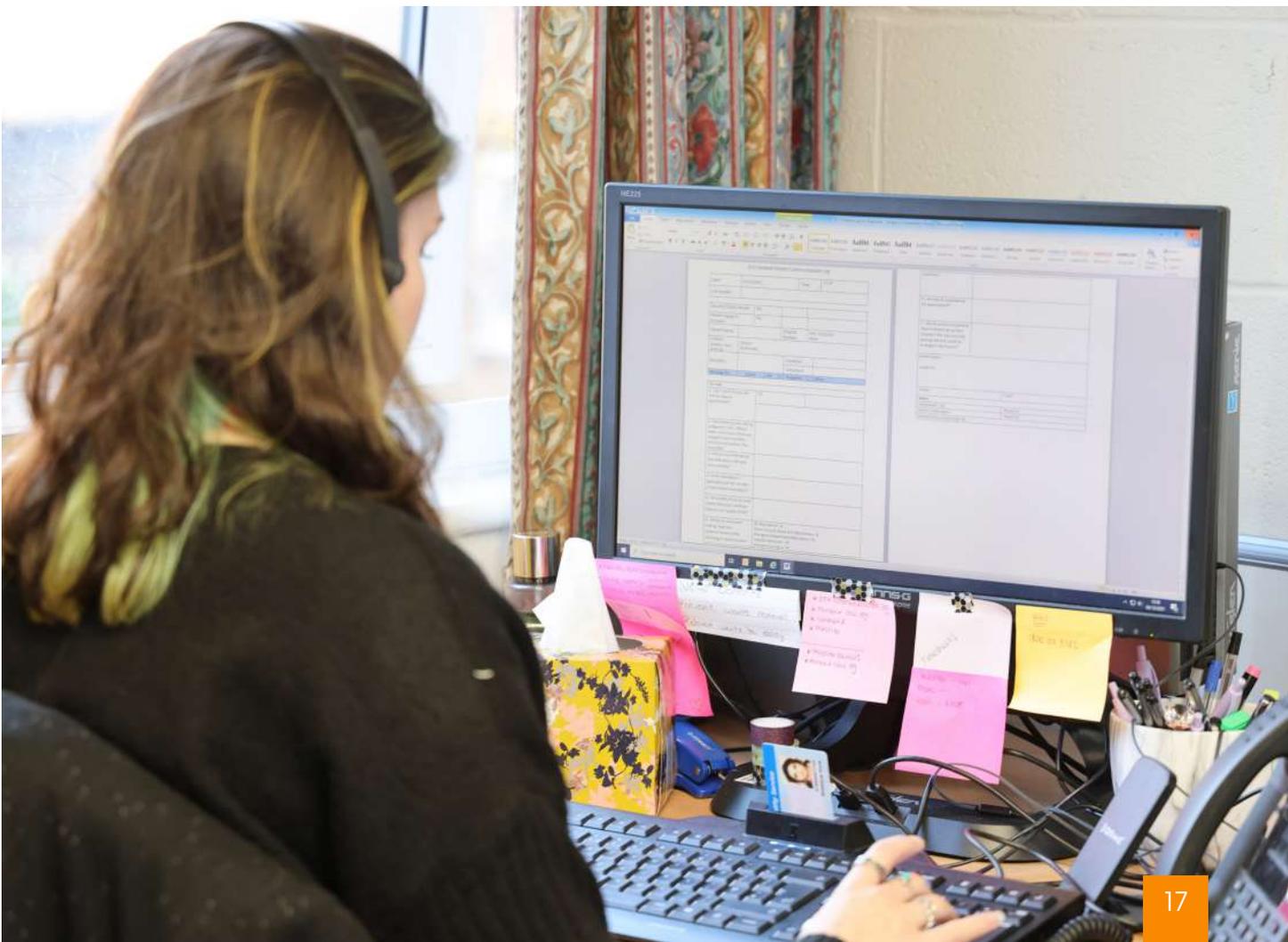
As we look to the future we know that new technologies including artificial intelligence will form a larger part of how we work and we must equip our staff with the right skills.

### Where are we now

- ▶ Digital literacy variable across the workforce
- ▶ Technology-related change not always focused on the people change elements
- ▶ Technology-related change being a cause of additional staff stress and a factor in retention
- ▶ Specialist technology skills are in high demand and we are often unable to compete in the jobs marketplace for these.

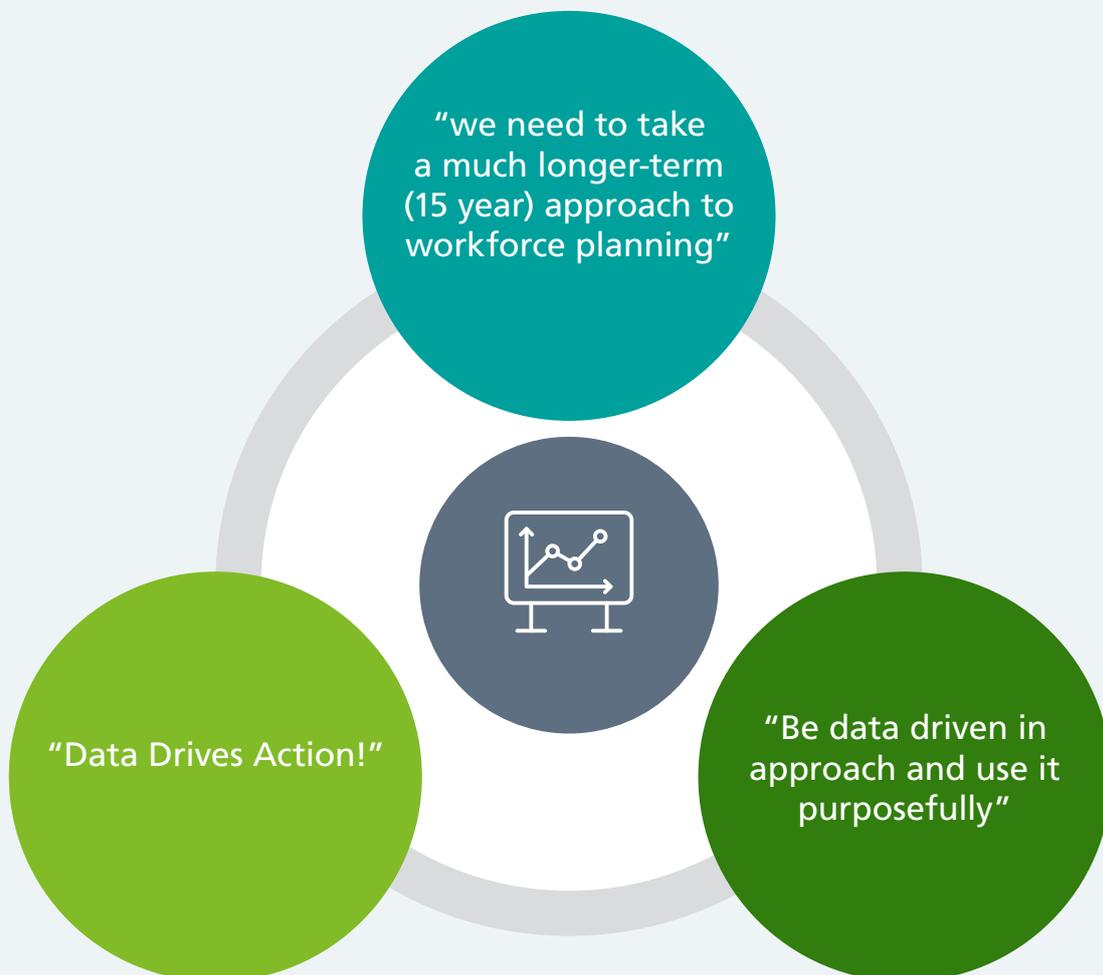
### Our Ambition

- ▶ Development of a digital workforce strategy
- ▶ Development of Digital Skills and Education offer for all staff to develop and enhance digital literacy
- ▶ Support and develop digital specialists (including clinical informaticians) across the ICS
- ▶ Delivery of simulation-based and Technology Enhanced Learning (TEL) as a key enabler for training both digital skills required and innovative methods of education and to increase the number of people we can train
- ▶ Development and optimisation of current workforce systems for the ICS
- ▶ Using DDaT to provide innovative and excellent people services.





## Theme 4 (Foundational): Workforce Planning



Workforce Planning is the process of analysing, forecasting, and planning workforce supply and demand, assessing gaps, and determining interventions to ensure that we have the right people - with the right skills in the right places at the right time - to fulfil our strategic and operational service delivery objectives.

It's an iterative process starting with understanding our strategic objectives (as per Integrated Care Strategy and 5-Year ICB Plan 'Joint Forward Plan'). It is a foundational element of the strategy as it provides a structured, evidence-based method and set of tools upon which to identify priorities and take action to address them.

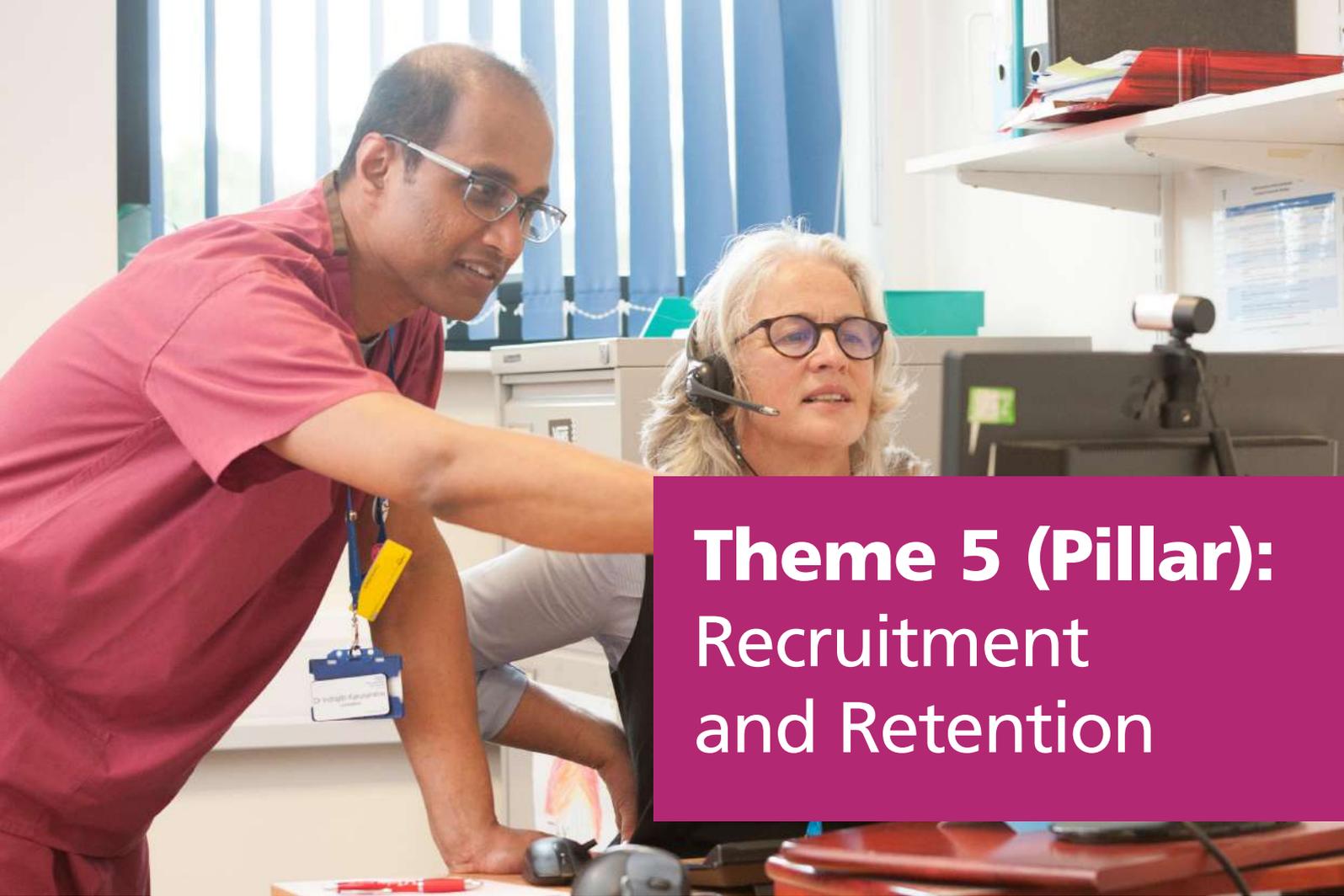
### Where are we now

- ▶ System partners individually report a range of different workforce data with potential inconsistency in data sets. We are developing our understanding of primary care and social care data sets, however, HR systems are different within each of the organisations, the scope of what HR data is recorded varies across each of them and there is no central system-wide repository. National data repositories have delays in data availability and need local processing before using
- ▶ We have limited workforce planning capacity and capability (primarily concentrated in a few specialist areas) and workforce planning is predominately focused on a short term (1-3 year) time period
- ▶ Workforce planning is inconsistently integrated with service planning and no standard methods or tools are in place or widely used.

### Our Ambition

- ▶ We have the opportunity to create a common methodology in workforce reporting and upskill more staff (within the operational service areas, transformation teams and people services) to be confident in workforce planning, developing a 5-year and longer-term view of our workforce needs across all levels of practice and integrated across health and social care
- ▶ Improve the integrity and availability of in the data and have a system-wide view of it
- ▶ Future service investment plans are underpinned by evidence-based workforce approaches that support long-term sustainable services
- ▶ Alignment and planning timelines mirroring the 15 year timescale of the national workforce plan and we can respond positively to the significant expansion of training
- ▶ Opportunities to embed integrated approaches to workforce planning across pathways and traditional boundaries.





# Theme 5 (Pillar): Recruitment and Retention



**Recruitment:** Having sufficient staff with the right skills in the right place is the cornerstone of our people strategy. Whilst worker shortages are not unique to the health and social care sector, the impact of not having sufficient staff has a huge impact on timeliness of access to care and safety of care; not to mention the strain it places on those that are working in the sector.

**Where are we now**

- ▶ Organisation-based recruitment activity with limited sharing or co-ordination
- ▶ Competing for staff and talent between organisations and across county/country borders
- ▶ Variation in reward packages
- ▶ Improving co-ordination for apprenticeships and cross-partner levy utilisation
- ▶ Improving co-ordination for widening participation initiatives
- ▶ Risk-averse recruitment meaning some posts are offered as fixed-term making attraction challenging
- ▶ Provider organisation International Recruitment in place
- ▶ Some values based recruitment practices
- ▶ Variability in time to hire and recruitment practices.

**Our Ambition**

- ▶ Reduce system vacancy rates through increase system wide coordinated promotion and recruitment campaigns, and collaborative international recruitment
- ▶ Improved workforce ‘mobility’ across One Gloucestershire, with streamlined Education and Learning programmes including blended, accessible and safe educational approaches
- ▶ Increased domestic growth of supply for clinical roles through local HEI provision
- ▶ Increased roles recruited via apprenticeships and new and extended roles (e.g. nursing and physician, associates, advanced practitioners)
- ▶ Consistent, agile and efficient “time to hire” practices using technology
- ▶ Embedded inclusive recruitment policy and practice
- ▶ Maximising our roles as anchor institutions and proactively reaching out to VCSE and local communities, with a focus on underrepresented communities
- ▶ Career paths that facilitate us to “grow our own” workforce.

**Retention:** Once we have the staff, holding on to their dedication and commitment is equally essential. Not having sufficient staff places additional burden on those that are in post and coupled with increased demand and not feeling valued (strong link to health and wellbeing and leadership) we can struggle to retain them.

**Where are we now**

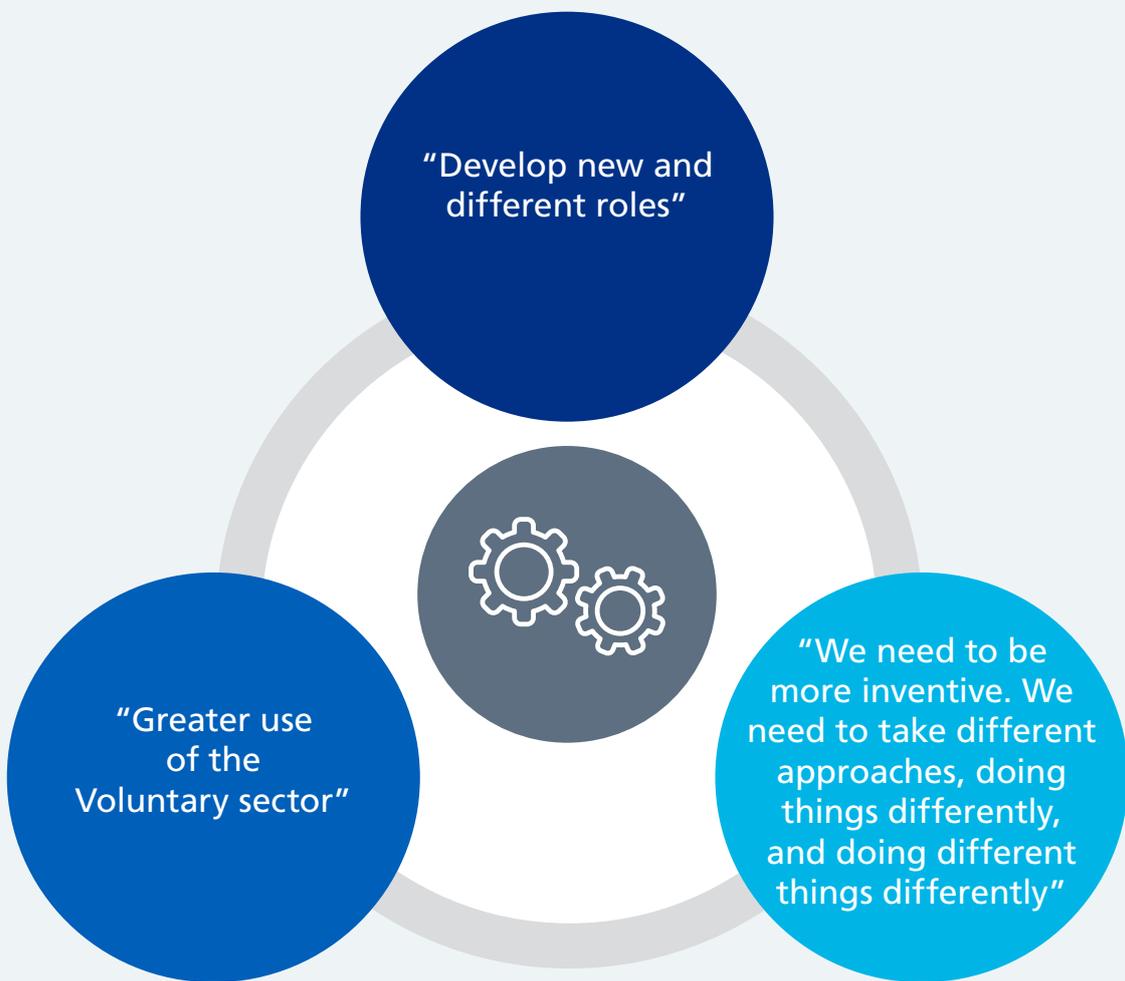
- ▶ Highest leaver rates (nationally) for some staff groups (e.g. midwives); top (i.e. worst) quartile for AHPs, Nursing support. Nurses showing a decline and special cause variation
- ▶ High percentage of staff approaching retirement (>age 55) across the system, with 43% of admin and clerical staff in Primary care aged 55 or over; 23% are over age 60
- ▶ GP Partners declining; all GPs 59/10,000 against regional average of 62/10,000, though above national average at 57/10,000, 2nd lowest increase in GP Registrars across the SW
- ▶ Social Care all staff turnover rate of circa 40%, direct patient care staff 35% (4,200 leavers in 21/22)
- ▶ Gaps in the data to understand (qualitatively and quantitatively) why staff are leaving.

**Our Ambition**

- ▶ Improve data collection and analysis on the characteristics of leavers across the system including reasons for leaving. Have a suite of KPI’s that will demonstrate where improvements in retention have been achieved
- ▶ Improve work life balance for staff through flexible working offers for all staff across both clinical and non-clinical settings throughout their working lives (as individual circumstances change)
- ▶ Improved experience for Health and Social Care colleagues, to feel engaged, supported, invested in and valued
- ▶ Improve clarification and offers for career development with a focus on early careers and talent management
- ▶ Provide opportunities for staff to work across the system to gain experience and provide a flexible workforce
- ▶ Implement the [5-high impact retention actions](#) for nursing and midwifery and monitor performance against
- ▶ Welcome internationally recruited staff with provide them with pastoral support and assistance to enable them to remain, flourish and develop their careers within Gloucestershire Health and Social Care.



# Theme 6 (Pillar): Enabling Innovation in care delivery & people services



There is a long history of collaborative working through the clinical programme groups, some of which are focused on disease pathways (e.g. diabetes, respiratory, Eye-Health) and others focused on service user populations (e.g. Children and Young People, Mental Health, Older and Frailty). These groups have been working on transforming services to meet future needs. Integral to building and sustaining new models of care and service delivery are the existing staff that will need to be developed and new staff recruited. There are other change and transformation initiatives being undertaken which have a significant people impact, such as greater use of digital tools to support care delivery.

The Human Resources and Organisational Development functions that support our people services themselves are innovating and transforming to be even more efficient, effective and customer-focused.

All of these make for a complex picture of changes that will impact staff, making this an essential theme of our people strategy.

### Where are we now

- ▶ There is significant amounts of transformation activity taking place across the ICS, from the work of the clinical programme groups to digital improvements. The workforce element of these are integral to the success of these programmes, however, their impact is not always comprehensively understood or proactively planned for in a coordinated and consistent way
- ▶ Gaps in key roles have slowed down delivery of some transformation programmes
- ▶ Increasing ICS-wide collaboration in People Services planning with mature governance structures. Variable collaborative delivery structures focused on projects.

### Our Ambition

- ▶ Transformation programmes are able to deliver the step change improvements in the health and social care delivery to our populations fully enabled by a skilled and adequately resourced workforce
- ▶ Local review and implementation of the "[Future of HR and OD plan](#)" and "**Vision 2030**" with people services appropriately resourced and structured to provide strategic and operational support across the ICS
- ▶ Linked to the delivery of the NHS Workforce Plan, to identify new and different roles as part of health and care delivery to achieve a sustainable workforce for Gloucestershire.





# Theme 7 (Pillar): Valuing and looking after our people



We have a skilled and dedicated workforce who provide essential services to the population of Gloucestershire under increasingly demanding circumstances. Whilst our staff are committed to looking after our patients, service users and their families and carers, it is imperative we look after our staff. We know from evidence there is a strong correlation between the experience of staff and those they care for (positively and negatively), and that retention is linked to staff experience, so this makes sense from a business and service delivery perspective, however, as leaders we believe there is overwhelming moral imperative to value and look after our people.

### Where are we now

- ▶ Renewed focus on Health and Wellbeing of staff in response to Covid-19 pandemic, with many initiatives launched, some of which were system-wide
- ▶ Some health and wellbeing initiatives are based on non-recurrent funding e.g “The Wellbeing Line” across One Gloucestershire
- ▶ Baseline mapping of Health and Wellbeing services across ICS (and wider), indicating innovative services available within some organisations and much commonality in services available, though variable take-up (especially when overlaid with EDI factors)
- ▶ Variable insight as to impact of services (limited evaluation).

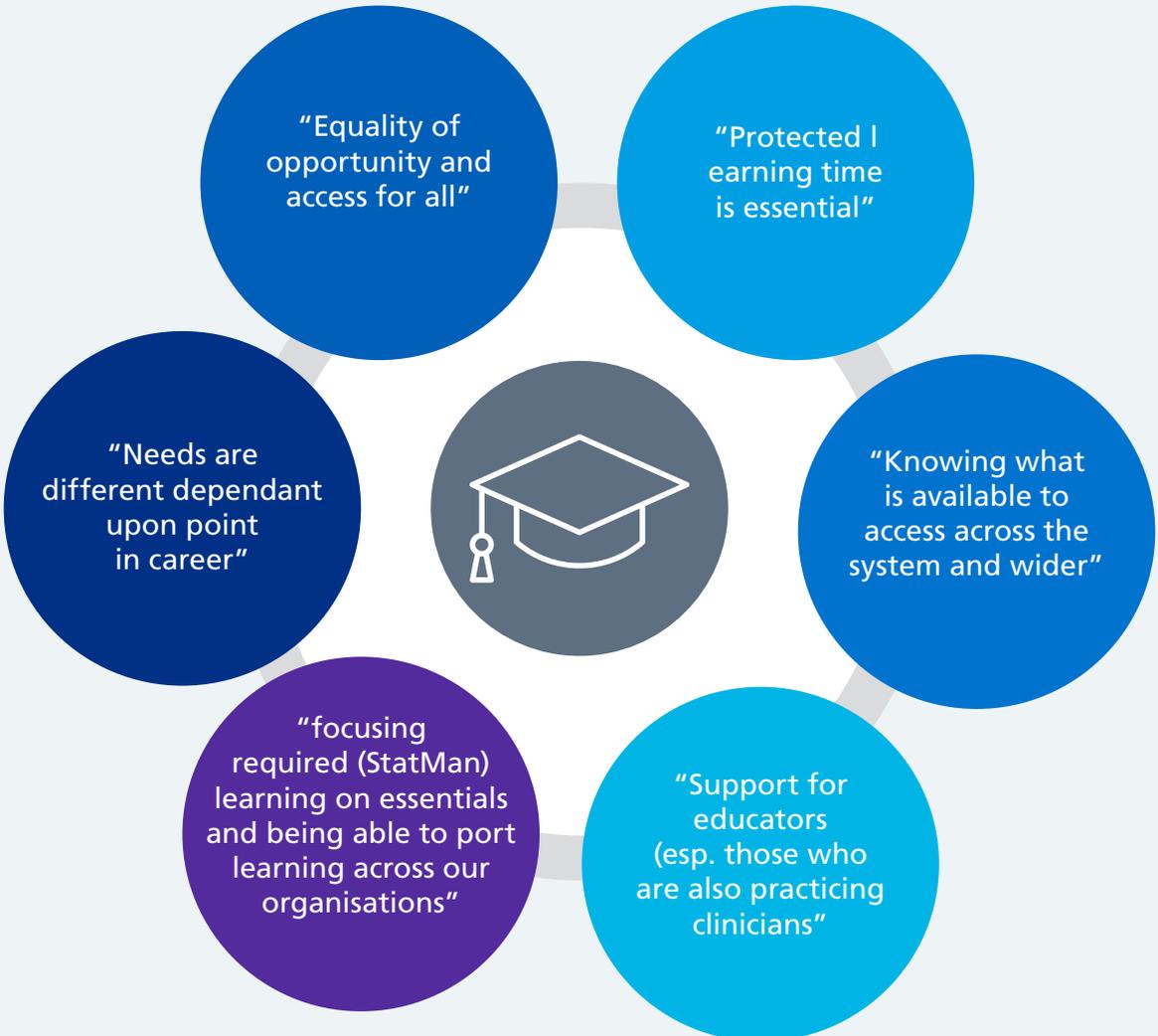
### Our Ambition

- “One Gloucestershire commits to proactively engaging and enabling all our people across the whole county to stay healthy, well and safe throughout their working lives; acknowledging the whole person, providing holistic support when needed and ensuring that the appropriate support is available and easily accessible to all staff based on an understanding of their need.”
- ▶ Focused action in four Health and Wellbeing (HWB) areas:
    - Supportive HWB culture – more than provision of HWB services
    - Access and inclusion – Equitable access across the ICS and parity of available services
    - Collaboration across the ICS
    - Engagement with staff that use/need the services
  - ▶ Addressing health inequalities in our workforce
  - ▶ Embedding a Restorative, Just and Learning Culture
  - ▶ To create the conditions to enable staff to freely speak up through line management and team structures as well as through freedom to speak up services.





# Theme 8 (Pillar): Education, Training & Talent Development



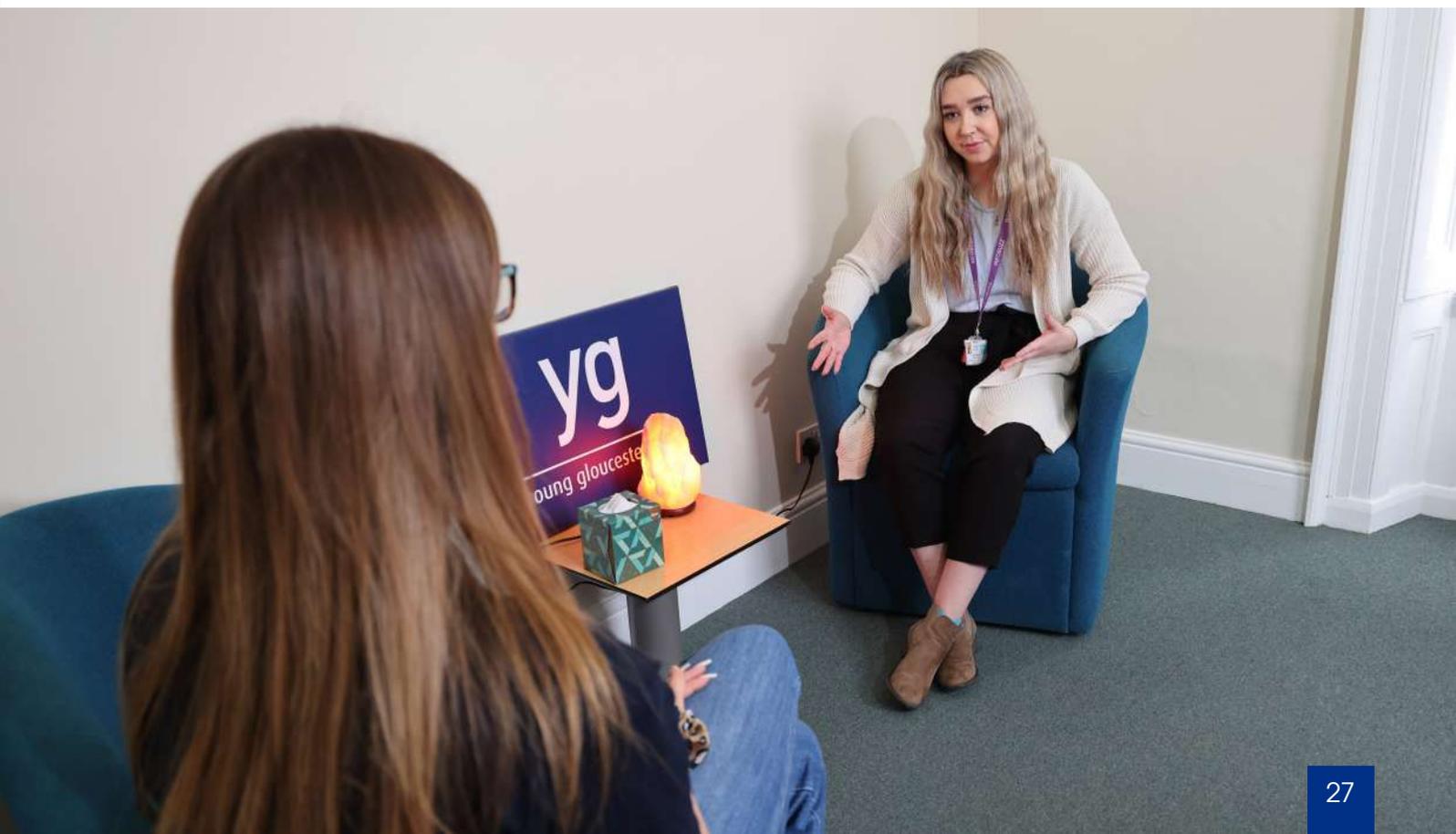
Education, Training and Development is essential to ensure we continually invest in our staff so they have the necessary skills to deliver a safe service, meet their personal and career ambitions and enhance service productivity. It takes many forms from traditional classroom-based education to using new technology (such as Virtual Reality), encompasses a broad range of clinical and non-clinical disciplines and is delivered by internal teams as well as specialist external partners.

### Where are we now

- ▶ A wide range of learning opportunities (clinical and non-clinical) available within each organisation, though variable in terms of awareness, accessibility and take-up. Most opportunities only available within organisations to their staff
- ▶ Joint working and development with the University of Gloucestershire on the Arts, Health and Well-being centre as part of the new Gloucester centre city campus
- ▶ Development offers not consistently mapped back to population health objectives or known training gaps and needs
- ▶ ICS Widening Access and Apprenticeship Hub
- ▶ Absence of co-production of training and development offers informed by those with lived experience
- ▶ High demand on existing apprenticeship and trainee programmes as well as significant pressure on clinical placement provision for under-graduate and postgraduate training in partnership with regional and national HEI's and further education colleges and training providers.

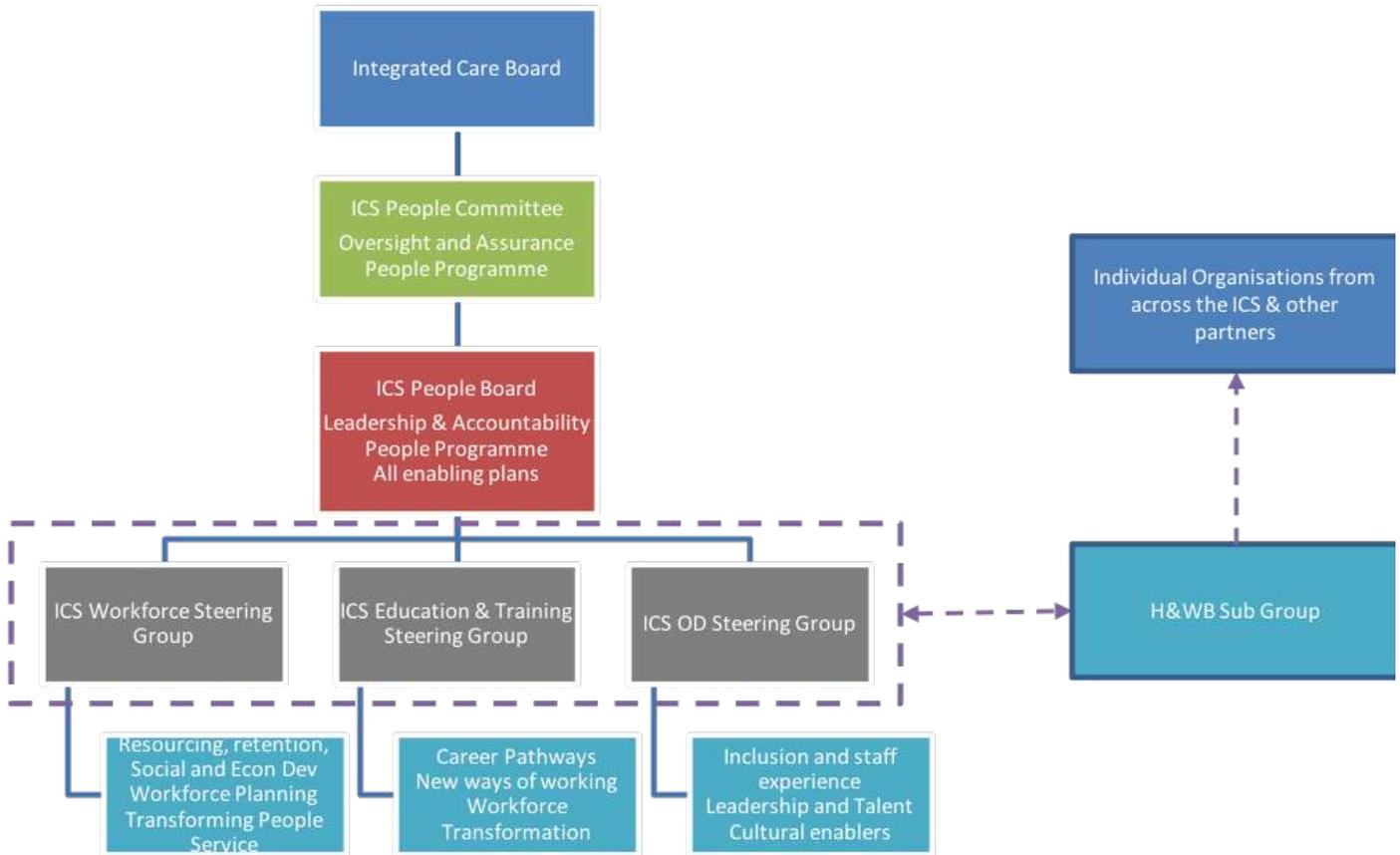
### Our Ambition

- ▶ High-quality opportunities related to strategic needs with population health focus
- ▶ Access and take-up comprehensive and equal across all staff groups
- ▶ Agreed training is consistent, easily portable and recognised across organisations
- ▶ Excellent collaborative working between training providers, further and higher education institutions (local, regional and national). Benefitting from their state of the art facilities meeting current and future education and development need
- ▶ Innovative use of technology for learning enhancing learning access, experience and effectiveness
- ▶ A culture of continuous professional development across all staff groups, with protected time to dedicate for this
- ▶ Maximising the use of traineeships, apprenticeships and having clear career pathways
- ▶ Co-produce content informed by those with lived experience
- ▶ To maximise capacity and further the range of professional placements; delivering placement models for learners which enhance learning, prioritise the development of competence, connect and integrate theory, evidence and experiences.
- ▶ Implementing the [NHSE Educator Workforce Strategy](#).



# Delivery and Governance

We will use our existing People Function governance structure and sub-groups to manage and oversee delivery of agreed priorities.



# Key Projects – Lead: Workforce Steering Group

Project Category	Project Name
<b>Recruitment</b>	International recruitment
	Be In Gloucestershire recruitment campaign
	Recruitment events collaboration
	Staff accommodation
	Inclusive recruitment
	Veterans recruitment
<b>Retention</b>	Legacy Mentors
	Retention Diagnostic
	Nursing retention toolkit
	System workforce agility
<b>Workforce Planning</b>	National returns
	Targeted Workforce planning support
	Identify WF planning training requirements
<b>Reduce agency and Temporary Staffing Costs</b>	Temporary staffing group
	Bank process alignment
	E-rostering
	ICS shared bank

# Key Projects – Lead: OD Steering Group

Project Category	Project Name
<b>Culture</b>	Health Wellbeing vision and action plan
	HWB retention conversations
<b>Transformational System Leadership</b>	Map current provision
	System capability requirements
	Existing development programmes
	One Gloucestershire leadership programme alumni
<b>EDI</b>	Reciprocal mentoring
	EDI literacy
	Inclusion Allies
<b>Coaching, talent and succession planning</b>	Flourish evaluation & Alumni Support
	My e-coach

# Key Projects – Lead: Education Steering Group

Project Category	Project Name
<b>Enabling key skills</b>	Social Care, Community Nursing and AHP Upskilling Funding ICS
	Shop window of offers across the system
	HEE educator Workforce strategy
	Systemwide induction Programme
<b>Innovation</b>	Innovation (TEL)
<b>Workforce Transformation</b>	Apprenticeships & widening participation strategy development
	Levy maximisation and transfer
	University of Gloucestershire city campus facility
	System-wide advanced practice
<b>Supply</b>	Placement capacity
	System-wide Career Promotion collaboration

# How will we know if we are making a difference?

Measures to track progress:



**Staff  
Engagement**



**EDI  
Measures**



**Apprenticeship  
levy utilisation**



**Vacancy  
Rate**



**Sickness  
Absence**



**Staff  
Turnover**



**Agency Spend**

Targets are set by each organisation based on their respective baseline positions.







The work on the people strategy commenced in early 2023, at that time the chair of the People Committee was Clive Lewis. Clive sadly and unexpectedly passed away in May 2023. We would like to pay our tributes to Clive for his leadership and inspiration to our work on this strategy and his wider contributions to the work of the ICB in *"Making Gloucestershire the healthiest place to live and work – championing equity in life chances and the best health and care outcomes for all."*

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