



# Golden Jubilee Foundation

Patients at the heart of progress



# Workforce Plan

2017/18

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## Executive Summary

Welcome to the Golden Jubilee Foundation's Workforce Plan for 2017/2018, which sets out the progress we made in 2016/2017, along with our plans for the coming year and further into the future with the exciting expansion of our services.

Our workforce is at the heart of our practice within the Foundation, and we acknowledge that it is key to our ongoing success. We invest in the recruitment, training and development of our staff to allow them to move flexibly within specialties across the organisation to ensure we help NHSScotland to achieve its aims to make patient care person-centred, safe and effective.

The Golden Jubilee Foundation's commitment in our workforce continued in 2016/2017, with the ongoing recognition that our staff are key to the delivery of the services we provide for our patients. We continued to invest in local youth employment through collaboration with West College Scotland and the exploration of Modern Apprenticeship opportunities across the organisation.

The key themes for the future of the Foundation align with our vision to lead quality, research and innovation for NHSScotland. We will continue to ensure high quality services for patients through our plans for expanding the hospital as part of the national elective centre's programme. To meet key demand areas we will be providing more diagnostic imaging, hip and knee replacements, cataract operations and other key specialties. The aim is to have the first phase of the expansion go live by the end of 2019, with phase 2 operational in 2021. The hospital development will require an increase in staffing across staff groups. It will also give us the opportunity to review research capabilities, as well as develop new roles and ways of working. The expansion will also allow us to continue to work alongside local partners to help with the development of our workforce.

By the year 2020 the ['2020 Vision for Health and Social Care'](#) set out by the Scottish Government states that everyone will be able to live longer, healthier lives, either at home or in a homely setting. The achievement of this vision requires our workforce to embrace what we are working towards. To deliver the 2020 Vision, we will continue to work with the Scottish Government and our partners to focus on future service priorities and maximizing capacity to meet the priorities and demands of NHSScotland. It also builds on the work we have undertaken with our values programme and employee engagement and will also enable us to deliver our GJF Board Vision to "lead quality, research and innovation". We will continue to invest in our values based workforce and deliver against the 2020 Workforce Vision to support the NHS and Scotland.

**Jill Young, Chief Executive**

# 1. Background to the Workforce Plan

## 1.1 Overview

The Golden Jubilee Foundation (GJF) is the brand name of the National Waiting Times Centre Board, which encompasses: the Golden Jubilee National Hospital; the Golden Jubilee Research Institute; the Golden Jubilee Innovation Centre; and the Golden Jubilee Conference Hotel. The GJF is unique within the NHS in Scotland. It is a regional and national resource, which is independently run as a national Board. It is helping to redefine the concept of the public hospital and had a vision of “Leading Quality, Research and Innovation” for NHSScotland. As at 31<sup>st</sup> March 2017 the GJF directly employed 1789 members of staff (1613.32 whole time equivalent (WTE)), excluding “Bank” staff.

The GJF’s patient-led approach to healthcare encourages an ethos that is open, questioning and participative: everyone is encouraged to speak out and be actively involved in the quest for continuous improvement and innovation.

## 1.2 Purpose and Objective

The Workforce Plan will describe the future workforce that will be required by the GJF in order to provide a person-centred, safe and effective service going forward. It will encompass the Scottish Government’s “Everyone Matters: 2020 Workforce Vision”, the “Staff Governance Standard Framework” and aspects of the “Local Delivery Plan 2017-18”.

The Workforce Plan will also take cognisance of the NHSScotland “[National Health and Social Care Workforce Plan – Part 1](#)”, which outlines the framework for improving workforce planning across Scotland.

## 1.3 Outputs

Analysis of current workforce information is given in [Section 4. Characteristics of the Current Workforce](#). This information has been extracted from the Payroll staff list and the Human Resources system, HRNet, cross-referencing them to ensure that all relevant data has been captured.

Outputs and actions arising from this Workforce Plan are shown under the relevant subsections in [Section 5. Supplying the Required Workforce](#). Projected workforce numbers over the next three years are also shown in this section.

## 1.4 Engagement and Consultation

The workforce planning process is firmly embedded within the GJF’s overall planning process and is driven by its Strategic Workforce Planning and Education Steering Group. The workforce planning process is strategically aligned with the Local Delivery Plan and, as it develops, will meet the challenges set by the 2020 Workforce Strategy.

The GJF prides itself on the delivery of safe, effective, person centred services. Any changes to the workforce will be driven by improving services to benefit the patient pathway, patient experience or increasing efficiency.

The GJF recognises that partnership working is essential to support the development and implementation of workforce plans. There is staff side involvement through membership of the GJF’s Workforce Planning and Education Steering Group, and in specific teams reviewing service delivery/skill mix requirements. Management continues to work alongside staff side partners to ensure the delivery of a safe and effective workforce for the future.

## 1.5 Workforce Planning Process

### 1.5.1 Six Steps Methodology

This Workforce Plan follows the “[Six Steps Methodology to Integrated Workforce Planning](#)”, which was designed by Skills for Health as a practical approach to planning that ensures GJF’s have a workforce of the right size, with the right skills and competences, which supports “[Everyone Matters: 2020 Workforce Vision](#)”. The Methodology identifies elements that should be included in any workforce plan, and takes into account current and future demand for services, as well as local (and in our case regional and national) demographics.

### 1.5.2 Everyone Matters: 2020 Workforce Vision

To support the “2020 Vision for Health and Social Care”, in 2014 the Cabinet Secretary for Health and Wellbeing launched “[Everyone Matters: 2020 Workforce Vision](#)”, which recognises the important role the NHSScotland, local authority and third party provider workforce plays in rising to the challenges faced in improving care and performance.

### 1.5.3 Staff Governance

The NHS Reform (Scotland) Act 2004 reinforced NHSScotland’s commitment to staff governance, supported by the Staff Governance Standard Framework. The aim of the Standard Framework is to improve how NHSScotland’s diverse workforce is treated at work, reflecting changes as NHSScotland continues to evolve and improve. Further information on the “[Staff Governance Standard Framework](#)” can be found by clicking the link.

Within the GJF the Standard Framework is supported by a suite of workforce policies, procedures and agreements, which embrace good employment practice and policy, and workforce planning and development.

### 1.5.5 Local Delivery Plan 2017-18

As well as this workforce plan, the implications of service redesign on the GJF’s workforce are also set out in financial plans and the “[Local Delivery Plan 2017-18](#)”.

## 1.6 2016/2017 Action Plan Update

The headline actions detailed in the 2016/2017 Workforce Plan have moved forward and our progress is highlighted below:

	<b>What we said we would do:</b>	<b>Who we said would do it:</b>	<b>What we have done:</b>
1	Deliver the Staff Governance Plan for 2016/2017	Director of HR/Head of HR/Head of L&OD/Employee Director	This was completed and reviewed throughout the year by our Senior Management team, Partnership Forum and Person Centred Committee.
2	Continue with further investment in youth employment through collaboration with West College Scotland	Recruitment Manager	<p>Collaborative sessions took place on a quarterly basis with West College Scotland to discuss potential opportunities for working with the College to improve and strengthen links. A number of ways were identified that the organisation could support the college and in return ways in which the college could improve the content of the course delivery for particular training programmes.</p> <p>Sessions were delivered in the College by the Board in relation to applying for jobs, completing the NHS application form and preparing for interview. Training was provided within the GJF for students in the use of the Trak system. Students also spent time within the Medical Records area, Outpatients Clinics and shadowing a Unit Co-ordinator within the ward areas. This has improved understanding of working within a hospital setting.</p> <p>Suitable job opportunities are forwarded to the College for posting on their notice boards to widen the reach of our recruitment advertising</p>
3	Continue to explore Modern Apprenticeship opportunities in GJF and collaboratively with West College Scotland and/or	HR Manager/Head of HR	We now have three Modern Apprentices within the GJF, with a fourth due to follow. The vacancies were advertised within the College, to give their students the best possible opportunity of applying for an apprenticeship. West College staff members carry out

	another Health Board		regular assessments of the apprentices and provide additional training where required. Work will continue to develop the programme in 2017/2018
4	Continued development of workforce modelling within all staff groups in the GJF	Workforce Planning and Education Steering Group	<p>This is an ongoing process, which will assist with the development of the GJF's Workforce Strategy.</p> <p>The GJF continues to review clinical competencies and clinical education for all staff members, including attainment of competencies for Band 2 and 3 Healthcare Support Workers (HCSW). Band 3 HCSWs are supported to gain SVQ3 Healthcare (Clinical). This allows for review of workload within clinical areas and skill mix reviews. This work is primarily lead by the Nursing Workforce Planning sub group. By gathering data on dependencies of patients this allows for review of the skill mix in order that care delivery is always safe and effective</p>
5	Develop a three-year AHP Strategy throughout the GJF	Head of Rehabilitation	The collective ambition through the development of the three year AHP strategy was to achieve the best possible outcomes for patients, using innovative practice. The strategy aligns with the key aims of the Active and Independent Living Improvement Programme (AILIP), which supersedes the AHP National Delivery Plan (2012-15). The AILIP continues to focus on prevention, enablement, early intervention and rehabilitation. The AHP strategy therefore encourages staff to think differently and deliver enabling models of care while recognising the unique patient profile within the GJF
6	Introduce a Lead Advanced Practitioner within the GJF and implement the strategy with education, research and leadership work as a facet of all advanced practice roles	Nurse Director	This activity has been carried out and the post holder is in place
7	Continue to meet workforce challenges in order to support the delivery of the 2020 Golden Jubilee Conference Hotel Strategy	Director of HR/Head of HR	We have established a "Bank" of staff, which provides the hotel with increased flexibility within its workforce
8	Implement the Leadership Framework within GJF	Director of HR	The Framework was approved by the Board in 2016 and work has commenced to roll this out to the GJF's employees.
9	Implement the Medical and Nursing Clinical Education Strategies	Medical Director/Nurse Director	<p>The clinical education strategy spans a 3 year period from 2015 to 2018. A report is produced each year to report on progress with this. The report is sent to the Senior Management Team, Partnership Forum and Person Centred Committee for review and scrutiny.</p> <p>Mandatory core training: there is a requirement for all nursing staff to attend annual mandatory core training, requiring protected study leave (built into workforce planning budgets as predictable absence). There is also a requirement for extended role training of staff</p>

			requiring study time to acquire additional clinical skills and additional CPD study days run in house and externally. A stand alone Centre for Clinical SVQ attainment is being developed in-house and this will allow GJNH to have full responsibility for candidates going through the programme.
10	Implement Human Factors and Quality Improvement training across the organisation to every employee	Director of HR/Head of L&OD	<p>Human Factors Level 1 training has been incorporated into the GJF Leadership Framework. A facility of 16 trainers has been developed to support the rollout of Human Factors. During 2016/17, 671 staff members attended Human Factors Level 1 training, bringing the total number of staff members that have completed the programme to 732. Tools and learning from the Human Factors training have been incorporated into the workplace, for example:</p> <ul style="list-style-type: none"> <li>• One of the Clinical Educators Ward 3 West has adopted the Concern, Unsure, Safety, Stop (CUSS) tool to raise concerns regarding drug omissions. When the model was trialled errors reduced. When it stopped for a period errors increased. It is now back in practice in the ward and they are seeing less drug errors; and</li> <li>• The Clinical Governance Team has integrated the sheep model (a long list of human factors broken down into the categories of Systems, Human Interaction, Equipment, Environment and Personal) into the investigation of clinical incidents. This has allowed for a more in depth discussion and range of factors being identified as having had an impact on adverse incidents.</li> </ul> <p>Quality Improvement training is also now available as part of the GJF Leadership Framework. The Performance and Improvement Manager has designed this training and together with a small QI faculty delivers this training at two levels:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Funshop (Level 1) which has been completed by 78 members of staff; and</li> <li>• Jubilee Improvement Skills (Level 2) which has been completed by 5 staff members.</li> </ul> <p>This training supports staff members with improvement work by introducing them to the methodology, tools and techniques of quality improvement. They are then encouraged to apply the methodology back in the workplace.</p>
11	Deliver the Advanced Critical Care Practitioner role across Critical Care	Associate Medical Director (Surgical Specialties)	ACCPs have been appointed and are undertaking the ACCP syllabus , with the project lead delivered from the Intensivist team
12	Undertake a review of Agenda for Change Band 1 staff within the GJF	Director of HR	This review was completed and met the nationally agreed timescale, with staff moving across to Band 2 from 1 <sup>st</sup> October 2016. Revised job descriptions were produced and evaluated for the new roles
13	Contribute fully to the National Organ Retrieval	Head(s) of Operations	GJF now contributes fully to the National Organ Retrieval Service



	Service		
14	Continued development of the training academies for the recruitment and training of theatre and radiology staff	Head(s) of Operations	The Director of Global Development and Strategic Partnership is now looking at investment opportunities for the Theatre Academy from third party organisations. There is ongoing discussion with the Health Education Institutions regarding the accreditation of training programmes.

## 2. Demand Drivers and Service Change

Among the planned service changes and demand drivers set to affect the GJF's workforce in 2017/2018 are various internal and external factors.

### 2.1 The Golden Jubilee Foundation's Vision and Values

We will continue to lead quality, research and innovation and ensure that our values are embedded into everything that we do.

### 2.2 National Services Developments

#### 2.2.1 Lung Transplantation

The GJF has commissioned a scoping exercise to assess the impact of setting up a lung transplant centre in Scotland, based at the Golden Jubilee National Hospital. At this time the GJNH is the only Heart Transplant Centre in the United Kingdom that does not undertake heart and lung transplants – patients currently travel to Newcastle for lung transplants.

#### 2.2.2 Organ Care System (OCS)

The demand for heart transplants far outstrips the supply of available hearts (10-15 per million of population v. 2 per million of population). A number of UK heart transplant centres have started to use the Organ Care System (OCS, or "Heart in a Box") to keep recently donated hearts warm and beating during transportation, with the aim of increasing the number of organs available for transplant, the length of time the organs remain viable and improving clinical outcomes for their recipients. Following training from experts in the field from Papworth Hospital and Boston OCS is to be introduced to GJNH for Donation after Brain Death (DBD) donors in 2017/2018.

### 2.3 Golden Jubilee Elective Care Hospital Expansion Programme

The Golden Jubilee National Hospital is leading the expansion of elective care to support the growing need of the West of Scotland region between now and 2035. Significant work has been undertaken to understand the current and projected pressures on the service from a growing elderly population, increasing rates of clinical intervention and the commitment to treat people within Scottish Government waiting time targets.

The expansion programme intends to increase service capacity within GJNH in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey, and to deliver high volume elective procedures while maintaining safe service provision.

The GJF will create additional elective capacity through expansion of the Golden Jubilee National Hospital. The work to support this will take place in two phases:

- Phase 1 – delivery of additional ophthalmology elective care capacity (live from early 2020); and
- Phase 2 – delivery of additional orthopaedic and other surgical elective care capacity (live from last quarter 2021 at the latest).

In order to support the planned hospital expansion a recruitment training and workforce plan will be developed.

### 2.4 Continued expansion of Waiting Times work

This includes:

- The first MRI, under the MRI expansion project announced by the First Minister in August 2016, is due to be operational by December 2017. The implementation of the ophthalmology mobile unit (Vanguard) to support phase 1 of the hospital expansion, operational from April 2017.

## 2.5 Continued Delivery of the Golden Jubilee Conference Hotel Strategy

The Strategy for the Golden Jubilee Conference Hotel aims to develop it as an international hospitality, meeting and conference venue. Between 2017 and 2020 60 bedrooms will be transformed into rooms tailored to the needs of the 2020 conference delegate.

By 2021 the Centre for Health and Wellbeing will seek to encourage health and wellbeing across the GJF, especially amongst the workforce. A Staff Wellbeing Group has been established, with the objective of encouraging employees to participate in physical activity.

The Hotel aims to maintain a growth rate of 3% year on year in 2017/2018, whilst generating sufficient profit to invest in its strategic infrastructure and contribute to GJF efficiency.

## 2.6 Encouraging Youth Employment

In Scotland the number of people of working age is projected to increase to 3.45 million in 2020, up from 3.27 million in 2010. This is in part down to an older working population. Within Scotland, Glasgow has a high proportion of people claiming workless benefits. More local to the hospital, Clydebank has areas of high deprivation and poverty. The GJF engages with local communities to promote work at the hospital and hotel, in order to try to help to address these issues. The GJF works with West College Scotland to promote opportunities offered by Modern Apprenticeships.

## 2.7 Health and Social Care Delivery Plan

The GJF is already engaged in the delivery of objectives for the delivery plan, as it is a national resource for NHSScotland.

### 2.7.1 Health and Social Care Integration

The GJF will continue to assist Health and Social Care Partnerships to deliver their acute care services using the elective capacity at GJNH. This will help to relieve pressure on some hospital services to enable the required shift in focus of care across health and social care.

### 2.7.2 Secondary and Acute Care

As the GJF is involved in the delivery of national services (SNAHFS, SACCS and SPVU) and is also the regional provider of heart and lung services for the West Region, it is engaged with the working groups charged with putting arrangements in place for the regional planning of service delivery, which impacts on workforce matters.

### 2.7.3 Once for Scotland & Regional Working

The GJF's is supporting the "Once for Scotland" approach to deliver high quality person-centred care and services. The GJF is working with colleagues in other Regional, Territorial and National Boards to review opportunities for "Shared Services" joint working across corporate functions to maximise effective use of resources.

## 3. Defining the Required Workforce

Over the three years from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2020 the GJF has projected that the workforce will grow by 2% per year. This section considers these projections and the rationale behind them for each job family. It also sets out the projected workforce requirements for each of the Divisions.

### 3.1 Administrative Services

#### 3.1.1 Workforce Projections

The GJF has projected 2% growth per year in the number of staff in the Administrative Services job family over the next three years, as submitted to the Workforce Planning and Development Division of the Directorate for Health and Workforce Performance within the Scottish Government. The projections can be seen in the table below.

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	190.26	194.07	197.95	201.91
<b>Band 5 - 7</b>	61.93	63.17	64.43	65.72
<b>Band 8a - 9</b>	19.60	19.99	20.39	20.80
<b>All staff</b>	<b>271.79</b>	<b>277.23</b>	<b>282.77</b>	<b>288.42</b>

### 3.1.2 Business Services

In 2017/2018 medical secretarial staff will undergo a redesign process, with the aim of ensuring that the correct profiles are within each team. This involves future proofing the workforce and succession planning. The service is now clearer on who does what and the skills that medical secretaries and administrators require.

In 2017/2018 Business Services has been asked to offer up efficiency savings, which they will be able to do using e-health solutions. This includes the introduction of the scanning facility within the Health Records Department, which during 2017/2018 will result in an efficiency saving of 6.8 WTE staff, and 1.0 WTE staff in 2018/2019. This is largely able to happen as only fixed term contracts have been offered to new starts since 2016/2017.

The Health Records Officer role has been reviewed, with staff side engagement. The review has identified that there needs to be amendments to the current role to accommodate the implementation of the scanning facility and to increase the skill base and knowledge of the current team.

Within the Booking Office staff profiles will be reviewed in 2017/2018. The introduction of Netcall, the telephone call management system, to the Booking Office has allowed management to plan for peak business periods. During the latter part of 2017/2018 Netcall is to be implemented across the hospital, which will allow for efficiencies in staffing the switchboard, leading to a reduction in the use of bank staff to staff the switchboard. Switchboard staff will be skilled to allow them to carry out scanning duties within Medical Records.

## 3.2 Allied Health Professions

### 3.2.1 Workforce Projections

The table below highlights the number of AHP staff in post at 31<sup>st</sup> March 2017 and the projected numbers for the following three years:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	18.77	19.14	19.52	19.91
<b>Band 5 - 9</b>	83.21	84.87	86.57	88.30
<b>All staff</b>	<b>101.98</b>	<b>104.01</b>	<b>106.09</b>	<b>108.21</b>

### 3.2.2 Rehabilitation Department

Through review of skill mix and work plans the department has increased the quality and the capacity of the service, but there is limited capacity to respond to additional demands on the services provided without additional resources.

The extended scope Physiotherapy Practitioner role has demonstrated significant benefit to the organisation both in relation to the Foot and Ankle Pathway and the Occupational Health Service.

Speech and language services are currently delivered through a service level agreement (SLA) with NHS Greater Glasgow and Clyde. However, as the GJF's patient population increases it is anticipated there will be a point when the current arrangement will no longer meet the needs of GJF patients. Options to address this risk include reviewing the scope of current SLA arrangements, identifying potential new partners and the development of an independent GJF service.

As the demand for rehabilitation services increases GJF will remain focused on using quality improvement methodology supported by service data to evaluate the effectiveness of what is done and to drive service improvement. GJF will:

- continually review clinical practice to ensure the service delivered meets best practice guidelines while testing new and innovative ideas;
- continue to develop established roles in the department to support staff development and maximise the flexibility of the service as a whole;
- use the Development Needs Analysis Tool (DNAT) model to support the continual development of all staff; and
- expand research and innovation activity to support GJFs position as a leading provider of orthopaedic and cardio-thoracic services.

### 3.2.3 Dietetics

There were no changes to the Dietetics workforce in the 2016/17 period. The department of Clinical Nutrition and Dietetics comprises of 3 WTE Dieticians (Band 6/7).

The department is attempting to resource and expand on the existing service for patients with diabetes beyond Cardiac Surgery to Cardiology and Orthopaedics. A project has been submitted as a “Spend to Save” strategy and is currently being reviewed by the Strategic Projects Committee. The department intends to maximise its outpatient and educational interventions, building on the “Prehabilitation” agenda to optimise patients prior to elective surgery i.e. weight loss programme, healthy-eating advice and blood glucose optimisation. This will ensure consistency in clinical interventions, regardless of hospital activity.

### 3.2.4 Radiography

The work to develop the Fluoroscopy room to accommodate a greater diversity of work is in its early stages. There are opportunities within the current workforce to support this development, and the benefits to supporting other services are being investigated.

Further training is planned for members of the Sonography team to support an enhanced vascular service. There is an increasing demand for this type of ultrasound scan, so this has been identified as high priority.

Continued support for the training academy is vital to future-proof Radiology services, allowing for cross-trained, competent staff, while enhancing the quality of service provided at all times.

Shared Services has identified the need for further role expansion for Reporting Radiographers into certain areas, such as musculoskeletal MRI reporting. These examinations are the gold standard for diagnosis and the numbers being requested will continue to increase in the future. The Scottish Clinical Imaging Network supports the development and expansion of the Reporting Radiographer role, as there is substantial evidence to support the efficacy of such a service.

## 3.3 Healthcare Sciences

### 3.3.1 Workforce Projections

The Healthcare Sciences job family includes Cardiac Physiology, Medical Physics, Perfusion and the Laboratory Specialties of Haematology, Microbiology and Biochemistry. As with the above job families the GJF expects this job family to increase by 2% per year over the next three years:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	9.12	9.30	9.49	9.68
<b>Band 5 - 7</b>	73.69	75.16	77.99	79.55
<b>Band 8a - 9</b>	7.00	7.14	7.28	7.43
<b>All staff</b>	<b>89.81</b>	<b>91.60</b>	<b>94.76</b>	<b>96.66</b>

### **3.3.2 Laboratory Specialties**

In 2017/2018 the Laboratories are undertaking a review of efficiency and productivity with the Performance and Planning Department, looking at the busy times over the 24-hour period. There is an expectation that this will lead to the movement of some of the workload from day shift to the overnight period and may identify additional test capacity that could support other clinical sites.

2017/2018 will see a review of the numbers of Band 3 Medical Laboratory Assistants. They provide a 24-hour seven-day service, but there are only 3.0 WTE of them. Weekend working is covered by overtime and bank shifts, which is a cost pressure on the service.

The department has had success in cross-discipline training – one Biomedical Scientist is fully trained in both Haematology and Biochemistry. In 2017/2018 and beyond the aim is to include blood transfusion and Microbiology into cross-disciplinary training, thereby further optimising the department's workforce.

The Laboratories have moved to accreditation against internationally recognised quality standards, which has resulted in members of staff having roles and responsibilities to support the quality management system. The Department has undergone its first UK Accreditation Services inspection and the outcome is expected to be satisfactory.

### **3.3.4 Medical Physics**

Workforce numbers and skill mix for the Department directly align to the installed base of equipment throughout the hospital and the associated services they deliver. As such the expansion in services, introduction of new services, technologies and techniques have a great impact on workforce planning within Medical Physics. In 2016/2017 a number of skills gaps were identified through the annual learning needs analysis. Assessment of skills against the installed base of medical equipment continues to be performed annually as part of the Department's ISO 9001 Quality Management System (QMS).

In 2017/2018 and going forward significant planning and preparation will be required to ensure appropriate staffing and skills are in place to support planned GJF expansions. This will be highly dependent on the clinical specialties that will be provided and the model of technical support that will be required.

### **3.3.5 Clinical Perfusion**

The NES funded trainee Clinical Perfusionist successfully attained the PgDip in Clinical Perfusion Science. They have been shadowing senior members of the team as a supernumerary on-call clinical perfusionist, in order to help them to gain the necessary skills to undertake emergency out of hours work. The final year trainee successfully completed their PgDip in Clinical Perfusion Science and was successfully recruited into a vacant experienced Clinical Perfusionist post in January 2017.

As at April 2017 there were 16.66 WTE staff members in Clinical Perfusion, of whom 3 post holders were in the 60+ age bracket (18% of workforce) and 2 were aged between 55 and 59 (12% of workforce). As it takes between 3 and 4 years for a trainee to become fully qualified solutions are currently being reviewed for the service; one of which is a new training academy.

## **3.4 Medical**

### **3.4.1 Workforce Projections**

Unlike the other job families the GJF was only asked to project medical workforce requirements for a single year. At 31 March the GJF employed 131.20 WTE medical staff, which is projected to grow by 2% to 133.80 WTE by the end of 2018.

### **3.4.2 Orthopaedics**

In 2016/2017 one new Consultant appointment was made, along with two Physician Assistants. Of the Consultant body, four have job plans that include working twelve Saturdays per year and one flexible session per week, which has helped to reduce Waiting List Initiative sessions, and thereby cut costs. For 2017/2018 the service would like to have a 50:50 ratio of Clinical Fellows to Physician Assistants, i.e. 7:7. The ratio is currently 10:4.

There will be a review of the arthroplasty service, which includes looking at the skill mix. The service has piloted a Band 3 post, the holder of which triages calls and sees patients on the ward to release capacity for arthroplasty practitioners to spend more time patient facing and to support the increase in foot and ankle patients. This post has now been made permanent.

### 3.4.3 Ophthalmology

The Ophthalmology service continues to expand to meet the needs of an increasing demand service. Two new Ophthalmology Consultants have been appointed in 2017/2018 to support the clinical model. We are currently working through the workforce projections linked to the expansion.

## 3.5 Medical Support

### 3.5.1 Workforce Projections

Physician Assistants, mentioned in the previous section, fall into the Medical Support job family, along with Operating Department Practitioners and Theatre Services staff:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	8.33	8.50	8.70	8.84
<b>Band 5 - 7</b>	12.12	14.30	14.49	14.68
<b>Band 8a - 9</b>	7.00	7.14	7.28	7.43
<b>All staff</b>	<b>27.45</b>	<b>29.94</b>	<b>30.47</b>	<b>30.95</b>

### 3.5.2 Physician Assistants

In 2017/2018 the service is looking to increase further the number of Physician Assistants employed at GJF. At the start of the year there were 4 employed and the aim is to increase this to seven. These roles have been welcomed by staff and are viewed as valuable to the service.

### 3.5.3 Associate Theatre Practitioners

The Associate Theatre Practitioner role has continued to be developed. Individuals are trained in-house in response to local, national and international difficulties in recruiting qualified Theatre Practitioners. There are currently six Associate Theatre Practitioners employed at Band 4 across Theatres. Overseas candidates are attracted to this role. The candidates for this role are existing Healthcare Support Workers who, following a stringent selection process, are supported through to SVQ Level 3 – Perioperative Healthcare.

## 3.6 Nursing and Midwifery

### 3.6.1 Workforce Projections

The Nursing and Midwifery job family is by far the largest in the GJF, accounting for over 40% of the workforce. The table below shows the projected Nursing and Midwifery workforce for the next three years:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	138.30	143.88	146.76	149.70
<b>Band 5</b>	342.77	349.62	356.62	363.75
<b>Band 6 - 7</b>	214.94	219.24	223.62	228.09
<b>Band 8a - 9</b>	8.80	8.98	9.16	9.34
<b>HCI</b>	1.40	1.40	1.40	1.40
<b>All staff</b>	<b>706.20</b>	<b>723.12</b>	<b>737.55</b>	<b>752.28</b>

### **3.6.2 Nursing Workforce**

The GJF's Nursing Strategy ensures that the entire nursing workforce can meet the demands of the national waiting times agenda. Nursing responsibilities and accountability for workforce are based around the three national quality ambitions. The GJF's Advanced Practice Strategy gives it the blueprint to scope and determine advanced nursing and AHP roles in a national and local context. This ensures that these roles both currently and in the future are underpinned by autonomous practice, critical thinking, problem solving and high level decision making. The nursing workforce and workload planning is underpinned by both local and national validated workforce planning tools and these continue to be further developed.

A standardised approach to the use of supplementary staffing (bank, overtime and agency) is in use. There is an escalation policy in place and this echoes the national drive for a cohesive approach. Cognisance of the financial climate and an additional amount of scrutiny and challenge has been added to ensure appropriate utilisation of additional nursing hours.

The Scottish Government has developed a series of Nursing and Midwifery Workload and Workforce Planning Tools. The application of these tools is mandatory to support evidence based decisions in relation to Nursing and Midwifery establishments:

“The tools use rigorous statistical analysis to calculate the whole time equivalent for current workload. These tools should form part of a triangulated approach to incorporate professional judgement and quality measures which will enable flexibility in decision making on staffing needs at local level.” (CEL 32 2011)

The triangulated approach can be seen as crucial in assessing nursing workload and workforce planning. It allows consideration of all factors that have an impact on the nursing resource. Here at GJF we consider the following indicators for workload workforce measurement:

- national tools, for example: Adult-Inpatient, CNS, Peri-operative;
- local nursing workforce tool;
- senior professional judgement ; and
- Nurse Activity Scoring System for Critical Care.

The two clinical Divisions use the national and local workload/workforce planning tools to support decision making around the nursing resource. We continually monitor our nursing workforce against the national tool and have agreed a workforce plan to bring the skill mix in line with this tool to aim towards a 65/35 skill mix where appropriate. Considerable progress has been made towards achieving this goal. The Nursing Workforce and Workload Planning Group (NWWPG) has focused on developing sustainable workforce models to support our changing workload across our clinical services, recognising patient dependency, increased complexity and existing nurse roles. Equitable and effective staff rostering enables teams to deliver the care that patients require – the NWWPG is concentrating on this essential aspect. During 2017-2018 a nurse rostering policy was agreed with staff and partnership, and this standardisation will then provide a stable base across all the units in order to then introduce e-Rostering during 2018.

### **3.6.3 Regional and National Medicine Division**

Looking forward to the next few years, the nursing workforce within Regional and National Medicine will move towards an expansion of skills, maximising the resource available to the patients to enable smooth patient pathways and the delivery of safe, effective and person centred care. Nursing supports a significant amount of clinical research within the Division and the current compliment of research nurse are critical to the delivery of quality research.

The Division continues to deliver the Scottish National Advanced Heart Failure Strategy with the likelihood of additional activities through the impact of the recent National Organ Retrieval Service Review. The National Organ Retrieval Review will result in staff contributing to provide a 24 hour service for retrieving organs from UK donors from a wider geographical zone. This will result in an increased workload out of hours for staff.

Within the Division, the two Advanced Heart Failure Nurse Coordinators and the Regional Heart Failure Nurse Coordinator are working more closely with the aim of streamlining the service to provide an improved patient centred approach. One example of this is that appointments are booked by support staff as opposed to the nurse coordinators to free up the senior staff to undertake more complex patient care activities.

During 2016 a new patient pathway was set up to fast track those patients with a particular type of heart attack to treatment within 24 hours of diagnosis. This rapid treatment has been shown to reduce risk of repeated heart attack and we have slowly expanded this programme throughout 2016/17. A critical element of this pathway is to ensure that patients are given easy access to high quality Cardiac Rehabilitation information and we have improved our patient education to incorporate more of these vital early discussions about the need for focused Cardiac Rehabilitation and its positive impact on their long term outcomes.

For our other established heart attack pathway (24/7, immediate emergency treatment following diagnosis) our team of nurses providing on-call out of hours and weekend support have been called upon to provide an enhanced service. Previously the on-call team consisted of a radiographer, cardiac physiologist, Consultant Cardiologist, Specialty Registrar and a Cath Lab Registered Nurse. Due to redesign within the medical out-of-hours rota following the opening of Queen Elizabeth University Hospital, the former provision of a Specialty Registrar to support the Consultant Cardiologist was no longer available. The nurses were recognised as a critical link within the team and since August 2015, a second nurse has been on the team to support the case in place of the Specialty Registrar.

Ongoing redesign of the way in which organ retrieval is carried out across the UK will see workforce transformation by 2020. The senior team in SNAHFs are working with NHSBT (England) to redesign roles to formalise the 'Scout' role – to maximise organ preservation through the introduction of Donor Care Practitioners.

#### **3.6.4 Surgical Specialties Division**

There has been significant review and ongoing redesign of the nursing teams within the Division to meet the needs of ever changing services and expansions within the ward areas and within the Outpatients Department. This requires a dynamic nursing resource where great emphasis is placed on education, training and development.

Developments for this year for the different specialties have concentrated on different aspects of the work. Orthopaedics has restructured the ward bed base to develop two distinct patient journeys, fast flow ERAS patients and the longer term patients. The nurse establishments for the areas have been redefined, and a new role of Charge Nurse for the longer term unit has commenced. The teams are increasingly caring for more complex patients with additional needs. The multi-disciplinary team (MDT) in Orthopaedics is in the middle of a development programme, which will ultimately have Enhanced Monitoring beds available for patients who require them. A scoping exercise designed to evaluate the potential for Advanced Nurse Practice in the orthopaedic wards has concluded, and the next year should see the addition of ANPs to the Orthopaedic wards.

Cardiothoracic wards have undergone a review and the various improvement developments across the speciality have delivered significant bed savings enabling the closure of 5 ward beds. The nursing skill mix has altered as the patient journey has improved. New roles including a nurse for the ward Chest Drain Clinic have been identified.

Critical Care has introduced the Advanced Critical Care Practitioner role. The Senior Charge Nurse group has a rotational work pattern which ensures standardisation across the four units. The Lead for Advanced Practice, a post which commenced towards the beginning of the year, has ensured the GJF has strong representation at the Transforming Nursing Roles forum. The identification of Advanced Nursing roles and Senior Specialist roles is progressing well.

#### **3.6.5 Theatres**

The University of the West of Scotland has undergone restructuring and no longer appears to be able to support the Theatre Academy process, which had been introduced to address the challenges in recruiting and training theatre staff. The Director of Global Development and Strategic Partnership is now looking at investment opportunities for the Theatre Academy from third party organisations.

Development of the Theatre staff in post will continue and consideration is being given to training some Ophthalmic scrub staff to Advanced Scrub Practitioner status, as there is a view that turnaround will be speeded up if they take on draping of patients.



## 3.7 Other Therapeutic

### 3.7.1 Workforce Projections

At GJF this job family is mainly comprised of Pharmacy and Optometry. 2017/2018 will see the addition of a substantive Clinical Psychologist:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	7.40	7.55	7.70	7.85
<b>Band 5 - 9</b>	26.04	26.56	27.09	27.63
<b>All staff</b>	<b>33.44</b>	<b>34.11</b>	<b>34.79</b>	<b>35.49</b>

### 3.7.2 Optometry

Ophthalmology and Optometry continue to expand to meet the needs of an increasing demand service. The project to introduce an increased elective facility for NHSScotland is underway, which involves a review of workforce structures and practices. The team are already working with a Vanguard Unit, exhibiting flexibility in their roles. The Vanguard Unit was opened on 16<sup>th</sup> May 2017, as part of the expansion of Ophthalmology, for three days per week, which increases capacity to three theatres and means that an additional 14 patients can be seen on those three days per week. In 2017/18, in addition to the appointment of two new Ophthalmology Consultants, four more Optometrists have been recruited to support the clinical model, along with two new Band 4 Nursing Technicians, who are engaged in the first stage of OPD assessment. The Department is also looking to recruit one more Band 4 Nurse Technician. This is a new role to GJNH, which has proven to be an invaluable resource and has improved flow in-clinic.

### 3.7.3 Pharmacy

A new electronic medicines reconciliation module that can link directly with the patient's emergency care summary will be a useful support tool for Pharmacy staff when undertaking the medicines reconciliation process. This should go live during 2017/2018 and will have a major impact on supporting the safer use of medicines within the hospital. It will be a more efficient means of recording patients' medication history and will save time for Pharmacy staff.

With the upcoming expansion plans for the hospital, there will be a requirement for an expansion in Pharmacy workforce to support the delivery of the service to new areas. At present there are Pharmacy Technicians on the Orthopaedic (2 East and 2 West) and Cardiothoracic wards (3 East and 3 West), who help to support our Clinical Pharmacists and have a key role in the medicines management process. There are many benefits to be gained with rolling out the medicines management service to other areas of the hospital, particularly within Cardiology and SNAHFS. The recruitment of more Pharmacy Technicians would be required to support this.

## 3.8 Support Services

### 3.8.1 Workforce Projections

The Support Services job family includes staff members working in catering, domestic services, portering, sterile services and several other areas. It also includes the majority of those who work in the Golden Jubilee Conference Hotel. The projected workforce for the next three years is shown in the table below:

	Projected workforce requirements			
	31st March 2017	2017/2018	2018/2019	2019/2020
<b>Band 1 - 4</b>	214.95	7.55	7.70	7.85
<b>Band 5 - 9</b>	27.00	26.56	27.09	27.63
<b>All staff</b>	<b>241.95</b>	<b>34.11</b>	<b>34.79</b>	<b>35.49</b>

### 3.8.2 Central Sterile Processing Department (CSPD)

Following the extension of CSPD's working week in 2015 in response to the service expansion for Orthopaedic capacity, the Department continues to meet the demands of Theatres. Without the immediate requirement for expansion in

2017/2018 the Department is concentrating on training members of staff to be able to operate between Endoscopy and CSPD, which will provide Endoscopy with improved staffing cover.

### 3.8.3 Catering

All Band 1 staff members have been successfully transferred to Band 2 and have been appropriately trained to include the additional requirements for this banding. Staff members are now employed on a “five over seven” contract to increase flexibility. The change to Band 2 has also had a positive impact on staff turnover.

In 2017/2018 reviews are being undertaken to look at the dining room service, including considering the staffing within this area. It is likely that this will lead to changes within the Department.

### 3.8.4 Housekeeping and Portering

As part of the national work for Band 1 staff, the Band 1 staff within the Housekeeping and Portering service have successfully transferred to Band 2. As part of this work, any training needs of the individuals involved were identified and training provided for the additional competencies and duties required for the role.

### 3.8.5 Golden Jubilee Conference Hotel

The Hotel also had successfully transferred staff from Band 1 to Band 2 as part of the national work. The Hotel has continued to look for flexible and sustainable solutions to support the business model, to include evenings and weekends. Over 2016/17 the Hotel introduced a staff bank for Food and Beverage and also Housekeeping staff and will continue to undertake recruitment drives for the staff bank as necessary to meet service demands.

In 2017/2018 the Hotel’s focus is to continue to fund and deliver the 2020 strategy and ensure the correct structures and workforce are in place to support this. Recruitment of quality staff will continue to be a focus. Workforce will continue to be reviewed and the redesign of the kitchen team and the Centre for Health and Wellbeing will take place in 2017/2018, along with potential redesign in Food and Beverage and Housekeeping. The Hotel will continue to review development opportunities, succession planning and developing the skills of Heads of Department to manage performance and improve productivity.

## 3.9 Golden Jubilee Research Institute

2016/17 was a busy year for the Golden Jubilee Research Institute (GJRI). Two additional members of staff were employed for the Advanced Heart Failure research support team, giving the team approximately 4.0WTE in total.

In 2017/2018 GJRI aims to develop a Band 5 Research Nurse role. This will provide a support role for the research groups and will provide a clear career structure for research nurses at GJF. The Division has secured “Generic Infrastructure” funding from the Chief Scientist’s Office to support an additional 2.5 WTE Research Nurses, so additional expansion of the research workforce is planned for 2017/2018.

## 4. Characteristics of the Current Workforce

This section considers the GJF’s workforce as at 31<sup>st</sup> March 2017. It looks at the breakdown of staff according to the GJF’s Divisional structure and the national job families. It takes into account staff turnover and sickness absence, as well as the split of staff according to gender and age. Rather than include details of the characteristics of the current workforce in this document a link is given to the [Workforce Monitoring Report](#), in which all such information can be found.

## 5. Supplying the Required Workforce

Progress on actions arising from the 2016/2017 Workforce Plan can be found in [Section 1.6 2016/2017 Action Plan Update](#). This section highlights the actions that are required to allow GJF to successfully plan its workforce in 2017/2018.

Action	Lead	Timescale	Description of potential impact on workforce
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1	Deliver the staff governance plan for 2017/18	Head of HR / Employee Director	March 2018	
2	Ensure successful workforce change projects, such as Electronic Patient Record, are fully supported by HR and L&OD	Head of HR	March 2018	
3	Continue to explore regional and national ways of working together with national and territorial boards	Head of HR	March 2018	
4	Continue to explore Modern Apprenticeship opportunities in GJF and collaboratively with West College and/or another Health Board.	Recruitment Manager	March 2018	
5	Ensure workforce aspects of expansion phases successfully delivered	Head of HR	March 2018	
6	Develop Band 5 Research Nurse role	Research and Development Manager	March 2018	
7	Implement an E-rostering policy	Clinical Education	December 2018	
8	Continue to review impact of Brexit against GJF workforce	Head of HR	March 2018	

## Risks

There are a number of barriers and risks that may prevent all aspects of the workforce plan from being implemented. These mainly relate to changes to the Tier 2 visa requirements, which may impact on candidates and employees from outwith the European Union. The other big question relates to the potential impact of “Brexit”:

### Tier 2 Minimum Salary

From April 2017 applicants for Tier 2 (General) visas must show that they will be paid at least £30,000 per year for the post they have applied for. You can be paid less if you are in certain professions, including nurses or radiographers. However, the “exempt” professions do not include other specialists, such as Physiotherapists.

### Tier 2 Immigration Skills Charge

Also from April 2017 an Immigration Skills Charge of £1,000 per skilled worker per year has been introduced for employers using the Tier 2 (General) route. The Immigration Skills Charge has been put in place with a view to incentivising employers to invest in training British staff. GJF normally has between ten and fifteen staff members with Tier 2 visas, which would represent an extra annual cost of between £10,000 and £15,000 per year with the Immigration Skills Charge.

## Brexit

In June 2016 the United Kingdom voted to withdraw from the European Union. Article 50 of the Lisbon Treaty was triggered in March 2017, meaning that the UK must leave the European Union by the end of March 2019. In 2017/2018 the effect of “Brexit” on the workforce appears minimal, but there is some evidence to indicate that nationals of European Union member states are slowly leaving the UK. The Board continues to review its staffing provision in light of Brexit.

## **6. Implementation, Monitoring and Review**

In 2017/18, the GJF will begin the process to develop a Workforce Strategy for 2030 which will take a strategic look at our workforce and more clearly articulate our workforce vision and the strategy required to deliver it. Engagement has also commenced in conjunction with other Boards on the wider national and regional workforce plans as part of the NHSScotland Workforce Strategy.

Responsibility for implementing the actions noted within the action plan section of this document will lie with the Strategic Workforce and Education Steering Group who will monitor progress against the action plan on a quarterly basis.

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