



# Workforce Plan 2022 - 2025

# Contents

<b>Executive Summary</b> .....	<b>4</b>
<b>1. Introduction</b> .....	<b>6</b>
1.1 The NHS Golden Jubilee Portfolio .....	6
1.2 Purpose and Scope of the Workforce Plan .....	8
1.3 Stakeholder Engagement and Governance.....	10
<b>2. Current Workforce: Where We Are Now</b> .....	<b>11</b>
2.1 Vacancies .....	11
2.2 Diversity and Inclusion.....	11
2.3 Volunteers.....	12
2.4 Supplementary Staffing .....	12
<b>3. How We Support Staff Health and Wellbeing</b> .....	<b>17</b>
3.1 Health and Wellbeing Delivery Plan 2021/2022 .....	17
3.2 Diversity and Inclusion Strategy 2021-25 .....	19
3.3 Staff Engagement.....	20
<b>4. Shaping and Defining Our Future Workforce</b> .....	<b>22</b>
4.1 External Drivers.....	23
4.2 Internal Drivers.....	30
<b>5. Financial Context</b> .....	<b>45</b>
5.1 2022/23 Pay Policy.....	45
5.2 Recovery .....	45
5.3 Workforce Strategy .....	46
<b>6. Risk Analysis</b> .....	<b>47</b>
<b>7. Workforce Delivery Plan</b> .....	<b>48</b>
7.1 Recruitment and Employability.....	53
7.2 Learning and Organisational Development .....	55

# Foreword

At NHS Golden Jubilee, we believe that people are at the heart of our organisation – both the patients that we serve and our fantastic staff, who provide high quality care, compassion and an excellent patient experience for everyone who needs our services.

We recognise that the success of our organisation is directly linked to the health, wellbeing, resilience and ambition of our workforce. As such, we aim to ensure that we have the optimal workforce capacity and capability, especially during this exciting period of growth for NHS Golden Jubilee

I am therefore delighted to introduce NHS Golden Jubilee's Workforce Plan 2022 to 2025. This is our first 3-year workforce plan, and is aligned with our 3-year Strategic Financial Plan, as well as our Annual Delivery Plan, and supports the [National Workforce Strategy for Health and Social Care in Scotland](#).

In the Workforce Plan we will highlight how we at NHS Golden Jubilee will support our workforce to allow for recovery, growth and transformation. This is especially important at this time, with NHSScotland's recovery from the COVID-19 pandemic and the important role that NHS Golden Jubilee has in assisting with this recovery:

- Over the next 3 years and beyond, the NHSScotland Academy, a partnership between NHS Golden Jubilee and NHS Education for Scotland, will offer accelerated training for a wide range of health and social care roles and professions, helping with post-pandemic recovery, growth and transformation of the workforce, not just in NHS Golden Jubilee, but across NHSScotland.
- Colleagues within the Centre for Sustainable Delivery (CfSD), established at NHS Golden Jubilee, will also play a vital role in supporting national efforts to remobilise, recover and redesign health and social care post-pandemic.
- 2023 will see the expansion of services within NHS Golden Jubilee, with the opening of Phase 2 of our Hospital expansion, as part of the National Treatment Centre Programme.

Something that the last 2 years has emphasised is the importance of supporting colleagues during difficult times, and the Workforce Plan highlights how we are supporting staff health and wellbeing. With our [Health and Wellbeing Strategy 2020-2023](#) we aim to be a leader in promoting and maintaining a healthy workplace and provide support for our people, which maximises their health and wellbeing.

In future Workforce Plans we look forward to providing updates on our workforce and their input into the recovery, growth and transformation of health and social care in Scotland, along with details on our efforts to support their health and wellbeing.



Professor Jann Gardner  
Chief Executive

# Executive Summary

The Workforce Plan highlights the resources that comprise NHS Golden Jubilee, such as the Hospital (Heart, Lung and Diagnostic Services, and National Elective Services), Centre for Sustainable Delivery, NHSScotland Academy, Golden Jubilee Conference Hotel, and the Golden Jubilee Research Institute.

At the request of the Scottish Government the Workforce Plan covers the period 2022 to 2025 and aligns with our 3-year Financial Plan and the Annual Development Plan. The Workforce Plan includes specific detail requested by the Scottish Government, and aligns with key policy commitments in the [NHS Recovery Plan](#).

The Workforce Plan has been developed with stakeholders throughout the organisation and comes under appropriate governance structures for approval purposes.

## Current Workforce

As at 31 March 2022:

- 2,134 total headcount staff, an increase of 62 from 2072 the previous year;
- 74.8% female and 25.2% male;
- 72.1% whole time and 27.9% part time;
- Nursing and Midwifery by far the largest job family, 929 headcount, 43.5% of the workforce;
- sickness absence stood at 5.7% of contracted hours for the year:
- 27.0% of sickness absence was caused by "Anxiety/stress/depression/other psychiatric illnesses;
- turnover was 11.1% for the year;
- the workforce continues to age, with 26.7% of staff aged 50 to 59.

## Supporting Health and Wellbeing

The Workforce Plan highlights how we support health and wellbeing, looking at the Health and Wellbeing Strategy 2020-2023, which aims to support the mental, physical, and financial and social health of the workforce. It goes on to consider how the Health and Wellbeing group will ensure the delivery of the Health and Wellbeing Delivery Plan.

The Workforce Plan considers the [Diversity and Inclusion Strategy 2021-25](#), which is an integral part of our aim to promote health and wellbeing.

It goes on to highlight areas of staff engagement, considering:

- staff engagement framework;
- induction;
- appraisal; and
- iMatter.

## The Drivers Defining Our Future Workforce

The Workforce Plan indicates that the services we provide, and therefore our workforce, is influenced by a range of drivers – both internal and external, such as:

- the [National Workforce Strategy for Health and Social Care in Scotland](#);
- the [NHS Recovery Plan 2021-2026](#);
- the [Health and social care \(Staffing\) \(Scotland\) Act 2019](#);
- National Treatment Centres and Phase 2 of the Hospital expansion:
  - 39.54 extra nursing staff within Endoscopy;
  - 163.84 extra nursing staff across surgical areas; and
  - 143.67 extra staff across other clinical and non-clinical job families in support of the Hospital expansion; and
  - 2022/2023 workforce costing for Phase 2 is £10.46 million;
- patient demographics;
- national pressures;
- labour market outlook;
- workforce demographics, such as the ageing workforce;
- remobilisation post-pandemic;
- the Centre for Sustainable Delivery;
- digital transformation:
  - an extra 25 headcount staff will be recruited as part of the digital transformation programme in 2022/2023;
- NHSScotland Academy:
  - an extra 13.45 Whole Time Equivalent (WTE) staff will be recruited and employed by NHS Golden Jubilee to support programmes within the Academy;
- service developments within departments and job families within NHS Golden Jubilee;
- new ways of working; and
- developing new roles and changing the shape of our workforce.

## How We Will Deliver the Workforce Plan

In this section we provide a list of actions that we will take over the next 3 years (mainly the next 12 months) to plan, attract, train, employ and nurture staff to help us to deliver the future workforce. Each action contains information on the area affected, the actual action, the completion due date, the expected outcome and the pillar(s) of workforce planning that the action relates to. Future iterations of the Workforce Plan will consider achievement of outcomes and provide feedback.

As might be expected when we are looking to take on so many people in the next 3 years, recruitment is a main focus of actions to help us deliver both the Workforce Plan and the quantity and quality of staff needed. Recruitment and employability will look at encouraging youth employability and extending the number and type of apprentices we look to employ.

Significant areas of work for the first 12 months of the Workforce Plan include how we supplement our domestic recruitment with ethical international recruitment, and how we look at supporting and developing our workforce.

# 1. Introduction

This workforce plan outlines how NHS Golden Jubilee (NHS GJ) will plan, attract, train, employ and nurture the workforce it needs to deliver sustainable high-quality services in support of NHSScotland.

The plan covers the period 2022 to 2025, and is aligned with the Board's Annual Delivery Plan (ADP) and 3-year Financial Plan. Recognising the significant workforce pressures that NHS Boards throughout the country continue to face, the NHS GJ workforce plan sets out the current workforce position, known future pressures and opportunities, and actions to deliver the workforce the Board needs in the short to medium-term.

## 1.1 The NHS Golden Jubilee Portfolio

NHS GJ is uniquely positioned within NHSScotland, as both a regional and national resource. The NHS GJ portfolio includes:

### 1.1.1 Golden Jubilee University National Hospital

Delivering care through collaboration, the Golden Jubilee University National Hospital (GJUNH) provides high quality specialist and elective care for patients across Scotland.

During 2021/2022, NHS GJ cemented its relationship with the University of Strathclyde through a number of joint initiatives, which culminated in NHS GJ receiving University status in March 2022.

As a tertiary referral centre, GJUNH specialises in a number of areas for the population of the West of Scotland and, in the case of our national services, the whole of Scotland.

In addition to its core services, GJUNH provided support and capacity to NHS Boards throughout the pandemic. GJUNH maintained a balance between the response to the pandemic and the continued safe provision of essential non-COVID services. Through the support offered to other national and territorial Boards, GJUNH worked collaboratively to prioritise urgent diagnostic activity and treatment, including cancer in line with the principles of the Framework for Cancer Surgery.

In response to the pressures facing NHSScotland, GJUNH changed the mix of some of the services provided to support NHSScotland patients with the greatest need, supporting Boards in delivering critical to life heart, lung and cancer diagnosis and treatment. This included direct access to GJUNH theatres and diagnostic capacity, as well as collaboration with operating Consultants and clinical teams and Independent Sector (IS) providers.

To deliver these services, additional staff were required and new ways of working have been implemented. These include working with other Boards to create networked models of staff (medical and nursing) rotating into GJUNH to take responsibility for specific theatre lists, direct recruitment to joint surgical posts, and peri- and post-operative specialist staff taken on through direct recruitment or a blended model to ensure resilient and effective pathways are in place.

To safely and effectively deliver core and additional critical services, GJUNH relied upon the resilience, adaptability and commitment of its workforce. This will continue to be the case as NHSScotland continues its recovery from the pandemic while seeking opportunities to reform and transform health services.

GJUNH's services include:

#### **Heart, Lung and Diagnostic Services:**

- Cardiology;
- Cardiac surgery;
- Thoracic surgery;
- Thoracic surgery
- Diagnostic imaging;
- Laboratory medicine (Microbiology, Haematology and Biochemistry); and
- National Services:
- [Scottish Adult Congenital Cardiac Services \(SACCS\)](#);
- [Scottish National Advanced Heart Failure Service \(SNAHFS\)](#); and
- [Scottish Pulmonary Vascular Unit \(SPVU\)](#).

#### **National Elective Services:**

- Orthopaedic surgery;
- Ophthalmology and optometry;
- General surgery; and
- Endoscopy

### **1.1.2 Centre for Sustainable Delivery**

The new [Centre for Sustainable Delivery](#), established at NHS GJ, plays a vital role in supporting Scotland's national efforts to remobilise, recover and redesign towards a better health care system.

Building on significant progress and developments that have already been made through redesign and transformation, the CfSD supports the rapid rollout of new techniques, innovation, and safe, fast and efficient care pathways. The Centre also offers customised assistance across NHSScotland to help tackle a variety of challenges in health and social care.

By working in collaboration with NHS Boards, health and social care partners, third sector, patients, academia and industry, the CfSD aims to implement best practice through a 'Once for Scotland' approach, aligned with the priorities of the Scottish Government. Working towards becoming a Global Centre of Excellence, the CfSD will raise Scotland's profile as a forward-thinking innovator of health and social care.

### **1.1.3 NHSScotland Academy**

The [NHSScotland Academy](#) (NHSSA) is an exciting partnership between NHS GJ and NHS Education for Scotland (NES), offering accelerated training for a wide range of health and social care roles and professions.

The NHSSA:

- provides opportunities for staff to improve their skills in specific areas, using residential, distance and virtual reality learning;
- offers attractive training programmes linked to recruitment and progression;
- draws on the strengths of both parent organisations using state-of-the-art clinical and simulation facilities at NHS GJ, and educational expertise and technology-enabled learning offered by NES;
- supports NHSScotland to develop additional capacity and new capabilities;
- adds to existing educational programmes and responds to evolving and emerging workforce needs;
- helps ensure the health and social care workforce is prepared for future needs in Scotland by addressing recruitment gaps and training needs; and
- supports widening of opportunities and routes into employment across NHSScotland, including employability initiatives such as the Youth Academy and supporting armed forces service leavers and veterans into employment.

#### 1.1.4 Golden Jubilee Conference Hotel

The [Golden Jubilee Conference Hotel](#) (GJCH) was built in 1994, with 168 guest bedrooms, conference and exhibition spaces, and on-site leisure facilities.

As part of NHS GJ, the GJCH also provides a range of hotel bedroom services to the adjoining national Hospital, including:

- rooms for patients and patient relatives;
- residential conference facilities for the NHS and healthcare market;
- rooms for advanced heart failure and transplant related guests;
- sleep rooms for on-call staff and during periods of severe adverse weather; and
- rooms for visiting clinicians.

During the COVID-19 pandemic, the GJCH closed on 20 March 2020 before partially reopening for NHS and healthcare clients on 23 May 2021. The Hotel fully reopened on 1 July 2021. Since fully reopening, the GJCH has operated to available capacity and continued to support the Golden Jubilee University National Hospital.

#### 1.1.5 Golden Jubilee Research Institute

The [Golden Jubilee Research Institute](#) (GJRI) facilitates and supports high quality research. The Institute hosts projects sponsored by device and pharmaceutical companies as well as projects sponsored by Universities and other NHS organisations.

## 1.2 Purpose and Scope of the Workforce Plan

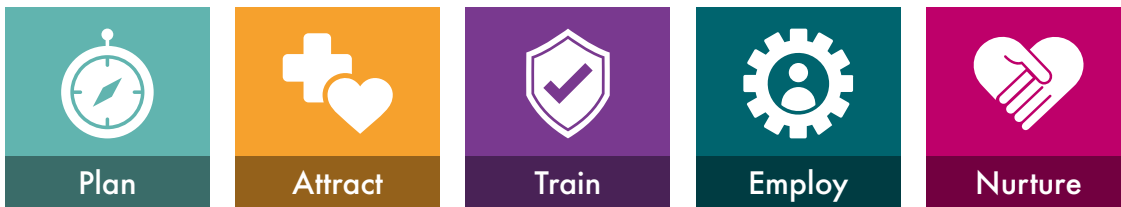
All NHS Boards are required to develop workforce plans as part of their wider planning arrangements. Scottish Government has requested that Boards produce 3 year workforce plans for the period 2022 to 2025, aligned to other key plans including Board ADPs and 3-year Financial Plans.

This includes specific information, analysis and plans considered within the context of the “5 Pillars of Workforce Planning” within the [National Workforce Strategy for Health and Social Care in Scotland](#). The guidance also expects NHS Boards to align with key policy commitments set out in the [NHS Recovery Plan](#).





The 5 pillars are shown in the following graphic:

# The Five Pillars of the Workforce Journey



 Data about our workforce is key to understanding where and how that workforce delivers health and care service needs to the people of Scotland.

 The education system is one key aspect to providing the right educational pathways and creating an interest in working in Health and Social Care.

 We must support our staff with the skills and education to deliver Health and Social Care services.

 It is vital that our staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.

 Once we have employed our workforce it is important that we nurture them. The wellbeing of our Health and Social Care workforce is an essential priority.

In developing this workforce plan for the next 3 years we have used the guidance in [DL 2022 \(09\)](#), and have considered:

- our current workforce profile, including how we support the health and wellbeing of our staff (where we are now);
- our future workforce, including describing and analysing the gap between projected future workforce needs and current staffing levels (where we want to be); and
- our action plan needed to achieve the necessary changes to the workforce (how we will get there).

NHS GJ's Workforce Plan identifies short term actions (12 months) for recovery and stabilisation, and medium term (12 to 36 months) for growth and transformation service demands, as well as outlining the risks, opportunities, and workforce implications of these.

## 1.3 Stakeholder Engagement and Governance

NHS GJ recognises the importance of effective partnership working with our staff, their representatives, and our partners in developing and implementing important strategic plans, including the workforce plan. It is important to involve our workforce in decisions that affect them, ensuring they can contribute to the planning and delivery of our plans and services.

The NHS GJ Workforce Planning and Transition Steering Group (WPTSG) oversees workforce planning within the Board, ensuring effective engagement and collaboration occurs with staff and partnership colleagues throughout the workforce planning process. The steering group actively considers workforce risks, ensuring these are managed and escalated appropriately within the Board governance structures. The development and delivery of the workforce plan is regularly discussed with the WPTSG, the NHS GJ Staff Governance Group and the NHS GJ Partnership Forum.

In developing the workforce plan, stakeholders throughout the organisation have been involved, including:

- Human Resources;
- Performance and Planning;
- Equality and Diversity Lead;
- Occupational Health;
- Learning and Organisational Development (L and OD);
- Finance;
- Executive management;
- Operational management;
- Clinical colleagues, including Nursing, Medical and Allied Health Professions (AHPs);
- Spiritual Care; and
- Partnership colleagues.

Overall responsibility for workforce planning sits with NHS GJ's Director of Workforce.

## 2. Current Workforce: Where We Are Now

When considering workforce planning for 2022 to 2025, it is important to understand the current workforce, taking into account their numbers and roles, as well as key information such as diversity and inclusion, vacancy rates, turnover, sickness absence rates and reasons, workforce demographics, among other factors for consideration. This helps us to contextualise the opportunities available to us, the risks and potential issues we may face in planning for the next 3 years and in the longer term.

### 2.1 Vacancies

Current vacancies with NHS GJ indicate a decrease from 101.39 WTE as at 31 March 2021 to 86.36 WTE as at 31 March 2022. See the table below for the breakdown of vacancies by job family as at 31 March 2022. Whilst turnover rates have risen in 2022 (up from 7.2% in 2020/2021 to 11.4% in 2021/2022), continued workforce supply challenges created additional pressures on the existing workforce and can create increased reliance on supplementary staff.

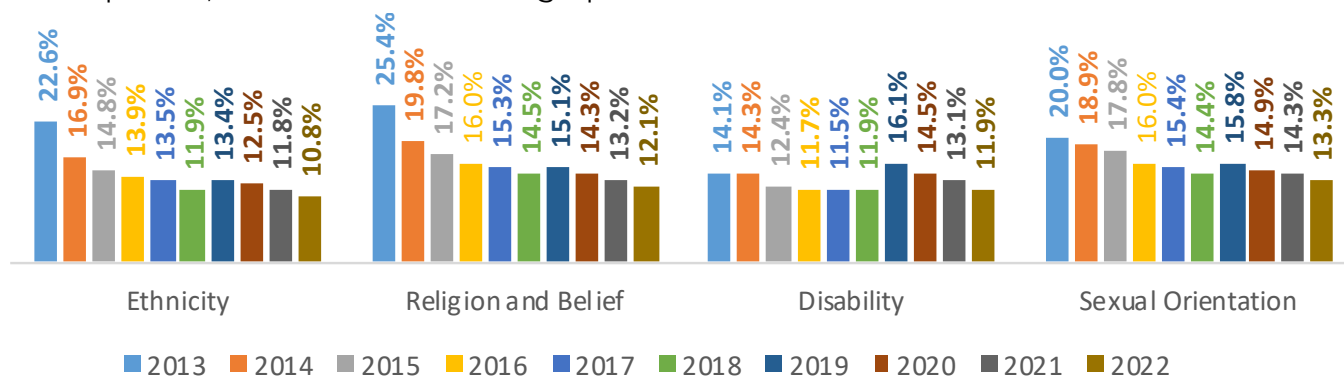
Job Family	WTE
Administrative Services	7.20
Allied Health Professions	7.75
Healthcare Sciences	1.00
Medical and Dental	2.80
Nursing and Midwifery	53.81
Other Therapeutic	1.00
Senior Management	3.00
Support Services	9.80
<b>Total</b>	<b>86.36</b>

While we recognise the challenges that the vacant posts pose, over the lifetime of the three-year workforce plan we expect to see the introduction of new roles, training and upskilling of colleagues already in post, and the use of new innovations and technology to support new ways of working.

### 2.2 Diversity and Inclusion

NHS GJ recognises the importance of a diverse and inclusive workplace, and to help us understand who our staff are we have embedded processes, which enable the collection of quality diversity and inclusion data as part of the recruitment and on-boarding processes. This information is collected both for analytical purposes, and to support our [Diversity and Inclusion Strategy 2021-25](#).

Through the efforts of our Recruitment colleagues, the quality and completeness of this data has improved, as can be seen in the graphs below:



Diversity and inclusion data is analysed and presented on an annual basis in our [Workforce Monitoring Report](#), which is compiled in collaboration with our Diversity and Inclusion Leads

The above data provides a high-level summary across a range of core workforce indicators, while a more detailed breakdown of NHS GJ workforce data, including diversity and inclusion data, can be found in the [Workforce Monitoring Report](#).

## 2.3 Volunteers

Our volunteers at NHS GJ are critical in terms of overall service delivery, enhancing those services and offering vital support to patients, visitors and staff. We have a [Volunteer Services Strategic Plan](#) up to 2023, which is currently being reviewed and the new strategy will be published in 2022/2023.

Following the pandemic our volunteer services are making a phased return to the Hospital. They have played a crucial role in supporting the Eye Centre since its opening in November 2020. The Sensory Care, Pastoral Care and Quality Walkround services have all made a return to the Hospital.

Phase 2 of the Hospital expansion will also involve significant input from volunteers, but at this stage no specific roles have been agreed.

As at 31 March 2022 we had 18 active volunteers, with recruitment and induction ongoing for a further 11. At this time some services were still to return to the Hospital, and when they do, will likely return in a different format to adapt to new ways of working following changes to Hospital processes. At this time, we also had 22 inactive volunteers. Volunteering provides opportunities for younger people to gain valuable work experience, and can be a stepping stone for those looking to enter employment.

## 2.4 Supplementary Staffing

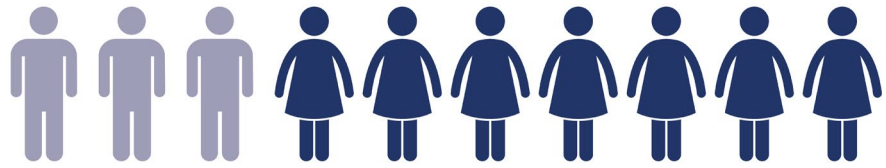
As well as substantive and fixed term members of staff, NHS GJ also uses “Bank” workers, which provides flexibility to increase staff over and above our core staff cohort at busier times and to cover unexpected absences, such as sick leave.

As at 31 March 2022 there were 803 bank workers providing NHS GJ with service, of which 609 came under Agenda for Change and 194 were in the Medical and Dental job family.

## Staff



2134 total staff



25.2% are male

74.8% are female

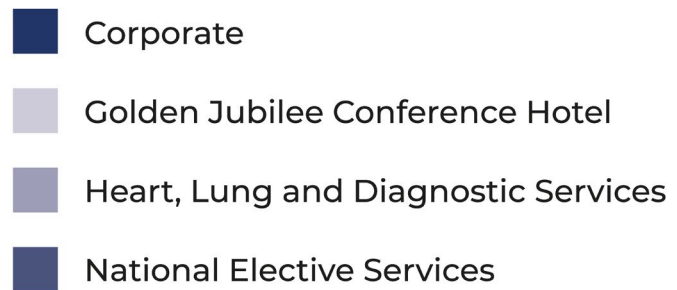
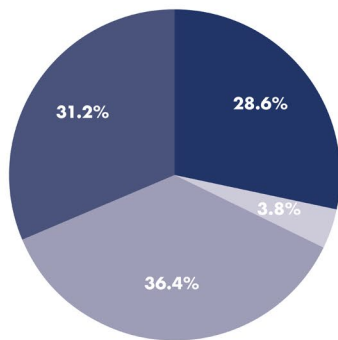


27.9% of staff are part-time.

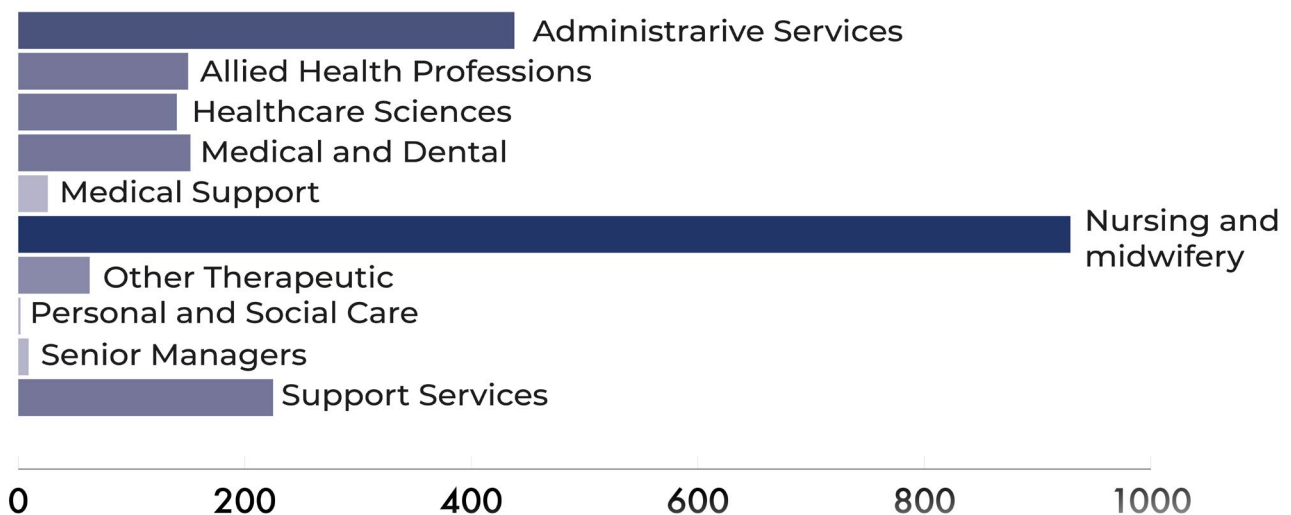


51.6% are registered clinicians.

## Headcount by Directorate



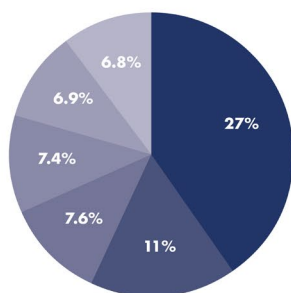
## Headcount by Job Family



## Sickness Absence



In the year to 31 March 2022 sickness absence stood at **5.7%** of contracted hours.



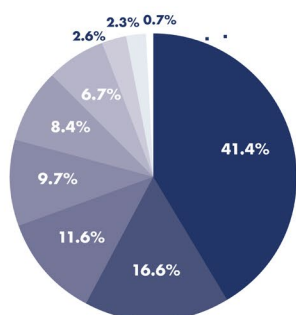
- Anxiety/stress/depression/other psychiatric illness
- Other musculoskeletal problems
- Gastro-intestinal problems
- Cold, cough, flu – influenza
- Unknown causes / not specified
- Other known causes – not otherwise classified

**88.6%** of absence due to “Anxiety/stress/depression/other psychiatric illness” was long term, ie the absence was 29 or more calendar days in length. At this time we cannot differentiate between work-related stress and other causes of absence that would fall under this category. In recognition of the impact of these absences on our workforce and the organisation NHS Golden Jubilee has implemented an Employee Assistance Programme to allow employees to seek guidance and support on issues, including mental health. We have also implemented our Policy on Stress Within the Workplace. Other actions we are taking are included in Section 3.1 of the Workforce Plan.

## COVID-19 Absence



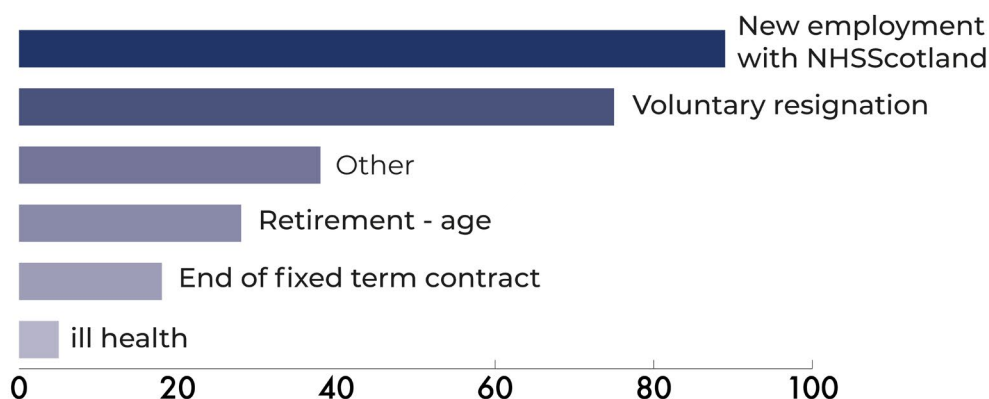
In 2021-2022 absences for COVID-19 related reasons resulted in a loss of **2.0%** of contracted hours, lower than the **3.0%** in the previous year.



- COVID positive.
- Household related – self isolating
- Long COVID
- Underlying health conditions
- Self displaying symptoms – self isolating
- Test and protect isolation
- Coronavirus
- Quarantine
- Vaccination reaction

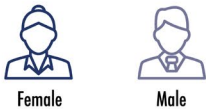
## Turnover

Between April 2021 and March 2022, **261 people left** NHS GJ, and turnover was **11.1%**, a marked increase on the previous year, when it stood at **7.2%**. It may be the case that turnover was low during 2020/2021 due to the initial waves of the COVID-19 pandemic, and staff were less willing to leave the security of their posts, but took that opportunity in 2021/2022. The increase in turnover affected NHS Scotland as a whole, with the rate increasing from **5.2%** to **8.1%** in the year under review.



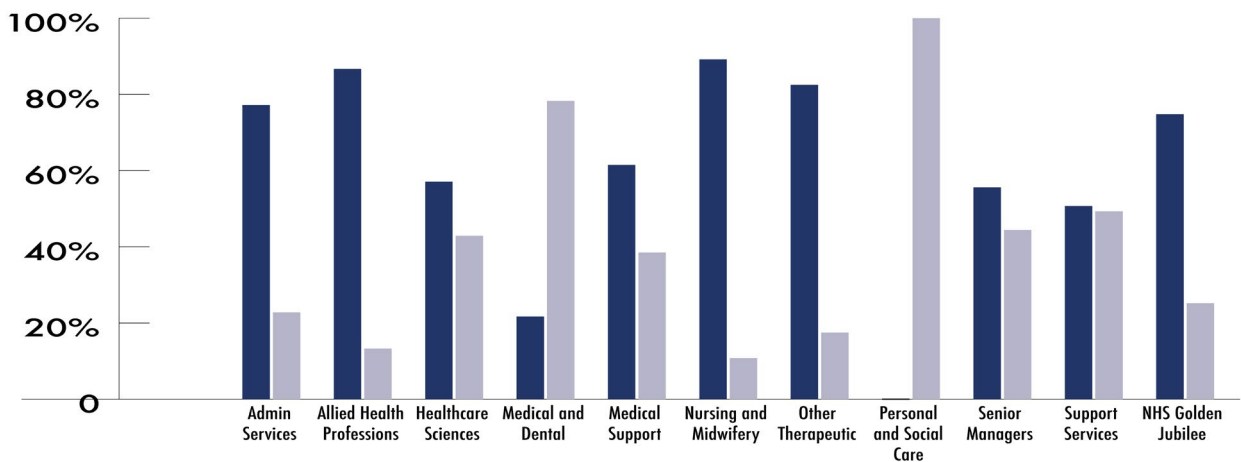
NHS Golden Jubilee is a progressive organisation that promotes diversity within the workforce to ensure we establish an inclusive workplace. A diverse workforce will help us to deliver care within an inclusive organisational culture. Agreed outcomes relating to workforce diversity and inclusion will see us develop a suite of training material to further embed diversity and inclusion in NHS GJ. We will introduce initiatives to attract and retain diverse talent. We are committed to making the workplace more equitable, improving our understanding and overcoming barriers to career progression. We will also build a better understanding of diversity in the workplace through data collection and analysis methods used to characterise workforce profiling.

## Gender

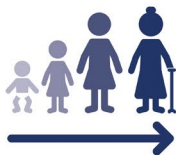


### Gender split by job family:

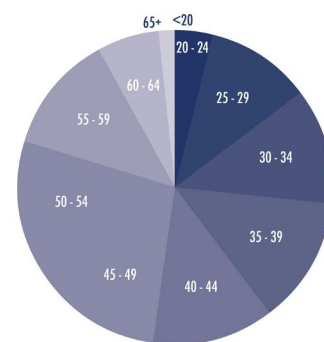
Every job family has a greater proportion of female than male workers, with the Exception of Medical and Dental, and Personal and Social Care.



## Age



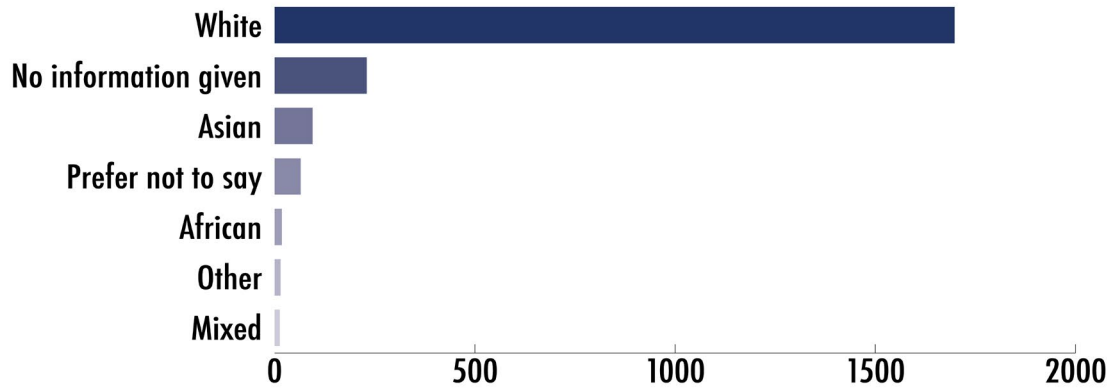
Our workforce continues to get older. The proportion of those **aged 50 to 59** has increased from **22.2%** in 2012 to **26.7%** in 2022, and the proportion of those working aged **over 60** has more than doubled in that time, up from **3.4%** to **7.9%**.



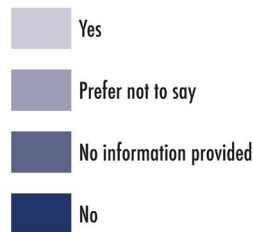
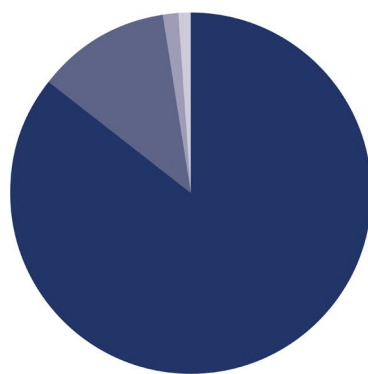
An understanding of the retirement profiles of our workforce, along with robust succession planning to ensure sustainability of that workforce, are key workforce priorities. To overcome the risks posed by an ageing workforce, HR works closely with managers to develop a more integrated approach to workforce planning, supporting managers to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place.

A more detailed analysis of the current age profile of our workforce can be found on in Section 7.2 of the [Workforce Monitoring Report](#), including a breakdown by job family.

## Ethnicity



## Disability

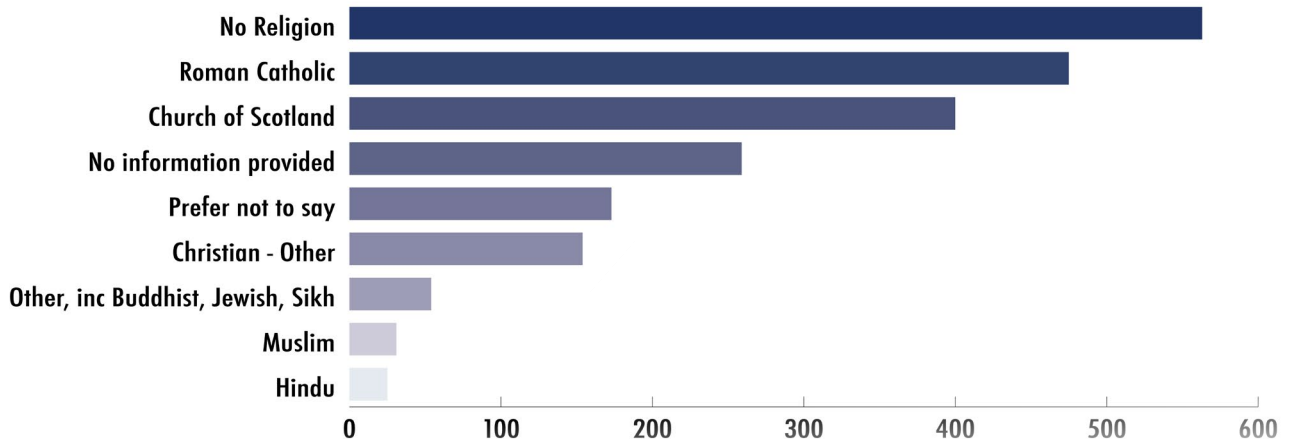


## Sexual Orientation

Heterosexual **77.3%**  
 No information provided: **13.3%**  
 Prefer not to say: **6.3%**  
 Gay/Lesbian **2.1%**  
 Bisexual **0.7%**  
 Other **0.2%**



## Religion and Belief





## 3. How We Support Staff Health and Wellbeing

NHS GJ's [Health and Wellbeing Strategy 2020-2023](#) describes the Board's ambition "to be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing".

The strategy will be delivered through an ADP. A Health and Wellbeing Group has been established to lead on delivery of the strategy. This group is co-chaired by the Head of Learning and Organisational Development (L and OD) and the Employee Director, and has representation from across NHS GJ. Within the main group, 4 sub-groups have been established to deliver on key themes within the strategy, which include:

- mental health;
- physical health;
- financial and social health; and
- creating the conditions.

The Health and Wellbeing Group has continued to build on early work that was completed in response to the COVID-19 pandemic, including:

- a Health and Wellbeing Directory, which brings together a range of local and national resources to support all aspects of health and wellbeing;
- spiritual care resources and services, for example 1-2-1 support, a staff support group, and bereavement personal impact support;
- mental health resources and services, for example psychological first aid, cognitive behavioural therapy, and the Occupational Health support service; and
- working from home guides to support individuals and teams as they move to a hybrid working model.

Progress through the [Health and Wellbeing Strategy 2020-2023](#) is presented through the Staff Governance Group and the Staff Governance and Person Centred Committee.

### 3.1 Health and Wellbeing Delivery Plan 2021/2022

The Health and Wellbeing Group has reported the following deliverables for 2021/2022.

An NHS GJ Health and Wellbeing Directory has been developed, in addition to a dedicated web page (Staff Health and Wellbeing Hub), to ensure staff have access to information on support available to them. We also ensure that updates are provided regularly through our staff newsletter and briefs.

#### 3.1.1 Mental Health

- The Employee Assistance Programme was approved and implemented. This service allows employees and their family members to seek guidance and support on issues relating to physical health, mental health (including counselling) and financial wellbeing.
- The Policy on Stress Within the Workplace has been developed and implemented.
- Mental Health First Aid training has been delivered.

- Mindfulness training was delivered.
- Schwartz rounds recommenced within NHS GJ.
- Values based reflective practice taster sessions were delivered.
- Cognitive behaviour therapy and specialised support for staff can be accessed through Occupational Health.
- The National Wellbeing Hub and workforce specialist services have been promoted;
- A “going home” checklist was introduced.
- Regular meetings have taken place between Occupational Health and Spiritual Care, working on a 3-tier approach for psychological staff services.
- A resilience framework was approved, with plans to be delivered by our new provider in 2022/2023 to staff and manager.

### 3.1.2 Physical Health

- Ongoing health promotion events around physical activity and healthy eating are being publicised.
- Seasonal flu and COVID-19 booster vaccination clinics were successfully delivered.
- All teams were issued with tea, coffee, juice and water to promote hydration at work.
- Table tennis tables were set up in the hotel grounds and are available for staff;
- Physical activity blogs were produced;
- The Centre for Health and Wellbeing offered free exercise classes for staff and has extended its opening hours.
- A fitness challenge for staff was organised.
- An on-site Occupational Health Physiotherapy service is available to all staff.

### 3.1.3 Financial and Social Wellbeing

- Resources for the Money Advice Service, the Pensions Advisory Service and Pension Wise were made available on the Intranet.
- Additional funding was made available to support staff access to further and higher education.
- The Cycle2Work scheme has been reviewed and the upper limit increased.
- The Global Citizenship Programme has been promoted.
- Information on volunteering options for staff has been added to the Intranet and has been promoted.
- Information sessions have been run on supporting staff financial wellbeing, run by Healthy Working Lives.
- Leisure club benefits are now available through West Dunbartonshire Council to allow staff to access reduced membership rates to access leisure facilities. There are plans to roll this out within other local council areas.

### 3.1.4 Creating the Conditions

There is a wide range of evidence that creating the right conditions for good health and wellbeing in an organisation is as important as supporting staff to achieve and maintain them. To accomplish this:

- Plans were developed to support the reintegration of hotel staff following their redeployment during COVID-19.
- The promotion of the iMatter programme continued, with a focus on action planning and team discussions with staff.
- An Everyone Matters Health and Wellbeing local pulse survey was delivered.
- Enhanced diversity training was delivered.

Work is currently progressing on the development of the 2022/2023 Delivery Plan. This plan will ensure that its objectives capture any actions that need to be carried forward, align with the Health and Wellbeing Strategy 2020-2023 and any requirements of the Scottish Government, as well as identifying any associated financial support requirements.

During the period covered by the 3-year workforce plan we will continue to offer training programmes to support staff health and wellbeing, including: mental health awareness; mindfulness to promote resilience and wellbeing; and stress management.

## **3.2 Diversity and Inclusion Strategy 2021-25**

NHS GJ is a progressive organisation with a strong track record of promoting diversity and working with staff to ensure we establish an inclusive workplace. We recognise the value that a diverse workforce brings in offering different perspectives on how we deliver high quality, safe, effective, person-centred care, and maintain a healthy, vibrant, inclusive culture throughout our organisation.

The Diversity and Inclusion Strategy 2021-25 forms an integral part of NHS GJ's aim to promote the health and wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing Strategy 2020-2023, the Involving People Strategy and the Volunteer Strategy.

We have worked in partnership with staff and external stakeholders to set out our strategy to further develop our approach to diversity and inclusion. This includes agreeing our equality outcomes for 2021-2025 and describing our ambition to be a leading equality employer and a leader in the design and delivery of inclusive and accessible healthcare services. Our outcomes and associated outputs relating to workforce diversity and inclusion from 2021-2025 are summarised below:

- Education and training – we will develop a suite of new training materials to further embed equality, diversity and inclusion throughout NHS GJ.
- On-board diverse talent – we will introduce a number of initiatives to attract and retain diverse talent to the organisation.
- Leadership and organisation structure - we are committed to creating a more equitable workplace, with diversity across management structures by understanding and addressing barriers to career progression and promotion by the protected characteristics and Fairer Scotland Duty.
- Inclusivity and data - we are committed to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling.

## **3.3 Staff Engagement**

Staff engagement focuses on providing workplace conditions that enable all staff to give their best, and supports motivation levels, commitment to the organisation's goals and values and overall wellbeing. Staff engagement can also impact on our patients' and service users' experience and care. Staff engagement underpins a healthy organisational culture and overall staff experience.

### **3.3.1 Staff Engagement Framework**

Our L and OD team is actively researching best practice approaches to staff engagement. We plan to work in partnership to produce a staff engagement framework that supports a positive employee experience within NHS GJ. This framework will align with NHSScotland staff governance standards and will be reflected in how we demonstrate and live our values as an organisation.

### **3.3.2 Induction**

Induction programmes are offered as eLearning modules, which can be accessed from work and personal devices. All new starters are also given the opportunity to participate in the Corporate Induction and Welcome Event, which are currently hosted virtually using Microsoft Teams. Bespoke induction support has been developed for new recruits to NHS GJ joining as part of the ongoing international recruitment intake, with support aligned to the 4 strands of our Health and Wellbeing Strategy 2020-2023.

### **3.3.3 Appraisal**

Effective appraisal is crucial to supporting and managing individual, team and organisational performance, ensuring everyone, irrespective of role, is able to bring their best to their work. 1 of the key points of contact between managers and their team members is the annual appraisal and development discussion.

Health and wellbeing has a significant impact on staff performance and, as such, forms an integral part of this dialogue. As at 31 March 2022 the Agenda for Change appraisal completion rate for the 12 months to that date was 52%. Over the period of the pandemic completion rates fell, which was expected. Now that we are remobilising post-pandemic, it is expected that these rates will increase markedly, as managers have been asked to prioritise the completion of appraisals.

### 3.3.4 iMatter

iMatter, the NHSScotland national staff experience continuous improvement model, was formally reintroduced in 2021, having been temporarily paused due to the pandemic. Our iMatter Lead supported a local refocus on the original iMatter principles, as well as promoting local ownership of the process and understanding of individual, manager and team responsibilities.

In 2021 NHS GJ achieved a response rate of 67%, with an action plan completion rate of 74% of team action plans completed within the 8-week period following the iMatter survey.

Full analysis of the results was shared with staff in a dedicated staff bulletin issued in December 2021. The 2022 distribution cycle for iMatter has been brought forward at the request of the Scottish Government, with preparation already underway for manager team confirmation opening on the 30 May, and the questionnaire going live on the 27 June 2022.

The emphasis on the importance of action planning and team stories continues in 2022, with the aim of gathering and sharing the continuous improvement journey of teams across NHS Golden Jubilee.

The iMatter continuous improvement framework maps across to the MacLeod Enablers and healthy working lives, with a focus on a number of specific questions relating to Health and Wellbeing at team and organisational level. In terms of the question “I feel my direct line manager cares about my health and wellbeing” NHS GJ scored 82, compared to the national score of 84.

“I feel like the organisation cares about my health and wellbeing” was in the monitor to further improve at 64 compared to the national score of 70. The analysis of the results was widely shared with key groups including the Health and Wellbeing group to inform work streams and priorities.

The pandemic and expansion have likely been contributory factors to the decline in these scores. As an organisation we now have our Health and Wellbeing Strategy 2020-2023, as well as a Health and Wellbeing Group, which leads on delivery of the Strategy. There will be further engagement to explore feedback through this group. This will continue to influence the work of the Health and Wellbeing Group.

## 4. Shaping and Defining Our Future Workforce

Services provided at NHS GJ are influenced by a range of drivers – both internal and external – which we must take cognisance of when planning our service and our workforce. For example:

- across NHSScotland services are constantly adapting and evolving to meet patients' needs;
- services have to take account of legislative changes introduced by Scottish Government;
- the availability of new technologies, increasing patient frailty, complexity of illness and the urgency needed for some interventions, new models of care are continually required and developed.

As the National Elective Centre serving the whole of Scotland and the provider of regional services to West of Scotland Boards, NHS GJ must also consider a wide range of governance and policy documents and consult with key stakeholders. All of these must be taken into account and will influence and affect NHS GJ's workforce over the short, medium and longer term.

Having identified the key workforce drivers, we need to consider our workforce demand and assess the gap between where we are now and where we need to be. This then links to section 5, where we identify specific actions we plan to take to fill the gaps.

As NHS GJ experiences, and plans for, significant change, a number of resources and programmes are being developed to support people through change. Whilst the effects of the pandemic are acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies.

The Human Resources and L and OD teams offer bespoke support to departmental managers and staff who experience any level of change. In 2022/2023 a Change Management Toolkit was launched by NHS GJ. This toolkit is designed to support those leading change to have conversations that will support people through those changes.

Below we show gap details for the known developments that will take place during the first year of this 3-year workforce plan. In future iterations of the workforce plan we will provide updates and include information on future developments as they go live, linking them to future Annual Development Plans and Financial Plans.

## 4.1 External Drivers

### 4.1.1 National Workforce Strategy for Health and Social Care in Scotland

The National Workforce Strategy for Health and Social Care in Scotland will support and enable critical work through the tripartite ambition of recovery, growth and transformation of the Health and Social Care workforce. It comes at a time of great change and opportunity for Health and Social Care, while also recognising the roles of other services which support citizens' needs, including those which help to prevent or mitigate poor health and inequality.

The health and social care workforce is central to implementing the Scottish Government's vision of enabling people to live more years in good health, and reducing the inequalities in healthy life expectancy. The Scottish Government's vision for the health and social care workforce is to provide a sustainable, skilled workforce, with attractive career choices and fair work, where all are respected and valued for the work they do.

The National Workforce Strategy supports commitments in the NHS Recovery Plan 2021-2026 to underpin additional procedures and appointments. These commitments rely on NHSScotland ensuring the workforce is in place to deliver increased activity. Therefore, we need to shape our workforce to deliver these commitments by transforming the way we manage our workforce and our services.

### 4.1.2 NHS Recovery Plan 2021-2026

NHS GJ is committed to supporting the Scottish Government's NHS Recovery Plan 2021-2026. This includes:

- our accelerated expansion plans;
- the ongoing Phase 2 National Treatment Centre expansion;
- work to develop and expand diagnostic services including endoscopy locally and nationally;
- continued development of the NHSSA and CfSD in support of accelerated workforce development, innovation and redesign; and
- a collaborative approach to supporting boards and NHSScotland more generally to manage ongoing pressures at this challenging time.

### 4.1.3 Health and Care (Staffing) (Scotland) Act 2019

The aim of the Health and Care (Staffing) (Scotland) Act 2019 is to provide a statutory basis for the provision of appropriate staffing in health and social care service settings, enabling safe and high quality care and improved outcomes for service users. It will do this by ensuring that the right people with the right skills are in the right place at the right time, creating better outcomes for patients and service users, and supporting the wellbeing of staff.

The Act does not seek to prescribe a uniform approach to workload or workforce planning. Instead it enables the development of suitable approaches for different settings. The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.

- Support an open and honest culture where clinical/professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.
- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place to support transparency in staffing and employment practice across Scotland and through the use of, and outputs from, the Common Staffing Method and associated decision making processes.
- Ensure the clinical voice is heard at all levels, by ensuring arrangements are in place to seek, and take, appropriate clinical advice in making decisions, and putting in place arrangements in relation to staffing including: identification of any risks; mitigation of any such risks, so far as possible; notification of decisions and the reasons why; and a procedure to record any disagreement with the decision made.

Implementation of the Health and Care (Staffing) (Scotland) Act 2019 was paused at the start of the COVID-19 pandemic. Once enacted, NHS GJ will be required to evidence how we have considered both the guiding principles and the considerations detailed within the Act when making decisions on staffing requirements across all clinical/professional staff groups and settings.

In preparation, the overall strategic direction of the legislation will be monitored through the NHS GJ Safe Staffing Programme Group. The key priorities of the group will be to:

- work in partnership with Health Improvement Scotland (HIS) and Health and Social Care Staffing Programme (HSP) Team on short/medium/long term strategic planning to fulfil the duties of the Act;
- receive and consider professional advice from HSP in relation to the Act;
- guide and support NHS GJ to build knowledge, skills and capacity across the organisation in regards to meeting obligations and duties of the Act;
- develop a communication strategy to raise awareness and engagement in preparation for the enactment of the Act and ensure stakeholder involvement in shaping all aspects of the programme's work;
- monitor progress across the organisation in relation to annual scheduled activity and progress; and
- report and assure that NHS GJ is meeting the duties and responsibilities outlined within the Act, or providing mitigation and action plans if unable to do so.

#### **4.1.4 National Treatment Centres and NHS GJ Expansion**

Nationally, investment in National Treatment Centres (NTCs) across NHSScotland will increase to more than £400 million by 2025, contributing to delivery of over 40,000 additional elective surgeries and procedures per year. The Scottish Government has committed to invest in the recruitment of an additional 1,500 staff over the course of this programme, which will deliver the additional capacity in elective surgeries and procedures.

Within NHS GJ, NTC expansion is being delivered in a phased approach. July 2021 saw the formal opening, by the Cabinet Secretary for Health and Sport, of the NHS Golden Jubilee Eye Centre (expansion programme Phase 1), which is part of the NTC programme, with the Centre having commenced seeing patients in November 2020.



Work continues on the new Surgical Centre as part of Phase 2 of the Board's expansion programme. This expansion of planned care surgery, specifically orthopaedic, general and diagnostic surgeries, will begin treating patients from summer 2023, increasing the number of patients in line with projected demand across the West of Scotland.

The Golden Jubilee University National Hospital, which currently carries out over 25% of all Scottish hip and knee replacements, is already 1 of Europe's largest elective orthopaedic centres. Expansion will allow NHS GJ to treat more patients and continue to provide an excellent quality of care and patient experience.

A strategic programme will be established during 2022 to oversee the development and delivery of an increased and extended range of diagnostic and patient care services as part of a third phase of expansion. Although this has yet to be confirmed, it is hoped that a capital investment programme will be instigated from 2022/2023.

NHS GJ expansion is overseen by the Expansion Programme Board, with workforce planning and delivery overseen by the Board's Workforce Planning and Transition Steering Group.

In accordance with other Board's within the national NTC programme, recruitment of staff at a time of acute workforce pressure is challenging, requiring innovative solutions to ensure workforce requirements are met. This includes local, national and international recruitment to key clinical, nursing and support roles, accelerated training programmes and routes into employment through the NHSSA and local NHS GJ initiatives, and exploring ways in which roles within the new expanded service are attractive to existing NHS GJ staff members (retention and career development).

NHS GJ is represented and actively contributes to the National NTC Workforce Group, which is exploring a range of interventions, as described.

The table below shows numbers relating to Phase 2 of the Hospital expansion. It contains a detailed timescale of when posts need to be filled prior to the expansion opening in June 2023. In summary, as at 31 March 2022, 56.45 WTE posts (including Housekeeping, Portering and Pharmacy pump primed via recovery) had already been recruited to as part of the expansion, 27.91 of which are in Nursing.

The following tables reflect the workforce recruitment for the opening of 5 Endoscopy rooms in addition to 2 Theatres, progressing to 3 Theatres opening.

Job Family	Department	Band	4.0 rooms	4.5 rooms	5.0 rooms	Total additional staff
Nursing and Midwifery	Endoscopy	2	1.00	1.00	0.00	2.00
		3	10.23	2.40	1.40	14.03
		5	13.05	3.80	3.66	20.51
		6	1.00	0.00	1.00	2.00
		7	1.00	0.00	0.00	1.00
<b>Nursing and Midwifery Total</b>			<b>26.28</b>	<b>7.2</b>	<b>6.06</b>	<b>39.54</b>

The above Endoscopy workforce for 5 rooms reflects an increase in nursing roles of 8.01 WTE in total, and has been costed and built into the 2022/2023 Financial Plan as a separate addition to the full business case original workforce for Phase 2 of the Hospital expansion.

This therefore represents 163.84 WTE additional members of the nursing workforce, as shown in the table below.

Job Family	Department	Band	2 x Orthopaedic Theatres	3 x Orthopaedic Theatres	Total additional staff	
Nursing and Midwifery	Orthopaedic wards	2	3.70	1.50	5.20	
		3	5.50	3.00	8.50	
		5	15.00	11.05	26.05	
		6	1.00	0.00	1.00	
		7	1.00	0.00	1.00	
	Orthopaedics support	2	0.50	0.50	1.00	
		6	1.00	0.00	1.00	
		7	1.00	1.00	2.00	
	Orthopaedic wards total			28.70	17.05	45.75
	Surgical Admissions and Recovery Unit (SARU)	2	2.50	2.40	4.90	
		3	2.00	1.40	3.40	
		5	5.70	5.40	11.10	
		6	1.00	0.00	1.00	
		7	0.50	0.00	0.50	
	SARU total			11.70	9.20	20.90
	General Surgery Theatres	2	1.63	1.61	3.24	
		4	1.63	1.00	2.63	
		5	2.26	3.86	6.12	
		6	2.00	1.00	3.00	
		7	0.25	0.00	0.25	
	General Surgery Theatres total			7.77	7.47	15.24
	Orthopaedic Theatres	2	2.00	1.00	3.00	
		3	4.40	3.90	8.30	
		4	3.00	3.00	6.00	
		5	10.98	7.40	18.38	
		6	3.00	1.00	4.00	
		7	0.00	1.00	1.00	
	Orthopaedic Theatres total			23.38	17.30	40.68
	Pre/Post Op	2	3.00	1.25	4.25	
		3	2.30	1.96	4.26	
		5	6.87	7.47	14.34	
		6	1.00	0.00	1.00	
Pre/Post Op total			13.17	10.68	23.85	
Outpatients and Pre Op Assessment	2	0.50	0.50	1.00		
	3	1.00	0.50	1.50		
	4	1.00	0.50	1.50		
	5	0.60	0.70	1.30		
	6	2.50	1.40	3.90		
	7	1.00	0.00	1.00		
Outpatients and Pre Op total			6.60	3.60	10.20	
Hospital at Night	7	1.22	0.00	1.22		
Hospital at Night Total			1.22	0.00	1.22	
<b>Nursing and Midwifery Total</b>			<b>98.54</b>	<b>65.30</b>	<b>163.84</b>	

Additionally, there are another 143.67 WTE clinical and non-clinical posts to be recruited to support the full opening of 3 Theatres.

Job Family	Department	Band	2 x Orthopaedic Theatres	3 x Orthopaedic Theatres	Total additional staff
Administrative Services	Business Services	2	3.13	2.21	5.34
		3	3.00	4.00	7.00
		4	1.50	1.00	2.50
	eHealth	4	1.00	1.00	2.00
		6	2.00	0.00	2.00
	Medical Secretaries	3	2.00	3.00	5.00
	Rehabilitation	3	0.40	0.00	0.40
		4	0.00	0.70	0.70
		5	0.50	0.00	0.50
Administrative Services Total			13.53	11.91	25.44
Allied Health Professions	Clinical Psychology	8C	0.20	0.00	0.20
	Radiography	7	0.44	0.10	0.54
	Rehabilitation	4	0.00	2.00	2.00
		5	0.00	2.00	2.00
		6	0.00	2.50	2.50
		7	2.10	1.90	4.00
Allied Health Professions Total			2.74	8.50	11.24
Healthcare Sciences	CSPD	2	6.44	8.44	14.88
		4	2.00	0.00	2.00
		5	0.00	1.00	1.00
		7	0.00	1.00	1.00
	Laboratories	3	0.50	1.00	1.50
		6	0.50	1.00	1.50
	Medical Physics	6	1.00	1.00	2.00
Healthcare Sciences Total			10.44	13.44	23.88
Medical and Dental	Medical Staff - Clinical Radiology	Con	0.20	0.00	0.20
		CF	2.44	0.00	2.44
	Medical Staff - General Surgery	Con	2.77	0.22	2.99
		CF	1.75	1.75	3.50
	Medical Staff - Orthopaedics	Con	10.85	4.35	15.20
		Spec Doc	2.00	1.00	3.00
Medical and Dental Total			20.01	7.32	27.33
Medical Support	Physician Associates	8A	3.00	0.00	3.00
Medical Support Total			3.00	0.00	3.00
Nursing and Midwifery	Endoscopy	7	2.04	0.61	2.65
	Infection Control	6	1.00	0.00	1.00
	Senior Nurses	8A	0.20	0.00	0.20
Nursing and Midwifery Total			3.24	0.61	3.85

Job Family	Department	Band	2 x Orthopaedic Theatres	3 x Orthopaedic Theatres	Total additional staff
Other Therapeutic	Pharmacy	3	0.50	0.50	1.00
		4	0.50	0.50	1.00
		5	1.00	0.50	1.50
		6	1.00	0.00	1.00
		7	1.00	1.00	2.00
		8A	0.00	0.50	0.50
Other Therapeutic Total			4.00	3.00	7.00
Support Services	Catering	2	4.00	6.00	10.00
	Estates	4	1.00	0.00	1.00
	Housekeeping	2	23.08	2.85	25.93
		3	1.00	0.00	1.00
		5	1.00	0.00	1.00
Portering	2	2.00	1.00	3.00	
Support Services Total			32.08	9.85	41.93
<b>Clinical and Non-Clinical Total</b>			<b>89.04</b>	<b>54.63</b>	<b>143.67</b>

In terms of the 2022/2023 Financial Plan, in recognition of the above position and the risks around workforce, the Financial Plan includes the following:

Phase 2 – staff in post £2.971 million, and 56.45 WTE as starting baseline from recovery recruitment;

- 2022/2023 in year recruitment – opening of 2 Theatres, £2.216 million;
- 2022/2023 in year recruitment – opening of 3 Theatres, £0.074 million; and
- total defined tracker in post planning, £5.081 million.

A workforce tracker will be used to monitor and review the recruitment process for the additional staff required for Phase 2. This will give an indication of how recruitment is progressing and a timescale of when to accelerate the opening of theatres. However, it is expected that in the residual part of this financial year, the remaining workforce signed off against the Phase 2 full business case, and the balance of the full and current workforce cost of £23.6 million less the £5.1 million above (and less separate Phase 2 General Surgery acceleration costs of £0.483) approved by AST. Therefore, £18.01m is assumed to be in post for the last 3 months of 2022/2023 and a further £4.5 million is associated against this position.

The total 2022/2023 workforce funding for Phase 2 is therefore assumed as £5.081 million, £0.483 million and £4.5 million, coming to a total of £10.46 million. This is subject to any further activity acceleration dialogue with the Scottish Government.

#### 4.1.5 Patient Demographics

National demographic data indicates that Scotland's population has grown by about 400,000 since the 1990s. However, this growth has not been even across the age groups, and while the number of children has reduced by about 1 tenth, the number of people aged 65 and over has grown by over a third. The report's authors project that Scotland's population is likely to continue ageing for many decades.

The ageing population is likely to increase the prevalence of health conditions related to ageing, such as those that affect the heart, musculoskeletal and circulatory systems. The likelihood of developing cataracts also increases with age. These are all specialties treated at NHS GJ. To take account of the ageing patient population, as well as the ageing workforce, NHS GJ, and NHSScotland, will need to develop new roles, new ways of working and new recruitment and retention strategies, as well as having a continued focus on how we support the health and wellbeing of our staff, as we expect staff will want to work longer.

#### **4.1.6 National Pressures**

Throughout the pandemic, NHS GJ has supported other Boards, and NHSScotland more generally, through a flexible and responsive approach to flexing the mix of services we provide. This includes changes to our services during winter, in line with the Board's Winter Plan, with support such as non-repatriation of cardiology patients, freeing up much needed capacity within referring Boards.

NHS GJ has also supported Boards with delivery of urgent cancer and Priority 2 surgery, by providing access to NHS GJ theatres, staff and resources.

Scotland's health service faces increasing demand challenges exacerbated by the pandemic. More patients than ever need treatment, with waiting lists continuing to grow nationally. Patients are also presenting later, again due to the pandemic, and as a result often experience more complex and advanced conditions. This growth in waiting lists, coupled with patients with greater and more complicated needs, places pressure on Boards including NHS GJ. National plans, including the NHS Recovery Plan, set out priorities to recover and increase capacity in areas such as elective care and diagnostics.

As outlined within NHS GJ's ADP, additional capacity will be delivered during the second half of 2022/2023 and from 2023/2024 onwards. This includes delivering Phase 2 of the Hospital expansion, with services commissioned as quickly as possible, without compromising safety, from summer 2023. This is contingent upon a number of factors, amongst which is our ability to recruit to, and staff, services in line with the standards for safe staffing.

#### **4.1.7 Labour Market Outlook**

On a quarterly basis the Chartered Institute of Personnel and Development (CIPD) surveys employers (more than 2000 in spring 2022) to provide an early indication of future changes to the labour market in relation to recruitment, pay intentions and redundancy, and publishes the results in their Labour Market Outlook report.

#### **Recruitment Intentions**

Across those employers surveyed the intentions to increase recruitment remains strong, especially in the public sector.

#### **Job Vacancies**

45% of respondents reported that they had hard to fill vacancies. If only looking at employers with vacancies, this figure rose to 76%. The hard to fill vacancies were most common in healthcare (54%). Looking forward, 65% of employers anticipate that they will have problems filling vacancies in the next 6 months, and 31% expect these problems to be significant.

The most common response of employers with hard to fill vacancies was to raise wages

in response (44%). However, in the future only 27% of employers with hard to fill vacancies anticipated that they would raise wages. 39% of employers had focused on upskilling their existing staff and 38% were advertising jobs as flexible.

## Retention

It was also the most common response of employers with retention difficulties to raise pay (52%), with a lower proportion, 36%, saying that they will raise pay in response to retention difficulties in the future. 40% of employers with retention difficulties put a greater focus on employee wellbeing and a similar proportion have improved flexible working arrangements.

## Pay Outlook

44% of respondents to the survey anticipate that they will have to increase pay in the near future, with the median expected basic pay increase at 3%. This is slightly lower in the public sector, at 2%.

In response to recruitment and retention difficulties, public sector employers are twice as likely (38%) as private sector employers to have no plans to change pay and benefits to better recruit and retain staff, as public sector employers are more limited in their ability to tailor remuneration and benefits in response to recruitment and retention pressures.

## 4.2 Internal Drivers

NHS GJ's strategic developments include the Hospital Expansion Programme, development of the NHSSA in partnership NES, the CfSD and Hotel development plans.

### 4.2.1 Workforce Demographics

Demographic change within the workforce is a significant driver for change, as can be seen in Section 2. Current Workforce: Where We Are Now and the annual [Workforce Monitoring Report \(WMR\)](#).

The [WMR](#) contains details of staffing as at 31 March each year. It supports monitoring of the 9 protected characteristics as defined in the Equality Act 2010 (sex, age, race, religion and belief, disability, sexual orientation, marriage and civil partnership, gender reassignment, pregnancy and maternity) and highlights key findings. It also provides information on sickness absence, employee recruitment and turnover, with information obtained used to influence the development of local policies and support services.

To take account of the ageing workforce, NHS GJ will need to develop new roles, new ways of working and new recruitment and retention strategies in order to avoid a significant loss of staff in the near future.

### 4.2.2 Supporting the Ageing Workforce

As our workforce gets older, and we continue to rely on them, we will need to put in place policies and strategies to enable older, experienced workers to remain in the workforce, while maintaining their health and wellbeing. We will also have to put in place succession planning for their eventual replacements.

Our Voluntary Retirement and Re-employment on a Fixed Term Basis Policy, or "Retire and

Return Policy”, enables NHS GJ to retain difficult to replace skills and experience. It allows employees who are retiring on age grounds, or prematurely with actuarial reduction, to return to work in the same role or in a different role, and possibly at reduced hours, where the manager can evidence that the post is hard to fill.

This allows NHS GJ to retain skills and knowledge built over many years, while allowing the staff member to continue working if that is what they want to do.

As people get older, they may develop long term conditions that could have a negative impact on their ability to carry out normal day to day activities. As an employer we must recognise this, and be ready to put in place reasonable adjustments to allow our colleagues to help them to do their job as well as someone who does not have the same long term condition. This is a requirement of the Equality Act 2010. Our Reasonable Adjustment Policy provides details on our obligations to our staff under the Act.

Our Flexible Working Policy allows members of staff to request various forms of flexible working (for example: home working, job sharing, shift working, part time working) to assist with work life balance. This may be especially helpful for older workers to enable them to keep working longer if they want to do so, but without the need to follow as strict a work timetable as they may have been used to during their earlier career.

### 4.2.3 Remobilisation

The third NHS GJ Remobilisation Plan (RMP) described how NHS GJ would develop and evolve to effectively support NHSScotland’s 3Rs strategy throughout 2020/21 and beyond to “Remobilise, Recover and Redesign”. The plan covered the period April 2021 to March 2022, with a detailed review and re-alignment in the form of RMP4 submitted to Scottish Government at the end of September 2021. The key objectives for NHS Golden Jubilee during 2021/22 were:

- **Agree optimal service and capacity plan:** provide optimal performance and productivity through clear planning and agreement within agreed essential services.
- **Sustain and develop core clinical services:** to sustain existing services in core clinical specialties such as cardiothoracic surgery, interventional cardiology, ophthalmology and orthopaedics developing facilities and teams to optimise outcomes, productivity and care experience.
- **Develop new essential services:** as a National Treatment Centre, develop a number of services including general surgery, endoscopy, robotic surgery and highly complex cancer surgery to create new essential capacity to meet the needs of NHSScotland.
- **Develop existing Hospital facilities:** to continue the development of our existing facilities to provide the greatest benefit for NHSScotland, including increasing the utilisation of all core facilities such as the new 6 theatre Eye Centre (opened in November 2020), increasing occupancy, and increasing the utilisation of all existing theatres and diagnostic capacity.
- **Continue Phase 2 expansion:** anticipated to be completed in summer 2023, with associated internal reconfigurations and developments including the utilisation of area currently occupied by NHS 24.
- **NHS Scotland Academy:** in a joint venture with NES, launch the NHSSA and establish ambitious programme of accelerated training focused on areas of workforce skills development.

- **Hotel and Conference Centre strategy refresh:** in response to the changing needs of NHSScotland and the impact of the pandemic, a new hotel and conference strategic plan will be initiated, focussed on a shift in business emphasis, prioritising residential and teaching requirements, and wider use for NHS meetings and conferences.
- **Centre for Sustainable Delivery:** work with Scottish Government to develop the CfSD and submit the first annual work plan.
- **National innovation strategy:** contribute to the development of the NHSScotland Innovation Strategy, defining ecosystem, governance framework and ensuring robust links between planning and innovation.

As NHSScotland moves beyond remobilisation to recovery, the focus for Board planning is to stabilise, improve and strengthen services, ensuring resilience for any future COVID-19 waves and seasonal winter pressures. NHS GJ's ADP for 2022/2023 outlines the Board's plans, specifically around the following priorities:

- staff wellbeing
- recruitment and retention of workforce
- recovery and protection of planned care
- urgent and unscheduled care (for NHS GJ this is largely within urgent cardiac, cardiology and thoracic care)
- supporting and improving social care; and
- ensuring sustainability and value

Boards will produce medium term plans towards the end of 2022, aligned to the 3-year workforce and finance plans.

#### 4.2.4 Centre for Sustainable Delivery

The Scottish Government commissioned NHS GJ to establish the CfSD to support care and wellbeing programmes, and to enable NHSScotland Boards to achieve the transformation needed to support the recovery of services adversely affected by the COVID-19 pandemic.

CfSD will be key in developing new workforce capabilities and programmes, including the Accelerated National Innovation Adoption Pathway (ANIA) and moving towards whole system working, thus crucial to our ambition of transformation.

CfSD brings together teams with a track record in innovation to support role transformation, and will proactively share learning and the corresponding impact of initiatives to support uptake. CfSD will work with health and social care organisations engaged in transforming roles to ensure service readiness for adoption in order to optimise pathways. CfSD is supporting wider system transformation and improvement, and any specific workforce implications (internally within CfSD but also nationally), such as changes to roles as a result of their improvement work.

Overall, CfSD will support the Scottish Government's whole system approach to workforce planning. Data analysis will be effectively used to support the work of CfSD in developing innovative new approaches to service delivery.



## 4.2.5 Digital Transformation

The growth in the use of digital technology in the delivery of both clinical and support services has accelerated significantly in recent years. The ability to meet the increased demands of a growing reliance on digital enabled care needs a well-resourced, skilled and motivated eHealth workforce, to provide a predictable, reliable and consistent approach to digital support services. Deficits in this area inevitably lead to obstacles in the ability to meet the ever-expanding expectations of the user community. As the need for modern, resilient and high performing systems becomes a key requirement for the delivery of care, so the underpinning support arrangements become critical to the success of these digital programmes.

As the Hospital expands, 1 of the challenges we face is to ensure that every staff member is provided with the appropriate devices to allow them to access the services they need, when they need them, securely and reliably. When the service has issues, we must provide them with a support service to get them back up and running efficiently, so as to minimise any potential impact on patient care or support service disruption.

Ensuring cyber security is 1 of the challenges we face, as the growth of digital services combines with the rise in threats from external agencies. In addition, as the industry moves from “on premises” service delivery to the “cloud” we are presented with both opportunity and challenge to ensure systems are both protected and available.

In order to meet and overcome these challenges, NHS GJ needs to move to a modern, agile, IT service management approach to help support eHealth’s transition to a more user-centric, responsive and interactive operating model, which will enable greater integration between the department and the wider user community.

At this time the supply side of eHealth resources is insufficient to meet current demand, leading to long response times. There is also a lack of capacity to take on board new work. This is causing the department to become more reactive, with less/little time spent on proactive maintenance and other essential tasks. This has the knock-on effect of potential systems failures due to delays in maintenance.

There is an increasing demand for the provision of information support, due to the increasing programmes of work, which need information and analytical services to facilitate decision making.

Market pressures within the industry mean that recruiting talent with sufficient knowledge and experience at the salary points offered by Agenda for Change is challenging.

The eHealth department has not seen the level of workforce growth commensurate with the increased workload that has been generated over an extended period of time, which inhibits the development of the service in line with business needs and modern working practices. The department needs to continue the adoption of industry standard best practice processes and procedures to ensure the service meets organisational needs.

The proposed growth in the IT team will lead to improvements for users and the service, with the expansion plans for the digital workforce expected to take place in the first twelve months of this 3-year workforce plan. The digital transformation programme proposes that the eHealth team expands by 25 posts within the following bands and sub-departments.

All posts come under the Administrative Services job family:

		Band					Total
		3	4	5	6	7	
Sub-Department	Governance	2			5		7
	Information		1		3	2	6
	Operations	4		3	1		8
	Programmes			1	1	2	4
	<b>Total</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>10</b>	<b>4</b>	<b>25</b>

#### 4.2.6 NHS Scotland Academy

NHS Golden Jubilee and NES have formed the NHSSA, a national joint venture that will support the implementation of NHSScotland's Recovery Plan. The initial focus of the venture will be supporting the immediate workforce priority needs of NHSScotland, including the acceleration of the appointment of at least 1,500 additional staff to National Treatment Centres.

Workforce analysis is undertaken for all areas of proposed activity which either fill an identified gap or accelerate education and training so that boards have the workforce with the right skills in the right place to meet the clinical needs of citizens. This initial analysis ensures that there is no duplication in NHSScotland and articulates the added value of using the NHSSA as the delivery model for such education and training.

The NHSSA will provide a critical role in ensuring there is a skilled and sustainable workforce for health and social care services in Scotland, working collaboratively with partners, focusing on a once for Scotland ethos. It will deliver accelerated training to meet the clinical and care needs of citizens across Scotland at a crucial time of recovery from the pandemic enabling people to live healthier lives.

The NHSSA has a number of projects in delivery and others in the pipeline in 2022/2023. The NHSSA has a core funded team and recruits to posts, where required, to deliver projects. As a joint venture between NHS GJ and NES, some posts are employed by NHS GJ, while others are employed by NES. The table below details the WTE workforce that is/will be hosted by NHS GJ in the first twelve months of this workforce plan's life cycle.

Programme		Band								Total
		Cons	4	5	6	7	8A	8B		
Skills and Simulation Centre	Administrative Services		4.00						1.00	5.00
National Endoscopy Training Programme	Nursing and Midwifery								1.00	1.00
	Administrative Services			1.00	0.75					1.75
Assistant Practitioner Programme	Nursing and Midwifery				1.00					1.00
NTC Accelerated Workforce Programme	Nursing and Midwifery				0.50	1.00				1.50
National Clinical Skills for Pharmacists Programme	Medical and Dental	0.20								0.20
	Other Therapeutic							0.40		0.40
NMC OSCE Preparation Centre	Nursing and Midwifery							1.00		1.00
Widening Access Routes	Administrative Services					1.00				1.00
University of Strathclyde/ NHS GJ partnership	Other Therapeutic							0.60		0.60
<b>Total</b>		<b>0.20</b>	<b>4.00</b>	<b>1.00</b>	<b>2.25</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>13.45</b>

As the NHSSA continues to develop its portfolio of work, it is highly likely that additional posts will be needed to support the delivery of new projects in 2023/2024 and 2024/2025.

#### 4.2.7 Golden Jubilee Conference Hotel

During the COVID-19 pandemic, the Hotel closed on 20 March 2020 before partially reopening for NHS and healthcare clients on 23 May 2021. The Hotel fully reopened on 1 July 2021. Since fully reopening, the GJCH has operated to available capacity and continued to support the Hospital.

The Hotel has faced several workforce related challenges over the last few years:

- Following Brexit several members of the team returned to their home countries in Europe, taking many years of learning and experience with them.
- Some staff who were redeployed during the pandemic decided to apply for healthcare roles. While this is an issue for the Hotel, it is good news for the colleagues now building a career in healthcare.

A new Hotel Strategy is being developed in 2022/2023, which will outline the longer term strategy and vision for the Hotel, in response to the changing needs of NHSScotland and the impact of the pandemic. This strategy will focus on a shift in business emphasis, prioritising residential and teaching requirements, and wider use for NHSScotland meetings and conferences.

#### 4.2.8 Healthcare Sciences

The Healthcare Sciences job family within NHS GJ includes:

- Clinical Laboratories;
- Medical Physics;
- Clinical Perfusion;
- Cardiac Physiology; and
- Central Sterile Processing Department (CSPD).

NHS GJ also provides a Respiratory Physiology service, which is managed through a service level agreement with NHS Greater Glasgow and Clyde.

Healthcare scientists contribute to over 80% of patients' journeys and, as such, the drivers identified below impact on the need to consider the appropriately trained and skilled workforce required to deliver a high quality service. This will help us to ensure that NHS GJ is prepared to Phase 2 of the Hospital expansion, and can continue to make a major contribution to NHSScotland's recovery post-pandemic.

Healthcare Sciences host a diverse workforce, so the drivers identified will impact on some, but not all Healthcare Science disciplines at NHS GJ

**Recruitment:** Recruitment is a challenge in the Healthcare Sciences disciplines due to the extensive training required once in post.

**Clinical Laboratories:** the Biomedical Sciences workforce is the largest of the Healthcare Sciences disciplines at NHS GJ. Sustainable education programmes are not an issue, and the profession benefits from a steady supply of graduates.

However, recent recruitment activity has seen a drop in applications from experienced candidates, leading to the need to provide 12 to 18 months of training for new staff members. This poses operational challenges.

**Medical Physics:** the main workforce driver is Phase 2 of the Hospital expansion, as equipment selection, procurement and commissioning is resource-intensive and requires staff to be in post in advance of go-live. Currently, staffing projections are phased over a number of years, and an accelerated opening of Phase 2 would require recruitment plans to be brought forward.

**Clinical Perfusion:** staffing in this department is a concern, due to the imminent retirement of experienced members of the team. While funding training posts has in the past been challenging, we have recently received financial support from NES for 2 trainees to start in 2022.

**Cardiac Physiology:** the Head of Cardiac Physiology has secured funding for 2 candidates to join the Scientist Training Programme (STP), which will cover salaries and training costs for 3 years. The service has also run a successful training programme over the last 3 years to develop qualified Cardiac Physiologists.

**CSPD:** the department has reviewed its workforce to plan for Phase 2 of the Hospital expansion and beyond. This has included a restructure, with the planned introduction of a Deputy CSPD Manager, which will support with the planning for Phase 2, where CSPD will be much larger than the current premises. There is also a plan to recruit an Instrument Coordinator (Band 4) for Phase 2. This will be an essential coordinating role, overseeing the transition of instruments between CSPD and theatres. Under this post, there are plans for Generic Workers (Band 2), responsible for housekeeping, moving equipment and so on. Further work to finalise these posts is needed.

## Scottish Government Health Policy

Health policy impacts on all of the Healthcare Sciences disciplines, especially the National Workforce Strategy for Health and Social Care in Scotland, its emphasis on a 3-year workforce plan and the aims of “Recovery, Growth and Transformation”. In planning the workforce, we must take in to consideration the implications and outcomes of the Health and social care (Staffing) (Scotland) Act 2019 as it applies to Healthcare Sciences.

Across Healthcare Sciences Phase 2 of the Hospital expansion will define future workforce need and initial staffing projections may have to be revisited, or services, redesigned, to cope with the expansion and recovery workload.

### 4.2.9 Radiology Strategic Development Plan

Since NHS GJ was established as part of NHSScotland, the radiology department has undergone significant development in order to adapt to the changing requirements of the service users. The pandemic has changed the way in which we work within NHSScotland.

All areas faced monumental challenges to maintain services whilst working with restrictions relating to control and prevention of infection. This has led to several key changes which influence the future delivery of imaging within NHSScotland.

Timing is optimal to improve access and expand services in support of the short, medium and long term complex nature of imaging services nationally. The Radiology Strategic Development Plan will develop over the next 3 years which will inform workforce sustainability to meet these demands.

This year, Radiology will begin a consultation process with staff to formalise 5 over 7 days working, in order to significantly increase our capacity to deliver imaging procedures for referring Boards, alongside national and regional cardiac services.

As part of the Scottish Radiology Transformation Programme, following a successful pilot scheme, NHS GJ now permanently hosts the Scottish National Radiology Reporting Service (SNRRS).

SNRRS was established with the aim of maximising the potential of the IT connectivity solution linking radiology systems across NHSScotland, thereby enabling cross-Board reporting of exams for the first time. SNRRS provides a flexible reporting model using bank Radiologists.

#### **4.2.10 Rehabilitation Department**

Within NHS GJ the Rehabilitation Department hosts the following AHP services:

- Dietetics;
- Occupational Therapy;
- Physiotherapy;
- Speech and Language Therapy; and
- Podiatry (no onsite service).

These teams provide essential AHP services across both the National Elective Services and Heart, Lung and Diagnostics Services (HLDS) Divisions. To complement the divisional structure, rehabilitation services and the associated workforce have been aligned to each division and divisional lead roles introduced to oversee the workforce requirements of each.

Following the conclusion of the first NHS GJ AHP Strategy “Enabling AHPs to enable the people of Scotland”, the Rehabilitation team is contributing to the creation of a new, refreshed version of the strategy to take us through to 2028. Initial discussions and engagement sessions with the wider rehabilitation workforce have identified similar core themes to the previous strategy. Workforce will be a central feature of this strategy, which will describe the different elements of how we plan to support and develop our workforce over the next 5 years with clear plans for how we would hope to achieve our aim.

#### **Rehabilitation**

With the ask from Scottish Government to accelerate the opening of the Phase 2 expansion, in an effort to support the recovery of services and reduction of waiting lists, review of the initial projected AHP workforce plans are underway.

This includes reviewing the workforce requirements for the volume of predicted cases and timescales for recruitment. This will be an ongoing exercise whilst different models of increasing surgical capacity are explored, for example extending theatre sessions, additional weekend surgeries, taking into consideration the implications of these proposed models on our existing and future workforce requirements.

A number of key roles have already been identified for prioritisation to support the expansion and are described below.

### **Occupational Health Physiotherapy Service**

With the significant expansion of workforce across NHS GJ there is a need to increase the capacity within our Occupational Health Physiotherapy Service, which is integral to supporting staff to remain at work and expedite earlier return to work for those staff members suffering from a musculoskeletal condition. This service is currently resourced with:

- 0.5 WTE Band 7 (Team Lead); and
- 1.0 WTE Band 6.

To maintain the current level of service provision for the additional staff members needed for Phase 2 of the expansion we anticipate that there will be a need to increase this capacity to:

- 1.0 WTE Band 7 (Team Lead); and
- 1.5 WTE Band 6.

This team is also a key contributor to the overall health and wellbeing of staff through their promotion of physical activity to mitigate against physical, mental and emotional issues. Going forward, they will be central to supporting our new and existing workforce as we transition into new working environments and practices. Increasing capacity within this service prior to the further expansion of workforce is essential.

### **Advanced Practice Roles**

The planned expansion of services on site creates further opportunities to grow advanced practice roles within Rehabilitation, which are described within the orthopaedic strategies.

There is currently only 0.5 WTE Advanced Practice Therapist within the team who supports the foot and ankle Consultants and clinics. They have a key role in the vetting and listing of patients for theatre pre-operatively, as well as conducting follow up reviews. To support the additional clinic activity predicted with the expansion an increase from 0.5 WTE to 0.8 WTE is required for this post (as outlined in Phase 2 expansion plan).

In addition, the introduction of a similar role for an advanced practice therapist, to support the expansion of hand and wrist services, has been included as part of the plan. This will be a new role within the orthopaedic clinic, which will need to be developed and tested prior to the opening of Phase 2. Funding has been secured to recruit 1.0 WTE to achieve this.

To support the training and education of existing and future advanced practice roles clinical competency frameworks specific to each role will be introduced.

### **Prehabilitation Teams**

The benefits of prehabilitation in optimising patients' physical, mental and emotional wellbeing prior to surgery has been shown to improve both clinical and patient reported post-operative outcomes.

The team is currently scoping out a model for prehabilitation across the organisation, with plans to embed this into practice and make this available for all patients who require it. The intention is to create a Prehabilitation Strategy for NHS GJ.

There is currently no built in resource for this new service however in light of the potential impact of this on improving patient outcomes it is likely that we will be seeking to source funding to incorporate this as business as usual within our future services.

#### **4.2.11 Model for Cancer Surgery Delivery**

Cancer surgery is currently delivered by surgeons from 4 referring Boards taking responsibility for specific theatre lists, and operating on their own patients. There remains the option of these services being delivered through various clinical delivery models. These include:

- A network model where surgeons rotate in to operate at NHS GJ each week.
- Direct recruitment or joint surgical posts being established for a defined period circa 1-2 years to support recovery plans.
- Individual surgeons agreeing and carrying out procedures at NHS GJ on a case-by-case basis (current approach, which is resource-intensive for small volumes).
- Surgeons from a Board taking responsibility for several days' theatre capacity at NHS GJ, operating on their own patients.
- Critical peri- and post-op specialist staff co-opted through direct recruitment or a blended model to ensure resilient and effective pathways are in place which ensure high quality outcomes and patient experience.

It is anticipated that a blend of these different staffing models could be used depending on specialty or procedure case mix. In all cases, NHS GJ will provide core Consultant Anaesthetists, theatres staff, ward staff, AHPs, Healthcare Science staff and other support staff and services.

#### **4.2.12 Interventional Cardiology**

Referrals to interventional cardiology are growing in volume and complexity, with a shift towards more acute presentations. To address this changing demand, we will be submitting a business case to increase bed capacity and to extend elective working to weekends to provide flexibility and capacity to accommodate the urgent referrals and deliver timely treatment.

We have a significant capacity gap in both the structural heart service and electrophysiology, with an increasing backlog of patients to be treated, and will submit business cases to increase capacity in these areas.

NHS GJ supported winter pressures in the West of Scotland by opening additional beds and streamlining the pathway for patients pre- and post-procedure to reduce delays to admission and treatment, and to provide care to patients to the point of their discharge home, avoiding repatriation to the referring Boards.

This was supported by the West of Scotland Boards, as it released bed capacity and eased the pressure on front door services. It is anticipated that the above model to support winter pressures in the West of Scotland will be needed on an ongoing basis, and should be included in our planning.

As part of the business case to increase bed capacity and extend elective working to weekends to provide flexibility and capacity to accommodate urgent referrals and deliver timely treatment, the following increase in the interventional cardiology workforce would be needed over the next 3 years:

Specialty	Job Family	Band						Total
		Cons	2	3	5	6	7	
Coronary	Medical and Dental	0.85						0.85
	Nursing and Midwifery			0.30	3.50		1.00	4.80
	Allied Health Professions					0.38		0.38
	Healthcare Sciences					0.53		0.53
TAVI	Medical and Dental	0.40						0.40
EP	Medical and Dental	0.10						0.10
Direct Access NSTEMI	Medical and Dental	0.40						0.40
	Nursing and Midwifery				0.37		0.13	0.50
	Support Services		0.55					0.55
	Other Therapeutic				0.33			0.33
Winter Plan	Medical and Dental	0.60						0.60
	Nursing and Midwifery				0.73		0.27	1.00
	Support Services		1.13					1.13
	Other Therapeutic				0.67			0.67
<b>Total</b>		<b>2.35</b>	<b>1.68</b>	<b>0.30</b>	<b>5.60</b>	<b>0.91</b>	<b>1.40</b>	<b>12.24</b>

Further posts will be needed across different job families, as the plans need further development, and do not include all physiology, radiography and nursing requirements. Funding is still to be approved.

#### 4.2.13 Scottish National Advanced Heart Failure Service SDP

2021/2022 saw the SNAHFS team carry out 24 heart transplants, building on the 20 carried out in 2020/2021. The last few years have seen a sustained increase in the number of transplants carried out, and this is predicted to continue.

The change in the donation policy to an opt out system in March 2021 is expected to result in an increase of available organs. The successful outcomes over the last 5 years, and the shift in culture to accepting more organs is expected to have a self-fulfilling effect, in that centres will be more inclined to consider referral to the transplant service having experienced good outcomes for their patients.

It is important that the service plans for the future to ensure that the infrastructure and workforce is in place to meet increasing demand and availability of organs to continue to sustainably deliver high quality heart failure services now and in the future.

SNAHFS's strategic aim is to sustain and further develop a modern, dynamic and patient centred cardiac transplant, retrieval and mechanical circulatory support service, delivering world class outcomes for the people of Scotland.

The SNAHFS Strategic Development Plan and supporting business case aim to develop a sustainable workforce, able to take on the increasing demand for its service and the increasing availability of organs, in order to continue to sustainably deliver high quality



heart failure services now and in the future. In order to develop a sustainable workforce the SNAHFS Strategic Development Plan suggests the roles shown below are needed, but as can be seen from the comments the majority of gaps still need to be confirmed, along with funding:

Specialty	Job Family	Job Title	Action
Cardiology	Medical and Dental	Consultant	1 x 1.0 WTE locum post to be made permanent to deliver robust clinical cover to meet increased demand
Cardiac Physiology	Health Care Sciences	Cardiac Physiologist	Establish the capacity needed and the gap that exists. Support in house training.
Perfusion	Health Care Sciences	Clinical Perfusionist	Recruitment of trainees to replace retirees, growing our own Clinical Perfusionists.
Nursing	Nursing and Midwifery	Nurse	Workforce review to support an increase in resource if needed.
Retrieval	Nursing and Midwifery	Donor Care Practitioner	Business case to be developed describing the model and costs.
Critical Care	Nursing and Midwifery	Nurse	Update bed modelling to reflect projected increase in transplant numbers and subsequent increase in nursing support.
	Nursing and Midwifery/ Allied Health Professions	Advanced Critical Care Practitioner	Business case to be progressed to expand the team to deliver resilience and sustainability.

#### 4.2.14 Scottish Adult Congenital Cardiac Service Strategy 2022 to 2025

The Scottish Adult Congenital Cardiac Service is the national specialist service commissioned by the National Services Division (NSD) of NHSScotland at NHS GJ to delivery care to people with Adult Congenital Heart Disease (ACHD).

The service is provided for adults who are resident in Scotland and who have complex congenital heart disease. Congenital heart disease can be diagnosed antenatally, during childhood or can be undetected into adult life.

The demographics of congenital heart disease are changing due to increasing survival of children into adult life, and there are increasing numbers of adults with congenital heart disease. The number of patients with complex disease is increasing too. It is recognised that there will be continued growth in the adult congenital population, both numerically in terms of patient numbers, and also in terms of lesion complexity and comorbidities.

Significant planning is needed to ensure the continued delivery of high quality care to the ACHD population. It is acknowledged that the current model of care is not sustainable and a more robust shared care model is needed, whereby patients are supported to a greater extent by local provision. NHS GJ and NSD will lead a piece of work to agree the longer term strategy for ACHD services in Scotland, which will inform the longer term workforce requirements in NHS GJ.

The adult congenital heart disease service is delivered by a multidisciplinary team including Medical, Nursing, AHPs, Health Care Scientists, and Administrative Support. The population is growing as patients are surviving longer, and with this, increasing complexity of disease.

The service has recently successfully recruited to increase the specialist cardiology and

imaging resource in addition to recent recruitment of a dedicated psychology resource. However, it is recognised that as we progress the priorities described above, developing a modern outpatient assessment service with appropriate specialist imaging and inpatient capacity, there will be opportunities to modernise the workforce to align with redesigned patient pathways.

At this time the SACCS Strategy 2022 to 2025 is still to be approved by the Board and subsequently NSD. However, the key workforce elements of the strategy involve:

- increased administration, as current bottlenecks are causing delays and an inability to maximise current capacity. The aim is to have 1.0 WTE x Band 3 and 2.0WTE x Band 4;
- increased radiographer time to increase MRI scanning and reporting – exact requirements are being worked up at the time of writing;
- increased cardiac physiology time – requirements around this are being drafted; a review of medical staff, both at Consultant and junior grades; and a definition of the nursing workforce needed to support specialist care delivery, as well as to develop local ACHD nursing expertise in education strategy, research and definition of advanced practice roles.

#### **4.2.15 Review of General Anaesthetics Workforce Model**

In 2021/2022 a review of the General Anaesthetics workforce model, based on current and future clinical activity and the current budget position, identified a gap in the workforce resource.

The review highlighted that there were 19 General Anaesthetics Consultants/Specialty Doctors in post, and that the service relies on medical staff working additional sessions to support the gap. Historically, NHS GJ has faced challenges when recruiting medical staff in General Anaesthetics. This has been for several reasons:

- NHS GJ does not have doctors in training in General Anaesthetics, so NHS GJ is an unknown quantity to trainees who achieve their certificate of completion of training;
- clinical practice has been relatively narrow, leading to some potential candidates having concerns about deskilling;
- as a non-training Hospital, there are no opportunities for Consultants with an interest in teaching to train future trainees;
- NHS GJ does not have any Anaesthetics Associates; and
- nationally there is forecast to be a shortage of Consultants in Anaesthetics.

The most recent rounds of recruitment to fill General Anaesthetics Consultant posts have only led to the appointment of an internal candidate, so did not result in any additional capacity.

Proposals have been made to enhance the workforce by increasing the number of junior doctors at the Hospital: both doctors in training and non-training Clinical Fellows; and to secure funding for Anaesthetics Associates.

Clinical management has started discussions with the Anaesthetics Training Programme Director with the aim of securing Specialty Registrars in General Anaesthetics at NHS GJ. While it is hoped that the trainees would start in August 2022, as discussions are ongoing,

there is no definite start date.

It is proposed that 4.0 WTE Specialty Doctor posts are recruited to, in order to support the medical team and potentially support succession planning within the team, and support the case for securing extra doctors in training.

The Board has secured funding for up to 4.0 WTE Anaesthetics Associates to cover pre-operative assessment clinics and to support theatre activity.

Finally, we will recruit to the existing 1.7 WTE Consultant vacancies identified as a gap in service planning for the year 2022/2023.

The above paragraphs are summarised in the following table:

Specialty	Job Family	Band				Total
		Cons	Specialty Doctor	7	8A	
General Anaesthetics	Medical and Dental	1.70	4.00			5.70
	Medical Support			3.00	1.00	4.00
<b>Total</b>		<b>1.70</b>	<b>2.00</b>	<b>3.00</b>	<b>1.00</b>	<b>9.70</b>

#### 4.2.16 Cardiothoracic Anaesthetics

Recruitment into Cardiothoracic (CT) Anaesthetics has been challenging. NHS GJ does have CT Anaesthetics doctors in training, but recent changes in the training programme mean that trainees only attend NHS GJ for a short period of time, and at a more junior stage in their training than previous trainees.

Our Critical Care Unit provides an opportunity for Consultants to provide medical training. However, nationally, as with General Anaesthetics, there is forecast to be a shortage of Consultants in CT Anaesthetics.

Through the Critical Care Redesign, there is scope to increase the number of Advanced Critical Care Practitioners (ACCPs). The AACPs are non-medical advanced practitioners, who provide support to the medical team in the Critical Care environment, and help to bridge the gap due to the reduction in number and seniority of trainees.

From September 2022 there will be 10.0 WTE Intensivists (plus 1.0 WTE locum), 8.0 CT Anaesthetists and 6.0 WTE ACCPs.

Given the increased need in the Cardiology Catheter Laboratories for General Anaesthetic support, further work will be needed to quantify how many staff are needed, and what grade they should be.

#### 4.2.17 New Ways of Working

NHS GJ has implemented new ways of working, utilising remote working technology during the pandemic to ensure we have an agile and flexible approach to how, when and where staff work. We will continue to refine and embed our approach to how we use our office spaces and remote working, including working from home, to:

- optimise the use of office space across the Hospital site to accommodate the growing

workforce;

- meet the expectations of staff within a fluid, modern employment market where hybrid working has become part of how many sectors work; and
- taking a comprehensive, strategic but practical approach to realising the benefits of an agile workforce and environmental sustainability.

A further programme of work will look to optimise hybrid working so that:

- staff and teams maintain social connections and teams can work together effectively;
- we make the best use of flexible working policies that support work life balance and staff health and wellbeing;
- we make the best use of the space available in the Hospital site, providing the right mix of office, meeting and collaboration spaces; and
- we make the best use of technology to support agile working and a digital workplace, including remote working and working from home.

#### **4.2.18 Developing New Roles and Changing the Shape of Our Workforce**

We have already started to explore how new roles can be designed and created to match changes in how healthcare is provided and by whom. This work includes skills and task alignment for new roles, so that workload and tasks can be allocated across different role types and enable a more flexible approach to workforce design.

In this way it is possible to transfer work from existing roles, which may be experiencing or are predicted to experience, workforce shortfalls. This will help ensure that these roles focus on the tasks only they are able to perform due to the skills, experience and training required. This enables workforce growth to be accommodated through a wider range of roles, with appropriate training and task alignment key to successful workforce transformation.

This has been achieved through extended scope practitioner roles, including Advanced Nurse Practitioners, who undertake tasks that previously required medical staff.

Through further service review and redesign we will continue to explore opportunities to create roles that enable the transfer of tasks between roles and enable further workforce growth and transformation.

A priority area we are developing this approach in is Anaesthesia Associates to supplement the Anaesthetic Consultant medical staff, which is experiencing shortages. We will over the course of this 3-year workforce plan review other areas and opportunities to design and create new roles in this way.

## 5. Financial Context

Workforce planning strengthens the NHS GJ Board's financial planning process and underpins many of the key NHS GJ developments, in addition to new approaches to recruitment and the support of staff wellbeing and feeling of value within their incumbent roles.

### 5.1 2022/23 Pay Policy

The 2022/23 Financial Plan reflects the current Scottish Public Sector Pay Policy (SPSPP) for planning purposes. NHS Boards have used the SPSPP for planning purposes at this stage as advised by Scottish Government. However, there is recognition that this may not reflect the final pay policy decision for financial year 2022/23.

National discussions around the 2022/23 pay award uplift are ongoing at this stage. The Financial Plan assumes that any movement in the pay policy uplift detailed above will be supported via further funding support from Scottish Government.

### 5.2 Recovery

The Financial Plan aligns workforce assumptions with the final 2022/23 activity submissions for the Board and builds on the recovery workforce recruited during 2020/21 and 2021/22. This involves key posts transitioning into the National Treatment Centre expansion in line with the full business case staffing need.

The aim of the recovery element of the Financial Plan in relation to workforce is to support the use of all available capacity within NHS GJ whilst recruitment is progressed in line with the National Treatment Centre workforce and recruitment tracker.

This includes the acceleration of recruitment to support the opening of the surgery expansion for Phase 2 and specifically the recurring acceleration of Phase 2 workforce and activity plans to support provision of major colorectal cases, including robotic colorectal and upper GI, in addition to laparoscopic cholecystectomy.

This investment of £0.483m for workforce associated with additional workforce and activity in this service is in the recruitment process.

Additionally, there is a hybrid model of additional Ophthalmology activity supported to provide NHS GJ weekdays and some weekend operating provision, which commenced at the beginning of May 2022.

## 5.3 Workforce Strategy

In relation to the NHS GJ Board Financial plan, the following areas of workforce planning support the Board's workforce strategy and the aim to Plan, Attract, Train, Employ and Nurture our valuable workforce:

- **NHS Scotland Academy (NHSSA):** funding and support aligned with original business case and additional training programmes and developments. This includes the National Ultrasound Training Programme to support Phase 1 of this programme. In addition, further investment consideration in relation to the National Treatment Centre staffing resource, defining training funding to broaden the scope of accelerated workforce development programmes in the future.
- **Centre for Sustainable Delivery(CfSD):** previous baseline workforce funding, supported by additional investment for Innovation and Strategy Programme and Scottish Government, defined programme budgets to support innovation developments, along with NHS Board project bids such as for IV fluids and Arthroplasty Rehabilitation in Scotland Endeavors (ARISE).
- In addition to the above, the Accelerated National Innovation Adoption Pathway is a transformative approach to enable high-impact innovations to be scaled at pace across NHSScotland;
- Further to the programmes defined, CfSD have also been approached by Sustainability and Climate Emergency for NHSScotland in the Scottish Government with a request to host a Green Theatres Project. This project follows the successful NHS Highland initiative, which reduced greenhouse gas emissions, resource use and waste associated with surgery;
- National Treatment Centre ADP workforce assumptions are aligned with the original Phase 1 and 2 full business case position plus the impact of the 2 additional Endoscopy rooms. This also incorporates acceleration of plans associated with workforce recruitment in dialogue with the Scottish Government National Treatment Centre Programme. This detailed workforce recruitment and associated trajectory is being costed, reconciled and monitored in line with funding and budget financial planning implications.
- **International Recruitment:** workforce assumptions around this development and the Board approved business case is identified within the 2022/23 and 2023/24 plans on the basis of the tabled cohort numbers and will be monitored against both financial reporting and workforce reporting.
- Band 2 to 3 Grading review in relation to the review of Band 2 roles with clinical duties linked to the national grading appeal – financial and workforce planning assumptions are in agreement.
- **Health and wellbeing:** there is inclusion of funding provision within the Financial Plan, which looks to support existing developments including Mental Health First Aid Training, telephone consultation, the Resilience Framework, staff support roles and promotional materials.
- The budget and costs for health and wellbeing developments and support are separately defined within NHS GJ financial reporting to allow transparency on the investment in this area and to ensure staff are effectively supported from various health perspectives within the workplace.
- **National developments:** this includes cost consideration of national developments including e-rostering, which aims to support the process and information from staff rostering across NHSScotland.

- **Service planning:** collation of these across services incorporated development plans to increase sessional availability. Further work will be required to prioritise these developments. At this stage no direct provision has been made in the Financial Plan. However, any agreement of next steps in regards these service plan areas would be supported with collaboration on both financial and workforce plan reporting.
- **E-Health investment:** additional support has been incorporated, linked to the recent investment paper, and in light of server issues experienced over the last 2 years and evolving demand on the e-health team from agile working, system response requirements and national system upgrades and innovative technologies.
- **Newly Qualified Practitioners (NQPs):** the recruitment strategy to implement early recruitment to 20 WTE NQPs has been approved for 2022/23. This will allow earlier appointment, within 6 months, to support recovery and the NTC opening/acceleration and will be managed against the noted core vacancy position against nursing. However, if recruitment slippage does not reflect the level of turnover or slippage against budget assumed then the exit strategy is to be managed through the alignment of vacancies aligned against defined core/new posts in line with the phasing of these additional costs.

The finance and workforce services of the Board are developing an integrated monthly report to support the assessment and relationship of costs and budget from a financial position with workforce recruitment, vacancies, sickness and flexible cover information. Financial planning will continue to align with the 3-year workforce plan and ensure the reporting on workforce changes, recruitment, redesign and development are directly related to financial reporting throughout each financial year for 2022/23, 2023/24 and 2024/25.

## 6. Risk Analysis

Workforce is a live risk recorded on the [Board's overall risk register](#). The Workforce Planning and Transition Steering Group holds and updates a workforce risk register which is reviewed regularly and updated by this group and links to the Board's main risk register. Each risk has control measures and mitigations in place. Risks that are identified on the workforce risk register include:

- workforce capacity;
- workforce capability;
- staff health and wellbeing;
- extended working days and the working week; and
- recruitment and retention.

## 7. Workforce Delivery Plan

In this section we will detail the actions that NHS GJ will take over the next 3 years to “plan, attract, train, employ, and nurture” staff to help us to deliver the future workforce. The actions are shown in tabular format, highlighting:

- the area/specialty the action relates to;
- the specific action;
- the date the action is due to be delivered by;
- the expected outcome of the action by which its success will be measured; and
- the pillars of workforce planning that each action relates to.

When we come to update on the actions next year, we will add a further column with progress.

Area	Action	Action Due Date	Expected Outcome	Pillar
Recruitment – youth employment	Explore funded training opportunities with West College Scotland	From June 2022	To offer training opportunities, where appropriate, to current members of staff.	Train
	Visits to specific areas of the Hospital by young people	March 2023	To raise awareness of the Hospital, Hotel and NHSScotland, and the type of roles available to support education choices for young people. To provide appropriate experience for school pupils who are making an application to study medicine – a visit to a Hospital or health environment is a requirement for the application and this is supporting the need for additional doctors to be available for NHSScotland.	Attract
	Work experience placements for up to 12 young people	September 2022	We offer places for young people who need support to help them to decide on future career choices. We also offer placements to young people who are considering nursing as a career to allow them to get a fuller picture.	Attract
	Young person guarantee scheme	Ongoing	To confirm our commitment to young people.	Attract
	Project Search initiative supporting local schools with placements for up to 6 young people	October 2022	This is still being explored as we will be partnering with another organisation. Our aim is to support young people from the local community who may experience challenges gaining employment opportunities. This is a training and employability programme at the end of which the young person will either find work within NHS GJ or will be equipped to find suitable employment elsewhere.	Attract
	STEM event at Clydebank College	November 2022	This is an event to support schools across West Dunbartonshire, East Dunbartonshire and Glasgow. We provide careers information and give young people the opportunity to try various pieces of equipment that we are able to take to the event.	Attract
	Recruit up to 4 foundation apprentices	October 2022	To provide a training opportunity for West Dunbartonshire schools, which offers a placement that is supported within the organisation. Once the young person leaves school they will have experience that is particular to NHSScotland, which should help their job search.	Attract Employ
	Careers evenings in Dumbarton and Clydebank	February 2023	To provide careers information for young people, which we hope will inform their subject choices to support them to become future members of the workforce.	Attract



Area	Action	Action Due Date	Expected Outcome	Pillar
Recruitment – youth employment	Participate in the MCR Pathways mentoring programme	August 2022	This is career development for members of staff who want to support young people who are care experienced.	Train
	Explore opportunities for a schools challenge with local schools	Ongoing	We are working through this with a local partner. This is likely to be a science based challenge.	Attract
	In conjunction with the NHSSA, development of a new Foundation Apprenticeship, with a resulting higher number of placements (up to 20)	Launching in 2023	This is part of the foundation apprenticeship programme currently being developed by the NHSSA programme and is part of a project to improve meta skills within young people, resulting in a better understanding of the NHS, and young people who are nearer to work readiness, particularly in relation to entry level posts	Attract Employ
Recruitment – international recruitment	A project is under way to hire international nurses working with an agency with experience of international nurse recruitment	January 2024	We anticipate hiring 76 nurses from overseas. Our first cohort of 4 nurses is in progress and this will provide a good test of our process and the infrastructure in place to support this.	Attract Employ
Recruitment – labour market supply	The current labour market is challenging with more vacant jobs than there are people actively seeking work. Given the planned expansion within the Board this will present challenges	Immediate and ongoing	The following opportunities will be utilised to support recruitment to the expansion vacancies: we have attended a number of recruitment events in the last 3 months and have a plan to attend further events; <ul style="list-style-type: none"> <li>to continue with the success of our recent on site recruitment event for nursing we will run further events across the next 12 months for both nursing and other skillsets;</li> <li>to continue to use LinkedIn to target non clinical staff and will expand our use of this in the coming months;</li> <li>to expand our work with Job Centre Plus to maximise our links with the local community, utilising the LTU scheme to support training for long term unemployed;</li> <li>and to continue to meet with trainee nurses through their universities.</li> </ul>	Attract Employ
Health and wellbeing – mental health	Continue to increase mental health first aid awareness and increase support for colleagues with mental health issues by continuing with Mental Health First Aid Training	March 2023	Mental Health First Aid Training available to staff.	Nurture
	Enhance the provision of current in-house short and long term psychological support services	March 2023	Approval of the mental health pathway, which provides a clear process for staff who experience mental health issues and require access to psychological support.	Training Nurture
	Explore option for first day absence trigger for mental health conditions	March 2023	Referral process established.	Nurture
	Contribute to staff wellbeing through formative training and development, focussing on personal and collective wellbeing, through the provision of spiritual care services	March 2023	Processes in place to deliver some of the spiritual care and wellbeing work.	Nurture
Health and wellbeing – mental health	Provide information and advice on mental health, including self-help techniques	March 2023	Employees provided with information, advice, awareness and self-help techniques through the Occupational Health and Communications teams.	Nurture
Health and wellbeing – physical health	Provide health eating options in the Hospital and hotel by continuing to develop menus and promote specialty days	March 2023	Established programme of promotional days across the year, with a focus on healthy eating menus.	Nurture
	Provide staff with information that supports improvements in physical health	March 2023	Team information sessions offered through the Occupational Health Physiotherapy Service	Nurture
	Provide staff with opportunities to improve their physical health	March 2023	Schedule regular fitness challenges for all staff. Schedule of regular fitness classes to be available for all staff as members of the Centre for Health and Wellbeing, or on a pay as you go basis. Establish a booking system for fitness classes.	Nurture
	Establish pool bike hire initiative	March 2023	Bikes to be available for staff and guests. Staff who do not have their own bikes encouraged to join the cycle groups and hire bikes.	Nurture

Area	Action	Action Due Date	Expected Outcome	Pillar
Health and wellbeing – financial and social	Review and promote staff benefits	March 2023	Staff benefit schemes provided and continually updated or refreshed Accessible resources on Internet Intranet.	Nurture
	Review and promote available resources for financial wellbeing	March 2023	Accessible resourced on Internet/Intranet, including online resources and drop-in sessions (remote) with external partners.	Nurture
	Review advice and support available for staff relating to caring and relationships	March 2023	Updated resources will be available on the Internet/Intranet. Details of third sector support will be easily accessible.	Nurture
	Encourage staff to become involved in community engagement events and volunteering	March 2023	Updated resources will be available on the Internet/Intranet. Details of third sector support will be easily accessible.	Nurture
	Scope out and develop a staff food bank	October 2022	Products will be donated by staff and be available in an accessible location when colleagues need them.	Nurture
Health and wellbeing – creating the conditions	Coordinate, host and lead on the July 2022 Health and Wellbeing theme "Creating Connections"	July 2022	July's focus on creating connections is promoted and staff engage in events.	Nurture
	Review the membership and purpose of the sub-group to ensure it effectively supports the need to create the conditions for good health and wellbeing that result in a healthy and effective workplace	November 2022	Sub-group terms of reference that support the delivery of Creating the Conditions elements of the Health and Wellbeing Strategy 2020-2023	Nurture
	Engage with staff on what matters to them and whether the organisation offers it. Is it accessible, relevant, useful and/or beneficial?	March 2023	Provide the analysis and recommendations from the review.	Nurture
	Launch resilience framework, so that staff have an understanding of resilience and how it can impact at individual, team and organisational levels	September 2022	Individuals and teams are able to access resources and training to support their understanding of resilience, as well as actions that can be taken to enhance resilience.	Nurture
New ways of working	Embrace working differently and further refine approaches to implementing changes to working practices.	Immediately and ongoing	Using hybrid working where applicable. Greater use of digital enabled technologies. Innovative recruitment practices aimed at developing a more resilient and flexible workforce, which can be deployed across a number of areas.	Nurture

Area	Action	Action Due Date	Expected Outcome	Pillar
Digital transformation	Where existing job descriptions exist, submit necessary paperwork to allow advertisement. Develop job descriptions for other roles. Pursue bridging resources until posts are filled.	Current and ongoing.	Recruitment of 25 new eHealth posts across governance, operations, programmes and information, which will improve capacity across all areas, and ensure that services are maintained and improved upon.  Improved ability to react to increased cyber threats.	Plan Attract Train Employ
	Advertise remaining posts and launch redesigned eHealth service desk.	First 6 months of 2022/2023.	Introduction of a new, modern service desk system, improved and standardised processes, and a dedicated, professional call-handling team to ensure incidents and enquiries are handled efficiently and effectively.	Plan Attract Train Employ
	Complete the recruitment process across all roles.	Second 6 months of 2022/2023.		Attract Train Employ
	Explore the opportunity to bring in some posts on an apprenticeship basis via the Skills Development Scotland Apprenticeship Levy to increase the chance of success and the range of candidates available.	2022/2023.	Faster turnaround times for eHealth issues and recurring problems, with increased capacity within the engineering teams. Reduced time between equipment requests and equipment deliveries.  Establishment of a full and continuous preventative maintenance programme to ensure all eHealth systems are up to date. With regard to cyber security: allow for timely, proactive maintenance; proactive threat detection and reporting; develop, test and implement validated business continuity plans in the event of a major incident or outage.  Develop a single collection point for data held within NHS GJ systems, allowing reporting and analysis across all systems. Allow for the extraction and storage of data to give a full picture of activity and performance across all sectors.  Provide a suite of intuitive data tools to allow the manipulation, analysis and presentation of information by staff outside eHealth.  Provide the ability to display information in real time, making agile decision making easier.  Provide the ability to analyse the performance of departments down to specialty or individual level, helping to identify best or most efficient practice, thereby maximising clinical throughput. Expand information governance capacity.	Plan Attract Train Employ
Scottish National Advanced Heart Failure Service	Establish capacity needed going forward to take account of increasing number of transplants and develop business case to seek approval to recruit to fill the gaps that are present across various specialties and roles. Carry out in house training of healthcare scientist roles.	Over the next 3 years, as the plans need further development and funding is still to be approved.	Development of a business case to recruit to fill gaps present across specialties and roles.	Plan Attract Train Employ
Scottish Adult Congenital Cardiac Service	Recruitment of extra administrators to help to maximise capacity. Increase radiographer and cardiac physiology time in the specialty. Review junior doctor support. Define the nursing support needed to support specialist care.	Over the next 3 years, as the strategy needs to be approved by the Board and subsequently National Services Division.	Progress discussion with the Scottish Government's National Services Division.  Agree the process for submitting business cases for investment. Develop business cases for Consultant and administration posts.	Plan Attract Employ
Interventional Cardiology	Recruit to allow for expansion of capacity and increase flexibility, to allow us to respond to growing demand, increased complexity and a shift in demand patterns.	Over the next 3 years, as the plans need further development and funding is still to be approved.	Further develop the plans.	
Clinical Laboratories	Explore options for accelerated training in Biomedical Science in conjunction with the University of Strathclyde	Ongoing	To improve the knowledge and skills of new starters, who tend to be inexperienced graduates.	Train

Area	Action	Action Due Date	Expected Outcome	Pillar
Medical Physics	Expansion of recruitment of graduates into our own training programme, carried out in partnership with the West of Scotland Medical Physics Training Consortium	Ongoing	To improve the knowledge and skills of new starters, who tend to be inexperienced graduates.	Train
Radiology	Recruit/train a chest reporting Advanced Practice Radiographer	June 2023	To reduce the workload on Consultant Radiologists, thereby channelling their expertise towards more complex exams and reducing reliance on outsourcing. This will help to make NHS GJ Radiology a desirable place to work/retain staff due to advancement opportunities.	Plan Attract Train Employ
	Recruit/train an additional Advanced Practitioner Sonographer	June 2023	Reduced waiting times for patients in the referring Boards through increased capacity at GJUNH. National priority due to magnitude of waiting list and staff shortages. This will help to make NHS GJ Radiology a desirable place to work/retain staff due to advancement opportunities	Plan Attract Train Employ
	Over-recruit Radiographers to cover ongoing maternity leave	Immediately	There are continuous year-on-year shortages of staff due to a lack of backfill for maternity leave: staffing demographic is predominantly female and under 40 years old	Plan Attract Train Employ
Anaesthetics	Recruit to fill gaps (up to 4.0 WTE Specialty Doctors, up to 4.0 WTE Anaesthesia Associates, 1.7 WTE Consultants). Pending outcome of Critical Care Redesign, recruitment to Intensivist, CT Anaesthetics and ACCP posts. Review of CT Anaesthetics need to support Cath Lab activity.	During 2022/2023.	Cost of paying Consultants for extra shifts is more than cost of recruiting junior doctors and Anaesthesia Associates. Unable to provide the levels and quality of services needed as the Hospital remobilises and becomes busier. Funding may not be available.	Plan Attract Train Employ
Perfusion	Recruit to fill retirement and vacancy gaps: 3.0 WTE.	During 2022/2023	Potentially unable to deliver on call commitments and increase theatre commitments as Hospital remobilises and becomes busier.  Need to commit to, and train, our own Clinical Perfusionists.	
Rehabilitation	Recruitment of new, and retention of current, rotational Band 5 staff. Band 5 staff are appointed on a rotational basis, meaning that they will rotate between both National Elective Services and HLDS on a 4-monthly basis. They will gain experience working with high volume routine elective patients before having an opportunity to expand knowledge and skills, working with more complex or urgent cases.	Current and ongoing.	While NHS GJ is a great place for newly qualified staff to gain a foundation in post-graduate clinical skills, due to the limited availability of core clinical specialties, it can be difficult to retain Band 5 staff for more than a couple of years at a time. To mitigate this, we have established rotations with NHS Greater Glasgow and Clyde (NHSGGC) in both Physiotherapy and Occupational Therapy.	Plan Attract Train Employ
	In the future all full time Band 6 posts will be employed on a rotational contract. They will develop specialist knowledge and skills within each of the core divisions and will be able to work across divisions. This will increase flexibility within the system and ensure adequate skill mix across the team.	Current and ongoing.	Over recent years there has been a natural move from rotational Band 6 posts to specialist roles within each of the core services. While this model offers clinicians an opportunity to specialise in a clinical area and develop specialist skills, it has resulted in a more rigid workforce with reduced capacity to provide cross cover during times of crisis.	

Area	Action	Action Due Date	Expected Outcome	Pillar
Rehabilitation	Secure a Rehabilitation workforce for the future, recognising the important role that supporting the training and education of AHP students plays in this. We have been asked to increase student placement capacity further to meet predicted national gaps in workforce. Options include alternative placement models, such as Peer Assisted Learning (PAL), project placements, virtual or hybrid models, which are being considered as part of the NHS GJ AHP Practice Placement Quality Group, supported by our local Practice Education Leads.	Current and ongoing.	Gaps in the workforce, as students do not receive the placement hours needed to qualify.	Plan Train

## 7.1 Recruitment and Employability

### 7.1.1 Encouraging Youth Employability

Within Scotland, Glasgow has a high proportion of people claiming workless benefits. More local to GJUNH, Clydebank has areas of high deprivation and poverty.

NHS GJ engages with local communities to promote work at our Hospital and the hotel, in order to try to help to address these issues. NHS GJ works with a number of different agencies to promote opportunities offered by modern apprenticeships.

### 7.1.2 Investors in Young People

NHS GJ continues to retain its Investors in Young People Gold status, recognising its practices and pathways that have positive outcomes for young people in creating a talent pool for the future and helping improve youth employment through our methods to attract and recruit young people, support and develop them, and retain them in employment.

### 7.1.3 Modern Apprenticeships

We will explore how we can use the modern apprenticeship scheme to support youth employment and to attract staff into a career with NHSScotland, and more specifically, NHS GJ. We will also continue to develop our academic partnerships to ensure we are making best use of all educational and vocational routes into healthcare, for example exploring the relatively new graduate apprenticeships.

We will continue to develop these links, supporting work placements and work experience initiatives as well as visiting local school careers events, including STEM sessions. It is important that students are able to access careers information to support them to make informed choices in relation to their subject choices which will in turn feed our workforce of the future.

We have begun to work on a programme to introduce Foundation Apprentices into the organisation. We experienced some challenges last year with our initial 3 students caused by COVID-19. We plan to offer 4 Foundation Apprentices in the coming school academic year.

We are currently involved with NHSSA in a project to introduce a new Foundation Apprenticeship to enable young people to attend college, carry out some elements of the apprenticeship virtually and have a work placement as the final element. We are committed to supporting this programme which will provide young people with a greater understanding of NHSScotland and the variety of careers available within it while also giving them Meta skills that will support them when they are seeking job opportunities.

#### **7.1.4 Young Student Employability Skills Programme**

Our Volunteer Service continues to support the Young Student Employability Skills Programme, which provides a 6-week programme of volunteering to encourage young people to come to the Hospital each week and work with our volunteers in a number of different settings. At the end of this time they are awarded with a certificate, which supports their Duke of Edinburgh award. It hopefully also gives them an insight into Hospital work for their future careers.

#### **7.1.5 International Recruitment**

We have begun an International Nurse Recruitment Campaign with our first cohort due to arrive in the UK in July this year. We have plans for 76 international nurses to join us between now, and the end of March 2023. This will increase the number of nursing staff available to support Phase 2 of the Hospital expansion programme. We may increase the numbers once these recruits have settled into their roles.

Securing appropriate long-term accommodation for international recruits is a challenge all Boards are facing. Working with the local authority and housing associations, NHS Golden Jubilee is actively seeking safe and suitable accommodation within reasonable commuting distance of the Golden Jubilee University National Hospital. Boards (including NHS Golden Jubilee) are however reporting difficulties in identifying and securing accommodation due to wider housing pressures within the social and private rental market. Lack of accommodation for recruits may limit Boards' ability to attract and retain staff, and could limit NHS Scotland's ability to recruit the number of staff required. Locally this would impact NHS Golden Jubilee's Phase 2 expansion and efforts to support national recovery and renewal.

While NHS Golden Jubilee has not reduced its planned intake, other Boards are reconsidering their recruitment targets. NHS Golden Jubilee in the short-term has the ability to utilise the Golden Jubilee Conference Hotel to accommodate recruits during the initial weeks they enter the country and allow a period of time to settle. Hotel accommodation is not an appropriate viable long-term solution. These risks and issues have been included within our financial return to Scottish Government, and within our risk register.

#### **7.1.6 Recruitment Events**

In order to begin the recruitment to secure the numbers required across all specialties and skillsets for the Phase 2 expansion, we have attended some recruitment events allowing us to create a database of candidates who may be interested in working with us.

We hosted the first of a programme of events within the Hospital to allow potential candidates to visit the site, speak to staff already working here and in some cases have an interview on the day, with a job offer made to the successful candidates.

### **7.1.7 LinkedIn**

We now have licences for LinkedIn and have begun to use this to reach a new group of candidates for non-clinical roles. We are at the early stages of this but are confident that this will improve our ability to reach a new candidate base.

### **7.1.8 Armed Forces Service Leavers and Veterans**

We are currently working with NHSSA on a project to attract more ex-service personnel to join NHSScotland. We are working in partnership with Erskine and have put in place additional support to encourage applications from this group.

During the COVID-19 pandemic they have demonstrated the contribution that they can make within NHSScotland and we want to ensure that this continues for the future.

## **7.2 Learning and Organisational Development**

### **7.2.1 Learning Needs Analysis**

The L and OD team undertakes an annual Board-wide learning needs analysis. The information gathered informs internal training provision and supports department budget allocation.

In 2022/2023 the L and OD team will support delivery of virtual, face-to-face and eLearning development on a range of topics, including Health and Wellbeing, resilience, challenging conversations and hybrid working.

To increase workforce access to training and in recognition of the increasing headcount, additional investment in corporate training has been agreed. This includes:

- additional investment in the Board-wide training budget and the Further Education Funding Scheme; and
- the purchase and issue of 17 iPads and 23 laptops to improve access to virtual learning and eLearning.

Other areas of focus for L and OD during 2022/2023 will include:

- the development of a career and succession planning framework;
- a review of the induction process;
- the development of resources to support managers and staff to have and record meaningful appraisal conversations; and
- relaunch the management development programme.

## 7.2.2 Organisational Development

In response to increasing requests for Organisational Development (OD) support, there has been additional investment in OD within the Board. This has enabled a wider OD service to be available to support individuals and teams, and to work at an organisation-wide level.

OD priorities for 2022/2023 and beyond include:

- Leadership development:
  - working with regional and national colleagues on programmes such as Leadership3 and Leading for the Future;
  - launch of a virtual space for leaders to network, share best practice and promote development opportunities;
  - make available a range of leadership resources and development sessions;
  - work with senior leaders to agree further cultural and leadership related priorities.
- Team development support:
  - we will continue to provide expert OD support on team effectiveness and launch a “Let’s Talk About Change” toolkit; and
- Coaching:
  - continued development of a coaching service that is available to all staff, with further development of our network of coaches.





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