[Executive Summary 4](#_Toc535489598)

[1. Background to the Workforce Plan 5](#_Toc535489599)

[1.1 Overview 5](#_Toc535489600)

[1.2 Purpose and Objective 5](#_Toc535489601)

[1.3 Outputs 5](#_Toc535489602)

[1.4 Engagement and Consultation 5](#_Toc535489603)

[1.5 Workforce Planning Process 5](#_Toc535489604)

[1.5.1 Six Steps Methodology 5](#_Toc535489605)

[1.5.2 Everyone Matters: 2020 Workforce Vision 6](#_Toc535489606)

[1.5.3 Staff Governance 6](#_Toc535489607)

[1.5.4 Annual Operational Plan 2018-19 6](#_Toc535489608)

[1.6 2017/2018 Action Plan Update 6](#_Toc535489609)

[2 Demand Drivers and Service Change 8](#_Toc535489610)

[2.1 The Golden Jubilee Foundation’s Vision and Values 8](#_Toc535489611)

[2.2 Regional and National Services Developments 8](#_Toc535489612)

[2.2.1 Structural Heart Disease Programme 8](#_Toc535489613)

[2.2.2 Robot Assisted Thoracic Surgery 8](#_Toc535489614)

[2.2.3 National Organ Retrieval Service (NORS) 8](#_Toc535489615)

[2.2.4 Lung Transplantation 8](#_Toc535489616)

[2.2.5 Organ Care System (OCS) 8](#_Toc535489617)

[2.2.6 Scottish National Advanced Heart Failure Service (SNAHFS) 8](#_Toc535489618)

[2.2.7 Scottish Pulmonary Vascular Unit (SPVU) 9](#_Toc535489619)

[2.2.8 Scottish Adult Congenital Cardiac Service (SACCS) 9](#_Toc535489620)

[2.3 Golden Jubilee Elective Care Hospital Expansion Programme 9](#_Toc535489621)

[2.4 Orthopaedic Surgery 9](#_Toc535489622)

[2.5 Ophthalmology 9](#_Toc535489623)

[2.6 Diagnostic Imaging 9](#_Toc535489624)

[2.7 Continued Delivery of the Golden Jubilee Conference Hotel Strategy 9](#_Toc535489625)

[2.8 Encouraging Youth Employment 10](#_Toc535489626)

[2.9 Health and Social Care Delivery Plan 10](#_Toc535489627)

[2.9.1 Health and Social Care Integration 10](#_Toc535489628)

[2.9.2 Secondary and Acute Care 10](#_Toc535489629)

[2.9.3 Once for Scotland & Regional Working 10](#_Toc535489630)

[2.10 Everyone Matters: 2020 Workforce Vision 10](#_Toc535489631)

[3 Defining the Required Workforce 11](#_Toc535489632)

[3.1 Administrative Services 11](#_Toc535489633)

[3.1.1 Workforce Projections 11](#_Toc535489634)

[3.1.2 Ophthalmology Expansion 11](#_Toc535489635)

[3.2 Allied Health Professions 11](#_Toc535489636)

[3.2.1 Workforce Projections 11](#_Toc535489637)

[3.2.2 Allied Health Professionals Strategy 2017-20 11](#_Toc535489638)

[3.2.3 Rehabilitation Department 12](#_Toc535489639)

[3.2.4 Diagnostic Imaging 12](#_Toc535489640)

[3.3 Healthcare Sciences 13](#_Toc535489641)

[3.3.1 Workforce Projections 13](#_Toc535489642)

[3.3.2 Medical Physics 13](#_Toc535489643)

[3.4 Medical 13](#_Toc535489644)

[3.4.1 Workforce Projections 13](#_Toc535489645)

[3.4.2 Ophthalmology 13](#_Toc535489646)

[3.4.3 Ophthalmology Expansion 13](#_Toc535489647)

[3.4.4 Orthopaedics 14](#_Toc535489648)

[3.4.5 General Surgery and Endoscopy 14](#_Toc535489649)

[3.4.6 Orthopaedic and Other Surgical Elective Capacity Expansion 14](#_Toc535489650)

[3.5 Medical Support 14](#_Toc535489651)

[3.5.1 Workforce Projections 14](#_Toc535489652)

[3.5.2 Physician Assistants 14](#_Toc535489653)

[3.5.3 Associate Theatre Practitioners 15](#_Toc535489654)

[3.6 Nursing and Midwifery 15](#_Toc535489655)

[3.6.1 Workforce Projections 15](#_Toc535489656)

[3.6.2 Nursing Workforce 15](#_Toc535489657)

[3.6.3 eRostering 16](#_Toc535489658)

[3.6.4 Regional and National Medicine Division 16](#_Toc535489659)

[3.6.5 Surgical Specialties Division 16](#_Toc535489660)

[3.6.6 Ophthalmology Expansion 17](#_Toc535489661)

[3.6.7 Theatre Academy 18](#_Toc535489662)

[3.7 Other Therapeutic 18](#_Toc535489663)

[3.7.1 Workforce Projections 18](#_Toc535489664)

[3.7.2 Optometry 18](#_Toc535489665)

[3.7.3 Pharmacy 18](#_Toc535489666)

[3.8 Support Services 19](#_Toc535489667)

[3.8.1 Workforce Projections 19](#_Toc535489668)

[3.8.2 Ophthalmology Expansion 19](#_Toc535489669)

[3.8.3 Central Sterile Processing Department (CSPD) 19](#_Toc535489670)

[3.8.4 Golden Jubilee Conference Hotel 19](#_Toc535489671)

[4 Characteristics of the Current Workforce 20](#_Toc535489672)

[5 Supplying the Required Workforce 21](#_Toc535489673)

[5.1 Healthy organisational culture 21](#_Toc535489674)

[5.2 Sustainable Workforce 21](#_Toc535489675)

[5.3 Capable Workforce 22](#_Toc535489676)

[5.4 Integrated Workforce 22](#_Toc535489677)

[5.5 Effective Leadership and Management 22](#_Toc535489678)

[5.6 Risks 23](#_Toc535489679)

[5.6.1 Brexit 23](#_Toc535489680)

[5.6.2 Tier 2 Minimum Salary 23](#_Toc535489681)

[5.6.3 Tier 2 Immigration Skills Charge 23](#_Toc535489682)

[6 Implementation, Monitoring and Review 24](#_Toc535489683)

# Executive Summary

Welcome to the Golden Jubilee Foundation’s 2018/2019 Workforce Plan, which highlights the progress we made in 2017/2018 along with our plans for the coming year and further into the future with the expansion of our services.

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

The future for the Foundation sees the ongoing expansion of the hospital, as the Foundation has been chosen by the Scottish Government as one of the new elective treatment centres to be built to meet demand for elective procedures, such as hip and knee replacement, and cataract operations. The aim is to have the first phase of the expansion go live in the May 2020, with the second phase operational in 2021. The hospital development will require an increase in staffing across staff groups. It will also give us the opportunity to review and develop new roles and ways of working. The expansion will also allow us to continue to work alongside local partners to help with the development of our workforce.

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

**June Rogers, Interim Chief Executive**

# Background to the Workforce Plan

## Overview

The Golden Jubilee Foundation (GJF) is the brand name of the National Waiting Times Centre Board, which encompasses:

* the Golden Jubilee National Hospital;
* the Golden Jubilee Research Institute;
* the Golden Jubilee Innovation Centre;
* and the Golden Jubilee Conference Hotel.

The GJF is unique within the NHS in Scotland. It is a regional and national resource, which is independently run as a National Board. It is helping to redefine the concept of the public hospital and has a vision of “Leading Quality, Research and Innovation for NHSScotland”. As at 31 March 2018 the GJF directly employed 1821 members of staff (1633.10 whole time equivalent (WTE)), excluding “Bank” workers.

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

## Purpose and Objective

The Workforce Plan will describe the future workforce that will be required by the GJF in order to provide a person-centred, safe and effective service going forward. It aims to support the Scottish Government’s “[Health and Social Care Delivery Plan](https://www.gov.scot/publications/health-social-care-delivery-plan/)”. It will encompass the Scottish Government’s “[Everyone Matters: 2020 Workforce Vision](https://www2.gov.scot/resource/0042/00424225.pdf)” and the “[Staff Governance Standard Framework](https://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/)”. The Workforce Plan will also take cognisance of the NHSScotland “[National Health and Social Care Workforce Plan – Part 1](http://www.gov.scot/Publications/2017/06/1354)”, which outlines the framework for improving workforce planning across Scotland. This plan will also support the Scottish Government’s [“Waiting Times Improvement Plan”](https://www.gov.scot/publications/waiting-times-improvement-plan/) to make a sustainable and significant step-change on waiting times over the next three years.

## Outputs

Analysis of current workforce information is given in [**Section 4. Characteristics of the Current Workforce**](#_4._Characteristics_of). This information has been extracted from the Payroll staff list and the previous Human Resources system, HRNet, cross-referencing them to ensure that all relevant data has been captured.

Outputs and actions arising from this Workforce Plan are shown under the relevant subsections in [**Section 5. Supplying the Required Workforce**](#_5._Supplying_the). Projected workforce numbers over the next three years are also shown in this section.

## Engagement and Consultation

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

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

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

## Workforce Planning Process

### Six Steps Methodology

The Workforce Plan follows the “[Six Steps Methodology to Integrated Workforce Planning](http://www.knowledge.scot.nhs.uk/workforceplanning/resources/six-steps-methodology.aspx)”, which was designed by Skills for Health as a practical approach to planning that ensures GJF’s have a workforce of the right size, with the right skills and competences, which supports “[Everyone Matters: 2020 Workforce Vision](http://www.gov.scot/Topics/Health/NHS-Workforce/Policy/2020-Vision)”. The Methodology identifies elements that should be included in any workforce plan, and takes into account current and future demand for services, as well as local (and in our case regional and national) demographics:

|  |  |  |
| --- | --- | --- |
| **Step 1** | **Define the plan** | Identify the purpose and scope of the plan and establish ownership and responsibilities |
| **Step 2** | **Map the service change** | Identify the benefits of change, drivers and barriers. Option potential working models |
| **Step 3** | **Define the required workforce** | Map the new service activities, identify the skills needed and numbers of staff required |
| **Step 4** | **Understand workforce availability** | Map out the current workforce in terms of existing skills, demographics and supply options |
| **Step 5** | **Develop an action plan** | Develop a plan to deliver the right staff with the right skills in the right place and manage any changes |
| **Step 6** | **Implement, monitor and revise** | Revisit the six steps periodically to reflect any unplanned changes, measuring the progress of the plan against targets |

### Everyone Matters: 2020 Workforce Vision

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

### Staff Governance

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

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

### Annual Operational Plan 2018-19

As well as this workforce plan, the implications of service redesign on the GJF’s workforce are also set out in financial plans and the “Annual Operations Plan 2018-19” (AOP). A key purpose of the AOP is to set out the detailed service change plans that have been developed to achieve the GJF’s purpose and delivery of strategic priorities. These will inevitably have an impact on the workforce.

## 2017/2018 Action Plan Update

The headline actions detailed in the 2017/2018 Workforce Plan have moved forward and our progress is highlighted below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **What we said we would do:** | **Who we said would do it:** | **When we said we would do it by:** | **What we have done:** |
| 1 | Deliver the staff governance plan for 2017/18 | Head of HR / Employee Director | March 2018 | This was completed and reviewed throughout the year by our Senior Management team, Partnership Forum and Person Centred Committee. |
| 2 | Ensure successful workforce change projects, such as Electronic Patient Record, are fully supported by HR and L&OD | Head of HR | March 2018 | eESS was implemented in May 2018, providing access to an HR system for staff and managers that will cover all Boards in NHS Scotland by the end of 2019. This system gives direct access to staff to update their details without having to go through their managers or HR.  To date we have been unable to recruit dedicated HR and L&OD resources to support EPR, so this remains outstanding. The role will be developed to support EPR, the hospital expansion and agile working. |
| 3 | Continue to explore regional and national ways of working together with national and territorial boards | Head of HR | March 2018 | GJF contributes to the West of Scotland Regional Delivery Plan along with territorial Boards, Health and Social Care Partnerships, Local Authorities and other National Boards.  Colleagues within the Board work along with other workforce planning colleagues to improve workforce planning at the regional and national levels, helping to set out the challenges and opportunities within the workforce, and identify regional and national approaches to the development of skills and roles across the health and social care workforce. |
| 4 | Continue to explore Modern Apprenticeship opportunities in GJF and collaboratively with West College and/or another Health Board. | Recruitment Manager | March 2018 | While 2018 did not see any new Modern Apprenticeship opportunities at GJF, the Recruitment Manager will continue to pursue these with colleagues, West College and other Health Boards in the west of Scotland.  Additionally the Recruitment Manager continues to work with colleges with the aim of attracting young people to careers in the NHS through education and training in Science, Technology, Engineering and Mathematics (STEM). |
| 5 | Ensure workforce aspects of expansion phases successfully delivered | Head of HR | March 2018 | Phase 1 of the expansion plan is due to open by May 2020 and a comprehensive workforce plan to cover the expansion of Ophthalmic services in this phase will be provided in 2018/2019. |
| 6 | Develop Band 5 Research Nurse role | Research and Development Manager | March 2018 | This proved to be ineffective and may not be further pursued. |
| 7 | Implement an E-rostering policy | Clinical Education | December 2018 | The Nursing Workforce Rostering Policy was implemented in September 2018, with the purpose of determining the framework that Clinical Nurse Managers and Senior Charge Nurses would use to ensure efficient and effective use of nursing staff across the hospital. |
| 8 | Continue to review impact of Brexit against GJF workforce | Head of HR | March 2018 | By the end of March 2018 the UK Government had not developed firm plans for Brexit relating to European workers’ rights, so the impact on the workforce could not be meaningfully reviewed. 2018/2019 will see continued review of the impact of Brexit on the GJF workforce, as the UK intends to leave the European Union on 29 March 2019. |

# Demand Drivers and Service Change

Among the planned service changes and demand drivers set to affect the GJF’s workforce in 2018/2019 are various internal and external factors.

## The Golden Jubilee Foundation’s Vision and Values

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

## Regional and National Services Developments

### Structural Heart Disease Programme

The Structural Heart Disease (SHD) strategy reflects work that is underway to establish a West of Scotland Transcatheter Aortic Valve Implantation (TAVI) service at GJNH, as the Scottish Government has approved the extension of the TAVI service to a two-centre model.

### Robot Assisted Thoracic Surgery

The Board has been tasked with leading on the innovation agenda for Scotland and, as such, has recently supported a case to introduce robotics in surgery to improve patient safety and clinical outcomes. Robot Assisted Thoracic Surgery (RATS) is recognised as the next step in developing minimally invasive lung lobectomy.

The Board will implement a robot assisted surgery programme for thoracic surgery during 2018/2019, which will improve access to minimally invasive surgery for patients, and provide opportunities for research, which will progress surgical practice.

### National Organ Retrieval Service (NORS)

The National Organ Retrieval Service (NORS) is a vital part of the transplantation pathway, ensuring that donated organs are retrieved and available for implantation. The service is led by Specialty Doctors, with Consultants available by telephone or on site as an observer. Two medics need to attend retrieval. This continues to be delivered despite challenges to the retrieval and implant rotas due to small teams of staff.

### Lung Transplantation

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

### Organ Care System (OCS)

The demand for heart transplants far outstrips the supply of available hearts (10-15 per million of population v. 2 per million of population). A number of UK heart transplant centres have started to use the Organ Care System (OCS, or “Heart in a Box”) to keep recently donated hearts warm and beating during transportation, with the aim of increasing the number of organs available for transplant, the length of time the organs remain viable and improving clinical outcomes for their recipients.

During 2018/2019 it is expected that OCS will be used to assist in the successful retrieval of at least three donations after brain death (DBD) hearts, following which approval will be sought from NHS Blood and Transport (NHSBT) to begin a DCD heart retrieval programme.

### Scottish National Advanced Heart Failure Service (SNAHFS)

Transplant activity continued to perform well in 2017/2018, with ten transplants having taken place in that year. 2017/2018 saw a new Consultant join the SNAHFS team, with the aim of increasing the rate of referrals to the service. The new super-urgent organ allocation system went live during 2017 and a review is planned for 2018/2019 to assess how changes to the allocation system have impacted the Scottish transplantation service.

An additional transplant coordinator was appointed in 2017/2018, which helped to reduce the out-of-hours commitment of the existing team members, as well as providing a robust specialist nurse support service to patients.

### Scottish Pulmonary Vascular Unit (SPVU)

In 2018/2019 it is planned to extend the SPVU outreach clinics. The existing Aberdeen clinics will increase from 4 to 6 per year. Discussion is ongoing with NHS Lothian with the aim of initiating an east of Scotland outreach clinic.

### Scottish Adult Congenital Cardiac Service (SACCS)

SACCS monitors and reviews its cohort of patients regularly, as the number of patients within the service brings challenges for ensuring they are reviewed appropriately. 2018/2019 will see the service progress several actions to increase capacity, including additional weekend clinics, increased nurse-led clinics, larger existing clinics and reviewing of Consultant job plans to increase clinic capacity.

## Golden Jubilee Elective Care Hospital Expansion Programme

The Golden Jubilee National Hospital needs to respond to current and projected pressures on the service from a growing elderly population, a rising demand for clinical interventions, a commitment to treat people within a reasonable timescale, competing pressures from unscheduled care and limitations on available resources.

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

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

* Phase 1 – delivery of additional ophthalmology and general surgery elective care capacity (live from spring 2020). The Ophthalmology Workstream Group is finalising the workforce requirements to support the model of care, including recruitment and training requirements; and
* Phase 2 – delivery of additional orthopaedic and other surgical elective care capacity (live from last quarter 2021 at the latest). The demand modelling for Orthopaedic, General Surgery and Endoscopy is being considered within workstream groups to define capacity needs and explore patient pathways.

## Orthopaedic Surgery

Demand for orthopaedic surgery continues to exceed the hospital’s capacity, despite continuous expansion over the years. Physical capacity in all five laminar flow theatres has been reached.

Recent years have seen an increase in demand for revision arthroplasty surgery, and it is expected that approximately 200 such surgeries will be carried out in 2018/2019. GJNH aspires to develop this service further and build on our expertise, while continuing to shape a service that is efficient, effective and productive.

## Ophthalmology

Every year GJNH experiences an increase in demand for cataract surgery. The maximum capacity in the ophthalmology theatres was reached in 2017/2018. A mobile ophthalmology theatre was placed on site in May 2017, which increased capacity by an additional 2000 cataract procedures each year.

## Diagnostic Imaging

In 2017/2018 the mobile magnetic resonance imaging (MRI) scanner was replaced by two new MRI scanners, which together will provide an additional 5000 scans for Boards across Scotland each year. In addition, a third ultrasound machine was commissioned, which will provide approximately 4000 additional examinations per year.

## Continued Delivery of the Golden Jubilee Conference Hotel Strategy

The Strategy for the Golden Jubilee Conference Hotel aims to develop it as an international hospitality, meeting and conference venue. Between 2018 and 2020 the Hotel will progress a Board wide business development plan, which offers support and encouragement to clinicians to host events at the Hotel.

There will be an improvement in the performance of the Hotel’s website to increase bedroom sales and to attract international conference business.

Business cases will be developed to explore options for redesigning the remainder of the bedroom stock, while taking account of hospital demand and hospital expansion requirements. Conference spaces which have not as yet been refurbished will be upgraded or refocused.

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

The Hotel aims to maintain a growth rate of 3% year on year in 2018/2019, whilst generating sufficient profit to invest in its strategic infrastructure and contribute to GJF efficiency.

## Encouraging Youth Employment

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

## Health and Social Care Delivery Plan

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

### Health and Social Care Integration

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

### Secondary and Acute Care

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

### Once for Scotland & Regional Working

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

## Everyone Matters: 2020 Workforce Vision

The key role that the workforce plays and will continue to play in responding to the challenges that NHSScotland is facing in improving patient care and overall performance is recognised by “Everyone Matters: 2020 Workforce Vision”. It sets out the values that are shared across NHSScotland. The values can be seen above in [**1.5.2 Everyone Matters: 2020 Workforce Vision**](#_1.5.2_Everyone_Matters:).

# Defining the Required Workforce

Over the three years from 1 April 2018 to 31 March 2021 the GJF has projected that the workforce will grow by 2% per year. This section considers these projections and the rationale behind them for each job family. It also sets out the projected workforce requirements for each of the Divisions.

## Administrative Services

### Workforce Projections

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 186.8 | 190.5 | 194.3 | 198.2 |
| **Band 5 - 7** | 67.2 | 68.6 | 69.9 | 71.3 |
| **Band 8a - 9** | 18.2 | 18.6 | 18.9 | 19.3 |
| **All staff** | **272.2** | **277.6** | **283.2** | **288.8** |

### Ophthalmology Expansion

As part of the process to plan the workforce for the expansion, account has also been taken of the requirements for non-clinical support staff, such as e-Health and business services support (secretarial, unit coordination and booking office staff). Additional resources required have been identified through discussion with the relevant heads of department and built into the revenue costs.

## Allied Health Professions

### Workforce Projections

The table below highlights the number of Allied Health Professions (AHP) staff in post at 31 March 2018 and the projected numbers for the following three years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 23.3 | 23.8 | 24.3 | 24.8 |
| **Band 5 - 9** | 86.1 | 87.8 | 89.6 | 30.2 |
| **All staff** | **109.4** | **111.6** | **113.9** | **116.1** |

At GJF AHPs include Dietitians, Occupational Therapists, Physiotherapists and Radiographers.

### Allied Health Professionals Strategy 2017-20

The “[Allied Health Professionals Strategy 2017-20](https://www.nhsgoldenjubilee.co.uk/files/4115/3451/9432/AHP_strategy_2018.pdf)” recognises that our AHPs will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing through the delivery of the Active and Independent Living Programme (AILP). The Strategy focuses on four themes:

* the development of our workforce;
* raising awareness of AHP services and access pathways;
* delivering excellence through research and innovation; and
* the health and wellbeing of staff and patients.

Looking at the first of these the Strategy will ensure that staff members are well informed by:

* developing a structured AHP induction programme;
* supporting regular team meetings for all groups that support effective communication; and
* hosting regular catch ups to facilitate effective multi-professional communication.

Staff will feel enabled to think differently and be innovative agents of change by:

* developing the necessary tools and training opportunities which enable staff to progress within their role;
* establishing an AHP policy to support CPD and protect study time; and
* using the leadership framework to develop staff across the AHP workforce.

Staff will feel supported to think differently and are able to work collaboratively by:

* ensuring all staff receive constructive feedback and are supported to learn and develop;
* ensuring all staff have a structured review which celebrates achievement, provides constructive feedback and looks forward to the coming year;
* developing structured competency, appraisal and review documentation; and
* developing a ‘buddy’ system across the AHP workforce to share learning and experience.

### Rehabilitation Department

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

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

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

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

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

### Diagnostic Imaging

In 2017/2018 mobile magnetic resonance imaging (MRI) scanner, which had been on the GJNH site for approximately two years, was replaced with two new MRI scanners. The first of these scanners will accommodate the repatriated work from the mobile unit and will provide increased flexibility in case mix we are able to offer. The second MRI will provide an additional 5,000 scans for NHS Scotland. Both of these scanners were commissioned in accordance with plan in December 2017.

In addition, in mid-2017 a third ultrasound machine was commissioned, which will provide approximately 4,000 additional examinations in a full year.

A business case is currently being prepared for an additional CT scanner. Subject to approval, an additional scanner, if staffed and used at full capacity, could provide an additional 7,200 scans per year.

## Healthcare Sciences

### Workforce Projections

The Healthcare Sciences job family includes Biomedical Science, Cardiac Physiology, Medical Physics, Perfusion and the Laboratory Specialties of Haematology, Microbiology and Biochemistry. As with the above job families the GJF expects this job family to increase by 2% per year over the next three years, with minimal effect from phase one of the elective care hospital expansion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 9.1 | 9.3 | 9.5 | 9.7 |
| **Band 5 - 7** | 68.9 | 70.3 | 71.7 | 73.1 |
| **Band 8a – 9** | 7.0 | 7.1 | 7.3 | 7.4 |
| **All staff** | **85.0** | **86.7** | **88.5** | **90.2** |

### Medical Physics

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

Phase One of the expansion programme expects there to be the need for 1.09 WTE extra Clinical Engineers in 2020-2021.

## Medical

### Workforce Projections

Unlike the other job families the GJF was only asked to project medical workforce requirements for a single year. At 31March the GJF employed 127.3 WTE medical staff, which is projected to grow by 2% to 129.8 WTE by 31 March 2019.

### Ophthalmology

GJNH employs one whole time equivalent and four part time Consultant Ophthalmologists. They are supported by two joint appointments with NHS Forth Valley. The team is supplemented by visiting Consultants from Boards across the West of Scotland. Optometrists work alongside the Consultants in clinic and ensure the Consultants’ time is optimised in theatre.

Each year sees an increase in demand for cataract surgery and maximum capacity was reached in 2017 and a mobile theatre to increase capacity arrived at the hospital in May 2017. This increased capacity by an additional 2000 procedures per year.

### Ophthalmology Expansion

The plans for the new elective ophthalmology unit have been created and work to define the design of the new centre is underway. The Ophthalmology Workstream Group is finalising the workforce requirements to support the model of care. The plan will include recruitment and training requirements. A sophisticated workforce planning template has been developed, which will be used to identify the workforce requirements – phased by financial year until 2035. The service is currently considering its workforce and skill requirements for the future and exploring all opportunities to improve the Ophthalmology service. By aligning roles and competencies to the needs of the service the different staff groups will be able to develop additional and enhanced skills, which should maximise Consultants’ time and eliminate duplication in the patient’s pathway.

It is anticipated that during 2020/2021 an additional 1.7 whole time equivalent Consultant staff will be needed.

The clinical team is keen to develop opportunities for doctors in training to rotate to the hospital and the design of the new unit has been developed to enable both peer support and supervision of training. We anticipate that we will support trainees who are at a senior level in their training and do not expect that investing in training will impact on patient throughput. Initial discussions to support trainees at GJNH as part of their training rotation are positive and we are currently in discussion with the Training Programme Director regarding the conditions that need to be satisfied in order to progress this.

### Orthopaedics

Demand for Orthopaedic surgery continues to exceed capacity. Orthopaedic operating has extended to Saturday working on a permanent basis and of the Consultant body, four have job plans that include working twelve Saturdays per year and one flexible session per week, which has helped to reduce Waiting List Initiative sessions, and thereby cut costs. Physical capacity in the laminar flow theatres is fully utilised.

### General Surgery and Endoscopy

The availability of a general surgeon 24 hours a day, seven days a week, is a prerequisite to support the Cardiothoracic Surgery programme. Therefore, it is important that General Surgery continues to be part of the plan for GJNH. The service continues to be provided by visiting Consultants and is consequently a very challenging service to deliver. Continuity, efficiency and productivity tend to be compromised as a result of this service model. However, this challenge would be alleviated if the GJNH could attract a more sustainable flow of General Surgery patients, which would require the presence of general surgeons on site in a substantive capacity.

The Endoscopy service has delivered activity in line with expectations throughout the past year. As with General Surgery the service is delivered by visiting Consultants and it would be advantageous to have a more predictable and long term patient flow. This would enable us to develop a service that makes more efficient and effective use of the GJNH capacity and would subsequently demonstrate more benefits to referring Boards.

### Orthopaedic and Other Surgical Elective Capacity Expansion

Demand modelling work has been undertaken to understand the wider elective pressures within surgical specialties within the West of Scotland. The West of Scotland Engagement Group approved the Orthopaedic demand modelling outputs for the West of Scotland. They support the Phase 2 expansion providing flexible space for additional diagnostic Endoscopy and day case General Surgery capacity.

Workstream groups are now considering demand modelling for Orthopaedics, General Surgery and Endoscopy to define capacity requirements and explore patient pathways.

## Medical Support

### Workforce Projections

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 6.8 | 6.9 | 7.1 | 7.2 |
| **Band 5 - 9** | 11.5 | 11.7 | 12.0 | 12.2 |
| **All staff** | **18.3** | **18.6** | **19.1** | **19.4** |

### Physician Assistants

In 2017/2018 the service was looking to increase further the number of Physician Assistants employed at GJF. At the start of the year there were 4 employed and the aim was to increase this to seven. Unfortunately this was not realised and the number remained at 4 throughout 2017/2018. It is hoped that the number will increase in 2018/2019.

### Associate Theatre Practitioners

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

## Nursing and Midwifery

### Workforce Projections

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 148.8 | 151.8 | 154.8 | 157.9 |
| **Band 5** | 358.1 | 365.3 | 372.6 | 380.1 |
| **Band 6 - 7** | 212.0 | 216.2 | 220.5 | 224.9 |
| **Band 8a - 9** | 11.8 | 12.0 | 12.3 | 12.5 |
| **Not assimilated** | 1.4 | 1.4 | 1.4 | 1.4 |
| **All staff** | **732.1** | **746.7** | **761.6** | **776.9** |

### Nursing Workforce

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

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

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

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

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

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

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

### eRostering

It is recognised that nurses and nursing assistants are key to the delivery of high quality patient care within GJF. We need to ensure that we have the correct staff in place to cope with levels of high clinical demand, and varying levels of dependency of our patients, whilst ensuring that staff members have a good work life balance and are enabled to do their jobs well within a supportive environment. A flexible, efficient and robust rostering system is the key to achieving this. To this end GJF has introduced a Nursing Workforce Rostering Policy.

NHS National Services Scotland (NSS) working with NHS Education for Scotland (NES) are procuring a Contract for a single eRostering System across the NHS in Scotland. NHSScotland (NHSS) published a new Digital Strategy for Health and Social Care in April 2018. This strategy sets out a commitment to build a national approach to the use of digital technologies. When a system has been procured GJF will implement it for its staff.

### Regional and National Medicine Division

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

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

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

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

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

### Surgical Specialties Division

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

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

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

Critical Care has introduced the Advanced Critical Care Practitioner role. The Senior Charge Nurse group has a rotational work pattern which ensures standardisation across the four units.

The Lead for Advanced Practice, a post which commenced towards the beginning of the year, has ensured the GJF has strong representation at the Transforming Nursing Roles forum. The identification of Advanced Nursing roles and Senior Specialist roles is progressing well.

### Ophthalmology Expansion

With the expansion of the Ophthalmology service at GJNH from May 2020 the nursing workforce will need to increase in order to manage the demand to deliver the additional capacity within the new integrated unit and it will also present the opportunity to broaden the skill mix within the workforce.

Within the nursing workforce, we propose to:

* develop a nursing rotation programme to ensure nursing roles within the new unit are attractive and also ensure retention of staff. This approach will enable our nurses to be trained to work within all three areas in the new unit – theatres, clinic, pre- and post-operative care. This is a new development within the Board and the roles will be developed in partnership in the coming months. This will allow for transferable skills that will have a positive impact on patient experience, increased effectiveness and support the healthcare and workforce demands of the future;
* further develop the Band 3 Ophthalmology Senior Nursing Assistant to be a rotational role which offers flexibility between clinic, pre- and post-operative care and theatres and will also allow for transferable skills within this staff group. This role will support both clinic and theatre models and support the primary nurse role which would result in a more sustainable workforce, potentially reducing the workload of the registered professionals;
* further develop the Band 4 Ophthalmology Assistant Practitioner, which is an enhanced role that will be a rotational post offering flexibility between clinic, pre- and post-operative care and theatres, which will allow transferable skills in this staff group. This role has been piloted within the Outpatients area and is a key role which will have developed clinical skills which are more specialised and specific to an area of practice which are skills which can be developed across professions and settings. This role will allow the registered practitioners to be freed up to concentrate on more specific tasks;
* build on the already established training academy approach, which has already successfully supported the many previous expansions within orthopaedic and ophthalmology theatre capacity. This approach will support the development of a small cohort of supernumerary staff, which is likely to be newly qualified nurses and healthcare support workers within the new unit and will be trained to ensure they reach the appropriate competencies within theatre, clinic and pre- and post-operative care. As this model will be for Ophthalmology, it will consist of an accelerated training programme;
* recruit an additional Band 7 Clinical Educator post to support the development of the Ophthalmology nursing staff and take forward the staff rotation plan, competencies, skills gap analysis and training plan for nursing staff within the new unit. This is a key role to ensure that the nursing roles within the new unit are carefully designed and supported to ensure that their full potential is realised;
* provide additional scrub nurses within the prep room in order to support the high volume lists and ensure patient throughput;
* introduce a new Band 2 Nursing Assistant role within the unit to assist with stock control and medical equipment across the whole unit, to free up the nursing staff to focus on clinical duties; and
* develop an extended role for nurses to carry out draping of the patient during surgery.

The developments within the nursing workforce will provide varied and attractive roles for staff, support staff retention and also provide flexibility in maximising our workforce and supporting the delivery of a sustainable workforce plan. The nursing skill mix will be rich within the first year of opening the new unit in order to ensure that the new clinical model is established, and to ensure that the new culture and new roles are embedded and fully developed within the new service. This model will be reviewed a year after the opening.

### Theatre Academy

All students in the Theatre Academy have been successfully pled into full time posts, saving time on advertising and recruitment, and allowing expansions to take place sooner than previously anticipated. The Academy students follow a programme that gives them a blend of clinical time with a mentor, teaching days with Clinical Educators and self-directed learning time.

After initial interest from the University of West of Scotland (UWS) in providing accreditation assurance for the programme, this did not progress. However, after a change of personnel at UWS and the establishment of a national peri-operative workforce task group, there is renewed interest. There is also interest from Glasgow Caledonian University.

With future expansions planned a larger intake, or more frequent intakes, to the Theatre Academy should be considered in preparation for expansion. Consideration would need to be given to the clinical education resource required to support this.

## Other Therapeutic

### Workforce Projections

At GJF this job family is mainly comprised of Pharmacy and Optometry, along with Clinical Psychology:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 11.2 | 11.4 | 11.7 | 11.9 |
| **Band 5 - 9** | 28.5 | 29.0 | 29.6 | 30.2 |
| **All staff** | **39.7** | **40.4** | **41.3** | **42.1** |

### Optometry

The Optometry workforce has continued to expand in recent years to meet the increasing demands on the service. Within GJF we use Optometrists as part of our outpatient pre-operative cataract assessment patient pathway, as part of the multidisciplinary team. GJF employs the equivalent of 3.74 whole time equivalent Optometrists. It is projected that we will need 0.5 WTE additional Optometrists for Phase 1 opening in April 2020.

The service has 3.0 WTE band 4 Ophthalmology Technicians, which is a relatively new role to GJNH, and has proven to be an invaluable resource, helping to improve patient flow in-clinic. It is projected that another 0.75 WTE post will be needed for Phase One opening, and a further 0.85 WTE in the following year.

### Pharmacy

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

The use of the Omnicell system within the new Ophthalmology unit will ensure the consistent supply of all medications, topped up by Pharmacy technicians.

## Support Services

### Workforce Projections

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Projected workforce requirements** | | |
|  | **31 March 2018** | **2018/2019** | **2019/2020** | **2020/2021** |
| **Band 1 - 4** | 209.1 | 208.2 | 212.3 | 216.6 |
| **Band 5 - 9** | 33.0 | 33.7 | 34.3 | 35.0 |
| **All staff** | **242.1** | **241.8** | **246.7** | **251.6** |

### Ophthalmology Expansion

As part of the process to plan the workforce for the expansion, account has also been taken of the requirements for non-clinical support staff, such as maintenance, housekeeping, portering, CSPD and health records. Additional resources required have been identified through discussion with the relevant heads of department and built into the revenue costs.

### Central Sterile Processing Department (CSPD)

Following the extension of CSPD’s working week in 2015 in response to the service expansion for Orthopaedic capacity, the Department continues to meet the demands of Theatres. Without the immediate requirement for expansion in 2017/2018 the Department is concentrating on training members of staff to be able to operate between Endoscopy and SCPD, which will provide Endoscopy with improved staffing cover.

In 2018/2019 Sterile Services will be recategorised under the Agenda for Change job families. It is currently in the Support Services job family, but in the future will come under Healthcare Sciences.

### Golden Jubilee Conference Hotel

The hotel is entering Phase 2 of the Hotel 2020 Strategy, which was approved by the Board in 2014 to create a roadmap to 2020, by which time the Hotel would be a pivotal meeting and hospitality element of an internationally renowned innovation campus. Phase 2 will focus on consolidating business aspirations to ensure that the Hotel is in an optimal position to fulfil the 2020 vision. From a workforce point of view in 2018/2019 this will include:

* restructuring the Kitchen team, redesigning menus and enhancing menu engineering, as well as carrying out a review of the dining and bar space itself; and
* maintaining a focus on staff development via increased and continued use of the Venues of Excellence and International Association of Conference Centres (IACC) staff development opportunities. Options for working across the site to harness opportunities through modern apprenticeships and West College will also be explored.

# Characteristics of the Current Workforce

This section considers the GJF’s workforce as at 31March 2018. It looks at the breakdown of staff according to the GJF’s Divisional structure and the national job families. It takes into account staff turnover and sickness absence, as well as the split of staff according to gender and age. Rather than include details of the characteristics of the current workforce in this document a link is given to the Workforce Monitoring Report, in which all such information can be found.

# Supplying the Required Workforce

Progress on actions arising from the 2017/2018 Workforce Plan can be found in [**Section 1.6 2017/2018 Action Plan Update**](#_1.6_2016/2017_Action).

This section highlights the actions that are required to allow GJF to successfully plan its workforce in 2018/2019 and also the risks that may prevent the future supply of the required workforce. The actions are split into five areas that represent the long-term priorities for delivering the workforce vision in “[Everyone Matters: 2020 Workforce Vision](https://www2.gov.scot/resource/0042/00424225.pdf)”.

## Healthy organisational culture

Create a healthy organisational culture in which NHS Scotland values, aligned and strengthened by our own Board values, are embedded in everything we do, enabling a healthy engaged and empowered workforce.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Lead** | **Timescale** |
| 1 | Implement the Values Toolkit throughout the Board and offer it to every team in the Board | Director of Quality, Innovation and People/ Head of Learning and Development | March 2019 |
| 2 | Work with and support teams who did not produce an iMatter action plan to encourage improvement within the teams | Associate Director of Human Resources (Operations)/Head of Learning and Development | March 2019 |
| 3 | Work with See Me to launch a questionnaire to support staff with mental health issues in the workplace | Director of Quality, Innovation and People | March 2019 |
| 4 | Ensure Quality, Innovation and People function is established and its vision developed for the next five years | Director of Quality, Innovation and People | March 2019 |
| 5 | Roll out Level One Quality Improvement module to the wider staff group | Head of Learning and Development | March 2019 |

## Sustainable Workforce

Ensure that the right people are available to deliver the right care, in the right place, at the right time.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Lead** | **Timescale** |
| 1 | Develop a new 2030 Workforce Strategy | Director of Quality, Innovation and People | March 2019 |
| 2 | Continue to develop our apprenticeship programme as a means to develop and retain a skilled workforce | Recruitment Manager | Ongoing |
| 3 | Continue to develop work with schools, colleges and universities to promote NHS Scotland as a workplace for young people | Recruitment Manager | Ongoing |
| 4 | Ongoing participation in the Transforming Roles programme. The Board will identify and develop opportunities associated with advanced practice and continue to lead on a range of clinical developments with other National Board partners | Nurse Director | Ongoing |
| 5 | Maintain our commitment to the support the Armed Forces by retaining the Employer Recognition Scheme (ERS) Gold Award | Director of Global Development and Strategic Partnership/Communications | March 2019 |
| 6 | Commit to working closely with National Boards to ensure the creation of the right skill mix, capacity, flexibility and support to the services, as well as to encourage career progression and opportunities for staff | Associate Director of Human Resources (Strategy) | Ongoing |

## Capable Workforce

Ensure all staff members have the skills needed to deliver safe, effective and person-centred care.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Lead** | **Timescale** |
| 1 | Continue to implement the “[Allied Health Professionals Strategy 2017-20](https://www.nhsgoldenjubilee.co.uk/files/4115/3451/9432/AHP_strategy_2018.pdf)” and ensure it aligns with the key aims of the Active and Independent Living Programme (AILP) to focus on prevention, enablement, early intervention and rehabilitation | Rehabilitation Manager | Ongoing |
| 2 | Ensure all staff meet their mandatory and role specific training requirements and report on this on a monthly basis | Heads of Department/ Head of Learning and Development | Ongoing |
| 3 | Implement two new HR systems across the organisation – the electronic Employee Support System (eESS) and TURAS Appraisal | Associate Director of Human Resources (Operations) | May 2018 |
| 4 | Support the Board’s expansion with current members of staff undertaking lead project roles in developing the organisation in expansion and growth | Expansion Project Team/Human Resources Team | Ongoing |

## Integrated Workforce

Develop an integrated health and social care workforce across NHS Boards, local authorities and third party providers.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Lead** | **Timescale** |
| 1 | Continue to work with West Dunbartonshire Council and Job Centre Plus to explore joint opportunities | Recruitment Manager | Ongoing |
| 2 | Work with colleagues in territorial and national Boards to promote opportunities for shared services joint working to maximise effective use of resources | Associate Director of HR | Ongoing |
| 3 | Deliver British Sign Language training to staff in conjunction with West College | Recruitment Manager | March 2019 |

## Effective Leadership and Management

Leaders and managers lead by example and empower teams and individuals to deliver the 2020 Workforce Vision.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Lead** | **Timescale** |
| 1 | Deliver a fourth cohort of the regional leadership programme and offer up opportunities to other National Boards to examine if the model can be scaled across NHS Scotland | Director of Quality, Innovation and People | March 2019 |
| 2 | Agree a standard approach to management and development across all National Boards in 2018 | Associate Director of Human Resources (Strategy)/Head of Learning and Development | March 2019 |
| 3 | Enable wider access of coaching conversations to all of our staff through the Scottish Leadership Collaborative from April 2018 | Head of Learning and Development | Ongoing |

## Risks

There are a number of barriers and risks that may prevent aspects of the workforce plan from being implemented:

### Brexit

In 2018/2019 questions relating to uncertainty over Brexit will come to the fore, which are likely to escalate the closer we get to the date that the United Kingdom is due to leave the European Union: 29 March 2019. The effect on the workforce in 2018/2019 is not expected to be excessive, but there is some evidence to indicate that nationals of European Union member states are slowly leaving the United Kingdom. NHS Scotland and the Board continue to review staffing provisions in light of Brexit.

### Tier 2 Minimum Salary

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

### Tier 2 Immigration Skills Charge

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

# Implementation, Monitoring and Review

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

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