



Workforce Plan

2019/20

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1 Introduction

1.1 Foreword

Welcome to the Golden Jubilee Foundation's 2019/2020 Workforce Plan, which highlights our plans for the coming year and further into the future with the expansion of our services, along with the progress we made in 2018/2019.

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 development of the hospital, providing an expanded elective treatment centre. This will enable the organisation to deliver significant additional capacity for NHSScotland, including the provision of many more hip and knee replacements and cataract operations. The first phase of the expansion will go live in June 2020, with the opening of a new Ophthalmology centre. The second phase will be operational in 2023, with the opening of an additional theatre complex for a range of elective surgical procedures. The hospital development will require an increase in staffing across a wide range of job roles and professions. It will also give us the opportunity to review and develop new roles and ways of working that will reshape our future workforce. This workforce plan is essential in setting out what our workforce is required to deliver now and in the future. It will also inform how we will develop the current workforce to meet future needs and how we will attract and recruit staff into new and existing roles.

The workforce plan, and details of how the workforce will grow, will enable us to work with local partners to support planning of local training, education and development that supports local employment. Similarly, we will also work with partners across Scotland to support wider employment and help with the development of our workforce.

The "[2020 Vision for Health and Social Care](#)" set out by the Scottish Government states that everyone will be able to live longer, healthier lives, either at home or in a homely setting. The achievement of this vision requires our workforce to embrace what we are working towards. To deliver the 2020 Vision we will continue to work with the Scottish Government and our partners. 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.

Jann Gardner, Chief Executive

1.2 Background to the Workforce Plan

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

- the Golden Jubilee National Hospital (GJNH);
- the Golden Jubilee Research Institute (GJRI);
- the Golden Jubilee Innovation Centre (GJIC);
- and the Golden Jubilee Conference Hotel (GJCH).

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 2019 the GJF directly employed 1819 members of staff (1635.57 whole time equivalent (WTE)), excluding “Bank” workers and Non-Executive Director posts.

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

1.3 Purpose and Objective

The Workforce Plan describes the future workforce that is needed 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”](#). It will encompass the Scottish Government’s [“Everyone Matters: 2020 Workforce Vision”](#) and the [“Staff Governance Standard Framework”](#). The Workforce Plan will also take account of the NHSScotland [“National Health and Social Care Workforce Plan – Part 1”](#), which outlines the framework for improving workforce planning across Scotland. This plan will also support the Scottish Government’s [“Waiting Times Improvement Plan”](#) to make a sustainable and significant step-change on waiting times over the next three years.

1.4 Outputs

Analysis of current workforce information is given in section [4. Characteristics of the Current Workforce](#). This information has been extracted from the Human Resources system, eESS (electronic Employee Support System).

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

1.5 Engagement and Consultation

The workforce planning process is firmly embedded within the GJF’s overall planning process and is driven by its 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.

1.6 Workforce Planning Process

1.6.1 Six Steps Methodology

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

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

1.6.2 Everyone Matters: 2020 Workforce Vision

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

1.6.3 Staff Governance

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

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

1.6.4 Annual Operational Plan 2019-20

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 Operational Plan 2019-2020](#)” (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.

1.7 2018/2019 Action Plan Update

The headline actions detailed in the 2018/2019 Workforce Plan have moved forward and our progress is highlighted below. The actions are split into five areas that represent the long-term priorities for delivering the workforce vision in “[Everyone Matters: 2020 Workforce Vision](#)”:

1.7.1 Healthy Organisational Culture

	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	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	Values toolkit launched and available for teams to self-facilitate or with external facilitation support.
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	Teams that did not receive an 2018/19 i:Matter report were contacted directly and offered support by Learning and Organisational Development.
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	The See Me questionnaire was undertaken in December 2018. It will be launched again in September 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	A draft quality strategy has been developed and wider staff engagement is underway, prior to Board approval and subsequent further development of our quality improvement function.
5	Roll out Level One Quality Improvement module to the wider staff group	Head of Learning and Development	March 2019	Quality Improvement Funshops delivered by Performance and Planning team and available to all staff.

1.7.2 Sustainable Workforce

	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	Develop a new 2030 Workforce Strategy	Director of Quality, Innovation and People	March 2019	A draft People Strategy has been developed and staff engagement is underway, prior to Board approval later in the year.
2	Continue to develop our apprenticeship programme as a means to develop and retain a skilled workforce	Recruitment Manager	Ongoing	We have introduced one apprentice within the hotel in the last 12 months. There have been no suitable vacancies elsewhere. However, we have secured five graduate apprenticeship places for current employees, which will significantly increase their skills and knowledge. This training

				programme has been fully funded by Skills Development Scotland with all five places secured at Glasgow Caledonian University. This brings our graduate apprenticeship numbers to six.
3	Continue to develop work with schools, colleges and universities to promote NHS Scotland as a workplace for young people	Recruitment Manager	Ongoing	<p>We continue to attend careers events in schools and colleges, sharing information about the different careers available within the GJF and the wider NHS.</p> <p>We have supported a number of tours within the hospital – both hospital and hotel kitchens and within laboratories.</p> <p>We have provided work experience to a number of young people across all levels of role including medical placements for young people who are applying for places in medicine. This supports their university application.</p> <p>We have continued to work with a number of secondary schools within West Dunbartonshire to deliver the Young Student Employability Skills Programme providing a six-week volunteer programme for 16 students in 6th year. These students attend every week, working with volunteers in a number of different areas. At the end of their six weeks they are awarded a certificate which supports their Duke of Edinburgh Award.</p>
4	Ongoing participation in the Transforming Roles programme. The Board will identify and develop opportunities associated with	Nurse Director	Ongoing	We are represented on the West of Scotland Advance Practice Network, helping to shape and design roles for the future. We are scoping SVQ capacity and capability within the Board. Our NHS

	advanced practice and continue to lead on a range of clinical developments with other National Board partners			Scotland Academy has had its inaugural steering group meeting.
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	<p>Collaboration is maintained via ongoing networking meetings with Armed Forces personnel, who promote at every turn GJF's commitment to their Covenant, especially GJF's ERS.</p> <p>The Chair and Nurse Director recently visited a Military Field Hospital in Germany to see at first hand the efficient models of medical care delivered in extremely challenging environments. The Recruitment Division attended GJF's Open Day. The Director of Global Development and Strategic Partnerships recently attended an Open Day at the Defence Academy of the United Kingdom. She has also been working with the former Surgeon General regarding a potential educational collaboration between NHSScotland and the Jordanian Royal Medical Services.</p>
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	Non-clinical vacancies are shared between National Boards, as it may be the case that there are any suitable employees undergoing redeployment, who may be able to take up these posts.

1.7.3 Capable Workforce

	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	Continue to implement the " Allied Health Professionals Strategy 2017-20 " 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	The AHP strategy was officially launched in August 2018, followed by the implementation of first year objectives. An end of year report with full details of progress to date is available.
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	Mandatory training guide available on Intranet and updated as required. Corporate mandatory training reports have been developed and are made available for all staff.
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	eESS was successfully implemented in May 2018 and now holds HR and training records for all employees. Employees have the ability to update their personal records on the system. TURAS Appraisal was introduced in April 2018, and is the system used for appraisal for all Agenda for Change staff, replacing eKSF.
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	Current members of both clinical and non-clinical staff have taken promoted posts to support the expansion, or have taken on supporting the expansion as part of their role. Recruitment to key roles for Phase One has commenced, for example appointment of Clinical Educator.

1.7.4 Integrated Workforce

	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	Continue to work with West Dunbartonshire Council and Job Centre Plus to explore joint opportunities	Recruitment Manager	Ongoing	We continue to work with West Dunbartonshire Council, attending regular meetings to explore opportunities to support each other. Work with Job Centre Plus continues and we have supported them with career events aimed at the local community. We also support development opportunities for the Job Centre Plus staff, with sessions on making a job application and understanding the roles available at the GJF. Additionally, we have supported their clients with understanding what employers are looking for in applications.
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	We are participating in both national and West of Scotland groups, which are looking at shared services/synergies in a number of areas, such as Human Resources, Recruitment, and Learning and Organisational Development.
3	Deliver British Sign Language training to staff in conjunction with West College	Recruitment Manager	March 2019	An introduction to sign language was delivered on two occasions in May. Additionally, we delivered a progression course for those wishing to gain wider skills. This was delivered in conjunction with Clydebank College.

1.7.5 Effective Leadership and Management

	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 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	This has been delivered. The programme is currently being evaluated before further decisions on its progress are made.
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	A standardised management development offering has been developed and piloted across all National Boards. Outcomes from pilot are currently being reviewed.
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	The GJF coaching service has been made available to all staff requiring coaching support. This is being supported by the development of in-house coaches and access to external resources.

2 Demand Drivers and Service Change

Among the planned service changes and demand drivers set to affect the GJF's workforce in 2019/2020 and going forwards are various internal and external factors.

2.1 The Golden Jubilee Foundation's Vision and Values

We will continue to lead quality, research and innovation in healthcare and ensure that our Board Values are embedded into everything that we do. The Board Values set out our commitment on how we work and behave towards our patients, guests, visitors and each other. Supporting these values and demonstrating them in everything we do and say helps us to provide a caring, personal and quality service for our patients, staff, visitors and guests. Our Board Values are:

- valuing dignity and respect;
- a can do attitude;
- leading commitment to quality;
- understanding our responsibilities; and
- effectively working together.

2.2 Golden Jubilee Elective Care Hospital Expansion Programme

The expansion programme is a key objective within the Scottish Government's Health and Social Care Delivery Plan:

“By 2021, we will:

Complete investment of £200 million in new elective treatment capacity and expanding the Golden Jubilee National Hospital. Overall, this investment will ensure that there is high quality and adequate provision of elective care services to meet the needs of an ageing population.”

[“Health and Social Care Delivery Plan”](#), December 2016

It is important that we support the Health and Social Care Delivery Plan and its aims of providing better care, better health and better value through meeting the future demand in key elective specialties. The GJF 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 patients within a reasonable timescale, competing pressures from unscheduled care and limitations on available resources.

The Scottish Government has confirmed in the [“Waiting Times Improvement Plan”](#), October 2018, that it will invest a total of £535 million on resource and an additional £120 million on capital expenditure over the next three years to make a sustainable and significant step-change on waiting times.

In order to support this the GJF will create additional elective capacity through expansion of the GJNH in order to deliver sustainable waiting times for patients, improve effectiveness and the patient journey, and to deliver high volume elective procedures, while maintaining safe service provision. The work to support this will take place in two phases:

- Phase One – delivery of additional ophthalmology and general surgery elective care capacity (live from spring 2020); and
- Phase Two – delivery of additional orthopaedic and other surgical elective care capacity (live from 2023).

2.3 Phase One Hospital Expansion

At present the GJF provides 24.5% of all West of Scotland cataract activity and 18.5% of all NHSScotland cataract activity. The current Ophthalmology service is provided across an outpatient clinic, the main theatre suite and a temporary mobile theatre unit.

Due to the significant increase in the current and predicted service demand the existing capability within the West of Scotland is unable to cope with future projections for the demand for cataract surgery between now and 2035. The expansion will ensure that we can meet future demand and enable us to continue to develop and implement innovative models of care and efficient patient flow.

The new integrated Ophthalmology facility, opening in spring 2020, will provide six new theatres, which will provide capacity for up to 10,450 additional procedures and 13,900 consultations/pre-operative assessments within the GJF. All patients will be treated as a day case procedure in an environment that is both clinically effective and cost effective, and which encourages research and innovation.

2.3.1 New Model of Care

The facility will provide an improved service model for Ophthalmic services that will enable an improved clinical model:

- twin theatre design to increase Consultant activity; and
- new care pathways with increased roles of optometrists.

The new service model will require changes to, and development of, our workforce and is an excellent example of integrating service change and workforce planning.

The new integrated unit will allow flexibility of use in the medium and long terms:

- to support the changing needs of the population;
- to support any unknown future further expansion of the cataract surgery service; and
- to support any unknown future change in treatment methods or technology for cataract surgery.

2.3.2 Activity and Workload Assumptions

By 2035 the new integrated service is expected to deliver a maximum additional 10,450 procedures and up to 13,900 new additional outpatient appointment each year. The facility will be opened in a phased manner between 2020 and 2035. When fully operational the service will provide 18,450 cataract procedures and up to 24,500 new outpatient assessments and pre-operative assessments each year.

The expansion programme will also make a positive social and economic impact within the local community by maximising employment, training and business opportunities, and by supporting education activities throughout the development of the project.

2.3.3 Technology

Within our model for the expansion programme a number of improvements have been assumed that will be supported by new technologies:

- a paper-light approach will be in place, through use of the Ophthalmology Electronic Patient Record (EPR), which will result in minimal information being produced/captured in paper format;
- self-check-in facilities will be provided within the new build. It is proposed that volunteers will be located in the waiting area to welcome patients and support this process. Should the self-check-in be introduced, there will be a requirement for an increase in volunteer numbers and consideration to different shift patterns for the volunteer staff in order to support the opening hours within the new facility. Further discussion is underway with the volunteer manager to describe this role in more detail;
- self-check-in will also support further 'smoothing' patient flow – identifying where the patient is within the clinic and whether they are ready to be seen by the Consultant Ophthalmologist;
- facilities to support new outpatient consultation via video conferencing. This is patient centred and means patients only require to travel to the hospital once – at the time of their procedure; and
- the unit will provide instant discharge letters to patients and GPs, reducing the time spent by staff on the discharge process.

This technology will improve the patient experience, as well as efficiency. This will contribute to making best use of our workforce and enabling them to deliver high quality care.

2.4 Phase Two Hospital Expansion

Expansion plans for Phase Two are now under development to provide additional capacity for orthopaedics, general surgery, endoscopy and other surgical specialties. Plans for Phase Two have been developed to accommodate rising demand projected to 2035. The new facilities will be commissioned and opened in 2022.

Future GJF demand modelling up to 2035 has defined the need for Phase Two to provide a further 1796 total knee replacement and 1171 primary hip replacement procedures by 2035. Orthopaedic revision surgery requirements for the future will also require additional capacity. Taking into account the total demand for other orthopaedics procedures, such as foot and ankle, and hand and wrist, surgery, the GJF orthopaedic expansion will require a total of six additional theatres.

The demand for diagnostic endoscopy will require the Phase Two expansion to deliver up to three additional procedure rooms. Two additional in-patient/day-case general surgery theatres are also needed to meet future demand.

Work is continuing on finalising the clinical brief and schedule of accommodation to support design development. As such the input of Phase Two into the 2019/2020 Workforce Plan is minimal. However, 2020/2021 will see the pre-opening recruitment of certain clinical posts for Phase Two, as is the case for Phase One in 2019/2020.

2.5 Regional and National Services Developments

2.5.1 Lung Transplantation

Our aspiration is to deliver a lung transplantation service that will complement our heart transplantation programme. NHS National Services Division (NSD) is currently supporting an options appraisal exercise led by GJF to consider the options for delivering lung transplantation services for Scotland. Comparing the rate of lung transplantation for Scottish patients to those in the rest of Europe, far fewer Scottish patients receive lung transplants, suggesting a significant unmet need. The GJF is scoping potential for a lung transplantation service and is preparing documentation to be submitted via the National Specialist Services Committee (NSSC) and associated national approval routes. This will include consideration of the workforce needed.

2.5.2 Expansion of Interventional Cardiology Services

The GJNH has provided the West of Scotland interventional cardiology service since 2008. This specialty deals with the catheter based treatment of heart disease. The Interventional Cardiology Strategy was endorsed by the Board in October 2018. The strategy identified a requirement to increase Cath Lab capacity through the building of a fifth laboratory. The additional Cath Lab will address growing coronary intervention waiting times and operational pressures across a range of interventional cardiology clinical services. The objectives of the project are to:

- deliver an increase in Cath Lab capacity, supporting waiting times activity in coronary intervention and electrophysiology, and provide sufficient capacity to meet projected future increases in demand and complexity;
 - deliver increased efficiency and flexibility across all cardiology admission pathways, supporting timely treatment to urgent and elective patients;
 - increase safety by enabling device activity to be moved to a dedicated imaging environment.
- In addition to the core objectives, it is also anticipated that a fifth Cath Lab will improve service resilience and recruitment and retention opportunities.

It is anticipated that the go live date for the new Cath Lab will be March 2020, with the recruitment of staff commencing in advance of the installation of the lab equipment to allow time for training.

2.5.3 Single Site Scottish Pulmonary Vascular Unit

The GJF will consider the opportunity to develop a single site Scottish Pulmonary Vascular Unit (SPVU) service, collocated with our other National Services. This will include the potential to expand SPVU service provision to the delivery of a Balloon Pulmonary Angioplasty Service for Scotland and a Radiofrequency Ablation (RFA) service for primary or secondary lung cancers, which would enable Scottish patients to be treated closer to home.

2.5.4 Organ Care System

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.

The use of OCS went live at GJF during the summer of 2017. Following a number of successful retrievals with donation after brain death (DBD), the GJF received approval from NHS Blood and Transplant (NHSBT) to proceed with donations after circulatory death (DCD) heart retrieval and implantation from 1st July 2019. The proposal was approved by the Cross Divisional Clinical Governance Committee and is being presented to the Clinical Governance Risk Management Group in July 2019. Royal Papworth Hospital has agreed to provide the proctorship for DCD retrieval.

The use of OCS will increase the number of available hearts for transplantation for Scottish patients, improve clinical outcomes by maintaining the donor heart in a warm, perfused state during transit, and reduce the number of patients requiring heart failure management treatments.

In terms of funding the use of OCS, NHSBT has announced a Joint Investment Fund and each unit has been invited to submit an application for funding in August 2019. The GJF plans to submit a collaborative bid with Royal Papworth Hospital and Manchester University NHS Foundation Trust, proposing a consortium approach to delivering DCD retrieval.

The proposed increase of DCD transplantation requires further service planning and associated workforce planning.

2.5.5 Scottish Adult Congenital Cardiac Service

Within the Scottish Adult Congenital Cardiac Service, the key priorities in 2019/2020 will be:

- the recruitment and retention of our specialist workforce to extend and improve service provision;
- to review our surgical and interventional care pathways to meet population demand and sustainable care; and
- to undertake and respond to analysis of diagnostic provision and outreach requirements to ensure that the shared care model meets future requirements.

2.6 Regional Cardiac Services

GJF is developing a cardiac strategy to inform its future care models for regional cardiac services, having recognised the changes in patient urgency and acuity. This will also influence future development plans in Anaesthetics and Critical Care.

In addition to addressing changing service demands, the Cardiac Surgical Strategy will describe the aim to move towards a “Minimally Invasive First” strategy for isolated aortic valve disease and isolated mitral valve disease in need of intervention. Minimally invasive surgery will, in general, be a key growth area for the department.

For multiple or complex procedures such as aortic, mitral and tricuspid valve surgery with coronary artery bypass grafting, the focus will be on continuous achievement of improved surgical outcomes.

A range of other specialist developments ranging from suture-less valves and increasing the numbers of bypass surgery procedures carried out without the use of heart/lung machines will be explored. Subject to National Planning decisions, we will also plan to develop our Surgical Aortic Valve Implantation programme.

As our thoracic surgery service expands its minimally invasive care programme through robot assisted surgery, we will continue to develop as a UK leader in this field. We are already delivering increased numbers of endo-bronchial valve procedures to reduce lung volume in patients with emphysema and it is our goal to further develop this service for patients in the West of Scotland.

2.7 Regional Cardiac Imaging

GJNH currently provides a modern, efficient and multi-disciplinary and multi-modality cardiology imaging service. Based on analysis of current activity in radiology and cardiology we anticipate a sustained increase in referrals, driven by such factors as increased complexity of referrals and advanced imaging to support structural heart interventions, including TAVI and interventional cardiology. This is closely aligned with emerging evidence to support multi-disciplinary and multi-modality imaging and the emergency of technology, especially non-invasive assessment of coronary anatomy, the demand for which is expected to increase with emerging evidence and clinical practice guidelines. Working with colleagues in the West of Scotland, we will review the future demand and develop a sustainable regional cardiac imaging service.

2.8 Supporting Scottish Elective Treatment Centres

The Scottish Government has asked the GJF to define the value added contribution that could be made in terms of leadership, operating models and monitoring to the Scottish Elective Units (SEUs), in order to optimise their efficiency and return on investment.

2.8.1 Golden Jubilee Foundation Model

Work is underway to develop a commissioning style outline of the efficient upper quartile GJF operating model, taking into account workforce, pathways, flow, training, culture, performance monitoring and management. This will help to develop a transferable infrastructure with in-built learning from the GJF, to accelerate the performance for the new SEUs. The standard operating models for each SEU would be made up of these key elements:

- demand management/centralised GJF patient booking;
- delivery of standardised upper quartile models of care;
- standardised governance, quality and performance management frameworks;
- performance monitoring, management and support;
- staff competencies and training;
- staff governance, workforce planning, recruitment and Human Resources;
- financial flows and governance; and
- clinical governance and risk management.

2.8.2 Commissioning or Direct Management

The GJF has undertaken an options appraisal and has reached agreement with the Scottish Government to develop a commissioning model, with the GJF acting as the “Commissioner” on behalf of the Scottish Government and the Scottish Elective Unit (SEU) location Board acting as the “Provider”.

This will involve development within the current GJF management structure, the use of the GJF Patient Administration System (PAS) and Performance Dashboards as well as the implementation of the GJF model of care for the SEUs.

The development of this model will involve considerable collaboration, with Service Level Agreements (SLAs) and commissioning contracts requiring to be put in place. It has been agreed that GJF will test this approach with the SEU at NHS Forth Valley. The second phase of this development will be at Stracathro Hospital, working with NHS Tayside and NHS Grampian.

In each model outlined above the work of the SEU will be separate from the base Board's other work, and patient data will be processed via the GJF PAS system. This approach will allow immediate, comparable performance reporting to be established, with pre-set performance triggers for escalation. These interventions would have quality improvement, tailored support and management interventions dependent on the challenges faced.

In order to fully optimise the capacity and demand alignment, as part of this overall model, GJF will take the lead role for managing and monitoring all private resource. GJF will also allocate and directly coordinate outsourced resources.

2.9 NHSScotland Academy

One of the most significant challenges for NHSScotland, and the new SEUs, is the ability to sustain workforce skills at the rate required. The GJF has partnered with NHS Education for Scotland (NES) and the Scottish Access Collaborative to

- scope capacity and demand;
- design education programmes, which can be run at pace and scale; and
- and implement the NHSScotland Academy (the Academy) based at the GJF as a hub and spoke approach to match the need.

The scope of the Academy development will be shaped and defined by NHSScotland's needs. It is assumed that a fully developed Academy would be capable of significantly contributing to the delivery of:

- the current workforce gaps across Scotland;
- the projected workforce needs of the SEUs;
- the projected workforce needs of the Major Trauma Centres;
- the future workforce requirements to support the wider needs within NHSScotland; and
- the skills and capacity to address specific key pressure areas or scarce roles, such as Advanced Practice.

2.10 Safe Staffing Legislation

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 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; and

- 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.

Health Boards are required to:

- ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as appropriate for the health, wellbeing and safety of patients or service users, and the provision of high quality care;
- have regard to the guiding principles, including when contracting with third party providers for the provision of services;
- have procedures for assessing staff requirements in real-time, identify and escalate risk across all clinical settings and staff groups;
- seek and have regard to appropriate clinical advice in decisions relating to staffing;
- report on high cost agency use;
- ensure adequate time and resources are given to all clinical leaders to discharge their leadership role;
- ensure employees receive appropriate training to undertake their role;
- follow a specified common staffing method where defined workload planning tools exist and ensure the output from the method is used to inform decisions about staffing levels;
- train staff in the common staffing method where appropriate;
- inform staff of how the common staffing method has been used and the staffing decisions reached;
- report annually to Scottish Ministers on how they have met the requirements in the legislation; and
- provide assurance to HIS, as required, including providing information, to enable HIS to perform its functions.

The GJF 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. All clinical/staff groups across the organisation will require to review the staffing within their area and ensure that they have developed a suitable approach to workload and workforce planning within that staff group which informs decisions about staffing levels in an open and transparent way.

2.11 Hotel and Conference Centre Development

The Golden Jubilee Conference Hotel has recently completed the last of its workforce reviews relating to the Hotel 2020 Strategy. All teams are now in place to meet the service requirements and challenges in the coming year. A new senior management team comprising of two new posts of Hotel Manager and Rooms Division Manager is currently bedding in. The new structure shares responsibility and leadership, and provides the scaffolding for future succession planning. During the course of 2019/2020 a new three-year strategy for the hotel will be developed, which will result in the creation of future workforce plans.

2.12 NHSScotland Accelerator Unit for Open Innovation

The GJF has a strategic objective of supporting open innovation and partnership with industry and academia. To support this, we will look to engage with a range of leading university partners in joint innovation activity, underpinned by memoranda of understanding and/or strategic partnerships. We will specifically focus our innovation efforts on expanding approaches to robotics in healthcare and commercial partnership opportunities. This encompasses our current partnership with Scottish Enterprise to drive a feasibility study on establishing the GJF as the “NHSScotland Accelerator Unit for Innovation”, which would potentially see shared investment to establish a Unit on the GJF site to increase the pace and scale of inward investment and associated economic growth for Scotland in the healthcare and bio-tech arena.

As such, the GJF would act on behalf of the Scottish Government and NHSScotland as the gateway and broker for mutually beneficial partnerships with industry and academia.

2.13 Pharmacy Service Review

The Pharmacy Service is critical to safe, effective and person-centred care. The service is under review to ensure it continues to be fit for purpose and is able to meet the needs of patients in the context of major expansion within the hospital. The Pharmacy workforce is being reviewed and developed in two stages, alongside the development of a new Pharmacy strategy, as outlined below.

2.13.1 Stage One

Following a review of the structure of staffing within the Pharmacy Service, in June 2019 the Senior Management Team approved the appointment of a 1.0 WTE Lead Pharmacist for Governance and Quality, to act as a deputy to the Chief Pharmacist. Additionally, it was agreed that a vacant Senior Pharmacy Technician post would be upgraded to a Lead Pharmacy Technician post.

2.13.2 Stage Two

Following the implementation of these posts within the Pharmacy team the Chief Pharmacist will further review the pharmacy structure, to ensure that the service is fit for the Board's planned expansions and reviews. The key areas of this review will be:

- further review of pharmacy structure and resource to ensure that it is fit for expansions and the GJF strategic plans;
- approval of the Pharmacy strategy;
- develop the business case for electronic prescribing and associated requirements;
- develop the business case for robotics; and
- assess and plan for future pharmacy space.

2.14 Central Sterile Processing Department

In preparation for the forthcoming expansions a full review has been undertaken of the current Central Sterile Processing Department (CSPD) facility and changes have been identified to create a sustainable CSPD service for the future. The Board's Strategy concluded that the existing CSPD footprint and resource would not meet the future decontamination activity requirements up to 2035 and that operational service challenges would be faced before 2023. It is proposed to develop a production area fit for future purposes as part of Phase Two of the Hospital Expansion Programme. The department will relocate to the Phase Two new build to meet the additional demands of the expansion. This will include reshaping the workforce model to take account of new technology and service models, as well as the recently acquired healthcare science status of staff involved in service delivery.

2.15 Catering Workforce Review

In early 2019/2020 the Catering Operations Manager carried out a review of the catering operations at GJF. Catering provides a seven-day service through the dining room to patients, staff and visitors. It has been necessary to review the service hours and the offer provided due to ongoing pressures, which may result in changes to staffing structures. At the time of writing this report, options have been placed before the Catering Department Service Review Group, with a decision still to be made on the way forward.

2.16 Research and Development Strategic Development

The GJF's aim for the GJRI is to develop its research capability in a manner that complements the existing NHS Research Scotland infrastructure. We will seek to add value in our focus areas. We will continue to expand our capacity and capability to lead and support research through:

2.16.1 Academic Staff Development

In order to substantially develop the research activities, we carry out we will increase our academic staff time, either through the creation of new posts or funding research sessions for existing staff. We will also continue to develop our links with academic partners, explore joint lectureships and develop a critical mass of research focused staff in key specialties.

2.16.2 Research and Clinical Staff

We will increase research skills and engagement in research across all staff groups to promote a research culture across the organisation. We will also increase our research support team to facilitate the growth of the research portfolio.

2.16.3 Expansion of the Golden Jubilee Research Institute

We will develop a business case with a range of partners including commercial, academic and public sector bodies to attract and secure funding to expand:

- the physical infrastructure of the GJRI, including the clinical skills centre;
- the staff available to support research and innovation;
- the portfolio of commercial, non-commercial and academic research and innovation activity; and
- optimise the synergy with the proposed Accelerator Unit outlined above.

2.17 People Strategy

2019 will see the launch of an updated People Strategy at GJF, the aim of which is to ensure that we have a sustainable, healthy and productive workforce with the capacity and capability to meet the current and future demand for services at GJF. To achieve this aim GJF will focus on the following strategic priorities:

- building and sustaining our workforce for now and for the future;
- developing our workforce and ensuring it is technology ready;
- staff health and wellbeing; and
- regional and national workforce.

2.18 Workforce Planning

We will deliver a systemic, forward looking approach to workforce planning, which will allow us to plan and deliver a workforce over the next five years that:

- ensures we match capacity with demand, which will change each year due to expansion, and changing models of care and service delivery;
- enables us to develop the skill mix of our workforce to suit new models of care and ways of working; and
- supports the increasing range and scope of practice within different healthcare professions.

To do this we will:

- introduce a digital platform for workforce planning and analysis that is accessible to teams, managers, HR and the Board;
- invest in, and support the development of, our people in relation to workforce planning;
- develop and deliver comprehensive, forward-looking workforce plans across all specialties and departments;
- actively explore flexible employment models with a focus on joint appointments for medical staff and other clinical groups.

2.19 Mental Health at Work

One of the most common impairments impacting on our staff in the workplace is mental health. As a result, we have developed a range of interventions available for staff who have mental health issues. Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains a significant factor in sickness throughout the NHS in Scotland.

We know from staff that the causes of their stress are multi-factorial, including personal areas that we cannot directly address, but we understand that we might be able to help colleagues to manage these areas and provide additional support where appropriate.

In the coming year we will continue this work and also undertake work with [See Me](#), Scotland's Programme to tackle mental health stigma and discrimination. It is funded by Scottish Government and Comic Relief, and is managed by SAMH and The Mental Health Foundation. The Board is working with See Me to look at mental health and wellbeing in the workplace and to help to end mental health discrimination for staff members and patients. This work will also enable us to develop our approach to promoting good mental health and wellbeing, as well as reducing absenteeism resulting from mental health issues.

2.20 Job Train

Job Train is the new National Digital Recruitment System that has been purchased by NHSScotland for implementation by all Boards. The system includes online processes for applications, shortlisting, interview booking, outcome recording, pre-employment checks, references and issuing offers and contracts of employment. The GJF is due to go live with the system by September 2019. This system will enable us to improve the efficiency of our recruitment processes, as well as to better understand recruitment challenges and identify where we need to address hard to fill vacancies.

2.21 Encouraging Youth Employment

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

2.21.1 Investors in Young People

In May 2019 GJF retained 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 reduce youth employment through our methods to attract and recruit young people, support and develop them, and retain them in employment.

2.21.2 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 the NHS and the GJF. 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.

In the recent past our Modern Apprenticeships have resulted in permanent posts for three young people. However, more recently we have attracted a limited number of young people for the apprenticeships available. We will review our approach to modern apprentices in order to continue to promote them, especially in light of our forthcoming expansions, with consideration being given to Foundation Apprenticeships for the future.

2.21.3 Prince's Trust Scotland

GJF is currently working with the Prince's Trust Scotland to support their "[Get into Healthcare](#)" programme. The programme has been designed to run for 3 years initially, working with just under 400 young people. It is a six-week programme sponsored by the Scottish Government, which encourages organisations to place people recommended by the Prince's Trust into roles where they will gain valuable work experience. At GJF this will tie in with phase 2 of the expansion plans and will offer up to 12 young people the opportunity to participate in a work placement for six weeks, as long as we are able to guarantee them an interview at the end of that process. It is anticipated that our first placement will be later in 2019.

2.21.4 Young Student Employability Skills Programme

Our Volunteer Service supports the Young Student Employability Skills Programme, which provides a six-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.

2.22 Health and Social Care Delivery Plan

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

2.22.1 Health and Social Care Integration

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

2.22.2 Secondary and Acute Care

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

2.22.3 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.

2.22.4 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](#).

3 Defining the Required Workforce

Over the three years from 1 April 2019 to 31 March 2022 the GJF has projected that the workforce will grow due to the ongoing expansion projects within the hospital. This section considers these projections and the rationale behind them for each job family. It also looks at the workforce requirements for the hospital expansion and the individual Directorates. These projections have been submitted to the Workforce Planning and Development Division of the Directorate for Health and Workforce Performance within the Scottish Government.

The projections included in this year's workforce plan are based on detailed analysis of Phase 1 of the hospital expansion and the preliminary analysis of Phase 2. As can be seen from section [2 Demand Drivers and Service Change](#) of this report there are a number of developments that are being explored and will include further workforce analysis and planning during 2019/2020. This is reflected in our action plan and will be used to update and refine our workforce plan to be developed in 2020/2021.

3.1 Administrative Services

3.1.1 Workforce Projections

The table below shows the projected growth per year for the next three years in the number of staff in the Administrative Services job family, along with senior managers in the executive grades.

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 - 4	186.4	186.4	192.0	206.1
Band 5 - 7	68.6	68.6	68.6	70.6
Band 8a - 9	18.8	18.8	18.8	19.8
Senior Managers	10.0	10.0	10.0	10.0
All staff	283.8	283.8	289.4	306.5

3.1.2 Hospital Expansion

As part of the process to plan the workforce for the ongoing hospital expansions, 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. Extra administration staff to support the expansion have not been projected to be needed until 2021/2022, prior to the opening of Phase 2.

3.1.3 Support for Scottish Elective Units

A restructuring of the Booking Office has taken place, which has included its renaming as the Patient Coordination Centre to better reflect its activities. This will ensure that it is fit for the future, and will help to deliver the Scottish Government's expectation regarding the SEUs and the independent sector. Team members have developed and enhanced their skills and knowledge to support the new structure, including core activity, independent sector activity and, eventually, the SEUs.

The new structure has introduced two more senior Patient Coordination Centre Manager posts, and two Supervisor posts, at the same band as the previous Team Leaders. A manager and supervisor will be responsible for coordination for patients considered core to GJNH, with another manager and supervisor coordinating the independent sector and SEUs.

3.1.4 Communications and Corporate Affairs

The Head of Communications and Corporate Affairs is carrying out a benchmarking exercise, comparing the GJNH roles and responsibilities with those of counterparts across Scotland. The plan is to have a team fit for the future, to help support the Board Strategy going forward. Within 2019/2020 there may be a need to redesign roles and there may be the potential for additional posts.

3.2 Allied Health Professions

3.2.1 Workforce Projections

The table below highlights the number of Allied Health Professions (AHP) staff in post at 31 March 2019 and the projected numbers for the following three years:

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 - 4	26.6	26.6	26.6	26.6
Band 5 - 7	87.0	87.0	88.0	88.0
All staff	113.6	113.6	114.6	114.6

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

3.2.2 Allied Health Professionals Strategy 2017-20

The "[Allied Health Professionals Strategy 2017-20](#)" 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.

3.3 Healthcare Sciences

3.3.1 Workforce Projections

The Healthcare Sciences job family includes Biomedical Science, Cardiac Physiology, Medical Physics, Perfusion and the Laboratory Specialties of Haematology, Microbiology and Biochemistry. In 2018/2019 staff in Sterile Services were moved from the Support Services job family to this one.

The majority of the expansion in this job family will be seen in Band 1 - 4 Sterile Services staff in 2021/2022, with the opening of phase two of the expansion and the requirement for more sterile instruments due to the increase in procedures carried out.

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 - 4	31.0	31.0	32.0	37.9
Band 5 - 7	56.0	56.0	56.2	57.9
Band 8a – 9	22.4	22.4	22.4	22.4
All staff	109.4	109.4	110.6	118.2

3.3.2 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.

3.4 Medical

3.4.1 Workforce Projections

Unlike the other job families, we were only asked to project medical workforce requirements for a single year. At 31 March 2019 GJF employed 122.5 WTE medical staff, and this is projected to rise by 1.3 WTE Ophthalmologists in 2019/2020. At 31 March 2018 GFG employed 127.3 WTE medical staff, that is 4.8 WTE more than a year later. This is in part due to the fact that GJF no longer employs doctors in training. Instead trainees on placement at GJF are employed by NHS Grampian, or NHS Greater Glasgow and Clyde, or NHS Lothian.

Although not requested by the Scottish Government's Workforce Planning and Development Division, it is projected that in 2020/2021 the medical workforce will grow by an additional 1.7 WTE (Consultants for Phase 1), while in 2021/2022 it will increase by a further 17.92 (0.2 WTE Consultants for Phase 1, along with 13.47 Consultants and 4.25 Clinical Fellows for Phase 2).

Over the coming year we plan to review and undertake further work on medical job plans and how many hours the workforce is undertaking within their job plans to maintain the service. This will involve a review of job plan which are in excess of 12 Programmed Activities (PAs), to identify any risks and opportunities within this area of the workforce.

3.4.2 Ophthalmology

Please see subsection [3.9 Hospital Expansion Phase One](#) below.

3.5 Medical Support

3.5.1 Workforce Projections

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

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 – 4	10.8	11.8	12.3	12.6
Band 5 - 9	21.9	21.9	21.9	24.9
All staff	32.7	33.7	34.2	37.5

3.6 Nursing and Midwifery

3.6.1 Workforce Projections

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

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 – 4	146.3	151.6	164.4	174.0
Band 5	339.4	341.4	348.3	369.0
Band 6 - 7	215.5	216.5	218.5	223.5
Band 8a - 9	11.5	11.5	11.5	11.7
Not assimilated	0.8	0.8	0.8	0.8
All staff	713.4	721.7	743.5	778.9

3.6.2 Nursing Workforce

The GJF's Nursing Strategy ensures that the entire nursing workforce can meet the demands of the national waiting times agenda. Nursing responsibilities and accountability for workforce are based around the three national quality ambitions. The GJF's Advanced Practice Strategy gives it the blueprint to scope and determine advanced nursing 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; and
- senior professional judgement.

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 Healthcare Staff Programme (HSP) 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 HSP is concentrating on this essential aspect.

3.6.3 Ophthalmology Expansion

Please see subsection [3.9 Hospital Expansion Phase One](#) below.

3.6.4 Transforming Roles

In our endeavours to embed sustainable staffing models we will continue to explore opportunities to extend the used of advanced practice roles across the GJNH clinical specialties, such as Advanced Nurse Practitioners. These opportunities will be carefully planned to ensure we have a safe and appropriate balance of doctors, and advanced and extended scope practitioners, as we look to make full use of the skill set of each clinician.

We will continue to plan and deliver our clinical workforce using best practice workforce planning. We will support the needs of safe and sustainable staffing and excellence in care practices.

3.6.5 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.

Due to the success of the nurse workforce rostering policy, we will develop a Board-wide rostering policy in 2019/2020.

3.7 Other Therapeutic

3.7.1 Workforce Projections

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

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 – 4	9.0	9.8	10.6	12.1
Band 5 – 9	26.8	27.8	27.3	33.5
All staff	35.8	37.5	37.9	45.6

3.7.2 Ophthalmology

Please see subsection [3.9 Hospital Expansion Phase One](#) below.

3.8 Support Services

3.8.1 Workforce Projections

The Support Services job family includes staff members working in catering, domestic services, portering and several other areas. It also includes the majority of those who work in the GJCH. This year it does not include those in Sterile Services, who have moved to Healthcare Science. The projected workforce for the next three years is shown in the table below:

	Projected workforce requirements			
	31 March 2019	2019/2020	2020/2021	2021/2022
Band 1 – 4	175.9	175.9	175.9	207.2
Band 5 – 9	24.4	24.4	24.4	26.4
All staff	200.3	200.3	200.3	233.6

3.8.2 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.

3.8.3 Central Sterile Processing Department (CSPD)

In preparation for the forthcoming expansions a full review has been undertaken of the current Central Sterile Processing Department (CSPD) facility and changes have been identified to create a sustainable CSPD service for the future. The Board's Strategy concluded that the existing CSPD footprint and resource would not meet the future decontamination activity requirements up to 2035 and that operational service challenges would be faced before 2023. It is proposed to develop a production area fit for future purposes as part of Phase Two of the Hospital Expansion Programme. The department will relocate to the Phase Two new build to meet the additional demands of the expansion.

3.9 Hospital Expansion Phase One

The expansion programme will result in additional capacity to the existing service at GJF, which will be phased over a period of 15 years between 2020 and 2035. The key to success of the service expansion will be the development of a sustainable workforce that does not destabilise services within the existing hospitals within the West of Scotland region.

3.9.1 Workforce Projections

In 2019/2020, prior to the opening of Phase One of the hospital expansion there is a requirement for an additional 7.35 WTE clinical staff, while in its first operational year (2020/2021) 26.01 WTE additional clinical staff will be needed (compared to numbers as at 30 September 2018). This has been calculated on the basis of the number of projected clinical sessions, the number of funded sessions, and also the variation of the type of theatre lists projected and the required skill-mix that will allow for complex cases, single and double theatre lists. The table below shows the breakdown of these staff:

	Role	Banding	Additional WTE	
			2019/2020	2020/2021
Medical	Consultant	N/A	0.00	1.70
Optometry	Senior Optometrist	7	0.00	0.50
Overall Unit	Clinical Educator	7	1.00	0.00
	Nursing Assistant	2	0.00	3.36
Outpatients	Charge Nurse	6	0.00	0.00
	Registered Nurse	5	0.00	3.40
	Ophthalmology Technician	4	0.75	0.85
	Senior Nursing Assistant	3	1.00	4.40
	Nursing Assistant	2	0.00	0.00
Theatres	Senior Charge Nurse	7	0.00	0.00
	Charge Nurse	6	0.00	0.00
	Registered Nurse	5	2.00	3.50
	Associate Perioperative Practitioner	4	1.00	0.50
	Senior Nursing Assistant	3	1.00	3.70
	Nursing Assistant	2	0.60	4.10
Total			7.35	26.01

Based on the projected phased expansion of the service, by 2035 there will be an expected requirement for 113.01 WTE additional staff, of which 59.39 WTE will be nursing staff. The overall numbers may be subject to change, based on any variation in activity over the years.

3.9.2 Future Workforce Demand

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. This should maximise the Consultants' time and eliminate duplication of any unnecessary steps in the patient's pathway. This will allow the service to optimise its workforce capacity to meet demand for the service through more integrated and collaborative working.

The future Ophthalmic service will continue to reflect the current service, that is Consultant led, supported by a multi-disciplinary team. It is anticipated that in the future the service may also undertake ophthalmological research and it may offer undergraduate and postgraduate medical training within the West of Scotland region.

Based on the workforce projections in 3.9.1 above, the capacity of each staff group is described in the subsections below.

3.9.3 Medical Workforce

Within the clinical model a mix of double and single theatre lists is planned, using a “twin theatre” design. This method of operating will enable us to significantly increase Consultant productivity at a time when there is a national shortage of Consultant Ophthalmologists and will therefore also support us in delivering a sustainable workforce model.

We currently employ one full-time and three part-time Consultant Ophthalmologists (3.6 WTE) and also staff sessions with visiting Consultants within the current service. For April 2020, we require an additional 1.7 WTE Consultant staff.

There is a national shortage of Consultant Ophthalmologists and in order to address this we propose to:

- ensure that the current clinic model, whereby optometrists undertake the patient examination and consent for surgery continues, thereby maximising the consultant time within clinic;
- minimise turnaround time within theatre and maximise consultant time within theatre by:
 - providing additional nursing resource for the higher volume lists; and
 - extending the role of theatre nursing staff to support nurse prepping and the potential to complete the writing up of the operational note; and
- continue to work more closely with other Boards in West of Scotland to fill the more difficult to recruit to Consultant posts by developing flexible and more attractive joint Consultant appointments, thereby supporting the wider delivery of Ophthalmology services across the West of Scotland.

The Clinical team within the GJF are keen to develop opportunities for junior doctor training rotations. The Royal College of Ophthalmologists have confirmed that there are currently 81 trainee ophthalmologists across Scotland, 36 of whom are allocated to the West of Scotland training programme. The design of the new unit has been developed to enable both peer support and supervision of training. Both the theatre and clinic design will provide a supportive environment for the training of junior doctors and opportunities for experience of cataract surgery. Within each twin theatre a large glass panel enables lines of sight that will enable peer support for all clinical staff and provide improved supervision for more senior junior doctors in 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 within the new unit will impact on patient throughput.

Initial discussions to support trainees at the GJF as part of their training rotation are positive and we are currently continuing discussions with the Training Programme Director for the West of Scotland programme around the conditions that need to be satisfied in order to progress, this ensuring that we meet the requirements set by the Royal College of Ophthalmologists.

3.9.4 Optometry Workforce

The Optometry workforce has continued to expand in recent years to meet the increasing demands on the service. The clinical model assumes that there will be an improvement in the clinic conversion rate from 75% to 85% and in order to continue to provide a more patient centred approach and make best use of hospital optometrist time we propose to:

- continue to work closely with NHS Education for Scotland (NES) to support the roll out of the recently developed e-learning module for all Optometrists in Scotland to increase the accuracy of referrals. This will support community Optometrists in discussing risks and options for cataract surgery and ultimately only referring patients who wish to go ahead with surgery. We have also been in contact with individual Boards to ensure accurate vetting of referrals; and
- ensure all routine post-operative reviews are undertaken within the community by community Optometrists. This change has already started to be implemented.

The Optometry workforce within NHSScotland increased from just over 20.0 WTE in 2007 to almost 50.0 WTE in 2015. According to the General Optical Council, 89 practitioners were employed within NHSScotland in September 2015, which represents 6.4% of the registered Optometrists in Scotland.

Within the GJF, we use Optometrists as part of our outpatient pre-operative cataract assessment patient pathway multidisciplinary team. The job is interesting, as many varied eye conditions are seen as part of the listing process. The model we use with optometrists supporting the Consultant Ophthalmologist enables us to list a possible of 48 patients per day.

Within our current Optometry workforce, we employ optometrists for a maximum of 3 days per week. If we were to employ full time Optometrists, they may lose other clinical skills, such as refraction and binocular vision assessment. Part-time appointments suit many Optometrists, as they can combine working in the community with working part-time at the hospital. According to the Optical Workforce Survey carried out in 2015 by the College of Optometrists, 65% of respondents worked full-time. Flexible working was the career preference chosen by the highest percentage of respondents in the survey. We plan to continue to offer part-time roles in the future service, and we do not foresee any difficulties with recruiting optometrists within that service.

The General Optical Council has approved pre-registration programmes at nine universities within the UK, including Glasgow Caledonian University (GCU). The number of places on BSc Optometry courses in the UK has increased overall in recent years and around 80% of GCU students are from Scotland. Over the last 3 years, there has been a 10% increase in student numbers at GCU with 62 students graduating with a BSc (Hons) in Optometry in 2018. The student intake numbers for 2018 increased to 71.

We currently support student placements from GCU for one day a week on a weekly basis during term-time. These placements provide an opportunity for students to gain insight into our Ophthalmic surgery service, such as observing the theatre procedures and following patients through our outpatient process to gain a better understanding of our clinical model.

We also employ bank staff to cover any absences. Optometrists are keen to carry out this role, as it gives them the variety in their career of working between community practice and hospital practice.

3.9.5 Nursing Workforce

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 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, resulting 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, and allowing 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 that are more specialised and specific to an area of practice, and 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, who 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, freeing 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.

3.9.6 Clinical and Non-Clinical Support Workforce

As part of the process to plan the workforce for the expansion, account has also been taken of the requirements of the clinical and non-clinical support services as the service expands. Additional resources required have been identified through discussion with the relevant heads of department and built into the revenue costs.

Discussions are also ongoing in relation to the expansion of our volunteer service to increase the workforce to support the new unit, which will support the expansion in line with the Volunteer Services Strategic Plan (2018-2023). This plan supports the need to explore new roles and service priorities for the next 5 years to increase the capacity within the volunteer service.

3.10 NHSScotland Academy

It is recognised that across NHSScotland there are a range of workforce availability challenges within health and social care. This proposed Academy model could be delivered at scale to address the widest possible range of medical, clinical and non-clinical roles. However, the model proposed in [2.9 NHSScotland Academy](#) above will focus on the opportunities to expand workforce availability and capacity on a phased and incremental growth basis.

The model will prioritise clinical workforce training for Nursing, Allied Health Professions, Healthcare Scientists and Pharmacists in the first instance. Later phase development will involve administrative and support services training pathways.

The Academy will deliver a sustainable workforce in line with the programme delivery for the SEUs, including the GJF expansion and the first SEU at NHS Forth Valley. Complementing the vision to deliver an effective commissioning model, the Academy approach will be predicated on the GJNH model of care, with a workforce model aligned to delivering the capacity and quality planned for the GJF expansion. Workforce modelling will also be based on the training needs analysis for each SEU and will encompass the lead times for incremental increases in recruitment and training numbers, as well as the provision of the clinical education resource to deliver the Academy approach.

The Academy models of training will facilitate and prioritise accelerated learning pathways through a dynamic and cutting edge mix of classroom, blended learning, self-directed study on intensive residential courses and direct clinical experience. The Academy will prepare staff to be e-literate and at ease with a range of digital and eHealth developments.

The Academy will use a wide range of facilities already in place at the GJF to accelerate learning and provide cutting edge skills acquisition such as:

- access to the clinical skills facility within the GJRI;
- a wide range of flexible training and conference facilities, for residential and non-residential training events;
- live-link facilities from the GJCH to the GJNH theatre suite and cath labs to enable learning and observation at scale, and interact with clinical teams in real-time environments;
- clinical simulation facilities; and
- a strong and well established approach to clinical education, senior clinical mentoring and training.

In addition, the Academy could be established to concentrate learning on an intensive residential basis at weekend and summer schools providing “Accelerator” courses and posts. This would enable a risk-sharing approach to be adopted where clinician and educator resource could be released for short periods from other NHS Boards to provide maximum mutual benefit.

The Academy would offer excellent opportunities to not only attract, but further strengthen, existing commercial strategic partnerships within NHSScotland. Careful analysis of the potential for sponsorship investment will be carried out to ensure that funding streams are sustainable and sufficiently flexible to enable the dynamic development of the Academy at scale.

This is a highly ambitious opportunity to match workforce with demand and provide optimal return on investment in SEUs, which will only be viable if delivered at scale. The logistics of delivery at the required scale are currently being explored and will be fully articulated as a priority in year one of the Board Strategy.

4 Characteristics of the Current Workforce

This section considers the GJF's workforce as at 31 March 2019. 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 such information can be found. However, key findings from the report are given below.

4.1 Key Findings

4.1.1 Sickness Absence

During the monitored period the average sickness absence rate for the Board was 4.8%, against the national standard of 4.0%. This compares favourably with the previous year's 5.1%. The most commonly cited reason for sickness absence during the monitored period was "Anxiety/stress/depression/other psychiatric illnesses", which made up just short of one quarter of sickness absences recorded, compared to just over one fifth of sickness absence the previous year. As a result, we have developed a range of interventions available for staff who have mental health issues. Over the last two years we have continued to focus on tackling stress in the workforce, recognising that this remains a significant factor in sickness throughout the NHS in Scotland. We know from staff that the causes of their stress are multi-factorial, including personal areas that we cannot directly address, but we understand that we might be able to help colleagues to manage these areas and provide additional support where appropriate.

In the coming year we will continue this work and also undertake work with [See Me](#), Scotland's Programme to tackle mental health stigma and discrimination. It is funded by Scottish Government and Comic Relief, and is managed by SAMH and The Mental Health Foundation. The Board is working with See Me to look at mental health and wellbeing in the workplace and to help to end mental health discrimination for staff members and patients. This work will also enable us to develop our approach to promoting good mental health and wellbeing, as well as reducing absenteeism resulting from mental health issues.

4.1.2 Youth Employment

Those aged up to 19 make up 0.1% of GJF's employees. However, comparisons with the local area and Scotland as a whole show that this age group is under-represented in our workforce: 6.5% of the working age population in West Dunbartonshire is aged up to 19; in Scotland it is 6.6%. At least in part this is because few of the jobs within the Board might be considered entry level and suitable for school leavers: many require further and higher education qualifications, along with professional registration. This also helps to explain why the proportion of those aged 20 to 29 is lower in the Board than is Scotland and the local area (12.9% at GJF; 19.4% in West Dunbartonshire; and 21.0% in Scotland).

GJF is working with a number of bodies with the aim of increasing youth employment in the organisation, such as Investors in Young People and Prince's Trust Scotland. We are also participating in the Young Student Employability Skills Programme and engaging with the MCR Pathways team to support the delivery of a mentoring programme for young people who are care-experienced.

4.1.3 Ageing Workforce

Our workforce is getting older:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.9% in 2019;
- the proportion of those working aged over 60 has almost doubled in that time, up from 3.4% to 6.7%;
- the proportion of those in the 30 to 39 age bracket has fallen from 29.6% to 26.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 27.4%.

Some job families are more affected by the ageing population than others: 41.9% of staff in Administrative Services are aged over 50; as are 80.0% of senior manager; and 46.5% of those in Support Services.

To overcome the risks posed by an ageing workforce HR will work closely with managers to develop a more integrated approach to workforce planning, by supporting managers with the local workforce challenges and high priority areas. Managers will be supported to analyse and interpret workforce data and consider future scenarios to ensure local workforce plans are in place.

4.1.4 Data Quality

The quality of information held in relation to the protected characteristics of GJF employees has improved considerably over the last few years, with a significant decrease in the proportion of staff for whom no information has been provided in regard to the protected characteristics, as can be seen in the table below. The main exception is disability, which has seen an increase in the period under review, following on from a decrease between March 2013 and March 2018.

	Proportion of staff for whom no information was provided							Difference Mar-13 to Mar-19
	Mar-13	Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19	
Race	22.6%	16.9%	14.8%	13.9%	13.5%	11.9%	13.4%	-9.2%
Religion and Belief	25.4%	19.8%	17.2%	16.0%	15.3%	14.5%	15.1%	-10.3%
Disability	14.1%	14.3%	12.4%	11.7%	11.5%	11.9%	16.1%	+2.0%
Sexual Orientation	20.0%	18.9%	17.8%	16.0%	15.4%	14.4%	15.8%	-4.2%

The table does show that in the four protected characteristics listed there was an increase in the proportion of staff for whom no information has been provided between March 2018 and March 2019, which may in part be explained by the introduction of the Electronic Employee Support System (eESS) (see below).

4.1.5 Electronic Employee Support System (eESS)

May 2018 saw the introduction and go live of eESS at GJF. This is the HR system that is being implemented across the Scottish Health Boards. The introduction of eESS appears to have had an impact on the quality of the data the GJF holds in relation to some of the protected characteristics, as can be seen in the table above.

It is unclear what has caused the reversal in the proportion of “No information provided” across these characteristics. It may in part be due to mapping of information between the old and the new system. It might also be due to members of staff having access to eESS, with the ability to change the equalities information that the system holds on them. It is hoped that ongoing efforts by the Recruitment Team to ensure that information is provided on commencement of employment, along with the implementation of a new recruitment system in 2018, will help to reverse these changes.

5 Supplying the Required Workforce

Progress on actions arising from the 2018/2019 Workforce Plan can be found in subsection [1.6 2018/2019 Action Plan Update](#).

This section highlights the actions that are required to allow GJF to successfully plan its workforce in 2019/2020 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](#)”.

5.1 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	Launch the GJF People Strategy to build, sustain and develop our workforce now and for the future	Director of Quality, Innovation and People	December 2019
2	Publish our 2019 equalities mainstreaming report, highlighting our achievements	Director of Quality, Innovation and People	May 2019
3	Continue to embed and realise the benefits of the “See Me” programme to tackle mental health stigma and discrimination	Director of Quality, Innovation and People	March 2020

5.2 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	Refresh our approach to workforce planning to support the expansion of our services and changing service delivery	Director of Quality, Innovation and People	March 2020
2	Work with other NHSScotland Boards to explore opportunities for hard to recruit roles	Director of Quality, Innovation and People	March 2020
3	Raise awareness of the development within the expansion programme and the career and training opportunities that this may present to the medical workforce	Expansion Programme Team	Ongoing
4	Review the working hours for the medical workforce to identify any risks and opportunities which this may present to maintain service delivery	Medical Director	Ongoing
5	Develop a new three-year strategy for the Golden Jubilee Conference Hotel, including the creation of workforce plans.	Business Development Director	March 2020

6	Establish an Implementation Group to oversee the requirements of the Health and Care (Staffing) (Scotland) Act 2019 for the provision of the appropriate staffing in the GJF, enabling safe and high quality care and improved outcomes for service users.	Nurse Director/Director of Quality, Innovation and People	March 2020
7	We will work with service managers and staff to scope workforce requirements of the following areas of service development and design: <ul style="list-style-type: none"> • CSPD; • Lung Transplant; and • SACCS. 	Director of Operations/Director of Quality, Innovation and People	March 2020

5.3 Capable Workforce

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

	Action	Lead	Timescale
1	Implement the new recruitment system, Job Train, and pilot the new Once for Scotland way of working for the West of Scotland Region for the recruitment of staff	Recruitment Manager	September 2019
2	Implement our revised approach to induction for all new staff	Head of Learning and Development	December 2019
3	Embed TURAS Learn for all staff, to ensure a consistent approach to learning and development	Head of Learning and Development	March 2020
3	Develop a Board-wide rostering policy to assure the provision of safe, effective and person-centred services.	Associate Director of Human Resources	December 2019
4	A new national HR Portal will be launched later this year across the eight national boards. Designed as an online platform for HR information, tools and support, the portal will allow staff to access and share tools, templates, Frequently Asked Questions and news to support them in their roles.	Associate Director of Human Resources	October 2019
5	Develop stronger planning and programme management structure to support ongoing developments within GJF.	Head of Strategy and Performance	March 2020
6	Develop the GJF Academy approach for the SEUs	Nurse Director	March 2020

5.4 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	Support the Prince's Trust to explore opportunities for young people	Recruitment Manager	March 2020
3	Review our approach to modern apprenticeships to ensure that we are making the most of the opportunities available across a variety of departments, including expansion roles. This will involve consideration of all vacancies approved through the Workforce Review Group and utilise social media to promote the apprenticeships.	Recruitment Manager/ Heads of Department	March 2020
4	Further explore apprenticeship opportunities with local providers, including graduate apprentices	Recruitment Manager	March 2020
5	Create a modern apprenticeship role within Business Services to support an apprentice to rotate across a variety of different areas within the team, enabling them to experience the whole process of the patient journey. This role will link to an apprenticeship framework once a vacancy is available.	Recruitment Manager	March 2020
6	Explore the options for improving the quality of protected characteristics data held on eESS	Director of Quality, Innovation and People	March 2020

5.5 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	Ensure leadership and development courses reflect developments at a regional and national level and refresh available opportunities	Head of Learning and Organisational Development	October 2019
2	Ensure coaching development from foundation level through to advanced roles, with responsibility for supervising and developing the coaching practice of others	Head of Learning and Organisational Development	Ongoing

5.6 Risks

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

5.6.1 Brexit

In 2019/2020 ongoing uncertainty over Brexit is likely to dominate the first half of the year, as we approach the October 31 deadline for the United Kingdom leaving the European Union. We undertook a staff survey in 2018 to gather information on staff affected by Brexit and a small number of responses were received, less than 2% of the workforce and we are keeping these individuals update on any additional information. Updated information to support the workforce through the Brexit process is available for staff on the local Intranet: <http://jubileestaffnet/index.php/staff-work/brexit/>. Regular communication with staff will continue throughout the year when updates are made available by the Government and other organisations.

5.6.2 Ageing Workforce

Analysis contained in the 2018/2019 Workforce Monitoring report indicates that our workforce is getting older:

- the proportion of those aged 50 to 59 has increased from 22.2% in 2012 to 26.9% in 2019;
- the proportion of those working aged over 60 has almost doubled in that time, up from 3.4% to 6.7%;
- the proportion of those in the 30 to 39 age bracket has fallen from 29.6% to 26.0%; and
- the proportion of those in the 40 to 49 age bracket has fallen from 31.6% to 27.4%.

Some job families are more affected by the ageing population than others: 41.9% of staff in Administrative Services are aged over 50; as are 80.0% of senior manager; and 46.5% of those in Support Services.

Further scoping of the workforce implications of the demand drivers in section 2 above needs to be undertaken to mitigate the risks of an ageing workforce. We will deliver a systemic, forward looking approach to workforce planning, which will allow us to plan and deliver a workforce over the next five years that:

- ensures we match capacity with demand, which will change each year due to expansion, and changing models of care and service delivery;
- enables us to develop the skill mix of our workforce to suit new models of care and ways of working; and
- supports the increasing range and scope of practice within different healthcare professions.

5.6.3 NHS Pension Consultation

The Department of Health and Social Care have recently announced an update to the public consultation on senior clinicians' pensions to provide more flexibility. The government wants to change pension rules for doctors, surgeons and other high-earning clinicians to allow them to take on extra shifts and treat more patients without losing out financially. This consultation is due to the annual pension allowance tax implications and the pension tax taper that significantly impacts on senior medial staff amongst others. These implications mean that for some staff, undertaking additional work can be financially punitive and as a result, some doctors are working fewer hours or retiring and as a result waiting times for patients are likely to increase. The proposals would mean that the new rules would allow senior clinicians to set the exact level of pension accrual from the start of each year.

It is noted however that whilst these proposals relate to the tax implications and the impact on senior medical staff, they also impact on other senior clinicians such as nurses, scientists, allied health professions as well as senior technical staff and senior managers.

As a Board we will ensure that we keep up to date on any information which the Department of Health and Social Care issue relating to the consultation process.

6 Implementation, Monitoring and Review

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

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