

Golden Jubilee Foundation



Golden Jubilee  
Foundation

Patients at the heart of progress



# Workforce Plan

2016/17

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## **Executive Summary**

Welcome to the Golden Jubilee Foundation's (GJF) 2016/17 Workforce Plan, which sets out the progress we have made in the past year along with our plans for the coming year.

The Scottish Government has set out a clear '2020 Vision' which states that by the year 2020 everyone will be able to live longer healthier lives at home, or in a homely setting. To achieve this vision we require the workforce to embrace what we are working towards. We will continue to work with the Scottish Government and our partners to deliver on this 2020 workforce vision which focuses on future service priorities and maximizing capacity to meet the priorities and demands of NHS Scotland. This 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 which is 'leading quality, research and innovation'.

In 2016/17 we plan to implement our new innovative Leadership Framework which is aimed at all levels of staff to support and encourage innovation, quality and the highest level of safety. This framework includes focused leadership training, a unique values based recruitment process, a university validated measurement of our Values and staff performance indicators. We will continue to invest in our values based workforce and deliver against the 2020 Workforce Vision to support the NHS and Scotland.

In the past year, the Foundation has continued to invest in the workforce acknowledging they are key to the delivery of our services. GJF has further expanded the current services it provides to NHS Scotland across Orthopaedic and Ophthalmology Services. The GJF continues to create an environment where staff can be moved flexibly across the organisation to ensure we deliver our clinical strategy. Over the last year, we have seen the introduction of new work patterns within our departments to support the provision of seven day services and the requirement to have safe, effective and high quality services for all patients seven days per week.

In October 2015 the First Minister announced plans to invest in and build six new elective treatment centres to meet demand for elective procedures over the next ten years. These centres, across five health boards, will carry out procedures such as hips, knees and cataracts and the centres should be operational between 2016 and 2021. This presents an exciting challenge for further expansion and construction of a new wing within the hospital site to contain additional operating theatres, outpatient consultation areas and diagnostic facilities. This development will allow for a further increase in staff across the range of staff groups we currently employ as well as giving us the opportunity to review and continue to develop innovative new roles and new ways of working.

The further expansion of our services not only provides exciting opportunities to enhance the service we deliver against the 2020 vision but also allows us to continue to work in collaboration with local partners.

**Jill Young, Chief Executive**

# 1 Defining the Plan

## 1.1 Introduction

The Golden Jubilee Foundation is the brand name for the NHS National Waiting Times Centre, which encompasses the following:

- The Golden Jubilee National Hospital;
- The Golden Jubilee Research Institute;
- The Golden Jubilee Innovation Centre; and
- The Golden Jubilee Conference Hotel (previously the Beardmore Hotel and Conference Centre).

The Golden Jubilee Foundation is unique within the NHS. A national institution, independently run by its own NHS Board, the Golden Jubilee Foundation is helping to re-define the concept of the public hospital, with a vision of “Leading Quality, Research and Innovation” for NHS SCOTLAND.

Set in a modern, purpose built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice.

Our 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.

We have made considerable progress over the last 12 months with a number of important developments and enter 2016/17 with challenging financial and efficiency targets. We remain committed to promoting the quality ambitions and will shape our workforce accordingly. Our ethos of partnership working will further develop and we will work closely with our Staff Side colleagues in meeting the challenges we face.

## 1.2 Purpose

### **Purpose of the Workforce Plan**

This workforce plan for the GJF staff describes the future workforce which we require in order to provide an efficient high-quality service. We describe our current workforce which will form the basis for our future workforce using “The ‘six steps’ approach to Integrated Workforce Planning”

The ‘six steps’ methodology has been developed by the Workforce Projects Team at Skills for Health and is widely used by NHS Organisations across the United Kingdom.

The 6 Steps Methodology sets out a consistent, practical framework that outlines the elements that should be contained in workforce plans whether they be at departmental, or Board or Regional level.

NHS Boards are required to demonstrate how workforce requirements are calculated, and present workforce plans for each department. Therefore, the GJF Board expects all departments to have workforce plans in place, which are available for inspection by Audit Scotland at any time.

The Board has developed an appropriate workforce planning tool which assists department managers to:

- understand capacity and capacity planning
- forecast staff requirements
- agree staffing according to peaks and troughs in activity
- plan the workforce according to service expansions.

As Nursing and AHP Departments within the Board already use a national workforce tool, it was therefore logical to review and adapt these existing tools to meet the requirements of non-nursing/AHP departments. Tailoring a workforce model and template based on the existing nursing model has enabled managers to formulate meaningful workforce plans according to their activities and, where appropriate, link this to patient activity.

### **1.3**   **Outputs**

We have analysed our current workforce figures extracting information from the human resources system, HR net. This is the baseline data for the workforce plan and the figures can be viewed in Appendix 1, page 33. Following discussions with senior managers and partnership forum colleagues in the Board and taking into account workforce developments over the next three years we will be able to project short term workforce figures. Our short term workforce figures will be published after 31 August 2016.

### **1.4**   **Scope**

At the 31<sup>st</sup> March 2016 the Board employs 1751 substantive employees including the Golden Jubilee Conference Hotel. The staff groups employed are;

Nursing  
Medical  
Allied Health Professions (AHP)  
Administration  
Ancillary  
Scientific

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

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

Affordability and efficiency are key priorities in the current financial climate and effective budget allocation and management in all departments is essential. Delivery of Board efficiency targets is a key priority and, as staff costs are the primary cost for the Board, new ways of working are required to meet efficiency targets whilst maintaining the high levels of service we deliver.

The strategies and plans described in section 2.1 are vital for influencing our future workforce and meeting efficiency targets whilst continuing to deliver first class services.

We continue to work alongside our staff side partners to ensure we deliver a safe and effective workforce for the future. We recognise that partnership working is essential to support the development and implementation of our workforce plans. There is staff side involvement through membership of the Board's Workforce Planning and Education Steering Group, and in specific teams reviewing service delivery/ skill mix requirements.

There is the requirement for scrutiny by the Partnership Forum, of the processes which support the development of the workforce plans, particularly with regards to:

- Development of Board workforce plans/projection
- Risk assessment of workforce change
- Impact of workforce element of service change on quality and safety

In order to support the efficiency and productivity agenda, finance workshops are held with Partnership Forum members and staff side members to identify possible efficiency schemes for the coming year and assess any workforce impact of these schemes. Throughout the year, Partnership Forum finance sessions are held to monitor the progress of the current schemes against plan.

<b>1.5</b>	<b>2015/16 Action Plan Update</b>
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The headline actions detailed in the 2015/2016 Workforce Plan have moved forward and our progress is highlighted below.

<b>What we said we would do:</b>	<b>Deliver Phase 5 and 6 Orthopaedic Expansion</b>
What we have done:	Successfully completed Phase 5 (September 2015) and Phase 6 (Nov. 2015) Orthopaedic Expansion.
<b>What we said we would do:</b>	<b>Deliver Phase 3 Ophthalmology Expansion</b>
What we have done:	Successfully completed Phase 3 Ophthalmology Expansion (Nov 15).
<b>What we said we would do:</b>	<b>Deliver year two implementation plan for the GJF 2020 Workforce Vision</b>
What we have done:	Year 2 implementation plan delivered in 2014/15.
<b>What we said we would do:</b>	<b>Continue with further investment in youth employment</b>
What we have done:	55 additional youth employment opportunities provided in 2015/16.
<b>What we said we would do:</b>	<b>Development of apprenticeships within the Board</b>

What we have done:	This was not progressed in 2015/16 as there was a lack of opportunities, however, developments have now been established with other Boards and West College Scotland.
<b>What we said we would do:</b>	<b>Continued development of workforce modeling within all staff groups in the Board</b>
What we have done:	Every department continues to have a local workforce plan and a nursing specific sub group has been established to address workforce planning within the largest staff group for the Board. A workshop took place in September 2015 with managers and partnership representatives in relation to implementing a seven day service. A further workshop will be arranged via the Board's Workforce Planning and Education Group.
<b>What we said we would do:</b>	<b>Implementation of Critical Care Advanced Nurse Practitioners</b>
What we have done:	The recruitment and selection process will be complete by May 2016 and students will commence the course in September 2016.
<b>What we said we would do:</b>	<b>Further develop and implement the Advanced Practice Strategy for nursing and AHP staff throughout the Board</b>
What we have done:	A scoping exercise has identified the need for a Lead Advanced Practitioner and we have also introduced an Extended Scope Practitioner to support the foot and ankle service.
<b>What we said we would do:</b>	<b>Work with the Golden Jubilee Conference Hotel to continue to meet workforce challenges in order to support the delivery of the 2020 Golden Jubilee Hotel Strategy</b>
What we have done:	The Hotel continues to have a local workforce plan and continues to work to meet workforce challenges in order to support the delivery of the 2020 Strategy.
<b>What we said we would do:</b>	<b>Develop a Leadership Framework</b>
What we have done:	The Leadership Framework was successfully developed and approved.
<b>What we said we would do:</b>	<b>Approve the Medical education strategy</b>
What we have done:	The Medical Education Strategy was successfully approved.
<b>What we said we would do:</b>	<b>Continue to raise awareness of the nurse revalidation programme which commences in December 2015.</b>
What we have done:	A Revalidation Lead Nurse was appointed to take the Board through the first year of revalidation, which commenced in April 2016.
<b>What we said we would do:</b>	<b>Continue with SLA with NES for Clinical Perfusion Trainee programme</b>
What we have done:	The SLA was continued in 2015, however NES will not continue to fund trainee placements beyond this.
<b>What we said we would do:</b>	<b>Continue to introduce and develop the ODP trainee role into Surgical Services</b>
What we have done:	No appointments were made in the last year due to the lack of students graduating, however, we have offered a post to a 2016 graduate to commence later in the year.
<b>What we said we would do:</b>	<b>Continue to progress the electronic patient record and consider workforce implications</b>
What we have done:	EPR continues to be progressed and the implementation is ongoing and will continue into 2016/17.
<b>What we said we would do:</b>	<b>Expansion of Research Nurse Workforce</b>
What we have done:	Additional posts have been funded by the Board to successfully expand

	the research nurse workforce to oversee research activity within the Board.
<b>What we said we would do:</b>	<b>Continue to develop a training academy for the recruitment and training of theatre staff.</b>
What we have done:	Both training academies have allowed for the successful training of Theatre Staff and Radiographers in a number of modalities across each service, which has assisted in maintaining skill mix within the departments.

## 2 Service Change

### 2.1 Drivers for Change

Following the national records of Scotland which were published in October 2011, and taking into account the further data releases have taken place over recent years, these records state that the number of people of working age is projected to increase from 3.27 million in 2010 to 3.45 million in 2020, an increase of 6%. This means there will be more people available for employment over the next 10 years.

Within Scotland, Glasgow has the highest percentage of people claiming workless benefits. Our local Board area of Clydebank has areas of high deprivation, workless and poverty. GJF will continue to work with local communities to engage and promote working at the Board to try and address these issues. On an annual basis the Board offers local youth employment opportunities in line with the Scottish Governments youth employment strategy. The strategy states that 1 youth employment opportunity should be offered for every one hundred staff employed by the Board. That equates to 15 opportunities for the Board being offered annually. In the past 12 months the Board has offered fifty five youth employment opportunities which exceed the Government target.

The range of drivers which have led to redefining the Board 2020 Organisational Strategy to replace are as follows:

- The delivery of the Health and Social Care Quality Strategy
- The Scottish Government route map to deliver the 2020 Vision
- Health and Social Care Integration
- Ongoing economic challenges
- The need for robust workforce planning within changing workforce demographics
- NHS Scotland 2020 Workforce Vision
- NHS Scotland Staff Governance Standard
- NHS Scotland Shared Services Programme
- Public health and health inequalities
- The further development of GJNH as a national resource
- Defining the ongoing Strategy for the Conference Hotel and Research Institute

The Board Strategy developments have been outlined as a set of options, which will be further discussed with stakeholders, and developed alongside existing relevant local and national strategies during 2016/17. These opportunities include:

- Continued expansion of our National Resource and Workforce within Orthopaedics, Ophthalmic surgery and review of demand for other surgical services;
- Continued delivery of the Scottish National Advanced Heart Failure Strategy and implement the recommendations of the recent National Organ Retrieval Review.

- Expansion of our campus to deliver additional local and national services, support Health and Social Care Integration and expand our Golden Jubilee Research Institute.

The key internal drivers can be defined as:

- GJF's 2020 Vision and Values
- The development of the Board's 2020 Clinical / Organisational Strategy
- The implementation of the Board's Leadership Framework
- Further development of our Board and its facilities as a national and regional resource
- Golden Jubilee Conference Hotel Strategy
- Golden Jubilee Research Institute Strategy
- Expansion of research, quality and innovation infrastructure and activities
- Continued commitment to Partnership Working
- The Board's framework for Involving People
- The values and expectations of the various Professional Bodies represented in the Board

## 3 Defining the Required Workforce

### 3.1 The Future Workforce

The Board continues to create an environment where staff can be moved flexibly across the organisation. It is particularly important for clinical staff to be able to safely move between specialties while working within their clinical competence limits. Our Learning and Development and Human Resources departments continue to support the achievement of a flexible workforce.

Appendix one illustrates the baseline workforce data of staff employed by the Board. Our workforce has increased by 63 staff over the previous 12 months and this will continue over the next 12 months and beyond as we continue to expand and develop services.

We continue to support the development of the national workforce agenda, particularly in respect of the various workforce work streams of resourcing and reform, resilience and relations and the new HR shared services agenda.

The development of strong links with other NHS Boards where there are opportunities to work collaboratively for workforce improvements and developments will continue during 2016/17.

#### **National Workforce Issues**

- It is recognised that the national economic and financial context may have an impact on the morale of our workforce.
- Pension and national insurance contribution increases have also had a considerable financial impact on take-home pay for all staff.
- From 6<sup>th</sup> April 2016, the introduction of the UK Government's new single rate State Pension will replace the current arrangements, which will result in employees who

- are members of the public pension schemes seeing an increase in National Insurance contributions that they pay.
- The pensionable age changes will necessitate changes to how the workforce is managed and incorporate flexible working policies. As staff members may work longer, if concerns emerge regarding an individual's physical ability, more emphasis on sourcing opportunities for refocusing skills and using expertise will need to be explored.
  - A review of all Band 1 staff within NHSScotland will be undertaken in 2016 in line with the National Review to assess the roles and responsibilities of staff on Pay Band 1 of Agenda for Change. As part of this review, consideration will be given to progressing those staff to Band 2 roles where appropriate.
  - The current benefits of the 'no compulsory redundancy' and organisational change protection policies in NHSScotland are recognised by staff and we continue to work with our staff side colleagues to review how we deliver our services, whilst improving quality balanced with ensuring efficiency and productivity. We are in the process of introducing the electronic employee support human resources system (eESS) to our Board and are fully engaged with the implementation of this new national system.
  - Work to deliver equitable and effective services over a seven-day service basis will involve further analysis of the available resources to deliver this scale of change on a national basis.

In order to support the demands on and changes within the services, we continue to use social media for advertising opportunities and our Communications team is continuing to explore opportunities to develop existing social media avenues. In the past few months we have also attended recruitment fairs, both locally and Edinburgh which has generated interest from individuals with a variety of different skill sets. Arrangements have been made to attend two further fairs in Dublin and London in coming months which will offer opportunities directly aimed at nursing, medical and AHP staff.

### **Ophthalmology Expansion**

The Board employs two full time and two part time Ophthalmic Surgeons. In addition, eight Optometrists were recruited to work in parallel with Consultant Ophthalmic Surgeons in clinic and ensure the surgeons spend optimal time with patients ready for surgery. At the beginning of 2015/16 we were tasked with delivering 4,800 cataract procedures on behalf of NHSScotland. However, due to the increasing demand of referring Boards, a business case describing how we would expand our capacity further was prepared and submitted to the Scottish Government for approval. Subsequently, following approval, our capacity increased in November with the aim of delivering an additional 500 procedures over the winter period in 2015/16. The full year effect of this expansion will result in the service delivering a total of 6,200 cataract procedures on behalf of referring Boards in 2016/17.

All patients referred to this service are seen on a 'see and treat' basis. It is our assumption, therefore, that a total of approximately 8,000 new outpatients will be seen in the ophthalmology service in the 2016/17.

In addition to the cataract activity currently being carried out within the Board, one of the Consultants provides an outreach service to NHS Orkney four times per year. During these visits, our consultant remains on the island for several days, during which time he sees a combination of new and return patients and also operates on the island. Our expectation is that this service will continue in 2016/17.

The ophthalmology service has undergone significant redesign in order to accommodate the most recent expansion. However, as for orthopaedic surgery, the current physical infrastructure prohibits any further expansions to this service.

### **Orthopaedics Expansion**

Orthopaedic surgery continues to be in high demand. In response to this demand, we initiated our fifth consecutive orthopaedic expansion in September 2015 and our sixth expansion plan in November 2015. The full effect of this expansion amounts to 450 primary joint replacements (or equivalent) and an additional 1200 foot and ankle procedures per year.

Taking into account the expansion outlined above, the 2016/17 target for orthopaedic joint replacements is based on 4,200 primary joints and 700 intermediate orthopaedic procedures.

Physical capacity in our current laminar flow theatres is now fully utilized and operating has extended to Saturdays on a permanent basis from October 2015.

### **Orthopaedic outreach clinics**

During 2015/16, our Consultants continued to provide outreach clinics for NHS Highland, NHS Shetland and delivered a 'test' clinic in NHS Orkney.

The agreement with these Boards was that the patients who required surgery would have their surgery carried out at the GJNH. It was also agreed that in order to avoid unnecessary travel for patients, their companions and the Orthopaedic Consultants, patient follow up would be managed via a telehealth link. To date, a total of approximately 550 new out patients have been seen in these outreach clinics with very positive feedback having been received from the patients, the consultants and host Boards. This model of care will continue to be delivered to patients in NHS Highland and NHS Shetland during the period from 2016 to 2019.

### **Advanced Critical Care Practitioner**

Within Critical Care, the Advanced Critical Care Practitioner (ACCP) role has been developed and the recruitment and selection process for these roles will be completed early into 2016. Students will commence training in September 2016 and this role will support the delivery of Critical Care by providing a 24 hour service seven days a week. This role will offer support for level three critical care patients and will receive clinical leadership and management from the medical team. The ACCPs will be affiliated to the Faculty of Intensive Care Medicine.

### **Theatre Academy**

Within Theatres, there has been the introduction of new initiatives in order to address the challenges, which are local, national and international, in recruiting training theatre staff. The Board developed a Theatre Academy for the recruitment and training of new nursing graduates. The Academy will provide new nursing graduates with a period of 9 months supernumerary status for training in all aspects of the theatre practitioner role. Once the trainees successfully complete the required competencies and meet the required recruitment criteria, they will be offered a vacant position. This initiative will also ensure that the future workforce within theatres will possess core skills and knowledge within all specialties within the theatre suite.

Of the first cohort of staff who started the programme in September 2015, which consisted of three staff, this has resulted in training being completed and undertaken within roles such as anaesthetic assistant, thoracic scrub, general surgery scrub, training within areas such as PACU. The trainees have a mix of clinical supernumerary time, self directed learning days and classroom days and they have detailed workbooks to enable learning and are progressing well through this. All three trainees undertook an in-house progress exam in March 2016 and all were successful in passing the exam. The feedback from the trainees within the first cohort has been very positive to date.

Two further trainees commenced the programme in January 2016. We have also been assigned a business manager from the University of the West of Scotland to work with us in achieving the academy being accredited to honours level.

### **Associate Theatre Practitioners**

The Associate Theatre Practitioner role has continued to be developed whereby individuals are trained in-house in response to local, national and international difficulties in recruiting qualified theatre practitioners. There are currently five Associate Theatre Practitioners (Band 4) employed across Theatres, and we are attracting overseas candidates to this role. There are a further three staff members undergoing a period of supernumerary observed practice. The candidates for this role are existing healthcare support workers who, following a stringent selection process, are supported through a SVQ Level 3 – Perioperative Healthcare.

### **Future Capacity at GJF**

Following the recent expansions over the last few years, there is now minimum theatre capacity available to further develop existing services or create new services within the hospital. However, some examples of opportunities that should be explored are:-

- Ophthalmology theatres could be relocated away from the main theatre suite to a purpose build Ophthalmology Unit that would encompass theatres, recovery and outpatient services. As well as continuing the focus on continued service redesign and improving productivity, this would also release space in the main theatre suite to develop existing or new services.
- Endoscopy could be relocated away from the main theatre suite to another part of the hospital where a larger service could be developed.
- Capacity could be made available to either relocate or further develop a general or plastic surgery service within the hospital. These services are currently delivered by visiting or locum consultants. More robust services within a substantive workforce would add quality and value to NHSScotland.
- Currently, Boards request MRI activity that exceeds our capacity. Our MRI capacity could be expanded by extending the working day on the machines and by commissioning another unit.

### **What will we do in 2016/17**

<b>Future Drivers</b>	
<b>What we will do:</b>	Deliver the Staff Governance Plan for 2016/17 which incorporates the 2020 Implementation Plan, Staff Governance Action Plan and iMatter action plans into one overarching plan.
<b>What we will do:</b>	Continue with further investment in youth employment through collaboration

	with West College Scotland.
<b>What we will do</b>	Continue to explore Modern Apprenticeship opportunities in GJF and collaboratively with West College and/or another Health Board.
<b>What we will do:</b>	Continued development of workforce modeling within all staff groups in the Board
<b>What we will do:</b>	Develop a three year AHP Strategy throughout the Board.
<b>What we will do:</b>	As part of the Advance Practice Strategy, introduce a Lead Advanced Practitioner within the Board and implement the strategy with education, research and leadership work as a facet of all advances practice roles.
<b>What we will do:</b>	Work with the Golden Jubilee Hotel to continue to meet workforce challenges in order to support the delivery of the 2020 Conference Hotel Strategy
<b>What we will do:</b>	Implement the Leadership Framework within the Board.
<b>What we will do:</b>	Implement the Medical and Nursing Clinical Education Strategies.
<b>What we will do:</b>	Implement Human Factors and Quality Improvement training across the organisation to every employee.
<b>What we will do:</b>	Deliver the Advanced Critical Care Practitioner role across Critical Care.
<b>What we will do:</b>	Undertake a review of Agenda for Change Band 1 staff within the Board.
<b>What we will do:</b>	Contribute fully to the National Organ Retrieval Service.
<b>What we will do:</b>	Continue to progress the electronic patient record and consider workforce implications
<b>What we will do:</b>	Continued development of the training academies for the recruitment and training of theatre and radiology staff.

The challenges described above will all have a further impact on our workforce over 2016/17 and will have an impact on our baseline data detailed in appendix one by staff group.

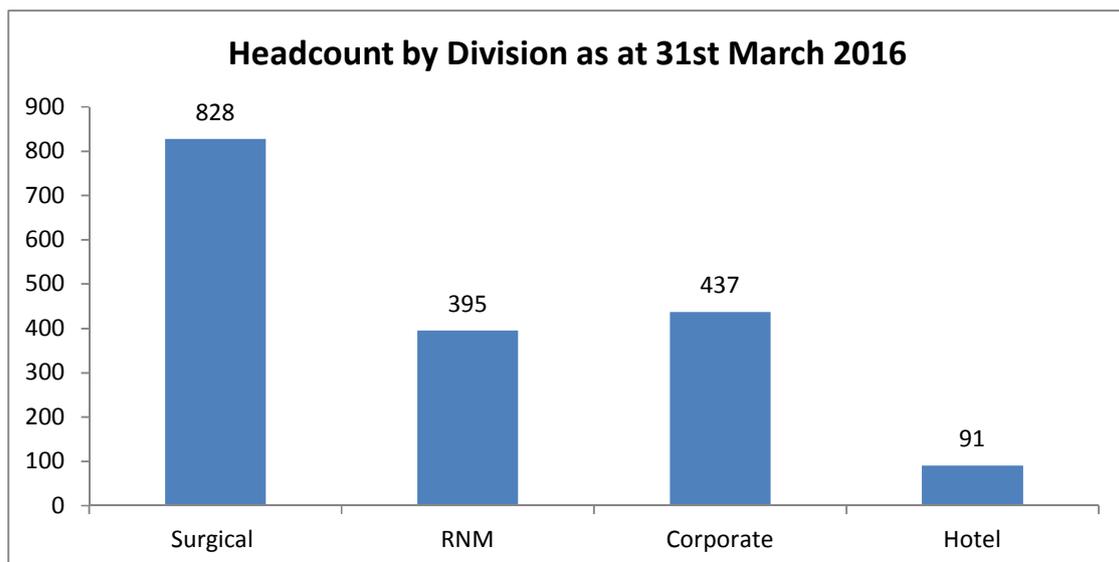
## 4 Workforce Capability

### 4.1 Current Workforce

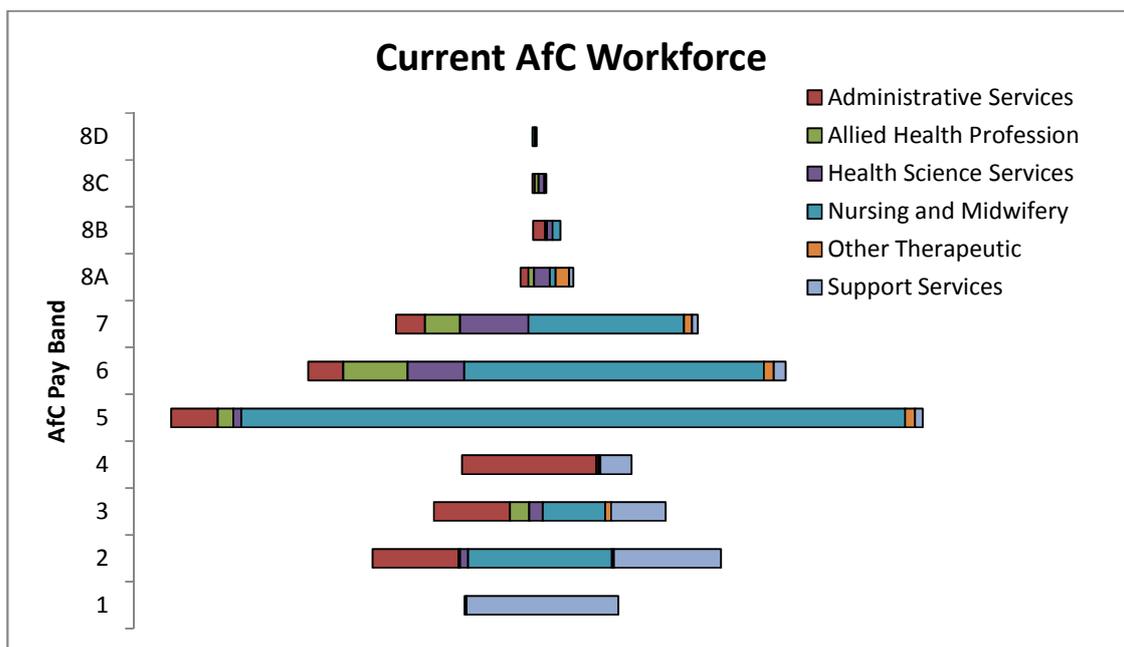
This section provides details of the workforce currently employed within GJF under a series of headings outlining:

- Current staffing numbers.
- Workforce profile by Staff Group.
- Equalities Profile.
- Turnover.
- Retention.

The number of substantive staff employed by the Board at the end of March 2016 is shown below by Division. As the organisation continues to expand, staff headcount has increased in the past 12 months by 63 to a total of 1,751.



The number of staff across all Divisions has increased which can be aligned to an increase in activity across the clinical divisions and continued expansion over the last 12 months. The following graph illustrates the Christmas tree formation of the Board in terms of Agenda for Change bandings and job families. Nursing is still the largest staff group and influences the overall shape of the Board as shown by the high numbers in band 5. The shape of the workforce has not changed significantly since the 2015/16 workforce plan but has continued to evolve over the past five years regarding skill mix and enhanced roles. This will be detailed in each section by staff group and with a comparison against the Christmas tree graphs from 2013/14 where noticeable differences can be viewed.



## Workforce profile by Staff Group

### Medical Workforce

At the 31 March 2016, the Board employs 121 medics including doctors in training which represents an increase of 21 medics from 31<sup>st</sup> March 2015. We had expected an increase to our medical workforce over the last twelve months due to further expansions which were taking place during that period.

We have a significant permanent workforce in Anaesthetics, ITU including Cardiac, Cardiothoracic Surgery, Orthopaedic Surgery and Cardiology. We continue to utilise visiting consultants to assist with general surgery which is a fairly complex rota and is a challenging service to deliver. This challenge would be alleviated if we could attract an appropriate surgical programme which required the presence of general surgeons on site in a substantive capacity. This would allow us to provide support to Boards on a routine basis, potentially for a wider range of procedures and would also improve support to the cardiothoracic programme. We continue to use visiting consultants to deliver plastic surgery procedures, however, we have now recruited a part-time Consultant Orthopaedic hand surgeon to supplement the group of visiting plastic surgeons.

Over the last twelve months, we have successfully recruited to all of the Anaesthetic Consultant vacancies within the Board. There continues to be a national shortage of anaesthetists therefore further recruitment challenges can be expected. Recruitment to middle grade posts continues to be challenging which is not unique to our Board. Currently the Anaesthetic rota is covered by seven deanery rotational posts which are supported by two post CCT fellows who are normally from overseas, a Glasgow University research fellow and an Associate Specialist.

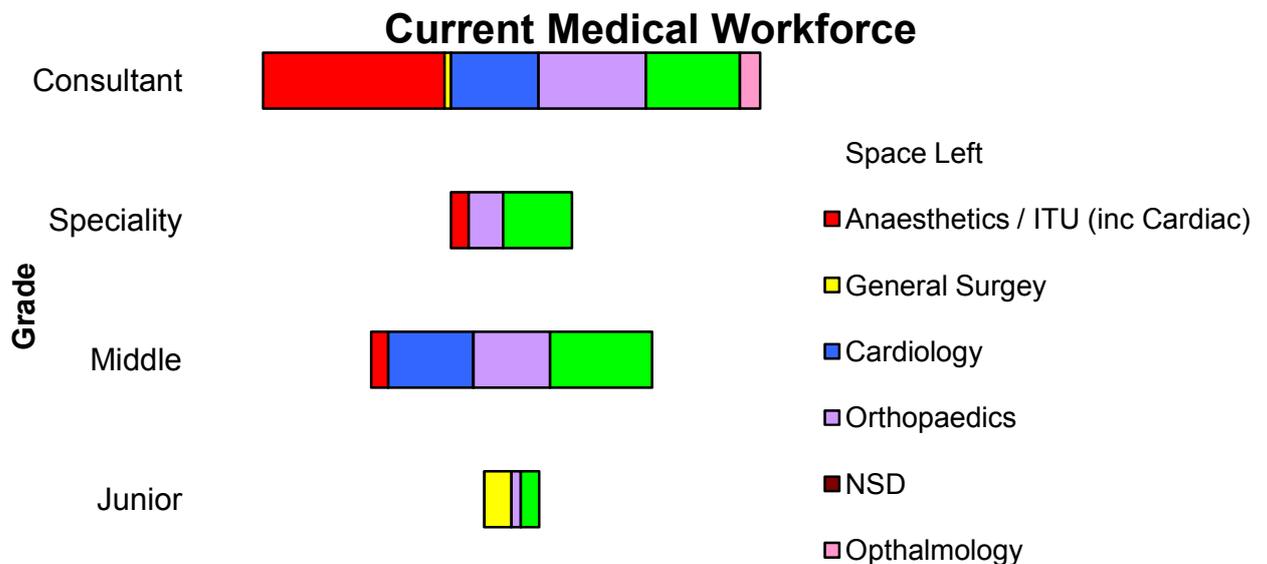
In addition, there are challenges in the recruitment of Consultant staff to the National Services due to national shortages in the very highly specialised skills required. We continue to utilise and explore more innovative approaches to delivering service-specific training.

Over 2015/16, both the Board and University of Glasgow have continued to experience difficulties in recruiting to junior doctor posts (RMOs). The RMO rota provides medical cover to the non-cardiothoracic wards and the orthopaedic pre-operative assessment clinic. The RMO rota has been redesigned and most of these posts have been replaced by Orthopaedic Research Fellows and Improvement Fellows. More recently, a redesign of the outpatient service removed the need for RMOs within the pre-assessment as the role has been replaced by a combination of pharmacists and nurse practitioners.

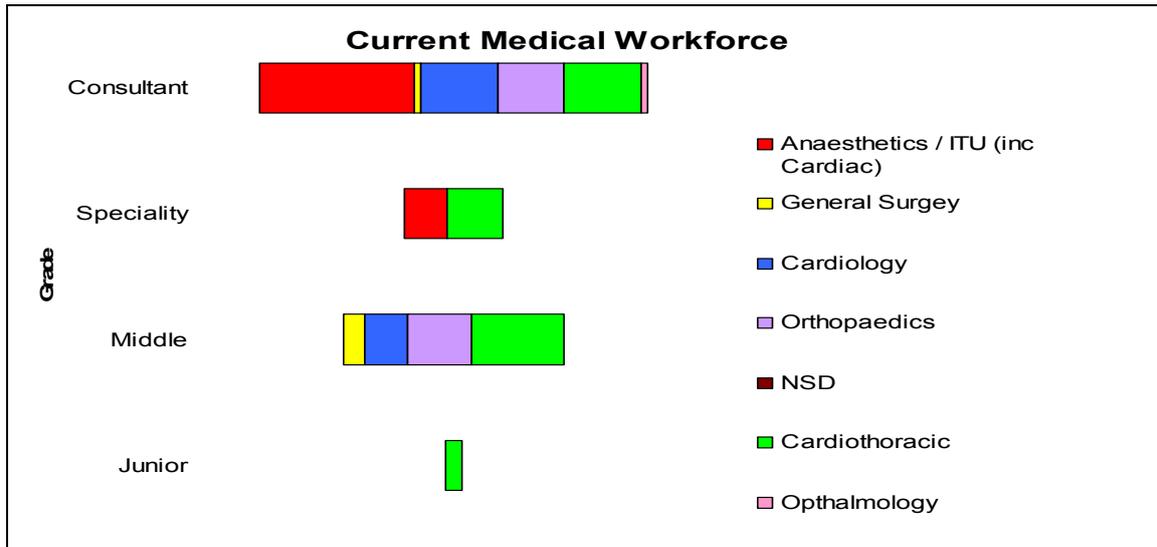
The Scottish Adult Congenital Cardiac Service (SACCS) has experienced recruitment difficulties over the past two years due to the limited pool of staff available nationally and internationally. The board has attempted to recruit on several occasions to the Consultant grade without success, however, progress has been made in recent months and two offers have been made to Consultants.

We have introduced an e-Job Plan system which will facilitate the process of job planning as set out by the national consultant contract and Associate Specialist/Specialty Doctor contracts. This will allow us to populate, review and sign off job plans in one place. This system also provides the facility to manage and report on current and historic information at an individual, departmental and organisational level, presenting a valuable opportunity to maximise efficiency through increased transparency.

The 2016/17 Medical Workforce Christmas Tree can be viewed below.



The 2013/14 Christmas Tree illustrates that we employed more junior doctors than we currently do but we employ more clinical fellows currently which are flexible roles which support service delivery. We currently employ more Consultants and Speciality doctors due to expansion and increase in capacity over the last three years.



### Nursing Workforce

Our Board Nursing Strategy ensures that all of our 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 Board's Advanced Practice Strategy gives us the blueprint to scope and determine advanced nursing roles in a national and local context. This ensures that these roles currently and in the future are underpinned by autonomous practice, critical thinking, problem solving and high level decision making. Examples of these roles are Hospital at Night, Advanced Nurse Practitioners, Acute Pain Nurse, Tissue Viability, Infection control and Clinical Nurse Specialists across the Divisions.

Our workforce and workload planning is underpinned by both local and national validated workforce planning tools and these continue to be further developed. They give cognisance of the importance of the triangulation approach.

We have a standardised approach to the utilisation of supplementary staffing (bank, overtime and agency). There is an escalation policy in place and this echoes the national drive for a cohesive approach.

Measuring the Nursing Workload and Workforce Planning (NWWP) is a critical aspect of ensuring that care and interventions for patients are being delivered in the 'right place' at the 'right time' by a nurse who has the 'right skills and education' to do so. Over a long period of time there have been attempts to get the tools for measuring NWWP to be a correct 'fit' for the job they are designed to do.

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

#### Specific Tools

- National Tools e.g. Adult-Inpatient, CNS, Peri-operative
- Local nursing workforce tool
- Senior Professional Judgement

Within the 2 Divisions we utilise 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. There is still progress being made in this shift which will be closely monitored throughout the plan. Our Nurse Director has also established a nursing workforce and workload working group to specifically focus on developing sustainable workforce models to support our changing workload across our clinical services, recognising patient dependency, increased complexity and existing nurse roles. It is anticipated that this will result in a more efficient and effective workforce model to meet our future demands.

The Nursing and Midwifery Council have made changes to the way in which nurses and midwives continue registration with the professional body. From 1<sup>st</sup> April 2016, the NMC process of revalidation for nurses and midwives came into effect. All practising nurses and midwives must be registered with the NMC and revalidation is the new process by which nurses and midwives will demonstrate that they practise safely. Revalidation is a three yearly process which allows nurses and midwives to maintain their registration with the NMC and builds on existing arrangements for the renewal of that registration. The Board has appointed a temporary Revalidation Lead Nurse as we continue to support the revalidation process for our nurses.

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

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

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

Within the Division, our two Advanced Heart Failure Nurse Co-ordinators and our Regional Heart Failure Nurse Co-ordinator are working more closely to look at streamlining the service to provide an improved patient centred approach. One example of this is that appointments are booked by support staff as opposed to the nurse co-ordinators to free up the senior staff to undertake more complex patient care activities.

The SACCS nursing team has explored opportunities to develop the nursing roles to become a more efficient service. Additional nursing resources are now in place to support Outreach clinics which provides an improved service for patients across Scotland.

Within Cardiology, the Advanced Nurse Practitioners now carry out nurse led Electro Physiology clinics which provides a more effective treatment of cardiology patients as well as reducing cancellations for surgical procedures.

Skill mix across the Division is under continuous review and work is underway to ensure that the correct mix of staff is available for patient care, with resources that are maximised to ensure the most effective delivery of safe, person centred care. The next few years hold both significant challenges within economic constraints but also significant opportunities for our staff to gain as much experience and translate that experience in to providing high quality health care whilst in a role in which they are proud to practice.

### **Surgical Specialties Division**

The surgical division has work from two distinct sources. These are the regional patient flow for cardiothoracic services in the west of Scotland and this Board's unique position as the national waiting times centre for Scotland.

There has been significant review and ongoing redesign of the nursing teams within the Division to meet the need of ever changing services and expansions within the ward areas and within the Outpatients department. The core principles to this are having a workforce that is enabled to meet the needs of the service for patients going forward with staff being in the right place at the right time with the appropriate skills required. This requires a dynamic nursing resource where great emphasis is placed on education, training and development. Examples of the role developments which have taken place have been the introduction of Band 6 Pre-Op Practitioners within the Outpatients Department, the review of Senior Charge Nurses within ICU and Theatres and we have also seen an increase in nurse prescribers across the nursing workforce.

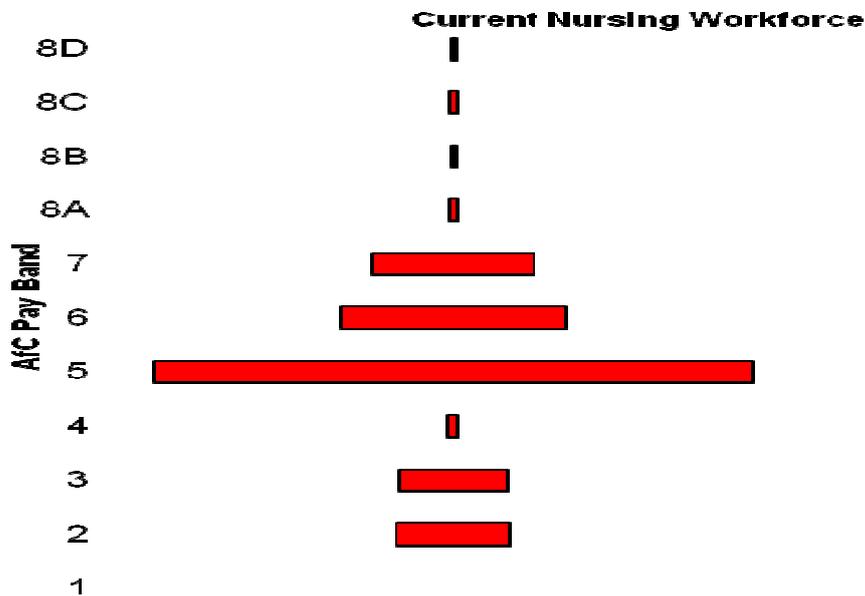
We have centralised our pre-op service within the hospital and have put in place a Senior Charge Nurse who is dedicated to the pre-op service. As part of the revised service, we have increased the number of band 6 pre-op practitioners.

With the acquisition of new Ophthalmology equipment, this has provided us with the opportunity to up skill the Band 3 Nursing Auxiliary role with the potential to alter the skill mix within the wards.

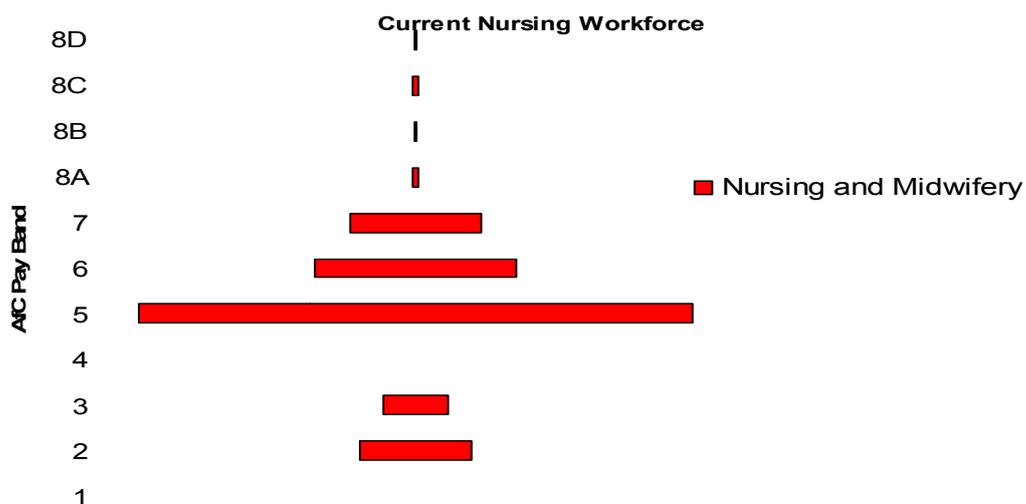
Within Theatres, we have commenced training within the current Band 2 staff in SVQ level 2 in order to provide opportunities to gain skills and knowledge required to be appointed to a Band 3 post in the future.

Following the review of UK transplant service, we have agreed to provide a retrieval service from the hospital. This will involve a trained anaesthetic assistant and a scrub nurse participating in an out of hours rota to support the National Organ Retrieval Service. This service represents an exciting opportunity for the team involved.

The graph below illustrates the Christmas tree formation of the Board Nursing Workforce for 2016/17.



The following Christmas tree is from 2013/14. By comparing this tree with our current position, we have retained approximately the same number of nurses within the Band 5 range. We currently employ slightly more nurses within the Band 6 and 7 ranges and this reflects the expansion of our services to include a review of the Senior Charge Nurse roles (ICU and Theatres) and the increase in nurse specialist and advanced practitioner roles within the services. We have continued to increase the overall numbers of Band 2 and 3 staff and work is ongoing around the balance of our registered and unregistered workforce. In comparison to the 2012/13 data, we currently employ more staff, six in total, within the Band 4 role which reflects the introduction of the Associate Practitioner role.



## **AHP Workforce**

The Allied Health Professionals (AHP's) are a diverse group of statutory registered practitioners who deliver high quality care to patients across a wide range of care pathways and in a variety of settings. The AHPs play a key role in driving up productivity in line with the quality agenda, reducing hospital admissions and length of stay. Work is currently underway nationally on a revised workforce tool for AHPs and once this is rolled out, we will adapt this workforce tool as appropriate.

We currently employ 120 AHP members of staff which is an increase of 17 from 2015.

## **Allied Health Professions Clinical Strategy**

AHP services within the Board are currently developing a three year clinical strategy which centres on improving the staff experience. The AHP National Delivery Plan will now be superseded by the Active and Independent Living Improvement Programme. This will focus on early intervention and enablement and an ANP Strategy will be developed which will support both the Board's 2020 Vision and the Leadership and Innovation Framework.

There are a number of recommendations which continue to be taken forward nationally in unscheduled care and radiology. AHPs have developed the action plan focusing on leadership and service improvement.

## **Rehabilitation Services**

The Rehabilitation department has provided a seven day service since 2014, restructuring the existing staff model and recruiting additional resources to deliver services in orthopaedic and cardiothoracic surgery every day of the week. Some of the new roles and developments within this service are described below.

The Band 4 Physiotherapy Assistant Practitioner role continues to facilitate the timely discharge of orthopaedic and cardiothoracic patients, releasing the qualified therapists to progress more complex patients. The introduction of this role has effectively changed the skill mix within the Rehabilitation Service within Orthopaedics and Critical Care and we currently employ 5 Physiotherapy Assistant Practitioners.

The first Band 4 Occupational Therapy Assistant Practitioner role has been introduced and is being trialed within the service with a view to establishing this new role in the future. This role will also change the skill mix within the service to release the qualified Occupational Therapists to work with more complex patients.

We now have a part time Speech and Language Therapist on site within the department who provides a dedicated service to our patients over six sessions a week which will incorporate weekend working. The aim is to develop this role over the next three years and provide it from a small team of therapists. This approach will prevent the risk that a single staffed post runs whereby there may be no service provision at times of planned and unplanned leave.

We have also introduced a Band 7 Extended Scope Practitioner who provides a physiotherapy service within the foot and ankle clinic. The Practitioner has completed their competency training and is now working in parallel with the Orthopaedic Consultant; it is anticipated that the individual will be working fully independent within the current year.

The first AHP non-medical prescriber has just completed their training within the service and as this Physiotherapist provides a service through Occupational Health, they are able to support staff by starting to prescribe to staff in order to promote wellbeing and will assist in addressing health issues at an early stage to promote attendance at work. .

## **Dietetics**

The Dietetics Service has continued to focus on education with other staff groups and has been involved in the core training for nursing staff within the Board in relation to nutritional screening. As part of this programme, the Dietitians attended every core training session to raise the profile of the Malnutritional Universal Screening Tool (MUST).

As part of *Learnpro* an e-learning module 'A MUST for Healthcare,' is now available for staff at the hospital with 127 completions in 2015/16.' This has replaced the rolling programme offered at core training although bespoke sessions are still available on request. The MUST tool audit was suspended in 2015 due to developments with *Lanquip*.

Patients with diabetes awaiting cardiac surgery are now being screened by the Cardiac scheduler and dietitian. For those patients with an HbA1c >70, surgery could be delayed, cancelled and/or result in serious post-operative complications i.e. infection. This patient group is now being screened and offered a dietetic consultation to improve blood glucose control via educational intervention.

*Lanquip* was stopped at GJNH in December 2015. The Dietetic Service plans to replace the nutritional component of *Lanquip* with a local audit of MUST completion. This task will be attached to the role descriptor for FFN-link nurses and will involve review of 5 record cards per week in ward areas where patients remain for greater than twenty four hours.

The Dietetic Service's strategy for 2015/16 is to increase the amount of outpatients reviewed. This will include those patients with broken pressure areas and a MUST score of more than one, patients with diabetes and those deemed high-risk at pre-assessment. This will enable us to achieve our 50% one to one target for a greater number of months, regardless of ward referral rates. A quality bid was submitted in spring 2016 around the recruitment of a band 5 dietitian with a 'Prehabilitation' remit.

The department of Clinical Nutrition is offering a new dietetic service to Transitional patients from the Royal Hospital for Children. A conventional clinic appointment may not be the most appropriate route for adolescent patients and therefore a group education session has been developed. The objective is to discuss health-eating advice and so, reduce secondary cardiovascular disease in a vulnerable patient group.

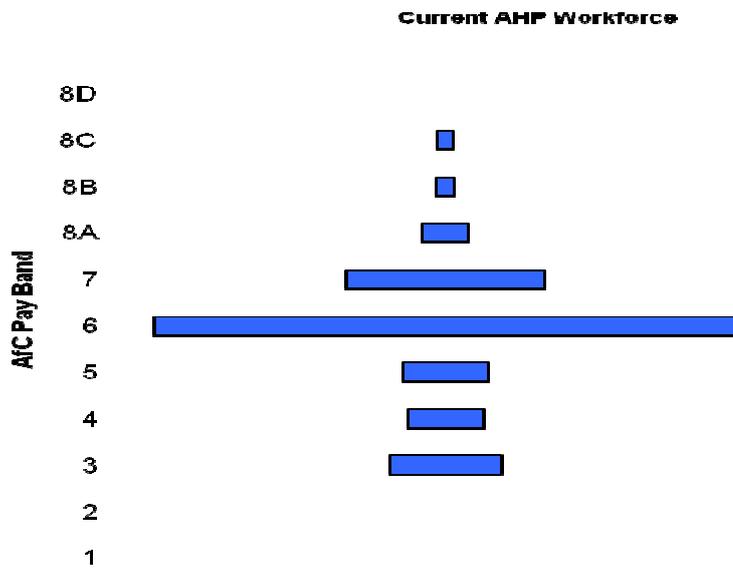
## **Radiology**

Since its inception two years ago, the Training Academy has supported the training of 12 Radiographers in 2014 to 2015 and a further sixteen Radiographers between 2015 and 2016 across the majority of modalities including CT General, CT Cardiac, MRI General, Cardiac EP and MSK Reporting. The training academy has been invaluable in maintaining the skill mix over the last two years, ensuring that sufficient staffing levels are maintained to allow the department to constantly have one or more member of staff training in the specialist areas.

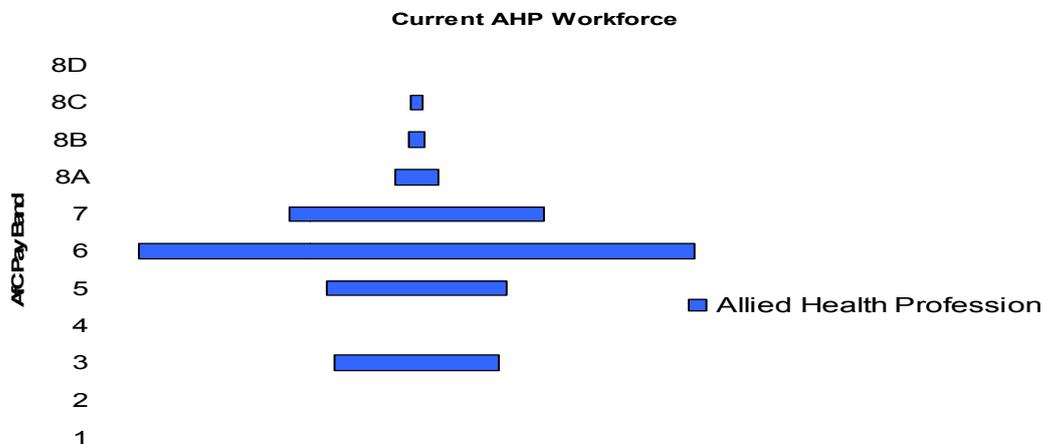
The Department now has two fully trained reporting Radiographers who report the majority of plain film orthopaedic exams. This frees up Consultant Radiologists to report on more complex imaging and the service has been a great success.

A mobile MRI facility has been in place on the hospital site for the last two years. Over 2015/16 usage has increased from two to five days per week as the demand has risen over this period. With the MRI scanner being secured for 5 days per week throughout 2016/17, this presents a challenging schedule to process and book this significant number of patient referrals and ensure that reports are issued within Waiting Times guarantees. To support the mobile MRI, a permanent post within the booking office and three temporary band two posts have been created; their role is to meet and greet patients and escort them to the scanner.

The graph below illustrates the Christmas tree formation of the Board AHP Workforce for 2016/17.



The following graph illustrates the 2013/14 Christmas tree formation for AHP staff. The current graph indicates the addition of staff within Band 4 within this group which reflects the development and introduction of new roles such as the Physiotherapy and Occupational Therapy Assistant Practitioner Roles. There has been a decrease in the number of posts above Band 7 following a restructuring and realignment of AHP services within the Board over recent years.



## **Health Science Services Workforce**

The Board currently employs 82 members of staff in the Health Care Science job family, which represents a decrease of fifteen staff since last year. Health Care Science employs staff in Laboratory, Cardiac Physiology, Phlebotomy, Perfusion and Surgical Care. The majority of Health Science staff are employed on bands 6 and 7. There are several band 8 posts which have attained that level of banding for clinical expertise.

### **Cardiac Physiology**

There has been an increase in activity for the cardiology physiology service as a result of the expansion of services. This has included the provision of additional cath lab sessions to expedite the opening of the new cardiology ward and an increase in Echo demand and research studies. Physiology staff within interventional cardiology continues to play a key role in ongoing research within the cath labs.

Cardiac Physiology has now moved onto the RIS booking system and this has been of great benefit to booking and arranging Echo appointments, reducing unused and non-attendance at appointments as well as offering patients a more efficient and effective appointment service.

Further funding has been provisionally approved to support the continuation of a full time research post within Cardiac Physiology. This post has become increasingly busy with a long term strategy for this to become a substantive role within the Research and Development department. There is also a proposal to fund a new Band 5 cath lab post which will allow the highly specialist physiologists to take up the additional complex work within the service.

We continue to experience difficulties in appointing Cardiac Physiologists and there is a national shortage of both Echo Cardiographers and Electro Physiologists. We are exploring the option to develop a training academy approach to respond to national recruitment challenges within Cardiac Physiology.

Work has taken place to convert an existing post to incorporate a part time educator and a training co-ordinator. A further training post, Band 6, has been created within the department and this individual will transfer to a Band 7 upon satisfactory completion of an accredited training programme.

### **Laboratories**

Within Laboratories a review of the current working patterns and on-call arrangements was undertaken in 2015/16 within haematology and chemistry. Due to the large volume of work resulting from the service expansions this involved a service redesign to adopt a shift pattern. This has required additional resources to cover the service and four staff at Band 6 were appointed to support the service. This new model was introduced in May 2015 and has resulted in a more effective and responsive service over a seven day service.

Staffing levels within the Microbiology Service have been reviewed in line with service needs and now provide a seven day service. This has involved a change in work pattern to provide an extended day service (8am to 8pm) during the week and also weekend working over Saturdays and Sundays (8.30am to 4pm). Following the demands of the recent orthopaedic expansions, the Laboratories service may need to review these work patterns to consider extending weekend working until 8pm.

The Medical Laboratory Assistants, Band 3s, continue to provide cover within the service over a seven day work pattern. This work is continues to be covered by bank or overtime shifts.

The laboratory service continues to progress with cross-training between haematology and chemistry in the longer term in order to optimize the service.

**Perfusion**

The Board co-ordinated the NES funded training programme for Clinical Perfusionists in Scotland, organising academic training and clinical placements for candidates nationally. NES are no longer going to provide funding for our trainee placements in the current year and we plan to continue with the relationship with NES to explore support to fund future trainee clinical perfusionists.

We have recently seen the first NES trainee qualify to basic level and we have retained this individual through recruitment and appointment into a Band 7 position within the department. Currently we have a final year student, funded by the Board, who will be expected to qualify to basic level in Autumn 2016 when they will receive their postgraduate diploma in clinical perfusion science. In addition to this, we have a trainee from another Board who is undertaking their training within our Perfusion department; they will also be due to qualify in Autumn 2016. Once qualified, this individual will continue to undertake part of their role within the hospital as well as working within their host Board.

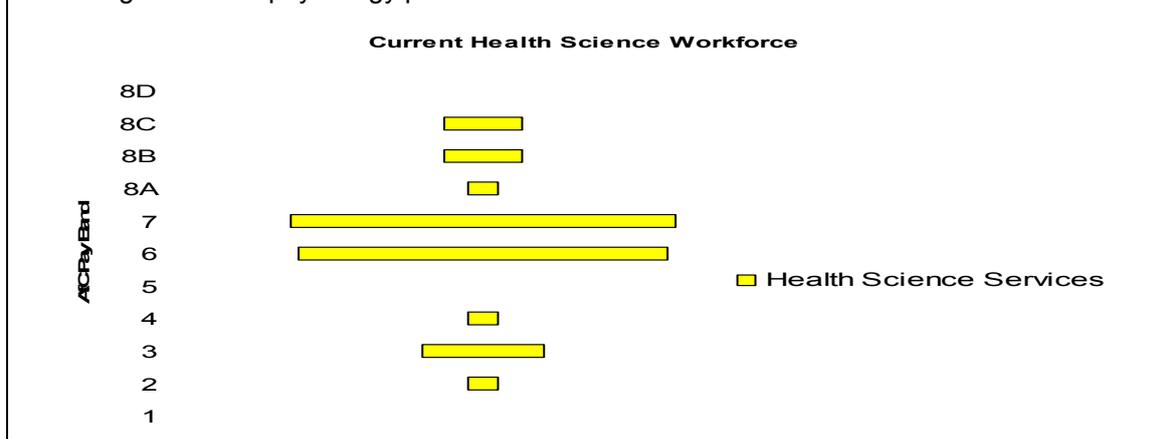
**Medical Physics**

The Board is unique in having only one Medical Physics Department. This benefits the organisation in the management of all its equipment from one source and offers clearer processes. 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. A number of skills gaps have been identified through this year's learning needs analysis and a revamp of the Medical Physics training review process is currently underway which will provide improved tools for analysis of the skills and equipment balance as part of the continual quality improvement process within the department.

The following graph illustrates the Christmas tree formation of the Board Health Science Workforce for 2016/17.



The following graph illustrates the 2013/14 Christmas tree formation for Healthcare Science staff. The trees for Healthcare Science has changed following the re-classification of staff groups which results in Pharmacy staff being reported a different staff group (Other therapeutic practitioners). The current graph for 2015/16 indicates a decrease in this staffing group, and despite an increase in phlebotomy staff at Band 2, we now employ less staff within the Band 3 pay range. Within this staff group, we continue to experience challenges in recruiting to cardiac physiology posts.



### **Other Therapeutic Practitioners**

This staff group consists of Pharmacy, Optometry and Psychology. The majority of the staff in this group are within Pharmacy, however, the model also reflects the increase in Optometry staff due to the expansion within the Ophthalmology service.

#### **Pharmacy**

Over the last twelve months, a review of working patterns had been undertaken within the Pharmacy Service. Since the start of February 2016, a new work pattern has been introduced to provide staff working on a Saturday and Sunday. This new working pattern has resulted in a more effective and responsive service over seven days of the week. Additional staff have been appointed over the last year to ensure that the level of cover was maintained within the department throughout the week.

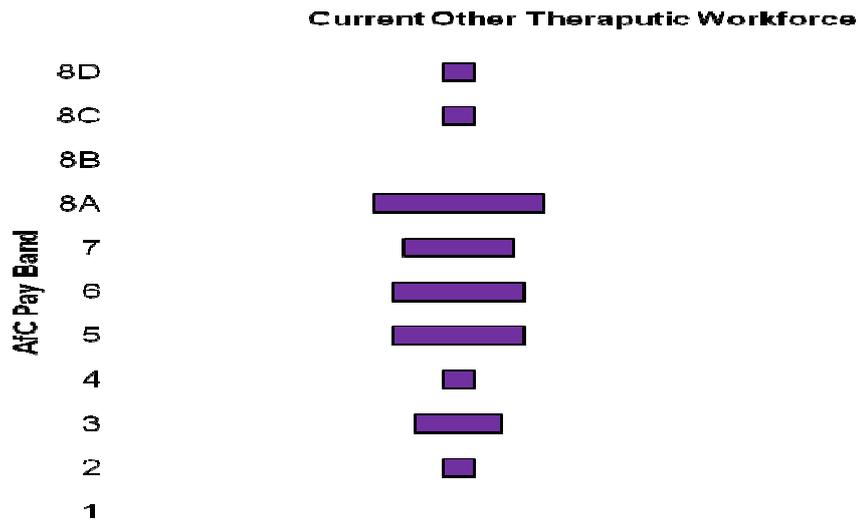
Pharmacy prescribers have now been introduced within the orthopaedic outpatient clinics to complete medicines reconciliation and to work alongside the nursing staff within the clinic to undertake pre-operative assessment of the patients. This required an additional three Senior Pharmacists being appointed and the Pharmacy Prescribers now see every patient who comes in for pre-assessment.

Following the introduction of the Electronic Drug Cupboards within the hospital, the role of the Band 2 and 3 staff within Pharmacy has changed. This has resulted in these staff spending less time counting stock and the staff can be better utilised by undertaking daily top ups to ward, as opposed to twice a week which provides a more efficient and effective service.

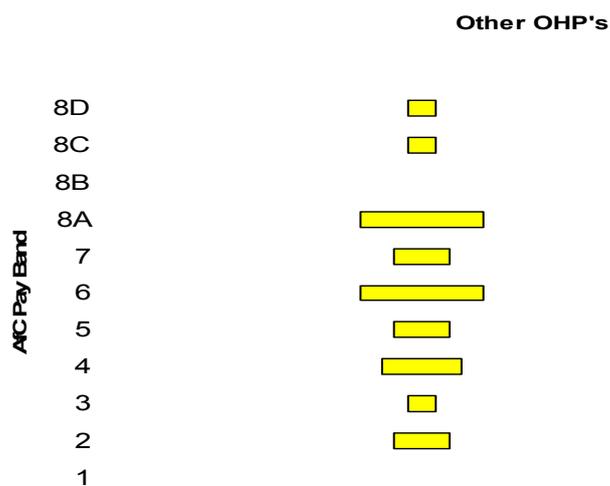
#### **Optometry**

We employ eight optometrists to support our ophthalmology cataract service. These individuals are now assessing all new patients in the outpatient clinic and those patients who require surgery are then seen by the Consultant Ophthalmologist. This has significantly increased efficiency within the clinic and enabled us to use more Consultant time within theatre.

The following graph illustrates the Christmas tree formation of the Other Therapeutic Practitioners within the Board for 2016/17.



The following graph illustrates the 2013/14 Christmas tree formation for the Other Therapeutic staff. This is made up of mainly Pharmacy staff. The current graph indicates an increase of senior staff within the Band 7 and 8A range which is reflective of the introduction in recent years of Senior Clinical and Specialist Pharmacist roles in response to the service expansions which have taken place.



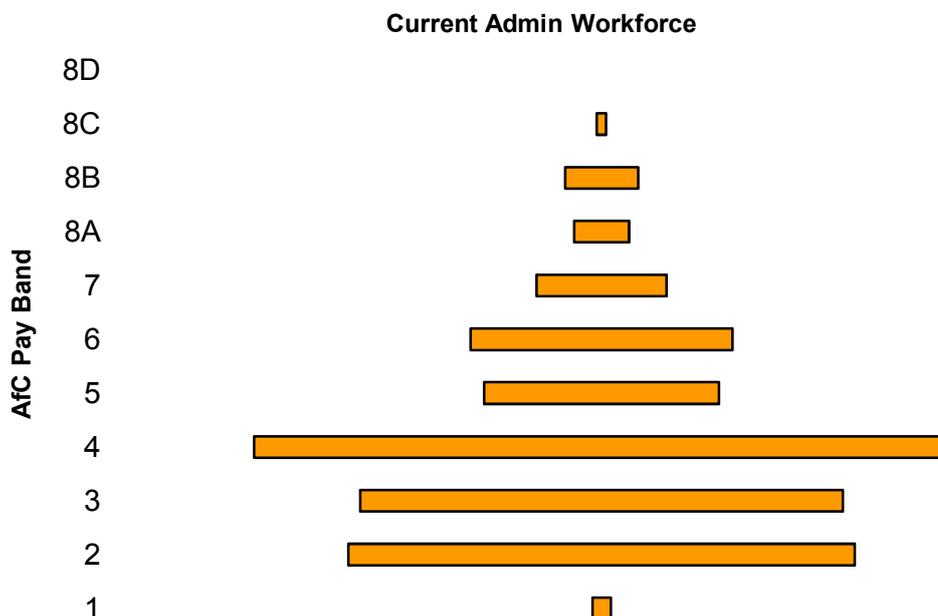
**Administration**

The Board currently employs 295 members of staff in the Administration job family which is an increase of fifteen from last year. The shape of the administrative services workforce has changed very little over the last three years. Within this staff group, the implementation of Electronic Patient Records (EPR) remains ongoing which will result in increased efficiency. Over the last twelve months, TrakCare, the new Patient Management System, was implemented within the Board and the benefits realisation of TrackCare is underway. The Board is looking to strengthen this staff group and introduce new roles to assist service delivery, realising the importance these roles have on front line services particularly in light of the expansion of services and the provision of a seven day service.

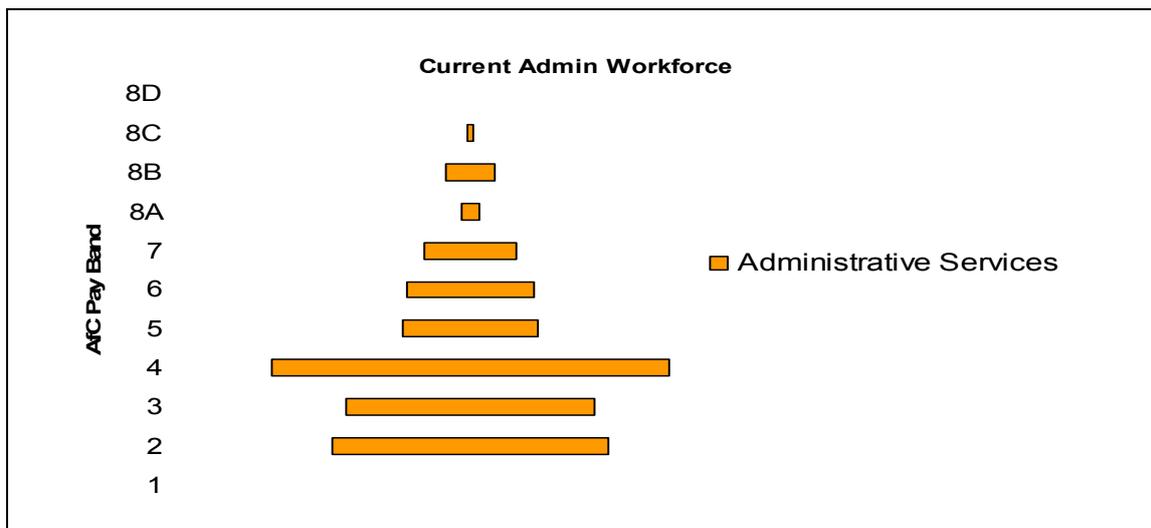
Within the Booking Office, we have introduced an adjustment to office hours over the last twelve months and we plan to revisit the department structure and service model following the introduction of Netcall, a new telecoms system which will be introduced in 2016/17 to enable greater functionality when patient appointments are booked, rescheduled and needed to be managed within tight timescales.

As part of the national strategic aim of reducing our reliance on paper within the hospital setting, information has been gathered on staffing level and roles which will result in a review of secretarial and administration staff within the hospital over 2016/17.

The graph below illustrates the Christmas tree formation of the Board Administration Workforce for 2016/17.



The following graph illustrates the 2013/14 Christmas tree formation for Administration staff. The current graph indicates an increase in administrative support roles in the Band 2 to 4 range and there are now slightly less staff employed at Band 7 within this staff group.



### **Support Services**

The Christmas tree below illustrates that the majority of the 270 staff in Support Services are working at either Band 1 or Band 2 which is an increase of 19 from last year. The vast majority of these staff are employed in the catering, housekeeping department or within the Golden Jubilee Conference Hotel.

The Conference Hotel is currently in discussions about the future workforce model for staffing in line with the Conference Hotel 2020 Strategy. The Hotel has continued to look for flexible and sustainable solutions to support the business model which provides an extended service over evenings and weekends. Over 2015/16, some of the changes to the workforce elements of the 2020 strategy has seen the redesign of the sales and events team and also the introduction of a new role, Guest Experience Manager, to enhance the guest experience and introduce a new approach to the management of the health club area. A temporary post has been introduced, an Audit Assistant, to enhance financial governance and it is hoped that this role will demonstrate the need for this position to be part of the permanent workforce within the Hotel.

Work is currently ongoing within the Technology, Conference and Dining 2020 Workstreams and the associated development and service and quality improvement within these areas may result in the need for additional workforce or a service review to ensure that our guest expectation continues to be enhanced. The Hotel is also considering the introduction of a staff bank for Food and Beverage and Housekeeping over 2016/17.

Within the Centralised Sterilising and Processing Department (CSPD), from October 2015 an extended working week was introduced and the department now operates the service over six days in response to the service expansion for Orthopaedic capacity.

A review of all Band 1 staff within NHSScotland will be undertaken in 2016 in line with the National Review to assess the roles and responsibilities of staff on Pay Band 1 of Agenda for Change. Within our current workforce, we employ Band 1 staff within Housekeeping,

Catering and Kitchen and Food and Beverage services across the hospital and hotel. As part of this review, consideration will be given to progressing those staff to Band 2 roles where appropriate. This review will be undertaken in partnership and management and staff side leads have been identified to oversee and project manage the review process,

The graph below illustrates the Christmas tree formation of the Board Support Services Workforce for 2016/17.



The following graph illustrates the 2013/14 Christmas tree formation for Support staff. The overall Band mix has remained the same within this staff group and the current graph indicates a slight increase in staff in Bands 2 to 4 as additional staff were recruited to support the CSPD extended working week. There has also been a slight shift in numbers from Band 4 to Band 5 which relates to the rebanding of maintenance engineers since 2013/14.



### Equalities Profile

A full detail of age profile and equality information for the staff employed within the organisation can be viewed within the workforce monitoring report at the following link:-

#### **4.2 Affordability & Risk**

The current staffing costs in the Board are £76.117 million. This is the largest annual cost in the Board. The GJF has year on year met its financial targets and delivered its annual efficiency savings. However each year this becomes a greater challenge. We continue to fully engage with service redesign, new ways of working and technology to be ensure we deliver a best value cost effective service to our patients. Our Partnership Finance workshop has access to all finance reports in the Board and helps create and deliver annual efficiency schemes for the Board.

We recognise that the continued expansion of services has placed demands on and changes within the service and throughout this workforce plan, we have referred to the areas where we have experienced and continue to experience challenges in the recruitment and retention of staff. The lack of appropriately trained staff would undermine our ability to operate, and may also impact on our current workforce with the potential of dissatisfaction amongst the workforce and increasing the risk of turnover and staff absence with further loss of skills and knowledge. In order to address this, we currently undertake recruitment drives for vacancies and recruitment data is monitored on a regular basis as is our training and education programme.

In order to address gaps within the service, we will continue to apply our standardised approach to the utilisation of internal bank staff, overtime and agency staff. All bank and agency expenditure is closely monitored and there is an escalation policy in place to address short term gaps within our workforce.

#### **4.3 Availability**

The current workforce market and economic conditions have ensured that there is more demand than supply for current roles.

We have in place safeguards for the workforce so that vacancies are not advertised where there is no requirement. The Board Workforce Review Group meets on a fortnightly basis. This group reviews all recruitment within the Board to ensure that patient quality is maintained at all levels and that recruitment to vacancies is appropriate to take into consideration the wider workforce planning process. Senior Managers attend the meeting with their respective vacancies to seek authorisation to proceed with the vacancies. It is acknowledged that the Divisional/Department internal vacancy review process will have taken place prior to presentation to this group. The vacancy review process will also be considered within the overall workforce planning of the service with the alignment of sickness levels, overtime, maternity leave, special leave, activity demands etc. also being considered.

#### **4.4 Future Planning**

Following the announcement by the First Minister in October 2015 to invest in and build six new elective treatment centres to meet demand for elective procedures over the next ten years, by March 2017 the GJF will have completed an outline and full business case for the development of the new elective care facility for the West region. This will identify full capital, revenue and workforce plans to deliver the strategy. Between 2017 and 2021, the new facilities will become operational on a phased basis. The Scotland wide project

is large and complex and it has been proposed that a new National Diagnostic and Treatment Centre Project Board will be established comprising:

- National Project Director
- Senior Responsible Officer from each Board building a new elective facility
- Scottish Government officials from Performance Management, Health Finance and Infrastructure and the Access Team

The Scottish Government has announced that there will be an investment of £200 million to meet demand for elective procedures over the next ten years and in response to the predicted demand from the West region, the footprint of the GJF will be expanded through the construction of a new wing which will contain additional operating theatres, outpatient consultation areas and diagnostic facilities.

This additional activity will have an impact on the workforce element of service change and allow for further exciting opportunities to reshape our services as it presents us with the challenge of further redesigning the workforce in a way that ensures a high quality, fit for purpose and affordable service in the years ahead. Effective workforce planning will ensure that our services have the necessary information, capability, capacity and skill to plan for current and future workforce requirements.

The Board's Workforce Planning and Education Steering group will ensure that all departments continue to adopt a systematic approach to workforce planning in order that we have the capacity and capability to meet the future demands of the GJF service. This means that we will focus on planning a sustainable workforce of the right size, with the right skills and competencies which is response to the demand of the additional activity and ensures that we maintain an effective and person centred service delivery across our service. We will ensure that we are adequately prepared for the potential opportunities that future expansion will provide whilst recognizing there the risks and challenges lie around some of the areas we may struggle to recruit to. Within the Human Resources team, we have recently made an appointment to a specialist role and a significant part of this role will be to support managers and the organization with our future workforce needs and requirements.

The GJF will remain committed to agreeing and delivering workforce plans in consultation with a wide range of stakeholders to include staff, trade unions and professional organisations.

## **4.5**

### **Adaptability**

#### **Learning and Education**

Learning is fundamental to the GJF achieving its strategic and operational goals, therefore the organisation continuously invests in proactively engaging and supporting staff in their development through a variety of CPD (Continuous Professional Development), learning, education and development activities.

The Senior Management Team recognises that the GJF requires a workforce that is engaged, motivated, skilled and flexible, and who seek to deliver the best quality service at all times. This means the organisation must identify and enable the right people to gain the right skills, knowledge and experiences at the right time. These opportunities are also offered in the context of valuing our workforce and being recognised as an excellent employer as described in NHS Scotland's Staff Governance Standard.

In line with NHS Scotland guidance, all staff are expected to take responsibility for their own learning but proactive support to engage in learning is also provided by:

- line managers/supervisors
- the Corporate Learning and Organisational Development Department
- the Clinical Education Department for Nursing Staff, the Director of Medical Education for Medical Staff, and other education leads within service areas.
- Professional bodies for specific staff groups
- Staff side representatives.

The GJF offers a range of learning opportunities for staff including formal and informal learning, accredited learning, experiential learning, on-the-job learning and computer based training. The priorities for workforce learning and development are identified by a learning needs analysis process and agreed with Senior Management via the annual Corporate L&D Plan.

From 2016, the Board will roll out Human Factors training across the organization for every employee. Human Factors refers to the environmental, organizational and job factors and human and individual characteristics which influence behaviours at work. This will support the delivery of the Board's 2020 Vision of Leading quality, Research and Innovation.

## **5 Action Plan**

Please see the action plan in appendix 2

## **6 Implementation**

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. The Strategic Workforce and Education Steering Group will be responsible to the GJF Board via the Person Centred Committee, reporting through the Senior Management Team. The Medical Workforce and Education Group and the Corporate Nurse Group will report into this Steering Group.

The GJF Workforce Plan will be reviewed annually and it is the intention to consider the appropriate mechanism which will ensure that future workforce planning actions are embedded within the service planning process. This will also encompass financial planning mechanisms to ensure that our service developments are affordable and that we are considering future workforce implications.

As a result of an internal audit into the Boards Workforce Planning steps were taken to increase evidence of operational workforce planning taking place, which is closely aligned to patient/client activity and monitored against expenditure targets. Operational workforce planning continues to take place annually by department within the Board.

## APPENDIX ONE

<b>All Staff Groups (Headcount)</b>	<b>1751</b>
<b>Medical</b>	<b>122</b>
<b>Medical &amp; Dental Support</b>	
<i>Band 1 -4</i>	
<i>Band 5 - 9</i>	<b>8</b>
<b>Nursing &amp; Midwifery</b>	
<i>Band 1 -4</i>	<b>152</b>
<i>Band 5 - 7</i>	<b>645</b>
<i>Band 8a - 9</i>	<b>9</b>
<b>Allied Health Profession</b>	
<i>Band 1 -4</i>	<b>20</b>
<i>Band 5 - 9</i>	<b>100</b>
<b>Other Therapeutic Services</b>	
<i>Band 1 -4</i>	<b>5</b>
<i>Band 5 - 9</i>	<b>34</b>
<b>Healthcare Science</b>	
<i>Band 1 -4</i>	<b>13</b>
<i>Band 5 - 7</i>	<b>62</b>
<i>Band 8a - 9</i>	<b>7</b>
<b>Support Services</b>	
<i>Band 1 -4</i>	<b>243</b>
<i>Band 5 - 9</i>	<b>26</b>
<b>Clinical Support</b>	
<i>Band 1 -4</i>	<b>210</b>
<i>Band 5 - 7</i>	<b>71</b>
<i>Band 8a - 9</i>	<b>15</b>
<b>Management (non AfC)</b>	<b>9</b>

## APPENDIX TWO

### GJF ACTION PLAN 2016/17

	<b>ACTION</b>	<b>Lead</b>	<b>TIMESCALE</b>	<b>DESCRIPTION OF POTENTIAL IMPACT ON WORKFORCE</b>
<b>1</b>	Deliver the Staff Governance Plan for 2016/17 which incorporates the 2020 Implementation Plan, Staff Governance Action Plan and iMatter action plans into one overarching plan.	Director of HR / Head of HR/ Head of L&OD/ Employee Director		
<b>2</b>	Continue with further investment in youth employment through collaboration with West College Scotland.	HR Manager		
<b>3</b>	Continue to explore Modern Apprenticeship opportunities in GJF and collaboratively with West College and/or another Health Board.	HR Manager/ Head of HR		
<b>4</b>	Continued development of workforce modeling within all staff groups in the Board	Workforce Steering Group		
<b>5</b>	Develop a three year AHP Strategy throughout the Board.	Head of Rehabilitation		
<b>6</b>	Introduce a Lead Advanced Practitioner within the Board and implement the strategy with education, research and leadership work as a facet of all advances practice roles.	Nurse Director		
<b>7</b>	Continue to meet workforce challenges in order to support the delivery of the 2020 Conference Hotel Strategy	Director of HR/ Head of HR		
<b>8</b>	Implement the Leadership Framework within the Board.	Director of HR		
<b>9</b>	Implement the Medical and Nursing Clinical Education Strategies.	Medical Director/ Nurse Director		
<b>10</b>	Implement Human Factors	Director of HR/		

	and Quality Improvement training across the organisation to every employee.	Head of L&OD		
<b>11</b>	Deliver the Advanced Critical Care Practitioner role across Critical Care.	Associate Medical Director (Surgical)		
<b>12</b>	Undertake a review of Agenda for Change Band 1 staff within the Board.	Director of HR		
<b>13</b>	Contribute fully to the National Organ Retrieval Service.	Head(s) of Operations		
<b>14</b>	Continued development of the training academies for the recruitment and training of theatre and radiology staff.	Head(s) of Operations		