

NHS Greater Glasgow and Clyde

Workforce Plan 2014/15



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**Foreword by Robert Calderwood, Chief Executive,
NHS Greater Glasgow and Clyde**

In June 2013, *Everyone Matters: 2020 Workforce Vision*¹ was launched by the Cabinet Secretary for Health and Wellbeing. This document recognises the key role the workforce will play in responding to the challenges faced in improving patient care and overall performance.

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements.

This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures person centred and efficient service delivery across a broad range of services and locations.

On 26 January 2015 NHSGGC will be given the keys to the new South Glasgow Hospitals and three months later, after commissioning work is complete, we will see the first patients arriving for treatment and the hospitals becoming fully operational by June 2015.

The buildings themselves are truly impressive and will provide the very best acute healthcare facilities in the country.

Clinical services in the new hospitals are being planned through the following On the Move work streams:

- Elective in-patients
- Emergency Patient Flow
- Outpatients, Day cases and Ambulatory Care
- Paediatrics
- Clinical Support Services
- Co-ordinated Patient Pathways

More than 10,000 staff within the Board area will be affected by the transition to the South Glasgow Hospitals and whilst this is a real opportunity to continue to provide high quality patient care, in state-of-the-art facilities we also recognise that many of our staff have worked on existing sites for many years and the change to the new South Glasgow Hospitals may be personally challenging.



Whilst the majority of our staff will effectively just be changing location; there will be areas where there may be changes to reporting structures within teams and the adoption of new skills and practices. All of these changes will be worked through and agreed in consultation with staff.

I and the senior management team are committed to working with all staff groups to ensure the transition process is as smooth and efficient as possible.

To help this process we will be recruiting around 200 extra staff during 2014/15 to facilitate the double running of services while staff are released to familiarise

¹ <http://www.scotland.gov.uk/Publications/2013/06/5943>

themselves with the new hospitals campus and the re-designed services.

It is not just in our Acute Services where there will be significant organisational changes during 2014/15.

For the past year CH(C)Ps have been implementing the Scottish Government's proposals for integrating health and social care, following publication of the *Public Bodies (Joint Working)(Scotland) Bill*².

The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on May 28, 2013. The underlying principle, being that NHS Boards and Local Authorities must take joint and equal responsibility for the delivery of nationally agreed outcomes for health and wellbeing.

The legislation will require NHS boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services (as the minimum required by law) within new *Health & Social Care Partnerships* (HSCPs). The legislation also provides for local discretion to allow for the inclusion of additional functions such as children's health & social care services.

Once HSCPs are formally established (by April 2015) they will be obliged to produce a *strategic plan*, which will set out the detailed arrangements for planning and delivery of health and social care functions including workforce planning considerations. Healthcare staff will continue to be employed by NHSGGC.

In addition to the above, in June 2013 the Cabinet Secretary for Health and Well Being, Alex Neil announced planned changes to NHS boundary areas noting "any mismatch of health board and local authority boundaries presents an administrative barrier to integrated working, complicating the planning and delivery of health and social care services".

The net impact of these changes are that, with effect from 1st April 2014 around 7% of the NHSGGC population will become Lanarkshire residents with the funding associated with this population being deducted from our allocation and passed to NHS Lanarkshire. The geography of the change covers the South Sector of Glasgow City CHP, the North East 'corridor', crossing both North East Glasgow and East Dunbartonshire and also a range of Acute Service provided in both of these areas.

A significant number of services will continue to be provided on the basis of a service level agreement with NHS Greater Glasgow and Clyde however there are a number of directly managed services that are affected by the boundary changes. These are;

- Women and Children's Services (Community Midwifery);
- Podiatry Services;
- Facilities;
- Glasgow City and East Dunbartonshire CHP services.

From a workforce perspective the actual numbers of staff that will transfer across to NHS Lanarkshire will be relatively small.

We need to support our workforce to meet future challenges supporting professions to work together in teams and across agencies to support patients both now and in the future.

² <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

NHSGGC Workforce Plan 2014-15

We recognise that our workforce will have to change and develop in order to provide the highest quality of service in a way that is caring and person centred. There is a growing aspiration to provide 24 hour a day, 7 day a week care in all parts of our service. This will impact on the way we provide training, the skill mix of our staff and workforce demographics.

Most critically of all we need to focus on better team working not just among professionals and teams in the NHS, but with external agencies and individuals such as the Local Authorities and the voluntary/third sector so that together we can deliver the highest quality of care to our population.

This plan sets our aims and ambitions for our workforce during 2014/15 and I look forward to working with you to achieve these aims.

Section 1

Background to the NHSGGC Workforce Plan



1.1 Introduction to the Workforce Plan

- 1.1.1 The Route Map to the 2020 Vision for Health and Social Care³ outlines the Scottish Governments vision for improving quality and making measurable progress towards high quality, sustainable health and social care services in Scotland.
- 1.1.2 In June 2013, *Everyone Matters: 2020 Workforce Vision*⁴ was launched by the Cabinet Secretary for Health and Wellbeing. This document recognises the key role the workforce will play in responding to the challenges faced in improving patient care and overall performance.
- 1.1.3 Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements.
- 1.1.4 This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures an effective and person centred service delivery across a broad range of services and locations.
- 1.1.5 In this Workforce Plan we will continue our actions to support the 5 priorities outlined within Everyone Matters



³ <http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision>

⁴ <http://www.scotland.gov.uk/Publications/2013/06/5943>

- 1.1.6 The priorities for action in the board during 2014/15 focus on the following:
- **Creating a healthy organisational culture** developing and sustaining a healthy organisational culture to create the conditions for high quality health and social care.
 - **Establishing a sustainable workforce** by changing the health workforce to match new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.
 - **Maintaining a capable workforce** by ensuring that all staff are appropriately trained and have access to learning and development to support the *Quality Ambitions* and *2020 Vision for Health and Social Care*.
 - **Developing an integrated workforce** ensuring that the workforce is more joined-up across primary and secondary care, across Boards and with partners across health and social care.
 - **Effective leadership and management** ensuring that managers and leaders are valued, supported and developed. Managers and leaders are part of the workforce and have a key role to play in driving service and culture change.
- 1.1.7 NHSGGC is required by the Scottish Government to develop and publish an annual workforce plan which sets out the strategic direction for workforce development and the resulting changes to our workforce over the next year and beyond.
- 1.1.8 The Workforce Plan has been developed using the NHS Scotland six steps methodology and the NHS Careers Framework. Both of these workforce models enable us to take a coherent view of the workforce across all job families and sub-groups. The Career Framework in particular is a useful tool for modelling and implementing workforce change and we are promoting and encouraging the use of this tool in NHSGGC.
- 1.1.9 Local workforce planning activity is managed within the Acute Services Division and within the Community Health (and Care) Partnerships. In addition, there are workforce plans which focus on cross sector issues and plans based on service delivery models e.g. Stroke Services and Children's Services.
- 1.1.10 The workforce implications of service change and redesign are also set out in NHSGGC's financial and service plans at Board and Divisional/CH(C)P level. These workforce implications highlight any planned recruitment activity and are further analysed in the project implementation documents (PIDs) which are prepared to support any significant service change and which set out the financial, workforce and equality impacts of any proposed changes. All of the above workforce information is analysed and summarised by the workforce planners in order to develop the NHSGGC Workforce Plan.
- 1.1.11 It is critical therefore that all workforce plans whether stand alone documents or part of wider service planning documents are signed off by a wide range of stakeholders including local management teams, service managers and planners, financial managers and local staff side representatives and partnership forums.

1.1.12 It is recognised by all stakeholders that the redesign and service change plans set out in this workforce plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.

1.1.13 Regular updates on progress against the aims and targets set out in the Workforce Plan will be provided to the Corporate Management Team (CMT) Area Partnership Forum (APF) and other stakeholder forums.

1.2 An overview of NHS Greater Glasgow and Clyde

1.2.1 NHS Greater Glasgow and Clyde is the largest NHS Board in Scotland and covers a population of 1.2 million people. Our annual budget is £3.0bn NHSGGC employs 39,407 headcount staff. As such, NHSGGC is the largest employer in Scotland and the largest NHS employer in the UK.

1.2.2 Table shows the breakdown of NHSGGC staff by Job Family.

NHSGGC Staff in post by Job Family comparison to March 2013				
As at 31st March 2014				
Job Family	March 2014 Headcount	March 2014 WTE	March 2013 WTE	2013/14 WTE Variance
Administrative & Clerical - Support to Clinical Staff	4,342	3625.8	3747.0	-121.20
Administrative & Clerical - Office Services	1,897	1723.5	1567.0	156.50
Allied Health Profession	3,187	2664.9	2610.4	54.50
Management (Non-AfC)	172	169.9	207.0	-37.10
Healthcare Sciences	1,918	1742.2	1671.0	71.20
Medical and Dental	3,833	3496.8	3378.0	118.80
Medical and Dental Support	364	300.3	289.8	10.50
Nursing and Midwifery	17,055	15146.6	14887.7	258.90
Other Therapeutic	1,327	1095.2	1044.6	50.60
Personal and Social Care	340	296.7	275.6	21.10
Support Services	4,972	3652	3608.8	43.20
Total	39,407	33913.9	33288.9	627.00

* Note - Given the size of the NHSGGC workforce at any given point in the recruitment cycle there can be between 400 and 700 posts being processed by the board's recruitment services team.

1.2.3 The Board's services are planned and provided through the Acute Services Division and six Community Health and Care Partnerships CH(C)Ps, working with six local authorities.

1.2.4 The Acute Services Division delivers planned and emergency services from 23 sites including 7 accident & emergency centres and 3 minor injuries units. Services include medicine and emergency services, surgery, maternity services, children's services, cancer treatment, tests and investigations, older people and rehabilitation services. In our hospitals in 2012/13, which is the most recent data available, there were 460,530 A&E attendances. Specialist regional services e.g. West of Scotland Cancer Care Centre are also provided to a much wider population.

- 1.2.5 Currently the six CH(C)Ps are responsible for the full range of community based health services delivered in homes, health centres, clinics and schools. These include health visiting, district nursing, speech and language therapy, physiotherapy, podiatry, mental health and addictions. The CH(C)Ps work in partnership to improve the health of their local populations. Each year, over 1 million patients are seen by GPs and practice staff and there are over 1.5 million visits to patients by health visitors and community nurses. Following the passing of The Public Bodies (Joint Working) (Scotland) Act 2014 NHSGGC, in partnership with a number of Local Authorities, is currently in the process of establishing a number of new Health & Social Care Partnerships (HSCPs) details of the establishment process for these bodies are provided in section 2.4 of this document.
- 1.2.6 NHSGGC is currently undergoing a significant clinical change programme which is supported by a capital investment programme in its facilities which will transform health care delivery in the West of Scotland. The “On the Move Programme” (previously known as the Acute Services Review) will see services delivered on fewer sites with increased technology and greater synergy between services resulting in reduced bed numbers and reduced lengths of stay. The implementation of the Mental Health Strategy has also resulted in a reduction in long stay in-patient facilities with an increase in specialist services to support clients living in the community. In Primary Care, the development of the Health & Social Care Partnerships over the coming year will see new service delivery models and the development of new roles spanning health and social care.

1.2.7 Staff Governance

- 1.2.8 The NHS Reform (Scotland) Act 2004 requires NHSScotland employers to ensure the fair and effective management of staff through the application of the national Staff Governance standard.
- 1.2.9 To support this standard, a range of strategic workforce policies, initiatives and agreements are in place which embrace good employment practice and policy and workforce development and planning.
- 1.2.10 Implementation of these policies, initiatives and agreements support employers in meeting the requirements of the Staff Governance Standard and support modernisation of the workforce through partnership working and the application of good employment practices.
- 1.2.11 Facing the Future Together operates in alignment with the NHS Staff Governance Standard⁵.
- 1.2.12 The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.
- 1.2.13 NHSScotland recognises the importance of Staff Governance as a critical feature of a high performing organisation. The standard will help all staff to have a positive employment experience in which they are fully engaged with their job, their team and their organisation.

⁵ <http://www.staffgovernance.scot.nhs.uk/>

1.2.14 While the Standard sets out what staff can expect from Boards it also outlines corresponding responsibilities for staff (at any level within the organisation) in relation to their colleagues, managers, staff, patients, their carers, and the organisation.

1.2.15 The Staff Governance Standard applies to all staff employed by, or officials of, NHS Boards.

1.2.16 The ethos of the Staff Governance Standard should also be reflected in the arrangements with private and independent contractors and partner agencies working with NHS Boards. In order to effectively embed staff governance and achieve the above aims, there is a need for ownership of, and accountability to, the Staff Governance Standard at all levels and across all staff groups, from individual staff and their representatives, managers at all levels and members/officials of NHS Boards.

1.2.17 The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

1.2.18 The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;
- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity;
- and ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

1.2.19 All of the above is accompanied by the challenge of redesigning the workforce in a way that ensures a high quality, fit for purpose and affordable service in the years ahead.

1.2.20 Facing the Future Together is the Board-wide Organisational Development strategy it focuses on how staff support each other to do their jobs, provide an even better service to patients and communities, and improve how people feel about NHS Greater Glasgow and Clyde, as a place to work.

1.2.21 Facing the Future Together covers five main areas:

- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;

- **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;
- **Our Patients:** We want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people;
- **Our People:** Our aim is to develop a workforce which feels positive about being part of the Division; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients;
- **Our Resources:** We know that we need to reduce our costs over the next five years. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce costs.

1.3 NHSGGC - Aims, Objectives & Goals

1.3.1 NHS Greater Glasgow and Clyde aims to

“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities”

1.3.2 The NHSGGC Corporate Plan for 2013-16⁶ sets out the strategic priorities which will achieve this purpose, and the outcomes the Board will deliver over the next three years. The Corporate Plan sets out strategic priorities for the organisation in the period 2013-16 as:

- 21st Century Hospital Services: moving to fewer sites; planning for the new South Glasgow Hospitals in 2015 and planning for 2015 onwards;
- Developing primary care services: addressing demand and prescribing costs; primary / secondary interface; matching resources to need;
- Comprehensive system of community services: supporting people to stay at home; using change fund effectively;
- Improving the quality of the services we provide: focusing on evidence of effectiveness; identifying and addressing barriers to high quality care; balancing the 6 dimensions of quality;
- Vulnerable children and families: focusing on parenting, maternity care and gender based violence and achieving the right balance between universal and targeted services;
- Prevention, health improvement and early intervention: interventions which are most cost effective / biggest impact: smoking, alcohol, anticipatory care, 0-5s;
- Health inequalities: removing discrimination; responding to different needs; assessing the impact of savings plans.

1.3.3 The workforce planning process links with the strategic goals of NHSGGC as outlined within the Corporate Plan and other strategic documents such as the

⁶ The NHSGGC Corporate Plan for 2013-16

Quality Framework to demonstrate a clear and consistent strategic direction, acknowledging the tensions between some of our existing priorities and the workforce and financial constraints that the Board faces.

- 1.3.4 As with the Board's Corporate Plan for 2013-16 the Workforce Plan needs to respond to these issues and provide a strategic framework for managing workforce change during this period.
- 1.3.5 The Workforce Plan is developed through an inclusive process including the Board Planning and Policy Framework groups and wider stakeholders including. NHSGGC's Corporate Plan provides the platform to develop new planning guidance for the period 2013 to 2016, including a single set of priority outcomes and a clear financial strategy.
- 1.3.6 Importantly the Corporate Plan provides the direction for our planning and policy frameworks for the next three years. These frameworks provide the detailed requirements for each of our key services and ensure that the development plans across the organisation deliver the changes we prioritise.
- 1.3.7 The Scottish Government has set out its vision for the NHS in Scotland in the 2020 strategic narrative. In our Corporate Plan we set out the changes we will make to move towards this vision during the period 2013-16 and NHSGGC's vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.
- 1.3.8 Underpinning the narrative is the National Quality Strategy⁷ which highlights the six dimensions of quality – safe, effective, person centred, timely, efficient and suitable – and focuses on action to ensure the first three. In NHSGGC we have recognised that a comprehensive approach to quality needs to focus on balancing all six dimensions and supporting the organisation to manage the tensions between them with a particular focus on maintaining quality within a financially constrained environment. The approach to improving quality in NHS Greater Glasgow and Clyde has three main strands:
- The Quality Policy Development Group;
 - Specific quality programmes and Initiatives; and
 - Outcomes focused planning and performance arrangements.
- 1.3.9. The commitment to quality has been articulated and communicated across NHSGGC and this is reflected in the Workforce Plan and in supporting learning and education programmes which are focused on improving person centred care. NHSGGC has also establish a Multi-disciplinary Steering Group to ensure that the requirement for caring behaviours from all our employees, whatever their role, is encouraged and monitored in Recruitment and Selection, Learning and Education and Appraisal processes. This group is a sub-group of the Quality Policy Development Group.
- 1.3.10 The Quality Strategy and our NHSGGC response is not a new or separate set of activities but a fundamental commitment which underpins all our activity and ensures that every member of our workforce is focused on improving quality and delivering person centred care in their services and in NHSGGC as a whole.

⁷ The Healthcare Quality Strategy for Scotland, Scottish Government (May 2010)

1.3.11 NHSGGC's Corporate Plan demonstrates how the Board will make progress in improving quality and safety and the Workforce Plan will demonstrate how our staff will support this. The performance of the workforce will continue to be measured by Scottish Government Health, Efficiency Access and Treatment (HEAT) targets and standards.

1.4 NHSGGC Workforce Planning Processes & Outputs

1.4.1 Workforce planning is a statutory requirement and was established in NHSScotland in 2005 with the publication of the original guidance to all NHS Boards described in HDL (2005)52 "National Workforce Planning Framework 2005 Guidance"⁸.

1.4.2 This document provided NHS Boards with a base for establishing workforce planning as a key element of their planning process.

1.4.3 In December 2011 the Scottish Government Published CEL(2011)32⁹ which replaced the guidance in HDL (2005) 52. CEL(2011)32 provides NHS Boards with a consistent framework to support evidence based workforce planning. The key aim of this framework is "to ensure the highest quality of care for patients by ensuring NHSScotland has the right workforce with the right skills and competences deployed in the right place at the right time". The provisions of CEL(2011)32 sit within the Healthcare Quality Strategy for NHSScotland which aims to build upon quality healthcare services in Scotland and ensure all work is integrated and aligned to the Quality Ambitions¹⁰. In line with the CEL, the following plans, policy and principles are referenced and utilised to complete the NHSGGC Workforce Plan:

- Local Delivery Plan (LDP)
- Facing The Future Together (FTFT)
- The NHSScotland Staff Governance Standard
- Clinical Services Review
- Scottish Patient Safety Programme
- Patient experience
- On the Move – Delivery of the New South Glasgow Hospitals
- Equality/Employability
- Improving productivity/efficiency
- Workforce planning in partnership with staff side colleagues

1.4.4 This Workforce Plan has been developed in line with the recommendations set out in CEL(2011)32 and uses the NHS 6 Steps to Integrated Workforce Planning Methodology¹¹ a workforce model which enables us to take a coherent view of the workforce across all job families and staff groups. The main aim of the 6 Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan. Use of the Six Steps Methodology across workforce planning within NHSGGC ensures that decisions made around the design of services and the recruitment of the future

⁸ http://www.sehd.scot.nhs.uk/mels/HDL2005_52.pdf

⁹ http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf

¹⁰ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/qualityambitions>

¹¹ NHS Six Steps to Integrated Workforce Planning Methodology

http://www.healthcareworkforce.nhs.uk/resource_library/latest_resources/six_steps_refresh.html

workforce are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.

1.4.5 A description of the key stages in the 6 Steps methodology is attached to this document as appendix 3.

1.4.6 CEL 32 presents two clear obligations on NHSGGC with regard to workforce planning:

- Firstly to develop a Board Workforce Plan to be available on the Board's website;
- Secondly to provide detailed workforce projections for each of the NHS Job Families, (using a nationally agreed template format) which will be signed off by the Board's Chief Executive Officer and submitted to the Scottish Government.

1.4.7 NHSGGC's workforce planning process and the content of this workforce plan have informed the completion of the workforce projections which are set out in section 3 of this document.

1.4.8 Along with the submissions from other NHSScotland Boards the projections will allow the Scottish Government to develop a national picture of trends across all staff groups and will inform annual student intake to the "controlled" groups of staff including medical, dental and nursing and midwifery.

1.5 Workforce Plan Governance & Partnership Engagement

1.5.1 NHSGGC is committed to agreeing and delivering workforce plans in consultation with a wide range of stakeholders, including staff, trade unions and professional organisations. Processes and structures have been established to achieve this.

1.5.2 The NHSGGC Workforce Plan Reference Group is the partnership group which oversees the development of the workforce plan. This is a corporate group with representation from all parts of the service, some professions and functions and from the staff side. The group supports the development of the NHSGGC plan and 'sense checks' the plan before it goes onto the full APF, Senior Management teams and Staff Governance Committee of the Board.

1.5.3 While the single system plan is in development, local service and workforce plans are also being prepared in CH(C)Ps and the Acute Services Division.

1.5.4 The Draft Workforce Plan is then reviewed by:

- The Senior Management teams;
- The Area Partnership Forum;
- The Staff Governance Committee.

1.5.5 In addition to this formal consultation process the workforce planners provide progress briefings to Board committees and groups as requested e.g. Area Clinical Forum, Area AHP Committee and Area Medical Committee.

1.6 Update on actions arising from the 2013/14 Action Plan

1.6.1 An update on actions arising from the 2013/14 Workforce Plan is attached to this document as Appendix 1.

1.7 Workforce Change 1st April 2013 to 31st March 2014

1.7.1 A summary of the workforce change in 2013/14 can be found in appendix 2.

1.8 Other Agencies & Stakeholders

1.8.1 NHSGGC works with a variety of partner organisations as part of our service redesign and workforce planning processes. Local authority partners are key members of CH(C)P workforce planning activities.

1.8.2 As key stakeholders in the workforce planning process, our structures ensure that, where appropriate, a variety of groups are sighted on the impact of our workforce plans e.g. Independent Sector, Carers' Groups, Housing Sector.

1.9 Regional Workforce Planning

1.9.1 Regional workforce planning work streams are progressed through the Regional Planning infrastructure, with workforce planning manager input as required being co-ordinated by the West Region Human Resources Directors.

1.9.2 The West Region Workforce Planning Managers provide support across a number of national and regional work streams;

- West of Scotland Cancer Network (WoSCAN);
- Regional Oral Maxillofacial Services Group (OMFS);
- Regional Child & Adolescent Mental Health Services (CAMHS);
- Regional Child Health Group;
- Regional Paediatric Clinical Network;
- Regional Neonatal Managed Clinical Network;
- Regional Medical Workforce Group;
- National Allied Health Professions Strategic Group;
- National Nursing & Midwifery Steering Group.

Section 2

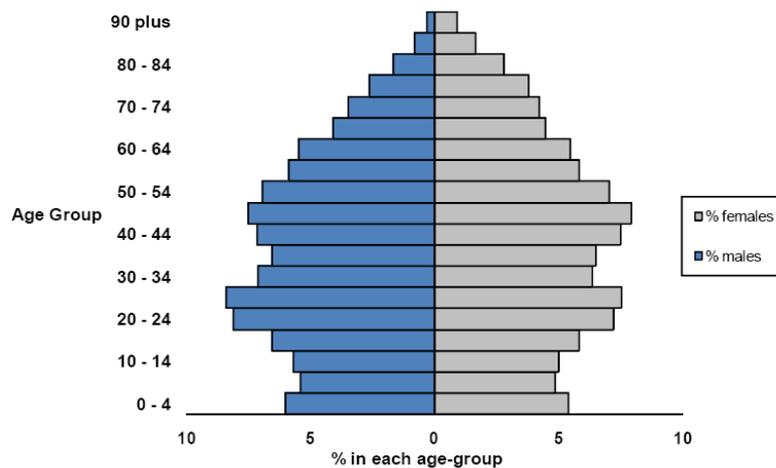
Demand Drivers & Service Change



2.1 The NHSGGC Population Profile

2.1.1 Our population is relatively young compared to other parts of Scotland, although this varies significantly between local authority areas. Women predominate in the older age groups. The current age profile is shown below.

Figure 2.1: Population pyramid for residents of NHSGGC
Source: 2010 MYE (NRS (formerly GRO(S)))



2.1.2 It is a population with high levels of deprivation compared to the rest of Scotland. 30.4% of people in NHSGGC live in the 15% most deprived data zones (Scottish Index of Multiple Deprivation). This ranges from 3.1% in East Dunbartonshire, to over 50% in North and East Glasgow.

2.1.3 Overall, average life expectancy in NHSGGC is well below the Scottish average (see below). Again, there is considerable variation between different parts of NHSGGC.

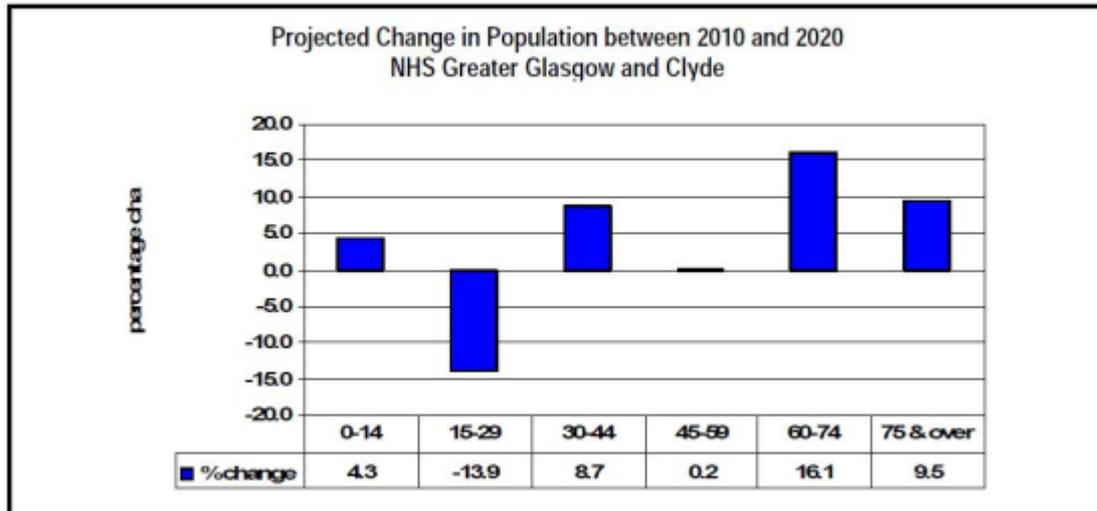
2.1.4 Healthy life expectancy in NHSGGC is even lower compared to the Scottish average. People in NHSGGC live for many years in ill health, with the consequent impact on quality of life, economic and societal contribution and need for services. Over the past 10 years, the gap in healthy life expectancy between the 20% most deprived and the 20% least deprived areas has increased from 8 to 13 years.

Life Expectancy at Birth (by Gender)*		
CH(C) P	Male	Female
East Dunbartonshire	78.3	83.1
East Renfrewshire	77.8	82
Renfrewshire	73.7	79.2
Inverclyde	73.1	79
West Dunbartonshire	72.5	78.4
Glasgow City	71.1	77.5
NHSGGC	73.1	78.9
Scotland	75.4	80.1

* Source National Records of Scotland (NRS)

2.2 Population Projections and Trends

- 2.2.1 The most recent population projections from National Records for Scotland (previously General Register Office of Scotland) suggests our population will increase by 2.4 per cent in Greater Glasgow and Clyde over the next 10 years and that the over-65s will increase by almost 13 per cent.
- 2.2.2 As the population ages it is likely chronic disease will increase. This is likely to increase the burden on clinical services. The increase in older single person households is likely to place an additional burden on health and social care services as access to lay carers may be more problematic.



2.3 Health as a Driver of Demand

- 2.3.1 The inequalities and poor health in our population drive high levels of hospital admissions, GP consultations and use of a wide range of other services. Age is also a major driver of service use, with the majority of contact with the NHS in the last few years of life¹².
- 2.3.2 NHSGGC's rates of emergency admissions are significantly higher than the Scottish average, and these have a very clear social gradient.
- 2.3.3 The health and inequalities issues identified above therefore have a very real and direct impact on our services in terms of use of services and capacity to benefit. The age profile of our population is already changing and getting older, accounting for rising numbers of admissions
- 2.3.4 The biennial Director of Public Health reports set out in detail the changing health profile of people living in Greater Glasgow and Clyde and the factors which influence it¹³.
- 2.3.5 These reports highlight some significant improvements in recent years. Overall life expectancy has risen, rates of premature mortality have fallen, with particular improvements for coronary heart disease. Cancer survival has improved significantly across a range of cancers. However, there remain many significant health challenges and marked inequality across NHSGGC.

¹² Tomlinson et al, The Shape of Primary Care in NHS Greater Glasgow & Clyde, GCPH 2008

¹³ All reports available at www.nhsggc.org.uk/dphreport/

- 2.3.6 The Director of Public Health reports a number of major health and health behaviour challenges in NHSGGC. In almost every indicator, the same marked inequalities in health outcomes can be seen between the most affluent and most deprived areas. Factors which contribute to this include:
- growing numbers of people with long term conditions, including those with multiple long term conditions;
 - Rising levels of dementia and depression;
 - high levels of alcohol consumption and alcohol related health problems;
 - high rates of drug dependency;
 - growing rates of obesity;
 - despite significant success in supporting people to stop smoking, smoking rates remain high particularly in deprived areas and in some particularly vulnerable groups such as pregnant women.
- 2.3.7 NHSGGC will see a significant increase in the number of people with more than one long-term condition, resulting in approximately 80 per cent of all GP consultations relating to those long-term conditions.
- 2.3.8 In the area of older people's mental health, there will be significant challenges for the service to meet with increasing numbers of people with dementia which will increase significantly. The best forecasts available suggest a 25 per cent increase in the next 10 years and that one in three people aged over 65 will die with a form of dementia.
- 2.3.9 Alcohol related deaths and hospital related morbidity are higher in NHSGGC than the rest of Scotland. Longer term excess alcohol use and acute excess alcohol use place a huge financial burden on NHSGGC.
- 2.3.10 Smoking is responsible for 29% of all deaths in NHSGGC; although smoking is declining still around a third of our population smoke. The total annual inpatient costs to NHSGGC due to smoking related illness are estimated at being £14.44 million; even modest reductions in smoking are associated with large savings. For example a 1% reduction in smoking is associated with savings to NHSGGC of £3.5-5.4 million.
- 2.3.11 In additions, there is a need for greater service user involvement in care planning, peer support and commitment to recovery. More support is required for locally based multi-disciplinary teams to enable them to play a greater role in accessing the range of care options for individuals that tailor treatment care and maximises effect
- 2.3.12 Physical inactivity is responsible for 15-16% of heart disease. A minority of our population use active methods of transport and less than half of adults take the recommended amount of physical activity. Recent work suggests physical inactivity is as significant as smoking in its contribution to poor health.
- 2.3.13 Obese people have an average life expectancy 8-10 years shorter than a normal weight person; an obese person is twice as likely to suffer from limitations of daily living than a normal weight person. An obese person will yield higher health care costs than a normal weight person. If current trends in obesity continue, health care costs (relative to 2007) are due to rise by 70% by 2015 and 240% by 2025.

- 2.3.14 Lifestyle factors are placing a huge and increasing burden on the NHSGGC. Even modest improvements in lifestyle (particularly smoking) are likely to yield significant benefits for the NHSGGC population.
- 2.3.15 Paediatric and maternity demand is high, with complexity and outcomes very strongly linked to deprivation.
- 2.3.16 Rising maternal age and associated risks also place a growing challenge on maternity services and, as we continue to become more successful in ensuring the survival of premature babies, this also leads to an increase in the numbers of children with complex disability and chronic disease.
- 2.3.17 New cancers in our Board area are forecast to increase by some 10 per cent by 2018-22, although, thanks to improved treatments and technologies, survival is expected to continue to improve, but this in turn means more patients will survive cancer and so live with it as a long-term condition.
- 2.3.18 We need to do more to support people to manage their own health and prevent crisis. 70% of us are able to manage our own illness if we are given the right support.
- 2.3.19 A strong message from patients and clinical teams is that better information on what patients can expect from their condition and more involvement in their care planning can empower a patient to manage their own illness and health. There is a clear case for the NHS to improve education and patient support.
- 2.3.20 The reports also highlight the interdependence between these issues, and the rising numbers of people with multiple health and social concerns. We must recognise how people's life circumstances can affect the health choices they make. Many of these issues have a long term impact and high disease burden, affecting employment, mental health, social participation and ability to benefit from existing health services.
- 2.3.21 As well as direct measures of health and health behaviour, NHSGGC faces challenges in a number of key determinants of health. Most significantly:
- children and families living in poverty;
 - high levels of unemployment, including youth unemployment;
 - impact of the recession and tax and benefit changes, particularly disability benefits;
 - isolation and loneliness with high numbers of people living on their own.
- 2.3.22 Issues of poverty and vulnerability are major factors in health with 35 per cent of the NHSGGC population in the most deprived section of our community and, with the onset of more than one chronic illness within this group happening 10-15 years earlier than in the least deprived areas, this remains a huge issue and challenge.

Clinical Services Fit for the Future

- 2.3.24 To address these issues NHSGGC has embarked on an ambitious programme Clinical Services Fit for the Future looking at the shape of clinical services beyond 2015 to make sure we can adapt to future changes, challenges and opportunities.

2.3.25 The key aims of designing a new strategy for Greater Glasgow and Clyde are to ensure:

- Care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- Sustainable and affordable clinical services can be delivered across NHSGGC;
- The pressures on hospital, primary care and community services are addressed.

2.3.26 The issues identified from this process set a context which means health services need to change to make sure that we can continue to deliver high quality services and improve outcomes. The years ahead will see significant changes to the population and health needs of NHS Greater Glasgow and Clyde, starting from a point where there are already major challenges in terms of poor health outcomes and inequalities. It is clear that:

- There is not enough focus on prevention and support for people at an early stage in their illness and this can lead to poorer health outcomes, and to people accessing services and support at crisis points or at later stages of illness;
- The growing complexity of need, including multi morbidity and a wide range of care and support needs, mean that users and carers can feel inadequately supported and services can feel complex and fragmented. This poses significant challenges to the way we deliver health services and work with partner agencies, to ensure that our services adapt to these changing needs.

2.3.27 Service models have been developed by seven clinical working groups, taking account of evidence, best practice and clinical consensus. The clinical groups are:

- Chronic Disease;
- Older People/ Frailty;
- Emergency and Trauma;
- Mental Health;
- Planned Care;
- Cancer ;
- Children and Maternity.

2.3.28 Underpinning the Clinical Services Fit for the Future Programme is a set of criteria for future services to ensure that quality of care is embedded in future planning. These criteria are:

- Patient centred;
- Accessible and provided as locally as possible;
- Integrated between primary and secondary care;
- Efficient, making best use of resources;
- Safe and sustainable;
- Affordable and provided within the funding available;
- Adaptable, achieving change over time.

2.3.29 In addition to this, future service models will have to support NHSGGC to comply with its duties under the Equality Act 2010. We will further assess the service models to ensure that they support our objectives to remove discrimination, close the health gap as a consequence of poverty and social class, and address the needs of marginalised groups.

2.3.30 In order to meet these criteria, the clinical groups have considered the principles which should apply to future service models. Many of these were common across the groups, and have been pulled together into an overarching set of principles which should apply to the services we provide:

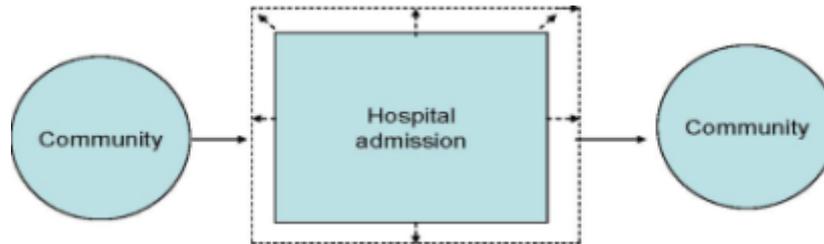
- Focus on what care the patient needs care provided based on need;
- Focus on improving clinical outcomes and delivering a good patient and carer;
- Services should be sustainable, both clinically and financially;
- In-patient care only where necessary;
- Low volume and high complexity care provided in defined units equipped to meet specialist care needs;
- Consistently meeting core standards of care: patients should be able to access the same standard of care wherever they are in Greater Glasgow and Clyde;
- Continually evolving to ensure the most appropriate treatment / intervention is offered;
- Care should be focused on reducing inequalities by ensuring access for the most disadvantaged;
- Supporting patients to have the best health possible;
- Research should be strongly supported and fostered;
- Services should be sustainable, both clinically and financially.

2.3.31 The diagrams below show the challenge we face across NHSGGC and the sort of service models we need to move towards in future.

2.3.32 The current position is one where we face challenging demand pressures across a system in which 'hospital' and 'community' services are largely seen as separate, often with poor communication and joint planning across the system.

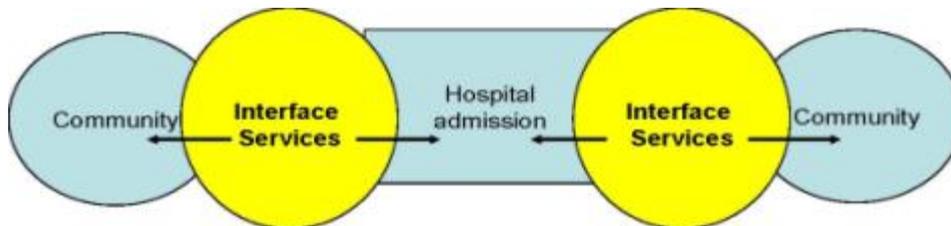
2.3.33 While there are some good examples of joint working, these are not systematic and often on a small scale.

2.3.34 The future demand pressures we face as a result of demographic and health changes mean that if we continue with the system as it is now, we would need an additional 500 acute beds by 2020. In an environment of constrained resources, the investment required for this would result in a vicious circle, with growing expenditure in acute hospital admissions and less money for investment in community services, which in turn reduces our ability to support people at home.



2.3.35 The system of care we want to move to sees a significant change focusing on providing care where it is most appropriate for the patient. This is based on strengthened 24/7 community services, acute services focused on assessment and management of acute episodes, and a range of services being developed at the interface including shared management of high risk patients and a range of alternatives to face to face hospital visits.

2.3.36 Working differently at the interface (represented by the yellow circles below) may involve new services, extending existing services, creating new ways of working through in-reach, outreach and shared care, as well as changes to the way we communicate and share information across the system.



2.3.37 The overarching aim of the service models set out is to provide a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services.

2.3.38 At the heart of this approach is the requirement to understand our population and provide care at the most appropriate level. Getting this right will enable more intensive support for those most in need, and supported self management with rapid access into services when required for the majority of the population.

2.3.39 The key characteristics of the clinical services required to support this are:

A system underpinned by timely access to high quality primary care providing a comprehensive service that deals with the whole person in the context of their socio-economic environment.

- Building on universal access to primary care;
- Focal point for prevention, anticipatory care and early intervention;
- Management where possible within a primary care setting;
- Focus for continuity of care, and co-ordination of care for multiple conditions.

A comprehensive range of community services, integrated across health and social care and working with the third sector to provide increased support at home.

- Single point of access, accessible 24/7 from acute and community settings;
- Focused on preventing deterioration and supporting independence;
- Multi-disciplinary care plans in place to respond in a timely way to crisis;
- Working as part of a team with primary care providers for a defined patient population.

Co-ordinated care at crisis / transition points, and for those most at risk:

- Access to specialist advice by phone, in community settings or through rapid access to outpatients;
- Jointly agreed care plans with input from GPs, community teams, specialist nurses and consultants, with shared responsibility for implementation;
- Rapid escalation of support, on a 24 / 7 basis.

Hospital admission which focuses on early comprehensive assessment driving care in the right setting:

- Senior clinical decision makers at the front door;
- Specialist care available 24/7 where required;
- Rapid transfer to appropriate place of care, following assessment;
- In-patient stay for the acute period of care only;
- Early supported discharge to home or step down care;
- Early involvement of primary and community care team in planning for discharge.

Planned care which is locally accessible on an outpatient / ambulatory care basis where possible:

- Wider range of specialist clinics in the community, working as part of a team with primary care and community services;
- Appropriate follow-up;
- Diagnostic services organised around patient needs;
- Interventions provided as day case where possible;
- Rapid access as an alternative to emergency admission or to facilitate discharge.

2.4 On the Move – new South Glasgow Hospitals

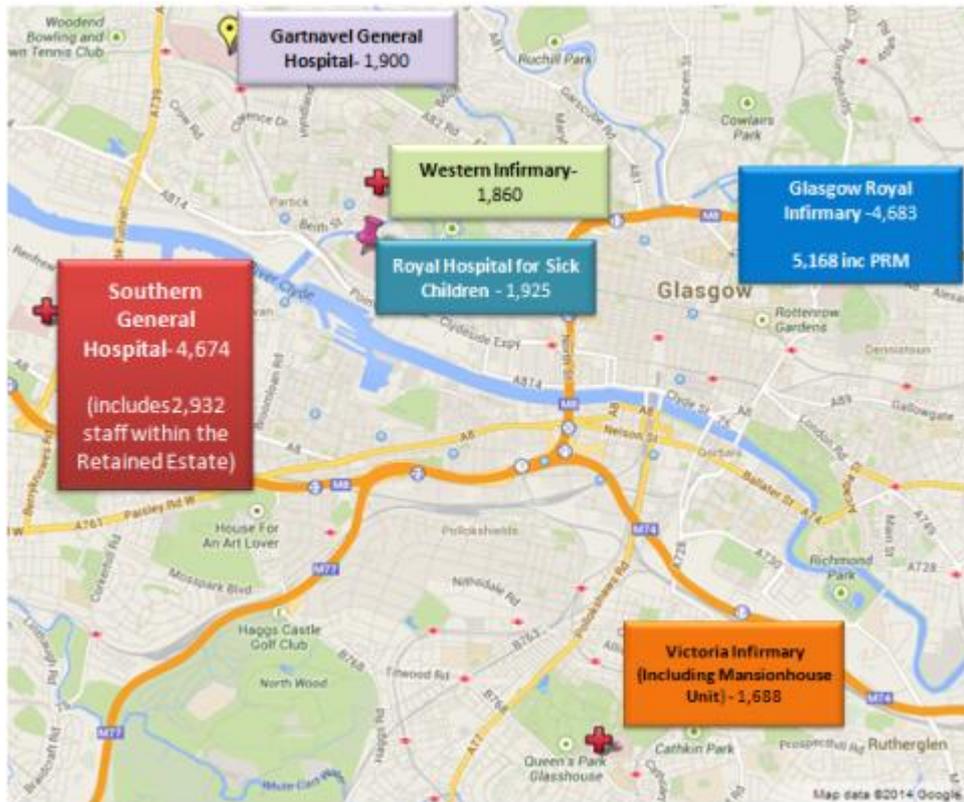
2.4.1 The new South Glasgow adult and children's hospitals are on-time and on-budget to be completed by early 2015. The adult hospital will be one of the largest acute hospitals in the UK and home to major specialist services such as renal medicine, transplantation and vascular surgery, with state-of-the-art Critical Care, Theatre and Diagnostic Services.

2.4.2 The new adult hospital will have 1,121 beds, with each general ward consisting of 28 single bedrooms with en-suite facilities; this will assist in addressing hospital acquired infection (HAI), mixed sex, patient privacy and dignity issues. Each room will also have a large window onto the ward corridor to allow good line of sight between the staff and patients. To help staff deliver

care, the new ward layout has special 'touch-down' stations arranged at strategic points along ward corridors.

- 2.4.3 The new adult hospital will be integrated with the children's hospital (albeit with separate functions and entrances). The new Children's hospital will consist of 256 beds/cots, with 12 of those located within the Neonatal Intensive Care Unit within the existing Maternity Building.
- 2.4.4 The new laboratory on the South Glasgow site opened in March 2012. The new laboratory is staffed by over 750 existing laboratory staff that moved from various locations across the Board area. A refurbishment of the University Tower laboratories development at Glasgow Royal Infirmary was completed in late 2013 and opened in January 2014 as the New Lister Building.
- 2.4.5 The new South Adult and Children Hospitals will present a significant logistical challenge to the Division in bringing 10,561 staff together onto a single site. Approximately 6,000 staff require to move onto the New South campus. The move will be planned on a phased basis. The sites directly affected by this include:
- > Royal Hospital for Sick Children, Yorkhill
 - > Western Infirmary
 - > Gartnavel General Hospital
 - > Victoria Infirmary
 - > Southern General Hospital
- 2.4.6 To develop and deliver On the Move, six working groups have been set up:
1. Capacity and Emergency Patient Flows;
 2. Inpatient Elective Care;
 3. Outpatient Day Case/ Ambulatory Care;
 4. Clinical Support Services and Buildings;
 5. Primary Care/Community Interface;
 6. Paediatric.
- 2.4.7 These are supported by two advisory groups: the Workforce Advisory Group and Information Technology. Staff partnership colleagues are engaged within all work streams.

2.4.8 Map illustrating affected sites and numbers of staff:



2.5 The Development of Health and Social Care Partnerships (HSCPs)

- 2.5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25th February 2014 and received Royal Assent on 1st April 2014. The Act will enable the establishment of Integrated Health and Social Care Partnerships with Integration Joint Boards and Chief Officers from April 2015.
- 2.5.2 NHS Greater Glasgow and Clyde and Local Authorities have agreed that the arrangements for the new HSCPs should be developed on the basis of a body corporate model including all community health and social care services. Within NHSGGC, Shadow Integration Boards have been established to take the integration process forward during 2014.
- 2.5.3 Legislation for integration will be fully enacted in April 2015. At that point the aim is that Shadow Boards will transition to become the full Integration Joint Board and assume decision making powers as defined by the Act.
- 2.5.4 The Shadow Integration Boards will act as an Advisory Body to the parent organisations and the CHP and Social Work managerial and governance arrangements will remain in place unless Councils and NHS Board agree otherwise during the shadow period.
- 2.5.5 The Shadow Boards will be a full and equal partnership between Council and NHS Greater Glasgow and Clyde and Local Authorities and will operate within the existing Council and NHS strategic frameworks.

2.5.6 The remit for the Shadow Integration Boards is proposed as to:

- advise on the creation and development of the Integrated Health and Social Care Partnerships;
- Advise on the development of the Integration Scheme and the draft Strategic Plan and to make recommendations to the parent bodies in this regard;
- Advise on the development of specific areas of work which are delegated to the joint work streams to define transition arrangements;
- Advise on membership of the Shadow Board from stakeholder representative members;
- Oversee the development of financial proposals and arrangements from the current financial structure to the proposed financial plan.

2.6 NHS Board Boundary Realignment

2.6.1 In June 2013 the Cabinet Secretary for Health and Well Being announced planned changes to NHS boundary areas noting “any mismatch of health board and local authority boundaries presents an administrative barrier to integrated working, complicating the planning and delivery of health and social care services”.

2.6.2 The funding associated with the 7% of the NHSGGC population who became Lanarkshire residents from 1st April 2014 will be deducted from NHSGGC allocation and passed to NHS Lanarkshire.

2.6.3 While a significant number of services will continue to be provided on the basis of a service level agreement with NHSGGC the board needs to reflect the reduction in funding and this will have a direct impact on a range of staff working in NHS Greater Glasgow and Clyde.

2.6.4 The geography of the staff and services affected is primarily contained within the South Sector of Glasgow City CHP, the North East ‘corridor’, crossing both North East Sector and East Dunbartonshire and also a range of Acute Service provided in both of these areas.

2.6.5 The directly managed services that are affected by the boundary changes are:

- Facilities;
- Women and Children’s Services - Community Midwifery;
- Podiatry Services;
- Glasgow City and East Dunbartonshire CHP services, including;
 - Addictions Services
 - Oral Health
 - Mental Health
 - Continence Services
 - Learning Disabilities
 - Care Homes
 - Children’s Services
 - School Nursing

- Sexual Health Services
- Community Rehab
- Out of Hours Community Nursing
- Health Improvement

2.6.6 The actual numbers of staff that will transfer to NHS Lanarkshire employment are likely to be relatively small and it is anticipated that the final number will be less than 20 individuals.

2.7 The Financial Environment

2.7.1 The 2014/15 plan contains a number of challenges that may need to be met through the use of its contingency and/or non-recurring monies.

2.7.2 Those challenges include such issues as medicines and the double running costs of the new hospital. The Board also faces the challenge of responding to the financial impact of changes to its boundaries.

2.7.3 The way in which the Board will respond to these and other financial risks is set out in paragraph 2.7.14 noting links to workforce planning considerations where appropriate.

2.7.4 In Autumn 2013 the Director of Finance proposed a cash releasing savings (CRES) target of £32.9m and targets were allocated to divisions. That overall target has since been maintained although some minor changes have been made in the pressures estimated.

2.7.5 Throughout the year the Medium Term Finance Strategy (MTFS) Group has been working on the development of a cost savings plan for 2014/15 with a view to delivering savings with a full year effect of £32.9m.

2.7.6 In addition to the cash releasing savings, we will deliver £28.5m of non cash releasing savings developed to meet SGHD's target for 3% efficiency savings.

2.7.7 A financial summary of the targets is provided below.

NHSGG&C		
Financial Savings 2014/15 Summary		
Board Area	Full Year Effect (£m)	As a % of Budget
Prescribing Costs	6.50	
Acute	18.90	
Partnerships	6.00	
Corporate	1.50	
Cash Releasing Total	32.90	1.60%
Non Cash Releasing Total	28.50	1.40%
Total	61.40	3.00%

2.7.8 Proposals have since been produced that meet the financial challenge for 2014/15. This year's plan identifies a number of assumptions and risks that may require the Board to reassess its financial position during the year. These are set out in more detail later in this section.

- 2.7.9 It is also important to note that, due to costs inflated by material external factors out with the control of the Board, the forecast financial challenges in 2015/16 and 2016/17 are more significant than in recent years.
- 2.7.10 Unless these externally driven challenges alter the Board will need to plan changes if it is to have confidence that it can deliver a sustainable financial position over the medium term.
- 2.7.11 In addition to producing proposals for cash releasing savings the Board will also produce proposals for non-cash releasing savings that, when combined with our CRES plans, allow us to declare an efficiency target of 3% in line with the expectation of the Scottish Government.
- 2.7.12 As previously noted some of the key risks that the Board will face in 2014/15 include medicines, integration and the double running costs of the new hospital. In addition the Board has to address the significant financial impact of boundary changes. These risks are described below in further detail:
- **Double running costs:** associated with the new hospital are non-recurring in nature. Some of them will have an impact on the Board in 2014/15. Others will arise in the following years. In 2014/15, if needed, the Board will have access to an additional £10m of non-recurring monies for which it has made provision in 2013/14. During 2014/15 the Board will, in the normal way, monitor underspends and slippage in order to release monies and fund any risks. If monies become available to support double running costs this would allow the Board to defer all, or some, of the £10m drawdown into 2015/16;
 - **Boundary Changes:** On 4 June 2013, the Cabinet Secretary announced changes to NHS Board boundaries, with effect from April 2014, to ensure that they are aligned to local authority boundaries. There is a major loss of funding to the board as a result of the changes to the board's boundaries and its population. These funds will flow instead to Lanarkshire, who will have to provide services to that population in the future. Discussions have been ongoing with Lanarkshire over the costs that will need to transfer, monies that might be repaid and any changes in cross boundary flow. Those cost transfers, coupled with specific savings identified locally for this purpose, have allowed us to assume that the impact on the 2014/15 plan is cost neutral;
 - **Youth Employment:** The Chief Executive has agreed to create a number of modern apprenticeships in 2014/15. It is possible that this may incur additional costs of £0.8m for the Board in a full year. However the Director of Finance and the Director of Human Resources have agreed that these positions are expected to be created in areas of existing service need, for which there are existing budgets, or to help backfill preparations for the new hospital, for which there is a non-recurring contingency. In addition, the Chief Executive is proposing that Divisions should match fund this expenditure;

- **Medicines:** risks include the cost of new medicines, such as Sofosbuvir, and orphan/ultra-orphan and end of life medicines. The financial plan has prudently included some assumptions about a limited amount of funding provided by the Scottish Government from the proposed new medicines fund. This is thought to represent a likely minimum level of funding. Any additional monies received from the new medicines fund or from a risk sharing arrangement would have a positive impact of the Board's plan;
- **Winter Pressures:** We recognise the seasonal impact that winter has on demand for services and intend to make funding available non-recurringly to meet the additional costs incurred;
- **Prescribing:** Prescribing costs are demand driven and vary throughout the year. Although we believe that our projections of costs and savings are realistic, we continue to monitor this area closely to ensure that we are aware of any changes in prescribing patterns;
- **Clinical Risk:** CNORIS is the risk sharing arrangement for the claims arising from clinical negligence. Claims costs can fluctuate from year to year. As far as possible SGHD tries to ensure that fluctuations in costs are smoothed between years. However, it is possible for actual costs to vary significantly from original projections;
- **Savings Schemes:** The delivery of savings schemes, including the bed model, at a time when capacity is already stretched is a major challenge;

2.7.13 Financial Challenge in 2015/16 and beyond

2.7.14 SGHD has given no formal indication of the possible uplift beyond 2014/15. Given that the Board will need to continue to build up funding to cover the transitional costs and double running costs of moving in to the new South Glasgow Hospitals, the scale of the future financial challenge remains uncertain and subject to variability.

2.7.15 Some of the more material issues which we will have to consider as a part of our medium term financial strategy include:

- NRAC – we need to ensure that we plan for future changes in our funding stream, both as a result of NRAC changes and also as a result of the possible impact of UK austerity;
- Integrating health and social care – we have to monitor the development of proposals and establish the impact on our medium term financial strategy;
- New South Glasgow Hospital – we need to decide how to rebalance budgets over the next few years so that we are able to reflect the changes in our cost base that will occur when the New South Glasgow hospital becomes operational
- Clinical services review – we will need to prioritise and then recognise the financial implications of implementing the service redesigns that are emerging;
- Employers' Superannuation – we will need to plan for the likely increase in employers' superannuation contributions in 2015/16.

NHSGGC Workforce Plan 2014-15

- Employers' National Insurance – we will need to evaluate and plan for the abolition of the employers' contracted-out rebate in 2016/17. This could be significant.
- Prescribing – we need to ensure that our horizon scanning is accurate and helps us to manage the risk that results from the variability in prescribing costs;
- Research & Development – we need to ensure that we plan intelligently for ongoing reductions in future funding.

Section 3

Defining the Required Workforce



3.1 NHSGGC Workforce Projections 2014/15

- 3.1.1 NHS Boards have two primary obligations as set out in CEL 32 (2011); firstly, to produce a Board Workforce Plan and secondly, the production of detailed workforce projections.
- 3.1.2 This section sets out the projections, by Job Family, with a high level supporting narrative.

3.2 Medical and Dental

- 3.2.1 The increase within Medical and Dental is associated with an additional 8 radiologists within Diagnostic Imaging due to a planned extension of the working day to 8pm. This delivers extended working which should benefit patients by increasing capacity and utilisation of Imaging equipment.
- 3.2.2 NHSGGC will also recruit 1 interventional radiologist, 1 specialised chemical pathology and as part of Regional services 1 Specialised bone marrow transplant consultant.
- 3.2.3 An additional Oral Health Consultant is planned for recruitment within 2014/15 as part of the NHS Greater Glasgow and Clyde Clinical Services Review

3.3 Medical and Dental Support

- 3.3.1 The Oral Health Workforce Planning Group has developed an Oral Health Services Workforce Plan covering the period 2013-2018.
- 3.3.2 Since the development of this plan additional resources have been identified as part of the CSR and there will be a number of posts recruited across 2014 in addition to those currently staff currently in post.
- 3.3.3 The actual numbers have yet to be finalised however it is expected that there will be in the region of 12 wte posts in the medical and dental support job family these will include
- 10 Dental nursing posts
 - 2 oral health educators to manage increase in activity around nurseries and schools)

3.4 Nursing and Midwifery

- 3.4.1 The NHS Scotland 2020 Workforce Vision¹⁴ envisages that by 2020 everyone will be able to live longer healthier lives at home, or in a homely setting supported by a healthcare system integrated with social care, and a focus on prevention, anticipatory care and supported self management. The National Quality Strategy¹⁵ defines the core principles of service quality and the importance of clinical and staff governance structures which support the delivery of safe, effective, compassionate and patient centred care.

¹⁴ [Everyone Matters: 2020 Workforce Vision, SGHD, 2013](#)

¹⁵ [The Healthcare Quality Strategy, SGHD 2010](#)

3.4.2 NHS Scotland published CEL 32 (2011)¹⁶ to provide NHS Boards with a consistent framework to support evidence based workforce planning, and recommended that all NHS Chief Executives ensure that professional, validated workforce measurement tools are used. The key aim of the framework was to ensure the highest quality of care for patients by ensuring NHS Scotland has the right workforce with the right skills and competences deployed in the right place at the right time.

3.4.3 This guidance aligns with the Healthcare Quality Strategy for NHS Scotland. It aims to build upon quality healthcare services ensuring all work is integrated and allied to the Quality Ambitions resulting in measurable improvements. In order to achieve this, local workforce plans place SCN/Ms and Team Leader engagement at the centre of decision making.

3.4.4 Revised guidance issued in October 2013, mandated that from April 2014 and where available, all Boards must apply Nursing & Midwifery Workforce Planning tools.

3.4.5 **Triangulation**

3.4.7 The NHS Scotland triangulated approach ensures that three to four sets of indicators are used to determine necessary staffing levels.

- outcome of two workload measurement tools (*professional judgement and one other*)
- present funded and actual establishment data
- clinical quality indicators (CQIs) evidence



3.4.8 The triangulation process facilitates validation of data outcomes and increases confidence when different methods lead to the same result through cross verification from more than two sources. The outcome of each tool should be mapped into the triangulated approach before final decisions around nursing staffing levels are taken.

3.4.9 **Nursing & Midwifery Workload Tools**

3.4.10 Following the recommendation from the Francis Report (Feb, 2013); Keogh Report (July, 2013) and the Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire (Dec 2013) all standards should include evidence-based tools for establishing the staffing needs of each service. It is also recognised that guidance needs to be flexible and give due regard to the requirements of different specialities and limitations on resources.

3.4.11 The tools are developed in partnership with key stakeholders, researched, tested and refined with final ratification and validation nationally. To date the

¹⁶ [Scottish Government CEL 32\(2011\), Revised Workforce Planning Guidance for NHS Boards](#)

Nursing and Midwifery Workforce Workload Planning Programme has facilitated local implementation within boards thereby ensuring tools are applied systematically across the whole of the healthcare system in Scotland. This has been supported with by the development of a Nursing and Midwifery Workload and Workforce Planning Toolkit¹⁷.

3.4.12 NHSGGC is committed to using the nursing workforce and workload acuity planning tools. There are currently 12 tools, covering community, mental health, theatres, emergency departments, neonatal, maternity, specialist nurses and children's services.

3.4.13 The tools available are described below.

- **Adult inpatient (validated)** - The Adult Inpatient tool determines nursing staffing levels using an acuity-dependency approach and is based on a staff to bed ratio and average bed occupancy (ABO) level, including a 22.5% predictable absence allowance. The staff to bed ratio has been developed from speciality specific observational studies conducted in NHS England and validated in NHS Scotland. These studies monitor patient dependency and the volume of nursing resource allocated to a range of tasks including patient hygiene, vital signs, reporting, cleaning, etc. Data from these studies is used to calculate the specialty specific staff to bed ratio.
- **Neonatal Tool (validated)** - The Neonatal Nursing Workload Measurement Tool was developed in 2010 in accordance with the British Association of Perinatal Medicine (BAPM)¹⁸ staffing guidance for NICU/HDU and SCBU.
- **SCAMPS™ Tool (Paediatrics) (validated)** – The tool has been developed within NHS Scotland in line with Standards for Paediatric Intensive Care Units (PICU)¹⁹ and the Paediatric Intensive Care Society in 2010²⁰. It was originally designed as a children's inpatient nursing workload measurement tool, however a secondary development commenced in 2010 to include specialist paediatric intensive care workload so that one tool would suffice across the range of workload within children's units in the NHS in Scotland.
- **Clinical Nurse Specialists; Community Children's & Specialist Nurse Community Nursing (validated)** – These tools were designed to create an evidence base that could be used to inform decision-making on staffing and workforce needs. The workload assessment tools have been developed in partnership with adult and children's clinical nurse specialists and community practitioners i.e. district nurses, public health nurses, health visitors and school nurses – to ensure that it reflects the needs of community working. Based on timed- task approach, the tool measures levels of care and complexity of intervention: Face to Face; non Face to Face contact and Associated work. A workload index demonstrates productivity and helps to facilitate conversations between the individual nurse and local manager / team leaders with regards to workload and

¹⁷ [The Nursing and Midwifery Workload and Workforce Planning Toolkit \(2nd ed, 2013\)](#)

¹⁸ [Service Standards for Hospitals, BAPM, 2010](#)

¹⁹ [Neonatal Care in Scotland: A Quality Framework \(SGHD, 2013\)](#)

²⁰ [Standards for Paediatric Intensive Care Units \(2010\)](#)

capacity, thus informing work plans. Additionally, the information identifies which areas or nurses have more pressures or a higher workload.

- **Mental Health/Learning Disabilities** (*validated Mental Health only*) - The Mental Health and Learning Disability in-patient workload tool was adapted from a model developed by West Midlands Care Improvement Services. Extensive work was undertaken with MH and LD nursing staff to adapt the tool for suitability in Scotland. The MH tool should be applied in all in patient areas except CAMHS and Learning Disabilities.
- **Professional Judgment Tool** (*validated*) – The tool is suitable for use in all specialties and is based on clinical judgement of the Senior Charge Nurse/Midwife/Team Leader and/or Lead Nurse/Midwife by utilising their professional views to determine how many nurses are required to staff a clinical area. It takes account of actual workload during a specific period of time and is inclusive of all activity, e.g. planned and unplanned workload, ward attendees and ad hoc activity, then calculates the WTE numbers required and skill mix judgements are then applied and validated when agreement is reached between Lead Nurse and Head of Nursing/Midwifery.
- **Small Wards Tool** (*validated*) - The workload tool allows the use of patient dependency and/or bed occupancy measures of workload to calculate the WTE required. The tool includes the facility to input a Safe Staffing Level (determined locally by each Board) where workload is low and/or the number of occupied beds is too small for any workload tool to be effective. However, Small Wards are a disparate group as the definition of a small Ward is 16 occupied beds or less, irrelevant of the speciality.
- **Maternity tool** (*in development*) - Work is in development nationally to develop a maternity workload measurement tool to cover both hospital and community services. An extensive exercise has been undertaken in Scotland to collect observation data of midwifery activities, linked to timings, patient dependency, and numbers and/or throughput of patients. Despite a number of challenges regarding data quality issues, a first set of calculators has been derived, and a data set produced for labour, ante natal/post natal, and community. A further national test run is planned for summer 2014. This will in turn support national recommendations' for the Proposal for the Development of Guidance to Support the GIRFEC Provisions in the Children and Young People (Scotland) Act 2014²¹
- **Emergency Department/Medicine Tool** (*in development*) - A workload tool was developed based on a multi-professional consensus approach. Observational studies have been carried out in ED units to develop a workload measurement calculator. The developing tool was tested at various stages of the development in a range of ED Units in NHSGGC and NHS Scotland. The tool provides a WTE outcome based on workload throughput and complexity for nursing and medical staffing needs.
- **Peri-operative Tool** (*in development*) - The tool has been developed by experts in the field of operating theatre services throughout NHS Scotland

²¹ [Proposal for the development of guidance to support the GIRFEC provisions in the Children and Young People \(Scotland\) Act 2014](#)

to incorporate all aspects of the patient's peri-operative journey. This includes workload associated in theatre reception; anaesthetic room; operating theatre and theatre recovery. The tool is currently in a final phase of user acceptance testing before validation and mandation can take place.

3.4.14 A Senior Professional Judgement model has been developed in-house by Heads of Nursing/Midwifery and takes account of the local context. It uses specialty staff to bed ratio developed with reference to the nationally approved Adult Inpatient Tool, current speciality ratios and senior professional judgement.

3.4.15 Skill Mix

3.4.16 Skill mix refers to the skills and experience of registered and unregistered staff, their continuing education and professional development, years of experience and how these come together to create a skilled team. Skill mix connects “needs” with skills available and outcomes in a particular working environment with a specific client group. As part of the annual NHSGGC NMWWP review, the average skill-mix was reviewed across the Acute Division. This varies by Directorate and speciality as is demonstrated below:

Ward Category	Recommended Skill Mix
Paediatric Intensive Care (PICU)	90/10
Adult Intensive Care	90/10
Neonatal Intensive Care (NICU)	85/15
High Dependency/Coronary Care	80/20
Acute Receiving Units	75/25
Specialised Wards (e.g. Adult Oncology, Paediatrics)	70/30
Wards	65/35
Continuing Care	50/50

3.4.18 In 2011 an initial exercise was undertaken to assess skill mix ratios within inpatient Mental Health Services. The ratios established in 2011 are currently being reviewed and will be assessed following the implementation of the Mental Health and Learning Disability Workload Tool during the autumn of 2014.

3.4.19 NHSGGC recognises the importance of having the right people with the right skills in the right place at the right time. It aims to ensure that all wards within the hospitals have a consistent level of skill-mix to deliver safe, effective and person-centred care.

3.4.20 Governance and Rollout Schedule for Tools application

3.4.21 NHSGGC has developed a nationally validated NHS Board Action Plan template for the use of the mandated Nursing and Midwifery Workload Measurement Tools. This along with an annual schedule for the use of the Nursing and Midwifery Workload and workforce tools per specialty and division supports Step 6 of CEL 32 and allows for reflection on actions and taking

account of any new drivers and any unintended consequences of developments.

3.4.22 Nursing - Acute Services Division

3.4.23 Over the last two years, NHSGGC has reviewed Acute nurse staffing levels using the SGHD nursing workforce tools. In September 2013, a paper outlining the approach and recommendations was approved by the NHSGGC Board and this resulted in an investment of £4.3 million in nursing.

3.4.24 As part of the review, it was recommended that Senior Charge Nurses/Midwives had a further 7.5 hours non caseload holding supervisory time. This resulted in a further investment of £2.4m in nursing.

3.4.25 The increase in nursing within the Acute-care setting relates to investment predominantly in Band 5 and above.

3.4.26 Partnerships

3.4.27 Partnerships have been undertaking a wide review of community services over the last 2 years including Health Visiting, District Nursing and Specialist Children's Services. These reviews have concentrated on improving efficiency, making services fit for the future and improving quality and governance structures.

3.4.28 The review of district nursing (DN) proposes changes to the workforce, sets out a governance and quality framework, maximises the benefits of agile working and defines an equitable and uniform service model which will support the move to Health and Social Care Partnerships in 2015²².

3.4.29 The District Nursing Review Programme Board has overseen this work and has included a wide range of stakeholders including front line staff, partners from General Practice, acute and staff partnership representatives. Following extensive discussion and benchmarking, clear proposals about the future shape of the service and its contribution to the wider health and social care agenda have emerged.

3.4.30 Within Partnerships an increase in staffing will see the Health Visiting and School Nursing workforce rise by 89 WTE across a two year period once training and development programmes are completed.

3.4.31 Police Healthcare Custody Suites - Her Majesty's Inspector of Constabulary for Scotland (HMICS) (2008) thematic inspection into the provision of healthcare and forensic medical services for people in police custody concluded that there should be a transfer of responsibility for the delivery of healthcare and forensic medical examinations to the NHS. Transfer of services took place on 1st April 2014.

3.4.32 It is anticipated that this will lead to a more consistent service operating to defined NHS Scotland Standards covering clinical accommodation; infection control; clinical assessment; staff training and development; clinical supervision; record keeping; medications management and information governance.

²² [Integration of Adult Health and Social Care in Scotland \(SGHD, 2012\)](#)

- 3.4.33 NHSGGC and Police Scotland will work in partnership in order to facilitate a high quality; evidence based healthcare service for people brought to Police Offices within the NHSGGC area. The service will cover 10 custody suites sites.
- 3.4.34 The healthcare model will be a nurse led service with nursing staff on duty 24/7; Nursing staff will triage all healthcare related calls from Police Scotland and allocate cases to the most appropriate clinician on duty. Nurses will focus on delivering healthcare in custody, and Forensic Medical Examinations (FMEs).
- 3.4.35 A redesign of Learning Disability Services is currently underway within NHSGGC. Proposals for potential changes to the LD workforce are undergoing consultation at present and will be considered in future workforce plans.
- 3.4.36 Mental Health Service Redesign – The redesign work for 2013/14 is nearing completion, this work is part of the clinical service review to capture data workload for community mental health.
- 3.4.37 Community Midwifery – Impact of Lanarkshire Boundary Changes :
- 3.4.38 The agreed boundary change will result in 3.5 WTE posts transferring to Lanarkshire. This is based on the current workload excluding the on call commitment and working across other areas.
- 3.4.39 Supplementary staffing capacity is provided by the Nursing and Midwifery Staff Bank and provides registered and unregistered nurses/midwives to supplement short term absences in the established work force.
- 3.4.40 The Service provides an average of 1,200 WTE nurses per month across Partnerships and the Acute Division.
- 3.4.41 2013/14 nurse bank has recruited 1,051 nurses, 675 registered, 376 unregistered. Of the registered nurses 473 were newly qualified. Nurse bank has also have also engaged 868 internal staff bank workers. NHSGGC currently has a bank workforce of approximately 10,500 staff, 3,200 are bank only.
- 3.4.42 The average fill rates across the organisation were 92%, an 8% increase in fill rate on the previous 12 month period.
- 3.4.43 A Nurse Internship Scheme was established within NHSScotland to support, for 1 year, newly qualified nurses who have been unable to gain permanent employment.
- 3.4.44 The primary focus of the internship scheme is to provide opportunities for newly registered nurses and midwives to consolidate their skills and gain experience.
- 3.4.45 Interns should be employed 'in addition to' the NHS Boards' funded establishments. Thus, the internship will provide a sound working experience for the intern whilst also providing additional care capacity in the service.

NHSGGC has supported 305 Interns since the scheme was re launched in 2011.

3.5 Allied Health Professions

- 3.5.1 The Physiotherapy and Occupational Therapy workforce is currently undertaking scenario planning exercises into the feasibility of providing 7-day services and/or extended working days. This is ongoing work which will be based on the final service provision agreed for each clinical specialty within the New South Glasgow Hospital. It is anticipated that a variety of models of 7 day provision will be implemented which will be determined by the specific specialty's requirements.
- 3.5.2 Seven day services are currently delivered by Physiotherapists and Occupational Therapists within Elderly Care wards. A 5:2 service model (reduced services on Saturdays and Sundays) has been tested and implemented as a result of Change Fund Investment
- 3.5.3 A 7:7 service model (equitable staff over 7 days) will be tested over the winter months to address winter pressures within the Emergency Care and Medical Services This will be supported by the Local Unscheduled Care Action Plan (LUCAP) funding resulting in a potential increase.
- 3.5.4 The focus of the service model for AHPs within Emergency Care and Medical Services has been on an integrated service delivery from Occupational Therapists and Physiotherapists. This has resulted in increased efficiency with minimum duplication: shared records with one initial assessment There has been merging of core tasks and specialist input when required from the specific discipline
- 3.5.5 Considerable work has been undertaken to determine the model of practice to support earlier AHP intervention in the patient pathway and also to prevent admission The workforce has been reviewed to ensure that the deployment of staff across sites is equitable and it is anticipated that final workforce requirements will be determined by December 2014.
- 3.5.6 The model for acute medical admissions is to realign staff to focus on senior AHP clinical decision makers at the front door. This will allow 20% of AHP staff group to be based in receiving teams. Historically 10% or less staff were aligned to medical receiving and this resulted in a very reactive service.
- 3.5.7 The service aims to be able to proactively screen patients at point of admission to identify those suitable for discharge. If patients are being admitted, a treatment plan will be in place prior to the patient moving to correct ward. The planning assumption is for the service to be available in receiving units over 7 days and over extended days.
- 3.5.8 The Calderdale Framework has been used within the Orthopaedic Physiotherapy Service to define tasks which can be successfully delegated to band 4 support workers within Day Surgery Units. To increase the efficiency of the service, a band 4 generic support worker is being trained to provide the service within the day Surgery Unit with supervision from the registered staff. This model will be tested for a 6 month period and if successful will be rolled out across the Board.

- 3.5.9 Additional radiographers are planned in order to support the additional 8 radiologists to support extended working within the New South Glasgow Hospitals. A workforce plan to identify the final number is currently underway.
- 3.5.10 In community settings the NHSGGC podiatry service has developed a workforce plan which projects the future workforce on the basis of known demographic, strategic and clinical drivers. This includes an increase in people with diabetes and an increasingly elderly population. These will combine to lead to an increased demand for personal foot care, and a concurrent increase in demand for complex foot care.
- 3.5.11 As part of the Podiatry workforce plan, a comprehensive evaluation of the skill mix and service specialities distribution was carried out.
- 3.5.13 Each level of post within the current workforce plan was assessed as to its current and future clinical and strategic relevance within the podiatry service. The podiatry service workforce information in the plan outline the changes to the workforce that will be required to meet the foot health needs of the NHSGGC population over the next 7 years. The workforce planning document has noted workforce projections under two phases: 2014-16 to show the short term shift in the workforce, and 2016-20 to represent a medium to long term view.

3.6 Other Therapeutic Staff

- 3.6.1 The Pharmacy Prescribing & Support Unit (PPSU) has completed a comprehensive modernisation of all components of its areas of responsibility over the past five years and will continue to develop the service in line with Scottish Government health directives including 'Prescription for Excellence', local NHSGGC priorities and changing patient needs.
- 3.6.2 The Scottish Government has published the ten year vision and action plan for pharmacy 'Prescription for Excellence' (2013)²³, and this states that "all patients will receive high quality pharmaceutical care from clinical pharmacist independent prescribers. This will be delivered through collaborative partnerships with the patient, carer, GP, social care and the independent sector so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm". PPSU will embrace this vision and has begun to develop specific early actions that will take forward the ethos of this plan.
- 3.6.3 The recent modernisation and centralisation of Acute Care services and Mental Health services has released pharmacy staff to patient focussed duties and was facilitated by the introduction of large scale robotics to create a single principal point of distribution for medicines in NHSGGC and this is in line with the recommendations in 'Prescription for Excellence'. There have been benefits in cost saving, efficient stock control, error reduction and dispensing time. This major change in practice is underpinned by ongoing skill mix review for all groups of staff, with a shift of focus from the product to the patient.
- 3.6.4 Recent workforce changes across Acute Care have focussed on developing effective clinical teams comprising pharmacy support workers, pharmacy technicians and pharmacists who are responsible for the delivery of

²³ 'Prescription for Excellence' (2013) <http://www.scotland.gov.uk/Resource/0043/00434053.pdf>

pharmaceutical care to patients across the managed service, a programme which is continuing to develop and will evolve to include practice pharmacists and technicians in primary care settings.

- 3.6.5 Pharmacists are taking on additional roles e.g. independent prescribing. Technicians are engaging in patient facing delivery of care and undergo training to be authorised to check dispensed medicines. Support workers and administration staff are undertaking an increasing range of essential support and co-ordination functions.
- 3.6.6 There is an increasing recognition that the role of the Pharmacy Support Worker has synergy with other staff groups e.g. procurement ward supplies functions & patient facing roles.
- 3.6.7 In the longer term development of an integrated approach could create efficiencies in time and resource and also enhance the skill set of Support Workers through use of technology. Education and training packages would be required to support the new skill sets for this staff group.
- 3.6.8 The New South Glasgow Hospital will be fully operational in 2015 and workforce planning will be influenced by the clinical specialities that will migrate to the new hospital, the new models of healthcare delivery, the IT system requirements, and the available pharmacy workforce.
- 3.6.9 Skill mix review will continue in order that the new workforce model can deliver a high quality, safe and efficient pharmaceutical care service to patients in the new hospital. We are planning a more patient centric approach to the delivery of pharmaceutical care using triage processes and referral tools.
- 3.6.10 Pharmacy services plan to expand the roles of Band 5 Pharmacy Technicians to undertake more clinical functions which are capable of being described in operational procedures thus freeing pharmacist time and further altering our skill mix. There is also an increasing expectation that the pharmacy service will be available for an extended working day and seven days per week in some areas where there is high demand and this will be explored with staff via strong partnership working.
- 3.6.11 Across the Community Health and Social Care Partnerships, PPSU has supported the development of Prescribing Support Teams which are delivering cost efficiencies and improved quality of prescribing practice in GGC Primary Care. Again, skill mix review is a feature of this development with increasing responsibility being assigned to specialist technicians who support the GPs and the Prescribing Support Pharmacists.
- 3.6.12 The PPSU Community Pharmacy Development Team is also facilitating a significant programme of change in professional roles in community pharmacy where the workforce is implementing the new Chronic Medication Service (CMS) which is a partnership between the GP, pharmacist and patient to improve the safe, effective and cost effective use of medicines used in long term conditions. This programme of change will link directly to the ten year vision in 'Prescription for Excellence' which states that pharmacists working in community locations will be independent prescribers working in close partnership with the medical profession. The long term plan is that the post diagnosis patient caseloads will be allocated by the GPs to the prescribing

local pharmacists who will review the patients and prescribe the appropriate medicines.

- 3.6.13 There are many drivers for change in pharmacy workforce arrangements across the profession, both locally and nationally, affecting the managed service, primary care and community pharmacy practice.
- 3.6.14 Advances in information technology are central to the success of these developments with a particular focus on prescribing, medicines management and pharmaceutical care in NHS hospitals, integrating with the e-health record. To promote the safe, effective and efficient use of medicines, we anticipate an IT infrastructure supporting the emergency care summary, medicines reconciliation, electronic prescribing / medicines administration and the immediate discharge letter. While this approach will gather pace with the opening of the New South Hospital, the pharmacy workforce also needs to be responsive to ambulatory care developments, the shifting balance of care from acute to primary care services, the developing health care and social care integration and the need to support integrated pharmaceutical services in hospital and in the community setting.
- 3.6.15 The need for ongoing efficiencies will clearly influence all aspects of service provision, none greater than in prescribing practice with concerns about affordability, driven by the ageing population, increasing prevalence of long term conditions and the emergence of innovative new medicines from the pharmaceutical industry. Increasing pharmacy manpower, particularly prescribing support for GPs, can demonstrate both cost and quality improvements.
- 3.6.16 The Community Pharmacist workforce will be increasingly recognised as an essential element of prescribing practice and Scottish Government have indicated that NHS Board Pharmaceutical Care Services Plans should undergo significant review and redesign in order to enable pharmacists to play their part in delivering safe and effective care to patients in the community (Prescription for Excellence).
- 3.6.17 The review will be wide-ranging with the aim of enhancing the role of pharmacists and encouraging closer working with GPs and other community based services. It will examine the pharmaceutical needs of patients and the arrangements for providing NHS Pharmaceutical Care Services to ensure that they are fit for purpose, now and for the future of healthcare in Scotland.
- 3.6.18 The availability of suitably qualified pharmacists in Scotland is currently satisfactory and this is also the case elsewhere in the UK. The latest NHSGGC Pharmacy Workforce information does not highlight any issues with an ageing staff group. The number of staff working part time hours is increasing gradually and this is reported across all the main staff groups. The PPSU workforce includes several senior professionals in essential leadership roles and some who are in highly specialised positions without obvious successors; succession planning must be prioritised.

3.7 Healthcare Sciences

- 3.7.1 There are no major changes to the Healthcare Science workforce planned for 2014/15. The majority of the service redesign for HCS occurred over the last 3 years with the opening of the New South Glasgow Laboratory building in March 2012 and the New Lister Building at Glasgow Royal Infirmary in January 2014.

3.8 Personal & Social Care

- 3.8.1 NHSGGC recognises that it is essential to have a health improvement workforce that is fit for purpose and that can respond to the challenges of improving health and reducing inequalities in health.
- 3.8.2 The NHSGGC Health Improvement workforce is primarily employed by individual CH(C)Ps and it will be their responsibility to develop this part of the workforce depending upon local requirements.

3.9 Support Services

- 3.9.1 An increase in Support Services staff in 2014/15 is planned. This is related to the dual-running of sites during commissioning of the New South Glasgow Hospitals and decommissioning of old hospitals following migration of patients and staff in summer 2015. This is across the whole of Support Services including Portering, Estates, Catering and Stores. The increase in staffing will be on a fixed-term basis to facilitate the movement of patients to the New South Glasgow Hospitals and the decommissioning of the Victoria Infirmary, Western Infirmary, Mansionhouse Unit and Yorkhill Hospitals

3.10 Administrative Services

- 3.10.1 A number of administration staff reviews have taken place over the last 3 years across NHSGGC which has led to a reduction in the number of administration services staff. A small increase of 4 WTE is planned within 2014/15

3.11 Senior Managers

- 3.11.1 A target of 25% reduction in senior managers was set by the Scottish Government in 2010 for completion in 2015. NHSGGC is on target to achieve this reduction in line with the SGHD directive. The reduction in 2014/15 is projected to be 12 WTE.

3.12 Projections by Job Family (WTE)

- 3.12.1 Overall there will be a small increase in the NHSGG&C Workforce of circa 197 wte. This is predominantly within Nursing and Support Services job families.

3.12.2 A large proportion of this increase is attributable to the additional workforce required in preparation for the move to New South Glasgow Hospitals, and the eventual closure of Victoria Infirmary, Mansionhouse Unit, Yorkhill Children's Hospital and Western Infirmary. This increase is likely to occur within the 2014/15 financial year as preparation is underway for the movement of staff during the summer of 2015 into the new hospitals.

NHS Greater Glasgow & Clyde	
2014/15 Workforce Projection Summary	
Job Family	WTE Change
Medical & Dental	12.00
Medical & Dental Support	12.00
Nursing & Midwifery	79.20
Allied Health Professions	8.50
Other Therapeutic Services	0.00
Healthcare Sciences	0.00
Personal & Social Care	0.00
Support Services	93.00
Administrative Services	4.00
Management (Non-AfC)	-12.00
Total	196.70

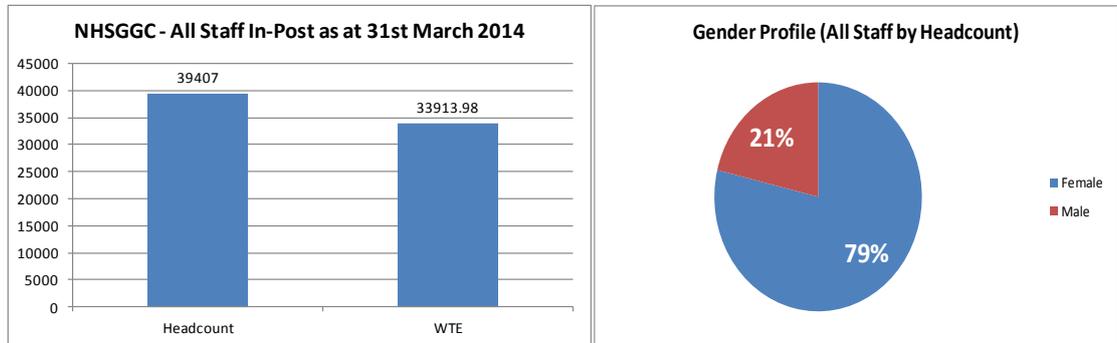
Section 4

The NHSGGC Workforce



4.1 Characteristics of the NHSGGC Current Workforce

4.1.1 On 31 March 2014, NHSGGC employed 39,407 permanent staff, 33,913.98 WTE. NHSGGC has a predominantly female workforce, with 79% of the workforce being female.



4.1.2 The table below shows the NHSGGC workforce (headcount) by age-grouping.

Age Group	Percentage of Staff
16-24	3.6%
25-40	33.0%
41-50	30.9%
51-59	26.2%
60+	6.4%

4.1.3 The NHSGGC displays a small percentage of staff aged between 16 and 24 years old (3.6%). This is not unexpected given that the majority of jobs (62%) within the board require individuals to undertake a period of post secondary school education in order for them to secure the qualifications and competencies necessary for a healthcare role. While this may be the case NHSGGC has for some years been actively supporting and developing programmes specifically aimed at increasing the number of younger staff within the workforce. These initiatives include Schools Engagement and Work Experience Programmes, Project Search - Training & Employment Opportunities for Young Disabled People and the Modern Apprenticeship Scheme. Further details of these programmes are contained in chapter 5 of this plan.

4.1.4 Approximately 90% of the workforce falls within the 25 to 59 year old bands and the split of 25-40, 41-50 and 51-59 is relatively even at about 30% in each of these sub groupings. 6% of the workforce is over 60 years of age.

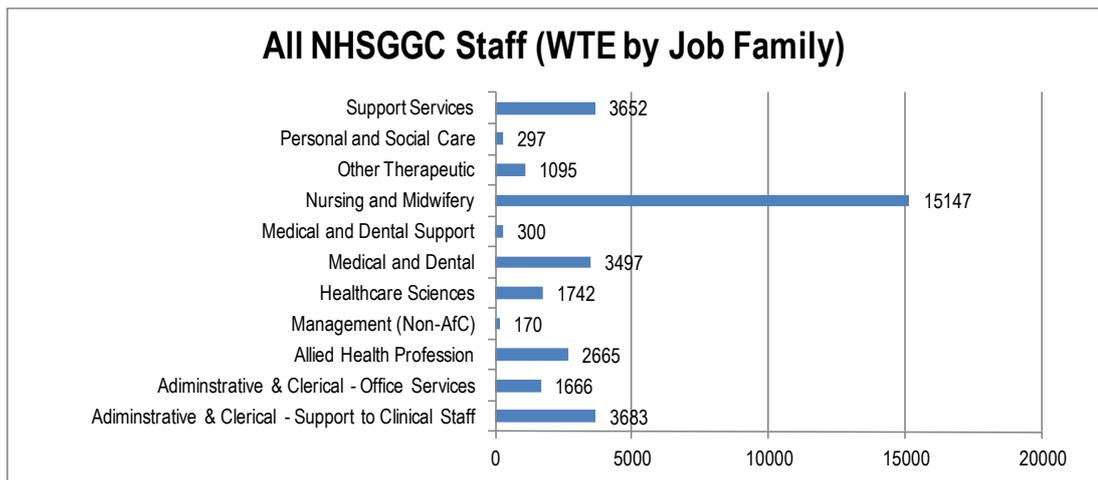
4.1.5 As an overview of the entire workforce this age profile does not cause any immediate reasons for concern however it must be noted that there are a number of service areas and professional job families which are vulnerable given their specific age profile and associated factors. Examples of such groupings include the nursing sub specialty of mental health and learning disabilities where approximately 5,200 staff have historic pension arrangements which would allow them to retire upon reaching the age of 55. Recent changes to the pension scheme suggest that those nursing staff working within mental health and learning disabilities are more likely to retire on reaching 55 years of age.

NHSGGC Workforce Plan 2014-15

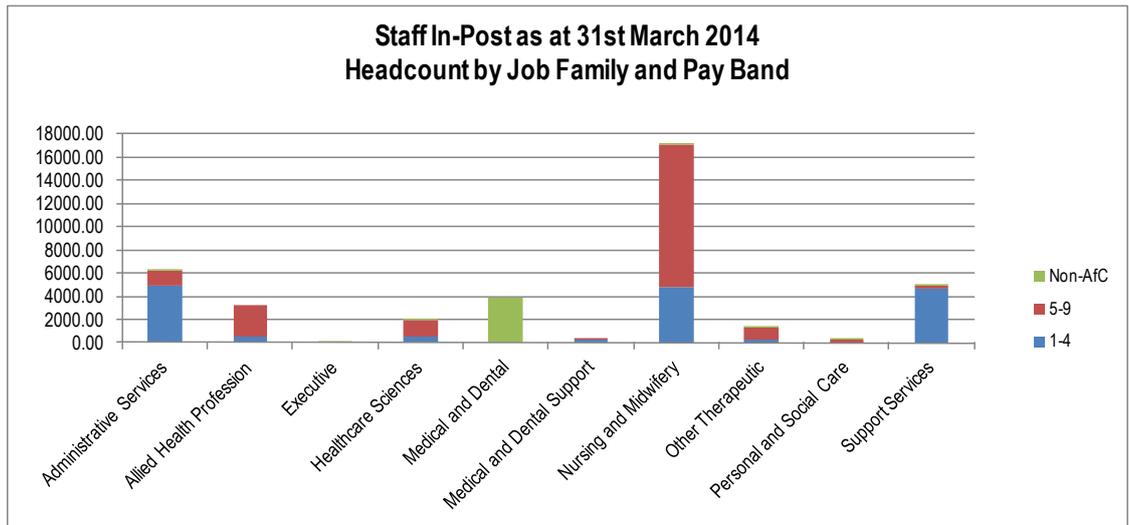
4.1.7 The split between female and male does vary between Job Families. The table below provides detailed figures.

Job Family Gender Split (Headcount)	Female	Male
Medical and Dental	51%	49%
Medical and Dental Support	94%	6%
Nursing and Midwifery	88%	12%
Allied Health Profession	88%	12%
Other Therapeutic	83%	17%
Healthcare Sciences	66%	34%
Personal and Social Care	80%	20%
Support Services	58%	42%
Administrative Services	85%	15%
Senior Managers (Non-AfC Grades)	53%	47%
NHSGGC Overall	79%	21%

4.1.8 A summary of the make-up of the NHSGGC workforce by Job Family is shown below:



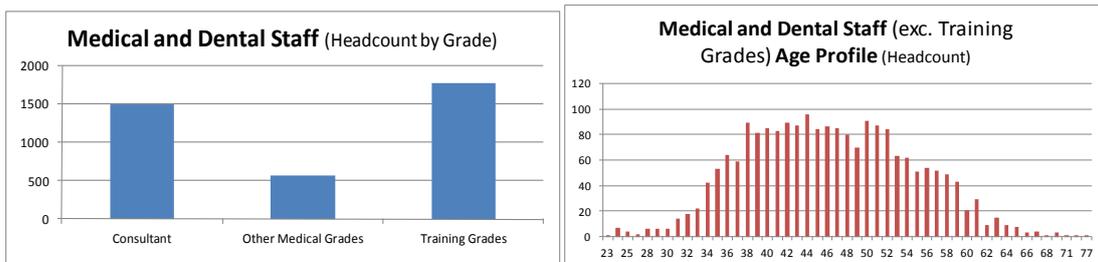
4.1.9 The chart below shows the workforce by job families by pay groupings. Pay bands are grouped by Agenda for Change bands 1-4, 5-9 and non-Agenda for Change bands such as medical grades, senior managers (who retained existing pay arrangements) and other grades including staff TUPE'd into NHSGGC.



4.2 The NHSGGC Workforce characteristics have been analysed by job family and are shown in the section below by headcount and age profile. Along with other demographic data, this is used to analyse individual workforces as part of the service and workforce redesign process.

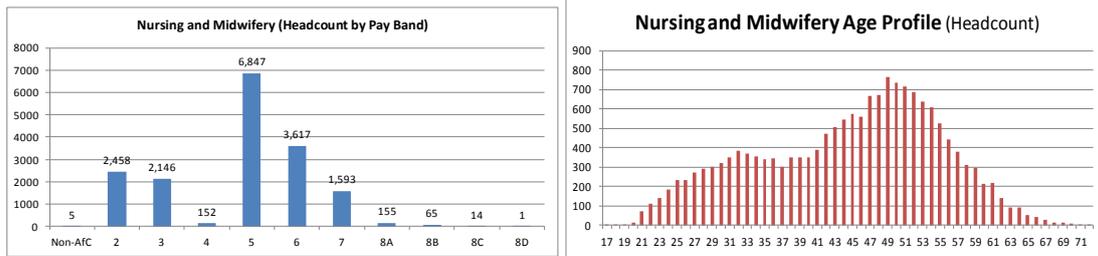
4.3 Medical and Dental Staff

4.3.1 On 31st March 2014 the NHSGGC medical and dental workforce comprises approximately 1500 headcount consultant staff supported by 561 other career grades. Trainee medical and dental staff account for 1773 headcount. Although medical and dental staff in training are employed by NHSGGC, funding for these posts is provided by NHS Education for Scotland. These training posts are rotational and are therefore removed when calculating Board turnover figures.



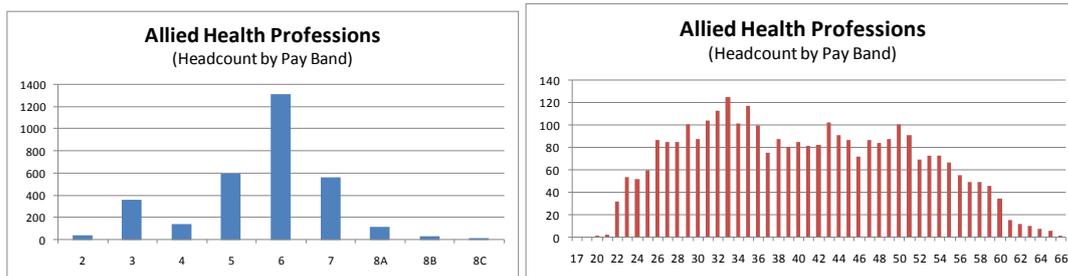
4.4 Nursing and Midwifery

4.4.1 The nursing and midwifery workforce is the largest job family within NHSGGC comprising 44.7% of the workforce. The majority of the nursing and midwifery workforce is employed in posts at pay bands 5 and 6 and 7 although there are also significant numbers of staff within pay bands 2 and 3.



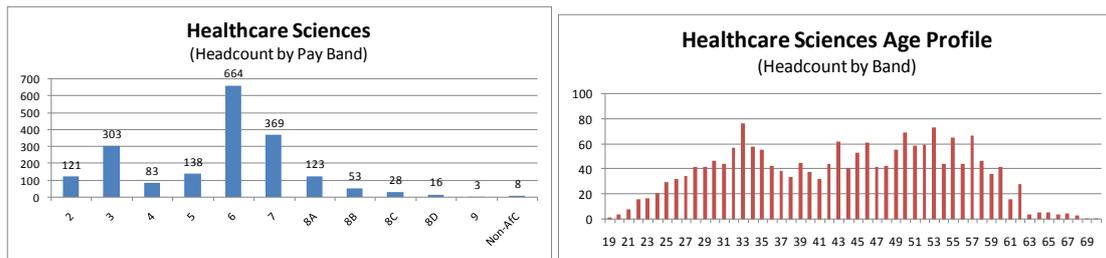
4.5 Allied Health Professions

4.5.1 NHSGGC's allied health professions workforce is concentrated across the 5, 6 and 7 pay bands and exhibits a younger age profile than other job families.



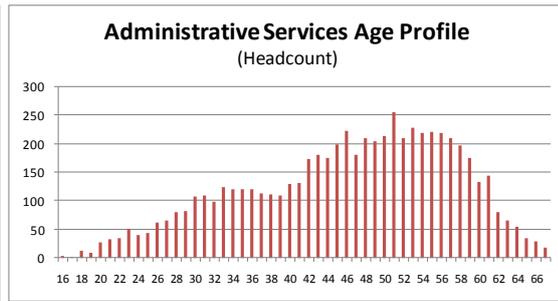
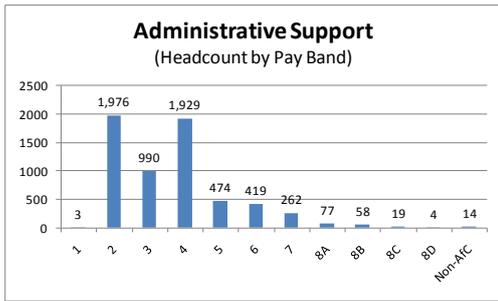
4.6 Healthcare Science Staff

4.6.1 Healthcare sciences is predominantly comprised of AfC bands 6 and 7. This workforce also contains a higher proportion of staff at bands 8A and above in comparison to the overall NHSGGC average due to the career structure within the healthcare science disciplines. The healthcare science age profile is distinctive in that it exhibits a double-peak with a large number of staff in their late 20s and early 30s and the other peak being in the late 40s through to late 50s.



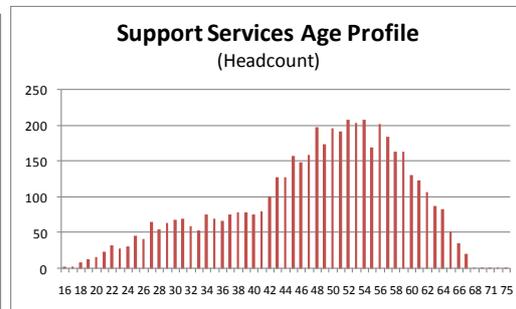
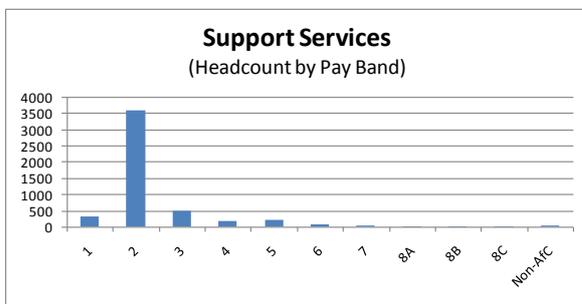
4.7 Administrative Support Staff

4.7.1 NHSGGC's administrative support workforce is concentrated across AfC pay bands 2 to 4. The administrative support job family encompasses a wide range of duties including many where administrative staff are directly involved in supporting clinical staff. 72% of the administrative workforce is directly involved in providing direct support to clinicians. The administrative workforce exhibits an older age profile with over 70% of the workforce aged over 40.



4.8 Support Services Staff

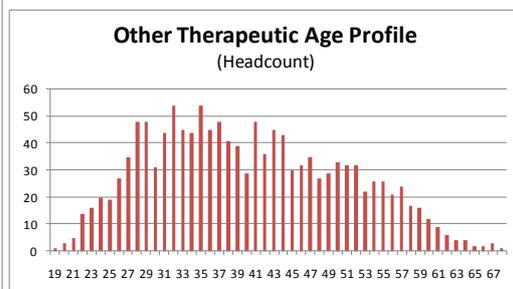
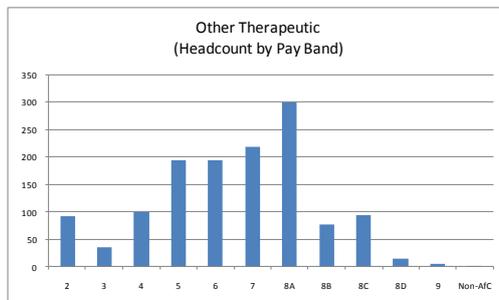
4.8.1 Support Services consists primarily of catering, domestic, estates (including skilled trades), portering, transport and sterile services. The majority of staff are employed at band 2. As with our administration staff, support services exhibits an older age profile with over 75% aged 40 or above.



4.9 Other Therapeutic Staff

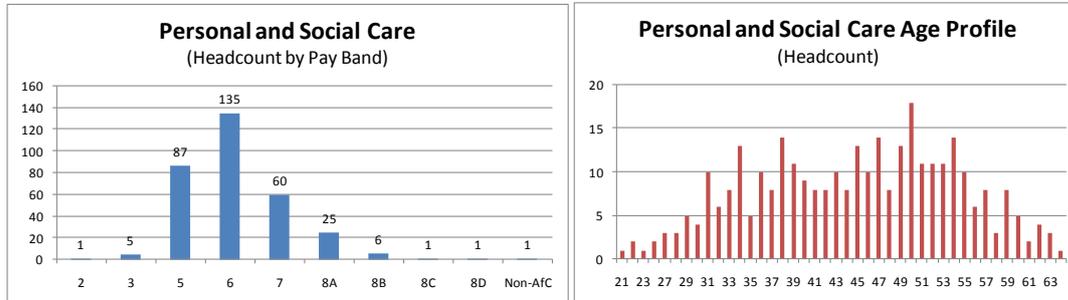
4.9.1 The Other Therapeutic Staff Group is made up largely of psychology and pharmacy staff. This workforce has an even distribution across bands 5-7. There is also a large number of staff employed across bands 8A-8D. The age profile suggests a younger workforce with over 56% of the workforce aged under 40.

4.9.2 The latest pharmacy workforce demographic information does not highlight any issues with an ageing staff group. However, the PPSU workforce includes several senior professionals in essential leadership roles and some who are in highly specialised roles without obvious successors; succession planning must be prioritised.



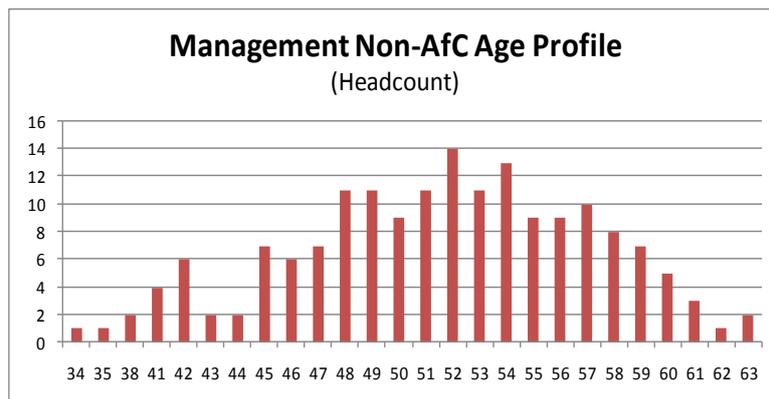
4.10 Personal and Social Care Staff

4.10.1 Personal and Social Care comprises health improvement and spiritual care staff. It is a relatively small workforce at 322 headcount mainly employed across bands 5-7. The age profile shows a relatively even distribution.



4.11 Management Grades (Non Agenda for Change)

4.11.1 Some management posts are not covered under the Agenda for Change terms and conditions and as such only an age profile is shown. 68% of this workforce is aged over 40.



4.12 Turnover

4.12.1 Turnover within NHSGGC for 2013/14 was 6.5%. This is down slightly on 2012/13 which was 6.65%. A turnover level of 6.5% for the Board results in around 2,205 WTE of leavers. Turnover does vary between job families. A table summarising turnover in 2013/14 is shown below.

Leavers/Turnover April 2013 to March 2014 (exc. Doctors in training)		
Job Family	Leavers (WTE)	% Turnover
Medical and Dental	128.87	3.69%
Medical and Dental Support	33.34	11.10%
Nursing and Midwifery	955.63	6.31%
Allied Health Profession	201.77	7.57%
Other Therapeutic	130.95	11.96%
Healthcare Sciences	106.06	6.09%
Personal and Social Care	20.99	7.07%
Support Services	219.25	6.00%
Administrative Services	386.12	7.22%
Senior Management (Non-AfC Grades)	22.00	12.95%
Total	2205.00	6.50%

Section 5

Supplying the Required Workforce



5.1 NHSGGC's Local Labour Market

- 5.1.1 Within the NHSGGC geographical area unemployment has begun to decrease over recent months but remains volatile as the economic recovery continues.
- 5.1.2 Glasgow, which accounts for the majority of the Board's population, has had the highest unemployment rate of all local authorities within Scotland from 2003 up to 2010². Four out of the six local authority areas covered by NHSGGC are below the Scottish average employment rate
- 5.1.3 Although recruitment generally, is not difficult in the current economic environment NHSGGC still experiences some challenges when seeking to fill vacancies. The location of posts, the level of experience, specialist skills required and the nature of the contract or working pattern all impact on the ability to fill a vacancy.
- 5.1.4 Other factors which impact on the Board's ability to recruit are:
- Location: The NHSGGC Board area includes a mix of urban and rural population centres and the requirement to travel significant distances can lead to a limited candidate pool;
 - Candidate availability: Certain skill sets are in high demand by both private and public sector. In the case of Sonographers, a long standing problem with recruitment was addressed by providing in-house training to develop an in-house workforce. This approach was also used in Laboratory sciences, Ophthalmology, Audiology and Medical Physics;
 - Contract Type: Flexible posts which require less than 16 hours can be challenging to fill.
- 5.1.5 When areas of difficulty are identified by services, Human Resources work with them to identify solutions and approaches which will alleviate recruitment difficulties.

5.2 NHSGGC Socially Responsible Recruitment

- 5.2.1 In NHSGGC the importance of employment in helping to tackle poverty and income inequality is well recognised and this link is articulated in the policy framework outcomes for 2014. This policy commitment recognises the link between worklessness and ill health which has been evidenced through research and which is set out in NHSGGC's policy paper on "Employability, Financial Inclusion and Responding to the recession".
- 5.2.2 Definition of Employability:
- "Enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace"***²⁴
- 5.2.3 There is also a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment and is generally good for health and well being.

²⁴ Scottish Government Definition

- 5.2.4 NHSGGC employs 1401 headcount (1236.16 WTE) in the 16-24 age group. This represents 3.6% of the total workforce. The majority of young employees, 1,328 (1211.9 WTE), are within the 20-24 age group with 73 (51.3 WTE) aged 16-19.
- 5.2.5 Approximately 62% of NHSGGC employees are employed in job roles requiring post school qualification and experience. Given this the actual number of jobs open to young people in the NHS without a substantial period of post school education is limited.
- 5.2.5 In this context, NHSGGC is committed to providing access to job opportunities, work experience and training for young people, particularly those young people who face barriers and challenges in finding employment and may require additional support to prepare them for employment.

5.3 Youth Employment Plan

- 5.3.1 In April 2014, NHSGGC approved its Youth Employment Plan for 2014/15. The recommendations within this plan focus on increasing the number of jobs, work placements and training opportunities for young people aged 16 -24.
- 5.3.2 The Youth Employment Plan aims to increase opportunities for young people by increasing the number of apprenticeship posts available, developing appropriate work placement and pre-employment training programmes, providing specific packages of support for young people with specific barriers to employment, publishing a guidance document of managers on providing graduate internship positions and scoping appropriate mechanisms to remove barriers to NHSGGC employment for young people.

5.4 Modern Apprenticeships

- 5.4.1 NHSGGC's Modern Apprenticeship programme was officially launched on 2nd September 2013 following the successful appointment of young people to the 51 posts identified earlier in the year. The apprenticeship posts are spread across seven apprenticeship frameworks: Accounting, Health & Social Care, Engineering, Business & Administration, Youth Work, Children's Care, Learning & Development and Plumbing. This apprenticeship intake is a significant expansion to the previous programme in 2009 which provided 14 apprenticeship places between Health Records and Laboratory Medicine services. The programme offers the apprentices work experience and a recognised qualification relevant to their role, and on successful completion of the programme they will make the transition into substantive employment within NHSGGC in a role appropriate to their knowledge, skills and experience.
- 5.4.2 In April 2014, NHSGGC approved plans for a second apprenticeship intake in 2014/15 with a maximum of 50 places. Work is continuing with services to identify suitable roles and apprenticeship frameworks with a view to a phased recruitment process over the next 12 months. As with the Phase 1 intake the aim is to attract, train and retain apprentices to support future workforce service needs.

5.5 Community Benefits Programmes

- 5.5.1 NHSGGC has developed a collaborative partnership with main contractor Brookfield Multiplex, the Glasgow Regeneration Agency (GRA), Glasgow City Council and Get Ready for Business to support the new Southern General Hospital community benefit programme. All vacancies are automatically sent to Glasgow Regeneration Agency and 427 new jobs have been filled through this protocol including 307 new entrants which equates to 26% of the total project workforce. Of the total number of posts, 142 have been filled by individuals aged 16-24. The total number of posts also includes 80 apprenticeships filled by 16-24 year olds.
- 5.5.2. The project has also provided 175 work experience placements for 16-24 year olds participating on pre-employment programmes or at School, College or University.
- 5.5.3 In addition to these benefits NHSGGC has utilised the project to raise awareness of healthcare careers.
- 5.5.4 Overall the project has engaged in excess of 1,000 pupils through these activities.

5.6 Schools Engagement and Work Experience Programmes

- 5.6.1 The schools engagement programme and school work experience placements are core activities which inform important career related choices for school aged pupils while introducing the world of work. We provide 400 places per year to pupils aged 16-18, an increase of 40% on the June 2011 position.

5.7 Employability Programmes

5.7.1 Project Search - Training & Employment Opportunities for Young Disabled People

- 5.7.2 Project Search is a targeted approach to help prepare young, learning disabled people to develop the necessary confidence and skills for work. This is an opportunity to combine practical work experience, with college-led input from a lecturer and specialist job coach.

- 5.7.3 The Project is a partnership between NHSGGC, Project Search, Cardonald College, Glasgow City Council and Job Centre Plus. This is a pilot project initially within the Facilities directorate, involving three 12 week rotations in Porterage, Catering and Domestic Services at the Victoria Infirmary.

- 5.7.4 The project lasts for 1 academic year and starts on 26th August 2013. The Target audience will be for 10 - 12 students with learning disability who are between 16-24yrs of age.

5.7.6 Mental Health – Training & Employment Opportunities for Young People

- 5.7.7 Mental Health Services NHSGGC provide funding to deliver services across the employability spectrum for people with long term mental health conditions. This includes access to training, work preparation and employment opportunities in 2012. 42 young people between 16-24 were referred.

5.7.9 Volunteering Policy & Programme

5.7.10 Although the scope of NHSGGC volunteering programme embraces people of all ages who wish to volunteer in the NHS, the policy does encourage participation from young people who are able to give a continuing commitment to a volunteer opportunity in the NHS. This programme in combination with the schools engagement programme is part of the strategy to encourage young people to come and work for the NHS.

5.8 Educational/ Development Placements

5.8.1 In addition to all of the above activity NHSGGC provides clinical placements for students from local higher education and further education establishments to support achievement of professional qualifications. We also provide work experience to newly qualified nursing graduates through the intern/one-year job guarantee scheme and have appointed 500 to date. The one-year job guarantee scheme is a national scheme which was agreed by the SGHD in full partnership with staff side. Its purpose is to enable newly qualified nursing staff, who have not yet secured permanent employment, to consolidate their training and skills. The nurses are deployed as registered practitioners but are over and above the funded establishment and are not used as cover for permanent vacancies. The posts are also rotational to maximise the experience for the interns. On completion of the year's internship the nurses can apply for any available vacancies.

5.8.2 It is evident that there is a wide range of valuable activity underway within NHSGGC which supports young people towards employment ranging from capacity building to transitions into NHSGGC jobs.

5.8.3 In this time of economic and financial difficulty in the economy as a whole, and subsequently the public sector, there is a significant risk that young people will be particularly disadvantaged in securing employment. As a major employer in the west of Scotland NHSGGC has made a policy commitment to employability and will continue to support the Scottish Government Youth Strategy with an effective package of support for unemployed young people via the Youth Employment Plan.

5.8.4 In NHSGGC we are committed to ensuring that all our employees have access to training, learning and educational opportunities which will help them do their jobs, keep up to date with changing skill needs and new technology and develop new skills and competences which will enable them to move on in their careers if they wish.

5.8.5 Learning and Education Advisers from Human Resources are located in all services and in addition to the specialist advice they can offer, many staff and managers also deliver training, education and development as part of their role. Some training is delivered by the Practice Development Teams and Practice Education Facilitators across NHSGGC and others by functional experts working in areas such as Health and Safety and Infection Control.

5.8.6 In respect of individual employees we support individual and team learning needs including:

- induction for new staff - we see induction not as an event, but as a process that starts before the staff member takes up post and

continues after he or she moves into the service setting; each new staff member will have an induction programme tailored specifically to his or her needs;

- the statutory and mandatory training appropriate to job roles;
- formal education leading to academic credit and SVQs;
- clinical skills training – for all professions in clinical areas;
- role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound;
- promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all;
- encouraging integrated working – supporting the development of new teams and new ways of working;
- management and leadership – developing potential in this key area of service.

5.8.7 Some of this learning and education activity is provided in-house, but NHSGGC also works with universities, colleges and external agencies to provide the widest options for employees.

5.8.8 In addition, we continue to maintain and develop working relationships with our social work partners to deliver joint training and learning and education initiatives.

5.8.9 NHSGGC's is committed to ensuring that every employee has a Personal Development Plan which looks at current and future development needs. For staff on AfC terms and conditions of service this PDP is linked to the Knowledge and Skills Framework and is recorded on e-KSF, the electronic monitoring system which all Scottish Boards use.

5.8.10 In NHSGGC as at April 2014 74% of staff on AfC terms and conditions had an up to date Personal Development Review recorded on e-KSF. The Board is dedicated to improving this position month-on-month.

5.8.11 To support the fulfilment of KSF Personal Development Plans, employees have access to a wide range of learning and education resources including:

- the NHSGGC SVQ Centre which can provide advice and support in identifying an appropriate SVQ for services and employees;
- open learning sites – there are a number of these across the service where employees can access learning materials;
- e-learning – employees can access online learning material direct from their work computer at a time of their choosing. Employees can also use the NHS Scotland e-Library, which provides access to thousands of learning and education sources;
- bursaries – these are awarded every year to selected staff who want to take an education course linked to their work.

5.8.12 All learning and education opportunities and information can be accessed through the learning and education pages on staff net. Because NHSGGC believes that access to learning and education is critical to the provision of high quality services, it has made an explicit commitment to:

- ensuring equal access to learning and education opportunities for all, regardless of staff grade, gender, race, creed, age and sexual orientation;
- promoting learning methods that reflect different learning styles;
- fitting in with staff availability;
- supporting difference groups of staff to learn together;
- providing high-quality learning and teaching facilities;
- making best use of the skills, knowledge and talents of all staff.

5.8.13 New Teaching and Learning Centre

The new Teaching and Learning Centre will be jointly-owned with the University of Glasgow and provide 3 floors of state-of-the-art medical learning and teaching facilities, a 500-seat lecture theatre and a knowledge exchange area. The 4th floor of the centre will be the Scottish Stratified Medicine Innovation Centre providing research facilities for small and medium enterprises.

5.9 The NHSGGC Education Partnership

- 5.9.1 The NHSGGC Education Partnership was established in 2010 to focus on HCSW non registered staff. The partnership was intended to be a strategic partnership bringing together Further Education (FE) and Higher Education (HE) providers in the west of Scotland with NHSGGC to participate in joint discussions regarding the modernising of education provision for new and developing roles.
- 5.9.2 The NHSGGC Education Partnership is currently being refreshed to reflect the regionalisation of the Further Education College sector in Scotland and will be re-launched early in 2015. A new programme of work will be jointly agreed which will support the workforce needs of NHSGGC.
- 5.9.3 In addition to traditional education providers, other partners include SQA and NES who are key stakeholders involved in the approval and commissioning of awards and the development of policy. Further partnership is also provided by representatives from other organisations such as Skills Development Scotland and Scottish Funding Council as and when required.

Section 6

Implementation, Monitoring & Review



6.1 Workforce Plan Governance & Monitoring

- 6.1.1 Monitoring of progress with the actions and intentions set out in the 2014/15 Workforce Plan will be carried out within the governance framework described in Section 1, paragraph 1.5 of this document.
- 6.1.2 The Workforce Plan will be published on the NHSGGC website after it has been approved by the Staff Governance Committee.
- 6.1.3 The NHSGGC Area Partnership Forum and the Corporate Management Team receive monitoring reports on the implementation of the Workforce Plan at their regular meetings.
- 6.1.4 At local level the initiation and implementation of service plans and redesigns and the consequent workforce implications are also closely monitored and progress reported to local management and partnership groups as appropriate.
- 6.1.5 It should be recognised by all stakeholders that the redesign and service change plans set out in this Workforce Plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with Staff Side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.
- 6.1.6 The achievement and implementation of specific actions within the 2014/15 Workforce Plan (paragraph 1.16, Section 1) will be reported with the 2015/16 plan using the template at Appendix 1 of this document

Appendix 1: 2013/14 Workforce Plan Update

2013/14 Objective	2013/14 Outputs
Implementation of National Workload Tools for Acute Nurse Staffing	In September 2013, the Acute Director of Nursing produced a paper which outlined investment of circa £6.7m into Nursing across the Acute Services Division. This comprised: 111.2 WTE linked to the application of the nationally-validated Nursing and Midwifery Workforce Planning tools and Senior Professional Judgement. 51.0 WTE linked to the provision of an additional day's supervisory time for Senior Charge Nurses/Midwives across the Acute Services Division. This totalled an additional 162.2 WTE registered nursing.
Modern Apprenticeships	<p>NHSGGC's Modern Apprenticeship programme was officially launched on 2nd September 2013 following the successful appointment of young people to the 51 posts identified earlier in the year.</p> <p>The apprenticeship posts are spread across seven apprenticeship frameworks: Accounting, Health & Social Care, Engineering, Business & Administration, Youth Work, Children's Care, Learning & Development and Plumbing.</p> <p>The programme offers the apprentices work experience and a recognised qualification relevant to their role, and on successful completion of the programme they will make the transition into substantive employment within NHSGGC in a role appropriate to their knowledge, skills and experience.</p>
Youth Employment	<p>Since the publication of the previous workforce plan NHSGGC has developed and approved a Youth Employment Plan. The recommendations within this plan focus on increasing the number of job, work placements and training opportunities for young people aged 16 -24 years of age.</p> <p>Between April 2013 and March 2014 NHSGGC increased the number of 16 to 24 year olds in the workforce by 198 headcount (187.46 wte) Consequently the percentage of the workforce in this age bracket has increased from 3.1% to 3.6% in 12 months.</p>
Support for Nurse Internship Scheme	NHSGGC has supported 305 Interns since the scheme was re launched and will continue to support in 2014/15.

Investment in Children & Family Teams	<p>Within Partnerships an increase there has been an investment of £1.2m in supporting the workforce which, when fully recruited, trained and developed will see the Health Visiting and School Nursing workforce rise by 89 WTE.</p>
Investment in District Nursing Agile Working Technology	<p>Evidence from other parts of the UK including NHS Blackpool and NHS Derby, demonstrates that there are quality, productivity and efficiency gains to be made from supporting community nursing with the use of mobile technology.</p> <p>During 2103 a pilot programme in East Dunbartonshire CHP resulted in more efficient use of nursing time and supported improvements in the quality of care.</p> <p>A further pilot in the “Out of Hours” service in West Dunbartonshire showed similar gains.</p> <p>For the District Nursing service it has been established that the introduction of agile technology would contribute to releasing the capacity required to meet the predicted 10% increase in caseload size over the next 5 years.</p> <p>The roll out of agile technology across all areas within DN services across the board commenced in 2013 and will be completed within the calendar year 2014.</p>
Development of Police Custody Healthcare Staffing Model	<p>Her Majesty’s Inspector of Constabulary for Scotland (HMICS) (2008) thematic inspection into the provision of healthcare and forensic medical services for people in police custody concluded that there should be a transfer of responsibility for the delivery of healthcare and forensic medical examinations to the NHS.</p> <p>During 2013 the Police Custody Healthcare HR Group developed a staffing model which resulted in the employment of 19 wte Nursing Staff in March 2013 and provision for appropriate Medical staffing input. The formal transfer of services took place on 1st April 2014.</p>
West of Scotland Satellite Radiotherapy Service	<p>The Full Business Case for the West of Scotland Satellite Radiotherapy Service was finalised in March 2014, with the preferred site chosen as Monklands Hospital, Airdrie (NHS Lanarkshire).</p> <p>The innovative new facility, which will operate as a satellite facility for the Beatson West of Scotland Cancer Centre in Glasgow, will increase access to the state-of-the-art radiotherapy treatments and allow many more patients in the West of Scotland to be treated closer to home.</p> <p>Around 120 patients a day could undergo radiotherapy in the new facility which will focus on the treatment of lung, breast, prostate and bowel cancers.</p>

The following NHS Boards currently access radiotherapy services at the Beatson West of Scotland Cancer Centre and support the development of a new satellite radiotherapy facility for the West of Scotland.

- NHS Greater Glasgow and Clyde
- NHS Lanarkshire
- NHS Forth Valley
- NHS Ayrshire and Arran

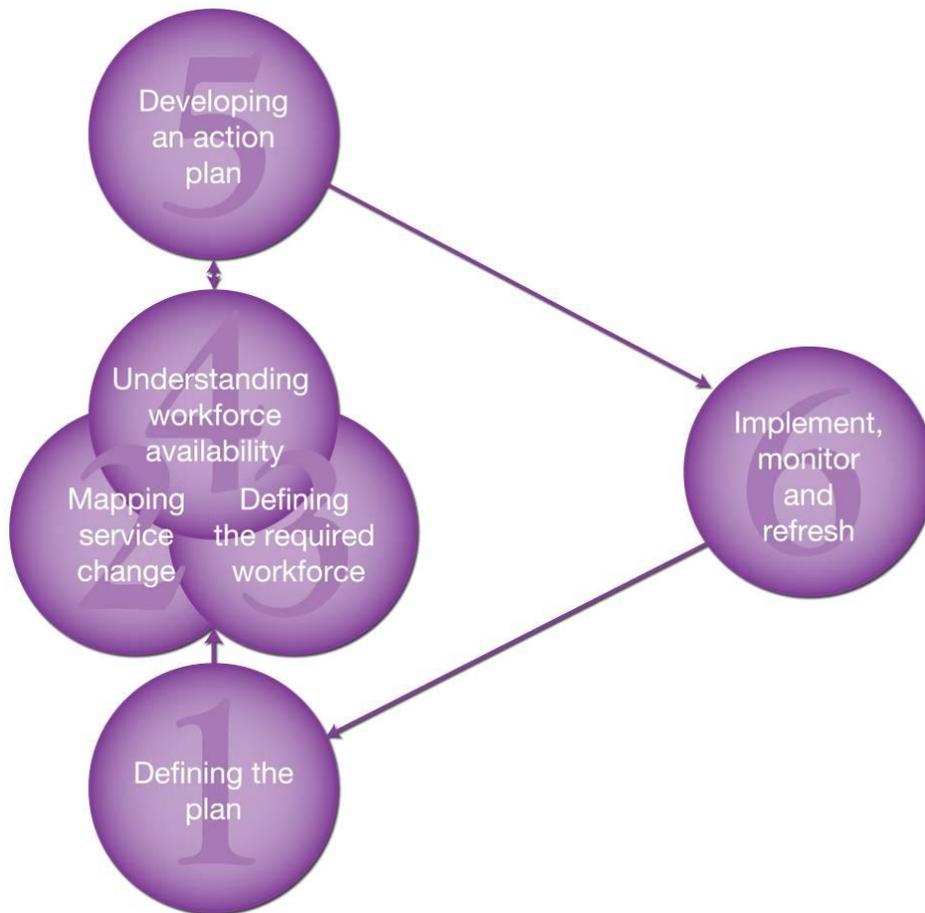
Appendix 2: 2013/14 Workforce Change Summary Table

NHSGGC Staff in post by Job Family comparison to March 2013				
As at 31st March 2014				
Job Family	March 2014 Headcount	March 2014 WTE	March 2013 WTE	2013/14 WTE Variance
Administrative & Clerical - Support to Clinical Staff	4,342	3625.8	3747.0	-121.20
Administrative & Clerical - Office Services	1,897	1723.5	1567.0	156.50
Allied Health Profession	3,187	2664.9	2610.4	54.50
Management (Non-AfC)	172	169.9	207.0	-37.10
Healthcare Sciences	1,918	1742.2	1671.0	71.20
Medical and Dental	3,833	3496.8	3378.0	118.80
Medical and Dental Support	364	300.3	289.8	10.50
Nursing and Midwifery	17,055	15146.6	14887.7	258.90
Other Therapeutic	1,327	1095.2	1044.6	50.60
Personal and Social Care	340	296.7	275.6	21.10
Support Services	4,972	3652	3608.8	43.20
Total	39,407	33913.9	33288.9	627.00

Appendix 3: The 6 Steps Methodology

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

The format of the guidance reflects the 6 Step Methodology to Integrated Workforce Planning and contains workforce planning checklists at each step of the process and sign-posts to other data and information sources that will be of particular help in ensuring that workforce plans are evidence based.



Step 1 - Defining the Plan

Is the first step in any planning process and outlines why a workforce plan is necessary and how it will support the achievement of wider corporate goals and objectives. The purpose, scope and ownership of the workforce plan are made explicitly clear within this section.

Step 2 - Service Change

The second step of the plan indicates the goals and benefits of change, the future context for how services will be delivered. At this point it is important to identify the options for future service delivery, the drivers for and/or constraints against future changes and what any preferred option(s) might look like.

This step is an excellent way of ensuring appropriate engagement with a range of stakeholders in the planning process.

From here it is possible to determine the specific benefits, goals and objectives of any future service delivery. It is also possible to begin to create a range of service scenarios for the future and how this may specifically impact on the workforce.

Care must be taken not to unduly replicate information that is available in other plans such as the Local Delivery Plan (LDP), finance plan, service plans etc. The intention is not to duplicate information but to ensure that underpinning information and context is taken into consideration.

Step 3 – Defining the Required Workforce

This step should outline the workforce required to meet the predicted service needs and requires all of the key issues local and national which will impact on workforce design and deployment to be taken into account.

Step 4 – Workforce Capability

Describes the characteristics of the current workforce (i.e. baseline data), how any supply data can inform workforce forecasting and identify what options can be implemented in managing future supply.

Step 5 – Action Plan

Developing an action plan is a high priority in the process because it identifies the actions and sets out how these will be progressed and managed.

Step 6 – Implementation and Monitoring.

Step 6 is the monitoring process for plans, it also allows for reflection on actions and taking account of any new drivers and any unintended consequences of developments.

Appendix 4: Glossary of Abbreviations

AfC	Agenda for Change
AHP	Allied Health Professional
AHPWMMP	Allied Health Professions Workforce Measurement and Management Project
APF	Area Partnership Forum
CAMHS	Child and Adolescent Mental Health
CH(C)P	Community Health Partnership or Community Health and Care Partnership
CMS	Chronic Medication Service
CMT	Corporate Management Team
COSOP	Cabinet Office Statement of Practice on Staff Transfers in the Public Sector 2000
CSR	Clinical Services Review
CSSD	Central Sterile Services Department
eESS	Electronic Employee Support System
EMI	Elderly Mentally Ill
FE	Further Education
FTFT	Facing the Future Together
GPs	General Practitioners
HEAT	Health, Efficiency, Access and Treatment
HNC	Higher National Certificate
HND	Higher National Diploma
HR	Human Resources
HSCP	Health and Social Care Partnership
ISD	Information Services Division
IT	Information Technology
KSF	Knowledge & Skills Framework
LBC	Leading Better Care
LDP	Local Delivery Plan
LUCAP	Local Unscheduled Care Plan
NES	NHS Education for Scotland
NHSGGC	NHS Greater Glasgow and Clyde
NMAHP	Nurses, Midwives and Allied Health Professionals
NMWWP	Nursing and Midwifery Workload and Workforce Planning Programme
OD	Organisational Development
PAA	Predicted Absence Allowance
PDP	Professional Development Plan
PIDs	Project Initiation Documents
PPSU	Pharmacy Prescribing & Support Unit
QOF	Quality Outcomes Framework
RTTC	Releasing Time to Care
SGH	South Glasgow Hospital
SPS	Scottish Prison Service
SVQ	Scottish Vocational Qualification
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
WRWPN	West Region Workforce Planning Network
WTE	Whole Time Equivalent

Appendix 5: Description of Job Families

Job Family	Sub Job Family
ADMINISTRATIVE SERVICES	FINANCE
	HUMAN RESOURCES
	INFORMATION SYSTEMS/TECHNOLOGY
	OFFICE SERVICES
	PATIENT SERVICES
ALLIED HEALTH PROFESSIONS	ARTS THERAPIES
	DIAGNOSTIC RADIOGRAPHY
	DIETETICS
	GENERIC THERAPIES
	OCCUPATIONAL THERAPY
	ORTHOPTICS
	ORTHOTICS
	PHYSIOTHERAPY
	PODIATRY
	PROSTHETICS
	SPEECH AND LANGUAGE THERAPY
	THERAPEUTIC RADIOGRAPHY
HEALTHCARE SCIENCES	BIOMEDICAL SCIENCES LIFE
	CLIN PHOTO/ILLUSTRATE PHYSICAL
	CLINICAL PERFUSION PHYSIOLOGY
	CLINICAL PHYSIOLOGY
	CLINICAL SCIENCES LIFE
	CLINICAL SCIENCES PHYSICAL
	CLINICAL SCIENCES PHYSIOLOGY
	CLINICAL TECHNOLOGY LIFE
	CLINICAL TECHNOLOGY PHYSICAL
	MAXILLOFACIAL PROS PHYSICAL
MANAGEMENT GRADES	SENIOR MANAGEMENT GRADES
MEDICAL & DENTAL STAFF	CONSULTANT GRADES (MEDICAL)
	CONSULTANT GRADES (DENTAL)
	OTHER TRAINED GRADES (MEDICAL)
	OTHER TRAINED GRADES (DENTAL)
	STAFF IN TRAINING (DENTAL)
	STAFF IN TRAINING (MEDICAL)
MEDICAL AND DENTAL SUPPORT	DENTAL NURSING
	DENTAL TECHNOLOGY
	OPERATING DEPARTMENT
	ORAL HEALTH
	PHYSICIANS ASSISTANT
	THEATRE SERVICES

NURSING/MIDWIFERY	BANK NURSING
	CARE OF THE ELDERLY NURSING
	COMMUNITY GENERAL NURSING
	DISTRICT NURSING
	SEXUAL HEALTH NURSING
	GENERAL ACUTE NURSING
	HEALTH VISITOR NURSING
	LEARNING DISABILITIES NURSING
	MENTAL HEALTH NURSING
	MIDWIFERY
	NURSING TRAINING/ADMIN/MGT
	PAEDIATRIC NURSING
	PRACTICE NURSING
	PUBLIC HEALTH NURSING
	SCHOOL NURSING
	SPECIALIST NURSING
STAFF NURSERY	
TREATMENT ROOM NURSING	
OTHER THERAPEUTIC	GENETIC COUNSELLING
	OPTOMETRY
	PHARMACY
	PLAY SPECIALIST
	PSYCHOLOGY
PERSONAL AND SOCIAL CARE	HEALTH PROMOTION
	HOSPITAL CHAPLAINCY
	SOCIAL WORK
SUPPORT SERVICES	CATERING SERVICES
	DOMESTIC SERVICES
	ESTATES
	GENERAL SERVICES
	GROUNDS SERVICES
	HOTEL SERVICES
	LAUNDRY/LINEN SERVICES
	PORTERING SERVICES
	SECURITY SERVICES
	STERILE SERVICES
	STORES SERVICES
TRANSPORT SERVICES	



New South Glasgow Adult Hospital – Atrium