NHS
Greater Glasgow and Clyde

Workforce Plan
2018/19
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1 Section One

Background to the NHS Greater Glasgow and Clyde (NHSGGC) Workforce Plan
1.1 Introduction to the Workforce Plan

1.1.1 NHS Greater Glasgow and Clyde (NHSGGC) is the largest NHS Board in Scotland and provides services to a population of 1.2 million people. 70% of our annual budget is invested in our 39,500 strong workforce and it is the skills and commitment of this workforce that enables us to provide high quality, person-centred care. In this workforce plan we use the six steps methodology to describe our current workforce and the main challenges that we face in developing and maintaining a sustainable workforce for the future. We also set out the actions that we plan to take this year in order to support and develop this workforce.

1.1.2 NHSGGC is currently developing a transformational healthcare strategy, ‘Moving Forward Together’, which will deliver better health and healthcare outcomes for the population of Greater Glasgow and Clyde. This plan reflects national, regional and local healthcare strategy and service change and identifies the actions required to deliver these strategies and plans.

“Our vision is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate, with minimal risk of re-admission.”

1.1.3 In Scotland, as in the rest of the developed world, health and social care services are facing rising demand which is driven by demographic change, advancing medical science and new technologies at a time of constrained resources. As people live longer, healthy life expectancy is not advancing at the same pace. This means that we will have more people, many of whom are older, living with multiple long-term conditions and often complex needs, who will be reliant on support and intervention from health and social care services. If we do not change our approach by shifting the balance of care away from acute hospitals to one where there is a greater emphasis on prevention and community-based intervention, we will not be able to meet the needs of our population in the future.

1.1.4 In this context, all public sector services need to adapt and innovate to ensure that the highest standards of treatment and care continue to be delivered. The Scottish Government has commissioned a number of strategic reviews, including the Christie Commission\(^2\); the Healthcare Quality Strategy for Scotland\(^3\); Everyone Matters: 2020 Workforce Vision\(^4\), the National Clinical Strategy for Scotland (2016)\(^5\) and the Carers (Scotland) Act.

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\(^3\) The Healthcare Quality Strategy for Scotland. Scottish Government, 2010


1.1.5 These reviews provide a framework and a road map to support future public service reforms. This will ensure safe, effective, person-centred and sustainable services are delivered through a workforce that has the right skills and competencies and is able to achieve the best possible outcomes for our patients.

1.1.6 In December 2016, the Scottish Government published the National Health and Social Care Delivery Plan\(^6\).

1.1.7 This plan describes high quality health and social care services in Scotland which are focussed on prevention, early intervention and supported self-management. The plan sets out a programme to further improve health and social care services and ensure we have a health and social care system which:

- is integrated;
- focusses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focusses on care being provided to the highest standards of quality and safety, whatever the setting;
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

1.1.8 The HSCDP will support the development of the health and social care system building on the excellence of NHS Scotland and recognising the critical role that services beyond the health sector must play. The plan prioritises the actions which will have the greatest impact and focuses on three areas described as “The Triple Aim”:

- **Better Care** - improving the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all;
- **Better Health** - improving everyone’s health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management;
- **Better Value** - increasing the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery.

1.1.9 To this, NHSGGC has added a workplace specific corporate objective of “**Better Workplace**” which focuses on how we will develop and maintain an organisational culture which supports and empowers our workforce.

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1.2 Executive Summary

1.2.1 This workforce plan provides an overview of the current NHSGGC workforce, highlights significant service redesign and other changes which may impact upon the workforce over the course of 2018/19 financial year.

1.2.2 This Plan incorporates the key themes and aims of the national clinical and workforce direction in particular drawing from:

- National Health and Social Care Delivery Plan
- National Health and Social Care Workforce Plan – Parts 1, 2 and 3
- NHSGGC’s ‘Moving Forward Together’ transformational programme
- Audit Scotland’s report on NHS Workforce Planning
- CEL 32 (2011) – Revised Workforce Planning guidance

1.2.3 These documents provide a framework for the production of the annual Board Workforce Plan. Further strategy documents, where they are profession/pathway-specific are referenced where appropriate throughout the Plan.

1.2.4 The planning environment is both complex and evolving with national, regional (at a West of Scotland level), local (at NHS Board level) and locality (at geographical Health & Social Care Partnership level) priorities that need to be coordinated. This workforce plan highlights the themes and challenges across all of NHSGGC’s 6 Acute Directorates, 6 HSCPs and Corporate areas and their associated workforces.

1.2.5 There are number of key themes emerging in the 2018/19 workforce plan including:

- **Recruitment Challenges:** There are a number of areas across the Board with posts which have been vacant for 6 months or more including:
  - Radiologists – particularly Breast and Neuro Interventional
  - Clinical Technologists
  - Clinical Geneticists
  - Consultant Biochemists
  - Sonographers
  - Paediatric Nursing
  - Health Visiting
  - District Nursing
  - Geographic-related such as within Inverclyde Royal Hospital

1.2.6 These are national recruitment challenges, with the exception of Inverclyde, which are reflected locally and a number of different strategies and approaches are underway locally to mitigate the associated risks.

- **Ageing Workforce:** In the last 8 years, across the NHSGGC workforce there has been an increase of 9.4 percentage points in the number of staff aged over 50. NHSGGC has a number of workstreams underway to build on the opportunities presented by an older workforce and mitigate the potential risks. This includes the Working Longer Review and recommendations, the Healthy Working Lives strategy and the local plans which individual services and professions have in place to ensure succession planning and a supply of appropriately skilled workers for the future.
Financial Context: In common with other Boards and public sector bodies, NHSGGC faces a significant financial challenge in 2018/19. To meet this challenge, a Financial Improvement Programme (FIP) has been established and resourced. The Financial Improvement Programme brings together the plan for existing short-term cost reductions with a more strategic approach which delivers medium and long-term financial sustainability.

Workforce Projections 2018/19: NHSGGC is projecting a reduction in the workforce of 243.8 WTE in 2018/19 and this is reflected across all job families.

New Roles: As part of service redesign many areas are exploring or introducing new or extended roles to mitigate some of the recruitment challenges highlighted above. Examples include Advanced Practice in both nursing and across Allied Health Professionals, particularly Physiotherapy, Physician Associates and a range of new roles to support the implementation of the GMS contract.

Transformational Change – Moving Forward Together (MFT): MFT sets out a vision for health and social care services with the ambitious aim of working with our employees to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long-term. New workforce models and clinical pathways will be integral to the implementation of Moving Forward Together and will help to meet the national strategic care aims.
1.3 Workforce: Moving Forward Together

1.3.1 NHSGGC is developing a transformational change programme, *Moving Forward Together*, which sets out a vision for health and social care services. The ambitious aim of Moving Forward Together is to work with our employees to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long-term. Our approach builds on national strategies and is diagrammatically presented below in our ‘Cathedral of Care’,

1. People can look after and improve their own health and live in good health for longer;
2. People are able to live independently and at home or in a homely setting in their community;
3. People have positive experiences of those services, and have their dignity respected;
4. Care is centred on helping to maintain or improve the quality of life of people;
5. Services contribute to reducing health inequalities;
6. Unpaid carers are supported to look after their own health and wellbeing and to reduce any negative impact of caring;
7. Service users are safe from harm;
8. Our staff feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide;
9. Resources are used effectively and efficiently

1.3.2 A Moving Forward Together Programme Board has been established which is supported by a range of stakeholder and project groups and the final strategy will be published in the summer of 2018.

1.4 NHSGGC Quality Strategy

1.4.1 NHS Greater Glasgow and Clyde is committed to delivering high quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers and our staff) and is focussed on achieving a healthier life for all. The NHSGGC quality approach is not a new or separate programme of work but a fundamental commitment that underpins all our work and which ensures that every member of our workforce is focussed on improving quality and delivering person-centred care in their services and in NHSGGC as a whole.

1.5 NHSGGC Culture and Values

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7 [http://www.movingforwardtogetherggc.org/](http://www.movingforwardtogetherggc.org/)
1.5.1 We are committed to developing our culture to ensure NHS Greater Glasgow and Clyde is a Better Place to Work and an organisation that delivers and sustains the performance it needs to successfully deliver its vision and purpose. Engagement with our employees is the foundation of culture development in particular enabling our workforce to:

- Connect, contribute to and engage with key Organisational Messages and be part of the transformation we aspire to;
- Encourage managers and team leaders to facilitate and empower rather than control or restrict their staff and to be able to listen, show appreciation and respect;
- Show commitment to developing the capabilities of those they manage;
- Be concerned about the health and wellbeing of themselves, each other and to strive to maintain wellbeing and resilience in their teams;
- Ensure employee views are sought out and that their opinions count and make a difference;
- Create an environment where people can speak openly and challenge appropriately;
- Develop a strong sense of listening and responsiveness throughout the organisation;
- Develop and encourage behaviours throughout the organisation to be consistent with our stated values and create an environment with a sense of trust and integrity;
- Encourage positive relationships and confidence that individuals will do what they say they will do, when they say they will do it;
- Deliver best performance, embedding good practice into “the way we do things” recognising and sharing our successes to make improvements;
- Consider how we observe our values in practice and equip our managers and employees to be confident to challenge where this is not taking place.

1.5.2 NHSGGC culture and values are embedded in all of our organisational development and learning programmes and interventions particularly Ready to Lead and our People Management programme, recognising that leaders and managers at all levels in NHSGGC must be positive role models and champions for our culture and values.

1.6 Staff Governance

1.6.1 NHSGGC is committed to meeting the Staff Governance Standard for the NHS in Scotland and this is reflected in comprehensive board and local action plans which describe activities and goals across all five standards these are:

- Appropriately trained and developed
- Well informed
- Treated fairly and consistently with dignity and respect in an environment where diversity is valued
- Involved in decisions
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

1.6.2 Our Staff Governance Action Plan also supports the Scottish Government’s 2016 Fair Work Framework\(^8\) which aims to make fair work a hallmark of Scotland’s workplace and economy.

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The vision and aim set out within the five dimensions of the fair work framework are embedded within our approach to culture, staff governance and organisational development. The five dimensions are:

- Security
- Voice
- Respect
- Opportunity
- Fulfilment

### 1.7 The NHSGGC Approach to Workforce Planning

#### 1.7.1 This Workforce Plan has been developed in line with CEL(2011)32 and uses the NHS Six Steps to Integrated Workforce Planning Methodology, a workforce model which takes an overview of the workforce across all job families and staff groups. The main aim of the Six Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan.

#### 1.7.2 CEL32 requires NHSGGC to:

- Develop a Board Workforce Plan to be available on NHSGGC’s website by the end of August;
- Provide detailed workforce projections for each of the NHS Job Families, (using a nationally agreed template format) which will be signed off by NHSGGC’s Chief Executive Officer and submitted to the Scottish Government.

#### 1.7.3 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 intakes to the nationally commissioned healthcare student groups including medical, dental and nursing and midwifery.

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

#### 1.7.5 The NHSGGC Workforce Plan Development 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 to the full NHSGGC Corporate Management Team, Area Partnership Forum, Acute and HSCP Senior Management Teams and the Staff Governance Committee of the Board.

### 1.8 National Workforce Planning

#### 1.8.1 In June 2018 the Scottish Government published the final part of its National Health and Social Care Workforce Plan. The National Health and Social Care Workforce Plan has been published in three separate parts:

- Part 1 of the Plan, focuses on supporting workforce planning in NHS Scotland;

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• Part 2\textsuperscript{11} of the Plan considers ways to address the challenges facing social care workforce planning post integration and was published jointly with COSLA in autumn 2017;
• Part 3\textsuperscript{12} of the Plan sets the government's approach to delivering primary care.

NHSGGC will ensure that the themes and contents of the three parts of the National Workforce Plan are reflected in our Workforce Plans.

1.9 Regional Workforce Planning

1.9.1 The NHS in Scotland must adapt its workforce models to be in the best position to deliver excellent and sustainable treatment and care in a rapidly changing health and social care landscape. To this end the West Region health boards have been working together to develop a regional position which accurately describes the workforce within the region and identifies the principle workforce issues which must be addressed in order to deliver new regional models of clinical care;

Workforce availability, Workforce adaptability, Workforce affordability.

1.9.2 The West of Scotland NHS workforce will be critical to the successful delivery of regional services. The workforce, in all professions and at all levels, will have a part to play and staff will be supported and developed to ensure they can fully engage and commit to new service delivery models.

1.9.3 The future workforce will be based on teams of staff rather individual practitioners and this will facilitate effective multi-disciplinary teams (MDTs) working with the appropriate knowledge and skills. Hospital-based staff will work more closely with the community teams and both will have a clear understanding and appreciation of each other’s roles and will create a culture which supports people with long-term conditions and their carers to be the lead partners in decisions about their health and well-being.

1.9.4 The NHS Scotland West Region recently developed a draft position and discussion document that describes the collective ambition of the West of Scotland Boards to improve the health and care of the 2.7 million people who live within our communities through effective regional working.

1.9.5 The main themes and commitments in the workforce element of the regional position and discussion document are captured in the Job family and profession specific narrative of the NHSGGC plan

\textsuperscript{11} \url{http://www.gov.scot/Publications/2017/12/2984}
\textsuperscript{12} \url{http://www.gov.scot/Publications/2018/04/3662}
2 Section Two
Demand Drivers & Service Change

2.1 The NHSGGC Population and Age Profile

2.1.1 The NHSGGC population has been rising steadily over the last decade. The total Scottish population rose by 3.8% over the same period. The rise in the NHSGGC population has been driven mainly by increases in Glasgow City (4.9% rise). During this period, the populations of Inverclyde and West Dunbartonshire declined by 2.4% and 1.8% respectively.

FIGURE 2.1.2

2.1.2 2012 based population projections predict that the total population of NHSGGC will increase by 2.5% by 2022. The total Scottish population is predicted to rise by 3.9%. Figure 2.1.2 shows the change in NHSGGC population between 2012 and 2022. There are wide variations by age group within NHSGGC and the 15 to 29 year age group is predicted to fall by 12% by the end of this period and the over 60 population predicted to rise by 17% (see Figure 2.1.4).

FIGURE 2.1.2

2.1.3 As the population ages it is anticipated that chronic disease will increase. This will intensify the pressure on clinical services as the over 60s have higher levels of healthcare need.
2.1.4 Approximately 22% of the NHSGGC population is under 20 years of age and 16% over 65 years. This is broadly in line with the Scottish population, although a higher proportion of people across Scotland are over 65 years (18%). There is considerable variation in the older population by HSCP, with 13% of the North West Glasgow population aged over 65 years, compared to just over one fifth of the East Dunbartonshire population. There is far less variation in the under 20 year olds.

**Dependency Ratios**

2.1.5 Dependency ratios are a useful indicator of the potential social support required as a result of changing population age structures. The larger the dependency ratio, the greater the impact on the average adult as the needs of the dependents must be met by the rest of the adult population. As shown in Figure 2.1.5 the NHSGGC population is getting older which will have an effect on dependency ratios.

**FIGURE 2.1.5**

![Dependency Ratio Chart](http://www.nhsggc.org.uk/your-health/public-health/the-director-of-public-health-report/)

2.1.6 The NHSGGC dependency ratio has remained relatively flat since 2006 but is predicted to rise to 55 by 2022. There are, however, marked variations in the dependency ratios for each of the HSCPs within NHSGGC. Glasgow City has the lowest ratio in 2013 and has fallen since 2006 (43 and 55 respectively) however it is projected to rise to 47 by 2022. The ratios for all other HSCPs have increased since 2006 and are predicted to be over 60 by 2022. The East Dunbartonshire ratio is predicted to rise to 73.

2.1.7 As the population ages, levels of chronic disease will rise and an increase in older, single-person households will drive additional demand for health and social care services.

2.2 **Public Health Drivers and Health Inequalities**

2.2.1 While there have been improvements in health outcomes in recent years there remain many significant health inequalities across NHSGGC which present some major health and health behaviour challenges. In almost every indicator, the same inequalities in health outcomes can be seen between the most affluent and most deprived areas. There are many factors which contribute to this including:

- Growing numbers of people with long-term and multiple 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;

2.2.2 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.

2.2.3 NHSGGC will see an increase in the number of people with more than one long-term condition, resulting in approximately 80% of all GP consultations relating to those with long-term conditions. In the area of older people’s mental health, there will be challenges for the service to meet with increasing numbers of people with dementia.

2.2.4 Alcohol related deaths are higher in NHSGGC than the rest of Scotland. Smoking is responsible for 29% of all deaths and, although smoking is declining, around a third of our population still smoke. Even modest reductions in smoking are associated with significant health benefits.

2.2.5 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. Lifestyle factors contribute to the demand on our services and even modest improvements are likely to yield significant benefits for our population.

2.2.6 NHSGGC also 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.

2.2.7 Issues of poverty and vulnerability are major factors in health with 35% 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.

2.3 Financial Context

2.3.1 NHSGGC, in common with all Scottish health boards, faces a challenging financial position as it endeavours to meet the healthcare needs of its population in the context of the demographic and public health challenges set out the previous section. In 2018/19 NHSGGC received a funding uplift of £31.9m which has been targeted by the Scottish Government’s Health and Social Care Directorate at developments in health and social care, mental health, primary care and health visiting. In addition NHSGGC has identified a savings challenge of £93m for 2018/19 as set out in our Board Financial Plan14.

2.3.2 To meet this challenge, a Financial Improvement Programme (FIP) has been established and resourced within NHSGGC for the year 18/19. The Financial Improvement Programme brings together the plan for existing short-term cost reductions with a more strategic approach which delivers medium and long-term financial sustainability. The work underway includes:

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- Design and launch of the Small Change Matters initiative with the Communications Team to engage staff and promote buy-in and ownership of the financial challenge;
- CRES to be identified locally within each Acute Directorate and Corporate Division and associated schemes developed in partnership;
- Organisational wide savings schemes, including sustainability and value initiatives and supporting governance and delivery framework;
- Continued work and contribution to the Moving Forward Together Programme (MFT) and the West of Scotland Regional Delivery Plan; and
- Continued work on and discussions with the Health and Social Care Partnerships (HSCPs) regarding the proposed delegated budgetary settlement for 2018/19.

2.3.3 In addition NHSGGC continues to:
- Identify additional savings schemes (both locally and nationally);
- Bring savings schemes forward into the earlier part of the financial year;
- Focus on the delivery of currently identified schemes and reduce the risk rating;
- Identify additional sources of income and balance sheet management;
- Manage the capital allocation to ensure an optimal out-turn for the Board;
- Identify options and propositions to negotiate the budget settlement with IJBs.

2.4 New General Medical Services (GMS) Contract (2018)

2.4.1 The new GMS (General Practice/GP) contract\(^\text{15}\) in intended to guarantee a long-term future for general practice and substantially improve patient care by maintaining and developing the role of primary care as the 'cornerstone of the NHS system'.

2.4.2 The new contract began in April 2018 and introduces changes which will take place between 2018 and 2021. This three year period will be phase one of the process and the Scottish Government has proposed a phase two, which will be subject to a vote by GPs in 2020. The contract is supported by a Memorandum of Understanding which requires the development of HSCP Primary Care Improvement Plans (PCIPs) in partnership with GPs and in collaboration with other key stakeholders, including NHS Boards. These plans will be produced by the end of July 2018 and be supported by an appropriate and effective Managed Disciplinary Team (MDT) model at both practice and cluster level,

2.4.3 Six areas of activity have been identified, which could be supported by other healthcare professional to improve patient care and services through the reduction of workload for GPs within primary care namely:
- Vaccination Services;
- Pharmacotherapy Services;
- Community treatment and care services;
- Urgent care services;
- Additional professional services, including acute MSK physiotherapy services, and community mental health services and;
- Community Link worker services.

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2.4.4 In this context there will be an increase in demand across NHS Scotland for Pharmacists, Pharmacy Technicians, Advanced Nurse Practitioners, Paramedics and other clinical roles and these workforce implications have been reflected in the regional and national workforce plans.

2.5 Five Year Mental Health Strategy

2.5.1 The development of the five year Mental Health Strategy for NHSGGC is informed by a number of publications, including the Scottish Government’s Mental Health Strategy 2017-27\textsuperscript{16}, and the 2017 ‘Healthy Minds’ report\textsuperscript{17} by NHS GG& C’s Director of Public Health. The proposals in the strategy are consistent with the Health Board’s vision for Moving Forward Together and are aligned to the national strategic direction.

2.5.2 The strategy focuses on:

- Medium to long-term planning for prevention and early intervention in mental health;
- Recovery orientated care;
- Productivity initiatives in community services;
- Unscheduled care across the health system and;
- Shifting the balance of care.

2.5.3 The Scottish Government announced in December 2017 further funding of £17m for health services across the country. This will result in the recruitment of an additional 800 mental health workers in 2017-2020 and will facilitate improved access to dedicated mental health professionals in key settings, including Accident and Emergency, GP practices, Police Station Custody Suites and Prisons.

2.6 Sexual Health Services

2.6.1 Sandyford Sexual Health Service provides universal sexual health services to the NHSGGC population as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

2.6.2 In February 2017, a review of services was initiated with the following aims

- Improving the use of existing resources and releasing efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways;
- Encouraging those who could be self-managing to be supported differently;
- Ensuring that Sandyford services are accessible to and targeting the most vulnerable groups.

2.6.3 In terms of the workforce, the review recognises that the service requires a highly skilled, flexible workforce providing the appropriate level of service and that clients should be able to have their needs addressed through the efficient and effective use of the specialist staff resource.

\textsuperscript{16} 2017-2027 Mental Health Strategy: \url{http://www.gov.scot/Publications/2017/03/1750}
\textsuperscript{17} Healthy Minds, Director of Public Health, NHSGGC 2017: \url{http://www.nhsggc.org.uk/media/245351/nhsggc_ph_healthy_minds_dph_biennial_report_2017-11.pdf}
2.6.4 Sandyford has a highly skilled clinical workforce with a mix of consultant and speciality grade doctors, training grade doctors, advanced nurse practitioners, specialist sexual health nurses, sexual health advisors, biomedical scientists, healthcare support workers and administrative staff who are all trained to work with clients with specialist sexual health presentations. The new model will need to ensure that the integrated workforce is working in an efficient way that allows a degree of flexibility and builds capacity to manage both scheduled care and urgent/undifferentiated care services.

2.6.5 In recent years it has become more difficult to recruit specialty doctors. This is a national issue and not specific to NHSGGC. This has presented some skill mix challenges and the service has responded with the development of Advanced Nurse Practitioners – there are currently four ANPs with a further two in training.
3 Section Three
Defining the Required Workforce

3.1 Workforce Projections 2018/19

3.1.1 In this section we describe the changes we anticipate to the principal job families and the reasons for these changes. In addition, a summary of the workforce change in 2017/18 can be found in appendix one.

3.2 Medical and Dental

Seven Day Services

3.2.1 Both Scottish and UK Governments are committed to working with NHS Boards to ensure patients can access high quality and safe care during evenings and weekends. There is a clear link between poorer outcomes for patients and uneven service provision at the weekend. This includes access to diagnostic tests which are not consistently available in all hospitals during evenings and weekends. The published research shows that patients are 16 per cent more likely to die if they are admitted on a Sunday compared with Wednesday (Department of Health). NHSGGC recognises that the further development and extension of 7 day services will be based on patient demand, available funding and will be influenced by contractual negotiations to determine remuneration and terms and conditions for 7 day working.

Introduction of maximum 7 day consecutive shift working

3.2.2 Following the Temple Report\textsuperscript{18}, the Scottish Government stipulated that no junior doctor would be rostered to work more than 7 consecutive shifts. The reduced hours have resulted in changes to shift patterns in many specialties. This has resulted in a decrease in training opportunities as more time is spent out-of-hours where there is reduced supervision. NHSGGC achieved 97% compliance with the new rosters however there remain some areas which are problematic and we continue to work to reach 100% compliance.

Realistic Medicine

3.2.3 The publication of the Chief Medical Officer's Annual Report “Realistic Medicine” poses questions for clinicians about the application of modern medicine within a dynamic and changing healthcare environment. The report describes the limitations on the current healthcare model which does not always meet the needs of patients, their carers or the aspirations of the workforce. The report highlights the importance of effective patient and clinician communication and will increase the focus on clinical leadership development and communication skills.

Increasing the Attractiveness of General Practitioner Specialty Training (GPST) in Scotland

\textsuperscript{18} http://www.hee.nhs.uk/sites/default/files/documents/Time\%20for\%20training\%20report_0.pdf
3.2.4 Recruitment to all specialty training programmes is difficult but particularly in GP specialty training programmes and the majority of vacancies are within the four year training programmes in the West Region. The Scottish Government has recently introduced two initiatives in an effort to improve the recruitment of trainees to GP training including an increase in the number of training places for GPs by 33% starting in February 2017 and a payment enhancement of £20,000 for successful applicants who choose a training programme within one of the hard to fill areas.

3.2.5 National changes to GP rotations have resulted in a decrease of 39 training posts within NHSGGC with biggest impact being felt in Surgery, Orthopaedics and Oncology Board wide and medicine in Clyde. Regional work is underway as part of the transformation programme to redesign services in a way which will adjust for this change in funding.

Demographic Drivers

3.2.6 In the next five years, there will be attrition challenges in respect of senior medical staff retirements as 30% of the Consultant workforce are currently aged 51 or over. This has been compounded by changes to the NHS pension scheme. Local services are analysing their retirement projections as part of local workforce planning processes and making plans to mitigate the impact of these retirements.

Improving Junior Doctor Lives

3.2.7 Following negotiation between Scottish Government, MSG and the BMA Scotland Junior Doctor Committee, agreement has been reached to implement a minimum period of 46 hours rest following full shift night working. This will necessitate a number of changes including the redesign of shift rotas and an analysis of the impact of new rotas on service delivery. The timescale for implementation is by August 2019.

Consultant Productivity and Job Planning

3.2.8 NHSGGC have job planning guidance in place to assist managers and doctors in agreeing job plans which reflect both NHSGGC and individual objectives. NHSGGC is in the final stages of a three-year project to implement e-Job planning software (E-Job Plan) which facilitates the provision of comprehensive and accurate medical workforce information and supports effective deployment of the career-grade medical workforce across NHSGGC.

3.3 Oral Health

3.3.1 In 2017-18, a dedicated workforce plan was developed for Dentists within NHSGGC covering both Secondary Care (SC) and the Public Dental Service (PDS). The Oral Health Directorate currently has three major service reviews underway that will impact on service delivery during 2018-19, these include the Public Dental Service Review, Laboratory Service Review and Restorative Dentistry.

3.3.2 The Public Dental Service Review sets out a number of actions also contained with the National Oral Health Plan. Going forward, the PDS is likely to operate from fewer sites to ensure that it can continue to operate effectively. As part of the Laboratory Review, initially undertaken in 2016, is now looking at the impact of modernising the estate and the capital planning and workflow processes involved.
3.3.3 These transformational changes are in align with areas of the Oral Health Plan, with patients being seen at the right level of complexity by the clinician with the appropriate level of learning and training. This is an area of activity that in future will see a more modernised workforce with a continuum of care across General Dentistry to Secondary Care dental services.

3.3.4 In 2018 The General Dental Council increased the amount of verifiable CPD required by Dental Health Professionals. To support staff, a number of CPD workshops have been held and a revised learning plan is being developed. E-Health modernisation will assist with patient pathways, workflow measurements and sharing of care between professionals. This modernisation will result in a new area of learning for many our existing workforce.

3.4 Nursing and Midwifery

3.4.1 NHSGGC employs 12,500 registered nurses and midwives and 4,500 Healthcare Support Workers. There are a number of developments which will affect the nursing and midwifery workforce in 2018/19 – this section highlights these and analyses their potential impact.

The Application of the National Nursing and Midwifery Workload Tools

3.4.2 From 2015, NHS Scotland developed workload and workforce planning tools in partnership with staffside and other key stakeholders. All of these tools have now been validated for use within NHS Boards and this ensures consistent and systematic application of the tools across the whole of the healthcare system within Scotland. Within NHSGGC 12 nursing workforce and workload planning tools are in use including in acute and community services, mental health, theatres, emergency departments, neonatal, maternity, specialist nursing and children’s services. The use and output of the tools is regularly reviewed and monitored by the NHSGGC Nursing and Midwifery and Allied Health Professions (NMAHP) workforce group.

Safe and effective staffing in health and social care (‘Safe Staffing’ Bill)

3.4.3 The ‘Safe Staffing’ Bill will deliver on the Scottish Government commitment to enshrine in law the principles of safe staffing in the NHS. A Nation with Ambition: The Government's Programme for Scotland 2017-18\(^\text{19}\) indicated that the Bill would ensure that nationally-agreed, evidence-based workload and workforce planning tools are applied in nursing and midwifery settings, and that key principles relating to professional judgement, local context and quality measures underpin workload and workforce planning.

3.4.4 The aim of the Bill is to be an enabler of high quality care and improved outcomes for service users in both the health service and care services by helping to ensure appropriate staffing for high quality care.

3.4.5 The Bill creates a new statutory duty on geographical Health Boards (amongst other health and social care bodies) to ensure that there are appropriate numbers of suitably qualified staff providing care, alongside guiding principles to be taken into account when carrying out this duty\(^\text{20}\).


\(^{20}\) [http://www.parliament.scot/Health%20and%20Care%20(Staffing)%20(Scotland)%20Bill/SPBill31ENS052018.pdf](http://www.parliament.scot/Health%20and%20Care%20(Staffing)%20(Scotland)%20Bill/SPBill31ENS052018.pdf)
3.4.6 The Bill includes a requirement for these same health bodies to follow a staffing methodology, including the use of staffing and professional judgement tools, when determining staffing levels in certain specified healthcare settings. The Bill makes a number of associated changes to the National Health Service (Scotland) Act 1978\textsuperscript{21}.

**Advanced Nurse Practitioners (ANPs)**

3.4.7 Functioning as part of the multidisciplinary team ANPs work in or across all clinical settings, dependant on their area of expertise. ANPs potentially have an expanded role to play in assessing, treating and diagnosing people in the community. “A Plan for Scotland: the Government’s Programme for Scotland 2016-17”\textsuperscript{22} included a commitment to train 500 additional ANPs by 2021 and the Scottish Government have committed £3m to support this goal.

3.4.8 ANPs are educated to masters level and are assessed as competent at this level of practice. As clinical leaders, they have the freedom and authority to act and accept the responsibility and accountability for their actions. This level of practice is characterised by high-level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.

3.4.9 Whilst the expansion of Advanced Practice and Health Visiting is welcome we must be cognisant of the need to manage, where possible, the workforce supply to these two groups so as not to potentially destabilise any other nursing and midwifery profession by disproportionately drawing staff from one particular profession, for example paediatric nursing feeding health visiting, and District Nursing recruitment into Advanced Nurse Practitioner roles.

3.5 **Supplementary Nursing and Midwifery Workforce**

3.5.1 There are a number of factors which influence the requirement for supplementary nursing and midwifery staff across NHSGGC in particular:

- The need for 1:1 care for those patients with challenging behaviour due to delirium, addictions, frailty and complex co morbidities;
- Emerging issues within the adult sectors in recruiting band 5 experienced nurses specifically for medical, acute receiving and elderly care units.
- Recognised UK-wide recruitment issues alongside high maternity leave and turnover of 11.6% are a challenge for the paediatric nursing workforce (NHSGGC is addressing this through a national recruitment process);
- Midwifery are experiencing recruitment challenges within the two stand alone CMUs;
- Several areas across nursing and midwifery have an ageing workforce, specific hot spots being midwifery and theatres. Additional students are in place to counter the predicted retirements within midwifery and new band 5 recruitment supported by local training programmes are underway in theatres.

3.6 **Nursing and Midwifery Specialties**

\textsuperscript{22} http://www.gov.scot/Publications/2016/09/2860
3.6.1 Within this section further detail of the developments and factors that are impacting on the nursing and midwifery workforce is provided by specialty.

3.6.2 The key workforce challenges across the acute sectors are:

- Review of Ward establishments/Safe and Effective Staffing Levels
- Review of current rostering procedures
- The need for Enhanced Observations
- The use of Supplementary Staffing
- Ward Layouts and a review of Single Room Accommodation
- Review of Maternity Services

**Midwifery**

3.6.3 The Best Start review changing current models of care to a more community focus which allows women to experience real continuity of care and carer, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require. The provision of high quality postnatal care should be afforded a high priority, with staffing models being reviewed in conjunction with the introduction of the continuity of carer model.

3.6.4 The new model of continuity of carer, community hubs and enhanced community care will provide an environment to support breastfeeding. Community-based care will include a role for support staff to assist midwives in the provision of baby care, including breastfeeding support and parenting skills, along with care and support for women who formula feed.

3.6.5 Consideration should be given to development of clinical midwifery roles across the career framework as part of national work to transform nursing, midwifery and allied health professional roles.

3.6.6 A revised staffing profile for inpatient postnatal maternal and neonatal care should be developed collaboratively by maternity and neonatal care providers, underpinned by staff education and training in relation to postnatal maternal and neonatal care.

**Health Visiting**

3.6.7 NHSGGC has prioritised the development of community children and family services, based on the national policy directives such as: Health for All Children[23], the Early Years’ Framework[24], Getting it Right for Every Child (GIRFEC), CEL13(2013) Public Health Nursing Service Future Focus[25] and our own local policy paper Mind the Gaps[26].

3.6.8 As a result of the above the NHS in Scotland requires a further 500 Health Visitors to support the additional activity. For NHSGGC we will increase our Health Visiting capacity by circa 200 WTE to meet this national commitment by the end of 2019. This will facilitate the introduction of caps on the number of cases Health Visitors will hold at any one point and will increase capacity to undertake targeted interventions for vulnerable children.

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3.6.9 In preparation for the future implementation of the Named Person and the introduction of the revised 0-5 Health Visiting Universal Pathway; Health Visitors, Practice Development Nurses, Practice Teachers and Team Leaders will receive continuing professional education. The focus will be on the four nationally agreed priority areas; Named Person, Leadership and Management, Strength/Asset Based approaches, Child Development, and Illness and Assessment Tools.

3.6.10 There has been significant investment across NHSGGC in Children and Family Teams with Scottish Government investment in Health Visitor numbers and in Enuresis/Encopresis and School Aged Children Immunisation Teams.

**School Nursing**

3.6.11 An NHSGGC board-wide school nursing redesign group was established in January 2017 with key objectives concluded at a recent meeting of the group. The core role and function of the School Nurse has been agreed as outlined in a new School Nurse job description. The development of job descriptions for supporting a review of skill mix of staff is underway.

3.6.12 Three priority care pathways from the suite of nationally developed care pathways for the service will provide the future focus for the School Nursing role and delivery of targeted interventions to vulnerable populations i.e. Emotional Health and Wellbeing, Children Protection and Transitions.

3.6.13 Health and Social Care Partnerships will be required to develop creative and innovative solutions to ensure all available local resource and community assets are optimised to support the delivery of the priority care pathways and to agree local system and processes to support implementation.

3.6.14 NHSGGC are currently supporting three students on the Specialist Community Public Health Nursing – School Nursing programme at the University of the West of Scotland and will be recruiting a number of students for the January 2019 intake.

**Family Nurse Partnership (FNP)**

3.6.15 Family Nurse Partnership (FNP) is a voluntary programme for first time mothers aged 19 and under. It is an intensive, structured home visiting programme which is delivered by specially trained nurses to pregnant women from under 28 weeks gestation through to their child’s second birthday. Family Nurses carry caseloads of no more than 25 clients.

3.6.16 The programme aims are:

- To improve maternal health and pregnancy outcomes;
- To improve child health and development and;
- To improve parents’ economic self-sufficiency.

3.6.17 The Scottish Government are committed to the expansion of the FNP programme and are keen to examine where FNP can add value to the current early years landscape.
District Nursing

3.6.18 The district nursing workforce is a critical element of the emerging models of community care and for the provision of high quality care at home which will be essential to support the increase in demand for complex care.

3.6.19 In 2012, the District Nursing Review Programme Board identified a workforce model for the service of 1 Band 6 WTE per 9,000 registered population supported by a wider skill mix team of staff nurses and health care assistants. This was based on an analysis of workforce and workload including a benchmarking exercise with other health boards/authorities across the UK.

3.6.20 The average age of the Band 6 Nursing Workforce is 53 years with 70% of the workforce over the age of 50 years. There has been an increase in the past 2 years in the number of experienced district nurses retiring and moving to other areas to work which has resulted in recruitment and retention difficulties within the service. This has resulted in a number of vacancies across the system with services required to develop risk management plans to ensure safe and effective service provision.

3.6.21 In order to ensure the supply of adequately qualified district nurses all HSCPs have committed to recruit and train staff for the Post Graduate Diploma Advanced Practice in District Nursing on a part time and full time basis at either Glasgow Caledonian University or University West of Scotland aligned to individual succession plans.

Mental Health Nursing

3.6.22 Nurses comprise 70% of the total mental health workforce with 2,440 working across all the HSCPs within the Greater Glasgow and Clyde area. Turnover remains high and relatively static with one of the top reasons for leaving being retirement (55% 2017/18). Since 2016 there has been a reduction of staff with MHO status, currently 15% have MHO status with 190 eligible to retire within the next 2 years. The Workforce Planning Group’s view is that the majority of staff with MHO status who can retire prior to 2022 are likely to do so. In the context of these retirement projections it emphasises the importance of ongoing workforce planning across the next 3 to 5 years.

3.6.23 Mental Health Service redesign, in particular workforce planning and development, provides an opportunity to consider and plan for nursing skill mix. For example, whilst the majority of inpatient wards (70%) are meeting or within the parameters of the recommended registered to unregistered skill mix of 65:35; the others are requiring further work and planning to meet the 65:35 skill mix target.

3.6.24 In 2018/19 NHSGGC plans to pilot standardised recruitment of newly registered mental health nurses (2018/19). Nationally there is an overall 10.8% increase in pre-registration nurse education programme intakes, which includes mental health nursing and NHSGGC should benefit from this.

3.6.25 Mental Health services continue to use supplementary and additional staffing to meet clinical needs. Recent application of the Nursing Workforce and Workforce Planning Tools showed that 50% of supplementary staffing was used to provide enhanced observations with the remainder being used to cover sickness absence and vacancies.
3.6.26 The Mental Health Strategy service redesign should improve access to community services and increased input from crisis teams should enable people to be cared for in a homely setting for longer, however this can result in increased acuity and complexity at the point of inpatient admission. Work to reduce dependency on agency nursing continues and includes consideration of new nursing skill mix models.

Learning Disability Nursing

3.6.27 The Learning Disability Change Programme, 'A Strategy for the Future' discusses the future sustainability of the learning disability nursing profession within NHSGGC.

3.6.28 In line with the national career framework for Learning Disability Nursing and our 'Strategy for the future,' NHSGGC is reshaping its nursing workforce by introducing Band 5 nursing staff to our community services in order to better support the quality of care we deliver to our patients and their families. The redesign will develop competencies and enhance skills’ acquisition in this area of professional practice, will facilitate shared learning between newly qualified and experienced practitioner levels and form the basis for clear succession planning. This will develop a flexible, sustainable nursing workforce capable of meeting the current and future needs of the service.

3.7 Allied Health Professions

3.7.1 Allied Health Professionals are a group of health professionals who apply their expertise to prevent illness, diagnose, treat and rehabilitate people of all ages. They deliver direct patient care, rehabilitation, treatment, diagnostics and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions.

3.7.2 There are many developing AHP roles where practitioners are taking on extended generic skills and functions. The Allied Health Professions (AHPs) include 12 professions regulated by the Health and Care Professions Council (HCPC), which collectively make up the third largest workforce in the NHS. AHPs work across a range of sectors including health, social care and education. The 12 professions include physiotherapists, occupational therapists, podiatrists, dieticians, speech and language therapists, paramedics, radiographers, orthoptists, prosthetists and orthotists, art therapists, music therapists and drama therapists. This workforce spans acute, primary, health and social care community.

3.7.3 Despite a steady national increase in some AHP staff numbers over the past decade there is still significant geographical variation in numbers per 1,000 population. AHPs have challenges around recruitment across all of the AHP workforce, but particularly affecting physiotherapy. The numbers entering the Allied Health Professions are not currently controlled, and are largely determined by supply and demand factors.

3.7.4 The potential for a more managed approach to workforce planning for those training to become AHPs is being explored. Consideration is also being given to the potential for other, faster, routes into the professions such as return to practice and post graduate training.

3.7.5 The Transforming Roles programme\(^2\) sponsored by the CNO describes opportunities to transform the roles, skills and competencies of NMAHPs, to offer Advanced Practice AHPs (AAPs) as a workforce solution within the new and evolving clinical models. These advanced practitioner roles have been tested, with Frailty Practitioner, Reporting Radiographers, and MSK Practitioners. There is good evidence that AHP Consultant roles, impact on patient outcomes, when taking on a clinical leadership role, traditionally held by medical consultant.

3.7.6 The challenge of supporting a higher level of patients acuity in the community, requires a higher skill set, but also the workforce volume to provide the intensity required to rehabilitate patients who would normally be in secondary care.

3.7.7 **Physiotherapy**

3.7.8 Increasing levels of frailty and morbidity across acute and community will impact on the physiotherapy workforce.

3.7.9 Demand from new models of care across clinical areas will require a changing skill mix across the teams. The primary care transformation fund specifically indicates development in Musculoskeletal (MSK) posts as a key element of the new Multi Disciplinary Teams (MDTs) working within primary care. There are workforce challenges with all AHPs professions, particularly physiotherapy having no service agreement on training numbers with the Higher Education Institutions (HEIs) to improve the flow into the Scottish workforce.

3.7.10 The Development of Advanced practice roles remains a priority and we are in discussion with Glasgow Caledonian University (GCU) regarding post graduate education for and the development of a competency framework based on four pillars of practice.

3.7.11 **Dietetics**

3.7.12 National Services Division (NSD) have recently undertaken a review of Metabolic Services across Scotland which highlighted an increasing demand for the service due to the discovery of new disorders, improved clinical recognition as a result of newborn screening and management of known Inherited Metabolic Disorders (IMD). Treating IMD requires multi-disciplinary teams comprised of consultants, dieticians and nurses who have received specialist training.

3.7.13 The Modernising Out Patient Programme, is a Scottish Government led programme which aims to provide appropriate services to people closer to home and has identified NHSGGC as a test of change area for the proposed new clinical pathway for people with diagnoses of Coeliac Disease. The proposal will ensure that patients are directed to the most appropriate professional support, avoiding unnecessary consultant clinic attendances.

3.7.14 NHSGGC has been agreed to implement a ‘Test of Change’ project to look at new ways of working for Dieticians and Community Pharmacy in the use and provision of ONS in the management of malnutrition. The out-put of this test of change will inform the National Model for use of Oral Nutritional Supplements (ONS) in the treatment of malnutrition in NHS Scotland.

\(^2\) [http://www.nes.scot.nhs.uk/media/4031450/cno_paper_2_transforming_nmahp_roles.pdf](http://www.nes.scot.nhs.uk/media/4031450/cno_paper_2_transforming_nmahp_roles.pdf)
3.7.15 In 2013, in response to the Scottish Government Action Plan “Improving Maternal and Infant Nutrition; A Framework for Action”\(^1\) (2011) (MINF) a Board wide GNT was established to train and support Health Visitors in the early identification and management of infants and young children with growth faltering or obesity, and also in the wider aspects of infant and child nutrition. The development and the work of the Growth and Nutrition Team (GNT) support the recommendations of several of the Scottish Government Action Plans to improve infant and child health in Scotland: Improving Maternal and Infant Nutrition; A Framework for Action\(^1\) (2011) and the AHP Ready to Act Plan 2016\(^2\).

3.7.16 **Speech and Language Therapy (SLT)**

3.7.17 The 2016 migration of services to the QEUH provided SLT Services with an opportunity to redesign the service. This resulted in a move away from condition-focussed teams to teams aligned to the patient journey through acute, rehabilitation and on to out-patient services for longer term follow up. This broadened the skill base of the workforce and enabled greater flexibility to meet fluctuating levels of activity and demand.

3.7.18 2018/19 will see the implementation referrals being handled by the Referral Management Centre (RMC). This will release clinical time for direct patient contact, increase efficiency of slot utilisation and reduce the DNA rates (as experienced by all other AHP services). This will be funded mainly from an expected clinical vacancy and reflects the level of commitment to making best use of clinical resource by embracing new ways of working.

3.7.19 **Orthoptics**

3.7.20 During 2018/19 the orthoptic service will review its professional leadership infrastructure and workforce. As a small profession the Orthoptist workforce is vulnerable to relatively small changes to in-post staffing.

3.7.21 **Diagnostic Radiography**

3.7.22 The service has been successful in recruiting students to vacant posts over the last few years however, many of these staff have subsequently moved to promoted posts or returned to Boards closer to home after a short period of employment with NHSGGC. This has created a retention issue within the service.

3.7.23 The Transforming Imaging Group (TIG) has been planning new ways of working and rotas to ensure consistent and sustainable imaging services across NHSGGC. The review also aims to create opportunities for development and career progression for staff and a review of Band 7 posts has taken place which will result in improved training in more modalities, more flexible working, and better succession planning.

3.7.24 The Scottish Shared Services Radiology Transformation Programme has developed a model, which proposes a collegiate approach to radiology service delivery across Scotland. The programme’s vision is to create the ability for radiology staff to work across Scotland, Maximising role utilisation, and flexibility to work across traditional Health board boundaries.

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\(2\) https://www.gov.scot/Publications/2016/01/1324
3.7.25 The programme’s high level objectives are as follows:
- Maintain local image acquisition
- Local accessibility to expert radiology opinion
- Equity of access
- Local Sustainability of service
- Increased resilience of Service

3.7.26 Therapeutic Radiography
The Therapeutic Radiography workforce is not expected to change in 18/19. The service has experienced no recent difficulties in recruiting staff as was evident when we advertised for our satellite site and attracted a lot of experienced staff from other regional cancer centres.

3.7.27 Occupational Therapy
At present, no standard workforce model is available for Occupational Therapy. To address this, within Glasgow City HSCP and Inverclyde HSCP, we are undertaking a review of Local Authority and Health Occupation Therapists with the aim of using integrated working to build a seamless experience for the person as the focus. Each HSCP have established forums to progress this work and the ongoing process is communicated through these groups and also the HSCP forums and the AHP Leadership Forum.

3.7.28 Podiatry
In 2018/19 and beyond a number of factors will influence the composition of the workforce. The redesign of podiatry to support patients and carers to deliver personal foot care has reduced the requirement for podiatry assistants in their traditional role and provides opportunity to review and redesign the workforce.

3.7.29 The NHSGGC podiatry service anticipates a significant increase in demand for foot protection posts. The number of diabetic foot ulcers referred into the service increased by 70% between 2016-17. The workforce needs to reflect this in specialist podiatry posts at B6 over the next 5-10 years.

3.7.30 Prosthetics
The NHSGGC Prosthetics workforce is a relatively small staff group consisting of approximately 10.5WTE clinical and 9WTE technical staff and is not presently experiencing or anticipating any recruitment/vacancy issues. Despite this the size of the workforce means that the service is vulnerable to small variations in workforce numbers and as a means of addressing this we will recruit to a modern apprentice in a technician post during 2018/19.

3.7.31 Orthotics
Waiting times across the service are reducing in support of the four-week MSK target due to increased clinical capacity and efficiency facilitated by the AHP referral management centre which manages appointment bookings. To support early access to the Orthotic service the referral base has been extended from medical consultant only to include GPs and any registered healthcare professional.
3.7.38 The addition of the Orthotic Clinical Assistant posts has allowed us to trial and roll out telephone reviews for all patients across NHSGGC. This should increase capacity of return slots whilst still allowing the service to collect outcome data from patients to ensure the treatment they receive is improving their health.

3.7.39 As part of an innovative approach to tackling recruitment challenges, Orthotics have appointed two modern apprenticeships within the service for a technical assistant and an administrator role. This is the first time Modern Apprentices have been deployed within Orthotics.

3.8 Other Therapeutic Staff – Psychology

3.8.1 NHSGGC currently performs better than most areas of Scotland in relation to access targets for psychological therapies and Child and Adolescent Mental Health Services community services and has a strong track record of recruiting and retaining Psychology staff.

3.9 Other Therapeutic Staff - Pharmacy

3.9.1 The Pharmacy and Prescribing Support Unit (PPSU) will continue to develop the service in line with local health board and Scottish Government (SG) directives including ‘Achieving Excellence in Pharmaceutical Care’ (AEiPC)\(^{30}\) and ‘Prescription for Excellence’ (PfE)\(^{31}\).

3.9.2 AEiPC describes the crucial contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population and impact on health outcomes, especially for those with multiple long term and complex conditions. PPSU will continue to develop the service in line with AEiPC.

3.9.3 PPSU has Prescribing Support Teams across all HSCPs which are delivering cost efficiencies and improved quality and safety of primary care prescribing practice. Skill mix review continues to take place allowing increasing responsibility for community pharmacists and specialist pharmacy technicians who support the GPs and the Prescribing Support Pharmacists in line with the PfE vision of “General Practice Clinical Pharmacists”. This also has the potential to reduce demand on GP’s and offering a part solution to GP workforce shortages.

3.9.4 The Scottish Government Primary Care Investment Funding\(^ {32}\) has enabled the primary care workforce to improve patient access to services. The objective was to support the delivery of care to patients with long-term conditions and free up GP time to spend with other more complex patients.

3.9.5 Additional funding was received via the 2017/18 Primary Care Funding Allocation for Pharmacists in GP Practices – 2017/18\(^ {33}\) and this additional funding enabled the employment of an additional 18.6WTE permanent pharmacists.


3.9.6 The new General Medical Services Contract in NHS Scotland\textsuperscript{34} will change the delivery of care by GPs and pharmacists and pharmacy technicians will be employed to take forward the various elements of the Pharmacotherapy Service in a staged manner. There is a clear expectation that a substantial number of pharmacists and pharmacy technicians will be recruited and trained over the next few years.

3.9.7 The pharmacy service in Acute Care and Mental Health continues to deliver patient focussed roles and was facilitated by large scale robotics and centralisation of services. Benefits are evident in improved patient-facing interaction, reductions in dispensing time, reduced errors and cost savings. These benefits are in line with the finding of the Carter Review\textsuperscript{35} in NHS England that established that the efficient and effective use of medicines in hospital is directly linked to the pharmacy service.

3.9.8 The need for ongoing efficiencies will clearly influence all aspects of service provision, with concerns about cost effectiveness and affordability in prescribing practice, driven by the ageing population, increasing prevalence of long term conditions and the emergence of innovative therapies from the pharmaceutical industry.

3.9.9 The PPSU Community Pharmacy Development Team is facilitating a significant programme of change in professional roles in community pharmacy through the Chronic Medication Service (CMS). This 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. The SG have reviewed the Minor Ailments Service available through community pharmacy and extended the range of the service. This may result in reduced demand in A&E and within GP practices in the future. Pharmacist Prescribers are supporting the work of the Out of Hours Services with a view to increasing the access to the service. It can be deduced at this early stage that an increase in patient facing services provided by the community pharmacy network will lead to a growing demand for pharmacists and pharmacy technicians.

3.9.10 The availability of qualified pharmacists in Scotland is currently satisfactory but there are gaps in experience and knowledge base in some specialist pharmaceutical fields. The developing roles for pharmacy technicians in all sectors of pharmacy practice are creating challenges in recruiting suitably qualified technicians and an integrated approach to national workforce planning, skill mix, training and recruitment across all sectors is underway through the National Health and Social Care Workforce Plan.

3.10 Healthcare Sciences

3.10.1 Within NHSGGC’s Laboratory Medicine Service there is a comprehensive strategy in place which focuses on service provision, technological changes and the impact on the workforce.

\textsuperscript{34} http://www.gov.scot/Publications/2017/11/1343/0
Microbiology
3.10.2 There has been a high turnover of staff in recent years with experienced Specialist Biomedical Scientists retiring and being replaced with Trainee Biomedical Scientists who take around 2 years to complete their training. This has led to shortages in Specialist Biomedical Scientist posts. Discussions are underway with stakeholders in staffside partners to reconfigure rotas in a way that will extend service cover by trained staff until the trainees have completed their training.

Laboratory Genetics
3.10.3 The demand for scientists in this field continues to increase across the UK as the requirement for genomics and molecular pathology increases. UK-wide discussions are underway to address the long-term supply of scientists for these specialties.

Blood Sciences
3.10.4 It is becoming difficult to recruit to Consultant Haematologist vacancies resulting in a short term requirement for locums to support the service. We are currently reviewing the option of introducing Healthcare Scientists (Clinical Scientists) into Haematology to ease the pressure on the medical workforce. This work is in its infancy but NES has supported a number of clinical scientist trainees across Scotland and two of those are currently deployed in GGC.

3.10.5 In addition there is pressure on Clinical Scientist posts within Chemical Pathology (Biochemistry). This pressure was recognised three years ago and in conjunction with NES, we have supported a number of Clinical Scientist trainees within NHSGGC. As this is a 3 year training programme, the first cohort of trainees will be completing their training in September 2018 and we expect 2 of those to be deployed in Glasgow.

Pathology
3.10.6 Discussions are ongoing in partnership regarding a review of the skill mix in Mortuary Services, particularly related to expansion of the Mortuary Assistant role. Subject to agreement. A trial of automation is underway in Pathology in the autumn, which if successful, may reduce the workload on laboratory staff.

Virology
3.10.7 Virology is introducing “FLOW” technology for the processing of molecular testing of specimens which will change the workflow processes throughout the laboratory and improve efficiency. Activity related to blood borne virus screening has increased significantly recently and we expect this to continue due to public health initiatives.

3.10.8 The Virology department are assessing the feasibility of extending their operating hours to include weekend working. Clearly extension of the service into weekends will require additional cover from the existing workforce. Partnership discussions are currently under way aimed at adjusting staffing rotas to provide this additional cover.

Histocompatibility and Immunogenetics
3.10.9 H&I is introducing Next Generation Sequencing and Light Cycler Real Time PCR technology for the processing of specimens which will change the workflow processes throughout the laboratory and improve efficiency.
Clinical Physics

3.10.10 Over the last 5 years we have worked in partnership to restructure the workforce in line with technological advancement. In addition, to mitigate the national shortage of suitably qualified engineers we have designed a new career pathway, and introduced apprenticeship and training grade posts to ensure a supply of skilled staff in the future. Clinical Physics in NHSGGC is fully aligned to the National Training Scheme for Scientists. The Scientific Director leads the working group involved in the training programme and he is also the key representative on the Shared Services Programme.

Medical Equipment Management (MEM)

3.10.11 MEM is also affected by the shortage of engineers and has undertaken a number of supporting actions to mitigate this including; employment of modern apprenticeships, re-profiles grades to facilitate career progression and developed an in-house training programme to develop staff which has gained accreditation with the Scottish Qualifications Authority.

3.10.12 The shortage of engineers is also affecting Radiotherapy Physics – currently there is a similar review to modernise the service.

3.10.13 In relation to clinical technologists we have projected the impending gaps in the service. We are working on a number of options which will include developing an internal programme to support trainees. This area indicates a National shortage.

3.11 Personal and Social Care – Mainly Health Improvement/Promotion

3.11.1 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.

3.11.2 The NHSGGC Health Improvement workforce is primarily employed by individual HSCPs and it will be their responsibility to develop this part of the workforce depending upon local requirements.

3.12 Estates and Facilities Management

3.12.1 The anticipated small reduction in the estates and facilities management workforce reflects the continuing decommissioning of parts of the NHSGGC estate and the greater utilisation of service-specific technologies to improve efficiency, specifically ‘Portertrac’. However, this small reduction in workforce will require to be closely monitored and managed to ensure national standards continue to be met, specifically in Domestics, Catering and Estates.

3.13 Administrative Services

3.13.1 In light of new and emerging technology to automate some traditional administrative tasks NHSGGC will be reviewing all administrative posts as they become vacant through natural turnover. In recognition of the modernising clinical environment administrative roles are reviewed on a regular basis – similar to other roles, particularly in times of financial challenge to assess whether a post requires to be maintained in future. As a result NHSGGC are anticipating a reduction in the administrative workforce through 2018/19.
3.14 Senior Managers

3.14.1 A target of 25% reduction in senior managers was set by the Scottish Government in 2010 for completion in 2015. NHSGGC has met and exceeded this target in line with the SGHD directive. The requirement for further changes to this job family will be assessed as posts become vacant.

3.15 Projections by Job Family

3.15.1 Table below shows the anticipated workforce changes by Job Family for 2018/19. Overall it is anticipated that there will be an reduction of 243.8 WTE (0.7%) in the NHSGGC Workforce this financial year.

<table>
<thead>
<tr>
<th>Mar-18</th>
<th>2018/19 Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
</tr>
<tr>
<td>Administrative services</td>
<td>5,231.0</td>
</tr>
<tr>
<td>Allied health professions</td>
<td>2,750.6</td>
</tr>
<tr>
<td>Healthcare science</td>
<td>1,769.1</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>3,647.7</td>
</tr>
<tr>
<td>Medical and dental support</td>
<td>400.0</td>
</tr>
<tr>
<td>Nursing and midwifery</td>
<td>15,377.5</td>
</tr>
<tr>
<td>Other therapeutic services</td>
<td>1,189.3</td>
</tr>
<tr>
<td>Personal and social care</td>
<td>256.4</td>
</tr>
<tr>
<td>Estates and Facilities Mngt</td>
<td>3,418.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34,040.5</td>
</tr>
</tbody>
</table>
4 Section Four
The NHSGGC Workforce

4.1 Characteristics of the NHSGGC Current Workforce

4.1.1 As at 31st March 2018, NHSGGC employed 39,226 headcount staff, 34,040.4 Whole Time Equivalent (WTE). NHSGGC has a predominantly female (79%) workforce. The charts below reflect the workforce in totality and by job family.

4.1.2 In the last four years NHSGGC has, despite an increasingly difficult financial environment, been able to deliver an increase of circa 200 WTE to the in-post workforce.

4.2 Supplementary Staffing

4.2.1 In addition to the “core” staff identified in the previous chart NHSGGC was able to utilise supplementary staffing resources drawn from overtime and excess hours worked by staff along with extra input provided by the various NHSGGC Staff Banks.

4.2.2 The figure below shows the total supplementary staffing input in WTEs by month across the 2017/18 financial year. Figure 4.2.2 shows 2017/18 supplementary staffing use broken down by bank, overtime and excess hours use.
4.2.3 In respect of our workforce our main challenges will be:

- Managing the impact of the age profile within our current workforce where many staff are aged over 55 years and may choose to retire in the coming years;
- Our ability to successfully recruit to key specialties and job families;
- Reducing the level of expenditure on supplementary staffing.

4.3 Workforce Age Demographics

4.3.1 The table below shows the NHSGGC workforce (headcount) by age-grouping:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 to 24</td>
<td>3.6%</td>
<td>3.8%</td>
<td>4.3%</td>
<td>4.3%</td>
<td>4.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>25 to 40</td>
<td>33.0%</td>
<td>32.8%</td>
<td>33.1%</td>
<td>33.7%</td>
<td>34.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>41 to 50</td>
<td>30.9%</td>
<td>29.3%</td>
<td>27.7%</td>
<td>26.6%</td>
<td>25.4%</td>
<td>-5.5%</td>
</tr>
<tr>
<td>51 to 60</td>
<td>26.2%</td>
<td>27.2%</td>
<td>29.4%</td>
<td>29.5%</td>
<td>29.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Over 60</td>
<td>6.4%</td>
<td>6.8%</td>
<td>5.5%</td>
<td>5.9%</td>
<td>6.7%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

4.3.2 36.2% of the NHSGGC Workforce is over 50 years old. The proportion of the workforce aged over 50 has increased by 9.4 percentage points over the last eight years. This is consistent with the anticipated ageing of the NHSGGC workforce.

4.3.3 In the last 8 years, across the NHSGGC workforce there has been an increase of 9.4 percentage points in the number of staff aged over 50. Some Job Families are affected more than others. Within the Estates and Facilities Management workforce just over 58% of staff are over 50 with 50% of Administrative Services staff in the same age bracket. Almost 39% of our Nursing and Midwifery staff are over 50, an increase of just under 4 percentage points over the past 5 years.

4.3.4 NHSGGC has a number of workstreams underway to build on the opportunities presented by an older workforce and mitigate the potential risks. This includes the Working Longer Review and recommendations, the Healthy Working Lives strategy and the local plans which individual services and professions have in place to ensure succession planning and a supply of appropriately skilled workers for the future. NHSGGC also has a comprehensive Employability Strategy see section 5.3 for further detail.
4.4 Turnover

4.4.1 Turnover for financial year 2017/18 was 7.63% which equates to approximately 2,600 WTE leavers. Turnover does vary between job families. A table summarising turnover in 2017/18 is shown below:

FIGURE 4.4.1

<table>
<thead>
<tr>
<th>Job Family</th>
<th>WTE In Post</th>
<th>WTE Leavers</th>
<th>% Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>5,121.59</td>
<td>368.59</td>
<td>7.2%</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>2,750.57</td>
<td>217.51</td>
<td>7.9%</td>
</tr>
<tr>
<td>Dental Support</td>
<td>288.12</td>
<td>31.22</td>
<td>10.8%</td>
</tr>
<tr>
<td>Executive</td>
<td>109.39</td>
<td>23.80</td>
<td>21.8%</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>1,769.12</td>
<td>121.55</td>
<td>6.9%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>3,647.70</td>
<td>113.38</td>
<td>3.1%</td>
</tr>
<tr>
<td>Medical Support</td>
<td>111.80</td>
<td>6.06</td>
<td>5.4%</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>15,377.49</td>
<td>1,342.46</td>
<td>8.7%</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>1,189.29</td>
<td>129.20</td>
<td>10.9%</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>256.41</td>
<td>28.81</td>
<td>11.2%</td>
</tr>
<tr>
<td>Support Services</td>
<td>3,418.94</td>
<td>219.89</td>
<td>6.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34,040.40</strong></td>
<td><strong>2,602.46</strong></td>
<td><strong>7.6%</strong></td>
</tr>
</tbody>
</table>

*Excludes Medical and Dental Training Grades

4.4.2 Turnover within NHSGGC is in-keeping with the NHS Scotland position but lower than the private sector which has historically been the case.

4.5 Reasons for Leaving

4.5.1 The primary reason for leaving during 2017/18 was “resignation” followed by “retiral” (this includes normal age pension retiral and early retiral with actuarial reductions in pensions received). While the number of resignations rose slightly compared to last year the number of retirals fell by a similar measure.

FIGURE 4.5.1

<table>
<thead>
<tr>
<th>Month</th>
<th>Resignation</th>
<th>Retirement</th>
<th>Ill Health</th>
<th>End of Fixed Term</th>
<th>Dismissal</th>
<th>Death in Service</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>143.31</td>
<td>75.27</td>
<td>14.53</td>
<td>10.47</td>
<td>1.00</td>
<td></td>
<td>244.57</td>
</tr>
<tr>
<td>May</td>
<td>115.59</td>
<td>57.47</td>
<td>4.28</td>
<td>3.43</td>
<td>1.00</td>
<td></td>
<td>181.77</td>
</tr>
<tr>
<td>June</td>
<td>141.08</td>
<td>63.10</td>
<td>10.29</td>
<td>13.30</td>
<td>4.72</td>
<td>2.00</td>
<td>234.50</td>
</tr>
<tr>
<td>July</td>
<td>167.13</td>
<td>57.43</td>
<td>10.51</td>
<td>8.00</td>
<td>2.40</td>
<td></td>
<td>245.47</td>
</tr>
<tr>
<td>August</td>
<td>159.92</td>
<td>54.60</td>
<td>9.68</td>
<td>10.20</td>
<td>7.48</td>
<td>4.25</td>
<td>246.14</td>
</tr>
<tr>
<td>September</td>
<td>144.09</td>
<td>52.75</td>
<td>15.68</td>
<td>17.80</td>
<td>3.14</td>
<td></td>
<td>233.46</td>
</tr>
<tr>
<td>October</td>
<td>137.55</td>
<td>73.11</td>
<td>10.22</td>
<td>4.43</td>
<td>3.64</td>
<td>3.34</td>
<td>232.28</td>
</tr>
<tr>
<td>November</td>
<td>120.67</td>
<td>53.40</td>
<td>2.66</td>
<td>6.45</td>
<td>1.00</td>
<td></td>
<td>183.18</td>
</tr>
<tr>
<td>December</td>
<td>121.30</td>
<td>67.73</td>
<td>8.18</td>
<td>2.56</td>
<td>0.80</td>
<td></td>
<td>200.57</td>
</tr>
<tr>
<td>January</td>
<td>150.12</td>
<td>36.67</td>
<td>5.10</td>
<td>7.05</td>
<td>0.53</td>
<td>1.00</td>
<td>200.48</td>
</tr>
<tr>
<td>February</td>
<td>127.01</td>
<td>30.06</td>
<td>8.21</td>
<td>8.48</td>
<td>1.87</td>
<td>1.80</td>
<td>177.43</td>
</tr>
<tr>
<td>March</td>
<td>133.11</td>
<td>80.34</td>
<td>5.09</td>
<td>3.47</td>
<td>0.60</td>
<td></td>
<td>222.61</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1,660.89</strong></td>
<td><strong>701.94</strong></td>
<td><strong>104.43</strong></td>
<td><strong>95.63</strong></td>
<td><strong>25.58</strong></td>
<td><strong>14.00</strong></td>
<td><strong>2,602.46</strong></td>
</tr>
</tbody>
</table>

4.5.2 The Workforce Analytics team has undertaken an analysis and identified an underlying trend which shows that the average age of staff leaving the organisation through retiral has decreased by approximately 2-3 years since the 2010/11 financial year.
4.5.3 Figure 4.5.3 below shows the trend the retiral ages for NHSGGC’s nursing and Midwifery workforce since 2010.

![Figure 4.5.3](image_url)

**FIGURE 4.5.3**

Nursing and Midwifery Staff
Average Retiral Ages by Pension Status
2010 to 2018

4.5.4 Whilst the average retirial age for Nursing and Midwifery staff has reduced from 61 years old to 59 years old, the trend within Mental Health Nursing shows a more marked reduction with the issue of the ageing workforce exacerbated by two additional factors:

- Mental Health Officer Status which allows some staff members to retire at age 55 years with full pension benefits;
- Changes to NHS pension provision.

4.5.5 Mental Health Officer (MHO) status applies to certain groups of staff who were members of the pension scheme prior to 1st April 1995 and was given in recognition of the nature of the work undertaken. MHO status affords staff an earlier Normal Pension Age (NPA) of 55.

4.6 Staff Health and Well-being

4.6.1 NHSGGC is committed to promoting, encouraging and supporting staff health and well being and this commitment is set out in the Staff Health and Well-being strategy. Attendance Management should be seen in the overall context of staff health and wellbeing and managing attendance is linked to a wide range of measures and programmes which support and improve staff health and well-being.

4.6.2 The NHSGGC approach to attendance management focuses on ensuring that all our line managers have the skills and confidence to communicate with staff who are absent and to hold supportive staff well-being conversations including improving support for return-to-work following long-term sickness absence. Our approach emphasises early-intervention and support so that where possible sickness absence does not escalate. In NHSGGC resources and materials are available to support both managers and staff including: financial management support, access to mental health training and suicide awareness and a wide range of health promotion and staff help guides. All these materials are accessible and available on HR Connect.

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4.6.3 NHSGGC has been working to improve awareness of the Equality Act and the responsibility of line managers to make reasonable adjustments for employees with a disability and has made changes to absence recording and reporting to ensure that formal absence procedures are not invoked for staff who have clear medical diagnoses and will be absent from work for treatment or hospitalisation.

4.6.4 Every 1% of sickness absence costs NHSGGC approximately £10m per annum, and it is therefore important from both an organisational and employee perspective that we work together to reduce sickness absence and improve employee health and well-being.

4.6.5 Figure 4.6.5 shows the sickness absence percentages observed for NHSGGC staff during financial year 2017/18. The absence levels noted are consistently above the 4% national sickness absence target.

Figure 4.6.5

NHSGGC Absence % Trend April 2017 to March 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Absence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 2017</td>
<td>4.68%</td>
</tr>
<tr>
<td>May 2017</td>
<td>5.37%</td>
</tr>
<tr>
<td>Jun 2017</td>
<td>5.23%</td>
</tr>
<tr>
<td>Jul 2017</td>
<td>5.01%</td>
</tr>
<tr>
<td>Aug 2017</td>
<td>5.17%</td>
</tr>
<tr>
<td>Sep 2017</td>
<td>4.95%</td>
</tr>
<tr>
<td>Oct 2017</td>
<td>5.42%</td>
</tr>
<tr>
<td>Nov 2017</td>
<td>6.05%</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>6.05%</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>5.39%</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>5.06%</td>
</tr>
</tbody>
</table>
Section Five
Supplying the Required Workforce

5.1 NHSGGC’s Labour Market

5.1.1 Glasgow, which accounts for the majority of NHSGGC’s population, has one of the highest unemployment rates of all local authorities within Scotland. Four out of the six local authority areas covered by NHSGGC are below the Scottish average employment rate. Although recruitment generally is not difficult for most job families 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.

5.1.2 Other factors which impact on NHSGGC’s ability to recruit are:
- Location: NHSGGC 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.
- Contract Type: part time posts which require less than 16 hours can be challenging to fill.

5.1.3 When areas of difficulty are identified by services, Human Resources work in partnership to identify medium and long-term solutions and approaches which will alleviate recruitment difficulties.

5.1.4 Changes to Tier 2 Visa terms which came into force on the 1st of April 2017, increasing the minimum earning threshold for applicants, pose a significant risk to retention of newly qualified staff as this is now outside of the Band 5 pay scale. This new criteria necessitates those staff who are employed under the terms of a youth mobility visa (up to 24 months) to leave the country to seek alternative employment. Given that Higher Education institutes appear to have an increasing percentage of overseas students, this policy change has the potential to create a significant pressure for future recruitment.

5.2 Potential Impact of Brexit

5.2.1 The UK’s decision to leave the EU will have major implications for many employers not least national health and social care services. The full implications for migration and the NHS workforce will only become clear once the Withdrawal Agreement and the UK’s future relationship with the European Union (EU) is finalised. In the meantime, the NHS in Scotland and NHSGGC are preparing plans to mitigate the potential impacts and some practical steps are being taken. This includes NHSGGC working closely with other Boards and the Scottish Government to provide supporting evidence where relevant, for example to the Migration Advisory Committee, highlighting any areas of difficulty in recruiting staff – in particular those where there is currently a reliance upon recruiting from within the EEA.

5.3 Socially Responsible Recruitment
5.3.1 In NHSGGC we recognise the importance of employment in helping to tackle poverty and income inequality. 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”.

5.3.2 Our Definition of Employability:

“Enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace”.

5.3.3 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.

5.4 Widening Access to Employment and NHS GGC Education Partnership

5.4.1 If we are to ensure the supply of a sustainable and highly skilled workforce within NHSGGC it is essential that the Board has a long term strategy to promote NHS GGC as an employer of choice, and for widening access to NHS job opportunities for those experiencing actual or perceived barriers to employment.

5.4.2 NHSGGC is committed to providing jobs, work experience and training opportunities to all sections of the working age population, including those groups who may be experiencing barriers to entering the workforce and young people aged 16-24 years of age. This is set out in the NHSGGC Widening Access to Employment Strategy.

5.4.3 Examples of groups included in the Widening Access to Employment Strategy, although not an exhaustive list, are:
- Long term unemployed;
- Veterans;
- Disabilities;
- 16 – 24 year olds;
- Care experienced;
- Black and minority ethnic;
- LGBTI;
- People with convictions.

5.4.4 During 2018/19, NHSGGC will continue to develop opportunities for the range of people and groups above through the implementation of the ‘Widening Access Strategy’ focussing particularly on the:
- Delivery of access programmes linked to vacancies which will be targeted at specific groups;
- Raising awareness of NHS careers and jobs and how these can be accessed;
- Continuing the promotion and development of foundation, graduate and modern apprenticeship opportunities within NHSGGC services.

37 Scottish Government Definition
To achieve these aims, NHSGGC works in partnership with a number of agencies to deliver work experience, employment and training opportunities, pooling expertise and working together to achieve the best possible outcomes. These partners include the college and university sector, local authorities, Skills Development Scotland, Jobcentre Plus, Jobs and Business Glasgow and other partner agencies such as the Princes’ trust, Clyde Gateway, the Glasgow Council for Alcohol and Elevate Glasgow.

5.5 Modern Apprentice Levy and National Context

5.5.1 In April 2017, the UK Government introduced the Modern Apprenticeship Levy on all employers with an annual pay bill of £3million or more. As a result of the levy NHSGGC now have access to:
- Scottish Government funded places for apprenticeship qualifications for all staff regardless of age or length of employment;
- The Flexible Workforce Development Fund, delivered by colleges, to up skill and re-skill employees.

5.5.2 The first funding round of the Flexible Development Fund was disbursed via Scottish Colleges and NHSGGC was able to access £10,000. The 2017/18 fund was used to develop IT skills for Glasgow City HSCP administration staff. Details of the next round of funding and the disbursement process are awaited from the Scottish Government.

5.6 Apprenticeships

5.6.1 NHSGGC is committed to increasing the number of young people aged 16 -24 years of age employed within the workforce and recognises the value of foundation, modern and graduate apprenticeships in achieving this. In 2017/18 we recruited 60 new modern apprentices to the organisation across 9 apprenticeship frameworks. We also delivered one ‘Get Into Healthcare’ pre-employment training programme in partnership with the Princes Trust for 16-24 year olds.

5.6.2 A comparison of employee headcount in March 2013 and March 2018 shows an increase of 412 people, from 1,203 in March 2013 to 1,615 in March 2018. within the 16-24 age range. This represents an increase of 1.01 percentage points to 4.12% of the total NHSGGC workforce.

5.7 Schools Work Experience Programme

5.7.1 NHSGGC continues to support a comprehensive schools engagement programme and school work experience placements are core activities which inform important career related choices for school aged pupils while introducing them to the world of work. During financial year 2017/2018 we offered 668 school pupils work experience placements within wards and departments and we are committed to maintaining this level support in future years.

5.7.2 In 2017/18 we established new profession-specific work experience programmes for senior phase pupils in physiotherapy and eHealth. We will continue to work with our Local Authority and ‘Developing the Young Workforce’ partners to review the work experience programmes to ensure they reflect the recommendations made in ‘Developing Scotland’s Young Workforce’38 and the ‘Scottish Youth Employment Strategy’39.

38 https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/Developing%20the%20Young%20Workforce%20(DYW)
5.8 Training and Employment Opportunities for Disabled People

5.8.1 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. The Project is a partnership between NHSGGC, Project Search, Cardonald College and Glasgow City Council. The project offers training and work placement activity across three job roles within Glasgow Royal Infirmary.

5.8.2 Project Search is now entering its 6th year with 5 intakes successfully completed. To date 49 trainees have completed with 30 going into NHSGGC employment and 15 taking up employment with other employers. NHSGGC is also supporting the Glasgow Centre for Inclusive Living NHS Scotland Equality Academy and has hosted two graduate trainees. This programme offers a two year paid placement to graduates with disabilities. During the recruitment activity for the 2017 apprenticeship campaign amendments were made to support disabled applicants.

10 of the 60 trainees appointed disclosed disabilities.

5.9 Adult Work Experience Policy

5.9.1 NHSGGC also receive requests from adults (above school age/left school) for work experience placements. NHSGGC is committed to supporting these requests to ensure that those interested in pursuing a career with the NHS can develop an insight into the environment, job role and skills required.

5.10 Learning and Education

5.10.1 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.

5.10.2 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.

5.10.3 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;
5.10.4 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.

5.10.5 NHSGGC is committed to ensuring that every employee has a Personal Development Plan which looks at current and future development needs. For staff on Agenda for Change terms and conditions of service this PDP is linked to the Knowledge and Skills Framework and is recorded on Turas Appraisal, the electronic monitoring system which all Scottish Boards use. In NHSGGC as at July 2017 61% of staff on AfC terms and conditions had an up to date Personal Development Review recorded on e-KSF. NHSGGC is dedicated to improving this position month-on-month. The latest figures, as at 31 July 2018 reflects a completion rate of 45.5%.

5.10.6 To support the fulfilment of KSF Personal Development Plans, employees have access to a wide range of learning and education resources including; Libraries and Open learning sites, digital learning, bursaries and the NHSGGC SVQ Centre which can provide advice and support in identifying an appropriate SVQ for services and employees.

5.10.7 NHSGGC has committed 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 different groups of staff to learn together;
- Providing high-quality learning and teaching facilities;
- Affording staff appropriate time to undertake statutory, mandatory and role-specific training;
- Making best use of the skills, knowledge and talents of all staff.
6 Section Six
Implementation, Monitoring & Review

6.1 Workforce Plan Governance & Monitoring

6.1.1 NHSGGC regularly monitors the progress of the actions and intentions set out in the workforce plan and presents updates to the Corporate Management Team, the Area Partnership Forum and the Staff Governance Committee of the Board.

6.1.2 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.

6.1.3 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.
7 Appendices
### 2017/18 Update on Projections

<table>
<thead>
<tr>
<th>Department</th>
<th>Mar-17</th>
<th>Original Projections</th>
<th>Mar-18</th>
<th>Year to Date Change</th>
<th>Variance To Projection</th>
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<td><strong>TOTAL</strong></td>
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*Recategorization of circa 200 FTE Career Grade Medical staff to Training Grades (Clinical Fellows)*