



NHS Greater Glasgow and Clyde

Workforce Plan 2015/16

Contents

1	Section One	5
1.1	Introduction to the Workforce Plan	6
1.2	An overview of NHS Greater Glasgow and Clyde	8
1.3	Staff Governance	10
1.4	NHSGGC Workforce Planning Processes & Outputs	12
1.5	Workforce Plan Governance & Partnership Engagement.....	14
1.6	Update on actions arising from the 2014/15 Action Plan	15
1.7	Workforce Change 1 st April 2014 to 31 st March 2015	15
1.8	Other Agencies & Stakeholders	15
1.9	Regional Workforce Planning.....	15
2	Section Two	16
2.1	The NHSGGC Population Profile	17
2.2	Population Projections and Trends	18
2.3	Health as a Driver of Demand.....	18
2.4	Clinical Services Fit for the Future	20
2.5	Preventing Ill-health and Early Intervention.....	24
2.6	Shifting the Balance of Care	24
2.7	Reshaping Care for Older People	25
2.8	Tackling Inequalities	25
2.9	On the Move – the new Queen Elizabeth University Hospital	25
2.10	The Development of Health and Social Care Partnerships (HSCPs)	28
2.11	Review of Learning Disability Services	28
2.12	The Financial Environment.....	29
2.13	Financial Challenge in 2016/17 and beyond.....	31
3	Section Three.....	32
3.1	NHSGGC Workforce Projections 2015/16.....	33
3.2	Medical and Dental	33
3.3	Medical and Dental Support.....	33
3.4	Nursing and Midwifery	33
3.5	Nursing and Midwifery - Triangulation	34
3.6	Nursing and Midwifery - Workload Tools.....	34
3.7	Nursing and Midwifery - Skill Mix	37
3.8	Care Assurance and Accreditation System (CAAS).	39
3.9	Nursing and Midwifery - Acute Services.....	40
3.10	Nursing and Midwifery - Partnerships	41
3.11	District Nursing.....	41
3.12	Health Visiting	41
3.13	Learning Disability Nursing.....	43

3.14	Allied Health Professions.....	43
3.15	Physiotherapy	44
3.16	Dietetics	44
3.17	Occupational Therapy	44
3.18	Speech & Language Therapy	45
3.19	Orthoptics.....	45
3.20	Radiography.....	46
3.21	Podiatry.....	46
3.22	Other Therapeutic Staff	47
3.23	Healthcare Sciences	49
3.24	Personal & Social Care	49
3.25	Support Services	49
3.26	Administrative Services	50
3.27	Senior Managers	50
3.28	Projections by Job Family (WTE)	50
4	Section Four.....	51
4.1	Characteristics of the NHSGGC Current Workforce	52
4.2	Job Families.....	54
4.3	Medical and Dental Staff.....	55
4.4	Nursing and Midwifery	55
4.5	Allied Health Professions	56
4.6	Healthcare Science Staff.....	56
4.7	Administrative Support Staff.....	56
4.8	Support Services Staff	57
4.9	Other Therapeutic Staff.....	57
4.10	Personal and Social Care Staff.....	57
4.11	Management Grades (Non Agenda for Change)	58
4.12	Turnover.....	58
4.13	Reasons for Leaving	59
4.14	Monthly Leavers Trends.....	59
5	Section Five	61
5.1	NHSGGC's Local Labour Market	62
5.2	NHSGGC Socially Responsible Recruitment	62
5.3	Youth Employment Plan and the NHSGGC Education Partnership.....	63
5.4	NHSGGC Modern Apprenticeship Programme	64
5.5	NHSGGC Schools Work Experience Programme	65
5.6	Training & Employment Opportunities for Young Disabled People.....	65
5.7	NHSGGC Adult Work Experience Policy.....	66
5.8	Mental Health – Training & Employment Opportunities for Young People.....	66
5.9	Volunteering Policy & Programme	66
5.10	Educational/ Development Placements	66
5.11	Learning and Education.....	67

5.12	The new Teaching and Learning Centre.....	68
6	Section Six.....	69
6.1	Workforce Plan Governance & Monitoring	70
6.2	Appendix 1: 2014/15 Workforce Plan Update.....	71
6.3	Appendix 2 - 2014/15 Update on Projections	76
6.4	Appendix 3: The 6 Steps Methodology.....	77
6.5	Appendix 4: Glossary of Abbreviations.....	79

1 Section One

Background to the NHSGGC Workforce Plan



1.1 Introduction to the Workforce Plan

- 1.1.1 The Route Map to the 2020 Vision for Health and Social Care¹ outlines the Scottish Government's vision for improving quality and making measurable progress towards high quality, sustainable health and social care services in Scotland.
- 1.1.2 Everyone Matters: 2020 Workforce Vision was launched by the Cabinet Secretary for Health and Wellbeing. This document recognises the key role the workforce will play in responding to the challenges faced in improving patient care and overall performance.
- 1.1.3 The Scottish Government has set out its vision for the NHS in Scotland in the strategic narrative for 2020.

“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 into their home or community environment as soon as appropriate, with minimal risk of readmission”.²

- 1.1.4 Underpinning the narrative is the Quality Strategy, with the three central ambitions that care should be:
- person centred;
 - safe;
 - effective.
- 1.1.5 The quality outcomes and 2020 vision are the major national drivers of NHS targets and strategic direction including the NHSGGC Local Delivery Plan (LDP) Standards.
- 1.1.6 Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements.
- 1.1.7 This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures an effective and person centred service delivery across a broad range of services and locations.
- 1.1.8 In this Workforce Plan we will outline our actions to support the 5 priorities identified within Everyone Matters

¹ <http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision>

² *Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision*



1.1.9 The priorities for action in the board during 2015/16 focus on the following:

- **Creating a healthy organisational culture** developing and sustaining a healthy organisational culture to create the conditions for high quality health and social care.
- **Establishing a sustainable workforce** by changing the health workforce to match new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.
- **Maintaining a capable workforce** by ensuring that all staff are appropriately trained and have access to learning and development to support the *Quality Ambitions* and *2020 Vision for Health and Social Care*.
- **Developing an integrated workforce** ensuring that the workforce is more joined-up across primary and secondary care, across Boards and with partners across health and social care.
- **Effective leadership and management** ensuring that managers and leaders are valued, supported and developed. Managers and leaders are part of the workforce and have a key role to play in driving service and culture change.

- 1.1.10 NHSGGC is required by the Scottish Government to develop and publish an annual workforce plan which sets out the strategic direction for workforce development and the resulting changes to our workforce over the next year and beyond.
- 1.1.11 The Workforce Plan has been developed using the NHS Scotland six steps methodology and the NHS Careers Framework. Both of these workforce models enable us to take a coherent view of the workforce across all job families and sub-groups. The Career Framework in particular is a useful tool for modelling and implementing workforce change and we are promoting and encouraging the use of this tool in NHSGGC.
- 1.1.12 Local workforce planning activity is managed within the Acute Services Division and within the Community Health (and Care) Partnerships. In addition, there are workforce plans which focus on cross sector issues and plans based on service delivery models e.g. Stroke Services and Children's Services.
- 1.1.13 The workforce implications of service change and redesign are also set out in NHSGGC's financial and service plans at Board and Divisional/CH(C)P level. These workforce implications highlight any planned recruitment activity and are further analysed in the project implementation documents (PIDs) which are prepared to support any significant service change and which set out the financial, workforce and equality impacts of any proposed changes. All of the above workforce information is analysed and summarised by the workforce planners in order to develop the NHSGGC Workforce Plan.
- 1.1.14 It is critical therefore that all workforce plans whether stand alone documents or part of wider service planning documents are signed off by a wide range of stakeholders including local management teams, service managers and planners, financial managers and local staff side representatives and partnership forums.
- 1.1.15 It is recognised by all stakeholders that the redesign and service change plans set out in this workforce plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.
- 1.1.16 Regular updates on progress against the aims and targets set out in the Workforce Plan will be provided to the Senior Management Team (SMT), Area Partnership Forum (APF) and other stakeholder forums

1.2 An overview of NHS Greater Glasgow and Clyde

- 1.2.1 NHS Greater Glasgow and Clyde's purpose is to:

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

- 1.2.2 NHS Greater Glasgow and Clyde is the largest NHS Board in Scotland and covers a population of 1.2 million people. Our annual budget is £3 billion and we employ over 40,000 staff.

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

NHS Greater Glasgow & Clyde		
Staff In Post as at 31st March 2015 by Job Family		
Job Family	WTE	% of WTE Workforce
Administrative Services	5397.58	15.92%
Allied Health Profession	2689.30	7.93%
Executive	155.60	0.46%
Healthcare Sciences	1728.27	5.10%
Medical and Dental	3444.68	10.16%
Medical and Dental Support	294.28	0.87%
Nursing and Midwifery	15212.65	44.87%
Other Therapeutic	1106.77	3.26%
Personal and Social Care	287.80	0.85%
Support Services	3587.01	10.58%
Grand Total	33903.94	100.00%

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

1.2.4 Historically our services were planned and provided through the Acute Division and six Community Health (and Care) Partnerships, working with our six partner Local Authorities. We have many hundreds of independent primary care contractors who deliver the vast majority of NHS activity.

1.2.5 The Acute Division delivers planned care and emergency services in nine major hospital sites and provides specialist regional services to a much wider population. This includes medicine and emergency services; surgery; maternity services; children's services; cancer 6 treatment; tests and investigations; older people and rehabilitation services..

1.2.6 During 2015/16 the Division will radically reshape services as the new Queen Elizabeth University Hospital opens.

1.2.7 NHSGGC's Community Services are also changing. As of April 2015 six new Health and Social Care Partnerships (HSCPs) are responsible for delivering care in community settings.

1.2.8 The Board has five strategic priorities to move us towards achieving that purpose; the Government's LDP guidance sets six improvement priorities.

1.2.9 NHSGGC's five priorities are:

- early intervention and preventing ill-health;
- shifting the balance of care;
- reshaping care for older people;
- improving quality, efficiency and effectiveness;
- tackling inequalities.
- The 2015-16 Local Delivery Plan six improvement priorities are:

- health inequalities and prevention;
- antenatal and early years;
- person-centred care;
- safe care;
- primary care;
- integration.

1.2.10 The strategic plan for NHSGGC outlines how we will progress these five priorities alongside the LDPs six improvement priorities over the next year and provides a framework for the overall planning system including the initial strategic plans which are being developed by the Integrated Health and Social Care Partnerships

1.2.11 It is important to highlight the risks which NHSGGC face in delivering it. These include:

- Given the financial and service pressures across the system, there will be significant challenges to deliver all of the required targets in 2015/16. There are a series of cost pressures related to delivering elective targets, most particularly workforce costs and to the delivery of the unscheduled care targets.
- The Local Deliver Plan requires a substantial reduction in the current level of delayed discharges to enable the acute sector to achieve the bed reductions included in the savings plan.
- The programme to close a number of existing sites and move to the Queen Elizabeth University Hospital is challenging and complex.
- Integrated Joint Boards will be in place in the new financial year with their new responsibilities for strategic planning of local services and substantial elements of unscheduled care. IJBs service delivery responsibilities are fundamental to enabling achievement of critical priorities outlined in the strategic direction and LDP.
- There are substantial pressures on social care budgets which will flow through to Council allocations to IJBs from 2015/16 onwards posing real challenges for the IJBs to deliver recurrent balance in 2016/17.
- The Board has now signed off a Clinical Services Strategy which provides a comprehensive framework for changing the way we deliver clinical care and early discussion with IJBs on the Strategy and developing plans together to implement the service changes will be required.

1.3 Staff Governance

1.3.1 The NHS Reform (Scotland) Act 2004 requires NHSScotland employers to ensure the fair and effective management of staff through the application of the national Staff Governance standard.

1.3.2 To support this standard, a range of strategic workforce policies, initiatives and agreements are in place which embrace good employment practice and policy and workforce development and planning.

- 1.3.3 Implementation of these policies, initiatives and agreements support employers in meeting the requirements of the Staff Governance Standard and support modernisation of the workforce through partnership working and the application of good employment practices.
- 1.3.4 Facing the Future Together, NHSGGC's Organisational Development Strategy, operates in alignment with the NHS Staff Governance Standard³.
- 1.3.5 The Staff Governance Standard sets out what each NHSScotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.
- 1.3.6 NHSScotland recognises the importance of Staff Governance as a critical feature of a high performing organisation. The standard will help all staff to have a positive employment experience in which they are fully engaged with their job, their team and their organisation.
- 1.3.7 While the Standard sets out what staff can expect from Boards it also outlines corresponding responsibilities for staff (at any level within the organisation) in relation to their colleagues, managers, staff, patients, their carers, and the organisation.
- 1.3.8 The Staff Governance Standard applies to all staff employed by, or officials of, NHS Boards.
- 1.3.9 The ethos of the Staff Governance Standard should also be reflected in the arrangements with private and independent contractors and partner agencies working with NHS Boards. In order to effectively embed staff governance and achieve the above aims, there is a need for ownership of, and accountability for, the Staff Governance Standard at all levels and across all staff groups, from individual staff and their representatives, managers at all levels and members/officials of NHS Boards.
- 1.3.10 The Standard requires all NHS Boards to demonstrate that staff are:
- well informed;
 - appropriately trained and developed;
 - involved in decisions;
 - treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
 - provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- 1.3.11 The Standard also requires all staff to:
- keep themselves up to date with developments relevant to their job within the organisation;
 - commit to continuous personal and professional development;
 - adhere to the standards set by their regulatory bodies;
 - actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
 - treat all staff and patients with dignity and respect while valuing diversity;
 - and ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

³ <http://www.staffgovernance.scot.nhs.uk/>

- 1.3.12 All of the above is accompanied by the challenge of redesigning the workforce in a way that ensures a high quality, fit for purpose and affordable service in the years ahead.
- 1.3.13 Facing the Future Together is the Board-wide Organisational Development strategy it focuses on how staff support each other to do their jobs, provide an even better service to patients and communities, and improve how people feel about NHS Greater Glasgow and Clyde, as a place to work.
- 1.3.14 Facing the Future Together covers five main areas:
- **Our Culture:** To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that;
 - **Our Leaders:** All our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients;
 - **Our Patients:** We want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people;
 - **Our People:** Our aim is to develop a workforce which feels positive about being part of the Division; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients;
 - **Our Resources:** We know that we need to reduce our costs over the next five years. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce costs.

1.4 NHSGGC Workforce Planning Processes & Outputs

- 1.4.1 The workforce planning process links with the strategic goals of NHSGGC as outlined within the Corporate Plan and other strategic documents such as the Quality Framework to demonstrate a clear and consistent strategic direction, acknowledging the tensions between some of our existing priorities and the workforce and financial constraints that the Board faces.
- 1.4.2 As with the Board's Corporate Plan for 2013-16 the Workforce Plan needs to respond to these issues and provide a strategic framework for managing workforce change during this period.
- 1.4.3 The Workforce Plan is developed through an inclusive process including the Board Planning and Policy Framework groups and wider stakeholders including. NHSGGC's Corporate Plan provides the platform to develop new planning guidance for the period 2013 to 2016, including a single set of priority outcomes and a clear financial strategy.
- 1.4.4 Importantly the Corporate Plan provides the direction for our planning and policy frameworks for the next three years. These frameworks provide the detailed requirements for each of our key services and ensure that the development plans across the organisation deliver the changes we prioritise.
- 1.4.5 The Scottish Government has set out its vision for the NHS in Scotland in the 2020 strategic narrative. In our Corporate Plan we set out the changes we will make to move towards this vision during the period 2013-16 and NHSGGC's vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

- 1.4.6 Underpinning the narrative is the National Quality Strategy⁴ which highlights the six dimensions of quality – safe, effective, person centred, timely, efficient and suitable – and focuses on action to ensure the first three. In NHSGGC we have recognised that a comprehensive approach to quality needs to focus on balancing all six dimensions and supporting the organisation to manage the tensions between them with a particular focus on maintaining quality within a financially constrained environment. The approach to improving quality in NHS Greater Glasgow and Clyde has three main strands:
- The Quality Policy Development Group;
 - Specific quality programmes and Initiatives; and
 - Outcomes focused planning and performance arrangements.
- 1.4.7 The commitment to quality has been articulated and communicated across NHSGGC and this is reflected in the Workforce Plan and in supporting learning and education programmes which are focused on improving person centred care. NHSGGC has also established a Multi-disciplinary Steering Group to ensure that the requirement for caring behaviours from all our employees, whatever their role, is encouraged and monitored in Recruitment and Selection, Learning and Education and Appraisal processes. This group is a sub-group of the Quality Policy Development Group.
- 1.4.8 The Quality Strategy and our NHSGGC response is not a new or separate set of activities but a fundamental commitment which underpins all our activity and ensures that every member of our workforce is focused on improving quality and delivering person centred care in their services and in NHSGGC as a whole.
- 1.4.9 NHSGGC’s Corporate Plan demonstrates how the Board will make progress in improving quality and safety and the Workforce Plan will demonstrate how our staff will support this. The performance of the workforce will continue to be measured by Scottish Government Health, Efficiency Access and Treatment (HEAT) targets and standards.
- 1.4.10 Workforce planning is a statutory requirement and was established in NHSScotland in 2005
- 1.4.11 with the publication of the original guidance to all NHS Boards described in HDL (2005)52 “National Workforce Planning Framework 2005 Guidance”⁵.
- 1.4.12 This document provided NHS Boards with a base for establishing workforce planning is a key element of their planning process.
- 1.4.13 In December 2011 the Scottish Government Published CEL(2011)326 which replaced the guidance in HDL (2005) 52. CEL(2011)32 provides NHS Boards with a consistent framework to support evidence based workforce planning. The key aim of this framework is “to ensure the highest quality of care for patients by ensuring NHSScotland has the right workforce with the right skills and competences deployed in the right place at the right time”. The provisions of CEL(2011)32 sit within the Healthcare Quality Strategy for NHSScotland which aims to build upon quality healthcare services in Scotland and ensure all work is integrated and aligned to the Quality Ambitions⁷ In line with the CEL, the following plans, policy and principles are referenced and utilised to complete the NHSGGC Workforce Plan:
- Local Delivery Plan (LDP)
 - Facing The Future Together (FTFT)

⁴ The Healthcare Quality Strategy for Scotland, Scottish Government (May 2010)

⁵ http://www.sehd.scot.nhs.uk/mels/HDL2005_52.pdf

⁶ http://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf

⁷ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/qualityambitions>

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

1.4.14 This Workforce Plan has been developed in line with the recommendations set out in CEL(2011)32 and uses the NHS 6 Steps to Integrated Workforce Planning Methodology⁸ a workforce model which enables us to take a coherent view of the workforce across all job families and staff groups. The main aim of the 6 Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan. Use of the Six Steps Methodology across workforce planning within NHSGGC ensures that decisions made around the design of services and the recruitment of the future workforce are sustainable, realistic and fully support the delivery of quality patient care, productivity and efficiency.

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

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

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

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

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

1.5 Workforce Plan Governance & Partnership Engagement

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

1.5.2 The NHSGGC Workforce Plan 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 onto the full APF, Senior Management teams and Staff Governance Committee of the Board.

⁸ NHS Six Steps to Integrated Workforce Planning Methodology
http://www.healthcareworkforce.nhs.uk/resource_library/latest_resources/six_steps_refresh.html

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

1.5.4 The Draft Workforce Plan is then reviewed by:

1. The Senior Management teams;
2. The Area Partnership Forum;
3. The Staff Governance Committee.

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

1.6 Update on actions arising from the 2014/15 Action Plan

1.6.1 An update on actions arising from the 2014/15 Workforce Plan is attached to this document as Appendix 1.

1.7 Workforce Change 1st April 2014 to 31st March 2015

1.7.1 A summary of the workforce change in 2014/15 can be found in appendix 2.

1.8 Other Agencies & Stakeholders

1.8.1 NHSGGC works with a variety of partner organisations as part of our service redesign and workforce planning processes. Local authority partners are key members of community based workforce planning activities. As key stakeholders in the workforce planning process, our structures ensure that, where appropriate, a variety of groups are sighted on the impact of our workforce plans e.g. Independent Sector, Carers' Groups, Housing Sector.

1.9 Regional Workforce Planning

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

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

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

2 Section Two

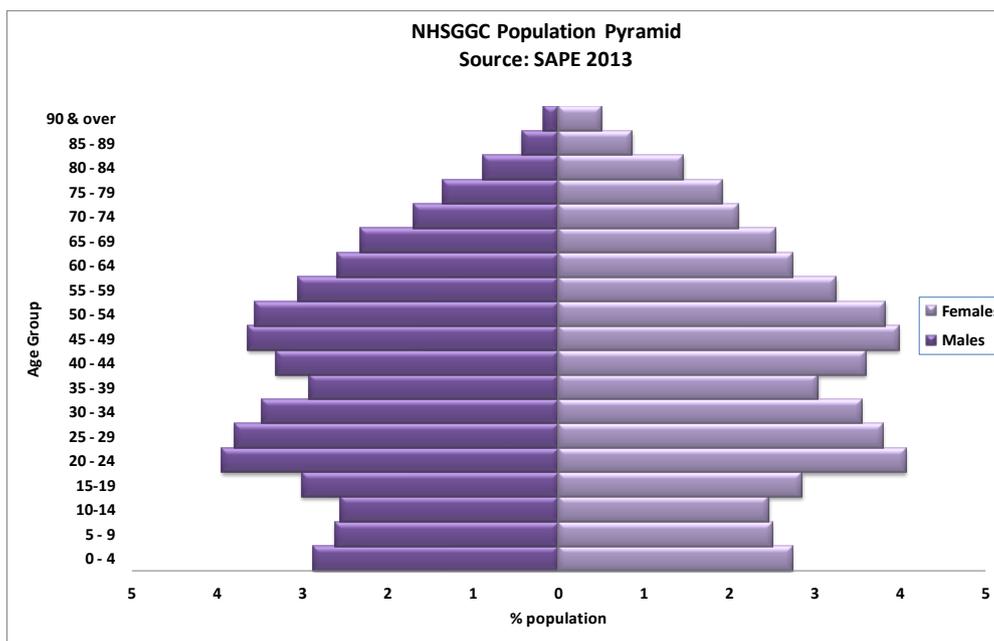
Demand Drivers & Service Change



2.1 The NHSGGC Population Profile

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

2.1.2



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

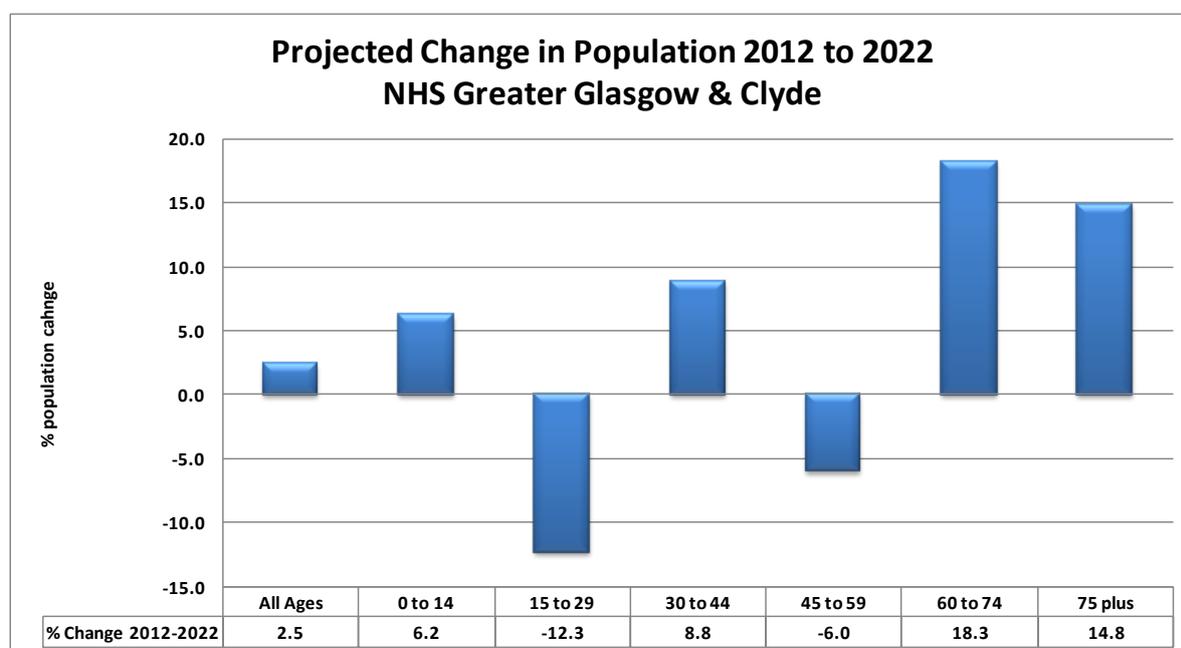
2.1.4 Overall, average life expectancy in NHSGGC is well below the Scottish average (see below). Again, there is considerable variation between different parts of NHSGGC.

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

NHS Greater Glasgow & Clyde		
Life Expectancy at Birth (by Gender)		
CH(C)P	Male	Female
East Dunbartonshire	80.5	83.9
East Renfrewshire	79.7	83.0
Glasgow City	73.0	78.5
Inverclyde	74.7	80.7
Renfrewshire	75.7	80.6
West Dunbartonshire	74.2	79.1
NHSGGC Average	74.9	80.0
NHS Scotland Average	76.9	81.0

2.2 Population Projections and Trends

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



2.3 Health as a Driver of Demand

- 2.3.1 The inequalities and poor health in our population drive high levels of hospital admissions, GP consultations and use of a wide range of other services. Age is also a major driver of service use, with the majority of contact with the NHS in the last few years of life⁹.
- 2.3.2 NHSGGC's rates of emergency admissions are significantly higher than the Scottish average, and these have a very clear social gradient.
- 2.3.3 The health and inequalities issues identified above therefore have a very real and direct impact on our services in terms of use of services and capacity to benefit. The age profile of our population is already changing and getting older, accounting for rising numbers of admissions
- 2.3.4 The biennial Director of Public Health reports set out in detail the changing health profile of people living in Greater Glasgow and Clyde and the factors which influence it¹⁰.

⁹ Tomlinson et al, The Shape of Primary Care in NHS Greater Glasgow & Clyde, GCPH 2008

¹⁰ All reports available at www.nhsggc.org.uk/dphreport/

- 2.3.5 The 2015 report by the Director of Public Health will be published in the autumn of 2015 and the revised data will be used to inform the next iteration of the Workforce Plan.
- 2.3.6 These reports highlight some significant improvements in recent years. Overall life expectancy has risen, rates of premature mortality have fallen, with particular improvements for coronary heart disease. Cancer survival has improved significantly across a range of cancers. However, there remain many significant health challenges and marked inequality across NHSGGC.
- 2.3.7 The Director of Public Health reports a number of major health and health behaviour challenges in NHSGGC. In almost every indicator, the same marked inequalities in health outcomes can be seen between the most affluent and most deprived areas. Factors which contribute to this include:
- growing numbers of people with long term conditions, including those with multiple long term conditions;
 - Rising levels of dementia and depression;
 - high levels of alcohol consumption and alcohol related health problems;
 - high rates of drug dependency;
 - growing rates of obesity;
 - despite significant success in supporting people to stop smoking, smoking rates remain high particularly in deprived areas and in some particularly vulnerable groups such as pregnant women.
- 2.3.8 NHSGGC will see a significant increase in the number of people with more than one long-term condition, resulting in approximately 80 per cent of all GP consultations relating to those long-term conditions.
- 2.3.9 In the area of older people's mental health, there will be significant challenges for the service to meet with increasing numbers of people with dementia which will increase significantly. The best forecasts available suggest a 25 per cent increase in the next 10 years and that one in three people aged over 65 will die with a form of dementia.
- 2.3.10 Alcohol related deaths and hospital related morbidity are higher in NHSGGC than the rest of Scotland. Longer term excess alcohol use and acute excess alcohol use place a huge financial burden on NHSGGC.
- 2.3.11 Smoking is responsible for 29% of all deaths in NHSGGC; although smoking is declining still around a third of our population smoke. The total annual inpatient costs to NHSGGC due to smoking related illness are estimated at being £14.44 million; even modest reductions in smoking are associated with large savings. For example a 1% reduction in smoking is associated with savings to NHSGGC of £3.5-5.4 million.
- 2.3.12 In addictions, there is a need for greater service user involvement in care planning, peer support and commitment to recovery. More support is required for locally based multi-disciplinary teams to enable them to play a greater role in accessing the range of care options for individuals that tailor treatment care and maximises effect
- 2.3.13 Physical inactivity is responsible for 15-16% of heart disease. A minority of our population use active methods of transport and less than half of adults take the recommended amount of physical activity. Recent work suggests physical inactivity is as significant as smoking in its contribution to poor health.

- 2.3.14 Obese people have an average life expectancy 8-10 years shorter than a normal weight person; an obese person is twice as likely to suffer from limitations of daily living than a normal weight person. An obese person will yield higher health care costs than a normal weight person. If current trends in obesity continue, health care costs (relative to 2007) are due to rise by 70% by 2015 and 240% by 2025.
- 2.3.15 Lifestyle factors are placing a huge and increasing burden on the NHSGGC. Even modest improvements in lifestyle (particularly smoking) are likely to yield significant benefits for the NHSGGC population.
- 2.3.16 Paediatric and maternity demand is high, with complexity and outcomes very strongly linked to deprivation.
- 2.3.17 Rising maternal age and associated risks also place a growing challenge on maternity services and, as we continue to become more successful in ensuring the survival of premature babies, this also leads to an increase in the numbers of children with complex disability and chronic disease.
- 2.3.18 New cancers in our Board area are forecast to increase by some 10 per cent by 2018-22, although, thanks to improved treatments and technologies, survival is expected to continue to improve, but this in turn means more patients will survive cancer and so live with it as a long-term condition.
- 2.3.19 We need to do more to support people to manage their own health and prevent crisis. 70% of us are able to manage our own illness if we are given the right support.
- 2.3.20 A strong message from patients and clinical teams is that better information on what patients can expect from their condition and more involvement in their care planning can empower a patient to manage their own illness and health. There is a clear case for the NHS to improve education and patient support.
- 2.3.21 The reports also highlight the interdependence between these issues, and the rising numbers of people with multiple health and social concerns. We must recognise how people's life circumstances can affect the health choices they make. Many of these issues have a long term impact and high disease burden, affecting employment, mental health, social participation and ability to benefit from existing health services.
- 2.3.22 As well as direct measures of health and health behaviour, NHSGGC faces challenges in a number of key determinants of health. Most significantly:
- children and families living in poverty;
 - high levels of unemployment, including youth unemployment;
 - impact of the recession and tax and benefit changes, particularly disability benefits;
 - isolation and loneliness with high numbers of people living on their own.
- 2.3.23 Issues of poverty and vulnerability are major factors in health with 35 per cent of the NHSGGC population in the most deprived section of our community and, with the onset of more than one chronic illness within this group happening 10-15 years earlier than in the least deprived areas, this remains a huge issue and challenge.

2.4 Clinical Services Fit for the Future

- 2.4.1 The approval of the Board's Clinical Strategy in January provides a detailed framework for redeveloping programmes of change for acute services and mental health. During 2015/16 NHSGGC will ensure:
- Care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;

- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- Sustainable and affordable clinical services can be delivered across NHSGGC;

The pressures on hospital, primary care and community services are addressed.

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

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

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

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

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

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

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

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

- Focus on what care the patient needs care provided based on need;
- Focus on improving clinical outcomes and delivering a good patient and carer;

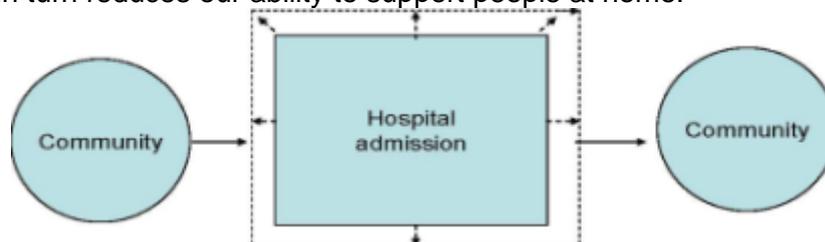
- Services should be sustainable, both clinically and financially;
- In-patient care only where necessary;
- Low volume and high complexity care provided in defined units equipped to meet specialist care needs;
- Consistently meeting core standards of care: patients should be able to access the same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

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

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

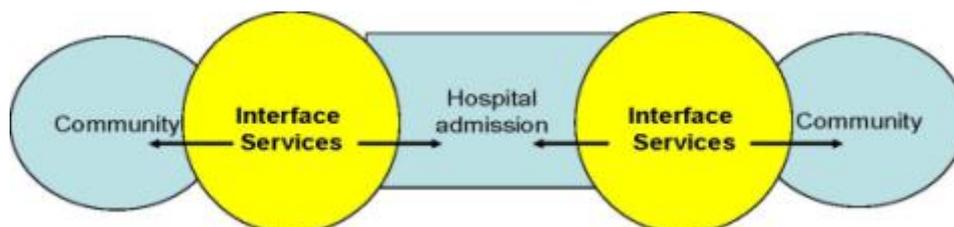
2.4.9 While there are some good examples of joint working, these are not systematic and often on a small scale.

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



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

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



- 2.4.13 The overarching aim of the service models set out is to provide a balanced system of care where people get care in the right place from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services.
- 2.4.14 At the heart of this approach is the requirement to understand our population and provide care at the most appropriate level. Getting this right will enable more intensive support for those most in need, and supported self management with rapid access into services when required for the majority of the population.
- 2.4.15 The key characteristics of the clinical services required to support this are:

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

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

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

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

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

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

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

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

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

- Wider range of specialist clinics in the community, working as part of a team with primary care and community services;
- Appropriate follow-up;
- Diagnostic services organised around patient needs;
- Interventions provided as day case where possible;

- Rapid access as an alternative to emergency admission or to facilitate discharge.

2.5 Preventing Ill-health and Early Intervention

2.5.1 Prevention and early intervention have always been priorities for NHS Greater Glasgow and Clyde, demonstrated by our focus on parenting, development of Keep Well, chronic disease management in primary care and extensive health improvement activities particularly focused on smoking, breast feeding, alcohol and drugs, sexual health and obesity. Despite our focus we know that:

- high numbers of vulnerable children and families in Greater Glasgow and Clyde have poor outcomes and high risks across a range of indicators, as described in Mind the Gaps our analysis of the issues for children and families;
- an increasing number of individuals and families are being affected by poverty, debt, fuel poverty and potentially homelessness;
- poor healthy life expectancy for our population means that many people in Greater Glasgow and Clyde need health services at a younger age and for longer than in other areas of Scotland;
- budget pressures are impacting on the ability of all agencies to focus on early intervention and prevention and exacerbating the problem of high thresholds for intervention.

2.5.2 Effective prevention and early intervention are critical to improving the health of our population, delivering better outcomes, narrowing the inequalities gap and reducing the demand for services, particularly acute care.

2.6 Shifting the Balance of Care

2.6.1 The national strategic direction and the imperatives of the expected growth in demand mean that it is essential that we deliver a move away from high cost hospital care. Shifting the balance of care cannot just be about doing the same things in a different place or with different people, but has to be about changing pathways of care and critically reviewing the following:

- responsibility: who is managing or co-coordinating the pathway of care;
- focus: an emphasis on prevention, identifying risk and responding early, focusing on outcomes at each stage;
- location of services;
- use of technology to support different ways of working;
- the role of patients, carers and the third sector.

2.6.2 These issues were at the core of the clinical services review. The creation of integrated Health and Social Care Partnerships will be an opportunity to ensure that patients are supported more effectively in the community. Primary care will be key to the delivery of services during 2015/16 we plan a major engagement programme across primary care.

2.7 Reshaping Care for Older People

- 2.7.1 Older people are the biggest users of health services. Reshaping care for older people is a central element of the national strategic plan and our success in changing the way we care for older people and planning for the changing demographics will be critical to the future sustainability of services in NHS Greater Glasgow and Clyde. Older people are supported by a complex system of care, and we need to understand and change how that system works. The experience of older people is also a key marker of the quality of care we provide to all of our patients.
- 2.7.2 Many older people require support from both health and social care services, and the creation of integrated Health and Social Care Partnerships across the Board area is a critical opportunity to reshape care. NHSGGC need to ensure that this structural change delivers greater quality for individual patients and more effective and efficient use of resources

2.8 Tackling Inequalities

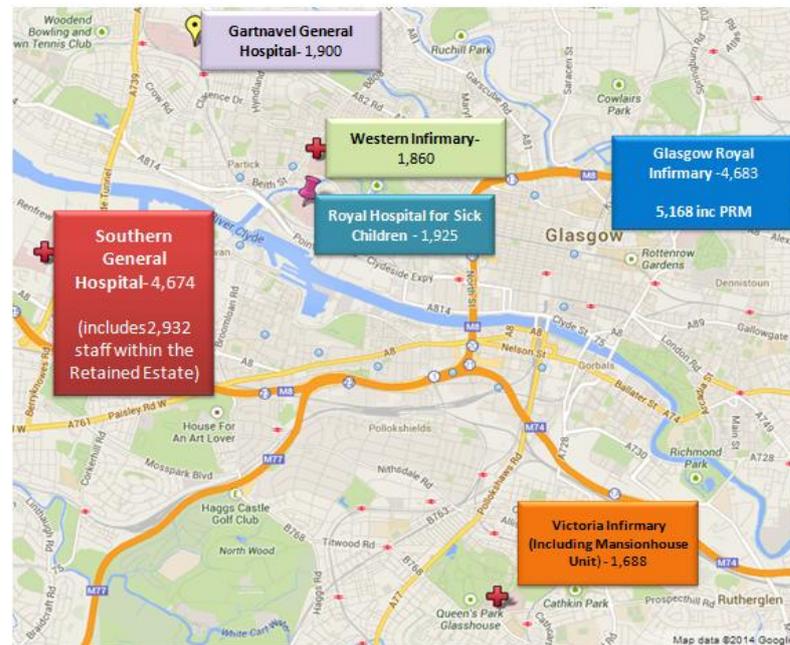
- 2.8.1 Our statement of purpose includes a commitment to addressing the determinants and consequences of inequality. Inequalities are created by a complex set of economic, social and personal factors which the NHS cannot address alone, but there are significant steps we can take to understand and respond to the inequalities faced by patients. By focusing on providing NHS services in a way which understands and responds to inequalities through the Inequalities Sensitive Health Service programme, we will deliver benefit to individuals and improve the outcomes of our services, for example by reducing non- attendance, poor compliance with treatment, misdiagnosis and unnecessary repeat attendance.
- 2.8.2 There are significant differences in health, access, experience and outcomes of health care between different groups depending on their age, gender, race, disability, sexual orientation, income and social class. Equality legislation requires us to set clear outcomes for improvement to protected characteristics.
- 2.8.3 We will also continue to strengthen our approach to community planning and work with partners to influence the wider determinants of health and inequalities, including in our roles as a major employer, local investor, and supporter of local communities and as a key Community Planning partner.

2.9 On the Move – the new Queen Elizabeth University Hospital

- 2.9.1 On the Move is the programme which supports the redesign of Acute services. A new Laboratory building was completed in the site of the Southern General Campus in March 2012.
- 2.9.2 Five Acute sites were directly affected by the development of the new Queen Elizabeth University Hospitals. They are:
- Existing Southern General,
 - Royal Hospital for Sick Children,
 - Western Infirmary,
 - Victoria Infirmary
 - Mansionhouse Unit.

2.9.3 At the start of the process there were 12,047 staff at these sites. The Figure below provides a graphical illustration of previous headcount by site. Gartnavel General Hospital and Glasgow Royal Infirmary are also included due to changes which will impact on some services within these sites.

2.9.4 Overview of Glasgow Acute sites at April, 2014



2.9.5 The new Adult and Children Hospitals presented a significant logistical challenge to the Board in bringing over 10,000 staff together onto a single site. This included the 6,083 staff who have been required to change their work location.

2.9.6 Gartnavel General Hospital and Glasgow Royal Infirmary were also affected, to some extent, with the consolidation of sites and services and the implementation of the bed model.

2.9.7 The plan used a baseline as at August 2014 with the model continually refined with any service developments. The plan has been developed using:

- Input from Directorate/Job Family-based Workforce Plans
- Workforce Data from Payroll, supplemented by Workforce Planning data such as Postcode Analysis, Retiral Projections and other workforce demographics.
- Standard Operating Policies developed by local service workstreams as published on the nSGH Reference Site¹¹

2.9.8 The On the Move Programme Board had a number of work streams, led by Acute Directors, which have been established to focus on specific areas. They are:

1. Capacity and Emergency Patient Flows
2. Inpatient Elective Care
3. Outpatient Day Case/Ambulatory Care
4. Clinical Support Services and Buildings
5. Primary Care/Community Interface
6. Paediatric

¹¹ <http://teams.staffnet.ggc.scot.nhs.uk/teams/Acute/NewSGHosp/nSGHWorkRef/default.aspx>

- 2.9.9 These groups are supported by 2 advisory groups: Information and Technology and the Workforce Advisory Group.
- 2.9.10 The Workforce Advisory Group provides advice and support to the main work groups. This includes Workforce Planning particularly around the Medical and Nursing workforce, Organisational Development, Training and Development and HR Practice and Guidance. The membership includes partnership representatives from the Acute Partnership Forum.
- 2.9.11 There are two subgroups to the Workforce Advisory Group:
- Human Resources (including Workforce Planning)
 - Employability
- 2.9.12 The Human Resources subgroup collated workforce planning information from work streams and Directorates. In addition, the Division's Lead Director of Medical Services and Nurse Director have professionally led work activities based on clinical activity
- 2.9.13 There are a number of Workforce Plans which feed into this overarching plan at a Directorate and Job Family level. As these plans have been signed-off the resulting workforce changes are illustrated within this plan.

Workforce Assumptions

- 2.9.14 There are a number of Nursing workforce assumptions and tools being applied to the new hospitals including:
- Recommended skill-mix levels and staffing ratios for Nursing
 - Use of Adult Inpatient Nursing Workforce Tool for all Adult Inpatient Beds
 - Use of Nursing Small Wards Tool for wards of 16 beds or fewer
 - Use of Allied Health Professions Workload Tool where appropriate
- 2.9.15 Where nationally-validated nursing workload tools do not yet exist these areas have undertaken benchmarking exercises and other capacity and workforce planning exercises relevant to their specialty/profession – for example domestics are using a floor space to staffing ratio.
- 2.9.16 Directorate Medical teams have been working with the Medical Staffing Team to baseline all medical workforce data recognising that the assumptions made for the development of the Full Business Case changed.
- 2.9.17 Job Planning Guidance has been refreshed and timelines established to ensure job planning discussions are undertaken in advance of the move have been agreed and issued through the Associate Medical Directors.
- 2.9.18 There are no nationally validated or recognised medical workforce workload tools available to use and therefore a range of activity and bed information has been used to shape any changes in the Consultant cohort.

- 2.9.19 Job planning information for all career grade doctors has been based on 2013 information with overall available Programmed Activities established. Each Directorate is planning for individual Job plan reviews based upon projected activity and capacity plans, to establish overall Career Grade numbers and programmed activities required.
- 2.9.20 The Clinical Executive Group have sponsored the development of a Hospital at Night / Weekend model, as well as establishing individual directorate out of hours cover requirements.
- 2.9.21 The number and grades of trainees within the affected sites is based on NES Specialty Training Boards' allocations provided.
- 2.9.22 The medical staffing team worked with directorates to develop rota calculations; establishing the minimum out of hours cover per directorate by grade and tier to establish the minimum overall numbers required on individual rotas.
- 2.9.23 Taking account of workforce changes and the bed model the total workforce on the Southern General Campus is 10,560 staff. This takes into account the staff moving from Gartnavel General and the planned reconfiguration of inpatient beds.

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

- 2.10.1 Beginning April 2015, Health and Social Care Partnerships will become responsible for delivering care in community settings and all such arrangements must be in place no later than April 2016.
- 2.10.2 The NHS Board will be responsible for working with the Partnerships, Community Planning Partners and wider stakeholders to establish a shared strategic direction; allocating resources within that strategic direction.
- 2.10.3 The six new Partnerships will be responsible for planning for their population and for the full range of community based health services delivered in homes, health centres, clinics and schools.
- 2.10.4 These include health visiting, district nursing, speech and language therapy, physiotherapy, podiatry, mental health and addictions.
- 2.10.5 HSCPs will also work, in partnership with other stakeholders, to improve the health of their local populations and reduce health inequalities and will work with the full range of primary care contractors, dentists, optometrists, pharmacists and GPs.
- 2.10.6 Each year over 1 million patients are seen by GPs and practice staff and there are over 1.5 million visits to patients by Health Visitors and Community Nurses.
- 2.10.7 The successful development of the new integrated partnerships supported by Community Planning Partners will be key to the achievement of all of the strategic priorities particularly in shifting the balance of care and reshaping older people's care.

2.11 Review of Learning Disability Services

- 2.11.1 All specialist adult learning disability services in NHSGGC are currently undergoing a detailed review and redesign as described in our Learning Disability Change Programme 'A Strategy for the Future' (May, 2014)¹².

¹² The Learning Disability Change Programme 'A Strategy for the Future' (NHSGGC, May 2014).

- 2.11.2 As part of this, the Learning Disability Change Programme developed a detailed service specification which includes current and future workforce configuration, service model and financial framework. The Programme has progressed through consultation and has now entered its Implementation Phase. The community (Tier 3) element of this is estimated to progress through until spring 2016. Work to take forward proposals for our in-patient services reconfiguration will take longer and a detailed plan for this will be developed in the coming months.
- 2.11.3 The adult specialist learning disability services consist of 8 multi-disciplinary community teams. Each HSCP area has one team with the exception of Glasgow City which has three sector based teams. A small Complex Needs Support Team and Learning Disability Liaison Team are currently in place, however their clinical functions will be included in locality based teams in the future. A Specialist Epilepsy Nursing Service is currently based within our Tier 4 services with the intention being to embed them within Neurology Services and Out of Hours (OOH) nursing incorporated into the wider MH OOH service.
- 2.11.4 In addition to the community services there are four In-patient Units. Two of which provide admission assessment (Blythswood and Claythorn) and two which provide long stay accommodation (Netherton and Waterloo). Work is underway to develop a resettlement programme for the residents of the long stay units which will be further developed in the coming months.
- 2.11.5 “A Strategy for the Future” contains a service specification which includes detailed workforce profiles for all professions associated with specialist community teams. A detailed human resource process is now underway in line with NHSGGC policy for workforce change to bring about a range of changes.

2.12 The Financial Environment

- 2.12.1 The 2015/16 plan contains a number of challenges that have to be met through the use of contingency and/or non-recurring monies.
- 2.12.2 The financial plan identifies a number of significant issues in 2015/16. Those include such issues as medicine costs and the double running costs of the new hospital. The Board also faces the challenge of meeting the increased cost of employers’ superannuation contributions which have risen from 13.5% to 14.9%.
- 2.12.3 The process for producing the Board’s financial plan has followed a similar course to previous years.
- 2.12.4 At the Board Away Day on 9 March 2015 a cash releasing savings (CRES) target of £40.9m was allocated to divisions. In addition, a further £17.2m of savings had already been identified from Acute & GP prescribing and capital charges. This gives a total of £58.1m savings.
- 2.12.5 In addition to the cash releasing savings, we will deliver £1.5m of non cash releasing savings developed to meet Scottish Government Health and Social Care Department (SGHSCD) target for 3% efficiency savings.
- 2.12.6 A financial summary of the targets is provided below:

NHS Greater Glasgow & Clyde		
Summary of Financial Savings Targets 2015/16		
Service Area	Full Year Effect (£m)	% of Budget
Acute	20.80	
Partnerships	15.00	
Corporate	3.10	
Other	2.00	
Sub Total	40.90	2.10%
Prescribing	9.20	
Capital Charges	8.00	
Total	59.60	3.00%

2.12.7 Proposals have since been produced that meet the financial challenge for 2015/16. This year's plan identifies a number of assumptions and risks that may require the Board to reassess its financial position during the year. These are set out in more detail later in this section.

2.12.8 It is also important to note that, due to costs inflated by material external factors outwith the control of the Board, the forecast financial challenges for 2016/17 are more significant than in recent years.

2.12.9 Unless these externally driven challenges alter, the Board will need to plan and deliver service changes if it is to have confidence that it can deliver a sustainable financial position over the medium term.

2.12.10 As previously noted some of the key risks that the Board will face in 2015/16 include medicines and the double running costs of the new hospital. The main risks are described below in further detail:

- **Medicines:** risks include the cost of new medicines, in particular for Hepatitis C, and orphan / ultra-orphan and end of life medicines. The financial plan has included funding provided by the Scottish Government from the new medicines fund. This is thought to represent a realistic level of funding;
- **Double running costs:** associated with the new hospital are non-recurring in nature. Some of them impacted on the Board in 2014/15. Others will arise during 2015/16. During 2015/16 the Board will, in the normal way, monitor underspends and slippage in order to release monies and fund any risks;
- **Winter Pressures:** We recognise the seasonal impact that winter has on demand for services and intend to make funding available non-recurringly to meet the additional costs incurred;
- **Prescribing:** Prescribing costs are demand driven and vary throughout the year. Although we believe that our projections of costs and savings are realistic, we continue to monitor this area closely to ensure that we are aware of any changes in prescribing patterns;
- **CNORIS:** CNORIS is the risk sharing arrangement for the claims arising from clinical negligence. Claims costs can fluctuate from year to year. As far as possible SGHSCD tries to ensure that fluctuations in costs are smoothed between years. However, it is possible for actual costs to vary significantly from original projections;
- **Savings Schemes:** The delivery of savings schemes, including the bed model, at a time when capacity is already stretched is a major challenge;

2.13 Financial Challenge in 2016/17 and beyond

2.13.1 SGHSCD has given no formal indication of the possible uplift beyond 2015/16. Given that the Board will need to continue to build up funding to cover the transitional costs and double running costs of moving in to the new South Glasgow Hospitals, the scale of the future financial challenge remains uncertain and subject to variability.

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

- NRAC – we need to ensure that we plan for future changes in our funding stream, both as a result of NRAC changes and also as a result of the possible impact of UK austerity;
- Integrating health and social care – we have to monitor the development of proposals and establish the impact on our medium term financial strategy;
- Queen Elizabeth University Hospital – we need to decide how to rebalance budgets over the next few years so that we are able to reflect the changes in our cost base that will occur when the New South Glasgow hospital becomes operational
- Clinical services review – we will need to prioritise and then recognise the financial implications of implementing the service redesigns that are emerging;
- Employers' National Insurance – we will need to evaluate and plan for the abolition of the employers' contracted-out rebate in 2016/17. This could be significant.
- Prescribing – we need to ensure that our horizon scanning is accurate and helps us to manage the risk that results from the variability in prescribing costs;
- Research & Development – we need to ensure that we plan intelligently for ongoing reductions in future funding.

3 Section Three

Defining the Required Workforce



3.1 NHSGGC Workforce Projections 2015/16

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

3.2 Medical and Dental

- 3.2.1 Following the opening of the Queen Elizabeth University Hospital there are no further significant service reconfigurations which will impact on the Medical Workforce during 2015/16.
- 3.2.2 We will continue to work to address the short medium and long term workforce challenges facing our medical workforce, particularly in our Acute Division, including:
- the sustainability of services across all specialties reflecting the expectations of 7 day working and particularly for NHSGGC, the challenges of doing so across a large number of sites with a finite availability of the medical trainee and trained workforce;
 - the supply and demand challenges in relation to the Consultant workforce. Although there are different challenges in different areas, challenges exist across Radiology, Dermatology, Neurology, Psychiatry and Acute Medicine.
 - the issues relating to trainee experience and working arrangements including changes to Junior Doctors hours and Junior Doctor rota compliance;
 - the impact of Greenaway implementation will be significant in NHSGGC particularly in respect of training and the potential emergence of skills gaps.

3.3 Medical and Dental Support

- 3.3.1 NHSGGC's Oral Health Service anticipates that there will be no significant change within this job family during 2015/16 although it should be noted that the service is actively supporting the board's modern apprenticeship programme by engaging 10 apprentices in 2015/16. These individuals are likely to enter the workforce on a substantive in two years time and this change will be reflected in future workforce plans.

3.4 Nursing and Midwifery

- 3.4.1 The NHS Scotland 2020 Workforce Vision¹³ envisages that by 2020 everyone will be able to live longer healthier lives at home, or in a homely setting supported by a healthcare system integrated with social care, and a focus on prevention, anticipatory care and supported self management. The National Quality Strategy¹⁴ defines the core principles of service quality and the importance of clinical and staff governance structures which support the delivery of safe, effective, compassionate and patient centred care.

¹³ [Everyone Matters: 2020 Workforce Vision, SGHD, 2013](#)

¹⁴ [The Healthcare Quality Strategy, SGHD 2010](#)

- 3.4.2 NHS Scotland published CEL 32 (2011)¹⁵ to provide NHS Boards with a consistent framework to support evidence based workforce planning, and recommended that all NHS Chief Executives ensure that professional, validated workforce measurement tools are used. The key aim of the framework was to ensure the highest quality of care for patients by ensuring NHS Scotland has the right workforce with the right skills and competences deployed in the right place at the right time.
- 3.4.3 This guidance aligns with the Healthcare Quality Strategy for NHS Scotland. It aims to build upon quality healthcare services ensuring all work is integrated and allied to the Quality Ambitions resulting in measurable improvements. In order to achieve this, local workforce plans place SCN/Ms and Team Leader engagement at the centre of decision making.
- 3.4.4 Revised guidance issued in October 2013, mandated that from April 2014 and where available, all Boards must apply Nursing & Midwifery Workforce Planning tools.

3.5 Nursing and Midwifery - Triangulation

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

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



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

3.6 Nursing and Midwifery - Workload Tools

- 3.6.1 Following the recommendation from the Francis Report (Feb, 2013); Keogh Report (July, 2013) and the Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire (Dec 2013) all standards should include evidence-based tools for establishing the staffing needs of each service. It is also recognised that guidance needs to be flexible and give due regard to the requirements of different specialities and limitations on resources.
- 3.6.2 The tools are developed in partnership with key stakeholders, researched, tested and refined with final ratification and validation nationally. To date the Nursing and Midwifery Workforce Workload Planning Programme has facilitated local implementation within boards thereby ensuring tools are applied systematically across the whole of the healthcare system in Scotland. This has been supported with by the development of a Nursing and Midwifery Workload and Workforce Planning Toolkit¹⁶.

¹⁵ [Scottish Government CEL 32\(2011\), Revised Workforce Planning Guidance for NHS Boards](#)

¹⁶ [The Nursing and Midwifery Workload and Workforce Planning Toolkit \(2nd ed, 2013\)](#)

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

3.6.4 The tools available are described below.

- **Adult inpatient (validated)** - The Adult Inpatient tool determines nursing staffing levels using an acuity-dependency approach and is based on a staff to bed ratio and average bed occupancy (ABO) level, including a 22.5% predictable absence allowance. The staff to bed ratio has been developed from speciality specific observational studies conducted in NHS England and validated in NHS Scotland. These studies monitor patient dependency and the volume of nursing resource allocated to a range of tasks including patient hygiene, vital signs, reporting, cleaning, etc. Data from these studies is used to calculate the specialty specific staff to bed ratio. This tool is currently under review and further development.
- **Neonatal Tool (validated)** - The Neonatal Nursing Workload Measurement Tool was developed in 2010 in accordance with the British Association of Perinatal Medicine (BAPM)¹⁷ staffing guidance for NICU/HDU and SCBU and includes a 22.5% predictable absence allowance.
- **SCAMPS™ Tool (Paediatrics) (validated)** – The tool has been developed within NHS Scotland in line with Standards for Paediatric Intensive Care Units (PICU)¹⁸ and the Paediatric Intensive Care Society in 2010¹⁹. It was originally designed as a children's inpatient nursing workload measurement tool, however a secondary development commenced in 2010 to include specialist paediatric intensive care workload so that one tool would suffice across the range of workload within children's units in the NHS in Scotland. This tool has recently been updated and includes a 22.5% predictable absence allowance. A National run of this tool is planned for August 2015.
- **Clinical Nurse Specialists: Community Children's & Specialist Nurse Community Nursing (validated)** – These tools were designed to create an evidence base that could be used to inform decision-making on staffing and workforce needs. The workload assessment tools have been developed in partnership with adult and children's clinical nurse specialists and community practitioners i.e. district nurses, public health nurses, health visitors and school nurses – to ensure that it reflects the needs of community working. Based on timed- task approach, the tool measures levels of care and complexity of intervention: Face to Face; non Face to Face contact and Associated work. A workload index demonstrates productivity and helps to facilitate conversations between the individual nurse and local manager / team leaders with regards to workload and capacity, thus informing work plans. Robust statistical analysis of the data from this tool is helping to develop calculators to provide information on the whole time equivalents required to undertake workload. These tools include a 22.5% predictable absence allowance and a community nurse quality tool has been developed to help support the triangulation approach. This tool helps to inform the clinical nurse specialist's work plan.
- **National Caseload Weighting Tool**
- The caseload weighting tool uses the Scottish Index of Multiple Deprivation 2012 (SIMD) deprivation deciles as the key marker for health needs with a corresponding ratio to highlight the increasing Health Visiting provision/reduced

¹⁷ [Service Standards for Hospitals, BAPM, 2010](#)

¹⁸ [Neonatal Care in Scotland: A Quality Framework \(SGHD, 2013\)](#)

¹⁹ [Standards for Paediatric Intensive Care Units \(2010\)](#)

caseload sizes required where deprivation is at its highest. The evidence base for this tool is based on the work of Cowley and Bidmead⁸ and the principles of the model have been 'tested' within both individual Scottish Health boards and used in NHS England in determining future Health Visiting provision. The tool when applied enables teams to demonstrate in much more detail, the wide range of activity in which they are regularly involved and also helps to reflect the range of knowledge and skills that are required for Health Visiting practice. Robust statistical analysis of the data from this tool will develop calculators to provide information on the whole time equivalents required to undertake this workload. It is important to note that this tool should not be confused with the nationally mandated Community Nursing Workload Tool and that using both tools along with professional judgement will enable a robust triangulation process to determine core Health Visiting staffing levels in a local context.

- **Mental Health/Learning Disabilities** (*validated Mental Health only*) - The Mental Health and Learning Disability in-patient workload tool was adapted from a model developed by West Midlands Care Improvement Services. Extensive work was undertaken with MH and LD nursing staff to adapt the tool for suitability in Scotland. The MH tool should be applied in all in patient areas except CAMHS. This tool has been reviewed and further developed.
- **Professional Judgment Tool** (*validated*) – The tool is suitable for use in all specialties and is based on clinical judgement of the Senior Charge Nurse/Midwife/Team Leader and/or Lead Nurse/Midwife by utilising their professional views to determine how many nurses are required to staff a clinical area. It takes account of actual workload during a specific period of time and is inclusive of all activity, e.g. planned and unplanned workload, ward attendees and ad hoc activity, the tool includes a 22.5% predictable absence allowance and calculates the WTE numbers required and skill mix judgements are then applied and validated when agreement is reached between Lead Nurse/Midwife and Chief Nurse/Midwife, Professional Nurse Advisor.
- **Small Wards Tool** (*validated*) - The workload tool allows the use of patient dependency and/or bed occupancy measures of workload to calculate the WTE required and the tool includes a 22.5% predictable absence allowance. The tool includes the facility to input a Safe Staffing Level (determined locally by each Board) where workload is low and/or the number of occupied beds is too small for any workload tool to be effective. However, Small Wards are a disparate group as the definition of a small Ward is 16 occupied beds or less, irrelevant of the specialty.
- **Maternity tool** (*Validated*) - Work has been performed Nationally to develop a maternity workload measurement tool to cover both hospital and community services. An extensive exercise has been undertaken in NHS Scotland to collect observational data of midwifery activities, linked to timings, patient dependency, and numbers and/or throughput of patients. The tool includes a 22.5% predictable absence allowance that is built into the recommended whole time equivalent. Following testing of the tool calculators during the summer of 2014 the tool has now been validated. This tool supports national recommendations' for the Proposal for the Development of Guidance to Support the GIRFEC Provisions in the Children and Young People (Scotland) Act 2014²⁰

- **Emergency Department/Medicine Tool (Validated)** - A workload tool has been developed based on a multi-professional consensus approach. Observational studies have been carried out in ED units to develop a workload measurement calculator. The developing tool was tested at various stages of the development in a range of ED Units in NHSGGC and NHS Scotland. The tool provides a WTE outcome based on workload throughput and complexity for nursing and medical staffing needs. A Scottish dataset is developed on the observation work. There are two calculators within this work. One to provide a nursing recommended WTE and a second to provide a medical recommended WTE. The medical WTE has been developed to reflect the working hours of consultant (30 hours clinical) and non-consultant (48 hours). The agreed national rate of 22.5% predictable absence allowance is **only** included in the recommended WTE for nursing staff only. The development of the electronic workload tool onto the IT platform (SSTS) is now complete and will be available from June 2015. Work is underway with Trakcare and the Consortium Change Advisory Group to approve an additional field (level of care 1-4) being added to local Trakcare systems. This is to allow an interface between local ED Trakcare systems and the EDEM workload tool. In turn this will provide real time activity data with recommended staffing levels thus reducing the need for administrative data input. A planned run of the ED-EM tool is scheduled for January 2016.
- **Peri-operative Tool (Validated)** - The tool has been developed by experts in the field of operating theatre services throughout NHS Scotland to incorporate all aspects of the patient's peri-operative journey. This includes workload associated in theatre reception; anaesthetic room; operating theatre and theatre recovery. The tool is currently in a final phase of user acceptance testing before validation and mandation can take place. The SLWG agreed that the Peri-Operative Workload and Professional Judgement Tools should be applied, as a minimum, once a year for national reporting, with the proviso that as the tools will be freely available from May 2015 and may be used to monitor workload and staffing locally on a more regular basis.
- **Senior Professional Judgement Model** - This model has been developed in-house by Acute Chief Nurses/Midwife and takes account of the local context of each service. NHSGGC Senior Professional Judgement is based on the ward workload over a specific reference period, where professional staff estimate the effective number of staff required to cover the daily workload. This model calculates the recommended staffing level in whole time equivalent (WTE) and includes a predictable absence of 22.5%. It also uses a speciality driven staff to bed ratio developed with consideration to the Adult Inpatient Tool, current speciality ratios and senior professional judgement. This model also takes cognisance of size and layout of clinical areas and current standards of care and policy drivers.

3.7 Nursing and Midwifery - Skill Mix

- 3.7.1 Skill mix refers to the skills and experience of registered and unregistered staff, their continuing education and professional development, years of experience and how these come together to create a skilled team. Skill mix connects “needs” with skills available and outcomes in a particular working environment with a specific client group. NHSGGC has reviewed its skill mix which has been approved by the Heads of Nursing/Midwifery; Nurse Director and Board Nurse Director.

3.7.2 This varies by Directorate and specialty as is demonstrated below:

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

3.7.3 In 2011 an initial exercise was undertaken to assess skill mix ratios within inpatient Mental Health Services. The ratios established in 2011 will be further reviewed following applying the Mental Health and Learning Disability Workload Tool Workload Tool which is planned to run in a phased approach from June 2015 – March 2016

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

3.7.5 Governance and Rollout Schedule for Tools application

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

3.7.7 In addition, in line with Recommendations 31 & 32 of the Vale of Leven Public Inquiry Report²¹, professional and operational guidance is being developed to support the escalation and monitoring of safe and effective staffing levels on a shift by shift basis which includes skill mix and the use of the Nursing and Midwifery Workload and Workforce Planning (NMWWP) tools from a Service Level to Board level.

- *Recommendation 31 - Health Boards should ensure that the staffing and skills mix is appropriate for each ward, and that it is reviewed in response to increases in the level of activity/patient acuity and dependency in the ward. Where the clinical profile of a group or ward of patients changes, (due to acuity and/or dependency) an agreed review framework and process should be in place to ensure that the appropriate skills base and resource requirements are easily provided.*
- *Recommendation 32 - Health Boards should ensure that there is a straightforward and timely escalation process for nurses to report concerns about the staffing numbers/skill mix.*

²¹

3.8 Care Assurance and Accreditation System (CAAS).

- 3.8.1 The Vale of Leven Hospital Inquiry Report also recommended “There must be an effective line of reporting, accountability and assurance”
- 3.8.2 In order to work towards a position where clinical care can be assured from point of care to NHS boards *under the sponsorship of the Board Nurse Directors from NHS Great Glasgow and Clyde (NHSGGC), NHS Ayrshire and Arran, and NHS Lanarkshire*, a Tri-Board collaborative has been working to develop a comprehensive Care Assurance and Accreditation System (CAAS).
- 3.8.3 The objective of CAAS is to ensure safe, effective and person centred care, which is consistently assured and with the ultimate goal of providing an accredited level of quality patient experience.
- 3.8.4 Currently within NHSGGC there are systems in place that enable us to ensure safe, effective and person centred care. Nonetheless at present there needs to be a more robust measureable governance approach ensuring consistency of, and assurance on, the quality outcomes; a “Care Assurance and Accreditation System” (CAAS) will provide this.
- 3.8.5 The Tri-Board CAAS system has used as a basis the Salford Royal Manchester Trusts award winning Nursing Assessment and Accreditation Standards (NAAS).
- 3.8.6 The outcomes from the Board collaborative work has produced a set of 13 acute care standards with the content, context and objectives of NHS Scotland’s Quality agenda, NHS Scotland’s National Nursing and Midwifery Assurance Framework and NHS Scotland’s National clinical service improvement programmes as well as NHS Scotland’s Nursing and Midwifery Workload tools.
- 3.8.7 A four phased implementation approach has been taken to allow for all nursing and midwifery areas to participate in developing and influencing their care standards in line with local and national standards.
- 3.8.8 CAAS is a care system and framework which will involve nurses, midwives and allied health professionals in all areas of nursing and midwifery in NHSGGC’s wards. This will include community settings, mental health in patients, maternity inpatients and community, paediatrics inpatients and community, and health visiting.
- 3.8.9 The Tri-Board steering group have included a testing phase for the implementation of the CAAS standards. The 4 phase approach adopted by NHSGGC is outlined in the table below

Phase	Sector/Directorate	Date Commenced	Service Testing
1	Acute	March 2014	Completes July 2015
2	Mental Health Inpatients	April 2014	Commences July 2015
3	Women, Neonatal, Paediatrics’	May 2014	Maternity commences May 2015
			Paediatrics Completes May 2015
			Neonatal Commences July 2015
4	Community Nursing and Health Visiting	June 2014	Commences End July 2015

- 3.8.10 Acute nursing has led the way in standard development, 4 wards have been identified to test the draft standards. The wards chosen for the testing phase are from Sector/directorates across NHSGGC, i.e. one ward each from Emergency Care and Medical Services (ECMS), Surgical and Anaesthetics (S&A), Regional Services (RS) and Rehabilitation and Assessment (RAD).
- 3.8.11 Community, mental health, paediatric, maternity and neonatology services are working to finalising their specialty specific standards and it is anticipated that these specialties will commence ward / area testing by the end of the summer 2015.
- 3.8.12 NHSGGC Acute service will move to implementation of the care standards in September 2015.
- 3.8.13 The Board Nurse Director will oversee the design, development and implementation of the Care Assurance and Accreditation System, ensuring a process of engagement with representative stakeholder groups. Stakeholder membership is drawn from professional nurse bodies across Greater Glasgow & Clyde including Chief Nurses/Midwife, Professional Nurse Advisor's, and Divisional Directors, Allied Health Professionals, Medical clinicians, patient and partnership representatives.
- 3.8.14 A link nurse framework has been developed to support the Senior Charge Nurse/Midwife (SCN/M) achieve and maintain the 13 care standards. An identified Link Nurse will be allocated to an individual standard. Their role will be to support the implementation of the care standards within the ward, become a knowledge resource and in consultation with and guidance from the SCN/M direct staff on the implementation of the standards required for care.
- 3.8.15 In preparation to ensure SCN/M's are fully supported whilst implementing and maintaining the CAAS care standards, Lead Nurse/Midwives job descriptions and job plans have been revised to incorporate responsibility to undertake 4 clinical supervisory sessions per week. This will take the format of assessing, monitoring and providing a leadership support role for the SCN/M.

3.9 Nursing and Midwifery - Acute Services

- 3.9.1 The Queen Elizabeth University Hospital and the new Royal Hospital for Children are now open.
- 3.9.2 As part of the development of the new hospitals there has been investment in additional Emergency Nurse Practitioners for the new Minor Injury units. Additional Paediatric Advanced Nurse Practitioners have also been recruited to support the extended age range of paediatric patients to include those up to and including 15 years old. Recruitment for these posts has been pre-planned and is expected to be completed with no shortfall.
- 3.9.3 Within NHSGGC a review of Acute inpatient nursing staffing levels is underway to ensure the nationally-validated workforce tools are being used and applied where available and appropriate. This work will drive consistency across NHSGGC's inpatient areas and ensure appropriate staffing levels are established.

- 3.9.4 This review will also consider skill-mix within inpatient wards to ensure the appropriate level of registered and unregistered nursing resource is deployed dependent upon the type of ward and acuity of the patients within.
- 3.9.5 It is anticipated that both of these initiatives will see an investment in registered nursing (Bands 5+) within NHSGGC's Acute hospitals and this is reflected within the 2015/16 projections.
- 3.9.6 The workforce change associated with this review is likely to be phased over 2-3 years due to the complexity of skill-mix change and the use of natural turnover to realise the skill-mix change.

3.10 Nursing and Midwifery - Partnerships

3.11 District Nursing

- 3.11.1 In the last year succession planning for district nurses has become increasingly challenging as the workforce profile evidences an aging workforce and demand continues to increase as a result of the increasing elderly population and new models of care within NHSGGC which move care provision into community based settings. A significant number of band 6 District Nursing staff are now approaching retirement age.
- 3.11.2 There is a requirement for band 6 District Nursing staff to have the Specialist Practice Qualification (SPQ), a post-graduate qualification permitting them to practice at a senior level.
- 3.11.3 In recent years, given the high numbers of staff across the organisation, investment in post-graduate training had declined. This combined with the recent increase in the numbers of staff retiring or planning to retire within the next three years has accelerated the potential for staff shortages in district nursing.
- 3.11.4 NHSGGC has agreed funding for post-graduate training and currently 10 staff are undertaking the course at Glasgow Caledonian University on a part time basis over 2 years, graduating in August 2016.
- 3.11.5 A further 10 staff will commence the course in September 2015 and these staff will complete the course on a full time basis over 1 year, also graduating in August 2016.
- 3.11.6 Discussions are ongoing to secure further funding to enable another 10 staff to qualify in 2017 and 2018. These staff will be allocated to posts across the whole Board area. The need to recruit to Band 6 District Nursing posts will be reviewed on an annual basis thereafter.

3.12 Health Visiting

- 3.12.1 There are a significant number of service developments and redesign programmes currently underway within Children and Family services. The landscape is fast evolving due to changes in policy, practice and education requirements for the future Health Visiting service, which include the implementation of the Getting it Right for Every Child National Practice Model and the EMIS web electronic record.

- 3.12.2 In June 2014 the Scottish Government announced that there would be investment in the education of health visitors and the creation of new posts over the next four years, ensuring the delivery of 500 new health visitor posts by 2017-18.
- 3.12.3 NHS Greater Glasgow and Clyde will be required to respond to these changes and refresh plans to support the implementation of CEL 13 (2013)²²
- 3.12.4 Prior to the announcement by Scottish Government to increase health visiting capacity throughout NHS Scotland, NHS Greater Glasgow and Clyde had made a commitment as part of the Healthy Children Programme to increase investment in children and family teams of £2.2m per year recurring.
- 3.12.5 As noted in the 2014/15 NHSGGC Workforce Plan this enabled an increase in the Children and Family workforce by circa 100 posts, through an exercise to recruit band 2, 3 and 4 support staff. This exercise has now been successfully completed.
- 3.12.6 In order to establish an equitable distribution of staff and teams across CHPs a caseload modelling formula derived from the tool developed by Bidmead and Cowley was utilised and adjusted to reflect the NHS Greater Glasgow and Clyde context. The assumptions included:
- Resources are distributed across CHPs based on the number of children living in each SIMD quintile.
 - The time spent on tasks, associated with the Universal Child Health Pathway, was taken from the workload survey which we ran in 2010.
 - An additional allocation of time was allocated to reflect care for vulnerable children (this was an estimate as each child will require an individualised package of need to reflect his/her needs).
 - Each band 6 HV has a share of support staff at band 2, 3 and 4
 - The ratio of team leader posts to HVs was 1:10
- 3.12.7 The context for children and family teams is changing rapidly and the additional investment from Scottish Government to increase health visiting posts has allowed us to review and refresh our existing workforce model taking cognisance of the early years policy, changes to health visiting practice and future education.
- 3.12.8 The increased number of Health Visiting posts is based on the Scottish Index of Multiple Deprivation (SIMD). This will enable us to apply the Cowley and Bidmead model of caseload weighting which will increase the Health Visiting workforce by circa 200.
- 3.12.9 The table below provides details of the proposed Student Health Visiting based on growing our core numbers and supporting 30 then 50 students through the programme with start dates to February 2017.

NHS Greater Glasgow & Clyde		
Proposed Student Health Visiting Numbers 2013-2017		
Phase	Year of Commencement	No. of Students
Phase 1	Sep-13	31
Phase 2	Sep-14	30
Phase 3	Sep-15	45
Phase 4	Feb-16	15
Phase 5	Sep-16	50
Phase 6	Feb-17	50
Total		221

²² *Public Health Nursing Service - Future Focus. Chief Executive Letter (2013). Scottish Government*

- 3.12.10 NHS Greater Glasgow and Clyde has been investing to develop health visiting teams based on a combination of band 6 Health Visitors and support staff with a move away from a band 6-only workforce model.
- 3.12.11 This investment has included the up-skilling of our support staff so that they are equipped to provide evidenced based interventions, such as parenting.
- 3.12.12 The implementation of the GIRFEC National Practice Model, provides staff with a robust framework to determine whether a child's needs can be met through the core programme or whether they require additional support to meet their needs.
- 3.12.13 The revised universal pathway for pre-school children is based on a visiting pattern serviced by band 6 Health Visitors. This will require a shift in the configuration of teams with existing band 5 staff nurses being provided with development opportunities to prepare them to undertake the Specialist Community Public Health Nursing (SCPHN) – Health Visiting programme.

3.13 Learning Disability Nursing

- 3.13.1 In light of the Learning Disability Change Programme 'A Strategy for the Future' described in section 2 there has been a significant focus on future sustainability of the learning disability nursing profession within NHSGGC which faces significant challenges due to an ageing learning disability workforce and a need to address succession planning.
- 3.13.2 Historically, large scale redesign of NHSGGC's learning disability services (such as the closure of the Long Stay Lennox Castle and Merchiston Hospitals) had resulted in a redeployment legacy.
- 3.13.3 Due to the projected increase in staff leavers associated with the existing cohort of staff reaching retirement age NHSGGC will, in future, be able to address and establish a workforce profile which includes greater opportunity for recruitment; a clearer future career framework which links to national approaches for the profession; and a workforce profile which is line with the role and function of specialist teams and their relationships with other NHS and Partnership services.
- 3.13.4 The future profile will see the development of practice development roles and clearer supervision and support structures and will be supported by a Board wide learning and development plan commensurate with the revised profile and agreed role of NHS / partnership services.
- 3.13.5 The year ahead will be one of significant change for learning disability services in NHSGGC as these changes occur, a workforce implementation group has been established to manage and govern these changes and will be overseen by the Learning Disability Forum; a strategic planning group which has representatives from each HSCP. Professional leads will support the implementation group from the perspective of pace of change and the management of risk across the system

3.14 Allied Health Professions

- 3.14.1 National and Local policy identifies AHPs as essential to the delivery of safe, effective and person centred care.

- 3.14.2 In Acute settings they are key members of the multidisciplinary team, facilitating the delivery of services which prevent acute hospital admission and reduce length of stay. In order to do so effectively, services need to review historical weekday provision to deliver models which provide a 7 day service.
- 3.14.3 Recently temporary funding via the Change Fund and LUCAP has allowed exploration of limited 7 day physiotherapy and occupational therapy services within elderly medicine and medical assessment units. This has improved patient flow, reduced length of stay and enhanced patient experience however the implication of this, in particular the potential need for additional funding to sustain these new services will require to be assessed over the course of the 2015/16 workforce planning period.

3.15 Physiotherapy

- 3.15.1 Within Physiotherapy there have been particular challenges in recruiting new graduates in sufficient numbers as the number of applications per post has reduced over past 12 months.
- 3.15.2 Opportunities for physiotherapists in advanced practice roles to support the challenges NHSGGC face especially in clinical areas where recruitment to medical consultant posts are difficult (e.g. neurology) will require consideration to ensure sustainability and succession planning.
- 3.15.3 The potential Independent prescribing (IP) rights for physiotherapists has also opened a further avenue for development of advanced practice and a small number of physiotherapy staff and currently undertaking training. The impact of IP on practice will be evaluated across 2015/16 with a view to taking forward a further cohort of staff in future years.
- 3.15.4 Recent skill mix reviews within the service has resulted in increased employment of, and more effective utilisation of HCSWs .

3.16 Dietetics

- 3.16.1 The Dietetic Service anticipates a small WTE change (circa 2 WTE) in the workforce associated with skill mix increases from Band 5 to Band 6 and small numbers of additional staff at bands 3 and 4.
- 3.16.2 In the past 12 months the service has experienced difficulties in recruiting new graduate and band 6 posts in some geographical areas, notably Inverclyde.
- 3.16.3 Initial evidence suggests that this may be due to travel to work issues rather than any specific service factors. This issue has not previously been observed and will be monitored over the duration of this workforce plan to establish whether it is a problem which is likely to continue.

3.17 Occupational Therapy

- 3.17.1 Within Partnerships (Mental Health Learning Disability Specialist Children's Services and Rehabilitation, Occupational Therapists (OTs) are operationally managed in multidisciplinary teams.

- 3.17.2 Occupational Therapy has implemented a professional governance structure which spans all of Partnerships and over time this should provide a greater influence in workforce planning. This professional structure has been developed in parallel with service re-design programmes in LD and SCS.
- 3.17.3 The existing professional structure indicates that the majority of the workforce at Band 6. It will be important for Band 7 post to be introduced as vacancies arise, in order to ensure effective professional supervision structures.
- 3.17.4 In relation to workforce developments and service drivers in the medium term there is an increasing evidence base for OTs in vocational rehabilitation. This developing role, although very appropriate for the profession adds an additional pressure in terms of the interventions that OTs deliver.
- 3.17.5 A pilot programme is currently ongoing within Low Moss Prisons to identify the role of OT within the prison setting.
- 3.17.6 There is evidence that providing OT earlier in the patient pathway could be of benefit in terms of clinical outcomes. This requires to be tested through a pilot programme in a Primary Care setting.
- 3.17.7 Within Acute Division areas rapid turnover of Band 5 OT staff and the Board's ability to recruit at new graduate level can present service delivery issues. This ultimately presents in the workforce as an issue with retention of experienced band 5 staff group in Acute who are willing progress to static band 6.
- 3.17.8 The rotational posts within NHSGGC are at experienced band 5 level to support grade mix in specialist service units mix but turnover can mean gaps in service
- 3.17.9 Many of the staff involved move on to community based posts where NHS experience is highly sought after.

3.18 Speech & Language Therapy

- 3.18.1 Recent restructuring has resulted in additional input into community nursing homes team to ensure equity of service to nursing and residential home and hospice patients. Additionally, within the existing staff compliment, retirements have facilitated review of senior structure and proposal for some grade mix change has been approved and will be recruited to.
- 3.18.2 During 2015/16 the ongoing review of activity supported by new electronic systems (e.g. TRAK) will allow for more accurate activity data collection to support determination of the required workforce for Speech & Language Therapy Services.

3.19 Orthoptics

- 3.19.1 As a small profession the Orthoptist workforce is vulnerable to relatively small changes to inpost staffing. At present the service is affected by recruitment problems.
- 3.19.2 Across the timeframe of this workforce plan this issue is unlikely to be resolved until NHSGGC's first cohorts of undergraduate students qualify from Glasgow Caledonian University in 2016 and this will still present a need to plan carefully across the Board for mentoring purposes. The added problem of clinical supervision for all 4 years of students on daily placements is/will also prove challenging.

3.19.3 Operational responses to address these service delivery problem have required moving clinics to accommodate as well as overtime and weekend clinics. This has ensured that services are maintained and the Scottish Government targets for pre-school visual screening are met.

3.19.4 New South Hospital has necessitated some service redesign and the associated redeployment of staff due to the merging of children's Orthoptic services from Yorkhill and SGH.

3.20 Radiography

3.20.1 The Beatson Centre is due to open a satellite radiotherapy department at Monkland's Hospital in November 2015. Initially this facility will have 2 clinics with the option to open an additional clinic in the future. In order to open in November 2015 we will be recruiting a further 16 radiographers.

3.20.2 NHSGGC have commenced the recruitment process in order to attract this year's graduates who will be graduating in June. NHSGGC have a good reputation for introducing the most advanced radiotherapy techniques and for research and specialist posts and, as such, The Beatson has a good record of recruiting from the available Scottish and Irish graduates.

3.20.3 NHSGGC will however, experience labour market competition from NHS services in Northern Ireland, who are seeking a similar number of graduates for their own satellite centre, opening 2016. The success of our recruitment activity across this year will be monitored.

3.20.4 Ongoing recruitment to radiographer and sonographer posts remains a challenge.

3.20.5 The service is attempting to mitigate this issue by fostering links with the relevant universities for newly qualified radiographers to attract them into our available Band 5 vacancies.

3.20.6 NHSGGC has developed additional training interventions at MRI level one (Band 5) and Level 2 (Band 6) with support from MRI Educator to make vacant posts more attractive and to retain existing staff.

3.21 Podiatry

3.21.1 The Podiatry service anticipates a small workforce change during 2015/16 associated with the final phase of a three year redesign process.

3.21.2 There is projected to be a reduction of 2.4 wte at Band 8B and 8A associated with reduced managerial costs. Band 3 assistant posts will reduce by 1.56 wte to facilitate additional staffing input of 3.48 wte at Band 5.

3.21.3 Although some further small changes are currently forecast to take place across the next five year period predicated upon a reduction in the number of A&C staff required following TrakCare implementation and a further reduction in management roles to supplement services to high risk podiatry.

3.22 Other Therapeutic Staff

- 3.22.1 The Pharmacy Prescribing & Support Unit (PPSU) has completed a comprehensive modernisation of all components of its areas of responsibility over the past seven years and will continue to develop the service in line with Scottish Government (SG) health directives including 'Prescription for Excellence' (PfE)²³, local NHSGGC priorities including the Clinical Services Strategy and changing patient pharmaceutical care needs.
- 3.22.2 PfE, published in Sept 2013, is a ten year vision and action plan for pharmacy in Scotland with the ambition that "all patients will receive high quality pharmaceutical care from clinical pharmacist independent prescribers". "This will be delivered through collaborative partnerships with the patient, carer, GP, social care and the independent sector so every patient gets the best possible outcomes from their medicines, avoiding waste and harm." PPSU has developed several early actions to progress this plan. The development of this new role for pharmacists will support efforts to fill gaps in General Practice workforce plans and, therefore, may have significant impact on pharmacy manpower plans.
- 3.22.3 The modernisation of NHSGGC Acute Care and Mental Health services has released pharmacy staff to deliver patient focussed roles and was facilitated by the introduction of large scale robotics to create a single point of distribution for medicines in NHSGGC. Making use of technology to redesign work is in line with the PfE recommendations. This major change in practice is underpinned by ongoing skill mix review for all groups of staff, with a shift of focus from the product to the patient. Benefits are evident in dispensing time, error reduction and cost savings.
- 3.22.4 The acute service workforce changes have focussed on developing effective ward based pharmacy teams comprising pharmacy support workers, pharmacy technicians and pharmacists who are responsible for the delivery of pharmaceutical care to patients across the managed service. This programme will evolve with support from the NHSGGC Clinical Services Review to include practice pharmacists and technicians in primary care settings. Pharmacists are taking on additional roles, particularly independent prescribing. Technicians are engaging in patient facing delivery of care and many are authorised to check dispensed medicines. Support workers and administrative staff are undertaking an increasing range of essential support and co-ordination functions. There is increasing recognition that the role of the Pharmacy Support Worker has synergy with other staff groups e.g. procurement ward supplies functions & patient facing roles.
- 3.22.5 The administrative workforce comprises a wide variety of roles spanning from Band 2 up to Band 8a. Local education initiatives are in place to support administrative staff undertaking SVQs appropriate to their role and linking to succession planning.

²³ 'Prescription for Excellence' <http://www.gov.scot/Publications/2013/09/3025/13>

- 3.22.6 The opening of the Queen Elizabeth University Hospital has prompted new models of healthcare delivery utilising sophisticated IT systems in order that the ward based pharmacy teams can deliver high quality, safe and efficient pharmaceutical care. NHS GGC pharmacists are adopting triage and referral tools to prioritise and target the service to patients in a systematic fashion which recognises capacity limitations and manages risk. PPSU is expanding the roles of Band 5 Pharmacy Technicians to undertake clinical functions which are capable of being described in operational procedures, thus freeing pharmacist time and further altering our skill mix. There is a political and clinical imperative for 'Whole Week Working', with an emerging evidence base that the pharmacy service should be available for an extended working day and seven days per week in some areas where there is high demand. This is being explored via staff partnership working and senior management review this will require additional pharmacy staff of all disciplines to deliver.
- 3.22.7 Across the Community Health and Social Care Partnerships, PPSU has supported the development of Prescribing Support Teams which are delivering cost efficiencies and improved quality of primary care prescribing practice working in partnership with GPs. Skill mix review is also a feature of this development with increasing responsibility being assigned to community pharmacists and to specialist technicians who support the GPs and the Prescribing Support Pharmacists. Investment in this activity can demonstrate both cost and quality improvements, creating a manpower demand at a time when there is a potential shortage of GPs and an identifiable over-production of pharmacists. Lead Clinical Pharmacists working in Primary care are operating clinics to manage case loads of patients with long term conditions. This is in line with the PofE vision of "General Practice Clinical Pharmacists" and has the potential to reduce demand on GP's and offering a part solution to GP manpower shortages.
- 3.22.8 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. SG has indicated that NHS Board Pharmaceutical Care Services Plans should be subject to wide ranging review and redesign with the aim of enhancing the role of the pharmacist and encouraging closer working with GPs and other community based services. This will examine the pharmaceutical needs of patients and the arrangements for providing NHS Pharmaceutical Services to ensure safe and effective care to patients in the community.
- 3.22.9 The PPSU Community Pharmacy Development Team is also facilitating a significant programme of change in professional roles in community pharmacy through the Chronic Medication Service (CMS) which is a partnership between the GP, pharmacist and patient to improve the safe, effective and cost effective use of medicines used in long term conditions. This programme of change links directly to the vision in PofE that pharmacists working in community locations are independent prescribers, working in close partnership with the medical profession. The aim is that post diagnosis patient caseloads will be selectively allocated by GPs to the local prescribing pharmacists who will manage the patient's medicines by conducting regular consultations to review progress, monitor outcomes and prescribe the appropriate medicines.

3.22.10 There are many drivers for change in pharmacy workforce arrangements across the profession, both locally and nationally, affecting the managed service, primary care and community pharmacy practice. Advances in information technology are central to the safe, effective and efficient use of medicines with a particular focus on prescribing, medicines management and pharmaceutical care in NHS hospitals, integrating with the e-health record. We anticipate an IT infrastructure supporting the emergency care summary, medicines reconciliation, electronic prescribing / medicines administration and the immediate discharge letter. This approach will gather pace with the opening of the new Queen Elizabeth University Hospital. The pharmacy workforce also needs to be responsive to ambulatory care developments, the shifting balance of care from acute to primary care services, the developing health care and social care integration and the need to support integrated pharmaceutical services in hospital and the community settings.

3.22.11 The latest NHSGGC Pharmacy Workforce information does not highlight any particular concerns for PPSU. The number of staff working part time hours has increased gradually over the past seven years and this is reported across all the main pharmacy staff groups. The workforce includes several senior professionals in essential leadership roles and highly specialised positions, such that succession planning must be prioritised. Overall, the availability of qualified pharmacists in Scotland is currently satisfactory but there are gaps in experience and knowledge base in some specialist pharmaceutical fields in particular for the technical specialities such as aseptic preparation.

3.23 Healthcare Sciences

3.23.1 NHSGGC does not envisage any significant workforce change for the Healthcare Sciences job family within 2015/16.

3.23.2 The consolidation of the old Southern General, Western Infirmary, Victoria Infirmary, Mansionhouse Unit and the old Royal Hospital for Sick Children at Yorkhill sees the Laboratory review enter its final phase in 2015/16. However this should have no material impact on workforce numbers as any workforce change associated has previously been realised in preparation for the migration of services.

3.24 Personal & Social Care

3.24.1 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.

3.24.2 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.

3.25 Support Services

3.25.1 An increase in the Support Services workforce had been forecast to take place in the final quarter of 2014/15 financial year. This was predicated on an increase in the hotel services sub family as additional domestic support was introduced to support additional floor space in the Queen Elizabeth University Hospital.

3.25.2 The recruitment of these staff was delayed until the current 2015/16 financial year and, given the change has been accounted for in last year's workforce plan the additional staff has not been included in this years projections and there is no anticipated change to the workforce numbers beyond natural variances in in-posts associated with turnover.

3.25.3 The NHSGGC Support Services Job Family particularly within Facilities and Estates displays an ageing workforce profile.

3.25.4 Action is underway as part of the NHSGGC Youth Employment Strategy and the Education Partnership work stream to create new, flexible career pathways into both of these professions including Modern Apprenticeships.

3.26 Administrative Services

3.26.1 A number of administration staff reviews have taken place over the last 3 years across NHSGGC which has led to a reduction in the number of administration services staff.

3.26.2 During 2014/15 approximately 40 wte Administrative & Clerical Staff were employed by the board's Health Information & Technology Service on a temporary basis to support the implementation of the Electronic Patient Record System. It is anticipated that this group of staff will exit the workforce on completion of this project however, as yet, no date has been specified for this. Given this there may be a reduction within the Administrative support workforce associated with changes to this project work

3.27 Senior Managers

3.27.1 A target of 25% reduction in senior managers was set by the Scottish Government in 2010 for completion in 2015.

3.27.2 NHSGGC has met and exceeded this target in line with the SGHSCD directive

3.28 Projections by Job Family (WTE)

3.28.1 Overall there will be a small increase in the NHSGGC Workforce of circa 92.6 wte.

3.28.2 These changes are associated with the increases in the Nursing and Midwifery and Allied Health Profession job families described within this section.

3.28.3 Given the size of the NHSGGC workforce at any given point in the recruitment cycle there can be between 400 and 700 posts being processed by the Board's recruitment services team and as such the variance in the inpost figures will be subject to the fluctuations in vacancy levels at the point of reference.

NHS Greater Glasgow and Clyde	
2015/16 Workforce Projection Summary	
Job Family	WTE Change
Medical and Dental	0.0
Medical and Dental Support	0.0
Nursing and Midwifery	73.1
Allied Health Professions	19.5
Other Therapeutic Services	0.0
Healthcare Sciences	0.0
Personal and Social Care	0.0
Support Services	0.0
Administrative Services	0.0
Management (Non-AfC)	0.0
Total	92.6

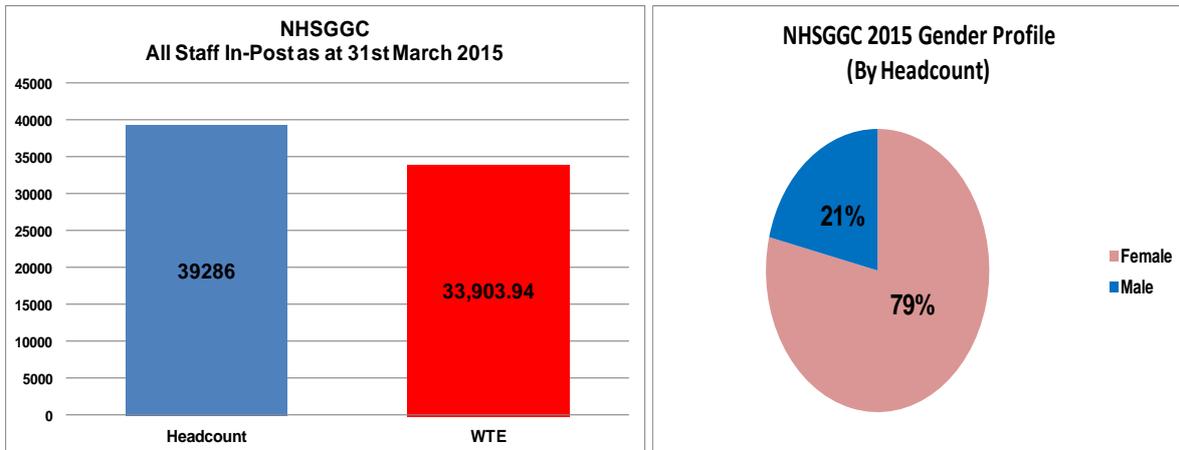
4 Section Four

The NHSGGC Workforce



4.1 Characteristics of the NHSGGC Current Workforce

4.1.1 On 31 March 2015, NHSGGC employed 39,286 headcount staff, 33,903.9 WTE. NHSGGC has a predominantly female workforce, with 79% of the workforce being female.

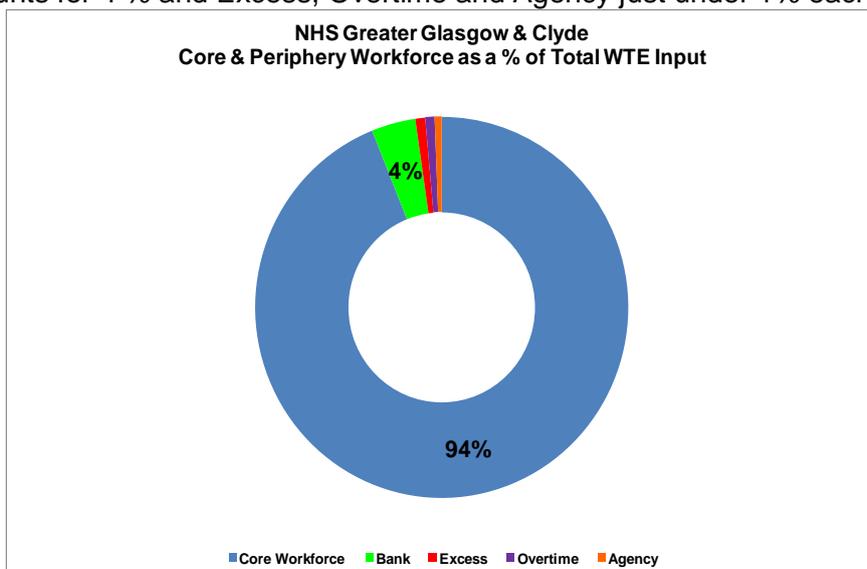


4.1.2 The table below notes the total workforce input when Bank, Overtime, Excess Hours and Agency Staffing are included

NHS Greater Glasgow & Clyde Total WTE Staffing Input 2014/15	
Workforce Input	WTE
Core Workforce	33903.95
Bank	1,384.35
Excess Hours	307.66
Overtime	291.53
Agency*	221.00
Total	36,108.49

* Based on latest available data

4.1.3 Using these figures the “core” workforce constitutes 94% of the wte input. Bank staff accounts for 4 % and Excess, Overtime and Agency just under 1% each



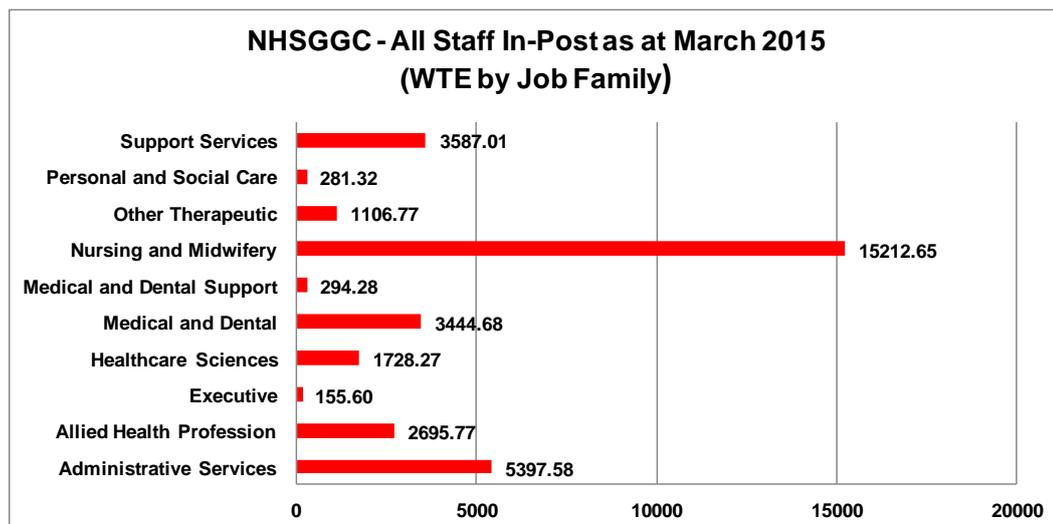
4.1.4 The table below shows the NHSGGC workforce (headcount) by age-grouping.

NHS Greater Glasgow & Clyde			
2014/15 Age Grouping Comparison (Headcount as a % of Total)			
Age Group	2014 Headcount %	2015 Headcount %	2014/15 % Variance
16 to 24	3.6	3.8	0.2
25 to 40	33.0	32.8	-0.2
41 to 50	30.9	29.3	-1.6
51 to 60	26.2	27.2	1.0
Over 60	6.4	6.8	0.4

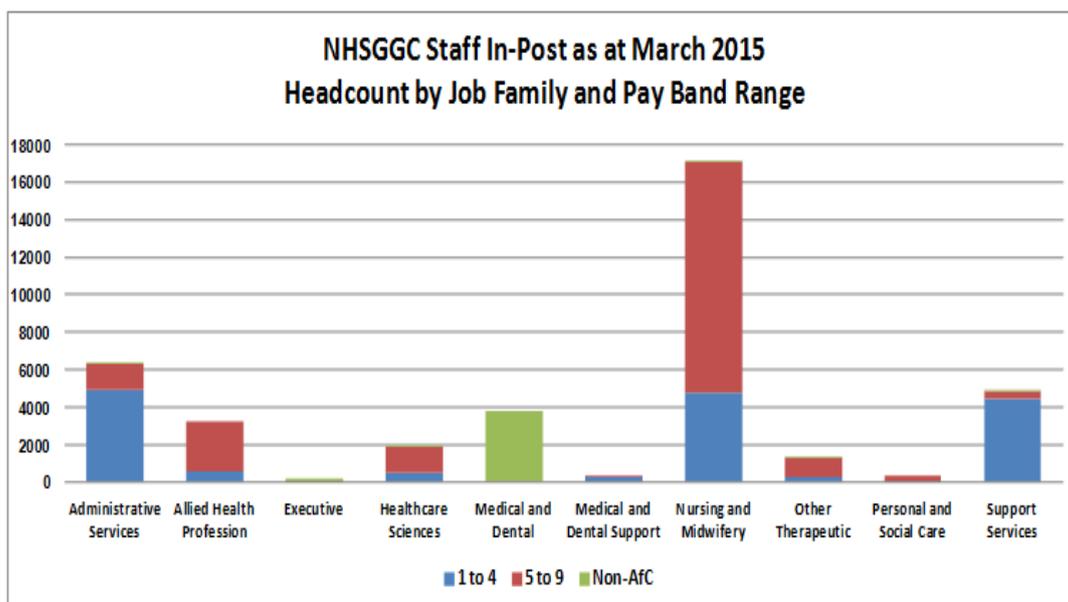
- 4.1.5 The NHSGGC displays a small percentage of staff aged between 16 and 24 years old (3.8%) an increase of 0.2% on the 2014 figure. This increase is encouraging given NHSGGC has for some years been actively supporting and developing programmes specifically aimed at increasing the number of younger staff within the workforce. These initiatives include Schools Engagement and Work Experience Programmes, Project Search - Training & Employment Opportunities for Young Disabled People and the Modern Apprenticeship Scheme. Further details of these programmes are contained in chapter 5 of this plan.
- 4.1.6 34% of the NHSGGC Workforce is over 50 years old. The proportion of the workforce aged over 50 has increased in the last year by 1.4%. This is consistent with the anticipated aging of the NHSGGC workforce which will be highlighted in the subsequent text relating to each of the individual job families.
- 4.1.7 As an overview of the entire workforce this age profile does not cause any immediate reasons for concern however it must be noted that there are a number of service areas and professional job families which are vulnerable given their specific age profile and associated factors.
- 4.1.8 The split between female and male does vary between Job Families. The table below provides detailed figures and indicated that staff in the Medical & Dental and Executive Job Families are more likely to display parity in the percentage male and female split.

NHS Greater Glasgow & Clyde		
Gender Split by Job Family (Headcount)		
Job Family	Female	Male
Administrative Services	84%	16%
Allied Health Profession	88%	12%
Executive	53%	47%
Healthcare Sciences	66%	34%
Medical and Dental	51%	49%
Medical and Dental Support	95%	5%
Nursing and Midwifery	88%	12%
Other Therapeutic	83%	17%
Personal and Social Care	79%	21%
Support Services	60%	40%
Grand Total	79%	21%

4.1.9 A summary of the NHSGGC Whole Time Equivalent workforce by Job Family is shown below:



4.1.10 The chart below shows the workforce by job families by pay groupings. Pay bands are grouped by Agenda for Change bands 1 to 4, 5 to 9 and Non-Agenda for Change bands such as medical grades, senior managers and other grades including staff from partner organisations who transferred on their existing pay arrangement under the Transfer of Undertakings and Protection of Employment (TUPE) legislation.



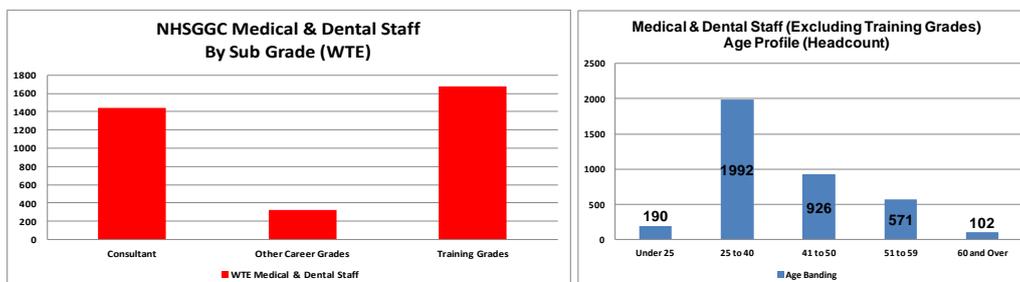
4.2 Job Families

4.2.1 The NHSGGC Workforce characteristics have been analysed by job family and are shown in the section below by Whole Time Equivalent (wte) and age profile.

4.2.2 Along with other demographic data, this is used to analyse individual workforces as part of the service and workforce redesign process.

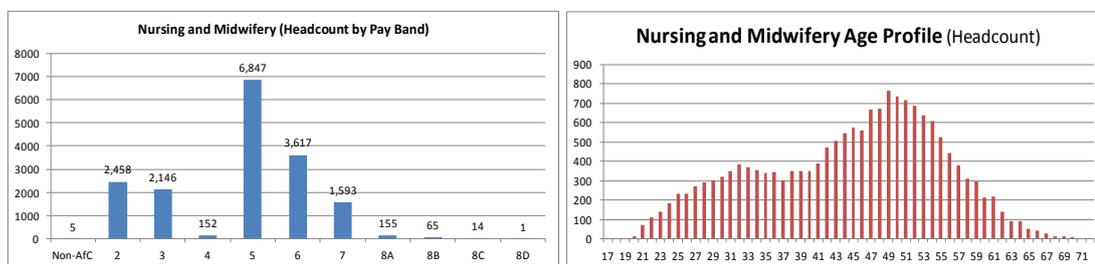
4.3 Medical and Dental Staff

- 4.3.1 On 31st March 2015 the NHSGGC medical and dental workforce comprised of 1441.9 wte consultant staff supported by 323.1 wte other career grades. Trainee medical and dental staff account for 1679.7 wte.
- 4.3.2 Funding for training posts is provided by NHS Education for Scotland. These training posts are rotational and are therefore removed when calculating Board turnover figures.



4.4 Nursing and Midwifery

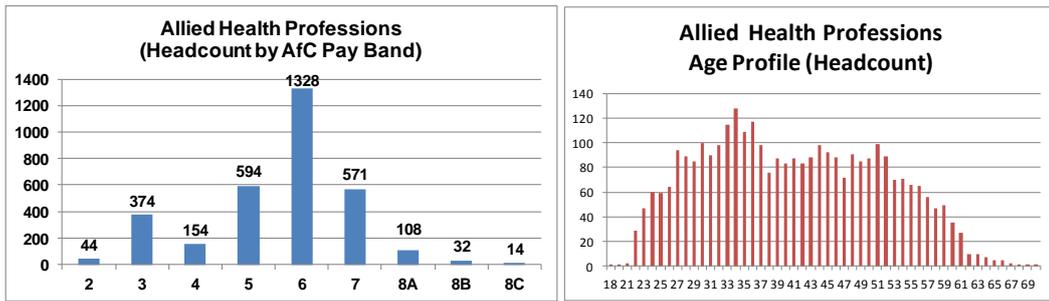
- 4.4.1 The nursing and midwifery workforce is the largest job family within NHSGGC accounting for almost 45% of the workforce.
- 4.4.2 The majority of the nursing and midwifery workforce is employed in posts at pay bands and 6 and 7 although there are also significant numbers of staff within pay bands 2 and 3.



- 4.4.3 The Nursing & Midwifery workforce displays an ageing profile however within this overall there are important variations
- 4.4.4 Approximately 600 nursing staff in receipt of Mental Health Officer Pension status. Of this number 350 wte have already or will reach eligibility for retiral in the next five years and a further 70 wte staff will be eligible for retiral prior to the pension protection deadline of 2022.

4.5 Allied Health Professions

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

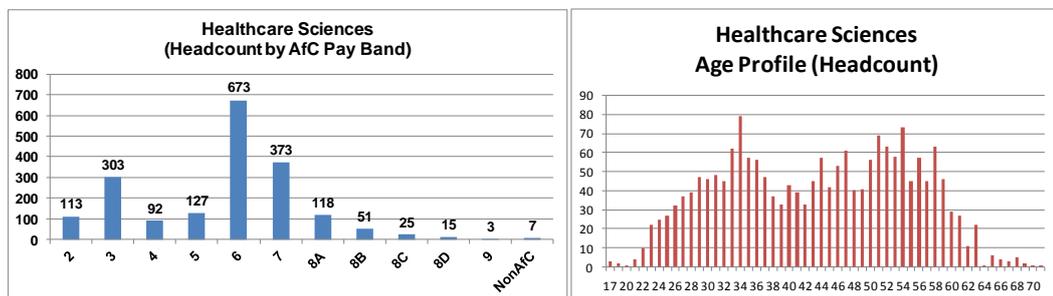


- The AHP workforce shows a younger age profile than other elements of the NHSGGC workforce
- 50% of AHP staff are under 40 years old

4.6 Healthcare Science Staff

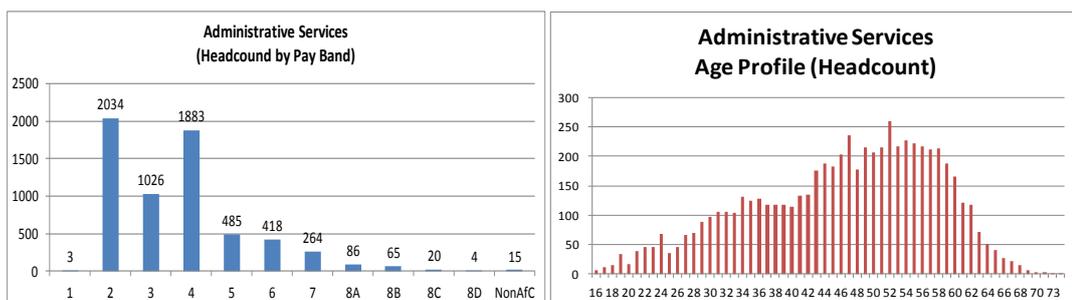
4.6.1 Healthcare sciences is predominantly comprised of AfC bands 6 and 7. This workforce also contains a higher proportion of staff at bands 8A and above in comparison to the overall NHSGGC average due to the career structure within the healthcare science disciplines.

4.6.2 The healthcare science age profile is distinctive in that it exhibits a double-peak with a large number of staff in their late 20s and early 30s and the other peak being in the late 40s through to late 50s.



4.7 Administrative Support Staff

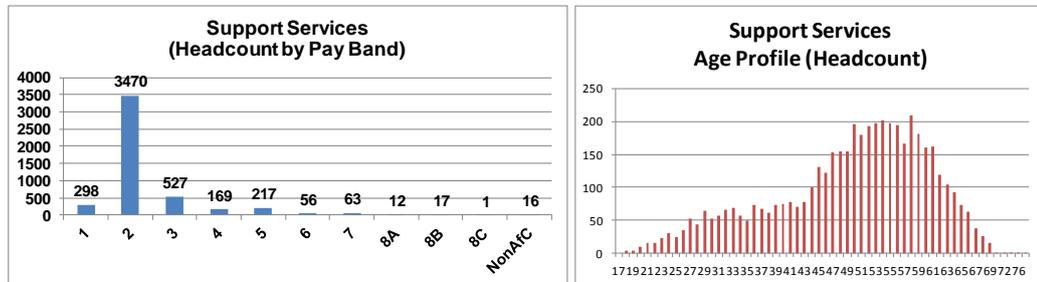
4.7.1 NHSGGC's administrative support workforce is concentrated across AfC pay bands 2 to 4. The administrative support job family encompasses a wide range of duties including many where administrative staff are directly involved in supporting clinical staff.



- 4.7.2 72% of the administrative workforce is directly involved in providing direct support to clinicians.

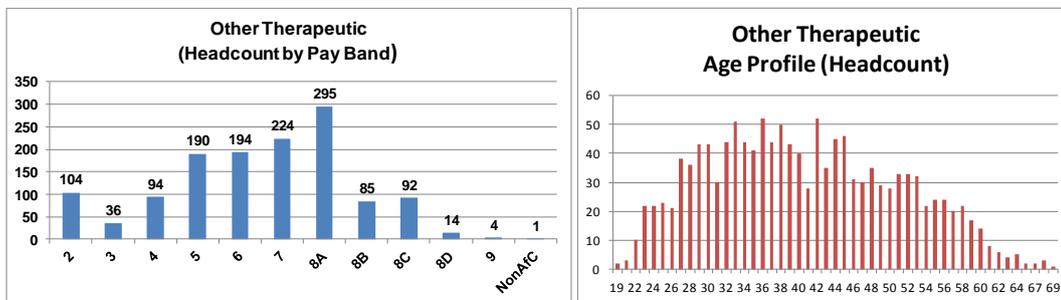
4.8 Support Services Staff

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



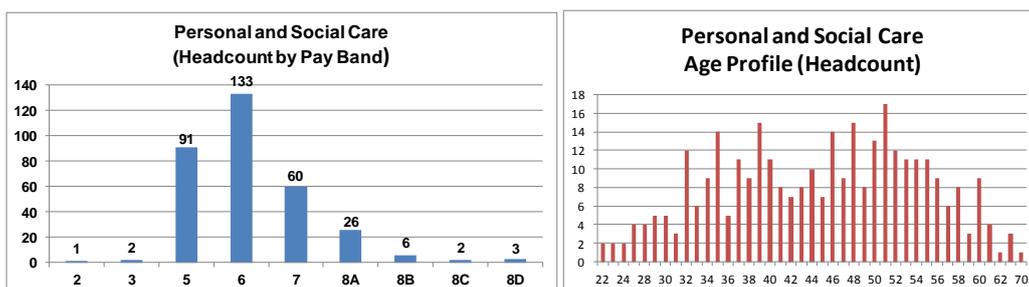
4.9 Other Therapeutic Staff

- 4.9.1 The Other Therapeutic Staff Group is made up largely of psychology and pharmacy staff. This workforce has an even distribution across bands 5-7. There is also a large number of staff employed across bands 8A-8D. The age profile suggests a younger workforce with over 56% of the workforce aged under 40.
- 4.9.2 The latest pharmacy workforce demographic information does not highlight any issues with an ageing staff group. However, the PPSU workforce includes several senior professionals in essential leadership roles and some who are in highly specialised roles without obvious successors; succession planning must be prioritised.



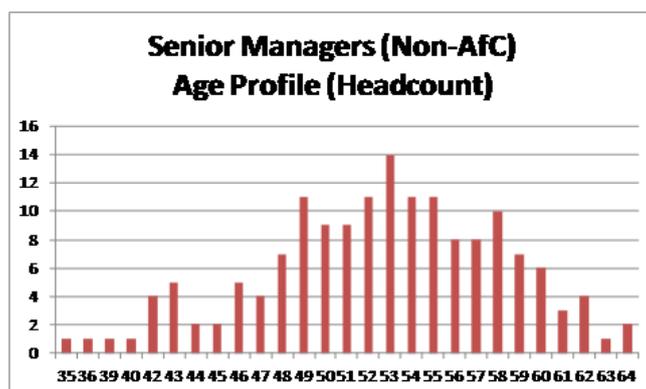
4.10 Personal and Social Care Staff

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



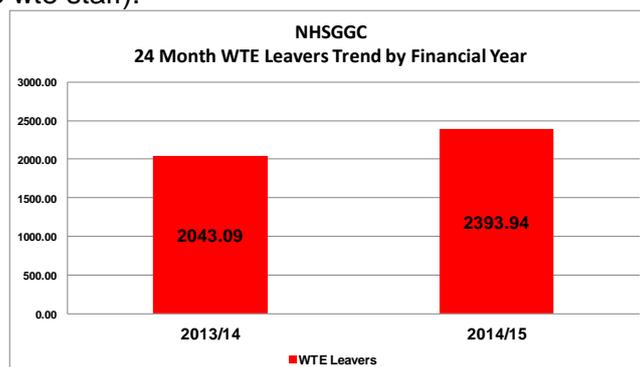
4.11 Management Grades (Non Agenda for Change)

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



4.12 Turnover

- 4.12.1 Turnover, expressed as total leaver WTE divided by in-post WTE at the beginning of the year. Within NHSGGC, for financial year 2014/15 was 7.43%.
- 4.12.2 A turnover level of 7.43% for the Board results in approximately 2,400 WTE leavers.
- 4.12.3 This figure has increased by almost 1% in comparison to the 2014/15 which was 6.5% (or 2043 wte staff).



- 4.12.4 Turnover does vary between job families. A table summarising turnover in 2014/15 is shown below.

NHSGGC - WTE Leavers* 2014/15			
Job Family	Average 2014/15 Inpost	Leavers WTE	% Turnover
Administrative Services	5373.5	357.88	6.66%
Allied Health Profession	2677.1	213.50	7.98%
Executive	162.7	11.80	7.25%
Healthcare Sciences	1735.2	141.23	8.14%
Medical and Dental - Consultant	1433.4	103.43	7.22%
Medical and Dental - Career Grades	333.1	42.54	12.77%
Medical and Dental Support	297.3	16.25	5.47%
Nursing and Midwifery	15179.6	1140.06	7.51%
Other Therapeutic	1101.0	121.37	11.02%
Personal and Social Care	292.3	19.84	6.79%
Support Services	3619.5	226.03	6.24%
TOTAL	32204.7	2393.94	7.43%

* Excludes Medical & Dental Training Grades

4.12.5 Turnover in the Nursing & Midwifery workforce (the largest job family) rose by 1.2% in 2014/15 compared to the previous year.

4.12.6 Increases in turnover were also noted in the Allied Health Professions (up 0.41%) and Healthcare Sciences workforce (up 2.05%)

4.13 Reasons for Leaving

4.13.1 Reasons for leaving have been grouped into a series of broad headings based on the information provided by managers completing information Notification of Termination Forms.

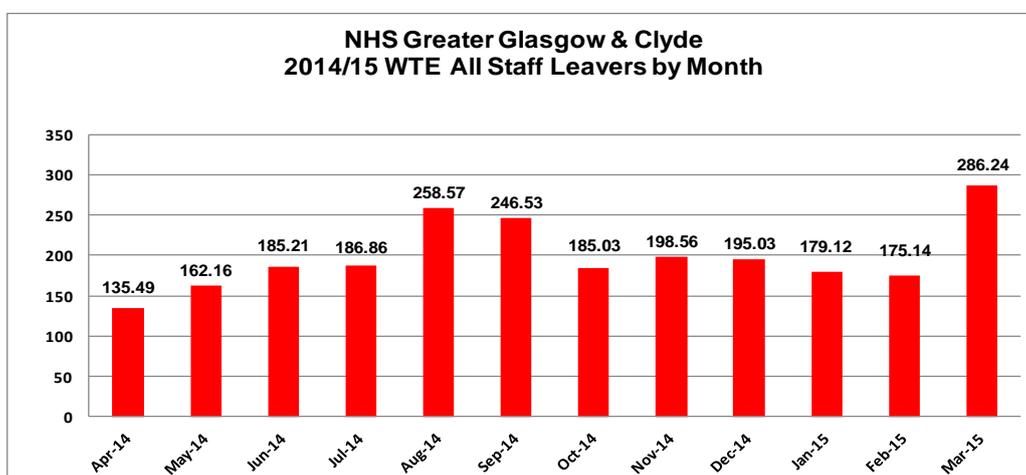
4.13.2 The primary reason for leaving during 2014/15 was “resignation” followed by “retiral” (this includes normal age pension retirals and early retirals with actuarial reductions in pensions received). Smaller numbers were noted as End of Fixed term Contracts and Ill Health terminations.

NHS Greater Glasgow & Clyde									
2014/15 Leavers by Month and Reason for Leaving (WTE)									
Month	Resignation	Retiral	End of Fixed Term Contract	Ill Health	Death In Service	Dismissal	Other	Leaving Reason not Provided	Grand Total
April 2014	55.79	42.55	5.35	5.83	3.31	2.28	0.82	19.56	135.49
May 2014	67.85	48.26	9.29	13.42	0.55	6.35	1.00	15.44	162.16
June 2014	69.79	51.80	16.81	11.12	7.22	7.20		21.27	185.21
July 2014	80.78	57.96	7.60	12.15	2.53	2.60		23.24	186.86
August 2014	116.01	61.72	25.97	9.08		2.59	0.70	42.49	258.57
September 2014	123.82	61.55	11.17	13.20	1.98	1.00	1.09	32.73	246.53
October 2014	83.65	45.84	4.46	12.65	2.80	4.49		31.15	185.03
November 2014	88.64	58.52	3.92	17.48	1.62	5.53	0.75	22.10	198.56
December 2014	81.26	70.89	2.50	13.35	3.46	3.90		19.67	195.03
January 2015	87.63	42.23	7.94	15.23	3.80	4.19		18.10	179.12
February 2015	88.77	48.61	7.23	8.65	3.00	1.83		17.04	175.14
March 2015	98.06	125.26	14.47	11.30	6.45	2.53	0.80	27.37	286.24
Grand Total	1042.04	715.20	116.70	143.46	36.72	44.49	5.16	290.18	2393.94

4.13.3 12% of Notification of Termination forms submitted by managers failed to provide any identified reason for staff exiting the organisation.

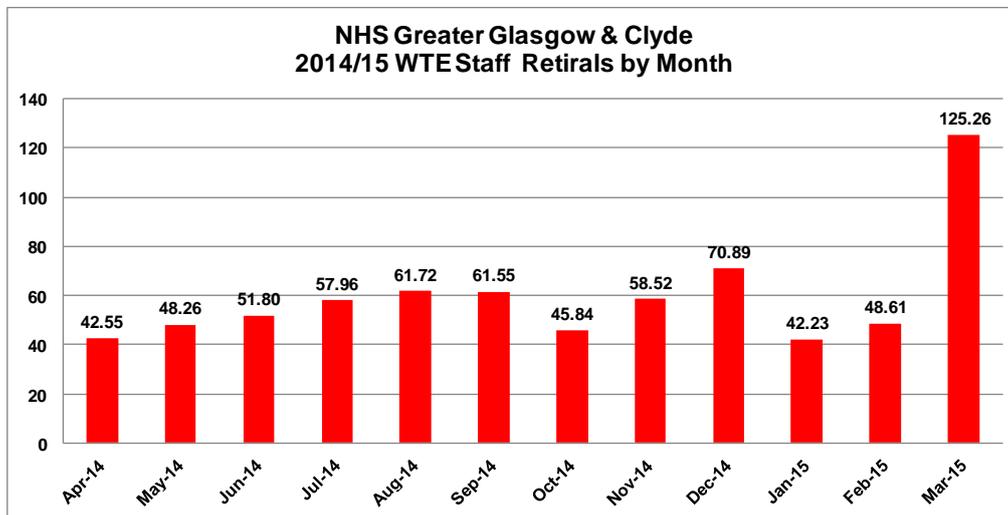
4.14 Monthly Leavers Trends

4.14.1 Leavers activity remained relatively consistent during most months of the financial year however distinct “peaks” in leaver activity were noted in the summer months of August/September and there was a noticeably rise in March 2015 the final month of the financial year.

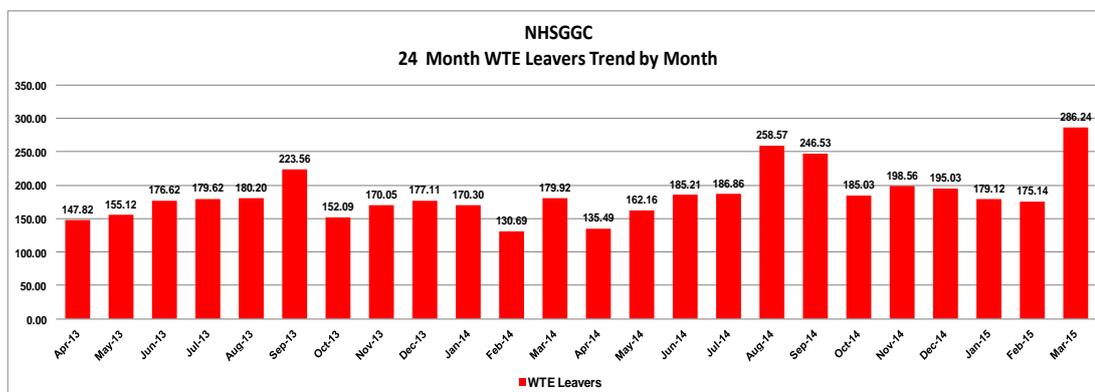


4.14.2 Further analysis of the leavers data indicated that the peak registered during August/September 2014 was the result of an increase in the number of staff resignations. During these months there was a jump of circa 40 wte leavers on the average figure of approximately 80 wte notes in the other months of the year.

4.14.3 The March 2015 peak can clearly be identified as a sudden increase in the number of staff leaving attributed to “retirals”.



4.14.4 An analysis of the 24 month trends across the last two full financial years suggests that the summer increase in resignations is mirrored but the retiral peak is a new feature of behaviour which requires to be monitored.



4.14.5 The changes observed in retiral behaviour may be due to recent amendments to the NHS pension scheme which require additional pension contributions from staff and move to a career average contribution calculation. These changes may prompt staff reaching retiral age to leave the organisation rather than work additional years.

4.14.6 Leavers, resignation and retiral numbers will continue to be monitored in order to establish whether there is any discernible pattern which will assist in improving projection for workforce planning purposes.

5 Section Five

Supplying the Required Workforce



5.1 NHSGGC's Local Labour Market

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

5.2 NHSGGC Socially Responsible Recruitment

- 5.2.1 In NHSGGC the importance of employment in helping to tackle poverty and income inequality is well recognised and this link is articulated in the policy framework outcomes for 2015/16. This policy commitment recognises the link between worklessness and ill health which has been evidenced through research and which is set out in NHSGGC's policy paper on "Employability, Financial Inclusion and Responding to the recession".
- 5.2.2 Definition of Employability:
- "Enabling people to progress towards employment, get into employment, stay in employment and move on in the workplace".²⁴***
- 5.2.3 There is also a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment and is generally good for health and well being.

²⁴ Scottish Government Definition

5.3 Youth Employment Plan and the NHSGGC Education Partnership

- 5.3.1 NHS Greater Glasgow and Clyde is committed to providing jobs, work experience and training opportunities for young people aged 16-24.
- 5.3.2 Since April 2014 NHS Greater Glasgow and Clyde has employed 660 new and young employees (aged 16-24 years).
- 5.3.3 A comparison of employee headcount in February 2014 and January 2015 shows an increase of 114 employees within this age group. A similar comparison with headcount in February 2013 shows an increase of 325 over this two year period.
- 5.3.4 It is our intention to continue our efforts to recruit and retain the services of young people in 2015/16 and this is reflected in the NHS Greater Glasgow and Clyde's Youth Employment Plan and the recently revised and expanded NHS GGC Education Partnership.
- 5.3.5 There are a number of work streams within the strategy, and this, along with the Education Partnership objectives, will see NHSGGC focus on the following areas:
- Raising awareness of NHS careers and jobs to ensure young people are aware of the range of jobs and careers available, and how these can be accessed. This will include activity to support job fairs, school work experience programmes and a careers information portal.
 - Development of new pathways into NHSGGC entry level posts which will include training and education as well as preparation for interviews and employment. This will be linked to a guaranteed interview scheme for appropriate entry level vacancies.
 - Further development and expansion of the NHSGGC Modern Apprenticeship Programme.
- 5.3.6 The success of the Youth Employment Plan and associated work in widening young people's access to NHS jobs relies on a multi-agency approach. This includes a range of organisations and the key partners working with NHSGGC to deliver work experience, employment and training opportunities include:
- NHSGGC Education Partnership (local FE and HE institutions, SDS, SQA, Glasgow City Council)
 - Glasgow Clyde College (MA Programme)
 - Skills Development Scotland
 - Jobcentre Plus
 - Local Authority Education Services
 - Jobs & Business Glasgow
- 5.3.7 The revised Youth Employment Plan recommendations are:
- Establishment of Phase 3 of the NHSGGC Modern Apprenticeship Programme to recruit up to a maximum of 70 apprentices in 2016/17.
 - Services will be asked to identify and implement appropriate models to increase the, work experience opportunities and pre-employment training programmes offered to 16-24 year olds over the next two financial years to align with SGHSCD aspirations. Such programmes should be delivered, where appropriate, with relevant external partner agencies.
 - Services should identify areas where, like Project Search, programmes can be established to support vulnerable young people with specific barriers to employment e.g. care leavers, learning disabilities, mental health issues. These interventions should be designed to support longer term transition to

employment and delivered in partnership with appropriate external support agencies. These programmes should include a work experience element as well as general employability skills and pastoral support.

5.3.8 To support the implementation of the above, and following the publication of the Scottish Government Youth Employment Strategy and the Wood Commission report, NHSGGC has revised and expanded the NHS GGC Education Partnership.

5.3.9 The Education Partnership will work on the following priorities:

- Review and refresh the current programme of activity which is aimed at raising awareness of NHS careers and jobs (e.g. job fairs, literature, school work experience programmes) ensuring that the young people of Glasgow and the West of Scotland are aware of the wide range of jobs and careers in the NHS and how these can be accessed.
- Design pre-employment programmes, for young people which will deliver training and education for NHSGGC entry level posts and prepare them for interviews and employment.
- In tandem with the above, develop guaranteed interview schemes for young people aged 16-24 who meet the personal specification criteria set out in agreed job packs. Working with NHS managers we will identify the most appropriate service areas and geographical locations for these entry level posts.
- Develop NHSGGC programmes to support young people from vulnerable groups who face barriers to employment and work with college and school partners to help young people find and keep jobs.
- Work with schools and colleges to ensure that NHS core values of care, compassion and person centeredness are infused through all health and care training/education programmes and that the young people we recruit understand and model these values.
- Continue to develop and expand the NHSGGC Modern Apprenticeship programme with the future focus on Health Care Sciences and the development of higher technical apprenticeships

5.4 NHSGGC Modern Apprenticeship Programme

5.4.1 In 2013/14 NHSGGC appointed to 51 Modern Apprenticeship posts across Acute Services, Corporate Services and the CH(C)Ps .

5.4.2 Of this cohort, 42 are still in post and working towards completion of the programme. Upon successful completion the apprentices will move into substantive employment within NHS GGC.

5.4.3 Recruitment to the second cohort of the Modern Apprenticeship Programme is currently underway.

5.4.4 This will include an additional 47 new apprenticeship opportunities. The first appointment to this phase of the apprenticeship programme took place in January 2015 and the remainder of the posts will be filled by September 2015. This intake will cover a broad range of job role across Acute, Corporate and Partnership services.

5.4.5 A breakdown of apprenticeship frameworks being used for these new posts can be seen below:

- Healthcare Support Level 2 & Level 3 x 25
- Engineering Level 3 x 5
- Plumbing Level 3 x 1
- Life Sciences Level 3 x 4
- Business Admin Level 2 x 5
- Print Industry Occupations Level 3 x 1
- Social Services & Healthcare Level 3 x 3
- Social Services (Children & Young People) Level 3 x 1
- IT & Telecommunications Level 3 x 2
- Procurement Level 3 x 2

5.4.6 Planning for the Cohort 3 intake of apprentices will begin later in the year with a view to appointing an additional 75 apprentices before August 2017.

5.5 NHSGGC Schools Work Experience Programme

5.5.1 We continue to support a comprehensive schools engagement programme and the school work experience placements are core activities which inform important career related choices for school aged pupils while introducing the world of work.

5.5.2 During financial year 2014/2015 we offered 513 school pupils work experience placements within wards and departments. At present we offer c400 places per year to school pupils aged 16-18. The placements are managed and co-ordinated in conjunction with the Careers Service and School Careers Advisers and are committed to maintaining this level of support in 2016/17.

5.5.3 We will be working with Local Authority partners in 2015/2016 to review the work experience programmes in schools to ensure they reflect the recommendations made in Developing Scotland's Young Workforce and the Scottish Youth Employment Strategy.

5.6 Training & Employment Opportunities for Young Disabled People

5.6.1 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.

5.6.2 The Project is a partnership between NHS GGC, Project Search, Cardonald College, Glasgow City Council and Job Centre Plus. The initial pilot project is focussing on the Facilities directorate, involving three 12 week rotations in e.g. Portering, Catering and Domestic Services.

5.6.3 12 students with learning disability aged between 16-24 yrs commenced a 1 academic year programme in. The cohort was supported by two job coaches and each student has an identified 'buddy' in the workplace. The initial pilot project focused on the Facilities Directorate involving three 12 week rotations in e.g. Portering, Catering and Domestic Services. Eight of the participants were appointed to NHSGGC Vacancies.

5.6.4 The second intake recruited another 12 participants in August 2014 and the programme was extended to include Health Records placements.

5.7 NHSGGC Adult Work Experience Policy

- 5.7.1 NHSGGC also receive requests from adults (above school age/left school) for work experience placements.
- 5.7.2 In 2015 to date 72 adult placements have taken place.

5.8 Mental Health – Training & Employment Opportunities for Young People

- 5.8.1 Mental Health Services NHSGGC provide funding to deliver services across the employability spectrum for people with long term mental health conditions. This includes access to training, work preparation and employment opportunities.

5.9 Volunteering Policy & Programme

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

5.10 Educational/ Development Placements

- 5.10.1 In addition to all of the above activity NHSGGC provides clinical placements for students from local higher education and further education establishments to support achievement of professional qualifications.
- 5.10.2 In recent years we have supported the Scottish Government's scheme to provide work experience to newly qualified nursing graduates through the intern/one-year job guarantee scheme and have appointed 500 to date.
- 5.10.3 The one-year job guarantee scheme is a national scheme which was agreed by the SGHSCD in full partnership with staff side. Its purpose is to enable newly qualified nursing staff, who have not yet secured permanent employment, to consolidate their training and skills.
- 5.10.4 The nurses are deployed as registered practitioners but are over and above the funded establishment and are not used as cover for permanent vacancies. The posts are also rotational to maximise the experience for the interns. On completion of the year's internship the nurses can apply for any available vacancies.
- 5.10.5 It is evident that there is a wide range of valuable activity underway within NHSGGC which supports young people towards employment ranging from capacity building to transitions into NHSGGC jobs.
- 5.10.6 In this time of economic and financial difficulty in the economy as a whole, and subsequently the public sector, there is a significant risk that young people will be particularly disadvantaged in securing employment. As a major employer in the west of Scotland NHSGGC has made a policy commitment to employability and will continue to support the Scottish Government Youth Strategy with an effective package of support for unemployed young people via the Youth Employment Plan.
- 5.10.7 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.

5.11 Learning and Education

5.11.1 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.

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

- induction for new staff - we see induction not as an event, but as a process that starts before the staff member takes up post and continues after he or she moves into the service setting; each new staff member will have an induction programme tailored specifically to his or her needs;
- the statutory and mandatory training appropriate to job roles;
- formal education leading to academic credit and SVQs;
- clinical skills training – for all professions in clinical areas;
- role development – new and changing services mean new and changing roles for staff, and we will support role changes with the right education;
- service-user safety and managing risk – we offer learning and education to help provide services that are safe and sound;
- promoting equality and diversity – activity aimed at ensuring high-quality services are provided for all;
- encouraging integrated working – supporting the development of new teams and new ways of working;
- management and leadership – developing potential in this key area of service.

5.11.3 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.

5.11.4 NHSGGC continue to maintain and develop working relationships with our social work partners to deliver joint training and learning and education initiatives.

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

5.11.6 In NHSGGC as at April 2015 69% of staff on AfC terms and conditions had an up to date Personal Development Review recorded on e-KSF. The Board is dedicated to improving this position month-on-month.

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

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

- bursaries – these are awarded every year to selected staff who want to take an education course linked to their work.
 - All learning and education opportunities and information can be accessed through the learning and education pages on staff net. Because NHSGGC believes that access to learning and education is critical to the provision of high quality services, it has made an explicit commitment to:
 - ensuring equal access to learning and education opportunities for all, regardless of staff grade, gender, race, creed, age and sexual orientation;
 - promoting learning methods that reflect different learning styles;
 - fitting in with staff availability;
 - supporting difference groups of staff to learn together;
 - providing high-quality learning and teaching facilities;
 - making best use of the skills, knowledge and talents of all staff.

5.12 The new Teaching and Learning Centre

- 5.12.1 The new Queen Elizabeth Teaching and Learning Centre - Stratified Medicine Scotland at the Queen Elizabeth University Hospital will be operational from July 2015 and will provide a world-class training environment for the clinical years of the undergraduate medical degree students, postgraduate students and NHS professionals undertaking continuing professional development courses.
- 5.12.2 The four-storey building houses three floors jointly developed by the University and the NHS devoted to learning and teaching facilities, including a 500-seat auditorium, as well as social and public spaces, conference spaces, teaching spaces, a learning resources centre, clinical skills facility and a teaching laboratory.
- 5.12.3 The top floor of the £25m facility will house the Stratified Medicine Scotland Innovation Centre, bioinformatics company Aridhia and a number of incubator units for industry. This will provide an ideal environment to drive innovation in precision medicine.
- 5.12.4 The building's co-location with the other key academic infrastructure developments – a £5m Clinical Research Facility and £23m Imaging Centre of Excellence will expedite the translation of clinical findings into treatments and patient benefits.

6 Section Six

Implementation, Monitoring & Review



6.1 Workforce Plan Governance & Monitoring

- 6.1.1 Monitoring of progress with the actions and intentions set out in the 2014/15 Workforce Plan will be carried out within the governance framework described in Section 1, paragraph 1.5 of this document.
- 6.1.2 The Workforce Plan will be published on the NHSGGC website after it has been approved by the Staff Governance Committee.
- 6.1.3 The NHSGGC Area Partnership Forum and the NHSGGC Senior Management Team receive monitoring reports on the implementation of the Workforce Plan at their regular meetings.
- 6.1.4 At local level the initiation and implementation of service plans and redesigns and the consequent workforce implications are also closely monitored and progress reported to local management and partnership groups as appropriate.
- 6.1.5 It should be recognised by all stakeholders that the redesign and service change plans set out in this Workforce Plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with Staff Side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.
- 6.1.6 The achievement and implementation of specific actions within the 2015/16 Workforce Plan will be reported in the 2016/17 plan using the template at Appendix 1 of this document

6.2 Appendix 1: 2014/15 Workforce Plan Update

Objective	2014/15 Outputs
Investment in District Nursing	<p>There is a requirement for band 6 District Nursing staff to have the Specialist Practice Qualification (SPQ), a post-graduate qualification permitting them to practice at a senior level</p> <p>During 2014/15 NHSGGC has agreed funding for post-graduate training. 10 staff are undertaking the course at Glasgow Caledonian University on a part time basis over 2 years, graduating in August 2016.</p> <p>A further 10 staff will commence the course in September 2015 and these staff will complete the course on a full time basis over 1 year, also graduating in August 2016.</p>
Investment in Children & Family Teams	<p>In June 2014 the Scottish Government announced that there will be investment in the education of health visitors and the creation of new posts over the next four years, ensuring the delivery of 500 new health visitor posts by 2017-18.</p> <p>As noted in 2014/15 NHSGGC Workforce Plan this enabled an increase in the Children and Family workforce by circa 100 posts, through an exercise to recruit band 2, 3 and 4 support staff. This exercise has now been successfully completed.</p> <p>In order to establish an equitable distribution of staff across CHPs and teams a caseload modelling formula derived from the tool developed by Bidmead and Cowley was utilised and adjusted to reflect the NHS Greater Glasgow and Clyde context. NHSGGC proposed Student Health Visiting based on growing our core numbers and supporting 30 then 60 students through the programme with start dates to from 2014 through until 2017.</p>
NHSGGC Modern Apprenticeship Programme	<p>In 2014 NHS GGC appointed 51 Modern Apprenticeship posts across Acute Services, Corporate Services and the CH(C)Ps .</p> <p>The break down of frameworks used is as follows:</p> <ul style="list-style-type: none"> • Health & Social Care Level 2 x 15 • Health & Social Care Level 3 x 7 • Social Services & Healthcare Level 2 x 1 • Children’s Care, Learning & Development Level 3 x 1 • Youth Work Level 3 x 2

	<ul style="list-style-type: none"> • Business & Administration Level 3 x 1 • Business & Administration Level 2 x 13 • Accounting Level 3 x 1 • Engineering Level 3 x 10 • Plumbing Level 3 x 1 <p>The service breakdown of apprentices is as follows:</p> <ul style="list-style-type: none"> • Corporate Services – 5 MAs • Community Health (& Care)Partnership – 14 MAs • Acute Services – 32 MAs <p>Currently, 43 apprentices from this cohort are still in post and working towards the completion of their apprenticeships.</p>
<p>Youth Employment</p>	<p>NHSGGC has developed a Youth Employment Plan which was refreshed during 2014/15. The Corporate Management Team has committed to supporting this plan. There are a number of work streams within this strategy, one of which is a significantly sized modern apprenticeship programme. The second cohort, which is larger than the first intake, is now underway.</p> <p>This programme is delivered in partnership with our apprenticeship training provider Glasgow Clyde College.</p> <p>The Youth Employment Plan will be supported by the recently reviewed and expanded NHSGGC Education Partnership which will work to address three key areas</p> <ul style="list-style-type: none"> • increased awareness of NHS careers and career pathways • widening access to NHSGGC jobs for young people via a range of supported pathways and a guaranteed interview scheme • further expansion of the NHSGGC MA programme <p>As a result of the NHSGGC Community Benefits clause included within the construction contract for the Queen Elizabeth University Hospital a significant number of employment and training opportunities have been created for young people.</p>

<p>Project Search - Training & Employment Opportunities for Young Disabled People</p>	<p>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.</p> <p>The Project is a partnership between NHS GGC, Project Search, Glasgow Clyde College, Glasgow City Council and JobCentre Plus. The second intake for Project Search recruited another 12 participants to the programme in August 2014. The programme was extended to include Health Records.</p>
<p>North East Sector Employment Partnership Programme (Glasgow City CHP)</p>	<p>A partnership programme between NHS GGC and Kelvin College (John Wheatley Campus) is in place to manage and facilitate student placements/work experience within the North East sector of the Glasgow City CHP as part of a unique partnership approach between NHS and Further Education.</p> <p>A seconded member of NHS GGC staff works with the college and NHS staff to develop placement opportunities within community health services to give students work experience which is designed to equip them with knowledge and understanding of community health services. This is underpinned by theory gained on academic courses delivered within the college.</p> <p>In the 2014/15 Academic Year the North East Sector (Glasgow City CHP) supported:</p> <ul style="list-style-type: none"> • 16 x NC Care (4) “Skills For Work in Health” placements with the CHP community services one day per week for 12 weeks. • 15 x NC Health and Social Care Level 6 placements one day per week for 12 weeks <p>In addition to the above the NHS GGC coordinator is supporting the</p> <p>SVQ 2 Care programme by is supported by securing placements and supporting the students during placements (private and voluntary sector) and with the academic programme within the college.</p> <p>The North East sector hosts the Employment Partnership Programme outlined above. It has also supported 8 young people to complete Community Achievement Awards</p>
<p>North West Glasgow Learning for Life and Work’</p>	<p>This is a one year fulltime programme to support young people with additional learning needs develop personal, social and vocational skills. Its emphasis is on practical and active learning, building on skills which help individuals to approach life and work with increased confidence.</p> <p>The course is run by Glasgow Clyde College. In May 2014 seven students completed two half day</p>

	placements in four of the North West sector units/services. This included placements in administration and caretaking.
GAMH Young Carers Aspire Programme	The South Sector has been working with Glasgow Association for Mental Health (GAMH) to support the GAMH Young Carers Aspire Programme will offer a programme tailored specific for this vulnerable group and the issues they face. The aim of the Aspire Programme is to reduce the risk of young people joining the NEET category by developing employability skills and encouraging aspiration. In the last six months 5 Young Carers from this programme have benefitted from work experience within NHSGGC. This includes placements in: Estates, Medical Laboratories, Wards and the Learning Disabilities service.
West Dunbartonshire CHCP	As an integrated CHCP West Dunbartonshire work closely with the local authority apprenticeship programme. The Health Improvement Team has supported 5 apprentices in the last four years. Two of these apprentices have gone onto secure NHS GGC employment, one has just completed the apprenticeship and is in the midst of selection process for an NHS post and another is working to complete the apprenticeship. The CHCP are also hosting an admin apprentices within NHS GGC's first cohort of apprentices.
Renfrewshire Local Employability Partnership	<p>Renfrewshire CHP is an active member of the Local Employability Partnership which is embedded within the community planning structure. The CHP have linked with the NHS GGC Education Partnership to ensure good working relationships with education services and FE in Renfrewshire.</p> <p>The CHP represented the NHS at a carers' event in University West of Scotland to promote the NHS as an employer and to highlight the wide variety of careers and jobs available as well as various entry routes. Over 200 young people and their families attended this event. We have supported 19 work shadowing /placements in 2014/2015.</p> <p>We have worked in partnership with Renfrewshire Council to host 4 Graduate Interns for young people local to Renfrewshire. This supports Renfrewshire Councils Invest In Renfrewshire Programme.</p> <p>Renfrewshire CHP has also worked with the Scottish Drugs Forum to train people in recovery to train as addiction workers. This was funded by the ADP. Three people have been trained and are working towards SVQ 2 Social services and Health Care , the trainees have undertaken placements in addictions services and housing support services. 1 person has gained employment and another has been supported to attend interviews.</p>

<p>Inverclyde Modern Apprenticeship</p>	<p>Inverclyde CHCP works closely with the Inverclyde Council Modern Apprenticeship programme and recruits apprentices through this local programme. At this time they have the following apprentices:</p> <ul style="list-style-type: none"> • One Level 3 Business & Admin Modern Apprentices based in Health & Community Care - Older Peoples Services. Age Group 20-24. • One Level 3 Business & Admin Modern Apprentice bases in Health & Community Care - Homecare. Age Group 20-24 • One Level 3 Business & Admin Modern Apprentice bases in Mental Health, Addictions & Homelessness. Age Group 20-24 <p>In addition to the apprenticeship opportunities the CHCP has two graduates supported by Future Jobs - one working across Planning & Performance and Health & Community Care and one other work on redesign work across LD working with Contracts, Monitoring & Complaints.</p> <p>Inverclyde CHCP has a specialist health and employability post. This post sits on the Opportunities for All group to assist links between health and employability for young people. The post is looking to develop a comprehensive health education programme, linked to Curriculum for Excellence outcomes, to be delivered to young people undertaking training in Inverclyde.</p>
--	--

6.3 Appendix 2 - 2014/15 Update on Projections

	Mar-14	Original Projection	Mar-15	Year to Date Change	Variance Against Projection
Administrative Services	5349.3	4.0	5397.6	48.2	44.2
Allied Health Profession	2664.9	8.5	2689.3	24.3	15.8
Executive	169.9	-12.0	155.6	-14.3	-2.3
Healthcare Sciences	1742.2	0.0	1728.3	-13.9	-13.9
Medical and Dental - Consultant	1425.0	12.0	1441.9	16.98	-64.1
Medical and Dental - Career Grades	343.0		323.1	-19.96	
Medical and Dental - Training Grades	1728.8		1679.7	-49.11	
Medical and Dental Support	300.3	12.0	294.3	-6.0	-18.0
Nursing and Midwifery	15146.6	79.2	15212.7	66.0	-13.2
Other Therapeutic	1095.2	0.0	1106.8	11.5	11.5
Personal and Social Care	296.7	0.0	287.8	-8.9	-8.9
Support Services	3652.0	93.0	3587.0	-65.0	-158.0
TOTAL	33914.0	196.7	33903.9	-10.1	-206.8

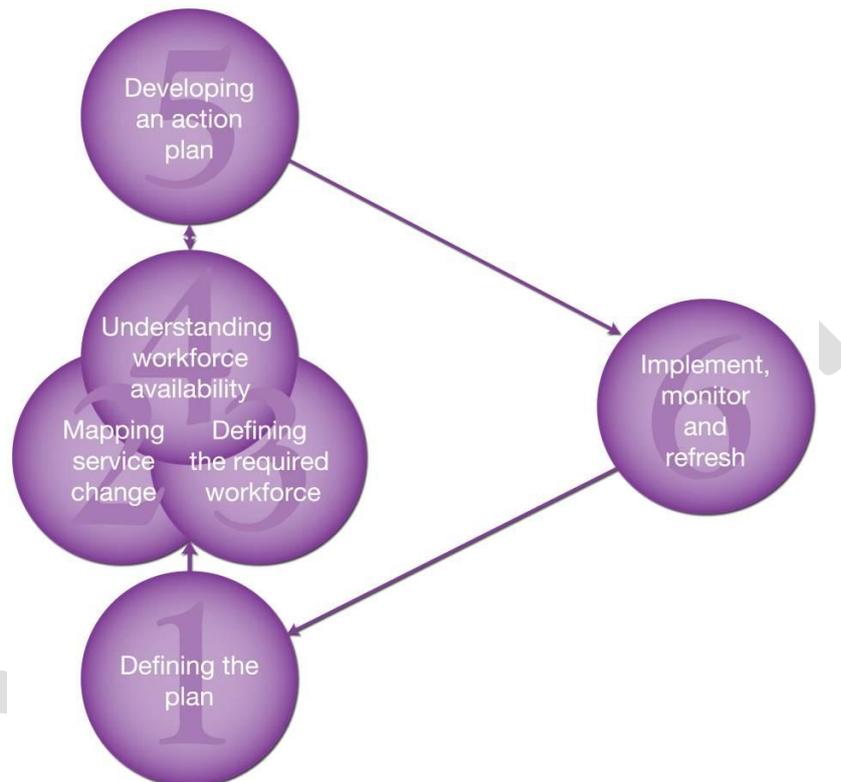
Correcting for Junior Doctor Fluctuation: The total number of in-post Junior Doctors appears to have reduced however the timing of when starters and leavers are processed for rotations could be influencing this. If the junior doctor numbers are flat lined the medical and dental workforce reduced by 2.98 WTE.

	Mar-14	Original Projection	Mar-15	Year to Date Change	Variance Against Projection
Administrative Services	5349.3	4.0	5397.6	48.2	44.2
Allied Health Profession	2664.9	8.5	2689.3	24.3	15.8
Executive	169.9	-12.0	155.6	-14.3	-2.3
Healthcare Sciences	1742.2	0.0	1728.3	-13.9	-13.9
Medical and Dental - Consultant	1425.0	12.0	1441.9	16.98	-15.0
Medical and Dental - Career Grades	343.0		323.1	-19.96	
Medical and Dental - Training Grades	1728.8		1728.8	0.00	
Medical and Dental Support	300.3	12.0	294.3	-6.0	-18.0
Nursing and Midwifery	15146.6	79.2	15212.7	66.0	-13.2
Other Therapeutic	1095.2	0.0	1106.8	11.5	11.5
Personal and Social Care	296.7	0.0	287.8	-8.9	-8.9
Support Services	3652.0	93.0	3587.0	-65.0	-158.0
TOTAL	33914.0	196.7	33953.0	39.1	-157.6

6.4 Appendix 3: The 6 Steps Methodology

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

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



Step 1 - Defining the Plan

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

Step 2 - Service Change

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

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

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

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

Step 3 – Defining the Required Workforce

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

Step 4 – Workforce Capability

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

Step 5 – Action Plan

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

Step 6 – Implementation and Monitoring.

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

6.5 Appendix 4: Glossary of Abbreviations

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

6.6 Appendix 5: Description of Job Families

Job Family	Sub Job Family
ADMINISTRATIVE SERVICES	FINANCE
	HUMAN RESOURCES
	INFORMATION SYSTEMS/TECHNOLOGY
	OFFICE SERVICES
	PATIENT SERVICES
ALLIED HEALTH PROFESSIONS	ARTS THERAPIES
	DIAGNOSTIC RADIOGRAPHY
	DIETETICS
	GENERIC THERAPIES
	OCCUPATIONAL THERAPY
	ORTHOPTICS
	ORTHOTICS
	PHYSIOTHERAPY
	PODIATRY
	PROSTHETICS
	SPEECH AND LANGUAGE THERAPY THERAPEUTIC RADIOGRAPHY
EMERGENCY SERVICES	AMBULANCE AUXILIARY
	AMBULANCE CARE ASSISTANT
	AMBULANCE PARAMEDIC
	AMBULANCE TECHNICIAN
	DRIVER
	EMDC OPERATIVE
	OPERATIONAL MANAGER
	PTS DAY CONTROL
HEALTHCARE SCIENCES	BIOMEDICAL SCIENCES LIFE
	CLIN PHOTO/ILLUSTRATE PHYSICAL
	CLINICAL PERFUSION PHYSIOLOGY
	CLINICAL PHYSIOLOGY
	CLINICAL SCIENCES LIFE
	CLINICAL SCIENCES PHYSICAL
	CLINICAL SCIENCES PHYSIOLOGY
	CLINICAL TECHNOLOGY LIFE
	CLINICAL TECHNOLOGY PHYSICAL
	MAXILLOFACIAL PROS PHYSICAL
MANAGEMENT GRADES	SENIOR MANAGEMENT GRADES
MEDICAL & DENTAL STAFF	CONSULTANT GRADES (MEDICAL)
	CONSULTANT GRADES (DENTAL)
	OTHER TRAINED GRADES (MEDICAL)
	OTHER TRAINED GRADES (DENTAL)
	STAFF IN TRAINING (DENTAL)
	STAFF IN TRAINING (MEDICAL)

Job Family	Sub Job Family
MEDICAL AND DENTAL SUPPORT	DENTAL NURSING
	DENTAL TECHNOLOGY
	OPERATING DEPARTMENT
	ORAL HEALTH
	PHYSICIANS ASSISTANT
	THEATRE SERVICES
NURSING/MIDWIFERY	BANK NURSING
	CARE OF THE ELDERLY NURSING
	COMMUNITY GENERAL NURSING
	DISTRICT NURSING
	FAMILY PLANNING NURSING
	GENERAL ACUTE NURSING
	HEALTH VISITOR NURSING
	LEARNING DISABILITIES NURSING
	MENTAL HEALTH NURSING
	MIDWIFERY
	NURSING TRAINING/ADMIN/MGT
	PAEDIATRIC NURSING
	PRACTICE NURSING
	PUBLIC HEALTH NURSING
	SCHOOL NURSING
	SPECIALIST NURSING
STAFF NURSERY	
TREATMENT ROOM NURSING	
OTHER THERAPEUTIC	GENETIC COUNSELLING
	OPTOMETRY
	PHARMACY
	PLAY SPECIALIST
	PSYCHOLOGY
PERSONAL AND SOCIAL CARE	HEALTH PROMOTION
	HOSPITAL CHAPLAINCY
	SOCIAL WORK
SUPPORT SERVICES	CATERING SERVICES
	DOMESTIC SERVICES
	ESTATES
	GENERAL SERVICES
	GROUNDS SERVICES
	HOTEL SERVICES
	LAUNDRY/LINEN SERVICES
	PORTERING SERVICES
	SECURITY SERVICES
	STERILE SERVICES
	STORES SERVICES
	TRANSPORT SERVICES