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1 Defining the Plan

1.1 Executive Summary

1.1.1 NHS Greater Glasgow and Clyde (NHSGGC) is the largest NHS Board in Scotland and provides services to a population of 1.2 million people resident in our area. We also provide specialist services on behalf of the West of Scotland for the population of 2.7 million people and provide a number of national services which are accessed from across Scotland. In this workforce plan we use the six steps methodology to describe our current workforce and the main challenges that we face in developing and maintaining a sustainable workforce for the future.

1.1.2 In addition to the workforce directly employed by NHSGGC there are a further 46,000 staff across public, private and voluntary sectors within the 6 Local Authority areas in the Board-region. Figure 1.1.2 gives an overview of the wider Health and Social Care workforce.

FIGURE 1.1.2 – Staff not directly employed by NHSGGC

<table>
<thead>
<tr>
<th>Local Authority Area</th>
<th>Private</th>
<th>Public</th>
<th>Voluntary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dunbartonshire</td>
<td>2,070</td>
<td>700</td>
<td>840</td>
<td>3,610</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>1,400</td>
<td>1,040</td>
<td>550</td>
<td>2,990</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>9,990</td>
<td>5,330</td>
<td>10,600</td>
<td>25,920</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>1,290</td>
<td>1,270</td>
<td>1,130</td>
<td>3,690</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td>2,740</td>
<td>2,030</td>
<td>2,310</td>
<td>7,080</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>890</td>
<td>1,730</td>
<td>420</td>
<td>3,040</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,380</strong></td>
<td><strong>12,100</strong></td>
<td><strong>15,850</strong></td>
<td><strong>46,330</strong></td>
</tr>
</tbody>
</table>

1.1.3 NHSGGC is currently developing a transformational healthcare strategy, ‘Moving Forward Together’, which aims to deliver better health and healthcare outcomes for the population of Greater Glasgow and Clyde. This plan reflects national, regional and local healthcare strategy and service change and identifies the actions required to deliver these strategies and plans. Section 1.2 provides further detail.

1.1.4 The National Health and Social Care Delivery Plan (HSCDP) describes high quality health and social care services in Scotland which are focussed on prevention, early intervention and supported self-management. The plan sets out a programme to further improve health and social care services and ensure we have a health and social care system which:

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

1.1.5 The HSCDP will support the development of the health and social care system building on the excellence of NHS Scotland and recognising the critical role that services beyond the health sector must play. The plan prioritises the actions which will have the greatest impact and focuses on three areas described as “The Triple Aim”: 
• **Better Care** - improving the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all;
• **Better Health** - improving everyone’s health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management;
• **Better Value** - increasing the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery.

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

1.1.7 Health and social care services are facing rising demand which is being driven by demographic change, advancing medical science and new technologies at a time of constrained resources. This means that we will have more people, many of whom are older, living with multiple long-term conditions and often complex needs, who will be reliant on support and intervention from health and social care services. If we do not change our approach by shifting the balance of care away from acute hospitals to one where there is a greater emphasis on prevention and community-based intervention, we will not be able to meet the needs of our population in the future. Demographic projections for the Greater Glasgow and Clyde population indicates an increase of 17% in the number of people over 65 years of age by 2025.

1.1.8 Within this plan the workforce is described through the NHS standard Job Families. The table below provides an overview of the roles contained within each.

<table>
<thead>
<tr>
<th>Job Family</th>
<th>Roles / professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>Various roles across areas such as, but not exhaustively, Health records; medical</td>
</tr>
<tr>
<td>services</td>
<td>secretaries; clinical team support roles; information technology services; finance;</td>
</tr>
<tr>
<td></td>
<td>and human resources</td>
</tr>
<tr>
<td>Allied Health</td>
<td>Arts therapists; dietitians; occupational therapy; orthoptists; physiotherapy;</td>
</tr>
<tr>
<td>Professions</td>
<td>podiatry; radiography; and speech and language therapy</td>
</tr>
<tr>
<td>Healthcare Science</td>
<td>50 various roles across the job sub families of of life sciences; physiological</td>
</tr>
<tr>
<td></td>
<td>sciences and physical sciences</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>All grades of doctors and dentists (including those in training)</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td>Including dental nurses and dental technicians, and operating department</td>
</tr>
<tr>
<td></td>
<td>practitioners in theatre services</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>Across all five branches: adult; children; learning disability; maternity; and</td>
</tr>
<tr>
<td></td>
<td>mental health</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>Optometry; pharmacy; play specialists and psychology</td>
</tr>
<tr>
<td>Personal &amp; Social</td>
<td>Health promotion staff</td>
</tr>
<tr>
<td>Care</td>
<td>Support Services</td>
</tr>
<tr>
<td></td>
<td>Catering; domestics; estates and maintenance; and portering</td>
</tr>
</tbody>
</table>

1.1.9 This Plan incorporates the key themes and aims of the national, regional and local clinical and workforce direction in particular drawing from:

• National Health and Social Care Delivery Plan¹;
• National Health and Social Care Workforce Plan – Parts 1, 2 and 3²;
• Audit Scotland’s report on NHS Workforce Planning³;
• National Performance Framework⁴;

² National Health and Social Care Workforce Plan [Part 1], [Part 2] and [Part 3]
⁴ [https://nationalperformance.gov.scot/what-it](https://nationalperformance.gov.scot/what-it)
1.1.10 These documents provide a framework for the production of the annual Board Workforce Plan. Further strategy documents, where they are profession/pathway-specific are referenced where appropriate throughout the Plan.

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

1.1.12 There are number of key themes emerging in the 2019/20 workforce plan including:

- **Recruitment Challenges:** There are a number of areas across the Board with posts which have been vacant for 6 months or more including:
  - Radiologists – particularly Breast and Neuro Interventional
  - Audiologists
  - Clinical Technologists
  - Clinical Geneticists
  - Consultant Biochemists
  - Sonographers
  - Nursing specialties including:
    - Paediatrics
    - Health Visiting
    - District Nursing
    - School Nursing
    - Care of Elderly
    - Mental Health

1.1.13 The majority of the above are also national recruitment challenges, which are reflected locally and a number of different strategies and approaches are underway at Board level to mitigate the associated risks.

1.1.14 NHSGGC is committed to exploring innovative approaches to solving recruitment challenges. For example we have recently reviewed the way in which we recruit newly qualified nurses. This new approach involves early engagement with Universities where all students are invited to presentations that outline the strengths of NHSGGC as an employer and a positive environment to commence a nursing career. The presentations are supported by colleagues from across service areas who present the opportunities available to graduate nurses for support and development within their specialities. In 2019 we are anticipating recruiting around 450 new nurses through this process.

- **Ageing Workforce:** In the last 8 years, across the NHSGGC workforce there has been an increase of 9.4 percentage points in the number of staff aged over 50. NHSGGC has a number of workstreams underway to build on the opportunities presented by an older workforce and mitigate the potential risks. This includes the Staff Health Strategy Working Longer Review and recommendations, the Healthy Working Lives strategy and the local plans which individual services and professions have in place to ensure succession planning and a supply of appropriately skilled workers for the future. As part of NHSGGC’s efforts to further diversify the workforce we have launched our Widening Access to Employment Strategy.

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8 https://www.nhsggc.org.uk/media/250449/nhsggc_digital_strategy.pdf
• **Financial Context:** In common with other Boards and public sector bodies, NHSGGC faces a significant financial challenge. To meet this challenge, a Financial Improvement Programme (FIP) has been established and resourced. The Financial Improvement Programme brings together the plan for existing short-term cost reductions with a more strategic approach which delivers medium and long-term financial sustainability. Actions are delivered in partnership with our Area Partnership Forum.

• **Workforce Projections 2019/20:** While we continue to maximise our resources, NHSGGC is projecting an increase in the workforce of 131.0 WTE in 2019/20, due to new developments and national priorities. A breakdown of this by Job Family is provided in 3.1.2.

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

• **The Scottish General Medical Services contract:** The GMS contract came into force in April 2018. The contract increases support for GPs and GP infrastructure, increases transparency on funding, activities and workforce to assist strategic planning and quality assurance; and makes general practice a more attractive profession for existing GPs, junior doctors and undergraduate medical students. Further information is contained in Section Two.

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

1.2 **Staff Governance**

1.2.1 NHSGGC is committed to meeting the Staff Governance Standard⁹ for the NHS in Scotland and this is reflected in comprehensive Board and local action plans which describe activities and goals across all five standards these are:

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

1.2.2 Our Staff Governance Work Plan also supports the Scottish Government’s 2016 Fair Work Framework¹⁰ which aims to make fair work a hallmark of Scotland’s workplace and economy.

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

- Security;
- Voice;
- Respect;
- Opportunity;
- Fulfilment.

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1.3 The NHSGGC Approach to Workforce Planning

1.3.1 This Workforce Plan has been developed in line with CEL(2011)32\(^{11}\) and uses the NHS Six Steps to Integrated Workforce Planning Methodology, a workforce model which takes an overview of the workforce across all job families and staff groups. The main aim of the Six Steps Methodology is to set out in a practical framework those elements that should be in any workforce plan.

1.3.2 CEL32 requires NHSGGC to:

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

1.3.3 Along with the submissions from other NHSScotland Boards the projections will enable the Scottish Government to develop a national picture of trends across all staff groups and will inform annual student intakes to the nationally commissioned healthcare student groups including medical, dental and nursing and midwifery.

1.3.4 NHSGGC is committed to agreeing and delivering workforce plans and projections in consultation with a wide range of stakeholders, including staff, trade unions and professional organisations. Processes and structures have been established to achieve this. Section 6 contains further information.

1.3.5 The impending introduction of the Health and Care (Staffing) (Scotland) Act 2019 may influence how we develop workforce plans in the future. The implications of the Act for NHSGGC are explored further in Section 2: Demand Drivers and Service Change.

1.4 National Workforce Planning

1.4.1 In June 2018 the Scottish Government published the final part of its National Health and Social Care Workforce Plan\(^{12}\). The National Health and Social Care Workforce Plan has been published in three separate parts:

- Part 1\(^{13}\) of the Plan, focuses on supporting workforce planning in NHS Scotland;
- Part 2\(^{14}\) of the Plan considers ways to address the challenges facing social care workforce planning post integration and was published jointly with COSLA in autumn 2017;
- Part 3\(^{15}\) of the Plan sets the government’s approach to delivering primary care.

1.4.2 The 2019/20 National Health and Social Care Workforce Plan is currently in draft and due for publication in late 2019.

1.5 Regional Workforce Planning

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

Workforce availability, Workforce adaptability, Workforce affordability.

\(^{11}\) https://www.sehd.scot.nhs.uk/mels/CEL2011_32.pdf
\(^{13}\) http://www.gov.scot/Publications/2017/06/1354
\(^{14}\) http://www.gov.scot/Publications/2017/12/2984
\(^{15}\) http://www.gov.scot/Publications/2018/04/3662
1.5.2 The West of Scotland NHS workforce will be critical to the successful delivery of regional services. The workforce, in all professions and at all levels, will have a part to play and staff will be supported and developed to ensure they can fully engage and commit to new service delivery models.

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

2 Demand Drivers and Service Change

2.1 Transformational Change: Moving Forward Together

2.1.1 NHSGGC is undertaking a transformational change programme, Moving Forward Together\(^6\), which sets out a vision for health and social care services. The ambitious aim of Moving Forward Together is to work with our staff to develop new models of care delivery which will provide safe, effective and person-centred care that is sustainable in the long-term.

2.1.2 Since publishing the strategy\(^7\) in the summer of 2018 there has been a continued focus on:

- On-going development and delivery of the Public Involvement and Communications Plan;
- Development of specific projects by the six workstreams aligned to the overall Programme priorities;
- Review of the clinical engagement data completed;
- Summary of specialty priorities compiled and shared with workstreams;
- Engagement with LMC, Clinical Senate, Access Collaborative, Area Clinical Forum, Area Partnership Forum;
- Clinical modelling.

West of Scotland Major Trauma Network Model

2.1.3 Major trauma is the leading cause of death in people under the age of 45 and is a significant cause of short and long-term illness or poor health. Evidence from across England and Wales also shows a significant increase in the number of patients aged over 60 who suffer severe injuries as a result of falling from a standing height\(^8\).

2.1.4 There is a significant amount of evidence to show that patients who suffer a major trauma have a greater chance of survival and recover better if they are treated within a major trauma network. Delivery of the West network is expected by 2021/22.

2.1.5 The network will provide all aspects of trauma care, from the point of injury to rehabilitation, in the region. At the heart of the regional network, is the Major Trauma Centre which will be sited at the Queen Elizabeth University Hospital (QEUH) in Glasgow and will provide care for around 450–550 critically and severely injured patients per annum. A further cohort of moderately injured patients estimated at around 450–550 will also be taken to the MTC based on an expected over triage for admission at 100%. This equates to an additional 700 plus patients per annum attending QEUH compared to current levels. Modelling work is underway to review the NHS capacity required to support high quality care for these additional patients. There will also be a Paediatric Major Trauma Centre located in the Royal Hospital for Children Glasgow (RCHG).

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\(^6\) [http://www.movingforwardtogetherggc.org/](http://www.movingforwardtogetherggc.org/)


\(^8\) [https://www.tarn.ac.uk/content/downloads/3793/Major%20Trauma%20in%20Old%20People%202017.pdf](https://www.tarn.ac.uk/content/downloads/3793/Major%20Trauma%20in%20Old%20People%202017.pdf)
2.1.6 The Major Trauma Centre will be supported by a new national model of Trauma Units with NHSGGC’s being based at Glasgow Royal Infirmary and the Royal Alexandra Hospital in Paisley. These specialist centres will support the trauma pathway delivering expert care for patients suffering complex traumatic injuries.

Systemic Anti-Cancer Therapies (SACT)

2.1.7 SACT is a new model of treatment, developed in partnership with clinicians and patients across the West of Scotland which will help meet the steadily increasing demand for cancer treatment. From 2013 to 2017 there was a 35% increase with a further expected increase of up to 40% by 2025. The new model will free up space in the Beatson West of Scotland Cancer Centre (WOSCC) and in other cancer units to focus on more complex treatments which require more medical input as well as clinical trials.

2.1.8 The new ways of working were drawn up by the Regional Cancer Advisory Group (RCAG) which is a key steering group for the West of Scotland Cancer Network (WoSCAN). Patient and carer feedback surveys have been undertaken to assess the impact/benefits of these new ways of working. From these surveys a number of recommendations have been agreed.

Whole-System Approach

2.1.9 Ongoing programmes of work within the Programme will be taken forward on a whole-system basis by the MFT Programme Office to support broader pieces of work which cross multiple workstreams or are in support of the implementation of specific national programmes, such as The Modern Outpatient19. The first grouping of projects to be brought together is focused on new ways of managing and delivering outpatient services, and will encompass:

- Evidence-based Quality Interventions and Procedures [EQuIP];
- Advanced Clinical Referral Triage [ACRT];
- Patient Initiated Follow-up [PIFU];
- Advice-only referrals;
- Remote consultations.

2.2 Health and Care (Staffing) (Scotland) Act 2019

2.2.1 The aim of the Health and Care (Staffing) (Scotland) Act 201920 is to help ensure improved outcomes for service users by putting in place a framework to support appropriate staffing for high quality care. Provision of high quality care requires the right people, in the right place, with the right skills at the right time to ensure the best health and care outcomes for service users and people experiencing care. The provisions of the Act are not yet fully implemented, and will come into force when appointed by Scottish Ministers through regulation.

2.2.2 The Act places a duty on every Health Board to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate to ensure the health and wellbeing of patients, to provide high-quality healthcare, and to safeguard the wellbeing of staff insofar as at impacts the previously listed aims. The Act also imposes the following duties to:

- Ensure appropriate staffing: agency workers;
- Have real-time staffing assessment in place;
- Put in place and maintain risk escalation processes;
- Have arrangements to address severe and recurrent risks;
- Seek clinical advice on staffing;
- Ensure appropriate staffing: number of registered healthcare professionals etc.;
- Ensure adequate time given to clinical leaders;
- Ensure appropriate staffing: training of staff;
- Follow common staffing method;
- Supply reports and information to Scottish Ministers and HIS.


2.2.3 Some parts of the Act are profession-specific but the general duties outlined above are not limited to any one job family. NHSGGC will ensure multi-disciplinary representation on any working groups and implementation workstreams.

2.3 The Sturrock Review

2.3.1 In late 2018, the Scottish Government commissioned John Sturrock QC to produce an independent report looking at cultural issues and harassment within NHS Highland, "The Sturrock Report"\(^{21}\).

2.3.2 NHSGGC developed a new Culture Framework in 2019, which will compliment actions to help make NHSGGC a great place to work.

2.3.3 Moving forward, an action plan will be developed in partnership with our key stakeholders.

2.4 The Population Served by NHSGGC

2.4.1 The NHSGGC population has been rising steadily over the last decade (5.2% rise). The total Scottish population rose by 3.8% over the same period. The rise in the NHSGGC population has been driven mainly by increases in Glasgow City (4.9% rise). During this period, the populations of Inverclyde and West Dunbartonshire declined by 2.4% and 1.8% respectively.

**FIGURE 2.3.1 – NHSGGC Projected population 2016-2025**

Source: National Records for Scotland\(^ {22}\)

2.4.2 Approximately 21% of the NHSGGC population is under 20 years of age and 16% over 65 years. This is broadly in line with the Scottish population, although a higher proportion of people across Scotland are over 65 years (18%).\(^ {23}\)

2.5 Public Health Drivers and Health Inequalities

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

- Growing numbers of people with long-term and multiple conditions;
- Rising levels of depression and dementia;
- High levels of alcohol consumption and alcohol related health problems;
- High rates of drug dependency;
- Growing rates of obesity;


\(^{22}\) National Records of Scotland: [Population Data - 2016](https://www.nrscotland.gov.uk/browse/statistics/population-data)

2.5.2 Issues of poverty and vulnerability are major factors in health with 35% of the NHSGGC population in the most deprived section of our community and, with the onset of more than one chronic illness within this group happening 10-15 years earlier than in the least deprived areas.

2.5.3 NHSGGC also faces challenges in a number of key determinants of health. Most significantly:

- Number of 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 increasing numbers of people living on their own.

2.5.4 Mental Health and Wellbeing is a Board priority described in the Department of Public Health (DPH) report Healthy Minds. With 50% of adult mental health problems being evident by the age of 15yrs the rationale for childhood intervention (prevention) is strong. The need to reduce social stigma and intervene on distress/ suicide prevention as well as develop wellbeing and recovery approaches are priorities within the 5 year mental health strategy.

2.5.5 NHSGGC’s 10 year Public Health strategy ‘Turning the Tide’ published in 2018, concentrates on how we will work to improve public health as well as describing actions to be taken. The strategy represents our commitment to prioritise public health by bringing prevention to the fore of our agenda.

2.6 Financial Context

2.6.1 NHSGGC, in common with all Scottish NHS Boards, continues to face a challenging financial position as it strives to meet the healthcare needs of its population in the context of the demographic and public health challenges set out the previous section. In 2019/20 NHSGGC has received a funding uplift of £55.6m which, as in 2018/19, Scottish Government’s Health and Social Care Directorates wish us to target towards developments in health and social care, mental health, primary care and health visiting. In addition, as set out in the Board’s Financial Plan, NHSGGC has identified a savings challenge of £75m for 2019/20.

2.6.2 To meet this challenge, the Financial Improvement Programme (FIP), started in 2018/19, brings together a plan encompassing short-term cost reductions with a more strategic approach designed to deliver medium and long-term financial sustainability. The work underway includes:

- Design and launch of the Small Change Matters initiative with the Communications Team to engage staff and promote buy-in and ownership of the financial challenge;
- CRES to be identified locally within each Acute Directorate and Corporate Division and associated schemes developed in partnership;
- Organisational wide savings schemes, including sustainability and value initiatives and supporting governance and delivery framework;
- Continued work and contribution to the Moving Forward Together Programme (MFT) and the West of Scotland Regional Delivery Plan; and
- Continued work on and discussions with the Health and Social Care Partnerships (HSCPs) regarding the proposed delegated budgetary settlement for 2019/20.

2.7 General Medical Services Contract and Primary Care Improvement Plans

2.7.1 The new Scottish General Medical Services contract was agreed in January 2018 and new regulations were introduced to Parliament on 1 April 2018.

2.7.2 The new contract aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team.

2.7.3 The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

2.7.4 A range of key provisions were set out in the new contract documentation and accompanying Memorandum of Understanding (MoU). The MoU sets out an agreement between Integration Authorities, the Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a 3 year Primary Care Improvement Plan (PCIP).

2.7.5 Specific commitments are set out within the MoU, some of which are mirrored by a contractual commitment to transfer responsibility for service delivery away from GP practices by March 2021. The specific commitments are:

- Vaccination Transformation Plan: Transfer of responsibility for vaccination and immunisation delivery;
- Pharmacotherapy Services: Provision of a comprehensive pharmacy service including acute and repeat prescribing and medication management activities;
- Treatment room services: Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing);
- Urgent Care (ANP/paramedic): Initially focused on new advanced practice roles to undertake home visits and other urgent care;
- Link Workers: Building on the existing community link worker pilots;
- Other MDT: MSK physiotherapy; mental health workers.

2.7.6 PCIPs and MFT have been developed in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network which goes beyond the changes identified in the new contract and MoU. The PCIPs are an opportunity to build an infrastructure and base for further developments that will complement delivery of MFT over time.

2.8 Five Year Mental Health Strategy

2.8.1 NHSGGC’s Mental Health Strategy for 2018-2023 was presented to and approved by the Glasgow City Integrated Joint Board in January 2018. The strategy is informed by a number of publications, including the Scottish Government’s Mental Health Strategy 2017-2027, and the 2017 ‘Healthy Minds’ report by NHSGGC’s Director of Public Health. The proposals in the strategy are consistent with the Health Board’s vision for Moving Forward Together and are aligned to the national strategic direction.

2.8.2 The strategy is focused on:

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

2.8.3 A number of key actions will be taken during 2019-20 including:

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27 Glasgow City Integration Joint Board Meeting – Item 7 – January 2018
• Utilisation of money assigned under Action 15 of the 2017-27 Mental Health Strategy to increase our mental health workforce by March 2020;
• Consolidation of our Liaison Psychiatry Service within Accident and Emergency and Acute Services;
• Consolidate the work within our Out of Hours service;
• Recruitment of Peer Workers across the Community Mental Health Teams;
• Work to develop the recovery focused modelling for both community and in-patient services;
• Work to support a dedicated Mental Health Workforce Plan for 2020-2023.

2.9 NHSGGC Digital Strategy: Digital as Usual 2018-2022

2.9.1 NHSGGC is enthusiastic about taking advantage of opportunities to modernise and empower our workforce through our Digital Strategy: Digital as Usual 2018-2022. This includes improving processes, ensuring our staff are less reliant on manual administrative ways of working and supporting a truly digitised approach to work. Opportunities in the area of workforce and business systems include:

• Enabling more agile and mobile working;
• Modernising office systems to support administrative processes and also provide digital collaboration tools for teams including investigation opportunities for voice recognition;
• Reducing paper and digitising records to further integrate into the Electronic Health and Care Record;
• The introduction/procurement of a new national eRostering solution to support improved management of staff rotas.

31 https://www.nhsggc.org.uk/media/250449/nhsggc_digital_strategy.pdf
3  Defining the Required Workforce

3.1 Workforce Projections 2019/20

3.1.1 In this section we describe the changes we anticipate to the principal job families and the reasons for these changes. In addition, a summary of the workforce change in 2018/19 can be found in appendix one.

3.1.2 The table below shows the anticipated workforce changes by Job Family for 2019/20. Overall it is anticipated that there will be an increase of 131.0 WTE (0.4%) in the NHSGGC Workforce this financial year.

FIGURE 3.1.2 - Anticipated workforce changes by Job Family for 2019/20

<table>
<thead>
<tr>
<th>Job Family</th>
<th>Baseline</th>
<th>Projected Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services*</td>
<td>5,137.7</td>
<td>-61.0 WTE</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>2,718.3</td>
<td>34.0</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>1,758.4</td>
<td>0.0 WTE</td>
</tr>
<tr>
<td>Medical and Dental - Consultant</td>
<td>1,601.3</td>
<td>26.3</td>
</tr>
<tr>
<td>Medical and Dental - Career Grades</td>
<td>283.2</td>
<td>7.4 WTE</td>
</tr>
<tr>
<td>Medical and Dental - Training Grades</td>
<td>1,625.0</td>
<td>-40.0 WTE</td>
</tr>
<tr>
<td>Medical and Dental Support</td>
<td>400.1</td>
<td>0.0 WTE</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>15,461.0</td>
<td>59.5</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>1,189.2</td>
<td>29.0 WTE</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>239.1</td>
<td>0.0 WTE</td>
</tr>
<tr>
<td>Support Services</td>
<td>3,351.1</td>
<td>75.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33,764.4</strong></td>
<td><strong>131.0 WTE</strong></td>
</tr>
</tbody>
</table>

*Includes Executives

3.2 Medical and Dental

Seven Day Services

3.2.1 Both Scottish and UK Governments are committed to working with NHS Boards to ensure patients can access safe, high quality care during evenings and weekends.

3.2.2 The Sustainability and Seven Day Services Taskforce Interim Report was published by the Scottish Government in 2015 and suggested that delivery of appropriate seven day services would improve patient care and clinical outcomes.

3.2.3 NHSGGC recognises that the further development and exploration of how 7 day services could be implemented more widely is required. It is also influenced by a number of contractual and remuneration considerations. The current Consultant contract has limitations for non-emergency programmed activities in out of hours periods i.e. 8pm – 8am Monday through Friday and at the weekend after 1pm on the Saturday. Any non-emergency programmed activities in this period require prior agreement between the employer and the individual consultant. National discussions via the Management Steering Group (MSG) around changes to the current Consultant contract take these aspects into consideration.

Realistic Medicine
3.2.4 In April 2019, the Chief Medical Officer published her fourth annual report on realistic medicine, Personalising Realistic Medicine\(^{32}\) which poses questions for clinicians about the application of modern medicine within a dynamic and changing healthcare environment. The report describes the limitations on the current healthcare model which does not always meet the needs of patients, their carers or the aspirations of the workforce. The report highlights the importance of effective patient and clinician communication and will increase the focus on clinical leadership development and communication skills.

Demographic Drivers

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

Changes to General Practice training scheme

3.2.6 In response to the recognised shortage of participants in the GP training scheme nationally NHSGGC has implemented a mitigation plan to maintain service delivery which includes filling posts with a concerted recruitment effort of NES supported temporary LAT, Clinical Development fellows and Clinical Fellows. The service recognises to deliver this reduction in trainees a whole system approach and whole workforce redesign is required.

Improving Junior Doctor Working Lives

3.2.7 In recent years, the Scottish Government have agreed a number of initiatives aimed at improving the working lives of doctors and dentists and training.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in maximum number of consecutive working days to 7</td>
<td>DDiT are no longer rostered to work more than 7 consecutive shifts which has resulted in changes to shift patterns in many specialties and a decrease in training opportunities and trainer and trainee interaction as more time is spent out-of-hours where there is reduced supervision, at the expense of core training time. As the model beds in, this may also lead to an increase in the number of rota gaps, increases to banding payments and an even more challenging recruitment position in terms of attracting doctors into the training programmes for certain Acute specialties.</td>
</tr>
<tr>
<td>Minimum 46 hour rest period following night shift working</td>
<td>Following negotiation between MSG and the BMA, an agreement was reached in April 2018 to implement a 46 hours rest period following a period of night shifts (full-shift rotas only). All NHS Boards in Scotland are expected to fully comply with this rule with effect from 7th August 2019 (the Junior Doctor Rotation date).</td>
</tr>
<tr>
<td>Non-averaged maximum 48 hour working week</td>
<td>Proposals also exist to look at the implementation of a non-averaged maximum 48 hour working week. A national expert working group with MSG, DME, BMA, Academy, NHS Education for Scotland (NES), HIS, and Scottish Government has been formed via the improving Junior doctors working lives agenda to consider the implications of this.</td>
</tr>
</tbody>
</table>

Consultant Productivity and Job Planning

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3.2.8 Job Planning is a requirement for most Consultant and Specialty and Associate Specialist (SAS) doctors which must be undertaken annually and is a prospective process. It sets out the doctor's duties, responsibilities and objectives for the coming year and determines new ways of working rather than reinforcing existing working practices.

3.2.9 In November 2018, A Board working group was formed to take forward team job planning as part of service planning. The group has agreed that five specialties would be chosen as Early Implementers of team service planning:

- Anaesthetics (all 3 Sectors);
- Respiratory (all 3 Sectors);
- Breast Surgery (all 3 Sectors);
- Obstetrics and Gynaecology;
- Clinical Microbiology;
- Renal Medicine.

3.2.10 The group also identified the following key actions in order to progress:

- Early Implementer Specialties will be finalised;
- Clarify Mental Health participation;
- Early implementer specialties will create and agree initial template.

3.3 Oral Health

3.3.1 Oral Health has established a workforce plan\(^{33}\) covering the period 2018 - 2022 which covers all aspects of NHSGGC Oral Health Services including Secondary Care (SC), the Public Dental Service (PDS) and our Oral Health Improvement Services.

3.3.2 The Oral Health Improvement Plan for Scotland\(^ {34}\), which identified 41 actions for improving the oral health of the population, had as key objectives for 2018-19 the recruitment to a Director of Dentistry for every Health Board, NHSGGC has appointed a Chief of Dentistry which mirrors our professional structure in medicine; it also had the development of the Domiciliary Care provision with local Health Boards, in NHSGGC we have commenced, in partnership with NHS Education Scotland, the process of training and accreditation for General Dental Practitioners to ensure the majority of dental services in Care Homes is provided by them.

3.3.3 The Oral Health Directorate currently has three major service reviews underway that will impact on service delivery during 2019-20:

- Public Dental Service – We are consulting on the direction of travel with key stakeholders;
- Dental Laboratory Service – We are currently reviewing our estate to maximise services and looking at succession planning activity;
- Restorative Dentistry – Looking at the referral pathways for patients to ensure that they are seen in the most appropriate setting.

3.3.4 A purpose built Special Care Dentistry Suite at Townhead Health Centre, opened in June 2019. Our special care team will be able to facilitate care for patients whose weight exceeds the safe working loads of traditional dental surgery equipment. Staff are currently undertaking equipment training to allow them to undertake dental procedures using the adapted dental furniture and equipment.

3.3.5 We continue to promote Our Vision: “Working with our partners to deliver the best possible Oral Health Services”.

3.4 Nursing and Midwifery


3.4.1 NHSGGC employs 12,500 registered nurses and midwives and 4,500 Healthcare Support Workers, with 64% of this job family employed on a full time basis.

**Nursing and Midwifery Workload and Workforce Planning Tools**

3.4.2 Nationally-validated workload and workforce planning tools are used on an annual basis (or more frequently) to ensure that safe staffing levels of nurses and midwives are maintained. Within NHSGGC 13 nursing workforce and workload planning tools are in use across a range of services including acute and community, mental health, theatres, emergency departments, neonatal, maternity, specialist nursing and paediatrics. The use and output of the tools is supported and reviewed by NHSGGC’s Nursing and Midwifery and Allied Health Professions (NMAHP) workforce group.

3.4.3 The Health and Care (Staffing) (Scotland) Act 2019 makes specific provision for workforce planning relating to Nurses and Midwives. The Act ensures that appropriate nationally agreed workload and workforce planning tools are applied in nursing and midwifery settings, as well as that all staff involved in the application of these tools are both appropriately trained and given sufficient time and resources to complete them.

3.4.4 NHSGGC will continue to use workload and workforce planning tools to support its fulfilment of the duties outlined in the Act, and is participating in the testing and development of new processes such as a risk-assessment matrix to ensure that the resources of the NMAHP group are appropriately targeted at high-risk areas.

3.5 **Supplementary Nursing and Midwifery Workforce**

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

- Requirement for Registered Mental Health nurse and HCSW provision of 1:1 care within adult general acute areas for patients with challenging behaviour and complex comorbidities;
- Emerging issues within the adult sectors in recruiting band 5 experienced nurses specifically for elderly care units, Orthopaedics and Theatres;
- Recognised UK-wide recruitment issues alongside high maternity leave and turnover of 8% are a challenge for the paediatric nursing workforce (NHSGGC is addressing this through a national recruitment process);
- Several areas across nursing and midwifery have an ageing workforce, specific hot spots being midwifery and theatres. Additional students are in place to counter the predicted retirements within midwifery and new band 5 recruitment supported by local training programmes are underway in theatres.

3.6 **Nursing and Midwifery Specialties**

3.6.1 Within this section further detail of the developments and factors that are impacting on the nursing and midwifery workforce is provided by specialty.

3.6.2 The key workforce challenges across the acute sectors are:

- Review of ward establishments ensuring safe and effective staffing levels;
- Review of current rostering procedures;
- Increasing prevalence of ‘enhanced observations’;
- The use of supplementary staffing;
- Ward layouts and a review of the workforce impact single room accommodation;
- Review of maternity services as part of ‘Best Start’.
Midwifery

3.6.3 The Clyde area of NHS GGC was chosen as an early adopter to test alternative models of ‘continuity of carer’ as part of the Best Start programme. This work is in the early stages with one team of midwives who have been testing the model using on call being in place since January 2019. The full on-call model will be tested from August 2019. Plans are in place for a further team of midwives to test a hybrid model which involves on call and rostered shifts and it is anticipated that this team will be in place by September 2019. A revised staffing profile for inpatient and community maternity care, and neonatal care, is being scoped as part of the early adopter work being undertaken in Clyde. NHSGGC is an early implementer of the neonatal recommendations which involves transferring sick and very premature babies and their mothers from Ayrshire and Arran to the Queen Elizabeth University Hospital. Additionally we are introducing transitional care and reviewing the staffing model to support both models. The outcome of this will inform a multidisciplinary staffing model.

Health Visiting

3.6.4 As a result of national policy the Health Visiting Service has moved to being delivered predominantly by an Agenda for Change Band 7 workforce supported by Health Care Support Workers and Child Development Officers (Nursery Nurses).

3.6.5 The health visiting service has experienced on-going issues with vacancies during 2019/20 with an average vacancy level of 25 WTE (5%). However we will reach our endpoint number of 200 per the health visiting investment plan by January 2020 when all students supported by Scottish Government investment will have graduated. This is projected to bring the in-post position for Health Visitors in NHSGGC to 436 WTE. This also clears the 25 WTE vacancies held at the end of June 2019. A cohort of 20 students funded by NHSGGC have been recruited and commenced the Specialist Community Public Health Nursing – Health Visiting programme at Glasgow Caledonian University in September 2019. This supports our current workforce sustainability plan and ongoing delivery of the revised universal health visiting 0-5 years pathway.

School Nursing

3.6.6 Over recent years there has been a gradual reduction in the number of School Nurses working within the mainstream school nursing services. This is a result of some staff having been successful in securing a place on the Specialist Community Public Health Nursing – Health Visiting programme and moving into Health Visiting posts; some staff moving into the school-aged-immunisations teams; others moving to the continence service and some retiring from the service. School Nursing posts remain hard-to-fill due to a national shortage.

3.6.7 Plans are in place to support an additional five to six students on the Specialist Community Public Health Nursing – School Nursing Programme in 2020/21 which will enable an incremental increase in the potential number of students supported in 2021/22 then year on year to accommodate the anticipated investment in School Nursing announced by the Scottish Government towards the end of 2018. Based on the current practice teacher and School Nursing capacity our ability to recruit larger numbers of students will be limited in NHSGGC due to the supervision requirements whilst undertaking the programme.

Family Nurse Partnership (FNP)

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

3.6.9 The programme aims are:

- To improve maternal health and pregnancy outcomes;
- To improve child health and development and;
- To improve parents’ economic self-sufficiency.
3.6.10 The Scottish Government are committed to the expansion of the FNP programme and are keen to examine where FNP can add value to the current early years landscape.

**District Nursing**

3.6.11 The District Nursing (DN) service is aligning with the ambitions of the CNO’s directorate in relation to Transforming Roles, which includes maximising the nursing contribution to services, by continual professional development to enhance patient outcomes. Work that began in 2015 emphasised district nurses’ leadership role in areas such as anticipatory, palliative and end-of-life care. The aim was to develop, agree and drive implementation of a refocused district nursing role by:

- Developing a vision and model to meet future health needs;
- Defining key components of future roles;
- Identifying specific core education required;
- Considering future guidance on caseload and resource-allocation models.

3.6.12 The implementation of the GMS contract and subsequent requirement for Advanced Nurse Practitioners has led to development in Advanced Assessment and Independent Prescribing, as well as continuing to address shortfall in Agenda for Change (AfC) Band 6 DNs by succession planning for Advanced Practice in District Nursing Specialist Practitioner Qualification.

3.6.13 High retiral rates continue in DN reflecting Scotland’s position that around one in four of AfC Band 5 and 6 DNs are over 55. There is evidence to suggest that the rate of retirements is falling, and this will continue to be reviewed on an annual basis.

3.6.14 A current challenge across District Nursing is that the Specialist Practitioner in Advancing Practice in District Nursing programme prepares practitioners for advanced roles, leading to an increasing number leaving the DN service to train as ANP’s. A number of experienced DNs have already migrated to both GP and HSCPs employed Advanced Nurse Practitioner (ANP) positions. There may also be implications of Health Visitor change in AfC banding to Band 7 in that band 5 DNs may consider further training to become Health Visitors.

**Care Homes Liaison Nursing Service**

3.6.15 The Care Homes Liaison Nurse Service delivers integrated, collaborative and co-ordinated support and advice to care home residents and staff in order to support high quality standards of care, and supports General Practitioners and the wider multidisciplinary team in the ongoing provision of enhanced services for residents within care homes. Their core activities involve supporting those being discharged from acute, tertiary care or transferring from the community to a care home setting.

3.6.16 Care Homes Liaison Nurses will be involved in anticipatory approaches to care, including Anticipatory Care Plans, in order to impact upon unscheduled care and prevent avoidable hospital admission. Across NHSGGC there are a number of newly developed Care Homes ANPs, employed by HSCPs via Primary Care Improvement Plan (PCIP) funds, in order to impact upon proactively managing people with more complex needs and in turn avoiding admission to acute settings where possible.

**Mental Health Nursing**

3.6.17 There are 2,000 mental health nurses working across all the HSCPs within the Board area. Turnover remains high and relatively static with one of the top reasons for leaving being retirement (42% 2018/19). Whilst the number of staff with Mental Health Officer (MHO) status is reducing, currently 12% are eligible to retire over the next two years. The Mental Health Workforce Sub Group was established to support workforce planning activity over the next 3 to 5 years.
3.6.18 In 2018/19 mental health services piloted a new approach to recruitment of newly registered mental health nurses with the objective of recruiting and retaining all available new registrants as well as reducing recruitment/application duplication. Of the 120+ applicants, 50% accepted offers of substantive posts and a proportion of AfC band 5 posts remained unfilled. Workforce planning requires consideration of all avenues of nurse recruitment going forward.

3.6.19 Mental Health services continue to use supplementary and additional staffing to meet clinical needs. The majority of supplementary staffing usage reflects patient acuity (enhanced observation); sickness absence and vacancies.

3.6.20 Mental Health are maximising opportunities for Health Care Support Workers to access the 4yr Open University pre-registration nursing programme which was developed following recommendations set out in the National Workforce Plan to create further nurse training places and the Chief Nursing Officer Commissioning Report.

3.6.21 Specific areas of potential development or impact for Mental Health Nursing includes:

- Recruitment and retention to new and developing roles within unscheduled care services, co-ordinator roles, links with NHS 24;
- Rotational posts between services such as OOH, liaison MH, and development of new unscheduled care nurse roles;
- Development of New service specific pathways i.e. Borderline Personality Disorder/ADHD as well as older peoples mental health are identified for potential ANP development;
- Development of eHealth and electronic patient record for in-patient and community patients to ensure standardisation of clinical paperwork across mental health nursing.

3.6.22 Within Police Custody there are plans to increase number of Mental Health Nurses to enhance the provision of healthcare for individuals within a custody setting this will be funded through Scottish Government MH Strategy (Action 15). As part of the MH Unscheduled Care Review and implementation, Police Custody nurses are working in partnership with Out of Hours MH nursing service, Mental Health Liaison Services and Mental Health Crisis Teams to develop and align new roles.

3.6.23 The development of a 7 day Enhanced Drug Treatment Service (EDTS) will be opening in September 2019 and will be delivered by a multi-disciplinary team in a bespoke clinical environment. The service aims to engage and improve outcomes for a population of injecting drug users who have not benefitted from other treatments and are at risk of drug related harm and associated health risks. The primary target population will be individuals currently injecting heroin and other drugs in the city centre area, with particular focus on individuals engaged in public injecting who are homeless.

Child and Adolescent Mental Health Services

3.6.24 Over the past year CAMHS have experienced challenges in recruitment and retention, many newly qualified nurses are being recruited, however it is proving more difficult to recruit experienced nurses into the service and retain that experience within the service. Over the past 5 years, band 5 staffing across community teams has increased to allow for succession planning and now there are established band 7, 6 and 5 roles in all community teams and band 3 HCSWs within the inpatient teams and Tier 4. New nursing roles in health visiting and family nurse partnership have impacted on staff retention, higher banding of CAMHS posts in other Board areas is cited as the main reason for staff leaving the GGC service.

3.6.25 Over the past 4 years, CAMHS have employed band 5 nurses on rotation; these posts cover all NHSGGC CAMHS community and Inpatient teams and are for 6 month to 1 year placement to back fill vacancies/absences. There are 20 nurses in this type of post to reduce the impact of vacancies on patient care. HCSW are being supported to attend the Open University pre-registration programme to enable progression to nurse training.
3.6.26 Training and development for new to CAMHS nursing staff includes attendance and completion of the Essential CAMHS NES modules. The review and development of NMP/NMP and nurse specialist posts continues with 4 qualified Non-medical prescribers in post for ADHD service.

**Learning Disability Nursing**

3.6.27 The Learning Disability Change Programme, 'A Strategy for the Future'[^35] focused on the future sustainability of the Learning Disability (LD) nursing workforce within NHSGGC. The sustainability for LD nursing has been addressed through the changes identified in the learning disability change programme. As a result of this there is an improved blend of skill mix and grades of nurses with an increase in AIC band 5 posts across all areas.

3.6.28 There is no anticipated difficulty in being able to secure newly qualified registrant nurses to vacant posts as both Scottish Universities who educate and produce newly qualified LD nurses have increased their student intake significantly in the last two years. The Health and Care (Staffing) (Scotland) Act 2019 will also provide a requirement to continue to monitor and review staffing levels to ensure we have the right workforce in place.

3.6.29 There will be a small but steady number of retirements expected by experienced nurse practitioners as we go forward. This will need careful management in some areas where more than one nurse will likely to be retiring at the same time. However turnover of more junior nurses has generally been low and therefore the skills and knowledge of senior nurses will continue to be shared with their colleagues. This will mobilise and increase the development opportunities for junior nurses and allow for succession planning.

3.6.30 LD services have taken the first positive step in creating one trainee advanced nurse practitioner post with the post holder just about to qualify. A review will be conducted to assess the impact of the advance nurse practitioner role on patient care and outcomes. The creation of further posts will be then discussed at clinical governance which includes all HSCP areas with a view to agreeing advance practitioners in other areas. This would allow senior nurses who wish to progress their clinical skills and careers the opportunity to do so.

3.7 **Transforming Roles**

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

3.7.2 Transforming Clinical Roles delivers on the commitment by Scotland’s Chief Nursing Officer to maximise the contribution of Nurses, Midwives, and Allied Health Professionals. As part of the program NHSGGC is developing its capacity for Specialist Nursing Roles, including for Clinical Nurse Specialists (CNS), Nurse Practitioners (NP), and Advanced Nurse Practitioners (ANP). For example within Ophthalmology role expansion, in which specialist ophthalmic nurses deliver intravitreal injections, has been shown to be economical, safe and effective. It enables timely delivery of the service, thereby preventing irreversible blindness for individuals with wet AMD.

3.7.3 ANPs hold a Master’s level qualification (usually a Postgraduate Diploma) and act within one of five broad clinical groups; Adult Acute Care, Paediatrics, Neonatology, Primary Care, and Mental Health. Acting as a clinical leader, they exercise a broad range of clinical skills, taking sole responsibility for patient care. Responsible for patients with complex multi-dimensional problems, ANPs act autonomously and have decision-making authority for assessment, diagnosis, and for treatment including the authority to prescribe, refer or discharge within appropriate clinical areas.

3.7.4 Functioning as part of the multidisciplinary team ANPs work in or across all clinical settings, dependent on their area of expertise. The use of ANPs within secondary care is anticipated to grow, and the Board is working to align that growth with current change programs including Moving Forward Together. The Board has circa 130 ANPs at present, and 100 in training as part of the commitment contained in “A Plan for Scotland: the Government’s Programme for Scotland 2016-17” by the Scottish Government to train 500 additional ANPs by 2021, which they have supported with a commitment of £3 million.

3.7.5 The ANP workforce will be used to support some of the following initiatives:

- Introduction of the ANP roles in GP Practice;
- Admission avoidance – early intervention as part of the unscheduled care workstream – for example within care homes;
- Supporting changes to medical education by working with junior medical staff (particularly foundation year 1 and 2);
- Response to primary care improvement plans (PCIPs);
- Transformation of Nursing Roles – to harness the full potential of nurses and nursing;
- Difficulty in recruiting to medical posts:
  - GMS Contract implications within Primary Care;
  - GP Shortages;
  - In Community and Acute Mental Health;
  - In Orthopaedics and Emergency Medicine.

3.7.6 In the Board’s last workforce plan it was acknowledged that the expansion of Advanced Practice and Health Visiting could potentially destabilise other nursing and midwifery professions, for example the loss of a number of paediatric trained nurses to health visiting and District Nursing recruitment into Advanced Nurse Practitioner roles. The Board monitors this position regularly.

**General Practice Nursing**

3.7.7 The Scottish Government is making investment in newly qualified nurses to enhance the current General Practice Nursing (GPN) workforce by adopting a positive recruitment and retention strategy to provide an opportunity for newly qualified nurses to enter the GPN workforce. Each training place is funded nationally at Agenda for Change Band 5 plus employer costs for up to 20 hours per week for a fixed term of 2 years. Each trainee has a place on the 13-month NES GPN Programme which provides practice related knowledge, work based learning and clinical skills training to develop an autonomous nurse in the context of General Practice Nursing, at level 5 of the Career and Development Framework.

3.8 **Allied Health Professions**

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

3.8.2 Allied Health Professions comprise 3,250 staff across 10 professions:

- Art Therapies
- Diagnostic Radiography
- Dietetics
- Occupational Therapy
- Orthoptics
- Orthotics
- Physiotherapy

[36](http://www.gov.scot/Publications/2016/09/2860)
3.8.3 There are a number of priorities at the forefront of the AHP workforce planning framework in NHSGGC including:

**Regional Working**
- Explore opportunities to share the AHP workforce across the West of Scotland region – facilitate more seamless movement of staff between Boards for example by establishing data sharing agreements to reduce inter-Board bureaucracy;
- Identify opportunities for regionally-hosted services for smaller professions where Boards experience challenges in recruiting and retaining staff; opportunities being explored with orthotics, chaplaincy and orthoptics;
- AHPs will be part of the WoS Advanced Practice Academy, currently focused on nursing/midwifery, providing a regional approach to the growth, development and sustainability of AHP Advanced Practitioner roles;
- Build a more flexible supplementary workforce – for example through a dedicated AHP Bank service – both within the Board and across the region.

**Workforce Development**
- Offer an education and career pathway for all AHPs from apprenticeship through to registered practitioner and onwards;
- Working in partnership with the Higher Education Institutions (HEI) to deliver a sustainable placement programme which ensures an appropriate supply of graduates entering NHS Service over the next 3 years and on-going continuing professional development and supporting increased use of Advanced Practice roles;
- Succession planning – embed succession planning systematically across AHPs to ensure a sustainable workforce;
- Consider the implications of implementation of the Health and Care (Staffing) (Scotland) Act 2019 for AHPs, and address the requirement of the bill to give assurance of safe staffing levels.
- Consider the opportunities presented from developing advanced skills across the workforce, (from unregistered to registered staff) and the opportunities this provides for services.
- Make AHPs a career choice – provide opportunity to encourage school-leavers to consider a role in health and Allied Health Professions in particular;
- Grow diversity in the workforce.

**New ways of working**
- Changing the way we think about the AHP workforce – consider the workforce as part of the wider patient pathway rather than limited to traditional profession silos and registered/unregistered workforce;
- New and emerging roles - AHP Advanced Practice and AHP Consultant roles will address medical recruitment gaps; providing senior leadership and decision making taking on medical tasks/skills, for example – Therapeutic Radiographers planning cancer treatments, Advanced Practitioner Dietetics leading the Coeliac Pathway, Therapy lead rehab beds (MTC/Older Peoples), Musculoskeletal (MSK) Advanced Practitioners taking work from GPs, MSK Consultant providing 1 stop clinic for inflammatory conditions;
- Consider more flexible working hours – extending the working hours in the week and/or weekend working to meet clinical and service demand;
- Support the Board’s corporate priorities, and develop AHP solutions to support these;
- Proactively review digital opportunities to enhance the AHP workforce capacity and capability in the interventions they provide;
- Define and enhance capacity/capability within the community setting - with a view to delivering care in the home or homely setting - The increasing demand for rehabilitation through aging population, increased survivorship (post cancer, paediatric
transition, major trauma network) leading to complex needs and co-morbidities, is a particularly under recognised area of pressure;

- Consider the impact of both an ageing patient/service user population and ageing workforce.

3.8.4 The table below provides a summary of the AHP workforce within NHSGGC as at 31st March 2019.

**FIGURE 3.7.4 - Overview of AHP Workforce**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Headcount</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahp Training / Administration</td>
<td>17</td>
<td>15.4</td>
</tr>
<tr>
<td>Arts Therapies</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Diagnostic Radiography</td>
<td>703</td>
<td>620.9</td>
</tr>
<tr>
<td>Dietetics</td>
<td>253</td>
<td>203.3</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>645</td>
<td>545.7</td>
</tr>
<tr>
<td>Orthoptics</td>
<td>37</td>
<td>28.7</td>
</tr>
<tr>
<td>Orthotics</td>
<td>36</td>
<td>33.8</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>925</td>
<td>757.2</td>
</tr>
<tr>
<td>Podiatry</td>
<td>194</td>
<td>142.3</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>13</td>
<td>11.6</td>
</tr>
<tr>
<td>Speech And Language Therapy</td>
<td>279</td>
<td>224.7</td>
</tr>
<tr>
<td>Therapeutic Radiography</td>
<td>150</td>
<td>122.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3255</strong></td>
<td><strong>2,718.3</strong></td>
</tr>
</tbody>
</table>

3.8.5 The following paragraphs outline current and future challenges, developments and the resulting effects on the workforce by profession within the AHP workforce.

**Art Therapies**
- Ensure robust governance structures for contracted Arts Therapists;
- Continue to highlight equity of access to Arts Therapies in particular children’s services
- Seek solutions at no additional cost to delivering clinically relevant Arts Therapies;
- Continue to highlight areas where Arts Therapies can contribute to value and quality of service for health improvement, such as Dementia and Mental Health.

**Physiotherapy**
- Physiotherapy demand is not meeting the supply for the profession. CHPO SG has supported extension of HEI numbers for the MSc across the 4 HEIs. This will deliver 60 additional graduates;
- 2.3% increase in demand including development of new roles/advanced practice roles indicates a requirement for an additional 16 WTE physiotherapy staff per year over next three years;
- MSK physiotherapy referral rate increased by 7.7% - This activity continues to be monitored;
- PCIP will require a further c. 16 WTE over 2 year period (currently 20.8 WTE in post and recruitment ongoing for a further 5 WTE);
- Proposal to decrease Management posts by 15% over next 2-3 years;
- Children’s Services - Recognition and further development of relationships utilising universal and targeted support available from 3rd sector organisations within patient localities, for example in paediatrics this may include National Society for the Prevention of Cruelty to Children (NSPCC), Promoting a More Inclusive Society (PAMIS), Disability Sport. This will reduce demand by 10% of specialist services and also support greater inclusion and links within the child’s own community as well as self-management of longer term conditions.
- Considering National framework for Transition - this may have the added advantage of smoother, less resource demand on YP to adult transition population;
- Increased in self-management information and education available - for public and referrers, improving access to provide universal information that would have previously required referral into services, transferring existing resource to targeted and specialist AHP services including AP roles.
Diagnostic Radiography

3.8.6 In the context of West of Scotland planning there are a number of clinical pathway developments which will impact on the Diagnostic Radiography workforce. Pressing amongst these developments is the implementation of the Major Trauma Centre for both adult and paediatric patients, the stroke/thrombectomy pathway, breast pathway, cardiology pathway and interventional radiology. Implementation presents both opportunities for significant role development for diagnostic radiographers and operational challenges.

Opportunities
- Development of advance practice roles for diagnostic radiographers in: reporting (sonography, mammography, CT and plain film), interventional radiology, image guided biopsy acquisition;
- Development of consultant mammographer post;
- While supporting the development of Advanced Practitioners, we are committed to increasing our Assistant Practitioner workforce and investing in the training and development of these individuals;
- The role of Practice Educator has been very successful in the training and development of our MRI workforce. This model should be explored for other modalities;
- Consideration will be given to the creation of a WoS training hub for diagnostic radiography to ensure the wider workforce continues to be exposed to specialist imaging as we centralise services in the Board which will support workforce mobility.

Operational
- 24/7 access to main modalities. Immediate access to MRI in the context of MTC is a significant change from current arrangements. There are many competing priorities access to “front door” imaging which will also require an increase in CT capacity. To meet these requirements, additional staff will be required, and additional training for current and newly appointed staff;
- Diagnostic Radiography is restricted to one intake of new graduates per year based on the current educational model. This poses as significant challenge when the roles are developed through the course of the year leaving gaps in core rotas;
- Whilst Diagnostic Radiography is a recognised shortage profession, international recruitment efforts are hindered by variation in training requirements around the world and lack of protection of titles such as Sonographer and Mammographer which precludes HCPC recognition;
- Diagnostic radiography has the second highest volume of staff over 56 (17%) in the AHP workforce. Significant investment in the recruitment, retention and training of staff is required to ensure sustainability of core and specialist services delivered by this workforce.

Dietetics

3.8.7 The key documents that impact directly on dietetic services are: Diabetes Primary Prevention Framework, Modern Out-Patient: A collaborative approach, Guidelines for the appropriate prescribing of Oral Nutritional Supplements. These key documents are intended to transform the delivery of dietetic care and treatment on both a population and disease specific basis. The future workforce requirement to reflect the changing model of care equates to 1.3 WTE Dietitians.

3.8.8 The modern outpatient and collaborative including Moving Forward Together Strategy for NHSGGC seeks to transform the management of coeliac disease and IBS to a dietetic led model of care with the potential for roles in advanced practice. The future workforce requirements to reflect the changing model of care equates to 10.2 WTE Dietitians and 4.7 WTE dietetic support workers.

Occupational Therapy
- Occupational Therapy has developed new models to support unscheduled care/front door services to prevent or reduce hospital admissions and facilitate discharge;
There is good evidence of the impact of weekend input, over winter, however challenge is providing the resource to support, and embed 7 day working in key clinical areas;

Occupational Therapy key focus is rehabilitation, we need to review the right place, time and resource for this across the patient pathway;

The Mental Health Five Year strategy for NHSGGC will see the redesign of services and a need to strengthen Crisis teams and Intensive Home Treatment models along with increasing input to prison services for both discharge from acute hospital and rehabilitation. Occupational Therapists are core to these teams, well placed to support areas of key clinical pressures, such as psychological therapies.

Therapeutic Radiography
- Radiotherapy workforce has a direct impact on Cancer Waiting time targets of 31 and 62 day waits;
- Radiotherapy delivery is now more precise and daily on line tumour imaging is required before every treatment to ensure we are targeting the exact planned tumour volume. This requires on line matching within a 1-2mm tolerance on some of our more complicated techniques (paediatrics, whole CNS treatments). Daily cone beam CT images are acquired and matched online by skilled and competent radiographers who have taken over this role from Oncologists;
- Recruitment and retention - The Beatson West of Scotland Cancer Centre provides Radiotherapy for the whole of the west of Scotland and is the largest Radiotherapy department in the UK. This workforce is fairly static, with students trained at Glasgow Caledonian University and Queen Margaret University, supporting positive recruitment.
- There is a need to develop more Advanced Practice/Consultant Therapeutic Radiographers, as decision making and skill acquisition shifts to fill the gap of Consultant Oncologists.

Speech and Language Therapy
- Work within the acute adult section of the SLT profession has achieved a reduction in the management grades by 5%, and redirected this resource to significantly increase bd5 clinical training posts;
- Review SLT within partnerships to define form and function of leadership and specialist roles;
- Review staff on protection, and re-align within service models within Paediatrics;
- Explore a service model to meet the USC needs (to potentially include public holiday cover) to address unscheduled care needs; increase universal and targeted population work;
- Address workforce demand in evolving areas of practice such as hearing impairment, mental health inpatients, neonatal, cleft, transgender and FASD services;
- Utilising workforce tools define the demand of the current demographics and complexity within the population.

Podiatry
- Increase in demand for Band 6 podiatrists of around 3%pa to 2023 due to the increase in diabetes and commensurate rise in foot wounds;
- Decrease in podiatry assistant Band 3 posts of around 26% to 2023 due to service removing personal foot care;
- Potential for development of 2wte surgical posts by 2023 to complete orthopaedic foot & ankle whole system redesign for non-complex foot surgery to support waiting times for foot and ankle surgery;
- Reduction of management posts by 15% by 2023 as move to Two Sector Management model.

Orthoptics
- An ageing population with complex needs and co-morbidities will increase the service demand. Orthoptists can provide early intervention for double vision and visual field loss in order to maintain independence, keep people at work, and reduce the risk of falls, all of which will have a positive impact on health and financial outcomes.
The pre-school vision screening programme and work within Child Development Centres are key early intervention activities in the treatment of childhood conditions which affect visual development, impact educational attainment and long-term job opportunities (Getting it right for every child GIRFEC).

Glasgow Caledonian University (GCU) provides the undergraduate Orthoptics programme for the whole of Scotland. Currently we have a high number of applicants for posts and NHSGGC supports GCU student placements however HEI places are limited;

NHSGGC has the largest Orthoptic service in Scotland, but there is a risk of skilled staff moving to other Health Boards in order to facilitate career progression. There may be an opportunity to develop a WoS Regional career service mode to support recruitment and retention.

Orthoptists are key to supporting the ophthalmology waiting times and further advance practice scope could enhance this, eliminating the need for medial review.

There are already a number of Advanced Practitioners and Clinical Specialists and service pressures within Ophthalmology have potential to create further opportunities for within sub-specialties such as paediatrics, adult motility, neuro-ophthalmology and glaucoma. The Common Competencies Framework supports the Orthoptist role within more extended scope areas which traditionally would have been filled by nurses or optometrists. Orthoptists are also working in extended roles within Neurology.

Orthotics

3.8.9 There is a national shortage of registered Prosthetist/Orthotists and with over 50% of the profession being employed out with the NHS we are unable to compete with pay in the private sector.

- Review the opportunities within a WoS service model;
- Redesigning the management structure to succession plan for the Orthotic Service Manager – currently a gap between band 7 and 8b leaving an unacceptable risk to the service if the managers post was to be vacated;
- Develop the Orthotic Clinical Assistants Team to increase the amount of clinical work which can be delivered by unregistered staff;
- Reduce reliance on bank, overtime and temporary posts to fill recruitment gaps.

3.8.10 The anticipated impact of these elements on the Orthotic workforce by 2022-23 is:

- an increase in band 6 posts of around 4.89%;
- a decrease in band 5 posts of around 4.89%.

3.9 Other Therapeutic Staff – Psychology

3.9.1 Psychology staff are employed in a range of services in both the Acute sector and the Partnerships. They have a variety of functions, which includes, but is not limited to, a substantial role in the provision of psychological therapies. Psychological therapies are delivered according to a matched-stepped care model and a corresponding skill mix, wherein psychologists deliver the most highly specialist therapies and support other multi-disciplinary staff to deliver less specialist therapies through supervision, training and consultancy. This approach has been extremely successful and NHSGGC is currently the only Board meeting the waiting time standard for a psychological therapy. The Scottish Government wants more people to receive psychological therapy and has invested substantial funding to increase capacity in the workforce to deliver this.

3.9.2 A review of Psychological Services across the Board is currently underway. The findings of the review are expected in November 2019, with an implementation plan beginning thereafter.

3.10 Other Therapeutic Staff – Pharmacy
3.10.1 Pharmacy Services will continue to develop the service in line with local Health Board and Scottish Government (SG) directives including ‘Achieving Excellence in Pharmaceutical Care’ (AEiPC)\textsuperscript{38}. AEiPC describes the contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population and impact on health outcomes, especially for those with multiple long term and complex conditions.

3.10.2 Pharmacy Services has prescribing support teams across all HSCPs which are delivering improved quality and safety of primary care prescribing practice, including supporting cost effective prescribing. Skill mix and service review continues to take place allowing increasing responsibility for community pharmacists and specialist pharmacy technicians who support the GPs and the Prescribing Support Pharmacists. This also has the potential to reduce demand on GPs and offers part of the solution to the GP workforce shortages. There is an increasing movement of pharmacists from community pharmacy into primary care which can adversely impact on the community pharmacy network.

3.10.3 The Scottish Government Primary Care Investment Funding\textsuperscript{39} has enabled the primary care workforce to improve patient access to services. Additional funding was received via the 2016 (PCA(P)(2016)(02), 2017/18 Primary Care Funding Allocation for Pharmacists in GP Practices – 2017/18\textsuperscript{40} and Primary Care Improvement Fund: Annual Funding Letter 2018-19 has enabled the employment of an additional 58 WTE permanent pharmacists and 15 WTE pharmacy technicians.

3.10.4 The new General Medical Services Contract in NHS Scotland\textsuperscript{41} will change the delivery of care by GPs with pharmacists and pharmacy technicians employed to take forward the various elements of the Pharmacotherapy Service in a staged manner. There is a clear expectation that a substantial number of pharmacists and pharmacy technicians will be recruited and trained over the next few years.

3.10.5 The pharmacy service in Acute Care and Mental Health continues to work toward delivering more patient focussed roles. The redesign of medicines distribution by centralising supply functions and investing in robotics initially released staff with the benefits including improved patient-facing interaction, reductions in dispensing time, reduced errors and cost savings. These benefits are in line with the finding of the Carter Review\textsuperscript{42} in NHS England that established that the efficient and effective use of medicines in hospital is directly linked to the pharmacy service.

3.10.6 The movement of pharmacists and pharmacy technicians to other pharmacy sectors has created additional pressure on the pharmacy teams within the acute and mental health setting. The current pharmacy workforce in acute requires review to consider better use of independent prescribers to support medical workforce and service capacity challenges. This will be partly enabled through up-skilling the pharmacy technician workforce and redesign of dispensing models.

3.10.7 The Community Pharmacy Development Team is facilitating a significant programme of change in professional roles in community pharmacy to support staff retention within this sector and to assist with building clinical capacity in primary care. The Scottish Government have reviewed the Minor Ailments Service and Pharmacy First Service available through community pharmacy and extended the range of the service. When fully implemented this may reduce demand in Accident and Emergency and within GP practices. Pharmacist Prescribers are supporting the work of the Out of Hours Services with a view to increasing the access to the service. It can be deduced at this early stage that an increase in patient facing services provided by the community pharmacy network will lead to a growing demand for pharmacists and pharmacy technicians.

\textsuperscript{38} www.gov/publications/2017/08/4589
\textsuperscript{39} www.sehd.scot.nhs.uk/local/PCA2015(P)16.pdf
\textsuperscript{40} www.sehd.scot.nhs.uk/local/PCA2017(P)4.pdf
\textsuperscript{41} http://www.gov.scot/Publications/2017/11/1343/0
3.10.8 The availability of qualified pharmacists in Scotland is under pressure with the significant expansion of roles for pharmacists, particularly the additional posts to support delivery of the new GMS contract. There are also gaps in experience and knowledge in some specialist pharmaceutical fields. The developing roles for pharmacy technicians in all sectors of pharmacy practice are creating challenges in recruiting suitably qualified technicians and there is a need for expansion of training provision.

3.11 Healthcare Sciences

3.11.1 NHS laboratories are now required to meet the quality and competence standards set out in ISO 1518943 and are examined annually by UKAS. Achieving UKAS accreditation has demonstrated the enormous complexity and breadth of scope which exists across the very distinct laboratory disciplines and applies to every test offered in every laboratory. For example each of the 15 technical standards and associated sub-standards is applicable to every test in the extensive Biochemistry repertoire across all sites.

3.11.2 Work is underway under the auspices of the National Laboratories Oversight Board to review the delivery of all laboratory services across Scotland and to implement the Distributed Services Model. Work is in its infancy and the impact on the local staff groups within NHSGGC is as yet unknown.

Blood Sciences

3.11.3 There has been a high turnover of staff in recent years with experienced Specialist Biomedical Scientists retiring. Increasingly it has been difficult to replace these posts with experienced personnel resulting in the majority of posts being replaced with Trainee Specialist Biomedical Scientists who can take between 2 and 4 years to complete their training, depending on their registration status. In some areas the workforce is made up of 25-30% trainees. This increases the pressure on the more experienced staff and places a significant training burden on the department.

3.11.4 In all laboratory disciplines, but most noticeably within the blood sciences disciplines, it has become increasingly difficult to recruit to any promoted posts due to the “protection trap”. This has been recognised and addressed nationally with effect from 1st April 2019 but the national circular does not address the issue for staff on existing protection prior to this date.

Haematology

3.11.5 We are currently reviewing the option of introducing Healthcare Scientists (Clinical Scientists) into Haematology to ease the pressure on the medical workforce and enable the clinical scientists to become involved in clinical reporting, releasing consultant medical staff to focus on patient focussed areas. This work is in its infancy but NES has supported a number of clinical scientist trainees across Scotland and two of those are currently deployed in GGC. In addition we are supporting one Higher Specialist Trainee within the department in order for them to attain Fellowship of the Royal College of Pathologists.

Biochemistry

3.11.6 The challenge of an aging workforce for this staff group was recognised nationally four years ago and in conjunction with NES we have supported a number of Clinical Scientist trainees within NHSGGC. This is a three year training programme with the first cohort of trainees having completed their training and secured permanent positions within the NHS, two within NHSGGC and the third in England.

43 https://www.ukas.com/services/accreditation-services/medical-laboratory-accreditation-iso-15189/
Laboratory and Clinical Genetics

3.11.7 The demand for clinical scientists in this field continues to increase across the UK as the requirement for genomics and molecular pathology increases and it is therefore becoming difficult to recruit to vacancies. The laboratories across Scotland are working with NES and the National Services Division (NSD) to try and address the long-term supply of scientists for these specialties however progress is slow. Discussions are underway in partnership with staff side to review skill mix with a view to introduce a new AFc Band 6 healthcare scientist analyst post to help ease some of the pressures on the clinical scientist workload.

3.11.8 High turnover and back-filling with trainee/pre-registered genetic counsellors is creating some challenges in service delivery. There is a recognised UK-wide shortage of registered genetic counsellors to fill such positions. We have a predicted loss of 30% of the current genetic counsellor workforce within NHSGGC in the next 2-5 years due to further retirements. There is currently no national training scheme in place for genetic counsellors. In addition, we have been unable to recruit to a recently advertised consultant clinical geneticist post which remains unfilled, but there will be trainees eligible to apply over the next year.

Pathology

3.11.9 Discussions continue with regards to expanding the Mortuary Assistant role and assessment of the suitability of Mortuary Assistants performing support functions in the post mortem suites is underway.

3.11.10 Automation has been trialled in Pathology during the 2018/19 period and whilst this demonstrated potential efficiencies in some areas, it was more labour intensive in others. In addition, the automation trialled did not deliver equivalent quality to existing systems and this, together with lower than expected efficiencies, resulted in a conclusion that the automation trialled, in its current format, would not be suitable for service provision. However further improvements in the systems trialled are available early 2019 which may result in the anticipated efficiencies, therefore it is hoped to revisit this in 2019/20 or 2020/21 - depending on equipment availability.

3.11.11 A key area of focus for the 2019/20 period is the development of the Advanced Practitioner role in Tissue Dissection, as this is expected to result in release of medical capacity for diagnostic reporting. This will be supported by the development of further Biomedical Scientists in Tissue Dissection, an area which has been particularly challenging in progressing to the levels expected. In Pathology it is becoming difficult to appoint to Specialist Biomedical Scientists posts, with any vacancies arising typically being filled with Trainee Biomedical Scientists with limited experience.

3.11.12 The Implementation of High Risk Human Papilloma Virus (Hr-HPV) will replace cervical cytology as the primary screening test for cervical cancer. This transition not only changes the workload activity but also requires a change in staffing model for the new service. Human Resources are supporting the development of the model and the associated migration plan. As overall sample size will increase additional support worker roles are required to process the HPV tests using new automation. Cytoscreener and Biomedical Scientist roles which involve a screening function will also change as they will have increased involvement in Gynaecological Cytology preparation, Diagnostic Cytology and Andrology.

Microbiology/Virology

3.11.13 It is increasingly difficult to recruit Consultant Microbiologists into the service at this time with a low number of applicants for vacancies. 26% of the medical staff are over 50 years old with 36% under 40 years old. For the technical staff, there continues to be a high number of vacancies at present with experienced Specialist Biomedical Scientists being replaced predominantly with Technical Trainee Biomedical Scientists. 25% of the technical staff are over 50 years old with 56% of the staff under 40 years old.
Histocompatibility and Immunogenetics (H&I)

3.11.14 The introduction of Next Generation and Light Cycler Real Time PCR has achieved improved turnaround times along with the introduction of automation, streamlining workflow processes throughout the H&I laboratory and improving efficiency. This has provided the service with the opportunity to undertake a skill mix review of Specialist Biomedical Scientists and Healthcare Support Workers. The lab currently has one NES funded trainee Clinical Scientist.

Clinical Physics

3.11.15 Over the last 6 years we have worked in partnership to restructure the workforce in line with technological advancement. In addition, to mitigate the national shortage of suitably qualified engineers we have designed a new career pathway, and introduced apprenticeship and training grade posts to ensure a supply of skilled staff in the future. Clinical Physics in NHSGGC is fully aligned to the relatively new National Training Scheme for Scientists. Two cohorts of trainees have now successfully completed the training scheme and been registered with HCPC as Clinical Scientists. NHSGGC is well represented on the steering committee for the training scheme and continues to shape its direction.

3.11.16 NHSGGC is the only accredited and recognised training centre for Clinical Physics and Biochemistry Imaging in the west of Scotland. Despite this, the Board faces challenges with regard to staff shortages. This is exacerbated by a requirement for increased service provision in PET-CT and molecular radiotherapy. Over the past five years the technologist bands have been re-profiled to double the number of Band 5 training posts from three to six. Nevertheless, workforce projections demonstrate that four additional supernumerary two-year training positions will be required over the next four years.

3.11.17 Junior posts are normally filled by the national Clinical Scientist training scheme, funded by NES, and several Clinical Scientist posts have recently been filled by internal applicants. However, recent demands have outstripped supply despite all Clinical Scientist posts being filled at present. Workforce planning indicates that two senior lead posts in the west of Scotland will require replacement in the next three years due to retirement. Development of mid-career Clinical Scientific staff to take on additional scientific leadership and management responsibilities is thus a priority.

Medical Equipment Management (MEM)

3.11.18 MEM continues to be affected by a shortage of engineers. Some 16 staff are eligible to retire by 2022, 14% of the workforce which is a sizeable amount when set against the shortage of engineers.

3.11.19 MEM is undertaking a number of actions to mitigate this including; the introduction of fast-track practitioner level modern apprentices at AfC band 5 level, re-profiling grades to facilitate career progression and development of a clear pathway of training and progression from AfC band 3 to band 5. The first cohort of staff is now undertaking the in-house developed Diploma in Healthcare Technology Management, accredited with the Scottish Qualifications Authority at SCQF Level 9.

3.12 Personal and Social Care – Mainly Health Improvement

3.12.1 The compliment of Health Improvement staffing has reduced by 6% from March 2018. This significant reduction will be subject to further investigation in the context of the Board’s Public Health Strategy “Turning the Tide through Prevention” (see Section Two) and the national public health priorities.

3.13 Estates and Facilities Management
3.13.1 The focus for the Estates and Facilities Directorate is ensuring that the appropriate level of staffing is available across all services to meet ongoing compliance demands and national targets and to ensure patient safety across all of our sites and premises.

3.13.2 However, the approach to achieving this aim, and ensuring a high performing service, will see significant changes over the next year, with an initial review underway which will result in:

- Integration of Partnerships and Acute Services to create three Geographic sectors providing Facilities Management Operations;
- Separation of Estates from General Facilities Management to create an Estates and Property Sub Directorate;
- Introduction of a focused role and team relating to performance, quality assurance and governance.

3.13.3 The clear benefits of these key changes will be:

- Defined Leadership for each area, with clear responsibilities;
- Development of synergies between Estates and Property;
- Reassurance that resources are being deployed effectively;
- Improved performance management and governance;
- Renewed focus on single systems of work.

3.13.4 As part of our review, there is a requirement to continuously review our staffing levels to ensure that (a) we are utilising resources efficiently and (b) ensure that we have significant resources on the floor to meet both national targets and legislative and compliance standards. Whilst this may ultimately require further investment in our workforce at main acute sites, the primary and immediate focus will be to ensure that we maximise current in-post figure by means of:

- **Addressing high turnover and short notice periods by improved recruitment process:** Closer liaison with Recruitment, large scale recruitment events, rolling adverts on larger sites and looking to broaden areas of advertising, for example, across universities for part time vacancies, increasing the number of full time posts and introduction of a Facilities Bank after a review of current staffing levels.

- **Tackling our Aging Workforce by our focus on employability:** In line with the Board’s Employability update in section five, the Directorate host the Project SEARCH programme at Glasgow Royal Infirmary and have employed more than half of the students graduating from the programmes. We are also linked closely with the Employability Team and will adopt similar academy style approach to entry level posts within Facilities Management. In terms of Modern Apprenticeships, Estates and Property have one of the most successful MA Programmes with over 20 people having completed or in the midst of completing their training.

- **Retaining staff by offering opportunity to train, develop and progress**
  The Directorate are focusing on the reinforcement of career pathways and providing opportunities for staff to develop and progress within our organisation. This approach has been very successful across Estates with 12 staff undertaking degrees and progressing to Estates Management roles in the last 5 years. This approach will also help to address the ageing workforce and will help in the development of clear succession planning.

- **Improving the use of IT Systems and new technology**
  More effective utilisation of IT systems and new technology, will bring significant benefits across our services, with clear focus being FM First in Estates and Portertrac in Portering.

3.13.5 In light of all of the work ongoing within the Directorate, our aim is to ensure that we are optimally staffed throughout the year and this would provide an anticipated increase of 2.3% WTE in Estates and Facilities Workforce, principally across the Estates and Domestic Workforces.
3.14 Administrative Services

3.14.1 In light of new and emerging technology to automate some traditional administrative tasks NHSGGC will be reviewing all administrative posts as they become vacant through natural turnover. In recognition of the modernising clinical environment administrative roles are reviewed on a regular basis – similar to other roles, particularly in times of financial challenge to assess whether a post requires to be maintained in future. As a result NHSGGC are anticipating a reduction in the administrative workforce through 2019/20.

3.15 Senior Managers

3.15.1 NHSGGC is continually reviewing its senior management cohort, The requirement for further changes to this job family will be assessed as posts become vacant. In the context of the workforce plan and projections, the term Senior Managers refers to individuals employed under executive grade terms and conditions.

4 The NHSGGC Workforce

4.1 Characteristics of the NHSGGC Current Workforce

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

![FIGURE 4.1.1 A](image1)

![FIGURE 4.1.1 B](image2)

4.1.2 In the last five years NHSGGC has, despite an increasingly difficult financial environment, been able to maintain a stable in-post workforce position of circa 34,000 WTE.

![FIGURE 4.1.2](image3)
4.2 Supplementary Staffing

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

4.2.2 The figure below shows the total supplementary staffing input in WTEs by month across the 2018/19 financial year. Figure 4.2.2 shows 2018/19 supplementary staffing use broken down by bank, overtime and excess hours use.

FIGURE 4.2.2

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

4.3 Workforce Age Demographics
4.3.1 NHSGGC’s workforce, like the population we provide services too, is ageing. A collaboration between Workforce Planning and Public Health aimed to quantify the scale of the ageing workforce/working longer challenge presented. Figure 4.3.1 provides a 10-year projection of the age profile of the NHSGGC workforce.

**FIGURE 4.3.1**

![10 Years Projection](image)

4.3.2 37% of the NHSGGC Workforce is over 50 years old. The proportion of the workforce aged over 50 has increased by 10.2 percentage points over the last nine years. This is consistent with the anticipated ageing of the NHSGGC workforce.

4.3.3 With an ageing workforce, some Job Families are affected more than others. Within the Estates and Facilities Management workforce just over 57% of staff are over 50 with 49% of Administrative Services staff aged over 50. Almost 36% of our Nursing and Midwifery staff are over 50.

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

4.4 Turnover

4.4.1 Turnover for financial year 2018/19 was 7.2% which equates to approximately 2,400 WTE leavers. Turnover does vary between job families. A table summarising turnover in 2018/19 is shown below:

**FIGURE 4.4.1**

<table>
<thead>
<tr>
<th>Job Family</th>
<th>Mar-19 (WTE)</th>
<th>Leavers WTE</th>
<th>Mar-19</th>
</tr>
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<tbody>
<tr>
<td>Administrative Services</td>
<td>5064.7</td>
<td>329.5</td>
<td>6.5%</td>
</tr>
<tr>
<td>Allied Health Professions</td>
<td>2721.2</td>
<td>214.8</td>
<td>7.9%</td>
</tr>
<tr>
<td>Executives</td>
<td>73.9</td>
<td>13.0</td>
<td>17.6%</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>1762.9</td>
<td>122.8</td>
<td>7.0%</td>
</tr>
<tr>
<td>Medical and Dental Support</td>
<td>401.1</td>
<td>35.7</td>
<td>8.9%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>3509.5</td>
<td>109.6</td>
<td>3.1%</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>15462.2</td>
<td>1,248.9</td>
<td>8.1%</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>235.6</td>
<td>24.3</td>
<td>10.3%</td>
</tr>
<tr>
<td>Support Services</td>
<td>3344.1</td>
<td>202.0</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>1189.2</td>
<td>141.1</td>
<td>11.9%</td>
</tr>
<tr>
<td>Total</td>
<td>33764.4</td>
<td>2,441.7</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

4.4.2 Turnover within NHSGGC is in-keeping with the NHS Scotland position but lower than the private sector which has historically been the case.
4.4.3 The primary reason for leaving during 2018/19 was voluntary resignation (40%) followed by retirement (28% - this includes normal age pension retiral and early retiral with actuarial reductions in pensions received).

4.4.4 The Workforce Analytics team has undertaken an analysis and identified an underlying trend which shows that the average age of staff leaving the organisation through retiral has decreased by approximately 2-3 years since the 2010/11 financial year.

4.4.5 Figure 4.4.5 below shows the trend the retiral ages for NHSGGC’s nursing and Midwifery workforce since 2010.

**FIGURE 4.4.5**

4.4.6 Whilst the average retiral age for Nursing and Midwifery staff has reduced from 61 years old to 58.6 years old, the trend within Mental Health Nursing shows a more marked reduction with the issue of the ageing workforce exacerbated by two additional factors:

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

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

4.5 **Staff Health and Well-being**

4.5.1 NHSGGC has developed a Staff Health Strategy in partnership which covers the period from 2017-2020. The Strategy has identified five priority areas to enable us to deliver better health and wellbeing for our staff. These cover:

- Health and equality – working together to increase workforce understanding of health and equality issues;

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44 [https://www.nhsggc.org.uk/media/244071/nhsggc_ph_staff_health_strategy_2017_11.pdf](https://www.nhsggc.org.uk/media/244071/nhsggc_ph_staff_health_strategy_2017_11.pdf)
• Working longer - Understanding the health needs of our older workforce;
• Health and Wellbeing - Improving health and wellbeing and supporting attendance;
• Fair Work - Adopting practices to support our commitment to Fair Work;
• Releasing Potential - Supporting staff with long term conditions to remain at work.

4.5.2 A good example of how NHSGGC is promoting a healthier for its staff is the NHSGGC Active Staff Programme.

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

4.5.4 Figure 4.5.4 shows the sickness absence percentages observed for NHSGGC staff during financial year 2018/19. The absence levels noted are consistently above the 4% national sickness absence target.

4.5.5 The NHSGGC approach to attendance management focuses on ensuring that all our line managers have the skills and confidence to communicate with staff who are absent and to hold supportive staff well-being conversations including improving support for return-to-work following long-term sickness absence. Our approach emphasises early-intervention and support so that where possible sickness absence does not escalate. In NHSGGC resources and materials are available to support both managers and staff including: financial management support, access to mental health training and suicide awareness and a wide range of health promotion and staff help guides. All these materials are accessible and available on HR Connect45.

45 http://www.nhsggc.org.uk/working-with-us/hr-connect/
5 Supplying the Required Workforce

5.1 NHSGGC’s Labour Market

5.1.1 NHSGGC continues to benefit from one of the most highly skilled labour markets in the UK with a high percentage of the working age population having degree level qualifications. Across the Board area this can vary, with areas of reducing working age population, low economic activity, and higher proportions of working age adults with no qualifications.

5.1.2 Whilst NHSGGC continues to be relatively well placed when compared to other NHS Board regions to attract staff to both clinical and non-clinical vacancies there remains recruitment challenges across a number of job roles and specialties.

5.1.3 The ability to attract candidates to posts continues to be influenced by several factors e.g. location of posts within the Board area, the level of experience, specialist skills required and the nature of the contract (fixed term, night-shift working, etc.). For non-clinical posts particularly within areas such as Finance and Information Technology workforce supply is challenged by competition from the private sector where salary levels may exceed equivalent roles within the NHS.

5.1.4 A number of areas continue to be identified as hard-to-fill including for example Sonography, Medical Physics, Biomedical scientists and Oncology. Workforce supply issues can have an acute impact on the provision of their services.

5.2 Potential Impact of Brexit

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

5.2.2 NHSGGC has been monitoring the volume of applications from candidates within the EU and so far has not noted any significant change in the volume when comparing to pre-Brexit levels.

5.3 International Recruitment Service

5.3.1 Following an NHS Scotland-wide international recruitment campaign in 2018, the Cabinet Secretary for Health and Sport has approved a proposal to establish an NHS Scotland International Recruitment Service (IRS) on a pilot basis from 1st January 2019, for a period of one year.

5.3.2 The IRS, which is hosted by NHSGGC, has six functions:
- Targeted recruitment campaigns;
- Candidate sourcing;
- Produce marketing materials;
- Maintain a dedicated web portal;
- Attend recruitment events;
- Provide Boards with professional advice on recruiting from the international market.

5.3.3 The initial campaign has culminated in 19 offers being made to medical professionals within the psychiatry specialty. Upcoming campaigns will include anaesthetics, paediatrics and general surgery.

5.4 Widening Access to NHS Employment
5.4.1 NHSGGC aims to ensure the supply of a sustainable and skilled workforce future as our patient population and workforce demographics change. In support of this aim NHSGGC has a long term strategy to promote NHSGGC as an employer of choice, and for widening access to NHS job opportunities for those experiencing actual, or perceived, barriers to employment.

5.4.2 NHSGGC also recognises the impact of long term unemployment on the health and wellbeing of our patient population and the organisation’s role, as a large public sector employer, in assisting people to enter the workforce and the value of this activity in tackling health inequalities.

5.4.3 Scottish Government has outlined its commitment to supporting the transition into employment for those who struggle to enter the labour market via the 2016 Creating a Fairer Scotland: A New Future for Employability Support in Scotland strategy46, and the 2014 Developing the Young Workforce (DYW) Strategy. The latter highlights the need for improvement in the transition of young people from education into sustainable and productive work, and the key role that public sector employers play in this. This commitment to supporting young people was enhanced in November 2018 when NHSScotland announced a nationwide partnership with the Prince’s Trust to support a target of 400 young people entering employment within Health and Care in the next three years.

5.4.4 NHSGGC are active supporters and actively engaged in the above noted Scottish Government strategies with representation on the DYW Glasgow and West Regional Boards. NHSGGC is also a member of the NHSScotland Employability and Apprenticeship Network with other territorial and national Boards working with a range of partners to provide support to the youth employment and wider employability agendas. NHSGGC also sits on the Prince’s Trust ‘Get Into’ steering group.

5.4.5 Our strategic commitment to supporting wider access to NHS is outlined in the NHSGGC Widening Access to Employment Strategy47. Examples of groups to include, although not an exhaustive list are: long term unemployed, veterans, people with disabilities, young people aged between 16 and 24 years of age, care experienced applicants, black and minority ethnic groups and people with convictions and those in recovery from addictions.

5.4.6 In 2019/20, NHSGGC will continue to develop opportunities for those groups listed above focusing on:

- Establishment of a Healthcare Academy that will deliver access programmes linked to entry level vacancies;
- Raising awareness of NHS careers and jobs and pathways into these through the creation of a Careers Ambassador network, a calendar of schools and community engagement and the redesign of the school work experience programme;
- Ongoing recruitment to Modern Apprenticeships and development of Foundation and Graduate apprenticeship opportunities within NHSGGC services.

5.4.7 To achieve the above, NHSGGC will work in partnership with a number of agencies to deliver work experience, employment and training opportunities. These partners include the college and university sector, local authorities, Skills Development Scotland, Jobcentre Plus, community based employability agencies, Clyde Gateway, the Glasgow Council for Alcohol and Elevate Glasgow, the Scottish Violence Reduction Unit and a range of other specialist employability agencies.

Pathways into Employment

5.4.8 Following two successful pilot programmes in 2018/19, NHSGGC will establish a Healthcare Academy in 2019 to offer pre-employment training programmes to support unemployed people enter the NHS workforce. These will support people from the above noted target groups and will be aligned to a guaranteed interview scheme for suitable entry level vacancies.


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5.4.9 In 2019/20 NHSGGC will allocate a minimum of two academy intakes to specifically target young people and will deliver these in partnership with the Prince’s Trust as part of the NHSScotland ‘Get Into Healthcare’ partnership agreement.

5.4.10 Development of new pathways for career progression for existing staff is also extremely important and NHS GGC will be support 24 healthcare support workers to progress towards obtaining nursing degrees through the new Open University BSc (Hons) degree in Nursing (adult/learning disability/mental health/ child nursing) which will begin in September 2019.

Careers Awareness

5.4.11 NHSGGC is engaged in a broad range of activities to ensure the wider community is aware of the breadth of NHS career opportunities available and the pathways into these. This includes visits and sessions in the following settings: primary and secondary schools, colleges and universities, jobcentres, employability agencies, community jobs fairs and national careers exhibitions. In 2018/19 we attended 84 events. This activity will be expanded in 2019/20 with the establishment of the NHSGGC Careers Ambassador Network for the 2019/20 academic year.

5.4.12 Following successful pilots in NHS Lothian and NHS Grampian, NHSGGC will roll out the #FutureNurse programme in 2019/20 to primary schools across our catchment area. This programme uses child nursing tunics alongside tailored lesson plans to promote modern nursing roles and to tackle gender bias in careers choices.

5.4.13 In 2018/19 587 senior phase pupils benefitted from placements within NHSGGC. There was also significant development in the careers awareness programmes offered to senior phase pupils with new structured programmes offered on Laboratory Medicine, Speech and Language Therapy, Dentistry, Nursing and Midwifery, and Medicine. This approach offers improved equity of access and standardised content for pupils tailored to support informed decision making about careers and an understanding of the associated entry requirements. In 2019/20 the work experience suite will be further expanded to increase the number of places on the medicine and nursing programmes and to introduce an Allied Health Professions and Pharmacy programme.

5.4.14 In addition to the establishment of the ‘Get Into Medicine’ careers insight programme in 2018/19, which is designed for S5 and S6 school pupils, the NHSGGC Widening Access Clinical Leads have piloted a range of schools engagement activity. This includes the ‘Is Medicine for Me’ sessions to inspire more S3 pupils to consider medicine as a career. In 2019/20 these programmes will be developed further with additional capacity and will also be enhanced by the introduction of awareness sessions for teachers, school visits to target S1 – S2 pupils and the establishment of a register of clinicians who are willing to attend careers events to promote medicine.

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

5.4.16 In 2019/20 we will also support hospital based placements up to a maximum of 450 college students enrolled on the HNC Care and Administrative Practice (clinical pathway) programme to provide the workplace experience required for this qualification but also to offer students an insight into the acute working environment and to support applications to nursing degree programmes.

Apprenticeships

5.4.17 NHSGGC is committed to increasing the number of young people aged 16 -24 years of age employed within the workforce and recognises the value of foundation, modern and graduate apprenticeships in achieving this.
5.4.18 A total of 167 modern apprentices have been appointed since 2013, in the first three cohorts, and a further 20 new appointments are anticipated in 2019/20. Excluding those still in active training, 73% of those who have completed the programme are employed within the NHS or are pursuing health related higher or further education programmes.

5.4.19 A comparison of employee headcount in March 2014 and March 2019 shows an increase of 249 people, from 1,391 in March 2014 to 1,640 in March 2019 within the 16-24 age range. This represents an increase of 0.6 percentage points to 4.22% of the total NHSGGC Workforce.

5.4.20 Following a pilot period in 2018/19 NHSGGC aims to develop six new opportunities for Foundation Apprenticeships for senior phase school pupils in 2019/20, and to scope out suitable Graduate Apprenticeship opportunities within NHSGGC services.

Training and Employment Opportunities for Disabled People

5.4.21 Project Search\(^{48}\) offers a targeted approach to support young people with learning disabilities and autistic spectrum disorders to develop the necessary confidence and skills for work. This combines practical work experience with college-led input from a lecturer and specialist job coach. The Project is a partnership between NHSGGC, Project Search, Cardonald College and Glasgow City Council. It offers training and work placement activity across three job roles within Glasgow Royal Infirmary. Project Search is now entering its 7th year with six intakes completed. The most recent intake graduated in June 2019 with four young people securing employment and the remaining eight are being supported to progress into employment. A new intake of 12 trainees will start in September 2019.

5.4.22 In 2019/20 NHSGGC has continued to support the NHSScotland Equality Academy programme in partnership with the Glasgow Centre for Inclusive Living which offers a two year paid placement to graduates with disabilities\(^{49}\). NHSGGC has hosted one trainee in this period and awaits an update from Scottish Government on plans for another intake in 2019/20.

5.5 Learning and Education

5.5.1 To achieve a Better Workplace means engaging and supporting our workforce to deliver the services our patients need now and in the future. This means a continued focus on personal development and learning, new and innovative approaches to team working which will facilitate health and social care integration, and a fresh approach to leadership development and succession planning.

5.5.2 We will ensure that all NHSGGC employees have a Personal Development Plan (PDP) which will be agreed with their manager and which will ensure a continuing focus on individual and organisational development needs as we move forward. As a priority, every employee will be supported to complete their statutory and mandatory training on entry to the organisation and at appropriate intervals during their employment. All employees will be given time and resources within their working hours to complete their statutory and mandatory training obligation.

5.5.3 Our OD and Learning Plan 2018 – 2020 describes the programmes and support which are available to all our employees and will help us to create a Better Workplace for our staff. The range of learning, development, and educational activities are structured around the five strategic priorities of the Workforce 20/20 Vision.

- A Healthy Organisational Culture;
- A Sustainable Workforce;
- A Capable Workforce;
- An Integrated Workforce;
- Effective Leadership and Management;
- A Healthy Organisational Culture.

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\(^{48}\) [https://www.projectsearch.us/](https://www.projectsearch.us/)

5.5.4 Developing and maintaining employee wellbeing will continue to be a major priority within the OD and Learning Plan in 2018-2020. In a wider context this work is supported by the recently published Staff Health Strategy 2017-2020\(^{50}\). As part of the Staff Health Strategy a number of learning programmes will be delivered in 2018-2020 which will support the development and maintenance of a healthy organisational culture, including:

- An Inequalities Sensitive Workplace – suite of e-learning modules
- Stress and Mental Health - Manager Induction and Training
- Mindfulness training for all employees to support stress management
- Health related behaviour change training delivery e.g. smoking cessation
- Management training and guidance in mental health and wellbeing issues

**A Capable Workforce**

5.5.5 NHSGGC will ensure that every employee has the skills needed to deliver safe, effective, person centred care. All NHSGGC Learning and Development programmes are designed to ensure that consistent messages about our values and the importance of person centred care are embedded in all programmes.

**A Sustainable Workforce**

5.5.6 Organisational Development working together with staff partners, leaders, and managers have developed a comprehensive approach to Succession Planning and Career Development. This offers a range of resources and tools for managers and employees and was launched in June 2018.

5.5.7 This framework helps employees to think about their development in a more focused way during PDP discussions and is fully supported by our Trade Union and Professional Organisation representatives. It is hoped that use of the Framework will lead to staff undertaking more fulfilling and effective development and to consider their longer term career within the organisation and be ready to apply for internal vacancies. This is especially important where there are areas affected by skills shortages.

5.5.8 NHSGGC will ensure that leaders and managers lead by example and empower teams and individuals to deliver the 20/20 Workforce Vision. The quality of our leaders and managers is critical to the success of the organisation and NHSGGC has invested in a range of leadership and management development programmes, which we intend to build and develop on going forward.

**An Integrated Workforce**

5.5.9 NHSGGC is committed to increasing levels of integration across the Health and Social Care workforce, and has committed to:

- Ensuring equal access to learning and education opportunities for all;
- Promoting learning methods that reflect different learning styles;
- Offering flexible learning schedules;
- Providing inter-disciplinary learning programmes;
- Making best use of the skills, knowledge and talents of all staff.

### 6 Implementation, Monitoring and Review

#### 6.1 Workforce Plan Governance and Monitoring

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\(^{50}\) NHSGGC Staff Health Strategy
6.1.1 NHSGGC regularly monitors the progress of the actions and intentions set out in the workforce plan and presents updates to the Corporate Management Team, the Area Partnership Forum and the Staff Governance Committee of the Board.

6.1.2 At local level the initiation and implementation of service plans and redesigns and the consequent workforce implications are also closely monitored and progress reported to local management and partnership groups as appropriate.

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

7.1 Appendix 1 - Update on 2018/19 Workforce Projections

<table>
<thead>
<tr>
<th>Category</th>
<th>Mar-18</th>
<th>Original Projections</th>
<th>Mar-19</th>
<th>Change as at year end</th>
<th>Variance To Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>5,231.0</td>
<td>-104.6</td>
<td>5,137.7</td>
<td>-93.3</td>
<td>11.3</td>
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<tr>
<td>Allied Health Profession</td>
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<td>-13.8</td>
<td>2,718.3</td>
<td>-32.3</td>
<td>-18.5</td>
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<td>Healthcare Sciences</td>
<td>1,769.1</td>
<td>-8.8</td>
<td>1,758.4</td>
<td>-10.8</td>
<td>-2.0</td>
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<tr>
<td>Medical and Dental - Consultant</td>
<td>1,565.4</td>
<td>-3.9</td>
<td>1,601.3</td>
<td>35.9</td>
<td>39.8</td>
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<tr>
<td>Medical and Dental - Career Grades</td>
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<td>283.2</td>
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<td>-11.8</td>
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<td>Medical and Dental - Training Grades</td>
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<td>1,625.0</td>
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<td>-157.1</td>
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<td>Medical and Dental Support</td>
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<tr>
<td>Nursing and Midwifery</td>
<td>15,377.5</td>
<td>-67.7</td>
<td>15,461.0</td>
<td>83.5</td>
<td>151.2</td>
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<tr>
<td>Other Therapeutic</td>
<td>1,189.3</td>
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<td>1,189.2</td>
<td>-0.1</td>
<td>2.9</td>
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<td>Personal and Social Care</td>
<td>256.4</td>
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<td>239.1</td>
<td>-17.3</td>
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<td>Support Services</td>
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<td>-34.2</td>
<td>3,351.1</td>
<td>-67.8</td>
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<td><strong>TOTAL</strong></td>
<td><strong>34,040.4</strong></td>
<td><strong>-243.8</strong></td>
<td><strong>33,764.4</strong></td>
<td><strong>-276.1</strong></td>
<td><strong>-32.3</strong></td>
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</table>
## 7.2 Appendix 2 – 19/20 Action Plan

<table>
<thead>
<tr>
<th>Section</th>
<th>Service Area</th>
<th>2019/20 Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Working Longer</td>
<td>Progress the recommendations set out within the Staff Health Strategy and Working Longer Review</td>
<td>Through 2019/20</td>
</tr>
<tr>
<td>2.1</td>
<td>Major Trauma Centre</td>
<td>Continue implementation of the Major Trauma Workforce Plan</td>
<td>Through 2020</td>
</tr>
<tr>
<td>2.1</td>
<td>Systemic Anti-Cancer Therapies (SACT)</td>
<td>Continued implementation of the new model.</td>
<td>Through 2019/20</td>
</tr>
<tr>
<td>2.2</td>
<td>Health and Care (Staffing) (Scotland) Act 2019</td>
<td>Establishment of a multi-disciplinary group to oversee the governance and compliance with the duties contained within the Act.</td>
<td>By end 2019</td>
</tr>
<tr>
<td>2.3</td>
<td>The Sturrock Review</td>
<td>Develop an action plan in partnership to address the recommendations set out within the report.</td>
<td>By end 2019/20</td>
</tr>
<tr>
<td>2.6</td>
<td>Finance</td>
<td>Support delivery of the workforce aspects of the Financial Improvement Programme to deliver a sustainable financial position for 2019/20.</td>
<td>By end 2019/20</td>
</tr>
<tr>
<td>2.7</td>
<td>Primary Care Improvement Plans (PCIPs)</td>
<td>Track progress of commitments set out with the PCIPs with a workforce impact, highlighting those where there is a risk to missing target workforce numbers for recruitment, introduction of new roles etc.</td>
<td>Through 2019/20</td>
</tr>
</tbody>
</table>
| 2.8     | Mental Health Strategy | Deliver the key action points for 2019/20 set out with in the strategy:  
- Utilisation of money assigned under Action 15 of the 2017-27 Mental Health Strategy to increase our mental health workforce by March 2020;  
- Consolidation of our Liaison Psychiatry Service within Accident and Emergency and Acute Services;  
- Consolidate the work within our Out of Hours service;  
- Recruitment of Peer Workers across the Community Mental Health Teams;  
- Work to develop the recovery focused modelling for both community and in-patient services;  
- Work to support a dedicated Mental Health Workforce Plan for 2020-2023. | Through 2019/20 |
| 2.9     | Digital Health Strategy | eESS – The new National HR System. Leverage the functionality provided by eESS to improve:  
- Manager self-service reporting  
- Providing more insight to staff absenteeism and return-to-work processes  
- Reducing paper-based processes  
  New National eRostering Solution  
  - NHSGGC to continue supporting the procurement process for the new national eRostering solution. | Through 2019/20 |
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 3.2     | Improving Junior Doctor Working Lives | Ongoing delivery of the Scottish Government initiatives to improve Junior Doctor working lives:  
- Reduction in maximum number of consecutive working days to 7  
- Minimum 46 hour rest period following night shift working  
- Non-averaged maximum 48 hour working week |
| 3.2     | Consultant Productivity and Job Planning | Continue to take forward team job planning as part of service planning by:  
- Early Implementer Specialties to be finalised;  
- Clarify Mental Health participation;  
- Early implementer specialties will create and agree initial template. |
| 3.3     | Oral Health | The Oral Health Directorate currently has three major service reviews underway that will impact on service delivery during 2019-20:  
- Public Dental Service – We are consulting on the direction of travel with key stakeholders;  
- Dental Laboratory Service – We are currently reviewing our estate to maximise services and looking at succession planning activity;  
- Restorative Dentistry – Looking at the referral pathways for patients to ensure that they are seen in the most appropriate setting. |
| 3.4     | Nursing and Midwifery | There are a number of strategic priorities affecting N&M over 19/20 including:  
- Health and Care (Staffing) (Scotland) Act 2019 planning and preparation for the implementation of the Act following publication of the associated guidance.  
- Submit a paper to Corporate Management Team outlining the practical steps required to ensure NHSGGC is prepared for the implementation of the Act.  
- Risk Assessment and Prioritisation Tool - Undertake testing and development of the new tool across a number of areas within NHSGGC.  
- Best Start – NHSGGC was chosen as an early adopter to test the ‘continuity of carer’ model. The full on-call model will be tested from August 2019. Plans are in place for a further team of midwives to test a hybrid model which involves on call and rostered shifts and it is anticipated that this team will be in place by September 2019. |
| 3.7     | Allied Health Professions |  
- AHPs will be part of the WoS Advanced Practice Academy, currently focused on nursing/midwifery, providing a regional approach to the growth, development and sustainability of AHP Advanced Practitioner roles.  
- AHP Advanced Practice and AHP Consultant roles will address medical recruitment gaps; providing senior leadership and decision making taking on medical tasks/skills.  
- Consider more flexible working hours – extending the working hours in the week and/or weekend working to meet clinical and service demand. |
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<tr>
<th>3.8 / 3.9</th>
<th>Other Therapeutic</th>
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<tr>
<td><strong>3.8</strong></td>
<td>Psychology - A review of Psychological Services across the Board is currently underway. The findings of the review are expected in November 2019, with an implementation plan beginning thereafter. <strong>3.9</strong></td>
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<td><strong>3.10</strong></td>
<td>Pharmacy – Implementation of the PCIPs and the resulting impact of the introduction of the new GMS contract the requirement for pharmacy staff is increasing. Pharmacy will work toward recruiting to these requirements across 19/20.</td>
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<td><strong>By End 2019</strong></td>
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<tr>
<th>3.10</th>
<th>Healthcare Sciences</th>
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<tr>
<td><strong>3.10</strong></td>
<td>Continue to work towards the implementation of the Distributed Services Model under the auspices of the National Laboratories Oversight Board.</td>
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<tr>
<th>3.12</th>
<th>Estates and Facilities</th>
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<tr>
<td><strong>3.12</strong></td>
<td>Integration of Partnerships and Acute Services to create three Geographic sectors providing Facilities Management Operations <strong>3.12</strong></td>
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<tr>
<td><strong>3.12</strong></td>
<td>Separation of Estates from General Facilities Management to create an Estates and Property sub-Directorate. <strong>3.12</strong></td>
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<td><strong>3.12</strong></td>
<td>Introduction of a focussed role and team relating to performance, quality assurance and governance. <strong>3.12</strong></td>
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<td><strong>3.12</strong></td>
<td>Addressing high-turnover and short notice periods by improved recruitment process <strong>3.12</strong></td>
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<td><strong>3.12</strong></td>
<td>Tackling the ageing workforce by increasing focus on employability <strong>3.12</strong></td>
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<tr>
<td><strong>3.12</strong></td>
<td>Retaining staff by offering opportunity to train, develop and progress <strong>3.12</strong></td>
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<tr>
<td><strong>3.12</strong></td>
<td>Improving the use of IT systems and technology <strong>3.12</strong></td>
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<th>Transforming Roles</th>
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<tr>
<td><strong>3.15</strong></td>
<td>Continue to increase Advanced Nurse Practitioner numbers across NHSGGC in response to the national target and developments within primary care. <strong>3.15</strong></td>
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<tr>
<td><strong>3.15</strong></td>
<td>Introduction of advanced practice roles within other professions such as the role of Advanced Physiotherapy Practitioner. <strong>3.15</strong></td>
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<th>4.5</th>
<th>Staff Health and Wellbeing</th>
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<td><strong>4.5</strong></td>
<td>Continue the implementation of the Staff Health Strategy <strong>4.5</strong></td>
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<td><strong>4.5</strong></td>
<td>Work towards the national sickness absence target of 4%. <strong>4.5</strong></td>
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<th>5.2</th>
<th>Brexit</th>
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<td><strong>5.2</strong></td>
<td>Work closely with Scottish Government and other Boards to prepare for the UK leaving the EU on 31 October and for any knock-on effects. <strong>5.2</strong></td>
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<th>Widening Access to Employment</th>
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<td><strong>5.4</strong></td>
<td>Establishment of a Healthcare Academy that will deliver access programmes linked to entry level vacancies <strong>5.4</strong></td>
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<td><strong>5.4</strong></td>
<td>Raising awareness of NHS careers and jobs and pathways into these through the creation of a Careers Ambassador network, a calendar of schools and community engagement and the redesign of the school work experience programme <strong>5.4</strong></td>
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<td>Ongoing recruitment to Modern Apprenticeships and development of Foundation and Graduate apprenticeship opportunities within NHSGGC services <strong>5.4</strong></td>
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<td><strong>5.4</strong></td>
<td>Continue to support Project SEARCH <strong>5.4</strong></td>
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