NHS Greater Glasgow and Clyde

Workforce Plan 2022-25

Growing Our Great Community

Health and Wellbeing | Learning | Leaders | Recruitment and Retention

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1. Background

1.1. Introduction

As the largest NHS board in Scotland, NHS Greater Glasgow and Clyde (NHSGGC) provides services to a resident population of 1.2 million people, in addition to specialist services for the population of 2.7 million people across the West of Scotland and a number of national services. NHSGGC is a major teaching and research board with close links to local universities. In this workforce plan, we outline the Board's main priorities until 2025 with a focus upon the requirement to grow and transform our workforce to meet the challenges of delivering improved health and wellbeing outcomes over that period.

This Workforce Plan describes the short-term workforce drivers focused on recovery and remobilisation during the next 12 months, and the medium-term workforce drivers focused on sustaining growth and supporting longer term transformation in the 12-36 month timeframe. The plan will detail the establishment gaps, comparing the future staff demand with our current workforce numbers and skills. It will also profile the numbers of staff and new roles require to achieve all of this and is augmented by more detailed service/ profession specific workforce plans.

The plan is aligned with operational, service and financial planning and considers all employees and non-paid employees of NHSGGC, within all Acute hospital sites, Board-Wide Services and each of our six Health and Social Care Partnerships (HSCPs). Each HSCP will also submit a workforce plan which reflects the integration between health and social care.

The plan has been developed with partnership input through our Area Partnership Forum, our Workforce Planning Steering Group and our Corporate Management Team.

It is also recognised that the pandemic has a significant impact on our workforce, who demonstrated flexibility and resilience to treat these high numbers of patients whilst striving to maintain as much elective activity as possible. The recovery of our services will not be possible without the continued dedication and efforts of our workforce.

1.2 Changing Population Demographics

The NHSGGC population has been rising steadily over the last decade, from 1.135,000 to 1.200,000, an increase of 5.7% since 2012. The total Scottish population rose by 3.8% over the same period (from 5.3 million to 5.5 million people)

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 (19% compared with 17% a decade ago).

The main reasons for Scotland's ageing population are:

- People born in the post-war baby booms getting older
- The number of births dropping since the 1960s
- Increased life expectancy in comparison to earlier decades

1.3 NHSGGC Key Priorities

The Board continues to progress a range of key priorities, all of which are underpinned by the commitment to support and nurture our workforce, looking after mental and physical wellbeing as well as offering roles and development opportunities that staff find rewarding and fulfilling. Key priorities include:

- Remobilisation and recovery including addressing backlogs through the delivery of scheduled care and diagnostics services in line with priority levels
- Redesign of services including urgent care and cancer services
- Alignment to national policies and strategies, recognising the impact of national services such as the National Treatment Centres and the National Care Service
- Delivery of local policies and strategies such as Primary Care Improvement Plans (PCIPs) and Moving Forward Together (MFT)
- Public Health initiatives designed to maximise prevention and early intervention, including long-term, sustainable vaccination programmes
- Mental Health Services – development of provision within primary care, community-based services, inpatient services and Child and Adolescent Mental Health. Utilising and developing resources for direct social prescribing and the continuing use and expansion of a range of digital innovations.
- Ensuring that the principles of Realistic Medicine are embedded in all aspects of patient care. This includes designing pathways which support individual needs and facilitating informed decision by providing patients with all relevant information, including the alternatives available such as non-operative interventions
- Recognition and understanding of the crucial interdependencies within the health and social care system, ensuring that our approach strengthens these vital connections.

1.4 NHS Recovery Plan 2021-2026

Published in August 2021, the plan sets out key ambitions and actions to be developed and delivered over a 5-year period, addressing the backlog in social care and healthcare, as part of a whole system response. The plan is backed by targeted investment to increase capacity and deliver reforms as quickly as possible.

The recovery plan focuses on a range of areas which are common to NHSGGC's key priorities and NHSGGC's operational plan.

- Increasing the workforce in several areas and roles:
    - Additional Mental Health staff, including in Primary Care and CAMHS
    - Additional advanced nurse practitioners
    - Additional GP workforce
    - New advanced musculoskeletal practitioners
    - Additional radiographer and cardiac physiology training places
    - Additional training opportunities through the NHS Academy, including pre and perioperative care and endoscopy
    - Creation of new opportunities through the national Young Person's Guarantee

- Redesign care pathways, supported by the Centre for Sustainable Delivery and National Treatment Centres
- Increase wider primary care capacity in a range of areas through:
    - Additional staffing as noted above and including Board-delivered pharmacy and nursing support in all practices
    - Continued scaling up of 'NHS Near Me' consultations
    - Bolstering of the NHS Pharmacy First scheme
    - Community Dentistry – improving access and increasing capacity including investing in new equipment and ventilation
    - Ophthalmology – shifting services from the hospital setting to the community and the introduction of a range of innovation projects including the new National Low Vision Service
    - The pilot of new Community Audiology Services
- Delivery of the National Cancer Plan and Detect Cancer Early Programme
- Staff Wellbeing – highlighting the importance of peer support, rest areas, effective wellbeing conversations and opportunities for staff to reflect on the emotional aspects of their work.

All strands of work will also be supported and built upon by two national boards that directly support healthcare in our community - NHS 24 and the Scottish Ambulance Service.

Delivery of the NHS Recovery Plan and specifically its key workforce targets, is supported by the National Workforce Strategy which sets out the strategic framework through which training programmes will be designed and developed with NES and the NHS Academy. The strategy will also focus on offering new routes into the NHS, and broadening opportunities for young people in addition to ethical international recruitment, supporting new staff from overseas to build their lives and careers in an open and welcoming Scotland.

1.5 National Workforce Strategy:

The Board's workforce plan is aligned to commitments made within the National Workforce Strategy, first published in March 2022 which sets out the ambitions of recovery, growth and transformation of the health and social care workforce at a time of great change and opportunity, while also recognising the roles of other services in helping to prevent ill health.

The strategy introduces the concept of 5 pillars of the workforce journey, with a parallel approach adopted within the NHSGGC Workforce plan and our own Workforce Strategy. Our action plan will be aligned with the pillars as follows:

- Plan – evidence based, whole system planning to take place
- Attract – explore alternative routes to recruit staff, incorporating equality and diversity, approaches to domestic and international recruitment
- Train –maximise learning and education pathways, develop a digitally enabled workforce
- Employ – focus on T&Cs, fair and meaningful work, professional registration
- Nurture - improving culture, leadership, staff welfare, inclusion, partnership working

Wider national outcomes identified in the strategy are considered in the plan, including aiding to progress key agendas such as Fair Work, tackling Child Poverty and Net Zero. Approaches to increase local employment and skills development and to tackle stigmatisation in communities most at-risk of poverty are also incorporated.

Staff wellbeing is an important theme within the strategy with a supportive and inclusive workplace culture playing a key part in this.

1.6 The Board's Workforce Strategy 2021-25

The Workforce Strategy is aligned to NHSGGC's Staff Governance Standards and the Corporate Objective – Better Workplace. The Strategy centres on our ambition of "Growing our Great Community" and describes the foundations, framework, support and opportunities which underpin the 4 core pillars:

- Health and Wellbeing
- Leaders
- Learning
- Recruitment and Retention

Our Workforce Strategy sets out how we will continue to attract and nurture the most talented and public service focused people, both locally and from around the world to meet growing demand and counter the shortfall in the supply of some elements of our workforce.

Our person-centred approach aims to supporting employees at every point in their career journey including finding flexible ways to enable staff to continue working to fit in with their lives and both physical and emotional demands. As an organisation, diversity and inclusion – in our ways of thinking and ways of working – is embedded in our culture, recruitment, learning and development practices, to ensure a positive employee experience for all.

NHSGGC also recognises its relationship with independent contractors and third sector organisations and the importance of partnership working with a shared aspiration towards achieving ambitions and values collectively.

The Workforce Strategy details a range of activities to be progressed within a detailed action plan throughout 2022-2023.

1.7 NHSGGC Remobilisation and Annual Delivery Plan

The Annual Delivery Plan for 2022/23 focuses on the need to stabilise and focus on improvement work as services recover from the pandemic. The Remobilisation Planning

conducted during the pandemic balanced immediate pressures and continued uncertainties, with the need to return to normal service delivery.

The priorities of the Annual Delivery Plan are:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Stabilising and improving urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value

Plans have been developed in partnership with stakeholders across the health and care system in both primary and secondary care, informed by national policies and guidelines.

The Board's commitment to sustainability delivered by improved processes and use of technology, is embedded within all of the plan's actions. The plan remains aligned with the Board's Financial Improvement Programme, aiming to deliver savings and efficiencies.

1.8 Moving Forward Together (MFT)

The Board's strategic vision 'Moving Forward Together sets out a whole system approach to delivering healthcare. Launched in 2018, it followed an extensive process of collaboration, co-production and engagement with the Scottish Government, neighbouring NHS boards, the Scottish Ambulance Service, education, the social sector and the third sector. It will ensure that health and social care services keep pace with national and regional developments.

The MFT Portfolio of Projects comprises a range of short, medium and longer term initiatives. Whilst some are specifically focused on transformation of care for the population of NHSGGC, others concern the Board's tertiary responsibilities and contribution across the West of Scotland. Whilst the pandemic interrupted progression of some of these, it also spurred on adoption and development of the new ways of working that are inherent within the transformation programme. The redesign principles of Moving Forward Together have added relevance as we develop service solutions to address the impact of the pandemic on patient need and the backlog of demand.

Within the duration of this Workforce Strategy, we will implement the following priorities:

- Redesign of Urgent Care – a comprehensive programme of change that seeks to reduce reliance on critical emergency services by supporting patients to access appropriate expertise in the community. Avoiding hospital admission when enhanced community teams with access to specialist input via virtual MDTs can provide alternative care closer to or in the patient home.
- Primary Care – increased levels of activity during COVID adding adoption of virtual appointments alongside face to face consultations add impetus to progression of Primary Care Improvement Plans aimed at releasing capacity of General Practice within the context of a widened primary care team.

- Stroke Thrombectomy Service – consolidation of the new specialist service and implementation of regional pathways.
- Delivery of Systematic Anti-Cancer Therapy (SACT) Service / Cancer Services – creating capacity and decentralising delivery of treatments in services and hubs closer to the patient.
- Forensic Mental Health Services – developing capacity in low and medium secure accommodation as well as redesigning community pathways to ensure patients receive rehabilitation in the most appropriate setting.
- Completion of the Major Trauma Centre strategy with the launch a new 12 bed Rehabilitation service in 2023/2024 based at QEUH
- North East Hub – Establishment of a new health and social care community hub in Parkhead, due to open in 2024. The NE hub is intended to be an exemplar of new ways of working combining acute services with community and primary care and will replace 10 different buildings across Glasgow north east area.
- NHSGGC 5 year strategy for Maternity and Neonatal Services – in line with the Scottish Government 'Best Start' strategy, the Board's strategy, currently in its fifth and final year, set the direction for modernisation of the model of care. With continuity of care being paramount, the strategy aims to deliver high quality, evidence-based and family-focussed maternity services.
- NHSGGC Mental Health 5 year strategy - re-design, expansion and improvement of services, to incorporate increased funding across a range of areas.

The MFT programme will also progress longer term requirements, acknowledging the need to refresh infrastructure and ensure this is fit for future models of care. The capital business case for redevelopment of the Institute of Neurosciences and Spinal Unit at the QUEH campus is currently progressing and will be part of a wider Infrastructure Strategy that will influence investment for the next 10-20 years. The principles of 'Right Time, Right Place' which run throughout our strategic vision will inform the new clinical models necessary for this work and impacting on our future workforce requirements.

1.9 Digital Health

The NHSGGC Digital Strategy and associated Delivery Plan reflects the increasing reliance we all have on digital technology and systems, across NHSGGC and as a society; with the continuing need for digital to be available and accessible. The strategy recognises the need to train and support staff to use digital systems in their day to day work. The use of online learning, training and support will increase. This is important in relation to the workforce digital literacy and skills, remote practice - including hybrid working, of accessibility and the use of data and clinical informatics. Implementation of new digital systems that support, for example, integrated health and care, hospital prescribing and medicines administration plus use of Office 365 tools mean that our workforce are operating in an increasingly digital workplace. These digital tools are designed to increase efficiency and streamline communications.

The Board will continue to take advantage of new and emerging technologies and develop digital skills within the workforce in order to be at forefront of providing effective, efficient patient health and care pathways. The use of digital enables opportunities for service development and transformation, therefore NHSGGC will continue to enhance and embed

the utilisation of those digital programmes and innovations which were expedited by the pandemic such as virtual consultations for clinic appointments and digital systems which enable remote care. As the use of technology grows it is recognised that a technology enabled workforce will be required to achieve maximum benefit and the opportunities of digital.

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

The purpose of the Health and Care (Staffing) (Scotland) Act 2019 (HACSSA) is 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 for the health, wellbeing and safety of service users, the provision of safe and high-quality health care.

NHSGGC's Healthcare Staffing Programme Board is responsible for the strategic direction of the legislation within NHSGGC. The Programme Board is co-chaired by the Executive Director or Nursing, who acts as the Board's strategic lead for Healthcare Staffing, and Deputy Medical Director (Corporate). Through this Programme Board, NHSGGC has participated in consultation on the legislative guidance for HACSSA, developed robust reporting practices to support the legislative duties, and contributed to a nationally consistent response to COVID-19 where it impacts on the activities and goals of Workload and Workforce Planning.

Following the principles of recovery and remobilisation, NHSGGC will resume use of the Common Staffing Method and associated nursing and midwifery specialty-specific workload tools where those are available. For any wards and clinical areas which do not have a specialty specific tool (e.g. outpatients) other elements of the Common Staffing Method will be used for workforce planning. This broader approach to adoption of the Common Staffing Method will allow the Board to more broadly assess whether staffing levels are appropriate, and will include professional groups beyond nursing and midwifery (e.g. Allied Health Professions).

At present the Healthcare Staffing Programme Board is engaging with professional leads and other interested parties to ensure that the duties imposed by the legislation are fully understood, and that appropriate preparations are underway to ensure NHSGGC will be considered fully compliant upon enactment.

The timetable for the implementation of the Act (published June 2022) is as follows:

- Guidance production June 2022 – August 2023
- Three-board full trial run 'Pre-Implementation Stage' February 2023 – May 2024
- Commencement of all provisions April 2024
- Provision of first Health Reports May 2025
- Subsequent Ministerial reports to Parliament before April 2026

1.11 Impact of COVID

The COVID-19 pandemic has had a profound impact on health, economy and society, with damaging effects on the population's way of life and wellbeing. There has been a disproportionate impact on people in poverty, low-paid workers, children and young

people, older people, disabled people, minority ethnic groups and women. Isolation and loneliness have increased and lower earners have seen steeper falls in income with a range of evidence suggesting income inequalities are widening.

More positively, there is also evidence of increased community cohesion and empowerment and the pandemic has prompted rapid action from public services and partners to tackle long standing social problems such as homelessness and food insecurity.

Background - key messages

- NHSGGC's Workforce Plan is aligned with service and financial planning and has been developed with partnership input through our Area Partnership Forum, our Workforce Planning Steering Group and our Corporate Management Team.
- The plan details short-term workforce drivers linked to recovery and remobilisation during the next 12 months
- Medium-term drivers are focused on sustaining growth and supporting longer term transformation in the 12-36 month timeframe.
- The Plan considers national and regional policies and strategies such as the NHS Recovery Plan and National Workforce Strategy as well as the Health and Care (Staffing) (Scotland) Act 2019.
- The Plan recognises the Board's key priorities, local plans and strategies such as the Board's Workforce Strategy 2021-25, Remobilisation and Annual Delivery Plan, Moving Forward Together and the Digital Health strategy.

2. Stakeholder Engagement

2.1. Plan Development

A centralised approach has been taken in developing the plan guided by a Board level Steering Group. This group is chaired by the Director of Human Resources and Organisational Development with senior representation from each Acute Sector and Directorate, each HSCP and Professional representation as well as from finance and service planning. The group has representation from experienced Area Partnership Forum representatives. This group receives input from Heads of Human Resources (HoHR), who are accountable for workforce planning in their local areas through local workforce planning groups.

Local workforce planning has been key to identifying emerging themes and undertaken establishment gap analysis by comparing the future staff demand with our current workforce. This is supported by the Board's Workforce Planning and Analytics Team who provide standardised datasets, effective analysis and planning support.

Representatives from Primary Care, third and independent sector partners are included as key stakeholders in the development of workforce plans for the HSCPs and their contribution is reflected in the Board's plan. HSCPs regularly consult with relevant organisations and bodies to ensure they are aware of any plans to alter services or to commission further services, with a view to allowing partners to develop strategic resource plans that will provide a suitable health and care workforce in their area. This represents an opportunity to reduce some of the uncertainty experienced by providers in determining their own workforce needs.

Although not covered within the direct remit of the NHSGGC WFP, the Board works closely with Primary Care independent contractors to identify challenges and future workforce needs and is engaged on Primary Care Improvement Plans (PCIPs). In addition, there is specific support and development for Advanced Nurse Practitioners (ANPs) working within primary care including a supported sign off process and ongoing support for Transforming Nursing roles. There is a national commitment to training and recruiting additional GPs and in a linked approach, we continue to work closely with national colleagues on recruitment and retention initiatives.

Within community-based optometry services, we continue to support Independent Prescribing and to seek further access to NHS Education for Scotland Glaucoma Award Training (NESGAT) to extend current and future roles.

The Board also continues to work closely with community pharmacists, driving the 'Pharmacy First' programme across the 289 pharmacies within the Board's area and providing support, development, and training where necessary.

2.2. Governance Roadmap

There has been iterative development of the plan since mid-2021. After initial briefing and update sessions, local Workforce Planning Working Groups were initiated from July 2021 with the first monthly Board Workforce Steering Group meeting being held in August 2021, each with local Partnership Forum representation and involvement. Updates to the Partnership Forums started in September 2021 and initial drafts of the Plan were generated in September and October 2021. Much of the early work was paused due to COVID activity.

The plan is subject to a governance process, being tested and reviewed within a number of the Board's governance groups, including the Corporate Management Team, Acute and HSCP Tactical Groups, Acute Senior Management team, Medical and Dental Staff Forum and the Area and Acute Partnership Forums.

Oversight, integration and alignment of the respective HSCP Plans is also factored into the plan's development process.

2.3. Finance and Capital:

The workforce plan is underpinned and intrinsically linked to the Board's Financial Plan which demonstrates how we will manage the financial resources available to us. With public sector spending being very challenging the Board forecasts a saving challenge for 2022/23 of £172.7m. Non-recurring costs will be the first option to close this gap and financial Stewardship will be a formal objective for all senior managers. Key risks to achieving the necessary savings include:

- COVID-19 costs/funding
- Addressing waiting times and treatment backlogs
- Availability of staff and accommodation
- Energy and inflation increases – extra costs of £15.8m anticipated in 22/23

The further potential financial impact of workforce requirements is understood and will remain visible through the engagement of finance colleagues as stakeholders within the workforce planning working groups.

3. Nurture - Supporting Staff Wellbeing

3.1. NHSGGC Approach to Staff Health and Wellbeing

The Board established a Workforce Mental Health and Wellbeing Group and prepared a 3 year action plan. The Mental Health and Wellbeing Action plan is aligned to NHSGGC principles, and is now integrated into the overarching NHSGGC Staff Health Strategy action plan, NHSGGC Workforce Strategy and NHS Scotland Staff Governance Standards. It also reflects the six HSCPs' approaches to sustaining and improving staff wellbeing across Health and Social Care.

The Board delivered three phases of the Staff Mental Health Check-In survey with 4309 staff participating resulting in 1750 of these staff being contacted by psychologist. This enabled us to assess the impact of the COVID crisis on psychological well-being. From this we were able to identify and support staff suffering from clinically significant mental health problems.

We set up a Staff Support Helpline which was supported by Clinical Psychologists. This was an additional support to the Occupational Health (OH) counselling service which is well utilised. We have also established The Occupational Health Psychological Therapies Service (OHPTS) which provides Specialist Therapies to our staff.

The Board will continue to provide all existing support resources, with a key focus on Peer Support rollout and researching more on the impact of Long COVID on staff. A team consisting of Psychology, Occupational Therapy, OH and Physiotherapy staff is in place to support staff who have been diagnosed with Long COVID.

Action Plan for 2022-2023:

- Rollout the Peer Support programme
  - This will include encouraging all staff to complete the LearnPro online level 1 programme "Introduction to Psychological Wellbeing" and publication of training dates for those who are keen to be trained as peer supporters
- Establishment of a 'Train the Trainer programme for the continuation of the peer support framework.
- Promotion of mobile health and wellbeing initiatives
  - This will include delivery of a programme of dates for our new wellbeing bus to visit all sites in addition to working with our Healthy Working Lives teams to deliver local initiatives across the Board

- Promotion and enhancement of our Active Staff programme with fitness classes to suit the differing needs of the workforce
- Provision of advice and guidance for staff on financial matters
- Relaunch our mindfulness training programme
- Promotion of the revised Stress Policy and Risk Assessment framework
- Delivery of an enhanced communication plan for health and wellbeing initiatives across the Board
- Review of the OHPTS service and the OH counselling service to plan future activity
- Work with the Board's Health and Safety team to undertake audits on environmental issues within the workplace

The Mental Health and Wellbeing Group is now being merged with the Board Staff Health Strategy Governance Group. This will incorporate all aspects of health and wellbeing for the workforce and have a specific focus on mental health.

NHSGGC Staff Health Strategy is in its final year and an Employee Health and Wellbeing Survey is due to be undertaken in December 2022. The survey will run for a month and will be analysed early in 2023 to determine the needs of the workforce. This will inform the Staff Health Strategy for 2023 to 2026 and an annual action plan will be prepared to support the strategy.

3.2. National and Partner Organisation Wellbeing initiatives

In addition to NHSGGC wellbeing resources, a number of initiatives are also available both nationally and from partner organisations. A key resource is The National Wellbeing Hub which can be accessed at https://wellbeinghub.scot/ and is available 24 hours per day, staffed by NHS24 practitioners. Key national, local and professional bodies, including trade union organisations, are partnered with the Hub. Each of these organisations also provide extensive mental wellbeing support via their own websites.

3.3. Long COVID

The longer-term impact of COVID upon staff wellbeing is recognised and additional dedicated support within the Human Resources Support and Advice Unit, ensures that managers and employees are supported in dealing with COVID related absences. Specific guidance has been developed in regards to Long COVID although the full nature of the condition is yet to be understood, particularly in regards to the severity and/or duration of the condition.

3.4. Addressing Inequalities:

The Board is committed to delivering a sustained programme of work to address inequality and promote equality and diversity throughout our organisation. Our established Workforce Equality Group and Workforce Equality Action Plan drives this activity forward, supported by our One NHS Family Campaign with the common goal to ‘acknowledge and celebrate diversity’. We will continue to carry out Equality Impact Assessments on service changes to mitigate any potential inequalities.

Additional support for staff at higher risk from COVID e.g. Black and Minority Ethnicity (BME) staff, will remain in place, to provide advice and proactively offer vaccination appointments to those within qualifying Joint Committee on Vaccination and Immunisation (JCVI) priority groups. We will continue to practise inequalities-sensitive communication for testing, vaccination and service recovery and to implement Fairer NHSGGC 2020-24 through our Equality Action Plan.

Other key focus areas include:

- Increased engagement to review patient pathways and experiences
- Campaigns to highlight racism and its impact on health and mental health

- Improved provision of interpreting services to facilitate greater access e.g. community pharmacy services
- Implementation of NHS Scotland Interpreting, Communications Support and Translation National Policy

3.5. In-work poverty

Employment remains the best route out of poverty. However, most people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time.

There is an increased likelihood that households in working poverty will have young children in comparison to the general population. Parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.

Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHSGGC as we are a Living Wage employer.

The impact of rising living costs from spring 2022 has negatively impacted on the prevalence of in-work poverty. NHSGCC recognises the impact of increased fuel prices in particular roles, for example community nurses using their own vehicles for transport. We are increasing the availability of pool cars, and ensuring that any expenses, overtime and bank shifts are promptly paid.

3.6. Fair Work Framework:

Established in 2015, the Fair Work Convention acts as an independent advisory body to Scottish Ministers. The Convention's vision is that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The dimensions of the Fair Work Framework are embedded within NHSGGC's approach to culture, staff governance and organisational development:

- Security
- Voice
- Respect
- Opportunity
- Fulfilment

3.7. National Living Wage

NHSGGC is an accredited Living Wage employer, a commitment meaning that all staff receive the minimum hourly wage, which will rise each year to match future rates. Over time, this accreditation will also benefit workers employed by third party contractors.

Benefits of paying the National Living Wage include:

- Employees feel more valued and with less chance of them having to juggle multiple jobs, can deliver better quality work;

- Reduced attrition and lower recruitment and training costs as staff who enjoy their work, feel valued, and are fairly compensated, less likely to leave.

NHSGGC recognise that employees are less likely to remain with the same employer for decades and that it is just as important for an employer to demonstrate how they can help their employees grow personally and professionally as it is for the candidate to convey what value they can bring to an organisation.

Employees today have greater expectations and focus on how inclusive employers are, including offering a fair wage and equal opportunities. Paying the National Living Wage has a positive impact on employee relations and the organisation's credibility.

3.8. Global Citizenship programme

A key focus areas of the Scottish Government's International Development Strategy is the commitment to supporting our partner countries and the strengthening of health care capacity and capabilities. The NHS Scotland Global Citizenship Programme encourages, supports and co-ordinates staff and volunteers' involvement in international health work and development activities and projects in order to increase NHS Scotland's global health contribution.

Having been involved with the programme for many years, NHSGGC continues to play a significant role. Our well-established twinning scheme between Glasgow and Lahore, Pakistan has resulted in longstanding relationships with colleagues in multiple specialties and health professions including nursing and many allied health professionals. We have also undertaken the first evidence based child psychology training programme in Palestine, focussed on workforce development and applied training that will improve the competence and capacity of health, education and well-being professionals to better support infants, children, and adolescents. This valuable work not only helps healthcare organisations abroad to improve the care of the local population it also provides mutual learning opportunities bringing proven benefits for our own NHS staff and healthcare system.

Nurture – key messages

- Initiatives such as the Staff Mental Health Check-In survey, Staff Support Helpline, Occupational Health (OH) counselling and the Occupational Health Psychological Therapies Service (OHPTS) all provide support to staff and have enabled assessment of the impact of the COVID crisis on psychological well-being.
- All existing support resources will continue to be provided alongside researching more on the impact of Long COVID on staff.
- Peer Support is a key focus, with all staff encouraged to complete the online level 1 programme “Introduction to Psychological Wellbeing”.
- A key wellbeing initiative is the new wellbeing bus which will visit all sites.
- The Board’s Mental Health and Wellbeing (3 year) Action Plan is aligned to NHSGGC principles, and is integrated into the overarching NHSGGC Staff Health Strategy action plan, NHSGGC Workforce Strategy and NHS Scotland Staff Governance Standards.
- The Board’s Staff Health Strategy Governance Group will incorporate all aspects of health and wellbeing for the workforce and have a specific focus on mental health. An Employee Health and Wellbeing Survey is due to be undertaken in December 2022 to determine the needs of the workforce and to inform the Staff Health Strategy for 2023 to 2026.
- The Board’s Workforce Equality Group and Workforce Equality Action Plan drive forward activities to address inequality and promote equality and diversity throughout the organisation, supported by our One NHS Family Campaign with the common goal to ‘acknowledge and celebrate diversity’.
- Global Citizenship programme encourages, supports and co-ordinates staff and volunteers’ involvement in international health work and development activities and projects in order to increase NHS Scotland’s global health contribution.

4. Attract & Employ - Workforce Supply Considerations

NHS Greater Glasgow and Clyde (NHSGGC) is an organisation which is renowned for modern high-quality patient care and progressive medicine. It is therefore vital that we continue to attract and nurture the most talented and public service focused people, both locally and from around the world and achieve our ambition of 'Growing our Great Community'.

4.1. NHSGGC Recruitment and Marketing Strategy

The draft strategy, to be approved by Autumn 2022, sets out objectives and describes how we will address our resourcing challenges from 2022 to 2025, with an emphasis on Board-wide interventions but also targeted actions addressing unique challenges in certain specialties or professions. The strategy is closely aligned to the Board's workforce and operational plans as well as local and national workforce strategies.

The shortage of candidates with the right skills, abilities and experience in many professions has created a more competitive market. In recent years, it has become increasingly challenging to recruit and retain the right people with the right skills, upon which the ability to deliver high-quality, person-centred care depends.

NHSGGC needs to increase our substantive colleague numbers and improve how we retain, manage and develop our existing workforce to ensure our services meet safer staffing standards and to eliminate reliance on the temporary workforce, in particular bank and agency staff. Our Recruitment Marketing Strategy includes traditional models of course, but also puts forward bold and innovative approaches with a mandate that supports new ways of working.

The following programmes of work will address our key challenges by improving our planning, our reputation, how we recruit and the type of roles we recruit.

- **Recruitment Effectiveness** – being innovative in the way that we recruit and the role to which we recruit, both domestically and internationally
- **Recruitment Onboarding** – ensuring a socially inclusive approach, with improved use of technology and candidate feedback
- **Brand and Reputation** – supporting NHSGGC as an employer of choice with a focus on benefits and incentives packages
- **Employee Retention** – hiring the right person, first time with improved on-boarding processes and approaches to flexible working but also analysing why people leave and actions which can minimise turnover

4.2. Flexible Working Approach

The NHSGGC Workforce Strategy outlines the requirement to introduce flexible working to our workforce. Various approaches need to be considered, including part time working and shorter shifts. The introduction of these options into all job families should increase the potential candidate pool available to consider NHSGGC as a career option.

4.3. Increased Candidate Pools

4.3.1. Ethical International Recruitment

From 2022 with the support of additional Scottish Government funding, NHSGGC embarked on a programme of international recruitment in order to recruit candidates for registered nurse posts. All international recruitment is conducted in line with the Scottish Code of Practice for International Recruitment in order to protect the healthcare systems of developing countries and to ensure the ethical recruitment of health and social care personnel.

NHSGGC's dedicated Human Resources Workforce Supply Unit focused on attracting and recruiting staff with the relevant experience and qualifications, ready for local assessment followed by their Objective Structured Clinical Examination (OSCE) and has successfully recruited and on boarded over 50 nurses this year. Dependent upon securing future funding, we will continue to invite expressions of interest from suitably qualified health care professionals and will use international recruitment to help with hard to fill vacancies in key specialities.

4.3.2. Refugees and Asylum seekers

NHSGGC recognises the valuable skills and experience within this group whilst understanding the challenges of attaining settled status and right to work in the UK. The Board is actively engaged through the Scottish Refugee Council and local employability partners and remains keen to maximise future opportunities to join our workforce.

An initial cohort of 6 refugee doctors are currently undertaking Clinical Attachments at NHSGGC over summer 2022 and it is hoped that these doctors will go on to take up paid employment. A second, larger cohort of 12 refugee doctors are scheduled to commence in autumn 2022. Discussions are also ongoing with the Scottish Government around future 'pathway' support packages and potential funding for subsequent cohorts and supernumerary posts.

4.4. Future Workforce:

NHSGGC supports the wide range of options for routes of entry into the NHS including apprenticeships, traineeships, employability programmes, supported internships, work experience and return to practice.

4.4.1. Apprenticeships

NHSGGC has maintained a strong presence in apprenticeship delivery throughout the pandemic and continues to build on this aspect of attracting and developing the young workforce providing opportunities for career development connected to Board workforce planning needs.

The Modern Apprenticeship Campaign for the next three year period (2022-2025) commenced in 2022 with new opportunities aligned to local workforce planning and career

development pathways in: Estates (Trades), Medical Equipment Management (Clinical Technologists), Pharmacy Services (Pharmacy Technicians), Oral Health (Dental Nurses), Management Accounts (Finance Assistants), Health Improvement (Assistant Practitioners) and Patient Administration Services (Administration Assistants).

Opportunities to utilise modern and technical apprenticeship frameworks will be explored to maximise access for internal and external applicants, for example the Pharmacy Services programme between NHSGGC and the national, NES led Pre-Registration Pharmacy Technician scheme which aims to bridge future skills gap within the technician workforce.

We return to a full delivery model for Foundation Apprenticeships with our education partners supporting pupils across our population with their future career choices and establishing NHSGGC as an employer of choice with pupils, teachers, parents and carers.

Our existing Graduate Apprenticeships provision will transform into a formal programme connected to the wider apprenticeship offerings for young people and provide career development opportunities for our existing workforce embedded in career pathways to ensure visibility and accessibility.

4.4.2. Young Person Guarantee (including Kickstart):

NHSGGC is committed to the employer pledges outlined within the national Young Person Guarantee strategy and our current and future support to enable young people to enter the NHS workforce will be aligned to these.

We will review how our recruitment and marketing approach engages with young people to consider NHSGGC as an employer of choice.

4.4.3. Pathways to Employment and Supported Placement Activity:

The NHSGGC Healthcare Academy delivery model includes programmes which are designed to build core skills and provide confident and capable candidates for HCSW roles, trained and supported by our internal practitioners.

Whilst activity has been paused during the pandemic, due to the challenges in delivering training and work-based placement activity, we have continued to build on relationships with our employability partners to develop specific programmes, closely aligned to our workforce supply demands in readiness for its resumption. The programme will resume in August 2022 with a Phase 1 intake of 100 trainees and subsequent cohorts aligned to mainstream recruitment activity thereafter.

Other employability programmes provide a training programme and include a work placement. Programmes may be aimed at specific target groups e.g. unemployed or people who have not worked for a long time. Supported internships provide an opportunity for 16-24 year olds with learning difficulties through the Project Search programme which provides opportunities for young people with learning disabilities or autism for up to 1 year.

Return to Practice programmes support previously registered professionals in updating their skills and knowledge in order to return to their previous role.

4.4.4. Work Experience and Careers Insight

We recognise that school pupils, further and higher education students and other learners represent our future workforce and welcome work experience applications from these groups. Opportunities are available in both clinical (over 14s) and non-clinical settings, within most areas where our staff are employed, offering hands on experience for those looking to move into a career in health. The Board also regularly hosts Career Insight events to highlight and provide information on the range of roles available. Particular emphasis will be on job roles and careers that are hard to fill and where learner engagement and awareness may be low.

4.4.5. Forces Friendly Employer

As part of NHSGGC's commitment to being a Forces Friendly Employer, we have signed the Armed Forces Covenant and we are committed to supporting and encouraging employment from candidates linked to the Armed Forces Community, such as veterans, reserve members, cadets and spouses/family members. The Armed Forces Covenant logo features within our job advertisements and our internal websites contain links to sites providing further support.

Within GGC, we have an Armed Forces Reservist 'champion', and are proud to have 40 colleagues serving as reservists.

Attract & Employ – key messages

- The NHSGGC Recruitment and Marketing Strategy sets out objectives and describes how we will address our resourcing challenges from 2022 to 2025 and is closely aligned to the Board's workforce and operational plans, as well as local and national workforce strategies. The strategy incorporates four programmes of work:
    - **Recruitment Effectiveness**
    - **Recruitment Onboarding**
    - **Brand and Reputation**
    - **Employee Retention**

- NHSGGC actively undertakes ethical international recruitment campaigns with our dedicated Human Resources Workforce Supply Unit focused on attracting and recruiting staff with the relevant experience and qualifications. This includes refugees and asylum seekers, recognising the valuable skills and experience within this group of staff.

- NHSGGC supports the many routes of entry into the NHS including apprenticeships, traineeships, employability programmes, supported internships, work experience and return to practice. Opportunities to utilise modern and technical apprenticeship frameworks will be explored to maximise access for internal and external applicants.

- A range of employability initiatives are also in place such as the NHSGGC Healthcare Academy delivery model which aims to build core skills and provide confident and capable candidates for HCSW roles, trained and supported by our internal practitioners. The Board also regularly hosts career insight events to highlight and provide information on the range of roles available and welcomes applications for work experience.

- As a Forces Friendly Employer, NHSGGC has signed the Armed Forces Covenant and is committed to supporting and encouraging employment from candidates linked to the Armed Forces Community. Within GGC, we have an Armed Forces Reservist 'champion', and are proud to have 40 colleagues serving as reservists.

A

5. Train – developing new skills and capabilities

Training our staff ensures that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce.

5.1. Developing skills and capabilities:

Our profession leads and network of internal educators work in partnership with professional bodies, NHS Education Scotland, FE and HE institutions to develop workforce capabilities with engagement in curricula development, support at point of entry into employment and delivery of in-career skill development. This approach is designed to prepare for changes to the work environment brought by advances in technology, innovations in health and social care delivery and national strategies such as the Transforming Nursing and AHP Transforming Roles programmes. We support our current and future workforce by providing them with a sustainable and future proof skill-set at the different points of their career development from student to advanced practitioner.

Structures are in place to support development pathways for registered and non-registered staff across our clinical and non-clinical workforce, such as:

- Medical Equipment Management
- Estates and Facilities
- Pharmacy
- HCSW clinical roles (nursing, midwifery and allied health professionals)
- Nursing (mental health, theatres, district nursing, older people and stroke, midwifery)
- Theatre Academy
- Allied Health Professionals
- Patient Administration
- Apprenticeships

5.2. The Centre for Sustainable Delivery (CfSD) and NHS Academy

NHSGGC engagement with programmes delivered by The Centre for Sustainable Delivery (CfSD) and NHS Academy present opportunities to access accelerated training for identified new workforce capabilities and to commission defined support and adopt areas of shared innovative practice.

Current provision by the CfSD includes Early Cancer Diagnosis, Scottish Access Collaborative, Modernising Patient Pathways, Planned Care Redesign and Unscheduled Care Redesign. Upskilling of staff may be required in order to integrate new technology and ways of working which will be supported by the Academy as part of a hub and spoke national model.

The Academy is a partnership between NHS Golden Jubilee and NHS Education for Scotland, established in 2021. It provides accelerated training to address current workforce needs, increase capacity, enhance skills and improve productivity.

Connection with the NHS Academy will benefit linkage to current national programmes in National Treatment Centres, Clinical Skills for Community Pharmacists and resources on health and social care induction and on boarding.

Going forward the Academy's role will be expanded to provide enhanced skills training to nurse practitioners and allied health professionals and to introduce specific programmes in social care as part of the progressive transformation of professional roles across the NHS.

5.3. New roles

In order to address structural deficits within key clinical job families, meet demands from service planning and predicted challenges to workforce supply, NHSGGC continues to develop opportunities to utilise and test new roles and new ways of working that can transform workforce capacity. NHSGGC is already engaged in national activity to define new roles, establishing job descriptions and defining the pathway to employment. The exact number of these roles which are to be deployed in NHSGGC is yet to be determined, but will be in line with the requirement to reduce existing vacancies.

5.3.1. New roles – nursing and midwifery

Pre-COVID, the average number of registered nursing staff who left their post each month was 95 (1140 per year). During the initial pandemic response, including lockdown periods, the number of leavers reduced to an average of 80 per month. However, by the end of 2020 this had increased significantly. In the calendar year 2021, the number of leavers was 1455 (121 per month), with an average of 159 per month during 2022 to date. Based on the current run-rate, the projected number of registered nurses leaving this year would be 1900 however, it is expected that the number of leavers will return to 125 per month (1500 per annum).

NHSGGC had a successful Newly Qualified Nurses and Midwives campaign this year, with just under 700 nurses choosing to begin their career in NHSGGC. However, factoring in the forecast 1500 leavers this year, this results in a shortfall of 800 nurses. This is addressed through 'business as usual recruitment' throughout the year, with rolling recruitment campaigns, targeted adverts, on-site recruitment, recruitment fairs and international recruitment. It is recognised that these candidates (aside from Internationally Trained Nurses) are being attracted from neighbouring Boards, nursing homes and other parts of the health and social care system. In previous years, NHSGGC has attracted sufficient new staff to maintain staffing levels but it is understood that there is now an overall vacancy rate of 8.7% within registered nursing posts across the Board and this is anticipated to worsen due to increased number of leavers.

The only solution to closing the gap on this structural deficit is the introduction of new roles which will attract people from different backgrounds and from different educational pathways, away from the traditional routes, and the introduction of new routes to registration, allowing health care support workers to become registered whilst still working and without attending traditional full-time university courses. It is understood that the skill mix of operational teams will also change as some of these new roles are introduced at Band 4.

5.3.1.1. Clinical Health Care Support Workers (Band 4) - Associate or Assistant Practitioner

A Band 4 HCSW or Assistant Practitioner role is the most senior support worker role available in NHS Scotland. Staff in this role have developed clinical skills which are more specialised and specific to an area of practice for example midwifery, speech and language therapy, or renal services. Band 4 HCSWs are actively involved in supporting others to learn, for example by being a KSF reviewer for Band 2 or Band 3 HCSWs, and are expected to have stronger Leadership and Service Improvement skills.

NHSGGC's HCSW Education and Development Group was established to provide oversight and governance for the progression of new and developing roles and is closely linked to the national NES HCSW Development Commission. Areas of focus include career development and implementation of a national Level 3 & 4 career framework as well as the review of HCSW regulation and standardisation of job titles.

Within NHSGGC, opportunities are being explored in regards to how Band 4 HCSW roles can be incorporated into new areas and professions. Work is now underway to scope future numbers and provide support for HNC course of study (initial intake in 2022 and future intakes).

The NES HCSW Learning Framework clarifies the differences in responsibilities and expectations for HCSW roles at Band 2, 3 and 4 and supports clinical HCSWs to learn and develop in post or progress to a higher level post. It directly links into the NHS Knowledge and Skills Framework annual development review cycle.

5.3.2. New roles – medical and dental

The introduction of Medical Associate Professions (MAPs) within the NHS reflects a trend towards the development of multi-disciplinary teams as well as ensuring that there is sufficient workforce to meet demand for services. There are four professions which are part of the MAPs grouping shown in more detail below:

- Physician Associate (PA)
- Anaesthesia Associate (AA)
- Surgical Care Practitioner (SCP)
- Advanced Critical Care Practitioner (ACCP)

The Faculty of Physician Associates estimates that there are currently around 2500 qualified PAs working in the UK and as of 2021, there are around 300 AAs, 600 SCPs and 260 ACCPs.

MAPs roles differ in crucial ways; in terms of the tasks they perform, the ways that they train and their entry requirements. These differences mean that developing a single career framework is challenging although development is ongoing and with preparations underway for regulation, with the role of the GMC potentially crucial.

PAs and AAs must hold an undergraduate degree, usually biomedical sciences or a health-related science and there is no requirement to be a registered healthcare professional. These roles are described as 'direct entry' roles and are not currently subject

to statutory regulation. For SCP and ACCP, it is necessary to already be a registered healthcare professional. These roles have direct entry and practitioners will be subject to statutory regulation through their background role. It should be noted prescribing is a part of both the SCP and ACCP roles.

Physician Associates - are healthcare professionals with a generalist medical education who work alongside doctors and surgeons providing care as an integral part of the multidisciplinary team. PAs work under the supervision of a doctor but can also work autonomously with appropriate support.

Anaesthesia Associate (previously known as Physician Assistants (Anaesthesia) (PA (A)) – this role was first introduced in 2004 and is now established within many NHS hospitals. AAs are highly trained and skilled practitioners that work within an anaesthetic team under the direction and supervision of a consultant anaesthetist.

Surgical Care Practitioners (SCP) – staff working in this role are registered non-medical healthcare professionals who have extended the scope of their practice by completing an accredited training programme. Working as members of the surgical team they perform surgical interventions and pre-operative and post-operative care under the supervision of a senior surgeon. SCPs are eligible to join the Royal College of Surgeons as associate members.

Advanced Critical Care Practitioners (ACCP) - experienced acute nurses, physiotherapists or clinical pharmacists by background with critical care experience. The Faculty of Intensive Care Medicine recognises ACCPs who have completed a specific post graduate masters level course which focuses on academic knowledge plus the clinical competencies in the care and management of critically ill patients.

Across all MAPs roles, the benefits include:

- Greater continuity of patient care
- Additional resource which can help to free up junior doctors to get to teaching or clinics and also provide support in clinical setting and training
- Flexible roles which can take on wide and varied roles within services, working across multiple areas
- Can be trained relatively quickly
- Can see large numbers of elective patients in clinics
- Variety within role which adds interest and improves retention

5.3.3. New roles - AHPs

The National AHP Transforming Roles Strategy builds a governance and assurance framework to understand, support and develop AHP practice and roles across each of the 12 professions, from support worker level to registrant practice. This includes ongoing individual and career development, aligned with the knowledge, education and capability domains within the NHS Education for Scotland (NES) Career Development Framework and the 4 pillars of practice.

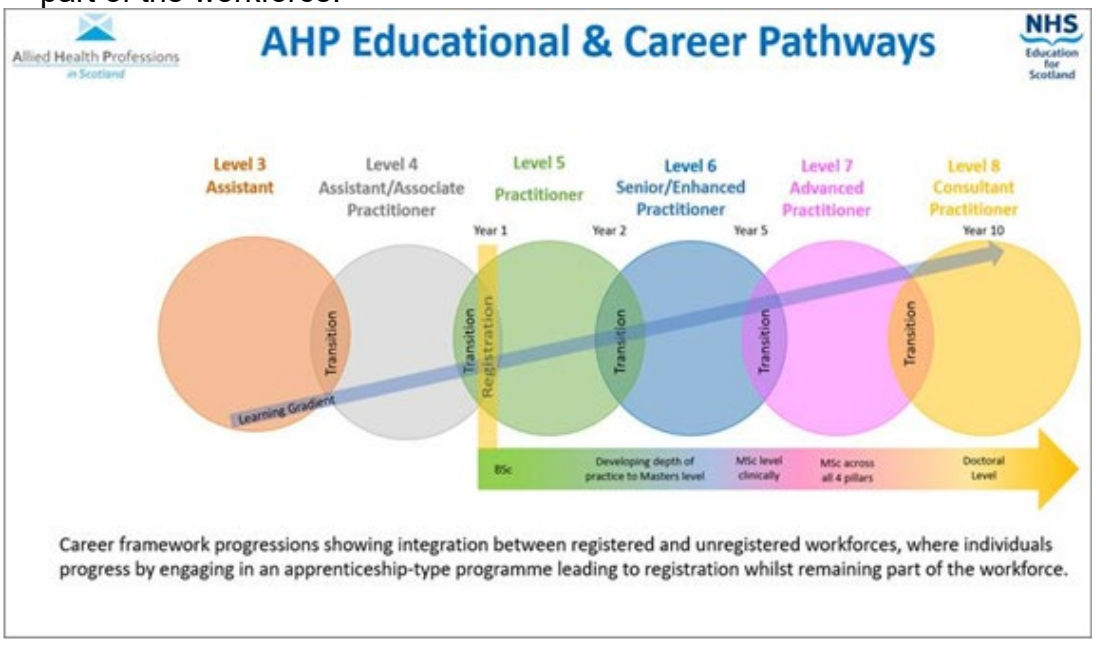
NHSGGC will support a programme of education with NES for AHP team leads and managers and will continue to collaborate with NES on the investment and capacity of our AHP Practice Education Team. This will be central to the staff development and in the sustainability and contemporary delivery of practice placement for our future workforce.

NHSGGC's AHP Learning and Development Strategy (2022) will support all AHP staff to reach their potential and assure professional governance. Effective learning and development are essential to ensure that staff have confidence to develop not just in their current jobs but also in new and emerging AHP roles.

The future-focused strategy is underpinned by the NES four pillars of practice and is aligned to national and local policy drivers. The strategy provides detail of how AHP learning and development is coordinated, accessed, monitored and reported on (including evaluation).

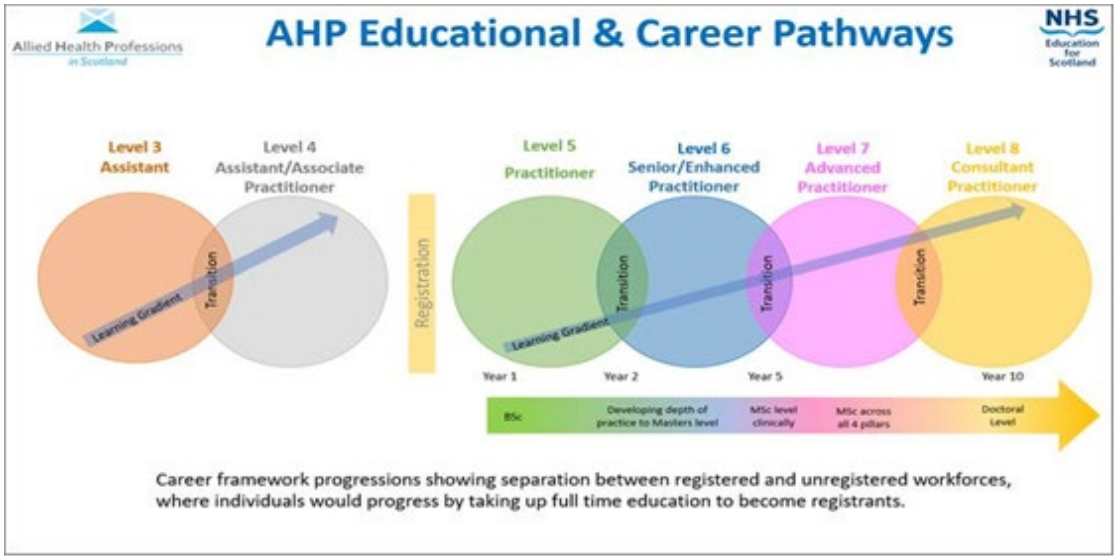
There are currently two recognised career pathways for AHPs, summarised below:

- An integrated career pathway, where indiviudals can progress from unregistered to registered posts by undertaking apprenticeship-type programmes whilst remaining part of the workforce:



Career framework progressions showing integration between registered and unregistered workforces, where individuals progress by engaging in an apprenticeship-type programme leading to registration whilst remaining part of the workforce.

An approach whereby unregistered AHPs will stop working to undertake formal education, before returning to the workforce. 'Earn as you learn' type programmes are being considered to support people on this pathway, including options to expand the Staff Bank to include AHP professions.



5.4. Organisational Development

Organisational development fosters diverse, inclusive and positive workplace cultures, leading to better outcomes and delivering high quality care. We want everyone in the NHSGGC workforce to have the best experience at work. The pandemic provided opportunities for accelerated decision making, increased collaboration and a shared sense of purpose. It is important that we learn from this period and continue to develop the organisation.

5.4.1. Leadership, Training and Development

NHSGGC is committed to developing and enhancing staff's leadership skills and practices in the workplace and preparing them for progression to their next roles, as part of a culture that supports and empowers.

In line with the Board's Organisational Development Culture Plan and Workforce Strategy, the Directorate Leadership Lift (DLL) programme aims to increase and improve leadership skills in priority / strategic areas, to positively impact on culture, morale, productivity and absence levels.

The programme connects to overarching succession planning requirements by highlighting staff with existing / emerging talents suited to leadership roles. This will enhance the quality of appointments and reduce the time senior roles are vacant.

NHSGGC's current pathway for management and leadership development forms the 'leadership journey' and offers many opportunities for progression. Starting with basic requirements such as induction and statutory mandatory training the pathway covers essential skills for managers such as managing attendance, PDP&R completion and Dignity at Work. Programmes such as Ready to Lead and Project Lift provide opportunities

for further development and at a more senior level, succession planning, coaching and the senior management development programme are key areas of focus.

5.4.2. Succession Planning

In a number of areas, there is a requirement to both increase workforce numbers in absolute terms and to develop and retain staff. As part of succession planning, key staff and roles will be developed with measures in place to track status and volumes of staff ready to fill critical roles. Improved career and promotion pathways will be central to this and options for skills development will remain a key feature of annual PDP and appraisal review discussions in order to maximise staff readiness for future opportunities.

5.4.3. NHSGGC Culture Framework

The framework emphasises the importance of having clear and consistent organisational messages about what is most important in NHSGGC that resonate amongst all staff. Managers and clinical leads with effective, engaging leadership skills will empower teams to learn and improve whilst building trust and integrity. The framework seeks to ensure that what is said to be important matches real experiences. NHSGGC seeks out and listens to the voice of employees and value their input and is committed to regularly reviewing and sustaining efforts in all of the above statements.

5.4.4. Investors in People (IiP)

NHSGGC agreed to introduce Investors in People across its services to support and drive forward culture change. Inverclyde Royal Hospital (IRH) achieved Investors in People standard accreditation in December 2021 with the report identifying a number of strengths including great team working, training and clarity around roles and expectations. The Corporate Cluster has also achieved IiP standard and a detailed programme across other Clusters is underway to achieve IiP across all Acute and corporate areas by 2023.

Train – key messages

- NHSGGC supports the development of all staff across all clinical and non-clinical roles, working in partnership with NHS Education Scotland (NES) and further / higher education institutions.

- The introduction of Medical Associate Profession (MAP) roles within the NHS reflects a trend towards the development of multi-disciplinary teams and offers an alternative workforce pipeline. NHSGGC's HCSW Education and Development Group is closely linked to NES and provides oversight and governance for new and developing roles which can transform workforce capacity. The group is looking at how Band 4 HCSW (Associate or Assistant Practitioner) roles can be incorporated into new areas and professions, including scoping of future numbers and support for HNC course of study.

- Engagement with the Centre for Sustainable Delivery (CfSD) and NHS Academy presents opportunities to access accelerated training for new capabilities, to commission defined support and to adopt areas of shared innovative practice. Connection with the NHS Academy will provide key linkage to national programmes and resources on health and social care induction and on-boarding. The Academy's role will be expanded to provide enhanced skills training and specific social care programmes as part of progressive transformation across the NHS.

- The National AHP Transforming Roles Strategy builds a framework to support and develop AHP roles across each of the 12 professions. NHSGGC's AHP Learning and Development Strategy (2022) will support all AHPs to reach their potential whether in their current jobs or in new and emerging roles.

- As part of the Board's Organisational Development Culture Plan and Workforce Strategy, the NHSGGC 'leadership journey' is linked to overarching succession planning and offers many opportunities for progression through programmes including the Directorate Leadership Lift (DLL) programme, Ready to Lead and Project Lift.

- The NHSGGC Culture framework emphasises the importance of clear and consistent organisational messages that resonate amongst all staff. NHSGGC is seeks out and listens to the voice and input of employees.

6. Plan - Workforce Planning Drivers – Short Term (Period to March 2023)

6.1. NHSGGC Staffing Considerations

Effective planning of staffing and resources is critical to maintaining service delivery. Clinical pathways have changed, and services had to be re-designed across many service areas during the pandemic response. Capacity has been flexed and expanded in key areas and our staff continue to respond flexibly, undertaking new roles and adopting to new ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges during the period to March 2023 and a description of the activity being undertaken to mitigate the challenges. Detailed interpretation and staffing projections are included in Appendix C.

6.2. Staff Availability

Staff availability is considered to be the percentage of staff available for work after taking into consideration all annual leave, sickness absence, maternity, paternity, parental, study and all types of special leave (which includes COVID-related absence).

The importance of staff having the opportunity to fully utilise their annual leave allowance is recognised and encouraged. In general, all job families across all areas of the organisation are currently using leave at pre-pandemic levels. This is encouraging and suggests staff are getting the rest they require.

It can be reasonably expected that sickness rates will increase during Winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. Dedicated resources within the Human Resources Support and Advice Unit (HRSAU) are available to maintain contact with staff, putting in placed plans to support people back to work when appropriate. COVID-related absences are expected to sharply decline and then to remain at a low level in the period to March 23.

6.3. Staff Turnover

The level of staff choosing to leave NHSGGC has been at 10.9% for the previous 12 months and this is not forecast to increase significantly in the period to March 2023, although some changes to behaviour have been observed. Turnover of registered nursing staff reduced during the early stages of the pandemic as staff chose to delay retirement to remain in their post to assist with our pandemic response. The number of registered nurses choosing to leave their post, either for a job in a different Board, or through retirement, has increased into 2022 with pre-pandemic levels now being observed. An added complication with registered nurses is the annual, one-off nature of recruitment, when Newly Qualified Nurses and Midwives join after graduating from university. Due to this, the bulk of recruitment occurs in September / October but given that staff can leave outside of that window, there will be a point in the year where there is a reduction in workforce supply.

A similar pattern has been observed across other job families, at all pay band levels. Following a period of suppressed turnover, due to staff not pursuing new career opportunities or delaying their retirement, rates are returning to pre-pandemic levels or higher, especially at entry level positions where there are many opportunities in the local job market.

Exit interviews are carried out in order to better understand reasons for leaving and allow any emerging issues to be addressed.

6.4. Retirement Risk

Service management teams are supported with succession planning within their workforce planning groups. Regular workforce information storyboards provide insight into staff demographics, showing the spread of staff age and their time within the organisation. This is designed to highlight the percentage of staff aged 55 and above, an element of whom will be considering retirement. Reporting also allows senior managers to identify individual key roles or elevated risk roles where succession planning is required to ensure that there is someone within the organisation who can fulfil the crucial elements of the role when people move on.

6.5. Maternity Leave

The Nursing & Midwifery and Allied Health Professional predictable planned absence calculations, which are used to inform staffing and rostering calculations, are based on 1% of the workforce being unavailable due to maternity leave. The profile of our registered nursing workforce (64% of all registered nursing staff are females aged under 45) means that we can expect maternity leave rates to be higher than the planned 1%, with the past 12-month average being 3.8%. A similar rate can be expected in the AHP workforce, which has a similar profile. (58% of all AHPs are females aged under 45). These rates of absence will require careful local planning, with supernumerary recruitment, fixed term contracts or supplementary resources used to provide cover.

6.6. Paternity Leave

Paternity leave has only a minimal impact upon workforce available. On average over the past year, only 5 WTE is recorded as paternal leave.

6.7. Pensions

Changes to the NHS Scotland Pension scheme were planned for April 2022 but deferred until October 2022. Benefits accrued in previous schemes are protected and remain unchanged. However, the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model , are seen as a catalyst for some considering retirement.

Staff with higher salaries and/or longer service are at risk of increased tax demands if they breach annual or lifetime tax allowance limits. There is national evidence that this may limit the amount of additional work high earners (i.e. medical consultants) are willing or able to deliver. The lifetime allowance also has a direct bearing upon retirement age as people chose to retire rather than risk breaching the limits.

The Board will want to work with SSPA to maximise support and enable staff to make well informed decisions.

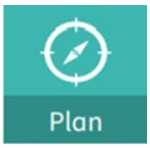
6.8. Brexit

The reduction in the visa minimum salary requirement to £25,600 (£20,480 for healthcare-specific roles), means workers from the European Union can be sponsored for a points-based visa by NHSGGC for roles at Agenda for Change Band 3 and above.

This is a better outcome than first expected when initial minimum salaries were set and means that NHSGGC remains a viable option for people wishing to move from the European Union for work.

Short term drivers (staffing considerations) - key messages
• Many services have been re-designed during the pandemic and staff continue to respond flexibly, often working in extremely challenging circumstances. This section provides an overview of the key staff availability considerations during the period to March 2023 - data and projections included in Appendix C. • It can be reasonably expected that sickness rates will increase during Winter 2022/23 as exposure to common infections and illnesses return to pre-pandemic levels. COVID-related absence is expected to continue to decline if community prevalence reduces. • In general, staff in all areas of the organisation are currently using leave at pre-pandemic levels which is encouraging. • Staff turnover has been at 10.9% for the previous 12 months, although some new trends have been observed. Having been suppressed for two years, turnover has returned to pre-pandemic levels. • A range of resources are available which provide insight into staff demographics, showing the workforce age profile and tenure at NHSGGC. In particular, this is designed to highlight the staff who may be considering retirement. • Changes to the NHS Scotland Pension scheme planned for April 2022 have been deferred until October 2022 with some of the planned changes seen as a catalyst for some considering retirement. The Board will work with SSPA to maximise support and enable staff to make well informed decisions.

7. Plan – Immediate Remobilisation - Short Term (Period to March 2023)



Whilst we move towards longer term operational planning, there are several elements of recovery and remobilisation which will continue to affect staffing levels and workforce planning decisions in the short term. These elements are summarised in the sections below:

7.1. Recovery and Remobilisation Planning

7.1.1. Elective Programme

Similar to the rest of Scotland, NHSGGC is experiencing lengthy waiting times for outpatient and inpatient services. It is essential we maximise all possible opportunities to increase activity and reduce waiting times for our patients.

For outpatients it is important we have the right staffing and skill mix in place to maximise all available capacity. Many services are looking at new and innovative ways to deliver services to our patients that include new and changing roles for staff. Support for staff development and proactive planning for any predicted shortfalls in key staffing groups will further support recovery of outpatient waiting lists.

Throughout the pandemic there has been a reduction in elective theatre capacity to support the increased demand for unscheduled care. As COVID-19 levels reduce, elective capacity is increasing with the aim of reaching pre-COVID activity levels, and exceeding them over the longer term. NHSGGC has recently outlined its plans for elective surgical hubs in key locations offering streamlined care that maximises day case and short stay surgery, and where possible insulates planned care from the fluctuations in emergency and trauma demand.

A particular emphasis will be placed on generating Orthopaedic capacity recognising the particular challenges of high numbers of patients waiting in this specialty; 63% of the current Orthopaedic waiting list is priority 4 patients and Orthopaedics make up almost 20% of all Priority 2 patients waiting.

A particular challenge for elective care will be to ensure sufficient theatre nurse staffing for the Surgical Hub expansion programme in NHSGGC, whilst recognising the potential retention risks from the impending opening of the National Treatment Centres.

In addition we will seek to expand models for care, in areas such as Urology Diagnostic Hubs and Office Gynaecology, transferring activity out of theatres and into an ambulatory care setting.

Diagnostic pathways remain a key focus to reduce overall patient waiting times, particularly for cancer pathways. For Endoscopy we recognise the need to strengthen our workforce and develop new roles that will create a strong career framework and greater flexibility. Over the longer term, we aim to increase our internal capacity through increasing the number of Nurse Endoscopists.

As Radiology Services continue to experience higher demand than the capacity available, a key deliverable for 2022/23 is to reduce the current waiting times for all radiology modalities. Specific plans will be developed to put in place longer term sustainable solutions to these issues, for example any opportunities for additional ACH-based services. We will explore options in conjunction with the Scottish Government for investment in capital and staffing solutions.

Critical to the success of our plans will be putting in place a stable and sustainable workforce and development of roles to support new patient pathways. It is recognised that a proactive approach to recruitment and retention is essential to create greater flexibility and skills within the workforce at all grades, including investment and support for training. This will include flexible approaches to staff development that capitalise on the wealth of experience and expertise available within NHSGGC which also helps to make NHSGGC an attractive place to work.

7.1.2. Unscheduled Care - Redesign of Urgent Care (RUC) Programme

Redesign of Unscheduled Care is constant priority and impacts across all sectors of healthcare, influencing and reshaping workforce requirements.

Our comprehensive programme of change aims to reduce reliance on critical emergency services by supporting patients to access appropriate expertise in the community. Enhanced community teams with access to specialist input via virtual MDTs can provide alternative care closer to or in the patient home, avoiding hospital admission.

The Board's integrated approach brings together teams across Health & Social Care, to deliver the single common aim: 'Right Care Right Place for Every Person Every Time'. This cross-system improvement programme reflects the interdependencies of service and the Joint Commissioning Plan for Unscheduled Care developed by the six HSCPs with alignment to the National USC collaborative programme.

The Board has undertaken the Scottish Government Urgent and Unscheduled Care self-Assessment, which has identified the three most productive opportunities in 2022/23 as:

- Virtual Capacity
- Rapid Acute Assessment and Discharge
- Community Focused Integrated Care

These priorities (together with the three fixed anchor points of responsive operational management, Discharge without Delay (DwD) and continuing local and national redesign of Flow Navigation Centres), will be the focus of the detailed work plan for 2022/23, with specific area of focus including:

- Continuing development of Flow Navigation in collaboration with NHS24, GPOOH, HSCP resource hubs and SAS, to utilise and maximise clinical expertise
- The Interface Care and Accelerated Interface Care (AIC) Pathways providing enhanced MDT management of patients closer to home and on an ambulatory basis for Outpatient Parenteral Antimicrobial Therapy (OPAT), Heart Failure and COPD.
- Care Closer to Home is testing 'Hospital at Home' principles to better support the Falls and Frailty programme

- The Urgent Care Resource Hub model / MHAUs will be extended across NHSGGC to provide out of hours support for mental health & primary care.

7.1.3. Delayed discharges

Whilst also being key focus for remobilisation planning, delayed discharges are part of a wider performance issue affecting hospital flow across the patient pathway. New approaches and services such as DwD are being trialled in the acute setting with the first principle to ensure patients are discharged to, supported and care for in a homely setting at the earliest opportunity. The programme will focus on reducing length of stay, the percentage of patients who become delayed discharges and the number of bed days lost as a result and will inform the development of localised work plans.

A whole team approach across acute and community will be adopted with early referral to social work and home care teams and development of a transition team that support the first 72 hours at home, ensuring simplified access to equipment to support complex and ongoing need. New Intermediate Care services, based in some care homes allow some patients to be discharged sooner than normally but can also prevent admission to hospital or shorten the length of stay.

Additional services such as these require additional staff across a range of roles.

7.1.4. Public Health

The directorate will continue to work with stakeholders to ensure that public health is part of all remobilisation and recovery plans as well as longer term operational plans. A key priority for the directorate will also be to address the impact of the change in the legal framework surrounding the pandemic.

The establishment of the Contact Tracing service in response to the pandemic temporarily, significantly expanded the directorate's workforce however, work is now underway to redeploy 146 staff into new roles ahead of their fixed term contracts ending in September.

Having successfully led the delivery of over 2.5 million doses of COVID vaccinations, the directorate is now focussed on establishing a permanent workforce to deliver 44,000 vaccinations a week incorporating plans for surges in demand. New recurring finance has been earmarked for Vaccinations and planning how to utilise these resources is underway. Subsequent Flu and COVID-19 booster vaccination programmes will be delivered through a centrally managed network of 19 community vaccination centres. HSCP Community Teams will provide an outreach service to those who are unable to attend a centre, including care home residents and those in prison. Childhood and School Age Immunisation teams will provide further support within schools and the community.

The health protection team has also been expanded in response to the pandemic, to support the Consultant team, working across the health and social care sector and in producing data to inform local and national decisions. A review of this interdisciplinary team including the skill mix within the nursing workforce is required to maximise the contribution of all professions.

Short term drivers (immediate remobilisation) - key messages

- Elective capacity is increasing with the aim of exceeding pre-COVID activity levels. Surgical hubs in key locations will maximise day case and short stay surgery and reduce the impact of fluctuations in emergency and trauma demand.

- NHSGGC recognises that recruitment to the National Treatment Centres may impact on theatre nurse staffing for the Surgical Hub expansion programme.

- Orthopaedic capacity is a key area of focus - almost 20% of all Priority 2 patients waiting are Orthopaedic patients.

- Opportunities to introduce ambulatory care models in other areas, such as Urology, Gynaecology and Radiology will be explored.

- Diagnostic pathways remain a key priority to reduce overall patient waiting times.

- The workforce implications from the key areas of focus within the re-design of urgent care are being finalised, including:
  - Continuing development of Flow Navigation in collaboration with other organisations
  - Enhanced MDT management of patients closer to home / on an ambulatory basis
  - Extension of the Urgent Care Resource Hub model / MHAUs to provide out of hours support for mental health & primary care.
  - Continued testing of 'Hospital at Home' principles to better support the Falls and Frailty programme

- Discharge Without Delay (DwD) is being trialled in the acute setting, focusing on reducing length of stay and will inform the development of localised work plans. A whole team approach across acute and community (including care homes) will be adopted with early referral to social work and home care teams.

- Public Health will continue to be a key part of all remobilisation and recovery plans, with an appropriately sized and skilled future workforce.
  - A permanent Vaccination workforce will be established to support a centrally managed network of community vaccination centres

8. Plan – Profession Specific– Short and Medium Term

In addition to the workforce planning drivers described in section 6 and 7, across Acute services and the Health and Social Care Partnerships, there are workforce planning considerations which cut across key professional job families. These are described in the sections below.

8.1. Medical and Dental

The Board's Medical and Dental workforce is broadly grouped into Junior Grades (Doctors and Dentists in Training (DDiTs) and Clinical Fellows), Career Grades and Consultants.

- The Consultant workforce is approximately 1700 WTE strong, with 90% of staff working in Acute Services.
- Career grades (67% of whom are Specialty Doctors and Associate Specialists (SAS Grades)) number 266 WTE and are almost evenly split between Acute Services and HSCPs, with a small proportion (6%) in Board-wide Services
- The Junior Grade workforce is approximately 2030 WTE strong, broken down by grade as follows:
    - FY1 - 13%
    - FY2 – 12%
    - ST1-2 (including CT1-2) – 21%
    - ST3+ (including CT3+) – 35%
    - Dental CTs and StRs – 2%
    - Clinical Fellows (all levels) – 17%

8.1.1. Junior Medical and Dental – short term drivers

The allocation of DDiTs for August 2022 rotation is well underway, with NHS Education for Scotland (NES) having filled 96% (492 of 509) of speciality programme places (as at week commencing 23rd May), in the West region. It should be noted that posts are considered 'filled' by NES once a slot is allocated to a trainee however, a trainee may not take up their planned rotational post due to an approved Out of Programme (OOP) request, for example to undertake research or additional experience or for maternity or paternity leave, resulting in often short notice, vacancies for Boards which can be problematic.

Initial analysis suggests that the number of training grade vacancies (including unfilled posts, OOP etc.) for August 2022 is lower overall than in August 2021 (77 in comparison to 117). The vacancy position is subject to change and NHSGGC will continue to monitor NES training programme data on a daily basis, up until the rotation date.

As a result of the Scottish Government decision to increase the number of Foundation Year 1 (FY1) funded posts for August 2022, NHSGGC have gained an additional 8 posts across Intensive Care Medicine and Trauma and Orthopaedic Surgery in GRI and RAH and these will be recurring posts. A further 9 FY1 level posts and 9 Foundation Year 2 (FY2) level posts have also been allocated due to over-subscription to these programmes. Trainees will rotate across various sites and specialties however these posts will be non-recurring. Where vacancies remain, these will be filled by Board-appointed Clinical Fellows, through the extension of current contracts and the additional recruitment. This

annual process is well established and a large number of appointed candidates being progressed and start dates aligned to the rotation date.

DDiT staff who were unable to take their full 2021/2022 annual leave entitlement have the option to carry the untaken leave forward into their next rotation, with services required to accommodate this. With a low level of requests having being received to date, it is not yet clear whether or not this will have a significant impact on service delivery.

8.1.2. Junior Medical and Dental - medium term drivers

NHSGGC's Junior Doctor Working Group is currently developing a workforce model based on bed numbers, specialty and external professional guidance including doctor to patient ratios which will be used to inform staffing requirements and rota design. Recognising that NES trainee allocations may not correspond exactly with the Board's junior grade staffing requirements and service needs, a range of options will be considered to mitigate any rota gaps and overall service pressures. This includes building in support and enhancing the workforce by incorporating other clinical staff such as ANPs and the introduction of new roles such as medical associate professions (MAPs). This stable, non-rotational workforce would not only provide additional resource but also an opportunity to expand the training provision for DDiTs.

NES regularly review fill rates across all programmes, providing additional resource through the creation of expansion posts where required. These posts are only funded by NES when they are filled by a DDiT, otherwise the Board does not receive any funding to back-fill the post locally. Due to the variable funding arrangements for these posts, careful consideration needs to be given to how these posts are factored into establishment requirements.

Structural changes to training programmes also require careful planning due to the impact on trainee allocations across NHSGGC services. For example the implementation of Internal Medical Training (IMT) lasting 3 years which replaced Core Medical Training (CMT), a 2 year programme.

Currently, approximately 10% of the DDiT workforce work 'less than full time' (LTFT) and this is set to increase to 16% in the coming years in line with the national target. An increased number of LTFT trainees presents a number of challenges including the requirement for a greater headcount in order to maintain safe rotas and deliver services. The extended length of time needed to complete training also impacts upon future supply of the Consultant workforce. In terms of funding, where a full time post is filled by an LTFT trainee, the cost to backfill the resulting shortfall in WTE is covered by the board.

The known reliance on DDiTs to ensure service delivery needs to be balanced against the education and training needs of this workforce. As the largest board in the UK and the lead employer for the west region, NHSGGC has a key role to play in building a sustainable workforce. The board is represented at the regional medical workforce planning group and has a strong reciprocal relationship with NES with our Director of Medical Education and Medical Staffing team working closely with NES Training Programme Directors to shape training and ensure that DDiTs are fully supported through

the training programme. NHSGGC recognises the need to support and nurture DDiTs through training, recognising that they are the future Consultant workforce.

NHSGGC's considerable Clinical Fellow workforce work alongside DDiTs across all areas, sites and specialties and are a key cohort of the junior medical workforce. Many Clinical Fellows take up posts in order to gain additional experience in a certain area or for personal development reasons, with many candidates from overseas also attracted into these roles. Clinical Fellows are often themselves DDiTs, with a significant proportion trainees who have chosen to have some time out from training. In particular, there is a known trend for trainees to take a break after completion of FY2 before progressing into specialty training. Many of these doctors also choose to take up posts overseas and the Board recognises the value of initiatives that can help to retain this workforce either as DDiTs or Clinical Fellows.

The Board's Clinical Fellow Working Group exists to support this workforce and to ensure that time and opportunities for training and development are available. In particular, the Clinical Development Fellow role which sets aside specific proportion of time for research and development activities has been developed in recent years and well received both by doctors and services in the areas where it has been introduced. NHSGGC supports Clinical Fellows with all aspects of Revalidation to ensure continuing professional registration whilst encouraging progression either through encouraging a return to the training programme or by moving into middle grade SAS posts.

8.1.3. Senior medical and dental – short term drivers

Across NHSGGC's consultant workforce, the majority of vacancies are within a relatively small number of areas, with the distribution shown in the below table:

Area	Sector	Sub-Directorate	Est. %	Vacancy
Acute	Clyde	ECMS Clyde	91%	7.7
		Older People Clyde	82%	2.7
	North	Older People North	91%	2.3
		Surgery North (incl. TACC)	96%	5.0
	South	Acute Assessment South	83%	5.1
		Medicine South	96%	4.2
		Surgery South	96%	6.2
	Diagnostic Services	Diagnostic Imaging	90%	13.5
		Laboratories	95%	5.1
	Regional Services	Neuroscience & Spinal Injuries	93%	8.0
Acute Total				**59.8**
Partnerships	East Dunbartonshire HSCP	Child Services - Specialist	86%	4.7
	Glasgow City HSCP	Citywide (MH Services)	37%	10.3
	Inverclyde HSCP	MH Adult Inpatient Services	40%	4.2
Partnerships Total				**19.2**

The below table shows the proportion of the consultant workforce accounted for by locum consultants:

	% Locum Cons
Clyde Sector	6%
North Sector	3%
South Sector	2%
Diagnostics Directorate	2%
Regional Services	4%
Women & Children's	8%
Total	**4%**

Taking into account a small number of over-established areas, the overall number of vacancies across the Board is 63, as at March 2022. Each vacancy is advertised nationally via the JobTrain site, with candidates offered the opportunity to visit the department or to chat informally with the existing team. Where appropriate, jobs are also advertised internationally and within industry journals.

8.1.4. Senior medical and dental – medium term drivers

Consistent and effective job planning is a key element underpinning the recruitment and retention of the senior medical workforce with work ongoing to review job plans across the board with particular focus on the split of Direct Clinical Care (DCC) and non-DCC programmed activities.

A more consistent approach to job planning is being adopted which considers the job plan in the wider context of service planning requirements, rather than on an individual basis or only within the context of the senior medical and dental workforce. A good balance of DCC and non-DCC PAs is required to ensure that service needs are met but that roles remain attractive and fulfilling. The sample job plan which is used when advertising a vacancy also needs to be representative of the actual role, in order to provide candidates with greater clarity

Work will also focus on reducing the reliance on Consultants working Extra Programmed Activities (EPAs) over and above their contracted hours in order to ensure service provision. The risk of this has been highlighted as an increasing number of staff choose to reduce their hours in order to avoid potential financial implications arising from changes to the pension scheme and lifetime allowance. EPAs are subject to a separate contract and can be cancelled by either party, at any time with 3 months' notice.

NHSGGC is keen to encourage more staff to SAS Grade posts, which are open to doctors with a range of experience. At a junior level, middle grade staff can be recruited into roles to support junior medical rotas and offer career progression option for experienced Clinical Fellows. The role offers an opportunity to gain experience and progress to working at a senior level where they can be deployed to support and work alongside the Consultant workforce, helping to free up their time for other tasks

A number of specialties face the challenge of an ageing workforce with a shortfall in the supply of DDiTs progressing through training with areas affected including Anaesthetics, Gastroenterology, Stroke Medicine, Care of the Elderly and Psychiatry. GGC fully supports doctors who wish to take the alternative CESR route to attaining CCT required for eligibility to work as a consultant. Several areas are exploring new thinking around

service design and workforce planning with a range of measures being considered to increase the attractiveness of roles.

This includes the review of job plans with an 8 / 2 split of DCC and Supporting Professional Activities PAs to allow more opportunity for continuing professional development, teaching and research. New GGC-wide or sector partnership posts and 'buddying' agreements are being discussed which will provide a better level of out of hours cover. Opportunities for cross-working with military medics or on projects through the Global Citizenship programme are also being explored.

A pan-Board, unified Gastroenterology service is being progressed by a dedicated workforce group, looking at multi-site options and developing an integrated workforce plan. There is recognition of the need for the service to withdraw from the general medical receiving rota and replace this with a consult service. This will minimise duplication of work whilst providing a comprehensive cover for patients with GI bleeds and IP gastroenterology patients, but needs to be balanced against the impact on staffing from other areas. It is also worth noting that this change will bring NHSGGC into line with other territorial boards across Scotland and ultimately have a positive impact on future recruitment.

Within Psychiatry, the MHO status eligibility has resulted in almost 20% of consultants choosing to retire over the last 4 years. Current estimates suggest that up to 15% of consultants would be eligible to retire within the next year, with a further 20% over the next 5 years. The proportion of other senior (non-consultant) medical staff who are eligible to retire over the next 5 year period is comparable at 20%. Over the next three years there will be a shortfall of 20-30 WTE consultant posts (equating to 15-20% of the mental health consultant workforce) as the number of leavers is not matched by the number of trainees completing their training.

In common with other specialties, there are associated recruitment challenges due to negative perceptions around work/life balance, consultant job planning (including opportunities for supporting professional activities) and the long standing reliance on locum and agency staff in certain areas. A number of approaches have been identified in order to address these challenges:

- Recruitment strategies to target DDiTs whilst still in Core Training years
- Standardisation of job planning approaches to address variations and to consolidate emergency and out of hours clinical activity across fewer sites
- Expansion of the range of roles within current multi-disciplinary models (including Physician Associates (PA), Pharmacy Prescribers, ANPs and GP with Special Interest) with development of training, recruitment and supervisory pathways.
- Additional ANP roles to support assessment, diagnosis and prescribing with requirement determined by bed numbers. This cluster approach has commenced on the North East inpatient site with 10 posts having been proposed / introduced.
- Expansion of existing physical health care resources including consistent phlebotomy provision across all sites, GP sessional input into rehab, HBCC and associated settings.

8.2. Nursing and Midwifery

8.2.1. Nursing and Midwifery – short term drivers

There are a number of developments and factors that impact on the N&M workforce in the short term both in the Acute sectors and directorates and the HSCPs. Some of the challenges identified should be understood as long-standing ones, which have been exacerbated by the direct and indirect impacts of the COVID-19 pandemic.

In many areas, rates of absence are consistently high, with PAA regularly exceeding 22.5% which presents a challenge for the workforce when trying to flex to meet fluctuating demand. Across a number of medical and mental health in-patient wards, this is coupled with the continued prevalence of 'Enhanced Observations' for vulnerable patients, which requires additional nursing support and drives an increased reliance on bank and agency staff.

Within Acute services, nationally-acknowledged 'hard to fill' posts exist in some specialties, particularly Older People's services which is 65% established at Band 5 level in the South sector, 76% in the North sector and 73% in Clyde sector. There are also geographically-linked challenges in some services based at the IRH and VoL sites.

The District Nursing workforce faces a significant retention challenge due to multiple factors, including an increased and altered workload due to the COVID-19 pandemic. This has been compounded by the success of diverting hospital admissions and the attraction of career opportunities within General Practice which may be seen as more favourable.

Use of the Common Staffing Method has been suspended in Acute Services for an extended period, but analysis of 2019's Nursing and Midwifery Workload and Workforce Planning tools (MWWP tools) results as well as workforce data, trend analysis, and the input of senior nursing professionals identified a substantive workforce gap for nurses and midwives.

It was proposed that this should be addressed with a 3-year programme of investment. The exceptional circumstances of the COVID-19 pandemic has unfortunately precluded the time and consideration required for these recommendations, meaning that this will require review.

All HSCPs are continuing to proactively engage with the Healthcare Staffing Programme Board's directive to conduct workforce planning using the Common Staffing Method. Although use was suspended in most services as a result of the COVID-19 pandemic, exercises have been conducted across Prison Nursing, Learning and Disabilities, District Nursing, and will take place during 2022 for Health Visiting and other Community Nursing specialties.

8.2.2. Nursing and Midwifery - medium term drivers

All levels of nursing and midwifery leadership continue to actively engage with and promote NHSGGC's Staff Health Strategy with a particular focus on the mental health impacts on staff from the COVID-19 pandemic.

Proactive initiatives such as Best Start, increased Advanced Practice activity and scope and Discharge Without Delay, are principally aligned to addressing issues in service delivery. The anticipated secondary effects of these initiatives are a reduction in workload pressures on staff, which are understood to be one of the key drivers in staff absences as stress (alongside other mental health issues) is identifiable as the most common reason for sickness absence across the Board.

The Transforming NMAHP Roles programme delivers on the commitment by Scotland's Chief Nursing Officer to maximise the contribution of Nurses, Midwives and Allied Health Professionals with a focus on shifting the balance of care from the hospital to the community and primary care setting. The programme also outlines the nursing profession's contribution to the wider transformational change agenda in health and social care.

Paper 8 was published in August 2021 and sets out the strategic direction for the development and transformation of the CNS and Specialist Nurse Practitioner roles, identifying two levels of practice (CNS and ACNS) and the requirements for each role. Health Boards across Scotland will be expected to put in place similar training processes and governance for CNS/ACNS as there are for ANPs.

Many of the Board's CNSs and ACNSs already run clinics and there is scope to extend this. ACNSs and Nurse Consultants could potentially lead post-operative check-up clinics, including assessing the requirement for additional follow-up appointments which would potentially reduce the number of sessions expended by medical and dental Consultants on routine follow-up care.

The number of opportunities for nurses looking to expand their practice and become an Advanced Practitioner means that services are competing for qualified ANPs and good trainees, and there is the inevitable movement between services and Health Boards.

There is scope to increase the numbers of Advanced Practice Nursing Roles, i.e. Advanced Nurse Practitioners (ANP), Advanced Clinical Nurse Specialists (ACNS) and Nurse Consultants in multiple specialities across the Acute Services. There are currently 149 ANPs available to commence training, in addition to 579 CNSs and ACNSs and 9 Nurse Consultants.

An increase in ANPs (at Band 7) has the potential to reduce the reliance on junior medical and dental staff for service delivery, with the deployment of ANPs assessed following DDiT rotations to ensure that any rota gaps are addressed. The continuity of care provided by an ANP also has the potential to improve patient outcomes.

Key issues with training more ANPs relate to the time to train (usually 2 years), the provision of appropriate supervision to trainees and the retention of both trainee ANPs and qualified ANPs. Currently ANPs are trained within individual services whereas a more collaborative model is required to allow trainees a broader education and for services to share the burden of training and supervision.

Additional structures are in place to support development pathways for registered and non-registered staff across our clinical and non-clinical workforce, such as: District

Nursing, School nursing, Health Visiting and CAHMS nursing, with work already having commenced to scope requirements across community children's nursing.

8.3. Allied Health Professionals (AHPs)

8.3.1. Allied Health Professionals – short term drivers

Due to increased turnover rates with retirees being replaced with HEI graduates, AHPs now have the youngest workforce in NHSGGC, with only 6% of the workforce over the age of 55 (vs 12% of N&M). This trend also means that more than half of the AHP workforce have less than 10 years tenure with NHSGGC and 30% have less than 5 years.

A significant challenge is developing within the AHP workforce as the reduced numbers of graduates and new workforce coming through are not sufficient to replace leavers. There is also no planned allowance for annual leave, sickness absences, special leave, etc. for AHPs, meaning that the workforce lacks this inbuilt resilience of the nursing and midwifery model.

There was a 30% increase in demand for AHP services within the community over a 12 month period during the pandemic. Post-COVID deconditioning and increased clinical complexity coupled with the increasing age and associated frailty of the population present additional challenges for staff whose work is directly linked to supporting these conditions.

There are particular recruitment challenges in regards to band 5 positions across many professions, including:

- Physiotherapy - on average, 5 staff leave their posts each month. Scottish Government have increased training positions to 72, with this being continually evaluated.
- Ophthalmology - graduate numbers are reduced this year and next year with some students having to repeat a year, due to a lack of opportunity to practice.
- Dietetics - only 50 students are planned to graduate this summer.

To address this, it is recognised nationally that an established communications plan is essential within education departments and schools, informing pupils of the diversity and accessibility of AHP careers, at the point of subject choice. There is an ongoing national programme (led by an appointed AHP SG education advisor and HEIs), undertaking a gap analysis between Band 5 NQP posts, vacancy and graduate numbers.

8.3.2. Allied Health Professionals – medium term drivers

In planning a sustainable workforce for the next 3 years, the Scottish AHP Directors and NHSGGC AHP team will, through strategic planning with HEIs programmes and placements, aim to ensure quality under-graduate and post-graduate education and to maximise the contribution to the whole system from this diverse workforce.

Future AHP services will model the principles of early intervention and Realistic Medicine, with service delivery moving from a traditional ‘refer - assess – treat’ model, to sustainable ‘supported self-management’ model which will benefit patient outcomes, reduce chronicity of disease, and support the Scottish Government Outcomes Framework.

The Mental Health Services Recovery Renewal and Transformation Plan outlines a range of measures including the delivery of physiotherapy within all CMHTs, increased provision

of speech and language therapy (SLT) and dietetics within CAMHS, eating disorders services, prison and forensic teams, and the inclusion of primary care expert OTs focussed on early intervention.

Further investment is required into the development of AHP roles within public health, primary care and community physical and mental health services, acknowledging the increasing presentation of societal effects and inequalities, such as poor mental health and obesity, poverty, deprivation and poor nutrition.

NHSGGC's SLT provision within children and young people's services are consistently amongst the least balanced across Scotland. AHP workforce planning will underpin the need for increased number of posts within this area, taking into account the prevalence of additional complexities that arise from social and economic disadvantage.

There are opportunities to support general practice through roles such as First contact Advanced Practice Physiotherapy posts and OT expert generalists working across CBT, vocational rehabilitation, fatigue and pacing and anxiety management. These roles have potential to increase GP capacity and ensure the patients see the right practitioner first time. Whilst there has been investment through Primary Care Improvement Planning, there is an inadequate pipeline of these advanced staff and staffing models are being reviewed with a view to consolidating this workforce.

The NHSGGC AHP Director Work Plan focuses on the following key priorities:

- AHP Support Worker workforce - diversification and consolidation of the role's capability and governance with ongoing investment in continuous development. Support for the introduction of a capability framework, career pathways and routes of entry into professional/ graduate roles.
- Newly Qualified Practitioner - continued support i.e. Flying Start, AHP supervision policy, TURAS review, AHP Learning and Development Strategy.
- Developing our leaders of the future – through the NES Career Framework, development of Band 6 and 7 workforces will ensure a pipeline with the ability to deliver adaptive and collaborative leadership
- Advanced practice and AHP Consultant roles - the development of these pivotal roles, enabling AHP practitioners to work to their maximum skill level. These practitioners will have advanced expert knowledge, extended scope skills and will contribute to the research evidence base and facilitate learning across MDTs. The AHP Director has a target to support the establishment of a further 15 Consultant practitioner posts over the next 3 years which will span across the professions.

An AHP Governance Quality Assurance Framework is being developed which will support and define advanced and consultant practice. The framework will standardise job descriptions, experience and capability frameworks, define a career pathway and ensure continued development and mentorship of these staff. Opportunities for the development of AP roles in a number of areas will also be explored. Areas include: SLT Voice Nasendoscopy, Dietetics, Pelvic, Obstetrics and Gynaecology Physiotherapy, Neuro-ophthalmology, Spinal, Teenage and Young cancer, Prehabilitation cancer services and Community Frailty Practitioners.

Profession specific drivers – key messages

Junior medical and dental

- August 2022 DDiT rotation – NES have filled 96% (492 of 509) of speciality programme places as at end of May 2022, in the West region.
- For August 2022 NHSGGC has been allocated an additional 26 FY1/2 posts.
- An increased number of LTFT trainees, requiring a greater headcount in order to maintain safe rotas and deliver services, has been observed. LTFT trainees also take longer to complete training, impacting upon the future supply of Consultants.
- NHSGGC recognises the need to support and nurture DDiTs, recognising that they are the future Consultant workforce.
- NHSGGC's considerable Clinical Fellow workforce is a key cohort of the junior medical workforce. NHSGGC encourages progression either through encouraging a return to the training programme or by moving into middle grade SAS posts.
- NHSGGC's Junior Doctor Working Group is currently developing a workforce model which will be used to inform staffing requirements and rota design.

Senior medical and dental

- There are 63 Consultant vacancies within NHSGGC.
- There is a recognised need for consistent and effective job planning, underpinning recruitment and retention, in particular the split of Direct Clinical Care (DCC) and non-DCC programmed activities, considering the job plan in the wider context of service planning requirements.
- NHSGGC is keen to increase the number of SAS Grade posts, providing workforce flexibility across junior and consultant level rotas.
- A number of specialties face the challenge of an ageing workforce with a shortfall in the supply of DDiTs progressing through training. Areas affected include Anaesthetics, Gastroenterology, Stroke Medicine, Care of the Elderly and Psychiatry. Several areas are exploring new thinking around service design and workforce planning including new GGC-wide or sector partnership posts and 'buddying' agreements.
- In many specialties, there are negative perceptions around work/life balance, consultant job planning and the long standing reliance on locum and agency staff. The following initiative are being implemented in order to address these challenges:
    - Recruitment strategies to target DDiTs whilst still in training years
    - Standardisation of job planning approaches to address variations and to consolidate emergency and out of hours clinical activity
    - Expansion of the range of roles within current MDTs (including MAPs, Pharmacy Prescribers, ANPs and GP with Special Interest).

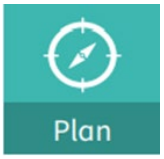
Nursing and Midwifery

- The combination of elevated absence levels and the prevalence of 'Enhanced Observations' for vulnerable patients necessitates additional resources, increasing the reliance upon bank and agency staff.
- Specialties and sites with hard to fill roles are being supported with targeted, local recruitment campaigns.
- All Acute and Partnership nursing teams are utilising the Common Staffing Method for workforce planning as they return to pre-COVID activity.
- The Transforming NMAHP Roles programme maximises the contribution of staff with a focus on shifting the balance of care from the hospital to the community and primary care setting. The programme also sets out the strategic direction for the development and transformation of the Clinical Nurse Specialist and Specialist Nurse Practitioner roles.
- There is scope to increase the numbers of Advanced Practice Nursing Roles in multiple specialities across Acute Services. An increase in ANPs has the potential to reduce the reliance on junior medical and dental staff for service delivery with the additional benefit of greater continuity of care.
- Additional structures are in place to support the development of registered and non-registered staff across areas such as District Nursing, School nursing, Health Visiting, CAHMS and community children's nursing.

Allied Health Professionals

- There is an insufficient number of graduates in the pipeline to replace the known level of leavers.
- AHP workforce planning does not include planned absence allowances, which provides inbuilt resilience in the N&M model.
- There was a 30% increase in demand for AHP services within the community over a 12 month period during the pandemic with post-COVID deconditioning and increased clinical complexity presenting additional challenges.
- There are particular recruitment challenges at band 5 within various professions, including Physiotherapy, Ophthalmology and Dietetics. It is recognised nationally that an effective communications plan is essential to promote the diversity and accessibility of AHP careers to school pupils.
- The Scottish AHP Directors and NHSGGC AHP team will work with HEIs to ensure a quality education for future AHPs.
- There is a requirement to develop the AHP workforce across various professions allowing an increased contribution to the Mental Health Services Recovery Renewal and Transformation Plan.
- There is an opportunity to introduce additional and advanced AHP roles to improve patient outcomes within general practice.

9. Plan - Workforce Planning Drivers – Medium Term (Period to March 2025)



The Board's operational plan is focused on the short-term planning timeframe, with medium- term operational planning to be revisited in future, as per current guidance. This section of the plan considers the known medium term workforce planning drivers throughout the period to March 2025 arising from key policy commitments and NHSGGC operational priorities and deliverables, including mitigation against forecast establishment gaps.

This section is organised in such a way to detail key themes and drivers within our Acute services, Health and Social Care Partnerships (HSCPs) and Board-Wide Services.

9.1. Acute Services

Workforce planning drivers for Acute sector and directorates are summarised in the following sections:

9.1.1. North Sector, South Sector and Clyde Sector

These sectors host the large acute hospitals and ambulatory care hospitals within NHSGGC, including:

- North Sector - Glasgow Royal Infirmary, Stobhill Ambulatory Care Hospital and Lightburn Hospital
- South Sector – Queen Elizabeth University Hospital, Gartnavel General Hospital and New Victoria and West Glasgow Ambulatory Care Hospitals
- Clyde Sector – Royal Alexandra Hospital, Inverclyde Royal Hospital and Vale of Leven Hospital

There is significant commonality between the workforce challenges experience across the sectors and in the mitigating actions being considered or delivered.

9.1.2. Establishment gaps in registered nursing roles

As detailed within Appendix A - Workforce Metrics, registered nursing establishment is currently at 91.3%, with Band 5 nurses (who represent 60% of the registered nursing workforce) at 87%.

This pattern has been established in recent years whereby Newly Qualified Nurses and Midwifes (NQNs) join the Board annually in September and October following a well-established recruitment campaign. Nurses leave the Board, either through retirement or to pursue an opportunity out with the Board, at any point in the year, with a slight increased number observed after winter. The number of nurses graduating from HEIs does not provide a sufficient workforce supply to replace the leavers. This is recognised nationally and has been addressed within the National Workforce Strategy with plans to increase university places and to introduce multiple graduations per year being developed.

International recruitment has also been utilised to introduce additionality to the workforce however, these mitigations alone are not enough to address current resource shortfalls. It

must also be recognised that not all nursing roles, regardless of Agenda for Change pay band, are suitable for NQNs. Furthermore, through candidate feedback and intelligence gathered during recruitment activity, it is recognised that not all clinical specialties or locations are attractive to new graduates.

The potential to review the skillset of nurses required within specific clinical areas has been recognised by NHSGGC's nursing leadership. A working group has been established to consider the potential benefits of adjusting the skill mix of the nursing teams, with the possibility of introducing additional HCSWs being considered. Within Acute services, HCSWs are largely at Band 2 (33%) and Band 3 (64%) and only 3% (97 WTE) currently at Band 4. The increased capability and responsibility of Band 4 HCSWs provides an increased level of support to registered nursing colleagues. It is anticipated that this change to skill mix which allows increased recruitment of appropriately skilled candidates and the training of existing Band 3 colleagues, will ensure that nursing teams are fully resourced.

Other initiatives to address establishment gaps within registered nursing roles are also being considered including new and emerging roles in use within other territorial boards in Scotland and health trusts in England. These new roles provide a different route to registered nursing roles and equivalents (i.e. clinical roles graded at AfC pay band 5 or above). Such roles require significant education and training, but crucially do not remove students from the nursing education process.

Registered Nursing Degree Apprenticeships have been successfully introduced by universities in England, partnered with health trusts. The introduction of a Registered Nursing Degree Apprenticeship would require the support of a partner HEI. This style of apprenticeship may be more attractive to candidates who had not previously considered a traditional university education, perhaps due to cost or the desire to enter paid employment. The apprenticeship programme delivers additional resources as students work as a HCSW whilst attending university 1 or 2 days per week

Traditionally hard to fill roles, whether defined as such due to the perceived complexity or intensity of the clinical environment (for example, emergency medicine), perceived challenges around career development, the day to day experiences or through geographical location need additional input and support to address these issues.

The Recruitment and Marketing Strategy (detailed in section 4) sets out plans to introduce a careers website and to improve our branding. This will include staff testimonial videos describing the benefits of their roles and promoting their services. Plans to develop a 'talent pool' approach will also allow a 'reserve candidate' process to be implemented, whereby strong candidates who achieve the interview standard can be offered similar roles in alternate services or locations.

Specific nursing workforce challenges and proposed mitigation are detailed in the following sections:

9.1.3. Theatres Workforce

A fully established workforce is required to support the maximisation of theatre sessions. Once staff realigned due to the pandemic response have returned to their posts, recruitment activity will address any remaining establishment gaps.

Within theatre nursing, the range of skills is very different to other areas of the workforce – staff often chose to work in a certain area and may be reluctant to work elsewhere so there is a need to ensure skills are retained and that staff do not get 'siloed' into a certain area or type of procedure. Whilst maximising day case activity is a key area of focus for remobilisation, the rotation of staff, for example working in both day cases and major trauma, or 'clean' vs emergency theatres will allow them to retain a skillset which enables them to work across different types of theatres.

NHSGGC's Theatre Improvement Group is carrying out a review of the workforce profile, including a high level analysis to identify absence rates, age profile; vacancy levels and turnover rates. A detailed analysis and benchmark of the N&M workforce has been completed, including the breakdown of skill by site against the 2015 model.

The two aspects to theatre nursing - anaesthetic nurse training and then development of Scrub skills – require very specific training which take well over a year to develop, with dedicated education teams and release for practical supervision, in addition to on the job training. There are very few other departments where such a high proportion of staff's ability to deliver is based on a further dual training approach when they commence in post.

A new Training Academy approach has been proposed to support career development and progression for theatre teams; this would include expanded Assistant ODP roles, Advanced Anaesthetic Assistants and Advanced Scrub Practitioner roles. Proposals to initiate this approach will require further review with direct consideration of service models, delivery and performance. The Board aims to engage 120 trainees over 5 years, under annex 21 arrangements.

9.1.4. Emergency Medicine (including Acute Assessment)

Recruitment and retention are particular challenges in this speciality with sustained increased demand and elevated patient acuity presenting additional pressures. The service has a high level of demand from patients and staff perceive the level of pressure particularly demanding across each of the front door sites. This will be partially addressed by the annual intake of newly qualified nurses and options to build a talent pool of potential candidates, routinely offering candidates from other sector's recruitment activity are being explored.

9.1.5. Older People Services

Recruitment and retention are challenging in this speciality and across the three sectors there are currently 165 Band 5 vacancies, representing 17% of the established workforce. The service has a high level of demand from patients and staff perceive the level of pressure particularly demanding. Gaps will be partially addressed by the annual intake of newly qualified nurses and options to build a talent pool of potential candidates and to routinely offer candidates from other sector's recruitment activity are also being explored.

9.1.6. Women & Children's Services

The Directorate's almost 3000 strong workforce provides obstetric and gynaecology services across several hospital sites including ambulatory care hospitals as well as paediatric services which are predominantly provided at the Royal Hospital for Children. Specific workforce challenges and drivers exist within these specialities, which are outlined below.

The Ockendon Review (an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust) highlighted the need for multi professional training and an adequate and sustainable level of obstetric training posts. With the Maternity Care Assistants (MCA) role is now well established and demonstrating the benefits of additional staff at this level, the deployment and development of HCSWs role will continue in several areas of the service. Within Sonography, increased numbers of HCSWs will support the (registered nurse) Sonographer workforce by preparing the patient for their scan.

A review of Community Midwifery is required to assess current workforce numbers and activity against a backdrop of increasing demand, taking into account the changes to the patient journey in terms of lifestyle, vulnerability and background which have developed since the service was originally established. It is expected that there will be a requirement more both staff and longer appointment time slots. Advanced midwifery roles such as the Midwife Consultant will also be explored, which may (in the hospital setting) reduce reliance on other staff groups such as junior doctors.

Long term plans will be developed in partnership with all other sectors involved for the co-location of North and South Gynaecology Units together at GRI (whilst maintaining some emergency beds in South Sector) to centre of excellence. This service change aims to deliver an improved gynaecological service, giving consideration to increased Advanced Nurse Practitioner roles within colposcopy and alternative roles within Uro-Gynaecology to realign work currently undertaken by junior doctors.

Within Hospital Paediatrics and Neonates, the expanded use of Band 4 HCSW roles in Neonates will allow for a Band 6 / Band 4 skill mix rather than Band 5 / Band 2, which is more appropriate for this high-intensity environment where patients require very focussed and enhanced levels of care. The expanded capacity and usage of "Attend Anywhere" pods with reduced set-up requirements will maximise consultant time and allow for more efficient patient consultations in a private / secure setting.

The Long Term Ventilation (LTV) service cares for children requiring permanent ventilation within their own homes, with staff working in either a hospital or community based team. The monitoring aspect of the role can be monotonous at times with staff recruitment and retention being a challenge for the service. There is a need to review the Band 3 HCSW role and to potentially develop a combined, rotational role which will provide more variation working in a multi-site environment, with better support and increased flexibility.

9.1.7. Regional Services

Regional Services provide a complex range of hospital services across the population of Greater Glasgow and Clyde and the West of Scotland. The directorate contains several key, high profile services which are undergoing a period of transformational change, and developing new models of safe, effective and person-centred care. Specific workforce challenges and drivers exist within these specialities, which are outlined below:

9.1.7.1. Specialist Oncology

As one of the MFT portfolio of projects, Systematic Anti-Cancer Therapy (SACT) Service Delivery includes a review of service delivery settings. With demand for services forecast to increase within the medium term period it is acknowledged that delivery models need to be adapted to ensure they are expandable and sustainable.

Changes to the Haemato-Oncology service care include a move from inpatient to outpatient ambulatory delivery of chemotherapy requiring a small additional number of staff. Further expansion into the QEUH will require service modelling to establish the correct workforce.

The current Clinical Oncology / Urology service model is being expanded to increase capacity with a view to reducing waiting times. This will require additional Band 7 posts, although there is potential to satisfy this requirement with Band 6 training posts.

9.1.7.2. Forensic Mental Health

Rowanbank Clinic provides the medium-secure aspect of the service whilst low-secure is based at Leverndale Hospital. Overall the service's Band 5 Nursing workforce position is challenging, at 79% established with referrals and admissions increasing and a higher proportion of patients requiring staff intervention and enhanced observations. An additional 19 medium secure beds are required to meet this increased demand and initial modelling indicates an overall workforce increase of approximately 40 WTE, across the MDT. A clinical model review is underway to fully consider how to best address this, although it is at an early stage.

In response to the Excessive Security Legislation and the need to move patients to a low secure bed within a set timeframe following a successful appeal, 15 additional low secure beds will be added. As well this as additional capacity, there is a need to improve patient flow to ensure bed availability. Initial modelling suggests an overall increase of approximately 30 WTE across the MDT, with a recognition that new roles such as Nurse Consultants and AHPs will be required. Forensic services are now included in the multi-agency accommodation oversight arrangements to enable progression of discharge from low secure to supported community accommodation.

Forensic Community Placements Service is a new service which provides community rehabilitation and 'testing out' for patients. Again a MDT is anticipated to be required, with resource and service planning currently at an early stage.

9.1.7.3. Renal, Plastics and CIC

Renal Nephrology – increased demand has resulted in a reliance upon DDiTs for service delivery. A review of the service model is planned, including a review of the team skills mix and consultant job plans and consideration will be given to the opportunities where SAS grades can be deployed rather than DDiTs or Consultants and also where Nurse Consultants can be introduced.

The Centre for Integrated Care (CIC) includes provision for homeopathy and holistic medicine. Workforce planning is underway to prepare for planned retirements of key, skilled staff and to consider how to better incorporate these services into patient care plans.

A redesign of the Peritoneal Dialysis service is underway in order to maximise the outreach training in patient homes, recognising that the reduction in patients' travel and logistical challenges will deliver improved experiences and outcomes. Additional staff will be required, with an adapted job description reflecting the community nature of this role, with patients who will benefit most often being the most remote.

A key aim of the Plastics Breast Reconstruction is to be able to provide patients with a confirmed surgery date as soon as possible in their recovery journey. Increased capacity is required within the service in order to reduce waiting times and, in turn, waiting lists, with extended working days being considered to deliver this additional capacity.

The Rapid Day Assessment Renal Service has a highly skilled multidisciplinary team in place, comprising a range of roles. Current working practices sometimes blur the lines of administrative and patient care practices, resulting in a highly skilled practitioner undertaking a low skilled activity, which could be completed by administrative staff or health care support workers. With several senior nurse level retirements expected in the medium-term timeframe, this allows an opportunity to review the structure and patient service model, ensuring clear roles and responsibilities are defined and skills are better aligned to specialities or geographical areas across the service.

9.1.7.4. Neuroscience and Spinal Injuries

Overall the Band 5 Nursing workforce position in the Neuroscience and Spinal Injuries sub-directorate is challenging, at 89% established. This needs to be considered alongside the acuity of patients in this area and the level of care required, resulting in increased staff to patient ratios. Targeted recruitment, together with an increase in ANP roles will be considered to ensure patient care needs are always met.

Recruiting to unfilled Theatre Nursing staff roles remains challenging despite repeated recruitment campaigns and the introduction of new roles, specifically Operating Department Practitioners (ODPs) and Band 4 HCSWs is being considered to deliver an appropriately sized MDT.

The new Thrombectomy / Interventional Neuroradiology service for the West of Scotland will launch during 2022 and is contained within the MFT portfolio of projects. Recruitment is underway for the new positions to support a Monday to Friday, 9-5 trial within QEUH, as identified within the initial business case. The number of nursing vacancies across

NHSGGC and neighbouring boards coupled with an elevated level of demand for Interventional Neuro-Radiology consultants worldwide, means that an increased focus is required to identify, recruit and retain the correct people. Planning for the scale up and phased roll out across the West of Scotland is complete and has been submitted to Scottish Government.

There are reduced numbers of Neurosurgery Middle Grade Doctors currently available and over the medium-term planning period, there is a need to promote this speciality to DDiTs. Given the time required for training, the recruitment of Clinical Fellows will support service delivery in the interim.

9.1.8. Diagnostics Directorate

The Diagnostics Directorate provide a range of hospital services, with the majority of out-patient attendances, diagnostics tests and imaging procedures conducted on a walk-in/walk-out model. Services are continually under review with a view to the continual improvement to ensure improved patient outcomes.

Within the Imaging sub-directorate, services are provided by specialist Radiology and Radiography staff from medical, AHP and nursing job families. Laboratories and the Department for Clinical Physics and Bio-engineering (DCPB) include a wide range of Clinical Scientist and Technologist roles with staff working across a range of scientific specialties, Medical Equipment Management, Physics and Clinical Engineering.

By nature, many of the roles within the directorate are carried out by a highly skilled scientific workforce, from a range of backgrounds. With recruitment and retention as particular challenges across the directorate and staffing shortages in several areas, a tailored approach to this, including skill mix and training is required.

Across almost all areas, services have experienced an increase in demand resulting from changing patient pathways, new treatments, new technology and ways of testing. Service developments such as the Major Trauma Network Centre and Regional Testing Hub have also impacted.

In many areas, a high proportion of the workforce is aged over 55 or 51-55 and in recent years an increasing number of more experienced staff have revaluated their work/life balance and have requested reduced hours or to be removed from the shift rotas. There is a need to develop a clear route for career progression in order to fill senior roles where staff may be nearing retirement.

Across the directorate, as highly experienced staff leave they are often replaced by new graduates. The consistently high level of staff in training positions accompanied by the loss of experienced staff, exacerbates pressures in service delivery as remaining experienced staff need to allocate time to provide training and to support new staff. .

Across all areas, there is a common theme that the numbers of trained staff coming through the educational system are insufficient to supply the increasing needs of the service. There is intense competition for trained staff and a considerable number of staff who have been trained by NHSGGC then choose move on to other Boards / organisations which results in sustainability issue for services.

A variety of sources are currently used to recruit staff, both from Modern Apprentice programme (with support from the NHSGGC Employability Team) and college and university partners. Increased awareness of Imaging and Health Care Scientist (HCS) opportunities within schools and the development of youth engagement programmes will ensure there is a clear route into employment in this area.

Many roles are subject to essential registration requirements and there is an increased focus on regulatory and re-certification requirements and greater external scrutiny. All routes to registration are considered and training existing staff to take on regulatory defined roles is prioritised. For example, Clinical Scientists are encouraged to undertake Higher Specialist Scientist Training (HSST) to ensure there are suitable qualified staff to fill senior posts.

The service drivers and workforce drivers which will influence planning in the medium-term period are detailed in the sections below:

9.1.8.1. Imaging

Within Radiology Nursing / Vascular Access Service, there has been a 31% increase in demand since 2018 due to intravenous therapies now being a key treatment in many specialties. Increased compliance with Vascular Access Devices (VAD) guidelines and more therapies being delivered within out-patient or community settings has further impacted. Should the service move to a 7 day service delivery model, this would require further additional staffing resource.

Within the Band 5 nursing workforce, there are currently 36 WTE vacancies across which represents 25% of the budgeted establishment. At Consultant level in Radiology there are 13 WTE vacancies representing 10% of the budgeted establishment.

In line with the Scottish Radiology Transformation Programme (SRTP), there are broad proposals for a review of service needs incorporating increasing demand, extended and changing practice, diversification and development of the workforce, improved retention and succession planning. Increased numbers of Assistant Practitioners, Advanced Practice Radiographers, Mammographers and Sonographers are being considered alongside the potential for Radiographic apprenticeships.

Boards are required to employ sufficient Radiologists with practitioner licenses and any lack of available licences impacts on the service.

9.1.8.2. Laboratories

With a national shortage of clinical scientists, there are shortages in several areas of the HCS workforce and there is a high turnover of HSCW staff as the posts are often used as entry level to gain experience, with a view to appointment to an SBMS post. At Band 7, vacancies account for 9% of the budgeted establishment and at Band 8A, 12%.

In many areas, routes to professional qualification are very limited with only one training provider which is not always located in Scotland. To increase supply, it is suggested that NES develop or augment nationally funded training programmes for Clinical Technologists, Scientists (including Higher Specialist Scientists) and Clinical Photographers. Further

service-based development of these roles will maximise the scope of these roles. New advanced and practitioner roles would further positively develop the workforce.

Recruitment of staff into scientific roles may need to be widened to include those from academic groups however, such recruits are often not HCPC registered so it may be challenging to offer attractive roles, commensurate with an individual's experience.

Within the SBMS workforce, approximately 20% of staff have been in post for less than 2 years and 25% of staff aged under 40 are in post under Annex 21 arrangements, requiring experienced staff to allocate time to provide training and support. SBMS staff also provide specialist training to a large number of Microbiology medical trainees who work at multiple sites whilst there has also been an increase in Microbiology testing to support Infection Prevention and Control measures.

Within Biochemistry, pathways such as Heart Failure and Colorectal have contributed to an increase in demand requiring staffing resources beyond those originally identified within the original business cases. Furthermore, a review of staffing levels within Blood Transfusion service is required in order to ensure that the standards of the UK Transfusion laboratory Collaborative (UKTLC) and the annual SHOT report are met.

In areas such as Genetics, where HPCP-registered Clinical Scientists are responsible for authoring results and reports, skills requirements have recently altered to include enhanced expertise in handling large datasets, advanced IT skills and an understanding of bioinformatics. Effective handling of large scale genomics data is required and a new band 6 scientific analyst role has been introduced to address this. Over the next 5 years, the large expansion in genomic testing for cancer coupled with the requirement to offer genetic counselling to a wider patient group and cascade testing to extended family members, will require a significant additional workforce across all AfC pay bands within genetics, pathology and haematology along with role redefinition and the creation of new roles.

Plans to establish a West of Scotland Haematological Malignancy Diagnostics Service (HMDS) in NHS GGC will result in remodelling of some haematology specialist services and expansion of job roles.

9.1.8.3. Department for Clinical Physics and Bio-engineering (DCPB)

As seen in other specialties, an experienced staff member in Medical Equipment Management spends a significant proportion of their time delivering formal training - 16% on average, which has an impact of capacity. NHSGGC's provision of Magnetic Resonance Safety Experts (MRSE) is an area of risk, based on the previous 2014 workforce planning benchmarking exercise which suggests a ratio of 0.67 to 1.25 WTE staff/scanner for an adequately supported service. Medical Physics Experts

(MPEs) are legislatively required to hold an externally awarded certificate of competence and the staffing shortfall in this area is being reviewed by the regulator.

Medium term drivers (Acute) – key messages

Registered Nursing establishment gaps

- There is an establishment gap of 806.
- 720 newly qualified nurses and midwifes (NQNs) will join the Board in September and October 2022.
- It is recognised nationally that NQNs are not sufficient to replace the leavers and has been addressed within the National Workforce Strategy which states plans for more university places and the introduction of multiple graduations per year.
- Across all specialties, the potential to review the skill-mix of nursing staff within specific clinical areas has been recognised by NHSGGC's nursing leadership, with a working group established to consider the potential benefits of introducing additional HCSWs.
- It is acknowledged that new and emerging roles which provide a different route to registered nursing and equivalent roles e.g. clinical posts graded at AfC pay band 5 or above and Registered Nursing Degree Apprenticeships, will be a key mitigating factor to the ongoing structural deficit of registered nurses.
- NHSGGC's Theatre Improvement Group aims to engage 120 trainees over 5 years, under annex 21 arrangements.
- Forensic Mental Health services require an additional 70 WTE across the MDT to deliver an additional 19 medium secure beds and an additional 15 low secure beds to meet service and legislative requirements.
- Detailed workforce planning is underway to support the new WoS Thrombectomy / Interventional Neuroradiology service, recognising the need to recruit and retain the correct staff within this highly specialised service.
- Within Diagnostics, the number of trainees within the educational system is insufficient to replace leavers and meet the increasing demands of the service.
- In line with the Scottish Radiology Transformation Programme (SRTP), there are broad proposals for a review of service needs incorporating extended and changing practice, workforce diversification and development, improved retention and succession planning.
- It is suggested that NES develop or augment nationally funded training programmes for Clinical Technologists, Scientists and Clinical Photographers. Further service-based development will maximise the scope of these roles and new advanced and practitioner roles would further positively develop the workforce. Recruitment of staff into scientific roles may need to be widened to include those from academic groups however, such recruits are often not HCPC registered so it may be challenging to offer attractive roles, commensurate with an individual's experience.

9.2. Mental Health and Learning Disabilities

Throughout the pandemic, there has been an increase in contacts across specialist community mental health teams and an increase in occupancy for acute inpatient care. In all services, there has been continued reliance on additional hours, bank and agency backfill. Increased numbers of patients are presenting with increasing acuity, attributed to delays in seeking support and illnesses have become more apparent as lifestyles have returned to pre-pandemic normality.

A range of operational contingencies have been employed to mitigate difficulties and meet demand including staff working flexibly in a peripatetic manner. Weekly contingency meetings ensure the constant review of priorities and individual patient escalation plans with clarity of process and communication. Planning continues to align ongoing refresh of extant and developing mental health plans utilising new recurring and non-recurring funding.

At a population level, prevention and early intervention are priorities with action focused on signposting to help, advice and support and the provision of a rapid and easily accessible response to those in distress. Third Sector Interfaces enable HSCPs to align with developments led by these local services with directly allocated funding.

9.2.1. Adult In-Patient Services

The service provides secondary mental health care and treatment for adults and older people at sites located across four HSCPs, through a multi-disciplinary team from clinical and non-clinical professions including Nursing, Medical, Allied Health Professionals, Pharmacy, Psychology, Advocacy and Befriending. As referenced in the previous section, forensic inpatient services are provided by Regional Services.

High bed occupancy rates are common across mental health services but more acute in specific areas such as intensive psychiatric care and adult acute assessment wards which are also seeing longer than normal lengths of stay. NHSGGC's strategic direction recognises that workforce capacity within the inpatient setting if used in a community setting can have greater flexibility and reach however, in the shorter term ongoing workforce planning is centred upon reviewing the current staffing model, taking account of current context of care, mental health strategy and recovery plans, policies and modelling (including WFP tools). A three phase proposal has been agreed, covering all professions and support staff and looking at numbers, skill mix, new roles, shift patterns, and impact of 'enhanced observations'.

Nationally, there has been a reduction in overall numbers of registered mental health nurses due to fewer training places and an increased number of leavers, with retirement at age 55 impacting on recruitment and retention. The recently agreed 13% increase in training places will not be realised until student complete training in 2025.

In areas where patients have more complex conditions with greater acuity and risk, a higher proportion of registered nursing staff is required, differing from the baseline model

of 65% registered nursing staff and 35% unregistered staff, recommended across all inpatient settings. The role of the Senior Charge Nurse (SCN) has become increasingly pivotal in managing the quality of clinical care, practice assurance, clinical governance, professional practice, leadership and staff development. There is a need to ensure that a standardised approach be applied across all areas in regards to the utilisation of this role.

There is also a wide range of shift timings and patterns throughout the service and variations in the provision of activity team nursing, psychological group work, art and recreational activities. It is proposed that all sites should be supported by a physical and psychological wellbeing service, with 'In-ward' and 'Out of ward' aspects including:

- A 7 day service providing focused interventions and necessary core skill work, rather than generic recreational activities. It is anticipated that recruitment of staff who traditionally work Monday – Friday may be challenging.

- Additional Physiotherapy staff, ensuring that patients are assessed initially for physical activity shortly after admission. It is recommended that for every in-patient ward with 16 beds, there should be 0.5 WTE Specialist Physiotherapy input as part of the MDT.

Medical staff provide crucial input to assessment and care planning and maintain responsibility for individuals in transitions between hospital and community care. Increases in service provision have not been matched by an increase in workforce / capacity and have coincided with significant challenges in recruitment and retention.

MHO status eligibility within this workforce has resulted in an increased retiral rate in recent years. The increase in less than full time working (due to a range of factors including personal circumstances and pension changes) has a further ongoing impact upon the workforce and certain areas have a longstanding reliance on locum and agency staff.

A range of approaches are being utilised by the service including greater engagement with DDiTs to maximise recruitment opportunities as well as improved / consistent job planning with greater focus on supporting professional activities. The expansion of the range of roles within current multi-disciplinary models coupled with defined training and development pathways is also being explored.

Consideration should be given to the integration of a dedicated social work resource within the multidisciplinary team with an active role throughout the in-patient stay, not only as a component of the discharge process.

The roles and configurations of operational support teams vary across sites. All of these staff are vital components of the multidisciplinary team and it is proposed that each site has similar functions with future work to focus on role identification and functions, establishing minimum requirements.

9.2.2. Mental Health Assessment Units (MHAUs)

MHAUs are a critical ‘anchor’ development within NHSGGC’s broader urgent and unscheduled care service response, aligned with Flow Navigation services to direct demand to the appropriate specialist response. Systems have been developed to provide primary care GPs access to MHAUs and triage has been developed in conjunction with the Scottish Ambulance Services to ensure consistency in pathways and urgent referral responses.

Activity levels have increased significantly during the MHAUs’ second year of operation and exceed planning assumptions. Funding and long term accommodation issues remain outstanding and difficulties in recruiting to a Consultant Psychiatry position has necessitated a rethink of the clinical workforce model. Over the coming year one of the priority actions will be to include and embed access to Social Work.

9.2.3. Specialist Children Service: Child and Adolescent Mental Health Services (SCS CAMHS)

The 2 staged programme of work to address challenges of access and to restructure and strengthen areas of service need is underpinned by the National Service Specification for CAMHs (2020) and the subsequent National Neuro Developmental Service Specification. An important principle in building this programme of work will be engagement and co-production with children and young people.

Deliverables are supported by national funding allocations, central to which is the investment in the development of the workforce with the challenge to recruit a further 123 WTE to roles across the six HSCPs. This workforce expansion will be necessary to implement the new service specifications and also contribute to addressing the backlog of demand and reducing waiting times.

Phase 1 relates to Tier 3 services delivered at HSCP/Board level and will include:

- Capacity building to reduce waiting times (over 2 year period)
- Extension of transition services to cover 18 to 25 years of age
- Review of out of hours and unscheduled care
- Neurodevelopmental service planning and increased capacity
- Communications programme to support children, young people and families

Phase 2 relates to Tier 4 services which are specialist care to be developed and delivered on a Regional basis:

- Development of clinical capacity
- Expansion of unscheduled care pathways
- An IPCU service, which will be based at Skye House, Stobhill Hospital
- Dedicated learning disability beds, again based at Skye House
- Delivery of services for those with forensic needs or in secure care or prison
- Home & intensive treatment services
- A forensic service which will be based in Ayrshire

A CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the utilisation of the funding. A range of posts will be created at Board level, including the development of Clinical Nurse Specialist and a Nurse Consultant roles

with each HSCP having submitted their proposed workforce. It is acknowledged that it will take time to recruit the required staff for particular roles such as Mental Health Nursing, Psychology, Psychiatry, Occupational Therapy and Speech and Language Therapy. To balance the recruitment issues work is underway to look at widening the staff model to look at potential for some task shifting to maximise our overall resources.

9.2.4. Learning Disabilities

Hosted within East Renfrewshire HSCP, the Learning Disability Inpatient Service has worked closely with the Scottish Government's short life working group, focussed on delayed discharge and out of area placement. There is a shared ambition to redesign both community and inpatient services to reduce the need for hospital admission whilst also reshaping services to work in a more flexible way. A new Community Living Change Fund offers an opportunity to address these issues as new ways of working are developed across partnerships, building expertise and increasing capacity.

The resettlement of patients remaining in the longer stay service will require an organisational change process and the review of assessment and treatment beds will lead to differing approaches and new roles across both inpatient and community teams. This will be a detailed piece of work taken forward in partnership with staff side and HSCPs over the next two years.

Whilst based within East Renfrewshire HSCP, professional leads for all LD health disciplines work with each HSCP to ensure professional standards and best practice are embedded in workforce planning. Plans for individual areas may vary based on local needs, but an integrated approach will apply for the service as a whole. The LD workforce which is relatively small, evidences effective collaborative approaches through shared co-dependency arrangements. This enables the workforce flexibility which supports the wider learning disability service across all the HSCPs.

Medium term drivers (Mental Health) – key messages
• Throughout the pandemic, there has been an increase in contacts across specialist community mental health teams and also in acute inpatient care bed occupancy rates with longer than normal lengths of stay, particularly in areas such as intensive psychiatric care and adult acute assessment wards. **Adult in-patients, MHAU, CAMHS and Learning Disabilities** • Current levels of demand and increased patient acuity have driven increased workforce demand. Increased numbers of leavers and fewer training places means there are les mental health nurses available. Increases in service provision have not been matched by an increase in the medical workforce and have coincided with significant challenges in recruitment and retention, increased retirals due to MHO status and an increase in less than full time working at all levels. • Ongoing workforce planning is centred upon reviewing the current staffing model for all professions and support staff looking at numbers, skill mix, new roles, shift patterns, and impact of 'enhanced observations'.

9.3. NHSGGC Health & Social Care Partnerships (HSCPs)

There are six Health and Social Care Partnerships (HSCP) across the Greater Glasgow and Clyde area, who manage a wide range of local health and social care services delivered in health centres, clinics, schools and homes. Each HSCP write and publish their own workforce plan however, within them, there are common themes which influence the workforce planning activity of the Board. These are summarised within this section:

9.3.1. National Care Service (NCS)

The creation of the NCS will be a fundamental change for the workforce and will have an impact across our six HSCPs in particular, but all health settings in general. As such it is vital that staff are supported through this significant change programme.

NHSGGC fully supports the commitments and underlying principles of the NCS and will work collaboratively on developing plans for health and social care integration. In response to the consultation which was completed in Nov 2021, NHSGGC noted a number of queries, in particular:

- The extent of structural change
- The implications of this structural change on both our services and the role of the NHS Board
- Whether the extent of this structural change and the mechanics of its implementation will deliver the improvements that are sought

9.3.1.1. NCS – Scope and Local Accountability

The scope of the NCS is much wider than only adult social care delivery and includes a potential shift in accountability for other care services. With the exception of children's services in Renfrewshire, the additional services in scope to be directly managed by Community Health and Social Care Boards (CHSCBs), are already delegated to Integration Joint Boards (IJBs) within the GGC area. A number of the core principles within the NCS consultation are already at the core of the IJBs' direction and decision making, including a rights-based approach to care, a focus on prevention and empowerment, valuing the workforce and supporting carers.

The relationship between the proposed CHSCBs and Health Boards is not yet fully clear and there is a risk of creating more complexity, which may negatively impact on service user experience, workforce welfare and public finances. It is vital that the strong local relationships already in place continue and that there is coherence across GGC and the six CHSBs (which would be reporting centrally). The inter-dependencies and mutual support provided across the complex system of care must not be underestimated and must also be built upon.

Specific areas of improvement will be potential drivers for change and will also provide an early indication of the expectations of the new organisation. Clarity on delivery plans for a whole systems approach to service redesign and quality improvement will allow a focus on the crucial challenge of to build capacity and capability for improvement. In addition,

clarity is needed around how appointments to both the NCS and local CHSCBs are to be made which will afford some degree of certainty about future roles. Where care workers in multi-disciplinary teams are currently regulated by different bodies - the NMC, HPC, GMC and SSSC –consideration needs to be given to how this may affect the relationships between these bodies.

Within mental health services, primary care and community health services, there is the potential for parallel but separate accountability lines for nursing staff, leading to increased bureaucracy and infrastructure complexity.

9.3.1.2. NCS – wider focus

NHSGGC has a number of key roles in relation to primary care, children's services and Nurse Director responsibility for Care Homes, the future of which need to be clarified in the context of the NCS.

NHSGGC provides support to GP practices (ICT and premises) and the interface provided by groups such as the Area Medical Committees, Area Clinical Forums in addition to the role of the Medical Director have been critical during the pandemic. Proposals around GP Contracts and the role of other independent providers – pharmacists, optometrists and dentists –within the NCS are not yet fully clear.

The transfer of GPs to a separate organisation could potentially create a significant risk around matters of regulation, clinical governance and public safety, in addition to increased structural complexity. Similarly, the inclusion of other community health services could potentially lead to fragmentation, duplication and / or higher costs.

In regards to children's health services, NHSGGC believes that these should continue to be managed and delivered from within the NHS, working closely with social work services, education services, social housing providers and a range of community planning partners. Within the framework of Get it right for every child (GIRFEC), integrated health and social care services working alongside education has been shown to be effective and this connection should be maintained in any change. The 'joining up' of services and the interaction beyond age boundaries is also important, coupled with the need to offer holistic care.

NHS Executive Nurse Directors' provision of professional leadership and assurance for nurses employed in Care Homes by independent and third sector contractors brought about by the pandemic has been successful but there is a need to clarify future responsibilities and accountability especially within the framework of the NCS.

9.3.2. Primary Care (including Improvement Plans)

Primary Care is wide ranging and includes a mixture of contractual arrangements with individual staff and businesses. This also includes community services delivered by HSCPs.

9.3.2.1. General Practice

Currently General Practices have contracts with the Health Board to deliver General Medical Services and these contracts are managed by the HSCPs. There is little data available in relation to the workforce employed as independent contractors. At a national level, data collection carried out in 2019 has not provided this information effectively partly due to poor quality data.

NHSGGC has 232 GP practices, with this number having reduced since 2011 mainly due to mergers and there are currently 34 single-handed practices (one GP partner contract holder). The total number of patients registered with NHSGGC Practices is 1,334,432, with practice list sizes ranging from 1,234 to 54,330 with an average of 5,600. This is higher than the resident population across the six local authorities and has increased by 7% in the last 10 years. Patient demographics impact on demand and presentations to health care. The 'Deep End' group represent the 100 practices in Scotland which service the most deprived population, based on SIMD data and 81 of the 100 are in NHSGGC, resulting in a higher burden of disease in NHSGGC compared to the rest of Scotland. Extremes of populations are also evident within NHSGGC which hosts the GP practice with the highest percentage of patients aged 85+ in Scotland and also all GP practices in the top 5 with the highest percentage of patients aged 0-14.

As at May 2022 NHSGGC has 1307 GPs on the Performers List and able to work across the Board. The breakdown shows 766 GP Partners, 7 GP Retainers, 169 Salaried GPs and 365 Locum GPs. This is a reduction from September 2021 when there were a total of 1337, with a reduction of 9 GP partners, 4 Retainers, 2 Salaried GPs and 19 Locum GPs.

These headcount numbers unfortunately do not provide information on sessional commitments, in hours and out of hours as we know that GP work in a wide range of settings. This is a significant risk as clinicians are increasingly reducing their sessional commitment due to workload and pension changes. Across the wider system also, the number of non-medical staff employed by each practice, i.e. managers, administrative staff, nursing teams and other allied health professionals is not available.

Recruitment and retention of GPs and their teams is a priority in order to ensure sustainability of General Practice. There needs to be increased knowledge around sessional commitments and how changes in these will impact on patient access. Wider sustainability issues for General Practice also need to be considered including accommodation, training and support for development of new models of care delivery.

The 2018 GP Contract and investment in Primary Care Improvement Plans has resulted in the recruitment of allied staff in order to deliver the aims of the contract and memorandum of understanding but there is a need to review recruitment processes to enable all benefits of the new GP Contract to be fully achieved. Newly recruited staff include, but are not limited to Pharmacy staff, Advanced Practitioners (Nursing and Physiotherapy), Nursing teams and other commissioning arrangements for third sector support. Across the six HSCPs over 500 WTE additional staff have been recruited since 2018.

Each HSCP has a PCIP with individual funding arrangements and decisions. These are continually reassessed but progress has been impacted by the pandemic and recovery. There is a need to balance increased funding for certain job families against impact on others. There is currently a particular focus on Community Phlebotomy and Community

Treatment and Care Centres and there is further requirement for registered nursing, HCSW and business support staff.

Optometry services are run through 189 Practices across NHSGGC with 500 Optometrists registered with the Board. There are currently 276 community Dental practices and 798 Dentists registered with the Board. For both of these Independent contractors, and also Community Pharmacy, there is a need to consider changes in workforce and the impact on patient access and sustainability of services.

Of paramount importance is the requirement for appropriate accommodation which is the main limiting factor in certain HSCPs. The planned move of Acute Phlebotomy into community services will only be fully realised with these barriers are appropriately addressed. Digital literacy across the workforce and the ability to share information effectively will also need to be a key focus to maximise the benefits of existing and new technology.

9.3.3. GP Out of Hours (OOH) Service

Nationally the medical GP workforce is in high demand with recruitment challenges faced not only in the OOH service but also in primary care. The medical workforce is reliant on internal GP OOH staff bank, along with agency staff and a small cohort of salaried GPs. The medical workforce is further enhanced by a small team of ANPs. Due to the nature of the service in terms of working hours, recruitment to administrative posts can also be challenging. A number of actions have been identified in order to strengthen the service:

- Review and ensure that the salaried GP contract is competitive to encourage more bank staff to take up the opportunity to commit to regular hours and also to attract external GPs into the service, creating a more stable workforce
- Review contracted hours and seek to increase if appropriate (adhering to the WTR).
- Offer greater flexibility to work remotely where possible
- Increase clinical leadership
- Link in with NES to attract ST3 level DDiTs into roles within the service after passing their exams, encouraging them to take on bank shifts whilst awaiting their results
- Review and improve the skill mix across the service, increasing the ANP role incorporating a ‘grow our own’ approach as well as introducing HCSWs to provide some tasks that currently sit with the home visiting doctor.
- Introduce modern apprentice role and offer career progression within the service

9.3.4. North East Hub

Establishment of a new health and social care community hub in Parkhead to replace / move services from 10 different buildings across Glasgow north east area. Due to open 2024. The existing workforce will move to the new facility, with new roles created to support new services and services migrated from Acute locations, There is a NE Hub Programme Steering Group established. This Group will help determine the workforce impact over the medium term.

9.3.5. District Nursing (DN)

The District Nursing 5 year workforce strategy sets out plans to address staff shortages and retain staff within the service. DNs often follow a career path into specialist ANP roles, or into GP practices or other roles within the wider healthcare sector.

The strategy includes an increased focus upon the recruitment of new trainees and the introduction of ANP roles. There is also a planned approach for supporting staff to undertake SPQ qualification, identifying a number of posts per year.

Scottish Government investment up until 2024/25, will be utilised to create circa 50 planned posts, concurrent with annual allocation of funding. As part of this investment, services in East Dunbartonshire and Renfrewshire developing new roles including elements of Advanced Practice and Practice Development. In certain areas this will include a caseload element (through existing establishment funding), to provide opportunities for career progression and improve retention of experienced staff.

9.3.6. Hospital at Home

As agreed by the Board in 2019, the Hospital at Home service was introduced to the South locality of Glasgow City HSCP as a test of change for one year. The initiative started January 2022 and has capacity to take up to 25 patients. Learning from the test will inform wider roll out of this initiative across GGC in 2023.

The aim of the service is to deliver high level interventions in a person's home that would routinely require hospital admission. Current enhanced community service provision is not designed to manage individuals who become acutely unwell and the existing pathway is generally access to a hospital inpatient bed and admission to acute care. The service is nurse led with input from a specialist GP and oversight from a Consultant Nurse and Resident Medical Officer. The extension of this service will increase the provision of care across a multidisciplinary team, including rehabilitation services which will also require additional clinical and managerial resource.

9.3.7. Community Diabetes Service

Changes within secondary care coupled with an increase in prevalence of Type 2 diabetes has impacted on the Community Diabetes Service. Ongoing discussions in regards to the pathway for type 2 diabetes patients may also impact the workforce profile. Workforce discussions have identified a need to review the skill mix within the service, to support succession planning.

9.3.8. Health Visiting

A review of student health visitor annual intake is required to assess how effectively it offsets pressures on the workforce and risks to the delivery of safe effective person centred care. Nursing leadership and corporate governance teams will continue to engage in robust workforce planning processes including developing the use of the common staffing method and will present data to inform recommendations on an annual basis.

9.3.9. Podiatry

Nationally, Podiatry services are struggling to recruit to entry level vacancies which is reflected in NHSGGC vacancy rate of around 14%. This has a direct impact on all performance measures and is compounded when there is any absence meaning that safe staffing levels are at risk.

Management actions include:

- Robust application of OFS attendance management policy to consistently maintain absence levels of around 4% or under
- Establishment a return to practice framework at Band 4 level for staff who have been non practicing – classed as 30 practice days for those who have been less than 2 years out of practice and 60 days for more than 2 years
- Commencement of undergraduate Band 4 posts for those who have a degree but not yet HCPC registered. This is a 60 practice day post and is intended to increase confidence and competence, pre-registration
- Advertise Band 5 posts to allow pre-registration colleagues to apply during their 60 day Band 4 post
- Increase recruitment and retention by having specific support mentors for new graduates to aid integration into NHS life and practice

9.3.10. School Nursing

School nurses are nationally recognised as being hard to fill which is due in part to some negative perceptions of the role. Through the Transforming Nursing Roles Programme and in line with government commitments to increase the number of qualified school nurses across Scotland, NHSGGC will receive an overall increase of 56.07 WTE band 6 posts by the end of 2023. The impact of this additional staffing capacity in contributing to the care of school-aged children and their families will be evaluated in order to assure delivery of safe, effective and person centred care, based on the Getting It Right For Every Child (GIRFEC) National Practice Model. Research into the importance of health promotion and disease prevention suggests that school nursing services provide cost-effective prevention. NHSGGC prioritises pathways of care with respect to Emotional Health and Wellbeing, Transitions and Vulnerability within the context of integrated community nursing teams and the wider interagency setting.

9.3.11. Sexual Health

Plans are underway to create a new Sexual Assault service, with the William Street Clinic being converted into Forensic suite and outreach services in Ayrshire and Lanarkshire which will be managed by NHSGGC. The workforce requirements for these services are being determined.

9.3.12. Alcohol and Drug Recovery Services (ADRS)

National frameworks are being developed to reduce the number of deaths either in relation to substance or alcohol misuse. Nationally, a £250m investment in Substance Misuse, will support:

- Expansion of community based intervention, residential rehabilitation and outreach services
- Full implementation of the new Medication Assisted Treatment Standards (MAT), ensuring same day treatment or same day prescribing for those who need it
- Commitment to the introduction of medically supervised, safe consumption facilities, exploring every legal avenue in order to establish them in Scotland

The impact and details of how funding will be allocated at a local level within NHSGGC's Alcohol and Drugs Recovery Service (ADRS) is to be determined.

9.3.13. Prisons and Police Custody

NHSGGC nursing and medical staff working in prison services, work alongside colleagues from Scottish Prisons Service and are based at the following key locations:

- HMP Barlinnie - housing 1200 – 1800 inmates
- HMP Low Moss – housing 750 – 850 inmates
- HMP Greenock – housing 250 inmates, 50 of whom are female

Common to each site is the challenge to recruit GPs and Nursing staff, with high agency spend as a result. There is no additional remuneration for staff in regards to working in this potentially challenging working environment. Registered nurses are at 83% of establishment (72 of the 87 required)

The majority of staff's time is focused on 2 major tasks – dispensing (mainly opiate) medication and dealing with prisoner complaints. The level of medication which is currently dispensed is 4 times higher than in 2012. Previously, complaints were dealt with by a dedicated B6 Admin staff member however this is now being absorbed by Band 6 nursing staff.

9.3.14. Oral Health and Secondary Dental Services

Oral Health has been significantly affected by the pandemic with services restricted over the 2 year period, during 2020-22 and no annual cohort of newly qualified dentists in June 2021. The current 41 Vocational trainees in the NHSGGC area have been in post since Aug 2020 and figures show that across NHSGGC there are 63 fewer dentists than at April 2020.

These issues have increased the pressure on the Emergency Dental Service both in-hours and out of hours which has also impacted on the capacity for the Public Dental Service to cover their normal patient group.

To enable provision of services the Oral Health Directorate has established a "local" dental bank service for both Dentists and Dental nurses and are now looking to expand this to a mainstream bank.

From April 2022, the funding arrangements for General Dental Practice services has changed, with the implications of this change yet to be fully realised but it is anticipated that there will be a further impact on the Emergency Dental Service and on local patient registration with an NHS GDP. The Board's Public Dental Services has received new

funding to recruit additional staff but there is also an associated requirement for clinical accommodation in the right locations to maximise service delivery. Increased service provision is also dependent upon availability of staff.

As a result of the limited access to routine dental services since 2020, the demand for hospital based dental services was reduced during the pandemic but there is the potential for a dramatic increase in referrals once patients get back to seeing their own dentist.

9.3.15. Care at Home

Care at Home services, as part of Social Care services, whether directly provided or commissioned from independent providers, are aimed at supporting people to remain in their own home or within specialist extra care housing services thus preventing admission to Acute Hospital or Care Homes. The services are the main building block of Adult Care social care services. It operates as part of a multi-disciplinary community based approach in partnership with Community Nursing, Reablement, Respite and Day Services and is central to supporting the continued Delayed Discharge agenda.

The services care for a range of people, focusing on those with physical and mental health issues or a combination of the two; the service user group is predominantly in the 75+ age bracket but not exclusively with younger service generally living with physical disabilities and/or physical illness.

There is an ongoing recruitment challenge for these services nationally as well as within NHSGGC area, both within HSCPs and the Independent sector.

9.3.16. Care Homes

In order to support NHSGGC's strategic direction to provide ongoing support to Care Homes, the Care Home Collaborative (CHC) has been developed. This an assurance and improvement focused service, set up to facilitate professional oversight and operational delivery of quality improvement. The CHC and associated Hub teams provides an opportunity for staff to work across systems with a shared vision in order to provide the framework, leadership and professional and care governance to support new ways of working. The service aims to achieve measureable outcomes, delivering safe, effective and person centred care and ultimately enabling those living in Care Homes to live their best possible lives aligned to what matters to them.

A quality management system and staffing model have been designed to support and drive forward the 5 priority work streams which are underpinned by the pillars of listening, engagement, education, professional leadership, assurance and improvement.

- Infection prevention Control
- Food Fluid and Nutrition
- Person Centred Care
- Right Care Right Place
- Tissue Viability

A phased approach to recruitment has been taken, allowing necessary amendments to the staffing model to be made, ensuring it adds value and continues to develop to support the

CHC work streams. The added expertise, knowledge and skills within the teams will fully support nursing assurance and support visits.

9.3.17. Social Care

Any changes within Social Care impact more directly upon the Local Authorities workforce, however the Board is committed to ensuring the effective remobilisation and safe provision of Adult Social Care services.

Support for unpaid carers has been remobilised and expanded in response to the significant additional pressures on unpaid carers and the £28.5 million uplift in Carers Act funding for 2021/22.

NHSGGC signposts advice and support services to carers, including employees who are also carers.

Medium term drivers (Partnerships) – key messages

National Care Service (NCS)

- The creation of the NCS will be a fundamental change and will impact the workforce across our six HSCPs.

General Practice

- As at May 2022 NHSGGC had 1307 GPs on the Performers List and able to work across the Board but these headcount numbers do not provide information on sessional commitments, in hours and out of hours. Also across the wider system data on the number of non-medical staff employed by each practice, is not available. There is a focus on improving this within the medium term.
- In order to strengthen the GP OOH service, a review of the salaried GP contract is required to ensure that it attracts more internal and external candidates to commit to regular hours. Greater flexibility to work remotely where possible and increased clinical leadership will further benefit the service and reduce reliance on internal bank staff and agency staff.

District Nursing

- The 5 year workforce strategy sets out plans to address shortages and retention and includes an increased focus upon the recruitment of new trainees, the introduction of ANP roles and support for staff to undertake SPQ qualification. Scottish Government investment up until 2024/25, will be utilised to create circa 50 planned posts, concurrent with annual allocation of funding.

Podiatry

- To mitigate the vacancy rate, actions include the establishment of a return to practice framework at Band 4 level and the introduction of a 60 day pre-registration Band 4 level post for undergraduate posts for those with a degree but not yet HCPC registered.
- Plans are also underway to appoint specific support mentors for new graduates to aid integration into NHS life and practice.

School Nursing

- Through the Transforming Nursing Roles Programme, NHSGGC will receive an overall increase of 56 WTE band 6 posts by the end of 2023 which will support the Getting It Right For Every Child (GIRFEC) National Practice Model.

Oral Health

- There is potential for a dramatic increase in demand for hospital based dental services as patients return to seeing their own dentist.
- To enable provision of services the Oral Health Directorate is looking to expand its "local" dental staff bank service.
- From April 2022, the funding arrangements for General Dental Practice services has changed, with the workforce implications of this change yet to be fully realised.

Care at Home

- Services are the main building block of adult care social care services and central to supporting the delayed discharge agenda.
- There is an ongoing recruitment challenge for these services nationally as well as within NHSGGC area, both within HSCPs and the Independent sector.

Care Homes

- The Care Home Collaborative (CHC) supports NHSGGC's strategic direction to provide ongoing support, professional oversight and quality improvement to Care Homes.
- The staffing model has been designed to support and drive forward the 5 priority work streams with a phased approach to recruitment, allowing necessary amendments to the staffing model to be made.
- Staff have the opportunity to support new ways of working across systems with a shared vision. The knowledge and skills within the teams will fully support nursing assurance and support visits.

Social Care

- The Board is committed to ensuring the effective remobilisation and safe provision of Adult Social Care services. The £28.5 million uplift in Carers Act funding for 2021/22 has result is expanded support for unpaid carers.

9.4. Board-Wide Services

Board-wide services comprise a significant proportion of NHSGGC's workforce at 7465 WTE, working across 13 directorates providing a wide range of services. The largest of these is Estates and Facilities (3700 WTE), followed by eHealth (1373 WTE). This section provides details for those directorates impacted by medium term workforce drivers.

9.4.1. Estates & Facilities

Headcount and WTE within the Estates & Facilities directorate as at March 2022 was at 5042 and 3670 respectively, having remained stable over the last 12 months. The majority of the workforce are from the Support Services job family and 40% of the workforce is from the Domestic Services sub job family. Across the directorate overall, 57% of staff are aged over 50 and within several sub job families including domestic services, catering and portering, significant proportions of staff at pay bands 2 and 3 are aged over 55.

It is expected that the Estates & Facilities Directorate will continue to maintain a similar sized workforce over the next three to five years (dependant on changing clinical models). The current increased staffing levels may provide an opportunity to review existing arrangements, with a view to reducing overtime and excess hours.

Within Estates there are particular challenges recruiting to Electrical, Engineering and joinery trades, where rates of pay are significantly greater externally. Discussions are ongoing with NHS ASSURE regarding addressing this issue.

Increased compliance and PPM commitments in addition to the ongoing review of external contracts and attempts to bring these 'in-house' means that there is also potential for increased staffing requirement within Estates.

The additional COVID-related cleaning requirements has resulting in an increased level of Facilities staffing, but there are challenges in appointing and retaining staff and a short notice period of one-week compounds this. The service employs predominantly part time staff meaning that greater headcount is required to deliver services. With consistently high levels of sickness absence particularly long term, there is a reliance on high usage of excess and overtime.

The directorate has established a workforce development group whose remit includes supporting line managers and enhancing skills and development opportunities. The group will progress a number of priorities including:

- Developing leadership skills and teamwork
- Developing a new manager induction framework ('Manager Passport')
- Embedding a line manager development programme, incorporating a Foundation Manager Programme
- Reviewing and formalising the Trainee Manager programme and development objectives for posts within Estates, with future roll out to Facilities.
- Effective succession planning, aiming to re-establish the career pathway framework

- Supporting Capital Planning and Procurement to recruit to mid to senior management positions – an area where the service has experienced challenges previously

9.4.2. eHealth

A number of new functions will be created in order to support the Digital Strategy and to ensure that the Board can take advantage of new and emerging technologies.

The development of cloud based technologies and collaborative working with other boards, will ensure that NHSGGC is central to national developments and will also expand the portfolio of the West of Scotland Innovation Hub. The creation of centres of excellence for Cloud Technologies and Artificial Intelligence (AI) will require roles to be developed with the necessary software, AI tools and configurations skills. Some functions may be re-aligned to support business as usual system upgrades and other developments. It is likely that additional resources including project management and business analysis will also be required.

Automated and augmented Coding mechanisms will be implemented, through the development of existing roles. Initial exploratory work including the utilisation of external partners has been undertaken to map processes and investigate potential around automation and machine learning. It has previously proved challenging to recruit experienced coding resource.

9.4.3. Public Health

In the medium term, the Directorate will review its work programmes and associated workforce to support the priorities in “turning the tide”.

With 50% of the Consultant workforce aged over the age of 50 and no applicants for recently advertised posts, succession planning for senior roles is a key priority. The directorate will engage with junior medical staff and other trainees to understand how to ensure that the Board is a supportive and attractive training site. This will include working with partners to create attractive joint Consultant posts for example shared posts with Public Health Scotland or with academia.

The health protection team was expanded in response to the pandemic, to support the Consultant team, working across the health and social care sector and in producing data to inform local and national decisions. A review of the skill mix of the service’s nursing workforce as well as a review of the wider interdisciplinary team will be undertaken to maximise the contribution of all professions.

Development of a data intelligence function will ensure that the impact of actions can be tracked and to provide information to inform decision making across NHSGGC. Improved communication capabilities within the public health intelligence function will allow the development of health and service surveillance briefings.

NHSGGC’s participation in the Faculty of Public Health Specialist Training Programme will support the development of specialist staff and joint working with Public Health Scotland

and other West of Scotland health boards will further support the directorate by sharing good practice and maximising specialist resources.

The national Health Improvement (HI) workforce plan is due to be published this year following consultation in Feb 22, associated actions will include:

- Participation in the UK Public Health Registration Programme
- Delivering continuous professional development opportunities through a local Workforce Development Group to support the Board's public health priorities
- Improving the digital skills of the workforce
- Implementing workforce development to support the Healthy Working Lives Transition plan

9.4.4. Board Medical Directorate

The Board Medical Directorate workforce is split over a large number of sub-directorates, with the largest 6 listed below:

- Corporate Planning
- Pharmacy Services
- Medical Education
- Research and Innovation
- Clinical Governance

A significant number of critical posts, including senior leadership posts require specific skills and expertise not readily available elsewhere within the organisation. Succession planning will identify the competencies required within each of the component parts of the service to deliver against its strategic priorities. Options for career development to maximise staff readiness in preparation for future recruitment will continue to be a key feature of annual PDP and appraisals. The availability of requisite skills from within partner agencies and the external market will be explored, to address gaps where these are not able to be met internally.

The implementation of a new Risk Management System in 2022 will require the development of more specialist skills within the team, including IT skills for Dashboard development, analytical skills, reporting skills and skills for system maintenance and support.

Within Clinical and Care Governance, the service will review staffing and skill mix to support Year 2 of the Healthcare Quality Strategy whilst developing staff capability within the team to support and advise on the implementation of the NHSGGC SAER policy. The Quality Improvement (QI) team are responding to an increase in requests and all Band 6 coordinators will have a recognised QI qualification.

9.4.5. Pharmacy Services

Pharmacy services provide a critical support function to a range of services across NHSGGC primary and secondary care services. The service has seen increasing requirements during the pandemic and continues to respond to change, necessitating a

rapid expansion in roles. The five year strategic plan, “Moving Pharmacy Forward”, published in July 2021 outlines key challenges and policy drivers which require service transformation.

The focus for year 1 will be to support pharmacy staff to work at their highest level of practice and to develop the culture through staff empowerment and enablement. Nationally, there are significant changes being made to the training provision for both Pharmacy Technicians and Pharmacists over the next 5 years. The service will examine current and future skill mix requirements of Clinical Teams in both Acute and Primary Care, particularly increasing the use of pharmacy technicians to support traditional pharmacist posts. The current approach to Public Health Pharmacy will be reviewed in order to support ongoing vaccination programmes and establish how best to identify and respond to changes to workload.

9.4.5.1. Hospital Pharmacy

Without an adequate pharmacist and technician workforce pipeline in place, hospital based Pharmacy faces significant recruitment challenges over the period 2022-2025. This is due to the increased movement of staff between sectors, coupled with retirals which creates significant service delivery pressures.

Over this same period, the following additional staffing requirements have been identified through analysis by key Pharmacy stakeholder groups aligned to data from the NES led national workforce survey process:

- Pharmacists: 209
- Technicians: 214
- Pharmacy Support Workers: 200

The potential pharmacist gap represents almost five years of school of pharmacy output and despite the policy direction set out in Prescription for Excellence and Achieving Excellence, the number of students studying pharmacy in Scotland, has remained relatively static. Scotland only has two schools of pharmacy and as job opportunities have expanded the pharmacist pipeline has failed to keep up with demand.

The current commitment to delivering 350 nationally funded trained technicians by 2025 will not produce a meaningful solution until 2024 - following a 2 year programme, the first national cohort of trainee aims to deliver 150 qualified technicians in 2024 and 200 in 2025, meaning that most of the current workforce pressure will continue in the interim.

9.4.5.2. Community Pharmacy

Latest workforce data indicates that in community pharmacy the vacancy rate is near 12%. This level of vacancy manifests itself in contractors having unplanned closures due to inability to cover and a number of pharmacies running on locum staff rather than regular teams. These vacancies have historically not featured within NHS Scotland workforce plans but must do in the future.

The implementation of Pharmacotherapy services at every GP Practice in line with the GMS contract, continues across all 6 HSCP's, requiring roles and responsibilities of staff to be reviewed and potential to develop revised skill mix models. It is expected that this will continue to be the key driver of staff movement between sectors.

Initiatives such as Pharmacy First and Pharmacy First Plus impact significantly on the community pharmacy service. Through the former additional patient conditions will be treated and the expectations of the service will be expanded. This enhanced role for pharmacists will require an investment in support staff to allow the operational aspect of medicine supply to continue when the pharmacist is delivering the clinical aspect of the service.

As an extension of Pharmacy First, the Pharmacy First Plus service aims to support patients with acute common clinical conditions with pharmacists needing to have completed additional training to become an independent prescriber (IP). This continuing expansion of IPs will increase the requirement for a second pharmacist in local pharmacies and appropriate efficiencies delivered in terms of time release for the prescribers. To ensure this can be delivered, there is a requirement for Designated Prescribing Practitioner (DPP) roles to be identified within the network to support the development of individuals. These enhanced roles for pharmacists will likely drive a review of skill mix that would be expected to increase roles for pharmacy technicians and other support staff.

9.4.6. Board Nursing Directorate

The Board Nurse Directorate provides professional, strategic leadership for the Board's Nursing, Midwifery and Allied Health Professional staff, developing effective policies and strategies to ensure the best professional standards and strong relationships between undergraduate education and postgraduate training, and research and development.

The directorate also has responsibility for the Board's Infection Prevention and Control (IPC) service. Through diversifying the workforce and ensuring the correct skills are available to the team, the service will meet the challenges of a dynamic landscape to ensure the effective application of IPC and ultimately patient safety. The IPC Service will secure funding and recruit to specialist posts and consider the role of IPC support workers to support senior clinicians.

In addition it provides leadership and guidance for the Board's Spiritual Care workforce, Volunteering Services, Child and Adult Protection and Carer networks.

The essential roles that the Spiritual Care and Volunteering Services provide was highlighted during the COVID-19 pandemic. Recognising the synergies between these services, consideration has been given to a new leadership role which will have operational responsibility for both Volunteering and Spiritual Care services, with a reporting structure to the AHP Director. This will provide a strategic focus linked to wider local and national objectives with strengthened financial, clinical and staff governance.

9.4.7. Human Resources and Organisation Development (HR &OD)

The service consists of 326 staff (294 WTE) providing key support services within NHSGGC. Staff work across a range of services including Recruitment, HR Support and Advice Unit (HRSAU), Workforce Planning & Analytics, Medical Staffing, Staff Experience including Equality and Diversity, Learning and Education, Organisational Development, Occupational Health and Health and Safety, all of which are outwardly focussed on supporting front line services. Two key services namely Staff Banks and Interpreting also sit within HR&OD and provide direct support to service users.

Across the Board, the need to be adaptable and flexible in sourcing supply and on-boarding significant numbers of staff has led to redesign of service process and working with key stakeholders on being solution focussed. Priorities for the service include the delivery of the Boards Workforce Strategy and implementing Investors in People across Acute and Corporate areas. The delivery of key elements of this workforce plan rely on the service expertise to support change management, working with our Area and Local Partnership Forums and driving forward culture change. The Directorate is committed in 2022/23 to reviewing the Bank service provision, learning lessons from the pandemic and customer experience. Our recruitment teams are engaged in continually exploring new supply chains and responding to the changing job market. This will be enabled through the development of our new Recruitment and Attraction Strategy.

The HRSAU will continue to develop dedicated services to provide the workforce with support given the challenges of both sickness absence and the longer term impact of COVID. The Board does not underestimate the mental health impact on the workforce from the last two years. The Occupational Health team will continue to lead on the delivery of our Staff Health Strategy with a particular emphasis on our mental health service development. The initial focus will be reducing waiting times, ensuring staff have easy access to OH counselling service, OH Psychological Therapies Service (OHPTS) and continuing the rollout of our Peer Support model. The team is also focussed on researching more on the impact of Long COVID on staff with a range of resources available to support staff.

The other priorities going forward include improving and enhancing our workforce demographic reporting in particular around protected characteristics. The Workforce Planning and Analytics team have developed a range of informatics, taking an innovative approach to providing business as usual and bespoke workforce reporting and analysis on a wide range of topics, which are continually developed and enhanced in response to changing needs

9.4.8. Professional Admin Transformation (PAT) Programme

The PAT programme has been set up to develop a strategic approach to reviewing and enhancing Administration Services within the Board recognising the professional role of administrative staff by improving training and development opportunities with an overall aim to make NHSGGC the best place to work in Scotland for administrative staff.

A number of different workstreams are in place to deliver the objectives of the programme, including staff engagement, training and guidance, defining agreed common practices and supporting staff through technological advances and career development pathways. The PAT programme is governed by an overarching programme board with appropriate

operational sub-groups to support the design and implementation of change. The longer-term aim of the Programme is to extend beyond Acute Services, initially with the inclusion of eHealth, Estates and Facilities and Corporate Services during the next year, recognising the opportunities for shared learning and integrated career pathways for administration across NHSGGC.

9.4.9. Finance

The Directorate provides operational and strategic financial support to the Board, aligned to the wider organisational context and strategy with a focus on adding value and ensuring the highest level of financial governance and stewardship.

The directorate operates within the context of finance and performance objectives as set out by NHS Scotland's in the Medium Term Financial Framework, as well as those outlined in the Regional Development Plan and locally within the Board's Finance Plan. Over the past couple of years the department's operations have been inevitably impacted by the COVID-19 Recovery Plan, and the resultant changes to the working environment.

A full senior team restructure concluded in September 2021, focussed on ensuring capacity to deliver effective services identifying the need for senior management level stability and strengthened leadership. The overall age profile of staff within the directorate and anticipated future turnover due to age-related retirals is a key risk and individual services are developing plans to ensure effective training, development and succession planning arrangements are in place for all key posts.

A review of Payroll Services is underway, expected to conclude during 2022/23. The review aims to ensure that the service is able to meet increased demands by creating a stable management structure with strengthened leadership, appropriate succession planning and staff development programmes.

9.4.10. Corporate Communications

The Directorate has a 'one team dynamic' and operates a range of flexible working arrangements. This enables a blended office and home working approach in addition to opportunities to downscale the team's 'estate footprint'.

In the past 12 months, there has been a small spike in recruitment due to planned team changes, however this level of staff turnover is not anticipated to be recurrent. Plans are in place to backfill potential retirements in the next five years and with a healthy supply of junior positions, attracting applicants to backfill is not anticipated to be problematic.

Medium term drivers (Board-wide services) – key messages

Estates and Facilities

- It is expected that the current increased staffing level will be maintained over the next three to five years which may provide an opportunity to review and reduce overtime and excess hours.
- Increased compliance, PPM commitments and ongoing attempts to bring external contracts 'in-house' may result in increased staffing requirement within Estates.
- In Electrical, Engineering and joinery trades, a number of hard to fill vacancies exist due to the significantly higher rates of pay available externally. Discussions are ongoing with NHS ASSURE regarding this.
- Additional COVID-related cleaning requirements have increased staffing levels in Facilities and there is a reliance on excess hours and overtime. This is compounded by the workforce being predominantly part time and a consistently high rate of sickness absence.

eHealth

- A number of new functions will be created in order to support the Digital Strategy. The creation of centres of excellence for Cloud Technologies and Artificial Intelligence (AI) will require appropriately skilled roles to be developed and it is likely that additional project management and business analysis resources will also be required.
- New mechanisms for Coding will be implemented although there have been previous challenges recruiting experienced staff.

Public Health

- With 50% of the Consultant workforce aged over the age of 50, succession planning for senior roles is a key priority.
- Through staff engagement, the directorate will strive to ensure that NHSGGC is a supportive and attractive training site, including working with partners to create attractive joint Consultant posts with Public Health Scotland, NES, other West of Scotland health boards and academia.
- The national Health Improvement (HI) workforce plan is due to be published this year and will focus on:
  - Participation in the UK Public Health Registration Programme
  - Continuous professional development including improving digital skills
  - Supporting the Healthy Working Lives Transition plan

Board Medical Directorate

- A significant number of critical posts require specific skills and expertise and will need robust succession planning.
- Implementation of a new Risk Management System in 2022 will require the development of specialist IT, analysis and reporting skills across the workforce.

Pharmacy

- The five year strategic plan, "Moving Pharmacy Forward", outlines key challenges and policy drivers which require service transformation.

- Pharmacy services have seen increasing requirements and expectations during the pandemic and thereafter, as detailed below:
    - Pharmacotherapy services to be established at every GP Practice
    - Enhanced Pharmacy First role, requiring investment in support staff to continue operational aspect of medicine supply.
    - Pharmacy First Plus requiring additional independent prescriber (IP) training and increased requirements for a second pharmacist in local pharmacies. Designated Prescribing Practitioner (DPP) roles need to be identified within the network to support the development of individuals.
- Hospital based Pharmacy faces significant recruitment challenges over the period 2022-2025, without an adequate pharmacist and technician workforce pipeline in place, increased movement of staff between sectors and retirals.
- The vacancy rate within community pharmacy is near 12% and results in unplanned closures due to lack of cover.
- Key Pharmacy stakeholder groups have identified additional staffing requirements of 209 Pharmacists, 215 Technicians and 200 Support Workers and nationally, there are significant changes being made to the training provision for both Pharmacy Technicians and Pharmacists over the next 5 years.
- The potential pharmacist gap represents almost five years of school of pharmacy output. The current commitment to delivering 350 nationally funded trained technicians by 2025 will not produce a meaningful solution until 2024 when the first cohort aims to deliver 150 qualified technicians.

Human Resources and Organisational Development (HR &OD)

- Priorities include the delivery of the Board's Workforce Strategy and implementing Investors in People across Acute and Corporate areas.
- The directorate will review the Staff Bank service provision and our recruitment teams are continually engaged in exploring new supply chains and responding to the changing job market.
- The HRSAU will continue to provide dedicated services to support the workforce and the Occupational Health team will lead on the delivery of our Staff Health Strategy.
- Other future priorities include continuous improvement of workforce reporting in particular enhancing data capture and reporting around protected characteristics.

Professional Admin Transformation (PAT) Programme

- The remit of the programme is to develop a strategic approach to reviewing and enhancing NHSGGC's Administration Services workforce through staff engagement, training and guidance, defining and agreeing common practices and supporting staff through technological advances and career development.

Finance

- The Directorate provides operational and strategic financial support to the Board, aligned to the wider organisational context and strategy.
- A review of Payroll Services (expected to conclude during 2022/23) is underway, aiming to create a stable management structure with strengthened leadership, appropriate succession planning and staff development programmes.

1. Action Plan

No.	Section	Ref	Action(s)	Action Lead	Completion
Background					
1	Health and Care (Staffing) (Scotland) Act 2019	1.9	Implement the duties required by the Act in line with the published timeline.	Executive Director of Nursing	March 2025
Nurture					
2	NHSGGC Approach to Staff Health and Wellbeing	3.1	Implement the Peer Support programme encouraging all staff to complete the LearnPro Level 1 module, "Introduction to Psychological Wellbeing".	Head of Occupational Health and Safety	February 2023
3			Establish a 'Train the Trainer' programme to enable continuation of the peer support network.		March 2023
4			Publish a programme of visits to all sites by the mobile unit to promote health and wellbeing messages to all staff.		December 2023
Attract & Employ					
5	NHSGGC Recruitment and Marketing Strategy	4.1	Publish and implement the strategy.	Head of Workforce Planning & Resources	October 2022
6			Launch a careers website with improved branding and introduce a 'talent pool' / cohort approach into the recruitment process.		December 2022
7	Ethical International Recruitment	4.2.1	(Subject to future funding), launch future campaigns including clinical attachment programmes to target hard to fill posts.		March 2024
8	Pathways to Employment and Supported Placement	4.3.1	Develop a formal programme for Graduate Apprenticeships.	Head of Learning & Education	March 2024
9			Develop and enhance our employability partnerships e.g. Clyde Gateway.		March 2025
Train					
10	New roles	5.3	Design, develop and deliver the new roles identified within the workforce plan, through collaboration with the Centre for Sustainable Delivery (CfSD), NHS Academy and NHS Education Scotland (NES).	Head of Learning & Education	March 2025

No.	Section	Ref	Action(s)	Action Lead	Completion
11	Organisational Development	5.4	Develop internal career pathways and succession planning.	Head of Organisational Development	March 2024
Plan: immediate remobilisation					
12	Public Health	7.1.4	Support staff from the Contact Tracing service into positive outcomes ahead of their fixed term contracts ending in September 2022.	Head of Workforce Planning & Resources	September 2022
13			Establish a future vaccination workforce.	Director of Public Health	October 2022
Plan: profession specific					
14	Medical and Dental	8.1	Collaborate with NES, working closely to shape training and support DDiTs	Board Medical Director	March 2025
15			Promote continuous professional development within the Clinical Fellow workforce.		March 2025
16			Review job planning to deliver optimal direct clinical contact and continuous professional development, teaching and research.		March 2025
17			Increase the SAS Grade workforce.		March 2025
18			Design innovative approaches to delivering care within hard to fill specialties.		March 2025
19	Nursing & Midwifery	8.2	Implement the Common Staffing Method within HSCP workforce planning.	Executive Director of Nursing	March 2023
20			Expand the use of advanced nursing roles.		March 2025
21	Allied Health Professionals	8.3	Introduce an AHP Support Worker capability framework and career pathway.	Director of AHPs	March 2024
22			Expand the use of advanced AHP roles with a target of 15 Consultant practitioner posts, across the professions.		March 2025
Plan: medium term drivers					
23	Theatres Workforce	9.1.3	Engage 120 trainees (including Assistant ODP, Advanced Anaesthetic Assistant and Advanced Scrub Practitioner roles) over 5 years, under annex 21 arrangements.	Executive Director of Nursing	March 2025

No.	Section	Ref	Action(s)	Action Lead	Completion
24	Forensic Mental Health	9.1.7.2	Establish an appropriately sized workforce to facilitate increased medium and low secure beds.		March 2023
25			Establish the workforce for the new Forensic Community Placements Service.		March 2023
26	Neurosciences and Spinal Injuries	9.1.7.4	Establish the (QEUH based) workforce for the new West of Scotland Thrombectomy / Interventional Neuroradiology service.		March 2023
27	CAMHS	9.2.3	Establish an appropriately sized workforce across the six HSCPs to implement the new CAMHS Tier 3 and Tier 4 service specifications.		March 2025
28	North East Hub	9.3.4	Establish a suitably sized multi-disciplinary workforce.	Chief Officer, Glasgow City HSCP	March 2025
29	District Nursing	9.3.5	Recruit 50 new posts as part of the Scottish Government investment.	Executive Director of Nursing	March 2025
30	Podiatry	9.3.9	Establish a return to practice framework.	Director of AHPs	March 2023
31			Establish Band 4 posts to support pre-registration recruitment.		March 2023
32	Care Homes	9.3.16	Establish a suitably sized Care Home Collaborative workforce.	Executive Director of Nursing	March 2023
33	Estates & Facilities	9.4.1	Collaborate with NHS Scotland Assure to address challenges recruiting to electrical, engineering and joinery trades.	Estates & Facilities Director	March 2023
34	Public Health	9.4.2	Create and recruit to joint NHSGGC / Public Health Scotland / Academic Consultant posts.	Director of Public Health	March 2024
35	Human Resources & Organisational Development	9.4.7	Increase staff bank service provision through the expansion to additional job families.	Head of Workforce Planning & Resources	March 2023

2. Appendix A - NHSGGC Workforce Metrics - as at March 2022

2.1. NHSGGC Workforce WTE– by sector / directorate / HSCP and job family (as at March 2022)

Area	Sector / Directorate / HSCP	Job Family											
		ADM	AHP	DENS	EXEC	HCS	MED	MEDS	N&M	P&SC	SS	THERAP	Total
Acute	Clyde Sector	199	277			40	462	7	1950	1	2	3	2941
	Diagnostics Directorate	300	585			1470	283		53		16	12	2718
	North Sector	246	247			33	550	40	2253	1		17	3387
	Regional Services	417	425	133	1	101	436	7	1743	1	13	34	3313
	South Sector	318	182		3	144	890	62	3014		13	24	4651
	Women & Children's	181	73			80	567	21	2031		2	23	2978
Acute Total		**1662**	**1789**	**133**	**4**	**1868**	**3188**	**138**	**11043**	**3**	**46**	**113**	**19988**
Board-Wide Services	Acute Corporate	7			9				22				37
	Board Administration	48			1					1	3		53
	Board Medical Director	209	18		9	20	15		122	6	3	689	1091
	Board Nurse Director	21	5				1		97	13			136
	Centre For Population Health	9							2	10			21
	Corporate Comms	18			3								21
	COVID-19 Temp Nurses	1							14			0	15
	eHealth	1360	1		2		1		1		8		1373
	Estates and Facilities	178	2		1	233			3		3282		3700
	Finance	227			5				0				232
	HR and OD	256	12		2	1	1		32			2	306
	Non Paid Employees	19				11			4			11	44
	Out of Hours	35					15		29		32	0	112
	Public Health	55	1		2	1	7		189	64	1	3	324
Board-Wide Services Total		**2442**	**39**		**33**	**265**	**39**		**516**	**94**	**3329**	**707**	**7466**
Partnership	East Dunbartonshire Oral Health	23	1	135		2	33			2			196
	East Dunbartonshire HSCP	81	68	2		1	40		312	12		89	604
	East Renfrewshire HSCP	39	39			2	4		274	3	3	27	392
	Glasgow City HSCP	620	364	19	6	66	253		3006	107	18	391	4850
	Inverclyde HSCP	62	39	1			7		365	6	3	15	497
	Renfrewshire HSCP	180	210	1	3	18	53		531	15		51	1061
	West Dunbartonshire HSCP	97	209	2		5	12		318	10	2	41	696
Partnership Total		**1102**	**930**	**158**	**9**	**94**	**401**		**4806**	**156**	**27**	**613**	**8296**
NHSGGC Total		**5206**	**2758**	**292**	**46**	**2227**	**3629**	**138**	**16365**	**253**	**3402**	**1433**	**35750**

*Note – Doctors and Dentists in Training (DDiTs) for whom NHSGGC are the placement Board (but not employing Board) are not included in the numbers above.

Job Family Code	Job Family Name
ADM	Administrative Services
AHP	Allied Health Professionals
DENS	Dental Support
EXEC	Executives
HCS	Health Care Sciences
MED	Medical & Dental
MEDS	Medical Support
N&M	Nursing & Midwifery
P&SC	Personal & Social Care
SS	Support Services
THERAP	Other Therapeutic

2.2. NHSGGC Workforce WTE – by pay band and job family (as at March 2022)

Pay Band	Job Family											
	ADM	AHP	DENS	EXEC	HCS	MED	MEDS	N&M	P&SC	SS	THERAP	Total
1										2		2
2	1351	15	16		94		2	1075		2552	90	5196
3	819	304	36		556		2	3242	4	335	78	5376
4	1640	145	146		201		0	189	7	143	112	2582
5	472	498	52		145		86	6300	58	195	202	8008
6	399	1123	22		654		43	3081	93	64	215	5692
7	280	530	14		363		5	2172	58	59	269	3749
8A	80	100	1		115			207	19	19	290	831
8B	92	30	2		52			70	9	15	70	340
8C	35	11	2		31			13	1	4	87	184
8D	32	2			12			12	6	3	17	84
9	2				5			2			3	12
M&D						3629						3629
Non AFC	3			46	1			3		12	0	65
Totals	**5206**	**2758**	**292**	**46**	**2227**	**3629**	**138**	**16365**	**253**	**3402**	**1433**	**35750**

3. Appendix B - NHSGGC Workforce Establishment – as at March 2022

3.1.1. Nursing and Midwifery (N&M) Establishment

	Acute				HSCP				Board-Wide Services			
	Est	Actual	Vac	Est%	Est	Actual	Vac	Est%	Est	Actual	Vac	Est%
HCSW Total	**3298**	**3218**	**80**	**97.6%**	**1343**	**1223**	**120**	**91.1%**	**33**	**64**	**-31**	**195.2%**
Band 5	5306	4602	703	87%	1744	1517	227	87%	21	178	-157	852%
Band 6	1996	1902	94	95%	1159	1033	126	89%	55	145	-90	263%
Band 7	1196	1166	30	97%	855	906	-51	106%	80	98	-18	123%
Band 8+	126	147	-21	116%	108	126	-18	116%	40	33	7	82%
RN Total	**8624**	**7817**	**806**	**90.6%**	**3866**	**3583**	**283**	**92.7%**	**196**	**455**	**-259**	**231.9%**
N&M total	**11922**	**11035**	**887**	**92.6%**	**5209**	**4806**	**403**	**92.3%**	**229**	**518**	**-290**	**226.6%**

Within the N&M job family, there are a total of 930 vacancies at Band 5 (703 in Acute and 227 in HSCPs) which will be addressed through the annual recruitment of Newly Qualified Nurses and Midwifes (NQN/M). However, it should be noted that the budget for 105 WTE roles within Acute services are delivered by new roles within the Medical Support job family, a key example being Operating Department Practitioners. The 105 WTE are detailed in section 3.3.2 example.

We are targeting the recruitment of 650 NQN/Ms, to address the establishment gap.

The over-established position within Board Wide services is attributable to staff working in the Test and Protect and Clinical Research services for whom there is no budgeted establishment.

3.1.2. Senior Medical and Dental (M&D) Establishment

	Acute				HSCP			
	Est	Actual	Vac	Est%	Est	Actual	Vac	Est%
Consultant total	**1725**	**1680**	**45**	**97.4%**	**226**	**208**	**18**	**92.0%**
Other Senior Medical	**137**	**126**	**11**	**92.0%**	**119**	**99**	**20**	**83.2%**

Within the Consultant workforce, there is a (net) total of 63 vacancies (45 in Acute and 18 in HSCPs) including a number of posts which are ‘hard to fill’. A breakdown by specialty is shown below and this is detailed further within the workforce drivers section.

Area	Specialty	Vac
Acute	Dentistry	3.0
	Dermatology	0.3
	Laboratory Medicine	5.1
	Medicine (inc. Emerg. Medicine)	15.7
	Mental Health (Forensic)	0.0
	Neuroscience & Spinal Injuries	8.0
	Obstetrics & Gynaecology	-0.2
	Older People	4.2
	Oncology	1.2

Area	Specialty	Vac
Partnerships	Addictions	-0.4
	Adult Community Services	9.2
	Alcohol & Drugs Recovery	0.2
	Child Services	4.7
	Learning Disabilities	-0.4
	Mental Health (Community)	3.3
	Mental Health (Elderly)	-2.7
	Mental Health (Inpatients)	4.3
Partnerships Total		**18.0**

	Paediatrics	-13.9
	Radiology	13.5
	Renal Medicine & Plastic Surgery	-2.3
	Surgery, T&O & TACC	11.0
Acute Total		**45.5**

3.1.3. Allied Health Professional (AHP) Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**357**	**328**	**29**	**91.8%**	**139**	**133**	**6**	**95.5%**	**0**	**2**	**-2**	**-**
Band 5	397	354	42	89%	165	142	23	86%	1	1	0	100%
Band 6	709	719	-10	101%	421	393	28	93%	10	13	-3	125%
Band 7	334	300	34	90%	209	219	-11	105%	7	13	-6	176%
Band 8+	77	90	-13	117%	52	47	5	90%	6	7	0	107%
AHP total	**1873**	**1791**	**82**	**95.6%**	**987**	**935**	**52**	**94.8%**	**25**	**36**	**-10**	**140.8%**

Whilst the overall position is strong, with 96% of posts filled, there are challenges within particular specialties. These are detailed further within the medium term workforce driver section at 6.3.1.1.

3.1.4. Medical and Dental Support (MEDS & DENS) Job Families Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**80**	**80**	**0**	**100.4%**	**167**	**123**	**44**	**73.7%**	**1**	**0**	**1**	**0.0%**
Band 5	53	118	-65	222%	18	21	-3	114%	0	0	0	-
Band 6	20	55	-35	278%	9	10	-1	115%	0	0	0	-
Band 7	13	17	-5	136%	1	1	0	100%	0	0	0	-
Band 8+	1	1	0	100%	3	4	-1	133%	0	0	0	-
MEDS and DENS total	**166**	**271**	**-105**	**163.2%**	**198**	**159**	**39**	**80.2%**	**1**	**0**	**0**	**41.7%**

Within the MEDS and DENS job families, the staffing position is fully established across the Board with a well-balanced skill mix.

The over-establishment in Acute of 105 WTE is attributable to the introduction of new roles within theatres, anaesthetics and surgery. These new roles include Operating Department Practitioners and Theatre Practitioners. The budget remains aligned to the N&M job family.

3.1.5. Healthcare Scientist (HCS) Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**589**	**548**	**42**	**92.9%**	**71**	**89**	**-18**	**126.1%**	**0**	**5**	**-5**	**-**
Band 5	137	120	18	87%	4	0	4	0%	3	6	-3	209%
Band 6	646	629	17	97%	2	3	-1	129%	0	12	-12	-
Band 7	373	356	17	95%	3	1	2	38%	1	5	-5	663%
Band 8+	220	206	14	94%	3	2	1	69%	1	5	-4	528%
HCS total	**1965**	**1858**	**108**	**94.5%**	**82**	**95**	**-13**	**115.7%**	**5**	**33**	**-28**	**724.7%**

3.1.6. Other Therapeutic (THERAP) Job Family Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**12**	**13**	**-1**	**111.1%**	**37**	**66**	**-29**	**177.0%**	**194**	**200**	**-6**	**103.2%**
Band 5	13	10	3	75%	83	63	20	76%	119	128	-9	108%
Band 6	11	12	-1	112%	110	136	-26	123%	60	69	-9	115%
Band 7	23	22	1	94%	150	106	44	71%	100	138	-38	138%
Band 8+	68	56	12	82%	245	243	2	99%	168	174	-6	104%
THERAP total	**127**	**113**	**14**	**88.8%**	**625**	**613**	**12**	**98.1%**	**641**	**710**	**-69**	**110.7%**

3.1.7. Personal and Social Care (PCS) Job Family Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**0**	**1**	**-1**	**-**	**9**	**7**	**2**	**75.5%**	**2**	**3**	**-1**	**136.6%**
Band 5	0	0	0	-	43	37	7	85%	23	21	2	92%
Band 6	0	0	0	-	60	62	-2	104%	34	32	2	94%
Band 7	2	2	0	89%	43	40	4	91%	13	18	-5	138%
Band 8+	0	0	0	-	15	13	2	87%	21	20	1	96%
PCS total	**2**	**3**	**-1**	**141.7%**	**171**	**158**	**12**	**92.7%**	**93**	**94**	**-1**	**101.1%**

Within the PCS job family, there are a small number of vacancies in the HSCPs which are being addressed through business as usual recruitment.

3.1.8. Administrative Job Family Establishment

	Acute				HSCP				Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**	**Est**	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**1500**	**1380**	**120**	**92.0%**	**935**	**864**	**71**	**92.4%**	**1588**	**1559**	**30**	**98.1%**
Band 5	113	113	0	100%	78	76	1	98%	264	258	6	98%
Band 6	39	41	-2	104%	59	63	-4	107%	280	290	-10	104%
Band 7	22	28	-6	129%	44	50	-6	114%	191	196	-5	102%
Band 8+	74	59	15	79%	41	46	-5	111%	142	142	0	100%
ADMIN total	**1749**	**1621**	**128**	**92.7%**	**1157**	**1100**	**57**	**95.1%**	**2466**	**2445**	**20**	**99.2%**

Within the ADMIN job family, entry level positions in Acute and the HSCPs are under established by 8%. This reflects the high turnover within this cohort of staff and is continually addressed through business as usual recruitment.

3.1.9. Support Service Establishment (Estates & Facilities)

	Board-Wide Services			
	Est	**Actual**	**Vac**	**Est%**
Band 2,3,4 Total	**3443**	**3488**	**-45**	**101.3%**
Band 5	212	223	-11	105%
Band 6	71	74	-3	104%
Band 7	64	62	2	97%
Band 8+	43	41	2	96%
SS total	**3833**	**3887**	**-55**	**101.4%**

Within the SS job family, the staffing position is over-established by 55 WTE. This is a result of increased recruitment activity in preparation for Winter 21/22 and increased use of supplementary resources to provide an increased level of support to operational areas during the pandemic response.

4. Appendix C – Staffing Projections

4.1. Staffing Availability projections

Forecasted staff availability for key job families and grades is outlined in the tables below:

Band 5 & 6 Registered Nurses		Annual Leave	Sickness	Special	Maternity	Public Holiday	Other	Total Absence
2021/22	Q1	13.2%	6.8%	3.6%	3.4%	0.7%	0.3%	28.0%
	Q2	14.3%	7.8%	3.3%	3.6%	0.0%	0.3%	29.3%
	Q3	12.0%	9.4%	3.8%	3.8%	0.2%	0.4%	29.5%
	Q4	12.1%	8.1%	5.8%	4.0%	1.1%	0.3%	31.4%
2022/23	Q1	13.2%	7.8%	3.8%	4.0%	0.7%	0.3%	29.8%
	Q2	14.3%	7.5%	2.8%	4.0%	0.0%	0.3%	28.9%
	Q3	12.0%	7.0%	1.8%	3.8%	0.2%	0.3%	25.1%
	Q4	12.1%	6.5%	1.0%	3.8%	1.1%	0.3%	24.7%
2023/24		12.5%	5.0%	1.0%	3.8%	0.6%	0.3%	23.2%
2024/25		12.5%	5.0%	1.0%	3.8%	0.6%	0.3%	23.2%

Registered nursing rostered are designed with a predictable planned absence of 22.5%. Absence above this level will impact staff availability.

Band 2,3,4 Health Care Support Workers		Annual Leave	Sickness	Special	Maternity	Public Holiday	Other	Total Absence
2021/22	Q1	12.2%	10.1%	5.8%	0.9%	0.7%	0.4%	30.2%
	Q2	13.3%	12.5%	4.5%	1.0%	0.0%	0.5%	31.8%
	Q3	11.4%	14.2%	4.8%	1.2%	0.2%	0.4%	32.1%
	Q4	11.2%	12.6%	6.9%	1.3%	1.0%	0.4%	33.3%
2022/23	Q1	12.2%	12.0%	4.8%	1.2%	0.7%	0.4%	31.3%
	Q2	13.3%	11.5%	3.8%	1.2%	0.0%	0.5%	30.3%
	Q3	11.4%	10.0%	2.0%	1.2%	0.2%	0.4%	25.2%
	Q4	11.2%	8.0%	1.0%	1.2%	1.0%	0.4%	22.8%
2023/24		12.5%	6.0%	1.0%	1.2%	0.6%	0.3%	21.6%
2024/25		12.5%	6.0%	1.0%	1.2%	0.6%	0.3%	21.6%

Band 5 & 6 Allied Health Professionals		Annual Leave	Sickness	Special	Maternity	Public Holiday	Other	Total Absence
2021/22	Q1	8.6%	3.3%	2.0%	3.8%	3.2%	0.5%	21.3%
	Q2	11.2%	3.9%	2.4%	3.7%	0.0%	0.7%	21.9%
	Q3	9.3%	4.6%	2.8%	3.7%	1.0%	0.7%	22.2%
	Q4	8.4%	4.4%	4.8%	4.0%	4.3%	0.6%	26.6%
2022/23	Q1	8.6%	4.4%	3.8%	4.0%	3.2%	0.3%	24.3%
	Q2	11.2%	4.0%	2.8%	4.0%	0.0%	0.3%	22.3%
	Q3	9.3%	4.0%	1.8%	3.8%	1.0%	0.3%	20.2%
	Q4	8.4%	4.0%	1.0%	3.8%	4.3%	0.3%	21.8%
2023/24		12.5%	4.0%	1.0%	3.8%	0.6%	0.3%	22.2%
2024/25		12.5%	4.0%	1.0%	3.8%	0.6%	0.3%	22.2%

Band 2,3,4 Allied Health Professionals		Annual Leave	Sickness	Special	Maternity	Public Holiday	Other	Total Absence
2021/22	Q1	9.4%	6.9%	5.2%	0.6%	3.4%	0.0%	25.6%
	Q2	11.4%	8.3%	2.4%	0.5%	0.0%	0.1%	22.7%
	Q3	8.9%	9.4%	4.0%	0.4%	1.1%	0.1%	23.9%
	Q4	8.8%	7.6%	5.6%	0.9%	4.5%	0.0%	27.5%
2022/23	Q1	9.4%	7.5%	4.0%	0.9%	0.7%	0.4%	22.9%
	Q2	11.4%	7.0%	3.0%	0.9%	0.0%	0.5%	22.8%
	Q3	8.9%	6.5%	2.0%	0.9%	0.2%	0.4%	18.9%
	Q4	8.8%	6.0%	1.0%	0.9%	1.0%	0.4%	18.1%
2023/24		12.5%	6.0%	1.0%	1.2%	0.6%	0.3%	21.6%
2024/25		12.5%	6.0%	1.0%	1.2%	0.6%	0.3%	21.6%

4.2. Staff Turnover projections

Actual data from the past two years for key job families, grouped by pay band, has been used to model anticipated future performance:

			Actual		Forecast		
Job family	**Area**	**Pay Band**	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**
Nursing & Midwifery	Acute	2,3,4	6.9%	14.3%	12.3%	12.0%	11.7%
		5,6	7.2%	11.0%	11.3%	11.0%	11.0%
		7+	7.8%	10.7%	10.7%	10.7%	10.7%
	HSCP	2,3,4	8.0%	12.9%	12.4%	12.9%	12.9%
		5,6	7.7%	13.6%	13.5%	13.6%	13.6%
		7+	5.0%	10.1%	10.1%	10.1%	10.1%
Allied Health Practitioners	Acute	2,3,4	6.7%	8.9%	8.7%	8.9%	8.9%
		5,6	6.3%	11.3%	10.8%	10.5%	10.5%
		7+	6.7%	8.2%	8.2%	8.5%	8.2%
	HSCP	2,3,4	5.9%	7.2%	7.2%	7.2%	7.2%
		5,6	5.7%	10.9%	10.9%	10.7%	10.7%
		7+	7.2%	6.7%	7.5%	8.0%	8.0%
Administrative	Acute	All	5.7%	9.1%	9.5%	9.0%	9.1%
	HSCP	All	7.1%	9.2%	9.5%	9.2%	9.2%
Support Services			7.2%	10.2%	10.0%	9.5%	9.5%

Turnover of registered nurses within an Acute environment is now acknowledged at 10-12% by various Scottish territorial boards and English NHS trusts.

4.3. Retirement Risk projections

	NHSGGC	Acute	Board-Wide Services	HSCP	Age 52-54
Administrative Services	35%	34%	35%	35%	11%
Allied Health Profession	14%	14%	12%	15%	7%
Dental Support	18%	18%	-	18%	6%
Executive	63%	100%	53%	89%	6%
Healthcare Sciences	20%	17%	35%	22%	8%
Medical and Dental	12%	11%	-	-	7%
Medical Support	14%	14%	36%	19%	3%
Nursing and Midwifery	22%	21%	25%	23%	9%
Other Therapeutic	11%	8%	16%	7%	7%
Personal and Social Care	29%	33%	33%	27%	11%
Support Services	43%	41%	43%	66%	9%

As shown above, there are several key job families where a significant proportion of staff are aged 55 and above. For example, Support Services, specifically Estate & Facilities staff, is acknowledged to have an older workforce. However, through efforts to widen the candidate pool, 19% of staff are under the age of 25.

Job families with recognised routes from higher education, i.e. Nursing & Midwifery and Allied Health Professionals, have a lower proportion of over 55s and an overall younger workforce due to the annual addition of university graduates, typically aged under 25.

4.4. Maternity Leave projections

Maternity leave predictions for the short and medium planning period, along with the percentage of staff who are female and aged 18-44, which is the World Health Organisation definition of 'child bearing age', is detailed below:

	Pay Band	2021/22		2022/23		2023/24	2024/25	% Staff - Female & age 18-44
		H1	H2	H1	H2			
N&M - HSCP	2,3,4	1.2%	1.5%	1.6%	1.8%	1.6%	1.6%	35%
	5,6	2.8%	3.3%	3.6%	3.8%	4.1%	4.0%	51%
	7+	1.9%	1.8%	1.8%	1.8%	1.8%	1.8%	38%
N&M - Acute	2,3,4	1.0%	1.3%	1.4%	1.6%	1.7%	1.6%	33%
	5,6	3.4%	3.8%	4.0%	4.2%	4.2%	4.2%	61%
	7+	1.0%	1.2%	1.3%	1.4%	1.5%	1.6%	31%
AHP	2,3,4	0.6%	0.9%	1.0%	1.0%	1.1%	1.1%	27%
	5,6	4.0%	4.1%	4.3%	4.4%	4.3%	4.3%	66%
	7+	2.3%	2.0%	1.9%	1.9%	1.9%	1.9%	40%
Administrative	2,3,4	0.8%	1.1%	1.2%	1.3%	1.3%	1.2%	30%
	5,6	0.7%	1.0%	1.1%	1.1%	1.0%	1.0%	27%
	7+	0.6%	0.5%	0.6%	0.7%	0.6%	0.6%	18%

The table also demonstrates the direct linkage between the proportion of the workforce being female, aged 18-44 and maternity leave rates. This allows us to model anticipated maternity leave in each job family, sector, etc.