Golden Jubilee Foundation

Patients at the heart of progress

Workforce Plan

Phase One Ophthalmology Expansion

Executive Summary

With our Board vision of “leading quality, research and innovation”, Golden Jubilee Foundation has always aimed to ensure that we support the delivery of NHS Scotland’s national health priorities. Our focus since our establishment has been to meet NHS Board demands and deliver equity of access to high quality healthcare for as many patients as possible so that they benefit from our clinical expertise and excellent facilities.

With a well established track record of delivering increased capacity for the people of Scotland, we have expanded our range of services and grown our expertise, with the support of a workforce keen to embrace transformation and change.

Our workforce is our most valuable asset and has been at the heart of our success in delivering high quality healthcare. We need to maintain and enhance the unique aspects of the Golden Jubilee that attract people to come work for us and provide a stimulating, rewarding working environment that keeps our workforce healthy, engaged and effective.

Our Workforce Plan for phase one of our elective expansion programme – creation of an integrated ophthalmology unit in 2020 - will require an increase in staffing across all groups. We will continue to review and develop new roles and new ways of working, and work alongside local partners to develop our workforce.

We will attract, retain and develop teams of people who enhance our reputation and live our values We will also develop our training and teaching approach to support a flexible workforce model for the future.

June Rogers, Interim Chief Executive and Director of Operations

1. Background to the Workforce Plan

1.1 Introduction

The Golden Jubilee Foundation (GJF) encompasses the Golden Jubilee National Hospital, the Golden Jubilee Research Institute, the Golden Jubilee Innovation Centre and the Golden Jubilee Conference Hotel. The GJF is unique within the NHS in Scotland as it specialises in elective care including cardiothoracic, orthopaedic and ophthalmic surgery as well as interventional and diagnostic cardiology. It is also the Scottish centre for heart transplantation and for patients with congenital cardiac and pulmonary vascular issues as well as having a major diagnostic imaging centre. It is a regional and national resource, which is independently run as a National Board.

The GJF also includes the Golden Jubilee Conference Hotel which is a four star residential training and conference venue with audio visual links to the operating theatres, cardiac catheterisation laboratories and diagnostic imaging suites within the adjoining hospital.

GJF has a vision of "Leading Quality, Research and Innovation" for NHSScotland. This gives us a clear idea of the direction we have set for the continuous improvement and delivery of our services. We have developed this in our Board's 2020 vision focusing on future services priorities and maximising capacity to meet the priorities and demands of NHSScotland.

1.2 Golden Jubilee Elective Care Hospital Expansion Programme

The expansion programme is a key objective within the Scottish Government's Health and Social Care Delivery Plan:

"By 2021, we will:

Complete investment of £200 million in new elective treatment capacity and expanding the Golden Jubilee National Hospital. Overall, this investment will ensure that there is high-quality and adequate provision of elective care services to meet the needs of an ageing population."

Health and Social Care Delivery Plan – December 2016

It is important that we support the Health and Social Care Delivery plan and its aims of providing better care, better health and better value through meeting the future demand in key elective specialties. The GJF needs to respond to current and projected pressures on the service from a growing elderly population, a rising demand for clinical interventions, a commitment to treat people within a reasonable timescale, competing pressures from unscheduled care and limitations on available resources.

The Scottish Government have confirmed in the Waiting Times Improvement Plan, October 2018, that they will invest a total of £535 million on resource and an additional £120 million on capital over the next three years to make a sustainable and significant step-change on waiting times.

In order to support this, the GJF will create additional elective capacity through expansion of the Golden Jubilee National Hospital in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey, and to deliver high volume elective procedures while maintaining safe service provision.

The work to support this expansion will take place in two phases:

- Phase 1 – delivery of additional ophthalmology and general surgery elective care capacity (by 2020); and
- Phase 2 – delivery of additional orthopaedic and other surgical elective care capacity (live from last quarter of 2021 at the latest).

This workforce plan describes the future workforce that is required by the GJF in order to provide a person-centred, safe and effective service through the delivery of the Phase One Ophthalmology Expansion. At the start of September 2018 the GJF directly employed 1800 members of staff (1617.44 whole time equivalent (wte)) and through phase 1 of the expansion alone this is projected to increase by a further 96.88 wte over a 15 year period.

This workforce plan sets out the details of the workforce development needed for Ophthalmology staff (medical, optometry, nursing, clinical and non clinical support services staff).

An analysis of the current Ophthalmology workforce and projected workforce information is provided in Sections 3 and 4 of this plan.

1.3 Our approach to workforce planning

This Workforce Plan follows the ”Six Steps Methodology to Integrated Workforce Planning”, which was designed by Skills for Health as a practical approach to planning that ensures GJF’s have a workforce of the right size, with the right skills and competences, which supports “Everyone Matters: 2020 Workforce Vision”. The Methodology identifies elements that should be included in any workforce plan, and takes into account current and future demand for services, as well as local (and in our case regional and national) demographics.

The six steps methodology in integrated workforce planning is summarised below:-

Step 1	**Define the plan**	Identify the purpose and scope of the plan and establish ownership and responsibilities
Step 2	**Map the service change**	Identify the benefits of change, drivers and barriers. Option potential working models
Step 3	**Define the required workforce**	Map the new service activities, identify the skills needed and they types and numbers of staff required
Step 4	**Understand workforce availability**	Map out the current workforce in terms of existing skills, demographics and supply options
Step 5	**Develop an action plan**	Develop a plan to deliver the right staff with the right skills in the right place and manage any changes
Step 6	**Implement, monitor and revise**	Revisit the six steps periodically to reflect any unplanned changes, measuring the progress of the plan against targets.

The workforce planning process is firmly embedded within the GJF's overall planning process and is driven by its Strategic Workforce Planning and Education Steering Group. The workforce planning process is strategically aligned with the Annual Operational Plan and will meet the challenges set by the 2020 Workforce Strategy.

The expansion programme will also support the West Regional Delivery Planning process and the National Delivery Planning process as well as deliver an innovative service and clinical model that is safe, effective and person centred. It will also deliver an innovative and sustainable workforce solution.

Any changes made to the workforce will be driven by improving services to benefit the patient pathway, patient experience or increasing efficiency and the GJF recognises that partnership working is essential to support the development and implementation of workforce plans and service redesign. There is staff side involvement through the Workforce Planning and Education Steering Group and in specific teams reviewing service delivery and skill mix requirements. Management continues to work alongside staff side partners to ensure the delivery of a safe and effective workforce for the future. All changes which are introduced as a result of the expansion programme will be implemented in accordance with the Board's Managing Workforce Change Policy.

2. Service Change

2.1 Phase One Ophthalmology Expansion

At present the GJF provides 24.5% of all West of Scotland cataract activity and 18.5% of all NHS Scotland cataract activity. The current Ophthalmology service is provided across an outpatient clinic area, the main theatre suite and a temporary mobile theatre unit.

Due to the significant increase in the current and predicted service demand the existing capability within the West of Scotland is unable to cope with future projections for the demand for cataract surgery between now and 2035. The expansion will ensure that we can meet future demand and enable us to continue to develop and implement innovative models of case and efficient patient flow.

Four different options were considered for delivering the expanded Ophthalmology service and it was concluded that a purpose built fully integrated new build for ophthalmic surgery would deliver the most benefits. This is due to open by Spring 2020 and will provide the most efficient and effective option to increase service capacity within GJF in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey and deliver high volume elective procedures while maintaining safe service provision.

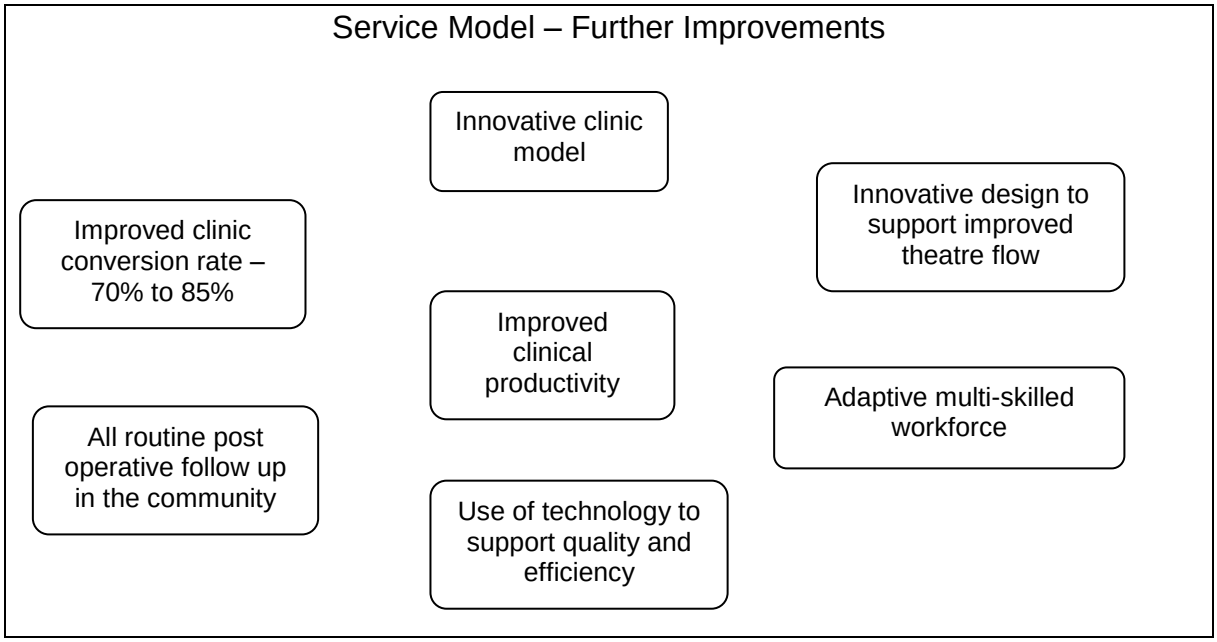
The new integrated Ophthalmology facility will provide 6 new theatres which will provide capacity for up to 10,450 additional procedures and 13,900 consultations/pre operative assessments within the GJF. All patients will be treated as a day case procedure in an environment which is both clinically effective and cost effective and which encourages research and innovation.

2.2 New model of care

The facility will provide an improved service model for Ophthalmic services which will enable the following developments:

- Improved clinical model:
    - Twin theatre design to increase consultant productivity
    - New care pathway with increased role for optometrists

This new service model will require changes to and development of our workforce and is an excellent example of integrating service change and workforce planning.



The new integrated unit will allow flexibility of use in the medium to long term as follows:-

- To support the changing needs of the population – this could be increased demand for another ophthalmology sub specialty or increased demand for another clinical specialty.
- To support any unknown future further expansion of cataract surgery service.
- To support any unknown future change in treatment methods or technology for cataract surgery.

2.3 Activity and Workload Assumptions

By 2035 the new integrated service is expected to deliver a maximum additional 10,450 procedures and up to 13,900 additional new outpatient appointments per annum. The facility will be opened in a phased manner between 2020 and 2035. When fully operational, the service will provide:

- 18,450 cataract procedures per annum
- Up to 24,500 new outpatient assessments and pre-operative assessments per annum.

The expansion programme will also make a positive social and economic impact within the local community area by maximising employment, training and business opportunities and supporting education activities throughout the development of the project.

3. Defining the Required Workforce

3.1 Current Ophthalmology Workforce

The Ophthalmology service is a consultant led service supported by a multi-disciplinary team including optometrists, nurses, ophthalmology assistants, healthcare support workers and an administration team.

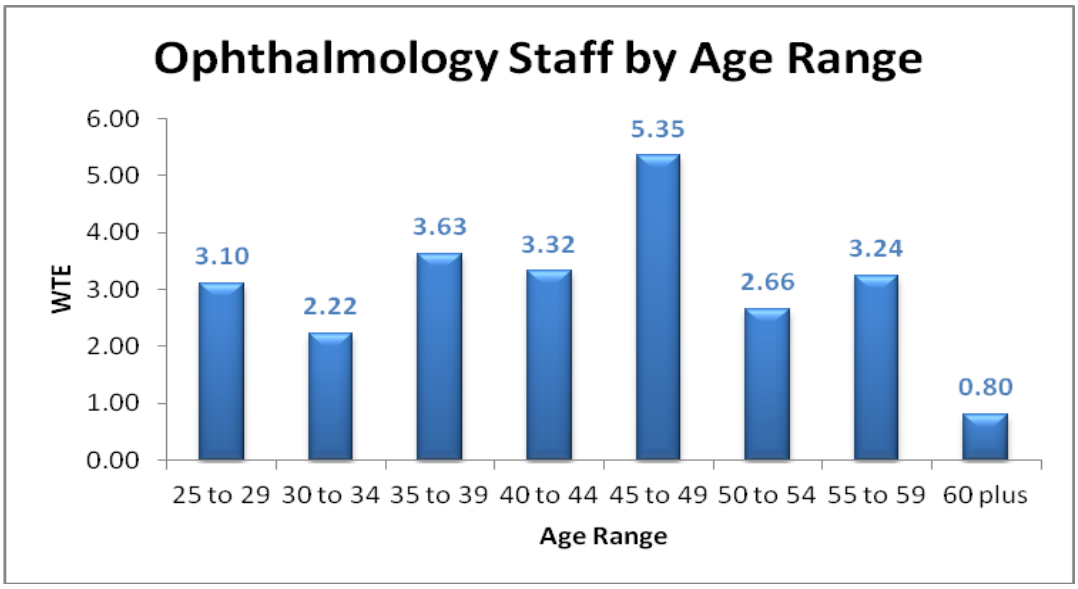
The current core workforce for ophthalmology as at September 2018 consists of the following:-

Staff Group	Role	Banding	Headcount	Whole Time Equivalent (wte)
Medical	Consultant	n/a	4	2.8
			Total	**2.8 wte**
Optometry	Senior Optometrist	Band 7	10	3.74
			Total	**3.74 wte**
Overall Unit	Senior Charge Nurse	Band 7	1	1.00
			Total	**1.00 wte**
Outpatient Department	Charge Nurse	Band 6	1	1.00
	Staff Nurse	Band 5	7	6.13
	Ophthalmology Technician	Band 4	3	3.00
	Senior Nursing Assistant	Band 3	2	1.80
	Nursing Assistant	Band 2	1	0.2
			Total	**12.13 wte**
Theatres	Charge Nurse	Band 6	3	2.8
	Staff Nurse	Band 5	4	3.8
	Associate Peri-operative Practitioner	Band 4	3	2.8
			Total	**9.4wte**
			Overall Total	**29.07 wte**
			Additional theatre staff	**19.8 wte ***

* In addition to the above core staff, an additional complement of staff, approximately 19.8 wte, supplement the service each week within theatres. This is made up of theatre nurses over a variety of bands who rotate within the specialties in main theatre and also have the skills to rotate to Ophthalmology to allow us to maintain the current output within the current theatres, including the mobile unit.

The current theatre service is also supported by a theatre administrator as part of their role and staff from various other departments also support the service as part of the normal operational service such as housekeeping, portering, stores, catering, medical physics, pharmacy and central sterile processing department. This is currently covered as part of normal operational service but as the Ophthalmology service expands on a phased basis, additional staff will be required in each of these support areas.

Overall within the Board we monitor the age range of staff which is detailed within the annual workforce monitoring report. The following table summarises the age range within the current ophthalmology service in September 2018.



The largest proportion of staff within the service are within the 40 to 50 age range (8.67 wte) which is spread over the various disciplines. There are no areas posing a risk in relation to age profile across the disciplines and we will continue to monitor the age range of staff to allow us to carry out succession planning activities for future requirements.

Workforce data has been considered in relation to turnover within the core Ophthalmology staff and there are no turnover issues arising from the data from the last 5 year period. Whilst there are no patterns or risks emerging from this current data, as the core workforce increases upon opening of the new unit and will continue to increase, we will continue to monitor turnover, recruitment and retention rates within this service.

3.2 Transition Arrangements – Theatres staff

As referenced in section 3.1 the current core theatre workforce who only work within Ophthalmology theatres equates to a team of 9.4 wte. To maintain the current service and output an additional 19.8 wte nurses across bands 2 to 5 within theatres and pre/post operative care regularly rotate into Ophthalmology theatres and the mobile unit to ensure we have the required numbers and skill mix.

In order to maintain the current and additional levels of activity on the opening of the new unit, we will require to transfer or recruit the equivalent number of staff, 19.8 wte, whilst ensuring that this is not to the detriment of the skill mix within main theatres to sustain activity in the other specialties.

Management, Human Resources and staff side representatives are currently working in partnership to determine the organisational change process to transfer current resources and also recruit and train any new staff.

3.3 Workforce Projections

The expansion programme will result in additional capacity to the existing service at GJF which will be phased over a period of 15 years between 2020 and 2035. The key to success of the service expansion will be the development of a sustainable workforce that does not destabilise services within the existing hospitals within the West region.

Within the first year of opening, there is a requirement for 45.71 wte additional staff of which 23.81 wte are nursing staff over a variety of bands.

Based on the projected phased expansion of the service, by 2035 there is an expected requirement for 113.01 wte additional staff of which 59.39 wte will be nursing staff. The overall numbers may be subject to alteration based on any changes in activity over the years.

The detailed breakdown of the workforce requirements and workforce profile is outlined below for Phase One. This has been worked out on the basis of the number of projected clinical sessions as detailed within the capacity plan, the number of funded sessions and also the variation of the type of theatre lists projected and required skill mix which will also allow for complex cases, single and double theatre lists.

Additional Staffing 2020/2021

Staff Group	Role	Banding	Additional staffing 2020/2021 (wte)	additional staffing ahead of opening) 2019/20 (wte)
Medical	Consultant	n/a	1.70	
		Total	**1.70 wte**	
Optometry	Senior Optometrist	Band 7	0.5	
		Total	**0.5 wte**	
Overall unit	Clinical Educator	Band 7		1.00
	Nursing Assistant	Band 2	3.36	
Outpatient Department	Charge Nurse	Band 6		
	Staff Nurse	Band 5	1.40	
	Staff nurse (pre/post op)	Band 5	2.00	
	Ophthalmology Technician	Band 4	0.85	0.75
	Senior Nursing Assistant (clinic)	Band 3	2.40	
	Senior Nursing Assistant (pre/post op)	Band 3	2.00	1.00
	Nursing Assistant	Band 2		
Theatres	Senior Charge Nurse	Band 7		
	Charge Nurse	Band 6		
	Staff Nurse	Band 5	3.5	2.00
	Associate Peri-operative Practitioner	Band 4	0.5	1.00
	Senior Nursing Assistant	Band 3	3.70	1.00
	Nursing Assistant	Band 2	4.10	0.6
		Total	**23.81 wte**	**7.35 wte**

Projections for staffing until 2025 for all staff is attached as Appendix 1.

Projected workforce requirements have been calculated between 2020 and 2035 and the numbers and skill mix will be subject to review. The workforce plan is based on current assumptions about phased activity and output increases. We will continue to monitor these numbers and alter the workforce requirements based on any future decisions which may impact this activity and the workforce plan will be amended to reflect this.

3.4 Future Workforce Demand

The service is currently considering its workforce and skill requirements for the future and exploring all opportunities to improve the Ophthalmology service. By aligning roles and competencies to the needs of the service, the different staff groups will be able to develop additional and enhanced skills. This should maximise the Consultants' time and eliminate duplication of any unnecessary steps in the patient's pathway. This will allow the service to optimise its workforce capacity to meet demand for the service through more integrated and collaborative working.

The future Ophthalmic service will continue to reflect the current service i.e. Consultant led supported by a multi disciplinary team and it is anticipated that in the future the service may also undertake ophthalmological research and it may offer undergraduate and postgraduate medical training within the West of Scotland region.

Based on the workforce projections in section 3.3, the capacity of each staff group is described below:-

3.4.1 Medical Workforce

Within the clinical model we have planned a mixture of double and single theatre lists which will support both high volume single and double theatre lists – through a "twin theatre" design. This method of operating will enable us to significantly increase consultant productivity at a time when there is a national shortage of consultant ophthalmologists and will therefore also support us in delivering a sustainable workforce model.

We currently employ 1 full time and 3 part time Consultant Ophthalmologists (3.6 wte) and also staff sessions with visiting consultants within the current service. For April 2020, we require an additional 3.5 wte Consultant staff and a further 6.7 wte by 2035.

There is a national shortage of Consultant Ophthalmologists and in order to address this we propose to:-

- Ensure that the current clinic model, whereby optometrists undertake the patient examination and consent for surgery continues, thereby maximising the consultant time within clinic.
- Minimise turnaround time within theatre and maximise consultant time within theatre by:-
    - Providing additional nursing resource for the higher volume lists.
    - Extending the role of theatre nursing staff to support nurse prepping and the potential to complete the writing up of the operational note.
- Work more closely with the other West of Scotland Boards to fill the more difficult to recruit to Consultant posts by developing flexible and more attractive joint Consultant appointments supporting the wider delivery of ophthalmology services across the West of Scotland.
- Explore the opportunity to launch a West of Scotland Information evening for medical staff to raise awareness of the development within the expansion

programme and the career and training opportunities that this may present to the medical workforce.

The Clinical team within GJF are keen to develop opportunities for junior doctor training rotations. The Royal College of Ophthalmologists have confirmed that there are currently 81 trainee ophthalmologists across Scotland, 36 of which are allocated to the West of Scotland programme. Approximately 85-90 new trainees are appointed each year. The design of the new unit has been developed to enable both peer support and supervision of training. Both the theatre and clinic design will provide a supportive environment for the training of junior doctors and providing opportunities for experience of cataract surgery. Within each twin theatre a large glass panel enables lines of sight which will enable peer support for all clinical staff and provide improved supervision for more senior junior doctors in training. We anticipate that we will support trainees who are at a senior level in their training and do not anticipate that investing in training within the new unit will impact on patient throughput.

Initial discussions to support trainees at the GJF as part of their training rotation are positive and we are currently continuing discussions with the Training Programme Director for the West of Scotland programme around the conditions which need to be satisfied in order to progress this ensuring that we meet the requirements set by the Royal College of Ophthalmologists.

3.4.2 Optometry Workforce

The Optometry workforce has continued to expand in recent years to meet the increasing demands on the service. The clinical model assumes that there will be an improvement in the clinic conversion rate from 75% to 85% and in order to continue to provide a more patient centred approach and make best use of hospital optometrist time we propose to:

- Continue to work closely with NES optometry to support the role out of the recently developed e-learning module for all optometrists in Scotland to increase the accuracy of referrals. This will support community optometrists in discussing risks and options for cataract surgery and ultimately only referring patients who wish to go ahead with surgery. We have also been in contact with individual health boards to ensure accurate vetting of referrals.
- Ensure all routine post operative reviews are undertaken within the community by community optometrists, this will result in a change so some patients within other Boards e.g. NHS GGC patients. This change has already started to be implemented.

The optometry workforce within NHSScotland has increased from just over 20 whole time equivalents in 2007 to almost 50 in 2015. According to the General Optical Council, 89 wte practitioners were employed within NHS Scotland in September 2015 which represents 6.4% of the registered optometrists in Scotland.

Within the GJF, we use optometrists as part of our outpatient pre-operative cataract assessment patient pathway as part of a multidisciplinary team. The job is

interesting as many varied eye conditions are seen as part of the listing process. The model we use with optometrists supporting the Consultant Ophthalmologist enables us to list a possible of 48 patients per day.

Within our current optometry workforce, we employ optometrists for a maximum of 3 days per week. If we were to employ full time optometrists, they would lose other clinical skills such as refraction / binocular vision assessment etc. Part-time appointments suit many optometrists as they can combine working in the community with working part time at the hospital. According to the Optical Workforce Survey carried out in 2015 by the College of Optometrists, 65% or respondents worked full time. Flexible working was the career preference chosen by the highest percentage of respondents in the survey. We plan to continue to offer part time roles in the future service and we do not foresee any difficulties with recruiting optometrists within the future service.

The General Optical Council has approved pre-registration programmes at 9 universities within the UK, including one in Scotland at Glasgow Caledonian University. The number of places on BSc optometry courses in the UK has increased overall in recent years and around 80% of Glasgow Caledonian University (GCU) students are domiciled in Scotland. Over the last 3 years, there has been a slight increase in student numbers in Glasgow by 10% with 62 students graduating with a BSc (Hons) in Optometry in 2018. The student intake numbers for 2018 has increased to 71.

We currently support student placements from GCU for one day a week on a weekly basis during term time. These placements provide an opportunity for students to gain insight into our ophthalmic surgery service such as observing the theatre procedures and following patients through our outpatient process to gain a better understanding of our clinical model.

We also employ bank staff to cover any absences and optometrists are keen to do this to have the variety in their career of working between community practice and hospital practice.

3.4.3 Nursing Workforce

The capacity of the nursing workforce will be required to increase in order to manage the demand to deliver the additional capacity within the new integrated unit and it will also present the opportunity to broaden the skill mix within the workforce.

Within nursing, we propose to:

- Develop a nursing rotation programme to ensure nursing roles within the new unit are attractive and also ensure retention of staff. This approach will enable our nurses to be trained to work within all three areas in the new unit – theatres, clinic, pre and post operative care. This is a new development within the Board and the roles will be developed in partnership in the coming months. This will allow for transferable skills that will have a positive impact on patient experience, increased effectiveness and support the healthcare and workforce demands of the future.

- Further develop the band 3 Ophthalmology Senior Nursing Assistant to be a rotational role which offers flexibility between clinic, pre and post operative care and theatre and will also allow for transferable skills within this staff group. This role will support both clinic and theatre models and support the primary nurse role which would result in a more sustainable workforce, potentially reducing the workload of the registered professionals.
- Further develop the band 4 Ophthalmology Assistant Practitioner which is an enhanced role which will be a rotational post offering flexibility between clinic, pre and post operative care and theatre which will allow transferable skills in this staff group. This role has been piloted within the Outpatients area and is a key role which will have developed clinical skills which are more specialised and specific to an area of practice which are skills which can be developed across professions and settings. This role will allow the registered practitioners to be freed up to concentrate on more specific tasks.
- Build on the already established training academy approach, which has already successfully supported the many previous expansions within orthopaedic and ophthalmology theatre capacity. This approach will support the development of a small cohort of supernumery staff who are likely to be newly qualified nurses and healthcare support workers within the new unit and will be trained to ensure they reach the appropriate competencies within theatre, clinic and pre and post operative care. As this model will be for Ophthalmology, it will consist of an accelerated training programme.
- Recruit an additional Clinical Educator post, Band 7, to support the development of the Ophthalmology nursing staff and take forward the staff rotation plan, competencies, skills gap analysis and training plan for nursing staff within the new unit. This is a key role to ensure that the nursing roles within the new unit are carefully designed and supported to ensure that their full potential is realised.
- Within the new service model, provide additional scrub nurses within the prep room in order to support the high volume lists and ensure patient throughput.
- Introduce a new Nursing Assistant role, Band 2, within the unit to assist with stock control, medical equipment across the whole unit to free up the nursing staff to focus on clinical duties.
- Develop an extended role for nurses to carry out draping of the patient during surgery.

The developments within the nursing workforce will provide varied and attractive roles for staff, support staff retention and also provide flexibility in maximising our workforce and supporting the delivery of a sustainable workforce plan. The nursing skill mix will be rich within the first year of opening the new unit in order to ensure that the new clinical model is established, ensure that the new culture and new roles are embedded and fully developed within the new service. This model will be reviewed a year after the opening. A summary of the nursing roles within the new unit is attached as Appendix 2.

4. Workforce Availability and Development

4.1 Proposed Recruitment, Training and Workforce Projections

The clinical teams have developed the overall workforce requirements as detailed in section 3 and this is being worked on for each financial year based on the predicted activity each year identified through the demand modelling to support the model of care within the new unit.

To ensure the workforce projections are deliverable, recruitment and training timelines have been identified for each staff group to understand the lead in periods ahead of opening and or expansion each year. The delivery of a sustainable workforce plan will be supported by the following:

- Ensure recruitment of posts happens in a well managed, creative and timely way allowing time for induction and or further training. This will not only apply to the lead up to the opening of the unit, but will require to be in place for subsequent years and planned recruitment of staff.
- Work in collaboration with other West of Scotland Health Boards to recruit the difficult to fill positions e.g. consultant ophthalmologists. This will involve the development of flexible joint job plans to further enhance the job plans of the existing hard to fill consultant ophthalmologist posts within other Health Boards. This is already established practice with two joint appointments in place between GJF and NHS Forth Valley. These joint appointments will also enable a 10% year on year reduction on existing waiting list initiative payment reliance within Ophthalmology.
- Ensure that we liaise with WoS training programme director to offer training placements for junior doctors in training, supporting the next generation of consultants to be trained in a high volume cataract facility.
- Ensure there is the appropriate nursing skill mix and numbers to support an excellent patient experience and efficiency of patent flow for the higher volume lists that exceed 7 cases per 3.5 hour session.
- Build on the NHS GJF branded 'Training Academy' for our nursing workforce by establishing ophthalmology specific training to support the training of band 2,3,4 and 5 nursing staff ahead of each phased expansion.
- Develop a full range of competencies across all levels of nursing staff to support rotational roles, extended roles.
- Continue to develop further our youth employment plan and modern apprentice programme by exploring opportunities across the wide skill set which the expansion programme will develop. This will also take into consideration opportunities to support the youth employability partnership between NHS Scotland and the Prince's Trust – "Get into Healthcare".

Some areas of the workforce will require to be appointed prior to the opening of the new unit. Over 2019/2020, we plan to commence appointments in order to commence staff training. The areas which require staff to be appointed ahead of the opening of the new unit are detailed within the table in section 3.3. Outwith the Ophthalmology additional staffing required, there will also be the requirement to recruit a Prevention and Control of Infection Nurse (1 wte), Band 6. It takes 18 months to train a Prevention and Control of Infection Nurse, involving further education to PgCert level as a minimum. We would therefore have to recruit to

this post prior to the opening of the new unit in order to train the individual to the required competency level.

Details of the timelines for recruitment and training of specific posts is attached as Appendix 3.

A copy of the recruitment plan for phase one is attached as Appendix 4.

4.2 Clinical and Non Clinical Support Workforce

As part of the process to plan the workforce for the expansion, account has also been taken of the requirements of the clinical and non clinical support services as the service expands. Additional resources required have been identified through discussion with the relevant heads of department and built into the revenue costs. Consideration will also be given to the developments within the additional department to meet the demands of the new unit which is detailed within Appendix 1.

Discussions are also ongoing in relation to the expansion of our volunteer service to increase the workforce to support the new unit which will support the expansion in line with the Volunteer Services Strategic Plan (2018-2023). This plan supports the need to explore new roles and service priorities for the next 5 years to increase the capacity within the volunteer service.

4.3 Technology

Within our model for the expansion programme a number of improvements have been assumed that will be supported by new technologies:

- A paperlite approach will be in place - through use of the ophthalmology Electronic Patient Record (EPR) which will result in minimal information being produced / captured in paper format
- The clinical portal will be used as the main repository of clinical information – access to this has already been rolled out to Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran and Dumfries & Galloway
- Self check in facilities will be provided within the new facility. The self check in will be integrated with our TRAKcare system and will ensure patients are identified as arrived in the system, enable patients to check their personal details / demographics are correct and allow the patient to confirm the name and contact details of the person collecting them following their procedure. The self check in will also guide the patient where to go to within the unit on arrival. It is proposed that volunteers will be located in the waiting area to welcome patients and support this process. Should the self check in be introduced, there will be a requirement for an increase in volunteer numbers and consideration to different shift patterns for the volunteer staff in order to support the opening hours within the new facility. Further discussion is underway with the volunteer manager to describe this role in more detail.
- Self check in will also support further ‘smoothing’ patient flow – identifying where the patient is within the clinic and whether they are ready to be seen by the consultant ophthalmologist.

- Facilities to support new outpatient consultation via video conferencing, this is patient centred and means patients only require to travel to the hospital once – at the time of their procedure.
- The use of the omnicell system will be used within the unit which will ensure the consistent supply of all medications topped up by Pharmacy technicians the system supports also ensures the service is efficient in that it prevents over supply of medication and avoid wastage.
- The use of touch screens will enable real time production of the patients operation note ready for electronic transfer to GPs and ultimately high street optometrists.
- The unit will provide instant discharge letters to patients and GPs, this has been successfully piloted within our current service and will be extended to cover the whole service when the new unit opens. The instant discharge process will develop further and be enhanced by full use of Electronic Patient Record (EPR) ensuring streamlining of the discharge process.
- All equipment will be networked reducing the time it takes to manually enter patient details when taking images – enabling us to redirect this time into more direct patient care.

4.4 Workforce Risks

There are a number of risks that pose barriers to the workforce plan being implemented. One risk is EU withdrawal and the impact this may have on our current workforce as well as potential to recruit candidates to posts in the future. We are currently awaiting more information from the Scottish Government and Home Office with regards to the second pilot of the EU Settlement Scheme for health and social care staff from November 2018. We will support our staff and raise awareness of the scheme once further communication is received on the scheme.

A full risk register has been developed for Phase One which is regularly reviewed and evaluated by the expansion team. Workforce features on the register as high risk due to the difficulties to recruit to Consultant posts to deliver the service model. Further consideration will be required should activity levels change – increase or decrease – and the financial implications on this. The workforce plan will be continually reviewed and adapted to capture any developments.

HR support is in place to support the expansion project and there are regular meetings and engagement to address any workforce issues for Phase One.

5. Workforce Action Plan

Workforce Action Plan 2018 - 2020

	Description of Action	Lead(s)	Timescale for Implementation – Short, Medium or Longer term	Description of Potential impact on Workforce / Service	Progress towards implementation
1	Joint recruitment of Consultant posts	Dr P Kearns C MacArthur	Short / medium	Failure to appoint to posts will impact ability to deliver the service model	Two joint appointments in place with Forth Valley. Clinical Lead for Ophthalmology is having further discussions with other Boards. Recruitment event planned for early 2019.
2	Introduction of Ophthalmology medical trainee rotations to GJF to gain experience in cataract surgery as part of medical training programme	Dr P Kearns Mr A Kirk C MacArthur	Short / medium	Failure to agree rotations for trainees to support delivery of service model	GJF requires to be recognised by GMC as training centre for ophthalmology. Work through requirements to enable trainees to attend GJF as part of recognised training programme. GJF Consultants overseeing training to be on GMC Recognition of Trainers list which Mr Kirk will provide guidance on.
3	Rotation of nursing staff	S McLaughlin K MacLean Clinical Educator	Short /medium	Fail to deliver a model with the correct skill set to deliver the service model	Further engagement with staff and staff side to develop the rotation. Produce JDs Outline competencies to support rotations
3	Recruitment plan	E Barr S McLaughlin	Short	Fail to recruit sufficient numbers for or in advance of opening unit.	Recruitment pack being reviewed. Exploring different methods to advertise posts eg. university job sites. Attendance at recruitment fairs ongoing. Recruitment timelines and action plan to be developed for 2019-2020.
4	Engagement and communications to staff.	Project Team, HR, staff side representatives	Short	Lack of engagement may impact staffing availability and engagement to support skill mix to deliver service model	Regular communication briefs issued, dedicated communication page available on staffnet. Ongoing communications with staff side.

5	Identify shortfall for theatre staff which is provided by non-core staff in Ophthalmology		Short	Failure to staff the unit with the correct skill mix for opening.	Staff meeting took place 7th December 2018 for internal theatre staff to voluntary transfer. If numbers not achieved, advertise externally for posts.

Definition: Short – Up to 1 year Medium – 1 to 3 years Long – 3 to 5 years

6. Implementation, Monitoring and Review

In addition to producing our annual Board Workforce Plan for 2018/19, the GJF will also commence work on its Workforce Strategy for 2030 which will take a strategic look at our workforce in line with out workforce vision and what is required to deliver this. A second workforce plan for the Phase Two expansion programme will also follow.

The Strategic Workforce and Education Steering Group will monitor progress of the actions noted within this workforce plan and regular reports will be presented to this group on a quarterly basis.