



DUMFRIES AND GALLOWAY
Health and Social Care

Dumfries and Galloway Integration Joint Board

Health and Social Care Workforce Plan

2022 – 2025



Foreward

Our greatest asset is the people who work in health and social care in Dumfries and Galloway whether it be in the statutory sector, independent sector, third sector providers, volunteers or Carers. Without them, high quality health services, care and support could not be provided. We therefore owe it to people working in health and social care to tackle the workforce issues that need to be fixed in order to provide a sustainable future workforce.

This Health and Social Care Workforce Plan sets out the vision, aims and ambitions that are needed to address some fundamental problems with supply, recruitment and retention of the health and social care workforce.

The IJB does not employ any staff. The Workforce Plan, relates to people employed by Health and Social Care partnership members, NHS Dumfries and Galloway, Dumfries and Galloway Council and independent contractors such as General Practitioners (GPs).

We will continue to support people working in health and social care and ensure wellbeing is at the heart of our planning as well as creating a compassionate culture, effective workforce engagement and inclusion.

Over the next 3-5 years it will be important that the Partnership take innovative approaches to the development of health and social care services and part of that will be through the “anchor approach” and the role of anchor institutions in supporting the health and wellbeing of the local community and tackling health inequalities.

Addressing the challenges of and recovery from the Covid-19 pandemic remains a priority for all health and social care services in Dumfries and Galloway.

This plan has been developed by the Health and Social Care Workforce Planning Group.



Laura Douglas
Chair
Dumfries and Galloway Integration Joint Board



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Section 1 – Introduction and Context

1.1 Purpose and Scope of the Plan

The requirement to produce workforce plans has been established in legislation through CEL 32(2011), the Public Bodies (Joint Working) Scotland Act 2014 and under Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

The workforce is key to delivering health and social care and in scope for this plan are;

- Adult social care, adult primary care, community and acute health care, as well as some elements of housing, are delegated to the Integration Joint Board (IJB). A full list of functions delegated to the IJB is contained within the Dumfries and Galloway [Scheme of Integration](#).

This Workforce Plan covers the period 2022-2025. As a Health and Social Care Partnership there is a common shared aim which is to ensure everyone in Dumfries and Galloway receives high quality health and care services at the right time and in the right place.

NHS Dumfries and Galloway and Dumfries and Galloway Council remain individual employers of staff in the Integration Joint Board (IJB) and each has detailed workforce plans. However, it is recognised that in order to deliver the IJB 2022-2025 Strategic Commissioning Plan there is a need to develop an overarching plan that addresses **common issues** across the Partnership either by those directly employed by the statutory health and social care organisations, those employed by independent contractors such as general practitioners (GPs) and it also recognises the contribution of the independent sector and third sector without which the Health and Social Care Partnership could not function.

The underpinning workforce planning framework used to develop this plan is the 6 Steps Methodology to ¹Integrated Workforce Planning.

1.2 Stakeholder Engagement

There is a strong commitment to working in partnership with Trade Unions to develop workforce plans in Dumfries and Galloway. Staff side colleagues from NHS and Local Authority are core members of the Health and Social Care Workforce Planning Group.

Similarly, this integrated workforce plan has been developed in conjunction with representation from Third Sector Dumfries and Galloway, Scottish Care and the Local Authority.

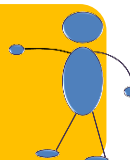
¹ <https://skillsforhealth.org.uk/wp-content/uploads/2020/11/six-steps.jpg>

In addition, a variety of engagement sessions have been conducted with the Integration Joint Board, Independent Sector and Third Sector Bodies as well as NHS and Local Authority governance groups.

1.3 Strategic Context

The vision of Dumfries and Galloway Integration Joint Board is;

“People living happier, healthier lives in Dumfries and Galloway”



To achieve this vision, the Integration Joint Board has developed 7 Strategic Commissioning Intentions (SCIs);

SCI1	People are supported to live independently at home and avoid crisis
SCI2	Fewer people experience health and social care inequalities
SCI3	People and communities are enabled to self manage and supported to be more resilient
SCI4	People have access to the care and support they need
SCI5	People’s care and support is safe, effective and sustainable
SCI6	People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential
SCI7	People’s chosen outcomes are improved through available financial resources being allocated in line with the model of care and delivering best value

Having the right workforce is crucial to delivering these Strategic Commissioning Intentions. This plan sets out workforce development actions to support workforce sustainability across health and social care and help us to transform services.

Our current health and social care workforce has a diverse range of skills and capabilities but we know that as health and social care services adapt to the changing needs and expectations of our population that existing ways of working and traditional roles will also have to adapt to meet future needs. Therefore,

The aim of this plan is that by 2025 we will have a motivated and valued health and social care workforce with the competence and confidence to meet the needs of the people of Dumfries and Galloway.

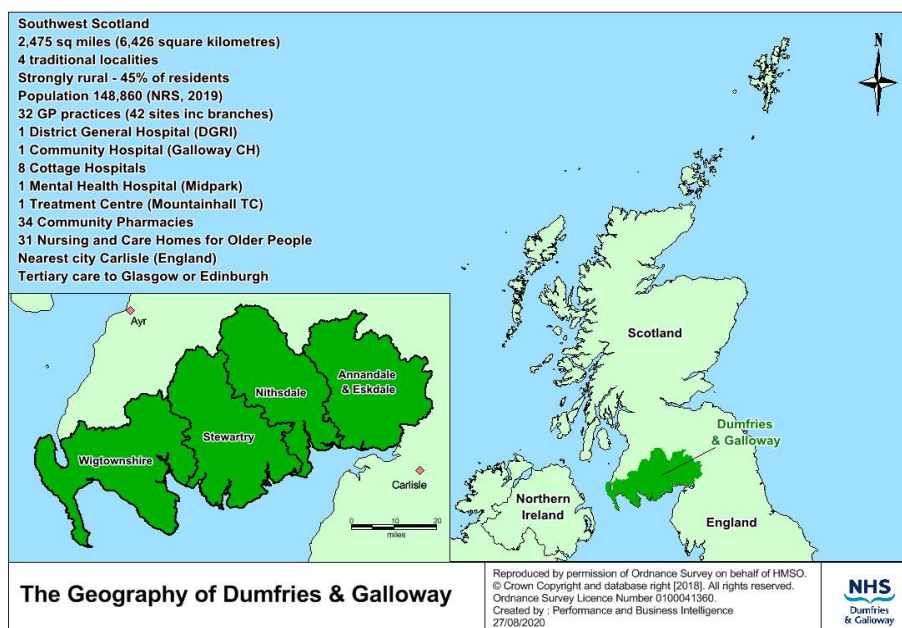
To achieve this aim we need to meet these objectives;

1. By 2025 we will continue to develop our workforce to have the right values, behaviours, knowledge, skills and confidence to deliver evidence based person centred care and support people's wellbeing as close to home as possible
2. By 2025 we will develop sustainable models of working across the Partnership that will continue to deliver responsive health and social care to meet the needs of the people of Dumfries and Galloway
3. Our health and social care workforce do their best work in strong teams, we will further build on this so that by 2025 our entire workforce feels valued and is valued.

Section 2 outlines the Pillars, Ambitions and Actions that will deliver these Aims and Objectives.

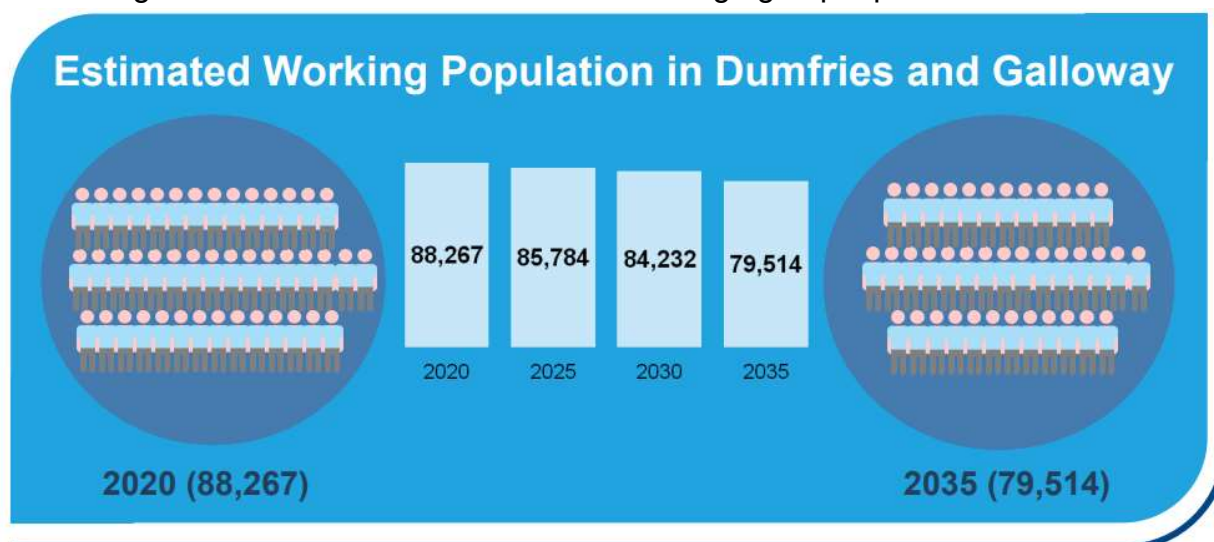
1.4 Population Context

Dumfries and Galloway is home to just under 150,000 people, according to the National Records of Scotland (NRS) estimates (2020). The map below illustrates the 4 traditional localities of Wigtownshire, Stewartry, Nithsdale and Annandale and Eskdale.



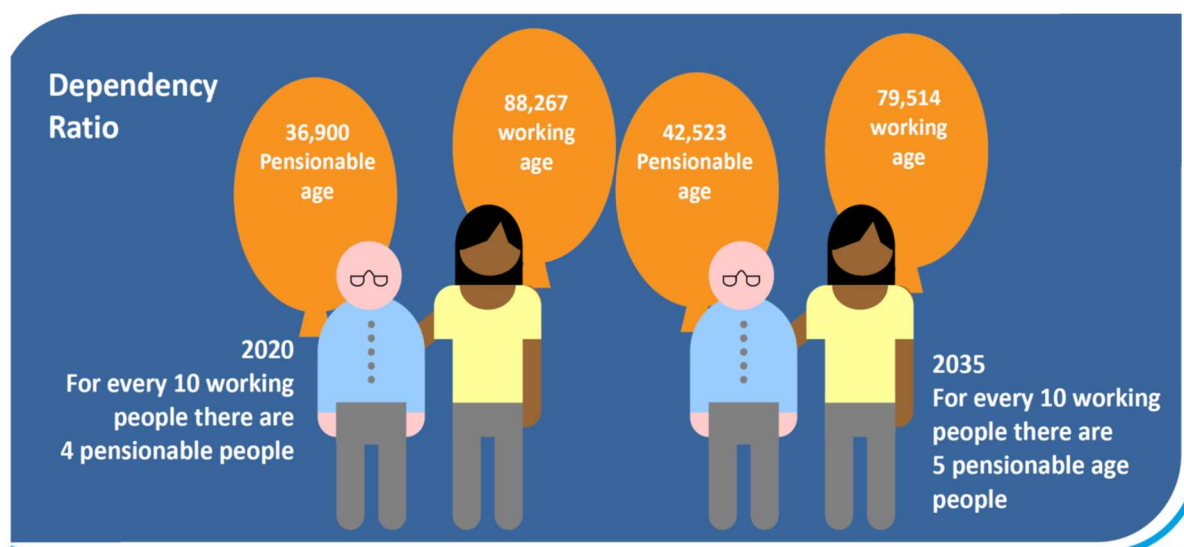
More information about the population can be found in the Summary Strategic Needs Assessment² second edition.

Dumfries and Galloway has a greater proportion of older adults than other parts of Scotland this is combined with an ageing population, where it is expected that the proportion of older adults will grow over time and the number of working aged people will become fewer.



Source: National Records of Scotland (NRS)

It is expected there will be more pensionable aged people than working aged people in the future, this is known as the dependency ratio. It means that there will be fewer people available to support a more dependent population and working aged people may be providing more support to older people.



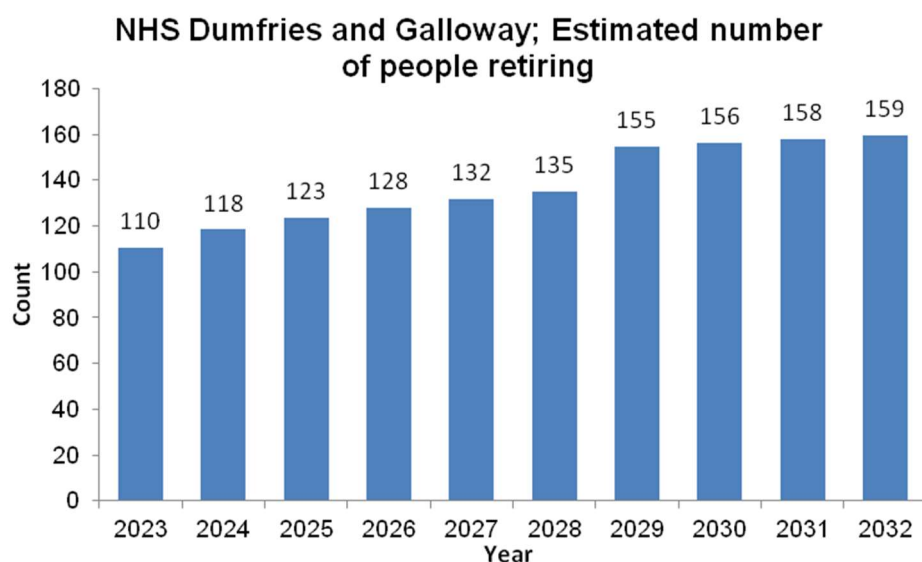
Source: National Records of Scotland

Demographic change within the workforce is one of the most significant drivers for change, the Health and Social Care Partnership will need to develop new roles, new ways of working and new recruitment and retention strategies in order to avoid a significant loss of staff in the next 5 to 10 years.

² <https://dghscp.co.uk/performance-and-data/strategic-needs-assessment-second-edition/>

The proportion of staff aged 55 and over has been modelled with an assumed growth rate of 1.5% for each year between 2022 and 2032. Within this model are assumptions that only those aged 55 and over are eligible for retirement and any people leaving not of retirement age are replaced by a person of the same age and pay grade.

This shows the estimated proportion of the workforce who could be aged 55 and over is expected to increase from an estimated 25.8% in 2023 to an estimated 27.1% in 2032. Below is a graph showing the modelled estimated number of people retiring by year. This increases from an estimated 110 people in 2023 to an estimated 159 people in 2032.



Looking at the Nursing and Midwifery Job Family, which had the highest number of people retiring in 2021/22, the model predicts that the number of people retiring increases from an estimated 51 people in 2023 to an estimated 76 people in 2032. Within this number were 14 retiring from Mental Health Nursing (at 31/03/2022 there were 378 people in this Sub Job Family). This is particularly worrying currently because we know people are struggling with mental health and the post pandemic impact on mental health services has been significant. Within General Nursing the model estimates 31 people retiring from General Acute Nursing Sub Job Families in 2032 (at 31/03/2022 there were 980 people in this Sub Job Family).

Looking at the Allied Health Profession (AHP) Job Family, the model estimated that the number of people retiring increases from an 6 people in 2023 to 11 people in 2032 (at 31/03/2022 there were 351 people in this Job Family). The model predicted 2 of these retiring people would be from the AHP Physiotherapy Sub Job Family and 2 retiring people would be from the AHP Speech and Language Sub Job Family.

1.5 Financial Context

The financial outlook for public sector services is extremely challenging in the medium term. This has been worsened by the economic impact of the Covid-19 pandemic. Further information on the integration budget can be found in the full Strategic Commissioning Plan 2022-2025.

Neither the NHS Board nor the Health and Social Care Partnership are forecast to deliver a break even position in year. Opening recurring gaps of £32.4m and £24.9m respectively have been presented and whilst a target has been set for both recurring savings and non-recurring flexibility this will still leave an in year shortfall of £20m for the NHS Board and £15m for the Health and Social Care Partnership.

A financial recovery plan has been developed setting out the scale of the financial challenge and discussions continue with Scottish Government about timescales for return to recurring financial balance.

The effective integration of service, financial and workforce planning areas can result in positive financial benefits for the Partnership, for example, if we are able to retain staff for longer then we reduce turnover and the costs associated with repeated recruitment.

1.6. Policy Drivers

The proposed establishment of a National Care Service (NCS) will begin to take shape over the lifespan of this workforce plan and beyond it as the consultation ends and the legislation begins to go through the parliamentary process in summer 2022.

At this point it is not clear what the workforce implications will be, however in areas such as social work, the proposed National Social Work Agency could have the potential to deliver a stronger social work profession with more consistent pay and conditions for social work staff across Scotland and improved career structures.

It will be important that linkages are made with the NHS Recovery Plan 2021-2026³, the Council Plan 2017-22 and the Council People Strategy 2021-26⁴ and that workforce implications of all the actions in this document are aligned to these where relevant.

The publication of the National Workforce Strategy for Health and Social Care has provided additional context on the national direction of travel for the health and social care workforce.

1.7 Workforce Context

The people who deliver care and support in the region are from NHS Dumfries and Galloway (NHS DG), Adult Social Work at Dumfries and Galloway Council (DG Council), the third sector and the independent sector.

There are different types of organisations in the third sector and independent sector;

- Care and Support provider partners that are registered with the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council

³ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf>

⁴ <https://dumfriesgalloway.moderngov.co.uk/documents/s34280/People%20Strategy%20-%20appendix%201.pdf>

(SSSC). Within this plan this group is called **the Registered Third and Independent Sectors**.

There are a number of groups working in the social service sector that these statistics do not capture. These include childminding assistants, volunteers and personal assistants. Another group not included in these statistics is centrally based office staff in private and voluntary organisations. This is because they are not based in a registered service and so are not included in the scope of the Care Inspectorate's data collection.

This data has been extracted using the following SSSC sub sectors:

Adult Day Care, Adult Placement Service, Care home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, Fieldwork Service (Adults), Fieldwork Service (Generic) and Fieldwork Service (Offenders).

- Care and Support provider partners commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) but who are not registered services in the bullet above. Within this plan this group is called **Not Registered Commissioned Third and Independent Sectors**.

As at 31 March 2022 there were 33 commissioned organisations with 41 contracts. These include support services for people with a visual or hearing impairment, counselling services, support services for people with dementia and their Carers, support for adults and children, physical and learning disabilities and for mental health. There are also training services, the provision of equipment and adaptations and a small repairs service.

- Care and Support provider partners that are not commissioned services. This includes charities, social enterprises and community groups. Within this plan this group is called **Wider Third Sector**.

The Wider Third Sector in Dumfries and Galloway employs people and is supported by volunteers. It can be difficult to gather the workforce data from the Wider Third Sector. It is made up of a broad range of organisations offering a diverse range of services. Whilst many organisations clearly identify as supporting health and social care, many more support health and social care outcomes indirectly through their activities. This makes it challenging when trying to identify or define third sector organisations that contribute to the health and social care workforce or volunteer profile. The onset of the Covid-19 pandemic saw many third sector organisations and community groups closing, either permanently or temporarily. Many staff were furloughed and volunteering stopped. Organisations which remained open have had to increase or adapt their service, resulting in a different staff and volunteer profile to the pre-Covid-19 delivery. All of these circumstances create logistical complexity in gathering consistent and complete information.

The Wider Third Sector includes diverse organisations from those who are part of larger national organisations through to small community-based groups. These organisations include those who:

- Deliver health and social care. For example, care at home, mental health or Carers' support organisations
- Support health and social care, including those that help people to live independently in their own homes. For example, support with food deliveries and small repairs
- Are indirectly linked to health and social care, but who help people to achieve positive health outcomes. For example befriending organisations, or social groups such as the Men's Sheds, who help alleviate social isolation and loneliness and therefore increase personal resilience

It is important to note there are no universally agreed definitions for third and independent sectors and the definitions above may not match other documents or sources of data and information.

A detailed breakdown of workforce is located in Appendices 1 and 2 of this plan.

Key workforce assumptions

1. NHS Dumfries and Galloway and Dumfries and Galloway Council remain individual employers of staff in the Integration Joint Board.
2. Our proportion of older adults will continue to grow and the number of working aged people will decrease and there will be fewer people to support a more dependent population.
3. We will continue to be prepared to respond to Covid-19 surges as any new variants develop.
4. We will be in a position to engage with international recruitment markets and to retain the staff that we recruit as a result of our inclusive culture.
5. Technological advances made during Covid-19 will be evaluated, harnessed and embedded into normal working practice.
6. New roles or new service models will be progressed where continual recruitment has not been successful.
7. We will consider the impacts or anticipated impacts Covid-19 has had on our workforce across health and social care.

Key workforce principles for all partners

1. Our guiding principle will be alignment with the Strategic Commissioning Plan and in particular that "people who deliver care and support, including Carers and volunteers feel valued, are supported to maintain their wellbeing and enable to achieve their potential".

2. All partners will be mindful that large scale recruitment campaigns may inadvertently move staff from one sector to another and that this must be taken into account to minimise impact on local services. However this must be balanced with the fact that career progression (even with another sector in the Partnership) is an attractive benefit to attract new talent into the health and social care sector.
3. Joint recruitment adverts and marketing campaigns will be channelled through the Dumfries and Galloway Health and Social Care Social Media pages and through DG Council and NHS DG pages in order to maximise coverage. All advertising and marketing will use inclusive language and imagery (where appropriate) in order to attract as diverse a candidate pool as possible and showcase the diversity of the Partnership workforce or which make efforts to target under-represented groups.
4. As a principle all partners will ensure staff are provided with appropriate rest breaks and access to food and drinks in the workplace.
5. It will be a principle of employers within the Partnership to support employees to access their work remotely where appropriate, for example agile/hybrid working.
6. All Partnership organisations will ensure a Values Based approach to recruitment or training activities.

Current Workforce Challenges

It is important that we clearly acknowledge that all partners are not operating on a level playing field and uneven competition between sectors for a limited pool of staff is causing severe staffing crises.

There are varying rates of pay and terms and conditions for “like for like” jobs across the Partnership. An unregistered, entry level Care and Support Worker at CASS will attract a starting rate of approx £11.12 per hour, a similar role in the independent care home sector, will receive a starting rate of £10.02 per hour. This latter minimum rate has recently been introduced by the Scottish Government, in recognition of the recruitment challenges in social care. A further increase to £10.50 has been announced in the 2022-23 Scottish Budget. It is likely the National Care Service will bring further uplifts at national level.

There are opportunities within the local health and social care system to open early conversations with all stakeholders and begin work to ‘level up’ around the principle of equal pay for equal work. It is important that all partners raise concerns to appropriate local and national forums/bodies regarding pay and terms and conditions of the Third and Independent Sectors. Connections are being made with South of Scotland Enterprise Fair Work Development colleagues to ensure that the health and social care Partnership as an “anchor organisation” are promoting Fair Work principles in for example our recruitment approaches and commissioning arrangements.

Particularly for the NHS workforce there are pension changes on the horizon that have the potential to unsettle the current workforce. The “McCloud/Sergeant” ruling and the “2015 Remedy” which aims to correct the discrimination found during the transition to the 2015 CARE (Career Average Revalued Earnings) Scheme. This means that all staff will become members of the 2015 scheme from 1st April 2022 and the discrimination for the period 1st

April 2015 and 31st March 2022 will be removed. For a section of the workforce who were not eligible for protected pension benefits at that time, this will now be reinstated which could have a significant impact on the retirement choices for those staff.

In addition, the NHS pension changes in relation to annual allowance thresholds has resulted in many senior staff in the NHS with extensive experience considering retirement or already retiring before the end of the 2022 financial year to avoid substantial tax bills.

High levels of vacancies existed in health and social care pre Covid-19 and were described in previous workforce plans, however this has been exacerbated by the pandemic and by Brexit. Many sectors are operating with significant staffing shortages (see pages 53-56) which, when coupled with the overall shortage of workers within the local labour market in Dumfries and Galloway, means a knock on effect to being able to deliver services. There are particular areas where we are unable to compete with local supermarkets and the hospitality sector for staff.

In addition, social care is not viewed as an attractive career option this was highlighted nationally in the National Independent Review of Adult Social Care and is also reflected locally.⁵ This is exacerbated by funding uncertainty and short term funding cycles for providers creates instability in the workforce.

There is a large section of the Partnership in social care and unpaid care roles that feel undervalued, unsupported and underpaid and that is primarily female.⁶ In addition increasing numbers of staff are absent due to mental health issues for example in NHS we have seen a 21% increase in the number of staff off due to stress/anxiety or depression during 2020-21.

Whilst the effect of the pandemic are acknowledged there are issues that have been in our midst for a significant period of time that need to be addressed. Similarly, we know that the people who work in health and social care are getting older and therefore it is vital that we support them to look after their health and wellbeing so that there is a good attendance at work to provide high quality care.

Retaining younger adults in the region is an issue that needs to be addressed so that local rural populations are sustained. It is acknowledged this is a challenge across the local economy and not simply a health and social care crisis. It is therefore important to continue to forge links and plan as broadly as possible with other key stakeholders such as the South of Scotland Regional Economic Partnership and the Dumfries and Galloway Apprenticeship Strategic Board. Forging links with key strategic partners will allow us to collaborate on population growth strategies that will increase the overall workforce pool in the region. That will include developing our people and attracting new talent to the region, promoting local career opportunities and the diverse range of jobs available in the region and by offering a career in Dumfries and Galloway as a lifestyle choice.

⁵ <https://www.audit-scotland.gov.uk/publications/social-care-briefing>

⁶ <https://www.audit-scotland.gov.uk/publications/social-care-briefing>

Section 2 - Service Priority Areas

This section provides a high level overview of current and planned service activities that support the delivery of the Strategic Commissioning Plan through the Strategic Commissioning Intentions (SCIs) and the Tactical Priorities (TPs) that sit within those.

2.1 Community Health and Social Care (Links to SCI 1 SCI 3 SCI 4)

The Community Health and Social Care Directorate, whilst in the midst of remobilisation, have been responding to various operational pressures across the system. Demand is high across all service areas with an increase in referrals, activity and waiting times. Staffing has been impacted across all areas. Staffing levels continue to fluctuate with the current sickness levels sitting at 5.2% across the Directorate. However, some areas have unusually high levels of sickness (10%).

In particular, support has been provided to Care at Home and Care Homes and this has proved extremely challenging in relation to deploying workforce across multiple priority areas within the Partnership. In particular the community team has had to provide leadership, management and staffing to support residents in a care home that has unexpectedly come back under the interim management of the Partnership.

There are 32 care homes across Dumfries and Galloway, providing 1100 placements (692 residential, 33 nursing specific, 173 EMI, 189 designated as either Nursing or Residential and 13 specialist). Care Home provision across Dumfries and Galloway remains under significant pressure and there are homes that are vulnerable and at risk of closure. Homes report significant staff vacancy levels and the current rules around isolation in relation to covid-19 mean that some homes are struggling to maintain safe staffing levels. This, combined with increased complexity of need and/or dependency levels of residents often requires additional staffing and can make it difficult to offer placements to some people. The Health and Social Care Partnership has plans to establish a new model of community health and social care and is about to establish a Community Model Programme Board. One aspect of the work of this programme will be a review of the current community beds, including Care Homes. This is a wide ranging and potentially significant service change and will require robust community engagement and consultation. The review is scheduled to be completed by end of January 2023.

The Health and Social Care Partnership commissions care and support at home for approximately 2,224 people from independent provider partners through the National Flexible Framework from Scotland Excel. This is at a cost of approximately £11m for older people (10 partners), £21.6 m for specialist services (14 partners).

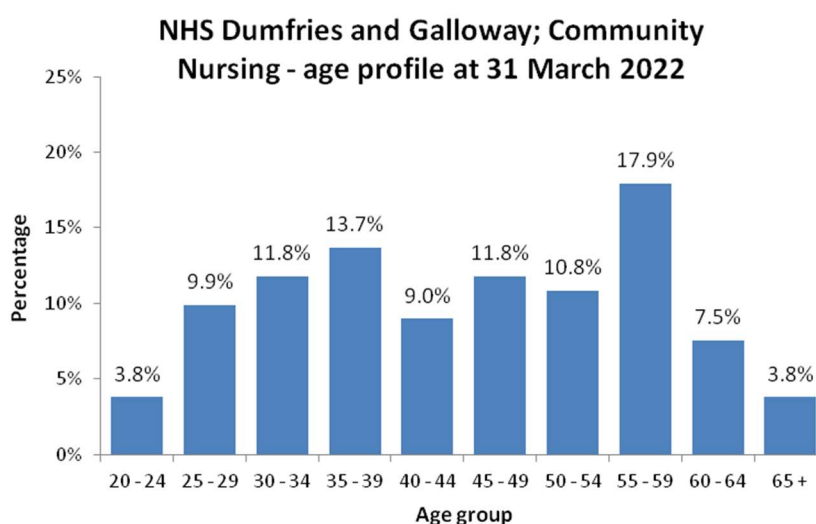
The Partnership is experiencing significant system pressures, with increasing and unprecedented demand for care and support at home. At July 2022, 404 people were

awaiting over 3,900 hours of care and support on the portal, some of which had been outstanding for some time.

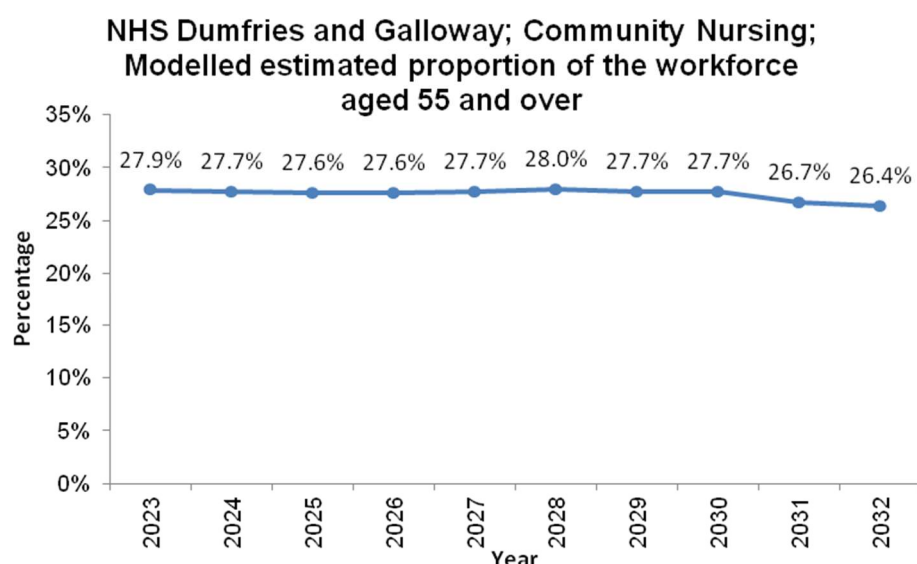
Care and Support at Home Provider Partners are currently unable to address this level of unmet need. This is due to severe staffing challenges, through vacancies, sickness and new test and protect measures impacting staff availability for work. Current contracting, monitoring and payment arrangements are a barrier to flexible responses to these capacity challenges for some partners.

The Care at Home sector is particularly fragile with the majority of the people delayed in hospital awaiting discharge awaiting packages of care. Community teams have been deployed to support the provision of care at home but with limited opportunities to hand-off packages. Over the coming weeks and months, the focus will remain on reducing delays and improving flow across the system.

At 31 March 2022 11.3% of the Nursing and Midwifery Job Family staff in Community Nursing teams were in the age group 60 years and above. 28.8% of staff were aged between 50 and 59 years old.



The proportion of staff aged 55 and over in the Community Nursing teams has been modelled with an assumed growth rate of 1.5% each year for 2022-2032. Within this model are assumptions that only those aged 55 and over are eligible for retirement and any people leaving not of retirement age are replaced by a person of the same age and pay grade. This showed the estimated proportion of the workforce who could be aged 55 and over is expected to reduce from 27.9% 2023 to 26.4% in 2032. One factor for this reduction is an increase in the proportion of staff in the Community Nursing teams aged 20-24.



2.1.1 Home Teams (TP 4.1)

The region wide roll-out of Home Teams continues to progress, there will be 8 Home Teams managed by a Home Teams Service Manager.

The core Home Team consists of the following disciplines:

- Community Nursing (including HCSW)
- Social Work (including Social Workers and Care Co-ordinators)
- Physiotherapy
- Occupational Therapy (including Social Work O.T.)
- Public Health Improvement (including Community Development)
- Reablement (including Support workers)
- Patient Flow
- Business Support

The Home Teams will deliver the following key functions:

- Prevention and early intervention
- Palliative and End of Life Care
- Rehabilitation and Enablement
- Rapid Response
- Discharge to Assess

The vision for Home Teams is to operate a 7 day service. However due to current workforce challenges and resource constraints, this will not be achievable meantime for all professions.

As at September 2022, Home Teams will be able to offer 24/7 nursing and 7 day reablement and support and bolster existing pathways into the current OOH services. Any future planning will continue to work towards a 7 day service, where appropriate.

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The baseline workforce plan has been developed by allocating the existing community workforce establishments across the 8 Home Teams. Thereafter, an initial gap analysis has been undertaken by service leads and professional leads to identify any additional workforce required to enable the Home Teams to become operational, taking cognisance of any initial integrated workforce opportunities.

The table below illustrates the additional baseline workforce for Home Teams.

Job Family	WTE	£
Community Nursing (Band 5/Band 6)	11.84	695,945
AHPs (Band 6/Band 4)	13.01	562,607
Community Link Band 3	4.00	100,000
Admin Business Support Band 3	4.24	129,630
Total	33.09	1,488,182
Social Work (Social Workers and Care Coordinators)	8.00	379,000
Total base-line workforce:	41.09	1,867,561

Community Nursing:

An increase in Band 5 and Band 6 Community Nursing has been identified to ensure appropriate cover at senior clinical nurse cover across 7 days.

Healthcare Support Workers:

An additional 21 WTE HCSW funded from the Winter Plan (Care at Home – Bid 18) to support discharge to assess pathway and recruitment has taken place.

AHPs:

There are three main workforce elements of AHPs within each Home Team as follows:

- Reablement
- Physiotherapy and O.T. Rehabilitation (domiciliary, outpatients and in-patients)
- Social Work O.T.

A review has been undertaken across AHPs which initially identifies a gap with Band 4 and Band 6 Practitioners in the main.

An AHP Care Home Liaison has been identified with a region wide remit and is included in this workforce plan.

Roles have been identified to support the Early Intervention and Prevention agenda. These roles are not part of the core workforce but are part of the extended team that would support a shift to proactive ways of working within a Home Team setting.

Further work is scheduled to validate the investment and whether this is achievable given the current recruitment challenges.

There has been an opportunity within Social Work O.T. to review current skill-mix and develop this workforce within existing resources.

Particularly with AHPs but also within nursing failure to recruit to posts will impact on the ability of Home Teams to fully operate all functions in time.

Social Work:

A re-structure within Adult Social Work Services has commenced. Initial plans suggest that there will be additional 4 WTE Social Workers and 4 WTE Care- Co-ordinators required to support Home Teams. This will also be supported by existing Senior Social Worker resource.

2.1.2 Care and Support at Home (TP 1.4)

Due to the challenges with care at home capacity, the waiting list for care at home continues to rise with 404 people awaiting a care package (July 2022).

Community Nursing Teams and the Short Term Augmented Reablement Service (STARS) continue to support Care at Home packages and are currently sitting with 53 packages with no immediate hand-off to longer term care available. STARS deliver on average 170 hours of Care at Home per week (21 packages) with an average of 141 referrals per month. The impact of high levels of demand are exacerbated in a small team by high levels of absence and high vacancy rates (HCSW Annandale and Eskdale 23%, Nithsdale 7% and Stewartry 15%).

A Care and Support at Home Action Plan has been agreed to drive forward this area of work and will include demand/capacity planning.

Furthermore, this work will be supported by reviewing what Assistive and Inclusive Technology (AIT) can be used for moving and handling approaches to adopt single handed technology.

2.1.3 Planned Care – Still Going Project (TP 7.2)

The Partnership is about to embark on a project to promote the Life Curve™ to support positive aging. AHPs are working to ensure good conversations happen and every interaction is seen as an opportunity to promote movement and physical activity, ownership and independence. AHPs are working with clinical psychology and public health teams. There are also links with volunteer groups and community assets, green spaces, walks and active travel. No particular workforce challenges have been identified.

2.1.4 Single Access Point (SAP)

Work continues to be progressed in terms of the crucial role of SAP in supporting the fully integrated health and social care Home Teams being established. SAP and Home teams

are continually in dialogue to develop call handler scripts to ensure the appropriate discipline/pathways that are to be rolled out across the region is identified as efficiently as possible to promote the required response and service delivery required. This will be reviewed as the teams commence their full integration and SAP will continue to be an integral part of Home Teams as they are the initial and vital point of contact. Referrals pathways are now in place for MSK Physiotherapy, MSK hand OT, podiatry, SALT, Audiology, Dietetics, Pharmacy and long Covid-19. Work continues to identify the inter-dependencies between SAP and Home Teams as Home Teams establish.

2.1.5 Cottage Hospitals

Cottage Hospitals continue to sit at 100% occupancy (with a total bed complement of 78). An environmental risk assessment was carried out in May 2022 across the Cottage Hospital estate in order to increase bed capacity. This resulted in only 5 additional beds.

Current Bed Base across Cottage Hospitals
Annan (18 beds + 3 surge)
Thomas Hope (12 beds)
Lochmaben (14 beds + 1 surge)
Castle Douglas (16 beds + 1 surge)
Mountainhall (18 beds)

Newton Stewart, Kirkcudbright, Thornhill and Moffatt Hospitals all remain temporarily closed to in-patients, although each facility has been utilised for alternative services such as vaccinations and day treatments. Mountainhall Ward 1 (situated in Dumfries) opened in Autumn 2021 (for a fixed term period up to 31 March 2023) until the ongoing regional bed review has concluded.

From the 4 Cottage Hospitals that remain temporarily closed there are still 75 staff affected (Nursing, AHPs, HCSW, Hotel Services and Support Services), 20 fewer than initially affected. The majority of these staff have been deployed to other areas with some moving to new roles and specialties. Predominantly staff are working within the Directorate supporting Community Nursing Teams to provide capacity across the following areas: Care at Home, Mountainhall Ward 1, Care Homes and Vaccination Delivery Programmes. A number of staff are supporting vacancies within existing services, negating the need to recruit substantively.

Some staff have chosen to apply for different roles and where this has occurred and staff have left their Cottage Hospital substantive post, these have not been advertised or backfilled. As a result if/when the closed hospitals reopen, and depending if there is any change in usage, there will need to be a significant recruitment plan due to attrition.

There has been a heavy reliance on these staff to support priority areas. Over the past 18 months work has been undertaken in partnership with staff side and Human Resources within NHS DG to work with the deployed staff to create additional capacity to support the Directorate and Partnership response. There are a number of staff who have been willing to

change and have been successfully deployed across the system, but despite many efforts there are still staff who decline to work in any other area which is having an impact on the Partnership being able to mitigate high risk areas.

2.1.6 Planned Care - Community Based Treatment and Care (CTAC) (TP 4.1)

Work is underway to roll out Community Treatment and Care Services. A Service Manager post is being recruited to which will support the implementation of this. From 1st April 2022, we commenced a phased approach to implementation starting with Lower Annandale and the Machars, where transfer of staff from GP Practices (through TUPE process) where we are now delivering this service in these areas. We are now committed to recruiting and transferring GP staff within the Nithsdale area from 1st August 2022.

2.1.7 Urgent and Unscheduled Care - GP Out of Hours (TP 4.2)

A review of the GP Out of Hours service model with a view to establishing a multidisciplinary model that ensures practitioners with the right skills, knowledge and experience to meet the needs of the people who access the GP Out of Hours Service. Tests of change are in place to trial and evaluate new ways of service delivery.

2.1.8 First Contact Practitioner

As part of the Transforming Primary Care Programme, the expansion of First Contact Practitioner role has been focussed on MSK with 5.4 WTE in post and 2.6 WTE vacant.

2.1.9 Primary Care Pharmacotherapy

It is apparent that without significant changes in workflows and processes in General Practice, the current pharmacy workforce will lack the capacity to be able to meet the demands. Additionally, recruitment of pharmacists and pharmacy technicians is now very challenging with vacancies often attracting very few or no applicants at all. Work continues to address these challenges through a constant review of skill mix and training of staff at all levels to allow certain aspects of the workload to be spread more evenly throughout the team. Further expansion of the pharmacy hub model is allowing more consolidation of workload and bringing with it, associated efficiencies in terms of staff distribution and the advancement of the work around skill mix and staff training.

2.1.10 Trusted Assessor Training (TP 1.1)

Part of the action plan to develop Assistive Inclusive Technology is to implement a training plan for Trusted Assessors. This will involve investigating where training has been completed elsewhere, developing a local package and identifying staff groups and deliver training during 2023.

2.1.11 Urgent and Unscheduled Care – Flow Navigation Centre (TP4.1)

As part of the Redesign of Urgent Care Programme a Flow Navigation Centre was established during the third quarter of 2020/21 and provides safe scheduled access to urgent care to those with non-life threatening conditions.

The model continues and will be taken forward as part of the Unscheduled Care Programme Board. No particular workforce issues identified.

2.1.12 Rehabilitation

The National Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of the Covid-19 pandemic.

The framework recommends that the needs in relation to recovery and rehabilitation of three distinct groups are considered.

- 1. The rehabilitation of people who have had coronavirus (Covid-19) and as a result may present with symptoms such as cardiovascular, pulmonary and musculoskeletal deconditioning, emotional, neurological and cognitive symptoms such as anxiety, post-traumatic stress disorder, post intensive care syndrome, fatigue and pain.**

In Dumfries and Galloway the impact of the early pandemic was low in comparison to other regions, however recent weeks has seen a significant spike in demand. The Respiratory Team have to date been undertaking the routine follow-up of people who have been hospitalised with support to manage their ongoing breathlessness and fatigue being offered by the Respiratory Specialist nurses and the Pulmonary Rehabilitation Team.

Wider access to ongoing support for recovery and rehabilitation can be accessed via the Health and Social Care Single Access Point which is now in place and providing a route to access rehabilitation and reablement, social work services assessment, care and support at home and access to health and wellbeing support from either statutory services or the local authority or third sector partners.

There is a move to adopt a discharge to assess model and to increase rapid access to reablement for people in the community who have fallen or whose condition is deteriorating. Resources have been made available to provide additional health care support workers and AHPs to support this work and recruitment is underway.

In order to address the shortfall within Vocational Rehabilitation 4, Occupational Therapists are undertaking the National Institute of Disability and Research Training Programme to increase Vocational Rehabilitation Capacity in primary care.

- 2. The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions**

This includes people who have been shielding, those with additional vulnerabilities, those with musculoskeletal (MSK) issues due to deconditioning and a lack of physical activity and those with pre-existing or emergent mental health and wellbeing issues.

The majority of AHP and Rehabilitation services across the region have developed digital offerings including MSK, Pulmonary and Cardiac Rehabilitation Services and Mental Health Services.

Podiatry and MSK staff have returned from contributing to vaccination programmes and supporting other services during the pandemic. Services are up and running nearer normal although face to face capacity is still impacted upon by infection control measures. All specialties are facing increased referral demands and growing numbers on waiting lists. Active clinical triage is in place as is an opt-in solution. Current surge pressures however have the potential to impact upon staff availability.

Dumfries and Galloway has recently agreed to participate in the National Still Going project, using the Life Curve™ and Good Conversations to promote movement, physical activity, ownership and independence in the wider population. Training is currently underway and linkages have been made with the wider sport and leisure facilities which are now back up and running to maximise signposting and the use of their offerings.

3. Ongoing and intensive pre-habilitation and rehabilitation for people with long-term physical and mental health conditions, multiple co-morbidities and those who have been impacted from delayed diagnoses and scheduled treatments due to pausing of non-critical health services

Access to specialist rehabilitation has remained available throughout the pandemic in both the hospital and community environments outlined below:

Rehabilitation and reablement services in the community comprise as follows:

- STARS providing reablement
- Community Rehabilitation
- Domiciliary and Outpatient based Physiotherapy and Occupational Therapy
- Cardiac Rehabilitation
- Pulmonary Rehabilitation

Digital technology has been employed to support the rehabilitation wherever possible. NHS DG has recently appointed an Advanced Orthopaedic Practitioner who, as part of their role, will be identifying the needs and leading on the prehabilitation of people delayed on an arthroplasty waiting list.

2.2 Adult Social Work (Links to SCI 1 SCI 2 SCI 3)

Social Work staff are currently working to a critical level with little scope to scale anything back. Referrals to the Duty Team have increased in the past 6 months due to a variety of reasons including lockdown impacts and reduction in available services as part of surge

response. Static staffing levels and growing demands including more complex cases means the service is continually operating from a crisis management stance.

Where we have sustainability challenges;

- In Social Work Occupational Therapy referrals are high with waiting lists being used in all Localities, this is combined with 2.0 WTE vacancies
- Social Work Services are in discussions with DG Council Human Resources department regarding the job evaluation of qualified Social Worker posts. This is because there is disparity between Dumfries and Galloway Council rates of pay and that of other Local Authorities across Scotland. This lower rate of pay for our qualified Social Worker posts inevitably has an impact on our ability to retain and recruit qualified posts within Dumfries and Galloway
- The demands of changing services during this current challenging period, for example the move to a Home Teams model puts immense pressure on staff and risks staff burnout. Similarly, the expected level of change over the lifetime of this plan, including the changes anticipated as part of the Feeley review will mean that staff will have to continue to work in a crisis

2.3 Acute and Diagnostic Services (Links to SCI 1, SCI 4)

2.3.1 Urgent and Unscheduled Care – Discharge without delay (TP5.1)

Discharge without delay is part of the Scottish Government Programme for Urgent and Unscheduled Care. The pilot will include all patients admitted to DGRI with a fractured neck of femur. The aim being that when the patients are medically fit they are discharged home with support from the Home teams to reduce length of stay, improve outcomes and enable return to home. The key workforce issue that impacts on this is lack of capacity in Home Teams to facilitate early supported discharge.

2.3.2 Planned Care - Improving Patient Access (TP4.1)

Current waiting times for both outpatients and Treatment Time Guarantee areas are the highest they have ever been following the pandemic. Scottish Government funding is available to allow an increase in capacity to 6 day operating and 7 day availability of Surgical Short Stay.

In Day Surgery this will require an additional 3.93 WTE (mix of nursing, medical, AHP and support services).

In Surgical Short Stay this will require an additional 5.48 WTE (mix of nursing and support services).

2.3.3 Nursing Skillmix (TP 5.1)

The Directorate are reviewing nursing establishments using the workforce tools to review the overall spend, skillmix and staffing solutions to maintain safe staffing levels across all clinical areas.

2.3.4 Redesign of Galloway Community Hospital (TP 5.1)

The medical model of service delivery is not sustainable and alternative models are being explored. The first part of this has been to increase day surgery, the review of the medical model will be undertaken. 8 substantive Rural Practitioners are now in place.

2.3.5 Urgent and Unscheduled Care - Combined Critical Care (TP4.1)

The impact of the increase in national ICU capacity will be an additional 1 adult ICU bed for Dumfries and Galloway. This will require redesign of the workforce in the Critical Care Unit (CCU) to incorporate Advanced Critical Care Practitioners. This will require an increase in nursing, AHP and pharmacy staffing. The Critical Care Unit (CCU) had to revert to a closed unit in early September 2021 due to increasing number people with of Covid-19. Due to staffing issues and occupancy levels they have continued to manage Level 1 people receiving care within CCU to decrease impact on downstream wards. Theatre staff have also been redeployed back into CCU to support and this has impacted on elective surgery.

2.3.6 Planned Care - Orthopaedics (TP4.1)

Work is underway to streamline orthopaedic pathways to ensure that patients have undergone appropriate prehab/conservative management techniques prior to secondary care input ensuring the appropriate level of intervention and maximising consultant time. An Orthopaedic Advanced Practitioner Physiotherapist is now in post which is improving pre-operative and post-operative pathways, however this is not funded on a recurring basis.

Active Clinical Referral Triage (ACRT) which is effectively enhanced vetting of new referrals has been introduced in Trauma and Orthopaedics.

2.3.7 Planned Care - Ophthalmology (TP7.2)

The Ophthalmology Shared Care Pilot continues to operate under the current arrangements and will remain in place until March 2023. There will then be the opportunity to tie this work in with a wider Ophthalmology Service Review.

2.3.7 Planned Care – Recovering Maternity Services

The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care was launched in 2017 and envisaged a five year implementation timeline, ending in 2022. However, as Boards prioritised the response to COVID-19 a two year extension to the implementation period for Best Start was agreed by Scottish Government. The Best Start framework puts the family at the centre of care decisions so that all women, babies and their families receive the highest quality of care according to their needs. Reform will be essential at local level to redeploy the clinical midwifery workforce to implement the local recommendations.

2.4 Mental Health Services (Links to SCI 1, SCI3, SCI 4)

2.4.1 Planned Care - Mental Health Inpatient Services (TP 1.3)

Inpatient Services at Midpark Hospital have been at over 100% bed occupancy resulting in surge beds that are not designated hospital beds being utilised. The staffing complement has had to be increased to meet patient demand and the service is operating at business critical for extended periods of time. The aim is to deliver a bed occupancy of 90% by March 2023.

In order to alleviate capacity issues work is being undertaken to review staffing levels as well as introducing a new Inpatient Clinical Assistant Practitioner role at Band 4 levels and a test of change around a Flow Coordinator post Band 6 1.0 WTE in Midpark which will be tested over an 18 month period, this post is recruited to. There are 6.0 WTE Assistant Practitioners in post including within Liaison Services and 2.0 WTE vacancies.

2.4.2 Planned Care - Dementia Care (TP 1.1)

Dementia Care pathways in Dumfries and Galloway are being reviewed, by October 2022 it is expected that the pathway for post diagnostic support will have been mapped and will start to be tested within 1 locality. By November 2022 an action plan will be finalised that will roll out the learning from the Mental Health Improvement Programme to improve whole system response for the needs of those with a diagnosis of dementia.

As part of this education and training programmes will be available to ensure all staff across health and social care are at a minimum of skilled level of the Promoting Excellence⁷ and potentially as part of mandatory training or induction. Similarly, all Community Mental Health staff will be skilled at Enhanced Level of the Promoting Excellence Framework.

In terms of workforce there are currently issues maintaining a sustainable service model due to staff absence and issues with recruitment to posts with some turnover in the Dementia Link Worker posts. A Post Diagnostic Lead role and a Post Diagnostic Assistant Practitioner role have been appointed to with a Band 3 Support Worker role currently being recruited to.

2.4.3 Planned Care - Specialist Drug and Alcohol Services (TP 4.1)

Implementation of MAT (Medication Assisted Treatment) Standards for people who use drugs is a key priority area under the Urgent and Unscheduled Care priority. The Specialist Drug and Alcohol Service aims to improve access to same day opiate substitution therapy on the day of presentation across all localities in the region.

The workforce additionality required to deliver this is outlined below.

⁷ <https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/>

1.6 WTE Substance Use Nurses (Band 6)
2.6 WTE Associate Practitioners (Band 4)
0.8 WTE Admin post (Band 3) to support frontline service delivery
0.8 WTE Clinical Psychologist (Band 8b)

In terms of other workforce impacts there is potential that inability to secure the required places internally for V300 Non Medical Prescribing course will result in a skills gap. 2 nurses are undertaking this training in 2022/23. It is expected another 3-4 staff would need to be trained next year however capacity to cover study leave and provide supervision means there is a limit to 2 nurses per intake.

2.5 Primary Care (Links to SCI 1 SCI 3)

Over the last 6 months the Primary Care Services Directorate has continued to support the 4 contractor groups, GP practices, dental practices, optometrists and community pharmacy colleagues. All contractor groups have been working to provide their full range of services within the limitations of ongoing Covid-19 measures. GP practices locally are facing high demand for services and pressure to increase face to face appointments whilst still operating within necessary Covid-19 measures. Some targeted communications have been released to enhance public understanding of the reasons why the delivery model in general practice remains more balanced towards virtual consultations than was the case pre-pandemic.

Community pharmacy colleagues have continued their service provision throughout the pandemic period. Optometry colleagues have, on the whole been able to recover well with many now achieving near pre-pandemic levels of activity. Dental colleagues continue to face capacity issues as their work requires fallow time which for most practices limits activity currently to around 50% of pre-pandemic levels. We have experienced pressure on the Public Dental Service as contractor practices are unable to take unregistered dental emergencies.

2.5.1 Primary Medical Services

All 32 GP practices in Dumfries and Galloway are providing the full range of Primary Medical Services, Additional Services and Enhanced Services. Appropriate social distancing measures and infection control measures are continuing.

Practices are continuing to adopt a flexible approach to the provision of GP services, including telephone triage, telephone consultation, NHS Near Me and face to face consultations where appropriate. 1 practice continues to operate at level 2 service only in respect of the special arrangements in place at its branch surgery sites.

Prioritisation will continue to be required within the capacity constraints arising from social distancing and enhanced infection control arrangements. Throughout the Covid-19

pandemic, development work has been ongoing with cluster leads and practices to support new ways of working.

GP recruitment and retention continues to be an issue with at least 1 in every 3 practices supporting a WTE vacancy for either a salaried or partner post. As part of the approach taken to developing sustainable workforce models, scoping work has been undertaken to develop a GP with Special Interest Programme to attract new GPs to the area, increase the skills of existing GPs and improve the cross working between primary and secondary care. This will be further developed during 2022.

As part of the development of sustainable services, options around service models and different roles that could support GP practices are being explored this could include the use of paramedics, clinical pharmacists or physician associate roles. The role of the practice nurse will change over the next year due to the transfer of previous GP practice activity into the NHS Board through the Community Treatment and Care Service requirements of the 2018 General Medical Services (GMS) contract.

2.5.2 General and Public Dental Services

NHS Dental Services continue to provide the full range of services in phase 4 of their recovery plan with all types of treatment now being undertaken in practice. All 34 dental practices are now open and operating at a very much reduced capacity due to enhanced infection control and physical distancing arrangements. Supportive visits are underway for the practices with activity levels below 20% of pre-pandemic levels to develop plans for recovery.

Public Dental Service colleagues continue to support the urgent care of people registered with them and also to those not registered with a dentist in the region. Similar to their contractor colleagues, the public dental service team have restarted special care clinics to work through the outstanding treatment needs of their registered people. The urgent care of unregistered people is impacting on the capacity available for public dental services and discussions are ongoing with Scottish Government colleagues regarding funding for additional posts to support this extra workload.

The public dental service also provides supervision for treatment clinics for 5 final year undergraduate dental students from Glasgow Dental Hospital and 12 dental therapy students from University of Highlands and Islands. All dental undergraduate and therapy students have now returned to their studies onsite at Dumfries Dental Centre.

2.5.3 General Ophthalmic Services

General ophthalmic contractors are now able to provide all aspects of care in their practice premises and are continuing to recover and remobilise. Many practices are demonstrating similar levels of activity to pre-pandemic and the optometric adviser continues to support practices in their further development. As is routine, urgent care continues to be prioritised where necessary.

2.6 Long Covid-19 (Links to SCI 6 – TP 6.4)

Physical, cognitive and emotional symptoms associated with Covid-19 can linger long after the initial onset of the virus. These can affect every day functioning and engagement with usual activity which can in turn maintain and exacerbate psychological distress.

The Mental Health Directorate play a key part in supporting people with mental health issues resulting from Covid-19. Work is underway to develop a Steering Group to support the mental health needs of people diagnosed with Covid-19, develop referral pathways. A 1.0 WTE Band 8a Clinical Psychologist Lead for Mental Health supporting people hospitalised with Covid-19 has been recruited to.

Within the Acute sector a clinical group looking at how the service is managing the impact of referrals around the symptoms of Long Covid-19 has been established.

There are close links with community services and a Long Covid-19 recovery group has been developed to ensure services are kept abreast of developing best practice. Rehabilitation services delivered from within established services and through the community system wide Single Access Point.

2.7 Carer Support (Links to SCI 1 SCI 6)

Short Breaks and respite for Carers continue to be provided at reduced levels compared to pre Covid-19 provision and the current pressures being experienced across the Health and Social Care system have been identified as a significant risk to being able to continue to provide the same or increased levels of Short Breaks and respite for Carers.

A Short Breaks Working Group for Dumfries and Galloway has been re-established to lead on the work around Short Breaks for Carers and to support their continued provision. The group recognises the importance of engaging with local Carers to determine the current level of need for Short Breaks and the types of Short Breaks that Carers would like to see. This reflects anecdotal feedback that there is still a significant level of Covid-19 anxiety. An engagement survey on Short Breaks has been developed and circulated via the Dumfries and Galloway Carers Centre and other partners.

The Dumfries and Galloway Carers Centre runs a Time to Live Short Breaks Project. In addition, the VisitScotland ScotSpirit Holiday Voucher Scheme has recently been announced. The scheme is funded by Scottish Government and forms part of the Scottish tourism pandemic recovery programme. The Dumfries and Galloway Carers Centre have also recently had a funding proposal for local Carers Act Funding support approved to fully implement Respite in Dumfries and Galloway and to develop further the provision of overnight breaks and full day breaks for Carers who will have struggled or struggle to get a break from their caring role particularly as a result of the pandemic.

The Dumfries and Galloway Carers Centre has also supported the allocation of funding for other types of Short Breaks which has been provided by Shared Care Scotland and topped up using other local funding. In total, just over £40,000 was allocated to 199 Carers. It is clear from the evaluation report on the scheme that a relatively small investment to support

Carers can have a significant effect on their wellbeing, their ability to continue their caring role and prevent them from reaching a point of crisis.

2.8 Planned Care - Vaccination Programme (Links to SCI 5)

As a result of the Vaccination Transformation Programme, the responsibility for delivery of all vaccinations is transferred to the Health Board. The majority of vaccines are delivered by the Core Vaccination Team. A new, stable, static service delivery model has been developed and approved. Recruitment to this model is underway – moving towards a permanent workforce, in 4 localities, supported by bank staff, to deliver the model. It is anticipated that recruitment to both registered vaccinator and HCSW posts in Stewartry and Wigtownshire could be a challenge – with limited numbers of applications received.

The Health and Social Care Governance and Performance Group agreed that the delivery of all Autumn/Winter Flu and Covid-19 boosters for health and social care staff that were previously delivered by Occupational Health will now be delivered by the Core Vaccination Team. This team will also take on the delivery of all Flu and Covid-19 boosters to Care Home residents and staff from Autumn 2022.

The resources to deliver this are outlined below;

Clinical Recruitment Plan

Current Immunisation staffing for a locality based model for the 4 localities

Band		In post
Band 7	1	1
Band 6	3	3
Band 5	15.5	7.3 permanent 6.6 FTC (to 31 st May)
Band 3	20	10.8 FTC/secondment (to 31 st May)

This model is currently heavily supplemented by Bank staff use.

Proposed/required staffing

Band	Current WTE	Future WTE
Band 7	1.0	1.0
Band 6	3.0	4.0
Band 5	15.5	36.0
Band 3 HCSW Vaccinators	20	16.0
Band 2 (Chaperones)	-	9 (Bank)

Administrative/scheduling team recruitment plan

There is currently a mix of fixed term and permanent administrative staff that work in scheduling and call handling to deliver this programme. A new staffing model has been developed which builds on the learning from the delivery of the programme over the last 12 months and is based on a permanent workforce. The current staffing complement is 14.55 WTE (a range of Band 5 to Band 3 posts). The future model will be the same and recruitment to posts is underway.

Pharmacy Vaccination Support

There is currently a mix of permanent and fixed term pharmacy staff who deliver on the procurement, vaccine handling and stock control and onward cold chain distribution to sites across NHS Dumfries and Galloway to deliver the programme.

Current and future workforce

The current staffing complement to support this work is 3.2 WTE and a mix of staff working at different bands. Work is underway to recruit into the now permanent posts in line with HR policies.

There is a requirement to recruit additional 0.2 WTE Band 8a otherwise staffing remains the same.

Section 3 - Summary of Known Workforce Gaps (Short-Medium Term)

This section summarises the known workforce gap currently. This is at a point in time and is challenging to articulate for all sectors, but particularly for the third and independent sectors. The section is split into known WTE gaps and then gaps as a result of vacant posts.

It is important to highlight current staff shortages and levels of unmet care need across the Partnership currently. Unmet hours of care have been sitting at around 4,000 which equates to approximately 84 WTE. The impact of this is that people are not able to go home safely from hospital or are at home without the care package that they need. Historically gaps have been filled from the local labour market, however the Covid-19 pandemic combined with Brexit has made that extremely challenging. The Partnership is competing with private retail/hospitality sectors and national chains that are able to offer incentives, for example "Refer a Friend Fee". In addition the roles we are looking to fill tend to have shift patterns with unsociable hours, coupled with demanding workloads.

Community Health and Social Care

Home Teams	WTE
Community Nursing (Band 5 and Band 6)	11.84
AHPs (Band 6 and Band 4)	13.01
Community Link Band 3	4.00
Business Support A&C Band 3	4.24
Total	33.09
Social Work (Social Workers and Care Coordinators)	8.00
Total base-line workforce:	41.09

Acute and Diagnostics

Job Role	WTE
Day Surgery Nursing, Medical, AHP mix	3.93
Surgical Short Stay Nursing, Medical, AHP mix	5.48
Advanced Critical Care Practitioners	TBC

Vaccination Programme

Proposed/required staffing	Current WTE	Future WTE	Gap
Band 7	1.0	1.0	0
Band 6	3.0	40	1.0
Band 5	15.5	36.0	20.5

Band 3 HCSW Vaccinators	20.0	16.0	0
Band 2 (Chaperones)	-	9 (Bank)	9
Pharmacy Support Band 8a	3.2	3.4	0.2

Pharmacy Technicians

There has been an ongoing shortage of Pharmacy Technicians across Scotland which has been compounded by the pull of pharmacy staff into primary care to support the GP Transformation Programme.

This has been acknowledged by Scottish Government and the National Pre-registration Trainee Pharmacy Technician Scheme has been developed which will establish a pipeline of pharmacy technicians to support work across acute, primary care and community pharmacy.

In Cohort 1 (April 22) Dumfries and Galloway were allocated 1 trainee place unfortunately unable to recruit this has been incorporated into Cohort 2 (September 2022) 4 trainee places. This additional capacity will alleviate pressures currently being experienced within the service.

Specialist Drug and Alcohol Services

Job Role	WTE
Substance Use Nurses (Band 6)	1.6
Associate Practitioners (Band 4)	2.6
Administration post (Band 3) to support frontline service delivery	0.8
Clinical Psychologist (Band 8b)	0.8

Current Vacancies NHS DG

At March 2022 there were 182.4 WTE vacancies in NHS DG for Nursing and Midwifery staff, Medical and Dental Consultants and Allied Health Professionals (AHPs). There were 147.6 WTE Nursing and Midwifery vacancies, 20.8 WTE Medical and Dental Consultant vacancies and 13.9 WTE AHP vacancies.

A significant number of vacancies have been advertised repeatedly and have been vacant for a substantial period of time.

Vacancies by Job Family; WTE; at March 2022; NHS Dumfries and Galloway; Turas

Nursing and Midwifery	WTE	Vacant more than 3 months
Total	147.6	24.9
Medical and Dental Consultant	WTE	Vacant more than 6 months
Total	20.8	15.6
AHP	WTE	Vacant more than 3 months
Total	13.9	1.0

Breakdown of some key vacancies

- Mental Health Services Inpatient Clinical Assistant 2.0 WTE vacancies, 1 long term.
- Dementia Post Diagnostic Support Worker Band 3 1.0 WTE
- MSK First Contact Practitioner 2.6 WTE
- Midwifery vacancies 9.3 WTE from a funded establishment of 79.34 WTE
- Neonatal 2.0 WTE AfC band 7 post for Advanced Neonatal Nurse Practitioners that have been vacant greater than 3 months and advertised repeatedly over a period of time. This further impacts the Qualified in Specialty skill mix of the neonatal staffing which is currently fragile.

Current Vacancies DG Council

At 31 March 2022 there were approximately 46 positions vacant in Adult Social Work.

Vacancies by role; position and hours; at 31 March 2022; Dumfries and Galloway Council; iTrent (based on 36 hour working week)

Role	Working Time Equivalent	Number of positions	Approximate Hours
Access to Services Team	1	6	216
CASS	1	17	495
Learning Disability Service Vulnerable Adults	1	5	150
Occupational Therapy and Sensory Loss	1	3	108
STARS	1	8	246
Tele Health Care Service	1	1	36
Adult Social Work	0.9	5	164.74
Joint Planning and Commissioning	1	1	36
Total	7.9	46	1,451.74

Current Vacancies the Registered Third Sector and Independent Sectors

Scottish Care conducted a survey in September 2021 of registered care and support providers to ask organisations about their recruitment. There were 14 organisations who responded from Dumfries and Galloway, but this does not mean that these respondents only operate in Dumfries and Galloway. Asked if organisations found recruitment and retention problematic 75.8% of the Dumfries and Galloway respondents agreed. The Scottish Care interim report can be found here <https://scottishcare.org/workforce-recruitment-and-retention-survey-interim-report/>.

The most recent Care Inspectorate SSSC vacancy data is at December 2020 and can be found [here](#). This information is for all of the SSSC sub groups and therefore could include some services for children, which are outside the scope of this report.

There were 55 services in Dumfries and Galloway reporting vacancies which was 37% of all services. The WTE for these vacancies was 183 which was 4.2% of the total WTE workforce. Within this there were 5 services reporting nursing vacancies which was 9% of all services.

40% Services in Dumfries and Galloway reported finding vacancies hard to fill in 2020. The most frequent reasons for this were “Too few applicants” (58%), “Too few qualified applicants”, “Too few applicants with experience” and “Competition from other service providers” (each with 56%) and “Unable to work the hours needed” (49%). If looking at the main reason only, which is shown in table 3h of the Care Inspectorate SSSC report, the highest main reason was “Competition from other service providers” at 19%. When looking at changes over the past 3 years to the main reason for hard to fill posts, “Too few applicants” has reduced (2018 was 30% and 2020 was 15%) as has “Too few applicants with experience” (2018 was 16% and 2020 was 7%). The reasons which have increased were “Too few qualified applicants” (2018 was 16% and 2020 was 20%), “Competition from other types of work” (2018 was 4% and 2020 was 8%) and “Candidates unable to work the hours needed” (2018 was 7% and 2020 was 10%).

Section 4 - Key Opportunities/Risks 2022-2025

Younger Workforce

It is vital that the Health and Social Care Partnership understands who is available for work in the region and that there is engagement with them so they see the Partnership as an employer they would want to work for. The attraction and recruitment methods across the Partnership need to be as open and inclusive as possible and take account of the preferred ways of communication for that generation.

The Partnership knows that the vast array of opportunities available in the Partnership are not widely known about, therefore part of the planning needs to focus on signposting resources that showcase these.

Across the Partnership there are opportunities being provided to young people as part of our commitment to grow our own and engage and inspire them to work with us. An example being the #HealthandCareWeek offering a week of clinical and non-clinical work placements to young people from all sectors across the Partnership.

One of the major hurdles the Partnership faces is the competition between the sectors for a limited pool of young people.

Attracting over 25s

It is important to continue efforts in attracting over 25s into health and social care. The age profile shows there is a large cohort of staff in the 25-45 age bracket. The Partnership needs to build on local intelligence around what attracts that age group to health and social care and ensure targeted recruitment campaigns to engage with them are used. The Partnership should also use local data around distances people tend to live in relation to their work bases to ensure that the recruitment campaigns are as effective as possible.

National and International Recruitment

There are a number of activities being undertaken nationally that are aimed at addressing specific workforce shortages and which the Health and Social Care Partnership are currently engaging with;

- Creating a brochure of multiple GP With Special Interest Posts to work with private practices in the area
- Return to Practice, supporting the Practice Education Team in annual campaign.
- Nationally coordinated recruitment campaign for Midwives.
- Marketing campaign for Band 5 Nurses working in community health and social care.

- Extending access for all third sector and independent sector organisations to the myjobscotland website. This means all social care vacancies can be advertised at no additional cost to providers on one platform.
- A national marketing campaign to attract more people to the sector focussing on social media, working with schools and colleges and linking into work underway with SSSC and NHS Education Scotland on career pathways and learning and development.
- Increasing the use of international recruitment by developing capacity in recruitment teams in NHS Boards to undertake this. 5 nurses have joined NHS DG in the first cohort of international recruitment with a further 6 nurses expected in the short term. There is work underway currently to extend international recruitment to Healthcare Support Worker in an attempt to bring more capacity into the region.

Innovation and Redesign

The work plan of the Health and Social Care Partnership Sustainability and Modernisation (SAM) Team is inextricably linked into all the key areas of health and social care described in the plan for example the redesign of Urgent Care, the development of Home Teams and the development of digital solutions to enable people to manage their conditions at home and to be able to carry out pre and post-operative assessments remotely and to recover at home. The SAM team will continue to work operational Directorates to support delivery of the National Centre for Sustainable Delivery for Health and Social Care (CfSD) Annual Workplan to ensure new, better and more sustainable ways of delivering services are developed. It will be important moving forward that there is a balance between specialist and generalist roles which matches patient needs and geographical shortages.

Hybrid Working

During the Covid-19 pandemic many staff were asked to work from home. Over the next 3 years that this plan covers, it is expected that employers within the Health and Social Care Partnership will develop models of hybrid working where roles are suitable or where specific parts of the role could be carried out remotely. Hybrid working is a type of flexible working where an employee splits their time between the workplace and working remotely. Acas⁸ describe hybrid working as helping to;

- Increase productivity and job satisfaction
- Attract and retain a more diverse workforce
- Improve trust and working relationships

It is important that these new models are developed in conjunction with staff and relevant trade unions to ensure that staff have the technology they need, are able to communicate effectively and any health and safety issues are addressed. Expectations around working patterns, requests for hybrid working and management arrangements must be clear from

⁸ <https://www.acas.org.uk/considering-hybrid-working-for-your-organisation>

the beginning. It is expected that as new roles arise they are assessed for their suitability to be undertaken remotely, whether that be from home or a working location that is different to the rest of the team.

Digital Technology

Post pandemic staff across the Partnership continue to utilise new ways of working, it is anticipated that most sectors will work with staff to implement Hybrid Working type arrangements ensuring that all roles are considered. There will be a variety of roles where staff could work from another work location or from home as well as clinical staff who may be able to work from another location or home whilst still being able to provide virtual consultations alongside telephone triage for part of their time.

This approach going forward will also be utilised in recruitment to attract individuals to roles who can, going forward, be based elsewhere in the UK whilst still delivering in role. This is supported by the availability of Microsoft Teams and the flexibility that this affords individuals to be able to actively take part in work activities.

A particular area of interest related to the introduction of an electronic appointment notification system, Patient Hub, to reduce stationery and postage costs. There continues to be ongoing monitoring and review of service level usage of Near Me and telephone consultations within NHS DG.

Staff Wellbeing

Prioritising the health and wellbeing of our people is at the heart of this plan. It is crucial that we take a positive and proactive approach in supporting the health, safety and wellbeing of our people ensuring that work has a positive impact on them.

Staff continue to work tirelessly in responding to unprecedented demand both as a direct consequence of the pandemic and associated increase in pressure across the system. Going forward the Partnership will continue to require their dedicated support in order to continue to operate at the existing levels of demand and to deliver the Strategic Commissioning Plan. The Partnership is committed to supporting staff to do so and have established care and wellbeing programmes to ensure that this is delivered.

The NHS Working Well Executive is now established and meeting monthly. The group now has representation from across the Partnership and they are supporting identification of a member to represent the Third and Independent sectors.

The Executive team are leading a wide range of programmes of work, targeting each of the key 'layers' of need as per the NHS Education for Scotland Stepped Care response model, from coaching for wellbeing to financial wellbeing support and Still Going – promotion of physical activity. The NHS Board has recently appointed a new Spiritual Care Lead, who will also liaise with the Working Well Executive group and will provide leadership in relation to

the possibility of reintroduction of a staff listening service and staff spiritual care and support.

The Staff Support team in NHS DG Psychology are now fully staffed, and are expanding their caseload, working with teams across the NHS DG. The service is available to all staff teams across the Health and Social Care Partnership. It is recognised that further promotion is required into Care Homes and Care at Home, to ensure that staff are aware of the support available to them, and have the confidence to access it.

Mental Health First Aider and Manager's Mental Health Awareness Training is underway across NHS DG.

The NHS DG Specialist Psychological 1:1 therapy service was originally set up 3 years ago as a specialist service for GPs, and is now resourced by NHS DG Endowments as a universal service that all staff across the Partnership can access.

Dumfries and Galloway Council will continue to take a multi-faceted approach to supporting the mental health of the workforce. DG Council's Strategic Health and Wellbeing Group considered the need to promote regular conversations, collaborate and support staff and to communicate the importance of positive mental health. A programme of work will be developed to put positive mental health at the centre of the Health and Wellbeing (HWB) agenda, commencing with the 2021 HWB theme 'Taking Mental Health to the Workforce.' Following the pandemic, the 2022 project is going to be regarding gambling awareness and support for the staff and communities.

A happy, healthy, and aspiring workforce is the vision within the health and wellbeing strategy. Increased focus, energy, thinking and resource in 2021 with greater levels of collaborative working with partners and joint trades unions will create the right conditions to significantly scale up this work and help the DG Council to; realise the vision and to help support the workforce come through these really difficult times, increasing productivity and quality of service. This refreshed focus will see the introduction and delivery of wellbeing checks of up to 2,000 per year over a rolling 3-year period to cover all the workforce.

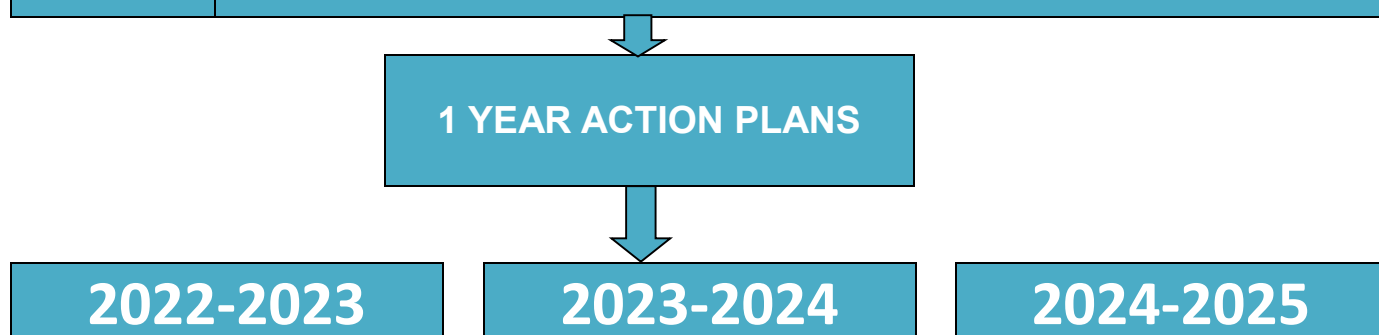
Key Risks and Challenges

The risks and challenges to delivering the Workforce Plan are inextricably linked to the key risks and challenges within the Strategic Commissioning Plan Section 5.3.

Section 5 – Action Plan

This Workforce Plan is underpinned by 5 key pillars of the workforce journey in the National Workforce Strategy⁹ that have also been shaped by the engagement undertaken locally. Annual monitoring will be undertaken to assess progress against the action plan and will be reported into the Integration Joint Board and relevant statutory sector groups or committees.

Pillar 1	ATTRACT (Attracting, recruiting and retaining)
Pillar 2	TRAIN (Ensuring sufficient availability of high-quality training and development including interdisciplinary and cross sector working and training)
Pillar 3	NURTURE (Building on, consolidating and promoting health and wellbeing)
Pillar 4	PLAN (Improving workforce data)
Pillar 5	EMPLOY (Creating a culture that embeds human rights, equity, equality and inclusion in health and social care and supports the 5 Dimensions of the Fair Work Framework¹⁰)



⁹ [National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](http://www.gov.scot)

¹⁰ <https://www.fairworkconvention.scot/wp-content/uploads/2018/12/Fair-Work-Convention-Framework-PDF-Full-Version.pdf>

Pillar 1: ATTRACT (Attracting, recruiting and retaining)

Pillar 1: Ambition 1 *(Links to SCI 6)*

Implement a programme of recruitment that supports delivery of the Strategic Commissioning Intentions

Actions

- | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <p>Create strategic connections across the region with for example South of Scotland Enterprise to identify where collaboration can be used to attract people to the region.</p> <p>This will include supporting partnership wide recruitment campaigns and employability programmes, developing bespoke campaigns for specialist roles and undertaking International/National or Regional recruitment campaigns to attract candidates and their families where possible to the region.</p> |
| 2. | <p>Ensure there is a plan of marketing activities to support joint recruitment campaigns and career events including joint marketing materials for use on social media and adverts.</p> <p>Develop the “DG Brand” utilising specialist marketing and communications expertise to build and showcase what the region has to offer.</p> <p>This will require us to collaborate with strategic partners through for example the South of Scotland Regional Economic Strategy, connections with Local Authority Education Leads to understand interactions between health and social care and the local economy/local schools/local infrastructure/affordable homes.</p> |

Pillar 1: Ambition 2 *(Links to SCI 6)*

Attract people from an early age to want to pursue a career in health and social care

Actions

- | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <p>Deliver a variety of activities will be delivered to inspire young people into careers in health, care and emergency services including;</p> <ul style="list-style-type: none"> • a multiagency schools engagement event during 2022 • development of a health and social care work experience programme during 2022 • development of a programme of engagement with local primary schools with a view to creating a group of “Youth Ambassadors” during 2022 • providing paid work opportunities through for example the Kickstart Programme, ensuring that there is engagement to assess what young people want together with what we can offer |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

	<p>Professional leaders and operational managers across the Partnership will actively champion and promote roles in their areas.</p> <p>Relevant organisational leads will engage with other partners build collaborations to inspire a new generation of workforce into health and social care and raise the profile of careers in the sector. This will be for example with the Developing the Young Workforce (DYW) Team, Skills Development Scotland, D&G Apprenticeship Group, Employability Partnerships, South of Scotland Enterprise and the Regional Economic Partnership.</p>
Pillar 1: Ambition 3 <i>(Links to SCI 6)</i>	
Provide opportunities for those experienced colleagues who have left to return to work or support those who are entering the latter stages of their career to extend their careers	
Actions	
1.	Extend Return to Practice Initiative to all professions across NHS DG and within the Independent Sector.
2.	Explore the Flying Finish Programme through the Scottish Access Collaborative to assess whether the Partnership are maximising opportunities to retain staff at the latter stages of their careers.
Pillar 1: Ambition 4 <i>(Links to SCI 6)</i>	
Recruit people into health and social care as a “career” (not just a job) and to have properly mapped career pathways so that people can self navigate these and can easily move between health and social care	
Actions	
1.	<p>Work will be undertaken during 2022 to showcase clear routes into health and social care with properly mapped and flexible career pathways.</p> <p>During 2022 work will be undertaken by relevant professional leads to build up a Health and Social Care Graduate Programme with a variety of paid placements in the Partnership.</p> <p>During 2022 professional leads will develop and implement a route into health and social care for young people through a schools based apprenticeship programme in conjunction with the NHS Scotland Academy.</p>
Pillar 1 : Ambition 5 <i>(Links to SCIs,1,6)</i>	
Develop and support the unpaid workforce including unpaid Carers and volunteers	

Actions	
All Partners including third sector, independent sector, NHS DG and DG Council will;	
Unpaid Carers	
1.	Include Equal Partners in Care (EPiC) training in staff induction packages across the Partnership.
2.	Aim to achieve Carer Positive Exemplary Award in the Partnership.
3.	Explore the role of a “Carer Champion”.
4.	Support the wellbeing of unpaid Carers by ensuring regular access appropriate training opportunities e.g. moving and handling training.
Volunteers	
1.	Continue to create diverse volunteering opportunities signposting potential future career pathways and include/involve under-represented communities to ensure a diverse cohort of volunteers.

Pillar 2: TRAIN (Ensuring sufficient availability of high quality training and development)

Pillar 2: Ambition 1 *(Links to SCIs 1,3,4,5,6)*

Develop a workforce that is an early intervention asset, supporting and delivering prevention strategies across all health and social care and supporting people in gaining, regaining and maintaining independence

Actions

1.	As part of the Transforming Primary Care Programme, expand the First Contact Practitioner role into other AHP Specialties for example Dietetics and Occupational Therapy.
2.	Professional Leads will build connections with for example Public Health Improvement Teams, Leisure and Sport, Third and Independent Sectors to ensure the right person with the right skills is involved at the right time.
3.	Extend AHP advanced practice and leadership roles in rehabilitation including bed based services.

4.	Professional Leads will ensure all clinical staff are trained in Good Conversations and embed LifeCurve™ assessments into every intervention with people accessing care and support thus ensuring every contact conversation counts as an opportunity to help improve their health and wellbeing.
5.	Through the Dementia Pathways Project develop education and training to ensure all staff across health and social care who are delivering any assessments and interventions to a person living with or suspected of having dementia are at Enhanced Level of the Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers.

Pillar 2: Ambition 2 *(Links to SCIs 1,3,4,5,6)*

Develop interdisciplinary, cross-sector working opportunities

Actions

1.	Through the relevant Organisational Development and Professional Lead investigate potential for shared inductions/shared 1 week initial training for key health and social care workers and ensure any national core induction work is shared as it becomes available.
2.	Through the relevant Organisational Development Leads, explore opportunities to undertake joint mandatory training for health and social care staff.

Pillar 2: Ambition 3 *(Links to SCIs 1,2,3,4,7)*

Improve digital skills across the workforce so that people delivering health, care and support are able to identify Assistive Inclusive Technologies or other digital technologies and support people to access it

Actions

1.	Through the Assistive and Inclusive Technology Action Plan, develop training for the workforce to an agreed set of recognised competencies, becoming Trusted Assessors. This will include agreeing the skill set for Trusted Assessor, agreeing how training will be delivered, and how procured.
2.	Expand on the significant increase in the use of digital technology to deliver essential health, care and support (For example, use of video consultations using Near Me, remote monitoring using in Healthcare and Florence, GP Practices using eConsult) by supporting the workforce to use digital technology more effectively – including the use of Digital Driver/Digital Champion roles using Connecting Scotland ¹¹ resources.
3.	Through the Connecting D&G Programme address digital exclusion to address health inequalities across Dumfries and Galloway ¹² .

¹¹ <https://connecting.scot/>

¹² ('A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections' 2018).

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Pillar 3: NURTURE

(Building on, consolidating and promoting health and wellbeing for the people who deliver care and support)

Pillar 3: Ambition 1 *(Links to SCIs 2,6)*

Ensure all people who deliver health and social care are supported to maintain their health and wellbeing

Actions

1. The Health and Social Care Working Well Executive will ensure the Working Well Framework provides interventions that reach across the Partnership that will assist staff to remain resilient and physically and mentally well at work including signposting to the [National Wellbeing Hub](#).
2. Professional leads will explore access to Occupational Health Services across the Partnership and signpost organisations with no formal Occupational Health Service to the Department for Work and Pensions Access for Work Service or the National Wellbeing Hub.

Pillar 3: Ambition 2 *(Links to SCI 6)*

Recognise and support that people have different needs and obligations outside of work, whilst balancing service needs

Actions

1. The key Workforce Planning Leads in the Health and Social Care Workforce Planning Group will share work-life balance tools and guidance documents on the IJB site for health and social care staff.

Pillar 4: PLAN

(Improving workforce data)

Pillar 4: Ambition 1 *(Links to SCIs, 6,7)*

Develop a multi-agency workforce data set and a set of key performance

indicators to monitor and report workforce performance data**Actions**

- | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Through the Health and Social Care Workforce Planning Group, agree and deliver a core set of workforce data to be available on an annual basis for workforce planning purposes across the Partnership. |
| 2. | Through the Health and Social Care Workforce Planning Group create linkages between the Workforce Data Analysts in NHS DG and DG Council for shared learning and networking. |

Pillar 5: EMPLOY

(Creating a culture that embeds human rights, equity and equality in health and social care and supports the 5 Dimensions of the Fair Work Framework)

Pillar 5: Ambition 1 (*Links to SCIs 1,2,6*)

Support collaborative working in Dumfries and Galloway by developing more open, honest and inclusive cultures and practices

Actions

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Work towards agreement on common standards of assurance and accountability that are equally applied to all partners engaged in similar work. |
| 2. | Through NHS DG Spiritual Care, develop the infrastructure to be able to offer Values Based Reflective Practice across health and social care. |
| 3. | Through the relevant Equality Leads further develop networks that provide opportunities to contribute to the wider equality and diversity agenda and provide support for people working in the Partnership. For example LGBTQ+, Ethnic Minority, Disability and Women's Networks currently jointly hosted by DG Council and NHS DG. |
| 4. | Professional leads and operational managers will seek opportunities to promote understanding of roles and foster mutual respect across teams, employers and professions and develop an organisational culture that reflects the 5 Dimensions of The Fair Work Framework (effective voice, opportunity, security, fulfilment and respect). |

Pillar 5: Ambition 2 (*Links to SCIs 2,3,6*)

Address inequalities in pay, terms and conditions

Actions

- | | |
|----|----------------------------------------------------------------------------------------|
| 1. | As part of the response to the review of the Review of Adult Social Care The Strategic |
|----|----------------------------------------------------------------------------------------|

	Planning and Transformation Directorate will undertake a feasibility exercise on a Dumfries and Galloway Local Pay Agreement for all staff working in health and social care roles.
2.	The Strategic Planning and Transformation Directorate will commit to engaging with key stakeholders to discuss sustainable, collaborative and ethical commissioning models.

Appendix 1 - Combined People Profile

The combined health and social care workforce is the largest in Dumfries and Galloway region with approximately 9,948 people, the majority of those are female working within a multitude of different roles together with Carers and volunteers.

The graphs below show 49% of the combined workforce are employed in NHS DG, 45% in the Registered Third and Independent Sectors, 5% in Adult Social Work and 2% in Not Registered Commissioned Third Sector and Independent Sectors.

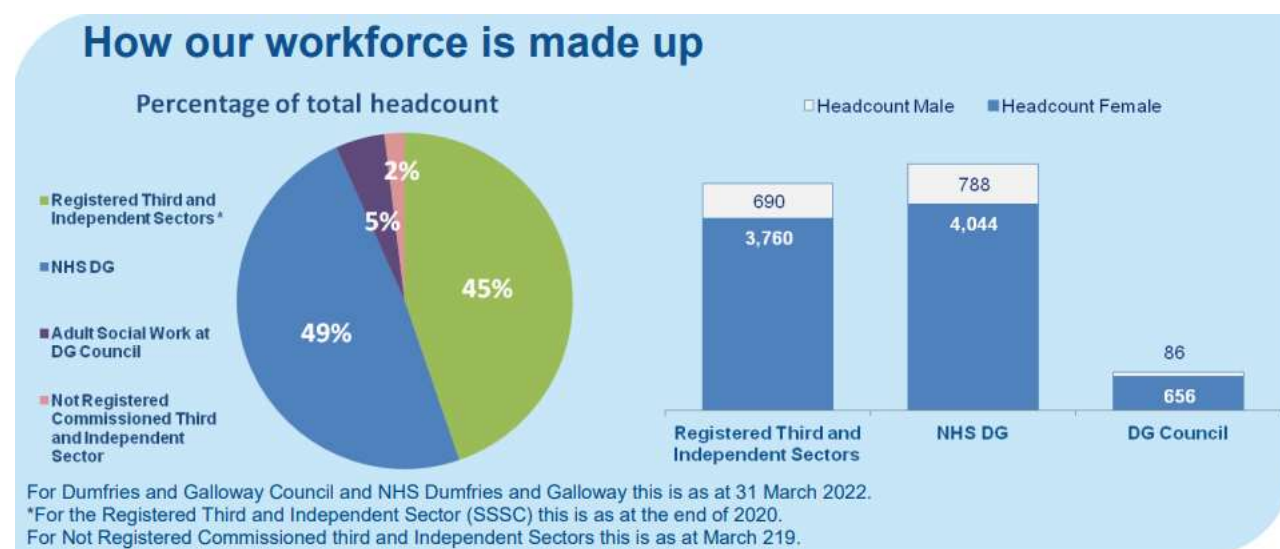
When shown as whole time equivalent (WTE), NHS DG accounts for 49% of the combined workforce, the Registered Third and Independent Sectors 43% and Adult Social Work 7%.

There is no available data on whole time equivalent for the Not Registered Commissioned Third and Independent Sectors, nor for the Wider Third Sector.

When looking for employed people in the Wider Third Sector, there is no single source for this information. The Scottish Council for Voluntary Organisations (SCVO) website contains general information about the estimated number of paid staff in the voluntary sector. This information is Headcount at 2018 with the original sources being OSCR 2019 and Scottish Council for Voluntary Organisations SCVO 2019. Using Activity category the estimated paid headcount for Social Care was 533 and for Health was 179, totalling 712. Not all the organisations in these Activity categories will be supporting services which are commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) and therefore within the scope of this Workforce Plan.

The SCVO information may include some organisations already detailed in the Not Registered Commissioned Third and Independent Workforce section above and therefore these people could be already counted.

When considering the information from the SCVO, there are volunteers under other Activity groups who might not support traditional healthcare, but may be contributing to positive health and wellbeing outcomes.

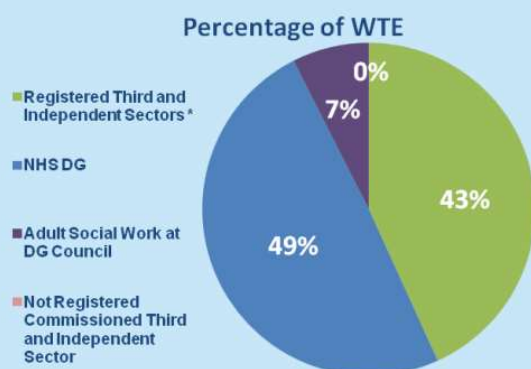


Sources:

NHS Dumfries and Galloway Workforce system eESS
 Dumfries and Galloway Council system iTrent
 Scottish Social Services Council (SSSC)

Whole time equivalent data is available for people working in NHS DG and DG Council. For the Registered Third Sector and Independent Sectors WTE a best guess estimation is calculated using the estimated headcount to WTE ratio for Scotland and mapping onto the headcount for Dumfries and Galloway. This assumes job roles and working patterns are the same in Dumfries and Galloway as for Scotland as a whole but this will probably not be the case in practice. Using this best guess estimation for WTE, 49% of people work for NHS DG, 43% for the Registered Third and Independent Sectors and 7% for DG Council.

How our workforce is made up



* this is based on an estimated number calculated using the ratio of headcount to WTE by subsector for Scotland and applying to headcount in Dumfries and Galloway
Not registered Commission Third and Independent Sector: WTE is not known.

For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.
For Not Registered Commissioned third and Independent Sector this is as at March 2019.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)
Dumfries and Galloway Council

The proportion of people working full time differs and can be seen in the graphic below.
Using headcount, nearly 41% of the combined workforce works full time.

How our workforce is made up (headcount)



For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

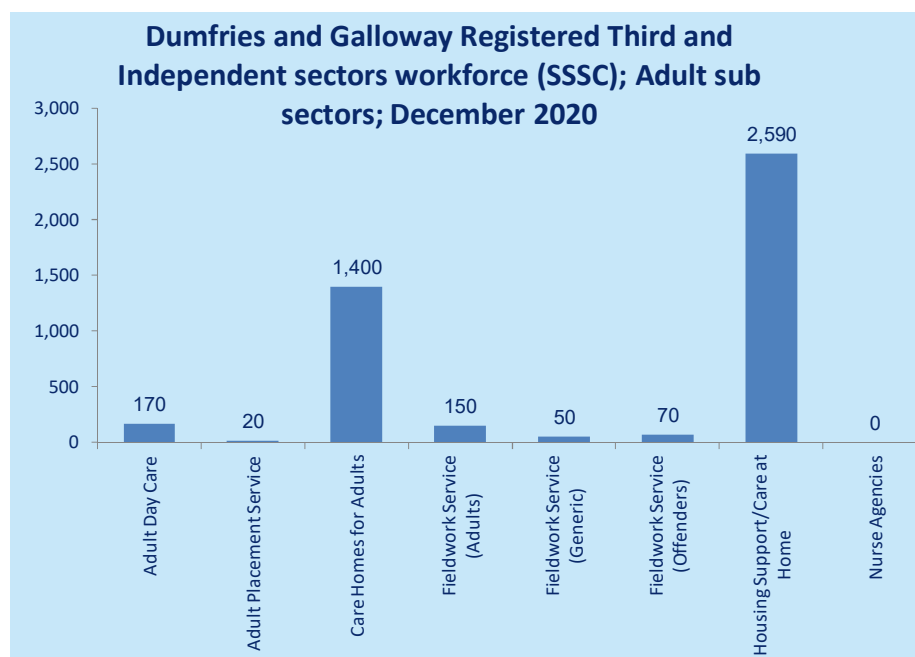


Sources:
NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

The Registered Third Sector and Independent Sectors are made up of a number of sub sectors. This plan covers adult services, and data in this report includes the following sub sectors only:

Adult Day Care, Adult Placement Service, Care Home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, Fieldwork Service (Adults).

These are shown in the chart below. The sub sector with the highest headcount is Housing Support/Care at Home with 2,590 people.



Unpaid Carers

Care and support at home is also provided by unpaid Carers. It is more challenging to obtain information around this group of people providing this support. It is however recognised that unpaid Carers play the biggest part in delivering care and support in all communities. This has been noted by the Integration Joint Board (IJB) in their consultation on the 2022-25 Strategic Commissioning Plan and in the supporting animation which can be found [here](#).

In the 2011 census 10% of the population in Dumfries and Galloway declared they were providing some unpaid caring support. If the proportion of the population providing unpaid care has not altered since 2011, then using the National Records of Scotland (NRS) mid 2020 population estimates, an estimated 14,829 people could be providing some hours of unpaid care and support in Dumfries and Galloway.

In 2020/21 the Dumfries and Galloway Carers Centre (DGCC) supported 2,581 adult Carers and nearly 950 young Carers and young adult Carers (who are Carers aged between 16-25

years). Alzheimer Scotland supported 270 Carers, Support in Mind supported 258 Carers and Relationship Scotland supported 29 Carers. Other Carer support organisations also exist, for which data is not available. Carers can seek support from multiple organisations and therefore it is not possible to add the number of Carers from each of these organisations together, as these organisations may be supporting the same Carer.

Volunteers

Volunteers offer their time freely and willingly providing an important contribution to the overall workforce. The majority of third sector organisations will be able to identify that they contribute to health and social care outcomes in one way or another through volunteering and that being a volunteer in itself can deliver that.

Volunteers provide support mainly within the third sector with a small complement in NHS DG, independent sector and DG Council.

The Scottish Household Survey provides an insight into the volunteering activity of adults, the 2019 survey showed 20.8% of adults in DG volunteer. There were 250 people from Dumfries and Galloway who responded to this question. 28.8% of adults volunteered for organisations in the category Health, Disability and Wellbeing. There were 50 people from Dumfries and Galloway who responded to this question. Not all of these organisations and their activities would fall under this Workforce Plan as some provide services for children and children's services are not included in this Plan. The number of people from Dumfries and Galloway who participated in the Scottish Household Survey is a small number and this needs to be considered if using these statistics to reflect characteristics in a larger group of people.

Volunteering in the Wider Third Sector

There is no data available for the volunteering hours provided to the Wider Third Sector in Dumfries and Galloway. Often the number of volunteers exceeds the number of paid staff. For example, the Food Train is a registered charity operating across Scotland with a strong presence in Dumfries and Galloway. Since 1995 the organisation has been supporting older people to live independently in their own homes through the delivery of groceries, completion of household tasks and befriending services. Within Dumfries and Galloway the service employs 7.5 WTE staff, who support 410 volunteers across Dumfries and Galloway to provide 960 volunteer hours per week. This equates to approximately 27 WTE staff, using a 35.5 hour week.

Third Sector Dumfries and Galloway have over 1,600 organisations on their database at 02 December 2021. Some of these organisations employ staff but many work with unpaid volunteers only. Between June 2020 and September 2020 during the Covid-19 pandemic Third Sector Dumfries and Galloway had 1,700 volunteers on a Covid-19-specific database. It is not possible to determine how many of these were active volunteers, but it does demonstrate the willingness to volunteer across the region.

Volunteering in the Not Registered Commissioned Third and Independent Sectors

Not Registered Commissioned Third and Independent Sectors data on volunteers is as at March 2019. This data is for approximately 80% (representing 640 volunteers) of these organisations and is from a Smart Survey completed in April 2019. This survey showed there were 640 volunteers. It is not known if all these volunteers were actively volunteering nor is it known how many hours of volunteering they completed.

Volunteering in NHS Dumfries and Galloway

As at 31 March 2021 there were 83 active volunteers registered to support NHS Dumfries and Galloway directly. Some volunteers for NHS Dumfries and Galloway were able to volunteer virtually from home. As the Covid-19 pandemic eases, the number of volunteers supporting NHS Dumfries and Galloway is rising, and it is hoped this will return to pre pandemic numbers (257 people at 19 March 2020).

NHS Dumfries and Galloway publishes an annual report on its volunteers, which can be found [here](#).

NHS Dumfries and Galloway currently has, and has had for the last 9 years, the Investing in Volunteers accreditation.

Volunteering in Dumfries and Galloway Council

As at 31 March 2021 there were 58 volunteers who had signed volunteering agreements with Dumfries and Galloway Council. However, it has not been possible to identify those who volunteer directly within Adult Social Care.

Measuring Volunteering across the Partnership

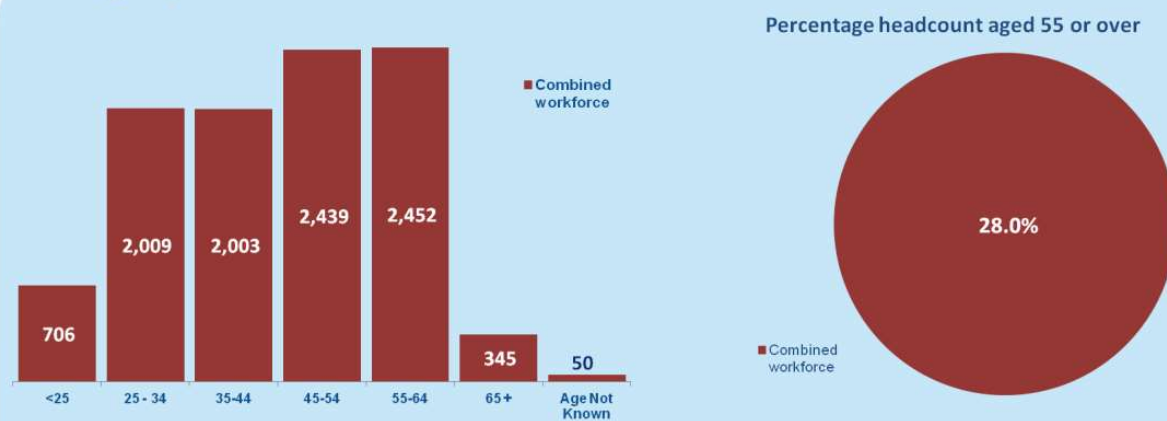
A proxy measure for the value of the hours given freely and willingly by volunteers is described as Social Return on Investment. It is based on the national minimum wage of £8.72 per hour. An approximate value for 83 volunteers undertaking 12,445 hours of volunteering in 1 year, after deducting costs associated with employment, is £97,743.

Whilst the effective use of volunteers requires financial resource to support recruitment, training and coordination of activity, the financial impact of the delivery of services by volunteers is significant. Based on the UK Living Wage of £9.50, the Food Train volunteer contribution equates to more than £9,000 of service provision per week before deducting on-costs associated with employment.

What Is Our Age Profile?

The age profile of the combined workforce is shown in the graphic below. 28.0% of people are aged 55 and over.

Age profile of our workforce

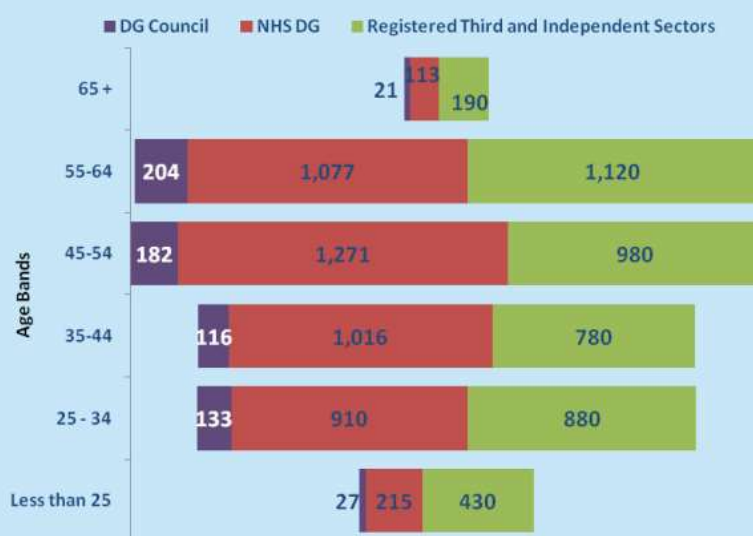


For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Age profile of our workforce



For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Adult Social Work had a higher proportion of staff aged 55 and over at 35.3% when compared to NHS DG (25.4%) and adult sub sectors of the Registered Third and Independent Sectors (29.6%).

Our workforce aged 55 and over



25.4% of the NHS DG staff are aged 55 and over



29.6% of the Registered Third and Independent Sectors staff are aged 55 and over



35.3% of the Adult Social Work in DG Council staff are aged 55 and over

For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022.
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

When considering our workforce we have a higher proportion in the age groups 45-54 years and 55-64 years old when compared to the estimated population of Dumfries and Galloway, using NRS mid 2020 population estimates which can be found [here](#).

Combined workforce compared to Dumfries and Galloway estimated population aged 16-74 years old



For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)
National Records Scotland (NRS) mid 2020 population estimates (ages 16-74 years)

How Diverse Is Our Workforce?

Over 84% of the combined workforce is female. The breakdown between male and female is shown in the graphic below. There is a higher proportion of females in NHS DG, Adult Social Work and the Registered Third and Independent Sectors. 88% of people working at Adult Social Work are female.

The sex of our workforce



88.4% of the Adult Social Work in DG Council staff are women



11.6% of the Adult Social Work in DG Council staff are men



84.5% of the Registered Third and Independent Sectors staff are women



16.5% of the Registered Third and Independent Sectors staff are men



83.7% of the NHS DG staff are women



16.3% of the NHS DG staff are men

For Dumfries and Galloway Council and NHS Dumfries and Galloway this is as at 31 March 2022
For the Registered Third and Independent Sectors (SSSC) this is as at the end of 2020.

Sources:

NHS Dumfries and Galloway Workforce system eESS
Dumfries and Galloway Council system iTrent
Scottish Social Services Council (SSSC)

Women and men in the workplace have different ways of working. In 2020, in the Registered Third and Independent Sectors 61% of female employees worked part time compared to 43% of males. This is broadly similar in NHS DG where 62% of female employees work part time compared with 30% of males.

What Are Our Absence Levels?

Sickness absence data is only available for NHS DG and Adult Social Work. There is no data from the SSSC for registered services, nor for third sector organisations, unpaid Carers or volunteers.

The graph below shows the sickness absence rates by quarter from the start of 2018 for NHS DG and Adult Social Work. NHS DG has a target of a sickness absence rate of 4% or less.

Sickness absence

For 2021/22 the sickness absence rate was:



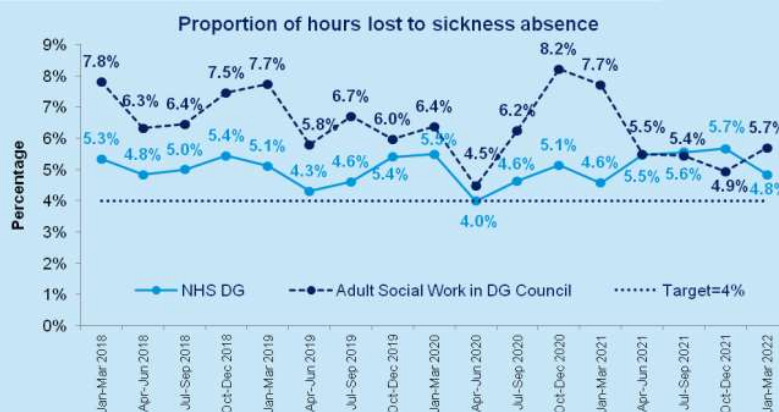
5.5% amongst NHS DG employees (target = 4%), not including Covid-19



6.7% amongst Adult Social Work employees in DG Council



The sickness absence rate amongst employee in the Third and Independent sectors is not known



The sickness absence rate for both groups of employees fell during April - June 2020. It has increased during following quarters. Amongst NHS DG employees the sickness absence rate for 2021/22 mainly stayed above the 4% target.

Sources:

NHS NSS SWISS

Dumfries and Galloway Council iTrent

The 5 most frequent reasons for absence in NHS DG between 01 April 2021 and 31 March 2022 were:

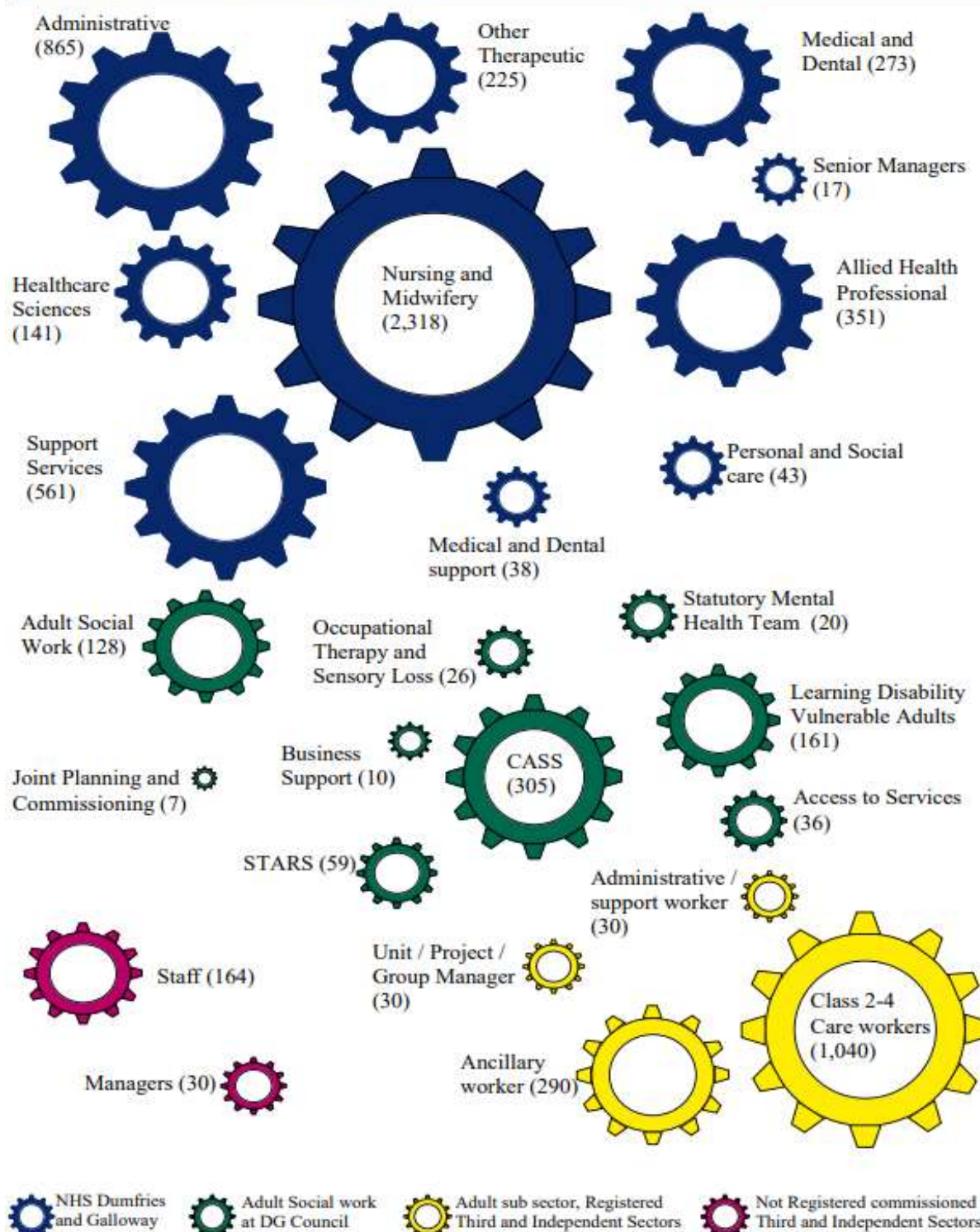
- 20% Gastro-intestinal problems
- 18% Cold, cough, flu – influenza
- 14% Anxiety/stress/depression/other psychiatric illnesses
- 8% Headache/migraine
- 6% Other musculoskeletal problems.

Within Adult Social Work in DG council between 01 April 2021 and 31 March 2022 the 5 most frequent reasons for sickness absence were:

- 20% Covid-19 - Covid or Long Covid,
- 17% Stomach, Liver, Kidney, Lung and Digestion
- 9% Cold/Flu/Measles
- 7% Viral Infection
- 7% Other Musculoskeletal Disorders

Appendix 2 – People Profile by Sector

NHS Dumfries and Galloway, Dumfries and Galloway Council Adult Social Work at 31/03/2022, Dumfries and Galloway Adult sub sectors Third and Independent sectors at December 2020, Not Registered Commissioned Third and Independent sectors at March 2019; headcount by Job Family, Job Structure or Job Role



Registered Third and Independent Sectors Workforce

The information in this section has come from the Scottish Social Services Council (SSSC) and is as at December 2020. (<https://data.sssc.uk.com/data-publications/22-workforce-data-report>).

This information related to services which are registered by the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council (SSSC).

The SSSC report has 2 main sources of data. The first is the annual returns collected by the Care Inspectorate from all registered care services. The second is the annual census of local authority Social Work staff, carried out by the SSSC.

There are a number of groups working in the social service sector that these statistics do not capture. These include childminding assistants, volunteers and personal assistants. Another group not included in these statistics is centrally based office staff in private and voluntary organisations. This is because they are not based in a registered service and so are not included in the scope of the Care Inspectorate's data collection.

This data has been extracted using the following SSSC sub sectors:

Adult Day Care, Adult Placement Service, Care home for Adults, Housing Support/Care at Home, Nurse Agency, Offender Accommodation, Fieldwork Service (Adults), Fieldwork Service (Generic) and Fieldwork Service (Offenders).

This is to try to exclude any services working with children because children's services are outside the scope of this Workforce Plan. However there may be some service who are not included, such as Central and Strategic Staff sub sector, whose work includes adult services.

There were approximately 4,450 people working in adult sub sectors in the Registered Third and Independent Sector at December 2020. Just under 1 in every 2 of these people worked in the Voluntary sector (48%). 85% of the workforce was female.

Table 4: Headcount by Employer type and gender; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Employer type	Female	Male	% Female	% Male	Headcount	% of total Headcount
SSSC Private	1,380	200	87.3%	12.7%	1,580	35.5%
SSSC Public	1,650	90	87.8%	12.2%	740	16.6%
SSSC Voluntary	1,730	400	81.2%	18.8%	2,130	47.9%
Total	3,760	690	84.5%	15.5%	4,450	100.0%

Source: Scottish Social Services Council (SSSC)

There is no Whole Time Equivalent information available for people working in Dumfries and Galloway. The SSSC calculates an estimated WTE for Scotland (Table 2 page 13 of their

2020 report¹³). In order to provide a best guess estimation for Dumfries and Galloway we can use the ratios of Headcount to WTE for Scotland as a whole and map them onto the Headcount by sub sector for Dumfries and Galloway. At best this is a very rough estimation, because it assumes job roles and working patterns are the same in Dumfries and Galloway as for Scotland as a whole. In practice this will probably not be the case. In absence of any other WTE estimation then this best guess estimation WTE for Dumfries and Galloway is approximately 3,382 people. This number should not be used for further calculations or relied on for decision making.

5 in 6 of registered people, who are working in the Registered Third and Independent Sectors adult sub sectors, were working in Class 2-4 Care Worker roles (84.1%), with the largest proportion working in Class 2 Care Worker roles (70%). Class 2 Care Worker roles include providing direct personal physical, emotional, social or health care and support. Class 4 Care Worker includes staff responsible for the assessment of care needs, the development/implementation of care plans, the delivery of care and services and the monitoring/evaluation of the delivery of care and services within a specific setting. In the Glossary at the end of this document are more detailed descriptions of the functions within these job roles.

Table 5: Headcount by job role; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Role	Headcount	Headcount %
Administrative / Support Worker	210	4.8%
Ancillary Worker	320	7.3%
Class 2 Care Worker	3,100	70.3%
Class 3 Care Worker	420	9.5%
Class 4 Care Worker	190	4.3%
Unit / Project Manager	150	3.4%
Group Manager	20	0.5%
Director / Chief Executive	0	0.0%
Unknown	0	0.0%
Total	4,410	100.0%

Source: Scottish Social Services Council (SSSC)

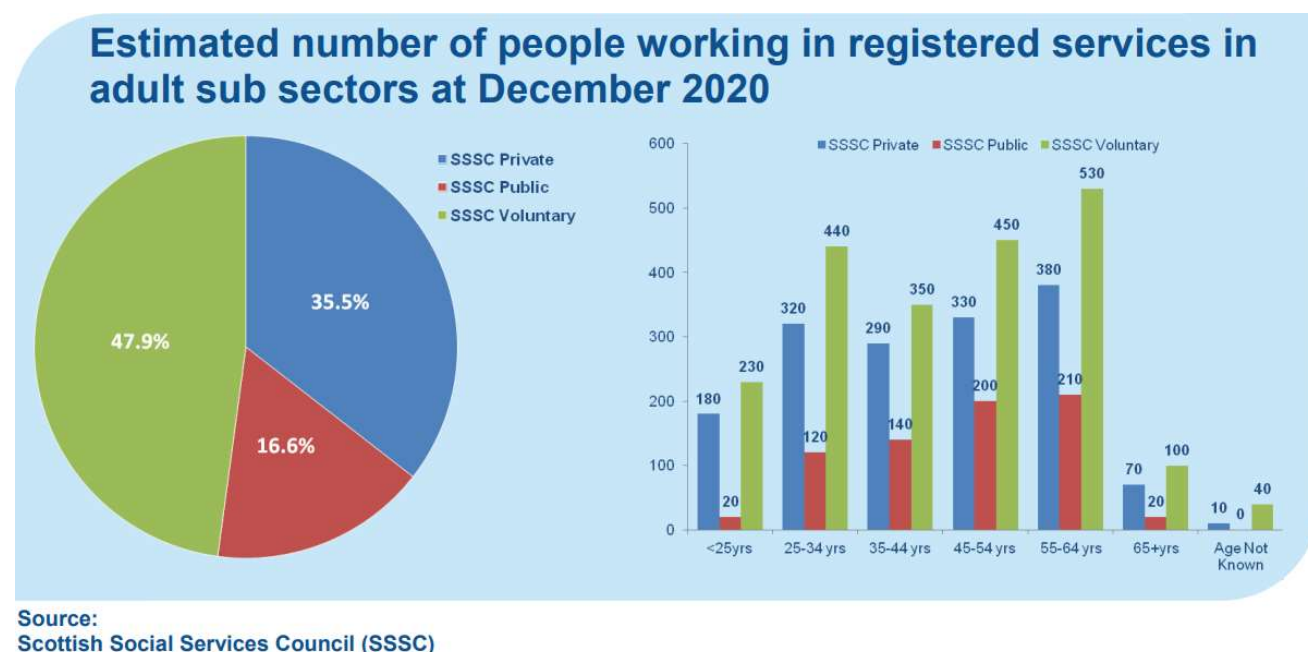
Within the Registered Third and Independent Sectors the SSSC classifies 3 employer types. These are SSSC public, SSSC private and SSSC voluntary employers.

The chart below the voluntary employer type employs the most people with 47.9% of the estimated headcount. The graph shows a breakdown of the estimated number of people working for each of these 3 employer types by age bands.

29.6% of the workforce were aged 34 or younger. In the SSSC public sector this is 19.7% of the workforce which is lower than both the SSSC private sector (31.6%) and the SSSC voluntary sector (31.3%). These proportions are different to Scotland as a whole, where

¹³ <https://data.sssc.uk.com/data-publications/22-workforce-data-report/263-scottish-social-service-sector-report-on-2020-workforce-data>)

proportion of the workforce aged 34 and young is lower at 26.0%. Within the employer types the proportion of staff aged under 35 for Scotland are SSSC public sector 14.6%, SSSC private sector 32.4% and SSSC voluntary sector 27.8%.



At December 2020 there were 106 registered services with adult sub sectors in Dumfries and Galloway. Of these 34 (32%) were in residential services and 72 (68%) in non-residential services. The registered services are shown by employer types in the table below.

Table 6: Number of registered care services by employer type and sub sector; Adult sub sectors only; Registered Third and Independent Sectors; at December 2020; Dumfries and Galloway; SSSC

Employer Type	Number	%	Number of adult care homes	%	Number of non-residential services	%
SSSC Private	44	41.5%	24	2.9%	20	65.7%
SSSC Public	15	14.2%	1	70.6%	14	14.0%
SSSC Voluntary	47	44.3%	9	26.5%	38	20.3%
Total	106	100%	34	100%	72	100%

The proportion of people working full time is higher for those working in adult care homes (53.6%) compared to people working in non-residential service (39.9%).

Table 7: Headcount by Employer type and sub sector; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Employer type	Adult Care Homes					Non-residential services				
	Full Time	Part Time	Total	% Full Time	% Part Time	Full Time	Part Time	Total	% Full Time	% Part Time
SSSC Private	580	460	1,040	55.8%	44.2%	770	790	1,560	49.4%	50.6%
SSSC Public	0	10	10	0.0%	100.0%	300	450	750	40.0%	60.0%
SSSC Voluntary	170	180	350	48.6%	51.4%	700	1,430	2,130	32.9%	67.1%
Total	750	650	1,400	53.6%	46.4%	1,770	2,670	4,440	39.9%	60.1%

There are a higher proportion of people working as Class 2 Care Workers (76.2%) in non-residential services than the proportion of people working in adult care homes (57.6%).

Table 8: Headcount by role and sub sector; Adult sub sectors only; Registered Independent Sector; at December 2020; Dumfries and Galloway; SSSC

Role	Adult Care Homes		Non Residential services	
	Headcount	Headcount %	Headcount	Headcount %
Administrative / Support Worker	30	2.2%	180	6.0%
Ancillary Worker	290	20.9%	30	1.0%
Class 2 Care Worker	800	57.6%	2,300	76.2%
Class 3 Care Worker	180	12.9%	240	7.9%
Class 4 Care Worker	60	4.3%	130	4.3%
Unit / Project Manager	30	2.2%	120	4.0%
Group Manager	0	0.0%	20	0.7%
Director / Chief Executive	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%
Total	1,390	100%	3,020	100%

At this time of writing this report there is no sickness absence information available from the SSSC for registered services.

NHS Dumfries and Galloway Workforce

This section covers the NHS DG workforce, excluding bank and locum staff, at 31 March 2022. The information has been extracted from the NHS workforce system eESS as at 31 March 2022 on 13 April 2022.

There were 4,832 people employed which was equivalent to 3,861.6 Whole Time Equivalent (WTE). 42.7% of the people working work on a full time basis.

44.4% are working in the Acute and Diagnostic Services Directorate (2,145 people equal to 1,668.6 WTE). Community Health and Social Care Directorate is the second largest Directorate by headcount (876 people) and WTE (678.0 people).

Table 9: Headcount and WTE by Directorate; NHS Dumfries and Galloway; at 31 March 2022; eESS

Directorate	Head-count	Head-count %	WTE	WTE %	Full Time	Full Time %	Part Time	Part Time %
Acute and Diagnostic Services	2,145	44.4%	1,668.6	43.2%	839	39.1%	1,306	60.9%
Corporate*	644	13.3%	502.3	13.0%	296	48.3%	333	51.7%
Community Health and Social Care	876	18.1%	678.0	17.6%	286	32.6%	590	67.4%
Facilities and Clinical Support	107	2.2%	96.2	2.5%	79	73.8%	28	26.2%
IMT	50	1.0%	48.3	1.2%	43	86.0%	7	14.0%
Mental Health	519	10.7%	459.4	11.9%	319	61.5%	200	38.5%
Women and Children	491	10.2%	408.7	10.6%	186	37.9%	305	62.1%
Total	4,832	100.0%	3,861.6	100.0%	2,063	42.7%	2,769	57.3%

* Corporate consists of Chief Executive, Corporate Nursing, Finance, Medical, Public Health, Strategic Planning and Transformation and Workforce Directorates. Health Services Team directorate is added to the Corporate directorates.

The Job Family with the highest headcount is Nursing and Midwifery (2,318 people equating to 1,902.7 WTE people). In this Job Family nearly 6 in 10 people work full time (58%).

Table 10: Headcount and WTE by Job Family; NHS Dumfries and Galloway; at 31 March 2022; eESS

Job Family	Head-count	Head-count %	WTE	WTE %	Full Time	Full Time %	Part Time	Part Time %
Administrative Services	865	17.9%	693.5	18.0%	449	51.9%	416	48.1%
Allied Health Professionals	351	7.3%	284.0	7.4%	196	55.8%	155	44.2%
Healthcare Sciences	141	2.9%	126.0	3.3%	37	26.2%	104	73.8%
Medical and Dental	273	5.6%	219.5	5.7%	105	38.5%	168	61.5%
Medical and Dental Support	38	0.8%	25.6	0.7%	31	81.6%	7	18.4%
Nursing and Midwifery	2,318	48.0%	1,902.7	49.3%	1,359	58.6%	959	41.4%
Other Therapeutic	225	4.7%	177.1	4.6%	118	52.4%	107	47.6%
Personal and Social Care	43	0.9%	35.4	0.9%	26	60.5%	17	39.5%
Senior Managers	17	0.4%	16.0	0.4%	1	5.9%	16	94.1%
Support Services	561	11.6%	381.7	9.9%	447	79.7%	114	20.3%
Total	4,832	100.0%	3,861.6	100.0%	2,769	57.3%	2,063	42.7%

Turnover for the year 01 April 2021 to 31 March 2022 was 9.94%. This is broken down by Directorates and Job Family in the 2 tables below.

Table 11: Rate of Turnover by Directorate; NHS Dumfries and Galloway; 01 April 2021 to 31 March 2022; eESS

Directorate	Rate of Turnover (%)
Acute and Diagnostic Services	9.94
Corporate (7 Directorates) *	16.33
Community Health and Social Care	9.21
Facilities and Clinical Support	5.66
Health Services	4.76
IMT	5.80
Mental Health	6.50
Women and Children	9.48
Total	9.94

* Corporate consists of Chief Executive, Corporate Nursing and AHP, Finance, Medical, Public Health, Strategic Planning and Transformation and Workforce Directorates

Table 12: Rate of Turnover by Job Family; NHS Dumfries and Galloway; 01 April 2021 to 31 March 2022; eESS

Job Family	Rate of Turnover (%)
Administrative Services	7.71
Allied Health Professionals	7.76
Healthcare Sciences	7.35
Medical and Dental	19.92
Medical and Dental Support	20.00
Nursing and Midwifery	5.54
Other Therapeutic	6.62
Personal and Social Care	16.87
Senior Managers	14.29
Support Services	10.04
Total	7.80

A high rate of turnover is not necessarily a negative, there will be circumstances where an employee applies for a fixed term contract position and then secures a permanent position. The full impact and effects of the Covid-19 pandemic on staff may not yet be visible in the turnover data yet.

From the above tables, staff working in the 7 Corporate Directorates and staff working in the Medical and Dental Support Job Family had the highest rate of turnover in the period 01 April 2021 to 31 March 2022.

The 7 Corporate directorates represent 12% of headcount and 11% of WTE, meaning it can have a higher rate of turnover for a smaller number of people leaving. Within the 7 Corporate directorates the most frequent reason for leaving was Voluntary resignation (27% of people leaving). The age group with the highest number of people leaving was ages 60-64 (less than 10 people in all) and retirement was the most frequent reason for leaving in this age group. The directorate with the second highest turnover is Acute and Diagnostic Directorate. Within this directorate the most frequent reason for leaving was Voluntary resignation (29% of people leaving). The age group with the highest number of people leaving was ages 60-64 (25 people in all) and retirement was the most frequent reason for leaving in this age group.

The Medical and Dental Support Job Family equates to 1% of headcount meaning it can have a higher rate of turnover for a smaller number of people leaving. The Medical and Dental Job Family had the second highest rate of turnover. This Job Family equates to 5.6% of headcount. Within this Job Family the age band with the highest number of people leaving was ages 25-29 and the most frequent reason for leaving was end of a fixed term contract, with the highest proportion of these people having worked for the Acute and Diagnostic Directorate.

In the period 01 April 2021 to 31 March 2022 there were 355 people who left NHS Dumfries and Galloway and who did not maintain an ongoing bank contract. The 5 main reasons for leaving were;

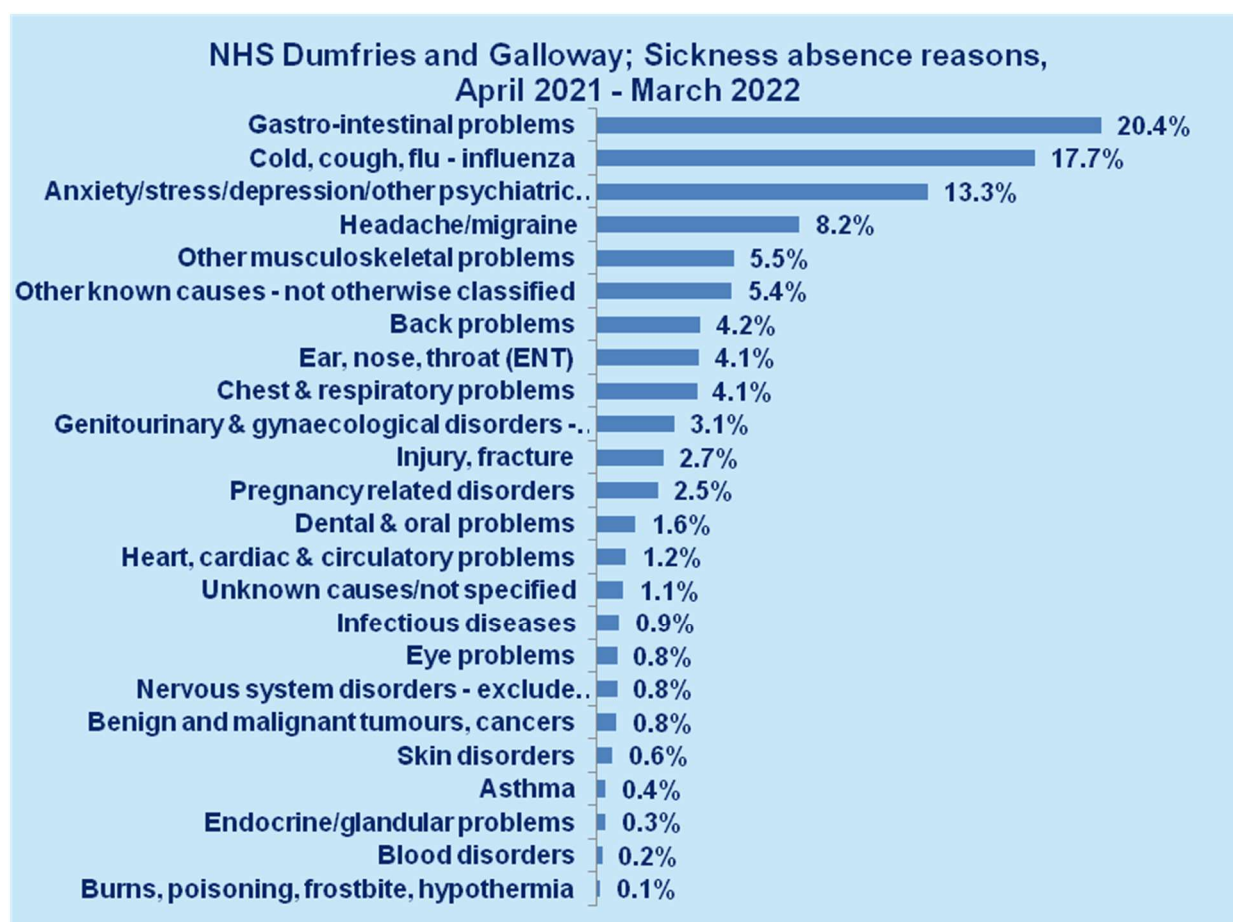
Table 13: 5 most frequent reasons for leaving; NHS Dumfries and Galloway; 01 April 2021 to 31 March 2022; eESS

Reason for leaving	Number
Voluntary Resignation - Other	101
Retirement	97
Other	51
Other NHS employment	49
End of Fixed Term Contract	37

The Directorates with the highest number of people retiring were Acute and Diagnostic Directorate (45%) and Community Health and Social Care (24%). These are the 2 Directorates with the highest headcount at 31 March 2022.

The Job Families with the highest number of people retiring were Nursing and Midwifery (51%) and Support Services (18%). Within Nursing and Midwifery Job Family retirement accounted for 41% of the reasons for leaving with 24% being Voluntary resignation.

The most frequent reasons for absence from work due to sickness between 1st April 2021 and 31 March 2022 are shown below. Where there were less than 5 absences shown against a reason, this has been excluded from the graph to protect inadvertent identification.



NHS Dumfries and Galloway publish Equality and Diversity reports on their website. The address for this at the time of writing this report is:

<https://www.nhsdg.co.uk/equality-and-diversity/>

Dumfries and Galloway Council Adult Social Work Workforce

There were 742 people employed equal to 583.37 Whole Time Equivalent (WTE) in 752 positions. The area with the highest number of employed people is the Care and Support Service (CASS) with 305 people (21.7% of the headcount, or 1 out of every 5 staff members).

Table 14: Headcount by Job structure; Adult Social Work at 31 March 2022; iTrent

Job Structure	Headcount	% of Headcount
Access to Services	36	4.9%
CASS	305	41.1%
Learning Disability Service Vulnerable Adults	161	21.7%
Occupational Therapy and Sensory Loss	26	3.5%
STARS	59	8.0%
Adult Social Work Services	128	17.3%
Joint Planning and Commissioning	7	0.9%
Statutory Mental Health Team	20	2.7%
Total	742	100.0%

Between 01 April 2021 and 31 March 2022 there were 81 people who left Adult Social Work, accounting for 13.0% of the total posts at 01 April 2021 and 12.6% of total posts at 31 March 2022.

Table 15: People Leaving by Job Family; Adult Social Work; 01 April 2021 to 31 March 2022; iTrent

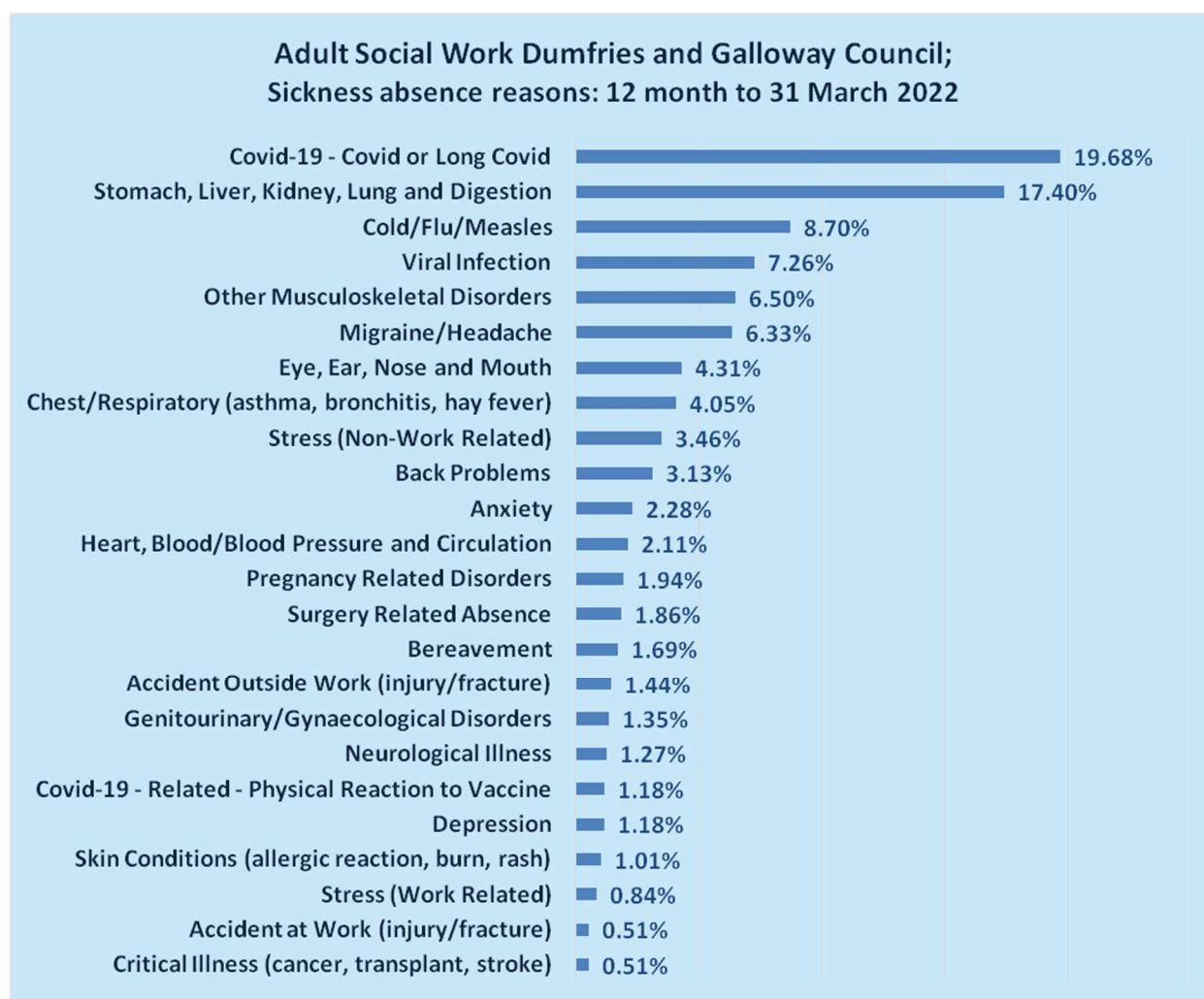
Job Family	People Leaving	Posts at 01/04/2021	Posts at 31/03/22
Administrative Assistant	<5	10	10
Area Manager Care and Support	<5	<5	<5
Care and Support Worker	45	269	281
Care Call Operator	<5	10	11
Care Call Operator Night	<5	<5	<5
Care Co-Ordinator	<5	34	34
Commissioning Officer	<5	<5	<5
Day Community and Home Support Services Manager Vulnerable Adults	<5	7	6
Health and Social Care Support Worker	6	46	41
Link Worker	7	78	81
Locality Social Work Manager	<5	5	5
Occupational Therapist	<5	9	7
Occupational Therapy Assistant	<5	9	8
Quality Reablement, Support and Care Lead	<5	<5	<5
Senior Support Co-ordinator	<5	15	17
Social Worker	<5	47	53
Social Worker/Mental Health Officer	<5	12	15
Support Co-ordinator	<5	42	45

Support Supervisor	<5	17	19
Total	81	621	643
People leaving as a percent of posts		13.0%	12.6%

Table 16: 5 most frequent reasons for leaving; Adult Social Work 01 April 2021 to 31 March 2022; iTrent

Reason at 31/03/2022	Number
Resignation	57
Retirement	10
Retirement - Ill Health	5
Other Reason	9

The most frequent reasons for absence from work due to sickness between 01 April 2021 and 31 March 2022 are shown below. Where there were less than 5 absences shown against a reason, this has been excluded from the graph to protect inadvertent identification.



Dumfries and Galloway Council publish Equality and Diversity reports on their website. The address for this at the time of writing this report is:

<https://dumgal.gov.uk/article/15138/Equality-and-diversity>

Not Registered Commissioned Third and Independent Sectors Workforce

The information in this section has been provided by Dumfries and Galloway Council and is as at March 2019.

This information related to services which are commissioned but are not registered by the Care Inspectorate. These organisations were approached to complete a survey in April 2019. Not all of these services responded but approximately 80% did reply and the data below relates to these organisations.

Table 17: Headcount by Managers and other staff; Not Registered Commissioned Third and Independent Sectors; at March 2019; Dumfries and Galloway Council

Role	Headcount
Managers	29
Other staff	164
Total	194

Table 18: Headcount shown by Day Centre and other types; Not Registered Commissioned Third and Independent Sectors; at March 2019; Dumfries and Galloway Council

Organisation type	Headcount	Number of Organisations
Day Centres	70	9
Other	124	21
Total	194	30

As at 30 September 2021 the number of organisations was 34. 1 organisation can have multiple contracts.

Table 19: Not Registered Commissioned Third and Independent Sectors; at August 2020; Dumfries and Galloway Council

	Number of Organisations	Number of Contracts
Total	34	42

At this time of writing this report there is no sickness absence information available for the Not Registered Commissioned Third and Independent sectors.

The Wider Third Sector Workforce

In addition to the information provided in the Workforce profile, general information about voluntary sector can be found on the Scottish Council for Voluntary Organisations (SCVO) website. Under the State of the Sector 2020, which can be found at <https://scvo.scot/policy/sector-stats>. There is general information about the estimated number of paid staff.

The SCVO information in the table below may include some organisations already detailed in the Not Registered Commissioned Third and Independent sectors Workforce section above.

Note the SCVO provides information about specific types of voluntary organisations only. Criteria include that the organisation is a voluntary sector organisation (an independent, self-governing body of people acting for the benefit of the community), the organisation works towards the principles of good governance in line with the Scottish Governance Code for the third sector, non party political, intended to be long term and the organisation is not for profit.

Table 20: Paid Headcount shown by Activity; voluntary sector; as at 2018; OSCR 2019 and Scottish Council for Voluntary Organisations SCVO 2019.

Activity	Headcount (Paid)
Social Care	533
Health	179
Total	712

Not all the organisations in these activity categories will be supporting services which are commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) and therefore within the scope of this Workforce Plan.

When considering the information from the SCVO, there are volunteers under other activity groups who might not support traditional healthcare, but may be contributing to positive health and wellbeing outcomes.

At this time of writing this report there is no sickness absence information available for Wider Third Sector organisations, unpaid Carers or Volunteers.

Unpaid Carer Workforce

In the 2011 Scotland census there was a question asking if people provided unpaid care. The 2021 Scotland census was delayed because of the Covid-19 pandemic. At the time of writing the results from the 2022 census are due to be published in 2023. Information about census in Scotland can be found on this website [here](#).

Volunteers

In addition to the information provided in the Workforce profile, general information about volunteering can be found on the Scottish Household Survey website, which can be found at [here](#), and also on Volunteer Scotland's website which can be found [here](#).

Appendix 3 – Glossary of Terms

Anchor Institutions

Anchor institutions are large organisations for example NHS Boards which are unlikely to relocate and have a significant stake in their local areas as a result. They will also have sizeable assets which can be used to support local community health and wellbeing including tackling health inequalities.

Assistive, Inclusive Technologies (AIT)

AIT are items of equipment that support people to stay independent and safe at home, such as remote monitoring equipment, hand rails, ramps and mobile phone apps.

Carer

When using Carer (with a capital C) in this document it is talking about people who provide unpaid care and support to a family member, neighbour or friend. There are Adult Carers, Young Carers aged under 18 and Young Adult Carers aged 16–29.

Care and support

Care and support is the phrase used in this Plan to describe all aspects of health and social care and support. It includes diagnosis, treatment, personal care, practical, financial and/or emotional or social supports and can take place in a person's home, community or bed based setting such as hospital or residential care.

CASS

Care and Support Services

DG Council

Adult Social Work at Dumfries and Galloway Council

DGRI

Dumfries and Galloway Royal Infirmary

GP

General Medical Practitioner sometimes referred to as a family doctor

Home Teams

Teams of people from different organisations and sectors across health and social care, working together to support people to stay as independent as possible in their home. This could be through reablement, community support or health and social care input.

Headcount

Number of people working

IJB

Integration Joint Board

Integration Joint Board (IJB)

The IJB is a partnership between the Local Authority and Health Board that has shared/joint responsibilities for the planning and oversight of the delivery of functions delegated to them by the Scottish Government through the Scheme of Delegation.

LGBT+

Lesbian, Gay, Bisexual, Transgender and related communities. The '+' is an inclusive term which represents other sexual identities.

NHS DG

NHS Dumfries and Galloway

NSS

National Services Scotland

Partners/Partnership

In this document Partners/Partnership (with a capital P) is the Health and Social Care Partnership as defined within the Public Bodies (joint Working) (Scotland Act) 2014. This refers to the integration of health and social care statutory bodies (organisations), specifically NHS Dumfries and Galloway and Dumfries and Galloway Council, providing health and social care and support, as directed by the IJB.

partners

In this document, partners (with a small p) refers to the wide range of partners including people, communities, groups, services and organisations from all sectors that deliver or access health and social care across Dumfries and Galloway.

Primary care

Often the first point of contact with community based health services including GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals (AHPs) such as physiotherapists and occupational therapists.

Reablement

Reablement is support that is provided over a short period of time (up to 6 weeks) that aims to help people regain independence, re-establish or develop daily living skills often offered as part of a rehabilitation process after illness.

Registered Third and Independent Sectors

Care and Support provider partners that are registered with the Care Inspectorate and have information about their workforce published by the Scottish Social Services Council (SSSC).

Not Registered Commissioned Third and Independent Sectors

Care and Support provider partners commissioned by DG Council or NHS DG on behalf of the Integration Joint Board (IJB) but who are not registered services in the bullet above.

Wider Third Sector

Care and Support provider partners that are not commissioned services. This includes charities, social enterprises and community groups.

SSSC

Scottish Social Services Council

SSSC class 2 Worker

Staff who provide direct personal physical, emotional, social or health care and support to service users and are accountable for dealing with routine aspects of a care plan or service. These staff usually have no supervisory responsibility.

SSSC Class 3 Worker

Staff who supervise the delivery of particular aspects of care and services in a particular setting which usually involves supervising other staff on a day-to-day basis (for example Meals Supervisor, Chargehand, Day Care Instructor, Senior Care Assistant). Staff may also contribute to the assessment of care needs, the development / implementation of care plans and the monitoring / evaluation of the delivery of care and services, as required.

SSSC Class 4 Worker

Staff responsible for the assessment of care needs, the development / implementation of care plans, the delivery of care and services and the monitoring / evaluation of the delivery of care and services within a specific setting. Staff work with minimal supervision, are likely to but don't necessarily supervise other staff and may be designated to take charge of a discrete service delivery area in the absence of the person with continuing responsibility.

STARS

Short Term Reablement Service

Statutory sector

Organisations and bodies defined by a formal law or statute for example the NHS or Regional Council.

WTE

Whole Time Equivalent

The Health and Social Care Workforce Planning Group would like to thank everyone who has worked with us to develop this Workforce Plan and plan the future of health and social care. We greatly appreciate you giving your time, knowledge and experience to create this with us.



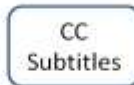
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Easy Read This document is available in **Easy Read** format on

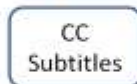


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A video supporting the **Easy Read** can be viewed on XXXXXXXXXXXXXXXXXXXX it includes **British Sign Language (BSL)**, **Closed Captions/Subtitles** and a **Voice Over**



An animation supporting the plan can be viewed on [SCP animation](#) it includes **Closed Captions/Subtitles** and a **Voice Over**



BSL users: via contactSCOTLAND-BSL, the on-line British Sign Language interpreting video relay service [contactScotland-BSL](#)

Arabic

إذا أردت الحصول على المساعدة في فهم هذا المستند أو كنت تريد الحصول عليه بصيغة أو لغة أخرى، يرجى " أو على رقم الهاتف dq.hslog@nhs.scot أو تواصل عبر البريد الإلكتروني

Polish

Jeśli potrzebujesz pomocy, by zrozumieć informacje zawarte w tym dokumencie, lub jeśli potrzebujesz go w innym formacie lub języku, skontaktuj się z dq.hslog@nhs.scot lub zadzwoń pod numer 01387 241346

Simplified Chinese

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Spanish

Si desea obtener ayuda para entender el documento o lo necesita en otro formato o idioma, contacte con dq.hslog@nhs.scot o llame al teléfono 01387 241346

Turkish

Bu belgeyi anlama konusunda yardım isterseniz veya belgeye başka bir biçimde ya da dilde ihtiyaç duyarsanız lütfen dq.hslog@nhs.scot ile iletişime geçin veya 01387 241346 numaralı telefonu arayın