

WORKFORCE PLAN

2013-2017

From 1st April 2016 the Dumfries & Galloway Integrated Joint Board was established.

An Integrated Workforce Plan covering the period 2016-2019 has been developed to support the integration of health and social care in Dumfries & Galloway.

[Click Here to view the Integrated Workforce Plan](#)

Alongside this is The Clinical and Service Change Programme which currently has workstreams across Dumfries and Galloway Royal Infirmary, in preparation for migration to the New Hospital. Of these 15 Workstreams, 10 are clinical and 5 non-clinical.

The contents which follow in this Plan relate to NHSD&G as an organisation outwith the IJB. The format of this after 2017 will be reviewed as integration develops.



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SECTION 1.0 CONTEXT

Introduction and Purpose of the Plan

This Workforce Plan covers 2013-2017 and has been developed using the Six Steps Methodology to Integrated Workforce Planning¹. The plan supports our workforce projections which are submitted to the Scottish Government on an annual basis.

The Workforce Plan describes the challenges that we face nationally and locally and identifies strategic actions needed to deliver our Clinical Change Programmes.

SECTION 2.0 DRIVERS FOR CHANGE

There are five key factors that will influence the development of services within NHS Dumfries and Galloway over the next few years; health and social care integration, the Clinical Change Programme, the Quality Strategy, the local population and workforce demographics and finally the financial context within which we operate.

2.1 Health & Social Care Integration



The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) establishes a legal framework for integrating health and social care in Scotland.

This legislation requires each Health Board and Local Authority to delegate some of its functions to the new Integration Authorities – the Health and Social Care Partnerships

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

We seek to deliver services that are:

- Designed and developed for and with the people who use them
- Innovative and transformative with a focus on prevention and anticipatory care.

People often need support from more than one service or any single organisation. For them to have the best possible experience of care, it needs to be:

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¹ Six Steps Methodology to Integrated Workforce Planning, Skills For Health – Workforce Projects Team, 2008

- Personalised – care that is regularly reviewed and re-shaped to meet the changing needs of an individual
- Well-coordinated between different sectors and services
- Developed with the person and their family and Carers (where appropriate)
- Smoother, seamless delivery of services

NHS Dumfries & Galloway have developed a Strategic Plan, a high level strategic framework supported by the documents outlined here should support meaningful and powerful discussion with people who use services in their communities. Each locality is developing its own plan to change the focus of health and social care from institution delivered to community delivered. Each locality plan will be built around the narrative from local people and informed by need assessments

2.2 The Change Programme

The Change Programme is a response and proactive approach to altering our current ways of working due to the increased demands on our health service. For this to happen we need to introduce new models of care for our new hospital and our community services. The Change Programme is underway and involves 18 workgroups across acute and primary care. These workgroups will look at a whole series of changes including new patient pathways, development of integrated teams etc. This will also take account of the newly published “National Clinical Strategy for Scotland” (Scottish Government, 2016).

2.3 The Quality Strategy

The Healthcare Quality Strategy² for NHS Scotland published in May 2010 puts people at the heart of the NHS by delivering measurable improvement and delivering the highest quality healthcare. NHS Dumfries and Galloway will use every opportunity to embed the quality ambitions of this strategy into its business, specifically through;

- Engaging effectively with staff, patients and the public regarding service change and development
- Including quality in all our strategic and operational planning meetings and discussions
- Developing local service measures that move towards qualitative measures as well as quantitative and that are more meaningful to staff and users
- Promoting leadership that encourages staff at all levels to challenge current thinking and ways of working and that welcomes ideas and innovation
- Learning from our mistakes and not being afraid to admit that we do not always get things right

In addition, we will liaise with NHS Education for Scotland to ensure that any education required to support patient safety and the Quality Strategy is incorporated within the service.

NHS Dumfries and Galloway has excellent relationships with the University of the West of Scotland which we will use to maximise opportunities for developing a quality education and career development framework for our workforce.

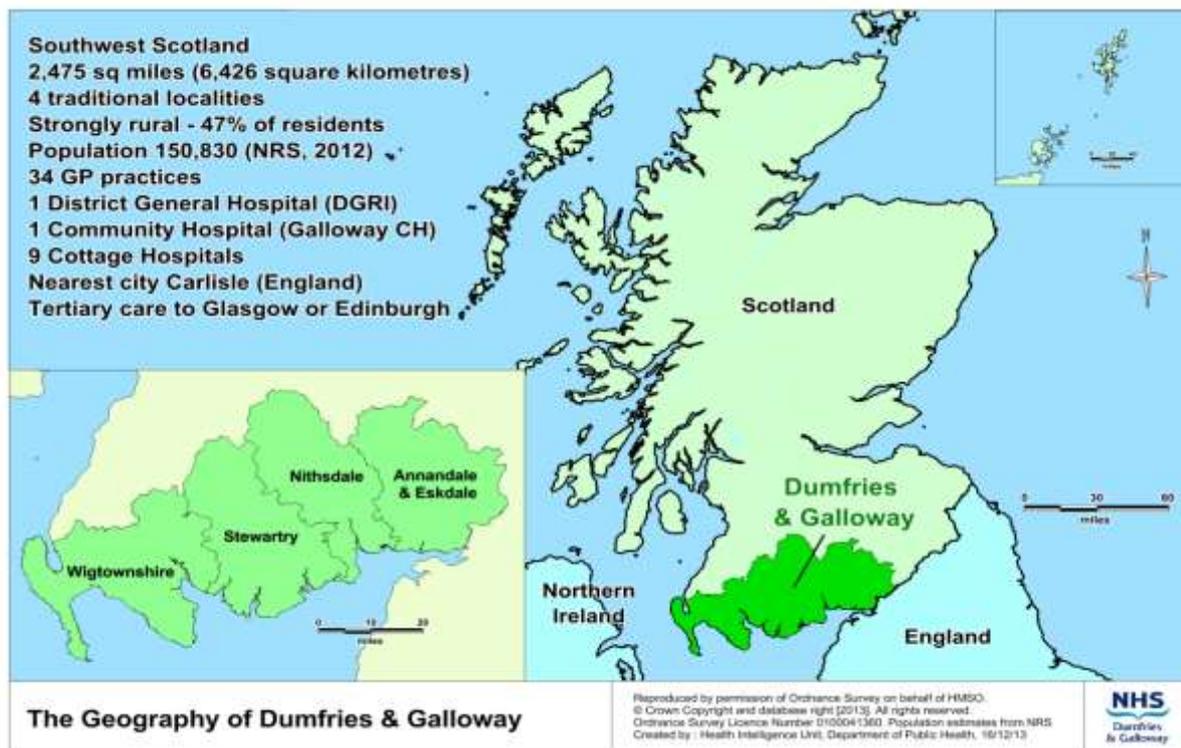
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² The Healthcare Quality Strategy, The Scottish Government, May 2010

2.4 Population and Workforce Demographics

Dumfries and Galloway is a mostly rural region in south-west Scotland. It covers an area of 6,426 square kilometres and the NRS mid-2012 population estimate was 150,830. The main centres of population are Dumfries and Lochaberbriggs (38,900 residents), Stranraer (10,600), Annan (9,000), Lockerbie (4,300), Dalbeattie (4,200), Castle Douglas (4,200) and Newton Stewart (4,100). All other towns and settlements have populations of less than 4,000. At the 2011 Census, approximately one third of people in Dumfries and Galloway (31.6%) were living in settlements with less than 500 people.

Figure 1: Map of Scotland highlighting Dumfries & Galloway



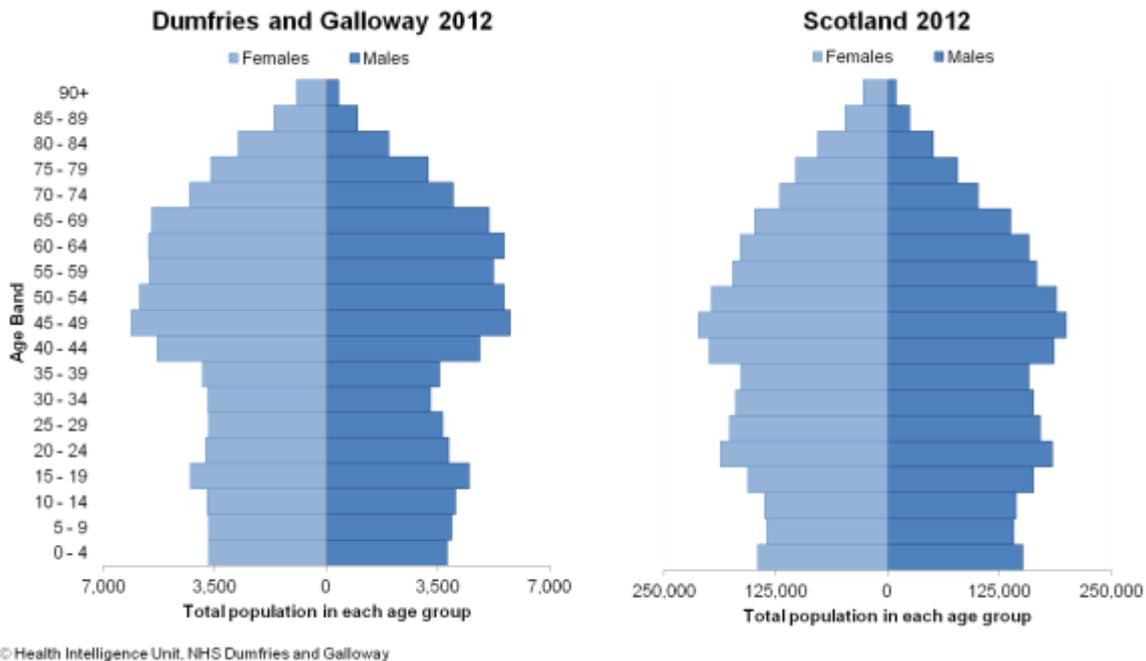
The Current Population

The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a markedly smaller proportion of young people. The average age in Scotland is 40.5 years whereas in Dumfries and Galloway it is 43.9 years. The population pyramids in Figure 2 illustrate this difference in the underlying age structure.

The Dumfries and Galloway working age population is estimated to be approximately 88,472 and accounted for 55% of the female population and 61% of the male population in 2012. The working age population at 30 June 2012 was defined as men aged 16 to 64 and women aged 16 to approximately 61 years and 56 days, though this will change to reflect increases in the state pension age for both men and women, currently planned to increase until 2028.

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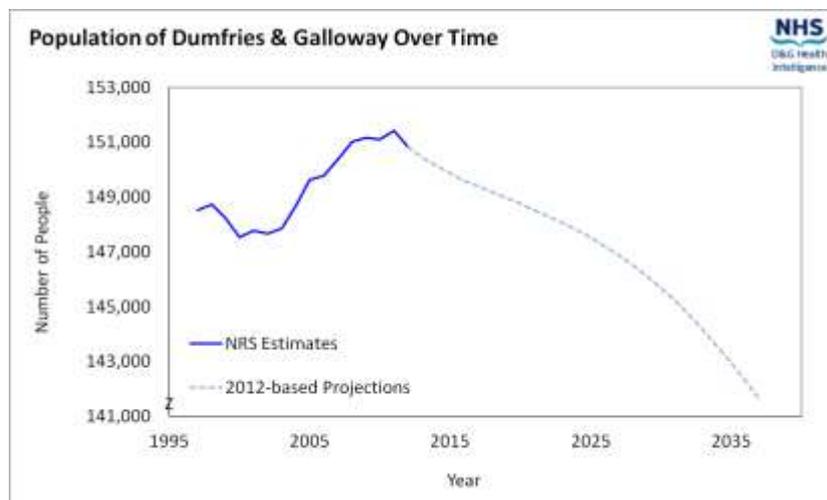
Figure 2: Population Pyramids for Scotland and Dumfries & Galloway, 2012



Population Projections

Population forecasts issued by the General Register Office for Scotland provide an estimate of the future population of Dumfries and Galloway that can be used as a framework for planning local services. The latest, 2012-based, projections indicate that the total population of Dumfries and Galloway is expected to decline from 150,828 in 2012 to 141,617 in 2037, a decrease of 6.1%. This is a larger reduction than forecast in the previous projections, and is due primarily to changes in the assumptions made about migration, which is projected to be a net figure of +1.5% rather than +3% as in the 2010-based projections. The overall projected population change is a result of a combination of natural change (the difference between the number of births and deaths) and migration. In Dumfries and Galloway the decline in the size of the population is due to more deaths than births despite net in-migration.

Figure 3: Estimated Population of Dumfries and Galloway, Actual and Projected, 1995 – 2037



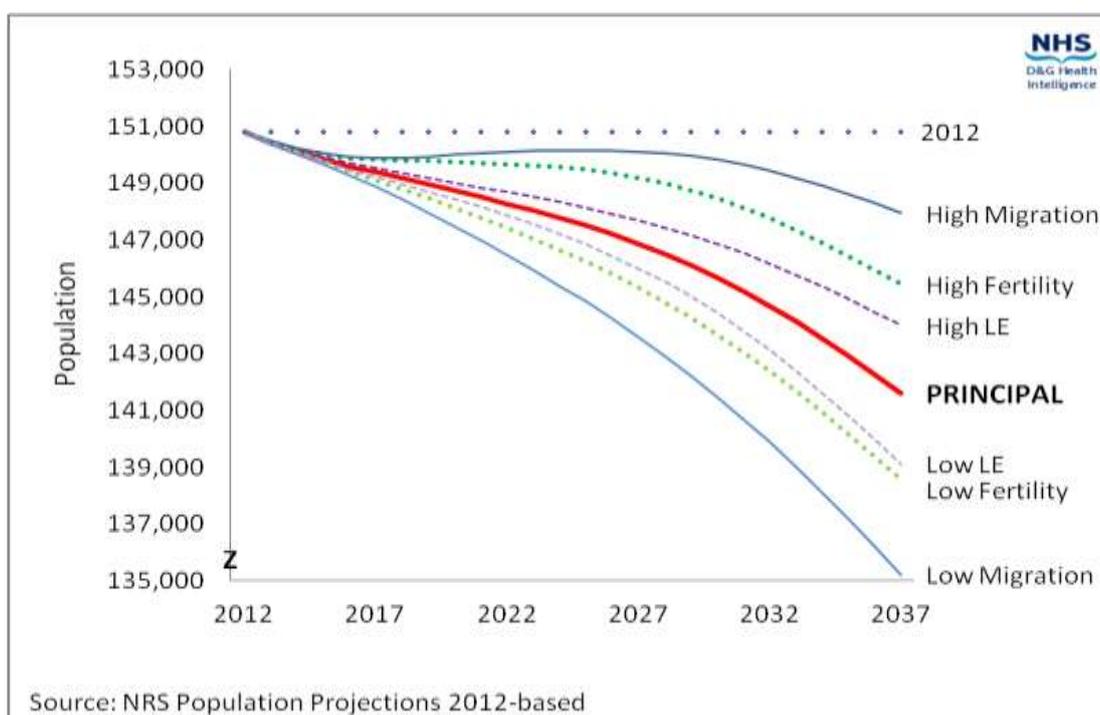
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Migration is very difficult to measure on an annual basis. Assumptions about future levels of migration in Scotland have been based upon trends in civilian migration to and from the rest of the UK. For many years, net out-migration from Scotland was the norm, with more people leaving than arriving. This was followed by a sustained net in-migration trend, which is now projected to increase from 13,400 in 2012/13 to 15,500 in 2018/19 and beyond. Recent trends show a reduced net in-migration in Dumfries and Galloway and this is reflected in the current projections.

The GROS have also produced 'variant' population projections for Dumfries and Galloway, which assume higher and lower levels of migration, fertility and life expectancy (LE). These alternative projections are not intended to provide upper or lower limits of population change. Instead they offer plausible alternatives of what might happen in an area if assumptions should change. For planning purposes it is still the principle projection that should be used, though we need to be aware that migration in particular leads to uncertainty in our future population estimates.

Note that all variant projections assume gradual population decline over time for Dumfries & Galloway.

Figure 4: Principle and Variant Population Projections (2012-based), Dumfries and Galloway, 2012 – 2037



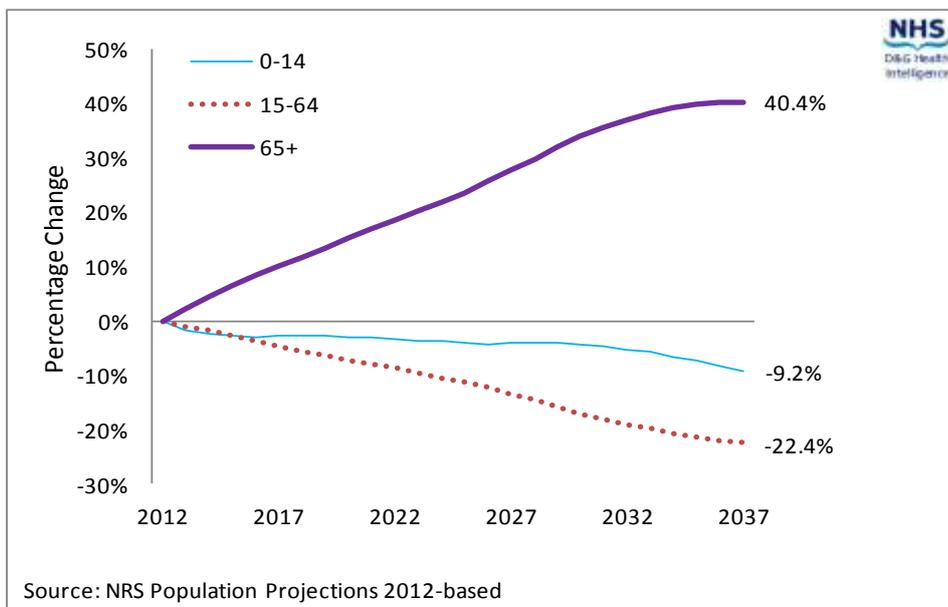
Changing Age Structure

Changes in the size of the population and age structure affect the demand for healthcare and, in turn, the healthcare workforce. The latest 2012-based population forecasts show marked changes in the age structure of the population of Dumfries and Galloway. Figure 5 shows that the gap between older and younger populations is likely to widen over time. The over-65s population in Dumfries and Galloway is anticipated to grow by 15% by 2020 and 40.4% by 2037 (12% for those aged 65-74 and 75% for those aged 75 and over).

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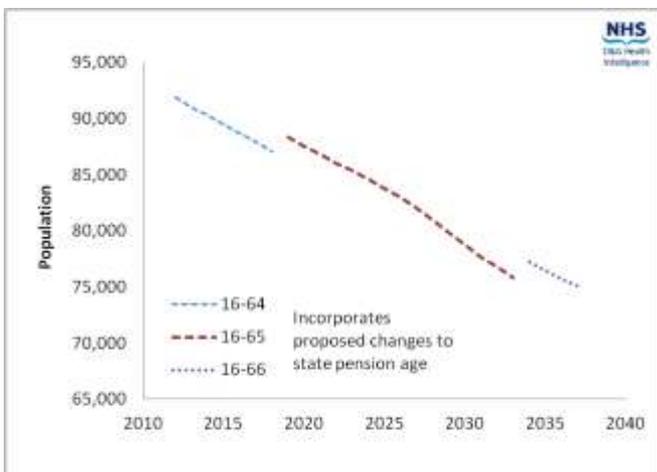
A further issue highlighted by the population projections is the expected increase in the number of the most elderly residents over time. The number of residents aged 90 years or over is projected to increase from 1,314 in 2012 to 4,771 in 2037. Although we hope that a continuing improvement in age expectancy will also mean that we stay healthier for longer, it is envisaged that most people in their 90s will require some level of input from either the NHS or Social Services.

Figure 5: Projected Percentage Change in Population by Broad Age Group (2012-based), Dumfries & Galloway, 2012 to 2037



The working age population of Dumfries and Galloway is predicted to decline by 18.3% by 2037. This will mean a decrease in the size of the available workforce from 91,877 in 2012 to just over 75,000 in 2037. For these calculations, working age is 16-64 for both sexes between 2012 and 2018. Between 2019 and 2020 this becomes 16-65 for both sexes and then 16-66 between 2034 and 2036. These changes to state pension age counteract some of the natural loss of the workforce through ageing. Any further proposals to increase the state pension age are not yet reflected in these figures.

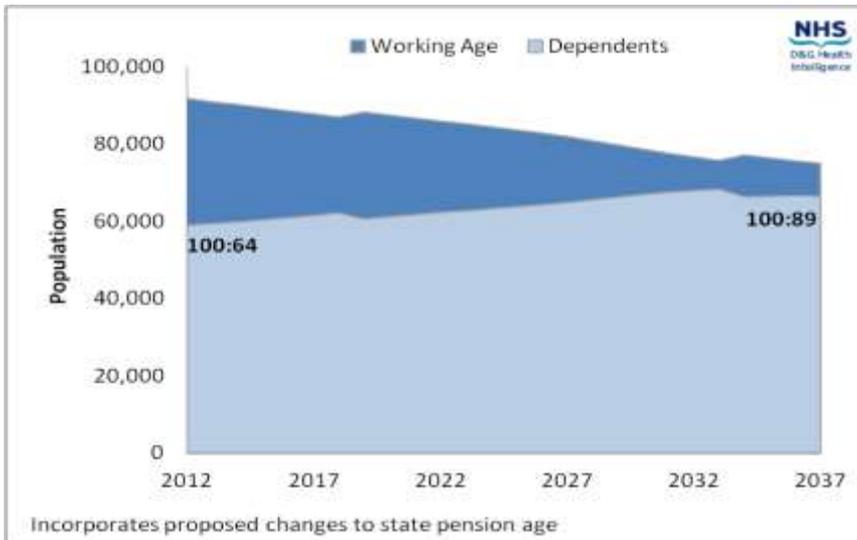
Figure 6: Projected Population of Working Age (2012-based), Dumfries and Galloway, 2012 – 2037, Persons



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The impact of these changes can be summarised using the dependency ratio, which is the ratio of persons aged under 16 and those over pensionable age to those of working age. In 2012 for every 100 people of working age there were 64 dependents. By 2035 the ratio could narrow, so that for every 100 people of working age there will be 89 dependents. If these changes do occur they will result in substantially greater demands on the social and healthcare systems and a reduced work force who would normally be responsible for providing care.

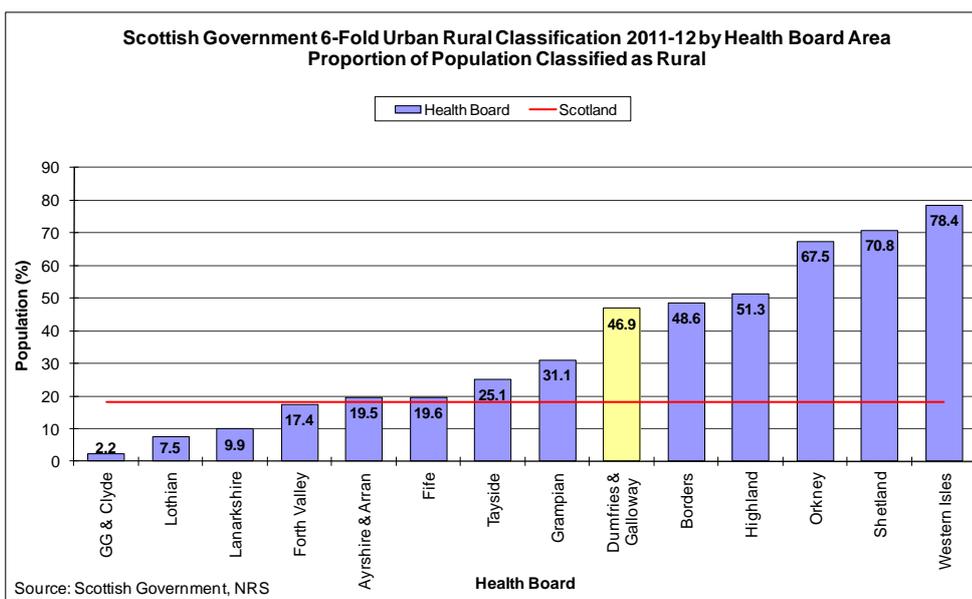
Figure 7: Dependency Ratio (2012-based), Dumfries and Galloway, 2012 – 2037



Rurality

Rurality has a big impact on how we provide healthcare services in Dumfries and Galloway. The latest 2011-12 Urban Rural Classification published by the Scottish Government shows that Dumfries and Galloway is one of the most rural regions in Scotland.

Figure 8: Proportion of Population Classified as Rural, 6-Fold Urban Rural Classification 2011-12



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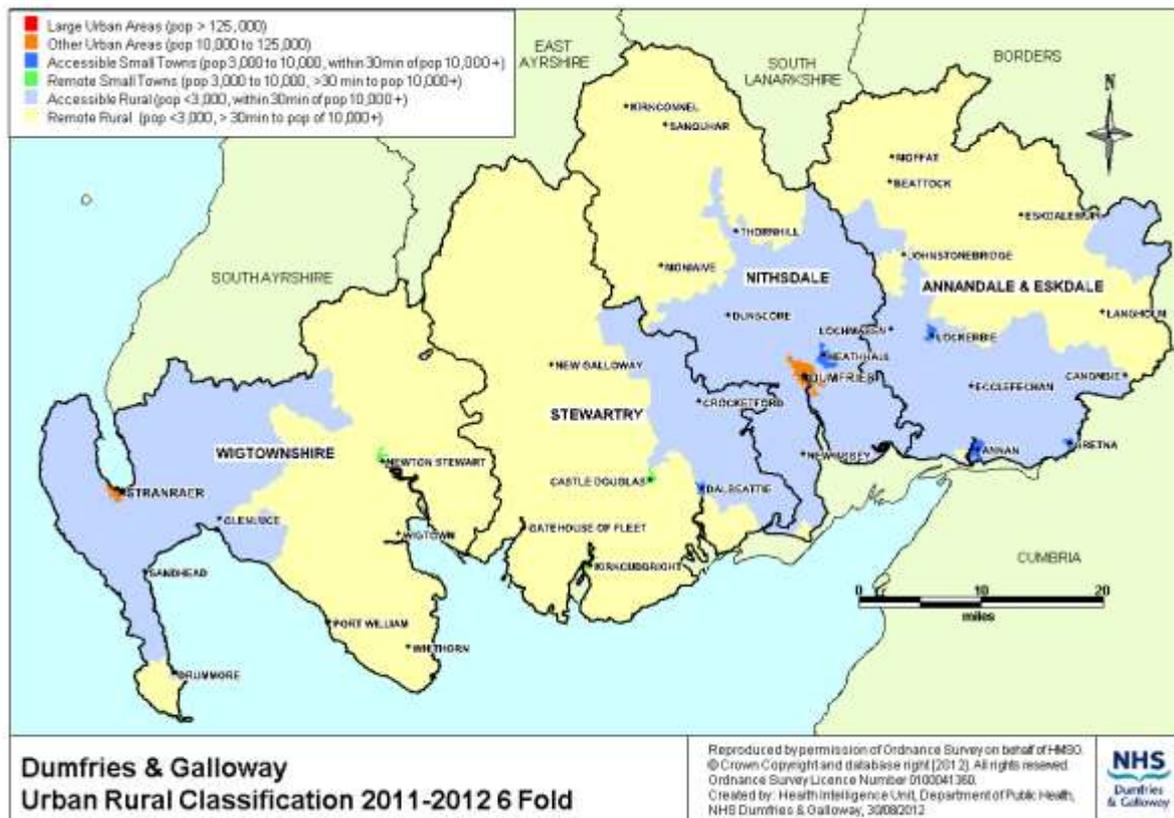
The main factors used to determine rurality are the size of a settlement and its distance (in drive time) to an urban centre. Nearly half of all people in Dumfries and Galloway live in areas classified as rural i.e. living in settlements with less than 3,000 people. The only urban areas are the towns of Dumfries and Stranraer, though neither of these are classified as large urban areas. In terms of accessibility almost one third of the population live further than 30 minutes drive away from a large town.

Figure 9: Number and Proportion of Population by 6-fold Urban Rural Category, Dumfries and Galloway, 2011-12

| Rurality Classification | Definition | Population | Percent |
|-------------------------|--|------------|---------|
| 1 | Large urban areas (pop > 125,000) | 0 | 0.0% |
| 2 | Other urban areas (pop 10,000-125,000) | 41,896 | 28.3% |
| 3 | Accessible small town (pop 3,000-10,000 and w/in 30 min) | 25,694 | 17.3% |
| 4 | Remote small town (pop 3,000-10,000 and >30 min) | 11,158 | 7.5% |
| 5 | Accessible rural (pop <3,000 and w/in 30 min) | 35,693 | 24.1% |
| 6 | Remote rural (pop <3,000 and >30 min) | 33,748 | 22.8% |
| Total Population | | 148190 | 100.0% |

Source: Scottish Government, GROS/NRS

Figure 10: Map of Dumfries and Galloway showing Scottish Government 6-Fold Urban Rural Classification 2011-12



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In terms of the local labour market, Dumfries & Galloway have experienced a decrease in employment rates since 2008, however there has been a 1.6% growth in local employment since 2011; in 2008 the Employment Rate (those of working age 16-64) was 73.5% and at 2013 it is 70.1%. Whilst the employment rate in D&G is still below the national average (71%), the gap is less than in 2011 and 2012. This increase in supply within the local labour market is evidenced by increasing numbers of applicants for posts in the organisation, although this is coupled with a few specialised posts which remain hard to fill.

The age profile of our current workforce means we need take this into account when planning our future workforce, some key statistics are:



20% of Nursing & Midwifery Staff are 55+
19% of Nurses in Band 5-8 are 55+
33% of Support Staff are 55+
83% of Senior Managers are under 50

The Reshaping the Medical Workforce Project, a national strategic policy of moving to a health service predominantly delivered by trained doctors and to reduce the reliance of trainees for front-line service delivery. This will be translated into 25% reduction in trainee numbers and 40% reduction in middle grade numbers, again another driver for planning for our future workforce now.

2.5 Financial Context

The Scottish Government budget for 2016/17 has now been approved. The Board's allocation letter confirmed a one year headline uplift for 2016/17 of 1.7%, with all NHS Boards asked to assume a 1.8% uplift for 2017/18. There is no assumed NRAC gain for NHS Dumfries and Galloway over the next two years as our share remains above parity but additional resources linked to the Social Work Care Fund of £7.6m have been confirmed to be used in conjunction with Social Work and Integration services for 2016/17.

An increased level of efficiency saving is required nationally in 2016/17, with most Boards identifying an efficiency target of close to 5%. The overall financial context for NHS Dumfries and Galloway confirms that cash efficiencies of 4.7% are required to be delivered for 2016/17 to support a range of cost increases including pay uplifts, increased National Insurance Contributions, drugs pressures across both primary care and secondary care services, general service pressures, medical locum premium costs and increased costs of Service Level Agreements with other NHS Boards.

The key features of the 2016-17 pay policy are:

- An overall 1 per cent cap on the cost of the increase in the baseline paybill (for those earning more than £22,000).
- Continuing with specific measures for supporting the lower paid, including providing for a minimum pay uplift of more than 1 per cent.
- Flexibility to use paybill savings to consider meaningful restructuring of pay and grading systems to address evidenced equality issues.
- Maintaining the suspension of non-consolidated performance related pay (bonuses).

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- Retaining discretion for individual employers to reach their own decisions about pay progression (limited to a maximum of 1.5 per cent for senior appointments) outwith the 1 per cent cap of the baseline paybill.
- Continuing the expectation to negotiate extensions to No Compulsory Redundancy agreements in return for new or continued flexibilities.
- Continuing the expectation for a reduction in the remuneration packages for all new Chief Executive appointments.

The Scottish Living Wage will be paid with a minimum uplift in the basic pay award for all staff earning less than £22,000 to £400 in 2016-17, with some low paid members of staff likely to receive increases of up to 2%.

The increased cost of employers' pay this year reflecting the loss of the rebate on National Insurance Contributions is significant (£2.3m across all staff groups within NHS Dumfries and Galloway), with no specific additional funding identified other than through the baseline uplift of 1.7%. This pressure, together with the other significant pressures identified above, has resulted in an overall savings challenge for NHS Dumfries and Galloway of £12.7m in 2016/17.

SECTION 3.0 DEFINING THE FUTURE WORKFORCE



We measure our success in delivering our purpose and outcomes as an organisation against the four dimensions of success pictured above. Each of these dimensions is integral to our achievement of excellent care that is person-centred, safe, effective, efficient and reliable. Achieving balance across the four dimensions in strategic planning, service and workforce redesign and operational delivery means that the patients and public of Dumfries & Galloway, and our staff, are confident that our decision making at all levels within the organisation is informed by the quality ambitions, patient experience and patient safety, appropriate service pathway and design and delivery, an engaged and motivated workforce and effective, best value use of all the resources available to us.

Future workforce demand is reviewed on an ongoing basis and the workforce changes made are all part of a wide variety of service redesign schemes which are agreed and taken forward in partnership with Staff Side colleagues and, where appropriate, in consultation with users and carers.

Whole Time Equivalent changes within the workforce will be delivered through service redesign and include skill mix reviews and the implementation of more effective rostering and job planning (a summary of workforce projections 2016/17 are at [Appendix 1](#)).

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In conjunction with this, a number of other management activities are being actively pursued to further increase workforce efficiency where it is safe and appropriate to do so, including;

- All services are proactively reviewing any vacancies as they arise and carefully managing recruitment on a case by case basis.
- All services use robust management of the redeployment register to ensure that all vacancies are tested against the redeployment register prior to wider advertising.
- The organisation has undertaken an assessment of fixed term contracts and the contracts for those individuals identified as being beyond retirement age.

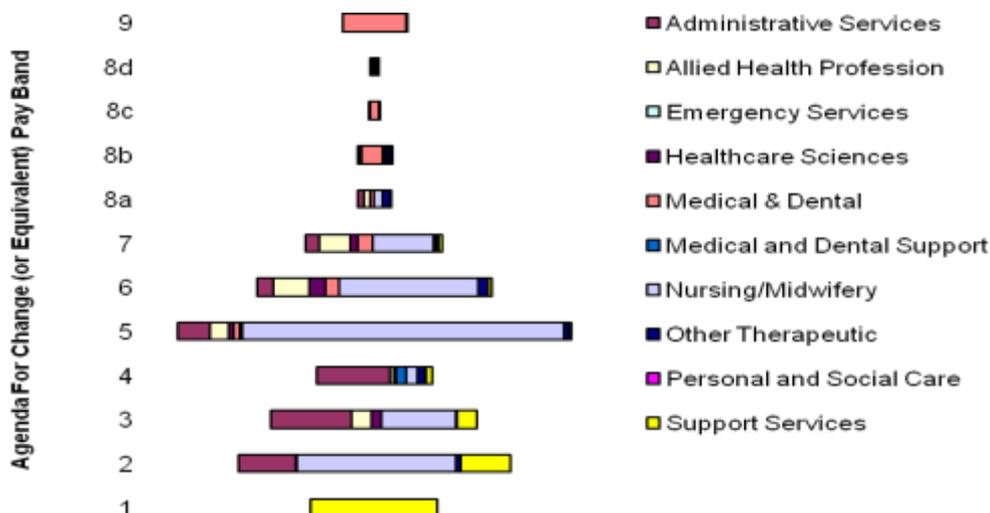
SECTION 4.0 CURRENT WORKFORCE

NHS Dumfries & Galloway employs 4,371³ staff (3,509.3 Whole Time Equivalent). Our workforce is predominantly female over 5:1, a higher ratio than the Scottish average which is just over 3:1 female to male.

Figure 11 represents the workforce by pay band (based on data at 31st March 2016, and includes Medical and Dental staff that are not aligned to Agenda for Change pay bands but have been assimilated to those for this purpose).

This pyramid-type chart can be used to represent the whole workforce, service areas or the workforce in particular locations. It can be a helpful tool to visualise where there are gaps in particular areas or an imbalance in staff numbers at any one level. For example, relatively small numbers in one band might reveal limited opportunities for staff in terms of career progression which could potentially impact on our ability to retain staff.

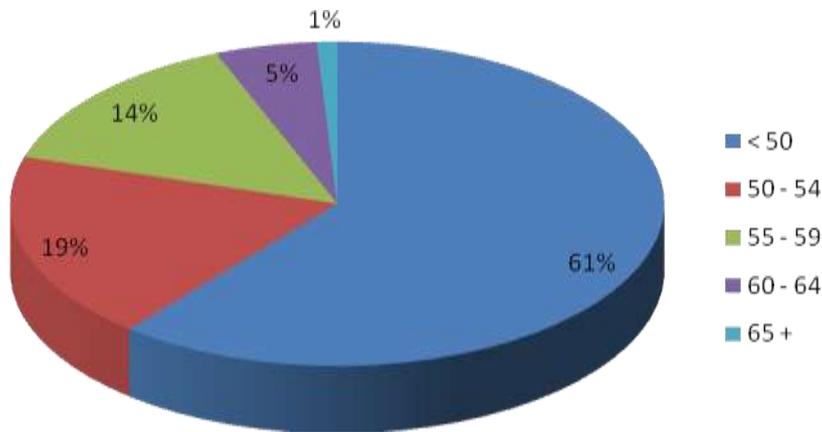
Figure 11: Pay Band Distribution of NHS Dumfries & Galloway at 31st March 2016



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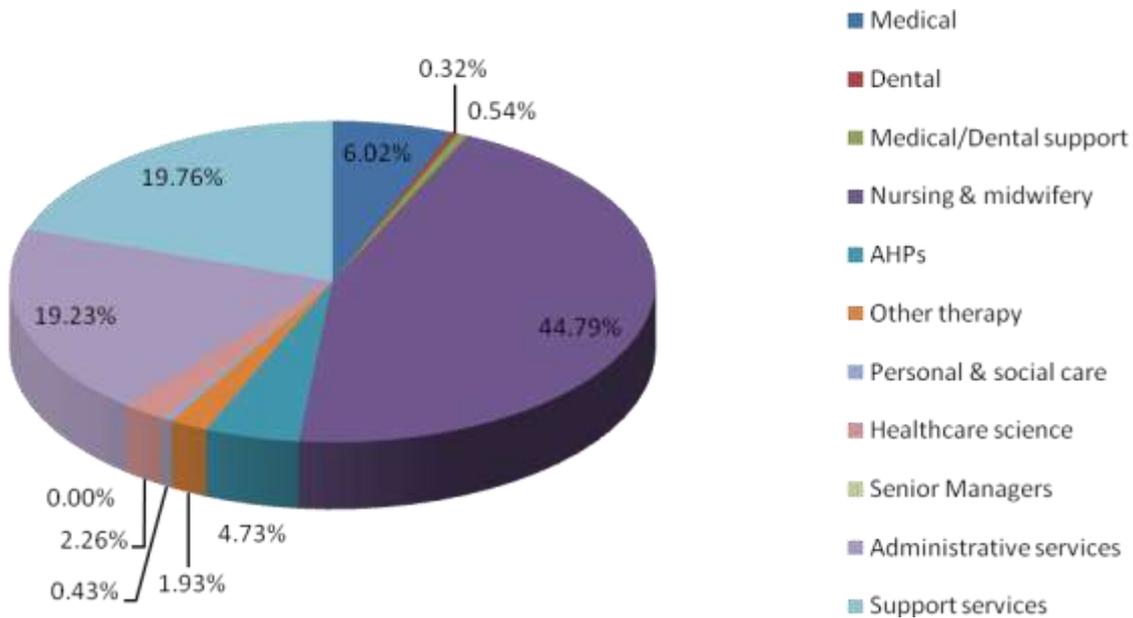
³ Source – SWISS (Scottish Workforce Information Standard System) Standard Report @ 31st March April 2016

Figure 12: Age Profile of NHS Dumfries & Galloway at 31st March 2016



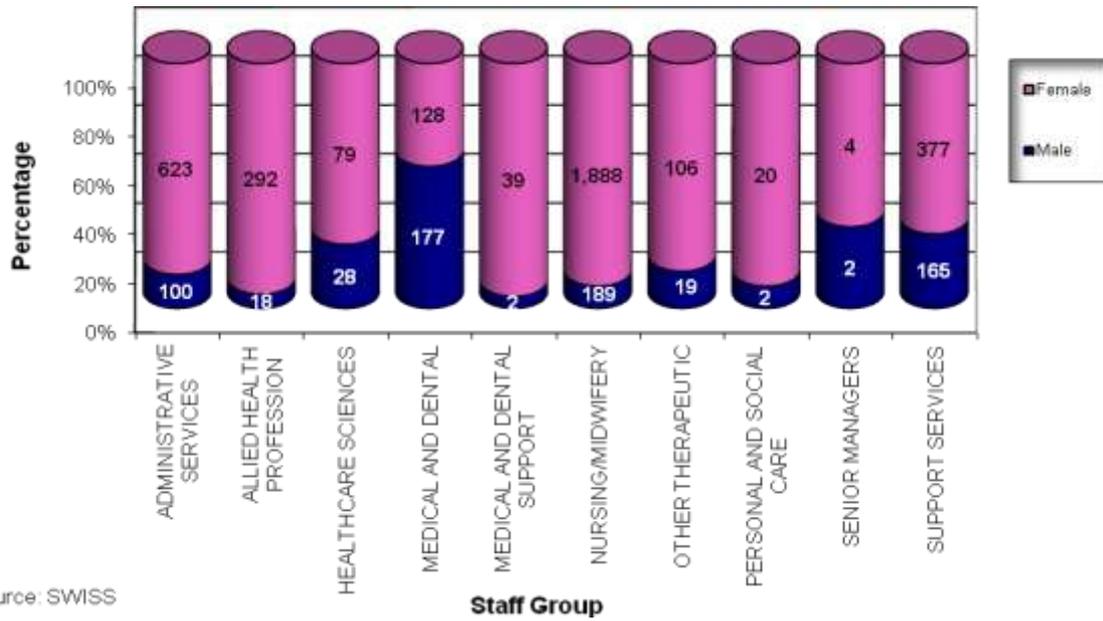
Employees aged 55 or over, who are coming up to retirement age in the next ten years, account for 867 members of staff in NHS Dumfries & Galloway. This is equivalent to 20% of the current workforce. It is also important to remember that many NHS jobs have a physical element that may become less attractive to older employees.

Figure 13: Breakdown of Workforce aged 55+ by Job Family at 31st March 2016



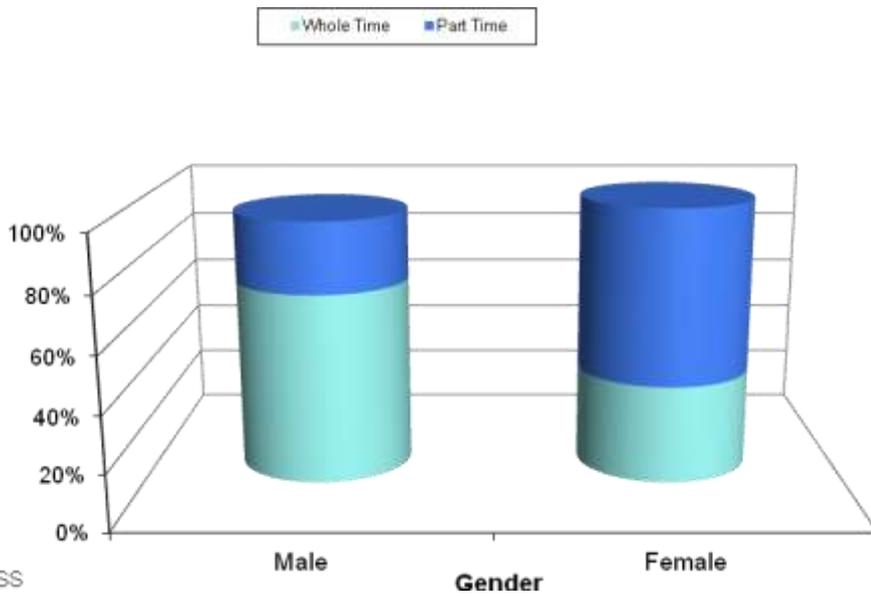
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Figure 14: Current Workforce by Staff Group and Gender at 31st March 2016



Source: SWISS

Figure 15: Current Workforce by Gender and Contract Type at 31st March 2016



Source: SWISS

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SECTION 5.0 OUR FUTURE WORKFORCE ACTION PLAN

Our ambition:

As an organisation, we will enable the delivery of excellent, safe health and healthcare through our workforce by creating a culture and an infrastructure which fosters a person centred, healthy and productive workforce which is designed, recruited, supported and developed efficiently and effectively to deliver the organisations purpose and outcomes, consistent with the NHS Scotland 2020 Workforce Vision and Everyone Matters implementation plan.

NHS Scotland 2020 vision

Scotland's Health Service aims to provide safe, effective and person centred care. Our vision is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting.

NHS Scotland 2020 Workforce Vision

Across Scotland, we will respond to the needs of the people we care for, adopt new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values.

Together we will create a great place to work and deliver a high quality healthcare service which is amongst the best in the world.

Everyone Matters: Priorities for action;

- Healthy organisational culture
- Sustainable workforce
- Capable workforce
- Integrated workforce
- Effective leadership and management

We will achieve this by:

Embedding the five Staff Governance Standards, equality and diversity principles and our Code of Positive Behaviour as demonstrations of our **CORE** organisational values, and deliver against these values in every interaction our workforce undertakes.

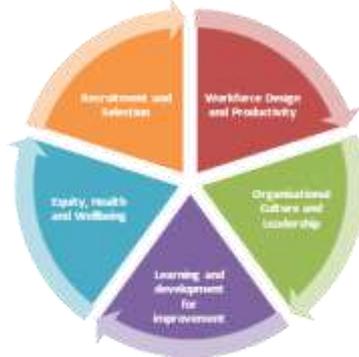
Our outcomes will be:

1. The right people to succeed within and for our organisation will have been identified, attracted and recruited to our organisation to deliver quality, person centred services.
2. The future design of our workforce and the processes that support it will deliver safe, efficient, effective and reliable services which align employee responsibilities, behaviours and actions to the organisations purpose, values and outcomes.
3. An organisational culture will have been created through working with staff and partners that nurtures and enables talent to flourish and fosters a culture of empowered leadership that delivers transformational change through highly engaged and motivated staff.
4. Staff will actively participate in learning and development to deliver high performance teams that learn for improvement at all levels in the organisation.

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5. The workforce will be ambassadors for equity, health improvement and workforce wellbeing and will seek through all interactions to promote these principles of equity, health and wellbeing across the organisation.

Workforce Dimensions of Success



5.1 Recruitment and Selection

We recognise that to achieve our planned outcomes, we need to be an employer of choice which attracts and retains staff, supported by first class recruitment, selection, induction, performance management and staff development processes.

To achieve this we will continue our focus to:

- Maximise the opportunities for staff within NHS Dumfries and Galloway and the general population of this area by continuing to develop employability and volunteering initiatives, and where appropriate, to undertake this in collaboration with our partners, including further and higher education providers.
- Maintain our commitment to working with young people with a focus on the development of other access and training initiatives that enable young people at or leaving school or further education in our region to make informed choices about the diversity of careers and opportunities within the NHS and promotes equity of access to careers to the public sector for young people, in line with the ambitions of 'More Choices, More Chances'.
- Optimise synergies with the Local Authority with respect to the planning of our services, sharing our resources and promoting our region as a positive work / life destination.
- Use local and national workforce information to identify and target recruitment and retention 'hot spots' within our workforce at directorate level, via directorate workforce plans, and design appropriate tailored interventions to address them.
- Build career frameworks for the development and progression of talent within our organisation through the development of new and extended roles relevant to our future workforce needs and strategic priorities namely Health and Social Care Integration, Early Years and DGRI Redevelopment.

5.2 Workforce Design and Productivity

The future shape and design of our workforce will significantly change over the next ten years as we realise the impact and benefits of our planned new DGH, Health and Social Care integration, our workforce demographics, 'Putting You First', new, and developing services and patient pathways at local, regional and national levels, as well as the fiscal challenges that the NHS and wider public sector faces.

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To achieve this we will continue our focus to;

- Fully integrate workforce planning into our service and financial planning at all levels within the organisation, to identify future workforce design requirements and benefits, and put plans in place to achieve the changes required in partnership. In particular, develop a detailed workforce design and organisation development plan as part of the DGRI redevelopment and Health and Social Care Integration programme planning, to ensure that workforce planning is an integral part of the overall service planning undertaken throughout each programme's development.
- Maintain annual Directorate level workforce action plans that identify the changes required within the directorate workforce for future service delivery which reflect professional considerations with regard to workforce change and describe how these changes will be achieved.
- Utilising workforce planning tools and methodologies where they are available to inform decision making in relation to workforce design and skill mix.
- Utilise national and local quality and productivity programmes and collaboratives and e-health programmes and technologies to support individuals and teams to maximise their contribution in their role, working with partners in areas of joint interest and opportunity.
- Actively participate in national (NHS Scotland) Shared Services programmes to ensure that the needs and opportunities of our organisation are fully considered in future Shared Services workforce design and service reviews
- Increase efficiency and productivity of the core workforce through;
 - Reducing bank, agency and overtime spends
 - Maximising change and improvement opportunities through natural labour turnover without creating a static organisation
 - Improving processes for and long term effectiveness of redeployment
 - Reducing sickness absence levels to 3.5% through increasing our focus on staff experience and wellbeing
 - Creating skills mix shifts where these are safe and appropriate to service delivery
 - Improvements in rostering efficiency organisation wide, including opportunities for the implementation of e rostering
 - Improvements in job planning for doctors, realising benefits from increased efficiency and focus of medical resources across the organisation
- Create an environment that encourages innovation and change for quality, service and financial improvement.

5.3 Organisational Culture and Leadership

We recognise that to achieve an organisational culture that enables talent to flourish and fosters a culture of empowered leadership that delivers transformational change and highly engaged and motivated staff we need confident and competent leaders and managers at all levels in our organisation who enable and support individual and collective employee experience that reflects our **CORE** values, beliefs and attitudes over time.

To achieve this we will continue our focus to;

- Develop a thorough understanding of the nature of the 'staff experience' within Dumfries and Galloway, linking this to patient experience, making explicit the connections to the quality of person centred patient outcomes and identifying the actions required at individual, team and organisational levels through the development and implementation of our action plan in relation to our integration Cultural Diagnostic results and the roll out of 'imatter'.

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- Develop the use of a competency based approach for development of workforce plans at team and directorate levels to enhance understanding of the roles and capabilities required for the future, and the changes required to achieve this.
- Embed the organisations **CORE** values into our management and leadership arrangements, organisational development frameworks and culture
- Provide learning and Organisational Development support to our managers and leaders to enable them to develop the confidence and competence to lead by example and empower teams and individuals to deliver our vision and **CORE** values
- Deliver the actions set out in our annual Staff Governance Action Plan at team, directorate and organisation levels and embed the standards within the organisation's culture to achieve continuous improvement in performance against the five Staff Governance Standards.
- Demonstrate leadership and management of transition and change in a respectful and dignified manner that reflects the Board's **CORE** values, our Code of Positive Behaviour and the National Dignity at Work Toolkit.

5.4 Learning and Development for Improvement

The organisation will only achieve its objectives and the ambitions of the Clinical & Quality Strategies through developing a cohort of staff that actively participate in continuous learning and development and who strive to deliver in high performing teams that learn for quality improvement and embed that learning at all levels in the organisation.

To achieve this outcome we will continue our focus to;

- Assess the workforce impact of the introduction of future change and provide appropriate interventions and resources to ensure the workforce will have the necessary attitude, training and skills to deliver services in this way
- Review our collective learning, development and improvement skills and resources in conjunction with our key partners, and use this information to maximise the benefits that they can bring to improvement work undertaken within our organisation going forward.
- Review our organisational, team and individual learning needs to update our Learning and Development Strategy aligned to NHS Dumfries and Galloway purpose and outcomes with a clear focus on corporate, directorate and operational needs to deliver education that will develop a quality and improvement focused workforce now who are adaptable and resilient in the future.
- Improve educational governance to ensure best value for all training opportunities
- Make explicit links between existing frameworks such as Knowledge and Skills Framework, Career Framework, Scottish Credit and Qualifications Framework, NHS Education Scotland Professional Frameworks and embed the use of these frameworks in career planning and role development.
- Maximise the use of technology as a delivery method for staff learning and development, to improve access and flexibility.
- Build on key partnerships e.g. Higher Education Institutions, Further Education Institutions, Community Planning Partners, NHS Education for Scotland, Skills for Health, Scottish Qualifications Authority, other Boards to share best practice expertise and resources.

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5.5 Equity, Health and Wellbeing

To address the challenges nationally within 'A Force For Improvement' and the national OHSFoR strategy 'Safe and Well at Work', and the parallel equity, health and wellbeing challenges within our local environment, it is recognised that all staff within Dumfries & Galloway need to be ambassadors for equality, health improvement and workforce wellbeing and should seek through all their interactions with each other, and with patients and the wider community to promote these principles across the organisation and within the communities we serve and live within. Coupled with this is the recognition that affording the workforce the opportunity to maintain an appropriate work-life balance, promotes positive staff morale and motivation which significantly contributes to more effective service delivery.

To achieve this ambition we will continue to focus to:

- Develop and deliver all health, safety and staff wellbeing actions and interventions in accordance with the aims of the 'Safe and Well at Work' strategic framework with particular focus on:
 - respect and dignity within the workplace
 - promoting and enabling attendance at work, and developing and reviewing policies to enable this
 - provision and delivery of staff support services which are person centered and demonstrate a clear commitment to the overall health, safety and wellbeing of staff
- Working in partnership via the Area Partnership Forum develop and embed a 'safe and aware' culture that proactively enables and supports safety and health at work throughout the organisation, and minimises adverse incidents in the workplace
- Deliver the actions and interventions set out in the organisations Equality Outcomes, and assess the impact of those interventions on staff and patient experience to identify areas for further improvement
- Review our Code of Positive Behaviour for staff and our Healthy Understanding between NHS Dumfries and Galloway and the People of Dumfries and Galloway together within the context of NHS Scotland 2020 workforce vision and our **CORE** values, and ensure they are embedded within the organisation going forward.

SECTION 6.0 PLAN IMPLEMENTATION, MONITORING AND REVIEW

The delivery of this Workforce Plan will be monitored by through regular workforce reports to the Board's Staff Governance Committee and Area Partnership Forum.

Acronyms used in this plan

| | |
|-------|--|
| AHP | Allied Health Profession |
| ISD | Information Services Division |
| SWISS | Scottish Workforce Information Standard System |
| DGRI | Dumfries & Galloway Royal Infirmary |
| DGH | District General Hospital |

If you would like to have a translation of this in your own language you should telephone the number below to request this, or get someone else to telephone on your behalf.

اتف المذكور إذا كنت تريد الحصول على هذه المعلومات مترجمة بلغتك، ينبغي الاتصال برقم الهاتف أدناه لطلب ذلك، أو جعل شخص آخر يتصل نيابة عنك.

আপনি যদি এর একটি অনূবাদ পেতে চান তাহলে আপনার নিজের দেওয়া টেলিফোন নম্বরে ফোন করে অনুরোধ জানানো উচিত, বা আপনার পক্ষ থেকে অন্য কাউকে ফোন করতে বলতে পারেন।

如果妳需要本資料的其他語言版本，請撥打下面的電話號碼，或請別人代為撥打。

Jei norėtumėte gauti šios medžiagos vertimą į Jūsų kalbą, paskambinkite žemiau nurodytu telefonu numeriu ar paprašykite, kad kas nors šiuo telefonu paskambintų už Jus.

Aby otrzymać tłumaczenie na język polski, prosimy zadzwonić pod numer telefonu podany poniżej, albo poprosić kogoś, żeby zadzwonił w Państwa imieniu.

ถ้าคุณต้องการคำแปลของเอกสารนี้เป็นภาษาของคุณ กรุณาโทรศัพท์มาที่หมายเลขด้านล่างเพื่อขอคำแปล หรือให้คนอื่นช่วยโทรแทนคุณก็ได้

Bu belgenin kendi dilinize çevrilmesini istiyorsanız, çeviri talebinde bulunmak için aşağıdaki numaraya telefon açmanız veya sizin adınıza başka birine telefon açtırmanız gerekmektedir.

اگر آپ اپنی زبان میں اس کا ترجمہ چاہتے ہیں تو آپ کو اس کی درخواست کرنے کے لئے درج ذیل نمبر پر فون کرنا چاہئے، یا کسی اور سے اپنی جانب سے فون کرنے کے لئے کہنا چاہئے۔

If you know of someone that may be interested in this information and for any reason is unable to read it, please tell them about it. We are happy to provide this document in other formats.

For any further information on the Workforce Plan or to access it in other formats please contact:

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The Workforce Plan is available on the NHS Dumfries and Galloway intranet and by visiting our website at:

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Appendix 1 – Workforce Projections 2016/17

| All Staff | Baseline | | Year 1 Projection | Year 2 Projection | Year 3 Projection | Year 1 (%) Projection | Year 2 (%) Projection | Year 3 (%) Projection |
|--|-------------------------------------|----------------|----------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|
| | National Statistics ¹ | NHS Board | | | | | | |
| All Staff Groups | - | 3,526.6 | 3,535.1 | | | 0.2% | | |
| Medical | - | 259.7 | 261.7 | | | 0.8% | | |
| Dental | - | 10.6 | 10.6 | | | 0.4% | | |
| Sub Total | - | 3,256.3 | 3,262.8 | 3,311.3 | 3,311.3 | 0.2% | 1.5% | - |
| Medical & Dental Support | - | 30.4 | 30.3 | 30.3 | 30.3 | -0.2% | - | - |
| Band 1 -4 | - | 19.5 | 19.5 | 19.5 | 19.5 | - | - | - |
| Band 5 - 9 | - | 10.9 | 10.8 | 10.8 | 10.8 | -0.5% | - | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Nursing & Midwifery | - | 1,738.3 | 1,748.5 | 1,768.5 | 1,768.5 | 0.6% | 1.1% | - |
| Band 1 -4 | - | 512.3 | 516.5 | 524.5 | 524.5 | 0.8% | 1.5% | - |
| Band 5 | - | 688.3 | 694.3 | 706.3 | 706.3 | 0.9% | 1.7% | - |
| Band 6 - 7 | - | 495.6 | 495.6 | 495.6 | 495.6 | 0.0% | - | - |
| Band 8a - 9 | - | 37.3 | 37.3 | 37.3 | 37.3 | 0.0% | - | - |
| Not Assimilated / Not Known | - | 4.8 | 4.8 | 4.8 | 4.8 | - | - | - |
| Allied Health Profession | - | 254.1 | 254.1 | 254.1 | 254.1 | - | - | - |
| Band 1 -4 | - | 46.4 | 46.4 | 46.4 | 46.4 | - | - | - |
| Band 5 - 9 | - | 207.8 | 207.8 | 207.8 | 207.8 | - | - | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Other Therapeutic Services | - | 103.9 | 103.9 | 102.4 | 102.4 | 0.0% | -1.4% | - |
| Band 1 -4 | - | 24.5 | 24.5 | 24.5 | 24.5 | 0.0% | - | - |
| Band 5 - 9 | - | 79.4 | 79.4 | 77.9 | 77.9 | 0.1% | -1.9% | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Healthcare Science | - | 100.1 | 100.2 | 100.2 | 100.2 | 0.1% | - | - |
| Band 1 -4 | - | 32.4 | 32.5 | 32.5 | 32.5 | 0.2% | - | - |
| Band 5 - 7 | - | 63.2 | 63.2 | 63.2 | 63.2 | 0.0% | - | - |
| Band 8a - 9 | - | 4.5 | 4.5 | 4.5 | 4.5 | 0.4% | - | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Personal & Social Care | - | 18.5 | 18.6 | 18.6 | 18.6 | 0.4% | - | - |
| Band 1 -4 | - | 6.5 | 6.5 | 6.5 | 6.5 | 0.5% | - | - |
| Band 5 - 9 | - | 12.1 | 12.1 | 12.1 | 12.1 | 0.4% | - | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Ambulance Services | - | - | - | - | - | - | - | - |
| Support Services | - | 381.4 | 377.5 | 407.5 | 407.5 | -1.0% | 7.9% | - |
| Band 1 -4 | - | 350.9 | 349.0 | 386.0 | 386.0 | -0.5% | 10.6% | - |
| Band 5 - 9 | - | 30.5 | 28.5 | 21.5 | 21.5 | -6.6% | -24.6% | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |
| Administration Services | - | 629.6 | 629.6 | 629.6 | 629.6 | 0.0% | - | - |
| Band 1 -4 | - | 415.6 | 415.6 | 415.6 | 415.6 | 0.0% | - | - |
| Band 5 - 7 | - | 146.8 | 146.8 | 146.8 | 146.8 | 0.0% | - | - |
| Band 8a - 9 | - | 35.8 | 35.8 | 35.8 | 35.8 | - | - | - |
| Not Assimilated / Not Known ² | - | 31.4 | 31.4 | 31.4 | 31.4 | - | - | - |
| Management (non AfC) ³ | - | 5.9 | 5.9 | 5.9 | 5.9 | - | - | - |
| Not Assimilated / Not Known | - | - | - | - | - | - | - | - |

1. National Statistics are extracted from SWISS/e:ESS after NHS Boards have populated with their data, these data are released by ISD in the National Statistics Publication.

2. Total Not Assimilated / Not Known includes Management (non AfC) staff

3. Management (non-AfC) is a sub group of Administration Services.