Dumfries and Galloway Integration Joint Board

Draft
Workforce Plan for Health and Social Care

April 2021 to March 2022

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Section 1
Background and Context

1.1 Background and Context

This Workforce Plan covers the period from 1st April 2021 to 31st March 2022 and should be viewed through the lens of our 2021/22 Remobilisation Plan albeit with a broader overview of the health and social care workforce.

Health and social care staff across the whole Partnership have demonstrated depths of compassion, commitment and professionalism and their combined efforts mean that we are able to continue to face and meet the challenges that this pandemic brings to us in Dumfries and Galloway.

Covid-19 triggered revolutionary change in health and social care, however it also exposed historic issues such as long term vacancies, staff retention challenges, short term funding and disparity in terms and conditions within the Partnership.

1.2. Current workforce assumptions

- In some areas where the service model is not currently known we are only able to forecast short term workforce requirements.
- As we roll out the Covid-19 vaccination programme we should prepare for a workforce responsive to localised outbreaks rather than single peaks of infection.
- Re-mobilisation needs to be flexible to cope with smaller surges in requirement for Intensive Care and potential persistence of infection in care homes or any localised flare-ups in the community.
- We should be able to re-engage with international recruitment markets.
- Our future workforce predictions will consider the impacts or anticipated impacts that Covid-19 has had on our existing workforce across health and social care.
- Technological advances made during Covid-19 will be evaluated, harnessed and embedded into normal working practice.
- New roles or new service models must be progressed where continual recruitment has not been successful.

Section 2
Stakeholder Engagement

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Partnership working across Dumfries and Galloway has been well regarded throughout the Covid-19 crisis. Local resilience planning across Dumfries and Galloway included all sectors, as did the Covid-19 Community Cohesion Cell that was led by Dumfries and Galloway Council.

Over the last 5 years Dumfries and Galloway has adopted an integrated approach to workforce planning, with the aim of developing workforce plans that reflect the entirety of the health and social care workforce. This is a complex task and remains a work in progress however, through the Health and Social Care Workforce Planning Group, this work continues so that what is presented is a cohesive picture of the local workforce.

Section 3

Supporting The Physical and Psychological Wellbeing of our Workforce

Our greatest asset is our workforce and caring for our employee health and wellbeing is core to delivering high quality services across Dumfries and Galloway.

This section describes what actions we are taking as a Health and Social Care Partnership to ensure our workforce feels supported, valued and equipped to deal with the challenges they face on a daily basis.

Comprehensive nosocomial asymptomatic staff testing programme is in place using PCR testing/or Lateral Flow Device testing for all health and social care staff/care home staff and care at home staff and will continue in line with Scottish Government direction.

3.1 Workforce Health and Wellbeing

Each sector within the Partnership recognises the importance of staff health and wellbeing and the impact this has on the delivery of services.

Over the next 12 months staff health and wellbeing activity will be supported by the Working Well Group and reported within Health and Social Care Governance structures.

Significant developments during 2021 include:

- The commissioning and delivery of Mental "Health First Aid Training" to staff and "Developing a Positive Mental Health Workplace Training" for team managers.
- The provision of an in house Staff Support Service overseen by Psychology Services and funded from the NHS Endowments Charity with additional funding from Scottish Government. Staff Support has also been offered to care homes and care at home staff, however uptake has been lower in social care due to issues accessing Microsoft Teams. Group or team sessions are also being offered as way of encouraging individuals to access this.
- The Staff Support Service will work with Organisational Development and Learning in the NHS and the Working Well Group to support the development of a positive organisational culture using the PROSOCIAL model of development.
- The implementation of the Culture Action Plan which is NHS Dumfries and Galloway's response to the Sturrock Report[1].
- The development of Staff Equality Networks to embed practice that supports and recognises the needs of our staff population.
- Challenging prejudice and embedding the positive contribution that BAME staff make to the delivery of health and social care. This project is funded by the NHS Charities Fund.

We will continue to provide;

- People management training for supervisors and managers.
- Senior Leadership development in partnership with Project Lift, NES and the Leadership 3 project.
- Support the development of healthy, highly effective teams.

3.2 Supporting Health and Wellbeing by Reducing Staff Absence

Supporting health and wellbeing is set within the context of high sickness absence levels in NHS Dumfries and Galloway (overall sickness absence was 5.2% in 2018/19 and 5.3% in 2019/20 (provisional)) and Dumfries and Galloway Council for Adult Social Work 7.0% in 2018/19 and 6.2% in 2019/20).

In both NHS Dumfries and Galloway and Dumfries and Galloway Council absence due to "anxiety, stress, depression and other psychiatric illnesses" has historically been high and we expect this to rise over the next 12 months as the effects of the pandemic take their toll on our workforce.

[1] https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/

It is important to note NHS and the Dumfries and Galloway Council are able to access occupational health services and this is not universally available across the voluntary and independent sectors.

There are a range of core absence reasons that are common across the partnership (musculoskeletal injuries, mental health and wellbeing and the impact of stress including the impact of different shift patterns) which we can collaborate on in order keep our workforce mentally and physically fit and therefore reducing absence due to ill health. A Training Needs Analysis has been undertaken within the Care Home sector by NHS which will include core training across a range of topics.

Section 4
Short Term Workforce Drivers – 12 months

4.1 ACUTE AND DIAGNOSTICS SERVICES

4.1.1 Potential Retirements over next 12 months

Area	WTE	Establishment
Nursing	4.0	567.69
Anaesthetic Consultants	4.0	17.75
Ophthalmology Consultants	4.0	5.6
Orthodontics Specialty Doctor	0.6	0.6
Respiratory Associate Specialist	0.8	0.8
Cardiology Specialty Doctor	1.0	1.0
Care of Elderly Locum	1.0	3.0
Gastroenterology Speciality Doctor	1.0	1.0
Mammography Lead in Radiology	1.0	1.0
Consultant Microbiologist	1.0	2.8
Biomedical Scientist	1.0	6.0

4.1.2 Current Vacancies

Area	Vacancy
Anaesthetics	2.0 WTE long-standing vacant Consultant posts at Stranraer and upcoming vacancies at Specialty Doctor level to partially fund Clinical Development Fellow/Clinical Training Fellow posts August 2021.
Orthodontics	1.0 (Challenges in Orthognathic pathways due to vacancy)
Urology	1.0 Specialty Doctor
Ophthalmology	National recruitment challenge for succession planning
General Surgery (Upper GI)	1.0
Emergency Department	Gaps in GP With Special Interest/Specialty Doctor level

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Acute Medicine	Gaps in Consultant and Specialty Doctor cover
Cardiology	1.0 Specialty Doctor
Care of the Elderly	2.0 Consultant
Diabetes/ Endocrinology	1.0 Consultant
Gastroenterology	2.0 Consultant
Stroke	1.0 Consultant
Neurology	Gap in Consultant workforce
Palliative Care	1.0 Specialty Doctor from May 21
Rural General Practitioners	High number of vacancies (7.88 WTE with 45% vacant)
Dietetics	3 vacancies and rehab post difficult to recruit to
Occupational Therapy	1.0 Band 5, 1.0 Band 6
Speech and Language Therapy	Mix of Band 5 and Band 6
Biomedical Science	1.0 in Microbiology, 1.0 in Blood Science (also Biomedical Support Worker vacancies)
Pharmacy	Pharmacist and Pharmacy Technician vacancies

4.1.3 Challenges/Opportunities - Medical

- In Anaesthetics there is a skills gap within current Consultant cohort around chronic pain management.
- In ENT, 2 of the ENT Consultants contribute to a weekday 1:2 on-call rota, locum cover required during periods of consultant leave, weekend on-call provided by NHS Ayrshire and Arran.
- Increased capacity in Urology due to vacancy being filled.
- In Cardiology some parts of service are being provided by other West of Scotland Health Boards and agency locums provide elective pacing 2 days a week.
- In many specialties long standing vacancies are being filled with agency locums or temporary staffing.
- In Renal a vacancy within the Associate Specialist funding will be transferred to fund a part time Consultant who will achieve CCT in Renal Medicine August 2021.
- Review of medical model at Galloway Community Hospital (GCH) in Stranraer is being undertaken.

4.1.4 Challenges/Opportunities – Clinical Physiology

- Echocardiography, there are a high number of waiting time breaches due to Covid-19 and extended appointment times due additional cleaning.
- Backlog of Respiratory and Cardiology clinics impacts waiting times for all diagnostic tests particularly pulmonary lung function tests.
- Increased referrals due to patients with Long Covid-19 symptoms.

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- Plans underway to bring in a Clinical Physiology Student and exploring a Health Care Support Worker role.

4.1.5 Challenges/Opportunities – Allied Health Professions

- Additional workload due to the increase in medical bed base in DGRI and associated number of Occupational Therapy/Physiotherapy interventions required. Additional Physiotherapy input in Critical Care Unit and any other ward areas with Covid-19 patients, particularly Ward B2. New Green elective orthopaedic pathway creating additional demand, Discharge to assess, discussions around how this will be delivered for patients.
- Remobilisation of elective orthopaedic activity will put significant additional pressure on Occupational Therapy/Physiotherapy.
- Clinical gap in Speech and Language Therapy (SLT) in Laryngectomy service (due to AHP restructure) in addition to a number of vacancies.

4.1.6 Challenges/Opportunities – Acute Pharmacy

- 1.0 WTE provisionally registered pharmacist and 2.0 WTE Band 5 pre-registration pharmacists delayed due to GPhC exam put back to end July (from mid June) creating 6 week gap in service.
- Environment/cleaning impact on staff and services – new cleaning of green bags and boxes used to deliver medicines to wards - 2 hours per day.
- Challenges due to increased workload associated with management of increasing medicines shortages as part of the pandemic.

4.1.7 Challenges/Opportunities – Radiology

- Work ongoing to review establishment in Radiology with extra posts and use of outsource reporting, also extended role of Radiographer for reporting and vetting.
- Radiology Specialty cover for Musculoskeletal MRI (Magnetic Resonance Imaging)/US (Ultrasound) is an issue and in Interventional Radiology there is limited local cover with national and regional plans in place to address this.
- Shortage of MRI Trained Radiographers – training plan required to staff core hours and EWD (European Working Time Directive). (MRI Locum cover still in place).
- Ultrasound Training for new Sonographer delayed due to Covid-19, further training required for succession planning, training takes an additional 18 months.
- DEXA reporting, Radiographer training delayed due to Covid-19 and service restart due to staffing issues which has created a backlog of scans.

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4.1.8 Challenges/Opportunities – Laboratories

- Across Laboratories the recruitment and retention of Biomedical Scientists (BMS) is an ongoing issue with staff moving to other Health Boards for higher salary.
- In Blood Science, an increased workload on remobilisation could present challenges, notably impact on turnaround times of routine tests. In Pathology, repatriation of fertility services and training of BMS staff including in dissection. If Theatre activity is increased could impact on pathology if weekend service is required.
- Across all areas there will be remobilisation pressures as a result of increased laboratory tests being requested to support additional clinics.

4.1.9 Challenges/Opportunities – Support Services (only Acute)

Support Services

- Capacity issues due to increased Covid cleaning requirements 27 bank staff offered posts (19 in post or training at this point). Uncertainty around how long the current guidance will be in place.

Catering Services

- Workforce challenge mainly relating retention of staff in pot wash area – plan in place to address retention issue.
- Staff skill mix – age profile is rising with 5 cooks retiring within the next 2 years (plan in place to introduce a trainee cook programme open to Food Services Assistants in the team).
- Decline in retail sales and impact of physical distancing regulations on dining room capacity. The team have continually adapted to find different ways of working (introduction of marquee, atrium seating, outdoor seating). If seating cannot return to pre Covid-19 arrangement in the dining room, an alternative solution will be required.
- Additional pressure on the acute team due to the opening of inpatient beds at Mountainhall Treatment Centre.
- Synbiotics/National Catering Information System - full benefits not realised and this is a huge amount of additional work for team.

4.1.10 General Challenges/Opportunities

- The Directorate are keen to increase theatre elective workload to 6 days a week. This will also support the decreased productivity due to Infection

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Control guidelines that will continue to be followed for the coming months. This would need an increase in Theatre staffing, Anaesthetics and Recovery staff, and this will be funded through non-recurring Access funding.

- The bed base within DGRI and GCH will require some further review as we have not been able shut winter beds for over 2 years due to high bed utilisation (pre-Covid). The aim would be to shut winter beds from the end of March 2021 until October 2021 which would impact on the staffing requirement as well. It is not known yet if this will be feasible, but with the establishment of the Home Teams within Community in the coming months this should support improved flow out of the Acute Hospitals.

- Acute and Diagnostics have a Medical and Nursing Scrutiny group to review current spend, identify gaps, ensure vacancies are being filled or reviewed if not appointed to, decrease of Agency, Bank and Locum spend and ensure the best use of resources.

4.2 WOMEN AND CHILDREN'S SERVICES

The main area of workforce pressure in the Directorate over 2021 will be in Children and Adolescent Mental Health (CAMHS) with ongoing vacancies in our Consultant Child and Adolescent Psychiatry posts. 1 post was filled by offering staff from other Health Board areas fixed term hours and remote working as an incentive to come to the area. There will be a retiral during 2021 which will mean running with 2.0 WTE Consultant posts vacant.

CAMHS nursing is not likely to experience any major workforce challenges over 2021 other than the issue of different funding streams for posts and non-recurring funding from Scottish Government impacting on the long term planning for the service.

Family Nurse Partnership (FNP) experienced acute staff shortages during September to December 2020 and were supported by NHS Ayrshire and Arran. During 2021 we will be scoping whether NHS Ayrshire and Arran can be hybrid partner for the FNP service.

4.3 PUBLIC HEALTH DIRECTORATE

4.3.1 Health Protection

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To deliver on the existing Health Protection function and additional workload of Covid-19 additional resources have been put into the Health Protection Team and a whole system approach has been utilised across Dumfries and Galloway to build capacity in other sectors to support the response to Covid-19.

4.3.2 Test and Protect – Maintaining and Extending the Testing Programme

Changes in workload and capacity are likely to remain challenging as we respond to future 'peaks' due in part to changes in legislation and emergence of new variants. The Public Health department will continue to ensure that there is a sufficiently skilled workforce available within the partner organisations to ensure that we can meet surges in demand. There are currently 17.4 WTE in the team, the model is based on 20.4 WTE, there are no plans currently to recruit to the shortfall until there is more data on the peaks and troughs in Test and Protect. The model has surge capacity available from within the NHS and the Dumfries and Galloway Council and in addition 3 staff have joined the Test and Protect bank to cover any shortfalls or sickness absence.

It is not expected that there will be significant change to roles in the team over the next 12-36 months and all staff are on 18 month fixed term contracts as per Scottish Government guidance. There have been no retention issues in Test and Protect to date, however that may change due to staff being on temporary contracts.

4.3.3 Vaccination Programme Delivery in 2021/22

The current service model is unsustainable given that other services will start to remobilise and deployed staff will return to their substantive posts or return to retirement having contributed as part of a short term response.

The service needs to be on a more stable footing, however due to the uncertainty around the Covid-19 Vaccination Programme it is only possible at this point to plan for the next 12 months.

The 12 month workforce model proposed to support the delivery of **all vaccination programmes** is as follows;

Role	Band	WTE	Resourcing
Clinical Service Manager	8A	1.0	Additional Cost
Call Centre Call Handlers	3	3.0	Additional Cost
Immunisation Locality Leads	6	4.0	Additional Cost

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Vaccinators	5	5.0	Additional Cost
Vaccinators	3	20	Additional Cost
Chaperones	2	20	(potentially not required depending on model)
Pharmacy	4	1.0	Additional Cost
	2	1.0	Additional Cost
	8A	0.2	Additional Cost
	8C	0.4	Additional Cost
Drivers	2	3.2	Additional Cost
Rota Coordinators	2	2.0	Additional Cost

This workforce model also includes the following staff already in post;

- 12.36 WTE from the substantive Immunisation Team, a Lead Immunisation Nurse and a reconfigured role in Pharmacy.

4.4 COMMUNITY HEALTH AND SOCIAL CARE DIRECTORATE

4.4.1 Development of Home Teams

We are currently developing our current Community Health and Social Care teams into 8 integrated, empowered and motivated Home Teams.

This change will be huge in respect to culture and how teams currently practice. This bringing together of teams will require support from Organisational Development to enable change to occur. The development will be an organic process and give opportunities to continually review the workforce to ensure the right skill mix within our Home Teams.

4.4.2 Single Access Point

Work will continue in 2021/22 to extend the level of integration for this co-located Single Access Point which serves as the "front door" for a range of health and social care services. We will work to ensure our teams have the capacity, capability and professional support to receive, screen and appropriately direct calls from local people and our Health and Social Care professionals in line with the agreed model of care contained within the developing Strategic Commissioning Plan.

4.4.2 Community Adult General Nursing

The Community Adult General Nursing (CAGN) Teams have seen significant changes to their workloads over the past 12 months and have relied on other staff and services to support this during the pandemic. Directorate Covid-19 plans saw additional staff resource deployed from the 4 temporarily closed Cottage Hospitals to

support other Community Nursing Services. With the remobilisation of services this additional resource will become significantly reduced.

There remain a number of challenges and emerging new services that will impact on the Community Nursing workforce over the next 12 months:

- **Vaccination Programme**

  Historically the CAGNs have delivered the annual flu vaccinations to Care Home residents and housebound patients. This year the flu vaccine is going to be made available to a wider number of people which will increase the workload for Community Nurses.

- **Community Treatment and Care (CTAC) Services**

  Plans to develop CTAC services will move at pace over the coming year due to the pressures on both primary and secondary care. In particular phlebotomy provision is required urgently and will require significant additional staffing. However, it is envisaged that a more flexible workforce can be created to support CTAC, Home Teams and 24/7 Community Nursing. Work will commence on developing these new posts and creating education/training programmes for new and existing staff.

- **24/7 Nursing & Marie Curie Services**

  A 24/7 CAGN service is now in-place. This service has been of great benefit during the pandemic and has had a huge positive impact in particular for palliative patients. In the coming months there will be a review of the Marie Curie service provision within Dumfries and Galloway to determine future needs and requirements. The 24/7 CAGN service will be taken into consideration as part of this review to determine how the 2 services can work together to maximise provision and outcomes for patients across the region.

4.4.3 Allied Health Professions (AHPs)

AHP services have been restructured with the creation of a lead AHP post and two Pathway Managers, one for Community Outpatients pathway and the other Rehabilitation/Reablement. The new structure moves away from traditional uni-professional model to one that is collaborative and focus on the services and pathway required.

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The introduction of First Contact Practitioners (FCP) is underway with 3.0 WTE and a further 5.0 WTE Advanced Practice Physiotherapists to support primary care. This is a positive development for Dumfries & Galloway but carries a risks associated with lack of recruitment or/and depletion of staff within the current physiotherapy service.

4.4.4 Care and Support at Home

Care and support is delivered by both external independent providers and in-house service to older people, those with mental health, learning disability or physical disability.

Capacity in Dumfries Town Area will be supported by 24 new posts, offering an additional 440 contract hours per week of care at home support. On average (over 52 weeks) in the financial year 2020/21 there was 43,141 hours of weekly care commissioned by Dumfries and Galloway Council.

In addition to commissioned services, care and support at home is also provided by unpaid carers and volunteers. It is more challenging to obtain information around this support.

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 NRS mid 2019 population estimates, an estimated 14,886 people could be providing some hours of unpaid care in Dumfries and Galloway.

Volunteers provide support to a number of Third and Independent Sector organisations and to NHS Dumfries and Galloway. Examples include approximately 40 volunteers working with Alzheimer Scotland and 83 active volunteers registered to support NHS Dumfries and Galloway at March 2021.

4.4.5 Community Pharmacy

The major service driver for the Community Health and Social Care (CHSC) Pharmacy Service will continue to be the Primary Care Transformation Programme and the development of Home Teams.

Both of these have, and will continue to have, a hugely significant impact on our team with the need for not only additional staffing resource, but the creation of new job roles and upskilling of existing staff;

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- Expanding the clinical competence of our General Practice clinical pharmacists and pharmacy technicians.
- Advance clinical practice pharmacy practitioners to support the development of the team and to enhance the pharmacy career pathway. This also includes a specific role in Older People Medicine in support of our aging population and working across acute and community areas.
- There is scope for senior pharmacy support workers who would take on some of the pharmacy technician role and to provide development for the support worker role building in some sustainability to the model. It is likely that the Home Teams model will require the support worker as a first point of contact and therefore we need to develop triaging skills.

In addition, there is a potential to develop a business manager type role for Pharmacy to manage the workforce, performance and service development aspects of the service. There is a shortage of pharmacists and pharmacy technicians across Scotland. Our current hotspot is in Stewartry Locality where we have a vacant Locality Lead Pharmacist post that has yet to attract any applicants. If this post is not filled then there will be a senior management and leadership gap within the Stewartry Locality that may necessitate a further skill mix review.

There are ripple effects from GP recruitment issues that impact on our team. Lockerbie is a good example of this where pharmacists and pharmacy technicians are picking up roles that would otherwise be carried out by GPs and it simply increases the pressure on our staff and increases our own requirement for additional staff. Similar issues are seen in Sanquhar and Stranraer

4.5 MENTAL HEALTH, LEARNING DISABILITY AND PSYCHOLOGY

Challenges continue in recruiting Clinical Psychologists. A permanent Band 8A post in Adult Mental Health has been vacant since September 2020. 2.0 WTE long term vacancies in adult services (permanent) and staff support (23 month fixed term due to Scottish Government Funding). The service continues to promote remote working opportunities to attract candidates.

Locum cover is being employed to utilise some fixed term funding as unable to recruit to posts on fixed term basis. Whilst this covers service needs to an extent, less hours are available due to expense of locums.

Currently using locums for longest waits which is funded from underspends on vacant posts and unfilled maternity leave cover. In Perinatal Mental Health, recruitment is underway for a Consultant Psychologist and exploring capacity for

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Consultant Psychiatrist resource/Occupational Therapist resource and Pharmacy resource.

In Specialist Drug and Alcohol Services and Prison Healthcare, funding has been accessed for a Prescribing Pharmacist 22.5 hours per week on an 18 month fixed term contract to oversee and support the roll out of Buvidal prescribing. This post commenced in November 2020. A further 2.0 WTE Band 7 Prescribing Pharmacists on 23 month fixed term contracts are also required. A bid is in place for these and the service do not anticipate any issues recruiting to these posts. Prison health care is a very small team and any absence impacts on other teams.

4.6 PRIMARY CARE

4.6.1 Primary Medical Services

In response to recruitment challenges in Primary Care particularly in the West of Dumfries and Galloway a rolling programme of recruitment with virtual fairs every 4 months specifically for the Wigtownshire region has been implemented.

For the East and Dumfries Area we are exploring GPwSi posts and once the packages have been finalised we will be looking at a recruitment event to attract GPs that will benefit some of our specialities in the hospital. 2 GPs were recruited from the first event and a further 2 events are planned.

4.6.2 General and Public Dental Services

All 34 dental practices are now open and operating at a very much reduced capacity due to enhanced infection control and physical distancing arrangements.

Dental training have been impacted by the effects of the pandemic in dental training, with the postponement of final year students graduating in 2021 due to Covid-19 restrictions on aerosol generated procedures impacting on clinical experience, and the further impact on applicants being deferred from entry during 2021 to 2022.

4.7 SOCIAL WORK SERVICES

A number of council staff are redirected to support services so there needs to be a planned approach to restarting services. Council staff who are part of the delegated services have largely remained operational. The only service that was paused was the Day Centre run by Care and Support Services (CASS) in Mountainhall Treatment Centre but the staff were redirected to normal CASS activity so the ongoing impact on staff has been significant with little respite.

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4.8 THIRD SECTOR

4.8.1 Reduction in income

Research carried out by Third Sector Dumfries and Galloway (*South of Scotland Third Sector: a partnership approach to Covid-19 response and recovery planning,* 2020) highlighted that the loss of ability to trade during the Covid-19 pandemic meant that monies were required to manage cash flow and enable Third Sector Organisations (TSOs) to do what they could do in the immediate term, and to survive in the longer term. Cost reduction and cash flow management became a focus for many. The Government's Furlough Scheme was key to helping TSOs remove the burden of staff costs, this raises the issue of the future of these posts post-furlough, particularly if services cannot fully restart.

4.8.2 Volunteers

For many Third Sector Organisations the 'workforce' consists of both paid staff and volunteers. With many members of staff furloughed from TSOs, organisations knew that they would require volunteers to help them deliver vital service offerings throughout the Covid-19 crisis. Large numbers of regular volunteers were older members of communities and so in the high-risk category for contracting Covid-19, which meant that TSOs had to put out a call for help more widely. As a result a bank of over 1,000 volunteers was available in the early stages of the crisis. Organisations such as The Food Train, The River of Life Church and Dumfries and Galloway Council all benefited from the addition of volunteers via TSDG.

TSDG's research highlights that moving forward, the Third Sector across the South of Scotland must ensure that they harness this new volunteering energy that has emerged. It is hoped that many of the regular volunteers from the pre-Covid period will feel able to return to their roles. However, it is understood that this may not feel right for all, and a potential for further spikes of Covid-19 cases may keep some volunteers away. Realities dictate that not all new volunteers will be willing or able to continue in the roles that they have held throughout the crisis as many of them return to work, and some organisations anticipate that some of their trustees may start to opt out of their roles in the coming months

As organisations start to emerge post-Covid there is a risk that there will be a significant reduction in volunteers within service, some volunteers may not return to volunteering (either due to their age profile, reluctance to engage in communities in the immediate future or simply re-evaluating their ongoing commitment to volunteering following a long absence).

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In addition, the age profile of many of the boards of organisations within the Third Sector could result in challenges around recruitment of trustees, which will impact on the governance and subsequently the sustainability of an organisation.

The pandemic also saw the creation of 'Resilience Groups' that have co-ordinated and/or delivered and/or enabled life-sustaining services such as food shopping, meal deliveries, medication collections and social connections for large numbers of, often vulnerable, people in their communities. A number of 'Resilience Groups' across the South of Scotland are either Development Trusts such as Moffat Town Hall Development Trust, or Community Councils who were already in existence and had resilience plans in place. However, it should also be noted that a number of 'Resilience Groups' did not exist before the crisis. Such groups set themselves up in response to their community's needs, again demonstrating the speed and agility with which the Third Sector can operate to enable positive outcomes for beneficiaries.

4.9 INDEPENDENT SECTOR

The appointment of a Lead Nurse and Lead Social Worker to support Care Homes has enabled a training needs analysis across the sector which will support the delivery of generic training.

Similar to other sectors in the partnership, Care Homes and other Independent Providers describe additional workload due to Covid-19 testing for staff and visitors; the requirement to deliver services in line with rapidly changing guidelines; the requirement to comply with PPE guidance and additional reporting requirements.

The sector has worked in an extremely pressurised environment over the past year and will have to work hard to retain skilled staff who have coped during that. The care home sector has reported that the perception of care homes portrayed in the media over the pandemic has been negative and will potentially make recruitment even harder. Where organisations employ EU nationals, they report concerns that Brexit will impact on their workforce. An example is the Loch Arthur Community have a cohort of 18 short term volunteers each year with the vast majority coming from the EU, and the impact of visa requirements and Immigration Health Surcharge means a dramatic reduction in volunteer applications.

However, in the face of that Care Homes have adapted to support users in different ways by using technology for example to facilitate video calls with families, developing additional activities for users so they can maintain social contact in line with social distancing guidelines. Similarly, where organisations have been able to they have used telephone contact with service users to ensure people were fully supported (Dumfries and Galloway Mental Health Association).

Section 5
Medium Term Workforce Drivers 12 - 36 months

5.1 ACUTE AND DIAGNOSTICS DIRECTORATE

- In General Surgery and Vascular, opportunities to develop additional endoscopy capacity through colon capsule endoscopy and the use of Cytosponge.

- In Urology and Ophthalmology potential to develop Advanced Nurse Practitioner roles.

- In Acute Pharmacy there will be the ongoing challenges of recruiting Pharmacists and Pharmacy Technicians (with the exception of training posts) as well as the pull of pharmacy staff to primary care due to the GP Transformation Programme. Ongoing service redesign will be undertaken to streamline processes and improve flows. The service are working to reduce bank support worker use, this will improve with temporary staff now funded for Covid-19 vaccine work. In addition, the service will continue to review skill mix and all tasks within pharmacy to ensure staff are working at the top of their licence.

- In Radiology, MRI developments such as scanning anaesthetised patients and patients with MRI compatible pacemakers. Capital bid required for monitoring equipment. Planning to ensure full use of MRI slots at Golden Jubilee. In CT 13,000+ exams per year are undertaken with numbers rising yearly for both inpatients and outpatients, plan will be to extend working day required to increase capacity. Additional staffing will be required at weekends to cope with increase IP scanning workload. Business case in preparation for second CT scanner to cover for downtime and increased patient numbers (this will require additional staffing of 2.0 WTE Radiographers and 1.0 WTE HCSW). Increased Out Of Hours activity requiring staff to have compensatory rest decreasing staffing levels throughout the working day. New services: Thrombectomy service requires increased CT scanning with training element for Radiographers and Radiologists.

- In Laboratories, potential introduction of multi-disciplinary Biomedical Science staff at DGRI after successful installation of new laboratory equipment including the review of all processes. In Clinical Haematology and Biochemistry service reviews required to assess whether improvements can

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be made to current model. In Pathology and Microbiology work to review skill mix and potential development of Band 4 role and reintroducing SVQs for laboratory science. Also building experience of new Advanced Practitioner role with a view to supporting reporting for Pathology Consultants.

5.2 COMMUNITY HEALTH AND SOCIAL CARE

5.2.1 Home Teams

A review of nursing structures, roles and responsibilities is required as we move towards a Home Team model of care.

The new CAGN Educational Framework will see the on-going development of 'Specialist Practitioner' roles at Band 6 with staff trained and better prepared to undertake clinical decision making and non-medical prescribing. HCSW roles will in some areas become more 'generic' between specialties and with the potential to expand existing roles to support Home Teams and CTAC services.

Advanced Practice roles is key to supporting Home Teams and providing Advanced Clinical Decision making at the heart of Community Nursing. The existing Advanced Practice workforce will need to grow to support Home Teams across the region, providing hospital at home and facilitating admission avoidance, frailty management, early supported discharge, Care Home support and general expert clinical advice and decision making to the Home Teams workforce. An Advanced Practice model is also being developed for Cottage Hospitals.

In light of the potential expansion of these on-going training and the recruitment of new Trainee Advanced Nurse Practitioners will need to be considered prior to university enrolment this autumn.

5.2.2 AHPs

Over the next 12-36 months we will explore the traditional AHP rotational model with a view to expand to include more community rotations so that we maximise the staff skill set and develop a whole system knowledge and diversity of practice.

It is anticipated that the development of generalist skills across the professions will result in a more efficient service delivery. This will be completed alongside the identification and development of specialist roles. In particular delivery of community rehabilitation requires workforce planning to ensure access to specialist AHP services is equitable across the region.

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In parallel to this is the development of Advanced Practice roles. This development would look to expand the remit of staff including clinical decision making and non-medical prescribing.

During Covid-19 AHPs worked to support Cottage Hospitals within a deputy ward managed role, further development of such roles will maximise AHP clinical and leadership skills.

5.2.3 Community Pharmacy

Beyond the next 12 months the biggest impact on community pharmacy will continue to be the Primary Care Transformation programme and the introduction of the Home Teams Model. We are currently creating a workforce plan based on our current activity and our professional judgement as to what we feel we would need to meet both current and future demand. We know we need significantly more staff, figures from last year demonstrated that we were only able to undertake around 25% of the work we will be expected to do in full in 2022 with what remains our current staffing resource.

The opening of the Mountainhall Ward has also created a potential model for how we could provide a clinical pharmacy service to Cottage Hospitals and potentially the use of HEPMA opens the door to providing this service remotely.

Community Pharmacy are exploring the potential to offer students from the Scottish Pharmacy Schools summer placements in addition to the experiential learning placements via Strathclyde and Robert Gordon Universities.

5.3 MENTAL HEALTH, LEARNING DISABILITY AND PSYCHOLOGY

Over the next 12-36 months the Psychology Service will continue to offer remote working as component of posts, this even on permanent basis has improved recruitment to long term vacancies. The pandemic has allowed us to test and roll out remote therapy for patients and has meant improved access to therapy.

We expect to have challenges for staff working from healthcare buildings and seeing patients face to face. Therapy room occupancy has been reduced so appointments with more than 2 people in room will be more difficult to accommodate. Admin rooms have reduced capacity and staff will need to continue to work from home at times.

Long Covid-19 will likely impact on demand for Clinical Health Psychology, whilst there is some additional funding for psychology to support these clients, it is fixed term and part-time so we may struggle to recruit.

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5.4 SOCIAL SERVICES

We need to plan now for the next 3-5 years to understand what the impact will be, what will the future look like, what type of roles will exist, what is the demand with an elderly population, what is the age profile of our staff in the next 3-5 years. It will be important that we retain younger people in Dumfries and Galloway to fulfil the roles required. The anticipated increase of the psychological impact on mental health will be keenly felt through the whole Social Work and social care sector with increased demand of both lower level and more complex work over a period of years. The value of professional roles is key and any plan will need to identify the potential shortage of professional social work staff to cover the developing model within the home teams as they cover appropriate early intervention and prevention activity at the front door, immediate and urgent input at both the front door, the Home Teams and ASP and cover the long-term support requirements. The current plan is to divide Social Work staff between 3 functions – the ASP team as core statutory business, the Home Teams which will cover statutory requirements in terms of assessment and provision of care and support and long-term support which will cover ongoing assessment, review and planning requirements as well as an element of crisis intervention as needed.

Whilst we know that staff paused retirement plans to support the pandemic effort there is a potential increase in retirals moving forward.

It is important over the next 12-36 months that we introduce trainees, apprentices and grow your own models to provide workforce sustainability. The risk in this area is higher due to rural location, elderly population and reductions in possible future workforce as a result of our exit from the European Union. Our grow your own scheme for qualified social workers and the grow your own for mental health officers have both been successful in attracting in a range of younger staff and, whilst the balance in some teams is improving, this needs balanced with the loss of experience and knowledge which is key to ensure a safe and high performing service.

5.5 INDEPENDENT AND THIRD SECTOR

Ongoing funding concerns are reported across the Independent and Third Sector in Dumfries and Galloway (TSDG). Research carried out by TSDG has identified that over the next 3 years, financial viability is top of mind for all organisations and there are genuine concerns that some will not survive in the long term. In the short term, organisations delivering commissioned services need their commissioning bodies to be supportive by way of additional funding where necessary to enable them to sustain any increased demand that the Covid-19 crisis has generated.

Many organisations look forward to a return to business in some form, although it is recognised that previous trading models (many of which are service models) will almost certainly require to be reset for the foreseeable future, leaving uncertainty about whether generated revenue will be enough to enable survival in the longer term. Support from Government and Statutory Bodies by way of a person-centred approach to procurement will be more important than ever to enable the third sector to build back better, minimise losses and secure the gains from the past months.

As organisations consider resetting their aims and services to best meet the needs of communities living in a Covid world, they are now considering what they need to stop doing, what they need to do more of, and what they need to start doing. Many business models will need to change, and there is real concern that a funding 'cliff edge' will result in numerous organisations not being viable beyond the short term. However, with the right support and partnership working, the Third and Independent Sectors are set up to be key employers and powerful partners in the recovering economy.

Section 6

Supporting the workforce through transformational change

This section details some of the examples and opportunities that have developed as a result of the pandemic and that we would want to continue to develop and embed moving forward;

6.1 DEVELOPMENT OF DIGITAL TECHNOLOGY/AGILE WORKING

The Covid-19 crisis required people to embrace new ways of working at pace. In 'normal' times, when an organisation embarks upon a change programme, it often does so gently, ensuring that it brings their people along with them at an appropriate pace to ensure the change is embraced and embedded as smoothly and successfully as possible. The Covid-19 crisis did not allow for any gentle, smooth transitions into new ways of working. Organisations literally had to change their ways of working overnight. Digital home working, and enhanced health and safety measures had to be put in place with immediate effect.

Across the NHS and Dumfries and Galloway Council large numbers of mainly office based staff, including some staff who have been self-isolating or shielding, have been able to work at home supported by IT solutions. Across the sectors the move has generally gone well where good working relationships, digital skills and

infrastructure have been in place, however, where digital skills and/or infrastructure have not been in place, the move has required considerably more effort.

Where staff continue to work from home they must be supported in relation to accessing adequate equipment, training and support to enable new ways of working. Employees and volunteers can feel less engaged when working from home, and in some cases may feel somewhat isolated. In order to mitigate these issues, all sectors have introduced ways of keeping everyone connected as best as they could. There is however a real risk that managers could become overloaded as internal communications and relationship management takes more time due to the loss of ad hoc connections in the office.

Looking ahead we expect this to continue moving forward and do not anticipate a return to previous working patterns which were heavily dependent on physical work bases. There should be no reason that all meetings will retain the option of online going forward. This affords staff a better work life balance, reduces staff travel costs and affords opportunities to staff in more remote areas to participate in work activities that were previously more challenging to take part in because of their geographical location. It is important that the opportunity is taken to review office accommodation particularly in corporate areas to rationalise where possible.

Similarly, many service areas have adopted new ways of working by offering Attend Anywhere and virtual consultations alongside telephone triage during the pandemic and those developments will be considered further in our longer term planning. Some examples of care being delivered differently include;

- Community Pharmacy have expanded remote working and are now able to remote into the majority of GP practices in Dumfries and Galloway and if this is able to proceed will support greater cross cover across localities.
- Befriending services and support services using digital technology rather than face to face support, for example Dumfries Befriending Project, LGBT Plus.
- Introduction of telephone support services to tackle isolation and loneliness – TSDG's region-wide *Touch Base* service and *A Listening Ear*, based in Wigtownshire and Stewartry.
- SCVOs Connecting Scotland and TSDGs Connecting Dumfries and Galloway initiatives tackling digital exclusion across the region and enabling individuals to access online services, including NHS Near Me.
- Care homes and other Independent Providers using video calls to reach clients or facilitate family contact.

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It is important that wherever possible technology is used across the partnership in an integrated way, one example could be using the same Support Plans across all care homes so that staff moving between homes are using familiar technology and layout of information.

6.2 CREATION OF SOCIAL CARE RAPID RESPONSE NETWORK

During the pandemic the independent and Third Sector within Dumfries and Galloway recognized that the development of a 'bank of staff' or a 'Rapid Response Team' that could provide support to services in need of emergency cover was necessary and essential. Some social care providers have experienced and continue to experience large numbers of staff and at times whole teams being taken out of service due to Covid-19 Test and Protect Isolation and Shielding.

The sector understood that by working together to share skilled staff across the partnership they could create a safer and more resilient staffing model, to provide continuous care and support to the most vulnerable of our society.

This has been supported by a "Memorandum of Understanding" that all provider partners who wish to use Rapid Response Team the shared bank will sign up to and is shortly to become operational. The model is currently supported primarily by the Independent Sector, Third Sector, Care at Home Services but has scope for that to extend out further, to include for winter planning and other emergencies.

Section 7
Other Workforce Considerations

7.1. WORKFORCE AGE PROFILE/RETIREMENTS

Our workforce continues to get older, in NHS Dumfries and Galloway for example;

- The proportion of those aged 50-59 has increased from 30.1% in 2012 to 31.9% in 2021.
- The proportion of those working aged over 60 increased in that time from 7.3% in 2021 to 10.6% in 2021.
- The proportion of those aged 40-49 reduced from 33% in 2012 to 23.4% in 2021.

However, it is encouraging to note;

- The proportion of those in the 30 to 39 age bracket increased from 18.2% of the workforce in 2012 to 21.9% in 2021.

- The proportion of those in the age bracket 16-24 was 4.7% in 2012 and 4.9% in 2021, a slight but positive trend.

Looking at the last 3 calendar years, in 2019 there were fewer staff retirements in the NHS than in the year before (2018) or the year later (2020). The percentage of people leaving because of retirement reduced slightly in 2020 compared to 2019. However, the rate of retirees compared to the workforce aged 55 and over increased in 2020 compared to 2019. This means a larger proportion of the workforce aged 55 years an over chose to retire in 2020 compared to 2019. The proportion of the workforce aged 55 and over has reduced each year from 2018 to 2020. The proportion of staff who are aged under 44 year of age has increased each year between 2018 and 2020.

Looking forward into 2021-22 and beyond, it is important that as a health and social care partnership we are aware of the potential that staff are exhausted by the pandemic effort may choose to bring forward retirement plans and exit our organisations. For staff working in the NHS, the effects of pension changes etc highlighted in Section 7.2 may also impact on retirement plans.

7.2 PAY AND CONDITIONS OF SERVICE

NHS Dumfries and Galloway needs to be cognisant of pension changes as 2022 approaches and when tapered protection ends. This may result in staff affected deciding to retire (the Scheme included transitional protections to exclude those closest to retirement allowing them to remain in pre-2015 schemes. Members within 10 years of normal retirement age were fully protected and those between 10 and 13.5 years were afforded a degree of protection on a tapered basis between 2015 and 2022).

Another potential retirement-related issue is that similar protection arrangements were provided when other public sector pension schemes were changed and in December 2018, the Court of Appeal ruled that younger members of the Judges' and Firefighters Pension Schemes[1] (McCloud judgement) were discriminated against because the protection did not apply to them. The UK Government is still considering what changes need to be made to fully address the discrimination in public service schemes and more information is likely to be available during 2022. This could potentially bring forward retirement plans for affected staff.

In the NHS the current 3 year Agenda for Change pay deal came to an end in March 2021, in the short term we know there will be a 21/22 pay settlement however we

should be mindful that no pay deals for staff could result in staff choosing to retire earlier than planned or leave the organisation for another post.

The Scottish Government have agreed to ensure there is no delay to the annual Real Living Wage (currently £9.50) uplift for Adult Social Care staff with a commitment to develop minimum standards for terms and conditions in the social care sector so that organisations meet fair work [2]principles by the end of May 2021 following publication of the Independent Review of Adult Social Care[3].

Real Living Wage (UK)	National Living Wage	National Minimum Wage			
18+	25+	21-24	18-20	Under 18	Apprentices
£9.50	£8.72	£8.20	£6.45	£4.55	£3.90

Rates at November 2020

It is important to acknowledge the disparity between pay and conditions of service within the partnership. The Statutory Sector is able to offer better Terms and Conditions, in care homes many Support Workers are paid at a rate which is below the basic rate for NHS or Dumfries and Galloway Council staff. It is important that this is addressed nationally in recognition of the vital role this sector plays in delivering health and social care.

7.3 PRE-REGISTRATION NURSING AND MIDWIFERY EDUCATION

In 2020-21 the national target student intake across the fields of nursing practice (Adult, Children and Young People, Learning Disability, Midwifery and Mental Health) was 4,206 a 5% increase from 2019-20. It is anticipated that the intake for 2021-22 will rise again, however we should be mindful that additional student numbers also requires additional supervisory capacity in the workplace and that attrition rates must reduce in order to develop a sustainable workforce.

7.4 HEALTH CARE STAFFING

The national Health Care Staffing Programme was suspended briefly during Covid-19 and work to date has focussed on Covid related activity including the development of professional judgement tools for vaccination teams. There is no confirmed timescale for the phased implementation of the Health and Care (Staffing) (Scotland) Act 2019, however Board activity continues to prepare for that.

Preparation to date has focussed on Nursing and Midwifery and includes Medical Staff where validated tools exist. During 2020 activity was dependent on team

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[2] https://www.fairworkconvention.scot/the-fair-work-framework/
[3] https://www.gov.scot/groups/independent-review-of-adult-social-care/

capacity due to Covid-19 priorities however work was carried out in the following areas;

- Workload tool runs with existing teams.
- Testing the draft reporting cycle with existing teams.
- Workload tool training and runs with Clinical Nurse Specialists.
- Provision of support to AHP colleagues within Pharmacy to test using Professional Judgement tool.
- Test of change with CAMHS team to support provision of base line data.
- Re-engagement with the National Health Improvement Scotland (HIS) programme to support work locally.

Over the next 12 months and beyond there will be a significant amount of work to be undertaken to support preparation at both clinical and organisational level. There is a specific need to consider the existing reporting/risk escalation and governance processes which will require to be reviewed/strengthened or implemented.

A key area of focus over the next 12 months will be to consider where no workload tools exist and to work with health professionals to continue to gather workload/workforce data through existing systems in place which supports evidence based decision making alongside professional judgement.

7.5 INDEPENDENT REVIEW OF ADULT SOCIAL CARE

The Independent Review of Adult Social Care (2021) has provided a welcome insight into, and a respect for, the complexity and requirements on the care sector and the importance of ensuring health and social care outcomes are at the heart of our planning.

It is important that the Health and Social Care Partnership in Dumfries and Galloway collaborates to ensure progress with the implementation of the recommendations within that.

Workforce development is a thread running throughout the report and will be a key area of focus for the Health and Social Care Workforce Planning Group over 2021-22 and as the 2022-2025 Health and Social Care Partnership Integrated Workforce Plan is developed.

To achieve the ambition laid out in the report will require significant investment. If we are to promote the value of social care, make it an attractive career choice, challenge low wages, ensure Fair Work principles, ensure appropriate high-quality training and support, then investment in the workforce across all sectors will be

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required. Without this investment recruitment and retention of staff will remain a significant challenge.

All of this comes with a cost that must be met through adequate funding and transparent, open and effective commissioning and procurement processes. These ambitions will not be realised on the current levels of funding allocated to third sector providers. Introduction of the Living Wage proved challenging under the providers current contracts; improvement must be supported by appropriate investment to ensure Third Sector, not-for-profit organisations are sustainable and viable, whilst supporting a well-resourced and well-supported workforce.

Investment will also be required in the broader skill set associated with innovation, collaborative working and developing alternative business models such as social enterprise, and so investment should be made into organisations that can provide this support.

7.6 RECRUITMENT AND ATTRACTION

For many health and social care sectors recruitment was a challenge prior to the pandemic.

Many sectors describe that the quality of applications for vacancies is poor, they are unable to develop new services due constant turnover of staff and in the Independent Sector staff who have worked through Covid-19 are now choosing to move out of social care.

In NHS Dumfries and Galloway a number of activities have taken place to support attracting candidates to the area;

- In nursing we have increased our social media promotion and have had a successful intake from newly qualified nurses in 2020 which we hope to build on in 2021.
- Generally, we have seen several of our "hard to fill" posts filled by agency using tighter communication and governance around applications received. We have invested in better branding and social media materials including bespoke videos that are part of the job advert, resulting in a higher level of applications to posts. Our Facebook audience has increased from 10k to 23k in 1 year and we have increased our presence on other social media platforms which is enabling us to reach a wider audience.
- The Workforce Sustainability Team in NHS Dumfries and Galloway have been supporting the Independent Sector and Third Sector with the attraction and

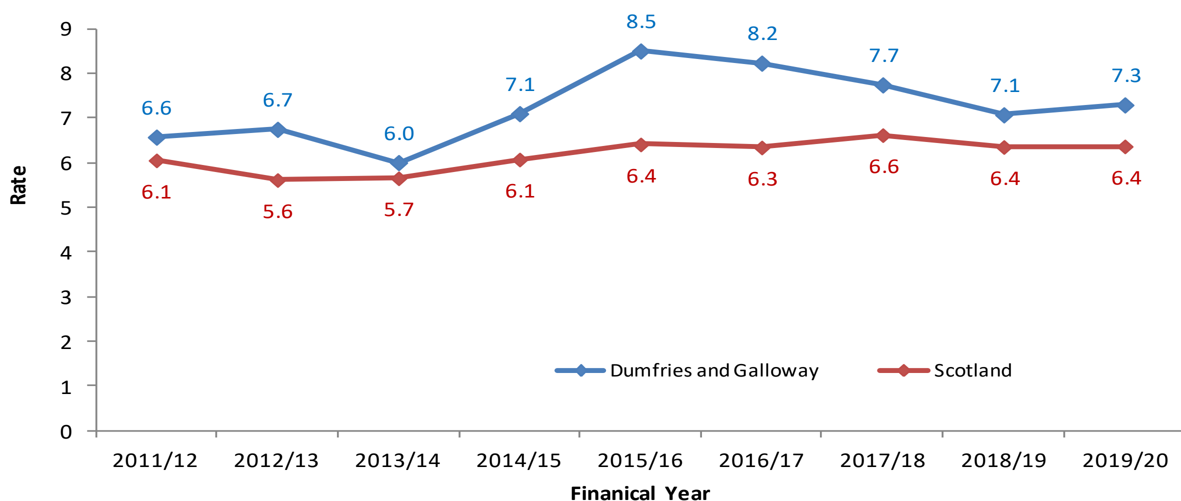
retention of staff for example where joint recruitment materials or events could be used.

For recruitment to be a level to effectively support organisations to achieve sustainable models there are a couple of areas that could be explored centrally;

- **Nursing** - it would be helpful to have a national approach to learning support required when Boards recruit internationally. One of the biggest issues that Boards face is the supported learning the international nurses need within the tight timeframe the UKVI (UK Visas and Immigration Agency) and NMC allow a nurse to pass their exam. An example of this already underway in England is the Global Learners Programme offered by Health Education England.

- **GP Recruitment –** our experience is that the Certificate of Eligibility for GP Registration (CEGPR) is a huge barrier to attracting doctors to come to work in the UK. Many of the competencies candidates need to demonstrate can only be done in a Practice and many GP Practices cannot offer this support which leaves them the option of doing a full 3 years or 1 year in GP training which includes dropping significantly in salary and standard of living which international speciality doctors do not need to do. If there was a national approach from, for example NES, BMA, Performer Leads and GMC, to see if Scotland could develop a simpler assessment route to get international GPs recognised.

- NHS Dumfries and Galloway consistently recorded a higher turnover than the Scottish average. It is vital that we stem the tide of labour turnover to gain the benefits of recruitment activity. During 2021, we will seek to increase engagement in exit interviews across the organisation in order to understand the reasons for staff leaving the organisation.



7.7 YOUTH EMPLOYMENT

The Covid-19 pandemic halted many planned initiatives to support youth employment, however as we start to remobilise services we will re-energise these plans.

Moving forward we will continue to engage with High Schools and Local Employers in Dumfries and Galloway to ensure that we attract young people into a career in health and social care.

A primary focus of the Health and Social Care Partnership over the next 3 years needs to be a coordination of workforce planning activity across the partner organisations to build on the success to date and improve recruitment and retention prospects. It is imperative that we work together to develop clear career pathways for the wide range of employment opportunities within the sectors and promote the recruitment and retention of workers from the local area.

Partners are involved in a number of initiatives, some examples include;

- Kickstart - local Kickstart Gateways include TSDG (Third sector), DG Chamber of Commerce (private sector), DG Council (public sector). https://www.gov.uk/government/collections/kickstart-scheme
- Young Persons Guarantee https://www.myworldofwork.co.uk/youngpersonsguarantee?gclid=CjwKCAjw9MuCBhBUEiwAbDZ-7rm6Gzsx3Ke3dB1R1a0LO3i-JhJpYBl8c2OFu9fgx5Py0SXbYz5vKRoCWEcQAvD_BwE
- Community Jobs Scotland https://scvo.scot/jobs/community-jobs-scotland
- Project Scotland https://www.projectscotland.co.uk
- Launch of Third Sector Employability Forum to raise the profile of careers in the sector
- Role of TSDG in promoting volunteering as a positive destination and part of the employability pathway
- National Transition Training Fund https://www.myworldofwork.co.uk/national-transition-training-fund

Section 8

Glossary

Term	Meaning
AHP	Allied Health Professional. Professionals related to healthcare distinct from nursing and medicine. Examples include podiatrists, physiotherapists, occupational therapists and speech and language therapists.
BMA	British Medical Association
BAME	Black, Asian and Minority Ethnic
BMS	Biomedical Scientist
CAGN	Community Adult General Nursing
CAMHS	Child and Adolescent Mental Health Services
CASS	Care and Support Services
DGRI	Dumfries and Galloway Royal Infirmary
EWD	European Working Time Directive
GCH	Galloway Community Hospital
GP	General Practitioner, sometimes referred to as a family doctor
GPhC	General Pharmaceutical Council
HCSW	Health Care Support Worker
Mountainhall	Mountainhall Treatment Centre
NHS DG	NHS Dumfries and Galloway
NES	NHS Education for Scotland
NSS	National Services Scotland
OOH	Out of Hours
Partnership	Health and Social care under the Integrated Joint Authority, encompassing NHS Dumfries and Galloway and Adult Social Care
PPE	Personal Protective Equipment
SSSC	Scottish Social Services Council
SVQ	Scottish Vocational Qualification
TSO	Third Sector Organisation
UKVI	UK Visas and Immigration Agency
WTE	Whole Time Equivalent
24/7	24 hours of the day and 7 days a week

Services currently provided by NHS Dumfries and Galloway which are to be integrated

- District General Hospital inpatient (scheduled and unscheduled)
- Diagnostic Services
- Community Hospital services
- Inpatient Mental Health
- Paediatrics
- Community Hospitals
- Hospital Outpatient Services
- NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Older Adult Community Psychiatric Nursing, Re-ablement, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology)

- Community Children's Services - Child and Adolescent Mental Health Service, Primary Mental Health workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, and Community Paediatricians
- Public Health Practitioner services
- GP Services
- GP Prescribing
- General and Community Dental Services
- Hotel services and facilities management

Source http://dghscp.co.uk/wp-content/uploads/2018/12/Integration-Scheme.pdf

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