HOW IS THE WORKFORCE CHANGING?

NHS D&G SEPTEMBER 2026

Prepared By
WORKFORCE PLANNING AND INFORMATION



Executive Summary

The purpose of the analysis is to identify where closer monitoring, succession planning, recruitment and retention work or more detailed service-level workforce planning may be required.

Overall workforce numbers increased during and following the Covid period, although growth has since slowed. The latest data shows a change in direction, with 404 employees leaving and 379 joining during 2025/26. It is too early to determine whether this represents a sustained contraction in the workforce or a short-term variation.

The analysis demonstrates that workforce change has not been consistent across the organisation. Some clinical and therapeutic job families have grown while Administration has returned close to its pre-Covid WTE position and Support Services has become smaller and older. The age profile also varies significantly between job families, meaning that future retirement and succession pressures are concentrated within particular professions and services rather than being uniform across the workforce

Retirement is the largest recorded reason for employees leaving the organisation, accounting for 901 leavers since 2018/19. This creates a wider workforce planning challenge because the impact of retirement is not limited to employee numbers. In smaller specialist, community and geographically dispersed services, the departure of relatively few experienced employees may result in the loss of specialist skills, organisational knowledge and local workforce resilience.

Supplementary staffing demonstrates different workforce supply pressures across the organisation. During 2025/26, services requested 373,885 hours of bank staffing with an overall fill rate of 72.7%. Nursing and Midwifery accounted for 88.8% of requested bank hours. In contrast, agency expenditure was concentrated within Medical and Dental, which accounted for £11.2 million of the £12.7 million total agency expenditure. These findings indicate a high-volume operational capacity challenge within Nursing and Midwifery and a different specialist workforce supply challenge within Medical and Dental.

The detailed job-family analysis identifies a number of services where demographic exposure, recurring turnover, workforce size or specialist workforce requirements warrant closer examination. These findings should not be interpreted as evidence that individual services are unsustainable. Instead, they provide a basis for prioritising further analysis alongside vacancies, sickness absence, temporary staffing use, establishment requirements, workforce supply and planned service change.

The next stage should use this baseline to develop a prioritised Workforce Plan focused on workforce supply, succession, recruitment and retention, working patterns, supplementary staffing, workforce redesign and improved workforce intelligence. Actions should be targeted according to the nature of the workforce challenge rather than applying a single organisational response across all services.

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Purpose and Scope

This report establishes a baseline assessment of the NHS Dumfries and Galloway workforce to support strategic workforce planning, governance reporting and operational decision-making. It describes how the size, composition and movement of the workforce has changed and identifies job families and services where more detailed workforce planning may be required. This information includes data from NHS D&G.

The principal reporting period is April 2021 to March 2026. Where reliable information is available, data from April 2018 has also been included to provide a pre-Covid baseline and avoid interpreting temporary pandemic-related workforce growth as a long-term organisational trend.

The analysis is based primarily on workforce information held within eESS and presented through a bespoke Power BI dashboard developed for this assessment. The dashboard gives the organisation a repeatable baseline that can be refreshed and expanded as workforce intelligence improves.

The Reduced Working Week was implemented during the reporting period. Standard full-time hours reduced from 37.5 to 37 hours in April 2022 and to 36 hours in April 2025. This affects comparisons of Whole Time Equivalent across the reporting period and should be considered when interpreting changes in workforce capacity.

The report is presented in two main parts. The first provides a high-level organisational overview. The second examines individual job families and services in greater detail to identify where demographic change, turnover and other workforce pressures may require targeted action.

This assessment is intended to identify where further workforce planning is required rather than prescribe detailed solutions for individual services. The findings should be considered alongside funded establishments, vacancy levels, workforce supply, service demand, financial plans and anticipated changes in models of care.

The assessment will inform development of the NHS Dumfries and Galloway Workforce Plan. This work will require input from Workforce, Finance, operational services, professional leadership and senior management to agree a realistic set of priorities that improve workforce sustainability within the organisation's financial parameters.

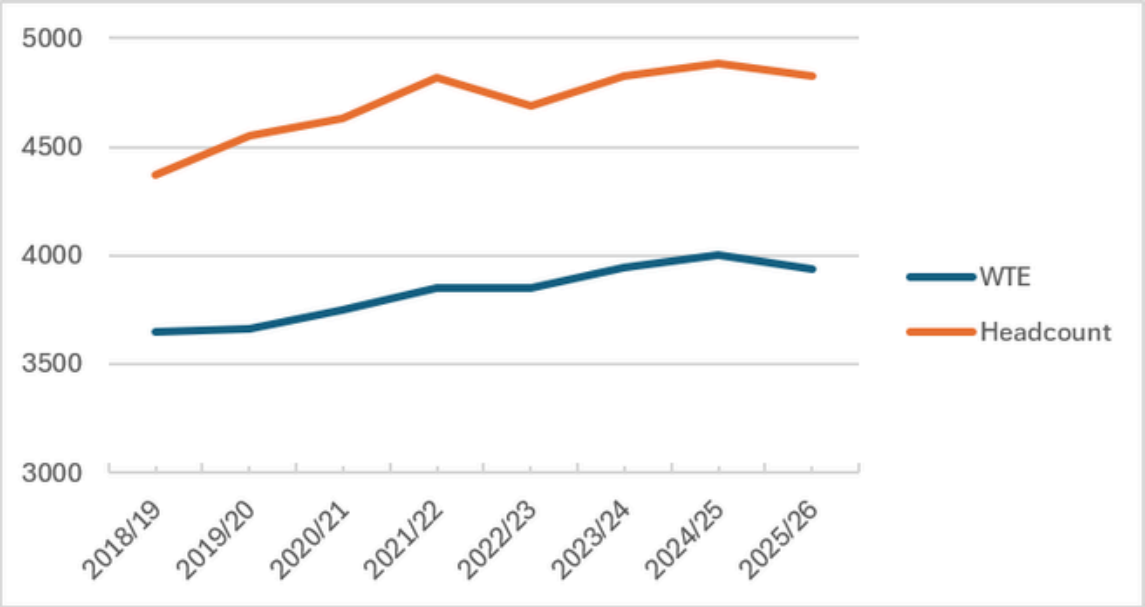
Likely areas for further consideration include workforce supply, recruitment and retention, succession planning, career development, working patterns, workforce redesign, skill mix and the future use of digital technology. eRostering, SafeCare and other workforce systems will provide increasingly important operational evidence as these systems become embedded and their data quality improves.

The report should therefore be viewed as the starting point for a more detailed planning process. It identifies where workforce pressures may be emerging and where further analysis, engagement or intervention is likely to provide the greatest organisational benefit.

Workforce Overview

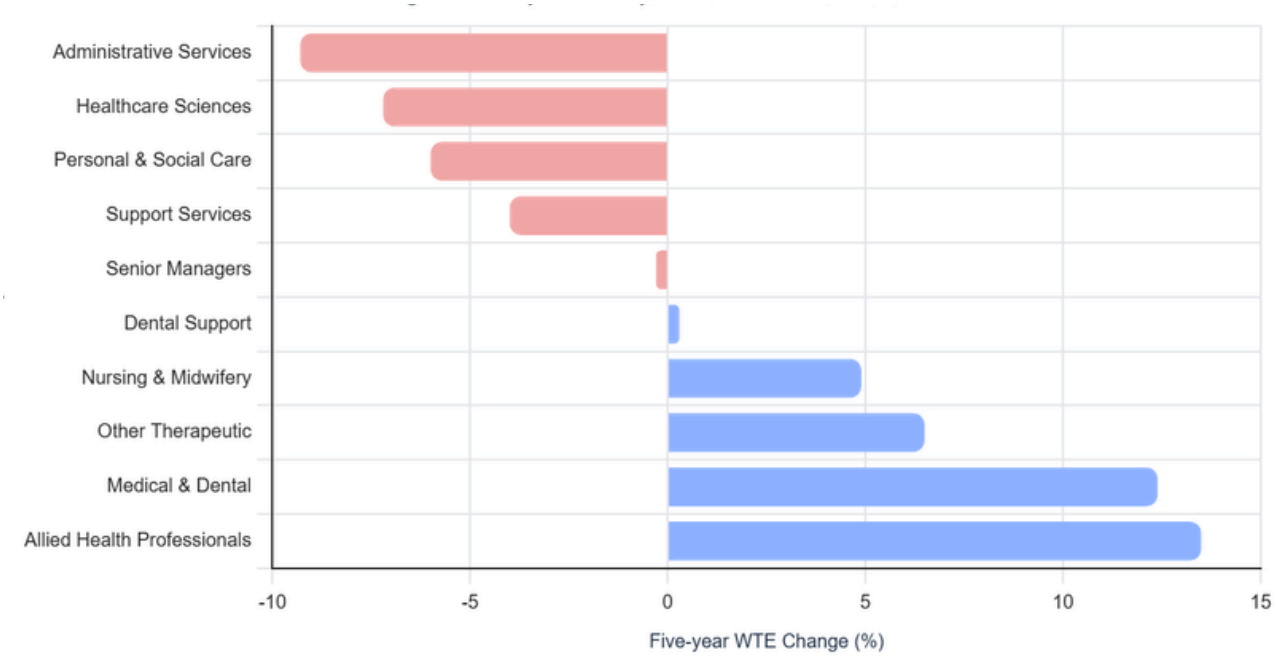
The NHS Dumfries and Galloway workforce grew during and following the Covid period, with increases in both headcount and Whole Time Equivalent. This growth has now begun to slow and the most recent data indicates that the organisation may be entering a period of workforce stabilisation or gradual reduction.

Although the workforce remains larger than in 2018/19, the position should not be interpreted solely as an increase in available workforce capacity. Changes to the standard working week during the reporting period affect WTE comparisons while growth and reduction have not been evenly distributed across job families or services.



The organisation-level position therefore provides only part of the picture. Some job families have experienced sustained growth while others have reduced or changed in composition.

Workforce change has not been uniform across the organisation. Growth has been concentrated within clinical and therapeutic job families while some administrative and support functions have reduced following temporary expansion during the Covid period.



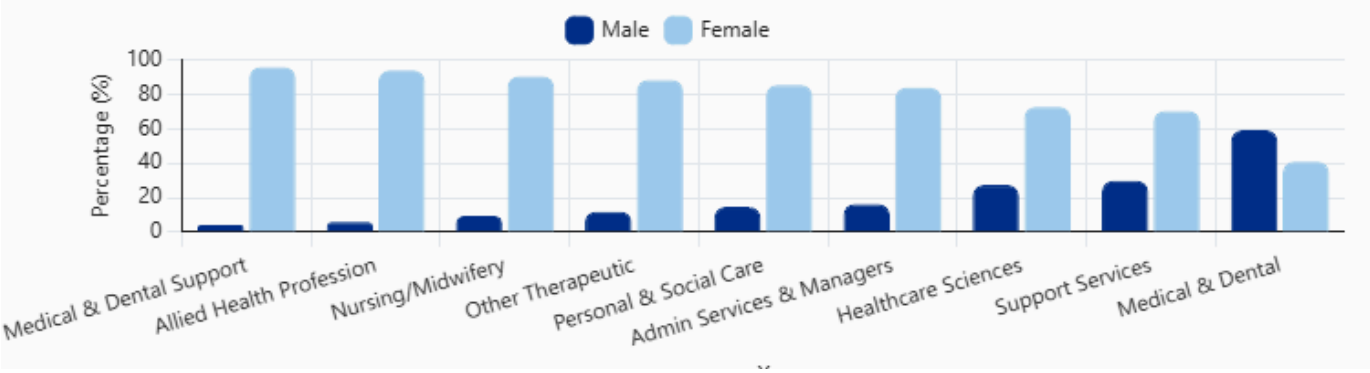
This may be a result of the reinstatement of original working hours following the reduced working week to templated teams. This was required to maintain 24/7 service provision.

Changes in individual job families should not be interpreted in isolation. An increase in headcount does not always result in an equivalent increase in WTE and a reduction in support capacity may affect the distribution of administrative and operational work across clinical services.

The job-family analysis later in the report considers these changes in greater detail, including changes in workforce size, working patterns, age profile, staff movement and areas of service-level exposure.

Gender Profile

The workforce remains predominantly female, particularly across Nursing and Midwifery, AHP, Medical and Dental Support, Other Therapeutic, Personal and Social Care and Administration. This reflects reflecting the traditionally female-dominated nature of these professions. Medical and Dental is the only job family where males form the majority.



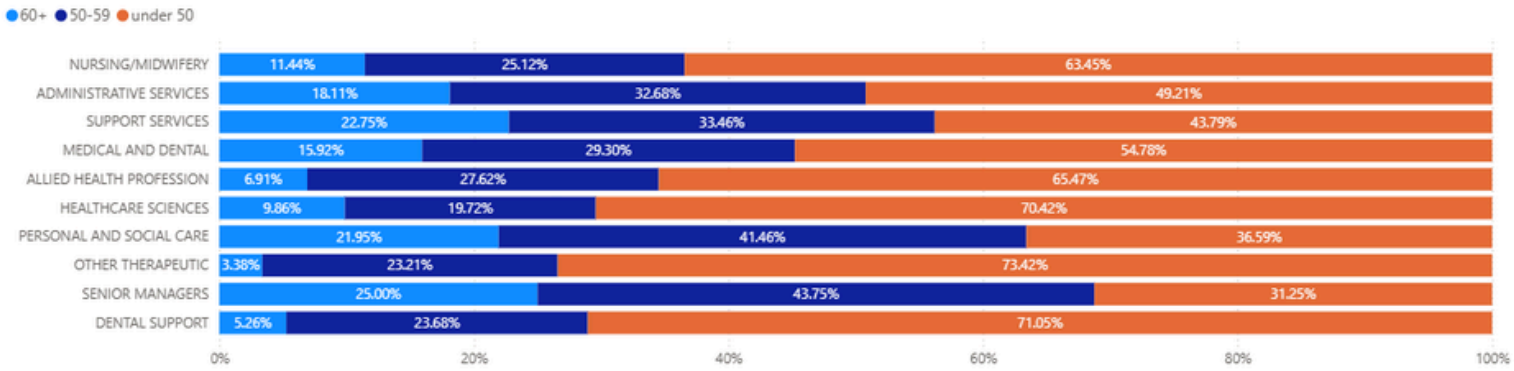
The overall gender profile has important implications for how other workforce measures are interpreted, particularly part-time working and maternity exposure. Understanding these demographic patterns is important for the development of targeted recruitment and retention initiatives.

Age Profile

The workforce age profile varies significantly between job families. Senior Managers, Personal and Social Care, Support Services and Administrative Services have the highest proportions of employees aged 50 and over. Other Therapeutic, Dental Support and Healthcare Sciences have comparatively younger profiles.

Senior Managers have the highest proportion of staff aged 60 and over. The potential impact extends beyond the number of employees who may retire and includes the possible loss of specialist knowledge, organisational experience and leadership capacity over the medium term.

The figures indicate that retirement and succession exposure are concentrated within particular job families rather than being uniform across the organisation.



Nursing and Midwifery and Allied Health Professions retain comparatively younger overall profiles, but both contain sizeable numbers of staff approaching retirement age because of the overall scale of these workforces.

Organisation-level percentages can also conceal workforce pressures within smaller specialist teams. A job family may appear relatively sustainable overall while an individual service has a concentration of staff approaching retirement or a limited external workforce supply.

The detailed analysis later in the report therefore considers retirement exposure at service level and alongside team size, turnover and other indicators of workforce resilience.

Joiners and Leavers

Net Workforce Growth

NHS Dumfries and Galloway recorded positive net workforce growth in each year shown until 2025/26. In 2025/26, 379 employees joined the organisation while 404 left, resulting in a net reduction of 25 employees.

Financial Year	Joiners	Leavers	Net Change
2018/19	599	402	+197
2019/20	557	375	+182
2021/22	790	561	+229
2022/23	597	502	+95
2023/24	619	423	+196
2024/25	539	437	+102
2025/26	379	404	-25

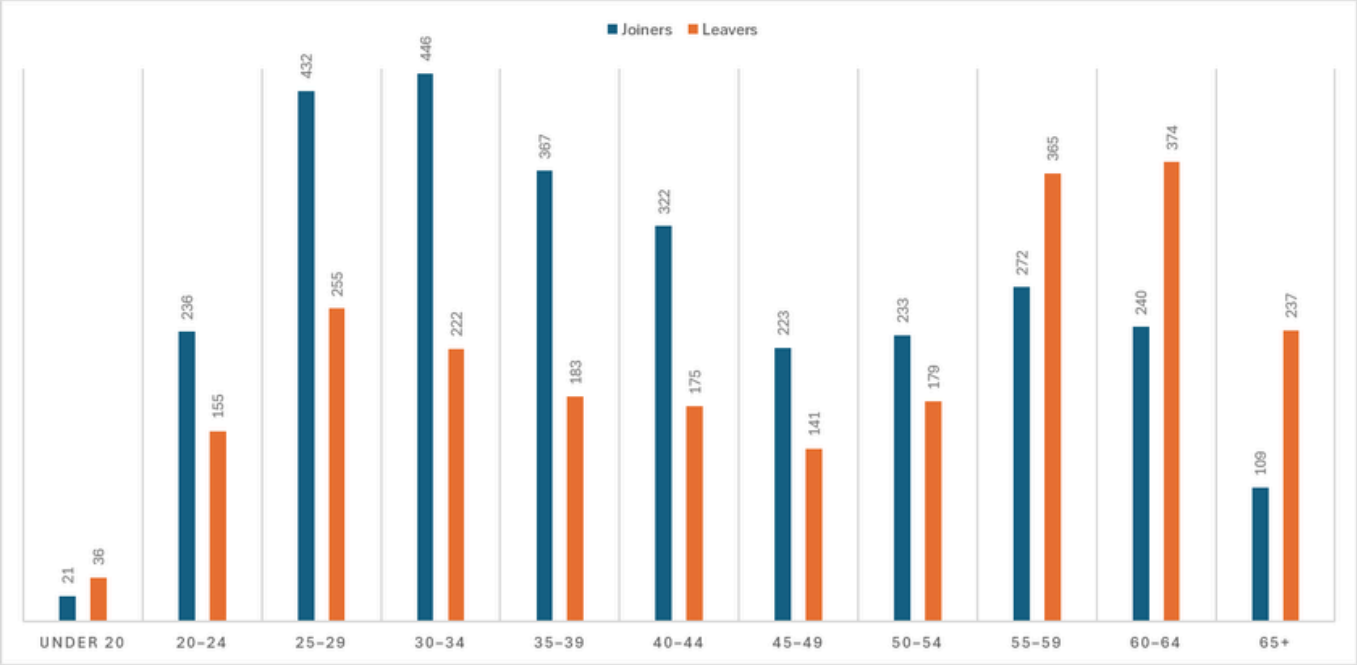
Recruitment activity has reduced from the post-pandemic peak recorded in 2021/22. Employee turnover has also reduced over the period, indicating lower overall workforce movement than during the post-pandemic years.

The narrowing gap between joiners and leavers is significant. It is not yet possible to determine whether the 2025/26 position represents a short-term variation or the beginning of a sustained change in workforce size. Continued monitoring will be required as this will have implications for future workforce capacity.

This reinforces the importance of maintaining effective recruitment pipelines alongside continued focus on retention and longer-term workforce planning to ensure services have access to the workforce they require.

Recruitment is distributed across a broad range of age groups but is strongest among employees aged between 25 and 44. Across much of the working-age population, joiners have generally exceeded leavers and made a positive contribution to workforce growth.

The pattern changes from age 55, where leavers frequently exceed joiners. Although the dataset does not provide the reason for departure within this analysis, the concentration of leavers in older age groups indicates a potential loss of experienced staff and organisational knowledge.



There is also relatively limited recruitment at the youngest end of the workforce. Employees aged under 20 account for only a small number of both joiners and leavers across the 5 year period. This suggests there may be an opportunity to strengthen routes into the organisation for younger employees through apprenticeships, structured entry routes and other early-career pathways.

The data highlights an important workforce planning challenge. The organisation is successfully recruiting across younger and mid-career age groups but this needs to be considered alongside the scale of exits among employees aged 55 and over. Succession planning, knowledge transfer, retention of older workers where appropriate and development of early-career recruitment pipelines should therefore form an important part of future workforce planning.

Leaving Destination

Retirement is the largest recorded reason for leaving NHS Dumfries and Galloway. **Since 2018/19, 901 employees left** through retirement, accounting for 30.8% of recorded leavers. Although the number of retirements has **reduced from a peak of 188 in 2021/22** to 130 in 2025/26, retirement remains the largest single leaving destination. This reinforces the importance of succession planning, knowledge transfer and understanding future retirement intentions.

A further 577 leavers, representing **19.7%, are recorded as Other or Declined**. The size of this category limits the organisation's ability to understand why employees leave and where they go. Improving the quality and completion of leaving-destination information and the exit interview data collection should therefore form part of future workforce intelligence work.

Movement within the NHS also accounts for a material proportion of departures. A total of **435 staff moved to another NHS Scotland board** and **81 moved to another NHS organisation elsewhere in the UK**. This represents workforce mobility within the wider NHS rather than a complete loss from the health sector.

Leavers moving out of employment accounted for a smaller proportion of turnover. **210** employees (7.2%) reported having no employment following departure, whilst **192** employees (6.6%) moved to the private sector and **162** employees (5.5%) transferred to other areas of the public sector. These trends have remained relatively stable over the 7 year period.

A total of 100 employees moved into General Practice, representing 3.4% of all leavers. Numbers have reduced from a peak of **36** staff in 2021/22 to **9** in 2025/26. Other destinations included further education or training (**68** leavers), self-employment (**22** leavers), private healthcare organisations (**20** leavers), and a variety of social care, education and overseas employment opportunities, all representing relatively small proportions of overall turnover.

It should be noted that we are unable to track internal movers within the organisation so this information is not explored as part of this report.

Retire and Return

Between 2021/22 and 2025/26, **755 employees retired** from NHS Dumfries and Galloway, equivalent to an average of approximately 151 retirements each year. Retirement activity was highest in 2021/22 and has subsequently reduced, although retirement remains the organisation's largest recorded leaving destination.

The introduction and increased utilisation of Retire and Return arrangements has provided an important mechanism to retain valuable skills, experience and organisational knowledge. The use of Retire and Return arrangements increased from 2023/24. Across the five-year period, **118 employees returned following retirement**, representing approximately 15.6% of recorded retirements.

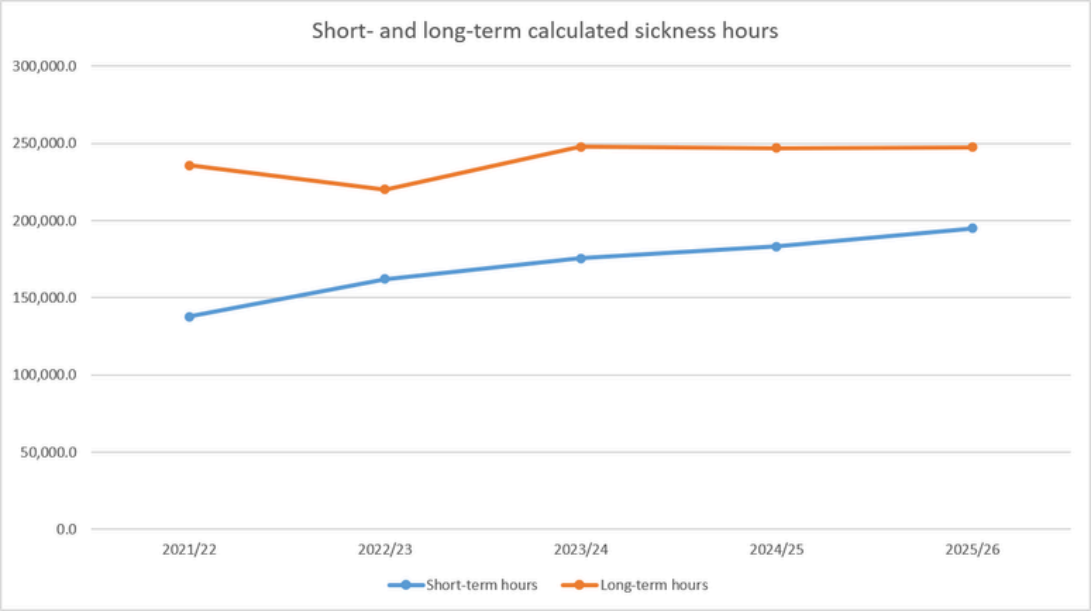


Retire and Return can help retain specialist knowledge, experience and workforce capacity. However, these arrangements should form part of wider succession and workforce planning rather than being considered a substitute for sustainable workforce supply.

The current dataset does not identify partial retirement consistently. This limits the organisation's ability to assess the full impact of flexible retirement arrangements on available workforce capacity.

Sickness Absence Rates

Sickness absence rates increased every year from **4.94% in 2021/22** to **5.79% in 2025/26**, a rise of 0.85%. Calculated **hours lost grew by 18.5%** from 373,365 to 442,483 hours, equivalent in the latest year to 226.9 WTE posts. This represents a significant recurring constraint on workforce capacity rather than a single year fluctuation.

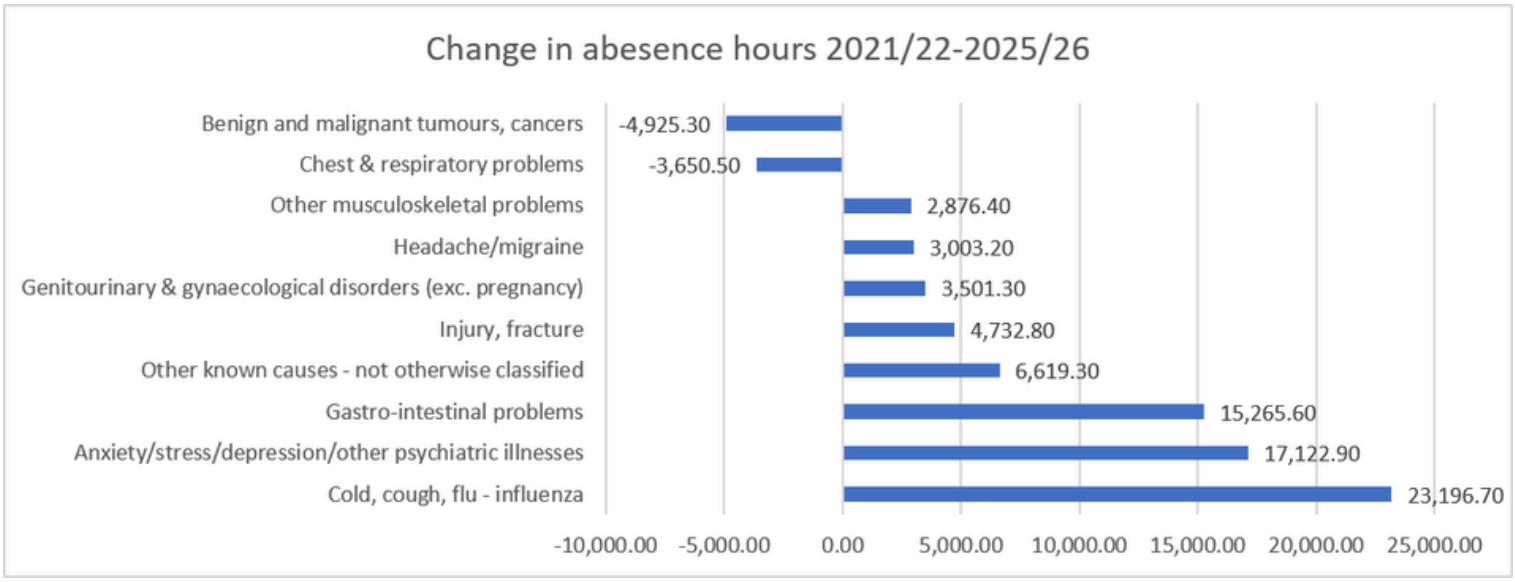


The underlying pattern indicates that absence frequency has worsened more than absence duration. **Sickness episodes increased by 45%**, from 6,026 to 8,754 while the **number of employees absent increased by 22.5%**, from 2,715 to 3,329. The average number of episodes per employee rose from 2.22 to 2.63. At the same time, **average days per episode reduced from 13 to 10.6**. Considered together, this suggests the organisation is experiencing substantially more frequent spells of absence.

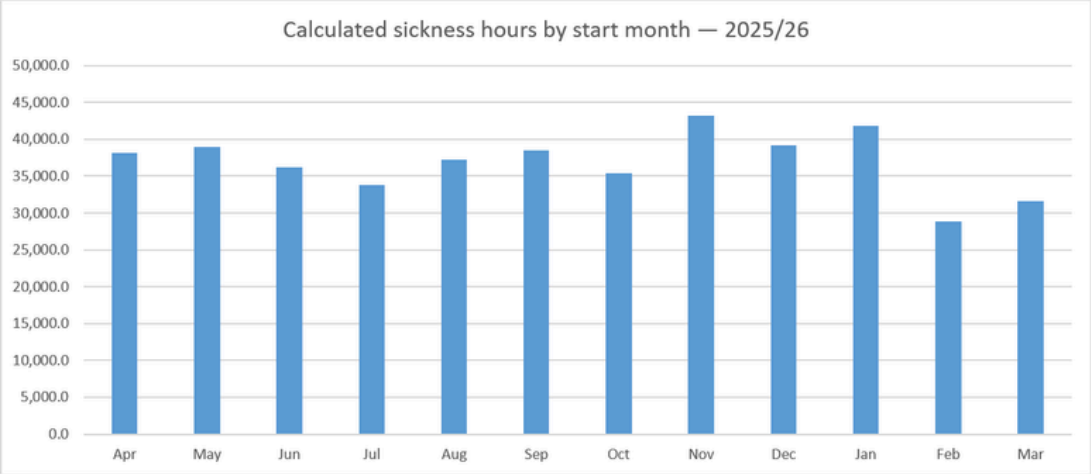
In 2025/26, short-term absence accounted for 7,979 episodes or 91% of all episodes but 195,012 hours or **44% of lost capacity**. Long- term absence represented only 775 episodes or 9% yet generated 247,471 hours and **56% of all sickness hours**. Since 2021/22, short- term hours have increased by 42% and short- term episodes by 50%, whereas long-term hours increased by 5% and long term episodes by 8%.

Mental ill health is the dominant cause of absence and the clearest single prevention and recovery priority. Anxiety, stress, depression and other psychiatric illness accounted for 146,700 hours in 2025/26 representing 33% of all sickness hours and contributing 1.92% to the overall 5.79% sickness rate. This was more than three times the hours associated with either gastro-intestinal illness (48,147.9 hours; 10.9%) or cold, cough and influenza (47,539.2 hours; 10.7%). Together, these three causes generated 59% of all lost hours. Other musculoskeletal problems contributed a further 32,554 hours (7.4%), reinforcing the need for both psychological and physical health interventions.

The movement in leading causes also helps explain the worsening trend. Compared with 2021/22, absence hours increased by 23,196 for cold, cough and influenza, by 17,122 for anxiety, stress and depression and other psychiatric illness, and by 15,265 for gastro- intestinal problems. Mental ill health remains the largest capacity issue, while the growth in respiratory and gastro-intestinal absence is consistent with the increase in high-volume short-term episodes. This mix means that action cannot rely solely on long-term case management; prevention, early support and consistent management of recurrent short spells are also required.



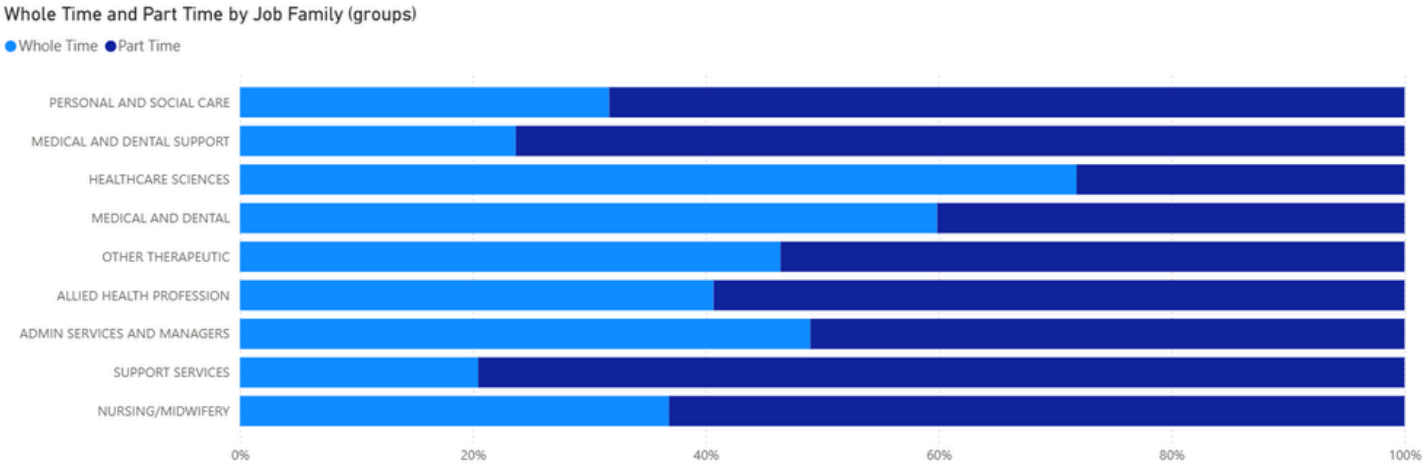
There is evidence of seasonal pressure. Monthly absence hours were highest in November at 43,148.2 and January at 41,796.9, with December also elevated at 39,155.3. February was the lowest month at 28,831.5 hours. Episode volumes were highest in November (947), December (889) and January (885), indicating a clear concentration during the winter period. Operational plans should therefore anticipate increased absence pressure across late autumn and winter.



Part time working

Part-time working is a significant and gradually increasing feature of the NHS Dumfries and Galloway workforce. In 2025/26, the organisation employed 4,825 staff delivering 3,934.2 WTE. Overall, **59.8% of employees worked part-time** compared with 57.8% in 2018/19. This is notably higher than the reported **NHS Scotland figure of 47%** for the same period. NHS Dumfries & Galloway records a higher proportion of part-time staff than NHS Scotland across almost all job families, with the exception of Healthcare Sciences.

Future workforce planning should consider whether employees who want to increase their contracted hours have opportunities to do so. This should form part of a wider assessment of flexible working, service requirements, affordability and workforce supply rather than assuming that part-time working can or should be reduced across the organisation.



Working patterns vary between job families and pay bands. Nursing and Midwifery contains the largest number of part-time employees while Medical and Dental remains more heavily weighted towards full-time working.

At pay-band level, part-time working is concentrated in Agenda for Change bands 1–4, while the split is more balanced across bands 5–9; medical grades remain weighted towards full-time employment.

Organisational Diversity

The workforce ethnicity profile indicates that the **organisation's workforce remains predominantly White Scottish**, accounting for 54.91% of the workforce (WTE). However, this is notably lower than the proportion recorded within the local census population (76.27%). This disparity is likely due to a significant proportion of employees who have either **not disclosed their ethnicity (20.34%)** or selected **'Prefer not to say' (4.76%)**, meaning that over one quarter of the workforce has not provided ethnicity information.

Recorded workforce information also shows representation across a broad range of White minority, Asian, African, Caribbean, Mixed, Arab and other ethnic backgrounds. Several minority ethnic groups appear proportionally better represented within the workforce than in the local population. A break down of our Ethnic profile vs the local population can be found in **Appendix 1.**

Improving ethnicity declaration rates would strengthen equality monitoring and provide a more reliable basis for comparing recruitment, progression, retention and employee experience across the organisation.

The current data suggests that NHS Dumfries and Galloway employs staff from a broad range of ethnic backgrounds. However, the organisation should give priority to improving data completeness before drawing firm conclusions about whether all groups are represented equitably across job families, pay bands or leadership levels.

Supplementary Staffing

The organisation relies on supplementary staffing to sustain delivery of core services and provide flexibility in response to workforce pressures. Supplementary staffing is delivered primarily through the local bank workers, supplemented by agency staffing where suitable internal resources are not available. These workers have been used to cover unplanned staffing absence, peaks in workload associated with higher patient acuity, peaks in workload associated with an increased number of patients, and vacancies.

During 2025/26, the organisation had the **demand for 373,885** hours of bank staffing, equivalent to **192 WTE** equivalent posts. Of this demand, **271,852 hours were filled**, producing an overall **fill rate of 72.7%**, while **102,033 hours remained unfilled**. The bank demand was equivalent to approximately 4.8% of the organisation's 3942 WTE workforce, demonstrating the significant contribution supplementary staffing makes to maintaining service delivery and operational resilience.

	Filled (Hours)	Unfilled (Hours)	**Total (Hours)**
Admin & Clerical	3,585.75	449.75	**4,035.50**
AHP	4.5	7.5	**12**
Healthcare Sciences	1,939.75	184	**2,123.75**
Nursing & Midwifery Registered	99,797.08	52,432.03	**152,229.12**
Nursing & Midwifery Unregistered	135,172.48	44,611.72	**179,784.20**
Support Services	31,352.65	4,347.95	**35,700.60**
Total (Hours)	**271,852.22**	**102,032.95**	**373,885.17**

Bank demand was heavily concentrated within Nursing and Midwifery, which accounted for 88.8% of all requested hours. Registered Nursing represented the most significant supply challenge, with **52,432** unfilled hours and a fill rate of only 65.6%, while Unregistered Nursing accounted for a further **44,612** unfilled hours. This highlights this as an area of the organisation with significant workforce supply pressures which should be focused on in the final workforce plan.

Demand for supplementary staffing is not consistent throughout the year with demand for staffing increasing throughout the year, reaching more than **103,000 requested hours** during the final quarter of 2025/26.

Analysis of service areas demonstrates that workforce pressures are concentrated within a relatively small number of high-demand services . Critical Care Unit, Assessment Unit, Acute Maternity Services, Accident and Emergency and Relief Pool generated the largest volumes of unfilled bank demand. These areas require ongoing workforce planning attention due to the combination of high demand and lower fill performance.

Where bank staffing was unable to meet service requirements, agency staffing was used to maintain service continuity and access specialist skills. **Total agency expenditure during 2025/26 was £12.7 million**. The largest proportion of this expenditure related to Medical and Dental staffing, which accounted for £11.2 million (88.2%) of total agency spend. Allied Health Professionals represented the second largest category at £898k, while Registered Nursing agency expenditure totalled £277k.

Agency expenditure was highly concentrated within **Acute Services which accounted for £11.5 million (90.2%) of all agency expenditure**. This reflects the specialist workforce requirements and recruitment challenges associated with acute hospital services, particularly within Medical and Dental staffing groups.

	Acute	CHSC	FSS	Corporate	Mental Health	Primary Care	**Total**
Allied Health Professional	£ 832,684.00	£ 64,881.00	£ -	£ -	£ 803.00	£ -	**£ 898,368.00**
Healthcare Sciences	£ 137,704.00	£ -	£ -	£ -	£ -	£ -	**£ 137,704.00**
Registered Nursing	£ 177,599.00	£ -	£ 66,500.00	£ -	£ -	£ 32,920.00	**£ 277,019.00**
Unregistered Nursing	£ -	£ -	£ -	£ -	£ -	£ -	**£ -**
Dental Support	£ -	£ -	£ -	£ 10,500.00	£ -		**£ 10,500.00**
Registered Midwifery	£ -	£ -	£ 8,713.00	£ -	£ -	£ -	**£ 8,713.00**
Admin and Clerical	£ -	£ -	£ -	£ 28,455.00	£ -	£ -	**£ 28,455.00**
Therapies	£ -	£ -	£ -	£ -	£ 141,447.00	£ -	**£ 141,447.00**
Medical and Dental	£ 10,307,196.00	£ -	£ 606,761.00	£ -	£ 278,014.00	£ -	**£ 11,191,971.00**
Total	**£ 11,455,183.00**	**£ 64,881.00**	**£ 681,974.00**	**£ 38,955.00**	**£ 420,264.00**	**£ 32,920.00**	**£ 12,694,177.00**

Taken together, the bank and agency data point to two distinct workforce supply challenges.

The first is a high-volume operational challenge within Nursing and Midwifery, where services depend on substantial levels of bank staffing to maintain day-to-day operations and where significant levels of unfilled demand remain. This suggests that the current supply of available bank workers is not sufficient to meet all requested demand.

The second is a specialist workforce challenge within Medical and Dental services, where workforce shortages are managed primarily through agency staffing rather than through the bank workforce.

The workforce plan should address these issues differently. Nursing and Midwifery requires further consideration of substantive staffing, bank capacity, working patterns and the causes of repeat demand. Medical and Dental requires a professional and specialty-specific assessment of recruitment, retention, workforce supply and the sustainability of current agency arrangements.

Job Family Analysis

The following sections examine the workforce at job family level to identify where changes in workforce demographics may create different workforce planning challenges across the organisation. While the organisation-wide analysis provides an overall picture of how the workforce is changing, this can mask important differences between professional groups, services and teams. The job family analysis therefore considers both the overall demographic profile of each workforce group and areas where particular pressures are concentrated at sub-department level.

The analysis focuses on a number of indicators which may affect the future resilience and sustainability of the workforce. These include the age profile of the workforce, potential retirement exposure, maternity exposure and patterns of staff turnover. These measures are intended to identify areas of potential workforce pressure rather than predict individual behaviour. For example, being above the organisation's average retirement age does not mean that an individual is expected to retire, while being within the age profile associated with maternity leave does not mean that an individual will take maternity leave. Instead, the analysis highlights where concentrations within the workforce may create a greater requirement for forward workforce planning.

Demographic exposure and turnover have been assessed differently to reflect the nature of the measures. Demographic exposure is considered at the 2025/26 point. Turnover is assessed across the five-year reporting period, rather than focusing on a single year's position, to distinguish sustained retention pressures from isolated annual fluctuations. Teams are highlighted where there are at least five years of recorded turnover data and turnover has been above the corresponding annual workforce average in more than half of those years. This methodology is applied consistently across all job family turnover analysis.

Percentages are considered alongside the number of employees affected and the overall size of the team. High percentage exposure within a small team may be driven by relatively few employees but can still create a significant local resilience issue. Lower percentage exposure within a large team may affect a greater number of employees and have a wider organisational impact.

The purpose of the analysis is to identify where closer monitoring, succession planning, recruitment and retention work or more detailed service-level workforce planning may be required.

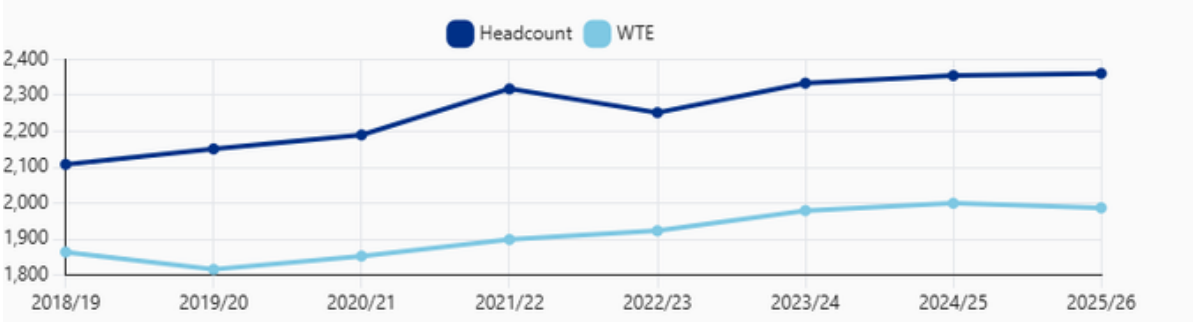
The analysis also considers the interaction between different indicators. A demographic pressure in isolation may be manageable, particularly within a larger team. However, where retirement exposure, maternity-related exposure or persistent turnover occur together, there may be a greater risk to workforce resilience. Team size is therefore considered alongside percentage exposure, recognising that high percentages within small teams can be driven by relatively few individuals but may still represent a significant local resilience issue.

The purpose of the analysis is therefore not to categorise individual teams as having a workforce problem, but to identify where the demographic evidence suggests that closer monitoring, succession planning, recruitment and retention activity or service-level workforce planning may be required.

The findings should be considered alongside local knowledge, establishment requirements, vacancy levels, workforce supply and anticipated changes in service delivery when determining the appropriate response.

Adult Social Work

The Nursing and Midwifery workforce has grown steadily over the reporting period (2018/19- 2025/26), with headcount increasing by 12.0% from **2,108** to **2,361** staff, and WTE increasing by 6.6% from **1,864.1** to **1,987.1**.



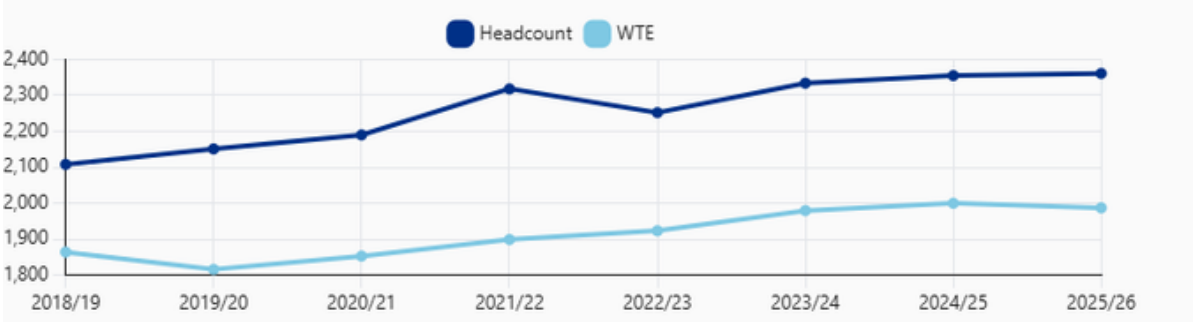
The workforce remains predominantly female (90%) and has become increasingly part-time, with the **proportion of part-time staff rising from 58.7% to 63.2%**. Recruitment activity has supported workforce growth, while annual turnover has improved significantly, reducing from 13.4% to 5.8%.

The age profile indicates an increasingly mature workforce, with staff **aged 60 and over** increasing from **179** to **270** and those working beyond average retirement age rising from **70** to **127**. However, the number of staff **aged under 50** has also increased from **1,212** to **1,498**, supporting workforce sustainability.

Overall, Nursing and Midwifery has experienced sustained growth, improved retention and increased staffing capacity. The ageing workforce profile highlights the continued importance of recruitment, succession planning and retention strategies to support future workforce sustainability.

Nursing and Midwifery

The Nursing and Midwifery workforce has grown steadily over the reporting period (2018/19- 2025/26), with headcount increasing by 12.0% from **2,108** to **2,361** staff, and WTE increasing by 6.6% from **1,864.1** to **1,987.1**.



The workforce remains predominantly female (90%) and has become increasingly part-time, with the **proportion of part-time staff rising from 58.7% to 63.2%**. Recruitment activity has supported workforce growth, while annual turnover has improved significantly, reducing from 13.4% to 5.8%.

The age profile indicates an increasingly mature workforce, with staff **aged 60 and over** increasing from **179** to **270** and those working beyond average retirement age rising from **70** to **127**. However, the number of staff **aged under 50** has also increased from **1,212** to **1,498**, supporting workforce sustainability.

Overall, Nursing and Midwifery has experienced sustained growth, improved retention and increased staffing capacity. The ageing workforce profile highlights the continued importance of recruitment, succession planning and retention strategies to support future workforce sustainability.

Maternity Exposure

The highest maternity-related exposure is concentrated in several sizeable clinical teams, meaning that the findings cannot be attributed solely to small headcounts. For the purposes of this analysis, maternity exposure is based on the proportion of female staff aged around the organisation's average maternity leave age.

Midwifery Inpatients has the clearest exposure, with 28 of its 60 staff (46.7%) falling within the age profile associated with the organisation's average maternity age. **Ward B3** records 16 of 39 staff within this age profile (41.0%) , while **Garrick Ward** has 12 of 30 staff (40.0%). The **Critical Care Unit** also has substantial exposure with 28 of 73 staff (38.4%).

Other areas with elevated maternity exposure include **GCH A&E**, where 8 of 21 staff (38.1%) fall within the age profile; **Midwifery East Team**, with 6 of 16 staff (37.5%); and **Ward D8**, with 15 of 40 staff (37.5%). **Ward C5 Medical** has 15 of 44 staff (34.1%) in the , while the the **Combined Assessment Unit** and **Emergency Department** have **27 of 82** staff (32.9%), and 18 of 55 staff (32.7%), respectively. These larger teams may have greater capacity to absorb individual periods of leave; however, the absolute number of staff within the age profile associated with maternity leave suggests that these teams should be aware that they may experience maternity-related staffing pressures over the short and medium term.

Retirement Exposure

Retirement exposure is particularly evident across community hospitals, home teams and some specialist or geographically dispersed services. **Thomas Hope Hospital** has 5 of 23 staff (21.7%) above the recorded average retirement age. **Machars Home Team** has 5 of 29 staff (17.2%), while **Annan Hospital** and **CTAC** each have 16.7% exposure, representing 5 of 30 and 7 of 42 staff respectively. **Lochmaben Hospital** has **5 of 32** staff (15.6%) above the average retirement age, and **GCH Day Surgery** and **Anaesthetics** both have 3 of 19 staff (15.8%).

Other notable areas include **Castle Douglas Hospita**l, with 4 of 27 staff (14.8%) above the average retirement age; **Health Visiting Annandale and Eskdale**, with 2 of 15 staff, (13.3%); **Rhins Home Team**, with 4 of 31 staff (12.9%); and the **Immunisation Team**, with 6 of 50 staff (12.0%). Although **Dumfries Out of Hours** records the highest percentage at 25.0%, this represents 3 individuals within a headcount of 12 and should therefore be treated as a local resilience concern rather than compared directly with larger services.

Persistent Turnover

Thomas Hope Hospital presents the strongest persistent pattern: turnover averaged 16.6% across five years and was above the annual benchmark in all five. Its recent rates included 20.0% in 2021/22, 14.3% in 2022/23, 13.3% in 2023/24, 22.2% in 2024/25 and 13.3% in 2025/26.

Annan Hospital also shows a recurring turnover concern. Across five recorded years, turnover averaged 16.1% and exceeded the annual benchmark in four. Turnover was 33.3% in 2021/22, 20.0% in 2022/23 and 13.6% in 2023/24, before reducing to 3.5% in 2024/25 and rising to 10.3% in 2025/26.

Further persistent patterns are evident in **GCH Day Surgery** and **Anaesthetics**, where turnover averaged 14.0% across six recorded years and was above the annual benchmark in four; **Day Surgery**, averaging 12.3% across eight years and above benchmark in five; and the **Immunisation Team**, averaging 11.6% across five recorded years and above benchmark in four. **Neonatal** averaged 10.5% across six recorded years and exceeded the annual benchmark in four, while **Midwifery Inpatient** averaged 10.5% across the full eight-year period and was above the benchmark in five years.

Ward C4 also demonstrates a recurring pattern, with average turnover of 10.1% across eight years and rates above the annual benchmark in five. Turnover reached 15.2% in 2021/22 and 19.2% in 2022/23 before reducing to 2.6% in 2025/26. This recent reduction is encouraging, but the previous recurrence indicates that retention should continue to be monitored rather than treating the latest year as conclusive evidence of a sustained improvement.

Areas with Overlapping Exposure

Thomas Hope Hospital presents the clearest workforce sustainability concern. In 2025/26, 5 of its 23 staff were above the recorded average retirement age and 14 were aged 50 or over. Four staff were within the maternity-related age profile. Turnover remained consistently elevated across the five years, at 20.0% in 2021/22, 14.3% in 2022/23, 13.3% in 2023/24, 22.2% in 2024/25 and 13.3% in 2025/26. The combination of persistent turnover, retirement exposure, rurality and a relatively small workforce creates a clear requirement for succession planning to ensure the sustainability of this workforce.

Annan Hospital also requires continued workforce planning attention. In 2025/26, 5 of its 30 staff were above the recorded average retirement age and 18 were aged 50 or over. Three staff were within the maternity-related age profile. Turnover was 33.3% in 2021/22, 20.0% in 2022/23 and 13.6% in 2023/24, before reducing to 3.5% in 2024/25 and increasing to 10.3% in 2025/26. Although turnover has reduced from its earlier peak, the five-year pattern remains significant and the current age profile increases the need for succession, recruitment and retention planning.

Castle Douglas Hospital, has a significant concentration of retirement exposure alongside sharply increasing turnover. In 2025/26, 4 of its 27 staff were above the recorded average retirement age and 19 were aged 50 or over. Two staff were within the maternity-related age profile. The average turnover was 16.1% across the 5 year period, although this has increase to 25.5% in 2024/25 and remaining high at 22.2% in 2025/26.

The Immunisation Team has a substantial older workforce profile accompanied by recurring turnover. In 2025/26, 6 of its 50 staff were above the recorded average retirement age and 28 were aged 50 or over. Eight staff were within the average maternity age profile. Turnover was 11.3% in 2025/26, although this has variability across the 5 year period.. The current retirement exposure and number of staff aged 50 or over a requirement to begin succession planning to mitigate the impact of potential retirements.

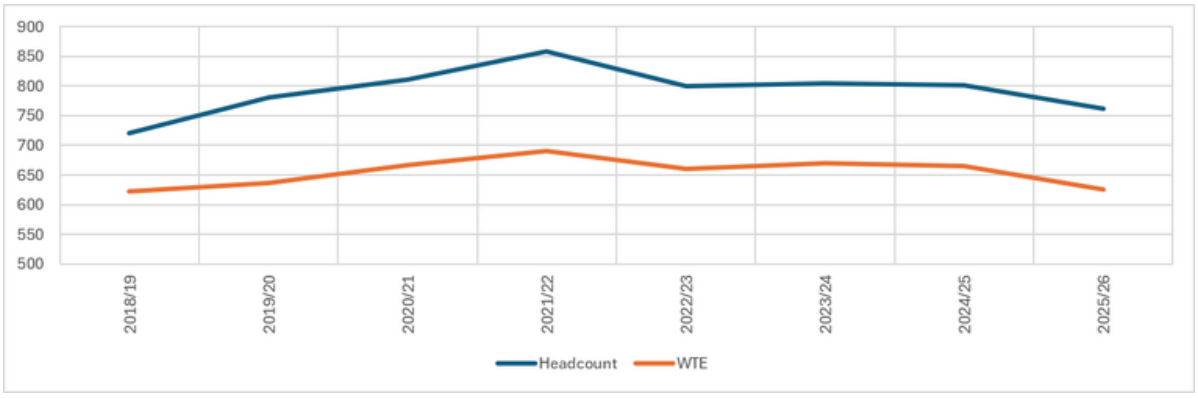
CTAC has a combination of retirement and turnover pressure. In 2025/26, 7 of its 42 staff were above the recorded average retirement age and a further 28 were aged 50 or over. 7 staff were within the maternity-related age profile. Turnover has been low at 5.4% in 2022/23, 2.5% in 2023/24, 9.3% in 2024/25 however spiked at 16.5% in 2025/26. The increase over the latest two years, together with the current age profile, highlights a emerging workforce sustainability concern .

OPD/Pre-Assessment has a combination of retirement and maternity exposure and intermittent turnover pressure. In 2025/26, 3 of its 34 staff were above the recorded average retirement age and 16 were aged 50 or over. Nine staff were within the maternity-related age profile. Turnover was 22.7% in 2021/22, was not recorded in 2022/23, increased to 17.6% in 2023/24, reduced to 3.0% in 2024/25 and rose to 11.6% in 2025/26. The variable turnover pattern does not demonstrate sustained pressure on the same basis as the priority teams. However, the 2025/26 age profile supports closer monitoring of retirement intentions, skills availability and recruitment requirements.

Neonatal should be under review because of the specialist nature, size of its workforce and presence on the corporate risk register. In 2025/26, 6 of its 27 staff were within the maternity-related age range, representing 22.2% of the team. No staff were recorded above the average retirement age and five were aged 50 or over. Turnover was 8.5% in 2021/22, 12.0% in 2022/23, 3.9% in 2023/24, 11.1% in 2024/25 and 10.9% in 2025/26. While demographic exposure is lower than in some larger acute teams, recurring turnover within a small specialist team required support to developed retention and attraction activity.

Administration

The administration workforce has changed significantly over the eight-year period from 2018/19-2025/26, although this needs to be viewed in the context of the temporary workforce expansion associated with the COVID-19 pandemic. Headcount increased from 720 in 2018/19 to a peak of 858 in 2021/22, while WTE increased from 622.1 to 690.5 over the same period. Since then, the workforce has progressively reduced, with headcount falling to 762 and WTE to 626.3 in 2025/26. This brings the administration workforce much closer to its pre-COVID position, particularly in WTE terms, consistent with the organisational aim of reducing administrative capacity to pre pandemic levels. The 2025/26 WTE is now only 4.2 WTE above the 2018/19 position.



The composition of the workforce has remained relatively stable in terms of sex, with females accounting for 85% of this staff group. Part-time working has also remained a significant throughout throughout the period. The proportion working part time increased to 52.1% in 2025/26, the highest level across the eight years, compared with 49.4% in 2018/19.

The more significant longer-term workforce planning consideration is the changing age profile. The number of staff aged over 50 increased from 321 in 2018/19 to 387 in 2025/26, an increase of 66 staff, despite overall WTE being broadly back at its pre-COVID level. Within this group, the number of staff working above the recorded average retirement age increased from 44 to 71, an increase of 61%. The most recent position is particularly notable because the number of staff aged over 50 has remained at 387 between 2024/25 and 2025/26 despite total headcount reducing from 802 to 762 indicating a loss of the younger workforce. For clarity staff above the average retirement age are included within the wider over-50 population.

The increasing number of staff approaching or working beyond typical retirement ages provides an opportunity to consider future administrative requirements alongside service redesign, digital transformation and changes in how administrative work is undertaken.

Artificial intelligence (AI) is also likely to become an increasingly important consideration in this workforce. Rather than assuming that AI will translate directly into a reduction in administrative staffing, the organisation should consider how the nature of administrative roles may change as AI and automation become more widely adopted. Activities involving routine information processing, document preparation and other repeatable administrative tasks may provide opportunities for redesign, while other functions will continue to require human judgement, service knowledge and patient interaction.

The organisations administrative workforce is entering a different phase of workforce planning. The immediate post-pandemic requirement has been to bring overall workforce capacity back towards pre-COVID levels. The longer-term challenge is to manage an ageing workforce while determining how administrative roles and skills will need to change as services become increasingly digital and make greater use of AI. Natural workforce turnover and retirement may provide opportunities to reshape the workforce progressively, the following analysis will provide an overview at sub-department level where retirement exposure is concentrated or where turnover is high.

Sub Department Risk Analysis

Maternity exposure

The **Waiting Times Admin Team** has the highest potential maternity exposure in 2025/26. 11 of its 22 staff are within the age profile for the average maternity age. This is substantially higher than the 12.5% average across the larger administrative sub-departments and represents a meaningful exposure because it relates to 11 employees rather than being driven by only one or two individuals.

IJB Business Support has 4 of 17 staff (23.5%) within this age profile, while **CHSC Central Business Support** has 4 of 18 staff (22.2%). **Management Accounts** records 3 of 15 staff (20.0%). These teams have a higher potential maternity exposure than the administrative workforce average.

Retirement exposure

Retirement exposure is highest in **Acute Admin**, where 6 of 26 (23.1%) staff are above the recorded average retirement age. This represents the largest number and highest proportion among the larger administrative sub-departments and indicates a potentially significant succession and workforce-continuity issue.

Acute Admin presents a particular risk due to the size of the team and the number of staff over the average retirement age. Generally, administrative services are smaller and there have been several teams identified with a over 15% retirement exposure however this only represents 1 or 2 staff members.

Persistent turnover

Management Accounts recorded average annual turnover of 15.8% across five available years and was above the annual average turnover for administrative services in four of these years. Its turnover rate reached 23.5% in 2025/26, compared with an average administrative turnover of 9.6%. This presents the clearest retention concern within the administrative job family.

The **Switchboard** team recorded average turnover of 19.9% across five available years and was above the annual average in three of those years. Recent turnover was 24.0% in 2023/24, 17.4% in 2024/25 and 9.1% in 2025/26. The reduction in the latest year is positive, but the longer-term average indicates that the service has experienced recurring retention pressure.

Several teams have high turnover in individual years, likely due to the current small administrative team structure but do not have a consistent pattern. These teams should be treated as potential local issues requiring continued monitoring and are therefore not highlighted in this report.

Areas with overlapping exposure

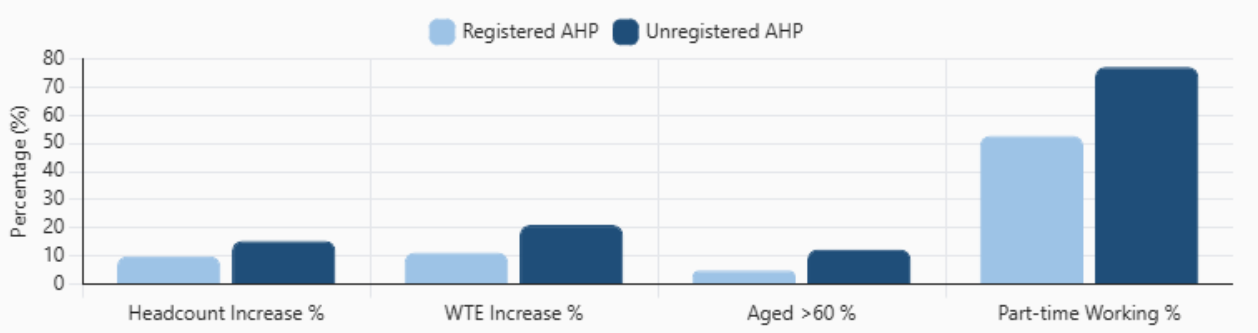
Management Accounts has one of the clearest overlapping exposures. 3 of its 15 staff are within the age profile around the organisation's average maternity age and 2 are above the average retirement age. This gives a combined demographic exposure of 5 staff (33.3%). The significance of this position is increased by the team's average turnover rate of 15.8%.

Community Admin also has exposure across both demographic indicators. 3 of its 21 staff are within the maternity-age profile and 3 are above the average retirement age, giving a combined exposure of 6 employees, or 28.6%. This alongside its 2025/26 turnover rate of 9.1% means that the team should be monitored for stability.

Acute Admin has a combined exposure of 8 of 26 staff (30.8%), comprising 2 staff within the maternity-age profile and 6 above the average retirement age. The risk is therefore predominantly associated with potential retirement and succession rather than maternity exposure. Its 2025/26 turnover rate was 7.5%, below the administrative average suggesting that the immediate issue is demographic resilience rather than unusually high current turnover.

Allied Health Professionals

The Allied Health Professional (AHP) workforce has demonstrated sustained growth over the reporting period, with headcount increasing from **343** staff in 2018/19 to **391** staff in 2025/26, representing growth of 14.0%. WTE increased more significantly, rising from **271.2** to **321.9**, an increase of 18.7%, indicating growth in workforce capacity alongside establishment expansion.



The workforce remains predominantly female, although the proportion of male staff increased from 4.4% to 8.7%, suggesting a modest improvement in workforce diversity. The percentage of staff working part-time increased from 56.3% to 59.3%.

Recruitment activity supported workforce growth throughout the period, with joiners consistently offsetting leaver activity. Workforce stability has improved considerably, with annual turnover reducing from 18.8% in 2018/19 to 8.0% in 2025/26, despite fluctuations during the reporting period.

The age profile has remained relatively balanced. Staff **aged under 50** increased from **240** to **256**, while **staff aged 60 and over** increased from **15** to **27**. Although the number of staff over average retirement age remains comparatively low, it increased from **4** to **12**, highlighting a gradual increase in retirement exposure.

Overall, Allied Health Professionals have seen sustained growth in both workforce numbers and capacity, supported by improved retention and recruitment. Continued attention to succession planning and workforce supply will be required as the workforce matures.

Maternity exposure

There are several large teams with high exposure to maternity within the AHP job family which are outlined below. This should be a particular focus of workforce planning moving forward given the risk this poses to the delivery of care.

Paediatric Occupational Therapy and Acute **Occupational Therapy** have the highest potential maternity exposure among the eligible teams. In Paediatric Occupational Therapy, 5 of 11 (45.5%) staff are within the age profile around the organisation's average maternity age. Acute Occupational Therapy records 9 of 20 staff(45%) within this profile.

Acute Physiotherapy also has material exposure, with 17 of 43 (39.5%)staff within the relevant age profile. This is the largest number of potentially exposed staff in any of the eligible AHP teams. **MSK APP** and **MSK Physiotherapy** each have 30.0% exposure, representing 3 of 10 staff and **6 of 20** staff respectively. **Regional Physiotherapy** has 4 of 16 staff within the maternity-age profile.

Radiography at DGRI has 14 of 58 staff (24.1%). Although this is closer to the overall AHP average, its larger headcount means that it has the second-highest absolute number of staff within the relevant age profile.

Community Occupational Therapy records 3 of 14 staff (21.4%) within this profile. **Podiatry** and **Adult Speech and Language Therapy** each have exposure of 20.0%, representing 6 of 30 staff and 2 of 10 staff respectively. **Community Dietetics** has 3 of 17 staff (17.6%), while **Paediatric Speech and Language Therapy** has 3 of 21 staff (14.3%). **Mental Health Occupational Therapy** has the lowest exposure among the larger teams with 3 of 28 staff (10.7%).

Retirement exposure
Retirement exposure is relatively low across the larger AHP sub-departments, with only **9 of 298** staff recorded above the relevant average retirement age. The position may differ within the smaller specialist areas excluded from the main comparison.

Persistent turnover
Paediatric Occupational Therapy recorded average annual turnover of 15.5% across six available years and was above the yearly average in four of those years.

Acute Occupational Therapy recorded annual average turnover of 11.4% across six years and was above the average in four. The 2025/26 rates were approximately double the AHP average of 8.0%.

Adult Speech and Language Therapy recorded turnover of 28.6% in 2025/26. However, its historical turnover pattern is variable and is not consistently over the AHP average. This would indicate a single year spike rather than a concerning pattern. Similarly, **Community Occupational Therapy** recorded 13.8%, **MSK Physiotherapy** 10.0%, **Podiatry** 9.7% and **Paediatric Speech and Language Therapy** 9.1% in 2025/26.

Areas with overlapping exposure

Community Physiotherapy has the clearest overlapping demographic exposure. 4 of its 16 staff are within the age profile around the organisation's average maternity age and 2 are above the average retirement age. This produces a combined exposure of 6 staff, equivalent to 37.5% of the team. Its 2025/26 turnover rate was comparatively low at 5.9%, suggesting that the principal issue is demographic resilience rather than current retention pressure.

Radiography at DGRI has 14 staff within the maternity-age profile and 3 above the retirement threshold, giving a combined exposure of 17 of 58 staff (29.3%). Turnover was low at 3.7% in 2025/26, demonstrating a demographic risk rather than a retention issue.

Podiatry records 6 of 30 staff within the maternity-age profile and 2 above the retirement threshold, producing a combined exposure of 8 staff (26.7%). Its 2025/26 turnover rate was 9.7%, slightly above the AHP average for that year. This combination of exposure across both demographic indicators and above average turnover suggests that this service should be monitored for sustainability.

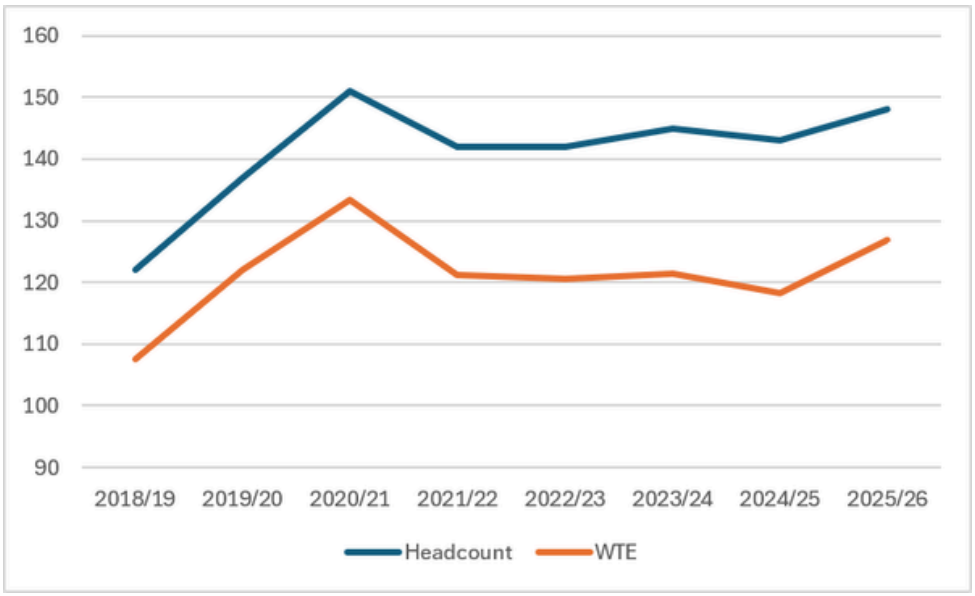
Acute Physiotherapy has a combined exposure of 18 of 43 staff (41.9%), comprising 17 staff within the maternity-age profile and one above the average retirement age. The exposure is therefore predominantly maternity-related. Its turnover rate was low at 2.3% in 2025/26, indicating that the current concern relates more to potential temporary workforce availability than persistent loss from the team.

Medical and Dental

Medical and Dental headcount increased from **122** in 2018/19 to **148** in 2025/26, representing overall growth of 26 staff (21.3%). WTE increased from **107.5** to **126.8**, an increase of 19.3 WTE (18.0%).

The strongest growth occurred during the first part of the period. Headcount increased by 12.3% in 2019/20 and a further 10.2% in 2020/21, reaching a peak of 151 staff. WTE followed a similar pattern, rising by 13.5% and 9.3% respectively to reach 133.4 WTE in 2020/21.

This growth was followed by a contraction in 2021/22, when headcount fell by 6.0% and WTE by 9.1%. Workforce levels then remained relatively stable between 2022/23 and 2024/25, with only modest annual changes. In 2025/26, the position strengthened, with headcount increasing by 3.5% and WTE by 7.2%.



Part-time working increased from 24.6% in 2018/19 to 32.4% in 2025/26, a rise of 7.8%. The proportion peaked at 37.8% in 2024/25 before reducing. Although rotational doctor information is not captured in this report, a similar pattern is seen within this staff group.

Overall, the figures indicate sustained long-term workforce growth, although annual trends have fluctuated and the increase in headcount has been slightly greater than the increase in WTE due to the shift to part time working.

Maternity Exposure
Potential maternity exposure is relatively limited across the Medical and Dental workforce. 4 staff are within the age profile around the organisation's average maternity age. These staff are concentrated in two sub-departments.

Obstetrics & Gynaecology has 2 of its 8 staff within the relevant age profile. The **Medical Assessment Unit** also has 2 out of 10 staff within this profile.

Retirement Exposure
Retirement exposure is the more prominent demographic issue within the Medical and Dental workforce. **General Surgery** has the clearest exposure, with 4 of its 13 staff (30.8%) above the average retirement age. This accounts for almost half of all staff recorded above the retirement threshold across the larger sub-departments.

Psychiatry has 1 of 6 staff (16.7%) and **Orthopaedics** has 1 of 7 (14.3%) above the average retirement age. Although each percentage represents only one employee, the small size and specialist nature of these services means that the potential impact should not be dismissed.

Obstetrics & Gynaecology and **Radiology** each have 1 of 8 staff (12.5%) above the average retirement age. The **Medical Assessment Uni**t has 1 of 10 staff above the threshold.

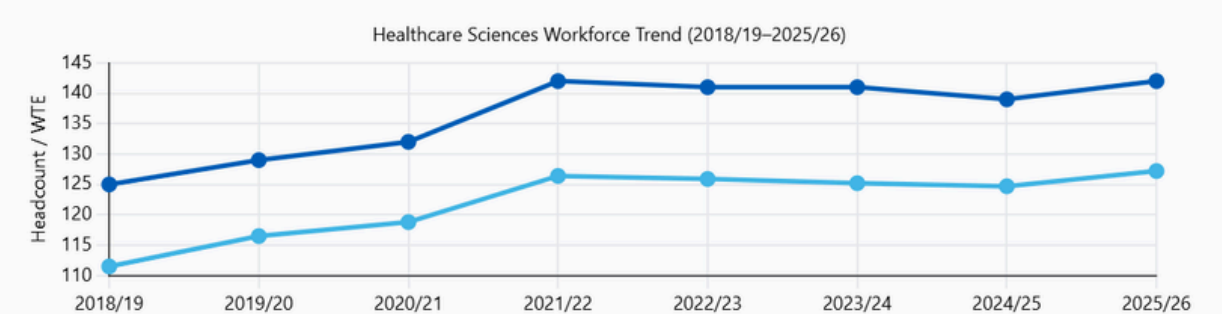
No staff above the average retirement age are recorded in 2025/26 for Anaesthetics, Nephrology, Emergency Medicine or Paediatrics. However, the source also shows that 9 of the 13 staff in **Anaesthetics** are aged 50 or over. While these staff are not currently above the recorded average retirement age, the age profile indicates potential longer-term succession exposure.

Turnover
Due to the approach applied to obtain turnover data it has not been possible to capture this data for medical and dental teams as this provides artificially large figures. This should be a focus of future plans to ensure that reliable turnover data for medical and dental. As such no overlapping analysis has been carried out.

Healthcare Sciences

The Healthcare Sciences workforce has remained relatively stable over the reporting period, with modest growth in both headcount and WTE.

The age profile has changed positively over the period. In 2018/19, 56 staff (44.8%) were over the age of 50 and by 2025/26, this had reduced to **42** staff (29.6%). The number of staff recorded as being above average retirement age remains relatively low, increasing only slightly from **5** in 2018/19 to **6** in 2025/26.



Overall, this provides a positive position in terms of longer-term workforce sustainability. However, Healthcare Sciences comprises relatively small and specialised teams, meaning retirement or recruitment pressures within individual professions may not be apparent from the overall profile.

Part-time working has increased moderately across the reporting period, from 24.8% in 2018/19 to 28.2% in 2025/26.

The relatively close movement between headcount and WTE also supports the picture of a workforce where the majority of staff works full time. Nevertheless, the gradual increase in part-time working should continue to be considered when assessing future workforce demand.

Maternity Exposure
Several Healthcare Science services demonstrate relatively high levels of maternity-related exposure.

The highest proportion is recorded within **CSSD**, where 5 of 20 staff fall within the age profile around the organisation's average maternity age.

Microbiology also records notable potential exposure. 8 out of 26 staff (30.8%) are within the average maternity age for the organisation. This is the highest total number in any team within Healthcare Sciences and therefore represents the most significant maternity-related exposure in absolute terms.

Biochemistry has 4 staff within the age profile from a workforce of 18 (22.2%). **Haematology** has 3 staff within the profile from a workforce of 15, (20.0%). **Blood Sciences** records 2 staff within the profile from a workforce of 12 (16.7%).

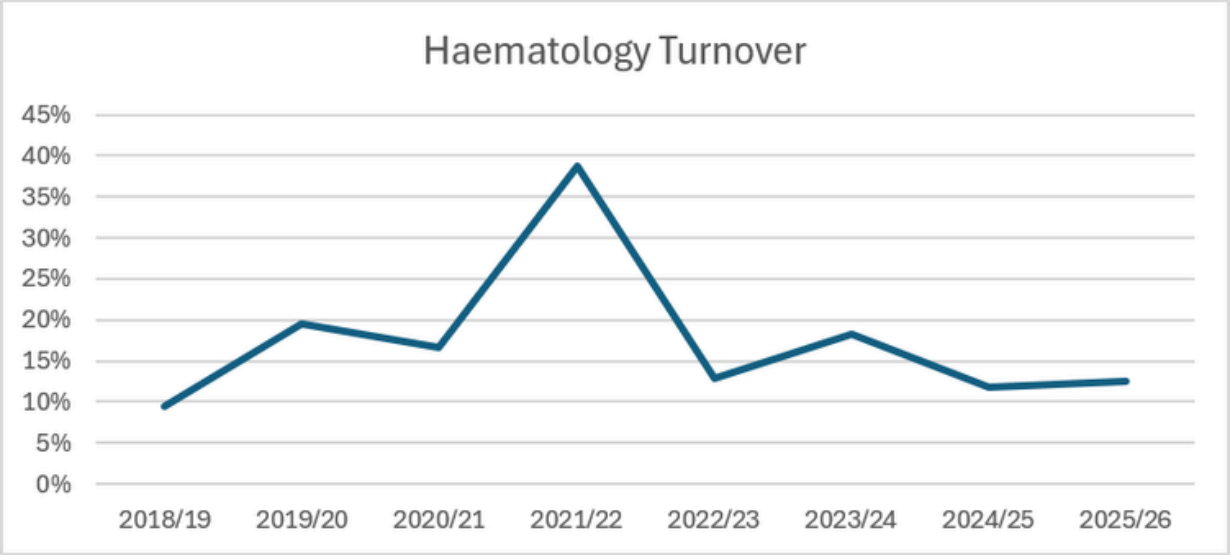
In the smaller diagnostic services, **Clinical Physiology** has 2 out of 8 staff within the average maternity age. **GCH Lab** has 3 out of 5 (60.0%) staff within the relevant age range. Although this is the highest proportional exposure, it is driven by the very small size of the team and should therefore be interpreted cautiously.

Retirement Exposure
Retirement exposure across the Healthcare Science workforce is relatively low. Most larger services record either no staff or only a single staff member above the average retirement age.

However, several services have relatively large numbers of staff aged over 50 despite limited current retirement exposure. For example, **CSSD** has 6 staff aged over 50, **Clinical Engineering** has 6, and **Biochemistry** has 6. This suggests that longer-term succession planning should remain an important consideration even where current retirement exposure appears low.

Persistent Turnover

The clearest long-term concern is **Haematology**. Over the 8 year period, turnover has consistently remained above that seen in many other Healthcare Science services, reaching a peak of 38.7% in 2021/22. While turnover has reduced in more recent years, the historical pattern suggests a service that has experienced repeated workforce instability.



CSSD has also demonstrated recurring turnover activity. Recorded turnover has ranged from 35.3% in 2018/19 to 21.4% in 2020/21 and remains 15.0% in 2025/26. Although lower than earlier years, turnover remains above that observed in several other Healthcare Science services.

Most other larger Healthcare Science services demonstrate relatively stable turnover profiles. In 2025/26, turnover was 11.8% in **Biochemistry**, 18.2% in **Audiology** and 20.0% in **GCH Labs**.

Areas with Overlapping Exposure

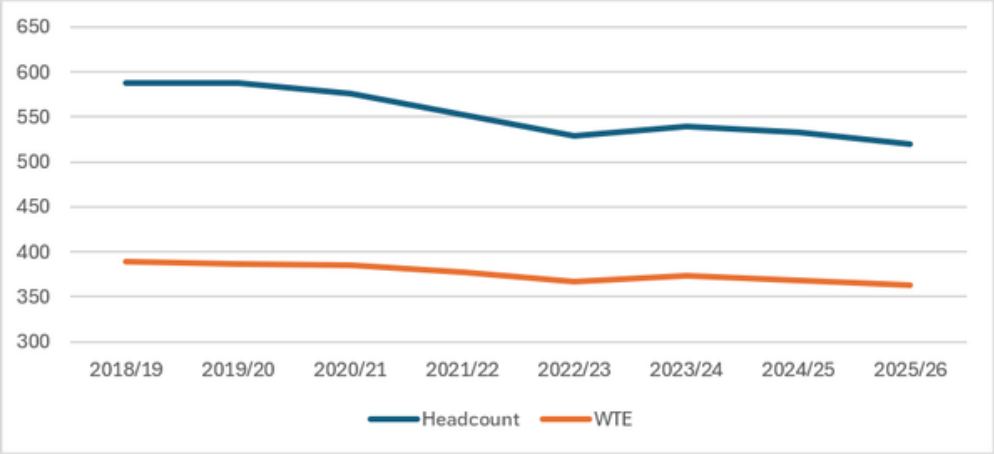
The most significant overlapping demographic exposure is found within **Microbiology**. The service has 8 staff within the maternity-age profile and 1 staff member above the retirement threshold, giving a combined exposure of 9 staff or 34.6% of the workforce. Although retirement exposure is low, the large number of staff within the maternity-age profile means workforce availability could be affected if multiple absences occur simultaneously.

Biochemistry records 4 staff within the maternity-age profile and 1 above the retirement threshold, producing a combined exposure of 5 out of 18 staff (27.8%).

Clinical Physiology records 2 staff within the maternity-age profile and 1 above the retirement threshold, giving a combined exposure of 3 out of 8 staff (37.5%). While this percentage appears high, it is based on a relatively small establishment and should be considered with caution.

Support Services

The Support Services workforce has experienced a gradual reduction in staffing numbers over the reporting period whilst maintaining a relatively stable WTE position. The workforce is characterised by high levels of part-time working and an ageing workforce profile with notable retirement exposure.



During this period, the workforce has become older, with the number of staff aged under 50 falling from **292 to 228**, while those aged 60 and over increased from **104 to 117**. By 2025/26, staff aged 60+ represented approximately 22.5% of the workforce, compared with approximately 17.8% in 2018/19.

The workforce continues to be characterised by very high levels of part-time working, remaining at 79.4% in 2025/26, this has reduced sightly from 81.8% in 2018/19.

Overall, the combination of declining workforce numbers, a smaller proportion of younger staff, a substantial cohort aged 60 and over, and persistently high levels of part-time working presents an important workforce planning consideration. Although the number working beyond average retirement age has not increased overall, the wider age profile suggests that succession planning, recruitment and retention will remain important to maintaining capacity and resilience across Support Services.

Maternity Exposure
The largest service, **DGRI Domestics**, has 20 staff within the organisation's average maternity age from a workforce of 139 (14.4%). This is the highest number of potentially exposed employees within Support Services.

Several other services demonstrate relatively modest maternity exposure. However, in each case, the number of staff within the maternity-age profile remains comparatively small when considered against the workforce size.

Overall, maternity-related exposure does not emerge as a major workforce risk across Support Services when compared with retirement exposure.

Retirement Exposure
Retirement exposure represents the most significant demographic challenge within the Support Services workforce.

The clearest example is **GCH Domestic**, where 6 of the 24 staff (25%) are above the average retirement age. The service also has a further 15 staff aged over 50, indicating continued future succession pressure.

Mountainhall Domestic has 5 out of 38 staff (13.2%) above the retirement threshold while 21 staff are already aged over 50. **DGRI Domestic** records 9 staff above the average retirement age and 63 staff aged over 50, representing the largest absolute retirement exposure within the Support Services workforce.

The wider age profile across support services suggests that future retirement exposure is likely to increase over the lifetime of the next workforce plan.

Persistent Turnover

The strongest evidence of recurring turnover is found within **DGRI Domestic**. Although turnover has reduced compared with historic levels of 30.7% in 2018/19 and 19.6% in 2021/22, turnover has remained consistently present across the reporting period and was 10.0% in 2025/26. Given the size of the service, even relatively modest percentages can represent a substantial number of leavers.

Maintenance Staffing had a spike in turnover in 2023/24 (18.5%) and 2024/25 (20.0%). This represents 10 staff leaving the department with an average headcount of 25 over a 2 year period.

The available evidence suggests there are individual teams with in- year fluctuations. Despite this, there are no other teams identified with persistent turnover patterns.

Areas with Overlapping Exposure

A number of services demonstrate exposure across both demographic indicators. **DGRI Domestics** has **2**0 staff within the average maternity-age profile and 9 staff above the retirement age, producing a combined exposure of 29 staff (20.9%). While the percentage is lower than some smaller teams, the absolute scale of exposure is greater than any other Support Services department.

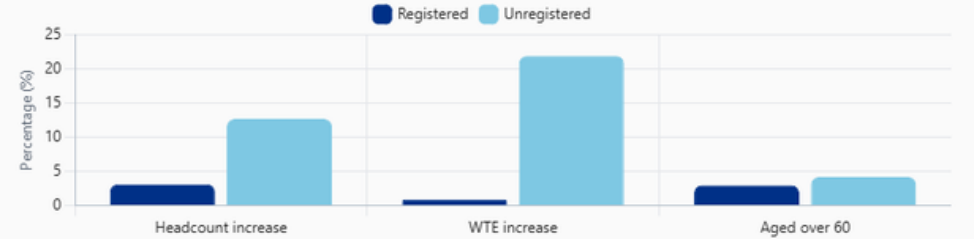
Mountainhall Domestics has 4 staff within the maternity-age profile and 5 above retirement age, creating a combined exposure of 9 staff (23.7%). The service also has 21 employees aged over 50, highlighting continued succession pressure.

DGRI Catering Staff records 2 staff within the maternity-age profile and 3 above retirement age, producing a combined exposure of 5 staff, (26.3%). Similarly, **DGRI Catering Kitchen** has 4 staff within the maternity-age profile and a workforce where 16 employees are aged over 50, indicating potential longer-term workforce sustainability challenges.

Other Therapeutic

Registered headcount increased slightly by 3.1% while WTE increased by 0.9%. The unregistered workforce grew more sustainably with headcount increasing by 12.7% and WTE by 21.9%.

The current age profile is comparatively favourable. Around 3% of registered staff and 4.2% of unregistered staff are aged over 60.

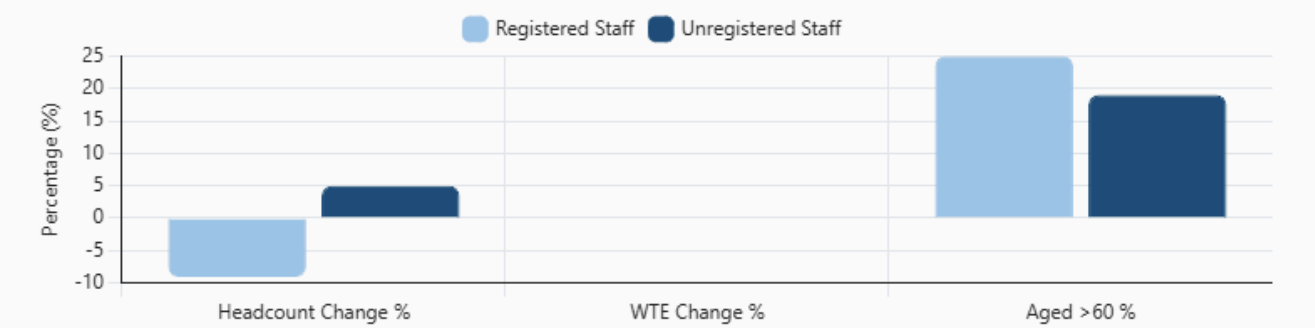


In 2025/26, only three sub-departments have a headcount of five or more staff: Dental Emergency Service, Regional Dental and Undergrad Dental Outreach . Collectively these teams have a workforce of **27 staff**. Across these services, **no staff are recorded as being above the average retirement age,** indicating minimal immediate retirement-related workforce pressure. However, a **significant proportion of staff fall within the age profile around the organisation's average maternity age,** suggesting that maternity-related workforce exposure may represent the greater workforce planning consideration within this staff group.

Personal and Social Care

The registered workforce reduced from **22** to **20** staff while WTE reduced by 10.6%. The unregistered workforce increased slightly from **20** to **21** staff although WTE remained broadly unchanged.

This job family has a high proportion of staff aged over 60, with 25% of registered staff and 19% of unregistered staff. As the workforce is small, the percentages represent five registered and four unregistered staff respectively but the potential impact on service resilience may still be significant.



Appendix 1 – NHS DUMFRIES & GALLOWAY ETHIC BACKGROUND

Workforce ethnic groups - Dumfries and Galloway

Ethnic Group (as at 31/03/2026)	% of WTE	% of Census population
African - African, African Scottish or African British	0.80%	0.03%
African - Other	0.33%	0.15%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.08%	0.02%
Asian - Chinese, Chinese Scottish or Chinese British	0.12%	0.20%
Asian - Indian, Indian Scottish or Indian British	0.74%	0.16%
Asian - Other	0.51%	0.17%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.65%	0.18%
Caribbean or Black	0.03%	0.04%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.02%	0.03%
Don't Know	20.34%	0.00%
Mixed or Multiple Ethnic Group	0.27%	0.63%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.53%	0.12%
Other Ethnic Group - Other	0.20%	0.19%
Prefer not to say	4.76%	0.00%
White - Gypsy Traveller	0.04%	0.06%
White - Irish	0.76%	0.73%
White - Other	5.34%	1.21%
White - Other British	9.12%	19.10%
White - Polish	0.44%	0.70%
White - Roma	0.02%	0.00%
White - Scottish	54.91%	76.27%