Integration Joint Board
Strategic Planning, Finance and Commissioning Committee

1st December 2026

This Report relates to
Item 14 on the Agenda

NHS Dumfries and Galloway Baseline Workforce Analysis and Development of the Integration Joint Board Workforce Plan

Paper presented by Ryan Stewart

For Discussion / Noting

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Approved for Submission by:	Head of Service/Director who has approved submission to the Integration Joint Board, together with their email address
List of Background Papers:	
Appendices:	**Appendix 1 -** NHS Dumfries and Galloway Baseline Workforce Report, September 2026

1. Introduction

1.1. This paper presents the NHS Dumfries and Galloway baseline workforce analysis to the Integration Joint Board (IJB) Strategic Planning, Finance and Commissioning Committee. The analysis provides an evidence base on the size, composition and movement of the NHS workforce and identifies areas requiring more detailed workforce planning.

1.2. The paper also sets out the limitations of the current analysis and the proposed next steps to develop a final IJB workforce plan for approval by 31 March 2027.

2. Recommendations

2.1. The IJB Strategic Planning, Finance and Commissioning Committee is asked to:

- **Note the findings and workforce planning priorities identified in the NHS Dumfries and Galloway baseline workforce analysis**
- **Note that the baseline should have included local authority staff working within the IJB but the required information was received too late to be incorporated into this version**
- **Support the establishment of a short-life IJB workforce planning group with representation from the IJB, NHS Dumfries and Galloway, Dumfries and Galloway Council, Finance, operational services, professional leadership, staff-side representatives and other relevant partners**
- **Agree that the group will oversee integration of NHS and local authority workforce evidence, engagement and development of a final IJB workforce plan for approval by 31 March 2027**

3. Background and Main Report

3.1. The baseline analysis covers the principal period from April 2021 to March 2026 and uses earlier information from 2018 where it provides a useful pre-Covid comparison. It is based mainly on NHS workforce information held in the Electronic Employee Support System (eESS) and a supporting Power BI dashboard. The analysis is intended to show where further planning is needed rather than prescribe service-level solutions.

3.2. At organisation level the NHS workforce grew during and following the Covid period but growth has slowed. In 2025/26, 379 employees joined and 404 left, creating a net reduction of 25 employees. It is not yet clear whether this is a short-term variation or the beginning of a sustained reduction.

3.3. Retirement is the largest recorded reason for leaving, with 901 retirements since 2018/19. The impact is concentrated in particular services and professions and may include loss of specialist skills, leadership capacity and local knowledge. Sickness absence increased from 4.94% in 2021/22 to 5.79% in 2025/26, equivalent to 442,483 hours or 226.9 whole time equivalent posts in the latest year.

3.4. Supplementary staffing evidence shows two distinct pressures. In 2025/26 services requested 373,885 bank hours and 72.7% were filled. Nursing and Midwifery

accounted for 88.8% of requested bank hours. Agency expenditure was £12.7 million and was concentrated in Medical and Dental staffing, which accounted for £11.2 million.

3.5. The detailed analysis demonstrates that workforce change is not uniform. It highlights retirement and succession exposure in community, support and specialist services, recurring turnover in a number of teams, increasing part-time working and different recruitment and retention challenges across job families. These findings need to be considered alongside establishments, vacancies, workload, service demand, financial plans, workforce supply and planned changes to models of care.

3.6. The intended scope was an integrated workforce baseline covering both NHS and local authority staff working within IJB services. Local authority workforce information was received too late to be quality assured and incorporated before this paper was prepared. The attached report is therefore an NHS workforce baseline and should not be interpreted as a complete picture of the IJB workforce.

3.7. The next stage will be to establish a short-life oversight group to develop the final IJB workforce plan. Its work will include integrating the local authority dataset, validating priority risks with services and professional leads, agreeing deliverable actions, identifying measures and owners and aligning the plan with financial and service planning. A proposed timeline is to: establish the group and confirm scope by November 2026; complete and the service and professional engagement by January 2027; develop and quality assure the draft plan during February 2027; and submit the final plan for approval by 31 March 2027.

4. Conclusions

4.1. The baseline provides a strong starting point for the IJB workforce plan and identifies material issues in workforce supply, retirement and succession planning, sickness absence, working patterns and temporary staffing. However, its present scope is limited to NHS workforce data because the local authority information was received too late for inclusion. A time-limited short life working group is now required to complete the integrated evidence base and oversee delivery of a final, prioritised and financially informed IJB workforce plan by 31 March 2027.

5. Resource Implications

5.1. Development of the final plan will require staff time from NHS Dumfries and Galloway, Dumfries and Galloway Council, Finance, operational services, professional leadership and workforce teams. This work should initially be delivered through existing workforce planning, service planning and management capacity. No additional budget is requested through this paper.

5.2. Any actions emerging from the final workforce plan that require investment will need a clear financial assessment, identified funding source and approval through the appropriate IJB, NHS Board or Council governance process. The plan should explicitly assess affordability and opportunities to reduce avoidable temporary staffing costs.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1. A sustainable, skilled and appropriately deployed workforce is essential to achieving the IJB’s outcomes and strategic commissioning intentions. The work

supports person-centred and safe services, prevention and early intervention, care closer to home, reducing inequalities, effective partnership working and responsible use of public resources. The final plan will translate the evidence into prioritised actions aligned with service and financial planning.

7. Legal and Risk Implications

7.1. There are no new direct legal implications arising from noting the analysis. The final plan must be developed in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, employment and equality law, workforce planning requirements and relevant professional and staffing standards.

8. Consultation

8.1. The attached draft baseline has been developed from NHS workforce information and will require validation with operational services, professional leads, workforce representatives and Finance. Development of the final IJB workforce plan will include Dumfries and Galloway Council colleagues and will incorporate the local authority workforce information that was unavailable within the required timescale for this paper.

8.2. The proposed oversight group should agree a proportionate engagement plan involving the Health and Social Care Senior Management Team, IJB governance groups, staff-side representatives and relevant third and independent sector partners where actions affect the wider workforce or commissioned services.

9. Equality Impact Assessment

9.1. An Equality Impact Assessment is not required for noting the baseline analysis because the paper does not introduce a new or revised policy or practice. Equality considerations are relevant to the final workforce plan, including workforce diversity, working patterns, recruitment, retention and access to development. An Equality Impact Assessment will therefore be completed alongside the final plan and will inform its recommendations.

10. Consumer Duty

10.1. A separate Consumer Duty impact assessment has not been completed for this baseline because it is an analytical report and does not itself make decisions affecting consumers. Consumer fairness, accessibility and the potential impact of workforce choices on service access and quality will be considered as the final workforce plan is developed. A proportionate Consumer Duty assessment will be completed if the final plan includes strategic decisions within scope of the duty.

11. Glossary

- **AHP – Allied Health Professional**
- **eESS – Electronic Employee Support System**
- **IJB – Integration Joint Board**
- **WTE – Whole Time Equivalent**