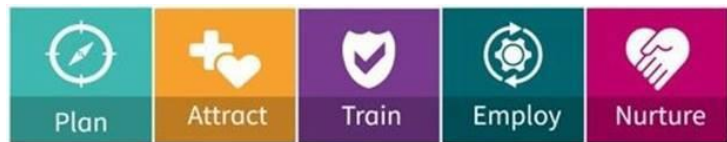


**West Dunbartonshire**  
**Health & Social Care Partnership**  
*Improving Lives with the People of West Dunbartonshire*

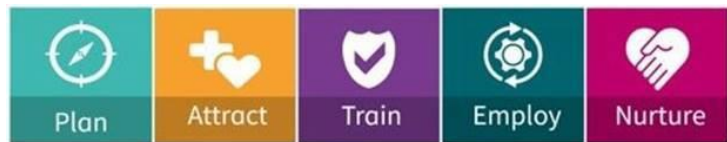
**West Dunbartonshire**  
**Health and Social Care Partnership**

**Workforce Plan 2025/26**

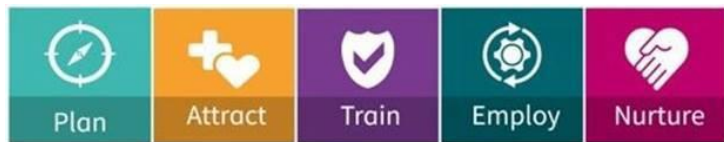


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## 1. Background and Development of the Workforce Plan

### 1.1 Introduction

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire. It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved [Integration Scheme](#)).

The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in the Strategic Plan.

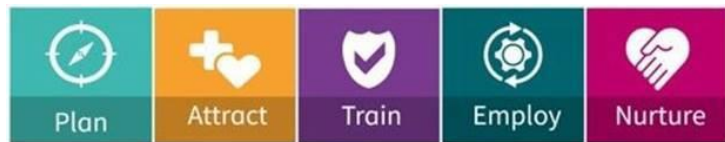
The Partnership Board includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers. This ensures that the Partnership Board is fully engaging with strategic partners in the preparation, publication and review of each Strategic Plan.

The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership. It is responsible for planning and overseeing the delivery of the full range of community health and social care services. Within West Dunbartonshire this is undertaken in a meaningful co-productive way with all partners. With a continued emphasis on joining up services and focusing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adults and Older People's services across all disciplines within integrated community teams
- Children and Young People's Services across all disciplines and in partnership with Education Services
- Community Justice Social Work Services
- Community Mental Health, Learning Disability and Addictions services across disciplines with integrated community teams and with inpatient services

Within West Dunbartonshire HSCP our vision is "**Improving lives with the people of West Dunbartonshire**". Our vision and our desire is to ensure that our citizens have access to the right care, at the right time and in the right place. It involves a range of activities, centred on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.



We aim to deliver our Strategic Outcomes through our commitment to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity

In order to support the delivery of the HSCP vision of “Improving Lives with the People of West Dunbartonshire” the ambition of the Integrated Workforce Plan is to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

This document serves as a one-year holding Workforce Plan for 2025, providing continuity and strategic direction as West Dunbartonshire HSCP’s Workforce Plan transitions to a refreshed planning cycle. A comprehensive three-year Integrated Workforce Plan will be developed for the period 2026 to 2029, aligning with the next Strategic Plan and reflecting evolving priorities and workforce needs across health and social care services.

## 1.2 Strategic Context

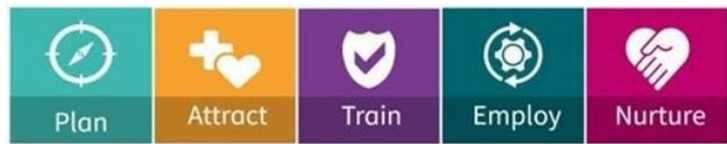
West Dunbartonshire Health and Social Care Partnership (HSCP) continues to deliver services guided by the Strategic Plan 2023–2026: Improving Lives Together. This plan sets out a refreshed vision and strategic framework, with a strong emphasis on collaboration, prevention, and equity.

The HSCP’s Strategic Outcomes are:

- Caring Communities – where people feel supported and connected.
- Safe and Thriving Communities – where individuals and families are protected and empowered.
- Equal Communities – where fairness and inclusion are embedded in service delivery.
- Healthy Communities – where wellbeing is promoted across all life stages.

To achieve these outcomes the HSCP has identified the following Strategic Priorities:

- Provide better support to unpaid carers.
- Undertake whole-pathway reviews to ensure coordinated and equitable access to services.
- Empower communities to participate in planning and leading services locally.
- Support staff in self-evaluation and continuous improvement.
- Shift the balance of care by strengthening prevention and community-based support.
- Promote reablement to support recovery, independence, and timely discharge from hospital.
- Expand technology-enabled care to empower individuals in managing their health.
- Protect vulnerable adults and children and reduce exposure to harm.
- Increase access to specialist housing options for children and adults.



- Improve justice outcomes and reduce offending behaviour.
- Reduce gender-based violence and support those affected.
- Reduce suicides and drug-related deaths.
- Address the wider determinants of health.
- Integrate equality and human rights into service design and delivery.

West Dunbartonshire comprises two localities: Alexandria/Dumbarton and Clydebank. The HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service and the Diabetic Retinal Screening Service on behalf of NHS Greater Glasgow and Clyde. These services continue to focus on delivering high-quality outcomes while meeting national waiting time targets.

The HSCP also leads the West Dunbartonshire Alcohol and Drugs Partnership, supporting local efforts to reduce harm and improve recovery outcomes.

As one of six HSCPs within the NHS Greater Glasgow and Clyde area, West Dunbartonshire HSCP maintains established clinical care pathways with acute services at Queen Elizabeth University Hospital and Royal Alexandra Hospital and utilises Vale of Leven Hospital for outpatient, inpatient, day case and mental health services.

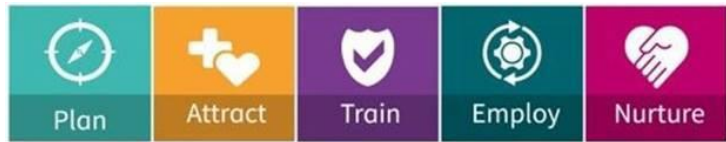
The Partnership employs 2,207 staff across its care groups, delivering integrated health and social care services to the local population.

OUR STRATEGIC OUTCOMES			
Caring communities	Safe and thriving communities	Equal communities	Healthy communities
OUR STRATEGIC PRIORITIES			
<p>Provide better support to unpaid carers.</p> <p>Undertake whole-pathway reviews, ensuring coordination and equity of access to services.</p> <p>Empower our communities to be involved in planning and leading services locally.</p> <p>Ensure that staff are fully supported to carry out self-evaluation and improvement activities, to develop our continuous learning culture.</p> <p>Shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible.</p>	<p>Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.</p> <p>Focus on reablement to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living; and reduce or eliminate the need for ongoing care packages.</p> <p>Make the best use of technology-enabled care to transform the way people engage with and control their own health care, empowering them to manage it in a way that is right for them.</p> <p>Work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm.</p> <p>Work with partners to expand the choice of specialist and particular housing options for children and adults.</p> <p>Ensure that those involved in Justice Services are supported to reduce offending behaviour and improve justice outcomes across all court order types.</p>	<p>Work with partners and communities to drive down the prevalence of gender-based violence and provide those affected with the support they need.</p> <p>Work with partners and communities to reduce the number of suicides and drug-related deaths.</p> <p>Work to reduce, prevent or undo the impact of the wider determinants of health.</p> <p>Integrate approaches from an equality and human rights perspective, with a focus on equal and equitable access to services.</p> <p>Ensure that children and young people who require permanent care outwith their family home have appropriate and timely care options that meet their needs.</p> <p>Put the voice of patients and other people who use our services at the centre of upholding their rights and informing our services.</p> <p>Underpin our services with a self-directed partnership approach.</p> <p>Improve the mental health and wellbeing of children and adults.</p>	<p>Address the preventable risk factors for poor physical and mental health, including obesity, smoking and the use of alcohol and drugs.</p> <p>Working with partners, enhance opportunities and support measures to tackle barriers to active travel and promote the more effective use of green space.</p> <p>Recognise the impact of adverse childhood experiences and seek to reduce the incidence and impacts of all types of childhood adversity and trauma.</p> <p>Adopt a community-based preventative approach to reduce admission to hospital.</p> <p>Enhance opportunities and support measures to develop a public health approach to justice to improve justice outcomes.</p>

### 1.3 Development of Plan

The HSCP has a statutory duty to provide a workforce plan. In a Director’s Letter dated 17 December 2024, the Scottish Government requested Partnerships and Health Boards to produce a 1-year workforce plan for the period 2025–26. This represents a shift from the previous 3-year planning cycle and reflects both the current workload pressures and the challenges of forecasting workforce needs in a rapidly changing environment.

This 1-year plan serves as an interim measure and is designed to align with the development of the HSCP’s strategic plan for 2026–2029. The intention is to return to a longer-term planning



horizon from 2026 onwards, ensuring continuity and strategic alignment across service delivery and workforce priorities.

Workforce planning activity is embedded within routine business continuity processes across all levels of the HSCP. The plan primarily addresses workforce requirements for West Dunbartonshire Council and NHS Greater Glasgow & Clyde, while also considering the contribution and needs of the Third and Independent Sector workforce.

## 2. West Dunbartonshire Demographics

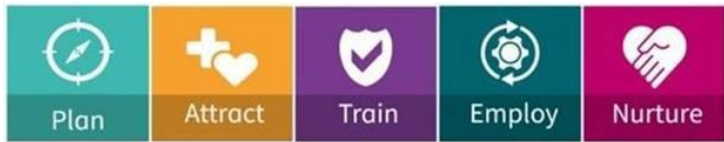
### 2.1 Population Overview

West Dunbartonshire remains one of Scotland's smaller local authorities, accounting for approximately 1.6% of the national population. As of 30 June 2023, the population was estimated at 88,750, representing a 0.5% increase from 2022 (88,270). This compares to a 0.8% increase in Scotland's overall population during the same period.

Despite this recent uptick, the longer-term trend shows a 4.9% population decline between 2001 and 2023 - making it the second lowest percentage change among Scotland's 32 council areas. Population projections indicate a further decline of 2.2% by 2028, primarily due to natural change (more deaths than births), although net migration is expected to contribute a modest increase of 0.7%.



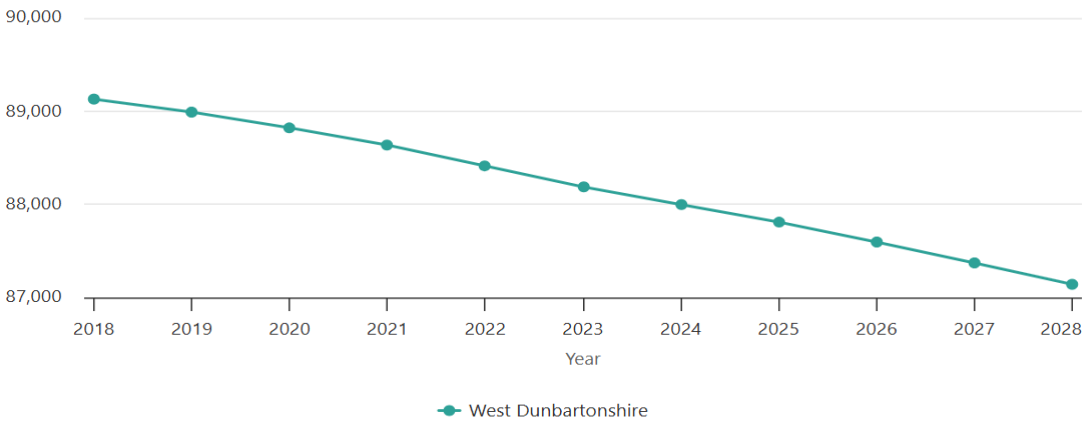
Source: [West Dunbartonshire - National Records of Scotland \(NRS\)](#)



## Projected population, 2018-2028



West Dunbartonshire



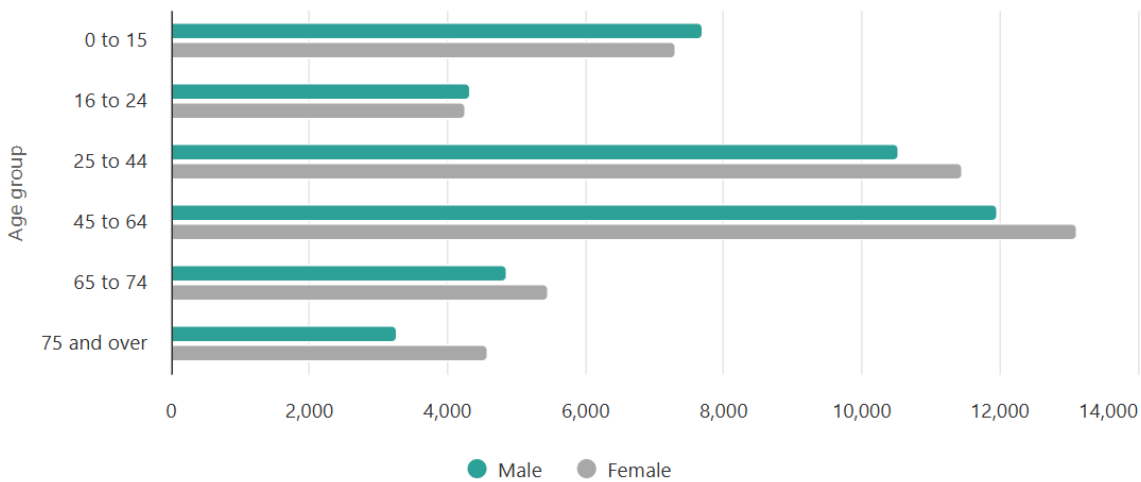
### Gender and Age Profile

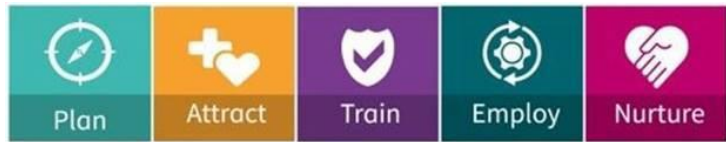
In 2023 females made up 52.0% of the population, compared to 48.0% males, consistent with national trends. The 45 - 64 age group remains the largest with 25,066 people, while the 75+ age group is the smallest at 7,857. Between 2001 and 2023 the 0–15 age group saw the largest percentage decrease (–19.4%), while the 65–74 age group saw the largest increase (+25.0%).

## Population by age group by sex, 2023



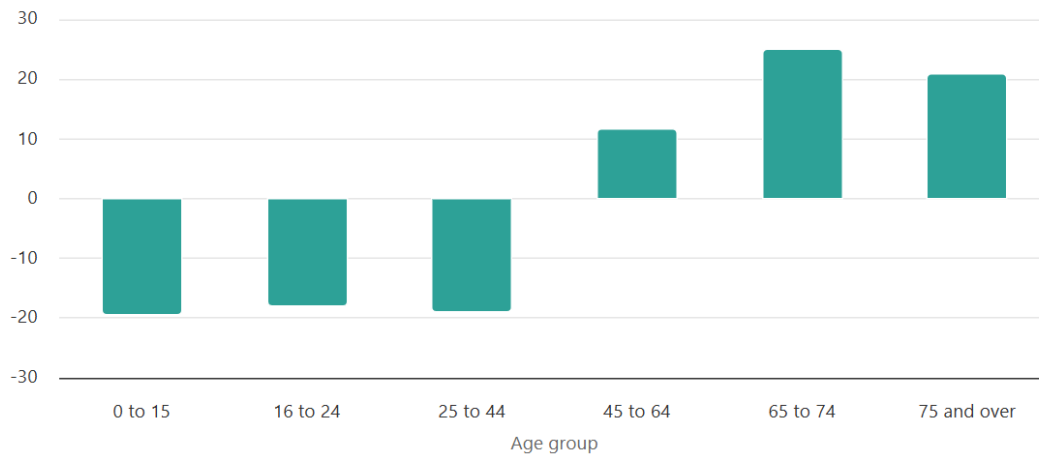
West Dunbartonshire





### Percentage change in population by age group, 2001 and 2023

West Dunbartonshire

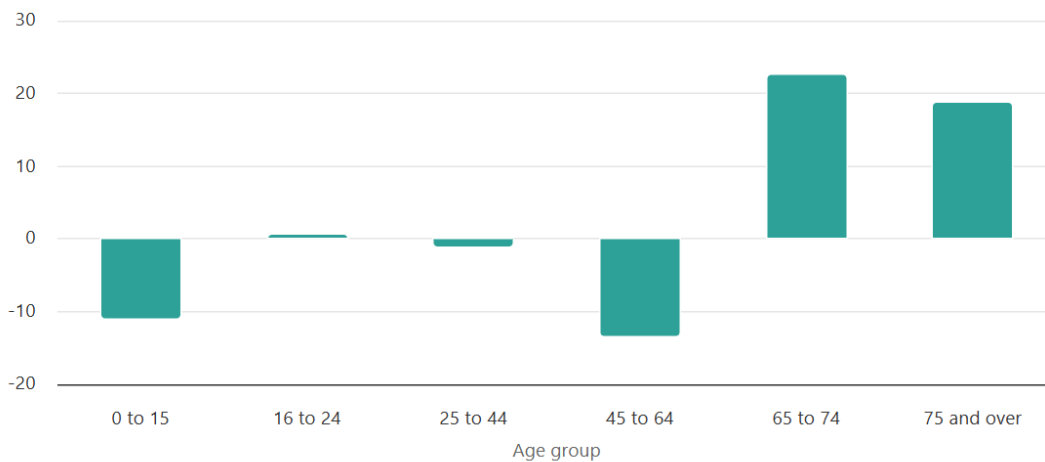


West Dunbartonshire continues to experience an ageing population, which has significant implications for health and social care service demand. The gender split becomes more pronounced with age, particularly from the 25 - 44 age group onwards.

The average age of the population of West Dunbartonshire is projected to increase as the baby boomer generation ages and more people are anticipated to live longer.

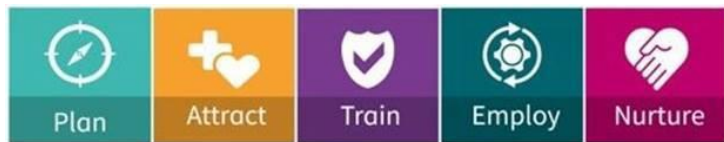
### Percentage change in projected population by age group, 2018 and 2028

West Dunbartonshire



### Birth and Death Rates

Like many council areas across Scotland West Dunbartonshire has experienced a continued decline in birth rates. In 2023 the area ranked 20th out of 32 Scottish local authorities for standardised birth rate. This reflects a broader national trend, with 24 councils reporting a decrease in births. Nationally, Scotland registered 45,935 live births in 2023 - a 2% drop from the previous year - marking the lowest annual total since civil registration began in 1855. The total fertility rate across Scotland fell to 1.30, significantly below the replacement level of 2.1. These figures suggest that West Dunbartonshire is part of a wider demographic shift towards lower birth rates and smaller family sizes.



In contrast, the number of deaths in Scotland rose slightly in 2023, with 63,445 deaths recorded - an increase of 1% from 2022. This resulted in a natural population change of -17,510, meaning there were significantly more deaths than births. Scotland has not seen more births than deaths since 2014. The age-standardised mortality rate was 1,166 per 100,000 people, with males experiencing a higher rate (1,344) than females (1,019). These mortality trends, combined with declining birth rates, contribute to the overall population decline projected for West Dunbartonshire, which is expected to fall by 2.2% between 2018 and 2028. Although net migration is forecast to provide a modest increase of 0.7%, it is not sufficient to offset the impact of natural change.

Source: <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

### Life Expectancy and Healthy Life Expectancy

Overall life expectancy in West Dunbartonshire continues to be lower than the Scottish average. According to the latest figures for 2021–2023, female life expectancy at birth in West Dunbartonshire was 79.2 years, while male life expectancy was 74.3 years. This places the area among the lower-ranking council areas in Scotland for life expectancy, although male life expectancy has shown a slightly faster rate of improvement in recent years.

In terms of Healthy Life Expectancy (HLE) - which estimates the number of years people live in good health - West Dunbartonshire also falls below the national average. For the same period, female HLE was 60.0 years and male HLE was 59.6 years. These figures reflect a continuing decline in healthy life expectancy across Scotland since 2014–2016, and highlight the persistent health inequalities between council areas.

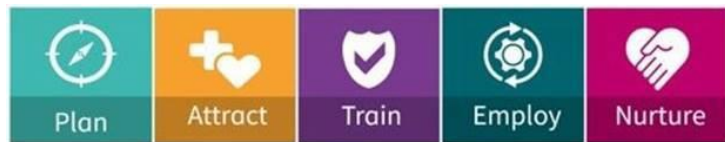
## **2.2 Key Local Trends and Implications**

The impact of this data, which was previously featured in the 2022 Strategic Needs Assessment, continues to shape how West Dunbartonshire HSCP and its Strategic Planning Partners consider the delivery of services. The latest demographic trends confirm a sustained decline in the local population, driven by lower birth rates and higher mortality, with natural change (more deaths than births) remaining a key factor. This demographic shift is intrinsically linked to reduced national and local funding allocations, which are often population-based. At the same time, the ageing population in West Dunbartonshire is growing, with increasing demand for health and social care services as usage rises with age. These combined pressures - fewer resources and greater service demand - are expected to place significant strain on the system, requiring innovative workforce planning and service redesign to maintain quality and accessibility.

## **3. Stakeholder Engagement**

A West Dunbartonshire HSCP Workforce Planning Group existed with broad representation from internal services and external partners, including the Third and Independent sectors. Membership includes nominated staff-side representatives, West Dunbartonshire CVS, Finance colleagues, Strategy and Transformation colleagues and representatives from across service areas.

In response to the introduction of the Health and Care (Staffing) (Scotland) Act, the remit of the group was expanded and it now operates as the Healthcare Staffing and Workforce Planning



Oversight Group. This change reflects the need to support both statutory staffing duties and strategic workforce planning across the HSCP.

Understandably, the group's recent focus has been on implementing the Health and Care Staffing Act, including assurance reporting, escalation protocols and the development of standard operating procedures. However, workforce planning has remained a core component of the group's agenda with regular updates provided throughout.

As the HSCP moves into a new phase of workforce activity, the group's focus is now shifting back towards broader workforce planning priorities. This includes modelling future workforce needs, supporting service redesign and aligning workforce development with the Strategic Plan 2023–2026.

To support the development of this one-year holding Workforce Plan, the data collection template previously used by services was revised to focus specifically on short-term workforce drivers. This streamlined approach ensured that the most immediate pressures and priorities were captured, allowing the HSCP to respond effectively to current service needs while laying the groundwork for the more comprehensive three-year plan to follow in 2026.

### **3.1 Inclusion of the Third Sector and Voluntary Sector**

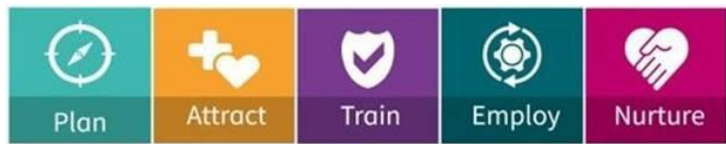
The HSCP recognises the significant contribution of the third sector and voluntary organisations in delivering integrated health and social care across our communities. These organisations play a vital role in providing preventative, community-based and person-centred services that complement statutory provision and support our strategic outcomes.

The Partnership Board and Workforce Planning Group include representatives from the third sector, including West Dunbartonshire Community & Volunteering Services (CVS), ensuring that their perspectives inform strategic decision-making and service development. While direct engagement with some partners is ongoing, the HSCP remains committed to strengthening collaboration and developing shared workforce priorities with the third sector, particularly as we move towards the next three-year planning cycle.

In line with national guidance, including the Health and Care (Staffing) (Scotland) Act 2019, the HSCP will continue to work in partnership with third sector organisations to ensure that suitably qualified and competent individuals are available to deliver safe, high-quality care. The third sector's involvement in service redesign, transformation and community empowerment is recognised as integral to achieving our vision of "Improving Lives with the People of West Dunbartonshire".

## **4. West Dunbartonshire HSCP Workforce Profile**

A clear understanding of workforce demographics is essential for effective planning and service delivery across West Dunbartonshire HSCP. This section provides a detailed overview of the current workforce profile, including age, gender and turnover rates, drawing on data as at 31<sup>st</sup> March 2025 for both NHS and West Dunbartonshire Council staff. By analysing these trends the HSCP can identify areas of risk - such as an ageing workforce, gender imbalances and turnover



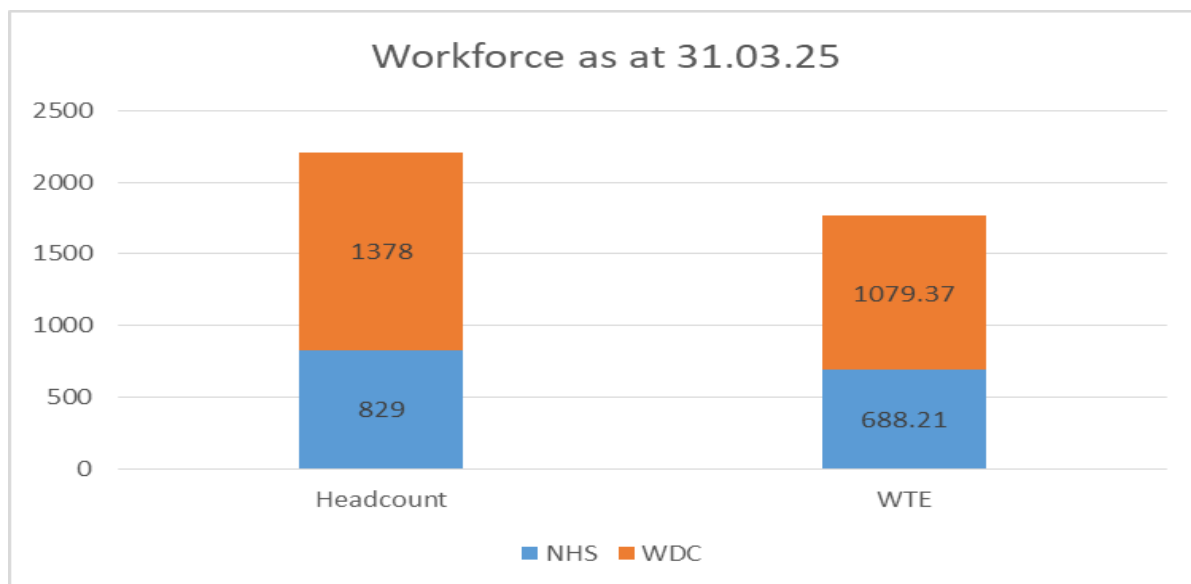
patterns - and proactively address succession planning, recruitment and retention challenges. This demographic insight also supports the development of targeted workforce strategies to ensure the right skills and capacity are in place to meet the needs of our communities, both now and in the future. As this is a one-year holding plan, the analysis focuses on immediate workforce characteristics and short-term risks providing a foundation for more comprehensive planning in the next cycle.

#### 4.1 Workforce Split

The workforce of West Dunbartonshire HSCP is made up of staff employed by both NHS Greater Glasgow and Clyde and West Dunbartonshire Council, reflecting the integrated nature of health and social care delivery in the area. As of 31 March 2025, the total workforce stood at 2,207 staff with 829 employed by the NHS and 1,378 by West Dunbartonshire Council.

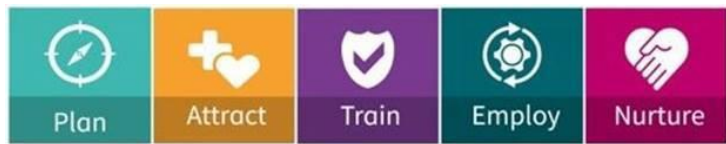
This split highlights the significant contribution of both employing organisations to the delivery of services across the HSCP. The Council workforce is larger, accounting for approximately 62% of the total, while NHS staff make up the remaining 38%. This distribution is consistent with the range of services delegated to the HSCP which include both health and social care functions.

The integrated workforce model enables the HSCP to draw on a broad mix of skills, experience and professional backgrounds, supporting multidisciplinary working and more coordinated care for the people of West Dunbartonshire. Maintaining a balanced and collaborative workforce across both employers is essential for sustaining high-quality service delivery and responding flexibly to changing needs.

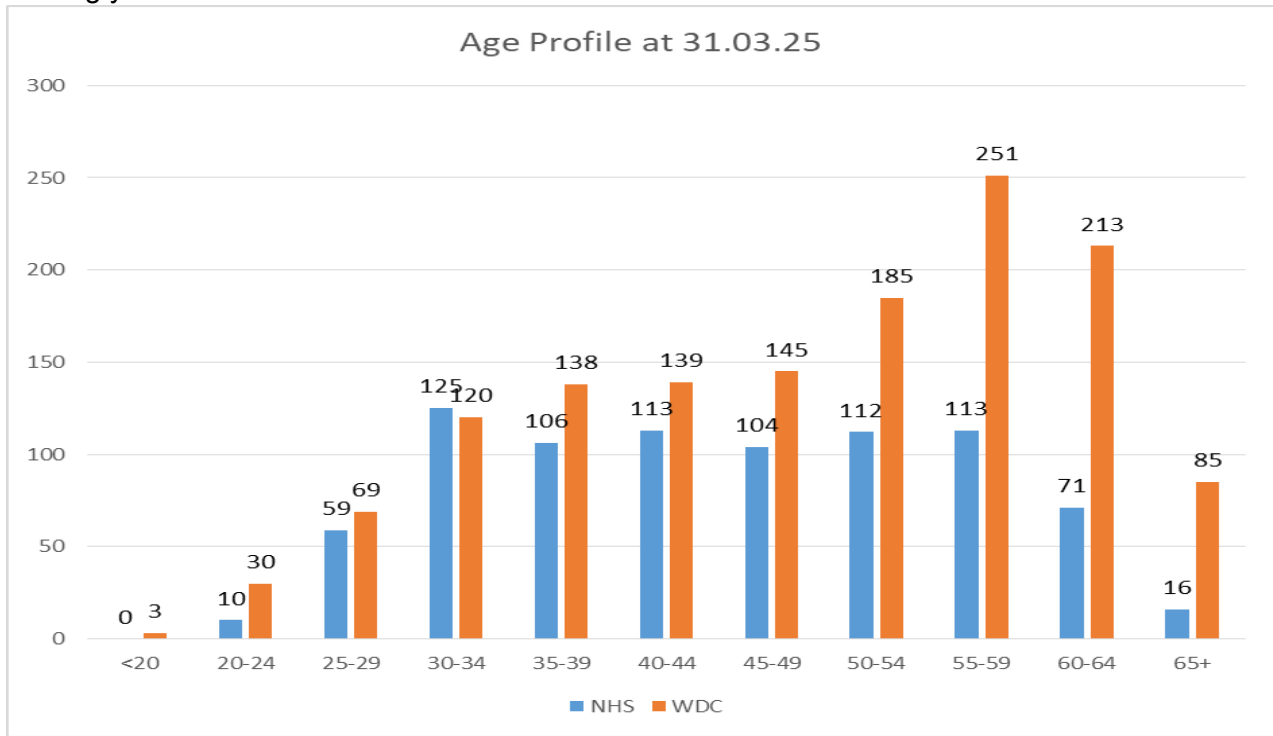


#### 4.2 Workforce Age Profile and Retirement Risk

The age profile for staff in West Dunbartonshire HSCP indicates that the majority (59%) of our workforce is over the age of 45. Whilst this does not present an immediate risk, we do need to be

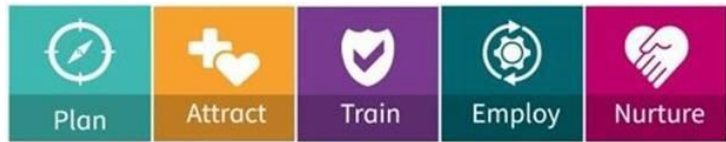


mindful of the importance of succession planning and the implications of an ageing workforce in coming years.



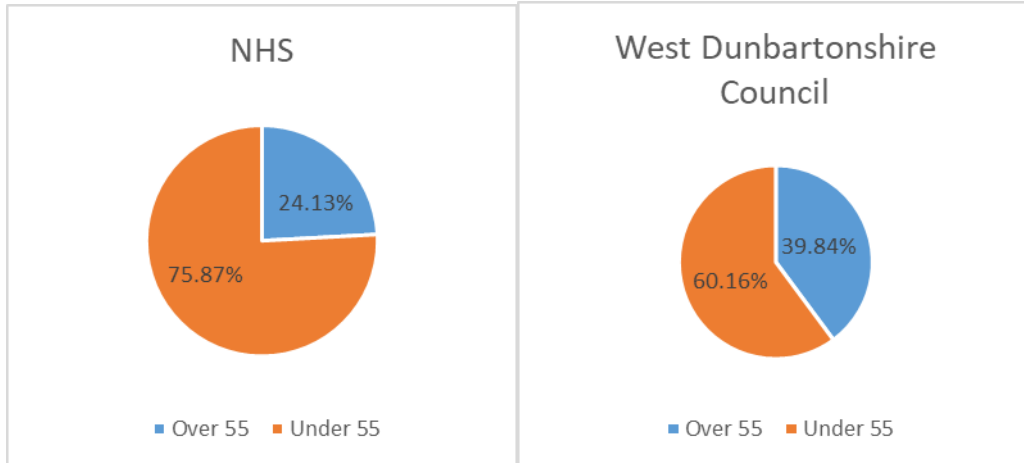
Age Band	NHS	West Dunbartonshire Council	Total
<20	0	3	3
20-24	10	30	40
25-29	59	69	128
30-34	125	120	245
35-39	106	138	244
40-44	113	139	252
45-49	104	145	249
50-54	112	185	297
55-59	113	251	364
60-64	71	213	284
65+	16	85	101
<b>TOTAL</b>	<b>829</b>	<b>1,378</b>	<b>2,207</b>

Analysis of the current workforce age profile highlights a significant proportion of staff approaching retirement age. As of March 2025, more than a third (33.9%) of the workforce are aged 55 years and over. This presents a notable risk for the organisation, as a sizeable proportion of experienced staff may retire within the next 5 to 10 years. The risk is particularly pronounced among West



Dunbartonshire Council staff, where 39.8% are aged 55 or over, compared to 24.1% of the NHS HSCP workforce. Both figures represent slight increases from the previous workforce plan.

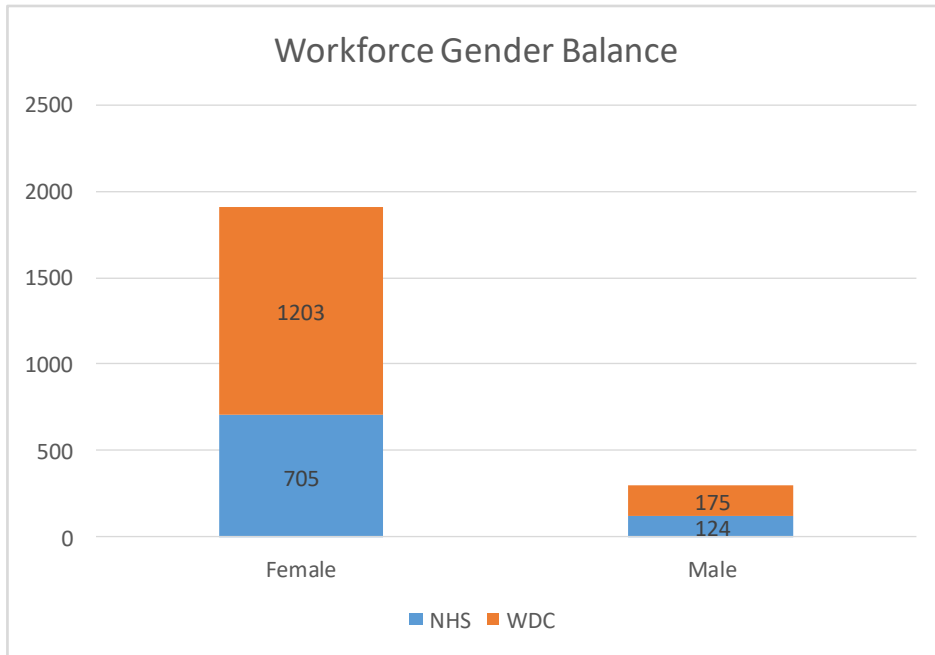
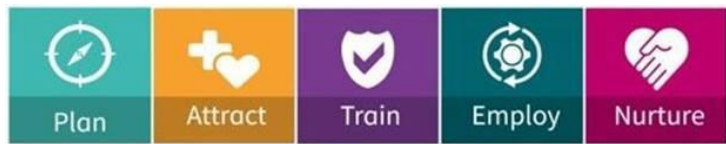
The pie charts below show the split of the workforce of those over 55 and those under 55 years.



This demographic trend underscores the importance of robust succession planning and proactive workforce development. Without targeted action, the potential loss of skills, knowledge, and leadership could impact service delivery and organisational resilience. The HSCP will continue to monitor retirement risk closely and develop strategies to support knowledge transfer, leadership development, and the recruitment of new talent to ensure continuity of high-quality care.

### 4.3 Gender Profile

As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector, we do need to consider how we encourage greater inclusion within the professions that we employ.



#### 4.4 Staff Turnover and Reasons for Leaving

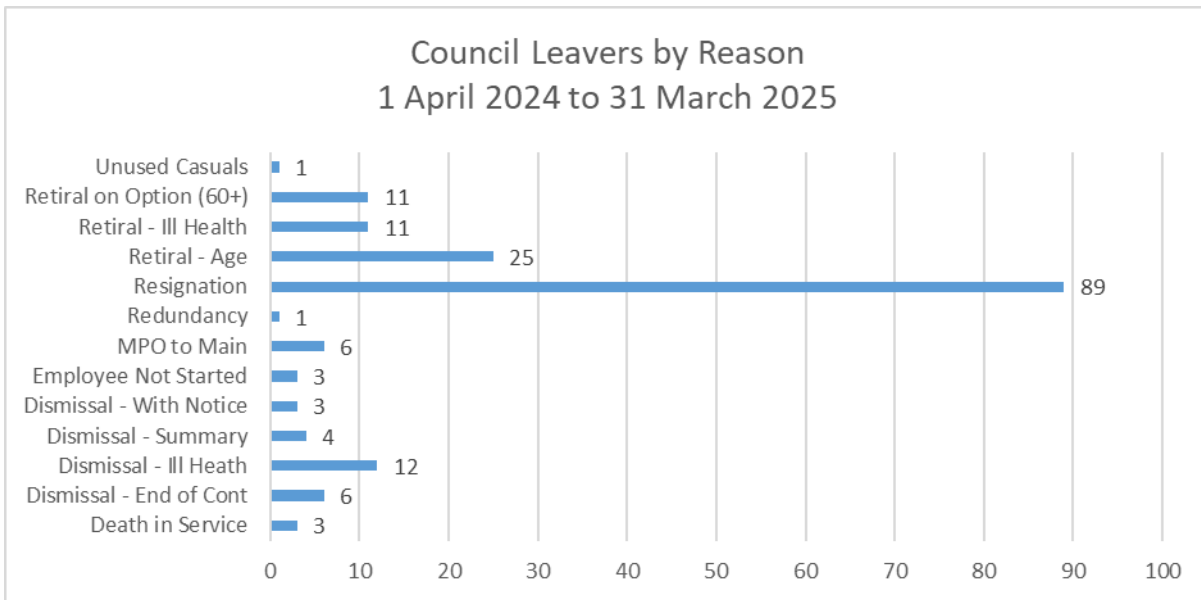
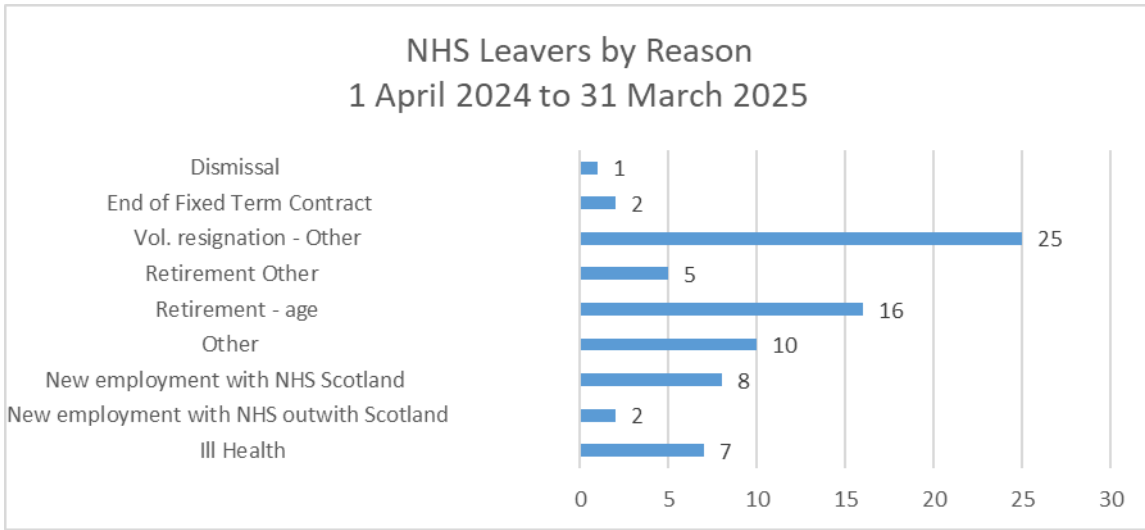
The turnover rate for West Dunbartonshire Council staff within the HSCP is 12.7%, which is a decrease from the rate of 15.2% per annum as reported in the last plan. This is higher than the West Dunbartonshire Council rate, which is currently 11.4% per annum. For NHS staff within the HSCP, the turnover rate is 8.5% compared to the Greater Glasgow and Clyde wide figure of 7.7%.

The bar graphs below detail the reasons for leaving for both NHS and West Dunbartonshire Council employees within the HSCP for the period 1 April 2024 to 31 March 2025:

Analysis of the reasons for leaving during the period 1 April 2024 to 31 March 2025 reveals several key trends. The most common reasons for staff departures include resignation, retirement (both age-related and efficiency-related) and ill health retirement. Other factors such as redundancy, end of contract and dismissal account for a smaller proportion of leavers. Notably, resignations continue to be the leading reason for leaving, reflecting both voluntary career moves and personal circumstances. Retirement remains a significant factor, particularly given the ageing profile of the workforce and is expected to increase in the coming years.

A smaller number of staff left due to redundancy or the end of fixed-term contracts, while dismissals (for reasons such as ill health or summary dismissal) were relatively rare. There were also a handful of cases of death in service, which, while infrequent, highlight the importance of ongoing support for staff wellbeing.

Understanding these patterns is crucial for workforce planning, as it enables the HSCP to target interventions aimed at improving retention, supporting staff through transitions and addressing any underlying issues that may contribute to turnover. Regular analysis of exit interview data and feedback from departing staff will further inform future strategies to maintain a stable and engaged workforce.



## 4.5 Sickness Absence and Wellbeing

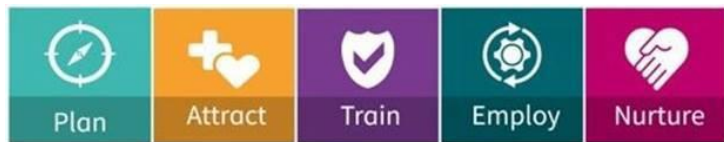
### West Dunbartonshire HSCP Workforce Profile (2024–2025)

Sickness absence and employee wellbeing remain central to the overall workforce profile for West Dunbartonshire HSCP, reflecting both NHS and Council staff experiences during the reporting period (1 April 2024 to 31 March 2025).

### NHS Absence Overview

During 2024–2025, the average total sickness absence rate for NHS staff within West Dunbartonshire HSCP was approximately 7.3% (WTE), with short-term absence accounting for around 2.7% and long-term absence for 4.6% of contracted time. This represents a stable trend compared to the previous year, with monthly fluctuations but no significant overall increase.

**Absence Reasons:** The most common causes of sickness absence among NHS staff were psychological conditions (including stress), musculoskeletal issues, and minor illnesses. Psychological absence remained a significant factor, consistent with national trends.



Long-term vs Short-term: Long-term absence continued to make up the majority of sickness absence, though there was a slight reduction in the proportion of long-term cases compared to the previous year.

Service Variation: Absence rates varied across services, with some areas - such as Health & Community Care and Mental Health - experiencing higher rates than others. This aligns with the Council's observation of inconsistencies and higher absence within Community Health and Care.

### Council Absence Overview

Council-wide, sickness absence increased by 1,341.13 FTE days compared to the previous year. While this rise is concerning, it marks the first increase since 2021/22, against a backdrop of rising sickness absence nationally.

Top Absence Reasons: The top three reasons for absence remained unchanged, though their ranking shifted. Minor illness was the leading cause, followed by personal stress and acute medical conditions.

Long-term Absence: The proportion of long-term absence decreased to approximately 66% (down 14% from 2023/24), partly due to an increased number of dismissals for capability where employees could not sustain attendance despite support.

Work-related Stress: Notably, work-related stress absence increased by 34% compared to 2022/23, highlighting the ongoing impact of workplace pressures and the importance of robust support mechanisms.

Action Planning: The People and Change Team has been tasked with providing a detailed action plan for managing absence within Community Health and Care, given the higher and inconsistent figures in this area.

### Wellbeing Initiatives and Next Steps

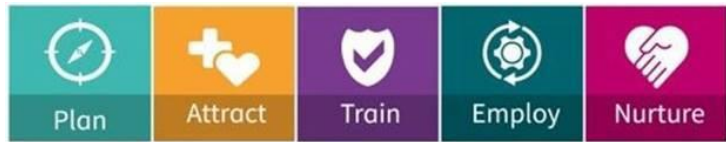
Both NHS and Council data underscore the importance of ongoing wellbeing initiatives, targeted support for staff experiencing stress and proactive management of long-term absence. The HSCP will continue to monitor trends, support managers in addressing absence and implement action plans - particularly in areas with higher rates or inconsistencies.

## **5. Financial Context**

### **5.1 Background**

The West Dunbartonshire Health and Social Care Partnership Board is required to operate within the resources it has available to it and on a financially sustainable basis. The HSCP Board approved a balanced budget for financial year 2025/26 on 24 March 2025.

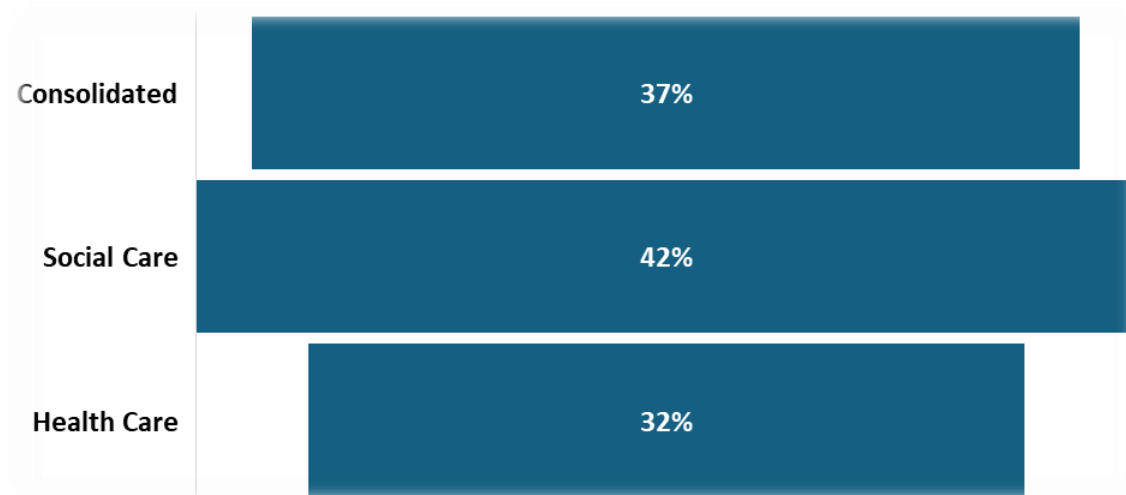
The 2024/25 to 2027/28 Medium-Term Financial Outlook was approved by the Integration Joint Board on 19 November 2024 and brings together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. The outlook provides detail on the level of resources required by the partnership to operate its services over the next three financial years, given the demand pressures and funding constraints that we are likely to experience.



It is a key paper within the suite of financial governance documents, highlighting through sensitivity budget gap analysis the risk that, if not properly managed, financial instability could have on the delivery of the HSCP’s strategic plan and therefore the workforce required to deliver on the strategic outcomes and priorities.

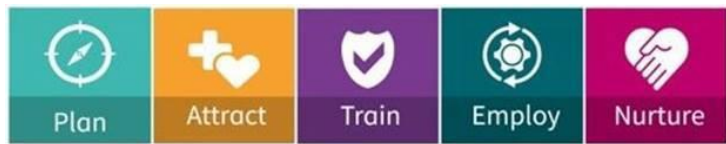
The continuing tightening of financial settlements to both of our funding partners, on whom we rely for funding of health and social care services, will be a significant challenge over the period of this plan. This is particularly relevant given the proportion of overall expenditure we invest in staffing which ranges from 32% to 42% as highlighted in the graph below.

**Employee Costs as a percentage of the Gross Budget**



It is crucial therefore that the 2025 to 2028 Workforce Plan aligns with our Medium-Term Financial Outlook and financial planning assumptions which reflect issues of affordability in achieving or sustaining the required future workforce.

The Medium-Term Financial Outlook also considers the volatility, risk and range of forecast pressures that have the potential to create financial instability, and impact both directly and indirectly on the workforce, or vice versa as highlighted in the table below, with further detail provided in section 5.2.



## Financial Pressures Impacting both Directly and Indirectly on our Workforce

Financial Pressures	
<p><b>Directly Impact on our Workforce</b></p> <ul style="list-style-type: none"> <li>• Public Sector Pay Policy and wider staffing inflationary pressures</li> <li>• Increased employers' national insurance contributions</li> <li>• Health and Care (Staffing) (Scotland Act) 2019</li> <li>• Recruitment and retention issues arising from:               <ul style="list-style-type: none"> <li>• <i>The continuing impact on staff recruitment as a consequence of the United Kingdom leaving the EU</i></li> <li>• <i>Fewer applicants for roles at all grades and a shortage of skilled staff for key posts as all HSCP's seek to recruit from a limited pool of staff resulting in a potential inability to fulfil national priorities</i></li> <li>• <i>Varying rates of pay and conditions not only between HSCPs across NHS GGC but also within West Dunbartonshire HSCP funding partners in relation to integrated posts</i></li> <li>• <i>Temporary funding requiring less attractive fixed term posts</i></li> </ul> </li> <li>• Higher levels of staff absence and the legacy impact of the Covid-19 pandemic on health and wellbeing</li> </ul>	<p><b>Indirectly Impact on our Workforce</b></p> <ul style="list-style-type: none"> <li>• Flat cash/ringfenced funding directions to Health Board and Council</li> <li>• The impact of single year budgeting on the HSCP's ability to plan for the medium term</li> <li>• An uncertain financial outlook and a mid-range financial gap of up to £35m between 2024/25 and 2027/28, requiring additional savings.</li> <li>• Demographic pressures and demand changes reshaping services</li> <li>• Progress on service redesign programmes</li> <li>• Prescribing pressures</li> <li>• National/local opportunities and challenges:               <ul style="list-style-type: none"> <li>• <i>National Care Service</i></li> <li>• <i>Scottish Living Wage</i></li> <li>• <i>Increased employers' national insurance contributions</i></li> <li>• <i>Increasing support to unpaid carers and sums paid for free personal care.</i></li> </ul> </li> </ul>

Where appropriate, and relevant, our Workforce Plan will seek to address these although we recognise that many challenges are long-standing and will not be fully addressed in the lifetime of this Plan.

### 5.2 Risk Analysis

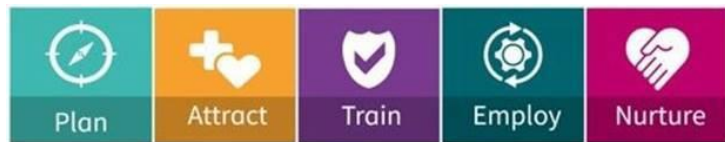
While numerous financial pressures are highlighted in the table above, some further detail on those that directly and indirectly affect our workforce is provided below.

#### Public Sector Pay Policy and Wider Staff Inflationary Pressures

The Scottish Government published a Multi-Year Public Sector Pay Policy on 4 December 2024, setting out a framework for 2025/26 to 2027/28 with a 9% pay envelope compared to forecast inflation of under 7% across the three-year period. Initially, the HSCP Board budget for 2025/26 assumed a 3% uplift for health and social care staff, at an estimated cost of approximately £3.4m.

However, subsequent pay agreements have significantly altered this position:

- **NHS Agenda for Change Staff**  
In May 2025, health unions agreed a two-year deal (2025–2027) including an inflation protection clause:
  - 4.25% from 1 April 2025
  - 3.75% from 1 April 2026
  - Guaranteed to be at least 1% above CPI inflation each year
 This equates to an 8.16% cumulative increase.



- **Local Government (SJC Workforce)**

In June 2025, COSLA offered an enhanced two-year deal:

- 4% from 1 April 2025
- 3.5% from 1 April 2026
- Accepted by unions in July 2025, totalling a 7.64% cumulative increase.

These agreements effectively override the assumptions within the Scottish Government’s Medium-Term Financial Strategy (MTFS) published on 30 September 2025, which referenced the NHS deal but not the SJC offer (as it was unaccepted at that time). The MTFS commits to multi-year funding settlements, with a Scottish Spending Review due alongside the Budget in January 2026 to support medium-term planning.

### **Increased Employers National Insurance Contributions**

As part of the UK Budget announced on 30 October 2024, the Chancellor announced an increase to Employers National Insurance Contributions effective from 1 April 2025. The rate that employers pay in contributions will rise from 13.8% to 15% on a worker's earnings above £175 from April. The threshold at which employers start paying the tax on each employee’s salary will be reduced from £9,100 per year to £5,000. For 2025/26 it is estimated that this will cost £2.2m for directly employed staff.

At this time, the position advised by COSLA and the UK Government is that the increase in public sector employers’ national insurance will be funded through Barnett consequentials, however, there is a risk that that any Barnett consequential-based funding may not provide sufficient funding to cover the full cost of this change in Scotland, given the proportionally larger public sector in Scotland.

### **Health and Care (Staffing) (Scotland) Act 2019**

[The Health and Care \(Staffing\) \(Scotland\) Act 2019](#) provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and are able to raise concerns.

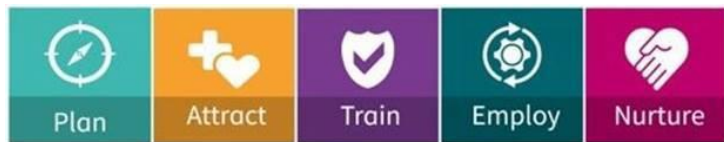
### **Recruitment and Retention Issues**

Ongoing recruitment and retention issues can arise for a number of reasons, as highlighted in Table x, however, regardless of the reason, they have a number of consequences for our workforce, with both financial and non-financial implications:

- Feelings of low morale and “burnout” as the current pool of available staff try to keep services going.
- Increased levels of absence due to “burnout”.
- Resentment among colleagues both within West Dunbartonshire HSCP and the wider collective HSCPs in Scotland due to differing pay and conditions.
- Increased cost of overtime, often at enhanced rates.
- Increasing use of agency cover which is not only expensive but can lead to a lack of continuity of care.

### **Indirect Financial Pressures**

Indirect financial pressures, which may initially seem to be outside the scope for discussion within a workforce plan, are however relevant as they impact on either:



- Total financial resources available to fund all services provided by the HSCP
- Efficient use of the overall financial resources available

The [Strategic Needs Assessment for Adults and Older People](#) carried out in June 2022 shows a sobering picture of the health of this population cohort within West Dunbartonshire Council which results in both demographic and prescribing pressures. These pressures, along with flat cash/ring-fenced funding directions to the Health Board and Council, and the impact of single year budgeting on the HSCP's ability to plan for the medium term, require the HSCP to look at new ways of delivering services.

West Dunbartonshire HSCP remains committed to making the best use of our resources to deliver best value in improving outcomes for people. We will always seek to invest in those functions and services which can demonstrate a positive impact on people's health and wellbeing, and which are aligned with the aims, commitments and priorities of the [West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together](#). There will be times, however, when disinvestment options will be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

Our investment/disinvestment decisions will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes can be as a result of planned service reviews or known commissioning cycles, but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the allocation of resources.

## **6. Short Term Workforce Drivers**

### **6.1 Health Care Staffing (Scotland) Act**

The Health and Care Staffing (Scotland) Act 2019 came into effect in April 2024. The aims of the Act are to enable safe and high-quality care and improved outcomes for people experiencing healthcare or care services through the provision of appropriate staffing. This requires the right people, in the right place, with the right skills, at the right time.

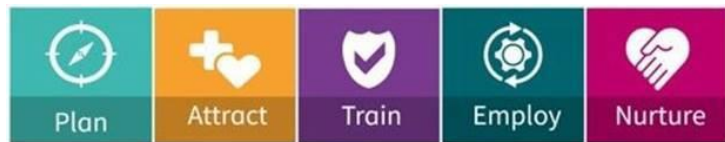
Organisations providing health and care services must ensure appropriate staffing and staff training are in place. There are obligations on anyone who provides a care service to ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers that are appropriate for:

- the health, wellbeing and safety of service users
- the provision of safe and high-quality care
- in so far as it affects either of those matters, the wellbeing of staff

The Act has further highlighted the need to have appropriate levels of staff in post and mechanisms in place to escalate concerns to allow mitigations to be put in place.

### **6.2 Service Redesign**

The HSCP is undertaking three major service reviews, which, while they are at varying stages of completion, they will all undoubtedly influence the future structure of our workforce. The three reviews are the Care at Home Redesign, the implementation of the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029", and the Review of Learning Disability Services.



### Care at Home Redesign

The Care at Home Service is progressing through the final phase of its redesign, with full implementation of the standardised roster scheduled for March 2026. This review has been a significant undertaking aimed at modernising service delivery, improving flexibility, and ensuring sustainable staffing models.

Current activity is focused on supporting staff through the transition to new rosters, addressing appeals and resolving challenges around evening and weekend coverage. While the majority of the workforce is expected to move to the new arrangements, approximately 30% have indicated difficulties in adapting, which remains a key risk area.

The review has also highlighted the need for ongoing engagement with staff, investment in wellbeing, and succession planning to secure future resilience. Lessons learned from this process will inform future workforce strategies and contribute to the HSCP's broader objectives for integrated care and improved outcomes.

### Next Steps and Priorities

The immediate priority is to monitor compliance and progress towards full implementation of the standardised roster by March 2026. This will involve regular tracking of workforce alignment and identifying any emerging gaps in coverage.

Supporting staff through the transition remains critical. Targeted engagement and practical solutions will be provided for those struggling with the new arrangements, particularly around evening and weekend working, to minimise disruption and maintain service continuity. Evaluating the impact of the redesign is another key step. This will include assessing its effect on service delivery, absence levels, and workforce satisfaction, ensuring that the changes deliver the intended benefits and inform future improvements.

Embedding succession planning and training initiatives will be essential to strengthen resilience and address demographic challenges within the workforce. This includes expanding SVQ opportunities and developing internal talent pipelines.

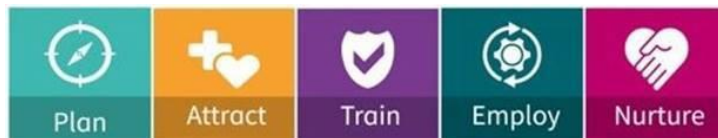
Finally, workforce risks will be reviewed regularly to ensure mitigation plans remain aligned with service needs and strategic objectives. This proactive approach will help maintain stability and support the long-term sustainability of the service.

### Children's Health and Care Services Strategy

Approved at the 28 March 2024 HSCP Board, the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" will be delivered by key projects with related key performance measures and milestones. The Strategy presents the roadmap to deliver sustainable services, aligned to the Promise and Shifts the Balance of Care. This will ensure children and young people, where possible, can remain supported at home with the necessary scaffolding of support, with family or in a community setting.

The West Dunbartonshire Integrated Children's Services Strategic Needs Assessment 2018 provides statistics on children's health, social circumstances, family health and environment, and provides useful data and allows services to target resources and improvement projects on those areas which require focus.

West Dunbartonshire is experiencing a continued decrease in population, however, there is a continued high rate of child poverty. Improving Lives with Children and Young People in West



Dunbartonshire, What Would It Take? 2024 – 2029 supports the delivery of wider Integrated Children’s Services Planning with (Getting It Right for Every Child (GIRFEC) early help and support approaches as core to supporting children at earliest stages.

The strategy provides a number of thematic areas within each individual Children and Families service, namely:

- Family Support Services
- Foster Carer Recruitment
- Supported Accommodation Options for Care Leavers
- Commissioning Services for Children and Families
- Permanence and Care Excellence (PACE)
- Best Practice in Child Protection and Safeguarding.

These thematic areas will be underpinned by projects within the overall programme, the success of which will be dependent on the participation and collaboration of the stakeholders involved. This includes employees who deliver and facilitate the service and people who use the service; their input will be critical to the success of the redesign.

#### Review of Learning Disability Services

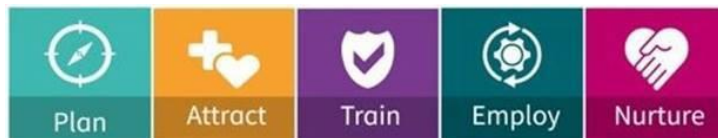
Following the HSCP Board’s approval of the Review of Learning Disability Services in June 2024, significant progress has been made over the past year. The Learning Disability Review Steering Group (LDRSG) was established and has overseen extensive engagement and consultation with stakeholders, including staff, service users, carers, and commissioned providers. This collaborative approach has ensured that the review is aligned with both national and local policy, and that services are robust, resilient, and focused on achieving positive outcomes for those with critical and substantial needs.

Key developments include a comprehensive review of individual service packages to ensure alignment with eligibility criteria and maximise independence. The Community Learning Disability Team (CLDT) has faced ongoing recruitment challenges, particularly within the health team, but continues to deliver statutory duties and support carers. Improvements have been made in transitions from children’s to adult services, with new procedures developed in line with national principles.

Registered and non-registered services have also been reviewed. The Housing Support Service (HSS) is being modernised, with upgrades and potential changes to service locations to better meet current needs. Staff have completed training on the Health and Care (Staffing) (Scotland) Act 2019, and the service was commended by the Care Inspectorate for its approach to safer staffing.

Community-based supports, including Community Connections and the Dumbarton Centre, are being considered for merger to create a more flexible and sustainable outreach model. The Respite/Short Break Service continues to promote a range of options for carers, with future changes likely to align with national policy on replacement care. The removal of the LD Service Manager for Development and Involvement post and the potential closure of Work Connect are being progressed as part of required savings.

Throughout the review, there has been a strong emphasis on partnership, co-production, and ongoing engagement to ensure services remain sustainable and focused on those with the greatest need. While financial pressures remain a concern, the review aims to modernise LD services, reduce duplication, and ensure equitable, person-centred support for the future.



## 6.3 Agenda for Change Non-Pay Pay Deal

One of the most significant workforce challenges facing West Dunbartonshire HSCP in 2025 is the implementation of the non-pay elements of the 2023 Agenda for Change (AfC) agreement. Central to this is the phased reduction in the standard working week for NHS Scotland staff.

As part of the 2023/24 pay settlement, the Scottish Government committed to reducing the full-time working week for AfC staff from 37.5 hours to 36 hours. The first phase - a 30-minute reduction - was implemented on 1st April 2024. The second phase, reducing the working week to 36 hours in full, is scheduled for 1st April 2026.

### 6.3.1 Reduced Working Week

This change is not merely symbolic. It represents a substantial reduction in available workforce hours across services. For example, internal modelling from West Dunbartonshire HSCP indicates that:

- **Treatment Room Services** could lose up to 258 appointments per week due to reduced nursing hours and vacancies.
- **District Nursing Teams** will lose 2.1 WTE per week, impacting their ability to respond to urgent care needs and take on additional workstreams.
- **Advanced Nurse Practitioners (ANPs)** will see a reduction of 9 hours per week, equating to 27 fewer appointments, which will likely be redirected to already stretched GP practices.
- **Diabetes Services** anticipate losing half a day of clinic time weekly, increasing patient waiting times.

The impact is compounded by existing vacancies and budget constraints, which will limit the ability to recruit additional staff to offset the lost hours should funding be approved by the Scottish Government. Services such as CTAC and FIT are already experiencing strain, with reductions in Band 3 HCSW hours translating to hundreds of lost appointments weekly.

While the policy aims to improve work-life balance and staff retention, it presents immediate operational challenges. These include:

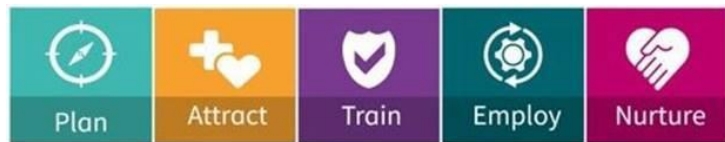
- Increased waiting times for patients.
- Reduced appointment availability.
- Pressure on GP practices and acute services to absorb redirected workload.
- Delays in vaccine programmes and assessments.

Boards are required to submit final implementation plans by October 2025, and West Dunbartonshire HSCP must ensure that its approach is both compliant and responsive to local service needs.

### 6.3.2 Band 5 Nursing Review

This initiative aims to ensure that the responsibilities, clinical skills, and scope of practice expected of Band 5 nurses are accurately reflected in their job banding and remuneration.

The review is being governed nationally by the Scottish Terms and Conditions Committee (STAC), which has developed a standardised process and digital portal for submissions. Each NHS Board,



including NHS Greater Glasgow and Clyde (NHSGGC), is responsible for managing the review locally. NHSGGC has established an Implementation Group co-chaired by Steven Munce and Susan Walker, tasked with overseeing the review process.

### Workforce Challenges

The review presents several operational and strategic challenges for West Dunbartonshire HSCP:

**Service Disruption:** Nurse managers must allocate time to support staff through the application process, which may divert attention from clinical duties. This could temporarily affect service delivery, particularly in high-demand areas.

**Expectation Management:** The review may lead to rebanding and pay increases for some nurses, but not all. Managing expectations and ensuring transparency will be critical to maintaining morale and trust.

**Workforce Planning Implications:** Any rebanding outcomes will affect workforce structures, budgets, and future recruitment strategies. The HSCP will need to monitor the impact closely and adjust its workforce modelling accordingly.

Several batches of evaluation outcomes have already been processed, with affected nurses receiving notification letters and matched job reports. Where rebanding has occurred, payroll adjustments are being made automatically.

### **6.3.3 Protected Learning Time**

A structured approach to PLT is being introduced to guarantee consistent access to professional development. NHS Greater Glasgow and Clyde has established implementation groups aligned with national workstreams, including the development of core training modules, system modifications, and success metrics

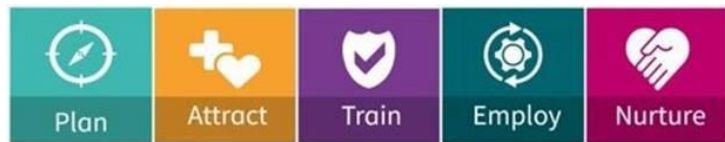
## **7. Challenges**

### **7.1 Recruitment Challenges**

West Dunbartonshire HSCP is facing the same challenges as other HSCPs, and the wider Health and Care sector, in relation to hard to fill roles. Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility. Neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor.

Work is ongoing within West Dunbartonshire HSCP to ensure that not only do we offer an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us.

An example of this is in our social work teams where we employ social work assistants who we may then support to qualify as social workers.



This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West Dunbartonshire HSCP.

### Social Work and Social Care

Employee resource levels and recruitment pressures in social work and social care are sector-wide challenges. The HSCP is working to address this issue and to manage any impact on operational performance and employee morale.

Social care services in particular currently operate in a highly competitive market and, in line with the national actions to address this skills shortage, we will continue to review and adapt the local approach to recruitment and retention to ensure the HSCP has a capable workforce who are highly valued for the services they deliver.

### Psychiatry

There is a long-standing need to increase higher training places for psychiatrists in general and critically for older adult psychiatry. The HSCP continues to find it difficult to recruit to Consultant Psychiatrist posts, impacting general psychiatry and neurodevelopmental disorders (ASD and ADHD) waiting lists.

### Future Nursing Pipeline Challenges

The HSCP shares concerns around the future nursing pipeline. The current number of nurse training placements is not sufficient to meet future demand.

### RWW impact

Given the extent of the gaps in the current training pipelines it is imperative that alternative routes into registered training are pursued with considerable urgency to help bolster training numbers.

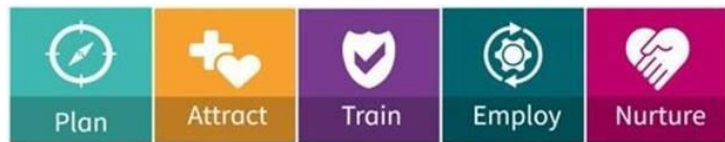
### Children and Families Social Work, Residential and Placement Services Unit

It is challenging to recruit to Residential Care Officer posts in residential houses for young people. This is a national issue that has persisted for several years but locally too more recently. Whilst possible to recruit applicants the suitability of candidates in terms of qualifications and experience is a barrier to recruitment. The service has reviewed essential criteria, undertaken benchmarking exercise to understand, offered exit interviews to understand any local issues, and offered enhanced training opportunities for career progression within the houses.

### Justice Social Workers

Justice Social Worker posts face recruitment challenges locally and nationally. This is an operational risk to all of the Community Justice Social Work services with the role being generic across the following teams:

- Court Based Social Work
- Community Sentencing
- Assessment and Early Intervention
- Youth Justice
- Justice Throughcare
- Drug Treatment and Testing Orders



The service uses generic job descriptions and staff are moved to cover between areas if necessary, depending on resource. The service currently has an ongoing training programme to develop the skills of newer staff to the role of Justice Social Work.

Exit interviews are offered to understand any local issues, as are enhanced training opportunities and hybrid working to encourage interest.

## **7.2 Location and Travel**

West Dunbartonshire benefits from a scenic location on the banks of Loch Lomond, with Dumbarton just 20 to 30 minutes by train from Glasgow. Despite this proximity, there is a common perception that the area is more remote than it truly is, which can sometimes limit the available talent pool.

Historically, access to Dumbarton has been constrained by the presence of only one main road, which can become congested or blocked, discouraging some potential applicants. However, a second road is currently under construction, aimed at alleviating pressure and improving overall connectivity to the area.

While the location offers a high quality of life and beautiful surroundings, attracting staff away from Glasgow - where there are typically more opportunities - remains a challenge. Local feedback suggests that transport links within West Dunbartonshire can be inconsistent, and this has impacted service delivery in some areas. For example, people in more deprived communities are less likely to travel for services, which has been evident in efforts such as vaccination programmes.

## **7.3 Financial pressures**

The priority is to deliver services within budget whilst trying to navigate a complex landscape of increasing demand for high-cost services. Teams are being asked to identify ways in which costs can be reduced. There is good evidence to suggest that early and preventative support can reduce the need for high-end services; it can also reduce the length of time services are needed. Our aim is to continue to expand on early prevention and develop a workforce for this purpose. There has been an increased focus on reviewing services to ensure that only those services which are considered critical within our eligibility criteria are provided. This has a direct impact on the workforce morale.

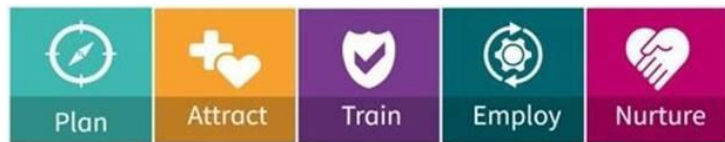
## **8. Plan - Services**

### **8.1 Health and Community Care**

#### **8.1.1 Care Homes and Day Services**

##### Care Homes

The care homes service comprises two homes, both of which achieved high grades in their most recent Care Inspectorate inspections, with wellbeing scoring particularly well. Crosslet House has a dedicated Wellbeing Unit within its grounds to support staff, reflecting a strong commitment to employee health and morale.



Staffing remains a significant challenge, particularly in recruiting Care Assistants. This issue is compounded by the Council's lack of a sponsor licence, which prevents the employment of workers from outside the UK. These restrictions place additional pressure on maintaining service quality and meeting increasing care demands.

Workforce demands are evolving. Crosslet House is participating in the National Infection Prevention and Control (IPC) pilot, which involves working through a standards checklist and reviewing existing policies to ensure alignment with national requirements. Both homes have also achieved the Food for Life Served Here Bronze Award, led by Soil Association Scotland. This award recognises their commitment to serving fresh, sustainable and ethically sourced meals, with at least 75% of dishes prepared from unprocessed ingredients. Menus now include seasonal Scottish produce and higher welfare meat, supporting local suppliers and promoting healthy eating. This achievement positions the homes as leaders in sustainable catering within Scotland's care sector. [\[soilassociation.org\]](http://soilassociation.org)

Rising levels of acuity mean residents are funded for longer periods, and there is a notable increase in residents with dementia. This trend necessitates ongoing investment in training to ensure staff are equipped to manage complex care needs effectively.

Succession planning is another priority. While the age profile of the management team does not present an immediate risk, it is a concern for the medium term. Exploring SVQ funding and other development opportunities will be essential to build a pipeline of skilled leaders and maintain service resilience.

#### Risks and Mitigation Strategies

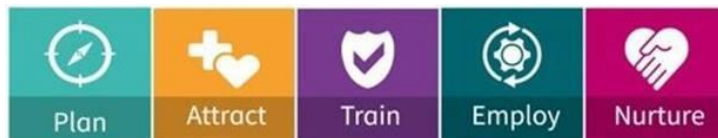
Recruitment restrictions and the inability to employ overseas workers present a significant risk to maintaining adequate staffing levels, particularly for Care Assistants. This could impact service delivery and staff wellbeing if not addressed. Mitigation strategies include strengthening local recruitment campaigns, exploring partnerships with training providers to "grow our own" workforce and prioritising retention through wellbeing initiatives such as the dedicated Wellbeing Unit at Crosslet House. Succession planning and investment in SVQ funding will help reduce future leadership gaps, while ongoing dementia training will ensure staff can meet the increasing complexity of care needs.

#### Day Services

Day Services are currently experiencing significant workforce challenges, primarily due to high levels of staff absence. This is impacting safe staffing levels and has led to a reduction in capacity for assessments, resulting in growing waiting lists for new service users. Maintaining safe staffing remains a critical priority.

On a positive note, the service is undergoing a redesign, which presents an opportunity to modernise how care is delivered. A new manager has been appointed to lead this transformation, working closely with senior colleagues to review service delivery and implement improvements. Recruitment for additional roles, including Day Care Officers and Assistants, is planned as part of this redesign, although there have been previous difficulties in recruiting to management-level posts due to qualification requirements.

The profile of service users is changing, with higher levels of acuity and an increasing number of individuals living with dementia. This means that many service users require more intensive support, often involving more than one staff member during their time in the day centre. These changes place additional demands on the workforce and highlight the need for ongoing training to ensure staff can meet complex care needs.



Succession planning remains a priority, with a focus on supporting staff through SVQ qualifications to build a pipeline of skilled workers and future leaders. This will help maintain service resilience and address potential gaps in management roles over the medium term.

#### Risks and Mitigation Strategies

The most pressing risk is the impact of high absence levels on safe staffing and service capacity, which could lead to longer waiting times and reduced access for service users. Mitigation strategies include proactive recruitment as part of the redesign, investment in staff wellbeing to reduce absence, and targeted training to equip staff for the increasing complexity of care. Succession planning through SVQ funding will help secure future leadership capacity, while modernisation efforts aim to create a more sustainable and efficient service model.

### 8.1.2 Care at Home and Reablement

The Care at Home and Reablement Service is a large, predominantly female workforce, with a significant proportion aged over 45. The age profile shows that over 57% of staff are aged 50 or above, which presents long-term succession planning challenges and contributes to higher levels of absence. Flexi-retirement requests are common, reflecting the older demographic and adding complexity to workforce planning.

The service is in the final phase of a major redesign, with full implementation of the standardised rosters planned by March 2026. While this modernisation aims to improve efficiency and service delivery, around 30% of staff have expressed challenges in moving to the new roster, particularly regarding evening and weekend working. This poses a significant risk to maintaining planned hours of care and ensuring adequate coverage across all shifts.

Recruitment is not currently a major issue, as posts are being held until the redesign is complete. However, there has been at least one instance where a strong candidate for an in-house trainer role could not be appointed due to the Council's lack of a sponsorship licence. This highlights a wider risk across services and may strengthen the case for securing a licence to enable recruitment of skilled candidates from outside the UK.

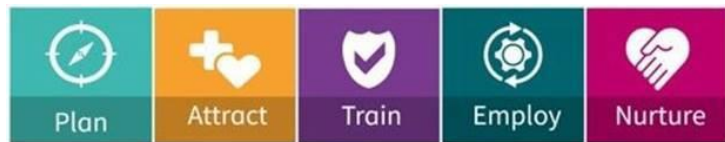
The workforce is predominantly local, and the relatively low healthy life expectancy in West Dunbartonshire may contribute to absence levels. These factors, combined with ongoing scrutiny from the Care Inspectorate, place additional pressure on managers and the service as a whole. Despite these challenges, the redesign offers an opportunity to create a more sustainable and flexible model of care.

#### Risks and Mitigation Strategies

Key risks include high absence levels, resistance to new rosters, and the ageing workforce, all of which impact service capacity and safe staffing. Mitigation strategies include proactive engagement with staff to support the transition to new rosters, investment in wellbeing initiatives to reduce absence, and succession planning through SVQ funding and internal development. Addressing the sponsorship licence issue could improve recruitment flexibility for specialist roles. Continued monitoring of absence trends and workforce demographics will be essential to inform future planning.

### 8.1.3 District Nursing

Currently, the services are managing to meet demand but there is a clear expectation that this will become more challenging over the next 12 to 24 months. The increasing complexity of care,



particularly for patients with life-limiting illnesses, is driving up demand. Legislative requirements mean that safer staffing levels must be maintained across all services, with specific tools in place to determine the appropriate numbers. However, ongoing reforms and service developments are expected to further increase the need for staff and there is a significant risk that the current workforce will not be sufficient in the near future.

A major concern is the age profile of the workforce, with around 30% expected to retire within the next five to fifteen years. Recruitment is already challenging, especially for certain roles such as Band 6 staff (who often move on to Band 7 positions), Occupational Therapists and Physiotherapists. Some posts are particularly hard to fill due to their specialist nature or location and there are worries about whether enough new staff are coming through from colleges and universities. Retention is also an issue and the reliance on fixed-term rather than permanent contracts is making it harder to maintain a stable workforce.

Service-specific challenges are also concerning. For example, District Nursing requires ongoing monitoring and is likely to need increased staffing in the near future. Phlebotomy services are experiencing high demand, with a growing need for administrative support, especially as services like OPAT expand. The Primary Care Improvement Plan (PCIP) relies on maintaining current staffing levels to deliver care as set out in the Memorandum of Understanding, but recruitment shortfalls mean that sometimes demand cannot be met. In the Diabetes Service, while current staffing is adequate, waiting times have increased due to new treatments, and recruitment remains difficult due to the specialist skills required.

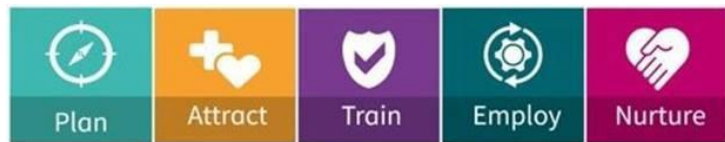
There is an emphasis on the importance of supporting the workforce through role diversification, service changes and the use of technology to improve performance. There is a need for strong leadership and adequate resources to implement new initiatives and support the future vision for services. Overall, while the current workforce is coping, there are significant risks ahead due to retirements, recruitment and retention challenges, and increasing service demands. Proactive planning and innovative approaches will be essential to sustain and develop services in the short term.

#### **8.1.4 Pharmacy**

The pharmacy service is currently facing several workforce challenges that require careful planning and targeted action. In the short term, sustaining services and addressing backlogs is a key priority. Previous recruitment efforts have been hampered by the geographical location and the HSCP's focus on Primary Care Improvement Plan (PCIP) activities, which limits opportunities for staff development in more advanced roles. This has resulted in ongoing capacity pressures and a need to streamline processes with stakeholders to maximise the capacity of the existing workforce.

Morale within the team has been affected by long-term sickness absence, which is partly attributed to continual pressure from colleagues due to work overcapacity. Retaining the current workforce is therefore a priority, with a particular focus on wellbeing and managing workload. The workforce gap is evident, as the team is currently down by approximately 1.6 whole-time equivalent (WTE) staff compared to the previous year. Replacing these positions would be a priority if funding becomes available. However, recruiting internally would create gaps at lower levels, necessitating training for newly qualified staff. Fortunately, the team has experience in providing such training, although the requirement is variable.

Succession planning is becoming increasingly important, as 57% of the pharmacy senior management team (SMT) is over the age of 55, though it is unlikely that any will retire within the next 12 months. The service is also investing in 'grow your own' strategies, with around 19% of the



team currently in training posts. However, there is concern about the lack of funding to retain these colleagues once they qualify. Additionally, the team has a high percentage of women of childbearing age, which suggests a likely increase in maternity leave over the next one to five years.

No new initiatives are currently planned due to recruitment restrictions, and the workforce implications of these drivers are significant. The service must prioritise succession planning and explore alternative routes to fill posts, while continuing to support staff wellbeing and development within the constraints of current resources.

### 8.1.5 Adult Services

Adult Services face ongoing workforce challenges, particularly in recruiting physiotherapists and occupational therapists (OTs). While recruitment for OTs has recently improved, with one successful appointment, physiotherapy posts remain difficult to fill. Recruitment for social workers is currently more positive, but continued monitoring is required to maintain stability across the integrated adult services workforce.

A structural review is underway to ensure resources are allocated effectively and waiting times are minimised. This review is critical given the increasing demand for hospital discharge support and the need to prevent unnecessary admissions. The service plays a key role in reducing delayed discharges and minimising bed days lost, which requires a flexible and responsive workforce model. These pressures may necessitate further investment to strengthen capacity.

The introduction of a reduced working week will have implications for the health professional workforce, requiring adjustments to scheduling and resource planning. Additionally, the team includes the hospital discharge function, which links closely with the broader Transforming Together agenda. Recent funding for integrated care beds has supported the development of a small workforce to enhance discharge pathways, contributing to national priorities for integrated care.

#### Speech and Language Therapy (SLT)

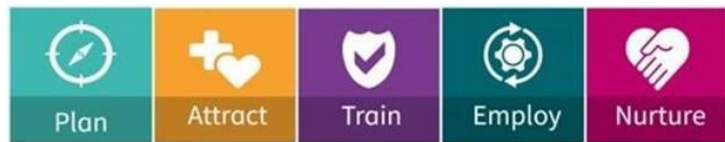
The SLT team is a very small, standalone service comprising only 2.8 WTE (1.8 WTE qualified staff and 1 WTE assistant). This team covers both acute and community services in West Dunbartonshire, creating a significant challenge in terms of capacity and resilience. There is no cover for absence, which places the service at high risk and is recorded on the risk register. A wider review of SLT provision is underway across NHS Greater Glasgow and Clyde, but in the meantime, the lack of flexibility and absence cover remains a critical vulnerability.

#### Risks and Mitigation Strategies

Key risks include ongoing recruitment challenges for specialist roles, the impact of structural changes, and increased demand for hospital discharge and admission prevention. The SLT team's size and lack of contingency for absence represent a major risk to service continuity. Mitigation strategies include targeted recruitment campaigns for physiotherapy and OT posts, continued engagement with professional networks, and leveraging new funding streams to build capacity. For SLT, collaboration with the GG&C-wide review and exploring shared resource models may help reduce risk. The structural review will help optimise resource allocation, while collaboration with the Transforming Together programme will support service redesign and sustainability.

#### Opportunities for Service Development

The Transforming Together agenda and recent investment in integrated care beds present significant opportunities to modernise Adult Services. These initiatives enable the service to



strengthen hospital discharge pathways, reduce delayed discharges, and improve outcomes for service users. By aligning workforce planning with these strategic priorities, Adult Services can create a more integrated, efficient, and sustainable model of care that meets future demand.

## **8.2 Mental Health, Learning Disabilities and Addictions**

### **8.2.1 Learning Disabilities**

In the short term, the Community Learning Disability Team is facing significant pressures due to increasing caseloads and rising complexity among service users. There are currently around 350 care packages for people with learning disabilities, all of which should be reviewed annually. However, the team is unable to meet this demand because of insufficient staffing levels. The caseload continues to grow, particularly as the population ages and as more complex transition cases arise.

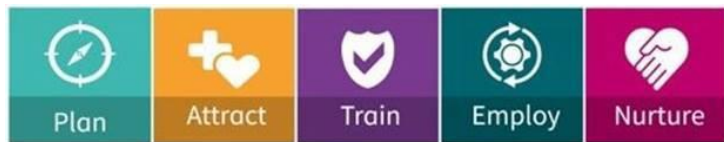
The social work team is currently operating below its full establishment with two vacancies that have been difficult to fill. Even if these vacancies were filled, the team would still struggle to manage all demands beyond statutory duties. Recruitment and retention remain challenging, with staff sometimes leaving for higher pay in other Health and Social Care Partnerships. There are also ongoing concerns about staff wellbeing, as the pressure of workload continues to mount.

Some progress has been made by developing alternative routes to qualification, with three staff from other areas of learning disability services now working towards their social work qualification. However, the team continues to experience challenges in managing the workload, particularly in relation to the annual review of care packages and the increasing complexity of transition cases.

National policy drivers, such as the Coming Home Implementation Report and the management of the Dynamic Support Register (DSR), have also increased the workload for both the Nurse Team Leader and the wider team. The reduction in inpatient beds means that more complex service users must be supported in the community, which places additional pressure on finding suitable placements and increases the workload for staff. The management of the DSR, in particular, requires regular planning meetings and coordination with Public Health Scotland, adding to the demands on the team.

Transitions are a particular area of concern, with increasing numbers of complex cases and no dedicated transitions team to manage them effectively. This makes it difficult to ensure timely and effective support for individuals moving between services. The plan suggests that resource from Children and Families services could be redirected to support this work, with management through Adult services to improve outcomes.

Overall, the short-term drivers for the Learning Disability service are characterised by increasing demand, rising complexity, persistent recruitment and retention challenges, and the need to respond to national policy requirements. Addressing these issues will require ongoing attention to workforce planning, investment in staff development, and consideration of how resources are distributed across the service.



## 8.2.2 LD Registered Services

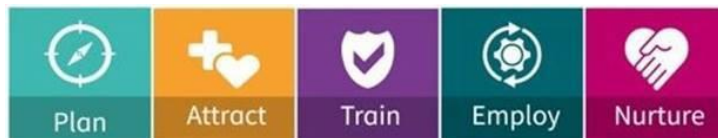
The LD Registered Services are currently focused on sustaining service delivery and addressing any backlogs, while responding to increasing demand and complexity in service user needs. Staffing levels are expected to decrease slightly due to career progression, and maintaining capacity will depend on successful backfilling of these posts. The service faces ongoing challenges in recruitment and retention, particularly for specialist roles, and is exploring flexible contracts and alternative pathways to address these gaps. Mandatory and induction training remain priorities, with annual rotations and online learning supporting staff development. Following approval of the service review recommendations by the Integration Joint Board, the service is now moving into the implementation phase with a continued emphasis on modernising provision, ensuring sustainability and prioritising support for those with the most complex needs.

## 8.2.3 Mental Health

Recruitment to lower grade posts (Band 5 and under) remains a significant challenge for Mental Health Services in West Dunbartonshire, particularly outside the Clydebank area. While recruitment to Band 6 and above is somewhat easier in Clydebank, Dumbarton and Helensburgh continue to face difficulties across all positions. The volume of work coming through mental health services is vast, and this coincides with ongoing recruitment and retention challenges, as well as high levels of staff sickness. These pressures are placing considerable strain on the existing workforce, with delays in recruitment further exacerbating staff sickness and increasing the burden on those remaining. The planned reduction in inpatient beds and reinvestment in community services, as outlined in the Mental Health Strategy, is a positive step, but there are concerns about the ability to attract candidates to these community roles. Efforts to modernise Community Mental Health Teams (CMHTs) aim to reduce stress and demand on staff, making these positions more appealing to potential employees. However, the current staffing profile does not meet service demand, and further reductions in beds are likely to increase pressure on community teams, which are already stretched.

The service currently employs 169.8 whole-time equivalent staff (192 individuals) across NHS and West Dunbartonshire Council, with 95 staff under the age of 50, 87 aged 50 and over, and 20 staff aged 55 and above who may retire within the next five to ten years. Staff turnover in the past year included 21 leavers and 19 new recruits, with a positive outcome achieved through the recruitment of newly registered nurses straight from university into hard-to-fill areas. There has been a shift in experience requirements, with newly qualified nurses now working autonomously in the community, and some Band 6 nurses having less than a year of post-registration experience. The loss of staff goodwill and flexibility has impacted retention, and high sickness absence rates—currently at 11.5%—are primarily due to anxiety, stress, depression, and other psychiatric illnesses. The pay structure, particularly the removal of unsociable hours pay, has made community roles less attractive, and backfilling promoted staff is unlikely unless inexperienced staff are accepted.

Immediate actions should focus on innovative recruitment approaches, such as partnering with local colleges and high schools to promote nursing careers and guarantee work placements for students. Attending high school information evenings and engaging with young people in the community can help make mental health careers more attractive. A review of Band 5 nursing roles may have significant payroll implications if all Band 5 staff are upgraded to Band 6. Overall, resources must be prioritised for patients at highest risk, as the current service delivery model is unsustainable in the present climate.



## 8.2.4 Addictions

The Addictions Service reports significant challenges in sustaining service delivery due to ongoing workforce pressures, particularly in administrative and nursing roles. There is an increasing need for administrative support and the failure to backfill vacant posts is creating risks not only to service delivery but also to the organisation's reputation. Continued funding is essential to maintain the foundation of the service, as current pressures are having a detrimental impact on staff wellbeing. The service is currently awaiting the outcome of an administrative review, which may influence future workforce planning and structure.

A key strategic driver has been the administration of injectable opioid substitution treatment, which has been absorbed by the current nursing workforce. Over half of the current prescribing caseload is for Buprenorphine, and this demand has placed additional strain on both nursing and administrative teams. Current administrative staffing levels are insufficient to meet demand, with vacancies remaining unfilled and an increasing reliance on a small pool of existing staff. This lack of resilience makes it difficult to maintain contingency during periods of sickness absence and limits the capacity to support frontline teams.

Workforce demographics present further challenges with two Team Lead posts and one Senior Addiction Worker post expected to reach retirement age within the next twelve months. Recruitment to administrative posts remains difficult, with vacancies taking considerable time to fill due to lengthy recruitment processes and the need for senior management approval. Training new recruits is also time-consuming and the use of bank staff is not a viable option due to budget constraints and a lack of trained personnel. Persistent shortages continue to pose risks to service delivery, staff wellbeing and organisational reputation. The service requires a core number of administrative staff to provide resilience against absences but maintaining this level is becoming increasingly difficult due to budget cuts and savings requirements.

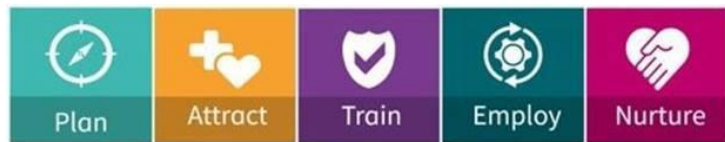
There are also challenges in recruiting to nurse posts, mainly due to capacity issues across the Health Board, with vacant posts outweighing the number of new qualifiers from nursing courses. Alternative routes, such as rolling out certain treatment options in Primary Care, are being considered to help address these gaps. Staff retention is a further challenge, particularly in administrative roles, where previous difficulties in recruiting have been linked to a lack of recognition of pay grade and insufficient incentives for promotion, given the level of responsibility required. The inability to create posts at a lower grade, due to governance requirements, further complicates recruitment efforts.

To support the workforce, it is suggested that introducing administrative apprenticeships could be beneficial, bringing additional resource and resilience to the organisation. Empowering staff by encouraging their input into service developments and pathways is also highlighted as important, though this can be challenging when resources are stretched. Overall, the Addictions Service workforce plan underscores the urgent need for sustained investment, innovative recruitment and retention strategies and ongoing support for staff to ensure the continued delivery of safe and effective services

## 8.3 Children's Health Care and Justice

### 8.3.1 Children's Services

Children's Services are reporting the ongoing challenge of balancing workforce supply and demand in a context shaped by demographic trends, service developments, and national policy



requirements. A significant concern is the age profile of the Health Visiting (HV) team, with approximately 59% of the workforce either at retirement age or within maternity leave parameters. This creates a pressing need for sustained succession planning and a reliable pipeline of student Health Visitors to ensure service continuity. Recruitment and training for HV and School Nurse (SN) posts remain difficult due to a national shortage of suitably trained staff, the lengthy training period required for the Specialist Community Public Health Nurse (SCPHN) role and the geographic location of the HSCP which can make attracting candidates more challenging.

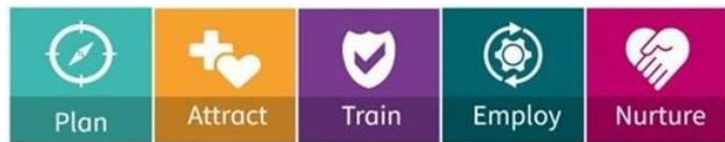
Planned service developments for 2025/26 are being shaped by current demographic and service delivery data. These include a renewed focus on speech, language and communication (SLC), enhanced parenting support, initiatives to improve dental health for children under five, addressing developmental delays and a greater emphasis on neurodiversity. Consideration is also being given to the range of support staff available to deliver these planned interventions with families. However, maintaining a steady flow of postgraduate students into the workforce remains a challenge and there is a recognised risk to safer staffing levels if this pipeline is not sustained. It is suggested that recruiting at least one whole-time equivalent (wte) student Health Visitor in 2026 would help counterbalance potential retirements, though this will require careful budget planning. The School Nursing service is also under pressure, with potential for service expansion but a current staff profile that is unlikely to meet growing demand. This could result in longer waiting times and the challenge will be to implement new service specifications with existing resources. Breastfeeding initiation rates are noted as the lowest in Scotland and evidence suggests that a dedicated resource can reduce attrition rates. Staff are skilled in delivering infant feeding advice and support, but ideally, a dedicated team would be reinstated if budgets allowed.

Another key issue is the impact of the reduced working week. There is evidence that staff are working beyond their contracted hours to maintain safe care delivery and a further reduction in working hours planned for April 2026 could equate to a loss of 1.5 wte Health Visitor staff. This may make it difficult to fully deliver the Universal Health Visiting Pathway (UHVP), potentially leading to increased toil time and stress within the workforce. To mitigate this, working hours will be closely monitored, supervision sessions will address workload concerns and performance will be audited to ensure care standards remain high.

Workforce planning tools, such as the CSM tool, have supported decision-making. In 2024, analysis indicated that maintaining current staffing levels would allow for safe and effective service delivery, except in school nursing, where an increase of 4.0 wte staff was recommended to deliver new enhanced pathways. The 2025 analysis is ongoing but is expected to yield similar findings. Supporting the workforce will require investment in third sector support services, maintaining the student pipeline and ongoing discussions about how to implement new service specifications for school nursing within existing resources.

### **8.3.2 Children and Families**

Workforce information for Children & Families services is currently being reviewed and will be included in the next update of this plan. This section will provide an overview of current workforce capacity, key challenges, and priorities for 2025/26, including recruitment and retention, succession planning, and the impact of ongoing service developments. In the interim, the service continues to focus on delivering high-quality support to children, young people, and families, aligned with national policy and local strategic objectives.



### 8.3.3 Justice

Justice Services have highlighted the increasing pressures facing the service, particularly in relation to workforce capacity and skills mix. Additional capacity is required, specifically in the form of two qualified social work (QSW) staff, to support the growing demand on the service. This demand is being driven in part by national strategies aimed at reducing the prison population, which are having a direct impact on the volume and complexity of cases managed by the justice team.

A key concern identified is the limited skills mix within the current workforce, which is affecting the quality and breadth of service provision. While the age profile of the workforce does not present an immediate risk, the lack of diversity in skills is seen as a significant challenge, particularly as national drivers continue to increase demands on the justice service. The projected gap between service demand and workforce capacity is expected to widen if these issues are not addressed.

Recruitment and retention remain ongoing challenges for the justice service. A significant amount of training is required to equip staff with the necessary skills for their roles and this can be a barrier to both attracting and retaining qualified personnel. The difficulty in recruiting staff with the right skills, combined with the need for substantial training, poses a risk to the service's ability to meet projected workforce requirements and deliver high-quality support to service users.

In terms of supporting the workforce role diversification, service change and the use of technology or IT solutions could help improve performance and resilience within the team. However, the main priorities remain increasing the number of qualified staff and addressing the skills mix to ensure the justice service can respond effectively to current and future demands.

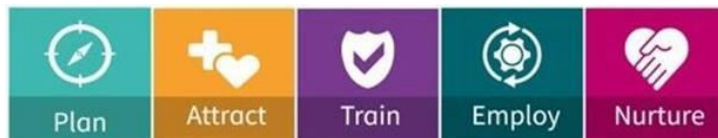
## 8.4 MSK Physiotherapy

The MSK Physiotherapy team has developed its own dedicated workforce plan. This tailored plan provides a detailed overview of workforce priorities, challenges and actions specific to the MSK Physiotherapy service.

The MSK Physiotherapy service hosted by West Dunbartonshire HSCP for NHS Greater Glasgow & Clyde faces significant workforce challenges as it approaches 2025–2026. Recruitment and retention remain persistent issues, with ongoing vacancies due to a shortage of applicants and difficulties backfilling posts affected by maternity leave, long-term sickness and natural attrition. The service is further impacted by experienced staff moving into advanced practice roles in primary care and A&E, which, while beneficial for the wider system, depletes the core MSK workforce. Despite an increase in university places for physiotherapy, the number of graduates remains insufficient to meet demand and the service is rarely fully staffed, operating on average with a 10% vacancy rate.

Financial constraints are a major concern for 2025–2026, with the service required to propose annual savings of 10%, potentially resulting in the loss of 15–16 WTE staff each year. This is particularly challenging as the majority of the MSK budget is allocated to staffing, leaving little flexibility. The service must continually review its skill mix and adapt to ensure clinical governance and safe staffing, especially as the Health and Care (Staffing) (Scotland) Act 2019 is now in force, requiring robust workforce planning and reporting.

Demand for MSK services continues to rise, with referral rates in 2022/23 exceeding pre-pandemic levels and ongoing challenges in meeting the Scottish Government's target of 90% of patients being seen within four weeks. While urgent referrals are prioritised and consistently seen within target times, routine waiting times remain above the desired threshold, though recent priority



projects have reduced maximum waits from 24 to 12 weeks. Recruitment at Band 6 level remains particularly difficult, largely due to staff movement into advanced practice posts and there is a recognised need for robust succession planning as a significant proportion of staff approach retirement age.

To address these challenges, the service is implementing a range of short-term measures for 2025–2026. These include standardising recruitment processes, expanding outreach to universities across the UK and Ireland and developing staff development and training packages to support retention. Digital transformation is also a priority, with the rollout of electronic patient records, remote consultations and automated patient communications to improve efficiency and patient experience. The service is committed to supporting staff wellbeing through established wellbeing groups, clinical supervision, mentoring and flexible working arrangements, recognising the importance of a supported and resilient workforce in delivering high-quality care.

In summary, the MSK Physiotherapy service's workforce plan for 2025–2026 is focused on sustaining core staffing levels, adapting to financial and operational pressures and embracing digital and service innovations. The plan emphasises recruitment, retention and skill mix as top priorities, underpinned by a commitment to staff wellbeing and patient-centred care. Ongoing engagement with staff and stakeholders, alongside continuous monitoring of workforce data, will be essential to navigate the challenges and opportunities in the year ahead.

## **8.5 Diabetic Retinal Screening**

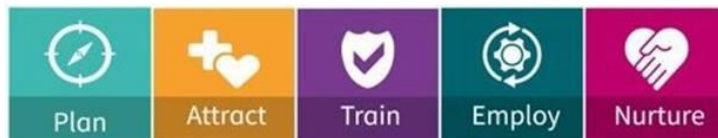
The Diabetic Retinal Screening (DES) service is experiencing significant workforce pressures driven by a growing patient cohort, static staffing levels, and increasing clinical complexity. The service currently screens approximately 85,000 patients across 25 sites, including hospitals, GP practices, community clinics, prisons, and care facilities. Each year, the service sees a 4%+ increase in new patients - equating to around 400-500 additional patients per month - which places further strain on capacity.

Despite this rising demand, the DES service has not received additional funding or staffing for over 17 years, with only pay uplifts reflecting any change. As a result, there are persistent backlogs for both photography screening and slit lamp examinations. For example, patients due for annual (12-month) rescreening are now waiting up to 17 months, and the longest wait for grading results is 33 days, well above the national target of 20 days. The service is currently not meeting key performance indicators (KPIs) for both screening output and result delivery.

The ageing and increasingly frail diabetic population is also impacting the mode of screening, with more patients requiring slit lamp examinations due to cataracts and other age-related conditions that make standard photography more difficult. This has increased the demand for specialist staff and equipment. Staff are currently working extra hours to address backlogs, but this is not sustainable in the long term.

Recruitment to slit lamp and photography roles has previously attracted good numbers of applicants, and the service has promoted and trained internally where possible. However, further internal promotion is now limited without additional staff, and there are currently three staff members likely to retire in the next 5–15 years, which will exacerbate workforce pressures.

The introduction of new national screening software (planned for October), ongoing equipment replacement, and new clinical interventions (such as Hybrid Closed Loop systems and treatments like Mounjaro) are also increasing the demand for screening and adding to the complexity of service delivery.



To address these challenges, the service requires additional staff—specifically, one slit lamp operator and one photography screener. This would enable the service to promote and train existing staff into more advanced roles, address current and projected backlogs, and provide greater flexibility to meet future demand. Without this investment, the DES service will continue to struggle to meet national targets and provide timely, high-quality care for the growing diabetic population.

## 8.6 Strategic Office Support Services

West Dunbartonshire Health and Social Care Partnership (HSCP) delivers a range of strategic and enabling services that are essential to the effective operation and transformation of integrated health and social care. These services work collaboratively to support governance, innovation and service delivery across the Partnership.

### Finance

The Finance team provides robust financial governance, strategic business planning, and high-quality management information to all HSCP services. This includes detailed financial analysis, budget monitoring and advisory support to the HSCP Board, enabling informed decision-making and resource allocation.

### Human Resources

The HR function delivers responsive, expert advice and support on a wide range of workforce matters. This includes strategic workforce planning, employee relations, organisational development and compliance with national policy frameworks. The team works closely with Senior Managers to address complex workforce challenges and drive improvement in staff experience and wellbeing.

### Business Support (including Administrative and Secretarial Services)

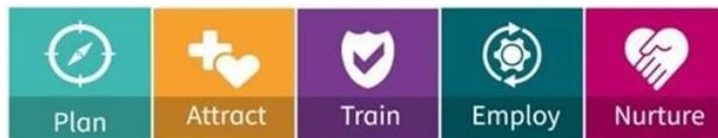
The Business Support team provides vital administrative infrastructure across the HSCP. This includes secretarial support, data management, scheduling and coordination of operational processes. Their contribution ensures that frontline services are well-supported and that governance, reporting and communication functions operate efficiently.

### Strategy and Transformation

In the short term, the Strategy and Transformation team plays a pivotal role in enabling system-wide reform across health and social care. The team drives progress in strategic alignment with national priorities, innovation, digital enablement, service redesign, and commissioning through the strategic commissioning plan. It also manages key portfolios including unpaid care, trauma-informed practice, and health improvement.

Workforce planning for this team must reflect the specialist skills required and the cross-cutting nature of their work. Key areas of expertise include health improvement, data protection, digital transformation, and strategic policy. Recruitment for niche roles can be challenging, and the team is exploring “Earn While You Learn” pathways and academic partnerships to build talent pipelines. Hybrid roles and career pathways from operational to strategic functions are also being considered.

The team is well positioned to leverage technology to improve workforce performance, including workforce analytics, automation, and digital literacy initiatives. It also models best practice in flexible working, psychological safety, and continuous professional development.



However, the lean structure of the team creates vulnerability to disruption from absences, with several single points of failure and key posts held vacant due to savings targets. This underscores the need to integrate workforce planning with broader service and financial strategies to ensure resilience and sustainability.

Effective workforce planning for Strategy and Transformation must go beyond filling vacancies—it should build capacity for change, align with national strategies, and support staff to embrace innovation. This will empower the team to lead the organisation into a future of integrated, data-driven, and person-centred care.

### Health Improvement Team

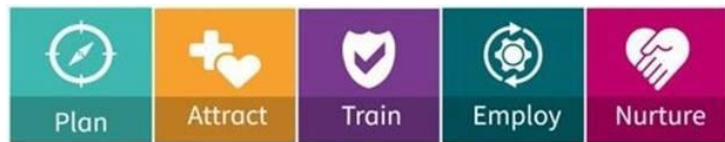
In 2025/26, sustaining a core health improvement team of at least 8 WTE is essential to respond to the ongoing and variable demands placed on the service, particularly given uncertainties around local, regional and national funding allocations. The team must continue to contribute to NHSGGC core public health functions, including strategic influencing to address inequalities, supporting community-led health and wellbeing, strategic planning and data and intelligence. Staff are required to remain responsive and adaptable to meet diverse public health needs, with the complexity of programmes sometimes necessitating a lead-in period for changing portfolios. Recent recruitment has mainly provided internal promotional opportunities, with limited experienced external applicants and some posts targeted at specific topic areas. There is limited uptake of the voluntary professional practitioner registration scheme and a need for more senior-specific leadership and development opportunities within health improvement. The team faces increasing complexity in addressing entrenched health inequalities in West Dunbartonshire, alongside a declining, ageing and increasingly diverse population. National policy developments, such as the forthcoming 10-year population health framework, are expected to renew the focus on early intervention, prevention and partnership action to improve healthy life expectancy and reduce inequalities. Workforce supply challenges include a proportion of staff over the age of 55 and reliance on fixed-term posts, with limited opportunities to maximise local fit through national and regional support programmes. Recruitment remains challenging, with limited external applications and a need to strengthen leadership development and succession planning within the team.

## **9. Plan – Professions**

### **9.1 Nursing and Midwifery**

In the short term, Nursing and Midwifery services are facing a complex set of workforce drivers shaped by national policy, demographic change, and evolving service needs. The team is central to enabling system-wide reform with responsibilities spanning school nursing, district nursing, clinical nurse specialists, care home liaison, advanced nursing practice and health visiting. Despite recent investments, such as the addition of four whole-time equivalent school nurses, workforce capacity remains insufficient to fully implement the ambitions set out in national policy, including the Transforming Nursing Roles agenda and the Health and Care Staffing Act. The school nursing service, for example, is challenged by the need for a robust pipeline of newly qualified staff, as the specialist qualification requires a year of master's-level study and practice placement and there are few qualified candidates not already in employment. Sickness absence and maternity leave further threaten workforce availability.

District Nursing is similarly affected by demographic trends, with an ageing population and increasing complexity of patient needs driving up demand. The majority of patients are over 65, and the area's lower healthy life expectancy, linked to socio-economic deprivation, adds to the challenge. The service is currently maintaining its supply of Specialist Practitioner Qualified (SPQ)



nurses, but ongoing reviews and the need for additional skill mix, such as more Band 5 staff nurses, are highlighted. The transformation agenda, including the creation of virtual beds and the use of technology for remote monitoring, is expected to further increase workforce requirements.

Clinical Nurse Specialists, particularly in diabetes, are seeing rising demand as the population diagnosed with diabetes increases. Care Home Liaison nurses are also adapting to new frameworks aimed at maximising the health and wellbeing of care home residents. Advanced Nurse Practitioners (ANPs) are in high demand, with a need to expand their roles beyond GP practices and into integrated teams, but recruitment is challenging and relies heavily on “grow your own” strategies.

Health Visiting faces its own pressures, with the need to maintain a sufficient pipeline of trainees to meet turnover. While the workforce demographic is now more balanced, reducing the risk from retirements, there is an increased risk from maternity leave, which is difficult to cover. The complexity of pre-school children’s needs is rising, even as the population declines, due to factors such as poverty, domestic abuse, and developmental delay.

Across all areas, the implementation of the Health and Care Staffing Act is a major driver, requiring statutory compliance with staffing levels and embedding a culture of openness and transparency. The Act, alongside the Transforming Nursing Roles agenda, is pushing for role diversification, service redesign, and the adoption of technology to improve care delivery and workforce efficiency. However, public funding constraints and recruitment challenges make this a difficult environment for change.

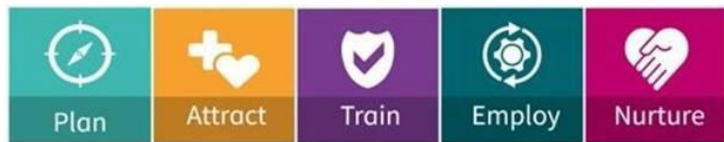
To support the workforce, the plan calls for a multifaceted approach: expanding roles and skill mix, investing in leadership and professional development, leveraging technology, and fostering a supportive culture. Flexible deployment, continuous training, and wellbeing initiatives are seen as essential to maintaining morale and resilience. The overarching aim is to ensure the right person is in the right place at the right time, supporting the transformation agenda and delivering high-quality, person-centred care in West Dunbartonshire.

## **9.2 Medical and Dental**

The medical workforce within West Dunbartonshire HSCP is relatively small, with medical staff primarily based in mental health wards and consultant roles supporting teams such as Community Mental Health Teams, Learning Disabilities and Addictions. Recruitment and retention of medical staff, particularly Consultant Psychiatrists, remains a significant challenge. There is a long-standing need to increase higher training places for psychiatrists, especially in older adult psychiatry, and the HSCP continues to experience difficulties in filling these posts. This impacts service capacity. The medical workforce is essential to the delivery of specialist care, and ongoing efforts are focused on addressing recruitment gaps and ensuring sustainable service provision.

## **9.3 Allied Health Professionals**

Allied Health Professionals (AHPs), including physiotherapists, occupational therapists and speech and language therapists, play a vital role across West Dunbartonshire HSCP in supporting service users of all ages and needs. These teams are central to promoting independence, rehabilitation and improved quality of life for individuals with complex physical, cognitive and social challenges. AHPs work collaboratively within multidisciplinary teams to deliver person-centred care, facilitate hospital discharge and support community-based interventions. Recruitment and retention of



AHPs remains a priority, with particular challenges in attracting physiotherapists to local posts. Ongoing efforts are focused on maintaining skill mix, enhancing access to professional development, and exploring innovative approaches to workforce supply. The evolving needs of the population continue to drive demand for AHP services and highlight the importance of flexible, responsive workforce planning.

#### 9.4 Social Work

Social workers are a critical part of the workforce across West Dunbartonshire HSCP, supporting older adults, children and families, fostering, adoption, permanence, learning disabilities, mental health and addictions service users. Recruitment remains a persistent challenge, particularly within the Children & Families team, despite West Dunbartonshire being one of the highest paying local authorities in the area. To maintain service delivery and meet demand, agency staff are regularly utilised. The ongoing difficulty in recruiting qualified social workers impacts capacity and places additional pressure on existing staff, especially as case complexity continues to rise. To address these challenges, the HSCP has successfully introduced “Grow your own” programmes, supporting staff to achieve their social work qualification. Employees have entered formal academic study to obtain a social work degree, with plans to widen access to this career pathway in partnership with the Open University. The HSCP also provides robust support for newly qualified social workers (NQSWs) through a structured Supported Year, offering protected learning time, mentoring, and peer support forums.

Workforce planning remains focused on attracting and retaining talent, supporting staff wellbeing and ensuring the sustainability of social work services across all teams. Ongoing efforts include succession planning, expanding opportunities for professional development, and maintaining a balanced, collaborative workforce to meet the evolving needs of the community.

#### **NQSW Supported Year: Building Foundations for Professional Growth**

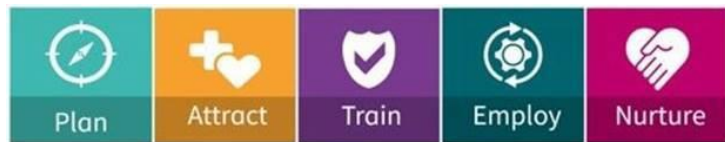
The NQSW Supported Year has become a cornerstone of our commitment to nurturing newly qualified social workers as they transition into professional practice. Over the past year, West Dunbartonshire HSCP has embedded a robust and responsive framework that supports NQSWs through structured learning, peer engagement, and reflective practice.

In September 2025, a total of 20 NQSWs were being supported through the programme.

#### Programme Structure and Offerings

The Supported Year is aligned with the Scottish Social Services Council (SSSC) requirements and includes a blend of mandatory and optional activities designed to build confidence, competence, and professional identity. Key components include:

- **Individual Development Planning:** Supervisors support NQSWs in creating and reviewing Individual Learning Plans (IDLs), with supervision every four weeks.
- **Protected Learning Time:** Half a day per week during core hours for study, reflection, and development activities.
- **Protected Caseloads:** Designed to match the NQSW’s growing confidence and competence.
- **Induction and Information Events:** Tailored sessions such as the half-day Information Event held in June 2025 provide targeted support for those new to the organisation, ensuring a smooth onboarding experience.



- **Peer Support Forums:** Held every 6–8 weeks at Church Street, Dumbarton, these informal gatherings offer NQSWs and students a space to connect, share experiences, and learn about different roles across the organisation.
- **Core and Mandatory Learning Activities:** These are integrated into the Supported Year and linked to evidence-gathering requirements.
- **Dedicated Intranet Resources:** The NQSW Toolkit and Social Work Practice and Resources pages provide accessible guidance, links to SSSC materials, and practical tools to support learning and development.
- **SSSC Webinars and Forums:** NQSWs and their supervisors are encouraged to participate in quarterly national forums hosted by SSSC, which offer opportunities to share practice, challenges, and successes.
- **Job Shadowing:** Shadowing is recognised as a mandatory component of the Supported Year and is key to broadening professional experience. A minimum of six weeks shadowing across Children & Families, Justice Services, and Adult Services is offered.
- **Mentors:** NQSWs are matched with a mentor who may be an experienced social worker or a Social Worker who has recently completed their SSSC Supported Year.

#### Achievements and Impact

- **Collaborative Development:** The programme has evolved through active collaboration with colleagues across Justice, Adult Services, and Children and Families. Feedback from NQSWs has informed improvements to induction processes and learning pathways.
- **Manager Engagement:** Regular catch-ups with NQSW line managers and steering group meetings have ensured that the programme remains responsive to frontline needs and strategic priorities.
- **Skills Passport:** This initiative has been reviewed and updated to better support NQSWs in evidencing their development and accessing relevant training.

#### Looking Ahead

As we approach the second year of implementation, West Dunbartonshire HSCP remains committed to refining and strengthening the NQSW Supported Year. Plans include expanding peer-led learning opportunities, enhancing digital resources, and deepening collaboration across the sector.

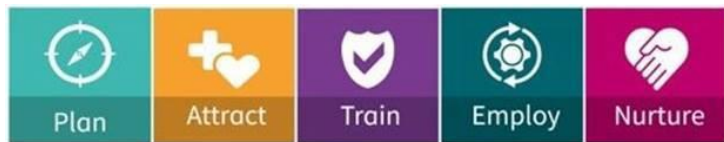
## **10. Train – Supporting Employees to Learn, Lead and Feel Valued**

We are committed to building a confident, capable, and compassionate workforce that is equipped to meet the evolving needs of our communities within West Dunbartonshire. Our approach to training and development is grounded in equity, accessibility, and continuous improvement, ensuring that all staff have the opportunity to grow and thrive in their roles.

### **10.1 Developing our Workforce**

Early career development is supported by a structured induction programme and ongoing development through West Dunbartonshire Council's "Be the Best" conversations and NHSGGC's annual Personal Development Planning & Review. An integrated induction to further support managers is currently being designed.

We offer a blended learning model that includes e-learning, in-person workshops, and external qualifications. Staff are encouraged to use platforms such as TURAS, LearnPro and iLearn to access learning at their own pace.



Structured development pathways are provided for clinical and non-clinical roles, including access to coaching, mentoring, and shadowing opportunities, e.g., SSSC Newly Qualified Social Worker (NQSW) Supported Year; Health & Social Care vocational qualifications, and the NHSGGC Staff Bursary Scheme for CPD and Higher Education.

Tailored Team Development sessions are offered to enhance working relationships and improve team performance, particularly during times of change.

To further strengthen our workforce pipeline and support succession planning, West Dunbartonshire HSCP will actively explore and expand the use of employment programmes such as modern apprenticeships, graduate apprenticeships and other early career pathways.

The HSCP will work in partnership with Employability teams across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde, as well as local education providers, Skills Development Scotland and other internal stakeholders, to identify suitable roles, promote opportunities and establish robust support for apprentices throughout their employment journey. Planning and engagement for NHS modern apprenticeships will commence in January 2026 for an August 2026 start, ensuring we maximise available opportunities and meet critical workforce needs.

This approach will help attract new talent, develop essential skills, and create accessible entry routes into health and social care professions, supporting both immediate and long-term workforce sustainability.

## **10.2 Leadership and Career Progression**

Strong leadership at all levels is essential to delivering high-quality care and fostering a positive workplace culture.

From aspiring leaders to senior managers, a suite of programmes is offered to staff, including Introduction to Management, Leadership Essentials, and Leading for the Future, and the new Senior Adaptive Leadership Academy programme.

We are developing clearer progression routes, particularly for roles where advancement has historically been limited, ensuring that all staff can see a future within the organisation.

## **10.3 Succession Planning**

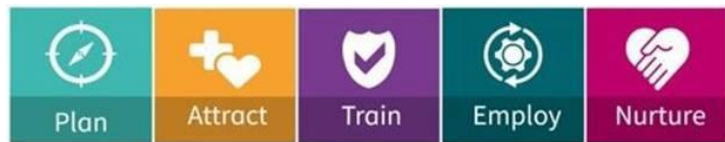
To ensure service continuity and resilience, we are embedding a proactive approach to succession planning.

We are mapping business-critical and hard-to-fill roles across the organisation and identifying potential successors. Staff with potential are supported through targeted development plans, secondments, and stretch assignments.

Line managers are expected to engage in succession planning as part of their workforce responsibilities, using tools such as the West Dunbartonshire Council Workforce Planning Toolkit and the NHS GGC Personal Development Planning (PDP) and Knowledge & Skills (KSF) frameworks.

## **10.4 Employee Engagement**

We are committed to fostering a culture where staff feel valued, heard, and empowered to shape their working environment. Our primary tool for measuring and improving engagement is the



iMatter Staff Experience Survey, which is used across NHS Scotland and Health & Social Care Partnerships. iMatter is a Continuous Improvement Tool which enables individuals, teams, and directorates to reflect on their experience at work and collaboratively develop action plans for improvement. It is designed to support open dialogue and shared ownership of change

Within West Dunbartonshire HSCP, iMatter scores have remained stable, with both the Employee Engagement scores and the Overall Staff Experience scores staying the same for 2024 and 2025. Participation rates increased slightly from 54% in 2024 to 55% in 2025.

Teams are encouraged to review their reports, celebrate successes, and identify areas for improvement. Although Action Planning rates within the timescale decreased from 64% in 2024 to 62% in 2025, there is still strong engagement in this area with action plans continuing to be uploaded post-deadline.

Feedback from iMatter informs a West Dunbartonshire HSCP-wide Action Plan with key themes around communication, engagement, recognition, and visible leadership.

Further engagement is encouraged through HSCP-wide surveys promoted in the quarterly HR/OD publication, “The Pulse”, and initiatives such as “What Matters to You?”.

### 10.5 Employee Recognition

Recognising and celebrating the contributions of our staff is central to building a positive and inclusive workplace culture. We believe that appreciation should be visible, meaningful, and accessible to all.

The annual West Dunbartonshire HSCP Staff Awards celebrate excellence across categories such as Team of the Year, Employee of the Year, Leader of the Year, Innovation of the Year, and Volunteer of the Year. Importantly, leadership is recognised at all levels—not just amongst formal managers.

Through an inclusive nomination process, staff are invited to nominate colleagues, with clear criteria and timelines. The process is designed to be transparent and inclusive, encouraging participation from all areas of the organisation.

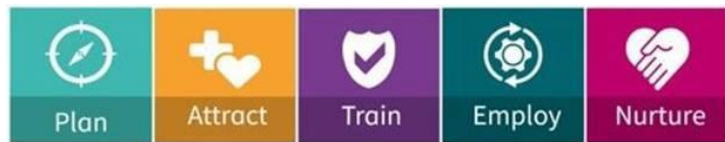
The Award Ceremony is promoted through internal communications and social media. Photos and summaries of winners are shared on the HSCP intranet to ensure visibility and inspire others.

### 10.6 Workplace Culture

We believe that organisational culture is not just about policies and procedures—it’s about how people feel at work, how they treat each other, and how they experience belonging, fairness, and support. Culture is “the way we do things around here” and is shaped by everyday interactions, leadership behaviours, and team dynamics.

Kindness is a core value that underpins our approach to leadership, teamwork, and service delivery. NHS initiatives such as Civility Saves Lives have helped shift the narrative from addressing poor behaviours to actively promoting positive ones, and staff across the HSCP have the opportunity to become “Civility Champions”.

In addition, West Dunbartonshire Council’s “ACHIEVE” Framework outlines the behaviours expected of all employees who are demonstrating these values: **A**mbition, **C**ollaboration, **H**onesty, **I**nnovation, **E**thical, **V**aluing, **E**mpowering.



Staff are encouraged to participate in “Recognition Days” including World Kindness Day and to promote activities via Social Media. An additional Staff Award category has also been introduced with criteria related to acts of kindness and compassion.

We are committed to supporting the physical, emotional, and mental wellbeing of our workforce through the promotion of NHSGGC Active Staff Programmes; Peer Support; Wellbeing Champions, and events offered during National Wellbeing Week.

Our goal is to create environments where staff feel safe, valued, and able to flourish, and we endeavour to integrate wellbeing into team planning and leadership development.

## 10.7 Digital Enablement and Workforce Development

The West Dunbartonshire HSCP Digital Strategy 2024–2027 sets out a clear vision for harnessing digital innovation to empower both our workforce and the communities we serve. The strategy recognises that digital transformation is not just about technology, but about enabling positive change for employees, service users and stakeholders. For our workforce, this means investing in digital skills, supporting staff to confidently use new tools and systems, and embedding digital ways of working into everyday practice. By prioritising digital inclusion, continuous learning and collaboration, we are equipping our people to deliver high-quality, person-centred care in a rapidly evolving environment. This approach ensures that all staff feel valued, supported and ready to embrace the opportunities that digital transformation brings, in line with our commitment to a culture of kindness, civility and ongoing professional development.

You can find the full strategy here: [Digital Strategy](#)

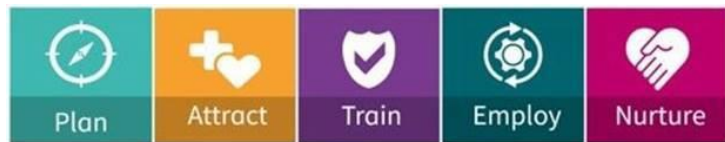
## 11. Nurture – A Thriving Workforce

At West Dunbartonshire HSCP, we are committed to nurturing a workforce where every individual feels valued, supported and able to thrive. Our approach to staff wellbeing is holistic and proactive, recognising that true wellbeing encompasses physical, mental and emotional health, as well as a sense of belonging, purpose and achievement at work.

We foster a culture of kindness, civility, and respect, with leaders at all levels expected to model these values and champion a positive workplace environment. Staff engagement is central to our approach: we regularly seek feedback through tools such as the iMatter Staff Experience Survey and use this insight to shape our wellbeing priorities and drive continuous improvement. We are also committed to advancing equality, diversity and inclusion, ensuring that everyone - regardless of background or role - can contribute fully and feel a sense of belonging.

Wellbeing is not just a set of initiatives, but is woven into our everyday practice, leadership development and team planning. We recognise the importance of digital tools and flexible working arrangements in supporting work–life balance and enabling staff to access support and development opportunities in ways that suit their needs. Our digital strategy underpins this commitment, helping us to create a modern, inclusive and supportive working environment.

By nurturing our workforce in this way, we aim to ensure that West Dunbartonshire HSCP remains a great place to work - where people feel safe, engaged, and empowered to do their best for our communities.



## 12. Conclusion and Risk Analysis

As we move forward, effective workforce planning and development is required in the context of an organisation with new models of care being developed and evolving. We need a flexible workforce model that takes account of the potential of another period of lockdown, the shape and timing of which is unpredictable.

Existing services will change or may be delivered in a different way, and some new services may be introduced. This will undoubtedly have implications for staff, however, this will be done in partnership with our Trade Union colleagues and in accordance with staff governance standards and existing organisational change policies.

Recruitment and retention of staff will be an ongoing challenge as there will be an increased demand for staff across all health boards and HSCPs as we continue to address backlogs and develop new ways of working. We will continue to work with our recruitment colleagues in both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to ensure vacancies are processed as quickly as possible and to discuss recruitment campaigns and the potential for more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.



## Appendix 1

### Action Plan 2025-26

Primary Pillar	Action	Lead	Description	Target Date	Update February 2026
Plan	Develop a three-year integrated workforce plan for 2026–2029	Workforce Planning Group / HR	Build on the 2025/26 holding plan to create a comprehensive, long-term workforce strategy aligned with the next Strategic Plan	March 2026	<b>Progressing</b> While the original intention was to develop a three-year integrated workforce plan aligned to the forthcoming Strategic Plan, the Strategic Plan has since been extended by one year. As a result, the approach has been revised. The existing one-year holding plan is being updated into a two-year plan to ensure continued strategic alignment and stability. The revised plan is being developed with the intention of presenting it to the Integration Joint Board (IJB) in May.
Plan	Map business-critical and hard-to-fill roles	Service Managers / HR	Identify key roles at risk due to retirement or turnover and develop succession plans	Ongoing	<b>Ongoing</b> Ongoing identification of business-critical and hard-to-fill roles, with a focus on retirement and turnover risk, is informing succession planning activity.
Plan	Monitor workforce demographics and retirement risk	HR / Workforce Planning Group	Regularly review age profile, turnover and absence data to inform proactive planning	Quarterly	<b>Ongoing</b> Ongoing monitoring of workforce demographics, including age profile, turnover and absence data, to inform proactive workforce and retirement planning.
Attract	Strengthen local	HR / Service	Promote West Dunbartonshire	Ongoing	<b>Ongoing</b>



	recruitment campaigns	Managers	HSCP as an employer of choice, targeting hard-to-fill roles and underrepresented groups		Initial activity has focused on exploring communications channels, including the potential use of short staff-focused videos via the NHS GG&C YouTube platform, which could support future recruitment activity. Engagement with local schools continues to build longer-term interest in careers within West Dunbartonshire HSCP.
Attract	Explore sponsorship licence for overseas recruitment	Senior Leadership Team / HR (Council)	Assess feasibility and benefits of securing a sponsor licence to widen candidate pool	December 2025	<b>Closed</b> This action was explored in relation to Council-employed staff. NHS Greater Glasgow and Clyde already holds a sponsorship licence; however, West Dunbartonshire Council does not currently hold a licence due to the associated cost and administrative burden. As a result, no further action is being taken at this time.
Attract	Expand “Grow Your Own” and apprenticeship pathways	HR / Employability Teams	Explore opportunities for internal progression, paid work placements, entry-level recruitment through apprenticeships and supported study	August 2026 (for NHS Modern Apprenticeships)	<b>Ongoing</b> Opportunities to expand “grow your own” and apprenticeship pathways continue to be explored. The deadline for NHS Modern Apprenticeships was not met due to the absence of identified budget, and no further commitments have been made at this time.
Train	Enhance induction and mandatory training programmes	HR / Learning & Development	Ensure all staff complete required training, including Health and Care (Staffing) (Scotland) Act 2019 modules	Ongoing	<b>Ongoing</b> Ongoing monitoring and promotion of compliance with induction and mandatory training requirements, including Health and Care (Staffing) (Scotland) Act 2019 modules, to support assurance and workforce readiness.



Train	Support SVQ and professional qualification uptake	Service Managers	Enable staff to access SVQ and other qualifications to support career progression and succession planning	Ongoing	<b>Ongoing</b> Ongoing support for staff to access SVQ and professional qualifications to enable career progression and support succession planning.
Train	Implement protected learning time for professional development	Service Leads	Ensure staff have regular, structured time for CPD and skills development	June 2026	<b>Ongoing</b> Activity continues to support the implementation of protected learning time, enabling regular and structured opportunities for continuing professional development and skills enhancement.
Employ	Implement standardised roster in Care at Home	Service Manager, Care at Home	Complete transition to new roster model to improve flexibility and sustainability	June 2026	<b>Ongoing</b> Consideration of a standardised roster model for Care at Home continues as part of the wider Care at Home Review, with workforce implications being carefully considered.
Employ	Review and modernise service structures (e.g., Learning Disability, Day Services)	Service Managers / Transformation Team	Implement approved service review recommendations to align workforce with current and future needs	June 2026 (or as per review timelines)	<b>Ongoing</b> Activity continues to review and modernise service structures, including Learning Disability and Day Services, with work underway to progress approved service review recommendations and support alignment of the workforce with current and future service needs.
Employ	Maintain safe staffing levels in line with Health and Care Staffing Act	All Service Managers	Use workforce tools and escalation protocols to ensure compliance and address gaps	Ongoing	<b>Ongoing</b> Activity continues to support compliance with the Health and Care (Staffing) (Scotland) Act. Workforce tools and escalation arrangements are in place, with Health and Care Staffing Act information routinely



					reviewed through the Healthcare Staffing and Workforce Planning Oversight Group.
Nurture	Invest in staff wellbeing and engagement initiatives	HR / OD / Service Managers	Continue wellbeing programmes, iMatter surveys, and recognition schemes to support morale and retention	Ongoing	<b>Ongoing</b> Activity continues to invest in staff wellbeing and engagement. iMatter work has commenced for 2026, alongside ongoing wellbeing initiatives and recognition activity to support staff morale and retention.
Nurture	Embed succession planning and leadership development	HR / Service Managers	Identify and develop future leaders through targeted programmes and mentoring	Ongoing	<b>Ongoing</b> Work is underway to support succession planning and leadership development, with a focus on identifying and developing future leadership capacity.
Nurture	Foster a culture of kindness, civility and inclusion	All Leaders	Promote positive workplace behaviours and support diversity and inclusion initiatives	Ongoing	<b>Ongoing</b> Activity continues to foster a culture of kindness, civility and inclusion. This includes promotion of positive workplace behaviours and diversity and inclusion initiatives, with significant engagement activity delivered across the HSCP as part of World Kindness Day in November.