

# Aberdeenshire Health and Social Care Partnership May 2023

Appendix 1 – Workforce Plan 2022-25

Current Workforce Data

## **Aberdeenshire Council Staff**

#### Headcounts Feb 2023 and Feb 2022

Team	2023	2022
Health & Social Care Central	698	664
Health & Social Care North	1022	982
Health & Social Care South	766	709
Strategy & Business Services	137	132
Total	2623	2487

## Full time fixed and permanent Feb 2023 and Feb 2022

Team	2023	2022
Health & Social Care Central	117	110
Health & Social Care North	249	239
Health & Social Care South	146	135
Strategy & Business Services	87	90
Total	599	574



## Part time fixed, permanent and relief Feb 2023 and 2022

Team	2023	2022
Health & Social Care Central	623	617
Health & Social Care North	868	850
Health & Social Care South	676	623
Strategy & Business Services	52	47
Total	2219	2137

<sup>\*</sup>Note The total headcount is lower than the total full and part-time contract counts, since some staff hold more than one contract.



# Age Profile Feb 2023 and 2022

	<20	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	50- 54	55- 59	60- 64	65+	Totals
Health & Social Care Central	13	30	35	56	63	58	99	120	101	90	33	698
Health & Social Care North	12	42	80	102	103	115	109	139	156	116	48	1022
Health & Social Care South	8	37	53	61	65	82	99	140	106	88	27	766
Strategy & Business Services	0	4	5	8	13	18	20	21	24	15	9	137
Totals 2023	33	113	173	227	244	273	327	420	387	309	117	2623
Totals 2022	41	120	173	215	257	315	363	444	437	435*		

<sup>\*2022</sup> figures are for 60+



# Gender Apr 2023

Age Group	Female	Male
<20	30	6
20-29	274	23
30-39	437	47
40-49	546	52
50-59	757	70
60-64	279	23
65+	106	18
Total 2023	2,429	239
Total 2022	2,567	233



### Sickness absence 2022/23

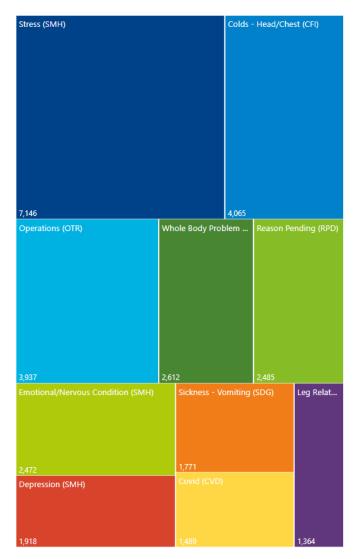
#### Absence Instances

● Short-term ● Long-term





Days Lost by Reason (top 10 where applicable)





Data as of 31/05/23 Filtered by Absence Reason (top 10) Absence Days (All)), Start Date: Absence (6/1/2022 - 5/31/2023), Absence Type (is Sickness), Absence Type (is not Adoption, Paternity, Sabbatical Leave, Shared Parental Leave, Shared Parental Only, Sickness (Ind Inj), or Special Payments)

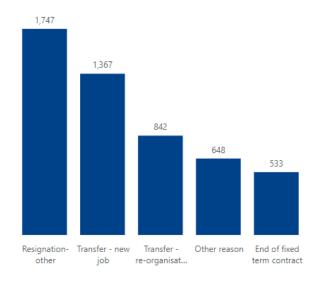
For our Health and Social Care staff in Aberdeenshire Council, 83% of presenting issues to the Council's Employee Assistance Programme are for a combination of stress, depression, anxiety and work-related stress. These issues are also the second largest reasons for occupational health referrals within our council staff and only marginally less than musculoskeletal as the top reason for referral.

#### Starters, leavers and turnover 2022/23 and 2021/22

Service	Job Holders at period start	Job Holders at period end	Average Job Holders	Leavers in period	Turnover (%)
Health & Social Care 2022/23	2440	2474	2457	531	21.6
Health & Social Care 2021/22	-	-	-	418	17



#### Leaving Reasons (top 5 where applicable)





Training courses on Aldo comparable with NHS Grampian TURAS	% completion	Notes
Infection Prevention & Control	37	947 within last 12 months
Fire Safety	54	1382 since 2015
Equality & Diversity	55	1426 within last 5 years
		which NHS recommends as
		a suitable cycle for refresh
Child Protection	23	593 since 2015
Moving & Handling	81	2096 since 2015



# **NHS Grampian staff**

### **Headcount 2023**

Business area	2023	2022
Aberdeenshire Health & Social Care	1690	1647
Partnership Total		
Aberdeenshire Central	292	-
Aberdeenshire Community Treatment & Care	60	-
Aberdeenshire Hosted Services	83	-
Aberdeenshire IJB Management	3	-
Aberdeenshire North	398	-
Aberdeenshire South	582	-
Business & Strategy	38	-
Aberdeenshire Mental Health	234	-

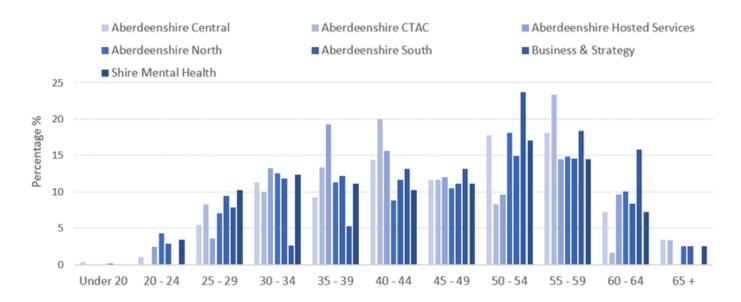
#### Whole time Part time 2023

	%	%	%	%
	Permanent whole time	Fixed term whole time	Fixed term whole time	Fixed term part-time
Aberdeenshire Health &	35.1	59.3	2.3	3.2
Social Care Partnership 2023				
Aberdeenshire Health &		35.03		64.97
Social Care Partnership 2022*				

<sup>\*2022</sup> percentages are for whole time and part time as a whole

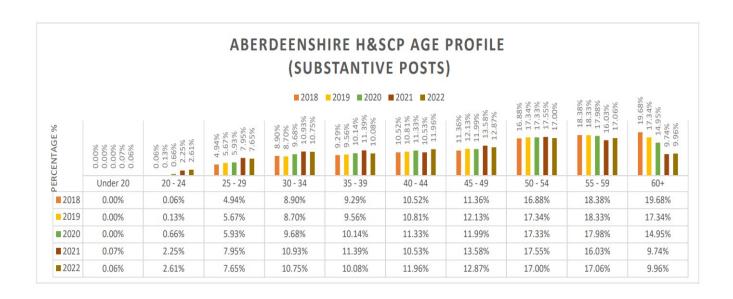


## Age profile 2023





## Age profile 2018-22





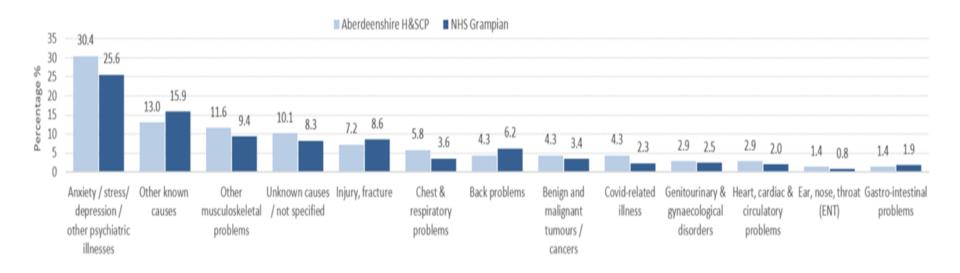
### Sickness absence - 2022/23 and 2021/22

	Long term rate	Short term rate
Aberdeenshire Central	4.79	2.02
Aberdeenshire Community Treatment &	3.41	0.55
Care		
Aberdeenshire Hosted Services	3.10	1.33
Aberdeenshire North	2.06	2.59
Aberdeenshire South	3.70	1.86
Business & Strategy	-	1.07
Aberdeenshire Mental Health	3.11	1.08
Aberdeenshire H&SCP average	3.23	1.89
NHS Grampian	2.73	2.41
Aberdeenshire H&SCP 2021/22	3.65*	

<sup>\*2021/22</sup> percentage is for overall sickness absence rate

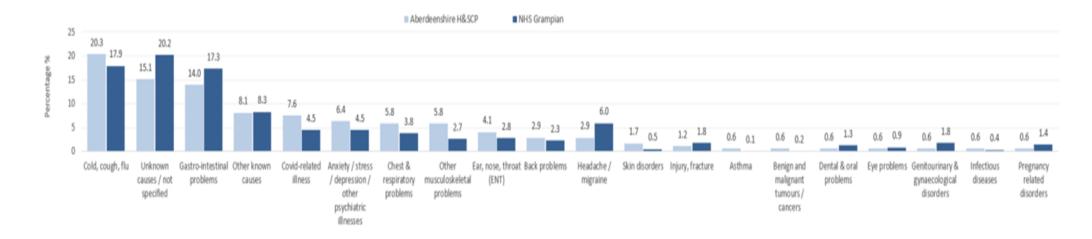


### Long term absence reasons





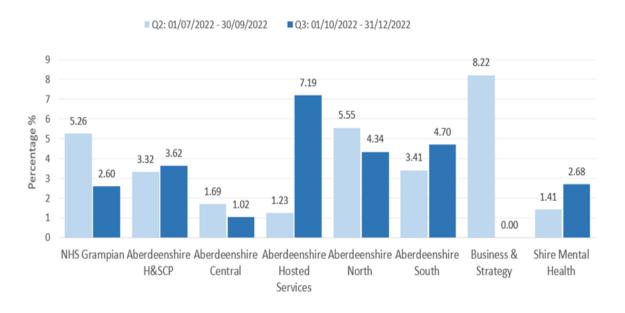
#### Short term absence reasons



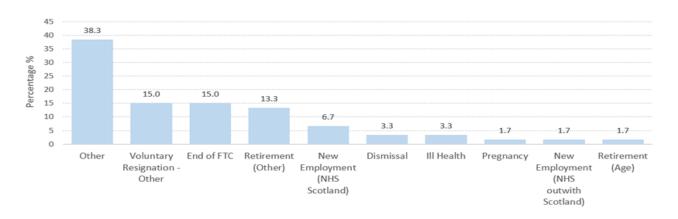


# Turnover and leavers reasons for leaving

#### Quarter 2 and Quarter 3 2022/23

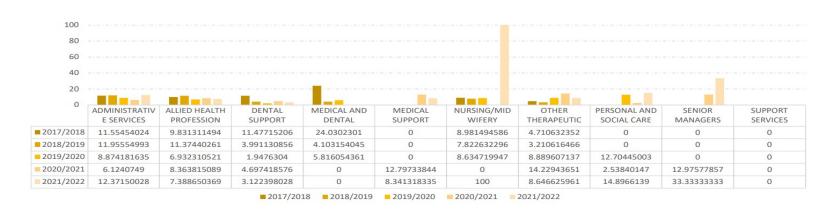






#### Turnover 2017/8-2021/22

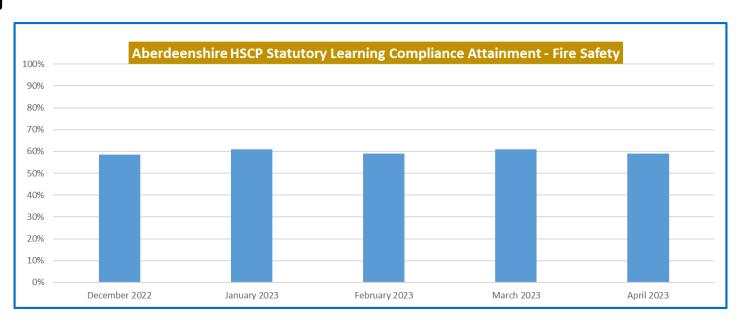
#### ABERDEENSHIRE H&SCP TURNOVER RATES - SUBSTANTIVE STAFF BY JOB FAMILY





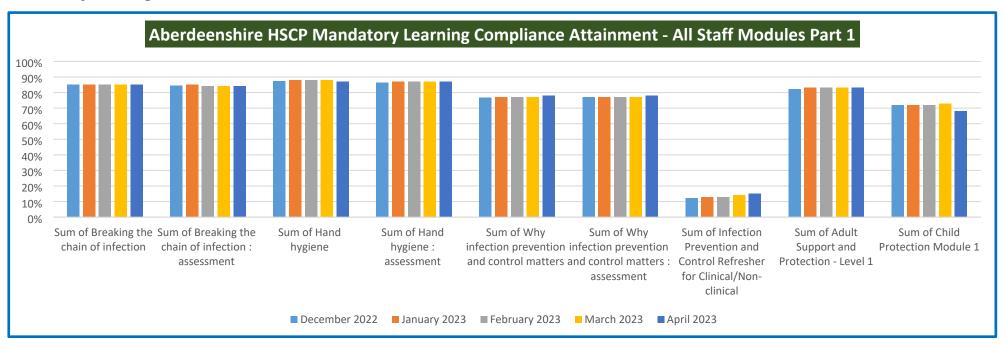
**Training** 

## **Statutory training**

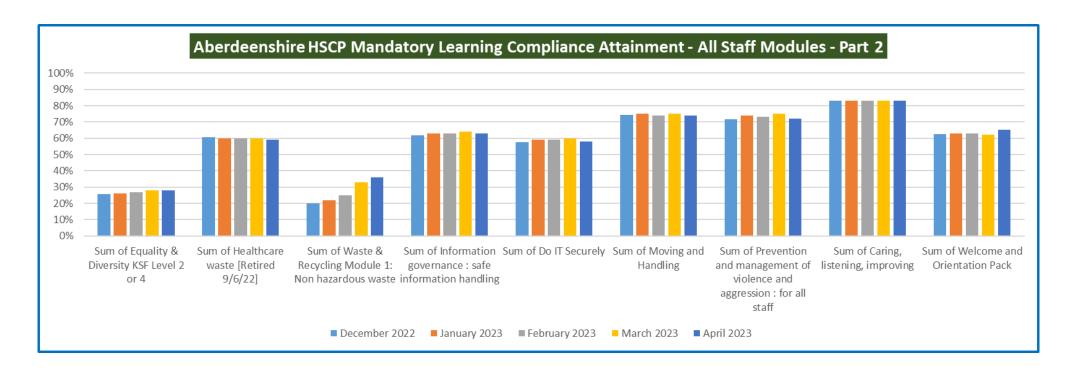




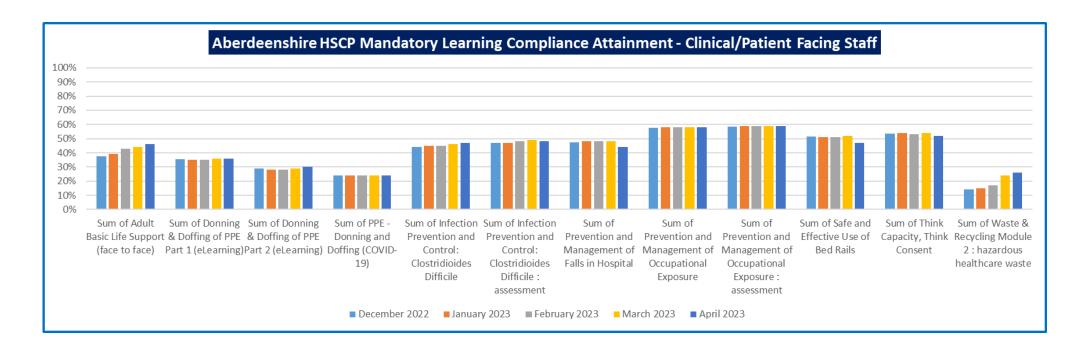
### **Mandatory training**





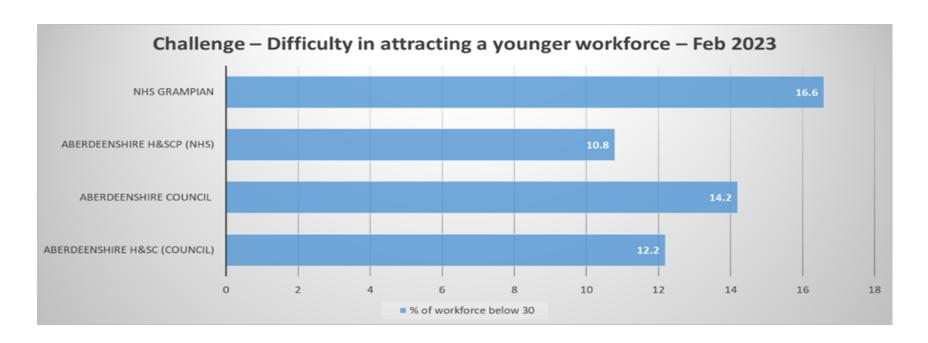






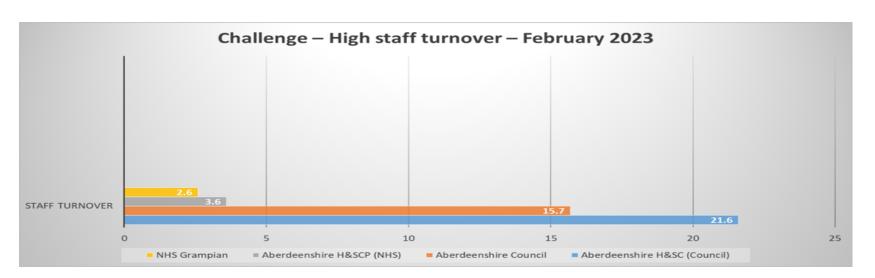


## Comparisons across Aberdeenshire Council and NHS staff and key challenges











## **Summary**

- 1. There are strong similarities between both Shire workforces in terms of age, well-being and turnover
- 2. However, the age profile does show signs of improving probably aided by the good work underway on recruitment events and activities
- 3. Whilst sickness absence rates have improved, the proportion of sickness as a result of stress and depressing is worrying and with the significance of the "other" category as one of the prime reasons for leaving, this is probably a key driver of turnover
- 4. Turnover has improved in the NHS, but remains a significant issue for the Council
- 5. Training compliance, including both statutory and mandatory, is a significant issue for both Council and NHS staff
- 6. All this suggests and reinforces the key role that our proposed sub-groups will play in improving our position on training, development and succession planning, continuing to promote our roles in new and innovative ways to aid recruitment and in working with our teams to improve staff health and wellbeing and in turn retention.