

Evaluation of 'Planning Tomorrow's Workforce Today'

Analysis of Consultation Responses

Summary

The "Better Health, Better Care: Action Plan" (published by the Scottish Government on 12 December 2007) outlined the Scottish Government plans to improve health in Scotland. To support the principles of the Action Plan, "Better Health, Better Care: Planning Tomorrow's Workforce Today" (PTWT)(published on 14 December 2007) set out the direction of travel for workforce planning.

A consultation on the effectiveness of Planning Tomorrow's Workforce Today (PTWT) was undertaken with key stakeholders in May 2008 by the National Workforce Planning Unit (NWPU). Responses to that consultation have now been analysed. In summary, the responses to the seven questions asked were:

Primary objectives

The majority (79%) agreed that the primary objectives were well conveyed within "Planning Tomorrow's Workforce Today". None disagreed although a notable minority (21%) were ambivalent.

Usefulness to job- general

Generally, there were high levels of support in acknowledgement that the Action Plan was useful in their job role (75%). A minority disagreed (8%) or were undecided either way (17%).

Usefulness to job- specific

Responses to the four chapters of PTWT were generally very positive. Chapters 1: The Challenge for Workforce Planning and 2: Better Health, Better Care: Action Plan were almost unanimously accepted as being useful to their job roles (92% in both cases). Chapters 3: Moving Towards Tomorrow's Workforce and 4: The Changing Face of Workforce Planning received less agreement but were still supported by the majority(79% and 83% respectively).

Annexe A was reportedly least useful but its relevance still had solid support (from 67%). Annexe B was agreed to be useful by a high number of respondents (87%).

Benefits of Planning Tomorrow's Workforce Today (PTWT)

The majority expressed positive statements, recognising various benefits provided by PTWT. The key benefits to be cited were clarification of the strategic framework; provision of context for Board workforce planning; identification of present and future priorities. A minority expressed dissatisfaction, criticising the document's vagueness and practical usefulness.

Missing elements of Planning Tomorrow's Workforce Today (PTWT)

A wide range of views were recorded. Doubt was expressed over whether PTWT would translate into practical and effective actions rather than just glossy plans. Generally, some confusion was evident over areas of responsibility and relations between NHS Board, regional and national workforce planning processes. Some respondents did not feel this had been adequately addressed by PTWT.

Frequency of workforce planning strategy

The effectiveness of an annual workforce planning strategy was disputed with the majority of respondents questioning the timescales for publication. In the main, respondents favoured less frequent plans, suggesting 2 or 3 yearly intervals would be more desirable. Supporters of the annual planning process did argue that an embedded annual process was more responsive to changing labour markets.

Background

The “Better Health, Better Care: Action Plan” was published by the Scottish Government on 12 December 2007. The Action Plan outlined steps to move towards a ‘Healthier Scotland’ with the central themes of health improvement, tackling health inequality and improving the quality of health care. It acknowledged the existing strengths of NHSScotland – “a collaborative, integrated approach built on traditional values” promising to retain the unified NHS Board structure and ensure NHSScotland remains in the public sector as a service delivered in partnership with the public.

To support of the principles of the Action Plan, “Better Health, Better Care: Planning Tomorrow’s Workforce Today” was published on 14 December 2008. This strategic document, describing the development of the workforce planning process over the next 3-5 years, recognised that a committed, dedicated workforce backed up with robust workforce planning is key to the delivery of safe, affordable and sustainable health services.

As one of the largest employers in Scotland, with a workforce accounting for 70% of the NHSScotland budget, it is recognised that due to *“the crucial role that workforce plays in delivering flexible and responsive services, it is essential to continue investing in the education, training, and development of NHSScotland staff; both in relation to the existing workforce and new training supply”*. PTWT set out the actions for NHS Boards, NHS Education for Scotland (NES), Regional Workforce Directors (RWDs), the Scottish Government (SG) and ISD Scotland which are designed to embed workforce planning processes and partnership working.

To assess the perceived effectiveness of Planning Tomorrow’s Workforce Today a consultation was launched in May 2008 by the National Workforce Planning Unit. A cross-section of Scotland’s senior Health Workforce were invited to complete a short survey comprising of four questions expressing preferences (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) (Q1,2,4,6) and three questions asking for free opinions and comments (Q3,5,7).

The following report constitutes an analysis of responses received.

Responses

Forty-three individuals were invited to complete the evaluation. Those invited encompassed senior NHS staff from across Scotland, representing a range of roles across Human Resources, medical, nursing and general workforce planning. Of these, thirty-three responses were received. Various reasons may account for the 23% who did not respond. Possibly, the evaluation was viewed as being of low priority, in addition, technical difficulties which were initially reported, may have deterred some.

Twenty-three respondents, almost three-quarters (72%), of those responding answered all questions posed. With the exception of one organisational response, all other responses came from individuals. No questions were fully answered, including the initial question about job title, suggesting that a known technical issue may have

had an impact on completion rate. Some respondents were partially completing the survey with the intention of returning to it later, they then found they were unable to do so as the link would no longer allow them access. Once resolved, the link was kept open to allow these respondents to complete. It is suspected that when they went back in they, correctly, skipped questions that they had already answered. Therefore, while the answers remain accurate, the number of respondents 'skipping' and not completing the survey may be artificially inflated. This may also account for the higher numbers answering the initial question about job role (32 respondents) and question one (29 respondents), compared to an average of 24 respondents for the subsequent questions.

Question One was most frequently answered with 88% responding while questions two, four and six all had a response rate of 73%. In contrast, questions most frequently skipped by respondents were numbers three (answered by 70%), five (61%) and seven (61%). Significantly, these were the questions where opinions and comments were sought rather than choosing a defined option.

The analysis

The following analysis provides an overview of responses received to each question and the range of comments made. The consultation process was designed to give a wide range of interested parties an opportunity to submit their views regarding the Planning Tomorrow's Workforce Today Document. The process was not however, designed to achieve a representative sample of respondents and the analysis must be seen in that context. The survey was intended to be anonymous as such, all comments are necessarily unattributed.

Views of respondents

Question 1: To what extent do you agree with the following statement? "The primary objectives are conveyed well within Planning Tomorrow's Workforce Today"

Twenty-nine respondents answered this question. The majority were positive, with 79% agreeing that the primary objectives were well conveyed. None actively disagreed however, a sizable number (21%) were ambivalent, opting to neither agree nor disagree. It is not known why these respondents were undecided although it is possible while they could not find fault with the report they did not fully endorse it.

Two of the general comments made in response to Q7 of the consultation indicate that some felt primary objectives required further clarification, for example – *"Better communication & interpretation into operational implementation required"* and *"Your primary role for setting of training numbers in the controlled subjects needs to be clarified, with the resulting roles, responsibilities and governance arrangements made explicit"*.

**Question 2: To what extent do you agree with the following statement?
“Overall, Planning Tomorrow’s Workforce Today is useful for me in my job”**

Twenty-four respondents chose to answer this question. Of these, the majority were in agreement that PTWT is useful in their job roles with 75% agreeing. Of these, 17% strongly agreed. Those actively disagreeing totalled 8% although none disagreed strongly. Of the remainder, 17% felt they neither agreed nor disagreed. Possibly, some of the respondents who indicated doubt about the usefulness of PTWT echo the view that *“the document is probably of more use to people who are not embedded in Workforce Planning and Development”* as commented by one individual in response to Q3. It may be that some job roles had less immediate use of the PTWT report than others questioned.

Question 3: What are the benefits for you in your job from Planning Tomorrow’s Workforce Today ?

Twenty-three respondents answered this question. Various views were expressed, the majority being positive statements in appreciation of benefits evident in their job.

Three key benefits were most commonly cited:

- Clarification of the strategic framework and direction of travel (12 respondents)
- Provision of context for Board level workforce planning- identifying supply and availability of staff (7 respondents)
- Identification of key issues now and in the future and priorities (5 respondents)

Other acknowledged benefits included:

- Focus on new roles – at Assistant and Advanced practioner level and expanding workforce capability at all levels
- Emphasis on the importance of investment in education and training of staff.
- Increased awareness of workforce issues across NHSS.
- Clearer link between service and workforce

There were however, four respondents who questioned the benefits of *Planning Tomorrow’s Workforce Today*. One commented *“Not many, it restates a well known position and is a political motherhood and apple pie document”*. Others were less disillusioned but thought that the document would benefit from a clear summary of assumptions at a national level and that its usefulness may be more apparent to those not already embedded in Workforce Planning and Development. One respondent was critical of the fact that *“it does not provide specific strategic leadership and direction around the actual workforce planning activity within NHS Boards”*

Question 4: There are six sections in Planning Tomorrow's Workforce Today: four chapters and two annexes. For each please indicate the extent to which you agree with the following statement: "This section is useful for me in my job".

In total, twenty-four respondents answered all parts of this question with nine choosing to omit. Each Chapter received a strong majority in support of its usefulness to their job roles, indicating that each section was relevant and informative to their professional effectiveness.

Chapter 1 - Outlines the SG vision for the future

The majority were positive in their responses with a total of 92% agreeing that the Scottish Government vision of the future has been successfully communicated. A sizable amount, 25%, of these agreed strongly. As no-one disagreed, and only two respondents expressed no opinion either way, it can be summarised that the Scottish Government's vision was felt to be clearly and effectively communicated.

Chapter 2 – Considers some of the core workforce messages arising from the Better Health, Better Care: Action Plan, which will impact on our ability to deliver our strategic vision for Scotland

As with Chapter 1, Chapter 2 was endorsed by 92% of respondents with 79% agreeing that core workforce messages from the Action Plan were addressed as part of PTWT and 12% strongly agreeing. Similarly, no disagreement was recorded and two neither agreed nor disagreed.

Chapter 3 – Describes the role that education and training plays in moving towards tomorrow's workforce

A more mixed response to Chapter 3 was evident with a lower percentage agreeing that PTWT did offer a description of how education and training can move tomorrow's workforce onwards. At 79% this was however, still a majority of respondents and an encouraging 25% of these did strongly agree. A supporting comment appeared in response to Q3 where one individual welcomed, on behalf of NES, *"the emphasis that the document places on the investment in education and training across all staff groups"*. In addition, another cited working with NES as a priority and a benefit identified by PTWT. In contrast, two respondents (8%) did not think the role of education and training was adequately described and three others (12%) were noncommittal. Reasons for the disagreement were not obvious from any comments made elsewhere in the consultation.

Chapter 4 – Considers the changing nature of the workforce planning function and how NHS Boards can be supported to plan in a more dynamic way

Overall, 83% agreed that Chapter 4 was professionally useful with 17% of this majority strongly agreeing. Again, two respondents actively disagreed and two had no feeling either way. Reasons for the majority backing of this statement may be indicated by views expressed in answers to Q3, 5 and 7 where PTWT was credited with providing *"direction of travel for the Board to focus workforce planning priorities"*.

Similarly, many respondents cited the strategic direction as being helpful in enabling NHS Boards to formulate their approach to workforce planning.

Those who disagreed or were unconvinced either way may have felt that various omissions undermined the Action Plan, these are discussed more fully in the analysis of Q5. One respondent complained that although the document describes activity it does not “address the outcome and deliverables from this activity” which in turn ensures that *“this is not a sufficient document to support NHS Boards to involve and engage stakeholders in explaining how local Board workforce plans fit within a national context”*.

Annexe A- Sets out supply training numbers and the modelling methodology used

Support for Annexe A was notably lower, although still convincing, with 67% agreeing that it was useful in their job. Of these, 54% identified themselves as agreeing, while a further 12% felt they strongly agreed. Active disagreement was stronger than for any other chapter at 17% with a further 17% neither agreeing nor disagreeing. This level of ambivalence and active disagreement may indicate that either individuals feel distrustful of the modelling methodologies used or that supply training numbers are inaccurate, or both. This has been indicated in comments made in response to Q5 such as the mention that *“the elephant in the room is the large number of extra trainees entering the medical workforce from 2010”* and more overtly, that *“more explanation in Annex A re modelling and planning for all workforce groups”* is required in order to clearly match the increase or decrease in numbers to *“changing demands and different ways of working”*.

Annexe B- Sets out the Action Plan for 2008

Annexe B was felt to be more universally useful with 87% agreeing, including 17% in strong agreement. 12% neither disagreed nor agreed and none disagreed implying that while some elements were felt to be missing from PTWT, as discussed in Q5, overall, the direction of travel and priorities were felt to be strongly set out for 2008 and the majority of comments in answer to Q3 support this positive view.

Question 5: What was missing from Planning Tomorrow’s Workforce Today that would have been useful for you in your job ?

Twenty respondents choose to answer this question, expressing a wide range of opinions. Two respondents felt the document was comprehensive and had nothing to add and it can be presumed that the 13 who didn’t comment also had no concerns.

Several thought the document lacked detail in respect of staff roles and training and wished to see:

- More specific supply and demand modelling for AHPs
- More emphasis on administration support staff issues
- More concentration on new roles for all health care workers
- Projections for Single disciplinary professional groups

- More detail on undergraduate training- *“It is harder to develop new roles if undergraduates are being trained for old roles”*
- Realistic expectations- one respondent suggested that the large number of extra trainees entering the medical workforce from 2010 would cause problems

Other comments were too diverse to categorise, with respondents hoping that the following could have been included:

- More about the National Nursing and Midwifery Workload and Workforce Planning Programme and how it can support the Strategy
- How workforce planning links with LDPs and illustration of the implications
- Clarification of realistic timescales for NES to deliver on its Action Points
- Specific direction and leadership to move the agenda forward locally eg competency based workforce planning and working across public sector boundaries
- More specific timescales to ensure NHS Boards act on the recommendations.

The issue which emerged most strongly however, was concern about whether PTWT would translate into definite actions rather than just plans. Similarly, the report was criticised for lacking substance. Encapsulating these concerns was the comment *“It is a visionary document that needs to be interpreted operationally”*. Several others echoed this point with one commenting that while the document describes activity it does not provide specific direction and leadership to move the agenda forward locally. As such, the respondent doubted whether PTWT could support NHS Boards to engage stakeholders in explaining how local Board workforce plans fit within the national context. The lack of clarity perceived by one respondent over how the workforce, financial and service streams will be integrated may be symptomatic of this confusion although another respondent did welcome this integration.

A related frustration also raised was the issue of NHS Boards and their attitudes towards workforce planning. Two respondents felt the PTWT document lacked strong statements of responsibility. One commented that it should have been explicitly indicated that workforce planning was a *“responsibility of all managers”* and that training to provide the required skills should be provided. Another commented that they would wish to see a *“stronger message that clearly links Board responsibility to connect with regional workforce planning”* and highlights the *“mismatch between what SGHD want to provide and Boards want”* pointing to the PTWT’s failure to convincingly address this ongoing issue. In answer to Q7, another respondent was similarly frustrated with blurred lines of responsibility, arguing that the current production of both a national workforce strategy and local Board workforce plans, *“gives a perception that both are attempting to address the same issues and are fully integrated. In fact, in reality they serve different purposes”*.

Question 6: To what extent do you agree with the following statement? “I would find it useful for the Scottish Government to continue to publish an annual workforce planning strategy”.

This question prompted the most mixed response in the evaluation. While responses to the previous questions were in the main very positive, the usefulness of a publishing an annual report was disputed by a significant number. The statement

received 63% support confirming that the majority of those who responded were still appreciative of the annual workforce plans. However, 17% actively disagreed with the statement and 21% neither agreed nor disagreed. Totalling a sizable 37% of respondents, this clearly questions the perceived usefulness of an annual workforce planning strategy. Fortunately, many comments were made, in response to Q7, regarding this issue, allowing for insight into their reasoning.

It can be surmised therefore, that since responses to the previous questions have been mostly very positive, there exists general approval of the PTWT document and its action points but that a sizable minority do not feel it is of significant value to reiterate these in annual plans.

Question 7: Any other comments ?

This was a general question inviting any comments respondents wished to make. Of the twenty who did participate in this question, all but three respondents followed on from Q6 with their views on the frequency of publication of the Scottish Government's workforce planning strategy. Answers were effectively split into two camps: a minority of 35% offered support for workforce plans to be published annually while 55% were explicit in recommending less frequent plans. This does not fully match with answers to the previous questions indicating that while most are broadly in support when it comes to a straight choice between annual plans or not, they will take the opportunity to air their opinions when it is provided.

The respondents who supported the annual planning process cited a "comfort factor" in that changes identified at a local level would be taken into consideration in the development of national strategy and policy. It was felt that for consistency, annual plans are important, hopefully adding value to the service as a whole and useful in the context of a longer term strategy. One commented that because workforce planning should be a responsive process, linked to changing demographics of labour markets, an annual process is necessary. There were however, provisos attached to many of the supporting statements. Annual published plans were only seen as being of use provided "*it is tackling the problems*" and "*can be readily utilised by the service as a meaningful resource*".

The more numerous respondents in favour of publishing less often suggested publishing every 18 months, every second or, most popularly, every third year. The consensus appeared to be that as the content was unlikely to change on an annual basis and because strategy is long term, there is a risk that an annual report may be "*just moving the deck chairs*" rather than being of significant value. The possibility of publishing a shortened annual report followed by a more comprehensive report every 3 years was suggested by two respondents. Other ideas were to publish an updated version of the previous year's document rather than a distinct new one, in order to preserve continuity and avoid repetition every year. Many aspects were recognised as being local or regional and as timescales are often overrun by immediate service provision requirements, perhaps even annual plans could not keep up with these localised circumstances. One suggested that while an annual strategy is not required, there should instead be more emphasis on Allied Health Professionals (AHPs) requirements nationally in order to influence Higher Education Institution (HEI) Recruitment.

The few comments not linked to frequency of plans instead focused on the steps taken by NES to address the action points and a general comment that workforce planning needs to be higher up the agenda.

Conclusions

Overall, those participating in the consultation expressed high levels of satisfaction with the Planning Tomorrow's Workforce Today document.

The majority were in agreement that primary objectives had been clearly communicated and that each section of the Action Plan was useful and relevant to their job roles. PTWT was further endorsed by the acknowledgement of numerous benefits it was felt to have delivered.

Concern was evident however, regarding the application of the action plan into practical usage. The ability for NHS Boards and all those involved in workforce planning, to translate these plans into practical actions was queried by some respondents. In addition, the frequency of publishing workforce planning strategies was generally disputed.

While offering high levels of approval for the PTWT document itself, the consensus was that less frequent published plans would be more appropriate, reducing the need to reiterate or repackage similar information every year out of obligation rather than utilising as the efficient planning process it should be.

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Annex A: List of job titles/ roles consulted:

AHP Workforce & Workload Coordinator
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Business Manager
Chief Executive
Chief Executive, NHS Education for Scotland
Deputy Director of Human Resources
Director of Regional Planning & Workforce Development
Director of Regional Planning & Workforce Development
Head of Recruitment and Development
Head of Strategic Workforce Development
Head of Workforce Development
Head of Workforce Planning
Human Resources Advisor
HR Consultant
HR Co-ordinator
HR Director
HR Services Manager
Medical Director
Medical Director
Medical Director
Organisational response (unspecified)
Regional Advisor Nursing Workload and Workforce Planning
Regional Nursing Advisor
Regional Workforce Director/Director of HR NHS GG&C
Workforce Development Manager
Workforce Development and Redesign
Workforce Information Analyst
Workforce Modernisation Manager
Workforce Planning and Development
Workforce Planning Manager
Workforce Planning Manager
Workforce Planning & Recruitment Manager

Annex B: Abbreviations used

AHP	Allied Health Professional
HEI	Higher Education Institution
LDPs	Local Delivery Plans
NES	NHS Education for Scotland
NHS	National Health Service
PTWT	Planning Tomorrow's Workforce Today
SGHD	Scottish Government Health Directorate