

Strategic Planning in the context of sustained workforce challenges

This paper has been written by Healthcare Improvement Scotland's Strategic Planning team. It explores the implications of strategic planning within the context of sustained workforce challenges.

Good workforce planning and good strategic planning inform one another. Strategic planning considers the current and likely workforce and workforce pressures. Focused workforce planning is guided by the direction of travel that strategic planning takes due to identified population need. One of the challenges facing strategic planning in health and social care is the significant workforce challenges in recruiting, retaining and developing the right workforce to meet our clinical and non-clinical health and social care needs.

When we look to identify ways to meet population needs in the current workforce, the relationship between strategic planning and workforce planning becomes even more interdependent.

Without this close relationship, there is a risk of:

- Workforce plans that generate a list of unachievable skills and resource levels.
- Strategic plans that set out ambitions, models and services that are unachievable with the current and future realistic workforce.

NHS England released their Long-Term Workforce Strategy in 2023 ¹. It is ambitious – aiming to increase the full-time equivalent staff working in the NHS from 1.4m to around 2.3 - 2.4m by 2038. There are several strengths in their plan around exploring less traditional routes for upskilling and putting in place a framework to support long-term workforce planning across England. It is noted that this plan relates only to health excluding social care.

NHS Scotland's latest strategy was published in 2022 and seeks to increase the overall working time equivalent in the health service by 1% over five years ². New legislation is currently being implemented around minimum staffing levels in some health services, such as inpatient wards. In 2021, the 'Centre for Sustainable Workforce' was established to undertake planning and recruitment support for NHS Scotland. The findings of the Feeley review into 'Adult Social Care', looked at the social care workforce ³. It recommended a national body and minimum standards for care workers, as well as improved workforce planning in the sector. Despite these plans and reports, NHS Scotland and the broader health and social care system in Scotland have at the time of writing not yet developed a long-term strategic plan focused on workforce development, growth, or upskilling.

The role of Strategic Planning

The role of strategic planning in this context of sustained workforce challenges is clear. While we can work towards increasing the workforce and filling skills on the supply side through workforce planning, strategic planning needs to offer the other side of the picture regarding demand. Good strategic planning needs to articulate the decisions we need to meet future population needs and the models of care in based on realistic expectations for current and future workforce. It needs to challenge the status quo model of delivery which would limit us to the method of 'creating a desired model and then trying to recruit staff to it'.

Within this, there are three key areas for strategic planning to explicitly consider.

1. We need to understand the ways that our systems and models drive the way that we utilise our workforce to ensure our plans drive better workforce utilisation.
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Over time, NHS and social care have developed implicit elements that are driving our system of retention and recruitment. We need to make our understanding of these patterns more explicit to ensure it can be addressed through our planning, including the following.

- The pay and reward structure, organisational culture and succession planning sees the highest skilled and most experienced team members into more senior roles taking them away from the direct delivery of care.
- Our model replaces these staff members with junior and less experienced staff with a corresponding impact on efficiency and effectiveness. Many of our managers come from clinical backgrounds which comes with an investment in developing and fostering management skills to underpin high quality services.
- We need to recognise how our pay and incentive structure works and how it may limit our ability to fill skill gaps. This is important when planning and choosing models where we face specific skill gaps in the workforce.
- Our current system rewards time served rather than rewards, upskilling and quality. This reduces our ability to respond to skill gaps through pay and incentive mechanisms.

To utilise models that incorporate our third and independent sector partners and unpaid carers, we must recognise that how the workforce is contracted, paid, supported, and developed varies between public and other partners. The cultural divide that these drive can hinder our ability to plan models of partnership working to provide integrated support for our communities.

2. We need to be realistic and explicit in our planning about what we can address in the short term and the harder choices facing us in longer-term planning.

In response to the crisis facing staffing levels in health and social care in Scotland we often talk about the need to look at the short term now and ensure that we find longer term solutions ‘alongside’ this. We keep our delivery models largely the same and seek to address challenges by increasing the supply of staff.

This here-and-now thinking crowds out meaningful and harder longer-term planning rather than progressing alongside each other. The longer-term planning that we do around this often focuses on establishing frameworks and sets ambitions that struggle to articulate the key trade-offs that we will need to make between available resourcing, population need, and making roles more attractive and sustainable for staff.

Without naming and tackling the things that are not solvable in the short term, and the decisions that will need to be made in the long term, we limit our ability to adapt our system to the workforce we have and will have in the future.

In our national improvement work, we often see great examples of services and models adapting to the workforce they have. For example, Early Intervention in Psychosis services bringing in a combination of different clinical skills when faced with workforce challenges in other clinical areas, such as psychiatry. Here, you see good strategic planning and workforce planning working together with those feeling workforce challenges most acutely.

3. We need to leverage the advantage that our health and social care systems have in the context of sustained workforce challenges.

Health and social care like all industries must consider where it has strategic advantages and disadvantages. Good strategy seeks to maximise where you have strategic advantage and to minimise, mitigate or reform away from your disadvantages. For recruitment, retention, and workforce planning, this is perhaps of even greater importance, given the fluidity of labour supply both domestically and globally. Strategic advantage must take into consideration the society and sector you operate within and the given assets within.

The context for Scotland, and the UK in general, is a duality of crises in the labour market. Notable numbers of people are economically inactive whilst we have a workforce shortage, particularly in health and social care. In this context, supply side workforce planning will only get us so far. Strategic planning can look at how our planning builds on the advantage that we do have within our workforce. Below are three considerations in doing this.

1. Scotland can deliver workforce development including training and upskilling.

Coordinated large scale NHS workforce development is well established, and we are seeing more growth in social care. It has world-class academic institutions which can attract clinical and non-clinical staff throughout their studies and career. Scotland can attract international workers due to its relatively high salaries, attractive standards of living, similar models of training and services and English language. This can be undermined if we persist with models of care and management that lead to burn out resulting in high turnover within health and social care, and people leaving health and social care entirely, either to work elsewhere or to retire early. Strategic planning plays a role in improving the look and feel of work to improve our ability to retain staff in the medium and long term.

2. New digital care models offer opportunities to maximize our existing workforce

The development in recent years of new of digital care models, such as NHS 111, virtual wards, telemedicine, virtual triage, and near-me appointments, opens significant opportunities for maximising how we use our existing workforce. These roles provide an opportunity for workforce inclusivity and are likely to be more suitable for those with disabilities or health conditions that make care in other settings more challenging. This can provide a route back into, or to continue, working in health and social care in a way that feels meaningful and valued. Careful joint planning between strategic planning and workforce planning enables us to make clearer links between new models and their ability to improve workforce sustainability through greater inclusivity.

3. Health and social care has a competitive advantage to recruit and retain and diverse workforce

Health and social care in Scotland is a highly diverse employer. We employ relatively high numbers of women and people of different ethnicities, social, religious, and international backgrounds. A key reason for this is the quality of our offer to staff such as flexible working, part-time shifts, relative pay, inclusive working – particularly for roles in health care. It is also true that in many of our caring roles, our staff across the health and social care system are relatively underpaid. For the workforce plan to be effective, we must focus on expanding the quality of our offer to staff and maintain the competitive advantage in recruiting and retaining a diverse workforce. This requires effective coordination between workforce planning, strategic planning, commissioning, and financial management to ensure that we are able to gain effective action on the areas that impact workforce planning and sustainability.

This resource has been developed by Strategic Planners within the Transformational Change - Systems Unit within Healthcare Improvement Scotland. It is designed to support the Strategic Planning Community of Practice by providing introductions to concepts and topics relevant to Strategic Planners.

References

¹NHS Long Term Workforce Plan (2023)

[NHS England » NHS Long Term Workforce Plan](#)

² Health and social care: national workforce strategy (2022)

<https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>

³ Adult social care: independent review (2021)

[Adult social care: independent review - gov.scot \(www.gov.scot\)](#)

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