

The Royal College of Psychiatrists | Interim NHS People Plan

June 2019



This briefing sets out the key messages included in the interim NHS People Plan published in June 2019 and the implications for psychiatrists and the wider mental health workforce.

In summary, the objectives are to:

- Make the NHS a better place to work: there is a need to make the NHS an employer of excellence – valuing, supporting, developing and investing in our people.
- Improve our leadership culture: positive, compassionate and improvement focused leadership creates the culture that delivers better care. There is a need to improve our leadership culture nationally and locally.
- Prioritise urgent action on nursing shortages: there are shortages across a wide range of NHS staff groups. However, the most urgent challenge is the current shortage of nurses. There is a need to act now to address this.
- Develop a workforce for the 21st century: there is a need to grow the overall workforce, but growth alone will not be enough. A transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working is needed.
- Develop a new operating model for workforce: there is a need to continue to work collaboratively and to be clear what needs to be done locally, regionally and nationally, with more responsibility for people planning activities undertaken by local integrated care systems (ICSS).
- Take immediate action in 2019/20 while a full five-year plan is developed: action must be taken immediately, which is the interim plan includes a focused set of actions for the year ahead while the Government continue its collaborative work to develop a fully costed five-year People Plan later this year.

1. Making the NHS a better place to work

What we've asked for

Psychiatrists and trainees told us they want to work in an environment where they feel adequately supported to do their job to the best of their ability to help those with mental illnesses. They should never have to work beyond what is safe because of staff shortages. They should be offered clear training pathways, with opportunities for development and the possibility of different roles in the future.

In order to make the NHS a better place to work for trainees, the college has called for deaneries to put in place the measures set out in the [Supported and Valued report](#) including the protection of the

minimum of 1 hour of supervision per week with their psychiatric supervisor and timely allocation of psychotherapy cases with protected time for clinical sessions and supervision.

We also asked Health Education England (HEE) to work with us to make NHS careers more flexible and attractive. This should include expanding credentialing and increasing the number of trust-supported academic activities.

We believe NHS Improvement (NHSI) should support trusts to meet an annual of 4% improvement in retention rates and incentivise trusts to address factors that negatively impact on staff wellbeing including workload, hours, lack of control, pressures on CPD, and fear of investigations and litigation. All mental health professionals involved in multi-disciplinary teams should be provided with comprehensive job plans that provide enough time to perform tasks safely, as well enough time for professional development activities.

Mental Health employers should also implement the mental health core and enhanced standards as recommended in [Thriving at Work: the Stevenson/Farmer Review of Mental Health and Employers](#). HEE, NHS England (NHSE), the Department of Health and Social Care (DHSC) and other relevant organisations should implement the recommendations made by [the Commission on the Wellbeing and Mental health for Staff and Learners in the NHS](#), in particular:

- The NHS to establish an NHS Workforce Wellbeing Guardian in every NHS organisation
- The NHS Careers service and the wider NHS to recalibrate the job and career advice currently provided to schools, pupils and parents
- The NHS should publish and update regularly its advice on the flexibility in education and training entry routes and career journeys into NHS careers;
- Healthcare providers on a local (STP or ICS) footprint should create a schools' work experience bureau service;
- A wellbeing 'check-in' should be provided to all students within two weeks of starting each placement

Key messages included in the Interim People Plan

It's clear that people are overstretched, and this is affecting the culture of the NHS, and has been made clear in the Pearson report on NHS staff and learner wellbeing. To make the NHS the best place to work, **the people agenda needs to be prioritised** at a board and senior leader level. Workforce planning must not be disconnected from service and financial planning.

The government will agree a series of commitments that will replace or supplement those currently set out in the NHS constitution. This will form a balanced scorecard integrating national standards and local priorities to plan workforce. This will become a central part of the NHS oversight framework and the CQC's well-led assessment and will be the first item for discussion at NHSE/NHSI regional teams' meetings with NHS providers, commissioners and systems.

Key actions

Actions in 2019/20

- Develop a new offer for all NHS staff, through widespread engagement with our people and staff representatives, over the spring and summer of 2019 for publication as part of the full People Plan.
- Develop a 'balanced scorecard' to become a central part of the NHS Oversight Framework and work with the Care Quality Commission (CQC) so that this can inform the future development of the CQC's Well-led assessment.

- All local NHS systems and organisations to assess their progress against the NHS new offer and set out plans to deliver it as part of their NHS Long Term Plan (LTP) implementation plans, to be updated as they develop.
- Include more metrics on staff engagement in the NHS Oversight Framework to improve oversight of NHS trusts, commissioners and systems.

Actions to inform the full People Plan

- Review of NHS Careers website to ensure it is an attractive advertisement for a wide range of roles, entry points and benefits of working in the 21st century NHS and enables us to compete with other large national employers.
- Independent review of HR and OD practice in the NHS with recommendations about how to bring it in line with the best of the public and private sectors.

2. Improving the Leadership Culture

What we've asked for

The College has called for local leaders to be empowered to advocate for mental health across the wider health and care system.

We asked HEE to establish a Future Mental Health Leaders programme led by the NHS Leadership Academy, in partnership with professional bodies (such as the College) building on the similar 'Future Clinical Commissioning Leaders' programme. They should promote leadership courses to middle managers who are underrepresented in the Leadership Academy.

There also needs to be greater leadership from managers, in particular middle managers to tackle bullying and harassment in the NHS.

Key messages included in the Interim People Plan

[*Developing People – Improving Care*](#), published in 2016 after several independent reviews has made some impact but has not led to widespread culture change. The government will work with staff and senior leaders across the NHS to agree **an explicit set of competencies, values and behaviours required in different senior leadership roles** to ensure that there are consistent expectations from leaders.

A database will be constructed to capture information about the qualifications, previous employment and performance of directors to support a new national approach to talent management and development of senior leaders.

Leadership and culture will be put at the core of how the performance of providers, commissioners and systems is assessed. This means two things: reviewing how NHS England/NHS Improvement assess performance through the NHS Oversight Framework; and ensuring that the Well-Led Framework used by the Care Quality Commission and NHS England/NHS Improvement is sufficiently focused on leadership and culture – these factors are often the root drivers of quality and efficient use of resources.

There is growing evidence that the best healthcare systems have strong clinical leadership at their heart – the government will make **it easier for clinicians to pursue a career in management and leadership** by building more structured career paths into such roles. Successful talent management is underpinned by collaboration, matching talent to service need, rather than competition.

Key actions

Actions in 2019/20

- Undertake system-wide engagement on a new 'NHS leadership compact' that will establish the cultural values and leadership behaviours we expect from NHS leaders together with the support and development leaders should expect in return.
- Develop competency, values and behaviour frameworks for senior leadership roles.
- Start to develop a central database of directors holding information about qualifications and history; engage widely on the scope of mandatory references and on the options for a professional registration scheme.
- Support NHS boards to set targets for BAME representation across their workforce and develop robust implementation plans.
- Roll out talent boards to every region, coordinated and overseen by a national talent board, and expand the NHS Graduate Management Training Scheme from 200 to 500.
- Review regulatory and oversight frameworks, starting with the Well-led Framework and NHS Oversight Framework to ensure there is a greater focus on leadership, culture, improvement and people management.

Actions to inform the full People Plan

- Develop resources to support the leadership teams of local health systems (STPs and ICSs) and primary care networks to enable them to create high-performing multi-professional teams that collaborate across traditional boundaries.
- Consider actions to encourage more clinicians and people from outside the NHS to take up senior leadership positions.
- Review the support provided to NHS organisations by NHS England/NHS Improvement regional teams to ensure it is promoting genuine improvement and staff engagement. Implement annual 360-degree feedback from providers, commissioners and systems on the support they receive from both regional and national teams.

3. Tackling the Nursing Challenge

What we've asked for

The College has argued for increased investment in nursing, particularly in mental health and learning disability nurses. The Government and its Arm-Length Bodies should do all they can to understand the causes of attrition and turnover and take urgent steps (nationally and locally) to address them.

Further investment in nursing – and in particular mental health and learning disability – is crucial to ensure well-functioning, safe and therapeutic services and deliver the LTP commitments.

Key messages included in the Interim People Plan

The plan recognises that **the most significant shortages are in Mental Health and Learning Disability nursing**. Without intervention there will be a 16% shortfall in the number of nurses by 2023/4. The government aims to reduce this shortfall to 10%.

The plan focuses on:

- Increasing the supply of nurses through the undergraduate degree.
- Providing clear pathways into the profession (through nursing associates and apprenticeships)

- Improving retention of students and of nurses, and ensuring the transfer from education into employment is smooth
- Providing support for staff to develop their skills to meet the changing needs of patients.

Higher education institutions have highlighted that **placement capacity** is one of the barriers to expanding the number of places on undergraduate courses. To overcome this, **better co-ordination between Higher Education Institutions and NHS providers** is needed.

The quality of applications is also a barrier – we need to expand ambassador programmes to encourage more to apply. Alongside financial support available through the standard higher education support system, there'll be an additional **learning support fund** provided by DHSC. This is available to the vast majority of nursing students at present, but there is a lack of awareness and problems with the application programme.

The aim to recruit 5,000 nurses from overseas will continue with a new procurement framework of approved international recruitment agencies for recruiters to draw on. HEE is also launching a new marketing campaign designed to inspire more nurses to return to practice and has recruited 5,400 nurses onto return to practice courses since September 2014.

The Retention Programme launched by NHS Employers and NHS Improvement in June 2017 is focused on nursing turnover rates in acute and community trusts and clinical turnover rates in mental health trusts. The programme has seen turnover rates reduce from 12.5% to 12.1% annually. Through this, trusts are supported by an online platform to share ideas, case studies and guides and retention masterclasses.

There will **be specific action to help ensure growth in areas of nursing with the greatest shortages**, particularly mental health, learning disability, and primary and community nursing, including a detailed **review into mental health and learning disability nursing**. NHS Improvement will work with HEIs to consider how to more rapidly identify and address branches of nursing that risk future shortages.

Key actions

Actions in 2019/20

- Significantly expand the direct support programme to all trusts to improve retention, with a focus on supporting early years retention and reviewing best practice in preceptorship arrangements
- Provide additional support in specialised areas where the need is greatest, including high secure hospitals and emergency departments.
- Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. NHSI will work directly with trust Directors of Nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.
- Undertake a more comprehensive review of current clinical placement activity, identify outliers and provide support to remove barriers to expansion for future intakes. This will include options for expanding the provision of placements in primary and social care and explore how innovative approaches and best practice can support expansion
- Work with national partners to consolidate the current recruitment and perception campaigns run by different national bodies, to develop a single campaign that reflects the realities of a career in modern nursing at the cutting edge of clinical practice. This will focus on those branches of nursing with the greatest vacancies (including mental health nursing), address demographic issues, and support those local health systems with the biggest challenges by linking national and local initiatives.

- Develop a new procurement framework of approved international recruitment agencies for 'lead recruiters' to draw on, ensuring consistent operational and ethical standards, to support recruitment of at least 5,000 international nurses each year to 2024.
- Develop a best practice toolkit, with NHS Employers and other national partners, to support employers by highlighting good practice in terms of practical and pastoral support to improve experience and ultimately retention.
- Work with the Department of Health and Social Care (DHSC) and professional regulators to support improvements to regulatory processes, exploring where changes may help facilitate streamlining of registration processes and reduction of recruitment timelines.
- Launch a new return to practice campaign

Actions to inform the full people plan

- Develop a clear model that sets out the different entry routes into nursing, highlighting the different approaches and benefits to inform employer and entrant decisions.
- Expand the pilot programme for those nursing associates wishing to continue their studies to Registered Nurse level.
- Develop proposals for a blended learning nursing degree programme that maximises the opportunities to provide a fully, interactive and innovative programme through a digital approach.
- Consider options for how local health systems and employers can use job guarantee approaches, learning from and further developing existing local models.
- Work with DHSC to review and identify how to improve the financial support programmes currently available through the LSF, as well as considering how to streamline the process between applications for and awards of LSF payments.
- Work with government and the HEI sector to improve awareness of the overall financial support package, so that all undergraduate and postgraduate students are aware of the support available when studying and how it can be accessed.
- Develop a toolkit for supervisors and assessors to enable them to support the wide diversity of students.
- Undertake a detailed review of mental health and learning disability nursing to support growth in these areas.
- Review how to increase both national and local investment in CPD and workforce development with the aim of achieving a phased restoration, over the next five years, of previous funding levels for CPD.

4. Delivering 21st Century Care

What we've asked for

As well as ensuring more doctors choose psychiatry, we need to maximise the staffing resource already available and work in more flexible and novel ways. Psychiatrists are already working more flexibly with, for instance, consultant psychiatrists working across primary care settings, and liaison psychiatrists working at the interface between primary care, outpatients and hospital settings.

We called for the LTP People Plan to be aligned with the LTP implementation work as it develops, so that it can cater for new areas and service provision.

The College welcomes the introduction of physician associates and has called for a clear career pathway to be developed, and for PA training to include a strong foundation in mental health. 10% of the 1,000 PAs trained each year should go on to work in mental health, including in GP practices and liaison services.

In terms of technology, telepsychiatry should be used routinely where appropriate, the care pathway under the mental health act should be digitised and IT systems should be interoperable between all health providers. There should be a step change in the use of technology in mental health settings building on the learning from the Global Digital Exemplars, Test Beds and the Internet of Things.

Key messages included in the Interim People Plan

The NHS will develop fully joined-up primary care and community services particularly for people with long-term health and care needs, redesigning emergency hospital services and providing digitally enabled primary and outpatient care. We will see the development of **modern, data-rich and digitally supported health and care services**, able to rapidly adopt and spread scientific advances to improve quality of patient care and health outcomes. Multidisciplinary working will become the norm in all healthcare settings over the next five years. To support this, there will be changes in training and the development of multi-professional credentials.

The **clinical workforce will need to grow by at least 3% a year over the next 5 years** and there is a need to address gaps in certain specialties and regions. Alongside the need for more doctors overall, there is a clear need for more doctors who can provide generalist care to people with multiple long-term health problems. Therefore, the **new Internal Medicine Training model** for doctors intending to enter specialty training in most medical specialties will be implemented. Together with the recent expansion of GP training programmes this will mean that from 2019 around two thirds of postgraduate medical trainees have generalist-based training.

The government has committed to increasing the number of doctors working in primary care by 5,000 as soon as possible, continuing the work on retention in the GP FYFV.

Building on Health Education England's 'Future Doctor' work, during 2019/20 NHSI will work with providers, commissioners and systems, as well as experts in the fields of population health, leadership, quality improvement and technology on a national consultation to establish **a clear view of what the NHS, patients and the public require from future doctors**. This will support the medical Royal Colleges and the medical schools in their ongoing review of how to educate and train undergraduate and postgraduate doctors to provide a medical workforce for the 21st century. It will also support the General Medical Council (GMC) in shaping educational outcomes and quality assuring all stages of medical education.

For junior doctors, there will be appropriate and consistent supervision, **an improved mental health support offer**, clear and timely rotas, and streamlined induction as they move within and between employers.

The actions from the recent HEE's report, [*Maximising the potential: essential measures to support SAS doctors*](#) will be implemented. A reformed Associate Specialist grade will be introduced to provide new opportunities for progression within a specialty and associate specialist career.

The government will also do more to support the most senior doctors, helping them to work flexibly to **take up leadership or research positions** and will **consider recent changes to taxation rules as part of the independent review on pensions**.

It's estimated that there will be over 2,800 physician associate graduates by the end of 2020, rising to over 5,900 by the end of 2023. NHSI will work with DHSC to launch **a consultation on introducing prescribing rights for physician associates** within 24 months of their regulation.

The NHS will endeavour to build a more flexible and productive workforce, expanding multidisciplinary teams by making greater use of training hubs to develop effective interdisciplinary working. There will

also be a **review of current models of multidisciplinary working across primary and secondary care**. Electronic Staff Records will record advanced clinical practice, and multi-professional credentials will be created to formally recognise the professionals who have the expertise to practice in certain areas. The government will target investment to areas of greater service and workforce expansion, including mental health.

A new **Releasing Time for Care programme** will be established. It'll mean that clinical teams will take increasing ownership of how they plan and deploy the workforce to ensure that the right staff are available to patients at the right time, supported by electronic rostering and job planning systems, meaning that all rotas will be agreed at least six weeks in advance.

Key actions

Actions in 2019/20

- Begin work to review current models of multi-disciplinary working within and across primary and secondary care.
- Develop accredited multi-disciplinary credentials for mental health, cardiovascular disease and older people's services, with a focus on multi-disciplinary training in primary care.
- Implement post-foundation Internal Medicine Training to expand the number of doctors with generalist skills.
- Work with a cohort of providers to deliver youth volunteering opportunities in partnership with #iwill and the Pears Foundation.
- Support local systems to develop five-year workforce plans to inform national workforce plans to better understand the number and mix of roles required to deliver the *NHS Long Term Plan*.
- Launch a national consultation to establish what the NHS, patients and the public require from 21st century medical graduates to inform ongoing review of undergraduate and postgraduate medical education and training and support the GMC in shaping curricular outcomes.
- Establish a national programme board to address geographical and specialty shortages in doctors.
- Publish recommendations for effective supervision of doctors in training, and tools and supporting materials to deliver a measurable improvement in the capacity and quality of supervision across the NHS.
- Begin to implement the conclusions of the *Maximising the potential* report for specialty and associate specialist doctors; re-open and reform the Associate Specialist grade and ensure alignment with flexible training arrangements.
- Identify further ways to integrate volunteering within the NHS.

Further actions to inform the full People Plan

- Work with the Department for Education, the devolved administrations, the Office for Students, the GMC and other key partners to explore the options for expanding accelerated degree programmes and part-time study, to widen access to medical careers.
- Evaluate flexible training programmes, including less-than-full-time and 'step out, step in' postgraduate medical training as part of the managed roll out of these flexible arrangements to further specialties.
- Work with colleagues in the devolved administrations on this programme of work to create 21st century medical education and training and careers.
- Establish a Releasing Time to Care programme to set out a comprehensive and sustained programme of work to spread good practice and support continuous improvement.

5. A New Operating Model for Workforce

What we've asked for

The College has called for transparency and public accountability for the delivery of the NHS LTP and Workforce Implementation Plan, with clear governance arrangements and frameworks. Clarifying the roles and responsibilities of the national bodies and their regional teams, STPs/ICSs and local employers on workforce, will be crucial.

- The NHS must publish an annual report on the implementation of the LTP with a specific focus on workforce.
- The 'NHS Assembly' must include leaders with expertise in mental health from national, clinical, patient and staff organisations, the voluntary, community and social enterprise sector, as well as NHS ALBs and frontline leaders from ICSs, STPs, trusts, CCGs and local authorities.

At the STP/ICS level:

- Every ICS should have mental health reflected as a top priority with the full programme delivery supported and tracked at ICS board level.
- Every ICS should have a credible workforce plan to demonstrate how it will be meeting the mental health priorities of the local population.
- Senior mental health leadership should be a core component of all place-based planning, including STPs, ICSs, ICPs and any other new model of care.

Mental health leadership at an STP/ICS level must always include people who use services and STP/ICS leaders should ensure at least one senior mental health leader in the programme management team is responsible for overseeing the implementation for each new model of care and involved in contract negotiations for ICPs.

STP/ICS leaders should also engage or at least have input from specialists where the service encompasses a special group such as older people, children and young people, or those requiring specialised health services.

NHSE and NHSI should rate each STP/ICS on their mental health plans, level of planned integration and leadership representation (including people who use services) and support those that need further development. STPs/ICSs exceeding these core expectations should work with those who are struggling through a peer-learning approach.

Key messages included in the Interim People Plan

NHSI expects **ICSs to take on greater responsibility for people planning and transformation activities, in line with their developing maturity**. For many workforce activities, such as non-medical education, relationships with HEIs and bank staff rates, ICSs will be well placed to lead planning and implementation, leveraging their strong system partnerships and innovating according to local needs.

NHSE/NHSI and HEE regional teams will work with ICSs to support them in **place-based workforce planning** and levels of responsibility will vary across the country in the short term.

For many workforce activities, such as non-medical education, relationships with HEIs and bank staff rates, ICSs will be well placed to lead planning and implementation, leveraging their strong system partnerships and innovating according to local needs.

The level at which different activities relating to workforce will take place is set out below:

National level activities:

When activity is necessary to meet statutory responsibilities, more efficient and effective because of economies of scale, planned over a longer timeframe, and when there are clear benefits from national coordination, or national teams have knowledge and skills that are in short supply, it will take place nationally.

There will continue to be a **joined-up approach to people planning, aligning HEE and NHSE/NHSI's service plans with a Chief People Officer** who will be appointed. The Chief People Officer will chair a new National NHS People Board which will develop the full People Plan.

Regional Level activities:

When activity requires a co-ordination or assurance role in delivering national priorities, when planning is needed over the medium-term time frame (5 years), when improvement support is needed on a large scale and when decisions need to be made across a regional labour market it will be carried out a regional level.

New HEE regional directors will work alongside the new NHS England/NHS Improvement Directors of Workforce and Organisational Development, but **the role of regional teams will remain as light touch as possible**, whilst recognising their important role in oversight and improvement

Integrated Care Systems:

Activities will be led by ICSs where regional footprints are too large to affect change, strong local partnerships are needed, planning is needed over a short to medium time frame and decisions need to be made across a local labour market.

ICSs will take on the leading role in developing and overseeing population-based workforce planning for local health services however decisions on what activities should be devolved will be based on ICSs readiness. They are likely to work on:

- developing long-term population-based workforce plans, working closely with primary care networks, providers, commissioners and local authorities
- contributing to Health Education England and HEI decisions over allocation of activity (such as doctor rotations) to reflect local service needs, as well as meeting educational needs
- taking responsibility for current placement infrastructure to manage educational capacity in services, improve the quality of learning environments and align educational supply with local service capacity
- ensuring system-wide leadership development and supporting regional Talent Boards
- coordinating action to reduce temporary staffing spend across local provider organisations
- developing initiatives to make the local NHS a better place to work and improve recruitment and retention
- overseeing the employment implications of the development of primary care networks and ensuring these networks have appropriate leadership and management
- maintaining and improving partnership working with trade unions at system level and building and fostering relationships with those responsible for HR and workforce in wider public services.

Local employing organisations (trusts, CCGs, primary care networks):

Activities that relate very directly to the employment or wellbeing of an organisation's staff will still be carried out locally.

Local organisations will continue to work on building an inclusive culture, recruit and retain their people, be accountable for the wellbeing of their staff and to develop and implement people plans as well as contribute to ICS people plans.

Key actions

Action in 2019/20

- Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs, informs the support that STPs/ICSs can expect from NHS England/ NHS Improvement and Health Education England regional teams and informs decisions on the pace and scale at which ICSs take on workforce and people activities.
- Regional teams and ICSs to agree respective roles and responsibilities, associated resources, governance and ways of working.
- Implement a collaborative system level approach to delivery of international recruitment and apprenticeships.
- Agree development plans to improve STP/ICS workforce planning capability and capacity.

Actions to inform full People Plan

- Develop an action plan to ensure more comprehensive and real-time workforce data, available across national, regional, system and organisations.

6. Developing the Full People Plan

NHSI aims to publish a full, costed five-year People Plan later this year following the development of five-year STP/ICS plans and the completion of the government's Spending Review. This plan will build on the vision and actions in this interim Plan and will:

- Set out how culture changes will be embedded, and the leadership capability needed to make the NHS a better place to work over the next five years.
- Set out in more detail the changes to education and training, career paths, skill mix, and ways of working needed to enable 21st century working
- Quantify in more detail the full range of additional staff needed for each of the NHS Long Term Plan service priorities
- Aggregate the people plans developed by local systems to build a more detailed national picture of demand and supply by skill sets
- Iterate local and national workforce requirements with the five-year digital transformation and efficiency plans.

The College would be happy to provide further detail on any of the information contained within this briefing. If you have any questions, please contact:

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