March 2024

Royal College of Psychiatrists
Submission to Health and Social Care Select Committee – Inquiry into NHS leadership, performance and patient safety.

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

The College has several reflections related to leadership, patient safety and whistleblowing within the NHS.

1. *How effectively does NHS leadership encourage a culture in which staff feel confident raising patient safety concerns, and what more could be done to support this?*

   Culture

- Mechanisms used to investigate concerns about medical care often are set up in a way that push towards apportioning blame rather than also promoting learning that can be used to inform better care going forward. This is a systemic problem, and therefore accountability to address it sits in part with leadership.

- **Clinicians should be encouraged to be open and transparent both in terms of the care they provide and in terms of reporting wider concerns they may have about the provision of treatment and care.**

- The British Medical Association (BMA) have also reported that change is needed to achieve a health service where patient safety is prioritised. Part of this will need to include "an NHS that has a culture that is not rooted in blame, but supports and encourages learning and improvement, and equality of opportunity and reward, celebrating diversity so that everyone has the opportunity to succeed"[1].

- Higher rates of complaints against minoritised ethnic staff and International Medical Graduates (IMGs) disincentives the reporting of legitimate concerns about patient safety. "BME" staff were 1.14 times more likely to enter the formal disciplinary process

[1] Better culture, better care, Creating trust, learning and accountability within health and social care, Conference report, December 4th 2019, Belfast

compared to white staff in 2022. "BME" staff were more than 1.25 times more likely to enter the formal disciplinary process at just under half of NHS trusts.[2]

- We note that the Terms of Reference for the inquiry places a significant emphasis on whistleblowing as a mechanism for identifying and addressing patient safety issues. While whistleblowing is undoubtedly important for surfacing concerns that might otherwise remain hidden, this focus may inadvertently perpetuate a reactive rather than proactive approach to patient safety. By emphasising whistleblowing, the inquiry could potentially and unintentionally risk reinforcing a blame culture, where the emphasis is on identifying failures after they occur, rather than preventing them through a culture of openness and learning.

- We very much welcome the Terms of Reference addressing the importance of leadership in fostering a culture where staff feel confident raising patient safety concerns. However, broader cultural change is also needed within the NHS. A culture that prioritises learning, transparency, and psychological safety is crucial for sustainable improvements in patient safety. **We need to see strategies to cultivate such a culture, including providing leaders and staff with the time and space to reflect, learn, and innovate.**

- **We also recommend a detailed exploration of how leadership capacities can be developed to embed patient safety deeply into organisational culture. Leadership development programs focused on creating an environment of support, empathy, and continuous improvement could be areas for the inquiry to explore.**

Representation

Women

- Whilst we welcome progress, women remain underrepresented in senior leadership roles, with leadership teams predominately comprised of men; at the end of February 2024, over half (54%) of specialist psychiatrists in the UK were male[3]. However, as reported in the 2023 RCPsych workforce census, the proportions of male and female substantive consultant psychiatrists are becoming more balanced over time. In 2023, 50.9% and 49.1% of consultants were male and female, respectively; this compares to the male/female split of 51.8% and 48.2% in 2021, 55.9% and 44.1% in 2019, and 57.2% and 42.8% in 2017.[4]

Minoritised ethnic

- Staff who are minoritised ethnic also remain underrepresented in leadership roles. The NHS Medical Workforce Race Equality Standard (MWRES) illustrates the systemic impact of racism, with limited career progression for people who are from "Black and Minority Ethnic (BME)" backgrounds. Although 44.3% of NHS doctors are from a "BME" background, this drops to 39.0% among consultants and 31.0% among senior medical managers[5].

[2] NHS England, NHS Workforce Race Equality Standard (WRES), 2022 data analysis report for NHS trusts, February 2023
[3] General Medical Council, Register data summary, accessed 29 February 2024
[4] RCPsych, Workforce census, February 2024
[5] NHS England, NHS Workforce Race Equality Standard (WRES), 2022 data analysis report for NHS trusts, February 2023

Intersectional experiences

- Lack of representation at a leadership level is likely to play a role in the under reporting of violence against women and girls (both staff and patients) - partly because women who have experienced gender-based violence may not feel comfortable discussing their experience with men. This situation is likely to be exacerbated for women who are marginalised further based on other protected characteristics, including ethnicity.

- NHS England provide disaggregated data analysis looking at the intersectional relationship of racism and sexism. It shows that for all roles, on the metric of discrimination by manager, team leader or other colleague, "BME" women consistently fared worse, followed by "BME" men, with White women and men overall reporting such discrimination less frequently[6].

- The Crime Survey for England and Wales (CSEW), for the year ending March 2018 to year ending 2020 combined, found that adults from "Mixed" (3.6% of adults) and "Black or Black British" (2.9%) ethnic groups were substantially more likely to experience sexual assault than adults from "White" (2.0%), "Asian" (1.4%) or "Other" (0.8%) ethnic backgrounds.[7]

College activity

The College has been addressing workplace culture and representation in a number of ways.

- In 2023 we published guidance on tackling racism in the workplace. The guidance shed light on the impact of racism on the career progression of minoritised ethnic staff (see MWRES data above) and on contributing to an environment where staff who have experienced racism are unlikely to report it, with staff lacking confidence that incidents would be addressed, and fearing being labelled 'troublemakers' [8].

- The College also recently surveyed psychiatrists through our Women's Mental Health Survey. We found a range of evidence highlighting the extent of harassment, bullying, discrimination and sexual violence on female staff. For patients, and as we reported in March 2024, the majority of respondents reported that violence and abuse was one of the top issues contributing to mental illness in their female patients. We look forward to sharing the results of the survey with the Committee in due course.

- **Addressing problems within workplace culture and leadership representation are integral to all staff feeling able to report concerns about patient safety. Our tackling racism in the workplace guidance contains 15 actions to help mental health employer organisations address racism at a strategic and a systemic level. This includes actions related to improving representation amongst staff leadership and to improving organisational culture. The College is also calling for a robust cross-sector strategy to draw together the response to domestic abuse. There must also be ring-fenced funding for independent domestic violence advocates to be placed in every mental health trust, in line with best practice. This should sit alongside an expansion of the evidence-based, Identification and Referral to Improve Safety (IRIS) programme, to support the primary care response to domestic violence and abuse.**

[6] *NHS England. February 2023. Workforce Race Equality Standard (WRES). 2022 data analysis report for NHS trusts and subsequent analysis*
[7] Office for National Statistics, Sexual offences victim characteristics, England and Wales, 18 March 2021
[8] Royal College of Psychiatrists, Tackling racism in the workplace: Resources and guidance to help mental health employer organisations and employees, July 2023

- **See our response to question six.**

2. *What has been the impact of the 2019 Kark Review on leadership in the NHS as it relates to patient safety?*

3. *What progress has been made to date on recommendations from the 2022 Messenger Review?*

   The College supports recommendations within the Messenger Review to "Enhance the CQC role in ensuring improvement in EDI outcomes". Within our Equality Action Plan (2021-2023) we committed to: *Supporting the regulatory bodies for mental health services, such as CQC for England and equivalent bodies for devolved nations, to ensure routine inspections include measures of equality and equitable outcomes.*

   We believe it is important that CQC inspections support organisations to address equality challenges and reduce health inequalities and have been engaging with them to explore opportunities to integrate more specific measurements into their inspections.

   We look forward to understanding how the CQC are using their new powers of assessing ICSs. This should help the CQC, as well as the College and others to understand where providers are in addressing health disparities and in improving outcomes, and to understand the impact of any interventions.

   We will continue to engage with the CQC and to offer our support, particularly related to mental health observations for inspections.

4. *How effectively have leadership recommendations from previous reviews of patient safety crises been implemented?*
5. *How could better regulation of health service managers and application of agreed professional standards support improvements in patient safety?*

6. *How effectively do NHS leadership structures provide a supportive and fair approach to whistleblowers, and how could this be improved?*

- **See our response to question one.**

- **We need to see more women, including those from minoritised ethnic backgrounds, in leadership positions.**

- **We need to see a different approach to raising concerns. Duty of candour and whistleblowing processes do not work as effectively as they could due to staff fear of exposure and - as indicated in answer to question one - a lack of confidence that concerns will be acted upon.**

- **There must be safe and confidential reporting systems so that staff can raise concerns easily and safely. Staff should be able to feedback to leadership on how well they perceive these systems to be working. These systems and feedback mechanisms are essential to ensure patient safety and to reduce the need to 'whistle blow' in the first place.**

- **Whilst initiatives such as 'Freedom to Speak Up Guardians' (FTSU) exist, there can be variation in quality with our members telling us how 'FTSU is only as good as the [given] Trust'. Leadership should be encouraged to improve the role and powers of Freedom to Speak Up (FTSU) Guardians.**

7. *How could investigations into whistleblowing complaints be improved?*

8. *How effectively does the NHS complaints system prevent patient safety incidents from escalating and what would be the impact of proposed measures to improve patient safety, such as Martha's Rule?*

9. *What can the NHS learn from the leadership culture in other safety-critical sectors e.g. aviation, nuclear?*

   The NHS operates within a unique context of uncertainty and human factors. While there may be similarities, it is also important to remember the distinctness of the NHS. Any sectors that are used for comparison with the health sector must have relevance and applicability. We note that this issue has historically complicated the analysis and management of Serious Incidents within the NHS. **We need to see tailored, proactive approaches to risk management that account for the healthcare sector's distinct challenges, only recently have new frameworks begun to do this.**