Psychological Professions Representation on Mental Health Trust Boards: Discussion Paper

The Psychological Professions Network
A collaboration of regional networks sponsored by Health Education England to give voice to all psychological professions in workforce planning and to promote excellence in practice

About the Psychological Professions Network

The Psychological Professions Network exists to maximise the benefits to the public of the psychological professions across NHS funded healthcare. It consists of workforce networks across England that join up twelve psychological professions: adult psychotherapists, child and adolescent psychotherapists, children's wellbeing practitioners, clinical psychologists, cognitive behavioural therapists, counselling psychologists, counsellors, education mental health practitioners, family and systemic psychotherapists, forensic psychologists, health psychologists and psychological wellbeing practitioners.

The Psychological Professions Network provides a joined-up voice for the psychological professions in policy-making and builds bridges between psychological professionals, the public and policy-makers.

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Executive Summary

The 2019 paper 'Clinical leadership - a framework for action: A guide for senior leaders on developing professional diversity at Board level' set out an invitation from NHS England and NHS Improvement to "start new conversations about clinical leadership in organisations at all levels" (p.2) and described how "existing structures and expectations may stand in the way" of a diverse range of clinical professions contributing to strategic leadership, including at Board level. This paper is intended to start such a conversation about diversification of clinical and professional leadership, with a specific focus on the potential benefits of inclusion of the psychological professions on Mental Health Trust Boards[1].

It is very rare for there to be a senior psychological professional on a Mental Health Trust Board. This is perhaps surprising as psychological interventions and therapies are central to delivering evidence-based care and this professional grouping is the second largest and fastest growing in most Mental Health Trusts. Psychological professionals also offer helpful perspectives on the causes and treatment of mental ill health that can create a richer multi-disciplinary understanding. This paper sets out a case for the diversification of current Board membership to reflect the specific need for a step-change in access to high quality psychological interventions.

This paper outlines key benefits for enabling the wider inclusion of senior psychological professions representation at Board level:

- Psychological professions expertise at the most senior level can help enable Mental Health Trusts to develop the strategies required to meet NHS England and NHS Improvement's ambitions for more psychologically skilled and trauma informed services.
- The COVID-19 pandemic has foregrounded the need for effective psychological support and management for staff and service users in the provision of services under a range of pressures. This will continue to be a priority.
- Mental Health Trust Boards need to be fully able to understand the nature of the psychological care and treatment that they provide in order to be able to hold their services to account and make decisions in the best interests of service users.
- A formally represented psychological professions perspective can provide invaluable additional momentum to developing an inclusive and psychologically informed culture of care across the Trust and its Board.

This paper also highlights some of the perceived obstacles to psychological professions representation on Boards, along with responses to these:

- *"Legislation prevents representation"*
  There are no legal and policy reasons as to why Trusts cannot appoint other clinicians to Board roles.
- *"It would not be fair to other professional groups"*
  Fairness between professional groups might be addressed in a range of ways, for example by ensuring other professional groups are also able to take up Board positions – perhaps in proportion to the number of staff and types of interventions offered by the Trust.
- *"Doctors and nurses can represent the psychological professions"*
  Psychological professions leadership at Board level can create a balance and depth of discipline-specific knowledge, adding to the equally vital medical and nursing perspectives, supporting a rich, multidisciplinary approach that benefits all.

Together, psychological professionals working as multi-professional leaders alongside others can drive forward radical improvements to mental healthcare and deliver on the policy ambitions of the NHS Long Term Plan.

[1]The paper could have addressed a number of related issues about senior psychological professions representation in other NHS decision making bodies, including Integrated Care Systems, Acute Trusts and other NHS structures in the home nations. However, in order to develop a concise and focused document, we have focused this paper on clinical and professional leadership in Mental Health Trust Boards in England.

1: Introduction

NHS Mental Health Trusts continue to play a key role in providing specialist care and treatment for people with mental health problems, learning disabilities, autism and substance misuse difficulties across England. Psychological professionals within these Trusts offer a wide range of specialist psychological interventions and psychological therapies and are essential to deliver more psychologically skilled and trauma informed services. This agenda is being driven by NHS policy and supported widely by service users and carers. However, psychological professionals are rarely represented at the most senior level of these organisations where responsibility lies for delivering the change – the Trust Board. Indeed, in many cases the Chief Psychological Professions Officer - providing overarching leadership to the twelve psychological professions - reports to a non-Board member.

We argue in this paper that a lack of professional diversity at the most senior level ultimately makes it more difficult for Mental Health Trust Boards, and service users and carers, to be assured that services are offering the required quality of psychological care. It also means that a psychological perspective is not being represented as fully as possible in the key decision-making functions and tasks of a Board, which include:

- **formulating strategy for the organisation;**
- **ensuring accountability for the care they provide, the wellbeing of their staff, and the effective running of their organisation; and**
- **shaping a healthy culture for the Board and the organisation** (The Healthy NHS Board, 2013)

Ultimately, we argue that this lack of professional diversity leads to a strategic and care offer that will inevitably be more informed by a medical and nursing professional perspective, with risks that a psychological professions perspective is not fully included. This seems an outdated position given the very significant role that the psychological professions now play in mental healthcare, and the forward projections for the extensive growth needed in this workforce. It also does not reflect the fact that society as a whole is much more psychologically aware – and that this psychological awareness, and the psychological skills that accompany it, are key to creating a 'well' society that is equipped to deal with the challenges facing us. Indeed, when consulting on the paper more widely, service users and carers within mental health services consistently expressed surprise and some dismay that psychological professions leaders were not usually included at Board level.

2: Key benefits for enabling senior psychological professions leadership at Board level

2.1 Developing more psychologically skilled and trauma informed services

Psychological professions expertise at the most senior level can help enable Mental Health Trusts to develop the strategies required to meet NHS England and NHS Improvement's ambitions for more psychologically skilled and trauma informed services. This is also important in the context of significant psychological distress in healthcare systems caused by COVID-19.

The Case

- Mental Health Trusts are still sometimes criticised by service users and carers, commissioners and primary care clinicians as being slow to adopt the types of changes that are needed to develop more psychologically skilled and trauma informed services. This is despite a radical community mental health transformation agenda being a key part of the NHS Long Term Plan for Mental Health (2019)[1] and despite the NHSEI indicative modelling of a need for an additional 10,500 psychological professionals to be deployed into NHS services between 2020 and 2024.
- In addition, the evidence base for psychological therapy, and interest across society in developing psychological skills to enhance our own wellbeing, has never been stronger. This is reflected in National Institute for Health and Care Excellence (NICE) guidance for the care and treatment of mental health problems which recommends psychological intervention as a first line treatment across almost all mental health conditions, alongside medication where indicated.
- This ongoing demand for more psychologically focused services is reflected positively in the NHS Long Term Plan – along with the aspiration for mental health and broader physical health services to take a broader 'trauma informed' approach to care.
- Despite the above, many Mental Health Trusts are facing enormous challenges in implementing the changes required. A shortfall in capacity to deliver psychological interventions and for service users and carers to access existing services providing those interventions remain common challenges. This is often spelt out in Care Quality Commission (CQC) inspections, in national and NICE audits of mental healthcare, and in evaluations of services made by third sector services representing the voice of service users and carers.
- The impact of the COVID-19 pandemic will require ongoing management and support to ensure staff remain able to provide high quality services.
- Given the above, there is a strong case to be made for Boards to enable senior psychological professions leadership as a formal part of their membership. This leader could help the Board to fully understand the nature and extent of change required, bring psychological knowledge and a detailed understanding of professional, governance and delivery issues to strategic discussions, and support the Board to deliver this rapidly growing component of mental healthcare most effectively.

[1] *https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf*

2.2 Ensuring accountability over core components of care

Mental Health Trust Boards need to be fully able to understand the nature of the psychological care and treatment they provide in order to be able to hold their services to account and make decisions in the best interests of service users.

The Case

- Psychological interventions and therapies are among the most commonly recommended treatment modalities by the National Institute for Health and Care Excellence (NICE) for the care and treatment for people with mental health problems.
- Psychological practitioners usually represent the second biggest clinical workforce in Mental Health Trusts after nursing.
- A Mental Health Trust Board has a duty to ensure high quality care and treatment that is responsive to the needs of service users and carers. There is a compelling case for Mental Health Trust Boards to include a senior psychological professional who can help oversee and explain this part of the Trust's work and who can be directly accountable to the Board for the quality of the psychological care and interventions provided by the Trust.

2.3 Developing a psychologically safe and psychologically informed culture

A formally represented psychological professions perspective can provide invaluable additional momentum to developing an inclusive and psychologically informed culture of care across the Trust and its Board.

The Case

- A Unitary Board consists of a group of individuals with different competences and skills, who come together to take collective responsibility for leading an organisation.
- A Board actively seeks membership from individuals who can offer a range of expertise and perspectives to help the Board make the most informed decisions possible. This parallels the work of multi-disciplinary teams where a range of professional expertise and viewpoints are sought (including psychological professions expertise) to maximise the quality of care given to service users.
- Given that all multi-disciplinary teams in Mental Health Trusts have psychological professionals as key members, and given that psychological treatments are a critical component of the care offered by Mental Health Trusts, there would be value in Boards actively seeking this expertise within their membership.
- In addition, seeking this expertise can add momentum to the development of a psychologically informed and psychologically safe culture to which all Boards and Trusts should aspire.

3: Perceived obstacles to psychological professions representation on Boards, along with responses to these.

3.1 "Legislation prevents representation"

Current legislation established under the National Health Service Act (2006) and the Health & Social Care Act (2012) specifies that there should be a maximum of 12 Board members, excluding the chair, of whom no more than 5 can be executive directors and no more than 7 non-executive directors (see Footnote 2 and Appendix 1 for further details on how a Board operates). Executive directors must include a chief executive, a chief finance officer, an executive director of medicine or dentistry, and an executive director who is a registered nurse or midwife. The constitution outlined above is often described as an obstacle to senior psychological professions representation on a Mental Health Trust Board.

Key Considerations

Under the legislation there is always at least one additional executive director position (on top of the mandatory positions) that could be filled by someone with a psychological professions' leadership role. In addition, the NHS Improvement (2019) document Clinical Leadership - a Framework for Action argues strongly for widening Board membership and more diverse clinical representation. Whilst the legislation for NHS Non-Foundation Trusts[2] and NHS Foundation Trusts[3] are slightly different, there is the possibility in both for psychological professions representation. Indeed, Foundation Trusts are also able to alter the number of Board members as long as they continue to have a chief executive, a chief finance officer, an executive director of medicine or dentistry, and an executive director who is a registered nurse or midwife. In addition, most Mental Health Trust Boards now include additional non-voting members who are part of the executive or non-executive team, meaning that up to twenty individuals can sometimes attend Boards.

Interestingly, in some Boards, of these twenty members, only two may be registered clinicians (chief medical officer and the chief nurse). In summary, there are no legal and policy reasons why Trusts cannot appoint other clinicians to Board roles. On the contrary, there is a very strong case for increasing the range of clinical representation and expertise.

3.2 "It would not be fair to other professional groups"

A second perceived obstacle to enabling Chief Psychological Professions Officers to be represented on a Mental Health Trust Board is that this would be purely in the self-interest of the profession and would be unfair to other professional groups, such as pharmacy, occupational therapy and social work, who are also typically not represented.

Key Considerations

The argument above does not recognise that in the case of Mental Health Trusts, psychological treatments are a key component of NICE recommended interventions, psychological professionals are usually the second largest clinical group, and psychological interventions and developing a culture of trauma informed care is a crucial ambition of The Long Term Plan (NHSE, 2019). In addition, given that up to twenty people can often attend a Mental Health Trust Board, fairness between professional groups might equally be addressed by ensuring other professional groups are also included – perhaps in proportion to the number of staff and types of interventions offered by the Trust.

[2]For NHS Trusts the relevant legislation is Paragraph 4 of the National Health Service Trusts (Membership and Procedure) Regulations 1990 which states: '(1) The executive directors of an NHS Trust shall include– (a)the chief officer of the Trust; (b) the chief finance officer of the Trust; (c) except in the case of a Trust mentioned in paragraph (2) a medical or dental practitioner and a registered nurse or registered midwife as defined in section 10(7) of the Nurses, Midwives and Health Visitors Act 1979(1).' You can find the regulations at: https://www.legislation.gov.uk/uksi/1990/2024/contents/made

[3]For Foundation Trusts the relevant legislation for NHS foundation Trusts is paragraph 16(2) of Schedule 7 of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 which states: 'One of the executive directors must be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984 (c 24)); and another must be a registered nurse or a registered midwife.' You can find the Act at: https://www.legislation.gov.uk/ukpga/2006/41/contents

3.3 "Doctors and nurses can represent the psychological professions"

A third perceived obstacle to including a lead psychological professional on a Mental Health Trust Board is that the governance of psychological therapies, and the representation of a psychological professions' perspective, can be easily be achieved by a chief medical officer or chief nurse.

Key Considerations

The professional disciplines, identities and competences across psychiatry, nursing, psychological professions and allied health professions are quite distinct, and all have value in their own right. The psychological professions, comprising a group of 12 occupations and a number of emerging new roles, is a particularly complex territory for governance, regulation and evidence base. Inclusion of a psychological professions leader to lead from this perspective can release other chief officers to focus more fully on maximising the impact of their vital and complex profession and the wider issues in their portfolio. A psychological professions' perspective can create a rich multi-disciplinary approach to mental health, and support the current policy requirement (backed by the evidence base) to grow rapidly the number of interventions delivered by psychological professionals.

4. Conclusion

This discussion paper responds to NHS England and NHS Improvement's Clinical Leadership – a Framework for Action, by exploring the potential benefits of a psychological professional at Board level, and the perceived obstacles to this inclusive approach to multi-disciplinary working. Together, psychological professionals working as multi-professional leaders alongside others can drive forward radical improvements to mental healthcare and deliver on the policy ambitions of the NHS Long Term Plan.

5. Bibliography

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The National Health Service Trusts (Membership and Procedure) Regulations 1990 (UK).

Appendix 1 Board Accountability and Operation

NHS Foundation Trusts have a 'unitary Board of Directors' including executive and non-executive directors who take decisions as a collective about the business of the Trust which is to maximise the benefits for patients. All directors, executive and non-executive, have responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. The Board is responsible for the performance of the Trust.

The Board of Directors also has a framework of local accountability through members and a council of governors, which replaced central control from the Secretary of State for Health. NHS Foundation Trust governors are responsible as a council for holding the non-executive directors, individually and collectively, responsible for the performance of this unitary Board. In turn, NHS Foundation Trust governors are accountable to the members who elect or appoint them and must represent their interests and those of the public.

It is important to distinguish between executive directors' roles as managers and as Board directors. As managers, clearly their expertise is why they are there. As Board members they have exactly the same duties as other Board members and there are no portfolios at Board meetings. The role of Boards is:

- to set an achievable and resourced strategy;
- to oversee the work of the executive directors through oversight of risk, constructive challenge and seeking assurance that their oversight is successful;
- to set and model organisational culture;
- to be accountable to relevant stakeholders and regulators.

The duty of each director and the Board collectively is:

- to act within their powers;
- to maximise the benefits of healthcare provision for those that use or could use their services;
- to avoid conflicts of interest;
- to refuse any benefits from third parties;
- to declare the nature and extent of any interest in proposed and existing transactions or arrangements with the organisation;
- to exercise independent judgment;
- to exercise reasonable care, skill and diligence;

The last two of these are particularly pertinent to professional leadership roles because directors must apply all of the knowledge and skills they have and the knowledge and skills necessary to be a Board director in carrying out their role at the Board. They must exercise their own independent judgment and only be influenced by the facts and the logic of an argument, not by the post or role of another individual. This is clearly a difficult task and requires a high degree of commitment, the application of expertise and vigilance, so that potential problems are identified and dealt with before they become major issues.

It could be argued that in order to exercise any independent judgement to maximise the benefits of healthcare provision, the Board should have at least one person with a high level of knowledge about psychological professions matters, particularly psychological therapies given their importance in the delivery of mental healthcare (see NICE).

The Board operates the governance arrangements through a number of standing committees which include both executives and non-executives. These include nominations (dealing with executive appointments), audit, clinical governance and renumeration committees.

The Board will create other committees and groups to deal with policy and operational matters and these vary between Trusts. It is on these that Chief Psychological Professions Officers currently most frequently sit and have influence.

Appendix 2 Foundation and Non-Foundation Trust Boards (From NHS Improvement (2021) Clinical Leadership - a Framework for Action)

In the NHS Improvement (2021) document on Clinical Leadership - a Framework for Action[4], the possibility and desirability of widening Board membership is emphasised. This document provides the following list of clinical groups:

- allied health professionals (AHPs)
- doctors
- healthcare scientists (HCS)
- midwives / nurses
- pharmacists
- psychologists
- social workers.

The document goes on to state:

"When thinking about how to increase the participation of people with clinical backgrounds in senior organisational leadership, questions often arise about the legal and practical restrictions on what is allowed or desirable. The key legal/policy considerations for **NHS Trust and Foundation Trust Boards** are set out below.

For NHS Trust Boards

For most NHS Trusts Regulation 2 (see footnote 2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990/2024 specifies a maximum of 12 directors, excluding the chair. Of these, there can be no more than seven non-executive directors (excluding the chair) and five executive directors which must include: a chief executive officer, a chief financial officer, an executive director who is a registered doctor or dentist, and an executive director who is a registered nurse/midwife. This leaves at least one additional executive director position that could be filled by someone with a clinical background.

Non-executive directorships, being part-time strategic leadership roles, can also be filled by people with clinical backgrounds. This offers another opportunity to increase professional diversity at Board level.

For Foundation Trust Boards

Foundation Trust Boards are subject to the requirements of the NHS Act 2006 – Schedule 7 (see footnote 3), which require Boards to include: a chief executive officer, a chief financial officer, an executive director who is a registered doctor or dentist, and an executive director who is a registered nurse/midwife.

Foundation Trusts are able to alter the number of Board members but cannot alter the requirements of Schedule 7 above and must take account of the Foundation Trust Code of Governance, which specifies that:

The Board is required have the appropriate balance of skills, experience, independence and knowledge to enable them to discharge their respective duties and responsibilities effectively.

- The Board must be of sufficient size to discharge its functions and such that changes to the Board's composition and that of its committees can be managed without undue disruption, but it should not be so large as to be unwieldy.
- There should be an appropriate combination of executives and non-executives, ensuring that there is no one dominant 'group' and at least half the non- executives should be independent.
- Further, the council of governors should take into account the value in having a non-executive director with a clinical background.

For both Foundation and Non Foundation Trusts

The importance of diverse Boards and good succession-planning processes is set out in the Care Quality Commission regulatory framework under the 'well-led' key line of enquiry (KLOE).

Chairs and chief executives should recognise that senior leaders who are maintaining their professional registrations will have obligations to their professional regulator as well as the Board and may need time to ensure they are meeting all these requirements."

[4] https://www.england.nhs.uk/wp-content/uploads/2021/08/clinical-leadership-framework.pdf

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