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NHS culture change is difficult, not impossible—but essential, says health ombudsman

A toxic culture of defensiveness and hostility pervades the NHS, and despite many patient safety reviews nothing has fundamentally changed, Rob Behrens tells **Abi Rimmer**

Abi Rimmer

Early on in his career as a civil servant, Rob Behrens, now the parliamentary and health service ombudsman, was sent by the UK government to South Africa, to work on the transformation from apartheid to democracy. “People in Britain used to say what they had to do was hard. I would come back from South Africa and say, ‘You don’t know you’re born.’”

It’s an anecdote he uses when talking about culture change in the NHS. Although change might be difficult, it is not impossible, and it is something that needs to happen, says Behrens, whose role is to adjudicate independently on complaints that have not been resolved by the NHS in England and UK government departments.

“There is huge professionalism and commitment throughout the NHS. It’s been through the mill in a way that no other institution has—because of covid, strikes, and shortages of staff,” he says. “But unless we call everyone together to have a conversation about the emerging problems around the suboptimal culture in the NHS, then we will miss a big opportunity.”

Behrens was appointed to his current role in 2017, having previously worked investigating allegations of public service failure in the legal and higher education sectors. During his six years as parliamentary and health service ombudsman, a non-governmental role, he has seen many investigations and reviews into poor care in the NHS. He has, however, seen little change.

“We’ve had a lot of inquiries into leadership, distressing events, and organisational cultures but the fact is nothing has fundamentally changed,” Behrens says. “I understand that everyone has a massively busy job, that ministers, managers, and clinicians are doing the best that they can. But that doesn’t alter the fact that there are things that are fundamentally wrong that need to be tackled.”

Depressingly little learning

It’s not just his own learning that Behrens is reflecting on. He says that Bill Kirkup, a public health doctor with a specialty in obstetrics who led reviews into maternity services at the University Hospitals of Morecambe Bay NHS Foundation Trust (published in 2015) and East Kent Hospitals University NHS Foundation Trust (2022), had similar observations.¹²

“When he reported on East Kent, Bill Kirkup said that what depressed him was how little learning there had been from the first time he looked at these matters,” Behrens says. “Secondly, he said this is

multifaceted—it’s not just about managers and clinicians, it’s about tribalism among clinicians themselves.

“Thirdly, it’s a failure to listen to patients and their families. That adds up to a toxic culture, which we need to talk about so that we get the one thing that makes an organisation effective: a disposition to learn rather than just to move on.”

Staff are victims too

As well as describing the culture in some parts of the NHS as toxic, Behrens says it is suboptimal, hostile, and defensive. “This leads to a perception that organisational reputation and professional reputation are more important than patient safety. And that is very dangerous.”

It is not just patients who suffer from such a culture, staff are victims, too, he says. “It’s not that they’re sitting there twiddling their thumbs. This is an enormously difficult climate in which to work and to tackle difficult problems.”

Medical education has a role to play in improving this culture, Behrens says, especially when it comes to relationships between doctors and patients. He has heard doctors say that their education was based on the premise that they had to stand by their decisions and not “back off just because people don’t like them.”

“First of all, that says that medical education is very important to the disposition of people, even before they get into senior positions,” Behrens says.

“Secondly, it says there’s an implied arrogance that results from that education that stops communication between doctors and their patients. It’s not just about what you do in the NHS, it’s also about the education of people before they get there.”

He says there is now a “golden opportunity” to think more radically about staff development and to link it to accountability and performance. “We should be spending more on the professional development of clinicians and managers in the NHS in a way that enables them to respond to the need to change the culture of their organisation. I think that’s very important.”

Focusing on managers, Behrens stops short of calling for their regulation, but he does support calls for more accountability. “The impression that one gets is that people move from job to job as senior managers without their performance being scrutinised. That needs to be carefully looked at.”

Leaders at all levels

While it would be easy to lay the blame for cultural problems in the NHS at the door of politicians or leaders of national NHS organisations, Behrens says it is not so simple.

“You have to have leaders at all levels throughout the NHS. You can’t just say this is about ministers and trust boards, it goes right the way through. I know from the visits I have made [to organisations] that if you have a powerful, compassionate person leading a ward, for example, that makes a significant difference to the morale and the disposition of people working there.”

The power of good leadership is a point that he emphasises repeatedly. “People say culture changes from the top. Well, that’s true, but you can’t change the culture unless you have buy-in from people,” Behrens says.

He adds, “The key thing about leadership is empowering the people who work for you to do the things that need to be done. You can’t do it on your own. You can’t be a general without an army. You have to make sure that your people are with you, whether it’s at a ministerial level, at NHS England level, or at a GP surgery level.”

“Bunker-ism”

Within his own world of ombudsmen, Behrens has introduced peer review, something he thinks the NHS could benefit from. “We now have, through the International Ombudsman Institute, a group of validated reviewers who are ombudsmen in other countries who, if they are asked, come for a short period of time to review one of their sister institutions and then write a report on what they found.

“It doesn’t solve the problem, but it provides a perspective of learning and drawing on the expertise of your colleagues. I don’t always see that in the NHS because there’s an element of bunker-ism about it.”

Behrens, who is coming to the end of his time in the role, has called for a thorough, independent review of NHS leadership, accountability, and culture. He reissued this call in the wake of the case of Lucy Letby, the neonatal nurse convicted this summer of the murder of seven babies at the Countess of Chester Hospital, but he says the culture of fear and defensiveness that the case highlighted is not isolated to one organisation.

“We have to be less defensive, and we have to be more collaborative. It’s not easy, but it’s not impossible. Surely, after Chester, after [other NHS patient safety scandals] Birmingham, Bristol, Shrewsbury, East Kent, Essex, there needs to be a systemic reflection on what this means for the culture of the NHS.

“It doesn’t matter what you call it, but the thinking has to take place. The debate has to take place.”

1 Kirkup B. The report of the Morecambe Bay investigation. 2015. https://assets.publishing.service.gov.uk/media/5a7f3d7240f0b62305b85efb/47487_MBL_Accessible_v0.1.pdf

2 Dyer C. East Kent Hospitals: “This cannot go on,” says doctor who found that babies could have survived with standard care. *BMJ* 2022;379:. doi: 10.1136/bmj.o2520 pmid: 36265865