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CARE AND COMPASSION FOR NHS STAFF

FOR HEALTHCARE LEADERS

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As a caring profession, the NHS must give the wellbeing and needs of its workforce the same importance as it does that of its patients.

Between 2004 and April 2012, 92 doctors who had an open fitness to practise case with the General Medical Council died; that is around one doctor a month. Although some of these deaths may have been due to natural causes and unrelated to the GMC referral, some may have been connected. It is not clear how many of these cases were suicide, but suicide is a well documented consequence of doctors finding themselves in occupational distress.

There needs to be a major review of the management of

expeditious procedures are adopted and followed.”

In 1999, the DH noted in a circular: “Occasionally it is necessary to suspend a medical practitioner. However, misuse of this power can result in individual injustice and major waste of public money. Recent cases have highlighted that this leads to corrosion of public confidence in the NHS.”

Sadly, little seems to have changed over the past 14 years. In 2012, High Court judge Mr Justice King expressed concern about the unjustifiable suspension of a doctor. He noted that suspension had three serious consequences (which, of course, also apply to unfair dismissal): stopping the doctor

“It is ironic that a caring profession such as the NHS does not always care properly for its own staff. There is a need for greater compassion”

NHS staff, especially those who are unfairly treated or unfairly dismissed – especially if they raised concerns about patient care. The scale of death and distress among NHS staff in the context of employment disputes is not accurately recorded and the Department of Health must take responsibility for gathering such data.

In 2003, the National Audit Office estimated that staff suspensions cost the NHS around £40 million per year; this figure must now be much higher. In a High Court case in London in 2007 between a doctor and his employing trust, Justice Stanley Burnton commented: “Whatever the rights and wrongs, given that a hospital’s funds are necessarily limited and legal costs and clinician’s time are presumably at the expense of medical expenditure and clinical care, it is essential that more

earning a living; harming their reputation; and depriving them of the opportunity of demonstrating excellence in conduct and performance.

The NHS spends huge sums on settling disputes and on legal costs – money that could be saved and spent on patient care if a fair and just management system were put in place. If staff are demoralised or feel victimised, this will inevitably make it less likely that better clinical outcomes for patients will be achieved.

The 2010 Mid Staffordshire independent inquiry report highlighted numerous flaws in the system, including “a weak professional voice in management decisions”, while a 2008 Institute for Healthcare Improvement report talked of “gaps and conflicts between managers and clinicians” and “a culture of fear and top-down control”.

It said: “The NHS has developed a widespread culture more of fear and compliance than of learning, innovation and enthusiastic participation in improvement”.

It is ironic that a caring profession such as the NHS sometimes does not care properly for its own staff. There is a need for greater compassion and adherence to basic Gandhian principles.

Reform of the management of NHS staff must address:

- Treatment of whistleblowers – this needs to be completely independent of the trust where the concerns are raised, with expert input into those concerns.
- Management attitudes towards clinicians – as Sir Brian Jarman pointed out, there must be a greater shift in the balance from managers to clinicians, with the interests of patients rather than the priorities of managers kept to the fore.
- Grievance, dismissal and appeal procedures – these procedures can be grossly unfair. Medical staff have a set of guidelines, *Maintaining High Professional Standards*, but these can still be abused by trusts and need to be overhauled. In the case of other staff, there are hardly any guidelines, making it easier for trusts to do what they want and conduct “show trials” of NHS staff in dispute if they wish.

Captain Chesley Sullenberger, who safely brought down his plane in an emergency in the Hudson River, New York, in January 2009 when it hit a flock of birds, said: “We have purchased at great cost lessons literally bought with blood that we have to preserve as institutional knowledge and pass on to succeeding generations. We cannot have the moral failure of forgetting those lessons and have to relearn them.”

These words apply equally to the NHS, and to learning lessons from deadly failures in the management of NHS staff. ● *Narinder Kapur is professor of neuropsychology at University College London.*