



Beyond BAWA-GARBA: *We deserve better*

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The medical profession is in crisis and working in a climate of ‘toxic fear’, according to the chair of the gross negligence manslaughter review commissioned by GMC following the Bawa-Garba case. Dr Leslie Hamilton, who replaced Dame Clare Marx as chair of the independent review in July, warned that health leaders had a lot of work to do to regain doctor’s trust.

They say that the recent case of Dr Bawa-Garba became a ‘lightning rod’. Shaking the medical fraternity of the NHS and its regulatory authorities. It exposed inherited system failures and the chaotic style of managing the health service and its professionals. The endemic system failures are often hidden behind a cloak of argument of ‘lack of funds’ while on the surface the reports of Sir Robert Francis have exposed wastage through a culture of bad planning. In his report relating to the Mid Staffordshire NHS Foundation Trust Public Inquiry to the Secretary of State for Health in February 2013, Sir Francis had highlighted one of the issues that is central to accountabilities and good practices is governance.

He wrote, ‘the story it tells is first and foremost of appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust’s attention. Furthermore, he pointed out, “Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care”.

Now in the year 2018, Dr Leslie Hamilton, Chair of the independent review panel into gross negligence manslaughter, and culpable homicide again warned, “The medical profession is in crisis and working in a climate of ‘toxic fear’ and that the health leaders had a lot of work to do to regain doctors’ trust.” The medical professionals are busy trying to point out what had gone wrong in the case of Dr Bawa-Garba and hoping to pin the blame on a single or many causes of failings in the system. The truth is that beside several financial constraints, the culprit is the lack of accountability and ability to plan and implement sound, strategic management policies by most of the NHS Trusts. Most frontline workers from consultants to trainee doctors would have a story to tell that vindicates the claim.



These bodies have members of Executive boards largely dependent upon the expertise of their most senior officers: Chief Executive, Medical Director and the Head of Human Resources, management supported by a plethora of private sector advisors, consultants and administrative teams. The tail chasing exercises for some proves a 'grave train' promoted with slogans associated with new initiatives which adds very little to patient safety or outcomes, except additional burden on the middle grades and juniors, pushing them to the verge of risking their state of mental health. But in the medical fraternity, it would be considered 'harsh' or 'negative' criticisms of the system!

It does not mean that there are no voices raised against what is wrong in every hospital without offering some form of practical and workable simple solutions by the people who live and work in and environment of fear of victimisation. Even, dreading the potential to be isolated or put on the journey of hell through 'disciplinary' process for issues that has little to do with patient safety. The regulatory bodies such as the CQC seem to have been ill equipped to provide an independent candid exposure to the state of our NHS providers. It is doubtful, if their structures are weaker by design or default to pin point 'failures' both at the planning and implementation levels to old the most senior officials and the executive board accountable.

Even though, giving benefit of doubt, if reports succeed to highlight shortfalls, it is usually a tip of the iceberg and reflects very thinly the experiences of the work-force. To put it bluntly, if this was not the case, Dr Bawa-Garba would not have experienced the environment of abandonment during her service. It is not an exaggeration to say that given the neglect of care that the executive boards should have been providing; both by identifying hotspots and proactively making efforts to redress the pitfall, more Bawa-Garba are waiting to happen in the future. Unfortunately, there are no defined mechanisms or even sanctions under the structure of accountability that can hold the Board of executives to account. The liability virtually dissolves under a cloud of formal apologies or compassions paid out of the NHS budget, but not yet seen a proactive intervention from the level of the Secretary of State to take away the powers to govern or appoint a team of experts to replace the Board members of the NHS Trust that fails to provide safer environment for workers as well as the patients.

At best the confusion and chaos that exist are defended with an excuse of lack of funds. It keeps activists fully occupied in chasing a mirage. Few independent inquiries specific to a subject matter are announced or part funding is allocated to win brownie points. The patch work and knee jerk reactions changes with political climate and Ministers without any strategic shift in the way the NHS is run. While we have to bear the pain and distress, the NHS is marking its 70th Anniversary. There are no quick fixes but a hope of pushing the government to pour more funds to act as sticking plaster when a major holistic look at the NHS is required.

What is needed is a comprehensive and thorough review encompassing the past seven decades of service, reflecting on the service delivery structures, as well as the regulatory and monitoring regimes, in order to suggest opportunities for the improving management structures that are more effective and efficient. Consolidating experience of seven decades



could enhance ways of implementation processes that have better accountability with identifiable hot spots of lapses to be fixed.

Most importantly, integration of modern technology and establishing boundaries of the private sector engagement with the public sector to preserve what was the original ethos of the NHS when established seventy years ago. A royal Commission on the NHS is the need of the hour. It would allow politicians, professionals and users to align with other stake holders to feed in their expertise, recommendations and vision. It may provide an independent and honest broker, away from the party-political tug war to build a consensus. The fate of the medical professions is tied up with the way the regulatory bodies operate the process of licences to practice. If not the GMC, there would be another body in its place and we just can't wish it away. Almost everyone in the medical sector shares a common view that GMC is in a desperate need for reforms to replace outdated, cumbersome and inflexible legislation to provide with streamline processes to deliver model regulatory structures for improving confidence in the medical profession. The GMC should be the first to warn the failing NHS Trust in obligation to provide safer environment for the medical professional – that it would withhold the permission for training, if the concerns are not suitably addressed.

The beast needs to tackle the culture of bias; conscious and sub-conscious or institutional, that impact the career of many international medical graduates. It is an affront to human dignity and justice. Even the Bow Group has noted and there is ample evidence available that the overseas and ethnic minority doctors are more likely to be struck off and this shapes the public's view. It has called for urgently examination by Parliament to consider amendments to the Medical Act.

In conclusion, we need to lobby people in public life and politicians to influence for initiating two major comprehensive reviews; the reforms of the NHS and GMC.

<https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>