

Private meeting with the Secretary of State for Health, Mr Jeremy Hunt – 3rd February 2016.

Persons present:

Mr Jeremy Hunt

Members of Mr Hunt's Staff

Jade Taylor

Delilah Hesling

Will Powell

To access our Press Release please follow the link below:

<https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxyb2JiaWVzbGF3dHJ1c3QwMHxneDo1ZmJiZGJmODU5ZjY0MGQ4>

The meeting was arranged between 5.00pm and 6.00pm. Unfortunately, due to Mr Hunt's voting commitments, the meeting didn't start until approximately 5.20pm and came to a conclusion at approximately 6.00pm. Mr Hunt agreed to another meeting in six weeks.

Main Issues Raised

We requested a Public Inquiry into historic NHS cover ups regarding the needless deaths of children and adults and the way in which NHS whistle-blowers are treated. We proposed that this should include an in depth psychological analysis into why whistle-blowers are vilified when they raise patient safety issues.

Mr Hunt's Response

Mr Hunt relied on the advice of Sir Robert Francis, following the publication of the Speak-up Review Report, that there would be no real benefits in having a public inquiry. The following comment has been taken from Sir Robert's report regarding his Speak-up Review:

"I doubt that any form of public inquiry of the sort demanded by some would do more than raise expectations only for them to be dashed."

Mr Hunt also mentioned that Sir Robert had taken the view that the court cases that had been concluded, regarding whistle-blowers, would prevent a Public Inquiry getting to the bottom of the issues that gave rise to the individual cases.

We responded with the following:

- We made it clear that we disagreed with Sir Robert's opinion but did not have the time to detail as to why we disagreed. However, we then said, as a tactical rebuttal, that even if this was the case, it did not preclude a Public Inquiry into historic NHS covers ups.
- We also reminded Mr Hunt that Mr Bernard Jenkin MP, Chair of PACAC, had said at an IPSIS EAG meeting that he would support a Public Inquiry, into historic cases, if this was outside the remit of the new investigation body.

1. We raised the issue of the inadequacy of the current legal Duty of Candour.

Mr Hunt's Response

Mr Hunt responded by expressing his view that the current legal Duty of Candour was introduced in November 2014 and that it satisfied the need to ensure that the NHS had a legal obligation to inform patients and bereaved relatives the full truth and the facts about adverse clinical incidents. He went on to say that if the Trust did not comply they would be prosecuted.

We responded with the following:

- Robbie's case highlighted the absence of a free standing individual Duty of Candour for doctors.
- For example, if a doctor negligently caused the death of a patient, but withheld this crucial information from the Trust, it wouldn't be appropriate, in our view, to prosecute the Trust for the doctor's individual dishonesty. Mr Hunt did not appear to have realised that such a scenario could arise. The current legal Duty of Candour therefore does not apply to individual doctors.

The meeting closed with no commitment from Mr Hunt but with an undertaking that another meeting between us would take place in approximately 6 weeks.

NB: The above is our summary interpretation of the main conversations that took place at the meeting and is not a verbatim record. However, we would respectfully invite Mr Hunt to comment on any part of our summary that he may contest.

Jade Taylor

Delilah Hesling

Will Powell

4th February 2016