Thank you for your letter of 15 March to David Cameron about the report by Robert Francis QC following the public inquiry into Mid Staffordshire NHS Foundation Trust. As this is a health-related matter, your letter has been passed to the Department of Health, and I apologise for the delay in replying.

I note your comments that openness, transparency and candour must be evident throughout the system and that a common culture should be shared. We want to ensure that all patients receive safe and compassionate care all of the time.

The range of measures we are setting out relating to transparency, leadership, accountability and the consequences for failure will together put in place the action needed to revitalise the culture of the NHS around a consistent focus on the needs of the patients it serves.

Our response to Robert Francis’ report must above all be a call to action for every part of the system. Every individual, every team and every organisation needs to reflect with openness and humility on how they use the lessons from Mid Staffordshire to make a meaningful difference for people who use their services and their staff, and on how they are transparent and honest in demonstrating the progress they make to the public.

As you are aware, registered clinical staff are already placed under a duty to be open through professional regulation. Moreover, from 2013/14, the NHS Standard Contract includes a contractual duty of candour on all providers to be open and honest with patients when things go wrong with penalties for breaching the duty.
However, we intend to go further and introduce a statutory duty of
candour on health and care providers registered with the Care Quality
Commission. We will also work closely with professional regulators to
examine what more can be done to encourage professionals to be candid
with their patients at all times.

As regards the possibility of introducing criminal sanctions at an
individual level for staff providing NHS services, we would want to
ensure that this does not unintentionally create a culture of fear. We
accept that this in turn could prevent lessons being learned and could
make services less safe. However, robust action should be taken if staff
deliberately allow fundamental standards to be breached or are
obstructively dishonest. So, as again noted in our response to the Francis
Report, we will consider the conclusions of Don Berwick’s review of
safety and what further action might be taken by the Nursing and
Midwifery Council, the General Medical Council and other professional
regulators before deciding on the appropriateness of criminal sanctions
below board level. We will also review whether existing criminal
sanctions could be applied more effectively.

We would be happy to discuss these issues with you.

I hope this reply is helpful.

[Signature]

JEREMY HUNT