

16 November 2025

Dear Public Bill Committee,

Evidence of Dr Minh Alexander retired Consultant Psychiatrist 16 November 2011

1. I write to contribute evidence to your consideration of the “Hillsborough Law”, or the Public Office Accountability Bill.
2. I do so on the basis that I am a retired NHS Consultant Psychiatrist who has whistleblown at several points in my former career. I also submit evidence as someone who has researched and tracked the governance of NHS whistleblowing and related matters such the regulation of Fit and Proper Persons provisions for senior NHS managers. I have worked with other NHS whistleblowers and have had the chance to observe typical patterns of NHS cover ups and malfeasance. I have collated evidence at this website: MinhAlexander.com
3. Firstly, I strongly welcome the intentions of the Hillsborough law to increase accountability and transparency in public life, and to deter cover ups. I also strongly support the Bill’s purpose in introducing greater equality of arms, and representation for bereaved families.
4. I temper this with a degree of caution as I have watched countless NHS transparency and accountability initiatives fail due to cynical implementation that is clearly flawed from the start due to ineffective legislation – or no legislative force at all – and due to conflicts of interest built into processes, where the most senior culprits are given the responsibility for holding themselves to account.
5. NHS organisational Duty of Candour [organisational Duty of Candour](#) (which is distinct from professional duty of candour) has failed hopelessly as can be easily deduced from ongoing regular headlines, lawsuits and serial inquiries into clinical disasters that spring from earlier, wilful failures to learn. NHS maternity failures are an obvious example, with inquiries announced on a frequent basis before prior inquiries have been wrapped up. Despite a legal requirement for candour, patients and relatives are often repeatedly misled when things go wrong (my late husband and I experienced this often as service user and carer respectively). I believe little changes because there is currently impunity for these behaviours. Organisations are occasionally reprimanded and/or even fined, but there is little personal consequence for most of the managers involved. When the odd manager is fired, it is quite normal for them to be recycled elsewhere in the NHS. This is often organised either with the direct involvement or the connivance of the most senior layers of NHS management, such as NHS England. Indeed, some senior offenders are rotated to NHS England for a sabbatical – an arrangement that has in the past been dubbed “the donkey farm”.

6. Very similar dynamics operate with respect to NHS managers who are proven to seriously mistreat NHS whistleblowers.
7. Even when there are legally proven findings of whistleblower detriment, dishonesty and other malpractice by senior NHS managers, many remain in their posts or are protected by being recycled to other NHS employment.
8. The NHS is also sometimes used as a dumping ground for those who have failed elsewhere. For example, [Paula Vennells the former Post Office CEO was parachuted into the chair of an NHS trust board.](#)
9. I list in the annex below a few examples of serious impunity in the NHS.
10. In short, determined organisations find all sorts of ways to continue with poor practices.
11. Therefore, I very much welcome the Public Office Accountability Bill's provision of a criminal offence for misleading the public. I agree that personal accountability is needed for meaningful deterrence.
12. I hope such an offence might help catch a number of dishonest individuals who are currently escaping the net, after engaging in cover ups that harm the public interest, albeit I understand the bar for a criminal offence must rightly be high.
13. Turning to practicalities, I wonder if the Bill's current definition of "misleading the public" adequately captures the suppression of witnesses (eg. including whistleblowers):
14. ***"11 Offence of misleading the public (1) A public authority or public official commits an offence if, in their capacity 20 as such an authority or official— (a) they act with the intention of misleading the public or are reckless as to whether their act will do so, and (b) they know, or ought to know, that their act is seriously improper. (2) For the purposes of this section an act is seriously improper only if— 25 (a) it meets the condition in subsection (3), and (b) a reasonable person would consider it to be seriously improper, taking account of all the circumstances of the case. (3) The condition mentioned in subsection (2)(a) is that the act— (a) involved dishonesty that was significant or repeated (whether by 30 means of falsehood, concealment, obfuscation or otherwise) in respect of matters of significant concern to the public, (b) caused, or contributed to causing, harm to one or more other persons, or had the potential to do so, and (c) departed significantly from what is to be expected in the proper 35 exercise of the person's functions as a public authority or public official."***

15. It may be additionally supportive to the public interest if a short clause is added to explicitly include suppression of witnesses, as one possible part of the act of concealment.
16. But apart from that, I think the Hillsborough Law is a welcome and long overdue reform to give the public a greater voice against the power of institutions.

Dr Minh Alexander

ANNEX

17. A few examples of serious impunity in the NHS. There are many more.
18. [Dr Jasna Macanovic Consultant Nephrologist was a fully vindicated whistleblower with a case proven via the Employment Tribunal.](#) The NHS trust CEO who failed to ensure her protection from harassment and unfair dismissal was promoted to a senior post at NHS England, where he remained after NHS England was made aware of the background. Other trust executives who took direct part in Dr Macanovic's victimisation were protected by the NHS trust and the regulator the Care Quality Commission did not see fit to challenge the trust's conclusions that they were Fit and Proper People. Dr Macanovic's serious patient safety concerns were not adequately acknowledged or addressed.
19. [Mr Shyam Kumar a senior Orthopaedic Surgeon whistleblew about flawed inspection process by the Care Quality Commission.](#) which then defamed him, tried to find more negative information about him and sacked him as a specialist advisor for inspections. It did not hold the senior CQC staff who harmed him accountable, and there was inadequate action regarding his patient safety concerns about unsafe CQC inspection process.
20. [Mr Tristan Reuser an Ophthalmic Surgeon raised patient safety concerns](#) and was disciplined shortly after. An Employment Tribunal was severely critical of senior trust managers who failed to disclose large tranches of documents and who referred him to his professional regulator without disclosing that he had previously made protected disclosures (a breach of required procedure, designed to protect whistleblowers from vexatious referrals). The NHS trust maintained, based on a process flawed by conflict of interest, that one of the individuals was a Fit and Proper Person. The Care Quality Commission stood by this, and wrongly claimed that the Fit and Proper Person process was independent, when it later transpired that it had not. The original patient safety concerns were not adequately addressed.

