

## THIRLWALL INQUIRY

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### WITNESS STATEMENT OF DR AMANDA DOYLE OBE

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I, Dr Amanda Doyle OBE, will say as follows: -

#### Introduction

1. I am appalled by the actions of LL and the wider governance failings at the Countess of Chester Hospital that have since come to light. Although I personally did not have any interactions with the Countess of Chester Hospital at the time, and only subsequently had one conversation with the former Chief Executive Mr Tony Chambers ("TC"), I am glad to assist the Inquiry to facilitate learning from those events where possible.

#### My background

2. Before joining NHS England, I was a GP for more than 20 years, practising in a large practice in a deprived area of Blackpool between 1995 and 2018, which, in addition to primary medical services, provides a range of urgent care services for patients across the Fylde Coast. I was awarded an OBE for services to primary care and commissioning in 2014.
3. Between 2006 and 2012 I also held the role of Medical Director/Professional Executive Committee Chair at Blackpool Primary Care Trust. I subsequently became the Accountable Officer of Blackpool Clinical Commissioning Group ("CCG") between 2013 and 2021 following the statutory changes that were introduced in 2012. I was also the Co-Chair of NHS Clinical Commissioners between 2013 to 2018.
4. In 2018, I became the Chief Clinical Officer for West Lancashire CCG, Blackpool CCG and Fylde and Wyre CCG. I was also the Integrated Care System Lead for Lancashire and South Cumbria, leading a large health and care transformation programme across the patch.
5. I joined NHS England as North West Regional Director on 2 August 2021. I only held this post for 10 months, taking up the post of National Director for Primary Care and Community Services on 13 June 2022. In my current role I am responsible for primary care

and community services. This includes oversight of a number of national programmes, including the Primary Care Access Recovery Plan, the Dental Recovery Plan, the implementation of Pharmacy First, contract reform and negotiation and recovery of community services waits. I also am a member of the NHS England Executive.

### **Overview and approach to statement**

6. This statement seeks to address the Inquiry's questions set out in the Rule 9 request sent to me on 29 April 2024 relating to my time as NHS England North West Regional Director between August 2021 and June 2022. I have responded to the Inquiry's questions to the best of my knowledge, noting at the outset that I have had no involvement in TC seeking any specific senior NHS roles. As I have explained below, I had no involvement with TC before my appointment as a Regional Director, and then only had one general conversation with him during my time as a Regional Director.
7. This witness statement was drafted on my behalf by the external solicitors acting for NHS England in respect of the Inquiry, with my oversight and input. The request I received on 29 April 2024 pursuant to Rule 9 of the Inquiry Rules ("the AD/1 Rule 9 Request") asks me a series of questions focussed on my involvement in relation to various roles that TC applied for (either successfully or not). This statement is the product of drafting after communications between those external solicitors in writing, by telephone and video conference.
8. I would also like to emphasise that prior to giving this statement, I had contributed to the process through which NHSE/2, (the NHS England Corporate Witness Statement that focussed on senior appointments) was drafted. This process is described in NHSE/2 and my involvement included meeting with NHS England's solicitors to assist with responding to the questions contained within the NHSE/2 Rule 9 request and provided relevant documents and other materials to NHS England's solicitors, which were then disclosed as exhibits to NHSE/2.
9. Prior to this, in the summer of 2023, I had also been asked as part of NHS England's Project Columbus response, which is described as part of NHSE/1, to retain any potentially relevant documents and materials. I ensured that this request was actioned but I did not otherwise have any direct involvement in Project Columbus.
10. Throughout this statement I will refer to NHSE/2 as "the Appointments Statement", the contents of which I have read and agree with. This personal witness statement builds on that and responds to the specific questions contained in the Rule 9 Request from the Inquiry AD/1.

## **My role as North West Regional Director**

11. During my time as North West Regional Director between 2021 and 2022, a key part of my role was the implementation of Integrated Care Boards (“ICBs”) across the region. NHS England was responsible for the appointment of Chairs of ICBs across the country, and I had a role in helping those Chairs within the region appoint their Chief Executives in the North West region. Generally, the role of a Regional Director is to have oversight of delivery for all NHS care in the region.
12. It is very common for senior individuals employed in the NHS to contact Regional Directors for advice when searching for their next role or to discuss their career progression. During my time as the North West Regional Director, a handful of people asked to speak with me in this regard. These conversations were usually informal and consisted of individuals introducing themselves to me and explaining that they were working in the region and keen to look out for future roles should they arise.
13. NHS England is responsible for appointing the Chairs and non-executive directors of NHS Trusts, and Regional Directors would be responsible for this process within the region. The role of NHS England in appointments to senior roles in NHS Trusts and NHS Foundation Trusts is set out in paragraph 10 of the Appointments statement.
14. As also explained in the Appointments statement, although NHS England does not have the same statutory function in relation to Foundation Trusts, Regional Directors would often be part of an interview panel for Chairs or Chief Executives in an advisory capacity. During my tenure as North West Regional Director, I sat on 3 of those interview panels. As I have explained below, none of these panels interviewed TC.
15. It was not the role of the Regional Director when sitting on these panels to be involved in any pre-employment checks for the successful candidate, such as the Fit and Proper Person assessment. As Regional Director, I was never personally responsible for making the decision on the Fit and Proper Person Test for a provider organisation. However, had I ever considered or been aware of any information to suggest that a particular individual was not a Fit and Proper person in any context, I would have nevertheless flagged this with the employing trust. For completeness, I never considered this to be the case during my tenure as Regional Director for the North West.

## **My interactions with TC**

16. I had no direct personal or professional interactions with TC prior to August 2021, when I took up the post as Regional Director of the North West Region. Given TC had worked as

a Chief Executive in a number of hospitals around the country, I would likely have recognised his name as a senior NHS staff member, but I had never met him nor had a conversation with him.

17. The first direct contact I had with TC was on 13 January 2022 when I received an email from him **[Exhibit AD/0001, INQ0101351]**. My contact details had been shared with TC by Graham Urwin, who worked for me at the time. Mr Urwin had informed me prior to receiving this email that I would be contacted by TC, but I did not receive any other information, and I had no knowledge of his experience or his suitability for another senior role within the NHS.
18. I subsequently had a discussion with TC on 17 January 2022, via Microsoft Teams. This was an informal conversation that lasted for around 30 minutes. TC spoke about himself, his career and background. I recall him telling me that his current contract at the Royal Cornwall Hospitals NHS Trust was coming to an end, and he was seeking a role in the North West of England.
19. I also recall TC asking me if I would block him being appointed to any future roles in region. I responded that there was no reason for me to do so, but I did not consider it my role to find him any specific position.
20. As mentioned above, this was the only time I have ever had a direct conversation with TC. I had no involvement when TC sought any other senior roles within the NHS. I did not sit on any interview panels nor recommend him for any roles. I was not contacted regarding TC's potential appointment to a role at Cheshire CCG in February 2022, and only found out about his secondment to Liverpool University NHS Foundation Trust after he had started in this role **[Exhibit AD/0002, INQ0017206]**.

#### **The suitability of TC for senior NHS roles**

21. The Inquiry has asked me whether I considered the court case concerning the Countess of Chester Hospital when I spoke with Mr Chambers in January 2022. At the time of my conversation with TC I was generally aware from the media about the events that had taken place at the Countess of Chester Hospital, including that a nurse has been charged by the police. I do not recall being aware of any further specific details about the case at this time (and I note that the criminal trial did not commence until later in 2022) Whilst I was aware that TC had been Chief Executive throughout that period, I was not aware of any concerns about his conduct during this period. My knowledge at the time was that TC had not been the subject of any allegations or disciplinary action. I also knew that he had subsequently been appointed to various senior leadership positions in the NHS since

leaving the Countess of Chester Hospital and I had not been provided with any information that suggested there were reservations about his ability to perform those roles to the appropriate standard. For these reasons, as explained above at paragraph 19 (and as I subsequently relayed to a colleague in an email I sent on 15 February 2022 [**Exhibit AD/0002, INQ0017206**]), I told TC that I did not have any objection to him finding a role in the North West region at this time.

22. Although the conversation I had with TC in this regard (namely, whether there would be any blocker to his appointment in the region) was not something I was asked regularly, it was not the first time I had been asked this question. In my experience, people ask this question when they have left a workplace that had been affected by adverse events, particularly those that have attracted media attention. I had experience with this before, and unless I had specific concerns about the individual in question or was aware of any misconduct relating to the events, I would not act to 'block' someone from subsequent employment simply because events had occurred at a hospital where they had been employed. If I had any concerns about an individual, or was aware that others had such concerns, I would have taken further advice from other senior colleagues at NHS England, specifically the Chief Operating Officer. As I have explained above, I was not aware of any information during my time as a Regional Director which indicated that there were concerns about TC's conduct or performance in any of his previous roles.

### **Other matters**

23. The Inquiry has also asked whether I have any views on the issues raised in Q.29 and Q.30 of its Terms of Reference.
24. As detailed above, my current role concerns primary care and community services. I therefore do not have detailed views on the current effectiveness of governance, management structures, regulation and processes in place within secondary care settings. However, as I sit on the NHS England executive, I am aware of the current work NHS England is undertaking on governance and oversight in this space and refer the Inquiry in this regard to Part C of Section 3 of NHS England's First Corporate Witness Statement (NHSE/1). I endorse the positions set out in that statement in relation to changes that have been made since the events that took place at the Countess of Chester Hospital.
25. One particular area that I would like to highlight for the Inquiry relates to the collection of data across the NHS. The NHS now has the ability to collect much more detailed data around neonates and neonatal mortality, as well as more sophisticated analytical tools.

Coupled with the changes to policies on governance, regulation, oversight, whistleblowing and Freedom To Speak Up, I see this as a significant difference and improvement since 2015-16. Whilst these changes may not have prevented the crimes committed by LL, I believe they should lead to earlier recognition and action to prevent future safety incidents.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

**Signed:**

**PD**

**Dr Amanda Doyle OBE, MRCP**  
National Director Primary Care and Community Services  
NHS England

**Dated:** 11/06/2024