Witness Name: Lyn Simpson
Statement No.1
Exhibits: LS01-LS07
Dated:11 June 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF LYN SIMPSON

I, Lyn Simpson, will say as follows: -

Introduction

1. This is my statement responding to the questions the Inquiry have asked me to address in the Rule 9 letter sent to me on 1 May 2024. I have answered each of the Inquiry's questions to the best of my knowledge and recollection. The statement has been drafted on my behalf by the external solicitors acting for NHS England in respect of the Inquiry, with my oversight and input. This statement is the product of drafting after communications between those external solicitors in writing and by video conference.

2. It is important to note that prior to giving this statement, I had contributed to the process through which section 2 of NHSE/1 (the section of NHS England's Corporate Witness Statement which focused on what it knew about the events that took place at the Countess of Chester Hospital) and NHSE/2, (the NHS England Corporate Witness Statement that focussed on senior appointments) were drafted. Some of the evidence below overlaps what is contained within those two statements. INQ0017495 INQ0100828

3. I would also like to express at the outset my profound revulsion at the crimes committed by LL. These actions were a fundamental betrayal of the trust placed in healthcare professionals and my heartfelt sympathies are with the victims' families. I fully support the Thirlwall Inquiry into these tragic events and I am committed to cooperating fully to ensure that the NHS learns from this and implement the necessary changes to prevent such a tragedy from ever occurring again.

4. The Inquiry's specific questions relate to an 8 month period between September 2018 and April 2019 when I was the Executive Regional Managing Director for the North at NHS Improvement. Except as described below at paragraphs 5-7, I no longer have direct access to documents from that previous role, and whilst NHS England have assisted me where possible, NHS England has also confirmed that my email account was deleted after I left the organisation in 2020, in accordance with its retention policy that existed at the time. I have therefore had to rely primarily on my recollection of events, conversations with colleagues and the exhibits already disclosed to the Inquiry by the Core Participants and provided to me along with my Rule 9 Request when preparing this statement.

5. During the course of completing this statement, and consistent with the advice I was given by the solicitors assisting me with drafting this statement around ensuring a thorough search was carried out for all potentially relevant information, I asked my Personal Assistant (who also previously worked for me during my time at NHS Improvement) to conduct a final search for any relevant documentation and include in this a search for any relevant documents held on systems managed by North Cumbria Integrated Care Foundation Trust (my current employers). I was focussing on any NHS.net emails that would have been relevant during my employment at NHS Improvement. I had previously asked my Personal Assistant to search these emails for relevant documents when I assisted NHS England with NHSE/1 and NHSE/2.

INQ0017495 INQ0100828

6. In terms of the further searches carried out, my Personal Assistant used a keyword approach, searching for the following words: "Chambers", "Duncan", "Nichol", "Correspondence Log", "Contact Log", "TC" and "DN". These searches did not reveal any emails that were relevant to the matters I have been asked to respond to in my Rule 9 Request or more generally in relation to the Inquiry's Terms of Reference. However, my Personal Assistant did locate, with the assistance of the Trust's IT department, an archived document with the title "COUNTESS OF CHESTER NHS FOUNDATION TRUST CONFIDENTIAL: Contact log for the period September 2018 – December 2018" ("the Contact Log"). I have exhibited the only version I have of this document to my statement and referred to some of the key conversations listed in the document in more detail below **[LS/0001, INQ0101357]**.

7. In summary, the Contact Log was a contemporaneous document created by me in late 2018 as a summary of the various conversations I had and actions I took during the period September to December 2018 concerning the departure of Mr Chambers from the Countess of Chester Hospital. This reflects the way I work, in that I would routinely

create a log such as this when potentially difficult issues arose at a particular Trust under my supervision (as I have explained below there were 72 trusts in total), so that I had an accurate record of conversations and could easily keep abreast of developments. The Contact Log contains quotes from emails and file notes. I confirm that I no longer retain any of the correspondence cited in the Contact Log for the reasons explained above and that this has also not been able to be retrieved by NHS England. The Contact Log was amongst a number of documents that were transferred when I moved from NHS Improvement to take up my current role in the event that NHS colleagues would ask me about events that occurred during my employment at NHS Improvement.

Career history

8. I am currently the Chief Executive of North Cumbria Integrated NHS Foundation Trust, having been appointed in January 2020. I have exhibited **[LS/0002, INQ0101355]** a full copy of my CV to this statement but have highlighted below some of the leadership roles I have held within the NHS over the last 15 years. Before this, I held various director level roles within the NHS. My first Director post was in 1992 and my first management post in 1987. I joined the NHS in 1978 and began my nursing and midwifery training.

Date	Role
January 2020 to present	Chief Executive of North Cumbria Integrated NHS Foundation Trust
May 2019 – December 2020	Director of Integration and Transformation Director for NHS England and NHS Improvement
May 2016 – April 2019	Executive Regional Managing Director for the North, NHS Improvement.
October 2013 – May 2016	Delivery and development Director for the North, NHS Trust Development Director (North)

February 2011- March 2013	Department of Health, Director of NHS Operations NHS Finance, Performance & Operations
February 2010 – February 2011	Chief Operating Officer/Deputy Chief Executive South London Healthcare NHS Trust
October 2007- February 2010	Department of Health. Director of NHS Operations (NHS Finance, Performance & Operations)
October 2007- February 2010	Director of Operations/Regional Nurse at North East Strategic Health Authority

9. I remain a registered nurse on the Nursing and Midwifery Council's register and a member of the Royal College of Nursing. I am also a Justice of the Peace.

My role as Executive Regional Managing Director

10. I undertook the role of Executive Regional Managing Director for the North at NHS Improvement in May 2016. The North region was made up of four areas: Cheshire and Mersey, Greater Manchester and Lancashire, Yorkshire and Humber and North East and Cumbria. A key role of NHS Improvement at the time was to focus on improving and facilitating the journey of non-Foundation Trusts to Foundation Trust or another sustainable organisational form.

11. In summary, my role primarily focussed on supporting organisations to an improved sustainable position which offered the highest standards for patients and the public. I was responsible for 72 NHS organisations, consisting of tertiary, acute, community, mental health and ambulance trusts which provided a full range of adult, children, specialist and community services. My focus was on working with organisations to enable them to exit quality and/or financial special measures, chair high profile use of resources assessments and (together with NHS professional leads) support and empower Chairs and CEOs to deliver the highest of performance standards, excellence in patient safety and care quality and improve financial control.

12. Around 10 organisations in the area required my close attention due to the significant improvements required of them. The Countess of Chester Hospital was not one of these organisations.

13. I was supported by a small team and for the Cheshire and Mersey area which consisted of approximately nine members of staff including a Delivery and Improvement Director, Senior Delivery and Improvement Managers and Delivery and Improvement Leads, Senior Finance Lead and a Senior Quality and Governance Lead.

14. The senior management team for the North region met on a weekly basis to discuss emerging concerns, issues of escalation and those of general oversight. We also had a 'Walk the Wall' on a monthly basis where each Senior Delivery and Improvement Lead reported on key highlights from the NHS organisations assigned to them. This covered performance, quality, finance, Board vacancies etc.

15. There were no issues of concern raised relating to the Countess of Chester Hospital by the Cheshire and Mersey area team; the CQC inspection reports did not raise any red flags and the hospital was generally regarded as being well run – there were no reports of failing performance, poor financial management, quality metrics reducing and/or poor Board governance. I was also not aware of any apparent instability within the senior leadership team at the Countess of Chester Hospital at the time.

My interactions with Tony Chambers

16. The Inquiry has asked me various questions about my interactions with Mr Tony Chambers, the former Chief Executive of the Countess of Chester Hospital, when I was the Executive Regional Managing Director for the North at NHS Improvement.

17. I can confirm that I did not encounter Mr Chambers until 2016. At that time, Mr Chambers was in post as CEO of the Countess of Chester Hospital. I did not have any involvement in his appointment as CEO and do not recall having had any discussions with him until September 2018. As explained elsewhere in this statement, this is in the context where I was responsible for 72 trusts (of which the Countess of Chester was regarded as well run at the time) and I had a good working relationship with the chair of the board, Sir Duncan Nichol.

18. In May 2017 I became aware that the police had decided to investigate the events that took place at the Countess of Chester Hospital involving LL. My general recollection of

this time is that I was occasionally kept informed by Margaret Kitching (who was the single point of contact for NHS England and NHS Improvement with the police) about the progress of the police investigation during my time as Executive Regional Managing Director for the North, and I have been shown emails sent to me by Margaret in this regard **[LS/0003, INQ0101349] [LS/0004, INQ0101350] [LS/0005, INQ0014681]**. The specific details of the ongoing police investigation were not divulged to me, and I was not personally involved in any part of the investigation process. As far as I can recall, at no point during this time did anyone indicate or suggest to me that the police investigation would concern the conduct of Mr Chambers. I also note that it is generally the case that where there is an active police investigation NHS Improvement would not have commenced its own regulatory investigation simultaneously.

19. I was first made aware issues relating to Mr Chambers' tenure as Chief Executive at the Countess of Chester Hospital on 17 September 2018 by Ian Dalton, the then Chief Executive of NHS Improvement and my line manager. My subsequent involvement with Mr Chambers is as set out in the Contact log and I have added further details below based on my recollection of these events. The dates referred to below are the dates contained within the Contact Log. As explained above, I have not been able to verify these by reference to the underlying documents. They are, therefore, correct to the best of my knowledge.

20. I was told by Mr Dalton on 17 September that a vote of no confidence in Mr Chambers was likely to happen as clinicians at the Countess of Chester Hospital were arranging a vote of no confidence, but Mr Dalton did not go into any further detail in this regard. However, my assumption was that the vote of no confidence was due to a breakdown in the relationship between clinicians, the executive and the board rather than anything specifically relating to the events the police were investigating.

21. Mr Dalton asked me to speak with Sir Duncan and assist him with the relocation of Mr Chambers. The discussion with Ian Dalton on 17 September led to the discussion I had with Sir Duncan on 19 September 2018. Paragraphs 43-47 of NHSE/2 also explain these discussions. It was not unusual for NHS Improvement to take the lead in supporting trusts to resolve these types of situations and, as detailed in the Contact Log and discussed below, NHS Improvement's Human Resources and legal teams were also involved in the seeking to support the Countess of Chester Hospital in this regard. **INQ0100828**

22. Generally speaking, it was not uncommon for disagreements between a board and Chief Executives to arise within Foundation Trusts, and for Chief Executives to be moved on to other organisations as a result. Relationships sometimes breakdown at board level, requiring certain individuals to continue their career elsewhere. A relationship breakdown does not necessarily mean that a particular individual is not capable or competent in their post, and many individuals who move on in these circumstances go on to have successful careers elsewhere. My impression, which I would have picked up from colleagues, was that Mr Chambers had quite a strong personality and was known for being very demanding and at times could be perceived as somewhat arrogant. It therefore unsurprising that I was told there may have been issues with his working relationships with the Board and other individuals at the hospital.

23. In my role as Executive Regional Managing Director of the North, I had a positive working relationship with Sir Duncan, who was a very experienced individual having previously been a trust chair and had other senior roles within the NHS. I therefore regarded Sir Duncan as having the necessary status, knowledge and experience to appropriately manage the range of issues that often arise at Board level.

24. Following the conversation I had with Mr Dalton, I spoke with Sir Duncan on the 19 September 2018 to discuss his concerns and the potential vote of no confidence against Mr Chambers. As set out in the Contact Log, Sir Duncan informed me that 72 hours prior to our conversation, clinicians at the Countess of Chester Hospital had brought to his attention they wished to "press on" with a vote of no confidence in Mr Chambers and he had convened a meeting with the Non Executive Directors at the hospital to make them aware of their position. I understood from Sir Duncan that there may be a secret ballot that afternoon. In hindsight, I could have made further enquiries with Sir Duncan about the nature of the issues involving Mr Chambers and the - reasons why the clinicians were pressing for a vote of no confidence in Mr Chambers. As mentioned above, my assumption at the time was that this was simply a relationship breakdown.

25. We agreed during this discussion that a vote of no confidence would likely not be in the interests of the board, the hospital or the public, on the basis that this would cause division and distraction of leadership time amongst the members of the board, risk the main business of the board being diverted from more pressing operational matters and

therefore the public losing trust in the organisation and potentially end Mr Chambers senior leadership career within the NHS (nobody suggested to me that this was the case, despite what I have said above about him being sometimes a difficult personality). I should make it clear that at the time, there was no reason known to me to consider that Mr Chambers was not competent or capable to continue his career at another hospital. It was his existing relationships with senior individuals at the Countess of Chester Hospital that was the communicated problem. My main focus at that time was therefore on getting the board to a more stable place and supporting efforts to move Mr Chambers on seemed to me the best way to facilitate this. I also thought that a new environment might be beneficial to Mr Chambers in terms of his development and improving some of the issues mentioned above. It was agreed that Mr Chambers would work from home until an alternative role was found for him, paid for by the trust.

26. I sent a text to Mr Dalton to update him on the conversation I had with Sir Duncan.

27. At Mr Dalton's direction, and after speaking with NHS Improvement's head of Human Resources, I began searching for alternative opportunities for Mr Chambers. I was asked to look specifically for programme officer/director opportunities at a system level (ie within an Integrated Care System/ Sustainability and Transformation Partnership that would be for a period of around 6 months and which might be funded by the Countess of Chester Hospital. If following this placement, a substantive post could not be found, then my understanding was that Mr Chambers would be made redundant. I was not involved in any discussions concerning a settlement agreement for Mr Chambers.

28. I recall Sir Duncan speaking with the non-executive directors to inform them of what was being discussed regarding Mr Chambers' tenure and that he would likely not be returning to the Trust.

29. I subsequently spoke with Mr Chambers on 19 September 2018, later on the same day Sir Duncan and I had had the discussion described above. I informed Mr Chambers that the police investigation was progressing down its own route and this was separate to the proposal I had been supporting Sir Duncan with as a means of ensuring the Board could continue to operate effectively and a vote of no confidence could be avoided. I informed Mr Chambers that Sir Duncan and I had discussed him working off site for the following week whilst I sourced another role for him. I told Mr Chambers I would be supporting him to seek an alternative role/placement for him where he could

add some value, but could not give him any guarantees. I explained the role would likely be a staging post and we agreed he would not return to his post at the Countess of Chester Hospital. By staging post, I meant that, as explained above, it would be an opportunity for him to try a different environment and, if things went well, move on to a permanent position in due course.

30. Mr Chambers was content with this on the condition that he maintained his status as CEO of the Countess of Chester Hospital. I was very specific in saying to Mr Chambers that I would not facilitate him taking up a Chief Executive role but would look at director-level roles. In any event, the decision as to what new appointment Mr Chambers would be offered was not for me but the relevant organisation itself.

31. On 20 September 2018 I arranged a call with various colleagues at NHS Improvement to take stock, take advice and determine next steps. As mentioned above, other colleagues from NHS Improvement were also involved in helping to support the Countess of Chester Hospital in relation to the departure of Mr Chambers. During one of these discussions, one colleague (Mr Urwin) raised the ongoing police investigation and it was noted that any accusation against the senior leadership of the Countess of Chester was something that would need to be considered in relation to Mr Chamber's employment when that investigation had concluded. We each agreed to contact various colleagues within the NHS to ascertain whether there was any suitable interim position for Mr Chambers.

32. On 26 September 2016, Mr Chambers sent me a copy of his CV. This was subsequently emailed to all NHS Improvement Regional Directors that same day by NHS Improvement's Head of Trust Resourcing. Following receipt of the CV, I spoke with Mr Chambers about the options NHS Improvement were exploring with the various regions. I also spoke again with NHS Improvement's Head of Trust Resourcing, who had in the intervening period spoken with the Countess of Chester Hospital's legal advisors about the arrangements for Mr Chambers' departure from the Countess of Chester Hospital, and then emailed Sir Duncan with an update.

33. I spoke with Mr Chambers again on 28 September to keep him informed of developments regarding a potential secondment.

34. In attempting to support the identification of a secondment opportunity for Mr Chambers, I contacted Sustainability and Transformation Partnership leaders in the North region to ask if anyone could accommodate a six-month paid secondment

[LS/0006, **INQ0017183**]. Sustainability and Transformation Partnership were statutory groupings of health and care organisations established in 2019 and were a precursor to Integrated Care Systems. I spoke with Directors, Andrew Cash, Rob Webster and Stephen Eames about the six-month paid secondment.

35. This was not unusual as part of my role as Executive Regional Manager for the North. I would often assist colleagues who were looking to fill a senior role by providing coaching, advice, and a list of vacancies. Further, I would also assist by trying to secure a stretch assignment/temporary filing a vacancy. I had helped fill several vacancies in my career and it was common for NHS Improvement to help facilitate development and refresh moves in this manner. I had the full support of the Chief Executive of the NHS Improvement at the time and documented the details of a potential move.

36. I had never personally conducted any fit and proper person assessment during my time at NHS Improvement as this is something for NHS employers to complete as part of their pre-employments checks after identifying a suitable candidate for a senior role. However, I would support colleagues in their consideration of whether a person would be suitable for a role, including whether there were any concerns about their previous performance or capability.

37. On 5 October 2018, during a phone call, Mr Chambers subsequently informed me that he wished to pursue a role with Cumbria STP and as a result, I contacted their Chief Executive, Stephen Earnes. I informed Mr Chambers this would likely be a six-month placement which would start once all of the details had been agreed and that organisation has completed all relevant employment-related processes. Mr Chambers agreed to speak with the Chief Executive of Cumbria STP to confirm arrangements. On 17 October 2018, Mr Chambers advised he had met with the team at Cumbria STP. While we attempted to arrange a placement for Mr Chambers, I understand he continued to work for the Countess of Chester off site. During this time, I continued to have discussions with Sir Duncan and colleagues within NHS Improvement about the terms of Mr Chambers' departure from the Countess of Chester Hospital, as detailed in the Contact Log.

38. In late November 2018, following a conversation I had with Mr Chambers by text message, I informed Sir Duncan that Mr Chambers was potentially looking to be seconded to a different organisation for a longer period. Sir Duncan indicated that Mr Chambers had not informed him about the change and that he did not consider his chosen placement to be a secondment. I kept Mr Dalton updated about these events

but was not given any further details about Mr Chamber's ultimate move. I did understand however that any agreement reached with Mr Chambers about his departure would likely form part of the settlement discussions with him, which would need to go through the standard approval process that existed in the NHS. .

Mr Chambers' move to the Northern Care Alliance

39. I now understand that Mr Chambers moved to work at the Northern Care Alliance on an interim basis in November 2018. As detailed above, I was not involved in this process as Mr Chambers had moved to the Northern Care Alliance without my assistance.

40. At this time, I was working closely with NHS England's Regional Director in the North West, Mr Bill McCarthy. This was the result of plans announced in March 2018 for NHS England and NHS Improvement to work together more closely prior to the non-statutory merger in April 2019 and the eventual statutory merger that ultimately took place in 2022. Mr McCarthy had taken over many of my previous duties as Executive Regional Manager for the North, but I had agreed to stay on and work with him during a handover period.

41. The Inquiry has provided me with a copy of an email sent by me to Mr McCarthy on 10 April 2019: **[LS/0007, INQ0017184]**. The purpose of this email was to provide a briefing note to Mr McCarthy in the context of the Northern Care Alliance seeking to appoint four new posts following the appointment of the new Chief Executive at Salford Royal Hospital (which is part of the Northern Care Alliance). I understood that Mr Chambers was being considered by the new Chief Executive as a candidate for one of these posts ("Transition Director").

42. In the email to Mr McCarthy I note that Mr Chambers had previously been the Chief Executive of the Countess of Chester Hospital but had resigned in September 2018 during the ongoing police investigation into deaths in the neonatal unit. I noted my understanding that the next CQC inspection report into the Countess of Chester Hospital was due to be published in May and that the hospital was to be rated as "Requires Improvement". However, no concerns had been brought to my attention regarding Mr Chambers conduct or performance when Chief Executive at the Countess of Chester Hospital, and no concerns had been raised about his appointment or resignation over and above what I have referred to above. Accordingly, I did not consider that there were any "red flags" that needed to be brought to the attention of

the Northern Care Alliance. I did not expressly mention in this email the reasons why Mr Chambers left the Countess of Chester Hospital as I had already discussed the Countess of Chester Hospital generally with Mr McCarthy and he was aware of the reasons for Mr Chambers' departure. Finally, I noted the suitability of Mr Chambers for the role was ultimately a decision for the Northern Care Alliance as his potential employer.

43. I cannot recall whether Mr McCarthy relied on the content of my email if and when he responded to the Northern Care Alliance in this regard.

44. Following this exchange with Mr McCarthy in April 2019, I do not recall having had any further discussions concerning Mr Chambers and had no further involvement in any of his subsequent career moves.

Mr Chambers conduct at the Countess of Chester

45. As I have explained above, I was not aware of any concerns about Mr Chambers conduct as Chief Executive of the Countess of Chester Hospital when I was employed by NHS Improvement. My understanding at the time based on my discussions with Sir Duncan were that there had been a breakdown in his relationship with senior clinicians and the board. I discussed my understanding of the situation with Mr Dalton and proceeded to take action as directed by him. As I have also explained above, this was not an uncommon occurrence within the NHS.

46. My interactions with Mr Chambers were limited to that short period in the Autumn of 2018 described above, and I did not have any further involvement with him except for the briefing I gave to Mr McCarthy in April 2019. To the best of my recollection, I have never provided any formal or informal reference (such as a recommendation by email, text or telephone) for Mr Chambers.

47. I would not have supported any move for Mr Chambers if I was of the view that there were any concerns with his conduct or capability. Nor would I do so if I believed this would be detrimental to patients or the organisation he was being moved to. I think it is poor practice to help move managers around where there have been allegations made about misconduct and I have never moved managers where there has been misconduct that I have been aware of. I do not support the moving on of individuals where there is a problem so the problem can be passed on to someone else. It was,

however, common practice at the time to facilitate moves for individuals where their career was thought to be able to continue in a new environment.

48. Having now had the benefit of reviewing some of the evidence before the Inquiry (such as the report completed by Facere Melius), I appreciate that I did not have the full factual picture in 2018-2019. Had I known about these concerns, particularly around the concerns with governance, I would have certainly made further enquires with the Countess of Chester Hospital about the events that had taken place. With the benefit of hindsight, I would have also made further enquiries in relation to why the clinicians were pressing for a vote of no confidence in Mr Chambers to understand whether there were any concerns with his conduct or capability as a Chief Executive. I certainly would not have attempted to find Mr Chambers a temporary role in order to facilitate his movement away from the Countess of Chester Hospital, as I did in the Autumn of 2018, had I known what I do know now.

Other views

49. The Inquiry has asked me to provide my views relating to Q29 and Q30 of its Terms of reference. My personal view is that there are several actions that could be considered to ensure the effectiveness of governance management structures going forward and to ensure the care and safety of babies. I have set out my thoughts below.

    a. Based on my current knowledge and experience as a Chief Executive, maternity and neonatal safe champion roles (at both executive and non-executive director level) should be placed to support the oversight and visibility of quality and safety within maternity and neo-natal services. This structure provides the opportunity for colleagues in trusts at all levels to share any concerns directly with Board-level leaders.

    b. Triumvirate leadership arrangements, based on the parity of roles between medical, nursing & midwifery and management, are important in ensuring a balanced, safe and effective oversight and assurance model in the way services function and operate. The effective and ongoing training and education of staff is also an important component in ensuring the quality of care and keeping babies safe. The establishment of Maternity and Neonatal Safety Champion roles for lay people also offers an independent voice.

c. The Inquiry may wish to consider the case for strong alignment between professional training bodies, Royal Colleges and any new regulatory requirements to ensure good triangulation and a consistent approach. The accountability of senior managers is an issue that is being taken forward through the adoption of the Kark Review recommendations in relation to the Fit and Proper Person Test. Its application will support consistently high professional standards in relation to senior managers.

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

Dated: 11 June 2024