Witness Name: Anne Eden
Statement No.: AE/1
Exhibits: AE/01-AE/29
Dated: 12 June 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF ANNE EDEN

I, Anne Eden, will say as follows: -

Introduction

1. I am proud to have worked in the NHS for over 40 years. During that time, I am aware of the neglect of patients at Mid Staffordshire, the murder of over 200 patients by GP Harold Shipman, and dreadful physical abuse in mental health hospitals. However, the appalling crimes committed by a nurse trusted to look after the most vulnerable of tiny babies is incomprehensible. We owe it to the families and to the legions of committed, hard working staff to do our utmost to prevent something like this ever happening again.

2. I started my career in the NHS as a management trainee in the Northern region in 1981. I have an MBA, am a qualified performance coach, and am a graduate member of the Institute of Health Services Management. I am also a visiting professor to Buckinghamshire New University, having been appointed in 2012.

3. I am the Regional Director for the South East within NHS England. I have held this role since April 2015, in various guises. When I was appointed, I was Director of Delivery and Development (South) for the NHS Trust Development Authority, which was merged with Monitor in April 2016 to form NHS Improvement. As a result, I became Regional Director for the South East within the NHS Improvement. More recently, and as has been set out in NHS England's Corporate Witness Statement NHSE/1, the statutory organisations that made up NHS Improvement transferred to NHS England (in July 2022) and since then I have worked for NHS England in the South East Regional Director role.

4. Before I joined the NHS Trust Development Authority, I was the Chief Executive of Buckinghamshire NHS Trust. I held that role from December 2006 to April 2015. Prior to

that, I was Director of Clinical Services at Hammersmith Hospitals from 2003 to 2006 and prior to that I was Director of Services at St Mary's Hospital, Paddington from 2000 - 2003.

Overview and approach to statement

5. 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 30 April 2024 pursuant to Rule 9 of the Inquiry Rules ("the AE/1 Rule 9 Request") asks me a series of questions focussed on my involvement in relation to various roles that Mr Tony Chambers 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.

6. 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. I also provided relevant documents and other materials to NHS England's solicitors, which were then disclosed as exhibits to NHSE/2.

7. 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.

8. 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 AE/1.

9. Before turning to address the specific issues that the Inquiry has asked me to respond to, I also wanted to explain how I have approached the questions that the Inquiry has asked me around my reflections on the issues covered within my statement and on the broader issues the Inquiry is considering around culture and the potential regulation of managers. To help inform my response to these questions, NHS England's solicitors shared with me a copy of the Facere Melius Report dated August 2023. This contains

Facere Melius's findings from their review "An independent review of the trust's responses, actions and decision-making following the increased mortality rate on the neonatal unit at the Countess of Chester hospital between June 2015-June 2016". I had not previously seen the Facere Melius Report or been made aware of its findings. My knowledge of the events that took place at the Countess of Chester Hospital NHS Foundation Trust is otherwise limited to what is generally in the public domain.

Chronology

10. An overall chronology is included within the Appointments statements. I have set out below, to the best of my recollection, key dates relevant to the questions that the Inquiry have asked in AE/1, about my involvement with Tony Chambers ("TC") and his application for roles within the South East region.

NHS organisation	**Role sought by TC**	**Date**	**My involvement and outcome**	**Supporting documents**
East Kent Hospitals University NHS Foundation Trust	Chief Executive Officer	January 2022	I was involved in the shortlisting process and formed part of the interview panel. TC was unsuccessful at interview stage.	**Exhibit AE/0001, INQ0017201** **Exhibit AE/0002, INQ0017235**
South East Coast Ambulance NHS Trust	Interim Chief Executive Officer	May 2022	I was involved in the shortlisting process and formed part of the interview panel. TC was not shortlisted for interview.	**Exhibit AE/0003, INQ0017239** **Exhibit AE/0004, INQ0017240** **Exhibit AE/0005, INQ0017211**
Medway NHS Foundation Trust	Chief Executive Officer	May 2022 (Interview 28/07/22)	I was involved in the shortlisting process and formed part of the interview panel. TC was unsuccessful at interview stage.	**Exhibit AE/0006, INQ0017233** **Exhibit AE/0007, INQ0017212** **Exhibit AE/0008, INQ0017237**

				Exhibit AE/0009, INQ0017241 **Exhibit AE/0010, INQ0017242** **Exhibit AE/0011, INQ0017243** **Exhibit AE/0012, INQ0017244** **Exhibit AE/0013, INQ0017245** **Exhibit AE/0014, INQ0017246** **Exhibit AE/0015, INQ0017247** **Exhibit AE/0016, INQ0017248** **Exhibit AE/0017, INQ0017236** **Exhibit AE/0018, INQ0017232** **Exhibit AE/0019, INQ0017234** **Exhibit AE/0020, INQ0017238**
Queen Victoria Hospital NHS Foundation Trust	Interim Chief Executive	February 2023-June 2023	I was involved in the shortlisting process, but not the interview panel as I was on leave when this was scheduled. I asked one of my Locality Directors to attend in my place. TC was successfully appointed.	**Exhibit AE/0021, INQ0017216** **Exhibit AE/0022, INQ0017250** **Exhibit AE/0023, INQ0017214** **Exhibit AE/0024, INQ0017215** **Exhibit AE/0025, INQ0101352**

My role and responsibilities as a Regional Director

11. The South East region that I am responsible for has a population of 9.3 million people and a health budget of I&S There are around 30 NHS Trusts and Foundation Trusts, 6 Integrated Care Systems and an NHS workforce consisting of 230,000 people. There are also a number of independent sector providers of healthcare services and who form part of the wider regional health landscape.

12. The role of a Regional Director is to oversee the performance of this health system and provide assurance and oversight. From a commissioning point of view, myself and my team are responsible for allocating resources in line with the population's health needs and overseeing the performance of key services. The oversight work includes performance oversight of organisations to ensure that they meet national standards in terms of care, safety and quality. A significant part of our work also relates to monitoring budgets and the financial health and operating standards (such as access times, how long people have to wait for treatment, diagnosis) of the organisations within the region. We work with providers in our region to oversee their performance and make sure Trusts and Foundation Trusts that need to improve are given the support to do so.

13. Another part of the role of a Regional Director relates to talent management and leadership. As a Regional Director, I have a specific, formal, role in the appointment of Chairs in NHS Trusts, and more recently, a formal role in the appointment of Integrated Care Board ("ICB") Chairs. 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. As specifically outlined out in paragraph 10 (e), as a Regional Director I also support the appointment process for Chairs and Chief Executives in Foundation Trusts. While this is not as a result of any formal statutory appointments role, it has become commonplace for NHS England to be involved in this process by invitation by individual Foundation Trusts, in particular where they are challenged.

14. In my experience and having been an NHS leader since the 1980's, a key role of the NHS is to provide timely, high quality care and treatment to our population, within the resource available. Leadership, its decision making and behaviours, therefore, has a significant impact on improving the quality of care and the overall performance of services. Better leadership leads to better care. Conversely where the leadership behaviour and culture is not in the right place, services perform less well. Drawing on my

own experience in the service working within high performing teams and supporting and coaching leaders over the years, I have seen the direct impact on improved services and the value that leadership development adds to our ambition to improve health and wellbeing.

15. I have described below in further detail how I see my role as a Regional Director in relation to senior executive appointments.

Role in senior executive recruitment

16. In reality, although it is not a formal statutory requirement, as part of my role I am often asked to be involved in the process of appointing Chairs and Chief Executives to Foundation Trusts and in the process through which senior executive appointments more broadly are made within both NHS Trusts and Foundation Trusts. This has become much more common in the last few years and today can include involvement in the appointment of Chief Executives, Chairs, Medical Directors and Chief Medical Officers, and other senior roles. In my view, this reflects the reality that Foundation Trusts are just as likely to be challenged as NHS Trusts, but also because they too see the value of the good cross-regional knowledge and contacts that Regional Directors have, as well as the independent support we can bring to the appointments process. This part of the role is either performed by me personally or by other members of my regional team. For instance, regional Medical Directors might support a Trust or Foundation Trust Medical Director / Chief Medical Officer appointment.

17. It is therefore very common that I would speak to individuals who are looking to apply to one of those senior roles described above. As set out above, this does not apply only to individuals wishing to apply for Chief Executive roles, but also other senior roles such as Medical Directors and Chief Medical Officers. I sit on the NHS England South East Region People Board and a key focus of our work is talent management and succession, and to ensure suitable and talented individuals are supported in applying for roles. Each NHS England region has a People Board. In the South East, our People Board's role is to work across the six integrated care systems in Region, looking at recruitment and retention and developing a talent pipeline. Regional People Boards work with the NHS Leadership Academy to run its programmes, including the Aspiring Chief Executive programme and similar programmes for medical directors and others.

18. My interactions with individuals seeking promotion or another senior role are generally quite informal. Individuals will utilise forums, events and other opportunities to engage with me and other members of the regional team or ask to meet with myself and others to better understand the region and the roles that may become available in the future. I will often meet with people informally, perhaps for a quick chat over coffee, to understand what they are seeking for their next opportunity, and I will provide a sounding board for them in terms of ideas on what they can do to progress in their career and understand and prepare for the demands of modern NHS leadership. As a coach, I also provide more formal coaching sessions, again to help individuals explore career progression possibilities.

19. Senior vacancies are advertised in a proper and regular fashion, but in large part, there is an element of news being spread informally. As set out in paragraph 1, I am a qualified performance coach and work with several aspiring Chief Executives and Medical Directors. When I hear about a role being advertised, it would not be unusual for me to contact those I know who are ready for or are looking for a bigger challenge to encourage them to apply if the role was suitable for them. Meetings like this also help individuals understand the process involved and can form part of their decision making as to whether they are ready to go ahead or not. As is evident from the summary of my involvement in relation to roles that TC applied for or was considered in relation to (above), I am also asked for my view on potential candidates and involved in the shortlisting process. While I recognise that my view will tend to carry weight with the appointing organisation, there will rightly be occasions where they will nonetheless decide to progress a candidate to interview to see what they are like in person. That is entirely within the organisation's remit.

20. The informality of these earlier parts of the appointments process can help enable information sharing and local talent pool knowledge. Since the Covid-19 pandemic in particular when we saw a lot of long-standing senior executives within the NHS retire, there have been real difficulties with recruiting to senior executive roles. This is noted in the Appointments Statement. As there is a shortage of candidates who can fill these roles, knowledge of who is mobile, has the necessary experience, and may be available is very useful.

21. NHS England has been working with the Secretary of State for Health and Social Care to explore how recruitment to senior executive roles in rural, isolated or challenged areas can be further supported. This is especially pertinent because of the scarcity of good and

experienced candidates who would be suitable for these roles. Because of my interest in how to recruit and retain good leaders, particularly to challenged areas, I have been involved with this work as a member of the Working Group. The Senior Responsible Officer for the work is NHS England's Chief Operating Officer. A draft set of slides, titled "Strongest leaders in the hardest places" were developed with some initial proposals that it was intended would then be shared with the Secretary of State. This included suggested next steps and an associated workplan. While this work has now been paused for the duration of the pre-election period, it is likely to remain topical and relevant no matter what the outcome of the election is.

Fit and Proper Person

22. It is the responsibility of the employing organisation to carry out Fit and Proper Person tests and ensure that the candidate they are considering employing meets those criteria. So, for example, if an NHS Foundation Trust was employing a Chief Executive then the Trust, not NHS England, would carry out the Fit and Proper Person tests. They may be supported in this by a recruitment company, if one has been engaged.

23. I am involved in the Fit and Proper process during the appointment of a NHS Trust Chair or Integrated Care Board Chair. In these cases, as I have referenced in paragraph 13, I have a formal role in the appointments process. However, where this is the case, the process is managed through NHS England's central appointments team.

24. In my experience, it is sometimes the case that senior individuals will be asked to move on from their role (or will choose to resign from their role) if they are a poor stylistic fit in their organisation. This does not by itself mean they are not fit and proper. In NHS Trusts, Foundation Trusts or ICBs, it is important for senior individuals to have good working relationships. This includes between the Chair and the Chief Executive and with the Board more generally. If these are strained, it might be considered that one of the leadership team was no longer the best person for that role. However, while this does happen, it is, in my experience, rare and I can think of only two cases in the South East Region in the period since 2015.

25. If there are allegations of serious misconduct against an individual holding a Board member role in my region, I expect to be made aware. A recent example of this is when an NHS Foundation Trust governor raised a complaint against their Chair, alleging criminal behaviour. The matter was referred to the Police and, eventually, following an

investigation the Chair was exonerated. This issue was not a responsibility of mine to handle, but I was made aware of the existence of the investigation (and briefed at appropriate points while it was ongoing), whilst it was dealt with appropriately by the Foundation Trust Senior Independent Director, Vice-Chair and the Council of Governors. I might also become aware of issues through, for example Care Quality Commission Well Led reviews and other information of this nature. Performance in its broadest sense is routinely reviewed and of course, if I did have concerns, I would raise them.

14 December 2021 email from the NHS England Regional Director for the South West region

26. The Inquiry has asked me how I understood an email I received on 14 December 2021 and which was sent to me by Elizabeth O'Mahony (NHS England Regional Director for the South West region) **[Exhibit AE/0026, INQ0017202]**. The email contains Ms O'Mahony's positive reflections on TC's performance as interim Chief Executive at Royal Cornwall Hospitals NHS Trust.

27. I read this email as her view on a particular individual. I would not characterise her email as an endorsement or recommendation, but rather simply informing her professional peers about a candidate who had been regarded to have done an effective job in his role as interim Chief Executive at Royal Cornwall Hospitals NHS Trust.

28. To be clear, I did not read the email as a recommendation of someone I should appoint without any further consideration to a senior role. Rather, I viewed it as useful information to consider as part of all the relevant information available to me, should I be asked for my informal views as to the suitability of a senior candidate for any roles I was looking to fill.

My knowledge of Tony Chambers in the period up until December 2021

29. I knew of TC very tangentially when I took up my post. I knew his name, because through my work at Buckingham New University, I met TC's wife, Professor Alison Chambers, who was the Pro Vice Chancellor. My team commissioned some of our healthcare programmes from the university, and she had told me her husband's name and the fact that he had a role in the NHS, but I did not know anything more about him or his work within the NHS.

30. I had no involvement when TC moved to the London region in January 2020. London is not part of the South East region and has its own Regional Director.

31. In April 2021, I had some email correspondence with TC regarding his interest in the Chief Executive role at University Hospital Southampton Foundation Trust **[Exhibit AE/0027, INQ0101354].** A call was arranged and took place. I cannot find any record of this call.

32. From my recollection, in the meeting, TC set out that he knew I was recruiting for the position, and that he was looking to apply. I responded that we already had some very strong candidates, and he did not end up applying for this role. My response was not personal to TC, but I felt at the time we had a pool of very well suited candidates and he did not have a good chance of securing the role in comparison.

East Kent Hospitals University NHS Foundation Trust

33. TC applied for the role of Chief Executive at East Kent University NHS Foundation Trust ("East Kent") in December 2021. By this time, positive comments had been made through word of mouth, from the Regional Director for London in general meetings that TC had done a good job as interim Chief Executive at Barking, Havering and Redbridge University Hospitals NHS Trust ("BHRUT"). I could also see through reporting that the Trust's performance was improving. BHRUT had been a troubled organisation for many years, and this was a difficult role.

34. I had also been told positive comments from the Regional Director for the South West region that TC had done a good job as interim Chief Executive of Royal Cornwall Hospitals NHS Trust. **[Exhibit AE/0026, INQ0017202]**

35. At this stage, I would like to reiterate my position set out in paragraph 14 about the significant and real shortage of candidates for these senior roles. I consider that this can help to contextualise the two conversations I reference above. Presently, in most Chief Executive searches, we are shortlisting very few candidates, and therefore Regional Directors will speak candidly and informally about candidates who are available and experienced and may be suitable for including in a pool of candidates for a role. I consider this to be helpful as part of the overall recruitment process but would not want to overstate the importance of this informal aspect.

36. TC applied for the role at East Kent and was interviewed for this role on Microsoft Teams on 2 December 2021 **[Exhibit AE/0001, INQ0017201]**. TC was one of two candidates interviewed. TC was unsuccessful in the interview and was not appointed. The panel was chaired by Niall Dixon, and because East Kent is a Foundation Trust, the appointment had to be signed off by their governors, one of whom also sat on the panel.

37. As I referenced earlier in my statement, these interview panels are run by the employing organisation. Usually, if I am invited to sit on the panel, I take notes on the performance of the candidate at interview and then give them to the Chair of the panel once the interviews are finished. I would only retain them if I wanted to give very specific feedback. I do not hold a copy of my notes from this interview, nor any other records pertaining to this panel.

38. However, I do recall that TC gave a good interview. During the interview he brought up the fact that he had been Chief Executive of the Countess of Chester Hospital, and that there was now a police investigation underway. My recollection is that TC explained that what he could say regarding the investigation was limited, but that he had stepped away from the organisation in order to allow it to continue. I recall that he mentioned the investigation related to a neonatal nurse, but he did not go into any further detail.

39. At the time of this interview panel, East Kent was subject to an independent investigation, led by Dr Bill Kirkup. This investigation, although maternity based, was looking at issues relating to raised mortality in maternity and neonatal care. The Trust was understandably keen to ensure that the successful candidate was experienced and able to take-on the challenge of leading the Trust at such a difficult time. Although the detail on TC's background was not known, I recall that the panel were agreed in concluding that the fact that TC had been the Chief Executive of a Trust that was also at the time subject to ongoing investigation around raised mortality in a neonatal context meant he would not be the best fit for East Kent at that time.

Medway NHS Foundation Trust and South East Coast Ambulance Service

40. I contacted TC on 23 May 2022 regarding the role of Chief Executive at South East Coast Ambulance Service ("SECAMB") **[Exhibit AE/0002, INQ0017235]**. TC was one of a number of individuals who I contacted regarding this role, **[Exhibit AE/0028, INQ0101356] [AE/0029, INQ0101353]** as I was looking for someone who was an experienced leader and who could fill a difficult role. At the time, SECAMB was facing

issues around culture, governance, poor financial performance, and I considered that we needed an experienced CEO.

41. I was involved in the shortlisting process for the role, and we shortlisted two candidates for interview. TC was not shortlisted. Both candidates who were interviewed had better experience working at provider Trusts in the local community. Specifically, one candidate had been the Chief Executive of the local NHS Trust to SECAMB and her knowledge of the local community and ambulance service was invaluable. It was felt she was the best fit, and once she had an expressed an interest, it was very unlikely anyone else would have been able to outperform her during the recruitment process. **[Exhibit AE/0005, INQ0017211]**

42. TC applied for the Chief Executive role at Medway NHS Foundation Trust, and was longlisted, shortlisted and reached the final interview stage for the role **[Exhibit AE/0008, INQ0017237]**. I was a part of the panel, and he was interviewed on 21 July 2022. The notes I took in this interview have been previously disclosed to the Inquiry. **[Exhibits AE/0009-0016, INQ0017241-017248]**

43. One of the other candidates for the role was the acting Chief Executive. She had been successful in the interim role, and whilst it was necessary to run a full recruitment process, she was always going to be a strong candidate. The acting Chief Executive interviewed extremely well and was appointed to the substantive role. TC was not appointed.

44. My impression following the interview was that TC was an experienced Chief Executive and interviewed very well. He was asked about the investigation and I felt that it was clear that he had formulated a prepared response to what had happened at the Countess of Chester Hospital, and at the time, I did not know any further information. On this occasion, he was not appointed to the role simply because there was a better candidate available who was more well suited to the role.

QVH

45. The newly appointed Chair of Queen Victoria Hospital NHS Foundation Trust ("QVH") asked for some input from the Regional team to support the appointment process that she was running for an interim Chief Executive Officer role. I believe that this initial contact was made to the Locality Director.

46. As it happened, I was not available to join the interview panel as I was on leave, so I asked Tom Edgell, Locality Director, to represent me. The other members of the panel were: the QVH Chair and the Chief Executive of Sussex ICB. The interviews took place in January 2023.

47. I have spoken to Mr Edgell in the process of drafting this statement. His interview notes are exhibited at **[Exhibit AE/0025, INQ0101352]**. I can also confirm that the text message exchange at **Exhibit AE/0022, INQ0017250** is between myself and Mr Edgell.

48. There were very few candidates for this role. Prior to TC being interviewed and subsequently appointed, QVH had been through one round of the recruitment process already, following which the role had been offered to another candidate. That candidate turned the role down as he was offered a different interim Chief Executive role elsewhere. The QVH CEO role was, therefore, re-advertised by the recruitment agency and a second round of interviews was arranged.

49. In this second round, three candidates were interviewed for the role, of whom two were unsuitable. QVH is one of the smallest NHS Trusts in the United Kingdom and has had significant financial struggles. There had additionally been some challenging issues with the governors and therefore the Foundation Trust required an experienced Chief Executive. **I&S** **I&S**, and therefore this role was intended as a short-term position. I believe this is why it was a potentially unattractive post and therefore there was not much interest from candidates. **I&S** **I&S**

50. Although we did not have a surfeit of candidates to choose from, TC had a good track record of performing well in difficult roles, such as in Royal Cornwall Hospitals NHS Trust or at BHRUT, and it was therefore felt that he would be suitable for the role and could succeed. From the interview notes provided by Tom Edgell, **[Exhibit AE/0025, INQ0101352]** I can see that the ongoing court case was discussed and I am told that the panel did discuss TC's tenure at Countess of Chester. As I have noted above, the text message exchange in **Exhibit AE/0022, INQ0017250** was between myself and Tom Edgell. I am aware that he had discussions with the Chair of the Trust regarding the appointment, subsequent to the interview panel. As set out earlier in this statement, full

Fit and Proper Person Tests would have been carried out by the Foundation Trust prior to appointment.

51. Mr Edgell confirmed to me that the notes exhibited as **[Exhibit AE/0025, INQ0101352]** were his own personal notes and were not submitted anywhere as part of the official recruitment process. They were not tidied or edited and were simply Mr Edgell's summary notes from the discussion. After the interviews had concluded, the Chair of the Trust spoke with the rest of the panel and collated one round of agreed feedback at the conclusion of this discussion. Mr Edgell's notes were not collected in and did not form part of the official interview record or feedback.

52. Mr Edgell recollects that the Chair prompted TC to speak about his departure from the Countess of Chester Hospital, and TC spoke about the unprecedented circumstances of his departure and referenced an individual acting on her own. TC reflected that he had left the organisation due to the police investigation, and he had felt that it was the right time to step down.

53. As far as Mr Edgell could recall, the reasoning for criminal proceedings being discussed in the interview came from TC's response to a question from the Chair about the events at the Countess of Chester Hospital. The paragraph on page 4 of Mr Edgell's notes that begins with "extraordinary circs [sic]" and ends with "how people are feling [sic]" is Mr Edgell's rough note of what he understood TC to be saying in response to the Chair's questions.

54. Mr Edgell was satisfied with the process at the time. The Chair asked relevant questions and asked TC to explain the reason for his departure in his own words. Mr Edgell cannot recall what was in the public domain at the time but felt that the Chair was appropriately probing in her questions and the panel came away confident in TC's ability to perform well in the role, and agreed that there were no further concerns to be explored following the interview.

55. Beyond this, I am not aware that anyone from the South East region discussed the criminal proceedings against LL with QVH. Neither I nor my team were involved in TC's early departure from QVH in July 2023.

Reference

56. The Inquiry have asked me to confirm whether I have ever provided a reference, whether formal or informal for TC. I can confirm that I have never done so.

Reflections

57. Having had time to reflect on what I now know about the LL case; I do not consider I would have made a different decision in terms of TC, acting as I did on the basis of what was known at the time. However, had I been equipped with the information that has now come to light, I would have acted differently, and I believe that there is a lot of useful learning from this case.

58. Whilst I am appalled and horrified at the events at the Countess of Chester Hospital, it is important to reiterate I did not know any information about the events through my professional role as Regional Director. These events were never discussed at NHS England executive level. This reflects our normal practice when matters of potential criminality arise within any part of the NHS and information is ringfenced on a need-to-know basis, in order to not prejudice any investigation, be that by the police or another agency. Therefore, the only information I had about the neonatal deaths at the Countess of Chester Hospital was what I had read in the media.

59. My role as Regional Director is vast, busy and can be very complex. Recruitment of senior managers and Chief Executives is an important part of my role, but it only forms a small part of my day-to-day responsibilities. When I sat on interview panels, the information presented to me about TC was that he was a capable and experienced Chief Executive. As I have set out earlier, it would not be my responsibility to carry out any Fit and Proper Person Test, rather this would be carried out by the employing Trust.

60. In my formal role of appointing NHS Trust and ICB Chairs, I take on a more active role in carrying out the Fit and Proper Person Test. However, I consider that outside of this formal responsibility, while it is prudent for me to generally assess whether people are professionally suitable for roles when I sit on interview panels, I am not there to judge them against the Fit and Proper Person regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). It is absolutely the case, however, that if I considered that that someone did not meet the criteria for the role as set out in the specification for the role, I would raise this at the appropriate point during the interview process.

Reflections on the Facere Melius report

61. In hindsight, and having now read the Facere Melius report into governance at the Countess of Chester Hospital, it seems that there were obvious concerns that could and should have been acted on, but which do not seem to have been. In coming to this view, I have drawn on and reflected on my own experience as a Chief Executive.

62. Further to the above, my opinion is that it also appears that there was a lack of benchmarking and objectivity at Board level. This lack of independence may have impacted the analysis of the data, and in my view, is one of the most important elements for boards to work effectively.

63. I have also reflected on the metric elements of board governance, and as to whether the Countess of Chester Board was receiving the assurance they needed from clinical teams. The boards of Foundation Trusts and Trusts are ultimately responsible for clinical governance and the safety of their patients, and the processes to get that assurance have to be watertight and consistently reviewed.

64. The culture of an organisation and a Board is equally as important. To me, the Facere Melius report seems to point to a failure in culture at Board level but it also suggests other failings, for instance around governance, Board assurance and use of clinical data. From my perspective, there does not appear to have been a culture where the Board would actively listen to concerns that were raised by staff and act on concerns that were raised. An NHS organisation can have the very best systems in place by way of governance and data, but it remains essential that a culture is embedded where people can speak up without fear of retribution, and crucially, that their concerns are listened to and acted upon. From what the Facere Melius report describes, it seems that the Board did not seem to embed this culture, and that there was not sufficient objectivity to the decisions made by the Board. From my reading of the report, there was not an adequate sense of curiosity to investigate the rise in mortality, and the thinking and decision making appears to have been too insular.

65. From my experience with similar reviews and inquiries, including the Kirkup Review in East Kent, which is part of my Region, I fear that the outcome of these is continually too similar. Structures can exist but are not always investigating the correct data, and boards must be curious enough to do that, and listen to staff who are raising concerns and alarms.

66. Patient safety and high quality care is at the heart of a positive, continuously learning culture. The Board sets the strategic direction and the 'values' of the organisation that needs to drive leadership and behaviour and help shape the culture. A culture that is patient centred and with active clinical leadership is key. As NHS England we look at leadership and behaviour as part of our oversight and assurance, working alongside the Care Quality Commission as the primary regulator of quality and the body that undertakes the Well Led reviews.

The regulation of managers

67. In August 2023, NHS England began the process of strengthening the way Fit and Proper Person tests are carried out, and ensuring the correct questions are being asked. The tests now go back a longer period of time and cover more subject matters, and from my perspective, the process already feels more intensive and robust than it had been prior. Importantly, where an individual is subject to an investigation that is ongoing or incomplete, this will now be included in Fit and Proper Person tests.

68. Reflecting on the question of possible further regulation of managers, my view is that regulation of managers would not in and of itself have changed the course of events at the Countess of Chester Hospital. From my understanding and experience, the culture of openness in that organisation appears to have been one whereby staff were not adequately listened to and their concerns not appropriately actioned, and data was not regularly reviewed, and regulation of managers per se, would not have impacted on that.

69. This is only my view, based on one report, and hindsight. My reflection would be that although the strengthening of the Fit and Proper Person test is undoubtedly a positive move, it puts the onus on the Chair. They now have to annually attest to their confidence in senior individuals, and I believe that NHS England will work to ensure that Chairs are supported and the right training and development support is put in place to enable them to do that.

70. I have described at the start of my statement my longstanding interest in leadership as an enabler of high quality patient care. I am actively involved in ongoing work that is being led by the NHS England Executive team around the implementation of the recommendations made in the Messenger Review and the Kark Review. This includes being a member of the NHS England Management and Leadership Committee, which

was established in January 2024. This Committee's role is to support the implementation work and, in particular, to assure the Executive on the implementation of the Management, Leadership and Talent Three Year Roadmap, once finalised. The Roadmap is intended to deliver a number of key actions, including NHS England's response to the Messenger Review and the Kark Review. The Committee is supported in its work by a Reference Group.

71. One of the issues we are struggling with is the difficulty in determining the scope of those that ought to fall within the ambit of any prospective regulatory regime. Our current thinking is that it would be Board level and Directors at one level below Board. We also recognise that many senior managers (like nurses, or finance managers) already have an existing professional regulator. There is a wide range of individuals who perform managerial roles.

72. My personal view is that before we move to a system of regulation, we need to get broad organisational agreement in terms of standards around competencies, capabilities and skills, so that individuals can be measured objectively. I think there is a lot of work to be done around developing leadership skills, values and behavioural measurements, so that any regulation can be properly measured.

73. Any move to regulation should be developmental, with a proper standards and framework set out so individuals can understand how they will be assessed. I think that assessment will need to be done in a comprehensive manner – via peers, professional and self assessment. Any regulatory framework should also be accompanied by a Code of Practice, which would clearly explain development and what will happen if people fall short of the standards expected.

74. I do feel that regulation is an important tool but that it needs to be seen as one of a number of tools and my understanding of the various recommendations made in previous reports that have considered this area (particularly the Kark and Messenger reports) is that they have also made this point. I feel strongly that increased regulation needs to be accompanied by a sustained focus on enabling a culture of openness; one where concerns are able to be raised and are actioned by those who they are raised to. It also needs to be seen by those who would be subject to it as a positive and developmental mechanism, with a hard-edge where needed.

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: Personal Data

Dated: 12 June 2024