Witness Name: Jackie Smith
Statement No.: 1
Exhibits: **JS/1 - JS/12**
Dated: 14 June 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF JACKIE SMITH

I, Jackie Smith, Chair of the Queen Victoria Hospital NHS Foundation Trust, will say as follows:

1. This witness statement is given in response to the Request for Evidence under Rule 9 of the Inquiry Rules 2006 dated 22 March 2024 sent to me by the Solicitor to the Thirlwall Inquiry (the "**Request**").

2. The Request sought evidence in respect of the recruitment, employment, and cessation of employment by Queen Victoria Hospital NHS Foundation Trust ("**QVH**" or the "**Trust**") of Tony Chambers ("**TC**") as its Interim Chief Executive between February and June 2023. TC had previously worked as the Chief Executive of the Countess of Chester Hospital NHS Foundation Trust (the "**Countess of Chester**") throughout the years of the offences committed by Lucy Letby. The Request invited me to prepare a statement to assist the Inquiry with an aspect of its Terms of Reference, specifically question 29 in the annex of Part C, which provides:

> "*What concerns are there about the effectiveness of the current culture, governance management structures and processes, regulation and other external scrutiny in keeping babies in hospital safe and ensuring the quality of their care? What further changes, if any, should be made to the current structures, culture or professional regulation to improve the quality of care and safety of babies? How should accountability of senior managers be strengthened?*"

3. It is important for me to make very clear at the outset of this statement that nothing occurred during TC's tenure at QVH that gave rise to any concerns about patient safety, let alone the safety of babies in QVH's care. Rather, my evidence addresses the negative impact on QVH's culture that I consider was caused by TC's leadership style, and which led to his early departure from the role of Interim Chief Executive. In my statement I comment on certain improvements to the NHS's processes that I consider could be made to ensure greater transparency in circumstances such as these. In particular, despite ensuring that QVH complied with standard procedures in recruiting an Interim Chief Executive (including the 'fit

and proper persons' test), none of the reservations or concerns about TC's conduct while at Countess of Chester came to light when QVH was recruiting him.

4. The contents of this witness statement are true to the best of my knowledge, information and belief and are, unless otherwise stated, within my personal knowledge. Where they are not within my personal knowledge, they are based on the sources stated. Where any statement I make is based on information supplied to me, I believe the same to be true.

5. There is now produced and shown to me a folder of relevant documents, exhibited to my witness statement. References in my witness statement in the form [**JS/1 - JS/12**] are to the documents in the exhibit folder.

My professional background

6. I joined QVH in July 2022. My background is in law and regulation, and my previous roles have included:

   a) Chair of Camden and Islington NHS Foundation Trust and at Barnet, Enfield and Haringey Mental Health Trust (February 2020 – July 2022);
   b) Non-Executive Director ("**NED**") at Camden and Islington NHS Foundation Trust (December 2018 – February 2020);
   c) Chief Executive of the Nursing and Midwifery Council ("**NMC**") (June 2012 – July 2018);
   d) Director of Fitness to Practise at the NMC (August 2010 – June 2012);
   e) Regulator at the General Medical Council (1998 – 2010); and
   f) Manager for the Crown Prosecution Service (1988 – 1997).

Appointment of Tony Chambers to QVH

7. QVH's former Chief Executive left the Trust in January 2023, 6 months after I joined. Following confirmation of the Chief Executive's planned departure, in or around November 2022 I contacted the recruitment company Anderson Quigley ("**AQ**") to seek their assistance in recruiting an Interim Chief Executive. QVH had used AQ previously (including to recruit me), so they had a record of reliability.

8. The NEDs who took part in the shortlisting and interview process were Paul Dillon-Robinson, Kevin Gould, and Gary Needle (who was also the Senior Independent Director). Both Kevin and Gary have now left the Trust. Tom Edgell from NHS England ("**NHSE**") and Adam Doyle

from the Integrated Care Board ("**ICB**") were also involved. The interview panel which appointed TC comprised myself, Adam Doyle, Paul Dillon-Robinson, Kevin Gould and Tom Edgell. Gary Needle was not available on the day of interview.

9. Before we came to consider TC as a candidate, we had already offered the role to someone else who was Interim Chief Executive for another NHS Trust at the time. However, that individual declined our offer the day after it was made (having been offered a role elsewhere that they preferred). The candidate put forward TC's name for our consideration instead, saying that they had known him for years and that he was very good at his job. At the time, TC was in an NHS Programme Manager role in Liverpool. Following this recommendation, I asked AQ to do some due diligence and speak to TC to see if he might be interested, which they did. QVH's HR team also conducted its own due diligence checks, as demonstrated by the exhibited document **JS/1 INQ0101365**[1].

10. After speaking to TC, AQ informed me that TC was interested in being considered for the Interim Chief Executive role at QVH. AQ also said that they had asked him about his time as Chair of Countess of Chester and that they were satisfied with his response. According to AQ, TC was quite open about the fact that he had left the Countess of Chester in 2018 and worked at several other places since, all of which gave him good references.

11. I also consulted with NHSE on whether they considered TC to be an appropriate candidate, as part of the standard due diligence process. I had done the same with all the other applicants, having reviewed about thirty applications. NHSE always have a key role to play in the recruitment of CEOs to NHS Trusts. This role includes senior representatives of NHSE sitting on the interview panel and providing input on the longlisting and shortlisting of candidates. The same is true of the ICB, with whom I also consulted. These are two crucial stakeholders in the appointment of an NHS Trust's Chief Executive (whether interim or permanent), and I would not have made the decision to appoint TC, or indeed anyone else, without their close involvement or against their wishes or advice.

12. TC's previous post at the Countess of Chester and the ongoing criminal proceedings against Lucy Letby at the time were common knowledge amongst all of us who were involved in TC's appointment to QVH. I provided the names and CVs of all the potential candidates put forward

[1] *Evidence of initial due diligence checks for Tony Chambers (completed by QVH HR).* I did not produce this document. I am disclosing it because it is in QVH's possession and control and is potentially relevant to the Inquiry's Terms of Reference. Please note, however, that this document contains an error in that it includes a link to the LinkedIn profile of another QVH employee (my understanding is that TC did not have a LinkedIn profile at that time).

for consideration to Tom Edgell (of NHSE), who in turn consulted colleagues within the regional office as to the suitability of candidates. NHSE were aware that the trial was ongoing but nothing had come to their attention suggesting that TC should not be appointed. Mr Edgell assured me that TC was an excellent candidate for the role, based on his previous experience and what NHSE knew about him. I did not consider that there was anything at the time indicating that we should not appoint TC, though his time at the Countess of Chester was noted.

13. In the pre-meeting with interview panel members, it was agreed that I would ask TC about his time at the Countess of Chester. In TC's interview, I said to him that we were aware that the trial was ongoing at that time, and I asked him to explain his reasons for leaving the Countess of Chester. He said he had spoken with the Chair back in 2018 and that they had both agreed that it was time for him to move on. TC said that his learning from all of this was that he should (to paraphrase) "*put his arm around*" clinicians more regularly. We talked in high-level terms about governance, but TC did not say anything about the potential of there being a "no confidence" vote in him at that stage (as was later reported in the press), or that he might be implicated in any wrongdoing.

14. Following his interview, TC was the candidate that we all felt was the most suitable for the Interim Chief Executive role. Our thinking was that, given the passage of time and TC's successful senior employment in several roles following his time at the Countess of Chester, there was no reason not to offer him the job. We had interviewed five candidates in total (including TC) as part of the process, two of whom we did not consider to be suitable for the role, one of whom withdrew, and one of whom turned down the role when it was offered to him (as noted in paragraph 9 above) **JS/2 INQ0101366**][2]; **JS/3 INQ0101367** [3].

Concerns raised during TC's time at QVH

15. After it was decided that TC should be appointed, he was invited to attend two stakeholder events which served as an opportunity for individuals at the Trust to meet and interact with the incoming Interim Chief Executive and vice versa. The first was a staff event with various members of the executive team in attendance. QVH is a small organisation which prides itself on making sure that staff are introduced to new starters early on. **I&S**

I&S

I&S

[2] *QVH Nomination & Remuneration Committee Meeting Minutes (9 Jan 2023).*
[3] *QVH Council of Governors Meeting Minutes (9 Jan 2023).*

I&S. On being told about the incident, I spoke to Paul Dillon-Robinson, one of the NEDs about it. We discussed whether the incident should make a difference to our decision to hire TC, and we came to the view that in isolation it should not. I did, however, speak to TC about it one-on-one soon afterwards, and told him that he needed to be aware that his mistake had not gone down well with the staff. TC apologised, saying that he had looked at relevant bios on QVH's website before he went into the room, but had simply got it wrong. I accepted his explanation and he seemed genuinely sorry for the mistake he had made.

16. The second QVH stakeholder event that TC attended was with other staff, including nurses and doctors and some of the Trust's governors, who were required to approve the appointment. Afterwards it was reported back to me that TC had said during the meeting that QVH would not need a Chief Executive in two years' time, which did not go down well. I understood TC's comment to have been a reference to historic plans to merge QVH with University Hospitals Sussex NHS Foundation Trust. The two Trusts had agreed not to continue work exploring a possible merger in autumn 2022. I asked TC afterwards if he had really said this, to which he said that he had been asked a question and given his personal view in response, and that he had realised at the time that this was a mistake. I told him that people's responses to his behaviour at these two events showed that he needed to be really careful going forwards. Both these events took place during TC's first 48 hours in the role, but on their own they did not lead me to think that he was unsuitable for the position, nor did anyone else voice their disapproval of his appointment to me at the time.

17. My impression of TC was that he was a very experienced and senior Chief Executive who had grown accustomed to managing large organisations. He came across as very self-assured and supremely confident. Soon after his appointment, this aspect of his character created some difficulties. Within about three or four weeks of TC joining QVH, I had heard from several members of staff independently that his management style and manner were somewhat 'bullish' (this is my turn of phrase rather than theirs). I remember saying to colleagues that TC was obviously a very experienced CEO who had a style which QVH had not previously encountered. I also said (to some of my NEDs when explaining this) that TC should be given the benefit of the doubt because he was new and had a different approach. However, I became concerned about this myself when I heard from some colleagues about a plan he apparently had to put in place a new internal governance structure. His idea was in effect to replace all of the Trust's statutory sub-committees (such as the Audit Committee, Quality & Governance Committee and Finance & Performance Committee) with an "executive risk committee" that would take decisions internally and report directly to the Board. I found it hard to believe that

someone of TC's experience would recommend removing such an important layer of governance, but he had a whiteboard on display in his office setting out his ideas for how the Trust should be run internally and he eventually raised this proposal with me directly. My response was that I had never before heard anyone suggest abolishing the governance structures of an NHS organisation, and that he would not be doing that here. It struck me as a very odd thing to propose. I asked TC why he would want to remove something which protects people and provides them with an additional layer of assurance, but I never received a response aside from a comment (which he occasionally made) referring to the NEDs '*being in the weeds*' **JS/4 INQ0101368**[4].

18. On another occasion, when we had decided to advertise the permanent CEO role, TC told me that he wanted to be considered for the role of permanent Chief Executive. He said that although it was a long way from his home in the North West, he was very interested in it and keen to be seriously considered. I did discuss the potential salary range with him to which he said, on one occasion, that all I had to do was (to paraphrase) "*tell the NEDs I should be paid* **I&S** *and then I'm your Chief Exec*". Of course I said no to this. TC was a very experienced Chief Executive, but these kinds of conversations fed into my overall impression of him as someone who was sure that his way of doing things was right and that he had all the answers. To me, he did not seem particularly interested in consensus building, which struck me as a problem. As Chair, I was able to be robust and firm with TC, but I do think his approach might have been difficult for those who had to report directly to him.

19. The specific event which prompted me to decide it was time for TC and the Trust to part company was when a member of staff called me at the weekend to discuss a meeting this individual had with TC. TC had invited them into his office following a Board meeting, and complained to them at length (and using explicit language) about the NEDs. This occurred in March 2023. It was reported to me that TC said things such as: "*they don't realise what a proper CEO I am – they don't appreciate me*". My impression was that TC had erupted into a completely unprofessional and inappropriate rant about QVH's governance, which according to that employee lasted around 15-20 minutes. I feel quite sure that the employee in question was traumatised by the experience. They said to me during the call that they did not want to work with TC anymore and after the call they were thinking about using a different entrance and exit going forwards, in order to avoid going past TC's office **JS/5 INQ0101369**[5].

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[4] *Handwritten notes of various meetings written by Jackie Smith (25 April 2023).*
[5] *Note of confidential meeting with junior member of staff written by Jackie Smith (25 March 2023).*

Dismissal of TC

20. After I heard about this incident, which was raised with me at the end of March 2023, I met TC on 5 April 2023 and raised the issue of the concerns brought to my attention. I told TC that he and I needed to have a difficult conversation, and that I had been informed of the things he had been saying about the NEDs and the circumstances in which he said them. I also shared with TC my personal experience of him and some of the discussions we had had. He said that he could see how some staff may have 'misconstrued' what he said. He was apologetic and agreed he had not taken time to listen and understand the organisation, although at the start when I outlined some of the language it was reported to me that he had used about the NEDs he said, "*this is not language I recognise*". However, he did eventually admit to having talked about the NEDs in this way, saying that he had thought he was having a private conversation. I told TC that the Board had lost confidence in him, and that I was planning to speak to the NEDs to discuss this issue further. TC seemed very upset, shaken, and troubled by the outcome of the meeting and he agreed to reflect on what had been said over the coming weekend.

21. I spoke to TC again the following week. He said that he was expecting to part company with QVH, and that he wanted to do so in a way that managed the reputational risks to himself and the Trust. He sought to negotiate leaving at the end of July 2023, assuring me that he would conduct himself professionally in the meantime. I reported back to my NED colleagues in a formal meeting on 11 April 2023, during which it was agreed that myself and Gary Needle (the Senior Independent Director) would meet with TC to confirm that his contract would be ending early [JS/6 INQ0101370][6].

22. It was also agreed that I would speak to the Trust's NEDs and the ICB, as well as NHSE, which I did. There was some concern that QVH would again find itself without a Chief Executive at a difficult time, but given TC's conduct in his role up to this point, I was strongly of the view that he needed to leave the Trust [JS/6 INQ0101370][7].

23. These developments were also set against the backdrop of the criminal trial of Lucy Letby. The consultant clinicians who appeared as witnesses for the prosecution had begun to give evidence by this point, some of which had impugned TC's conduct while Chief Executive of the Countess of Chester. I remember speaking to QVH's then Company Secretary about how

[6] *QVH Nomination & Remuneration Committee Meeting Minutes (11 April 2023).*
[7] *QVH Nomination & Remuneration Committee Meeting Minutes (11 April 2023).*

some of it was concerning in relation to TC, specifically the consultants' claims that he had failed to listen to them when they effectively blew the whistle on Letby's actions.

24. QVH had recently appointed a Chief Strategy Officer called Abigail Jago, who agreed to step in as acting Chief Executive following TC's departure while we searched for someone to fill the role permanently [JS/7 INQ0101371][8]. Once this was settled, the Board communicated TC's leaving date of 30 June 2023 to him and informed the Trust's staff that TC would be leaving at the end of June 2023 but that Abigail would take on his role with immediate effect. TC sent a letter giving notice on 15 May 2023, which confirmed that his final day of employment would be 30 June 2023 [JS/8 INQ0101372][9]. TC was scheduled to go on holiday from 1 June 2023, and I asked him not to return to the office after his leave ended.

25. On 14 June 2023, it was brought to my attention that a Producer at BBC Panorama had written to TC in respect of the broadcaster's output for the end of the Lucy Letby trial [JS/9 INQ0101373][10]. It was escalated to me, as the BBC had followed up via telephone to try to confirm with TC that he had received the letter. He was on holiday at the time, however, so this was picked up by his PA. The letter was then forwarded to me. I read it and contacted TC on 15 June 2023 to alert him to its contents. The letter raised a number of very serious allegations against TC relating to his time at the Countess of Chester, which I found deeply shocking.

26. Following TC's departure from QVH, we commissioned Kirkby House (a consultancy focused on governance within the NHS) to complete a review of TC's appointment and termination. Kirkby House produced a report of their findings in August 2023, which covered the following questions:

    a) Was the recruitment of the interim chief executive (ICE) in line with good practice and met the requirement of the fit and proper persons test (FPPT)?
    b) Were staff listened to when concerns were raised and were they acted upon appropriately?
    c) Was the outcome of those concerns (for the staff, organisation and ICE proportionate and timely?

27. A copy of that report is exhibited to this statement [JS/10 INQ0101374][11].

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[8] *QVH Nomination & Remuneration Committee Meeting Minutes (24 April 2023).*
[9] *Letter from Tony Chambers to Jackie Smith (resignation) (15 May 2023).*
[10] *Letter from BBC Panorama to Tony Chambers (14 June 2023).*
[11] *Kirkby House Report (Aug 2023).*

Reflections following TC's departure

28. I have no concerns regarding the impact of TC's appointment to QVH on patient safety. However, I do believe that his time as Interim Chief Executive had a negative impact on the culture of the Trust, in that the behaviours he exhibited made several members of staff uncomfortable to the extent that they felt it was necessary to raise their concerns with me directly.

29. During the recruitment process TC was asked explicitly about the circumstances of his leaving the Countess of Chester on two separate occasions, by both AQ and by myself during in his interview (as explained at paragraph 13 above), and both times he responded in a way that I now feel was not transparent. I have since reflected on whether I might have asked more probing questions of him and his referees at the time, or initiated a discussion with the Countess of Chester. With the benefit of hindsight, I would have done both those things. I certainly intend to speak directly with all referees when recruiting senior employees to the Trust in the future. At the time, however, there was nothing which led me to believe that further investigations were required. TC's written references were positive [JS/11 INQ0101375]; [JS/12 INQ0101376][12], and he had apparently been successfully employed in several senior NHS roles in the years following his time at the Countess of Chester. Likewise, he was highly recommended by both NHSE and the ICB.

30. I consider that the Trust's recruitment of TC was in line with good practice and that we properly considered the application of the FPPT at every stage in the process, as reflected in the conclusions of the Kirkby House report. I would say, however, that the requirements of the FPPT do not encompass situations like this one, i.e. situations in which there are no formal records available of a candidate's wrongdoing.

31. Another reflection I have is that there should be greater transparency within the NHS in circumstances such as these. There should be a clearer and more robust process by which NHS Trusts may share key information with NHSE and, where appropriate, other Trusts, especially where concerns have been raised about potential mismanagement. To be clear, I do not know for sure that certain information was not shared by the Countess of Chester with NHSE, but I do know that it was not shared with me.

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[12] *References for Tony Chambers from Barking Havering and Redbridge University Hospitals NHS Trust, and Royal Cornwall Hospital NHS Trust (Jan 2023).*

32. I certainly do not have all the answers regarding the issues which need to be solved (and how that might be done) in order to prevent a situation like this happening again, but my own experience is that the current system did not assist me in making an informed selection. I would have found it useful to know about the way TC chose to handle the serious concerns raised by numerous Countess of Chester staff about Lucy Letby, and that a vote of no confidence by the Board was imminent before TC chose to leave of his own accord. Had I been aware, I feel certain that I would not have chosen to appoint TC as Interim of Chief Executive of QVH.

33. I acknowledge that these are complex issues, and that there is a careful balance to be struck between transparency and due process to ensure individuals are granted a fair hearing. Lucy Letby's trial was ongoing at the time of TC's recruitment to QVH and there may have been some uncertainty about what could and should be disclosed about the circumstances surrounding her crimes. However, I do consider that patient safety, and fostering a culture of candour and psychological safety throughout the NHS should take priority over reputational sensitivities.

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: 14 June 2024