

Witness name: [Ann Ford]
Witness statement number [1]
Dated: [24 June 2024]

**IN THE THIRLWALL INQUIRY
BEFORE LADY JUSTICE THIRLWALL**

WITNESS STATEMENT OF ANN FORD ON BEHALF OF CARE QUALITY COMMISSION

1. I, Ann Ford of the Care Quality Commission (“CQC”), Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA, will say as follows:

2. **Introduction**

- 2.1 The facts in this witness statement are true, complete and accurate to the best of my knowledge and belief. Where I refer to my beliefs, those beliefs, and my knowledge contained in this statement, are informed by the CQC Operations team responsible for the monitoring and inspection of Countess of Chester Hospital, supported by CQC’s Inquiries and Investigations team, Records and Data Management team, the Knowledge and Information team, the Workplace and Facilities team and our technology partners Little Fish.
- 2.2 I am the Director of Operations Network North within CQC. I am the appropriate person to give this witness statement on behalf of Care Quality Commission because the Countess of Chester Hospital sits under Network North, the area I am responsible for. The team responsible for the monitoring and inspection of the Trust, as well as the operational team responsible for identifying and reviewing materials of relevance for the Inquiry all sit under my leadership.
- 2.3 The review and disclosure of materials to the Inquiry has been undertaken by the Operational Colleagues set out at 2.2, with support and guidance from CQC’s Inquiries and Investigations team. The statement has been drafted with input from

both of these teams and I have been kept informed and updated on this work since the receipt of CQC's first Rule 9 request on 6 November 2023.

3. Request for documents and searches undertaken.

3.1 A request for information was first made to CQC on 06 November 2023. The request was made under Rule 9 of the Inquiry Rules 2006 and given the reference

I&S

3.2 Ian Trenholm, CQC's Chief Executive, responded to this Rule 9 request via two statements dated 12 February 2024 and 04 April 2024.

3.3 An additional Rule 9 request was received on 17 May 2024, requesting a disclosure statement outlining how CQC responded to previous Rule 9 requests for potentially relevant documents, our methodology in relation to disclosure of material, the processes under which material has been identified as potentially relevant to the Inquiry and the extent of oversight over in relation to the disclosure process and any measures of quality assurance. The request was given the reference:

I&S

3.4 This statement will address each of the questions asked in the 17 May 2024 Rule 9 request.

3.5 CQC's current Retention and Disposal Policy outlines our approach to records. Our policy statement for retention states:

"All records used, received, or created by CQC will have a retention period assigned that meets legislative and business requirements. Records will be transferred for permanent storage or destroyed in line with the destruction guidance. This policy applies to all records whether electronic or physical (such as paper records). There are situations where records must be kept for longer than their retention period, for example, a legal case or Government

inquiry. This does not change their retention period but instead prevents the destruction until the conclusion of the additional activity.” (AF/1) INQ0102650

3.6 There have been four versions of CQC’s Retention and Disposal Policy since December 2016. The policies include version amendments as part of the last section. (AF/2; AF/3; AF/4; AF/5) INQ0102661 INQ0102672 INQ0102678

INQ0102679 3.7 Prior to this, CQC’s Retention and Disposal Schedule was published in 2012, which included a policy statement. (AF/6) From August 2009 all CQC Records Document Management (RDM) policies were collated in one policy document, including a section on retention and destruction. (AF/7) INQ0102680

3.8 The 2009 and 2012 process and policy documents co-existed concurrently until new individual policies were published in 2016-2017. These were the policies in place at the time of our February 2016 inspection of Countess of Chester Hospital.

3.9 There were some specific individual guidance and scanning manuals published separately from the grouped policies and processes. This includes the 2013 Handling Paper Information At Home guidance. (AF/8) INQ0102681

3.10 Following this, the first standalone Paper Management Policy and Paper Management Guidance were published in January 2017. (AF/9; AF/10) INQ0102682

INQ0102651

Destruction of Records.

3.11 CQC had taken steps to prevent the destruction of records in response to the Independent Inquiry into Child Sexual Abuse (IICSA). This Inquiry had issued guidance on 23 July 2015 (<https://www.iicsa.org.uk/news/chair-of-the-inquiry-issues-guidance-on-destruction-of-documents>) and as an organisation, we had responded by suspending the destruction of any relevant records until the conclusion of the Inquiry.

3.12 There were some exceptions to this destruction hold, including:

- Data received from external sources and not owned by CQC
- Staff expenses that predate 31 March 2016

- Information Asset Register Series 2 Finance Assets¹
- Information Asset Register Series 3 Procurement
- Information Asset Register Series 4 Land and Property
- Evidence collected on inspection that falls into the following categories and therefore considered unlikely to be required for IICSA; Service user band of older people or older people and Dementia, Report is published between May and November 2016, is rated 'Good' or 'Outstanding' with no enforcement. All of these criteria would need to be met for a record to be destroyed.

3.13 We first began the process of suspending the destruction of records on 22 December 2015 when an email was sent to our executive team advising them of the hold. (AF/11; AF/12) This hold remained in place until 01 March 2023, when we were advised that we could resume disposal of records that had been retained for IICSA, in line with retention schedules. (AF/13) **INQ0102652**
INQ0102653 **INQ0102654**

3.14 This destruction hold for IICSA is relevant as this covers the time period that the Thirlwall Inquiry is considering. CQC's policy position was that during the time period 22 December 2015 to 01 March 2023, in line with the IICSA destruction hold, records relevant to IICSA, other than the exceptions described at point 3.12 would have been retained. Our process for the retention of records included some destruction of hard copy records, only once those documents had been scanned to the required standard of British Standards Institute code BS1008, by our partner Iron Mountain. The details of our work with Iron Mountain is detailed further at point 3.56-3.59.

3.15 Our colleagues in RDM have confirmed that from the dates of the IICSA hold being lifted on 01 March 2023 to CQC receiving communications from the Thirlwall Inquiry on 13 September 2023, detailed below, we had commenced planning for destruction work and were reviewing our organisational approach to the destruction

¹ The Information Asset Register is a list of CQC business records. Each entry or asset on the list is either an individual record or a group of records. By having a register, we can understand and manage our records and the risks associated with them.

of records. During this planning phase, our approach remained as described in point 3.14.

Retention of materials relevant to the Thirlwall Inquiry

- 3.16 On 13 September 2023, our Chief Executive Ian Trenholm received a letter from William Vineall at the Department of Health and Social Care, instructing that the organisation takes steps to ensure no material of potential relevance to the Thirlwall Inquiry is destroyed, deleted or disposed of. (AF/14) **INQ0102655**
- 3.17 The Inquiries and Investigations team circulated this letter to our Chief Digital Officer and Data Officer and Senior Information Risk Owner, Director of Technology, Director of Governance and Legal Services, and Information Rights Manager on 13 September 2023, ahead of our Data and Information Governance (DIG) Council meeting on 14 December 2023. (AF/15) **INQ0102656**
- 3.18 We shared the contents of the letter with our Inspection Operations North team and Director of Operations Network for the North on 13 September 2023, notifying these colleagues of the retention notice. We shared the information with this team as they are the team that oversee the monitoring and inspection of the Countess of Chester Hospital. (AF/16) **INQ0102657**
- 3.19 On 14 September 2023, we notified our Director of Engagement and Chief Inspector of Healthcare, together with Engagement, and Policy and Strategy **INQ0102658** colleagues of the retention notice. (AF/17) On 15 September 2023, our Executive Team were notified of the letter and subsequent retention notice for the Thirlwall Inquiry. (AF/18) **INQ0102659**
- 3.20 In our correspondence to the above-mentioned colleagues between 13 and 15 September 2023, all colleagues were reminded of the need to ensure that material of potential relevance is retained and accessible, including paper and digital records, and records held internally and externally to CQC systems.
- 3.21 On 19 September 2023, we issued a notice to the whole organisation via a weekly notice bulletin, informing colleagues of the establishment of the statutory public inquiry into events at the Countess of Chester Hospital, and the obligations arising from the retention letter. We reminded all colleagues that we need to ensure all

records of potential relevance to this Inquiry are accessible and retained. (AF/19; INQ0102660 AF/20) INQ0102662

Searches for relevant materials

- 3.22 To date, we have undertaken searches of both electronic and hard copy records to identify any materials of relevance for the Inquiry.

Electronic records

- 3.23 Up to November 2023, we used a Customer Relationship Management (CRM) system to manage our relationship with registered providers. Our guidance documents '*Where to save and find important information in CRM*' details the different categories of information that should be stored within CRM. This includes information of concern, whistleblowers, safeguarding concerns as well as any information on inspection activity and enforcement. (AF/21) INQ0102663
- 3.24 CRM is where we would expect all CQC staff to record any information being received by CQC about the Countess of Chester Hospital. All information coming into CQC about the hospital would be given an individual enquiry number.
- 3.25 An Inspector in the Operations North team undertook an exercise on 22-23 November 2023 to download all enquiries held within CRM in relation to the Countess of Chester Hospital. The download provided a spreadsheet of enquiry numbers relevant to the hospital. The total number of enquiries came to 1242.
- 3.26 Between 14 and 22 December 2023, a team of 13 inspection colleagues manually reviewed each of those 1197 enquiries, identifying documents that may be relevant to the Rule 9 request received on 06 November 2023. A practical guide of how to complete these reviews was provided by the Inquiries and Investigations team. (AF/22) INQ0102664
- 3.27 To assist with the Inquiry's request of 06 November 2023 that '*In the first instance we request that documents that you consider will assist in answering the questions*

relevant to this Rule 9 request letter, are exhibited to the requested witness statement' we focussed our searches on the following areas:

- Materials relevant to questions 19-23 of the Rule 9 request; specifically, whether the information was from the specified time period 2015-2023, whether the information in the enquiry referred to any concerns at all, including unexpected deaths or incidents in the neo-natal unit and whether the information in the enquiry related to any complaints or concerns directly from clinicians and/or parents of babies.
- Any materials relevant to the 2016 inspection of Countess of Chester Hospital, in line with the request from the Inquiry for '*copies of all inspection reports (published and unpublished) conducted into the CoCH neonatal unit during the proposed date range and the underlying material, including correspondence, minutes of meetings and interviews with hospital staff and parent representatives and copies of any contemporaneous notes taken by members of the inspection team for their work on the 2016 report on the CoCH, including notes of interviews with individuals, discussions with the CoCH Board and Executive.*'

3.28 This approach was taken as it was understood between the Inspection team and the Inquiries and Investigations team that the answers to those questions, were most likely to be held within CRM.

3.29 The Inspectors were asked to record the outcome of their reviews on a spreadsheet, providing a summary of the enquiry and whether they considered the documents were relevant to the Inquiry's Rule 9 request. This review and any documents labelled as 'relevant' or 'potentially relevant' informed our statement dated 04 April 2024. (AF/23) INQ0102665

3.30 It may assist the Inquiry to understand how the spreadsheet was used in practice. Although there is a dedicated section for Legal and Quality Assurance (QA) review,

this work was later undertaken in the statement's draft disclosure spreadsheet of exhibits instead. (AF/24) **INQ0102666**

- 3.31 The work of Inspectors throughout this review was overseen by an Inspection Manager and a Public Inquiries Manager who would provide advice and review any enquiries that Inspectors were unable to determine relevance for.
- 3.32 In addition to the oversight provided at point 3.31, weekly meetings were held between the Inquiries and Investigations team and the Operations team to discuss progress with these reviews, any materials of relevance and any further work to be undertaken. These meetings were attended by Inspectors undertaking reviews, a Public Inquiry Manager, an Operations Manager and the Deputy Director for Operations, Network North.
- 3.33 As part of our review of materials in CRM, between 22 and 24 November 2023, an Inspector also downloaded all 'Management Review Records' (MRR), Regulatory Processes (RGP) and Risk Register entries held within CRM for the Countess of Chester Hospital.
- 3.34 MRRs are used to maintain records of any management review meetings held in relation to a Registered Provider. For the Countess of Chester Hospital, there were 30 records.
- 3.35 RGPs are regulatory processes that record and process provider registrations, notifications or any enforcement actions being taken against a registered provider. There were 25 RGP records.
- 3.36 The purpose of the Risk Register Record is to capture and update important information on CRM about a regulatory risk in relation to a registered provider or location. The data exported on 22-24 November 2023 gave 8 results for the Countess of Chester Hospital.
- 3.37 Using the same guidance and methodology as the CRM enquiry review at point 3.26-3.27, Inspectors reviewed each MRR and RGP record for materials relevant to the Rule 9 request of 06 November 2023.
- 3.38 Outside of CRM, throughout the time-period 2015 – 2019, colleagues across CQC had access to a Y Drive for storing documents. The Y Drive is a file share server which was used to house all CQC non-regulatory information as well as inspection

related information that was too large to be uploaded to CRM. It contained a dedicated section for inspection related information split by location and then inspection quarter.

- 3.39 In late 2019 CQC transferred all Y Drive data, modified on 01 April 2018 or after, into a replica structure in SharePoint Online as part of our move to cloud infrastructure and modern working. All data prior to 01 April 2018 was retained on the Y Drive file share server.
- 3.40 In January 2024, an Inspector, Inspection Manager and Deputy Director worked alongside colleagues in the RDM team to locate any Y Drive folders that may hold information relevant to the Countess of Chester Hospital.
- 3.41 As there is an area of the Y Drive dedicated to inspection related information, in November 2023, a key word search was carried out by the RDM team for inspection records. Due to the nature of the Y Drive file share the search function was limited to returning results only where the search term appears in the name of the files. This is because of the functionality of the Y-Drive and is not something CQC had the ability to adjust.
- 3.42 Two areas of the Y Drive were searched, Engagement and Intelligence. The search terms were:
- Countess of Chester
 - RJR (This is the code used within CRM for the Trust)
 - Countess
 - North West
 - NW
 - RJR01 (It is unclear why this was used as a search term, as this code does not relate to any Countess of Chester codes with CRM. The search using this term did not provide any results, which would be correct as the code is not linked to the Trust)

3.43 Additional searches took place within the Y Drive in October 2023 and January 2024. Search terms used were:

- MBRRACE ('MBRRACE refers to a programme by the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford conducting surveillance and investigating the causes of maternal deaths, stillbirths and infant deaths.)
- Perinatal
- Countess of Chester RJR

3.44 The search term 'Chester' was not used for the purposes of searching the Y Drive. This is because it was determined that this search term would generate results for any services registered with CQC who's name also contains this word, as well as records relating to any mention of Chester as a location. To ensure searches were only providing results that may be of relevance to the Trust, the term 'Countess' was thought to be more focussed.

3.45 All potentially relevant files located in the Y Drive were copied to the corresponding folders in SharePoint online to enable access by Operations colleagues for review.

3.46 Operations colleagues took responsibility for the review of any records transferred by the RDM team. In determining whether each document was relevant, Inspectors took into consideration whether the information related to the Countess of Chester Hospital, specifically Children and Young Persons services, whether the information would assist in answering questions posed in the 06 November Rule 9 request, and whether the information provided any other relevant information on neonatal deaths at the hospital. In determining relevance, Inspectors used their professional judgement and experience of hospital regulation to advise on relevance.

3.47 Colleagues working in the Inquiries and Investigations team also liaised with colleagues across the organisation to obtain any further materials to assist us in answering the questions posed in the Rule 9 request of 06 November 2023.

3.48 The Data & Insight team were contacted on 08 January 2024 and asked to provide us with any insight reports generated during 2016-2022 for the Countess of Chester Hospital. They provided this information on 19 January 2024 and the

reports were reviewed by an Inspection Manager, with experience in hospital regulation, who advised on the relevance of each report to the Rule 9 request.

- 3.49 A Policy Manager, working within CQC's Policy team, assisted with locating relevant policies and procedures required as part of the 06 November Rule 9 request. This included, but is not limited to, materials relevant to CQC's Next Phase Approach, the Single Assessment Framework and the Children and Young People's framework documents.
- 3.50 In relation to electronic searches undertaken, CRM and the Y Drive are the systems in which we would expect to find all materials relating to our monitoring and inspection of Countess of Chester Hospital. However, to assist the Inquiry and provide assurance that we are disclosing any materials that may support the Inquiry's terms of reference, further detailed searches of our electronic records are being undertaken. These are detailed at points 3.76 – 3.92 below.

Paper Records

- 3.51 In 2016, Inspectors out on inspection would make paper notes of their findings during site visits. This meant that Inspectors visiting the Countess of Chester Hospital during February 2016 would have created paper records of this inspection. Prior to the destruction hold for the IICSA Inquiry, Inspection colleagues would usually take their inspection notes home with them and keep these in a lockable cabinet until they could be destroyed in line with our Handling Paper information at Home policy. (AF/8) Following the destruction hold, a process for collecting and storing inspection notes commenced (see points 3.55-3.66).
- 3.52 There are also paper records available to us that had been held in now-closed CQC offices. For context, CQC's Bristol office closed in November-December 2018 and all records held there were transported to the London office and later transported to our Birmingham office and are still stored at this location. When CQC's Preston office closed in 2017, all remaining records held there were transported to Citygate, our Newcastle office, where they still remain stored. When CQC's St Pauls House

office in Leeds closed in December 2022, all remaining records held there were transported to Citygate, the Newcastle office, where they still are.

- 3.53 We have therefore undertaken searches of our paper records to identify any materials of relevance. It may assist the Inquiry to know more about CQC's approach to the storing of paper records and how this has informed our search for relevant material.
- 3.54 In 2018 and 2019, a pilot paper collection project was undertaken. The project required the secure transfer of records from Inspectors' homes to CQC offices, and subsequent collection by an organisation called Iron Mountain, who would be responsible for the scanning of those documents to the British Standards Institute code BS1008, production of an electronic version of the document and destruction of the originals.
- 3.55 CQC at the time had an offsite storage contract with Iron Mountain. This was inherited by CQC when the organisation was established in April 2009 and contains hard copies from the following predecessor organisations:
- The Social Services Inspectorate (SSI). This was established in 1985 and dissolved in 2002.
 - Commission for Social Care Inspection (CSCI). This was established in 2004 and was dissolved in 2009. In 2007 Children services fell under the remit of Ofsted.
 - Mental Health Act Commission (MHAC). This was established in 1983 and was dissolved in 2009.
- 3.56 The key services provided to us by Iron Mountain were document storage, scanning, retrieval, and secure destruction.
- 3.57 CQC's RDM team were responsible for saving any scans completed by Iron Mountain into the Y Drive folder. These were later moved to SharePoint in late 2019.
- 3.58 CQC did not store any of our hard copy records at Iron Mountain. Any records scanned by Iron Mountain were saved into our SharePoint location, and then destroyed by Iron Mountain. Our understanding was that IICSA permitted destruction

of these records on the basis that the scanning had been completed to the required standard.

- 3.59 Following this pilot project in 2018, the 2020 Whorlton Hall report, set up to review CQC's regulation of Whorlton Hall, recommended "CQC *must ensure that secure and effective arrangements are in force for the collection and storage of physical notes and electronic records made in the course of gathering evidence at inspections.*" (AF/25) INQ0102667
- 3.60 Since then, work has been done to establish an in-house process which allows colleagues to sort records, send them to the Newcastle office for collection, scanning, storage and/or destruction. We provided colleagues with guidance on how they should send their paper records in. (AF/26) INQ0102668
- 3.61 This updated paper collection project commenced in 2021. The current process for paper records is that any paper inspection records sent to CQC by colleagues should be transferred to our Newcastle office for sorting, thinning, internal scanning and storing. This work is ongoing and not all records have been scanned into our systems yet. Further detail on this is given in section 5 of this statement.

3.62 The following guidance documents are in place for colleagues supporting this project on site at our Newcastle office:

- Identifying records paper thinning guidance (AF/27) **INQ0102669**
- Paper thinning guidance workflow (AF/28) **INQ0102670**
- Legacy paper project homeworking guidance (AF/29) **INQ0102671**

3.63 QA checks are carried out by Facilities colleagues to ensure the scanned version of any paper records meets legal admissible requirements. The QA checks include:

- careful preparation of the documents to be scanned such as staple removal and unfolding corners to ensure information is not obscured.
- random sampling of pages scanned to check quality. Samples of 5-10% are acceptable, although 30% is recommended and high-risk documents may require 100% review. Check the pages to examine:
- smallest detail legibly captured (e.g. smallest type size for text; clarity of punctuation marks, including decimal points).
- completeness of detail (e.g. acceptability of broken characters, missing segments of lines).
- dimensional accuracy compared with the original (i.e. can you still read the document).
- scanner-generated speckle (i.e. speckle not present on the original).
- completeness of overall image area (i.e. missing information at the edges of the image area).
- density of solid black areas; and
- colour fidelity, where appropriate.

- 3.64 The PDF scans created as part of the current paper collection project, including scanned Iron Mountain inspection records, are saved to the 'Scanned Inspection Notes' dedicated area of SharePoint by Facilities colleagues with the following agreed naming convention for searchability purposes: Date of inspection > location name and ID > name of core service > inspectors name > protective marking.
- 3.65 Records scanned prior to the current paper collection project as part of its previous iterations are saved on SharePoint in one of three SharePoint folders:
- Paper Collection 2021
 - Paper Management 201812 Scanned Records
 - Paper Management 201812
- 3.66 On 07 December 2023, the Inquiries and Investigations Team requested Facilities colleagues conduct searches to locate the inspection notes for our February 2016 inspection of the Countess of Chester Hospital. Facilities colleagues were provided with the following search criteria:
- Dates: 16, 17, 18, 19 February 2016
 - CRM ID: **I&S**
 - Provider name: Countess of Chester Hospital NHS Foundation Trust
 - Location name: Countess of Chester Hospital (COCH)
 - Location ID: **I&S**
 - Parent ID: **I&S**
 - List of named Inspectors who took part in the February 2016 Inspection of Countess of Chester Hospital.
- 3.67 On 08 December 2023, Facilities colleagues sent the Inquiries and Investigations Team a scanned bundle of inspection notes from the February 2016 Inspection of the Countess of Chester Hospital after conducting searches of the above criteria in

the above-mentioned SharePoint locations for scanned records. The notes were shared with Operations colleagues on 11 December 2023 for review.

- 3.68 Operations colleagues reviewed the notes and identified that the inspection notes for Children and Young People services (CYP) were not included in the scanned bundle and had not been scanned with the other notes for the February 2016 inspection of the Countess of Chester Hospital during previous paper scanning projects. The documents identified in this bundle were exhibits INQ0017333 and INQ0017340 from the statement dated 04 April 2024.
- 3.69 On 26 January 2024, we sent correspondence to every member of the February 2016 Countess of Chester Hospital Inspection team, requesting confirmation of whether they hold any inspection notes or records from the February 2016 inspection. (AF/30) **INQ0102673**
- 3.70 We had current contact details for 18 members of the Inspection team. We received responses from all 18. Many of these responses indicate that notes were handed in to an Inspector at the end of the inspection. One person, who did not form part of the CYP inspection team told us that any records they may have held had been 'shredded'. One person held some information relating to maternity services. We will continue to liaise with this person to determine if these materials are already held by CQC.
- 3.71 We could not identify contact details for 15 of the Inspection team, and those letters did not deliver. We have since located current details for one of those individuals and they did not hold any additional materials. None of these individuals were part of the CYP Inspection. All of the Inspection team who visited the Neonatal unit have been contacted.
- 3.72 Helen Cain (Lead Inspector for CYP at the 2016 inspection) confirmed by email she had returned her inspection notes to the Preston office before she left CQC. (AF/31) **INQ0102674**
The Preston office closed in 2017 and all paper records stored there were transferred to the Newcastle office.
- 3.73 On 29 January 2024, we asked facilities and Knowledge and Information Management (KIM) colleagues to locate the Preston office records. On 30 January 2024, Facilities colleagues confirmed three crates of records from the Preston office had previously been sent to Iron Mountain for scanning. With this additional

information, Facilities colleagues were able to trace the scans of the documents from the three Preston office crates that were sent to Iron Mountain using the unique ID number ('SKP number') Iron Mountain had assigned the boxes. Facilities colleagues reviewed these newly identified files against the previously agreed search criteria provided by the Inquiries and Investigations Team, who were then able to locate the CYP notes for the 2016 inspection. This was disclosed to the Inquiry as exhibit IT/103, INQ0017339.

- 3.74 At the time of our initial disclosure to the Inquiry, we understood this to be all of the relevant paper inspection notes. However, we have been informed by previous CQC staff, who have been issued individual Rule 9 requests through CQC, that additional inspection records would have been created. We are undertaking searches to determine if these records are available. See section five for further detail of this work.

Ongoing searches for relevant materials

- 3.75 Our searches for materials relevant to the Inquiry have been ongoing since receipt of the Rule 9 request on 06 November 2023 and are continuing at the time of this statement.
- 3.76 Following receipt of the Rule 9 request dated 17 May 2024, we now understand that the Inquiry require a broader scope of information than we have so far disclosed. We had in our original disclosure focussed on those materials that were most relevant to the two previous Rule 9 requests. We have now widened our interpretation of relevant materials to ensure we provide any further materials that may assist the Inquiry and ensuring that we continue to cooperate fully.
- 3.77 To do this we are undertaking the following activities:
- 3.78 All CRM enquiries, MRR's RGP's and Risk registers, alongside the Y Drive folders and data and insight report provided to us relating to Countess of Chester Hospital will be reviewed again, using a broader criterion for relevance. Guidance on what

should be considered relevant is being drafted and will be provided to the Operations team.

- 3.79 At the time of writing this statement, I understand there to be a Y Drive folder with approximately 1062 documents that require a review for relevance. This information was shared with the Inquiry via telephone on the 21 June 2024. The Inquiries and Investigations team are currently indexing these documents in preparation for review.
- 3.80 A team of inspection colleagues will review each document identified at 3.78-3.79 against the Inquiry's terms of reference and recommend further items for disclosure. These items will be quality checked by an Operations Manager and the Public Inquiries Manager.
- 3.81 As we progress these reviews, we will provide any additional materials as soon as these are identified as relevant by the reviewing team. The team will aim to have the review of these electronic records complete by 15 July 2024 and will share with the Inquiry any additional materials.
- 3.82 A Records Manager, with the support of staff from our technology partners Little Fish, is also undertaking new searches of our systems for any new items of relevance. The searches will expand on the searches described above at points 3.22-3.74 using software to allow for further focussed searches of all CQC systems; using key words to search for relevant materials. These key words are currently being drafted and approved by Legal colleagues to ensure all possible search options are being considered. The purpose of these searches is to further ensure that we have collated all materials relevant to the Countess of Chester.
- 3.83 On 07 May 2024 a Data Protection Impact Assessment was approved permitting the Inquiries and Investigations Team, technology colleagues and our external technology partners Little Fish, to utilise M365 eDiscovery Premium software to search, review and export documents contained within CQC's Microsoft suite for the purposes of the Thirlwall Inquiry.
- 3.84 M365 eDiscovery software enables the collation, search, review, and refinement of documents contained within the Outlook inbox, SharePoint, Team's, and OneDrive

of custodial and non-custodial data sources by defined criteria, such as date range and keywords.

- 3.85 M365 eDiscovery is the internal eDiscovery software available to us, contained within Microsoft Purview as part of our software package with Microsoft. We do not have access to electronic discovery tools that permit searching of documents contained outside of the Microsoft suite. The organisation moved from Y Drive and P Drive electronic document storage to Microsoft SharePoint in late 2019. All data and documents created before April 2018 remained within the now archived storage.
- 3.86 The Records Manager is drafting a search plan to support this work, whilst the Public Inquiries Manager is sourcing additional resource to undertake these searches from our technology partner Little Fish. We anticipate this work will start week commencing 24 June and these searches will be complete by 08 July 2024.
- 3.87 Any items that the search team identify through the eDiscovery software that may be relevant to the Inquiry, will be moved to SharePoint for review and quality checking by operations colleagues as at points 3.80.
- 3.88 In addition to the above electronic searches, we understand that there remains a large amount of paper records in our Newcastle office that have not yet been reviewed for relevance. We have been working alongside CQC's facilities team to

identify the location of any potentially relevant paper records that have not yet been retrievable.

3.89 The Inquiries and Investigations team met with members of the facilities teams on 13 June 2024 and 18 June 2024 to determine whether there were any further paper records that we had not yet accessed.

3.90 The facilities team advised that there are a number of paper records that that have not been scanned into CQC's SharePoint folder to date, and that these will need to be manually checked for any items of relevance. This includes:

- Records removed from CQC offices as they have closed, as described at point 3.52.
- Records received back from Iron Mountain that had not been scanned by them. These are being processed in line with our records process explained at point 3.61-3.65. There are 270 boxes of materials that fall into this category.

3.91 In response to this, the Inquiries and Investigations team are working to determine how many paper records may still require review and are liaising with colleagues across operations teams and facilities teams to determine who may be able to support with this work. This is an extensive piece of work that will extend across a number of CQC offices nationally. We will keep the Inquiry updated on our progress

with this and provide further information on our plan for these searches by 03 July 2024.

- 3.92 The teams working across these new reviews are doing so at pace. I wish to stress that we understand the importance of timely disclosure to the Inquiry and are working to provide these documents and a supplementary statement as soon as possible.

4. Documents which have been provided to the Inquiry.

- 4.1 Within the two statements provided to the Inquiry so far, CQC have provided 238 individual exhibits, as listed in the INQ numbers spreadsheet returned to us by the Inquiry. To provide these, we categorised records in the following way:

CRM Enquiries.

- 4.2 These are the individual enquiry records referred to at points 3.23. This category only refers to information being received into CQC during the relevant time-period requested by the Inquiry. Any inspection activity or meeting records held within CRM are listed in the categories below. Of the enquiries reviewed, 26 documents related to concerns received into CQC about maternity care and/or the neonatal unit, and were provided to the Inquiry via the statement dated 4 April 2024.

CRM MRRs.

- 4.3 This category refers to any management meetings held in relation to the Countess of Chester Hospital. Of the MRRs reviewed, 7 documents were relevant to the Rule 9 request of 6 November 2023 and provided to the Inquiry via the statement dated 4 April 2024

CRM RGPS.

- 4.4 This category searched for any enforcement documents held within CRM. Of the 26 records available, 2 were relevant to the Rule 9 request of 6 November 2023 and

provided to the Inquiry via the statement dated 4 April 2024. All other records in this category related to registration processes for the Trust.

CRM Risk Register

- 4.5 This category involved a review of any risk entries put into CRM, explained further at point 3.29. Of the 8 records checked, none were provided to the Inquiry. This was because the entries reviewed related to departments of the Trust not linked to Children and Young People's services.

Data and Information

- 4.6 43 records were provided to the Inquiry from this category. The documents contained data requests and information provided to us by the Trust in advance of the February 2016 inspection. The category also contains any information received into us by the Trust directly about the investigations into neonatal deaths.
- 4.7 I anticipate further disclosure will be made by us in this category. Our initial disclosure provided documents related to the CYP data received by us from the Trust. The ongoing disclosure activities detailed at 3.76 – 3.93 have produced additional documentation for other areas of the Trust that we are reviewing for relevance prior to disclosure. See point 3.80 for further information.

Engagement and Media

- 4.8 This category contained meeting minutes of meetings held between CQC and the Trust during 2016- 2023, outside of inspection activity. We located and disclosed all 25 meeting records found.

Incident Co-ordination Groups

- 4.9 This category contained records relating to the Incident Co-ordination Groups held throughout 2018-2019, of which CQC were a member. Of these, all 4 were relevant

to the Rule 9 request of 6 November 2023 and provided to the Inquiry via the statement dated 4 April 2024.

Inspection Notes

- 4.10 This category held any inspection records found both electronically and in paper format. There have been a total of 19 documents located in this category and all have been disclosed to the Inquiry via the statement dated 4 April 2024.
- 4.11 As detailed further in section 5 below, we now understand that additional documents may exist in this category and are undertaking searches to locate and disclose these.

Published Reports

- 4.12 This category held any reports found both electronically and in paper format. The category includes any published inspection reports for the Countess of Chester Hospital, as well as general reports by CQC and other agencies. These were referenced throughout the statement provided to the Inquiry dated 12 February 2024. 45 documents were located and disclosed.

Policies and Procedures

- 4.13 This category related to all of CQC's policies and procedures referenced in statements dated 12 February and 4 April 2024. A total of 50 documents were shared, including both current and archived policies and records detailing our Memorandums of Understanding agreements with external agencies.

5. Other documents not provided to the Inquiry.

- 5.1 As detailed in paragraphs 3.76 – 3.92, we are undertaking additional searches of CQC systems to identify any further materials of relevance for the Inquiry.
- 5.2 In addition to those searches already described within this statement, there are some materials that we believe may have existed that we are currently working to locate. On completion of our statement dated 4 April 2024, it became clear that some items of potential relevance to the statement had not been located. This included notes from a pre inspection engagement meeting with the Trust, notes from the consultants' focus group on February 2016, notes from a meeting between CQC and

CoCH in February 2016, a Quality Summit meeting dated 29 February 2016 and notes from a Quality Surveillance Group meeting dated 28 July 2016. We would have expected that any documents relating to our monitoring and inspection of the Trust would have been saved within CRM or the Y-Drive, however our searches of these areas for these documents have not provided any results.

- 5.3 Additionally throughout May 2024, in the course of supporting witnesses with their own statements to the Inquiry, it has become clear that there may be additional notes from the February 2016 inspection of Countess of Chester Hospital that we were not previously aware of that we are now working to locate.
- 5.4 We are not able to say that these documents definitely existed, however we expect that they may have done. We are continuing efforts to search for these documents. However, I wish to flag with the Inquiry that there remains a possibility, because of human factors such as documents not being stored in CRM or the Y Drive as expected, that these documents may no longer be in CQC's possession.
- 5.5 To search for these documents, we have undertaken the following additional search activities:
- 5.6 On 07 May 2024, a meeting was held between the Inquiries & Investigations team, the Head of Governance and Legal Services, the IT & Cyber Security Manager, and the Information Rights Manager. The purpose of this meeting was to discuss the searches undertaken so far and determine if there were any further locations to be searched for this information.
- 5.7 At this meeting, the following actions were agreed:
- We will make a request to Little Fish to access the diaries of people we believe may have been at the meetings we are missing notes for. This will enable us to identify relevant individuals and contact them directly to request any documents.
 - We will write to the members of the 2016 inspection team again, and any other third parties we believe may hold information and ask them for any materials they still hold.

- We will make further contact with existing CQC staff who were involved with Countess of Chester Hospital to see if they have any information that may assist us in locating the relevant materials.
- 5.8 Following this meeting, the Inquiries and Investigations team completed a Data Protection Impact Assessment (DPIA) seeking approval to make additional searches of CQC systems using eDiscovery to locate these items.
- 5.9 Approval for the use of eDiscovery was given on 7 May 2024. A search plan was developed on 9 May 2024 outlining the search terms that would be used, along with the date ranges to be considered. (AF/32) **INQ0102675**
- 5.10 Between the dates of 13 and 17 May 2024, searches were undertaken using the search plan by a Records Manager. A full list of searches undertaken are available in the following exhibit. (AF/33) **INQ0102676**
- 5.11 Any potentially relevant materials identified by the Records Manager were exported from eDiscovery to SharePoint for review. There was a total of five documents. These materials were reviewed by a Public Inquiry Manager and an Operations Manager who confirmed these materials were not linked to the documents identified at point 5.2 - 5.3 and were not otherwise relevant to the Inquiry.
- 5.12 As a result, approval was sought from CQC's Director of People by the Public Inquiry Manager to search the Microsoft Outlook accounts of people identified as potentially holding these unlocated materials. The people whose outlook accounts we requested to search were Helen Cain (Children and Young Persons Inspection lead), Bridget Lees (Inspection Manager) and Ann Ford (Head of Hospitals Inspection). This request for approval was sent on 8 May 2024, and was approved the same day.
- 5.13 CQC's contracted technology partner 'Little Fish' were then asked to reactivate the named accounts for searches to take place. This was actioned on 03 June 2024.
- 5.14 Ann Ford's outlook account has produced 586 results when the 'Countess of Chester' was used as a search term. These results will combine emails, meetings, and diary entries. We are in the process of continuing the search of this mailbox

via eDiscovery and will export these search results, and review them in line with the reviews being undertaken at points 3.81-3.82.

5.15 We also contacted the Inspector who had been the CQC relationship owner for the Trust in 2016 to determine if they held any records. We requested that they conduct a search of their mailbox and calendar using the descriptions provided in the search plan referenced at point 5.10. We also requested the Inspector provide us with a response to the following questions:

- whether you were involved in or have knowledge of any of those events (referenced at point 5.2 above),
- who else might have been involved from your recollection,
- whether it was convened by CQC or someone else,
- what was the expectation around note taking; and
- whether you can recall any notes having been made.

5.16 We received a response on 13 June 2024 from the inspector confirming that they do not hold any further information to assist in our searches.

5.17 Little Fish were unable to access two of the requested outlook accounts, the account for Bridget Lees and Helen Cain.

5.18 Little Fish took over the CQC Account in April 2020. As a result, they have been unable to retrieve the data or reactivate the account for Bridget Lees as this was managed by our previous IT Service Provider – ATOS. To locate this account, Little Fish have looked through Active Directory, Azure Active Directory and the Microsoft 365 Admin Portal. This has not produced any results. We believe that the information would have been deleted by ATOS following the take-over by Little Fish but we do not have access to historical information from ATOS so we are unable to confirm that that has been the case.

5.19 In the case of Helen Cain, her account was reactivated, however any mailbox items were only retrievable using eDiscovery. Little Fish were unable to recover Helen's Outlook calendar and inbox in its native format within her reactivated Outlook mailbox account for us to review prior to submission of this statement. Entries in

Helen's Outlook calendar are accessible as individual items within M365 eDiscovery amongst the other items contained within her retained Microsoft applications. This has formed part of the searches outlined at point 5.10-5.11, and we continue to liaise with Little Fish to determine if calendar searches are possible via another route.

- 5.20 As the above eDiscovery and mailbox searches did not identify the materials needed, a further letter to the inspection team has been drafted and will be sent by 26 June 2024. This letter asked colleagues to confirm again if they held any information of relevance to the Inquiry and makes particular reference to the five documents at point 5.2. (AF/34) INQ0102677
- 5.21 At the time of writing this statement, these five documents highlighted have not been located through electronic searches. However, we will continue our searches for these documents and provide further updates to the Inquiry on this.

Conclusion

- 5.22 The statement I have provided outlines the extensive work already undertaken by colleagues working across CQC to search for and disclose any relevant materials to the Inquiry. This work is continuing and I wish to emphasise that CQC remain committed to providing any further materials at the earliest opportunity.
- 5.23 Colleagues working in the Inquiries and Investigations team will continue to update the Inquiry on our searches of both electronic and paper record. We anticipate that all additional electronic materials will be provided to the Inquiry by 15 July 2024.

Statement of Truth

I believe the content of this witness statement is true.

[Ann Ford]

Signed:

PD

Dated:

[24 June 2024]