House of Commons

Health and Social Care Committee

Pre-appointment hearing with the Government's preferred candidate for the role of Chair of HSSIB

Fifth Report of Session 2022–23

Report, together with formal minutes relating to the report

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Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health & Social Care.

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Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publication

Committee reports are published on the Committee's website at www.parliament.uk/hsccom and in print by Order of the House.

Committee staff

The current staff of the Committee are Matt Case (Committee Specialist), Joanna Dodd (Clerk), Sandy Gill (Committee Operations Officer), James McQuade (Committee Operations Manager), Stephen Naulls (Clinical Fellow), Anne Peacock (Media and Communications Manager), Yohanna Sallberg (Second Clerk), Matt Shaw (POST Fellow), Katherine Woolf (Academic Fellow), and Catherine Wynn (Committee Specialist).

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Contents

Appointment of the Chair of the Health Services Safety Investigations Body (HSSIB)

1. On 25 August 2022, the Secretary of State for Health and Social Care, Rt Hon Steve Barclay MP, wrote to inform us that following the conclusion of a recruitment process his preferred candidate was Dr Ted Baker. The pre-appointment hearing took place on 1 November 2022. A transcript of the session is available on our website.

2. Dr Baker is a retired Consultant paediatric cardiologist and practised for 35 years. He was Chief Inspector of Hospitals at the Care Quality Commission between 2017 and 2022.

3. In response to our questionnaire, Dr Baker described himself as a "consistent champion of the quality and safety of patient care". Describing his motivation in applying for the role, he outlined his desire to "drive improvements in the way that health services respond to safety events" and to "improve the safety of care across health services." [1]

4. During our hearing, Dr Baker described the role as an important opportunity to advance patient safety. He outlined an intention to work collaboratively with relevant stakeholders - whilst maintaining independence - including a desire to build an alliance with patients and their families to bring about a diversity of views. Dr Baker went on to explain his desire to take a systems-based approach to patient safety investigation and avoid a culture of individual blame, with a new-found focus on learning from the outcome of patient safety investigations. He placed specific emphasis on the need to drive real improvements for patients by engaging with stakeholders to help the recommendations of reports to be properly implemented. He also outlined a desire to reflect the reality of front-line staff's working lives in HSSIB's investigations and a plan to do this by having honest conversations with them during the investigation process.

5. Regarding the possibility of taking up a role at Aqua, Dr Baker said that HSSIB would be his priority. We think it would be important to monitor any such consultancy roles closely, including any impact they could have on the independence of the role of Chair of HSSIB.

6. Overall, Dr Baker is an excellent candidate with a proven track record indicating his commitment to patient safety. His background as Chief Inspector of Hospitals at the CQC makes him well-qualified for this new role. We therefore approve Dr Baker's appointment and wish him the very best in this role.

1 Dr Baker's pre-appointment hearing questionnaire responses.

Appendix 1: Letter to the Chair of the Committee from Rt Hon Steve Barclay MP Secretary of State for Health and Social Care, 25 August 2022

I am writing to inform you that following the conclusion of an open recruitment process, my preferred candidate for appointment as the next Chair of the Health Services Safety Investigations Body is Dr Edward (Ted) Baker.

Ted Baker was Chief Inspector of Hospitals at the Care Quality Commission between 2017 and 2022. Ted trained as a paediatric cardiologist and was in clinical practice for 35 years. He has held a range of clinical and academic leadership roles including Medical Director at Guy's and St Thomas' NHS Foundation Trust.

I have attached separately a copy of his CV and a background paper on the recruitment campaign.

It would be helpful if a pre-appointment hearing could be held with the Committee at the earliest opportunity. Ted Baker will attend, and I look forward to receiving your report following the hearing.

I have copied this letter to Ted Baker, to Jacqueline Dunkley-Bent, Senior Independent Panel Member, to Rt Hon Michael Ellis QC MP, Minister for the Cabinet Office, and to the Clerk of the Liaison Committee.

Steven Barclay MP

Secretary of State for Health and Social Care

Appendix 2: Candidate CV

Edward James Baker

KEY EXPERTISE

- **Profile** – highly experienced and successful clinician, clinical academic, medical leader and healthcare regulator.
- **Leadership** – national leader across NHS and independent healthcare, leading on driving change in the leadership culture and improving patient safety and system governance.
- **Board experience** – over 16 years of board level leadership with 5 years operating at national level.
- **Strategy and transformation** – persuasive and visionary leader with a record of initiating and delivering pioneering strategic projects that have set the standard nationally and internationally.
- **Performance improvement** – a leader of high performing teams that deliver results exceeding expectations and a promoter of outstanding clinical care.
- **Delivery** – extensive operational and quality management experience as clinical director, executive medical director and deputy chief executive.
- **Multi-stakeholder collaboration** – operated across government and nationally with a strong patient focus to deliver improvements in the quality and safety of care across multiple health sectors.
- **Regulatory and governance** – shaped the implementation of regulatory policy for health services nationally fundamentally changing the national approach to regulation of healthcare.
- **Senior Clinician** – in clinical practice for 35 years, published numerous scientific articles, have given many invited lectures nationally and internationally.
- **National network** – strong collaborator at a national, regional and local level across healthcare connecting agendas and best practice.

CAREER OVERVIEW

Chief Inspector of Hospitals, Care Quality Commission, 2017 to 2022

Key Achievements:

- National role in overall charge of the regulation programme for acute and community hospitals, for mental health services, ambulance services, hospices, and independent healthcare services.
- Board member and executive director leading on strategic change in approach to regulation.
- Built excellent and productive relations with a wide range of external stakeholders, including NHS England, Royal Colleges, DHSC and government.
- Championed strong and effective working relationships with other regulators.
- Pivotal role in the development and delivery of the CQC's successful and transformational programme of inspection of NHS trusts.

- Chief author of influential NHS well-led framework changing the approach to leadership throughout the NHS and independent healthcare.
- Drove a radical change in the approach to patient safety in healthcare in England.
- Chaired the National Quality Board, the National Joint Strategic Oversight Group and the national Covid-19 Medical Risk Panel.

Deputy Chief Inspector of Hospitals, Care Quality Commission, 2014 to 2017

Key Achievements:

- Led on developing the programme of hospital inspections, developed the inspection methodology.
- Strengthened CQC's approach to enforcement and monitoring of safety and quality.

Medical Director and Deputy Chief Executive, Oxford University Hospitals NHS Trust, 2010 to 2014

Key Achievements:

- As an executive board member established new clinically led management structure with substantially improved operational and financial performance.
- Rebuilt clinical governance, risk management and board assurance infrastructure.
- Built new partnerships with university and wider NHS, led re- accreditation as a NIHR Biomedical Research Centre.

Medical Director Guy's and St Thomas' NHS Foundation Trust, 2003 to 2010

Key Achievements:

- As executive board lead for clinical quality drove cultural change, creating a strong focus on patient safety and developing an open and learning culture.
- •Achieved excellence in assurance and risk management, receiving outstanding reports from external regulators.
- Identified the need for values driven leadership and instigated an extensive consultation on the trust's core values.
- Central leadership role on the board in the accreditation as a Foundation Trust in 2004, an NIHR Comprehensive Biomedical Research Centre in 2006 and King's Health Partners as an Academic Health Sciences Centre in 2009.
- Led on a major strategic reconfiguration of services. In 2005, opened the Evelina Children's Hospital to national and international acclaim. A project I instigated and led from beginning to completion.

Honorary consultant paediatric cardiologist, Senior Lecturer and subsequently Professor of Paediatric Cardiology, Guy's and St Thomas' NHS Foundation Trust/King's College London, 1987 to 2010

Key Achievements:

- Recruited and built a multidisciplinary paediatric cardiac clinical team that now provides one of the leading clinical services in the country – scoring highest nationally for quality of clinical care in the 2013 national Safe and Sustainable review.

- Built a strong management team in women and children's services at Guy's and St Thomas' that delivered consistently excellent operational and financial performance, major service developments and excellent clinical care.
- Created a culture of patient focus and clinical excellence in the Evelina Children's Hospital, which has received widespread external recognition. It was the first children's hospital in England to achieve an outstanding rating from the CQC.
- Initiated and developed an academic programme of imaging of heart disease that has grown into one of the UK's leading centres for cardiac MRI.

SELECTED OTHER LEADERSHIP POSITIONS

- **Chair of Department of Health Committee on commissioning safe and sustainable specialist paediatric services 2007 to 2008 The analysis developed has proved influential and has since been adapted for use in planning the reconfiguration of adult services.**
- **Member of Department of Health medical regulation working group on the role of the Responsible Officer for medical revalidation 2008 to 2010**
- **Board member, London Specialty School of Paediatrics (London Deanery) 2008 to 2010.**
- **Member of Council and Trustee, Royal College of Paediatrics & Child Health 2001 to 2003**
- **Editor-in-Chief of journal "Cardiology in the Young" (Cambridge University Press), 2007 to 2013.**
- **Editor of a leading international textbook, "Paediatric Cardiology" Elsevier, London 2010**

QUALIFICATIONS

Registered medical practitioner since 1979 (GMC 2489542)
BA, Cambridge, 1976
BChir, Cambridge, 1979
MB, Cambridge, 1980
MA, Cambridge, 1980 MRCP (UK)
Paediatrics, 1982 MD, Cambridge, 1987
FRCP,London,1994 FRCPCH,1997

EDUCATION

Cambridge University, 1973 to July 1979
St Thomas's Hospital Medical School, 1976 to July 1979

Appendix 3: Candidate questionnaire

1. What motivated you to apply for this role, and what specific experiences would you bring to it?

I have wide ranging experience of the NHS and independent healthcare, working in provider organizations at all levels and in a national role whilst at the CQC. I have been a consistent champion of the quality and safety of patient care.

During my time as a medical director, I led on investigations of safety events and have extensive practical experience. At the CQC I led on our assessment of learning from safety events and in 2016 we published an influential report on our assessment of the quality of investigations in NHS trusts. This was one impetus for the establishment of the Healthcare Safety Investigation Branch in 2017 and in the development of the recently introduced NHS Patient Safety Incident Response Framework. In 2018 I published a report into safety in the NHS calling for a transformation of safety culture.

I have worked closely with NHS Improvement supporting the revision of the approach to national patient safety alerts, the establishment of the National Patient Safety Committee and the implementation of HSIB recommendations.

My commitment to patient safety remains undiminished. The opportunity to chair this new body, to set its strategic direction, to use its expertise to drive improvements in the way that health services respond to safety events, and to improve the safety of care across health services is my motivation for applying for this post.

2. If appointed are there specific areas within your new responsibilities where you will need to acquire new skills or knowledge?

I have extensive experience of working at board level in providers and at national level, and have chaired a variety of bodies, but will need to develop my skills chairing a corporate board such as HSSIB.

I have led on reviews of board governance at NHS trusts and at the CQC I led on the development of the well led framework, which has become the standard tool in assessing board leadership.

Board governance can only be effective if the values and culture of the board, and the organisation it governs are exemplary. Management structure, processes and policies are important in the good governance of an organisation, but they will only be effective in the context of a healthy organisational culture.

In this role I would want to ensure that among the board non-executives there was experience in financial management and risk management to complement my experience.

While I have extensive experience of investigations of safety incidents, I do not have a background in safety science. I would want to ensure that expertise in safety science was present within the organization and board, and personally I would have to acquire a more detailed understanding of how it could apply to HSSIB's work.

3. How were you recruited? Were you encouraged to apply, and if so, by whom?

I applied on my own volition responding to the advertisement on the Cabinet Office website. I was not encouraged to apply by anyone.

4. Do you currently or potentially have any business, financial or other non-pecuniary interests or commitments, that might give rise to the perception of a conflict of interest if you are appointed? How do you intend to resolve any potential conflicts of interests if you are appointed?

I have no conflicts of interest related to this post.

5. If appointed what professional or voluntary work commitments will you continue to undertake, or do you intend to take on, alongside your new role? How will you reconcile these with your new role?

If I am appointed to this post, it will be my priority and I would not take any other roles that would conflict with it.

At present I have no other commitments, but I am exploring taking up a role as a specialist advisor for Aqua, a health and quality of care improvement organisation within the NHS. The commitment for this would be 6 days per year.

6. Have you ever held any post or undertaken any activity that might cast doubt on your political impartiality? If so how will you demonstrate your political impartiality in the role if appointed?

No. I have not been involved in any political role or activity.

7. Do you intend to serve your full term of office?

Yes.

8. If appointed what will be your main priorities on taking up the role?

My first priority would be setting up the board with effective board governance, making sure that it provides strong leadership and oversight of the organization. This would include recruitment of a diverse group of non-executives and a permanent Chief Investigator.

I would ensure the organization has a strong, positive culture focused on performance with an ambitious strategy to improve safety and an effective operating model.

Working with then DHSC and other partners I would make sure there is a smooth transition of the current organization to the HSSIB and the Maternity and Newborn Safety Investigations Special Health Authority.

I would ensure that from the start HSSIB built strong alliances with external bodies, including patients, professional bodies and frontline staff. As chair I would take a prominent role in externally facing activities, building relationships and raising the visibility of HSSIB's work.

Building on the strategy and in consultation with patients, staff and partner organizations, I would make sure the HSSIB identified safety priorities to focus on for the first year to drive the investigation programme.

9. What criteria should the Committee use to judge your performance over your term of office?

Early criteria would be the establishment of the HSSIB with effective governance and a positive culture. The organization would have an ambitious strategy with clear objectives.

HSSIB would have built strong alliances across health services including patients and the public demonstrating it listened to diverse views. It would have public, patient and professional support.

Investigations would be effective in demonstrating opportunities for improvements in safety and recommendations effective in bringing about change.

In the longer-term health services would be demonstrably safer. There would be a strong culture of learning and improvement across health services nationally. HSSIB would be recognized as a leader in safety investigations both nationally and internationally.

10. How will you protect and enhance your personal independence from the Government/ministers?

The independence of the chair, the board and the organization is critical for the authority and effectiveness of the HSSIB. This does not mean that the organization should not listen to the views of a wide group of individuals and organizations. As chair I would want personally to have a wide network across health services, public and patient groups and safety expertise to ensure my understanding was as well informed as possible. This network would include the DHSC and ministers but would not be limited to them. While their views will be important, they will not supplant the views of the wider network.

After widespread consultation, I want the HSSIB to have an ambitious strategy to improve health service safety. The strategy will need clear short- and long-term objectives. This would guide both my role and the work of the organisation. I would need to ensure that short term considerations, political or otherwise, do not divert us from this.

I would work with DHSC and the Secretary of State to ensure that their power of direction over investigations by HSSIB is used effectively and proportionately, and does not conflict with the HSSIB's wider independence or strategic goals.

11. How do you intend to help manage the transition from the Healthcare Safety Investigation Branch (HSIB) to HSSIB?

I will work with DHSC, NHS England and the incoming team at the Maternity and Newborn Safety Investigations Special Health Authority to ensure the transition proceeds smoothly and on schedule. I will ensure the governance of the transition is managed appropriately complying with necessary legal requirements.

Particularly important will be the support of staff during the transition period as they move to the new organizations. Good communication and engagement with the workforce

will be essential both in the transition and the establishment of the new organizational structures and operating models. This will include an effective model for shared services between the two new organizations.

The finances of the new organizations will need to be set up carefully to ensure they can deliver their obligations effectively together with value for money.

An early priority will be appointment of a diverse group of non-executive directors and a permanent Chief Investigator.

12. How do you intend to ensure the HSSIB can appropriately utilise the new powers set out in the Health and Care Act (2022) to advance patient safety and maintain public confidence?

It is important that HSSIB builds on the programme of patient and family engagement that HSIB has established. Active involvement of public, patients and their families is essential if we are to undertake high quality and effective investigations. They will bring their personal experience and their different insight to our work. They will challenge our thinking avoiding it becoming constrained by our own experiences. Genuinely listening to them will help us maintain their confidence but will also help us set more pertinent strategic goals and do better investigations.

Demonstrating our independence of thought and analysis from established attitudes to safety in health services will be essential if we are to maintain public confidence. Bringing new thinking, built upon the best expertise in safety science will make our investigations more insightful and our recommendations more effective in improving safety. We will need to be able to demonstrate that our recommendations are delivering real improvements in patient safety.

High quality safety investigations will require that we have access to all relevant evidence. While I would expect this to be rarely necessary, HSSIB must be ready to use its legal powers to seize evidence where this is required. Most importantly, HSSIB must maintain the confidence of front-line staff involved in patient safety incidents so that they can speak to us freely about their experience and concerns. HSSIB's mandate to investigate without apportioning blame or liability is vital in this regard. It must be rigorous in maintaining this position.

13. How do you intend to foster a 'safe space' approach to investigations within HSSIB? How will you use your role to promote a culture of learning within both the NHS and the independent sector?

Effective investigations need to be based on accurate evidence about safety events. The staff involved will often have the greatest insight in to what happened. It is essential that they can talk freely to our investigators without fear of retribution. Other safety critical industries have demonstrated the importance of the concept of "safe space", where staff can be given an assurance that their honesty will not have repercussions. HSSIB must protect this concept and use the power given to them in legislation to full effect, making this assurance credible and giving staff confidence to speak to us without reservation.

Beyond this HSSIB must be a champion of building a learning culture in health services, where safety events are seen as an opportunity to learn rather than to apportion blame. It must partner with others to promote a learning culture focusing on driving continued improvement in safety across all health services.

Some of the partners HSSIB will be working with are regulators and legal authorities. We must promote a learning culture while respecting their role within the system, explaining to them the importance of "safe space" and developing agreed ways of working that support them while not infringing it.

14. What risks are associated with the new role of Chair of HSSIB and how do you intend to manage them?

I would ensure that there is effective governance in place in the organization to manage operational and financial risks, ensuring that the executive team manages performance against clear and appropriate objectives. As part of this I would ensure that there is a suitable spectrum of expertise and experience among the non-executives appointed to the board.

There is a risk that in the light of my background I will be seen to be too anchored within the health services, particularly the NHS. I will need to ensure that the other non-executives and the wider organization has expertise from outside health services to ensure that we have sufficient diversity of view and background. This is particularly true about bringing in non-health safety expertise.

I also have a recent background in health services regulation. I will need to ensure that HSSIB does not appear to behave as a regulator. As a leader of the organization I will need to ensure that I consistently promote a culture of learning commensurate with HSSIB's role.

HSSIB must keep the confidence of patients, the public and front-line staff. As chair I will need to work hard to make sure all voices are heard and all views taken into account, while giving the organization a clear strategic direction.

Formal minutes

Tuesday 1 November 2022

Members present:

Rachael Maskell, in the Chair

Mrs Paulette Hamilton

James Morris

Jeremy Hunt having resigned as Chair,[2] Rachael Maskell was called to the chair for the meeting.

James Morris declared a non-pecuniary interest in relation to the pre-appointment hearing for the Chair of HSSIB, as a former Minister in the Department who was involved in the appointment; and declared that he would take no part in the proceedings on the pre-appointment hearing.

Draft Report (*Pre-appointment hearing with the Government's preferred candidate for the role of Chair of HSSIB*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 6 agreed to.

Appendices agreed to.

Resolved, That the Report be the Fifth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Adjournment

Adjourned till Tuesday 8 November 2022 at 11.00 am

2 See Votes and Proceedings, 17 October 2022

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Tuesday 1st November

Dr Edward Baker

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2022–23

Number	Title	Reference
1st	Pre-appointment hearing for the Government's preferred candidate for the role of Patient Safety Commissioner	HC 565
2nd	The impact of body image on mental and physical health	HC 114
3rd	Workforce: recruitment, training and retention in health and social care	HC 115
4th	The future of general practice	HC 113
1st Special	Cancer Services: Government Response to the Committee's Twelfth Report of 2021–22	HC 345
2nd Special	Government Response to the Expert Panel's Report on Government commitments in the area of cancer services in England	HC 346
3rd Special	Expert Panel: evaluation of Government's commitments in the area of the health and social care workforce in England	HC 112
4th Special	The treatment of autistic people and people with learning disabilities: Government Response to the Committee's Fifth Report of Session 2021–22	HC 631

Session 2021–22

Number	Title	Reference
1st	The Government's White Paper proposals for the reform of Health and Social Care	HC 20
2nd	Workforce burnout and resilience in the NHS and social care	HC 22
3rd	Pre-appointment hearing for the Chair of the Food Standards Agency	HC 232
4th	The safety of maternity services in England	HC 19
5th	The treatment of autistic people and people with learning disabilities	HC 21
6th	Coronavirus: lessons learned to date	HC 92
7th	Supporting people with dementia and their carers	HC 96
8th	Children and young people's mental health	HC 17
9th	Clearing the backlog caused by the pandemic	HC 599

Number	Title	Reference
10th	Pre-appointment hearing for the position of Chair of NHS England	HC 1035
11th	Pre-appointment hearing for the position of Chair of the Care Quality Commission	HC 1091
12th	Cancer services	HC 551
13th	NHS litigation reform	HC 740
1st Special	The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of maternity services in England	HC 18
2nd Special	The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England	HC 612
3rd Special	Supporting people with dementia and their carers: Government Response to the Committee's Seventh Report	HC 1125
4th Special	Expert Panel: evaluation of the Government's commitments in the area of cancer services in England	HC 1025

Session 2019–21

Number	Title	Reference
1st	Appointment of the Chair of NICE	HC 175
2nd	Delivering core NHS and care services during the pandemic and beyond	HC 320
3rd	Social care: funding and workforce	HC 206
4th	Appointment of the National Data Guardian	HC 1311