

From: "Hughes, Henrietta" <*****>
Subject: RE: Record of our telephone meeting
Date: 7 February 2017 at 15:55:32 GMT
To: Minh Alexander <*****>

Dear Dr Alexander

Thank you for taking the time to come to meet with me last week.

Thank you also for your notes, I agree that these reasonably reflect the conversation that we had

Regarding the other questions and comments that you have made, we will aim to get an answer to you however I do receive a fair amount of correspondence so I need to be fair and mindful to others who have a call on the office

Kind regards
Henrietta

From: Minh Alexander [mailto:*****]
Sent: 03 February 2017 09:15
To: Hughes, Henrietta
Cc: Brown, Jerina
Subject: Record of our telephone meeting

To Dr Henrietta Hughes
National Freedom to Speak Up Guardian
Care Quality Commission

3 February 2017

Dear Dr Hughes,

Meeting yesterday and matters arising

Thank you for meeting with me.

As before, I have prepared a record of the meeting. It is not fully verbatim but I hope it captures most of what was said. I would be grateful if you would confirm accuracy, or advise

me otherwise.

In terms of specific actions arising from our meeting:

- 1) You kindly agreed to publish your newsletters. May I ask that this includes back copies.

- 2) You also agreed to publish the material that trusts have been sending you, for sharing with other organisations, once your office has its own website.

- 3) I suggested that you involve whistleblowers more in your process.

For example, these are some documents that you could share with whistleblowers before they are finalised:

- The 'template' (protocol) on how matters will be escalated to the National Guardian

- The draft research proposal on local Guardians, that will be tendered

- The draft model compromise agreement that has been mooted

- If you do decide to produce guidance on questions about whistleblowing governance to be asked by trusts' local staff surveys, the draft of such a document

I would be grateful if you could let me know if you agree to invite comment from whistleblowers on the drafting of these important documents.

- 4) As you are aware, it took some time to cover just a few of the issues about CQC's failings.

These are the issues from the report that we sent you, that were not discussed:

- CQC fails to centrally track intelligence from Employment Tribunals, which is sent to CQC as a prescribed body under PIDA. CQC should be proactively learning from the patterns and regularly reporting on them. It does not.
- CQC is not tracking other evidence that whistleblowers are suffering detriment and repeatedly claims to whistleblowers that it has no remit for 'employment disputes'. In fact reprisal is a governance issue and CQC should be actively seeking any reports of reprisal, as evidence pertinent to the Well Led domain.
- CQC refuses to investigate any whistleblower cases even though Mike Richards Chief Inspector previously claimed to parliament that CQC would "*investigate every case*". CQC refuses to investigate even where there are clusters of whistleblowing contacts.
- CQC claimed that it held no central information on whistleblowing contacts that it has received. If true, this suggests that CQC is not learning from them, as parliament has recommended. Some doubts about the accuracy of CQC's claim in fact arise, from information that CQC's chief officers gave to parliament on 6 December 2016. This revealed that CQC did hold some central data. CQC should be proactively centrally tracking, analysing, acting upon and publishing data on the whistleblowing contacts that it has received and how it has responded to them.

I would be grateful if you could clarify whether you have any action plan on these specific aspects of serious CQC failure. Please also advise if you are willing to discuss these issues at a later point.

- 5) Lastly, I would be grateful to hear if you have satisfied yourself that your office has prescribed person status under the Public Interest Disclosure Act.

It was claimed by the former Deputy National Guardian that the National Guardian is not a prescribed person. CQC later disagreed and asserted that the National Guardian is constituted as part of CQC, and therefore has CQC's prescribed person functions.

Increasingly though, claims have been made that you are a separate entity and operate independently of the CQC. David Behan CQC chief executive claimed at a recent CQC board meeting that the CQC board has no oversight of what you do.

Have you taken your own legal advice on whether your office definitely has prescribed person status?

Yours sincerely,

Dr Minh Alexander

Notes of meeting between Minh Alexander and Henrietta Hughes 2nd February 2017, 2pm to 3.15pm at CQC offices, 151 Buckingham Palace Road SW1

MA To recap agreed agenda: 1) Your proposals for evaluating state of NHS whistleblowing governance 2) Report I sent you on CQC's whistleblowing governance failings – shared with parliament and reported by the Times early December 2016.

Start with proposals for evaluation?

HH Shall I talk about the internal governance of the office?

MA I think a lot of that was covered by your recent report. Could we focus on evaluation of NHS whistleblowing governance

HH I'm clear that there's room for improvement in the NHS in many parts.

I don't have a fear about staff raising concerns [think they will]

You're really talking about Speak Up Guardians [SUGs]

Two aspects to SUGs' role.

Reactive:

Being a channel. Staff can come and talk to them. Sometimes it's just having a conversation with someone else.

Can raise issues in confidence, or anonymously. Directly or via the SUG.

SUGs are just an additional channel.

Lots of other places staff can go. Unions, bullying and harassment reps

SUGs can talk to any anyone in the organisation, unblock things

We also expect them [SUGs] to be proactive

Making themselves known

Developing marketing materials

Get themselves about

Go to staff induction

We're supporting them

[About] how they link with others – especially those in staff well being and patient safety roles

We expect them to become part of a network – Healthwatch, Dignity at Work, WRES

SUGs could be based in either organisational development or patient safety, bridges both roles

[SUGs should] look at trust incident & complaints data

Should be able to sit in team meetings

Get to places where staff aren't speaking up

[On my visits] it's telling if staff don't recognise their SUG

I get about. I don't have a minder. Talk to staff. They're very happy [with proposals]

SUGs should be getting the mood of their organisations, feeding back to board

It's new, challenging

Important to have right people in right role

It's fantastic to see [how SUGs are working]

MA How do you tell if it's fantastic?

HH Depends how questions are asked to staff. May not get much response if say "Have you got a concern to raise?"

If you ask what gets in the way of patient care, usually a lot of answers

MA But how will you tell if it's working fantastically?

HH I haven't been everywhere yet. Some organisations have got the role more established, can learn from them.

MA But how will you measure and prove that it's working well?

HH 1) Numbers of staff going to the SUGs – that's a measure of confidence

2) Feeding back staff experience – SUGs will get staff feedback at 3 months post contact [with SUGs]

MA How are SUGs measuring staff experience?

HH It varies, Different trusts need different things

MA What are the different ways in which SUGs are measuring staff experience?

HH Working in partnership at local level. Pulse surveys as well as the annual staff survey.

MA What are the pulse survey questions?

HH We haven't received the outputs of those yet.

MA But what questions are being asked?

HH We haven't asked specifically

HH Every organisation sends something in. Learning shared.

MA Can that shared material be put on a digital noticeboard for all to see - the public and whistleblowers?

HH When we get our own website

MA When will that be?

HH Don't know, complex, need to make best use of funds

MA This year? (2017)

HH Hopefully. Will be upset if not

MA Your newsletter – can that be published?

HH Can expand the distribution list

MA Why not publish, provide permanent record?

HH Difficult, space on current CQC website

MA You've only got three reports up at the moment

HH [Agreed to publish the newsletters on current part of website]

HH We're commissioning our own research on SUGs

We want it to be external and credible

- Find out more about the roles
- How they've been established
- Number of cases

MA That sounds like a descriptive piece of work on how the SUGs were set up. Anything on effectiveness?

HH We'll be looking at SUGs' measures of their effectiveness

MA How will you measure SUGs' effectiveness?

HH We're having a conversation with academics about that

MA You know there's no evidence for any of this (the SUGs)?

HH That's the challenge, building an evidence base

MA You're a doctor, I'm a doctor. We usually insist drugs are tested first.

HH I'm doing work with other sectors. Banking sector will have champions.

MA NHS history is that 'champions' don't usually work

HH Shall I tell you about the work with other sectors?

MA Would love to hear about that, perhaps at the end if there's time

MA Do you have any idea of what SUGs are costing nationally?

HH No

MA What happened to Eileen Sill's planned survey of SUGs? That was supposed to go out in Spring 2016?

HH Don't know about that. Nothing handed over

HH But from event in October, some SUGs said they were just taking up their roles. Would have been difficult to get meaningful data.

People can get survey fatigue

MA Understand it would have been difficult if most SUGs were not in post

MA You've acknowledged that SUGs are only a part of the system. Besides evaluation through SUGs, how else will you evaluate the state of NHS whistleblowing governance?

HH I'm interested in how trusts are living up to the Francis principles. I'll be discussing with Guardians how they are reviewing culture change.

MA You say you will evaluate culture change via SUGs, but they are only one part. How else will you evaluate?

HH Better to make changes from within organisations

MA But how else will you evaluate?

HH Information from case reviews that we carry out, whether they reflect the Francis principles

MA But they will only represent a proportion of all cases. How else would you evaluate?

HH How organisations are reflecting on the Francis principles, will be picked up by CQC inspections under Well Led domain. We'll doing it in partnership.

Every organisation that touches the NHS has a role, responsibility

MA What are your expectations for organisations' reflection on the Francis principles?

HH Induction, training, core development, managerial development. Like a tapestry with a seam running through it

MA How will you tell if they're reflecting well?

HH Too early to say. Case reviews [still being developed], no evidence base, pilot needed

We need to model improvement philosophy. Come back, rethink and reflect on which bits have gone well

MA When will you be in a position to give the rest of the NHS clear expectations on whether they're doing well?

HH [No timescale]

HH Can trusts give me an account of themselves? What are trusts doing at board level about reports from SUGs?

MA What do you expect them to be doing with reports from SUGs?

HH If there's a mismatch between complaints and incident reports. Understanding how confident staff really are.

MA Anything else that you plan to do to evaluate whistleblowing governance in the NHS ?

HH SUG network and regional meetings. There are 10 regions. Guardians meeting quarterly and learning from each other.

MA Moving to CQC. Our report on CQC failures in whistleblowing. What do you think?

HH Information should be in the place where it should be done

MA Sorry, what's that got to do with CQC? I'm asking about very specific failings that we evidenced

HH It's difficult if you're not the organisation responsible for local change. Approach wrong

MA But you've just talked about CQC evaluating organisations' whistleblowing governance via the Well Led domain. And they are failing on that.

HH That's why they are looking again

CQC will have access to the SUGs and learn from them

MA CQC staff should already know about whistleblowing. It should be a core competency

CQC has had statutory responsibilities for whistleblowing right from the start. They're failing and it can't wait for the SUGs to train CQC inspectors.

HH I see that as a really positive thing

MA The SUGs aren't trained. How can they train CQC?

CQC has had statutory responsibilities from the start. It's a prescribed body under PIDA. 2009 – now seven years.

HH My role is to look at the future

MA Have you read our report

HH Yes, I've read it

I want to encourage and support improvement

MA What do you understand to be the central CQC failures on whistleblowing?

HH Inspectors need information, SUGs will provide that.

MA We're dancing around the Maypole here. Let's go through the specific failings identified in the report I sent you.

Poor general CQC methodology in assessing whistleblowing governance.

Guidelines for inspectors are scant, superficial and inadequate. What do you think about that?

HH I want to work with CQC, developing guidance to meet the needs of everybody

I'm not going to perpetuate harmful, negative cultures, blame shifting.

MA Are you suggesting that I'm perpetuating harmful, negative culture?

HH I wasn't talking about you at all.

I have enormous sympathy for you and not just you

MA I don't need your sympathy. Trying to get answers to specific questions about evidence that we have sent you

HH Hope what I've said is not going to be taken the wrong way

MA What improvements do you think there need in the CQC guidance [to inspectors]?

HH I think it's an understanding of the role of the SUGs

MA Any other improvements?

HH Information from SUGs, pulse surveys, board reports, are the SUGs getting the right sort of response?

MA: CQC's failure to regulate use of gags in compromise agreements. CQC claimed to me that they would inspect compromise agreements if necessary. I reviewed recent CQC

inspection reports on trusts. There was no evidence whatsoever that CQC had inspected compromise agreements. From FOI data, it's clear to me that gags continue to be widespread and that CQC has not deterred their use. What improvements do you think are needed?

HH I'm concerned about any type of compromise agreement that prevents individuals from raising concerns.

MA What improvements do you think are needed in CQC's methodology and performance?

HH I haven't talked to CQC. Will work with organisations

MA You're not willing to say?

HH There's a real desire to have a big change in the way they're [compromise agreements] are written

MA What big change have NHSI got in mind?

HH Can't say off the top of my head, without going into my notes

MA Do you think CQC need to improve

HH CQC already looking at this in Well Led methodology

MA Do you think CQC should routinely inspect trusts' use of compromise agreements?

HH I've never been a CQC inspector

MA In theory?

HH [no answer to the question]

MA Is it a question you're willing to answer?

HH I don't know, it should be NHSI, CQC... not always clear what organisation should do what

MA CQC admitted that it's their job to inspect compromise agreements. Robert Francis says it's their job to inspect compromise agreements

HH But NHSI are interested too

MA But you don't agree with Robert Francis that CQC should inspect compromise agreements?

HH I'm not an inspector, I don't know

I'm more interested in what's in them [compromise agreements]

MA That's the point of CQC inspecting them

HH We shouldn't have them in the first place

MA That's what inspectors are for [to deter]

How do you think compromise agreements could be made less intimidating?

HH I'm not an HR professional. They shouldn't in any way prevent people from raising public interest concerns

They can be drafted better - to a gold standard

MA Would you agree that super-gags (confidentiality clauses which prevent staff from even disclosing that the compromise agreements exist) should be banned?

HH I think they're insidious by their nature

MA Do you think compromise agreements should make it clearer what staff can whistleblow about – define clearly what public interest disclosures are?

At the moment, they don't say what public interest disclosures are.

HH It's not been tested yet in law

MA Ambiguity is a problem. Compromise agreements contain intimidating clauses

preventing disclosure of the existence of the agreements, the contents of the agreements and non-disparagement clauses. It's clear to staff that patient safety is a public interest issue. Less clear are issues of suppression, reprisal and cover ups. Cover ups are on the list of qualifying disclosures, but it's hard for staff to know if they can talk about what happened to them. If they disclose about suppression, reprisal and cover up, does that breach non-disparagement clauses?

HH Problem is that it's not tested in law.

MA It's no different to current NHS whistleblowing policies that give guidance on what sort of things form qualifying disclosures. Of course each case is ultimately tested in law, but general guidance should be possible.

HH Agree should be plain English.

Can't give definitive answer, but it's something I'm interested in

Also changing past compromise agreements by mutual consent.

Also interested in ESR.

MA I presume you know I wrote to Neil Churchill about the problems that gagged whistleblowers will have regarding access to NHSE employment support scheme. Neil kindly looked into it and asked lawyers. Came back with a partial solution – that whistleblowers approach former employers to ask for a waiver.

However, some employers are so rabid that they insert clauses preventing whistleblowers from even contacting them. They stitch it up like iron.

What's needed is a government level response. Thousands of gay people have just been 'pardoned'. Should be same [for gagged whistleblowers].

Would you support this in principle?

HH I don't know what that pathway involves

MA But is it something you're interested in?

HH Yes

MA How many lawyers are there in your office?

HH Two. Not practising. One doctor.

MA Regarding ESR, people get excited about this, but there's always the phone in any case,

HH People are phoning and having off the record conversations? "Don't employ this person"?

MA Yes.

The biggest obstacle is simply having to say what happened in your last job.

MA Next: **Poor response rate by CQC to whistleblowing disclosures.** This is after Winterbourne View - in 2011.

CQC wouldn't give us all the data, the national data, but they gave us some. In the evidence we sent you, there is data on North Cumbria. It has been the subject of the highest number of external whistleblowing disclosures to CQC in recent years. But CQC have stuffed most of the disclosures in a drawer – about 90% - chalked them up as just information noted for the next inspection. Even really serious disclosures – the managers are fiddling figures, not acting on Keogh recommendations, bullying staff to fiddle data.

HH Easier to act from inside organisations

MA Are you saying that CQC don't act because they can't?

They shouldn't be sticking serious disclosures in a draw. If that many serious disclosures, should trigger responsive review

HH I'm much more interested in what's inside a trust

If staff haven't a place to go – SUGs gave them a place to go

MA

Already reports that things aren't OK with SUGs

There will always need to be an external place for staff to go

HH We're talking about a template for escalating concerns to the National Guardian.

MA When will it be ready?

HH Soon. Will probably be ready for next accountability and liaison committee.

MA When is that?

HH March

MA CQC need to increase rate of response to serious whistleblower disclosures

Especially important in cases where things have not worked out with either SUGs or the National Guardian

CQC have powers of investigation where there is evidence that regulations have been breached. They're being getting disclosures about that all the time.

HH [drawing meeting to a close] Is there one single thing, a silver bullet that you think would help?

MA It's complex but two things stand out:

- 1) Total law reform

- 2) A fully independent body for whistleblowers with powers to investigate, remedy and enforce

I realise the second point relates to your role. Keith Conradi is seeking statutory independence and more powers. Will you do the same?

HH I think the existing levers in the system should be used, more can be done

MA I agree that the existing levers aren't used enough. I've just given you an example in the form of CQC

However, law changes culture.

Law on seat belts changed behaviour

With murder, we don't say "let's not blame them"

If it's a serious offence, you prosecute

HH Seat belts are a good example. I've used it.

It's about changing public opinion. Making it unacceptable.

It's got to be unacceptable. If you start with enforcement [won't work]

MA Are you suggesting enforcement may follow?

HH [clarified that the enforcement in question relates to the current NG model]

HH Thanks for coming all this way. Found it useful. Perhaps meet again. What do you think of what we're doing?

MA Thanks for your time. Very useful.

Appreciate it wasn't easy as a result of Eileen Sills leaving so soon. But you need to firm up a

lot.

Also need to involve whistleblowers in your process. I don't think SUGs have expertise and experience. Management will run rings around them.

The wrong sort of SUG will just collude.

END

From: "Hughes, Henrietta" <*****>
Subject: RE: Record of our telephone meeting
Date: 26 January 2017 at 17:10:12 GMT
To: Minh Alexander <*****>

Dear Minh

I think this mainly captures what was said although obviously not a transcript. I thought I might see you at Westminster Forum today, but I look forward to our meeting next week.

Kind regards
Henrietta

From: Minh Alexander [*****]
Sent: 23 January 2017 21:03
To: Hughes, Henrietta
Subject: Record of our telephone meeting

Dear Dr Hughes,

Record of our telephone meeting

Thanks again for your time and the information.

As agreed, I took rough notes as we spoke and have now translated them into a record which covers the general thrust of what we discussed. They are not fully verbatim throughout but I hope they capture the meaning of what was said.

I would be grateful if you would confirm accuracy or let me know otherwise.

Many thanks,

Minh Alexander

Record of telephone meeting between Minh Alexander and Henrietta Hughes 23 January 2017, 4pm to 5.07pm

MA & HH - Recap of purpose of today's meeting – to discuss matters related to establishment of Stakeholder Advisory Group. Other topics scheduled for meeting 2 February.

HH Draft proposal about case reviews and Stakeholder Advisory Group will be published at 3 weeks (approx. 13th Feb)

MA What does review mean?

HH How trusts handle cases, against principles of Francis' report, have trusts taken the principles on board. If they're met [the principles], we'll say so. If not, we'd help them.

MA Disputed facts – how would you deal with that? If not testing or verifying evidence, how valid are your conclusions & recommendations?

HH Language is really important. We are not reviewing cases, we are reviewing how trusts handle cases. Looking at the organisations. If we were accepting a case, we look at how a trust is handling [issues].

HH There are pockets of good practice. We know they are improving.

MA How do you know they are improving?

HH Staff survey. Markers of whether staff feel engaged.

MA What other sources of data besides staff survey?

HH Lots of markers. Lots of things. eg. appraisals

MA What data on appraisals are you looking at?

HH Staff survey

MA You said sources were staff survey & other things – what are the other things?

HH Under development. Data being collated by local guardians

MA What data are local guardians collating and has it been agreed with your office? Is it standardised?

HH “What” has been agreed with us and is standardised

“How” – no. “How” is very much what works for the organisation. So long as information held separately from main databases. We haven’t been prescriptive.

MA How do you know data from local Guardians isn’t fiddled or flawed in some other way?

HH Ultimately it will reflect in the staff survey.

MA Have you got a means of quality control to check quality of local guardians’ data?

HH We’re working on trust....

MA So no checks?

HH We don’t have access to their information systems. Are you suggesting we do so? Is that appropriate?

MA You have the remit for picking up local failures including by local guardians, and Safeguarding against local failure.

HH We haven’t received any information about problems with local guardians.

MA You have received no concerns about local guardians’ inappropriate actions or omissions?

HH We did have one. Not from a member of staff. We were copied into something. I’m not

sure. The individual didn't meet the needs of the staff.

MA What action did you take in response?

HH We've flagged to the trust. We're following up.

MA You've received no other concerns about local guardian's actions or omissions?

HH No

MA In terms of practicalities, do you see all correspondence that's addressed to you personally by whistleblowers who have concerns?

HH [after clarification] Yes. Sometimes can't respond to some things swiftly, due to capacity issues.

MA But you will see all the correspondence in due course, if it's addressed to you?

HH Yes

HH Interested in your question - re audit and spot check. The information goes in Board reports.

MA But boards lie.

HH It's for the boards to ensure [good practice].

MA That's what governments have been saying for years – we've set the rules and it's up to trusts to follow them. That's how whistleblowers get harmed. Some trusts have appointed senior managers, even board

members, as local Guardians, not in the spirit. In corrupt trusts they lie their heads off.

HH [Will consider how there might be external scrutiny of local Guardians' data]. Issues about confidentiality. I'd be concerned if it was me.

MA No different to CQC checking on providers' activities.

MA Going back to case review. A whistleblower tells you things aren't working and you

review. Can you walk me through your process?

HH Still consulting. If I said [what the process is] now, you'd say what's the point of consultation?

No process yet.

No inclusion / exclusion criteria

MA But you must have some idea?

HH It will be a formative process. A learning process. Francis didn't say in his report what review was.

MA What would make you think things hadn't been handled well?

HH Lots of things. Has the trust created an environment, has the whistleblower not been listened to?

MA [Returning to disputed facts] Do you accept trusts lie? (X2) It's a fundamental issue.

HH [No response to the question about trusts lying] We will be looking at evidence.

MA What evidence?

HH Can't say yet [as consultation still ongoing]

MA David Drew suggested that you've accepted two cases. Are you accepting cases yet?

HH People are sending us cases.

MA But are you accepting them at this point?

HH We can't accept anything. No inclusion / exclusion criteria etc...

MA David Drew said a precedent had been set regarding a citizen whistleblower. Are you now accepting citizen whistleblowers' cases?

HH [after clarification of the meaning of the term 'citizen whistleblowers', with reference to Healthwatch England's usage] – Complaints by third party are completely separate.

Referrals from third parties other than local guardians to be considered. Would like a broad range of referrers.

MA Back to case review. Can we approach it from a process of exclusion. If review is not investigation, what do you think defines “investigation”?

HH You go back

Interview all the people involved

Work to Terms of Reference

Use an established investigation process

Fish tail analysis etc...

It [review] won't be a comprehensive investigation process

We'll review against the [Freedom to Speak Up] principles

MA How will you measure if Francis' principles are being followed?

HH We're not at that stage yet

MA You say Francis didn't specify what 'review' was in his report. Has he specified it to you since?

HH We haven't talked about it in great detail

MA Composition of the Stakeholder Advisory Group (SAG) – do you have any views yet?

HH [Need to engage as many whistleblowers as possible] Some can't come to a public meeting.

MA That's why we said you should advertise, but I didn't see an advert.

HH You were very effective, lots of people contacted us. Keen to get your input etc...

MA Happy to contribute. But I am only one source. You need to contact people who don't know me, needs open adverts.

MA Ball park re size of SAG?

HH [Comments re difficulties with selection and some people feeling excluded]

MA When will you have decided about the SAG?

HH By 20 Feb

MA Chairmanship of SAG?

HH Won't be an external chair. We've already got the Accountability & Liaison Committee

MA Someone from your team?

HH Will probably be me

MA Who's in your team?

HH 2 National engagement managers, a case review manager, strategy manager, comms, senior administrator

MA Lorraine [Turnell] is one of your national engagement managers – who's the other?

HH What will you do with the information, why do you want to know?

MA Interested in background, experience etc...Any information you give me I will share with other whistleblowers

HH Team have all been through a totally open & transparent appointment process which covers skills, background, attitude, experience. Individuals coming to do a great job.

How they [fulfil roles] is an issue for me.

You can have a go at me and you do.

MA I didn't think it was a secret. Heard all your staff were at the event.

HH [Confirmed team were at the event]

MA Who's on the Accountability & Liaison Committee?

HH Chaired by RF. Also Moira Gibb NHS England NED, Helen Buckingham NHSI. We're small.

MA Aware of resource issues. Will you be seeking more resources?

HH Looking to get more staff.

MA More money?

HH No. Would not sit well with pressures on staff delivering services.

MA What's your budget

HH I've got to come in under a million. I think that's a lot. A third comes from each sponsoring organisation.

MA How many more staff are you looking for?

HH No definite plan yet

MA Has the Accountability & Liaison Committee met yet?

HH Once

MA So you have a policy on how the committee works?

HH MoU has been sent out, not yet signed off, will be published once signed.

MA Your recent report says you will be reporting to parliament?

HH Yes, via Phillip Dunne. Also keep Health Committee updated.

MA Reporting directly HC? Appear before HC?

HH If requested. Not formal, routine reporting

MA Issue of independence?

HH If you are paid for by government it's really difficult to say you're independent – we are as independent as we can be.

I feel independent

MA CQC bangs on about you being operationally independent. What does that mean?

HH Everything. Different information system. Meetings with David Behan. That's not about being dependent, not objective-setting, but being accountable [about what's happening].

MA How often are the meetings?

HH Varies

MA How many times since you started?

HH 5 times (without checking diary)

MA What gets discussed?

HH Lots of things. I'm not being told what to do – not objective setting – being accountable.

I know it's difficult to be believed given team's location, where our office is.

MA Shared functions with CQC, back room functions?

HH Toilets.

Meeting rooms

We buy services – HR, when we're recruiting, if our IT breaks down...

We pay rent.

Noticed the time, and it's not because of the question you've just asked. Continue at next meeting.

MA [Thanks for the time] About the group letter sent by Brian Jarman .. when are you likely to reply?

HH [acknowledged she had indicated response early this week] ...If not tomorrow, won't be Wednesday....