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19: October 2016

Dea D. Merander.

Thank you for your letter of 11 October 2016 concerning the Care Quality Commission's (CQC's) handling of the National Freedom to Speak Up Office. May I say at the outset that I do not share your concerns and that I have confidence in the appointment of Dr Henrietta Hughes as the National Guardian.

As you are aware, the selection to the post was through an open process that drew a wide and experienced field. Dr Hughes's selection for appointment was made by a panel consisting of representatives of CQC, NHS England (NHSE) and NHS Improvement (NHSI), as co-sponsors for the National Guardian's Office, as well as the Patients Association and Sir Robert Francis QC, whose independent review from February 2015 into 'whistleblowing' across the NHS instigated the creation of the National Guardian role.

Dr Hughes is a practising GP with over twenty years of experience across primary, secondary and community healthcare. She has been Medical Director for NHS England's North Central and East London region since April 2013, in which she has provided system leadership across 12 clinical commissioning groups and 12 NHS trusts, and has been the Responsible Officer for nearly 3,000 GPs. Dr Hughes has had direct experience of supporting and responding to staff who have raised concerns, as well as working with NHS organisations cultural change and improvements for staff and patients. This places her in a strong position to influence the speaking up agenda and lead system change.

The Office held a successful national event for Freedom to Speak Up (FTSU) guardians last week and has already begun to establish the regional networks that will support these staff in their important role - a key objective of the National Guardian's Office in its early phase of development.

In the coming months, in her independent role, Dr Hughes will set out her additional priorities and clarify how the CQC, NHSI and NHSE as co-sponsors of the Office can leverage their expertise to support these.

You refer to CQC previously being "critical" of you copying correspondence to Members of Parliament. That issue related to the handling of a Freedom of Information request and we made the specific point that by addressing your request for an internal review to David Behan, Chief Executive, cc'd to a number of Health Select Committee members, rather than directly to the Information Access Team as we had invited you to do, you added to the burden upon CQC in handling that matter.

Of course it is for you to decide how you wish to communicate with Health Select Committee members and other parliamentarians and we do not seek to interfere with that. However, I hope you will recognise the CQC has finite resources.

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Peter Wyman CBE DL Chairman