



House of Commons  
Health Committee

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# Appointment of the Chair of the Care Quality Commission

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Fourth Report of Session 2007–08

*Volume I*

*Report, together with formal minutes*

*Ordered by The House of Commons  
to be printed 8 May 2008*

## The Health Committee

The Health Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health and its associated bodies.

### Current membership

Rt Hon Kevin Barron MP (*Labour, Rother Valley*) (Chairman)  
Charlotte Atkins MP (*Labour, Staffordshire Moorlands*)  
Mr Peter Bone MP (*Conservative, Wellingborough*)  
Jim Dowd MP (*Labour, Lewisham West*)  
Sandra Gidley MP (*Liberal Democrat, Romsey*)  
Stephen Hesford MP (*Labour, Wirral West*)  
Dr Doug Naysmith MP (*Labour, Bristol North West*)  
Mr Lee Scott MP (*Conservative, Ilford North*)  
Dr Howard Stoate MP (*Labour, Dartford*)  
Mr Robert Syms MP (*Conservative, Poole*)  
Dr Richard Taylor MP (*Independent, Wyre Forest*)

### 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](http://www.parliament.uk).

### Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at [www.parliament.uk/healthcom](http://www.parliament.uk/healthcom)

### Committee staff

The current staff of the Committee are Dr David Harrison (Clerk), Adrian Jenner (Second Clerk), Laura Daniels (Committee Specialist), Frances Allingham (Committee Assistant), Julie Storey (Secretary) and Jim Hudson (Senior Office Clerk).

### Contacts

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# 1 Introduction

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1. The Government put forward proposals about pre-appointment hearings in July 2007. It stated:

“... the Government believes the time is now right to go further and seek to involve Parliament in the appointment of key public officials ... there are a number of positions in which Parliament has a particularly strong interest because the officeholder exercises statutory or other powers in relation to protecting the public’s rights and interests. Some of these appointments are not subject to oversight by the Commissioner for Public Appointments or other form of independent scrutiny.

The Government therefore believes that Parliament, through its select committees, should play this role. It therefore proposes that the Government nominee for key positions such as those listed below should be subject to a pre-appointment hearing with the relevant select committee. The hearing would be non-binding, but in the light of the report from the committee, Ministers would decide whether to proceed. The hearings would cover issues such as the candidate’s suitability for the role, his or her key priorities, and the process used in selection.”<sup>1</sup>

2. The Liaison Committee welcomed the proposals, but stressed that in addition to professional competence, Committees should examine the independence of candidates. It stated:

We share the Government's aim to create a process that can “both enhance the role of Parliament in scrutinising public appointments and maintain an appointments process which is proportionate and continues to attract high quality candidates.” To this end, **we have prepared a set of guidelines which we believe should ensure that any hearing is conducted appropriately.**<sup>2</sup>

3. On 30 April 2008, the Secretary of State invited the Health Committee to hold a pre-appointment hearing in respect of Baroness Young of Old Scone, the candidate for Chair of the Care Quality Commission (CQC). The Committee held the hearing on the 8 May. We are grateful to Baroness Young for making herself available to give oral evidence at short notice.

4. The Report looks first at the CQC and the role of the Chair. The next chapter looks at the appointment process. Finally we consider the suitability of the candidate.

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1 Ministry of Justice, *The Governance of Britain*, Cm 7170, July 2007, paras 74–76, 80

2 Liaison Committee, First Report of Session 2007–08, *Pre-appointment hearing by select committees*, HC 384, p.8–9

## 2 The Chair of the Care Quality Commission

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### The establishment of the Care Quality Commission

5. The Health and Social Care Bill, which is at present going through Parliament, establishes the Care Quality Commission (CQC). This is to be a new independent body responsible for regulating services across the health and adult social care sectors which spend over £100 billion of public money and involve about 2.9 million people employed in delivery of services in over 25,000 establishments.<sup>3</sup>

6. The CQC proposed in the Bill will replace three existing regulators: the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission. As attempts are made to integrate better the provision of health and social services, the case for an integrated regulator becomes more powerful. The Department of Health informed the Committee that “an integrated and flexible regulatory system will help provide the consistency and assurance that the public expects; enable local service innovation; and support local accountability”.<sup>4</sup>

7. Subject to the passage of legislation, the Commission will be created in October 2008 to take over from its three predecessor bodies from 1 April 2009.

8. According to the Department, the new body will have four broad functions across England:

**“Safety and quality assurance of health and adult social care services** (registration of public, independent sector (including third sector and social enterprise) health and adult social care providers; monitoring compliance with registration requirements and taking enforcement action if these are breached; conducting further inspections, investigations or reviews of services);

**Monitoring and keeping under review the operation of the Mental Health Act 1983 and related functions** (visiting detained patients, arranging for specific treatment safeguards under that Act; monitoring the application of the deprivation of liberty provisions in the Mental Capacity Act 2005);

**Periodic reviews of providers and commissioners** (ensuring good quality information is available to support choice by people who use services; also publishing comparative information about health and adult social care commissioners; providing an annual report to Parliament on the state of health and adult social care and the operation of the Mental Health Act); and

**Minimising the burden of regulation and inspection** (coordinating and reducing duplication of inspection-related activity across health and adult social care; taking

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3 Memorandum by the Department of Health to be published with the oral evidence in Volume II

4 Ibid

on new ‘gate-keeping’ functions, which are designed to reduce the administrative burden of regulation; working with other bodies).

By carrying out its functions, the Commission’s overarching focus should be to help protect and promote the health, safety and welfare of people who use health and social care services.”<sup>5</sup>

9. In addition, the Department’s note to the Committee adds:

“the Commission should perform its functions for the general purpose of encouraging continuous improvement, efficiency and a focus on those who use services.

The Commission will also be expected, in carrying out its functions, to:

demonstrate effective involvement of those who use services by taking into account views and levels of satisfaction amongst those affected by its activities, particularly people who use care services;

take account of the need to protect and promote the rights of people who use health and social care services—in particular, those of children and vulnerable adults;

ensure its actions are proportionate to the risks against which it affords safeguards; and

take account of best practice amongst other organisations performing similar regulatory functions and any future developments in approaches to inspection or regulatory action.”<sup>6</sup>

## The Role of the Board

10. The Commission will be led by a small non-executive board of Commissioners with a Non-Executive Chair. The precise size of the board is yet to be decided.

11. Since the organisation will have a broad range of responsibilities spanning interests in health and adult social care across the public, private and voluntary sectors, the board will be expected to present a range of skills and experience.

12. The Department has stressed that the Board will provide leadership and governance for the organisation. Their key duties will be to:

“provide strategic direction and set operational objectives in line with national policy and legislative guidelines;

set and maintain the values for the organisation and ensure that its obligation to all stakeholders, including service users and the Secretary of State, are understood and met;

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5 Ibid

6 Ibid

monitor the achievement of objectives through a framework of effective financial and quality management to ensure effectiveness and value for money;

collectively promote the effectiveness and success of the Commission; and

promote and contribute to best practice and knowledge transfer across the sectors it oversees.”<sup>7</sup>

## The Chair

### Role

13. The Chair will provide leadership on the board of the Commission and, according to the Department, will have a very significant impact and influence on the success of the organisation. The Department informed us that:

“the person we are looking for will be able to demonstrate:

senior board level experience in a complex organisation with high personal standards in relation to governance and assurance;

leadership and motivational skills and, particularly the ability to create and lead a team of high performing people to achieve shared goals;

an understanding of regulation in either the public or private sectors with the commitment to improve health and adult social care through effective regulation;

the capacity, drive and enthusiasm to lead the creation and establishment of a new organisation and develop it as a cost-effective model drawing on their experience in the public or commercial sector;

the ability to operate creatively and with flexibility in a statutory framework;

the ability to understand and address high profile, complex and sensitive issues;

experience of building and sustaining positive relationships with key stakeholders at all levels of government and the public sector; and

an understanding of diversity issues, equal opportunities and human rights issues and a commitment to applying these principles to the work of the Commission.”<sup>8</sup>

14. The Chair will be appointed (and may be removed) by the Secretary of State for Health and will:

ensure the success of the Commission by developing, with others, a vision for the effective regulation of health and adult social care services within the Commission’s remit;

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7 Ibid

8 Ibid

assist the transfer of work to the Commission by working collaboratively with the Department of Health and the Chairs and boards of the existing Commissions;

ensure that the new organisation retains the confidence of people who use services, service providers, the wider public and Ministers—reporting annually on a number of matters including laying its annual reports before Parliament and sending copies to the Secretary of State;

take part in the selection of the Chief Executive, Non-Executive Board members and other key staff as appropriate; and with them,

develop plans for delivering the Commission's functions.<sup>9</sup>

15. The Chair will be expected to undertake the following duties:

chair full board meetings;

ensure that the Chief Executive is held to account for the performance of the organisation and his/her accounting officer role;

ensure that the Commission carries out its statutory functions having regard to such aspects of Government policy as the Secretary of State may direct;

ensure that the Commission complies with all other statutory and administrative requirements for the use of public funds.<sup>10</sup>

16. With the Chief Executive, the Chair will:

represent the Commission in its dealings with Ministers;

represent the Commission at national level; and

develop links with appropriate stakeholders and organisations representing people who use services.<sup>11</sup>

### ***The Transition Period***

17. Subject to the passage of legislation, the Commission will be formally established in October 2008 and commence operations in April 2009. This means the bodies that the Commission will replace—the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission—will continue to operate their current statutory functions until the end of March 2009.

18. The Department has emphasised that a vital task for the new Chair, Commissioners and Chief Executive will be to focus on the establishment of the new organisation, at the same time working constructively with the existing Commissions to ensure that the

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9 Ibid

10 Ibid

11 Ibid

transition from current to new arrangements is effective and achieved with minimal risk and disruption to regulatory functions.<sup>12</sup>

### *Terms and conditions of service*

#### *Time commitment and remuneration*

19. The post of shadow Chair of the Care Quality Commission was advertised from Wednesday 13 February in various national newspapers. The advert indicated that the Chair of the Commission would receive up to £60,780 a year for up to three days a week. More may be available for an exceptional candidate. During the period leading up to the Commission's formal establishment in October 2008, the exact number of days per week will be negotiated with the successful candidate.

#### *Appointment and Tenure of Office*

20. The Chair is appointed for a period of 4 years by the Secretary of State. The appointment may be renewable for a further term.

21. This role is a public appointment to a statutory office not employment or a "job". It is not subject to the provisions of employment law and has no contract of employment.<sup>13</sup>

22. The Department stressed that as a public appointee, the "Chair must demonstrate high standards of corporate and personal conduct and maintain public service values in the discharge of your duties". In addition, any conflict of interest that arose in the course of board business must be declared as must any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies. These would be published in the Commission's annual report with details of all board members' remuneration from public sources.<sup>14</sup>

23. The advert indicated that in line with Government proposals to increase Parliamentary scrutiny of appointments to key posts, the preferred candidate for the post of Chair might be required to appear before a Parliamentary Select Committee prior to appointment.

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12 Ibid

13 Ibid

14 Ibid

### 3 The appointment process

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24. The Secretary of State wrote to the Chairman of the Health Committee on 30 April about a pre-appointment hearing, as follows:

“Following the Appointment Commission’s report to me after the conclusion of the recruitment exercise, I am pleased to inform you that Baroness Young of Old Scone is the Government’s candidate for the Chair of the new Commission. In keeping with the Government’s commitment to increased scrutiny, I would now like to invite your committee to hold a pre-appointment hearing to take evidence from Baroness Young. Should you decide to hold a hearing, my officials will provide the Committee with background information about Baroness Young and our proposals for the new Commission.”<sup>15</sup>

25. The recruitment process, including the engagement of recruitment consultants, short listing and interviewing, was carried out by the Appointments Commission independently of the Department of Health. We were informed that the process run by the Appointments Commission was regulated by the Commissioner for Public Appointments and had been conducted in accordance with the Commissioner’s code, involving an Independent Assessor at all stages, including the shortlist and interview panel.<sup>16</sup>

26. Members of the shortlist and interview panel were Anne Watts (Chair Appointments Commission), Chris Dearsley (Independent Assessor), David Nicholson (NHS Chief Executive) and Hugh Taylor (Permanent Secretary, Department of Health). The panel recommended Barbara Young as the most suitable candidate for appointment and this recommendation was endorsed by the Appointment Commission’s Health and Social Care Committee. Subsequently, the Appointments Commission formally recommended Barbara Young to the Secretary of State for Health, who will be responsible for the appointment under the Health and Social Care Bill.<sup>17</sup>

27. The Committee decided to hold a pre-appointment hearing on the 8 May. Although the letter from the Secretary of State was sent to us on 30 April, we were fortunate that the efficient Parliamentary Clerk at the Department of Health had given us advance warning that a candidate was likely to be selected towards the end of April.

28. In holding the pre-appointment hearing, we were mindful of the Liaison Committee guidelines, namely that

The Chairman should ensure that Members are aware that their questions must remain relevant to the professional competence and personal independence of the candidate. Questions eliciting background information about the candidate’s past career and about the selection process for the post are also normally acceptable.

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15 Appendix 1

16 Memorandum by the Department of Health to be published with the oral evidence in Volume II

17 Ibid

The candidate will need to be able to withstand parliamentary and public scrutiny should they take up the post, and the purpose of the session is to test this. Questioning may therefore be robust, and it may cover some areas that might not be appropriate at interview, such as party political allegiance. The Chairman should intervene, however, if questions are irrelevant, unduly personal, or discriminatory.<sup>18</sup>

29. Immediately after the evidence session, in line with the guidelines the Committee met in private to agree a report to the House containing its views on the suitability of the candidate.

## 4 The candidate

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### Biographical information

30. From 1971–1988 Baroness Young held various post in health services. From 1985–1991 she was Chief Executive of Parkside Health Authority, responsible to the Health Authority for strategy, planning and management of health care services for a District of a population of 100,000 in North West London. From 1991–1998 she was Chief Executive of the Royal Society for the Protection of Birds, Europe’s largest conservation charity. From 1997–2000 she was a Main Board Member of AWG plc, a FTSE 250 company with interests in the water, construction and infrastructure businesses in the UK and worldwide. From 1998–2000 she was Chairman of English Nature and Vice Chairman of the BBC with special responsibility for Scotland, fair trading and chairing the Governor’s Complaints Committee. Since 2000, Baroness Young has been Chief Executive of the Environment Agency.

31. Baroness Young was made a Life Peer in 1997, taking the Labour Whip. Since becoming Chief Executive of the Environment Agency she has sat on the cross benches.

32. A full CV is appended to the report.<sup>19</sup> In it Baroness Young stressed her “wide experience in leading and managing large public sector organisations in health, media and environment. Extensive experience in the leadership and strategic development of NGOs, and voluntary services. Knowledge and experience of regulation in media, environment and the voluntary sector.”

### Questioning

33. In oral evidence we asked Baroness Young about:

- The selection process,
- The role of the Chair
- Her independence,
- Her relevant expertise and experience,
- Merging the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission into the Care Quality Commission,
- Potential overlap of work with Monitor (the regulator of Foundation Trusts and PCTs), and
- Her key priorities, including dealing with healthcare associated infections, public and patient involvement, the promotion of health and tackling health inequalities.<sup>20</sup>

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<sup>19</sup> Appendix 2

<sup>20</sup> Oral evidence to be printed in Volume II to this Report

## **Recommendation**

**34. We have examined the role and duties of the Chair of the Care Quality Commission. Having carefully considered the information provided to us about Baroness Young and having questioned her in the pre-appointment hearing on 8 May, we consider that Baroness Young is a suitable candidate for post. She has the requisite professional competence, independence and integrity.**

## Appendix 1

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### **Letter from the Rt Hon Alan Johnson MP, Secretary of State for Health, to the Chairman of the Committee, 30 April 2008**

#### **Chair of the Care Quality Commission**

As you will be aware, subject to legislation currently going through parliament, the Government intends to create a new independent health and adult social care regulator, the Care Quality Commission, in October 2008 to take over from the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission at the end of March 2009.

To ensure the Care Quality Commission has its leadership in place as soon as possible, we started a recruitment exercise for the shadow Chair of the new Commission in February. The recruitment process was carried out by the Appointments Commission independently of Ministers. The Government has a clear commitment to increase Parliamentary scrutiny of key public appointments. Given the degree of Parliamentary and public interest in this particular position, I had therefore previously decided that the Chair appointment should be made by the Secretary of State to enable the post to be one of those suitable for scrutiny by Parliamentary Select Committee under the new arrangements first announced by the Prime Minister last year. The Government has since formally consulted the Liaison Committee on this (and other posts) and I understand that the Committee has agreed that the Chair of the Care Quality Commission is a post suitable for pre-appointment scrutiny by Select Committee.

Following the Appointment Commission's report to me after the conclusion of the recruitment exercise, I am pleased to inform you that Baroness Young of Old Scone is the Government's candidate for the Chair of the new Commission. In keeping with the Government's commitment to increased scrutiny, I would now like to invite your committee to hold a pre-appointment hearing to take evidence from Baroness Young. Should you decide to hold a hearing, my officials will provide the Committee with background information about Baroness Young and our proposals for the new Commission.

I would be grateful if, in the event of a hearing, the Committee could publish its report as soon as possible after the evidence session. I will then consider its conclusions carefully before deciding whether or not to proceed with the appointment.

## Appendix 2

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### **Curriculum Vitae: Barbara Young – Baroness Young of Old Scone**

Wide experience in leading and managing large public sector organisations in health, media and environment. Extensive experience in the leadership and strategic development of NGOs, and voluntary services. Knowledge and experience of regulation in media, environment and the voluntary sector.

#### **Personal Details**

BARBARA SCOTT YOUNG, MA, AHM

Date of Birth: 08.04.48

#### **Profile**

##### ***Leadership***

Wide experience as chairman and chief executive leading large public bodies and NGOs. I have lead and taken forward strategically and in the public eye, prominent health service bodies, a major conservation NGO, the RSPB, and the largest environment protection agency, the Environment Agency for England and Wales. Public board experience as chair or vice-chair across a range of organisations, including the government's nature conservation agency, English Nature and the BBC. Non-executive directorship of a FTSE 250 plc.

##### ***Strategy***

Led the development of strategies and implemented strategic change in a range of public sector organisations, engaging staff, stakeholders and the public and delivering outcomes for public benefit.

##### ***Management***

Delivery of strategic outcomes in large, complex multi-stakeholder settings, including the Environment Agency, where I have 13,000 staff and a budget of £1.2 billion. Experience of managing dispersed organisations both nationally and internationally.

##### ***Policy***

Experience in the development of public policy as a policy advocate and Life Peer. Policy advocacy engagement across government and internationally, in health, voluntary sector, media and environment. I chaired or vice-chaired policy commissions on the future organisation and funding of the NHS and on the future of the voluntary sector. Board experience in one of the UK's leading policy think tanks, IPPR. Extensive involvement in the development of regulatory policy, both in the UK and EU

### ***Regulation***

Wide experience both as a regulator (English Nature, Environment Agency) and in being regulated (AWG plc, BBC). I was also a Trustee of the National Council for Voluntary Organisations, interfacing with the Charity Commission and government on the regulation of the voluntary sector, as a vice-chairman of the Commission on the Future of the Voluntary Sector. At the BBC, the nature of regulation of the BBC and its relationship with the new regulator OFCOM was a high profile issue on which the Board spent considerable energy. I chaired the BBC group which ensured compliance with Competition Commission regulation of the BBC's commercial activities. At the Environment Agency, I have personally led our strategic development as a modern regulator and have played a key role in influencing the government's development of its Better Regulation programme. The Environment Agency is committed to a risk based, proportionate, transparent, firm and fair model of regulation with an ongoing focus on reducing burdens while delivering outcomes for society and the environment. I set up and chair the Better Regulation Group of the EU Environment Protection Agencies and negotiate on their behalf round the better regulation agenda in Brussels and across the EU.

### ***Health and Social Care***

I spent 20 years in health services management with a strong commitment to high standards, patient care and public engagement. I led the Institute of Health Services Management as vice chair, chair and president and help shape health policy. I ran one of the first health districts to invest heavily in its quality of care process. In various NHS posts I had responsibility for the setting up of services under the Care in the Community programme for mental health and people with learning difficulties, working jointly with local authorities as social care providers.

### ***Shaping organisations***

In my career, I have led several restructurings, including bringing together health service organisations and services, to harness the commitment of staff and boards to producing an improved organisation with a new and distinctive homogeneous culture.

### ***Stakeholders***

Throughout my career, I have gained wide experience of building and sustaining positive relationships with stakeholders, including regulated business, representational bodies, the public, consumers, local, regional and national government, including parliamentarians, and the voluntary sector. I believe in a collaborative and engaging approach, with partnership in delivery as a key.

## **Current and Previous Roles**

### **Life Peer, House of Lords (1997–date)**

I was appointed as a life peer in 1997. Since becoming CE of the Environment Agency in 2000, I have sat on the cross benches.

### **Chief Executive, Environment Agency (2000–date)**

Leadership of the government Agency responsible for the integrated environmental protection of air, land and water. The Agency has 13,000 staff, an annual budget of over £1bn. and operates across England and Wales. It has regulatory, advisory and operational roles. The CE is a full member of the Board.

### **Chairman, English Nature (1998–2000)**

Leadership of the statutory nature conservation NDPB for England, with regulatory, advisory and facilitating roles for the conservation of nature and earth heritage.

### **Vice Chairman BBC (1998–2000)**

Governor and Vice Chairman of the nation's public service broadcasting organisation with special responsibility for Scotland, fair trading and chairing the Governor's Complaints Committee. Helped steer the BBC to success through the licence fee review.

### **Main Board Member, AWG plc (1997–2000)**

Main board member of AWG plc, a FTSE 250 company, with interests in the water, construction and infrastructure businesses in the UK and worldwide.

### **Chief Executive, The Royal Society for the Protection of Birds (1991–1998)**

Chief Executive of Europe's largest conservation charity. RSPB managed over 300,000 acres of land for conservation, campaigned for effective policies for conservation and the environment and advised and educated a wide range of specialist audiences, young people and the public on issues of the conservation of biodiversity and the environment. Developed the RSPB to one million membership and to a position of standing as a campaigning organisation across the UK and worldwide. Active in the foundation and development of BirdLife International, the worldwide bird and habitat conservation partnership, now active in over 110 countries worldwide.

**Chief Executive, Parkside Health Authority (1985–1991)**

Chief Executive responsible to the Health Authority for strategy, planning and management of health care services for a District of 100,000 population in NW London and for services to wider populations on a regional and national basis by virtue of the District's role as a medical teaching institution and in research. Responsible for the planning, implementation and management of services within an annual budget of £175 million per year. The District employed 8,000 staff and provided services from over 60 premises. I harnessed support for its creation from three health districts and managed the merger to create a single effective organisation.

**Previous experience in health services (1971–1988)**

A range of posts in operational management, strategic planning and service development and in public relations in health services in London and Scotland. I was chief executive of Haringey Health Authority, District General Manager in Kensington Chelsea and Westminster and Director of Strategy at St Thomas' Health District, Lambeth. I had a particular personal interest in the joint development with local authorities of mental health services and services for people with learning difficulties.

**Chairman and President of Institute of Health Services Management (1984–86)**

I chaired the Council and was President of the IHSM at a stage when it was a powerful advocate in health service management and policy. I chaired its Commission on the Future Management and Funding of Health Care.

**Qualifications**

Master of Arts (Honours, Classics, University of Edinburgh)  
Dip.Sec.Sci., University of Strathclyde  
Associate Member of the Institute of Health Services Management  
Chartered Environmentalist

**Main Professional and Voluntary Activities**

King's Fund International Fellow (1985–1990)  
Trustee, the National Council for Voluntary Organisations (1993–1998)  
Member UK Round Table on Sustainable Development (1995–2000)  
Member of the Commission on the Future of the Voluntary Sector (1995–1996)  
Member of Committee on the Public Understanding of Science (COPUS) (1996–1997)  
Vice President, Flora and Fauna International (1998–date)  
Vice President of BirdLife International (1999–date)  
Trustee of the Institute of Public Policy Research (1999–date)  
President of the Bedfordshire, Cambridgeshire, Northamptonshire and Peterborough Wildlife Trust (2004–date)  
President of the British Trust for Ornithology (2005–date)

# Formal Minutes

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**Thursday 8 May 2008**

Members present:

Mr Kevin Barron, in the Chair

Jim Dowd  
Sandra Gidley  
Dr Doug Naysmith

Dr Howard Stoate  
Dr Richard Taylor

Draft Report (Appointment of the Chair of the Care Quality Commission), proposed by the Chairman, brought up and read.

*Ordered*, That the Chairman's draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 34 read and agreed to.

*Resolved*, That the Report be the Fourth Report of the Committee to the House.

*Ordered*, That the Chairman make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Written evidence and a memorandum were ordered to be reported to the House for printing with the Report.

[Adjourned till Thursday 22 May at 9.30 am

## Witness

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**Thursday 8 May 2008**

**Baroness Young of Old Scone**, nominee as Chair of the Care Quality Commission

## Written evidence

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1 Memorandum by the Department of Health

## Reports from the Health Committee

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The following reports have been produced by the Committee in this Parliament. The reference number of the Government's response to the Report is printed in brackets after the HC printing number.

### Session 2007–08

First Report	National Institute for Health and Clinical Excellence	HC 27 (Cm 7331)
Second Report	Work of the Committee 2007	HC 337
Third Report	Modernising Medical Careers	HC 25

### Session 2006–07

First Report	NHS Deficits	HC 73 (Cm 7028)
Second Report	Work of the Committee 2005–06	HC 297
Third Report	Patient and Public Involvement in the NHS	HC 278 (Cm 7128)
Fourth Report	Workforce Planning	HC 171 (Cm 7085)
Fifth Report	Audiology Services	HC 392 (Cm 7140)
Sixth Report	The Electronic Patient Record	HC 422 (Cm 7264)

### Session 2005–06

First Report	Smoking in Public Places	HC 436 (Cm 6769)
Second Report	Changes to Primary Care Trusts	HC 646 (Cm 6760)
Third Report	NHS Charges	HC 815 (Cm 6922)
Fourth Report	Independent Sector Treatment Centres	HC 934 (Cm 6930)

The following reports have been produced by the Committee in the 2001–05 Parliament.

### Session 2004–05

First Report	The Work of the Health Committee	HC 284
Second Report	The Prevention of Thromboembolism in Hospitalised Patients	HC 99 (Cm 6635)
Third Report	HIV/AIDS and Sexual Health	HC 252 (Cm 6649)
Fourth Report	The Influence of the Pharmaceutical Industry	HC 42 (Cm 6655)
Fifth Report	The Use of New Medical Technologies within the NHS	HC 398 (Cm 6656)
Sixth Report	NHS Continuing Care	HC 399 (Cm 6650)

### Session 2003–04

First Report	The Work of the Health Committee	HC 95
Second Report	Elder Abuse	HC 111 (Cm 6270)
Third Report	Obesity	HC 23 (Cm 6438)
Fourth Report	Palliative Care	HC 454 (Cm 6327)
Fifth Report	GP Out-of-Hours Services	HC 697 (Cm 6352)
Sixth Report	The Provision of Allergy Services	HC 696 (Cm 6433)

**Session 2002–03**

First Report	The Work of the Health Committee	HC 261
Second Report	Foundation Trusts	HC 395 (Cm 5876)
Third Report	Sexual Health	HC 69 (Cm 5959)
Fourth Report	Provision of Maternity Services	HC 464 (Cm 6140)
Fifth Report	The Control of Entry Regulations and Retail Pharmacy Services in the UK	HC 571 (Cm 5896)
Sixth Report	The Victoria Climbié Inquiry Report	HC 570 (Cm 5992)
Seventh Report	Patient and Public Involvement in the NHS	HC 697 (Cm 6005)
Eight Report	Inequalities in Access to Maternity Services	HC 696 (Cm 6140)
Ninth Report	Choice in Maternity Services	HC 796 (Cm 6140)

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Third Report	Delayed Discharges	HC 617 (Cm 5645)