

## **Transcript of Radio Ombudsman podcast #4**

### **Sir David Behan: The transformation of the Care Quality Commission**

Rob Behrens: Hello, and good morning, this is Rob Behrens, and welcome to the latest edition of Radio Ombudsman.

My guest this morning is one of the big beasts of Health Service regulation, Sir David Behan. Sir David is the Chief Executive of the Care Quality Commission, an appointment he's held since 2012. He is consistently rated as one of the most powerful people in the Health Service by the esteemed Health Service Journal. He has a social work background, unusual for people who become mandarins. He has been Director of Social Services and Local Government, Director General of Social Care at the Department of Health and the first Chief Inspector of the Commission for Social Care Inspection.

He is the person most responsible for turning round the Care Quality Commission from its troubled early days and its failure to highlight unacceptable care in a number of care homes and hospitals, including Morecambe Bay.

Sir David was knighted in the 2017 New Year's Honours List for services to health and social care.

Welcome Sir David, we have the red rose of Lancashire flying over Millbank today in your honour. It's very good to have you with us. So the first question for guests on this program is to ask them briefly to describe where they were born and brought up.

Sir David Behan: Good morning everybody, I was born and brought up in Blackburn in Lancashire in 1955. My parents were textile mill workers, that was the industry of Blackburn, and my mother was a spinner and my father was a maintenance electrician. It was a very tight close-knit family, my mother's family was large and very close knit. My upbringing was a Catholic upbringing and I've got many happy memories of the closeness and tightness of that. We didn't have a lot materially, but in terms of love and affection I was very well blessed.

I went to school in Blackburn, went through the education system and I did voluntary work at school, working with single homeless people, and it was understanding the issues around social justice that led me to my choice of career to go in to social work. I wanted a job that really did something about how unjust society was, and some of the issues that confronted single homeless people who were severely and enduringly mentally ill, who were substance and drug dependent, that led me to think quite broadly about social justice and how equal was society, and I wanted to do a job basically which made a difference to that. That led me into social work.

Rob Behrens: So, you went, I think, to Bradford University and you studied social studies there. Did that include social work training?

Sir David Behan: Yes, I chose, as I said... I thought I'd probably do a geography degree, if I was being truthful, at the beginning of my A Levels, and probably end up doing something like quantity surveying. This voluntary work led me in to thinking of a career in social work. Bradford University at the time offered a degree in applied social studies and a social work qualification. It was seen as being the leading course of its time. I have to say it

was a course which didn't disappoint me at all, it was great, academics that taught on the course had some very practical experience in social work.

As I say, that prepared me for a career in social work, I feel very blessed and privileged to have done the jobs that I've done over the years. The job that I do today, I think is just as much about social justice as that very first job as a children's social worker working for Wakefield Council when I began there in 1978.

Rob Behrens: So you were both a social worker and a Director of Social Services before you went in to Whitehall. What kinds of things did you learn from being a social worker which you took with you when you left the practice?

Sir David Behan: Yes, very good question. It's interesting, I still find myself drawing on that social work education when it comes to psychology and human behaviour. About how people behave, why they behave as they do, how to develop and form relationships and use relationships as an agent of influence and change is essentially what the social work task is. You could argue that that's exactly what my job is today, about using relationships to affect and influence change.

It continued to reinforce my view about undertaking a job which make a contribution to making a difference in society. I think the jobs that I've had throughout my career, I feel very lucky, have all been about making a difference. That's mattered to me Rob, throughout my career, getting up and going to work each day, and some of these jobs have been tough. You've got to be clear with yourself about why you're

doing these jobs and what is it that you want to get out of them.

I've always felt that I've wanted to make a contribution to making society more socially just and helping people in terms of their experiences of health and care, ensuring people get access to good quality care. I wanted to do that as a social worker when I was dealing with children and families, and that's what I hope I'm still trying to do today. It's that golden thread, if you wish, of wanting to make a difference and belief in social justice that has driven me on throughout my career.

Rob Behrens: Can you remember when you were a social worker whether you had a view about regulation?

Sir David Behan: I think it's, again, a very good question, my recollection is that regulation is really something that came in not at the beginning of my social work career. I don't think it existed then if I'm being truthful, I think regulation was something which has come in from the mid '80s onwards. I think if you look at the history of health and care, I think where there have been crises and inquiries, particularly in social work, the death of children in care or on the child protection register, there's largely been inquiries.

I think that one of the levers that many governments have reached for over the past 30 or so years in the face of those crises is regulation. I think you can almost chart the history of regulation, and the introduction of regulation linked to some of these quite major events which have taken place. Whether that be, at the beginning of my career, the death of Maria Colwell, Victoria Climbié, Baby Peter more recently, there have been many in between which have shaped this.

You could run the same argument in relation to deaths in custody, the way that some people who have been in the high secure mental health system or been compulsorily detained under the mental health legislation, where crimes have been committed or incidents have taken place where there've been investigations or inquiries, can often lead to a regulatory response. Of course, in the Health Service, with Mid Staffordshire and Sir Robert Francis' report on Mid Staffordshire, part of the government's response was to look to CQC and develop a chief inspector of hospitals. Which is something that I've been doing since I took this job in 2012.

So, I think that link between events, inquiries and then regulation is one that I've noticed. As I say, early in my career there wasn't a social services inspectorate, there was a social work service, it was seen as being advisory and offering guidance rather than a pure regulatory response.

Rob Behrens: One more question about life before CQC... you talked about a coherent thread going through your career which is self-evident. You've moved quite a lot of times, you've moved from social work into management in local government, you then moved into Whitehall before you took on the big job at the CQC and had big jobs in Whitehall. What was it like working in Whitehall in comparison to then going to CQC afterwards?

Sir David Behan: Again, it was a real privilege to do the Director General job in the Department of Health. If I just go back to your opening question about my background, my mother was a product of her age. She passed the 11 plus, but she came from a big family. My grandfather was severely disabled and didn't work. So they were poor, not to put too fine a point on it. Having

passed her 11 plus she couldn't go to grammar school because they couldn't afford the school uniform. So she went to work in a textile mill, as many women in her generation did.

My father, again, came from a family which, his father was a labourer, his mother worked in a textile mill, he went for a bursary for the grammar school and there were two people in for the bursary and he came second, i.e. he didn't get it.

Through those accidents of education our lives are shaped and formed. What I took from my parents were some working-class messages about work hard and do well. I think there's subtext: "And then you don't have to work shifts in a textile mill like we have done."

I think it was also about being very respectful of others, about treating others as you'd expect to be treated yourself. I think there was a Catholic tradition involved in that, mine was a Catholic education. So this mixture of working class and religious influences began to shape my upbringing.

If I'm being truthful Rob, when I left school to go to university and become a social worker, I never dreamed that I'd one day sit in an office on Whitehall and advise ministers and secretaries of state about national policy. When I was doing the CSCI [Commission for Social Care Inspection] job, and the Department of Health job became available, a wise friend of mine said to me: "Write your obituary." The basic point of this was to get to the end of your career and look back, and what would you like to be remembered for?

Boys from Blackburn, from my upbringing didn't take jobs in Whitehall, that's not how I felt that I'd been brought up. The, write your obituary point was, how would I know that I could ever advise ministers on social care policy unless I went to try it? For me this was about that belief about wanting to make a difference. I couldn't look back on my career and say "if only"

or "I could have" unless I went to test myself and try myself in that environment.

So that is a very personal reason why I went to go and do that job, but I also thought the time was right to look at how the future funding of social care and the policy environment for social care could be further developed. I very much saw that as being the job. I was lucky to be offered the job, and [it was] a massive privilege to undertake these jobs.

When I was there we did one green paper and two white papers on future funding of social care. I think that will inform the current debate about the green paper that the government are talking about publishing this summer. We published the first national dementia strategy. We did a lot of work on services for learning disabilities. We took forward the Autism Act. The law commission review which led eventually to the Care Act was all put in place during my time in the department. I worked at the transition from Blair to Brown as Prime Minister and from a Labour government to what we experienced as a coalition government.

So these were massive times when I was able to, hopefully, make a contribution to the policy environment, but from the inside. I think the deal when I went to the Department of Health was, take the people with experience outside of the civil service who could bring that experience in. I think the deal was you come in for four, five, six or seven years and you use the benefit of that experience working alongside career civil servants. It's for others to judge about how effective that period was, but as I say, it was a huge privilege to do that and blend my experience with that more traditional career civil servant experience.

Rob Behrens: Whitehall is quite a closed community, did you ever feel patronised by the London-centric elite?

Sir David Behan: No, I think you talked about, well, let me say, you can take the boy out of Blackburn, but you can't take Blackburn out of the boy. So this bit about my upbringing... I didn't go to private school. I didn't go to public school. I wasn't brought up with the expectation of "one day you will be doing the most senior job".

So, one of the things I've had to struggle with over my career, personally struggle with – I don't mean it's disabled me, but it's been an issue – is not having a chip on my shoulder about my background. One of the things I learnt to do in the CSCI job and the Department of Health job is, I could make a contribution, I could make an intellectual contribution. I did know what the reality on the ground was because I'd been there, and I'd done some of these jobs that we were talking about.

Rather than seeing that I'd got a deficit in my experience, I thought that was an asset that could bring to bear on the work. It is a meritocracy in the civil service, you are judged on whether you can do or you can't do the job. Ultimately, you asked me about my social work experience... the civil service is a collection of people, they happen to be very talented bright people at the interface of the most talented politicians of the day that we've got. I think the thing I learnt in social work, and in local government, dealing with local government politicians is these are people.

So the virtues of integrity, honesty, reflection, listening hard to what others say, making judgments and being decisive were the skills that I'd learnt through my career and they were the skills which helped guide me through my time in the civil



service. In the words of “get to the end of your career and then look back”, I am absolutely delighted to have had the opportunity to do that job. I believe it's helped me do the job I'm now doing, because actually I understand a little bit about how government works from the inside, not just from the outside. So an absolutely fabulous opportunity for me, and I don't regret it one bit.

Rob Behrens: Just focusing on CQC now, when you went there it was a mess, there's no hiding from that. You, through the force of your intellect and character turned it round. Could you reflect on that experience a bit for us? Because there are people listening that work in organisations that also need turning round.

Sir David Behan: Yes, it was, both the public accounts committee and the health select committee had both in their own ways said that CQC was not fit for purpose. When I took the job I knew that a key role was to actually restore political, professional and public confidence in the work of the CQC. Recently I looked at my application form for the job and in fact, that was one of the opening paragraphs about how I saw the job and what the job entailed. To a certain extent I had a loose and broad plan in my head about what we needed to do at CQC, and there were a number of elements to that plan which I set about trying to implement, which I think have been key to the way that we've improved over this past five or six years.

Firstly, I think we needed to be really clear about our purpose, why was CQC there? What was it there to do, and how was it going to do it? CQC did have a purpose, it was laid out in the 2008 Act, but if you spoke to people external to CQC you'd get

many different views about why it existed and what it was there to do. Just as troubling, if you spoke to people within CQC you got different views about why it existed. The one thing that I was absolutely clear about is any organisation that can't be clear about its purpose is going to fail.

So we began to do some work on a strategy, we published that strategy – 2013 to 2016 – strategy where we consulted quite heavily in the development of that strategy, and one of the key aspects of that consultation was on our purpose. During that period I'd have conversations with people internally and externally. They were very contested conversations. Some of them were about whether regulation per se makes a difference. That I see as being more ideological if you wish, but accepting we've got a regulator, then how we make that regulator effective and efficient was what we were looking to do.

We developed a statement of purpose, which is to make sure that people who use health and care service receive services which are safe, effective compassionate and high quality, and we encourage services to improve. That was our statement of purpose.

We consulted recently on our 2016 to 2021 strategy and we asked the question: should we change that statement of purpose? Both to our stakeholders and to our staff, and the universal view was, no we shouldn't. It's settled, when I go to conferences now and speak internally and externally, my first slide is always our statement of purpose. I won't make a presentation unless I put that slide up. It's not an issue that I find is contested anymore, it's something that people have accepted. There might be the ideological issue about whether regulation makes a difference, but why we exist is not.

The second thing I did is look at the people that we've got in the organisation and who we needed to develop those people and we created a new senior leadership team. I think the statement of purpose and the new leadership team was absolutely critical to our ability to move forward.

We had to change our methodologies very quickly, my view is we either change quickly or I thought CQC was facing abolition. I think we were in the last chance saloon. So having been clear about our purpose, brought in a new senior leadership team, we set about changing the way that we inspected.

We then needed to do the second bit of the people agenda. We needed to change the way we were organised, moving from generic inspectors on a generic inspection methodology, to inspectors who would specialise using methodologies which were bespoke to each of the sectors that we regulated, a much more specialist methodology. Using intelligence and data much more to inform what we did.

So they were some of the key changes we made. We've just come to the end of something that we started over 24 months ago now which is a big leadership development program where everybody who manages and leads in the organisation has gone through a program we've called Inspire. It's run by Ashridge, which is an international leadership development centre. We wanted to make sure we'd got the best, and I wanted every leader in the organisation to go through this development program. Because it was important that when we talked about leadership and management people meant the same things by this. We were able to have a conversation internally about how we wanted to lead.

This linked to another hugely important piece of work that we did on our values, where we had a conversation over a good

nine months in the organisation about our values. Our values were not, what did we want to put on our recruitment literature and in our publicity material? It was really about what kind of organisation do we want to be and did we want to be? For me, this was much more about our behaviours, how we behave internally and how we behave with each other, and how that then manifests itself with how we speak to other people.

So these were some of the key ingredients of the plan that I brought. I think, if I look back on my period at CQC, they were some of the contributions: clear sense of purpose, good values, good leadership team driving forward and engaging with the staff who got to deliver these new inspection methodologies.

Rob Behrens: That's coherent, it sounds quite seamless. What was the greatest difficulty that you had? Let me test a couple of things: What about the bodies in jurisdiction, were they helpful to you in the transition? What did they want? Did they want you to be more effective or less effective at what you were doing?

Sir David Behan: A really good question. I think there were two things that we needed to do Rob. I needed to engage staff that worked within the organisation. There's a lot of research evidence now and experience from successful organisations that successful organisations deliver what they've been set up to do, whether it's making widgets, or in our case it's actually carrying out regulation. Those organisations also attend to the health of their people, the emotional and psychological health of their people. Effectively, happy and contented staff equals happy and contented stakeholders.

The evidence is there in nursing as well, from the Florence Nightingale School of Nursing at Kings: happy nurses equals happy patients. You see it in industry and retail and a whole number of other industries. So a big part of what I try to do is make sure that we engage with staff. I regard my own personal performance indicator as being our staff engagement score within our staff survey. I've paid a lot of attention to the staff survey. During my time at CQC that's managed to hold a line. If I'm being truthful, I'd wanted it to improve more than it has done and it hasn't. That's because this is difficult stuff. Improving engagement in organisations is difficult.

Nevertheless, that's what I see my job is. And when my successor is appointed in the next few weeks, I hope they'll pick that up and begin to run with that as well.

In terms of the jurisdiction point, I think we had a wide spectrum of views Rob, I think there are people who think that regulation is burdensome, there's too much of it and it shouldn't exist. I think that goes right to the core of what is the purpose of regulation? I think there are people who see the importance of regulation and that independent perspective that's brought, and they want that regulation in place. But they want it to be effective, efficient and good.

Then I think there are some people who just don't want regulation, they're not used to it. So if I look at CQC, adult social care providers were used to regulation. They felt the early days of CQC had not given them what they wanted, which was an effective regulator. I think they were willing us on to improve and to be better. General practitioners in the main... we had motions of non-cooperation in CQC passed by the Royal General College of Practitioners and the BMA... They didn't want regulation. They had no history and tradition

of using regulation and we needed to work with them to establish our legitimacy to use a question back on to yourself.

Then, in acute and mental health care there was more experience of regulation, but there was a real sense of this was a burden that didn't add value. I think if we look now over a period of time, because we've worked hard at stakeholder management, I've had lots of conversations with chairs and chief execs of NHS Trusts. NHS Providers trade association have arranged for me to get feedback. They've arranged for dinners, bringing together people at chief exec and chair level that we've inspected, to give feedback to us in a confidential setting, where we've listened to that and received that feedback and used that feedback to inform what we do and how we do it.

With the Royal College of GPs and the BMA, even when they were passing motions of no confidence, we've carried on meeting them, carried on working with them, listening to what they do. Some of those conversations have really been, for a college and the BMA to state their position in relation to it, I've been quite practical and pragmatic about this saying: "The legislation is that we will regulate, we will do the job we've been set up to do, we'd like to do that with you and work out a way to do that." And we've sat down and worked out how we can do the job.

Interestingly, both the Royal College of GPs and the BMA have been using the results of our first round of comprehensive inspections, where we rated 90% of GPs as being good or outstanding. They now use that figure in their presentations. I think the opposition from NHS Trusts about our work, I think our ratings have now been the currency that most chief execs want to be measured on, where they want to

aspire to being good and once they're good they want to aspire to be outstanding.

So I think what we've seen over the past six or so years is a move from where the currency of CQC inspections was low, quite frankly, to one where the currency is now something which is being used to inform the way that people lead and manage their services.

Rob Behrens: I can see consistent themes in there. So you need technical competence, you need an ability to effectively communicate with bodies in jurisdiction and you need independence. Without those three things you're not going to get very far.

Just looking at health and social care, you're referring to how you work with other bodies, and we work with you, we have common interests. You're also a body in jurisdiction for us. Do you think that the system is overcrowded in terms of regulation?

Sir David Behan: Yes, I think the arguments, going back to your last questions about our credibility. We weren't seen as credible in 2012, I think we're increasingly seen as credible. I want to be humble about that, there's still more that we need to do. As Bill Shankly said, you're as good as your last game. So we're constantly having to demonstrate through what we do and how we do it that we improve as well. I think what we've done is manage to establish a case for an independent quality and safety regulator.

I think in terms of the oversight and using regulation in its broadest definition, there is an awful lot of activity. I think the recent announcements about NHS England and NHS

improvement beginning to work together much more effectively, having joint appointments, is an attempt to reduce some of that crowded territory, that crowded terrain.

Going back to 2012, there was a lot of discussion about CQC merging with what was then Monitor. That discussion has gone away now, and the conversation is how does NHS Improvement, which brings together the Trust Development Authority and Monitor together, elide with NHS England with CQC's role looking to continue as independent organisation about quality and safety? I think that's a good thing, I think that goes back to being clear about our purpose and where our contribution in that wider system sits.

We weren't given the powers to look independently at complaints that people made. The predecessor bodies to CQC, the Healthcare Commission and CSCI both had the ability to look at second stage complaints. When CQC was created that power was removed and invested back into the Parliamentary and Health Ombudsman and the Local Government Ombudsman. I think that was a good thing, I think that was another example of just removing some of the complexity that had existed.

Slightly paradoxically, it gives us lots of difficulties because people refer on to us individual cases in the expectation that we will deal with those. One of the things that we do is work with you about the appropriateness of how much we can look at the issues raised by an individual complainant and how much complaints bodies, yourselves and the Local Government Ombudsman, can address those cases. I think that something we continually need to work at. It's not always clear for individual citizens where the most appropriate place is to go. But I think both with yourselves and the Local Government Ombudsman we work hard at trying to be clear



about that. Again, I think that's something we need to continue to work at in the future.

I think you're never going to have one body that's going to look at everything that citizens want to raise, and therefore how we work with ombudsmen and also the professional regulators, the GMC, the NMC, the Health and Care Professions Council, where it's a complaint against an individual professional is important. I don't think it's right that we look at all of those.

So working with others is a key responsibility that I think we've got.

Rob Behrens: Today is the day we publish our own new strategy for the next three years. What interests me is that many of the things you've mentioned about reforming the organisation are reflected in our own strategy about the importance of getting a core purpose right, of developing your people and reaching out when you're clear about what your values are. That's absolutely right.

One of our core objectives in the next three years is to be more transparent about what we're doing. At the moment we ask bodies in jurisdiction to share our reports with CQC. I think what we should be doing is sending them to you anyway so that you are aware of where bodies are falling down in terms of standards. We shouldn't have to rely on the goodwill of those bodies themselves. Presumably you would agree with that? Would you also agree that we could work together on better complaints handling in these organisations so that issues can be resolved without them going to an external body?

Sir David Behan: Indeed, I think we talked earlier about defining moments in health and care and I think Robert Francis' report into Mid Staffordshire and the government's response, and particularly the response of the Secretary of State for Health, Jeremy Hunt on openness and transparency, I think has been a crucial issue over the past five or so years and will be into the future.

So to your point on transparency, I think members of the general public will be surprised that we don't automatically share this information between us. On the back of Facebook and Cambridge Analytica there's a big debate about who can share what data with whom and in what circumstances. I think when it comes to matters of protecting the public, assuring the quality and safety of services, I don't think the public would have a problem with data being shared that actually makes that contribution. In fact I think they would expect us to do it.

So continuing to work at transparency and the way that we work as organisations across the health and care system I think is essential if we're to create the transparency which I believe people want to see, and personally Rob, I think probably that both you and I want to see in terms of our bodies. I think transparency provides oxygen and sunlight to allow good practices to grow in organisations.

This is one of the reasons why we focus on, when things happen in organisations, things that don't go quite to plan, problems happen. We've looked at how organisations learn from those incidents, those events and actually use that learning to inform their own improvement. I think that's absolutely critical and being open and transparent about that is essential.

Being transparent is quite difficult. I think people who feel they've been wronged will often want somebody to be held to account for that. "Who can be blamed?" will often be a

question which is raised. I think we've got a media which grew bored with some of the inquiry reports in the '80s and '90s which said nobody is to blame, it's a system. They wanted to hold people to account for things that had gone wrong.

I think you can look at the history of child abuse and children's safeguarding to actually see what I would refer to as the geology of the changes in attitude about that. Whereas Maria Colwell is the system that didn't work, and Baby P as we know, individual directors of Children's Services were held to account and dismissed from their jobs as a consequence.

So I think transparency is absolutely what's required into the system and into the future, but I think it is not without its challenges in terms of the whole issue about accountability. How accountability and transparency is squared I think is one of the challenges for these next few years.

Rob Behrens: I think we should remember that all leaders make mistakes, and our two predecessors met a long time ago to discuss the Titcombe case. It was an un-minuted meeting, and what transpired at that meeting is still a subject for discussion and argument. One of the decisions that was made was because a lot of papers had gone missing it wasn't something to investigate.

Today, we would both say, or at least I would say, that is a reason to investigate, if papers have gone missing. In order to take the public with you, you must be transparent and record everything that you're doing in order to retain public confidence. So some of these lessons of transparency are very hard won, but hopefully we've learnt from that.

As we move towards the end of this, could I just ask you a couple of final questions? Today, the health service is under

immense pressure, good people working under challenging conditions. What do you see as the biggest systemic vulnerabilities to healthcare at the moment?

Sir David Behan: That's a big question, and we're just coming to the end of completing a program of 20 local system reviews that we were asked to undertake by the secretaries of state in Housing Communities in Local Government and the Department of Health. We can only use this power if I ask the secretaries of state and they agree, or they ask CQC to do this.

What they wanted us to do is look at the way the health and care system operates to provide health and care to people aged over 65, i.e. older people. Although, as I approach 63 I'm not quite sure that 65 is older people, but this was for the very elderly. What we've found is fascinating that whilst many individual organisations are working to deliver their individual organisational purpose, very many older people with complex co-morbid conditions, they will need the help and support not only of the hospital but of community healthcare, of the general practitioners, of social care, ie they need to use more than one service.

What we're finding is that where services break down around individuals it's in the hand offs between individual organisations. Very often, the transaction between each individual professional and that older person in the service or organisation that they work for is probably of a good standard. The older people would say Dr X was very good, Nurse Y was excellent in the way she engaged with me. What we see is on that transfer from say care home into hospital or from hospital into care home, or from care home back to home for people to be supported, that the continuity of care isn't there.

So I think as collaboration rather than competition becomes the organising principle of the NHS at a local level with STPs, integrated care systems, then how the system works together to provide the appropriate levels of care for individuals is going to be one of the key challenges. That's both within the resources that are currently available and anticipating some of the government's statements over the past few weeks that they will find more resources for both health and care, that will be with the additional resources as well.

What is clear is that in social care in particular and we said a couple of years ago social care is approaching the tipping point because resources were not keeping pace with the increase in the numbers of older people who require access to that care. So people were getting... there was a risk that social care would tip over, it would fall over. Both the quantum of care that people were offered and the quality of that care that was offered were likely to be compromised unless more resource was found. We still subscribe to that analysis.

So I think there are two issues Rob, in answer to your question: how more resource is found for health and care and then how that system works collaboratively in the interests of the people that it's there to serve.

Rob Behrens: Thank you, and that would also explain why we need to integrate the two national ombudsmen for local government and health and parliamentary issues, because of the need to effectively coordinate health and social care.

Sir David Behan: Yes.

Rob Behrens: Two final questions: you say you're 63. Konrad Adenauer was 69 when he became Chancellor of West Germany and he had a good 12 years. So what are you going to do next?

Sir David Behan: The truth is I don't know. The first thing I'll do is I'll take a holiday, I've managed to persuade my wife to have eight weeks in Spain and maybe Portugal, maybe drive back through France, we'll try that. Workwise, I want to continue to be active, I still feel I've got energy to make a contribution, but I think it's time to do it in a slightly different way than I've done it over the past 40 years. So maybe a much more portfolio, pluralist approach, perhaps some non-executive work, maybe some inquiries, investigations, if people thought my skills could make a contribution to that.

I know during my career I've been helped by people who've given me advice and guidance and opportunities, so if there were some leadership coaching opportunities I'd be interested in that. But I don't know Rob. I'd like to do something slightly outside of health and care, a little bit. I'm interested more broadly in social policy, the things that I said about social justice go beyond just health and care. So if there were trustee roles in the voluntary sector or maybe some work in universities about a broader social policy then I would be interested in those.

At the minute I'm going to just take some time to, I think the word is "decompress", from the role that I've had and think about the future.

Rob Behrens: So will you be going to watch Blackburn Rovers during this period of decompression?

Sir David Behan: Well I would hope I'll be going to watch Blackburn Rovers in the Championship, so let's see if they can follow your own football team and achieve something this year. It's not been the happiest of times, but yes, a bit more time to myself. A bit more time to my wife who's supported me fantastically during the past 40 years – she's been with me all during that time. And just put a little bit back into the personal relationships that I've got. They take a tremendous toll for those of us that do these national jobs, and I think it's now time just to march to a different beat than I have been doing.

Rob Behrens: Final question: at PHSO one of the thrilling things about working here is that 40% of our staff are new. They're young graduates, they're in their early 20s, they're setting out in their public service careers. What advice would you give to people in that position today? On the basis of your magnificent career in public service.

Sir David Behan: Again it's a really great question. I think two things – it goes back to what I said earlier about purpose. Be clear what your purpose is and why you're in a job. The worst position we can find ourselves in is to be completely unaligned in our values with the organisation and the work that we're doing. The most rewarding and satisfying position we can be in in our jobs is to find our personal values are aligned with the values of the organisation. You're a long time working and doing a job which isn't giving you satisfaction and feedback is really tough. So, I feel immensely privileged for having my values aligned with the jobs that I've been able to do.

The second thing is, enjoy it. I would put no more advice into it than that. You are an incredibly long time working, and enjoy every minute of what you do. Jobs in the public sector, they're hard, they're challenging, but they're an immense privilege to do, these jobs, and regard it as such and enjoy every minute of what you do.

Rob Behrens: Sir David Behan, thank you very much indeed. It's been stimulating and very interesting to hear your views.

Sir David Behan: Thank you.

Rob Behrens: Our next guest on Radio Ombudsman is the European Ombudsman, the ombudsman of the European community Emily O'Reilly. This is Rob Behrens signing off, wishing you a good day.