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| <b>MEETING</b>                      | <b>PRIVATE BOARD MEETING<br/>19 September 2018</b>   |
| <b>Agenda Item<br/>Paper Number</b> | <b>6<br/>CM/09/18/06</b>   |
| <b>Agenda Title</b>                 | <b>Change Portfolio Report</b>   |
| <b>Sponsor</b>                      | <b>Kirsty Shaw, Chief Operating Officer</b>  |
| <b>Author</b>                       | <b>Andrew Larter, Director of Digital Operations<br/>Pete Sinden, Chief Digital Officer<br/>Helen Louwrens, Director of Intelligence<br/>Ruth Bailey, Director of People</b> |
| <b>Presenter</b>                    | <b>Kirsty Shaw, Chief Operating Officer</b>  |

**PURPOSE OF PAPER:**

The purpose of the report is to provide the board members with an update on progress on our Change Portfolio delivery since the last meeting.

**1. Summary**

This report brings together previously separate reports from Digital, Intelligence and People as a Change Portfolio report.

Good progress is being made in establishing an effective strategic change capability within CQC. Working with Atkins, our delivery partner, we are in the process of setting up a strategic project management office to oversee delivery of CQC's change portfolio. This work includes developing robust planning and reporting capability, benefits management, governance frameworks, and change control processes. We expect to have resources and processes in by the end of October.

Over the summer CQC has undertaken a review of the strategic change portfolio. On 20 August, Strategic Change Committee (SCC) reviewed progress towards a baseline plan for delivery of CQC's strategic portfolio and requested further work be undertaken to define core activity, costs and the commercial strategy needed to support the plan. This will be presented to SCC on the 17 September for approval.

We continue to make good progress with the development of data science approaches but have challenges with capacity in the Digital team to deliver Enabling Intelligence priorities including IHUB data solution, automation and CQC Insight developments. With regard to our people strategy, there are a number of priority areas of work we are taking forward in year 2 and progress is summarised below.

## 2. DIGITAL

### 2.1 Delivery Progress

We have made good progress with:

- **Laptop device upgrade;** remains on target to complete by the end of September and is the first stage in giving colleagues the ability to begin “digital by default” working patterns
- **Office 365;** once all employees have an upgraded device, CQC will begin to open up additional features to further enhance collaboration and remote and mobile working.
- **Improving connectivity in offices and homes;** we will be seeking approvals from Resources Committee to commence implementation in early October.
- **Mobile Phones;** rollout is expected to be complete in Q4.

**2.2** A critical part of the portfolio is the **improvement of our core technology**. The three elements fundamentally impacting the performance of our CRM system are the, extensive level of additional functionality, the volume of data held and the underlying infrastructure. We have made the strategic decision to move non-standard functionality into new digital products, thereby simplifying the current CRM solution. We have also deleted circa 10M records from CRM, with a further 20m to be deleted by the end of 2018. We have also introduced new server infrastructure and moved BI publisher onto this, to free resources for CRM. These actions will deliver a significant improvement in both stability and processing speed.

**2.3** In addition to this work, we are also investing £1.5m in our **Operational Business Systems** – such as CRM, Secure Digital Publisher and Cygnum - to continue to make them as effective and efficient as possible for our colleagues, until we transition to new systems. This investment also funds essential changes to existing systems because of changes to our regulatory approach. This is driving a number of specific changes to Secure Digital Publisher in September to support Hospitals and a pipeline of further changes is being managed by the Digital Portfolio Board.

### Digital initiative supporting strategic change

**2.4 Registration**, the July Programme Board confirmed that that there were gaps in the user research undertaken at the discovery phase and that the overall programme required more detail around its measurable benefits. It was agreed to extend the Discovery phase for a further 8 weeks, to carry out further user needs analysis and complete due diligence on benefits analysis. The Resources Committee will receive a proposal to commence Alpha<sup>1</sup> on 17 September.

**2.5 Adult Social Care Provider Information Returns:** we are further from product delivery than previously thought. There is further work to be done to ensure that what we have built provides a sound basis from which to deliver ASC PIR but also Statutory Notifications, and GP PIC. Work is underway to understand the additional effort required to get us to that point and estimate the timeframe to take us to public beta. GP Provider Information Collection is likely to be further delayed and we are currently discussing the implications of this with the stake-holders in the sector.

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<sup>1</sup> The alpha phase is focussed on building prototypes of our service, testing it with users, and demonstrating that the service we want to build is technically possible.

### 3.0 INTELLIGENCE

#### OUTPUTS:

**3.1 Data science programme:** 3 external projects are now complete (upskilling staff on new techniques, proof of concept for Expert Systems and Text Severity modelling – being refined and tested in-house) with planning for next phase of Expert Systems in progress; proof of concepts underway internally including a timeline of notifications and refining topic modelling; GP predictive modelling nears completion and discussions to take this forward planned for this week; ASC predictive modelling preparation work begins in September; and the cloud-hosted analytic environment proof of concept (jointly with DHSC) is live aimed at testing the value of the technology for CQC and to give staff protected time to develop exploratory ideas and to hone their skills.

**3.2 CQC Insight:** We have launched CQC Insight for MH NHS trusts to providers for the first time; we are testing prototype of IH Insight with stakeholders; and the Area Level Exploration Map (alexMap), delivering access to Insight, ratings information about services and local area profiles, has been iterated further following user feedback with wider role out planned for October.

#### ENABLERS:

**3.3 Analytic capability:** Technical competencies have been launched and are being used to shape learning needs across the team at macro and individual level. Data science skills development is now moving beyond a small data science team through proof of concept work with DHSC and extending across the DHSC Intelligence the community. 'Shaping the Intelligence team of the future' engagement sessions have been undertaken with all Intelligence colleagues through August. This will be consolidated by Intelligence SMT and shared with key stakeholder across the organisation for further input through Q3

**3.4 Data development:** Significant progress has been made with extracting valuable qualitative information stored within CRM to make this available to Intelligence analysts. Priority data source collection completes in October and will be used in data science development and CQC Insight.

**3.5 Products & Services roadmap:** Whilst a broader piece of work has been deprioritised as part of SCC planning, ET have asked that we produce an indicative plan to support 19-20 Business planning to be complete by mid-October.

**3.6 Enabling Intelligence (with Digital):** Through the course of Q2 a number of developments being worked on with Digital under Enabling Intelligence have become delayed or are now at risk due to scarce resources. The joint Intelligence and Digital plan is being redeveloped to bring greater certainty to what is likely to be delivered in Q3 and Q4, however risks around the Digital restructure remain which could further impact the available resource within the Digital team during Q3 and beyond.

**3.7 IHUB:** Signed off IHUB for Acute and GP sectors following extensive parallel testing with existing solutions.

## 4.0 PEOPLE

**4.1 How CQC will adapt over the next 3-5 years to the changing nature of our work:** the Senior Leadership Team met on the 6<sup>th</sup> September to work collectively on this agenda. It was agreed that our purpose and values would remain the same but that work would be undertaken to set out an ambitious vision statement which would be shared and discussed with leaders from across CQC at the Leadership Conference in early November.

**4.2 Attraction and retention:** the work has been commissioned so that we are better able to understand what attracts and retains people and assess if the organisation is getting best value from the total reward offer. We have undertaken a detailed review of our pay structures and have a set of draft proposals which form part of our negotiations with the Trade Unions.

**4.3 Workforce Strategy:** a three day workshop is being held with the People Directorate Senior Leadership team and business partners to progress this work. We should be in a position to share our first draft with the Board in October/November.

**4.4 Workload and wellbeing:** in response to the 2017 people survey we took immediate steps to address some of the workload issues identified in the survey. This included a move to 'always on' recruitment so we had a steady pipeline of inspectors and we now have a good pipeline of candidates. We also invested £3.2m of non-recurrent funding in 2017 in response to changing levels of risk across the sectors. A recent pulse survey which asked questions about workload, work life balance and wellbeing demonstrates there is still more to do. In parallel we have been undertaking some detailed insight and evidence gathering into the issues of isolation, connectedness and wellbeing in CQC, building on the work Directorates have already started. A national Wellbeing Group has been established to bring together champions from across CQC to set our vision and plan of action for connectedness and wellbeing I anticipate that this work will be ready to share with the Board in October or November.

**4.5 Diversity and inclusion:** a dedicated session has been held with the Board this month to review our approach to diversity and inclusion. This session included the actions we have committed to following Roger Kline's work to look at the experiences of black and minority ethnic colleagues as a result of the data in the 2017 Workforce Race Equality Standard. We are also recruiting a specialist diversity and inclusion lead to support us on the implementation of Roger's recommendations and the wider cultural change.