Appendix A

Q&A – Market Engagement Events 4 & 5 December 2017

Ref: CQC LD 129 Quality Improvement Programme

ref	Date	Question/Clarification	Response
1	4/12/17	What is included in the timelines for actual bids?	The timelines provided in the presentation slide are for indicative purposes only and in general terms represent above OJEU threshold Procurement Procedure choices, and we have included our estimated evaluation timescales in line with the standard OJEU procedures for this purpose.
2	4/12/17	Clearly an ambitious programme, already with a lot of data and a huge potential to drive insight and improvement. To what extent do you have capability and resource for analytics?	CQC is a data rich organisation and we do have strong analytical resource, but mostly focussed on understanding insight on providers of health and social care which drive inspection interventions. We have a fair amount of performance data, for example report writing. We know how long it takes to schedule inspections and we are reasonably well equipped to interpret the data, but we will need support on getting the right metrics to drive our focus for improvement activity.
3	4/12/17	You have said that the initial focus will be on the permanent workforce of 3,200 staff. Are you looking for people to work initially then with teams to then drive the culture internally?	Yes. This is much about building and enabling capability at all levels. There will need to be a number of different routes and a range of different interventions to build capability. We will need to work with teams to build capability and develop an infrastructure in operations, embedding in frontline teams. We are interested in examples of where QI has worked

			across a majority homebased organisation. We have experimented with our leadership development (part online / part residential) for B grades and below. We now feel that this would have been a beneficial approach if we had done this learning similarly for all levels.
4	4/12/17	On a scale of 1-10, where would you say is the culture of the organisation for QI?	Teams are in different places. Some are closer to reaching first base, but would say that no one is actually at first base. There is a real appetite for change. We might actually say that CQC staff enthusiastically has a real sense of the work that needs to be done, but we are currently going about it in the wrong way. Currently our staff feels that change is being done to them and there is a need for our leadership to accept this and lead the required approach.
5	4/12/17	How does the Executive Team get out into the field?	The senior team do spend time with staff and visible throughout the organisation. They are good at engagement with individuals and teams, but more meet and greet rather than working on improvements together. There is a shift in the way of leading on the unblocking of issues and getting others to feel empowered.
6	4/12/17	I am curious to hear what evidence or sense that staff is ready for this emotional and intellectual journey.	We have a sense that staff and leaders are ready because we are not hearing cognitive dissonance from people. There seems quite a fertile culture for this to take root. We are starting in a very productive starting position and we have already found that it's about people getting the appetite to be bought into releasing time for development work. We will need to work on how we free up people time in order for them to inform improvement.
7	4/12/17	Across the 3,200 staff, how do you know what the culture is apart from what you have picked up from the staff survey?	We have done a piece of work called 'Shaping Our Future'. From across the sectors we have engaged with different levels and roles of staff using appreciative inquiry and completed 120 interviews.
8	4/12/17	How do you understand where staff are culturally?	We have identified 6 key themes which align with Our Values. We have since had focus groups with a further 600 staff to establish how we operate when we are at our best. This is shared via video and used in team meetings, so that everyone can have an opportunity to contribute to the discussion about the development and build of the culture.

9	4/12/17	How are you making sure that qualitative and quantitative data will lead you to frame the roadmap that you want to use?	Shaping our Future work is already doing this. We will use our values and behaviours to build this roadmap.
10	4/12/17	How do you understand how staff aligns to the values of CQC?	Staff surveys show us how staff aligns. We can also see how this informs how willing staff are to be engaged in the discussions on QI.
11	4/12/17	Of the 3,200 members of staff, is there data to tell of the spread re their time with CQC? Length of service?	Turnover rate is 10 to 11%. We had recent recruitment drives which brought in approximately 600 new inspectors, so large proportion of inspection staff has been with the CQC 1 to 4 years. Service areas we tend to have longevity in the Adult Social Care directorate. Across CQC as a whole there is wide range of length service 1 to 15 years
12	4/12/17	Is the split of the workforce deliberate or where people have ended up?	Inspection directorate proportions are due to workload and schedule of inspections. The challenge is how we enable a more agile approach to workforce planning. There are different levels of risk, which we don't currently use to workforce plan. We have a workforce of highly professional people, so we need to better understand how to flex this workforce to support improvement work.
13	4/12/17	Where in this is the coproduction element of the diagonal slice of people?	There is an ongoing tension of just buying in to get everyone trained up in QI. It is much better to have more coproduction. Introduction to core principles, with a basic framework, to get people started on a different way of working to work together to develop the way forward regarding methodology and approach to intervention model that is developed through coproduction that then matures. Working on the culture and testing out the principles has co-production at the core.
14	4/12/17	What are you looking for regarding governance?	We are looking to simplify, to move decision making away from the top and make more decisions at the frontline, making incremental adjustments to governance in the process.
15	4/12/17	What is your ability and best way to co-create, in spite of the disparity of the workforce in CQC and development of model for learning so far?	There is a loose ability to shape hearts and minds to understand the required engagement for QI. We need to be able to test and implement understanding through different media. There needs to be a hybrid of capacity and growth to support co-creation.

16	5/12/17	Can you clarify the scope? Is it just internal to CQC? You obviously have relationships with NHS England and you audit providers. What extent are you looking to transfer QI outwards?	It is for quality improvement within CQC to develop an internal QI culture. A benefit of this will be that our staff will become more skilled and can share expertise outwards.
17	5/12/17	Which other organisations have you visited and what sectors are they in?	Visits have mainly been within the healthcare sectors and have also looked at some regulators such as Ofsted.
18	5/12/17	What does success look like 18 months on? How many staff do you hope to have reached?	All staff will have had something – this could just be curiosity building or involved in QI work. By then we could consider a number of projects will be able to demonstrate success on ground and if some projects fail we will try again. In 18 months we want staff to have more time to complete their front line role and we expect a growing number of leaders will be involved in improvement and the culture will be changing and basic methodology and framework will be much clearer.
19	5/12/17	What route/framework will the ITT take?	We have yet to decide on our approach to the route to market or choice of procedure at this current time.
20	5/12/17	You have mentioned the fact that your workforce is primarily based at home. QI programmes are vertical working. How do you see the appetite within the homeworkers?	From an operational perspective, the challenge from homeworkers is that inspectors can feel isolated and it can be quite difficult to bring work into the centre. Inspectors can sometimes only meet face to face once a month or they meet on inspection site visit. A lot of meetings are done via Skype. This challenge is not to be under estimated. For example we recently wanted to get key stakeholders together to run a LEAN workshop. Physically getting people into the office was a real barrier as they are used to holding meetings by skype. By trying to persuade senior leaders to physically come together, we can lead by example. QI has the capacity to solve some of these issues and free up more time for staff that are under huge pressure to complete their workload.
21	5/12/17	Can you tell us what the culture feels like at the moment	CQC culture feels ready to make that QI leap. It feels like the right time and the climate feels right. Inspectors are positive and want to be invested in. We have a passionate workforce who wants to unlock some of the things that are barriers and they are positive about the

			improvements that can be made.
22	5/12/17	It seems you have an open responsive culture. Can you tell me more about the cultural survey?	It involved 110 staff having structured interviews, 600 staff attended focus groups and 500 leaders at leadership conference. 6 themes have been identified that describe when operating at our best, they align to our values and that is where we can see staff have a passion and desire for the organisation to get better. This lays the foundation for the work that we want to do with QI. The themes identified from this survey: knowledgeable, curious, recognised, supported, and autonomous and collaboration.
23	5/12/17	What do you want to be better?	Create more value for providers and an improved process for the providers. Uplift in the skill set across the organisation, staff systemically learn and improve. Ability to solve problems. Change in behaviour from leaders from "I am in control to enabling improvement". Providers will have high quality and quick interventions with CQC. The ability and permission of staff to do improvement by themselves.
24	5/12/17	A QI programme is driven/ directed by purpose over 3 year timeline. What is your view on purpose?	We are aware that externally there will be changes, for example the pathway a patient takes through the system. Internally CQC needs to work coherently across the sectors. The purpose doesn't need to change. The approach to do that will change and is already adopting. How do we respond internally to a changing external landscape? CQC to take lead in change and not be reactive.
25	5/12/17	My question is around the organisation alignment plan and the role QI will play. How connected are they?	This is ongoing looking at KPI's around registration. A working group is already looking at this and pulled for the QI approach to share and support.
26	5/12/17	How important is it that suppliers have a health or global background?	Relevant expertise and understanding the health and care context would be considered as helpful but not essential. Understanding the home worker element is critical and the improvement framework will be bespoke to CQC. The need to have an ability to define the framework and the need to understand the organisation, people and complexity is also critical.

27	5/12/17	Programme of work around process mapping. Where has this got too?	This was an important piece of work as needed to get right. Improvement is coming through the learning. Challenge is how to get three CQC sectors working together on this. At the moment we have the sectors writing reports slightly different. We need sectors to work together and enable people to have time to be involved and anchor in core principles and then share across other teams. The importance on the process side is that there is not one methodology. There will need to be a range of tools to help apply this.
28	5/12/17	Your CE has been in place for 5 years. What happens if there is a change of focus/direction and how will you avoid knee jerk changes if you appointment a new CE.	We have invested in the Director tier level 30 for the last 12 to 18 months and they are working much more closely together so we have confidence in the group of people across the executive and Director team. Now need to think about the next tier down, (Heads of). The Board is very positive and on our side. We are confident in the direction of travel and it is not invested in one person. We are in the position we are in today with QI because of the work that the senior management team have delivered and not reliant the enthusiasm for QI on an individual basis.
29	5/12/17	Is there flexibility in the funds/budget as there will be peaks in the work?	We would consider any flexibly in the funds or budget to be made clearer in future procurement documentation.
30	5/12/17	You have talked about outcomes, consistency, collaboration and homeworking. The obvious answer is Digital/technology	We employed a Chief Digital officer and we now have a digital strategy for the next 2 to 3 years and there is a lot to do with improving systems. The priority is to be more intelligence led, make improvements on the digital side and implement Quality Improvement. The investment in digital is more significant. We need to get the simple things right, and connect the workforce better. This is a strong message that comes though from the staff survey.