To   The Board

For meeting on: 24 May 2018

Agenda item: 10

Report by: Jessica Dahlstrom, Head of Governance
                    Sofia Bernsand, Deputy Head of Governance

Report on: Corporate Report

Introduction

1. The Corporate Report brings together reports of all of NHS Improvement's Board committees. This report summarises the committees' activity since the last meeting of the Board, which took place on 22 March 2018.

Technology and Data Assurance Committee meeting – 4 April 2018

2. <u>Update on Personalised Health and Care (PHC) 2020:</u> The Committee was provided with an update on the PHC 2020 programme, including the programme objectives, governance arrangements, outputs to date and proposed next steps.

3. <u>Cybersecurity: Update on implementing review recommendations:</u> The Committee received a paper on the progress that had been made to implement the recommendations from the lessons learned review that had been undertaken following the WannaCry Ransomware cybersecurity attack.

4. <u>NHS Improvement Technology and Data Update:</u> The Committee considered the report which provided an update on progress against a number of key programmes of work being undertaken by the Technology and Data team. There was a discussion on the progress of the joint working programme between NHS Improvement and NHS England, the work that was underway around data collection and storage, and the progress of the National Clinical Improvement Programme.

5. Full minutes of the meeting are attached as Annex A.

Nominations and Remuneration Committee meeting – 18 April 2018

6. <u>ESM pay award:</u> The Committee considered a paper containing proposals for a pay uplift for Executive and Senior Management. The proposals in the paper were approved.

7. Full minutes of the meeting are attached as Confidential Annex B.

Quality Committee meeting – 26 April 2018

8. The Committee welcomed its new Patient and Public Voice Committee members.

9. Patient Story: The Committee watched a video in which current and former patients of Great Ormond Street Hospital explained their experience of transitioning from children's to adult services. A number of issues were raised around disruption to services received, lack of coordination and lack of clear guidance on what to expect in adult services. A discussion took place on how these issues were being addressed.

10. Quality Dashboard: The key trends and issues highlighted in the Quality Dashboard were discussed. The Committee considered, among other matters, venous thromboembolism (VTE) performance data, data on length of stay and readmissions, out of area placements and mixed sex accommodation statistics.

11. Update from the regions: The Committee received detailed regional reports setting out key issues and risks at a regional level. A discussion took place on workforce risks.

12. Lessons learned from winter: The Committee considered the lessons learned from winter report ahead of its presentation to the NHS Improvement Board, and provided a number of comments. The importance of incorporating a review of the impact of elective care cancellations was highlighted.

13. Whistleblowing and complaints: A paper setting out whistleblowing and complaints was presented to the Committee and consideration was given to NHS Improvement's approach to whistleblowing cases. A discussion took place on the support that was offered to whistleblowers to ensure they could continue working or get back to work where relevant.

14. Full minutes of the meeting are attached as Annex C.

Provider Leadership Committee meeting – 8 May 2018

15. Annual overview of the work of the Non-Executive Appointments Team: The Committee received an overview of work carried out by the Non-Executive Appointments team on appointments, diversity and development during 2017/18. The Committee noted the increase in the number of appointments approved by the Committee and its sub-committees during the year. This was notwithstanding a slight reduction in NHS trusts to which the Committee's remit apply but was thought to be the result of a higher turnover of these roles and a reduction in the appointment term to two years.

16. Report on NHS Trust cases agreed by NHS Improvement Provider Leadership Committee & Sub-committees: The Committee noted the considered the report, which outlined NHS Trust pay and severance cases submitted to NHS Improvement for consideration between 1 January and 31 March 2018.

17. Revised options for the appraisal of NHS Trust Chairs for 2017/18: The Committee considered and approved the 2017/18 approach NHS Trust chairs appraisal

process. The process, which had been amended slightly from previous year, was designed to better align a chair's appraisal with the performance of the trust.

18. Update on VSM framework: The Committee received an oral update on the development of a VSM framework.

19. Risk management arrangements and risk management: The Committee considered and approved the proposal for the Committee to oversee the Non-executive Development and Trust Resourcing teams risk register.

20. Draft full minutes of the meeting are attached as Confidential Annex D.

Audit and Risk Assurance Committee meeting – 8 May 2018

21. NHS trust and NHS foundation trust working capital information: The Committee received a report on working capital information submitted to NHS Improvement by NHS trust and NHS foundation trusts.

22. Deep Dive Risk Review: London & North regions: The Committee considered a deep dive risk review of how risks were managed in the London and North regions, together with a short comparison of the two regions. The Committee noted that many of the risks and the approach to managing risk were broadly similar between the regions but mitigating actions and the way in which the two regions assessed their risk were unique to each region. The Committee emphasised that with the creation of seven integrated regions it would be important to develop best practice examples.

23. Corporate Risk Management Report Q4: The Committee noted the report and received an update on changes approved by the Board to the strategic risk register, including the new approach for identifying and categorising risks. The Committee requested that the new draft framework be presented at the next meeting.

24. Internal audit progress report: The Committee considered the report which provided an update on progress against the internal audit plan for 2017/18, noted that the final three reports would be presented at the next meeting and approved the request to defer the Data Migration advisory review to the 2018/19 internal audit plan.

25. Internal audit reports: The Committee received internal audit reports on Key Financial Controls, Sustainability and Transformation Partnerships (STP), Single Oversight Framework (SOF), Recruitment and Estates.

26. Internal audit action update: The Committee considered the report which provided assurance that recommendations raised in internal audit reports had been addressed.

27. Annual Report and Accounts – key assumptions within the 2017/18 annual accounts: The Committee considered the report, which set out the proposed approach to a number of issues impacting the statutory accounts for Monitor and NHS Trust Development Authority.

28. <u>External Auditors' audit planning report:</u> The Committee received reports from the National Audit Office (NAO) on: NAO's audit of the 2017/18 the Whole Provider Account; and key matters arising from NAO's interim audits of the financial statements of Monitor and NHS Trust Development Authority.

29. Draft full minutes of the meeting are attached as Confidential Annex E.

Operational Productivity Programme Delivery Group meeting – 8 May 2018

30. <u>National Pathology Consolidation Programme:</u> The Group received a report on the progress of the National Pathology Consolidation Programme, including the key achievements in 2017/18 and the next steps for 2018/19. The work that was underway on commissioning and procurement, and the progress that had been made on the 29 pathology consolidation networks were discussed.

31. <u>Opportunities in Imaging – Early insights:</u> The Group considered a summary of the initial findings and opportunities that had been identified through the National Imaging Data Collection.

32. <u>Update on Hospital Pharmacy and Medicines Optimisation programme:</u> The Group considered the report which provided an update on the progress of the Hospital Pharmacy and Medicines Optimisation programme, including the key achievements of 2017/18 and the plans for 2018/19.

33. <u>Update on the Strategic Estates Planning Transition to NHS Improvement:</u> The Group received an update on the transfer of the Strategic Estates Planning function from NHS Property Services and Community Health Partnership to a joint function with NHS Improvement and NHS England. The joint function would provide the NHS with professional strategic estates expertise and improve the delivery of Sustainability and Transformation Partnerships across the health system.

34. <u>GIRFT best practice manual – Trauma and Orthopaedic:</u> The Group considered the report which provided an update on the development of a good practice manual for delivery of trauma and orthopaedic services based on the learnings from the work that had been undertaken by the Getting It Right First Time team and NHS Improvement, with external support, at King's College Hospital NHS Foundation Trust.

35. <u>Corporate Services Programme Update:</u> The Group noted the report which provided an update on the progress of the Corporate Services Programme since October 2017.

36. Full minutes of the meeting are attached as Confidential Annex F.

Recommendation

37. The Board is asked to note recent committee activity.

ANNEX A: MINUTES OF A MEETING OF THE TECHNOLOGY AND DATA ASSURANCE COMMITTEE HELD ON 4 APRIL 2018 AT 2.00pm AT WELLINGTON HOUSE, 133-135 WATERLOO ROAD, LONDON, SE1 8UG

Present:

Sigurd Reinton, Non-Executive Director (Chair)
Richard Douglas, Non-Executive Director
Jora Gill, Independent Member
Simon Stone, Independent Member
Ted Woodhouse, Independent Member

In attendance:

Dr Simon Eccles, Chief Clinical Information Officer, NHS England
Katie Neumann, Senior Governance Officer
Peter Sinden, Chief Digital Officer, NHS Improvement and Care Quality Commission
William Smart, Chief Information Officer, NHS Improvement and NHS England
Sarah Wilkinson, Chief Executive, NHS Digital

1. **Welcome and apologies**

1.1 Apologies for absence had been received from Graham Binns (Enterprise Architect), Noel Gordon (Chair, NHS Digital), Jeremy Marlow (Executive Director of Operational Productivity) and Iain Wallen (Director of Information and Analytics).

1.2 The Chair welcomed Dr Simon Eccles, Chief Clinical Information Officer (CCIO) (NHS England) and Sarah Wilkinson, Chief Executive Officer (CEO) (NHS Digital) to the meeting.

1.3 Consideration was given to the interaction of the Technology and Data Assurance Committee (TDAC) with the Digital Delivery Board (DDB) and it was noted that a number of TDAC attendees also sat on the DDB. The further work that would be undertaken to review NHS Improvement's governance framework, its alignment with other national bodies and the interactions between the various forums in place, including those related to information technology and the digital strategy, was discussed. It was noted that this work would also look at TDAC's interaction with the National Information Board.

2. **Declarations of interest**

2.1 No interests were declared.

3. **Minutes and matters arising from the meeting held on 14 February 2018 (TDAC/18/06)**

3.1 The minutes of the TDAC meeting held on 4 April 2018 were approved.

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3.2 The concern that had been raised at the previous TDAC meeting in February 2018 in relation to the time lag for data to be uploaded to the Model Hospital was discussed (para 8.2) and it was highlighted that this was becoming progressively more up to date.

3.3 Ted Woodhouse, Independent Member, noted that work was ongoing to organise for the Independent Members to spend a day of contracted time with the Chief Digital Officer (NHS Improvement and Care Quality Commission) (CDO).

4. Update on Personalised Health and Care 2020

4.1 The CCIO (NHS England) provided an update on the Personalised Health Care 2020 (PHC2020) Programme.

4.2 There was a discussion on the 'placemat' diagram that had been developed by NHS England which set out the objectives of the PHC2020 Programme. The objectives were broken down into four areas:
   4.2.1 Transparency: easily accessible and comprehensive medical records, including past and planned treatment and how this benchmarks against best practice;
   4.2.2 Digitisation: clinically codified records which support interoperability between organisations and systems, with an appropriate level of detail available for access;
   4.2.3 Data accessibility: optimising the data extraction and review process to enable patients and healthcare workers to access useful information in real time, or as close to this as possible; and
   4.2.4 Research: maximising the UK's ability to attract clinical and technical research.

4.3 TDAC considered the governance arrangements that underpinned this Programme to ensure that it was aligned and appropriately integrated with all complementary programmes across the sector, and that progress was assessed against clear and measureable success criteria and deliverables. It was noted that the programme was overseen by the DDB and TDAC members discussed how the work of the DDB was fed into NHS Improvement's regulatory framework and planning processes.

4.4 The outputs of the work were discussed and it was highlighted that these were dependent on effective joint working between NHS Improvement, NHS England and NHS Digital and alignment of each organisation's priorities to ensure that efforts were focussed appropriately. The aim to establish interoperable systems that meet the demands of clinicians, contain useful and meaningful data that could be accessed easily by both patients and healthcare providers, and be used to support research projects was considered. The timescales for this programme were discussed.

4.5 Consideration was given to the strength of engagement from system vendors with the programme and the approach to clarifying issues around data ownership. The further work that was required to ensure that all organisations that had declared

themselves as interoperable met the criteria associated with this label was discussed. TDAC emphasised the need to define data and interoperability standards at a national level to ensure that expectations were clear for all organisations involved.

4.6   The potential next steps were discussed and it was considered that a system strategy and clear data and interoperability standards should be developed to ensure that the aim for this work was clear for all organisations involved. The Committee also considered that a framework would be required to support the allocation of funding for providers to develop autonomous and adaptable systems that met these standards and supported delivery of the strategy. It was requested that a meeting should be arranged between the Executive Director of Operational Productivity, Chief Information Officer (CIO) (NHS Improvement and NHS England), CCIO (NHS England), National Director: Operations and Information (NHS England) and Chief Executive Officer (CEO) (NHS Digital) to progress this work.

ACTION: WS, SE, SW

4.7   The intention to enable provider CIOs and CCIOs, Boards and system vendors to self-assess whether their initiatives were aligned with national standards and, if necessary, consciously take a decision, for valid and appropriate reasons, to deviate from these standards was discussed. The capacity and capability available across the sector to develop and deliver these initiatives and the approach to increasing buy-in for the Programme was considered.

4.8   It was noted that an update on the Programme and the proposed next steps would be submitted to the NHS Improvement, NHS Digital and NHS England Boards in due course. TDAC considered the capacity and capability across these organisations to undertake this work and highlighted the importance of ensuring that the roles and responsibilities of each were clear.

5.   Cybersecurity: Update on implementing review recommendations

5.1   The CIO (NHS Improvement and NHS England) provided an update on the progress that had been made to implement the recommendations from the lessons learned review that had been undertaken following the WannaCry Ransomware cybersecurity attack.

5.2   The Department of Health and Social Care had established a working group with representation from its arm's-length bodies (ALBs) to address these recommendations and clarify accountability for delivery. It was anticipated that an implementation plan would be in place by mid to late May 2018, and evidence of this would be submitted to the Public Accounts Committee in June 2018. It was noted that confirmation would be sought from the PHC 2020 Programme funding board for the funding required for implementation.

5.3   TDAC discussed the expectation for NHS organisations to comply with the Cyber Essentials Plus standard by June 2021 and the work that would be required to achieve this. It was noted that the timescales for this were subject to change in

response to the work that had been undertaken by the National Cyber Security Centre to refine the system for the health sector.

5.4   Consideration was given to the impact of the actions that had been taken to date on the level of cyber risk across the system. Providers' ability to deliver the practical and operational changes required to minimise the level of cyber risk they were facing while ensuring compliance with the nationally defined standards was discussed. The investment that had been made for providers to improve their infrastructure and perimeter security and the value that had been delivered through this spend was considered. TDAC members discussed the appropriateness of the levers that were used by NHS Improvement and NHS England to obtain assurance from providers on compliance with cyber security requirements. The importance of educating boards on the actions that they should be taking on cyber security and how they could challenge the robustness of their organisation's arrangements was emphasised.

6. NHS Improvement Technology and Data Update (TDAC/18/07)

6.1   The CDO introduced the report which provided an update on the progress of a number of key programmes of work being undertaken by the Technology and Data team.

6.2   The progress of the joint working programme with NHS England and the current barriers to effective system interoperability as a result of the organisations operating on different networks were considered. The potential to mitigate this issue through an increased reliance on cloud technology was discussed. The Committee noted the need to ensure that any actions taken were focussed on both delivering the required network changes and maximising effective joint working using the current functionality. Consideration was given to the significant proportion of work that would be required around culture and behavioural change to complement any technology-related changes. There was a discussion on the issues that had been identified around the interoperability of NHS Mail with Microsoft Office 2016 and it was requested that the CDO should engage with the CCIO (NHS England) and CEO (NHS Digital) to address this.

ACTION: PS

6.3   Consideration was given to the data collected from providers, the various locations where this was stored across the system and the quality of the information that was available. The work that was required to review the value of the data currently being collected to identify gaps in this information and areas for improvement was highlighted. The potential for data linkage to be established between NHS Improvement and NHS Digital to address existing gaps and improve data quality was discussed.

6.4   TDAC considered the need to clarify ownership of existing data sets and where this data was stored and accessed from. The Committee also discussed the work that was underway on data models and how these were controlled and assured. The Business Critical assurance process that should be in place across all national bodies, the existing oversight of this process within each ALB and the potential

need for central assurance of these models to be introduced were considered. The availability of models to assess demand and capacity across providers was considered and it was noted that this would be progressed through the work to integrate further data sets to underpin predictive modelling.

6.5   There was a discussion on the automated daily accident and emergency data collection that had been introduced. The value of this data for both NHS Improvement and providers, including the benefits of the automated collection process, was considered. It was emphasised that this was an example of effective collaboration between NHS Improvement, NHS England and NHS Digital.

6.6   TDAC discussed the burden placed on providers, particularly front line clinicians, as a result of the existing manual data collection processes. It was considered that a pragmatic approach should be taken to determining the data that was essential to be collected from trusts and the data that clinicians required to support effective clinical practice to support a genuine reduction in data burden. The amount of pre-processing that would be required at provider level to enable automated data collections for most, if not all, data sets was considered.

6.7   The timeliness of data collections was discussed. The Committee highlighted the need to ensure that any proposal to increase the pace of data collections took into account the burden this may place on providers and local care systems and the value that would be added through more prompt collection of this information.

6.8   TDAC discussed the progress of the National Clinical Improvement Programme which delivered reporting at the clinician level and enabled clinician to clinician comparison, including outcome measures. The further work required with NHS Digital to enable NHS Improvement to utilise existing data sets and augment the information available to support this reporting was considered. The next steps for this work and the need to reach a balance between perfect data and identifiable trends were discussed. The Committee considered that the CCIO (NHS England) should engage with Jora Gill, Independent Member, on potential approaches to trend analysis.

ACTION: SE

6.9   Consideration was given to the outputs of the South West London Elective Orthopaedic Centre outcome measures programme. It was requested that the CDO should follow up with the Executive Director of Operational Productivity on whether NHS Improvement could develop a similar programme to be rolled out through the Getting It Right First Time programme.

ACTION: PS

7. Any other business

7.1   There was no other business.

8. Close

ANNEX C: MINUTES OF A MEETING OF THE QUALITY COMMITTEE HELD ON THURSDAY 26 APRIL 2018 AT 10.30am AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON SE18UG

Present:
Sarah Harkness, Non-Executive Director (Chair)
Jonathan Broad, Patient and Public Voice Member
Vincent Connolly, Regional Medical Director (North) (by telephone)
Sue Doheny, Joint Regional Director of Nursing (South)
Siobhan Heafield, Regional Chief Nurse (Midlands and East)
Ruth May, Executive Director of Nursing
Kathy McLean, Executive Medical Director
Oliver Shanley, Regional Chief Nurse (London)
Imogen Voysey, Patient and Public Voice Member
Richard Wilson, Director of Quality and Intelligence & Insight

In attendance:
Jessica Dahlstrom, Head of Governance

1.   Welcome and apologies (oral item)

1.1.   Apologies for absence had been received from Lord Ara Darzi (Non-Executive Director) and Celia Ingham-Clark (Interim National Director of Patient Safety).

1.2.   There were no declarations of interest.

2.   Patient story

2.1.   Representatives from Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) joined the meeting for this item.

2.2.   The Quality Committee (the Committee) watched a video in which current and former patients of GOSH explained their experience of transitioning from children's to adult services. A number of issues were raised around disruption to services received, lack of coordination and lack of clear guidance on what to expect in adult services.

2.3.   The Committee discussed the patient story. Representatives from GOSH explained the work programme which had now been ongoing for two years aimed at improving transitions. The need to give particular attention to patients with learning disabilities or multi-specialty conditions was highlighted. Consideration was given to the patient safety implications of badly managed transitions. The Committee also discussed the approach to sharing transition learnings regionally and nationally.

2.4. The Committee thanked the representatives of GOSH for attending. Several offers were made by Committee members to contribute to GOSH's work on transitions and the Head of Governance undertook to ensure relevant contact details would be made available. The slides that were tabled would be circulated to the Committee.

ACTION: JD

3. Minutes and matters arising from the meeting held on 17 January 2018 (QC/18/06)

3.1. The minutes for the meeting held on 17 January 2018 were approved and matters arising were noted. The Committee noted that progress had been made in sharing the learning from the safety hub in the Midlands & East with the National Director of Urgent and Emergency Care and a further update would be provided at the next meeting. It was also noted that a meeting had taken place with Lord Darzi to discuss the E.Coli data in more detail and an updated plan had been submitted to the Secretary of State. Another report would be provided at the next meeting.

4. Updated Quality Dashboard (QC/18/07)

4.1. The Director of Quality and Intelligence & Insight introduced the paper, which provided the Committee with an updated dashboard overview of key quality indicators. The key trends and issues highlighted in the report were summarized.

4.2. A discussion took place on venous thromboembolism (VTE) and the impact of the removal of Commissioning for Quality and Innovation (CQUIN) goals in this area. It was noted that the dashboard would be expanded to include trust-specific data ahead of the next meeting.

ACTION: RW

4.3. The Committee considered data on length of stay and highlighted the importance of monitoring both readmission and mortality statistics as average length of stay decreased. It was requested that this should be included in the full review of the winter period.

ACTION: KMcL / RM

4.4. Out of area placements were also discussed and it was noted that the definition of out of area placements required clarification. In relation to mixed sex accommodation the Committee noted that there had been a significant increase in winter as penalties had been suspended to enable providers to meet emergency demand. The definition of mixed sex accommodation and the mixed approaches taken to reporting were considered and Committee members commented that single occupancy units would be a useful future estates model. The importance of the link to patient experience was emphasised.

4.5. The dashboard was being expanded to include more data on mental health and community services and work was ongoing to improve the quality of community services data. In relation to maternity, a number of trusts had not submitted the data required and this was being followed up by the Executive Director of Nursing. The implications of not collecting data for Clinical Negligence Scheme for Trust (CNST) premia were considered.

4.6. The Care Quality Commission (CQC) ratings of providers were discussed and the Committee commented that no providers were currently rated 'outstanding' for the 'safe' domain. Further work would be undertaken to understand why this was the case.

ACTION: RW

5. Update from the regions (QC/18/08)

5.1. The Committee considered four reports from the regions setting out, for each region, current quality trends and issues. The Committee welcomed the reports but requested increased consistency between the regional reports going forward.

ACTION: RW / Regions

5.2. In relation to the South region, key issues highlighted included workforce and mixed sex accommodation. The Committee also received an update on a Child and Adolescent Mental Health Service (CAMHS) review which has been completed. Never events were discussed and it was noted that never events as a topic were on the forward planner for a future meeting of the Committee. The importance of a robust approach to never event checklists and to root cause analysis was emphasised.

5.3. The London region also highlighted workforce as a key risk going forward and drew the Committee's attention to the likely health and wellbeing needs underlying the increase in violent crime in London. Comments on the London region's proposed Quality Objectives were invited to be submitted outside of the meeting.

5.4. In relation to the Midlands & East region, an overview was provided of CQC rating successes but it was also noted that the learnings in relation to the two trusts which had gone back into Special Measures must be captured. A lessons learned exercise with the Department of Health was currently ongoing.

5.5. An overview was provided of the key themes and risks in the North region and the Committee highlighted the importance of having in place an early warning system to identify where things were going wrong. The role of trust boards was discussed and it was noted that the approach taken by a Board to recommendations from the CQC was crucial. The work ongoing in the region on guidance and tools for providers to make safe staffing decisions would be shared with the Committee.

6. Lessons learned from winter (QC/18/09)

6.1. Martin Wilson (Director of Strategy - Emergency and Elective Care and Deputy National Director of Urgent and Emergency Care) and Douglas Gilbert (Policy Adviser) joined the meeting for this item.

6.2. The Committee noted the report which provided an overview of quality and safety of the care provided over the winter period of 2017/18 including lessons learned which were to be incorporated in winter planning for 2018/19.

6.3. The NHS had faced issues caused by severe weather, a 'flu epidemic and staffing and capacity challenges over the course of the winter. In the context of these issues, the deterioration in performance had not been as severe as it could have been. Key success factors had been the ambulance response programme and the increase in clinical contact offered through the 111 service. However, to a large extent the performance had been protected by relying on the goodwill of NHS staff who had worked extremely hard throughout the period.

6.4. Priorities in preparing for the winter ahead included a focus on improving occupancy rates and reducing the number of long stay patients. Work was also ongoing on a policy of zero tolerance for corridor care, and on a possible comply or explain policy in relation to staff 'flu vaccinations.

6.5. Consideration was given to the consistency of patient safety checklists used nationally and it was noted that this matter would be followed up with the Patient Safety Team.

ACTION: KMcL

6.6. Committee members commented that the impact of cancelled elective care was not currently included in the report and should be added. The importance of monitoring safety on a shift by shift basis was highlighted and Committee members suggested that there should be clear exit plans for each patient prior to admission. The importance of looking after mental health patients appropriately in A&E was also emphasised, and consideration should be given to how third sector workers and volunteers could be deployed next winter to help meet pressures. The Committee asked to see the final version of the report.

ACTION: MW/DG

6.7. It was agreed that it was important to develop measures that indicated the level of safety in a system. It was agreed that the Deputy National Director of Urgent and Emergency Care and the Regional Medical Director (North) would discuss how to pull together the different strands of work in this area.

7. Whistleblowing and complaints (QC/18/10)

7.1. Tom Grimes (Head of Enquiries, Complaints and Whistleblowing) joined the meeting for this item.

7.2. The Head of Enquiries, Complaints and Whistleblowing provided an overview of the key issues set out in the report, which showed an increase in the number of whistleblowing cases. An explanation was provided of NHS Improvement's approach to whistleblowing cases and the Committee noted how NHS Improvement used these to inform its work. The importance of being clear to whistleblowers on the actions which NHS Improvement could and could not take was highlighted. It was noted that NHS Improvement worked closely with CQC and the National Guardian's Office and that safety issues raised were always taken seriously.

7.3. A discussion took place on the support that was offered to whistleblowers to ensure they could continue working or get back to work where relevant.

7.4. Committee members thanked the Head of Enquiries, Complaints and Whistleblowing for his hard work and noted the likely future requirement to expand resourcing of this function.

8. Any other business

8.1. The Committee expressed its thanks for the useful Patient Story and also to the Patient and Public Voice members who had joined the Committee. Committee meetings would take place later in the day going forward to accommodate travel arrangements and papers would be made available in hard copy where requested.

Close

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