NHS
Blood and Transplant

Board in Public
Tuesday, 29 November 2022

Title of Report	Care Quality Commission (CQC) Report Action Plan	**Agenda No.**	4.1
Nature of Report (tick one)	☒ Official	☐ Official Sensitive	
Author(s)	Iroro Agba – Assistant Director of Quality		
Lead Executive	Helen Gillan – Director of Quality		
Non-Executive Director Sponsor (if applicable)	Piers White		
Presented for (tick all that applies)	☒ Approval ☐ Assurance	☒ Information ☐ Update	

Purpose of the report and key issues

The purpose of this paper is to inform the Board of, and seek approval for NHSBT's action plan in response to areas of concern raised by the CQC Well-Led, Blood Donation (BD) and Therapeutic Apheresis Service (TAS) regulated activities inspections (June & August 2022).

The CQC grade concerns as '*MUST*' where the provider may be in partial or full breach of its legal obligation(s), and '*SHOULD*' where opportunities for improvement have been identified. NHSBT received a total of *6 MUSTs* (Well-Led) and *16 SHOULDs* (across the organisation, BD & TAS specific improvements).

NHSBT will submit its action plan to the CQC on or before Monday 5th December 2022. Progress against the plan will be monitored internally by the impacted directorates and also feed into NHSBT's CQC Quality and Compliance steering group (CQC-QC). Monthly updates will be provided to the Executive Team (ET). Progress will be reported at NHSBT Board meetings by exception. The CQC will monitor progress via their routine quarterly NHSBT/CQC engagement meetings.

Previously Considered by

Committee	Date Presented	Approved (Y/N)
Executive Team	16th November 2022	Y
Blood Supply Senior Management Team	17th November 2022	Y
Therapeutic Apheresis Senior Management Team	22nd November 2022	Y
CQC Quality & Compliance	18th November 2022	Y
Quality Senior Management Team	18th November 2022	*Info only*

Recommendation	The Board is asked to consider, comment and approve the '*MUST*' and '*SHOULD*' action plans on the 29th November 2022.

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Risk(s) identified (Link to Board Assurance Framework (BAF)Risks)	
Linked to Legal, Regulatory risk in the BAF. No current risk within the corporate risk register.	
Strategic Objective(s) this paper relates to: [Click on all that applies]	
☐ Collaborate with partners ☒ Invest in people and culture ☐ Drive innovation ☐ Modernise our operations ☐ Grow and diversify our donor base	
Appendices:	Appendix 1 – CQC Report Action Plan

1. Background

1.1 The CQC inspections of NHSBT were as follows:

1.1.1 Well-Led: Focus was on executive leadership on 22/23rd June and 8th July 2022.

1.1.2 BD: Focus was on CQC regulated activities in Bristol, Birmingham, Gloucester, Oxford and Plymouth on 15th – 19th August 2022.

1.1.3 TAS: Focus was on CQC regulated activities in Bristol, and Oxford on 15/16th August 2022.

1.2 This was the first "Well Led" inspection of NHSBT by the CQC.

1.3 The inspection was scheduled at short notice due to concerns raised with the CQC about the organisation's leadership.

1.4 All '*MUST*' and '*SHOULD*' action plans have been created by co-design with key stakeholder involvement and reviewed at relevant Directorate SMT level prior to review at ET.

2. Summary and insight of reports

2.1 Whilst the CQC did not rate NHSBT post inspection, it was noted that the BD and TAS teams provide a good service in accordance with the key lines of enquiry – KLOEs (safe, effective, caring, responsive and well-led at a regional level).

2.2 The '***MUST***' findings pertain to the organisation-wide senior leadership as follows:

2.2.1 <u>There was one finding in Regulations 5: Fit and proper person – Directors</u>
This related to the performance and recording of the FPPR check.

2.2.2 <u>There were three findings in Regulations 17: Good governance</u>

These pertain to:

- Maintenance of the necessary employment records
- Receiving and acting on staff feedback, and
- Ensuring equitable treatment and inclusion of all staff with protected characteristics in accordance with the Equality Act.

2.2.3 <u>There were two findings in Regulations 18: Staffing</u>

These findings covered training (including level 2 safeguarding for BD) and support and personal development relevant for the discharge of roles & responsibilities.

2.2.4 Progress is being made in actions that mitigate points 2.2.1 and 2.2.3.

2.2.5 It is acknowledged that actions identified to address cultural challenges (acting on feedback from staff and equality, diversity and inclusion) are more complex and will take more time for staff to experience and/or track the impact of these actions.

2.3 The '***SHOULD***' findings were identified as follows:

2.3.1 There were seven findings for **organisation-wide** leadership
Five of which related to:
- Board lead with accountability for EDI
- Increase freedom to speak up champions
- Effectiveness and completeness of internal audit programme
- Effectiveness of Clinical leadership at executive level
- Nursing leadership at executive level

There were two findings relating to EDI as follows:
- Collection, monitoring and acting on WRES data
- Fulfilling equality duty reporting obligations in accordance with Equality Act 2010

2.3.2 There were five findings for **BD**
One finding each pertaining to:
- Staff appraisal
- Board level visibility at donor centres
- Well-being and reasonable adjustment for all staff with protected characteristics
- Awareness of flexible working policy for all staff
- Risk management

2.3.3 There were four findings for **TAS**

Two of these findings related to process and system, whilst the other two pertained to staff (appraisal and capacity).

3. Next steps

3.1 Submit action plan to CQC on Monday 5th December 2022.

3.2 Responsible leads assume ownership for the delivery of action plan.

3.3 CQC-QC to maintain monthly oversight of action plan and seek progress report and assurances from responsible leads.

3.4 CQC-QC chair (Director of Quality) to report into ET and Board monthly and by exception respectively.

3.5 NHSBT's action plan progress to be added as a standing item in quarterly NHSBT-CQC engagement meeting agenda.