

Board Meeting in Public Tuesday, 31 January 2023

Title of Report	Care Quality Commission (CQC) Action Plan Update	Agenda No.	3.2
Nature of Report (tick one)	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> 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)	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Update	
Purpose of the report and key issues			
<p>The purpose of this paper is to provide an update to the Board on the progress being made against the CQC Action Plan.</p> <p>It is also intended to provide assurance and communicate any risk of slippage with appropriate mitigation (wherever necessary).</p> <p>For the 6 MUST findings, we raised 32 corrective actions. 11 have been closed, 2 overdue and 19 in date. Work is on-going to complete and evidence the SHOULD findings. There are no significant concerns pertaining to the SHOULD actions completion.</p> <p>Actions are reviewed weekly at Executive Team. Oversight of progress against the actions is provided by the CQC-Quality & Compliance group (CQC-QC), which has its membership of subject matter experts representing each directorate. The Quality directorate is actively managing these actions within the organisation's quality management system (QPulse).</p>			
Previously Considered by			
This paper and action plan has been reviewed by:			
	Committee	Date Presented	Approved (Y/N)
	Executive Team (ET)	18 th January 2023	Y
Recommendation	The Board is asked to: 1) Note this report 2) Comment on the report		
Risk(s) identified (Link to Board Assurance Framework Risks)			
Linked to Legal, Regulatory risk in the BAF09.			

Blood and Transplant

Strategic Objective(s) this paper relates to: [Click on all that applies]		
<input type="checkbox"/> Collaborate with partners	<input checked="" type="checkbox"/> Invest in people and culture	<input type="checkbox"/> Drive innovation
<input checked="" type="checkbox"/> Modernise our operations	<input type="checkbox"/> Grow and diversify our donor base	
Appendices:	N/A	

1. Background

- 1.1 The Board approved a CQC Action Plan on 29th November 2022.
- 1.2 The plan was subsequently submitted to the CQC on the 5th December 2022 in accordance with the agreed timescales.
- 1.3 The CQC have accepted the action plan and will monitor progress at their quarterly engagement with NHSBT.
- 1.4 The action update contained within this paper has been provided by the action owners (Executive Directors) and reviewed at their relevant SMTs.

2. Summary

Findings related to the “Must” statements (equivalent to Major Non-conformances)

- 2.1 These findings generated 32 actionable steps in total.
- 2.2 11 actions have been closed. Supporting objective evidence has been collated for documentation and assurance.
- 2.3 There are 2 actions overdue, both of which have a target completion date of 31/12/22. Further details are summarised below:

Action	Owner	Update
Completion of FPPR for Non-Exec Directors	Deb McKenzie	In-progress, awaiting Disclosure Barring Service (DBS) check.
<i>The provider must maintain securely such other records as are necessary:</i> Build the gap analysis checks into our assurance framework and report to Audit, Risk and Governance Committee (ARGC)	Jan Kidd	JK, DMcK and BP working on plan.

An assessment of the progress being made against these actions raises no significant concerns, nor do they pose a risk to the organisation due to an unmanageable slippage.

- 2.4 A breakdown of ‘in-flight’ actions and target dates are shown in table 1 below:

Table 1: In-flight action summary

Number of in-flight actions	Due date (DD/MM/YY)
3	31/01/23
10	31/03/23
2	30/04/23
3	31/05/23
1	31/12/23

Findings related to “SHOULD” statements (equivalent to Other Non-conformances)

Table 2: Action summary (Well-led)

Description	Number of actions
Closed	9
Overdue	1
In-flight	17

Table 3: Action summary (Blood Donation)

Description	Number of actions
Closed	9
Overdue	2
In-flight	11

Table 4: Action summary (TAS)

Description	Number of actions
Closed	12
In-flight	14

2.5 Well-led overdue action(s):

- Develop a set of recommendations for inclusive recruitment, internal career progression and tackling racism (31/12/22).

2.6 Blood Donation overdue action(s):

- Complete a gap analysis to assess who has not had an appraisals (30/11/22).
- Freedom to speak up as an agenda item in fortnightly webinar (31/12/22).

3. Next steps

3.1 CQC-QC will convene weekly to update actions and collate evidence.

3.2 Quality will close actions within QPulse as per incident management procedure.

3.3 The CQC will be holding quarterly Engagement meetings with NHSBT to monitor progress.