

No.	Finding	Action Title	Due Date	Exec Owner	Responsible	Category	Status	
MUST Findings and Actions								
M1	The provider must ensure, people who have director level responsibility for the quality and safety of care, are meeting the fundamental standards are fit and proper to carry out this important role.	a	A policy was approved by the Board in July 2022 which ensures Fit and Proper Persons Regulations (FPPR) compliance for all Executive team (ET) and Non-Executive Director (NED);	31/12/2022	Deb McKenzie		Must	Closed
		b	Completion of FPPR for Exec Directors	31/12/2022	Deb McKenzie		Must	Closed
		c	Completion of FPPR for Non-Exec Directors	31/12/2022	Deb McKenzie	Jan Kidd	Must	Open
		d	Responsibilities for FPPR annual checks to be built into the Terms of Reference for the People Committee	31/12/2022	Deb McKenzie	Jan Kidd	Must	Closed
		e	Company Secretary will submit an annual paper / report to the People Committee confirming compliance	30/04/2023	Jan Kidd		Must	Open
M2	The provider must maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity	a	Gap analysis of Director and Non-Exec Director employment records	31/12/2022	Deb McKenzie		Must	Closed
		b	Build the gap analysis checks into our assurance framework and report to Audit, Risk and Governance Committee (ARGC)	31/12/2022	Jan Kidd		Must	Open
M3	The provider must ensure that staff receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities	a	Allocate staff protected time to complete training and competency assessment	31/05/2023	All Exec Directors	Darren Bowen (BD)	Must	Open
		b	All colleagues (blood donation and TAS) complete statutory and mandatory training via ESR		Gail Mifflin; Paul O'Brien		Must	Closed
		c	Mandatory Training Group to address issues with completion of training	31/05/2023	Helen Gillan		Must	Open
		d	Self-directed guidance available on the intranet for appraisals				Must	Closed
		e	Monitor statutory and mandatory training and appraisal rates at SMTs and address issues (Action: Agenda Item on each SMT)	31/01/2023	Gail Mifflin		Must	Closed
		f	Monthly "Open House" development sessions for managers	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		g	Development of a formal management development programme for our managers	31/05/2023	Deb McKenzie	Anna Butterfield	Must	Open
M4	The provider must seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services	a	Raise awareness of existing routes for feedback (FTSU / Line Management 1:1)	31/01/2023	Deb McKenzie		Must	Closed
		b	SMT meetings to include a standing agenda item to ensure staff feedback is reviewed, discussed and collated through the Clinical Governance Committee (donor and patient related) or directed to the most appropriate forum (eg Risk Management Committee, Health and Safety, EDI Council)	31/01/2023	All Exec Directors		Must	Closed
	The provider must ensure that all staff including those with particular protected characteristics under the Equality Act, are treated equitably to ensure a fully inclusive culture	a	Agree 3 EDI organisational objectives	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		b	Complete the action plan from WRES / WDES / Gender Pay Gap data	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		c	Introduce inclusive recruitment processes (recruitment request and completion can only be performed once managers complete e-training, which includes a module in equality and diversity)	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open

M5		d	Co-creation and implementation of an anti-racism and anti-discrimination framework	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		e	Board to complete expert-led training and coaching programme on anti-racism	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		f	Hold sessions for senior leaders on creating a psychologically safe environment	31/03/2023	Deb McKenzie	Anna Butterfield	Must	Open
		g	Increase FTSU champions network from 6 to 50 people	30/04/2023	Deb McKenzie	Rachel May	Must	Open
		h	Develop a mobile application available to all staff without an NHSBT device to raise concerns confidentially and anonymously	31/01/2023	Deb McKenzie	Rachel May	Must	Open
		i	Update the whistleblowing policy to mirror the National Guardian Office recommendations	31/03/2023	Deb McKenzie	Rachel May	Must	Open
		j	Deliver Speak up and Listen Up training as part of the induction and mandatory training package	31/12/2023	Deb McKenzie	Rachel May	Must	Open
		k	Increase FTSU Guardian coverage by recruiting 2 x 0.5 WTE	31/03/2023	Deb McKenzie;	Rachel May	Must	Open
M6	The provider must consider how they can assist the donor centres who are not meeting their target for safeguarding level 2 training	a	Complete gap analysis to ascertain which staff are non-compliant and why	31/12/2022	Paul O'Brien	Ella Poppitt	Must	Closed
		b	Add level 2 Safeguarding training to the induction for all Blood Donation staff	31/12/2022	Paul O'Brien	Darren Bowen	Must	Closed
		c	Provide Blood Collection Teams with a laptop and wi-fi access to enable completion of mandatory training including safeguarding	31/03/2023	Paul O'Brien	Christie Ash	Must	Open
		d	Allocate Blood Donation teams protected time to complete their training	31/12/2022	Paul O'Brien	Darren Bowen	Must	Closed
		e	Safeguarding Oversight Group (SOG) to check mandatory training levels and mitigating actions every 2 months	31/12/2022	Paul O'Brien	Ella Poppitt	Must	Closed
SHOULD Findings and Actions								
S1	The provider should consider ensuring that a board lead with accountability for Equality and Diversity is identified	a	Chief People Officer (CPO) has executive accountability for EDI. The accountability for EDI is included in the job description for CPO		Deb McKenzie		Should	Closed
		b	People Committee Terms of Reference to include responsibility for assuring EDI compliance	31/03/2023	Deb McKenzie	Jan Kidd / Brenda Thomas	Should	Closed
S2	The provider should consider further Freedom to Speak Up champions within its locations. The provider should ensure staff are made aware of The Freedom to Speak up Guardian, who this is and their role. Staff should also be made aware of who their regional Freedom to Speak up champions are	a	Complete an awareness campaign in line with FTSU month / Develop a communications plan with F2SU Guardian	31/10/2022	Deb McKenzie		Should	Closed
		b	F2SU will be added to SMTs agenda once every 6 monthly	31/01/2023	Deb McKenzie	Brad Parker	Should	Closed
		c	SMTs will invite F2SU network representative to attend their Team Talk meetings at least once every 6 months to promote awareness	31/01/2023	Deb McKenzie	Brad Parker	Should	Closed
S3	The provider should ensure that it uses the Workforce Race Equality Standard (WRES) by collecting, monitoring and acting on information in a timely way to improve its WRES data and to agree and implement actions that will improve equality of experience for staff and/or donors with protected characteristics	a	Collect WRES data and present to NHSBT ET prior to publication	31/12/2022	Deb McKenzie		Should	Closed
		b	Publish D&I dashboard data monthly on intranet		Deb McKenzie		Should	Closed
		c	Annual publication of WRES data on/before deadline	28/02/2023	Deb McKenzie	Anna Butterfield	Should	Open
		d	Publish WDES data on intranet	01/03/2023	Deb McKenzie	Anna Butterfield	Should	Open
		e	Create a template to record data on the experience of LGBTQ+ and female staff	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
		f	Develop a set of recommendations for ET around inclusive recruitment, internal career progression and tackling racism	31/12/2022	Deb McKenzie	Ruth Saunders	Should	Closed

		g	Implement a Reverse Mentoring initiative across NHSBT following a successful pilot within People Directorate	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
S4	The provider should ensure that it fulfils its public sector equality duty reporting obligations under the Equality Act 2010	a	Organise regular D&I events for staff, service users and patients around discrimination and equality	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
		b	We will publish information showing compliance with general public sector equality duty, in relation to employees, and others affected by policies and practices e.g. donors, patients, and service users	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
		c	We will produce a report detailing policies, practices and processes renewed, revised, or simply reviewed in past year, and details of how EIA was done on policies and when it was signed off	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
		d	We will produce a summary of D&I-projects/initiatives at national, regional, directorate, or Board and Exec level. (Include report on Directorate D&I plans, Staff Network plans, and D&I team plans. It will set out how they were designed, developed, delivered; how they measure impact; where updates are reported and include stakeholders)	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
		e	We will share the D&I calendar (12 anchor events in 12 months) of D&I shared moments and comms across NHSBT centres, directorates, staff networks, corporate and frontline service	31/01/2023	Deb McKenzie	Anna Butterfield	Should	Open
S5	The provider should consider reviewing the record its internal clinical and internal audit to assure themselves it is complete and in line with organisational requirements	a	We will complete a review of clinical and internal audit workplan(s) and update schedule based on risks and controls	31/01/2023	Carl Vincent		Should	Open
		b	Clinical and internal audit process will be updated to ensure management action plans are appropriately monitored, escalated and completed	31/03/2023	Carl Vincent		Should	Open
		c	Audit schedules and workplans will continue to be reviewed for approval by the Executive Team (ET) and/or relevant committee	31/03/2023	Carl Vincent		Should	Open
S6	The provider should consider the effectiveness of the clinical leadership at executive level to assure themselves that the leadership is in line with organisational requirements	a	Implement a new Board level Clinical Governance Committee (CGC).	31/01/2023	Jan Kidd		Should	Closed
		b	We will instruct all committees to perform an effectiveness review within an agreed cycle. This will be included within their terms of reference	31/05/2023	Jan Kidd		Should	Closed
		c	Complete a gap analysis and review all other clinical committee structures that feed directly into board level committees to ensure the appropriate level of input and output	31/07/2023	Jan Kidd		Should	Open
		d	Audit the new Board level committee structure to ensure that it is effective and report to the Board	31/07/2023	Jan Kidd		Should	Open
S7	The provider should review its system to provide effective nursing leadership at executive level	a	Submit a Business Case for approval	28/02/2023	Wendy Clark		Should	Closed
		b	Draft a Job Description (JD) and Person Specification (PS) for a Director of Nursing for evaluation and submission to Department of Health & Social Care (DHSC)	31/12/2022	Wendy Clark		Should	Closed
		c	Commence recruitment for a Director of Nursing	30/06/2023	Wendy Clark		Should	Open