

Board Meeting in Public

Tuesday, 06 June 2023

Title of Report	Care Quality Commission (CQC) Action Plan Report	Agenda No.	3.5
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)	N/A		
Presented for (tick all that applies)	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Information	
	<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Update	
Purpose of the report and key issues			
<p>The purpose of this paper is to provide an update and assurance to the Board on the progress being made by NHSBT against its CQC action plan, following the Well-Led and regulated activity inspections in June & August 2022.</p> <p>Of the 32 actions raised to address the 6 MUST (Well-Led) findings, 26 have been closed (<u>6 more since the last update to the Board</u>).</p> <p>A further action has been added to the Blood Donation plan to assign Non-Executive Directors (NEDs) to a site, centre and/or mobile blood donation team based on their geographical location. The target date will be 30/06/2023.</p> <p>Whilst the organisation aimed to achieve 50 Freedom To Speak Up (FTSU) champions, it has increased the number from 6 to 31 and on review, deemed 30 a reasonable number to provide sufficient coverage across the directorates.</p> <p>The discovery work and engagement with a FTSU app provider has revealed potential security risks to data. NHSBT's security experts have recommended the termination of further engagement as the most basic security assurance were deficient. This is likely to impact completion by the target date, and/or preferred solution.</p> <p>Therapeutic Apheresis Service (TAS) has re-opened 3 actions (2b, 2d and 2f). the reason(s) are as follows: 2b – The strategic outline case is yet to be completed and/or approved by Board. 2d – The consolidation of risks is being performed / agreed with the appropriate risk management lead. 2f – Whilst a referral process is in place, the staffing resource to manage this on a permanent basis will be in post by July 2023. An extension request by 3 months (31/07/2023) is being made to the Board.</p>			
Previously Considered by			

Blood and Transplant

The action plan is considered by the Executive Team on a fortnightly basis.	
Recommendation	<p>The Board or Committee is asked to:</p> <ol style="list-style-type: none"> 1) Approve the addition of a new action to assign NEDs to a site, centre and/or mobile team (action 2e on Blood Donation plan). 2) Approve the request to reduce the target of recruiting 50 FTSU champion down to 30. 3) To note the possible delay pertaining implementation of a FTSU app. There are sufficient control measures in place, therefore, this change does not pose an increased risk to our staff. 4) Approve the extension of TAS action 2f until 31/07/2023.
Risk(s) identified (Link to Board Assurance Framework Risks)	
BAF 09: Regulatory risk	
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 type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base	
Appendices:	<p>CQC Report Action Plans</p> <ol style="list-style-type: none"> 1. Well Led Action Plan 2. Blood Donation Action Plan 3. Therapeutic Apheresis Services Action Plan

1. Background

- 1.1 The information within this paper pertains to the CQC inspection of regulated activities within NHSBT's Blood Donation (BD), Therapeutic Apheresis Service (TAS) and organisation wide Well-Led, between June and August 2022.
- 1.2 There were 6 MUST and 16 SHOULD findings raised in total. Each finding has sub-actions associated with it.
- 1.3 NHSBT's action plan was approved by the CQC and progress is reviewed at Executive Team meetings. This enables good governance and assurance, and ensures best practice is shared across the directorates.

2. Summary of Open Actions / Request for amendments

- 2.1 There are 7 open 'MUST' actions from the Well-Led inspection.
- 2.2 These actions are on track for closure within their due dates. There are 2 "MUST" actions where we are requesting amendments to target and action plan (see Table 1).
- 2.3 12 'SHOULD' actions remain open across the Well-Led, Blood Donation and Therapeutic Apheresis Service findings. 11 actions have been closed from the last Board update.

Table 1: Amendment request

For Board Consideration - Amendments Requested:	
1.	<p>Must 5g: 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 (INC85238 SA8)</p> <p>Action: Increase FTSU champions from 6 to 50 people. Current due date 30/04/23</p> <p>Amendment requested: To reduce the target from 50 to 30 FTSU champions. The initial target of 50 was an aspirational goal the organization aimed to achieve. Based on the organisation's design and volunteers currently deployed across the entire business, it has been decided that 30 FTSU champions will provide sufficient coverage, with support from the FTSU guardians.</p>
2.	<p>Must 5h: 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 (INC85238 SA8)</p> <p>Action: Develop a mobile application available to all staff without an NHSBT device to raise concerns confidentially and anonymously. Current due date 30/06/2023</p> <p>Amendment to action as follows:</p>

<ol style="list-style-type: none"> 1) Continue discovery for an alternative and secure digital solution / FTSU app. <i>Timescale yet to be determined.</i> 2) Explore possible solution via electronic staff record (ESR) system. 3) Explore mail drop / post-card to staff home address 4) Add message to payslips with contact information for FTSU team. 5) Add FTSU as an agenda item on Team Talk <p>It is expected that actions 2-5 will be completed by 30/06/2023.</p>

3. Sample of Close Actions

CQC Findings	NHSBT Action	Impact	Evidence of closure
Well-Led			
The provider must ensure that staff receive support, training, professional development, supervision, and appraisals that are necessary for them to carry out their role and responsibility	Allocate staff protected time to complete training and competency assessment. All colleagues (Blood donation & TAS) complete statutory and mandatory training via ESR.	<ul style="list-style-type: none"> ✓ 95% target met to complete mandatory training ✓ Increased safety of staff, donor and patients due to improvement of compliance in training & competency assessments ✓ Increases positive working environment, sense of belonging opportunity and growth 	<ul style="list-style-type: none"> ✓ Monitor statutory and mandatory training via SMT agenda items. ✓ Training plans available.
Blood Donation			
The provider should consider how board members can be more visible to staff working in donor centres.	<p>We will produce organograms to display at each centre or base to ensure that all colleagues know who our Executive Team and Board members are.</p> <p>We will assign Executive and Assistant Directors to a site or centre based on their home location</p>	<ul style="list-style-type: none"> ✓ Increased senior leadership visibility across the organisation. ✓ Increased staff engagement. ✓ Promote quality / continuous service improvement. 	<ul style="list-style-type: none"> ✓ Blood Supply organogram. ✓ Spreadsheet of assigned Director and Assistant Director to donor centres.
Therapeutic Apheresis Service			
The service should ensure that all notifiable incidents are reported to CQC as set out in the Care Quality Commission.	We will create a new SOP to document the process for reporting to CQC including what we report, how we report and the escalation procedure.	<ul style="list-style-type: none"> ✓ A clear guidance for appropriate reporting. ✓ Ensure fulfilment of all statutory and/or regulatory obligations. 	<ul style="list-style-type: none"> ✓ New standard operating procedure released.

4. Next Steps

- 4.1 The Assistant Director – Quality (ADoQ) will continue regular review with stakeholders to monitor progress and collect objective evidence.
- 4.2 Internal communications team working with ADoQ to provide a summary update for the organisation on progress made.
- 4.3 Fortnightly updates will be provided to the Executive Team for oversight and discussion.