

Board Meeting in Public

Tuesday, 25 July 2023

Title of Report	Care Quality Commission (CQC) Action Plan Report)	Agenda No.	3.4
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 NHSBT's progress 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, 29 have been close in total (<u>2 more since the last update to the Board</u>).</p> <p>All actions specifically for Blood Donation (BD) have been closed. The BD team, supported by Quality, Company Secretary and People have worked collaboratively to successfully complete the immediate ask as per the action plan.</p> <p>Ongoing work continues by our IT team and Freedom to Speak Up (FTSU) Guardian to explore the feasibility of an alternative tool / app for staff reporting bullying, harassment and discrimination concerns. There is a possibility that the discovery work may result in a 'do-nothing' option as the preferred choice, considering existing measures within NHSBT.</p> <p>The auditing of Board level committee structure to provide assurance of their effectiveness will be completed and reported on, by the 29th February 2024. This allows sufficient time for these committees to be fully embedded, thus, providing an accurate reflection of their function / governance.</p>			
Previously Considered by			
The action plan is considered by the Executive Team on a monthly basis.			
Recommendation	The Board is asked to: 1) Acknowledge the successful closure of BD actions.		
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:	CQC Report Action Plans 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 Action Status

- 2.1 There are 3 open 'MUST' actions from the Well-Led inspection.
- 2.2 These actions remain on track for closure within their due dates and pertain to Regulation 17: *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.*
- 2.3 4 'SHOULD' actions remain open across the Well-Led and Therapeutic Apheresis Service (TAS) findings, of which 3 are for TAS. 4 actions have been closed from the last Board update.
- 2.4 All SHOULD actions in Blood Donation have been closed.

3. Next Steps

- 3.1 The Assistant Director – Quality (ADoQ) will continue regular review with stakeholders to monitor progress and collect objective evidence. A final review of BD actions and evidence will be performed with the relevant stakeholder for completeness and assurance.
- 3.2 Internal communications team working with ADoQ to provide a summary update for the organisation on progress made.