TAS

No.	Finding		Q-Pulse ref	Action Title	Due Date	Exec Owner	Category	Status
1	The service should ensure that all notifiable incidents are reported to CQC as set out in the Care Quality Commission	a	INC85253 SA2	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 (Note: This SOP will also apply to Blood Donation)	28/02/2023	Iroro Agba	Should	Closed
		b	INC85253 SA3	We will update the overarching Incident Management process to include reporting to the CQC	31/03/2023	Iroro Agba	Should	Closed
		c	INC85253 SA4	We will ensure that reportable incidents are appropriately identified and discussed at the relevant NHSBT CARE committee	31/12/2022	Iroro Agba	Should	Closed
2	The service should strengthen its governance through the development of data and information systems	a	INC85254 SA2	Perform discovery work to identify the gaps and potential suitable digital platform / solution.	31/01/2023	Gail Miflin	Should	Closed
		b	INC85254 SA3	Define specification and agree strategic outline case	31/07/2023	Gail Miflin	Should	Closed
		c	INC85254 SA4	Gap analysis of the extent of risk to include emergency treatment pathway (including referrals, patient treatment plan and prescription)	31/01/2023	Gail Miflin	Should	Closed
		d	INC85254 SA5	Consolidate existing risks into a single risk assessment. The risk register will subsequently be updated with appropriate control measures	31/12/2023	Gail Miflin	Should	Closed
		e	INC85254 SA6	Interim risk mitigation includes making sure all letters are reviewed by the authors before these are sent to patients for accuracy	31/01/2023	Gail Miflin	Should	Closed
		f	INC85254 SA7	Reconciliation of referrals to ensure no missed referrals	31/07/2023	Gail Miflin	Should	Closed
		g	INC85254 SA8	Audit of above risk mitigations using Tendable will be introduced following their implementation	30/04/2023	Gail Miflin	Should	Closed
		h	INC85254 SA9	Governance: Use of existing quality/governance management system (QMS) to report, investigate and trends any non-conformances	31/12/2022	Gail Miflin	Should	Closed
		i	INC85254 SA10	Assurance: All Tendable audit reports and/or escalations will be submitted to CS CARE and SMT (by exception)	31/12/2022	Gail Miflin	Should	Closed
3	The service should ensure the deployment of sufficient numbers of staff across all units/locations so as to ensure and maintain staff well being as well as patient safety and oversight of the service	a	INC85255 SA2	Daily and weekly planning of workload and capacity to determine adequate staffing needs / deployment	31/12/2022	Gail Miflin	Should	Closed
		b	INC85255 SA3	We created an action plan to address Our Voice survey results to improve retention and staff wellbeing. This is monitored at SMT monthly	31/12/2022	Gail Miflin	Should	Closed

No.	Finding		Q-Pulse ref	Action Title	Due Date	Exec Owner	Category	Status
3		c	INC85255 SA4	Create a staff manual to support deployed staff attending unfamiliar units to their base (include information on available parking etic)	31/03/2023	Gail Miflin	Should	Closed
		d	INC85255 SA5	Review the travel framework (provides guidance on safe practices for all staff) and create an action plan for any necessary changes	30/04/2023	Gail Miflin	Should	Closed
		e	INC85255 SA6	We will review our Recruitment and Retention Strategy with our People & Culture Partner (PCP and Nursing Council) and create an action plan to implement any required changes	30/06/2023	Gail Miflin	Should	Closed
4	The service should ensure all staff receive a regular appraisal and development plan	a	INC85256 SA2	Identify hotspots through ESR records and identify related staff and managers (monthly automatic reports are generated	31/12/2022	Gail Miflin	Should	Closed
		b	INC85256 SA3	Understand the reasons for the gaps and provide support as required (e.g., training)	31/05/2023	Gail Miflin	Should	Closed
		c	INC85256 SA4	We will review our current appraisal process and implement improvements, including appraisal training programme to support staff development based on individual needs	31/05/2023	Gail Miflin	Should	Closed
		d	INC85256 SA5	Assurance: Review of records and progress regularly at Clinical Services SMT and CARE meetings	31/12/2022	Gail Miflin	Should	Closed
5	The service should ensure all Clinical staff providing care and treatment to children and young people receive level 3 child safeguarding training and those supervising those staff have training at a sufficient level in accordance with the intercollegiate guidance	a	INC85258 SA2	We have recruited a Safeguarding Lead for the organisation who is currently involved in this action plan	31/12/2022	Gail Miflin	Should	Closed
		b	INC85258 SA3	We will review the matrix for mandatory safeguarding training to ensure that the staff groups are completing the correct level for their role	31/03/2023	Gail Miflin	Should	Closed
		c	INC85258 SA4	We will link with HR to add the Safeguarding Level 3 to ESR for all TAS nurses at Band 6 and above, including new starters	31/03/2023	Gail Miflin	Should	Closed
		d	INC85258 SA5	We will design a Safeguarding level 3 bespoke training for TAS staff	31/05/2023	Gail Miflin	Should	Closed
		e	INC85258 SA6	Assurance: We will monitor progress through Clinical Services SMT and CARE group meetings	31/12/2022	Gail Miflin	Should	Closed

Closed since the last Board submission

No.	Finding		Q-Pulse ref	Action Title	Due Date	Exec Owner	Category	Status
2	The service should strengthen its governance through the development of data and information systems	b	INC85254 SA3	Define specification and agree strategic outline case	31/07/2023	Gail Miflin	Should	Closed

	Closed	d	INC85254 SA5	Consolidate existing risks into a single risk assessment. The risk register will subsequently be updated with appropriate control measures	31/12/2023	Gail Miflin	Should	Closed
		f	INC85254 SA7	Reconciliation of referrals to ensure no missed referrals	31/07/2023	Gail Miflin	Should	Closed