



**Greater Manchester
Mental Health**
NHS Foundation Trust

Trust Management Offices

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29 September 2023

Richard Barker
NHSE
Northwest Region
4th Floor, 3 Piccadilly Place
Manchester
M1 3BN

BY EMAIL

richardbarker.nwr@nhs.net

Dear Richard

Greater Manchester Mental Health Foundation Trust: Enforcement action under or by virtue of the National Health Service Act 2006

I refer to our letter of 11 September 2023 which confirmed our agreement with the revised amendment schedule of the draft undertakings. The Board of Directors, at its meeting on 25 September 2023, received the draft enforcement undertakings. At the meeting the Board formally agreed to enter into the undertakings attached to this letter duly signed.

Thank you again for your teams' ongoing support on our improvement journey and you have our full commitment to continue to improve the services we provide to people in Greater Manchester and beyond.

Yours sincerely

Suzanne Robinson
Acting Chief Executive

Enc

The Trust is committed to safeguarding children, young people and vulnerable adults and requires all staff and volunteers to share this commitment.

Greater Manchester Mental Health NHS Foundation Trust, The Curve, Bury New Road,
Prestwich, Manchester M25 3BL Tel: 0161 773 9121.

ENFORCEMENT UNDERTAKINGS

LICENSEE:

Greater Manchester Mental Health NHS Foundation Trust (“the Licensee”)
Trust Headquarters
Bury New Road
Prestwich
M25 3BL

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (“the Act”).

BACKGROUND

There is evidence from a number of sources including CQC inspections and analysis of quality and patient safety concerns which have been raised, that there are recurrent themes relating to staffing levels, quality governance and culture that suggest fundamental and significant issues relating to leadership and governance. Alongside, a lack of confidence regarding Greater Manchester Mental Health Trust’s (GMMH) capability to maintain and continuously improve services. The current need for support to achieve and build leadership and governance, in order to secure and sustain future performance and continuous improvement are key issues.

Specific issues relate to:

- Serious incident reporting, staffing issues, medicines management and governance at HMP Wymott and Garth
- Significant concerns with regard to quality of care at the Edenfield centre

The Care Quality Commission last inspected the Trust 13th June to 7th July 2022 The report was published 24th November 2022. The trust was rated as follows:

Overall trust quality rating:	Inspected but remains suspended	
Are services safe?	Inadequate	Red
Are services effective?	Requires Improvement	Yellow
Are services caring?	Good	Green
Are services responsive?	Requires Improvement	Yellow
Are services well-led?	Inspected but remains suspended	Grey

The Trust has received six section 29A warning notices in the last 12 months

The NHS England North West Regional Support Group met on 24 October 2022 and approved the establishment of an Improvement Board, to oversee and co-ordinate the system response,

development, and delivery of the improvement plan, in addition to the appointment of an embedded Improvement Director for a minimum of two days per week (to be reviewed in 6-months' time). The improvement plan is designed to address organisational level concerns relating to:

- Leadership capacity and capability
- Quality and safety of care
- Safe staffing
- Safeguarding
- Organisational culture/ micro cultures
- Decline in staff morale
- Governance systems & processes from ward to Board
- Medicines management

Alongside enhanced oversight, and the agreement of undertakings, NHS England has commissioned an independent review into the failings identified within the Trust's services and the failure within the organisation to escalate concerns and mitigate against patient harm.

NHS England is now taking regulatory action by accepting undertakings to reflect the current position.

GROUNDINGS

1. Licence

The Licensee is the holder of a licence granted under Section 87 of the Act.

2. Breaches

2.1 NHS England has grounds that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of the licence which was in place at the time of the breach: FT 2, FT4(4)(a) to (f), TFT4(6)(a) to (f).

2.2 NHS England is now taking regulatory action in the form of undertakings to reflect the current position.

3. Quality

3.1 These grounds are based on the quality and patient safety concerns raised in the recent CQC inspection (July 2022), the overall rating for the Licensee was suspended with Safe rated as Inadequate, Effective as Requires Improvement, Caring as Good, Responsive as Requires Improvement and the rating suspended for Well Led. The findings from this report highlighted a significant number of breaches of regulations and six Section 29A Warning notices issued (27 April 22, 6 July 22, 23 September 22, October 22, November 2022 and December 2022) and subsequent contract performance notices for HMP Wymott and Garth.

3.2 The CQC found that the Licensee was in breach of 25 legal requirements. As summarised below:

- **Regulation 12: Safe Care and Treatment**

The Licensee must ensure there are systems and processes in place to effectively assess, monitor and mitigate environmental risks related to fire safety, ligature risks and blind spots on all wards.

The Licensee must ensure there are patient alarm systems at every hospital site.

The Licensee must ensure that patients physical health needs and risks are appropriately assessed, recorded, monitored and action is taken to mitigate any such risks in line with trust policy and national guidance.

The Licensee must ensure that there are effective systems in place for the proper and safe management of medicines. This must include the storage, recording and administration of medicines, including those prescribed under the Mental Health Act.

The Licensee must ensure that staff accurately report the use of prone restraint.

The Licensee must ensure that all environmental risks are identified, acted on and updated to make environments safe and that staff are aware of these.

The Licensee must ensure that there are effective systems in place for the storage and safe management of medicines.

The Licensee must ensure that all records relating to capacity and self-medication are completed and that physical health monitoring is personalised to the patients' needs and completed to the prescribed timescales to keep patients safe.

- **Regulation 13: Safeguarding service users from abuse and improper treatment**

The Licensee must ensure that service users are protected from abuse or improper treatment.

The Licensee must ensure that patients on mixed sex wards are protected from the risks of sexual assault, abuse or harassment.

The Licensee must ensure that informal patients are informed of their rights and information is displayed making this clear.

- **Regulation 15: Premises and Equipment**

The Licensee must ensure that all ward premises, fittings and fixtures are clean, properly maintained and suitable for the purpose for which they are being used. This includes the use of 'surge beds'.

The Licensee must ensure that Equipment at the Meadowbrook site is stored appropriately.

The Licensee must ensure all patients must have access to lockable storage for their belongings.

The Licensee must ensure all staff must have access to electronic systems and technology they require to fulfil their role.

The Licensee must ensure that all ward premises, fittings and fixtures are properly maintained and suitable for the purpose for which they are being used.

- **Regulation 17: Good Governance**

The Licensee must ensure it has effective governance systems and processes to ensure board have effective oversight of quality, risk and safety concerns and that these are being managed effectively.

The Licensee must ensure there are effective systems and governance processes in place to assess, monitor and improve the quality and safety of services provided on the wards.

The Licensee must seek and act on feedback to improve services. The trust must ensure that staff are supported in raising concerns about the trust culture, staffing levels and change being introduced, particularly at Atherleigh Park.

The Licensee must work to improve morale amongst ward-based teams.

The Licensee must ensure that meaningful action is taken to address concerns in a timely manner that are added to directorate risk registers.

The Licensee must ensure there are effective systems and governance processes in place to assess, monitor and improve the quality and safety of services provided on the wards and that performance and risk are managed well.

- **Regulation 18: Staffing**

The Licensee must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed on each ward to keep patients' safe and meet their needs. This includes ensuring staff receive appraisals, supervision and the training they require.

4. Need for Action

4.1 NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

5. Appropriateness of Undertakings

5.1 In considering the appropriateness of accepting, in this case, the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act:

6. Quality of Care

6.1.1 The Licensee will take all reasonable steps to rectify the concerns which are set out in all six CQC Warning Notices referred to at paragraph 3.1 above, the Edenfield Unit contract performance notice (issued on 21 February 2023), and regulatory breaches identified by the CQC in their inspection report, dated 24 November 2022, in such timescales to be agreed with the CQC. The Licensee will appropriately evidence the steps which it has taken and share that evidence with NHS England upon request.

6.1.2 The Licensee will comply with any deadlines for action agreed with the CQC. This includes the deadline for submission of a Quality Improvement Plan as requested in the accompanying letter to the final CQC inspection report and Warning Notices. The

Licensee will provide a copy of its quality improvement plan to the Quality Improvement Board and NHS England at the same time as it submits this to the CQC.

- 6.1.3 The Quality Improvement Plan must specifically address each of the 25 breaches set out at paragraph 3.2 above setting out the actions which the Licensee will take to address the breach and the timescale for completion of that action.
- 6.1.4 Specifically, and in line with the actions required in the CQC recommendations, the Licensee will ensure the Quality Improvement Plan includes actions that will ensure robust governance processes in relation to timely identification and management of risk including processes for shared learning.
- 6.1.5 The Licensee will demonstrate it is able to deliver the Quality Improvement Plan and meet the key milestones contained in that plan, including by demonstrating that it has sufficient executive capacity to deliver the plan.
- 6.1.6 The Licensee will demonstrate progress against the plan in line with the agreed timescales through the Licensee's internal governance arrangements and Improvement Board.
- 6.1.7 The Licensee will not amend the Quality Improvement Plan without the approval of the Improvement Board as recorded in Improvement Board minutes.
- 6.1.8 The Licensee will notify NHS England and the Improvement Board as soon as practicable if it identifies any matters which materially affect the Licensee's ability to deliver the Quality Improvement Plan in accordance with the agreed timeframes; If, in light of those matters, the Licensee wishes to submit any proposal to amend agreed deadlines, or any other element of the Quality Improvement Plan, it must do so promptly thereafter.
- 6.1.9 The Licensee will present a report on progress against the Quality Improvement Plan to the Improvement Board each month unless NHS England have agreed an alternative arrangement in writing. Such status reports must provide details of which actions have been completed, and when, and what actions are outstanding together with details of expected completion dates for those actions.
- 6.1.10 The Licensee will ensure that it reviews and considers existing and/or future recommendations from external independent reviews or other investigations which touch upon the quality issues identified within these undertakings, and these will be considered for incorporation into the Quality Improvement Plan as required.
- 6.1.11 The Licensee will, as part of the Quality Improvement Plan, agree and implement a workforce strategy to ensure sufficient numbers of suitably qualified, competent and experienced staff are available to enable them to meet all regulatory requirements.
- 6.1.12 The Licensee will, as part of the Quality Improvement Plan, ensure investigations into serious incidents follow the relevant NHS England frameworks and processes for the investigation of patient safety incidents., to ensure provisional learning is shared in a timely manner, in accordance with the timescales set out in that framework.
- 6.1.13 The Licensee will notify NHS England promptly of any serious incidents which occur and will keep NHS England informed in relation to the progress of their investigation and its findings.

6.1.14 The Licensee will engage with any independent reviews currently in train in respect of its operation or performance commissioned whilst these undertakings continue in effect.

7.1 General/Recovery Support Programme

7.2 The Licensee will:

7.2.1 Provide evidence that all reasonable steps have been taken to meet the Recovery Support Programme Exit Criteria as set out and agreed by the Improvement Board, in accordance with the timescales agreed by the Improvement Board.

7.2.2 Carry out a review of progress against the Recovery Support Programme Exit Criteria and share that review with the Improvement Board, in accordance with the timescales agreed by the Improvement Board.

7.2.3 Inform NHS England prior to recruitment to senior board level posts and will (a) share the relevant person specifications with NHS England in draft for NHS England's comment. and (b) provide a timetable for the appointment.

7.2.4 Prior to any General Meeting of the Licensee's Council of Governors which will consider nominations for appointment of a Chair, non-executive director or Chief Executive, provide NHS England with details of the nominee(s) and afford NHS England the opportunity to submit written observations to be presented to the General Meeting prior to the vote on the nomination.

7.2.5 Prior to any meeting of the Chair, Chief Executive and Non-Executive directors to consider appointments of executive directors, provide NHS England with details of the nominee(s) and afford NHS England the opportunity to submit written observations to be presented to the General Meeting prior to the vote on the nomination.

7.2.6 If the Licensee becomes aware of any failure to comply with the requirements of these undertakings it shall notify NHS England without delay, and in any event within 5 working days of the date on which that non-compliance comes to their attention.

7.2.7 Any notification which the Licensee has undertaken to provide shall be sent by email to england.nwregional_director@nhs.net

7.3 In line with the Improvement Board Terms of Reference and the requirements of the NHS Oversight Framework segmentation, the Licensee will cooperate fully with NHS England, health sector stakeholders, and any external agencies or individuals appointed to work with or support the Licensee to address regulatory concerns.

8 Reporting

8.1 The Licensee will provide regular reports to NHS England on its progress in complying with the undertakings set out above and will attend meetings, or, if NHS England stipulates, conference calls, as required, to discuss its progress in meeting those undertakings. This business will

usually be conducted through the Improvement Board which will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England. Upon request, the Licensee will provide NHS England with the evidence, reports or other information relied on by its Board in relation in assessing its progress in delivering these undertakings.

8.2 The Licensee will comply with any additional reporting or information requests made by NHS England.

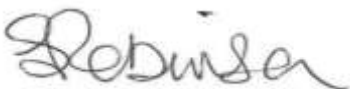
The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under Section 111 of the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under Section 105 of the Act in respect of the breach which the undertakings were given, and/or revocation of the licence pursuant to Section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE



Signed: Suzanne Robinson (Acting Chief Executive of Licensee)

Dated: 29 September 2023

NHS ENGLAND



Signed (North West Regional Director)

Dated: 2 October 2023