

South Central Ambulance Service NHS Foundation Trust

VARIATION OF TERMS OF ENFORCEMENT UNDERTAKINGS

Enforcement notice with s.106 undertakings

ENFORCEMENT UNDERTAKINGS

LICENSEE

South Central Ambulance Service NHS Foundation
Trust Unit 7-8 Talisman Business Centre

Talisman
Road Bicester
Oxfordshire
OX26 6HR

BACKGROUND

NHS England accepted undertakings from the Licensee pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act") on 18 December 2022.

Since then, there has been considered progress in a number of elements regarding quality (as set out below), resulting in NHS England issuing compliance certificates for those elements of the undertakings. However, further work to fully address the governance concerns is necessary. The Trust need to ensure stability in their Board and to embed and sustain the improvements in the areas of governance and well-led.

VARIATION

The Licensee and NHS England have agreed the below variations to the terms of the enforcement undertakings. The following undertakings have been removed, with compliance certificates issued:

- a) 1.1 The Licensee will develop and agree a comprehensive improvement plan with Board level accountabilities, incorporating (as appropriate) feedback from the Improvement Director, NHS England and any external reviews commissioned as part of Board development and improvement work
- b) 1.2.1. set out the Licensee's priorities and actions in relation to the areas for

improvement as identified by the CQC in its report dated 25 August 2022. The full report can be found on the CQC's website

- c) 1.2.2. address (as a minimum) all CQC's May 2022 Warning Notices and Must do actions.
- d) 1.2.3. set out a clear approach and plan for engaging and supporting staff in the improvement plan
- e) 1.2.4. set out a clear approach and plan for addressing safeguarding issues in the improvement plan
- f) 1.2.5. ensure transparent internal processes and reporting is available to provide staff with the confidence to raise concerns without fear of detriment and feeling supported in doing so
- g) 1.2.6. respond effectively to staff feedback including Staff Survey findings, grievances, complaints and whistleblowing concerns
- h) 1.3 The Licensee will demonstrate ongoing delivery of the comprehensive improvement plan through an open and transparent reporting framework
- i) 2.1.3. ensure effective Board oversight and accountability for incidents, clinical harm, complaints and patient feedback
- j) 2.1.5. co-commission a Well-Led Review with the scope and timing agreed with NHS England, and take action as appropriate to address the recommendations of this review
- k) 2.1.6. share its comprehensive improvement plan with Hampshire Isle of Wight, Buckinghamshire, Oxfordshire and Berkshire, and Frimley ICSs and with NHS England

GROUPS

1. Licence

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

2. Breaches

- 2.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing healthcare services for the purposes of the NHS and is in breach of the following conditions of its licence: NHS2(4), NHS2(5)(b) and (c), NHS2(6) and NHS2(7).

- 2.2. In particular:

On 6 and 7 April 2022 and 10 and 11 May 2022 the Care Quality Commission (CQC) undertook a comprehensive inspection of the Licensee.

- 2.2.1. The CQC inspection identified significant concerns regarding the effectiveness and functioning of the Licensee's Board, which has led the CQC to rate the Licensee's Well-led domain as 'Inadequate'.
- 2.3. The failings noted by the CQC as listed above at point 2.1 to point 2.2.1 constitute a breach of the License. The failings noted demonstrate a failure of governance arrangements by the Licensee including, in particular, failure to:
- 2.3.1. establish and implement (NHS2(4)):
- (a) effective board and committee structures;
 - (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
 - (c) clear reporting lines and accountabilities throughout the organisation
- 2.3.2. ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its licence (NHS2(7)).
- 2.3.3. A Governance Review (commissioned by the Improvement Director) took place in September 2022. . These were encouraging early steps, and enabled the Board to start to agree what would improve the effectiveness of the Board and its committees. It was recognised that the populations across Hampshire and Isle of Wight, Frimley, and Berkshire, Oxfordshire and Buckinghamshire deserve their local ambulance Trust to be under the stewardship of a high-performing Board that has adopted good governance best practice, because the service and performance issues are significant enough at the Trust that it is only by having a high performing Board that the Trust will be able to address these issues. Recommendations were made in the following areas:
- 1. Strengthening the Board Assurance Framework.
 - 2. Assurance groups and broader assurance structure
 - 3. Board and committees organisation and management
 - 4. Board development

There has been considered progress in these areas however further work to embed governance fully is necessary.

2.4. Need for action

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.

3. Appropriateness of Undertaking

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.

REVISED UNDERTAKINGS

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

1. Quality

1.1. The Licensee's improvement plan will incorporate the following:

- 1.1.1. ensure effective mechanisms for all staff to provide feedback and respond effectively to this feedback, including staff survey, complaints, and whistleblowing concerns
- 1.1.2. deliver against the approved workforce plans for the FY 2024/25, and demonstrable sustainable workforce plans will be in place for beyond 2025/26, inclusive of realistic recruitment, retention and abstraction plans
- 1.1.3. include ongoing triangulation of the impact of improvement actions with wider quality metrics including patient and staff feedback incidents and complaints.

2. Governance

2.1. The Licensee will:

- 2.1.1. ensure there is sufficient capacity and capability to lead and oversee the successful delivery of the comprehensive improvement plan
- 2.1.2. establish and embed effective risk management arrangements including a comprehensive, up to date Board Assurance Framework with Board level oversight and accountabilities and clear escalation routes for risks and concerns from frontline services to the Board
- 2.1.3. ensure it has effective and embedded Board-level governance arrangements to oversee all aspects of the comprehensive improvement plan, inclusive of organisational and quality improvement priorities, and sustainability plans

3. Improvement Director

3.1. The Licensee will co-operate and work with any Improvement Director who may be appointed by NHS England to oversee and provide independent assurance to NHS England on the Licensee's delivery of the recovery plan and improvement of quality of care the Licensee provides.

4. Programme management

4.1. The Licensee will implement sufficient programme management and

governance arrangements to enable delivery of these undertakings.

4.2. Such programme management and governance arrangements must enable the board to:

- 4.2.1. obtain clear oversight over the process in delivering these undertakings;
- 4.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- 4.2.3. hold individuals to account for the delivery of the undertakings.

5. Meetings and reports

5.1. The Licensee will attend meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England.

5.2. The Licensee will provide such reports in relation to the matters covered by these undertakings as NHS England may require.

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 in respect of 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:

Chief Executive

Dated: 24th December 2024

NHS ENGLAND



Signed:

Anne Eden

Regional Director NHS South East

Member of the South East Regional Support Group

Dated: 24th December 2024

