

## ENFORCEMENT UNDERTAKINGS

### LICENSEE:

Sheffield Health and Social Care NHS Foundation Trust  
Fulwood House  
Old Fulwood Rd  
Sheffield  
S10 3TH

### DECISION

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, NHS Improvement 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”). In this document, “NHS Improvement” means Monitor.

### GROUNDINGS

#### 1. Licence

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

### BREACHES

#### 2. Issues and need for action

##### Quality and Governance breaches

2.1 NHS Improvement has reasonable grounds to suspect that the Licensee has provided and is providing healthcare services for the purposes of the NHS in breach of the following conditions of its licence: FT4(2); FT4(5)(a), (c) and (f); FT4(6)(c) - (f); and FT4(7).

#### 2.2 In Particular:

2.2.1 The CQC undertook a well led review and inspected five of the core services delivered between 6 January 2020 and 5 February 2020. The CQC report, published on 30 April 2020 (“the CQC Report”) rated the Licensee as overall ‘inadequate’. The report rated the effective and responsive areas as ‘requires improvement’ and the safe and well-led areas as ‘inadequate’. The Licensee was previously rated as ‘requires improvement’ overall in the report published in October 2018.

- 2.2.2 The CQC issued the Licensee with one section 29A warning notice (“the Warning Notice”), and eight requirement notices in relation to 47 breaches of legal requirements in five core services and in relation to overall governance of the Licensee.
- 2.2.3 The CQC report included the following findings:
- 2.2.3.1 The Licensee did not always provide consistently safe care;
  - 2.2.3.2 The Licensee did not always provide effective care including appropriately monitoring and delivering staff supervision and appraisal;
  - 2.2.3.3 Specialist staff were not in place to deliver the range of care and treatment required;
  - 2.2.3.4 Some pockets of culture within the organisation which was not caring and compassionate;
  - 2.2.3.5 The Licensee was not always responsive to the needs of patients including some areas of the Licensee’s estate not viewed as being fit for purpose;
  - 2.2.3.6 Some privacy and dignity issues in dormitory accommodation;
  - 2.2.3.7 Some community services held long waiting lists and complaints were not always managed in line with the Licensee’s own policy and in a timely way; and
  - 2.2.3.8 The delivery of high quality care was not assured by the governance of the Licensee.
- 2.2.4 These breaches by the Licensee demonstrate a failure of governance arrangements in particular but not limited to a failure by the Licensee to:
- 2.2.4.1 apply systems and standards of good corporate governance which would reasonably be regarded as appropriate for a supplier of health services to the NHS;
  - 2.2.4.2 implement systems and/or processes to:
    - a) ensure compliance with their duty to operate efficiently, economically and effectively;
    - b) ensure compliance with binding health standards specified by the CQC;
    - c) identify and managed material risks to compliance with Licence conditions;
    - d) ensure the matters relating to quality of care specified in FT4(6)(c) (collection of accurate, comprehensive timely and upto date information), FT4(6)(d) (the Board receives and takes into account such information), FT4(6)(e) (Board actively engages on quality of care), and FT4(6)(f) (clear accountability for quality of care; and
    - e) to ensure it has in place personnel as required by FT4(7).

### 3. Need for action

NHS Improvement 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.

#### 4. Appropriateness of Undertaking

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

### **UNDERTAKINGS**

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

#### 1. Quality and Governance

- 1.1 The Licensee will, in a timely manner, take all reasonable steps to meet the applicable quality standards overseen by the CQC. This includes taking the actions outlined in paragraphs 1.2 to 1.7 below.
- 1.2 The Licensee will take immediate steps to address the patient safety concerns identified in the Warning Notice, to the satisfaction of the CQC, and any further action necessary to ensure the warning notice is lifted as soon as reasonably practicable.
- 1.3 The Licensee will, within a timeframe to be agreed with NHS Improvement, submit to NHS Improvement a recovery plan (“the Recovery Plan”) setting out the steps it will take to achieve the objective outlined in paragraph 1.1 above, including how it will address the issues and recommendations outlined in the CQC Report; and any risks and mitigations to its achievement.
- 1.4 The Licensee will periodically assess and, where necessary, revise the Recovery Plan to ensure it remains deliverable and sufficient to address the objective outlined in paragraph 1.1. Any amendments will be agreed with NHS Improvement in a timely manner.
- 1.5 The Licensee will deliver, or demonstrate that it can deliver, the Recovery Plan in accordance with the timescales outlined in the plan.
- 1.6 The Licensee will provide, at a date to be agreed with NHS Improvement, a report demonstrating how the board is assured that the objective in paragraph 1.1 has been met.
- 1.7 The Licensee will ensure that the delivery of the Recovery Plan and other measures to improve quality and operational performance do not compromise its overall financial position. The Licensee will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters

which are identified as potentially having a material impact the Licensee's overall financial position.

## 2. Improvement Director

2.1 The Licensee will co-operate and work with any Improvement Director(s) who may be appointed by NHS Improvement to oversee and provide independent assurance to NHS Improvement on the Licensee's delivery of the Recovery Plan and improvement of quality of care the Licensee provides.

## 3. Programme Management and governance

3.1 The Licensee will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

3.2 Such programme management and governance arrangements must enable the Licensee's Board to:

- 3.2.1 obtain clear oversight over the progress in delivering the undertakings;
- 3.2.2 obtain an understanding of the any risks to the successful achievement of the undertakings and ensure appropriate mitigation of any such risks; and
- 3.2.3 hold individuals to account for the delivery of the undertakings.

## 4. Meetings and reporting

4.1 The Licensee will provide regular reports to NHS Improvement on its progress in meeting the undertakings set out above and will attend meetings, or, if NHS Improvement stipulates, conference calls, as required, to discuss its progress in meeting these undertakings. These meetings will take place once a month unless NHS Improvement otherwise stipulates, at a time and place to be specified by NHS Improvement and with attendees specified by NHS Improvement.

4.2 The Licensee will provide NHS Improvement with the assurance relied on by its Board in relation to its progress in delivering these undertakings, upon request.

4.3 The Licensee will comply with any additional relevant reporting or information requests made by NHS Improvement

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

**LICENSEE**

A handwritten signature in black ink that reads "Ian Ditheridge". The signature is written in a cursive style with a large initial 'I'.

**Signed (Chief Executive of Licensee)**

**Dated: 13 July 2020**

**NHS ENGLAND/IMPROVEMENT**

A handwritten signature in black ink that reads "M. Kitching". The signature is written in a cursive style with a large initial 'M'.

**Signed**

**Regional Chief Nurse, Member of the Regional Provider Support Group (North)**

**Dated: 15 July 2020**