

## **Update on Colchester Hospital University NHS Foundation Trust**

### **Background**

When the Keogh Review was published on 16 July last year, Colchester Hospital University NHS Foundation Trust (the Trust) was one of only three of the 14 “Keogh Trusts” not put into special measures. However, as a result of the publication four months later (5 November) of a Care Quality Commission (CQC) inspection of the Trust’s cancer services and on the recommendation of Professor Mike Richards, Chief Inspector of Hospitals, Monitor put the Trust into special measures (14 November) “to ensure all its patients receive good quality care”. The Trust remains in special measures.

### **The Keogh Review**

The Keogh Review recognised there had been a number of improvements at the Trust since 2010 but that there was still work to do. It called for the Trust to speed up the implementation of an action plan that had been finalised on 2 July 2013 to address the areas identified for improvement and to ensure consistency of care across all areas of the organisation.

The Keogh Review referred to “great examples of excellent care being delivered to patients,” said the “workforce is committed, loyal, passionate, caring and motivated” and “Across a variety of wards, patients provided positive feedback and were pleased with the quality of care.”

Key issues identified in the action plan included:

- quality focus – quality focus in the Trust needed further development and an underpinning strategy
- clinical leadership – the Trust needed to empower clinical leadership through an improved governance and organisational structure
- communication and engagement with staff – the Trust needed to continue to listen to staff
- staffing and skill mix – nurse staffing levels and skill mix review needed to be regularised

The Trust continued to implement its Keogh Action Plan but the organisation’s focus changed as a result of the CQC inspection of cancer services and its subsequent report (November 2013).

On 6 February this year, a panel of experts led by the Medical Director of NHS England (Midlands and East) visited the Trust at the request of Monitor to review progress against the Keogh Action Plan. Its report was published on 12 March (Appendix A). The panel reported that there had been improvements since June 2013 but “the focus on quality must remain a priority”. In 26 out of 33 areas, there had been improvements but the panel said there was still more work to do before these actions could be regarded as fully implemented. These areas included the care of deteriorating patients, infection rates after surgery, improving the complaints process, staffing levels and skill mix, and the availability of hospital porters.

There was either still significant concerns or limited or no evidence that improvements had started in six areas, including the development of a quality focus, compliance with mandatory training and support for junior doctors. One area, relating to escorting patients to the radiology department for diagnostic tests, had been fully implemented.

The Trust’s Keogh Action Plan continued to be updated regularly and, after being reviewed and signed off by Monitor, was published on the Trust website ([www.colchesterhospital.nhs.uk](http://www.colchesterhospital.nhs.uk)) and NHS Choices ([www.nhs.uk](http://www.nhs.uk)). However, as a result of the publication in July of three quality reports by the Care Quality Commission (See “Care Quality Commission reports”), the Trust decided to incorporate the Keogh Action Plan into a wider improvement plan (see “Improvement Plan”) encompassing all the existing action plans, such as the ones to improve emergency care and the Trust’s performance against the 18-week Referral to Treatment national standards, with the exception of the Cancer Action Plan.

### **Cancer care**

The Trust developed a comprehensive action plan to improve cancer services in response to last November’s CQC report and publication the following month by NHS England of its *Report into the Immediate Review of Cancer Services at Colchester Hospital University NHS Foundation Trust*.

The plan, which was approved by Monitor, is constantly evolving and a summary version of it is regularly published on the Trust website and NHS Choices. The latest version, dated 31 October, is attached (Appendix B). As well as having a detailed plan, the Trust has also had expert support from the Royal Marsden.

Among the improvements that have been made are:

- a review of workloads, including a full workforce review, to ensure staff have the resources they need, which has resulted in the recruitment of additional staff. The most recent noteworthy appointment is Emma Elliott, who joined the Trust this month as Macmillan Lead Cancer Nurse/Head of Cancer Nursing
- the implementation of a new cancer information system (the nationally recognised Somerset Cancer Registry), which went live in March. It means key information is recorded on a single system rather than on multiple data bases
- more and better training. For example, a programme of regular and continuous training has been developed for Multidisciplinary Team (MDT) co-ordinators

- the Cancer Committee has been regenerated into the Cancer Board with clear terms of reference and accountability. Its members include a GP who is the cancer lead for North East Essex Clinical Commissioning Group (CCG) and the CEO of Healthwatch Essex

In July (2014) NHS England published a review of five cancer pathways at the Trust (*Progress Review of Five Cancer Services at Colchester Hospital University NHS Foundation Trust – Appendix C*) which had not been safe in December but which external clinical experts revisited and concluded were all safe with no immediate or serious concerns.

Radiotherapy has ceased at Essex County Hospital following the opening of a £25m, purpose-built, state-of-the-art radiotherapy centre at Colchester General Hospital – the most modern in the UK – which started to treat patients in June. On 22 October, cancer inpatient beds at Essex County Hospital were closed and patients transferred to West Bergholt Ward at Colchester General Hospital, which had undergone a £1.3m refurbishment.

The Trust is also undertaking a retrospective review of more than 1,000 cancer patients treated between April 2010 and November 2013. The objective is to investigate the extent of data inaccuracies and the impact on clinical care through a transparent audit process, take necessary remedial action to ensure accurate reporting and improved systems of care, and provide assurance to the public and stakeholders. It is anticipated the review will be published as early as December.

An independent investigation about how the Trust responded to concerns about cancer waiting times has been completed and handed to the Trust. We have sent the report to Essex Police and asked them to confirm that there is nothing in it that will jeopardise their criminal investigation into the alleged manipulation of cancer waiting lists. If the police confirm that they have no objections, the Trust will publish the report in full. If the police do have objections, we will say so publicly.

Colchester Hospitals Charity (CoHoC) is leading the Cancer Centre Campaign to raise £4.5m for a cancer centre at Colchester General Hospital. It is being actively supported by the Colchester Daily Gazette and the Essex County Standard.

### **Care Quality Commission reports**

In May this year, the CQC used its new hospital inspection model to carry out a detailed inspection of the Trust. The CQC inspected eight services at Colchester General Hospital – A&E, medical care, surgery, critical care, maternity and family planning, children and young people, end of life care and outpatient services – and surgery and outpatient services at Essex County Hospital.

On 17 July, it published three separate quality reports (131 pages in total) – one into the Trust as a whole (Appendix D), one into Colchester General Hospital (Appendix E) and one into Essex County Hospital (Appendix F).

Under the CQC's inspection model, it gives a ranking of "outstanding", "good", "requires improvement" or "inadequate" to trusts, hospitals and services. The CQC gave an overall rating of "requires improvement" to the Trust and both of its hospitals.

The CQC did not give any “outstanding” ratings and only one “inadequate”. The latter was in response to the question: “Are services at this trust well-led?” The single best performing service at the Trust was critical care at Colchester General Hospital which was ranked “good” for all five categories and given an overall rating of “good”.

Surgery also performed strongly at both hospitals.

Professor Sir Mike Richards, Chief Inspector of Hospitals, said: “There have been concerns about the number of changes Colchester Hospital University NHS Foundation Trust has undergone in its leadership over the past year and it is vital this is addressed, through substantive appointments being made, to bring about stability. “There were a significant number of others areas where the trust also needed to make improvements. CQC would normally take enforcement action in these instances, however, as the trust is already in special measures, we have informed Monitor of the breaches, and they will make sure these are appropriately addressed and progress is monitored through the special measures action plan.

“Inspectors found some examples of good care, and the trust was found to be effective and staff were caring, but changes are clearly required and the trust faces a number of challenges to ensure it meets the required standards. The trust is aware of what action it now needs to take.”

### **Improvement Plan**

A Quality Summit, hosted by the Trust, was held at Colchester General Hospital on 15 July – two days before the CQC published its quality reports. This was attended by representatives from the Trust and partner organisations such as North East Essex CCG, NHS England (Essex Local Area Team), Monitor, the CQC and Healthwatch Essex.

At that meeting, Trust Chief Executive Dr Lucy Moore announced that she was going to form an “Improvement Board” with partner organisations to oversee and review progress. She also announced that the Trust would develop a single Improvement Plan encompassing all the existing action plans, such as the ones to improve emergency care and the Trust’s performance against the 18-week Referral to Treatment national standards, with the exception of the Cancer Action Plan. The Improvement Plan also includes the improvements that the CQC identified were needed as a result of its inspection in May.

The Improvement Board, chaired by Dr Moore, met in September and October but will now meet every two months, with the next meeting being at Colchester General Hospital on 15 December.

The Trust has an extremely detailed Improvement Plan but every two months, with the approval of Monitor, an updated summary version (about 10 pages) is published on the Trust website and on NHS Choices. Here is a link to the most recent summary Improvement Plan, which is dated 3 November:  
[www.colchesterhospital.nhs.uk/improvement\\_plan.pdf](http://www.colchesterhospital.nhs.uk/improvement_plan.pdf) (Appendix G).

The Improvement Plans includes a summary of the main concerns and the urgent actions required, the agreed timescale for improvement and the progress being made. Here are some of the main concerns and actions required:

Leadership – recruitment of a credible Board of Directors with the capacity and capability to support delivery

Leadership – put in place a clear strategy for leadership development with appropriate focus at divisional level that supports bringing governance structures to life

Staff development – development of staff to ensure they have the appropriate skills required to fulfil their responsibilities. Development to include access to appropriate supervision, regular appraisals and meeting trainees' education requirements

Engagement – ensure staff are fully conversant in the Trust vision, strategies and objectives and can contribute to the development of services

Raising concerns – ensure that staff receive appropriate and timely feedback when raising concerns and that there is appropriate reporting and scrutiny of concerns raised at board level

Risk management – ensure Trust risk management processes are robust including appropriate identification of risks, incidents, mitigation and learning at all levels in the organisation.

The Improvement Plan is discussed when the Trust's Board of Directors holds its monthly meeting in public. At these meetings, the Board also reports back on the Progress Review Meetings it holds regularly with Monitor.

### **Leadership**

In July, the CQC identified that the Trust “needed to recruit a substantive board of directors.”

The Trust's Acting Chairman is Peter Wilson, a non-executive director since May 2011, who became Acting Chairman on 1 October this year when Dr Sally Irvine, who had been Trust Chair for the previous four years, stood down. The Trust was unable to appoint a successor to Dr Irvine after advertising nationally a first time and has advertised again. The closing date for applications is 5 December and interviews are scheduled for early 2015. It is anticipated that the new substantive Chair will play a key role in appointing a substantive Chief Executive. The Trust does not currently have any vacancies for non-executive directors.

Chief Executive Dr Lucy Moore is an interim who has been in post since May and who has agreed to stay on until September next year. Before that, she had worked at the Trust for five months to support the Medical Director and the four Divisional Directors. The Chief Operating Officer (COO) is Evelyn Barker, an interim who has been in post since January but leaves the Trust on 19 December. We have advertised for a substantive COO and interviews will be held on 25 November.

The Director of Finance (DoF) is Andy Morris, an interim who started on 1 October. Interviews for a substantive DoF were held on 11 November. Dawn Scrafield, who is the Director of Finance at the Essex Local Area Team of NHS England, is expected to join the Trust in February. The Medical Director is Dr Sean MacDonnell. His three-year term of office ended on 31 October but he has agreed to stay on until his successor is in post.

Dr Barbara Stuttle joined the Trust on 3 November as interim Director of Nursing. The Trust will shortly be advertising the post substantively.

Lynn Lane, Director of Human Resources and Organisational Development, and Nick Chatten, Projects Director, are substantive appointments. The Trust's four Divisional Directors are all substantive and are all members of the Board – Dr Charles Bodmer, Divisional Director, Medicine; Amanda Hallums, Divisional Director, Women's and Children's Services; Dr Angela Tillett, Divisional Director, Surgery; Dr Gillian Urwin, Divisional Director, Cancer and Clinical Support Services.

## **Structure**

Colchester Hospital University NHS Foundation Trust runs Colchester General Hospital and Essex County Hospital. It also provides some services, such as maternity services and outpatient clinics, at the community hospitals at Clacton, Halstead and Harwich, and a limited number of community services.

The Trust employs a total of approximately 4,500 staff (headcount) making it one of the biggest employers in the borough.

Since May 2008, the Trust has been an NHS Foundation Trust which means that as well as having a Board of Directors, it has a Council of Governors which monitors performance and holds the directors to account and allows local residents, staff and key stakeholders to influence decisions about spending and the development of services.

It includes 15 public governor posts – five from Colchester, five from Tendring, three from Halstead & Colne Valley, one for the Rest of Essex and one for Suffolk – who are elected by public members (the Trust has 6,600 public members). In addition, there are six staff governor posts representing different groups of staff and five stakeholder governors representing organisations such as Colchester Borough Council (Cllr Annie Feltham), Colchester Garrison and Tendring District Council.

In late 2013, partly in response to the Keogh Review, the Trust introduced four Divisions in order to help the Trust to become clinically led – Cancer and Clinical Support Services; Medicine; Surgery; and Women's and Children's Services. Each division has "three at the top" – a Divisional Director, who is a clinician; an Associate Director of Nursing and Therapies and an Associate Director – Operation.

Here is a link to the structure of our Divisions (Appendix H):  
[www.colchesterhospital.nhs.uk/organisational\\_structure/Visio-CHUFT%20Operations%20structure%2030%20Sept%202014.pdf](http://www.colchesterhospital.nhs.uk/organisational_structure/Visio-CHUFT%20Operations%20structure%2030%20Sept%202014.pdf)

## **Other issues**

### National standards

a) Emergency Department: The Trust is required to meet the national Emergency Department operational service standard of 95% of patients spending four hours or less from arrival to admission, transfer or discharge. The Trust's 2013/14 performance was 94.75% compared with 96.09% the previous year. The Trust achieved the 95% standard for two of the first six months of the current year (2014/15). The most recent figure – for September – was 94.46%. The Emergency Department is experiencing a significant increase in attendances.

b) Cancer: The latest figures, which are for September, show that the Trust achieved three national cancer standards and failed five others. The Trust is working to deliver plans that will ensure all cancer standards are delivered from Quarter 4 (January - March).

c) Referral to Treatment (18 weeks): Under the NHS Constitution, patients have the right to receive consultant-led treatment within 18 weeks from referral. The Trust failed two of the three main targets in September but is now delivering plans to improve performance.

d) Infection control: The Trust continues to perform well against its main infection control targets. We are allowed a maximum ceiling of 20 cases of Clostridium difficile in 2014/15 – as of 13 November, we had seen 10 cases. There have been no cases of MRSA bacteraemia since 2012/13.

#### Essex County Hospital

The Trust is currently working on a project to transfer all services off the Essex County Hospital site. Some of its remaining services will be relocated to Colchester General Hospital while others will move into community settings. The Trust will sell the Lexden Road site and keep the proceeds – one of the benefits of being an NHS Foundation Trust.

#### Nurse recruitment

The most recent figures show that we have 170 nursing and midwifery vacancies Trust-wide – a vacancy rate of 13.4%. The Trust is urgently carrying out local, national and international recruitment campaigns to recruit 100 qualified nurses by March 2015. We also aim to recruit 60 healthcare assistants (HCAs) in the same period. Nationally, there is a shortage of nurses, especially qualified staff, partly because hospital trusts, including Colchester's, expanded their nursing workforce as a result of the Francis Report (February 2013).

#### Finance

The Trust finished 2013/14 with a deficit of £2.4m (on an operating income of £266.7m). This was the first time for many years that the Trust reached year-end with a deficit. This year, the Trust is projecting a year-end position of a deficit of £15.9m. We expect to have to borrow money from the Department of Health and do not anticipate returning to sustainable finance balance for about five years. The Trust has a Five Year Sustainability Plan which sets out how we will achieve this

#### The Portal

The go-live date for the Trust's new Patient Administration System (PAS) is 28 November. Thousands of staff have undergone training in the past three months ("The Portal" is the name given to the Trust's strategy for combining all electronic clinical data into an easily accessible source that covers the whole patient journey).

#### Maternity services consultation

The Trust and North East Essex CCG are jointly running the "Right Start" public consultation about the future of maternity services in north east Essex. The main changes being considered relate to how the midwife-led units at the community hospitals in Clacton and Harwich should operate and increasing the number of locations where women can receive antenatal and postnatal care to include the home and children's centres, as well as GP surgeries and hospitals. The consultation ends on 10 December.