

Rt. Hon. Jeremy Hunt MP
Secretary of State for Health

25 April 2016

Dear Secretary of State

Colchester Hospital University NHS Foundation Trust

CQC has recently reinspected selected services within Colchester Hospital University NHS Foundation Trust (CHUFT). I am now writing to advise you of the findings and our proposed next steps. Within the next week, I will commence consultation on trust special administration unless an immediate alternative solution can be instituted.

Background

Since registration under the Health and Social Care Act 2008 the trust has been subject to rigorous and consistent regulatory action. This is outlined in appendix 1. This activity demonstrates the trust's continued poor governance arrangements and the trust's over-reliance on the assistance of others to highlight areas that require improvement.

I wrote to you on 19 January 2016 advising that we found serious problems in the regulated activities provided by the trust and that I was concerned that the trust had not taken sufficient action to address the requirements of our previous inspections and had shown only limited capacity to improve. In that letter, I recommended that the trust remain in special measures for a period of three further months from January 2016 during which time they were to submit a weekly update on key elements of improvement to CQC. If there was no improvement in that time, we would consider further steps, which may include use of CQC's strongest enforcement powers.

Current inspection findings

We undertook an unannounced inspection of Colchester General Hospital on 4 and 5 April 2016. The report of that inspection is being finalised, and the report will of course be subject to the factual accuracy process, but I believe that it is important that I share our initial findings and concerns at this stage.

The purpose of the inspection was to look specifically at the safety and caring elements of the Surgery, Medical care and End of Life care services, which were some of the key areas of concern from the September 2015 inspection. An inspection of Accident and Emergency was also included, due to an increased number of complaints from the public, and concerns about the trust's performance.

Our key findings on the inspection were:

- While some improvements have been made in response to previous CQC concerns, we observed deterioration on other wards and services of which the trust was not aware. I am concerned that this represents a continuation of the trust's pattern of not recognising its own risks, and poor governance around sustaining service improvement.
- We found significant concerns regarding nursing leadership on some wards, with concerns raised to us about a bullying culture.
- We found evidence of a range of problems in Surgery, including poor practice in record-keeping, care planning, medicines' management and risk assessment.
- Serious concerns were noted with the completion of the Five Steps to Safer Surgery checklist, despite this being identified as a priority on our previous inspection. Trust data suggested 100% compliance for the previous three months, which was not supported by the evidence of our inspection, giving rise to concerns of significant issues in audit and governance.
- There remained a lack of awareness of when to place a patient on the individual care plan for the last days of their life, despite this being noted as a significant issue on our previous inspection.
- In Accident and Emergency we saw that the nursing staff were working more cohesively, but there was a lack of clinical leadership and integration with the medical staff. In December 2014 we imposed a condition on the trust's registration, to ensure that streaming occurred within the department. This had subsequently been complied with and the condition removed in October 2015. On this inspection, however we noted that at times of peak activity this process was abandoned due to staff shortages, creating a risk of harm to patients.

We discussed our initial findings with the Chief Executive, Medical Director, Director of Nursing and the Improvement Director from the Trust on 4 and 5 April 2016. On 13 April 2016 we interviewed the above and the Chairman, the Director of Operations, the Non-Executive Directors and the Clinical Divisional Directors to gain an understanding of the progress made at Board level to date. While senior staff have been able to describe improvements made in response to CQC's previous inspection, they have not in our judgement taken a sufficiently proactive approach to addressing wider issues in the trust. Governance processes remained poor in identification of areas of risk. Too much assurance may have been taken from unreliable data within the trust that suggested a higher level of performance than

was actually the case. The senior team have not acted effectively on all issues requiring improvement, despite these presenting an immediate risk to patient safety.

The trust is over reliant on the CQC inspection regime to identify areas for improvement and often shifts its focus from other areas to address these in isolation. However we have found that action taken by the trust is often short term or not embedded sufficiently, so that we have to undertake further enforcement action to ensure that risks to patient safety are mitigated.

Conclusion

We have maintained a thorough inspection and regulatory enforcement regime at the trust. However we have consistently found poor and unsafe practices which place patients at risk of harm. Despite working with other stakeholders I have significant concerns regarding the lack of improvement at the trust. I cannot therefore recommend a further extension to Special Measures. I believe a more radical solution is required to ensure the delivery of safe care in the trust. Given the pattern of performance to date, I do not have confidence in the ability of the trust's current board to address the issues I have highlighted. With regard to the leadership of the trust NHSI does of course have specific powers available to them to take regulatory action under the licensing regime.

In these circumstances I am currently minded to use CQC's powers to direct the appointment of a Trust Special Administrator, subject to the statutory consultation requirements. I am aware, however, that NHSI are working hard to find alternative solutions. If credible plans can be put in place quickly, these could lead to improved care for the local population, in a more timely fashion than would be possible through the TSA process.

If no credible plans emerge, nor any alternative provision be put in place to secure the provision of safe services to the local population, then I will be in a position where it will be necessary to commence next week the consultation process in relation to TSA.

I understand that NHSI will be announcing their proposed actions imminently.

Yours sincerely



Professor Sir Mike Richards
Chief Inspector of Hospitals