



making your
hospital experience
better

Our commitment to you...

Our plans are set out in detail in our Annual Plan 2009/10, which is not only our blueprint for the current year but looks forward to the next five. During this time we will deliver a range of service developments and new buildings to meet the health needs of our local population.

Patient safety – our top priority

Whilst new buildings and services are important, we are determined that above all else patient safety and improving our patients' experience will be at the top of our agenda. In 2008 we joined the NHS National Patient Safety Agency's programme which supports hospitals in developing skills to identify patient safety issues and how to respond to them.

Our record on patient deaths in 2008 gave us cause for concern. Hospital death rates are compared nationally and adjusted to reflect characteristics of the local population, using a statistic known as the Hospital Standardised Mortality Rate (HSMR). If a hospital trust has an HSMR of 100, it means the number of patients who died is exactly as it would be expected taking into account the standardisation factors. An HSMR above 100 means more patients died than would be expected; one below 100 means that fewer than expected died. If a hospital trust has a high HSMR, it cannot be said for certain that this reflects failings in the care provided. However, it can be a warning sign.

Colchester Hospital University NHS Foundation Trust had an HSMR of 112.7 in the autumn of 2008. As a result we have undertaken a number of reviews, and introduced changes to the management of aspects of patient care and record keeping. By this summer (2009), it had come down to 104.1, but our target is for the figure to be below 100 by February 2010.

We have a good record of reducing the numbers of hospital acquired infections like MRSA and Clostridium difficile, but there is more to do across the whole patient safety agenda. In 2009/10 we have set an ambitious target to reduce the number of instances of "avoidable harm" in our hospitals. This means

that our medical director and nursing director, supported on the ground by matrons and senior nurses, will closely monitor the care delivered at the bedside to ensure we offer consistently high quality standards to all of our patients.

A better experience

Coming to hospital as a patient is not something anyone looks forward to but it is our ambition to make the patient experience as positive as possible. This is not just about achieving a good clinical outcome (making you better) but it is also about respecting your privacy and dignity, keeping you informed and encouraging you to raise your concerns and anxieties.

We do not always get it right, but we are committed to working with our patients and clinical staff to do our best and to learn from reported incidents and patient suggestions to make service quality the best we can achieve.

A better environment for care

Our plans for the future include an £114m investment in buildings, equipment and computer systems between 2009/10 and 2013/14. Investment on this scale is possible only because we have become an NHS Foundation Trust. We are planning to invest our surplus from last year and from future years, and will also borrow money in 2011/12 and 2012/13 to help fund it.

A key priority this year is to increase our bed numbers before the onset of winter. This means adding about 50 beds and recruiting additional doctors, nurses and therapists to support them. In 2010/11 we will follow this

up with a new building at Colchester General Hospital that will allow us to move all of our children's services into a purpose-built department and create space for another 60 beds overall.

However, our plans are not simply about adding more beds and staff. They also involve working more efficiently in the ways we deliver care and working closely with partner organisations, such as the PCT and the ambulance service, to improve our patients' experience.

Monitor, the independent regulator of NHS Foundation Trusts, requires all NHS Foundation Trusts to develop an Annual Plan by the end of May each year. Our governors, who represent public and staff members of Colchester Hospital University NHS Foundation Trust, have helped to shape our plan which has been approved by the Trust's board of directors.

In this document we share some of the developments we are implementing to expand and improve services in areas like cancer, stroke and emergency medicine, and tell you how to find out more information.

The full Annual Plan is available on the Trust website or by contacting Colchester Hospital University NHS Foundation Trust (see back page).





Improving emergency care

Our aim is for each individual who presents at Colchester General Hospital as an emergency patient to receive the highest standard of care irrespective of what time they arrive at our Accident & Emergency Department (A&E) or Emergency Assessment Unit (EAU). Since November we have increased the numbers of nurses and doctors on both the EAU and A&E.

We have introduced a new model of care with close working between the two departments. Sister Melissa Cable (pictured) works in EAU. The numbers of consultant doctors have been increased in A&E and EAU to enable our patients to receive senior medical advice quickly. Over the next two years we have plans to expand both the EAU and A&E, which will provide much improved space to care for patients and bring EAU short stay (where patients stay for less than 48 hours) together with the Assessment Unit.

To find out more, visit our website:
www.colchesterhospital.nhs.uk/annual_plan



New eye service

Patients are already benefiting from a new service that has been set up by Mr Vivek Bansal (pictured), a consultant ophthalmologist [eye specialist] who joined Essex County Hospital from Moorfields Eye Hospital in May. The service for patients with wet age-related macular degeneration (AMD) began in late June and involves a treatment that was approved in August 2008 by the National Institute for Health and Clinical Excellence (NICE). AMD is the most common cause of poor sight in people aged over 60 but the new treatment can stop sight getting worse and, in some cases, improve sight that has already deteriorated. Previously, patients from north east Essex had to travel to Southend, Chelmsford or London for treatment. As it involves injecting a drug called Lucentis into the eye over a period of months on an outpatient basis, this was inconvenient for patients, many of whom are very elderly – and also expensive in travel costs.

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Better cancer facilities

One in three people will develop cancer during their lifetime, but the good news is that successful treatment rates are improving rapidly. Although we provide a top-rated and caring service at Essex County Hospital, it is difficult for the site to support the complex specialist equipment and for our highly-trained staff such as consultant oncologist Dr Phil Murray (pictured) to match the public's increasing expectations. So in 2009/10 the Trust will develop a detailed business case for the move of cancer services to Colchester General Hospital. About £37m has been earmarked to include not only the reprovision of radiotherapy and chemotherapy facilities, but also beds and oncology outpatient facilities, as well as the associated clinical support services. Next steps are to develop a "strategic outline case" in 2009/10, leading to approval by the Trust Board of Directors later in the year. Work is expected to start on site in 2010/11 with occupation of the first phase by 2012/13.

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Upgrading neonatal services

For any family, having a baby that needs special or intensive care is possibly one of the most stressful experiences in life. Our Trust is working hard to ensure that babies in north east Essex get the best access to the highest level of specialised care if they need it, from experts such as Dr Sarah Dalton (pictured), one of Colchester General Hospital's consultant paediatricians. Neonatal care specialises in caring for the smallest, sickest babies, such as those born prematurely or born with a low birthweight. These babies will need extra help, for example with breathing, until they are strong enough to go home. This summer, our neonatal unit at Colchester General Hospital improved to become an accredited level 2 service. We started in 2008/09 by investing additional money and will continue in 2009/10 by appointing an additional consultant neonatologist, four additional junior doctors, seven nurses and clerical support.



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Preventing blood clots

Up to 32,000 people die every year in the UK due to a preventable blood clot which develops during a stay in hospital – more deaths than MRSA, AIDS, breast cancer and road traffic accidents combined.

We take this issue extremely seriously, which is why in December 2008 we became only the fifth NHS hospital trust to be awarded “exemplar status” by the Government for our work to protect patients from hospital-acquired blood clots. In May Dr Marion Wood, consultant haematologist, and Helen Drudge-Coates, DVT nurse specialist (pictured), took part in a Stop the Clot event to raise awareness. It is recommended that every hospital patient receives a blood clot risk assessment, a checklist that a doctor or nurse runs through, covering factors such as the patient’s age, medical condition and history, medication and recent hospital operations. Measures we use to prevent clots in at-risk patients vary, from simply encouraging mobility and hydration in younger, fitter patients to daily injections of heparin.

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Control of infection

An independent report published by the Care Quality Commission (CQC) in July gave us full marks for our work to prevent and control infections like MRSA and Clostridium difficile (C.diff). CQC assessors “found no areas for concern” during an unannounced inspection in June. Rigorous clinical hygiene measures (hand washing, staff being bare below the elbow and cleaning), controls on the prescribing of antibiotics and isolation of infected patients have had a significant impact. However, further reducing the number of hospital-acquired infections remains one of our leading quality priorities in 2009/10. We have targets for implementing MRSA screening for emergency admissions and achieving zero MRSA cases involving peripheral vascular lines. We are also on schedule to open a new 11-bed isolation ward in November. While much of our focus will continue to be on MRSA and C. diff, we will start to take more measures to tackle other infections, like E.coli, MSSA and ventilator-associated pneumonia.

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Investing in stroke services

We are implementing a number of exciting plans to improve stroke services. Currently, thrombolysis for stroke patients (which involves drugs to break up blood clots) is available only Monday-Friday, 9am-5pm, but will become a 24/7 service from September. To achieve this expansion, we are recruiting additional physicians and six acute nurses. The number of beds dedicated to stroke patients will increase by more than 50% by November, from 22 to 34. This will involve taking on extra staff, including nurses, occupational therapists, physiotherapists and doctors to work alongside the two stroke consultants, including Dr Rajesh Saksena (pictured). By September, clinics for patients who have had a TIA, sometimes known as a "mini-stroke", will be held seven days a week, compared with the current five. Other plans include investment in IT so that stroke specialists can access scans at home and working towards an "early supported discharge service" so that certain medically stable patients can leave hospital earlier and be supported at home.

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Colchester Hospital University 
NHS Foundation Trust

We care, do you?

We care, do you? is our campaign to encourage residents of north east Essex to become public members of Colchester Hospital University NHS Foundation Trust.

If you are already a member, we thank you for your interest and support. If you are not and want to show you care about the services we provide, then membership is free and easy to join. Either:

Phone 0800 783 7328 (free of charge)
or
Visit the Trust website at
www.colchesterhospital.nhs.uk
and look for "Click us to become a Member".

Our website contains information about why you should consider joining the thousands of people who have already become members, and the benefits of NHS Foundation Trust status.