

Health Committee 5 November 2015: CQC inspection of CUHFT - Questions sent in advance

To the Clinical Commissioning Group:

1. We now have two hospitals in Cambridgeshire that are in special measures and throughout the healthcare system staffing pressures are cited a major contributing factor to the poor performance. What reassurances can the CCG give to how as a system these issues are being addressed?
2. A quick perception of a major part of the problem is the substantial increase in A&E demand for the treatment of not urgent or emergency problems. How quickly is the CCG's system transformation work going to address this?

To the Care Quality Commission:

1. Please can the CQC provide members with a brief overview of the new inspection regime (brief information in advance would be helpful) so that members can understand the inspection ratings for CUHFT and why Addenbrooke's should get the same rating as Mid Staffs?
2. Staffing pressures are cited as a principle area of concern in the CQC inspection report. Has the CQC had further discussions with CUHFT into why staffing pressure became such an issue?
3. Can the CQC expand around the issues they identified in regards to where medicine management needed improvement.

To Cambridge University Hospitals NHS Foundation Trust:

1. Addenbrooke's is both a world scale academic institute and a District General Hospital, but with this status comes a natural arrogance, maybe surprisingly local people are proud of their world class district hospital but this pride has been shaken. What is Addenbrooke's doing to be a little less arrogant to rebuild this local pride?
2. The CQC report states a disconnected governance arrangements so that important messages from the clinical divisions were not highlighted at the trust board level. Did the divisional reorganisation contribute to this disconnect? What changes have been made to Board process to rectify this? Do critical issues get adequate debate within the Board?
3. The re-organisation resulted in significant organisational change, what change management methodologies were used? How effective were they and are they continuing?
4. Staffing pressures are cited as a principle area of concern in the CQC report. Does the trust understand how this has become such a critical issue and what plans are in place to address the problems. Is retention of staff better or worse than other hospitals? Has an analysis been conducted on the reasons for staff leaving?
5. The CQC reports that the introduction of the new EPIC IT system for clinical records had affected the trust's ability to report, highlight and take action on data collected on the system. The health committee invited representatives from CUHFT at our meeting in May 2015 to discuss the issues the introduction of EPIC had across the healthcare system. Dr Keith McNeil informed the committee that an independent evaluation of the implementation of the EPIC system would be conducted and this would be shared with the Health Committee. Please could CUHFT provide an update on this evaluation.
6. (EPIC again) Please can CUHFT bring members up to date with the key indicators and how they have developed over the last year. Members are particularly interested in the views of staff, their understanding of the EPIC System, support and training received and their buy into the objective of implementing the system.
7. How is CUHFT going to get its finances back on track?