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Mr Kevin McGee
Interim Chief Executive
Blackpool Teaching Hospitals NHS Foundation Trust
Trust Headquarters, Blackpool Victoria Hospital
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12 June 2019

CQC Reference Number: INS2-6150826241

Dear Mr McGee

Re: CQC inspection of Blackpool Teaching Hospitals NHS Foundation Trust

Could I first take this opportunity to thank you for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

Following your feedback meeting with myself, Nicholas Smith, Helena Lelew, Gina Slater and Sheila Lloyd on 7 June I thought it would be helpful to give you written feedback as highlighted during the inspection and given to you and Pearse at the end of the inspection.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 7 June and provides you with a basis to start considering what action is needed.

An overview of our feedback

The feedback to you was:

- Systems to manage and share care records and information were not always consistent. Staff did not always have the complete information they needed before providing care and treatment. We saw examples of records being illegible, difficult to follow with loose pages. Some records such as the allergy attention/significant event card was not being completed. Records were not stored securely, and we observed a relative accessing another patient record.

- The pharmacy provision in critical care did not meet national guidelines however we did not observe any impact of this on patient care. There were

examples of delays in getting prescriptions and doses checked particularly on the Clifton site. The policy for patients who wanted to self-medicate was not clear and patients were not using the cabinets to store their medicines. We also found that locks on cabinets were broken.

- There were some concerns in ED that the process for triage and formal risk assessments was not happening for patients being kept on the corridor out of hours. During our unannounced visit on the evening of 6 June we observed that these patients had not received a review by a nurse.

- In medical care and ED, we had concerns about the application and understanding of the Deprivation of Liberty Safeguards. Patients were not always receiving mental capacity assessments and the process for meeting best interests was not consistent.

- We received concerns about post-surgery joint infections and the validity and reliability of the data that was being presented. You confirmed that this would be reviewed as a matter of urgency and a response provided to the CQC.

- We were made aware of vacancies in paediatric anaesthesia and requested assurance about the arrangements for the Thursday paediatric list. The trust confirmed that these lists had been cancelled.

- Staff satisfaction was mixed. We heard from several staff groups particularly those from a BME background that they felt ignored and disenfranchised. We were given examples of racist language which had been escalated but concerns were not being dealt with. Staff did not always raise concerns, or they were not always taken seriously, appropriately supported, or treated with respect when they did. There was a lack of clinical engagement. Although staff were proud to work for the people of Blackpool they had lost connection with the organisation.

- There were capacity issues on the wards due to the high number of nursing and medical staff vacancies. There was a perception in the trust that focus had been on finance rather than quality.

- Although there was a vision and strategy this did not permeate throughout the organisation. There were weaknesses in governance processes and learning, such as mortality, complaints and incidents.

- We observed several examples of staff caring for patients with dignity, respect and kindness. There was a visible patient centered culture particularly across community services, children and young people services, end of life care, dental services and maternity. Despite staffing difficulties, staff were doing their best to ensure patients' needs were met.

- There had been improvements to patient care in the ED. The investment made for example, in the additional paediatric nurses had been received positively by staff.

- The new leadership was sighted on the challenges to quality and sustainability and could identify the actions needed to address these.

I also enclose the written feedback of the preliminary findings from the mental health team highlighted at the inspection and given to David Eaton at Blackpool CAMHS on 5 June 2019 with Lindsay Neil (CQC inspection manager) and Angela Sergeant (CQC specialist advisor).

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England and NHS Improvement

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
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If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Judith Connor

Head of Hospitals Inspection

c.c. Chair of Trust

April Frith Programme Manager – Use of Resources and Financial Governance NHS England and NHS Improvement