

# Blackpool Teaching Hospitals NHS Foundation Trust

## Inspection report

Trust Headquarters  
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Date of inspection visit: 15 Nov to 14 Dec 2017  
Date of publication: 22/03/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Blackpool Teaching Hospitals NHS Foundation Trust is situated on the west coast of Lancashire and operates within a regional health economy catchment area that spans Lancashire and South Cumbria, supporting a population of 1.6 million. The trust is a provider of specialist tertiary care for cardiac, haematology services and cystic fibrosis services across this region.

The trust provides a range of acute services to the 330,000 population of the Fylde Coast health economy and the estimated 11 million visitors to the seaside town of Blackpool. The trust also provides a wide range of community health services to the 440,000 residents of Blackpool, Fylde, Wyre and North Lancashire. The trust employs 6964 staff.

The trust had an annual turnover of £410.7 million.

The trust hosts the national artificial eye service, which provides services across England.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Requires improvement** ● → ←

## What this trust does

The trust runs services at Blackpool Victoria Hospital, Fleetwood and Clifton Hospitals.

Blackpool Victoria Hospital provides urgent and emergency care, medicine, surgery, critical care, maternity, children and young people's services, end of life care and outpatients services.

Clifton Hospital provides rehabilitation and outpatients services. Fleetwood Hospital provides outpatients services.

The trust has approximately 947 beds across 42 inpatient wards.

The trust has community and mental health services that cover:

- Community health inpatient services
- Community end of life care
- Community health services for adults
- Community health services for children, young people and families
- Community dental services
- Sexual health services
- Specialist community mental health services for children and young people

We inspected urgent and emergency care, medicine and surgery services at Blackpool Victoria Hospital and all community and mental health services excluding end of life care.

## Key questions and ratings

# Summary of findings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 15 November and 14 December 2017, we inspected services provided by this trust at its main hospital because at our last inspection we rated medicine and surgery as requires improvement. We inspected urgent and emergency care as we had some concerns about the services provided. We inspected community services for adults, children, young people and families and specialist community mental health services for children and young people as we had not previously inspected these.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe and responsive as requires improvement. We rated effective, caring and well-led as good. Our rating for the trust took into account the current ratings of services not inspected this time.
- Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- There remained challenges with patient flow; performance in urgent and emergency care had gone down.
- The emergency department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. This is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- Safeguarding training was not always delivered at the level specified in the intercollegiate guidance within the emergency department and community dental practices.
- In specialist community mental health services for children and young people, risk management plans were not properly updated on an ongoing basis.
- There remained challenges with staffing in some areas of the trust, particularly in urgent and emergency care and medical care.
- Mortality figures remained higher than expected, although we saw evidence that the strategy to reduce the mortality rates was having a positive effect.

# Summary of findings

However:

- We rated well-led at the trust level as good.
- During the inspection in 2014, we were unable to identify a clear vision or strategy to support the trust. At this inspection, we found that a trust vision and five-year strategy had been developed in consultation with staff, patient representative groups and external stakeholders.
- At the last comprehensive inspection in 2014, it was reported that there were poor incident reporting systems and failures to report near misses. At this inspection, we found that staff felt confident and were encouraged to report incidents via an electronic system.
- There was a strong sense of integration across both the acute and community services. We identified outstanding caring and responsive practice in the community health services for adults.
- Directors demonstrated an understanding of the quality of care across all sectors.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The emergency department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. This is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- Safeguarding training was not always delivered at the level specified in the intercollegiate guidance.
- The urgent and emergency care department did not ensure that patients at high risk with mental health illness received assessment in a safe and appropriate area of the department.
- The urgent and emergency care service and medical care did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe.
- The urgent and emergency care department did not ensure that resuscitation equipment that was used in the event of an emergency was checked daily and kept in sterile packaging in line with trust policy.
- In specialist community mental health services for children and young people, risk management plans were not properly updated on an ongoing basis.
- Medicines were not always managed appropriately in the urgent and emergency care department.

However:

- Staff now felt confident and were encouraged to report incidents via an electronic system.
- We found at this inspection that patient records and clinical notes were completed appropriately.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- Although mortality figures remained higher than expected, we saw evidence that the strategy to reduce the mortality rates was having a positive effect.
- Staff provided care and treatment based on national guidance and evidence and used these to develop new policies and procedures.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them.

# Summary of findings

- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Patient outcomes for the urgent and emergency care service were poor and information submitted to the Royal College of Emergency Medicine showed that results were worse than the national average in most areas.
- In the urgent and emergency care service, only 55% of nursing staff were up to date with annual appraisals.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff were kind, caring and respectful of patients' privacy.
- Staff involved patients and those close to them in their care.
- We found outstanding examples of caring in the community health services for adults.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People could not always access the service when they needed it. The urgent and emergency care department had consistently failed to meet the four-hour standard for admission, transfer or discharge.
- The urgent and emergency care department faced challenges to make sure that that the environment matched the needs of patients.
- We found occasions during the inspection when access and flow meant that patients were in clinical accommodation that was not appropriate. Patients were cared for on trollies in corridors.
- The trust failed to meet the NHS operational standard on referral to treatment times in surgery. However, the division had a recovery plan to meet these standards by March 2018.

However:

- The trust planned and provided services in a way that met the needs of local people. There were a number of innovative initiatives, particularly across the community services. A vanguard, extensive care service, provided co-ordinated and integrated care for patients with at least two or more complex conditions across the community.
- We saw evidence of multidisciplinary and multi-agency working with community clinics and appointments being organised to best accommodate local families' needs.
- Staff took account of patients' individual needs. They were responsive to the needs of patients living with dementia, learning disabilities and mental health problems.
- Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate and timely way. Lessons were learned and changes implemented based on complaints and patient feedback.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

# Summary of findings

- At this inspection, we found that a trust vision and five-year strategy had been developed in consultation with staff, patient representative groups and external stakeholders.
- Effective governance, risk management and quality measures were in place in most areas to improve patient care, safety and outcomes.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff across the services reported they felt supported, respected and valued.
- The trust engaged well with patients, staff, the public and local organisations.

However:

- The urgent and emergency care service had not always used a systematic approach to continually improve the quality of its services by creating an environment in which excellence in clinical care would flourish.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in community services for adults, community health services for children and young people, sexual health services and surgery. We also found the trust leadership had introduced a bespoke patient tracker system across the acute hospital.

For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We also found 26 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in urgent and emergency services, specialist community mental health services for children and young people and community dental services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

# Summary of findings

## Outstanding practice

- There is a multi-speciality vanguard extensive care service, that provided acute and community services. It provided co-ordinated and integrated care for patients with at least two or more complex conditions across the community. A consultant geriatrician was the medical lead, supported by general practitioners employed by the trust. Other members of the team included nurses with advanced clinical investigation skills, advanced practitioners, pharmacists and health and wellbeing workers. Patients had a comprehensive holistic medical assessment including medicines usage and hospital attendances; there was also a wellbeing assessment. Following a multidisciplinary meeting, patients were given a care plan to follow in their own homes.
- There was an enhanced primary care service to provide co-ordinated and integrated care for patients with one complex condition across 10 neighbourhoods in the Blackpool and Fylde and Wyre clinical commissioning group areas. This service was provided by an integrated team including the GP and practice nurses, community matrons, district nurses, rehabilitation therapists, health and wellbeing support workers, care co-ordinators and mental health and social care staff.
- There was an intravenous service in Blackpool that ran 8am to 8pm every day. The service had been set up by the rapid response team led by a microbiologist, but had evolved into a nurse led service.
- In Blackpool and Fylde and Wyre, there was a care home team that looked after 14 residential care homes. There was also a care home team in North Lancashire. There was a focus on long term condition management and the team worked with district nurses, GP's and allied health professionals to support people in homes.
- The sexual health service was in the process of implementing a new self-tests in some of its localities. Chlamydia self-test kits were sent by using a texting system to young people under the age of 25. It is hoped that the kits will increase the uptake of testing in the under 25 age group, who are presently targeted nationally for screening.
- The sexual health service had developed an electronic team board, which allowed staff to instantly access commissioned targets and governance information.
- As part of an approach to support patients to be fully involved in decisions affecting their care, the lead HIV consultant and specialist nurse had taken part in "dinner with the doctor". Patients across all localities were invited to attend. Patients were encouraged to bring partners, family and friends.
- Since December 2015, the community health services for children, young people and families had been working with the child and adolescent mental health services team in the provision of the child and adolescent support and help enhanced response team. This team consisted of staff from different disciplines, including mental health workers, school nurses and social workers. They provided emotional support, including a drop in service, to children, young people and their families in the area depending on their need.
- The 'Empowering Families' pilot was a multi-organisational initiative whereby professionals worked with a particular group of children identified by their GPs to reduce hospital admissions and GP attendances. Results showed that the families involved in the pilot had 31% less hospital admissions per month following working with the programme. There was a 10% reduction in overall admissions following the pilot.
- A positive parenting programme was identified by the service as an effective intervention to support parents of children up to 12 years diagnosed with a serious physical or learning developmental disability. By engaging with the research element of this programme, the children's services had acquired two trained staff, without substantial financial cost. These staff were able to share their knowledge with the teams, and research and monitor the effectiveness of the programme.



# Summary of findings

- There was a paediatric patient experience officer for child health in post who helped organise some of the Victoria's Voice initiatives. The day prior to the inspection had been 'takeover day' when children were invited to take over a role in children's services and feed back their views.
- The community health service for children, young people and families was involved with the lottery funded Better Start and Head Start Blackpool programmes. Better Start was a programme for young children up to the age of five years which had begun rolling out a schedule of evidence based interventions targeting the most vulnerable families to improve diet and nutrition, social and emotional development, and language and communication.
- There was a focus on involving children in service development via several different processes. The service had agreed to a charter of promises which staff worked towards to improve the patient experience. The promises were written by a group of young people who were part of Victoria's Voice, the trust's youth forum and included statements such as, 'we will talk to you in a way that you understand' and 'we will reassure you and make sure you know what is happening and why'. Interactions we observed between staff and children were caring and appropriate and met the promises set out in the charter.
- Staff working out of Queen Victoria Centre Dental Access Service were involved in the nurse led dental anxiety management (NDAM) service. This is a talking therapy service which involved helping patients overcome their anxieties with regards to dental treatments and avoiding the need for conscious sedation or general anaesthesia.
- The trust had introduced rectus sheath catheter analgesia pumps for abdominal surgical patients, for which a trust consultant was awarded a national award in 2017.
- The trust had introduced a bespoke patient tracker system across the acute hospital. The tracker was an electronic replacement for traditional white-boards and facilitated access to real time clinical information from the point of referral to transfer/discharge; mapping triage, clinical assessments and daily board round activity, capturing relevant warning indicators and patient alert messages. The ward tracker was used by members of the multi-disciplinary teams to collate relevant clinical information and was integrated with the existing systems.

## Areas for improvement

### Action the trust MUST take to improve:

#### Urgent and emergency care

- The provider must ensure that there are sufficient numbers of nursing and medical staff available at all times.
- The provider must ensure that consultants are always available on site when planned and that there is always a member of medical staff with sufficient seniority available on site at all times.
- The provider must ensure that all non-clinical and clinical staff who have contact with children, young people or parents are trained to a minimum of safeguarding level 2 for children, in line with the intercollegiate document (2014).
- The provider must ensure that all members of medical staff providing care and treatment to children are up to date with safeguarding level 3 training for children.
- The provider should ensure that compliance with mandatory training is increased to meet trust targets, particularly for medical staff.
- The provider must have a clear inclusion and exclusion criteria for all areas of the department that are used to care for patients.



# Summary of findings

- The provider must ensure that resuscitation equipment that is used in the event of an emergency is checked daily and is kept in sterile packaging in line with trust policy.
- The provider must ensure that patients with mental health illness receive assessment in a safe and appropriate area of the department.
- The provider must ensure that controlled drugs are checked appropriately and patients own controlled drugs are reconciled in line with trust policy.

## **Medical care**

- The trust must ensure there are sufficient numbers of suitably qualified competent, skilled and experienced staff deployed to meet the needs of the patients.

## **Community dental services**

- The trust must ensure that all dentists and dental care professionals are trained to a minimum of safeguarding level 2 for children, in line with the intercollegiate document (2014).

## **Specialist community mental health services for children and young people**

- The trust must make sure that staff working in specialist community mental health services for children and young people complete or update patients' risk assessments and management plans so that significant risks are reflected in the patient's risk management plan.

## **Action the hospital SHOULD take to improve:**

### **Trust-wide**

- The trust should review the involvement of patients and their families, as appropriate, in the investigations of serious incidents.

### **Urgent and emergency care**

- The department should ensure that all staff decontaminate their hands in between treating patients and that aseptic non touch techniques are followed when undertaking invasive procedures. This is so that the risk of spreading infection is reduced.
- The department should ensure that all risk assessments for patients are completed in line with trust policy.
- The department should ensure that patient records are kept securely at all times so that patient confidentiality is maintained.
- The department should ensure that all patients receive an initial assessment within 15 minutes of arrival, in line with Royal College of Emergency Medicine standards.
- The trust should make sure that staff working in trust's specialist child and adolescent support and enhanced response team (which provided mental health services for children and young people for people presenting within the emergency department) provide written risk management plans when patients with identified risks are discharged home and to ensure that significant risks are reflected in the patient's risk management plan.
- The department should ensure that mortality reviews are completed on a regular basis so that actions can be taken to make improvements when needed.
- The department should ensure that patients' privacy and dignity is maintained at all times.
- The department should ensure that appropriate strategies are implemented to improve patient outcomes.

# Summary of findings

- The department should ensure ways to make sure that all staff are aware of best practice guidance and Royal College of Emergency Medicine standards.
- The department should ensure that a full record of staff competencies and records of local inductions completed with agency staff are kept.

## **Medical care**

- The trust should ensure that medicines are managed appropriately.
- The trust should continue work to improve the outcomes for patients.
- The trust should put effective systems in place to reduce the numbers of medical outliers.
- The trust should take action to reduce the length of stay for non-elective patients in medicine.

## **Surgery**

- The trust should continue the work started to improve surgical site infection rates.
- The trust should look at ways of improving performance in national audits such as the National hip fracture and bowel cancer audits.
- The trust should continue work to improve referral to treatment times.
- The trust should continue to implement the work to bring about a reduction in cancelled operations for non-clinical reasons.
- The trust should ensure the risk register effectively identifies the person responsible, actions taken and dates for follow up.
- The trust should review the consent policy.

## **Community adults**

- The trust should review access to and the use of information technology systems in the community.

## **Community health services for children, young people and families**

- The trust should ensure waiting times in community therapy services are addressed as planned.

## **Community dental services**

- The trust should review the use of identification tape and bands on dental instruments.

## **Specialist community mental health services for children and young people**

- The trust should make sure that staff working in the trust with children and young people have periodic disclosure and barring checks to ensure they remain fit and proper to work with patients in vulnerable circumstances.
- The trust should make sure that staff working in specialist community mental health services for children and young people improve written care plans so that they are fully personalised, holistic and provide sufficient information to inform children, their families and others of the care and treatment provided and planned.
- The trust should make sure that staff working in specialist community mental health services for children and young people work to improve care plans so that they capture patients' views or their voice and care plans are signed (or an explanation of why a signature is not given or appropriate).

# Summary of findings

## Is this organisation well-led?

We rated well-led at the trust as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services.
- The trust had a vision and five-year strategy which was developed in consultation with staff, patient representative groups and external stakeholders. The strategy had been developed to align with those of external partners.
- There was strong patient focus, which included the wider community. We found the culture centred on the needs and experience of people who used services. Most staff felt positive and proud about working for the trust and their team.
- Most staff reported that the leaders were visible and approachable. Directors had a specific area of the trust where they were the identified link. Directors, non-executive directors and governors undertook a programme of walkabouts and reported these back at board meetings.
- Structures, processes and systems of accountability were in place to support the delivery of the strategy and good quality services. Assurance systems were in place and performance issues were escalated appropriately. There was a recognition there was further progress to be made in the committee structures to improve effectiveness.
- There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. We saw evidence that the strategy to reduce the mortality rates was having a positive effect.
- The trust was continuing to improve access to appropriate and accurate information. Available information was being effectively processed, challenged and acted on.
- The trust had systems in place to gather people's views and experiences and used these to improve the services.
- Systems and processes were in place to support learning and continuous improvement. There was some evidence of innovation, although it was recognised that this needed to be more widely developed and embedded across the trust.

However:

- However, the use of technology could be improved further and some plans were in place to address this.
- Engagement with patients and families in the investigation process of serious incidents could be improved.

## Use of resources

See separate report at [www.cqc.org.uk/provider/RXL/reports](http://www.cqc.org.uk/provider/RXL/reports)

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Blackpool Victoria Hospital	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Clifton Hospital	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
Fleetwood Hospital	Requires improvement Apr 2014	N/A	Good Apr 2014	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014
<b>Overall trust</b>	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Community	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Mental health	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall trust</b>	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Blackpool Victoria Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Mar 2018	Requires improvement →← Mar 2018	Good →← Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018
Medical care (including older people's care)	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018
Surgery	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2017
Critical care	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
Services for children and young people	Good Apr 2014	Good Apr 2014	Good Apr 2014	Outstanding Apr 2014	Good Apr 2014	Good Apr 2014
End of life care	Good Apr 2014	Good Apr 2014	Good Apr 2014	Outstanding Apr 2014	Good Apr 2014	Good Apr 2014
Maternity and gynaecology	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Outpatients and diagnostic imaging	Requires improvement Apr 2014	N/A	Good Apr 2014	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014
<b>Overall*</b>	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Requires improvement →← Mar 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Clifton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
Outpatients and Diagnostic imaging	Good Apr 2014	N/A	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
<b>Overall*</b>	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Fleetwood Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and Diagnostic imaging	Requires improvement Apr 2014	N/A	Good Apr 2014	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014
<b>Overall*</b>	Requires improvement Apr 2014	N/A	Good Apr 2014	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Outstanding Mar 2018	Good Mar 2018	Outstanding Mar 2018
Community health services for children and young people	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Community dental services	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Sexual Health	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall*</b>	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall</b>	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Acute health services

## Background to acute health services

Acute health services are provided at Blackpool Victoria Hospital, Clifton Park Hospital and Fleetwood Hospital. The trust has a total of 947 beds across the trust.

The hospitals serve a population of 440,000. The transient population can exceed over 11 million over a summer.

Blackpool local authority 10th most deprived in the country. Men in Blackpool have the lowest life expectancy in England and Wales and life expectancy is five years lower for men and three years lower for women compared to the national average.

In the most deprived areas of Blackpool life expectancy is just under 12 years lower for men and 8.5 years for women compared to the national average

Clifton Hospital provides medical care and outpatients services. This was not inspected during this inspection.

Fleetwood Hospital provides outpatients and diagnostic services. This was not inspected during this inspection.

## Summary of acute services

**Requires improvement** ● → ←

Our rating of these services stayed the same. We rated them as requires improvement because we rated safe and responsive at Blackpool Victoria Hospital as requires improvement. We rated effective, caring and well-led as good.

We had previously rated Clifton Hospital. We rated this as good for effective, caring responsive and well-led. We rated safe as requires improvement.

We had previously rated Fleetwood Hospital. We rated this as good for caring and well-led. We rated safe and responsive as requires improvement. We inspected but did not rate effective.

A summary of hospital services appears in the overall summary above.

# Blackpool Victoria Hospital

Whinney Heys Road  
Blackpool  
Lancashire  
FY3 8NR  
Tel: 01253655520  
www.bfwh.nhs.uk

## Key facts and figures

Blackpool Victoria Hospital is the main acute hospital site at the trust. This hospital has 767 beds and provides the core services of:

- urgent and emergency care
- medical care
- surgery
- critical care
- maternity
- children and young people's services
- end of life care
- outpatients

Between April 2016 and March 2017, there were 198,642 attendances across the urgent and emergency care system. This equates to an average of approximately 250 patients a day attending the emergency department.

## Summary of services at Blackpool Victoria Hospital

**Requires improvement**   

Our rating of services stayed the same. We rated them as requires improvement because:

- Although surgical and medical services had improved, urgent and emergency care services required improvement.
- The emergency department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. This is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- The emergency department and medical care services did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. This was because the planned establishment for nursing and medical staffing had not always been met.

# Summary of findings

- The service had not always planned services in a way that met the needs of local people. The emergency department faced challenges to make sure that the environment matched the needs of patients. We observed some patients were cared for in corridors.
- People could not always access the service when they needed it. The emergency department had consistently failed to meet the four hour standard for admission, transfer or discharge.
- Patient outcomes for urgent and emergency care continued to be poor and information submitted to the Royal College of Emergency Medicine showed that results were worse than the national average in most areas.
- The service did not provide a suitable environment for high risk mental health patients within the emergency department. This was because the department did not have a designated area, which for example, was free of ligature points.
- The service did not always ensure that each mandatory training area was completed to the trust target for the identified staff within the emergency department. Information provided indicated compliance with training was lower for medical staff.
- Staff within the emergency department did not always have the correct level of training to prevent patients from abuse. Safeguarding training was not always provided in line with the Intercollegiate Document, 2014.
- The service did not always manage medicines well. Controlled drugs were not always checked appropriately and patients' own medicines were not reconciled in line with trust policy within the emergency department. The review dates for medicines were not consistently documented and there was a lack of adherence to the medicines self-administration policy within the medical wards.
- The service had not always made sure that staff were competent in their roles and up to date competency records were not always available. This was because not all new staff within the emergency department had completed mandatory training before taking on the role and only 55% of nursing staff were up to date with annual appraisals.
- The emergency department had a vision for what it wanted to achieve. However, not all of the aims had workable plans in place.

However,

- Staff of different kinds worked together as a team to benefit patients. We observed positive examples of collaborative working.
- Staff understood their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff continued to care for patients with compassion.
- The service took account of patients' individual needs.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department provides care and treatment to over 250 people a day. Services are provided to both adults and children for medical / surgical emergencies and trauma. The majority of the department is in the old hospital. However, a modernised reception / waiting area and children's department have recently been added to provide a more suitable environment for patients.

There is direct access to a mental health assessment unit as well as a minor injuries and general practitioner assessment unit; these services are managed by different providers and were not included as part of this inspection.

We visited all areas of the emergency department including the reception / waiting area, the triage area, majors and resuscitation areas, the paediatric area as well as the combined assessment and treatment unit.

We spoke to staff of different grades, including nurses, doctors as well as members of the management team from both the department and the medicine division. We also spoke to staff from other areas of the hospital that had regular contact with the emergency department. This included staff from mental health services as well as the primary care centre which provided general practitioner and minor injuries services.

We reviewed 41 sets of patient records for adults and children, including 10 prescription charts. We also reviewed information that was provided by the trust before and after the inspection. We also spoke to 12 patients and relatives about their experience and observed care and treatment being delivered.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. This is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- The department had a limited bed capacity, which meant that access and flow through the emergency department was restricted. We observed patients had to wait, sometimes in inappropriate areas of the department such as the corridor, on a number of occasions during the inspection.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. This was because the planned establishment for nursing and medical staffing had not always been met.
- The service had not always planned services in a way that met the needs of local people. The department faced challenges to make sure that that the environment matched the needs of patients.
- People could not always access the service when they needed it. The department had consistently failed to meet the four hour standard for admission, transfer or discharge.
- Patient outcomes continued to be poor and information submitted to the Royal College of Emergency Medicine showed that results were worse than the national average in most areas.

# Urgent and emergency services

- The service did not provide a suitable environment for high risk mental health patients. This was because the department did not have a designated area which for example, was free of ligature points.
- The service did not always ensure that each mandatory training area was completed to the trust target for the identified staff. Information provided indicated compliance with training was lower for medical staff.
- Staff did not always have the correct level of training to prevent patients from abuse. Safeguarding training was not always provided in line with the Intercollegiate Document, 2014.
- The service did not always manage medicines well. Controlled drugs were not always checked appropriately and patients' own medicines were not reconciled in line with trust policy.
- The service had not always made sure that staff were competent in their roles and up to date competency records were not always available. This was because not all new staff had completed mandatory training before taking on the role and only 55% of nursing staff were up to date with annual appraisals.
- The service had a vision for what it wanted to achieve. However, not all of the aims had workable plans in place.

However,

- Staff of different kinds worked together as a team to benefit patients. We observed positive examples of collaborative working.
- Staff understood their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff continued to care for patients with compassion.
- The service took account of patients' individual needs.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe went down. We rated it as inadequate because:

- The department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. This is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- We observed patients had to wait, sometimes in inappropriate areas of the department such as the corridor, on a number of occasions during the inspection.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. This was because the planned establishment for nursing and medical staffing had not always been met.
- The service did not always ensure that each mandatory training area was completed to the trust target for the identified staff. Information provided indicated compliance with training was lower for medical staff. For example, compliance with blood transfusion and conflict resolution training was only 26%. In addition, compliance with advanced life support training was only 56%.

# Urgent and emergency services

- Staff did not always have the correct level of training to prevent patients from abuse. Safeguarding training was not always provided in line with the Intercollegiate Document, 2014. This was because records indicated that health care assistants and some members of medical staff had only received level 1 safeguarding for children.
- The service had suitable equipment, but did not always check it regularly or look after it well. Emergency equipment had not always been checked regularly and was not always stored in line with trust policy.
- The service did not provide a suitable environment for high risk mental health patients. This was because the department did not have a designated area which for example, was free of ligature points.
- The service did not always manage medicines well. Controlled drugs were not always checked appropriately and patients' own medicines were not reconciled in line with trust policy.

However,

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- The service controlled infection risk well on most occasions.
- Staff kept appropriate records of patients' care and treatment.
- The management team had implemented a number of controls to reduce any potential risk to patients during busy periods. This included maintaining two supernumerary nurses (not included in the staffing numbers) and safety huddles, which were held four times daily.
- The management team had implemented a number of controls to reduce any potential risk to patients during busy periods. This included maintaining two supernumerary nurses (not included in the staffing numbers) and safety huddles, which were held four times daily.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- Patient outcomes were poor and information submitted to the Royal College of Emergency Medicine showed that results were worse than the national average in most areas.
- The service had not always kept up to date competency records in order to evidence that staff were competent to undertake their roles. This was because not all new staff had completed mandatory training before taking on the role and only 55% of nursing staff were up to date with annual appraisals.

However,

- Staff gave patients enough food and drink to meet their needs.
- Staff of different kinds worked together as a team to benefit patients. We observed positive examples of collaborative working.
- Staff had access to up to date, accurate and comprehensive information on patients' care and treatment on most occasions.
- Staff understood their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.



# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was generally better than the England average from September 2016 to August 2017.
- Staff involved patients close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However,

- Staff did not always maintain patients' privacy and dignity.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- The service had not always planned services in a way that met the needs of local people. The department faced challenges to make sure that that the environment matched the needs of patients.
- People could not always access the service when they needed it. The department had consistently failed to meet the four hour standard for admission, transfer or discharge.

However,

- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously and investigated them.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The service had a vision for what it wanted to achieve but did not always have workable plans to turn it into action.
- The service had not always used a systematic approach to continually improving the quality of its services by creating an environment in which excellence in clinical care would flourish.
- The service had not always collected, analysed, managed and used information well to support all activities. This was because the management team did not always have oversight of poor performance.
- The service had effective systems for identifying risks. However, the service had not always planned to eliminate or reduce them in order to cope with both the expected and unexpected.

# Urgent and emergency services

However,

- The service had managers at most levels with the right skills and abilities to run a service providing sustainable care.
- The service was committed to improving services by learning from when things go well and when they go wrong.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at the trust provides care and treatment for general medicine, care of the older person, diabetes & endocrinology, infectious diseases, gastroenterology, stroke and tertiary haematology.

A site breakdown can be found below:

- Blackpool Victoria Hospital: 465 beds are located within 24 wards

The trust had 56,526 medical admissions between July 2016 and June 2017. Emergency admissions accounted for 21,806 (39%), 2,347 (4%) were elective, and the remaining 32,586 (57%) were day case.

Admissions for the top three medical specialties were:

- gastroenterology (12,676)
- general medicine (10,740)
- clinical haematology (7,291)

*(Source: HES)*

The medical services are managed by the 'Unscheduled Care Clinical Division' at Blackpool teaching hospital. These are divided into three smaller directorates; general medicine, cardiac and specialist surgical. The division includes the medical wards, cardiology and the acute medical unit.

The Care Quality Commission carried out an inspection between 29 November and 1 December 2017. During this inspection we visited the following: acute medical unit, general medical wards C, 25 (Care of older person), ward 2 (short stay), ward 6 (stroke), ward 11, wards 37 and 35, coronary care unit, cardiology ward, adult cystic fibrosis service, surgical assessment unit to visit medical outliers, haematology/oncology day unit and the discharge lounge.

We spoke to 43 patients and relatives. We also spoke with members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dieticians, pharmacists, domestics, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 28 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service made sure staff were competent for their roles and they provided care and treatment based on national guidance. Managers appraised staff's work performance.
- Staff kept appropriate records of patients' care and treatment. The service controlled infection risk well.
- Staff recognised incidents and reported them appropriately. The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- Staff gave patients enough food and drink to meet their needs and improve their health.

# Medical care (including older people's care)

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide patient care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Managers had the right skills and abilities to run the service. They recognised the challenges faced to provide high-quality sustainable care. There was a vision and divisional objectives.
- Staff told us they were proud of the hospital and the care they delivered. They felt there was an open and honest culture. Staff's strong patient focus was evident.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However

- The planned number of registered nurses and health care assistants on the medical wards was not always achieved. The hospital relied heavily on the use of bank and agency staff due to a high number of vacancies.
- Medicines were not always managed appropriately. The review dates for medicines were not consistently documented and there was a lack of adherence to the medicines self-administration policy.
- The outcomes for patients were variable.
- We saw some examples on one ward when patients' privacy and dignity needs were not being maintained. This was due to the unsuitable environment in which they were being cared. This was addressed during the inspection. We were not able to ensure this was sustained.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The planned number of registered nurses and health care assistants on the medical wards was not always achieved. The hospital relied heavily on the use of bank and agency staff due to a high number of vacancies.
- Medicines were not always managed appropriately. The review dates for medicines were not consistently documented and there was a lack of adherence to the medicines self-administration policy.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Medical care (including older people's care)

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide patient care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- The outcomes for patients were variable.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However

- We saw some examples on one ward when patients' privacy and dignity needs were not being maintained. This was due to the environment in which they were being cared.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.

# Medical care (including older people's care)

- People could access planned care when they needed it. The trust's referral to treatment time for admitted pathways for medicine had been similar to the England average.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However

- We found occasions during the inspection when access and flow meant that patients were in clinical accommodation that was not appropriate.
- Average length of stay for non-elective patients was higher than the national average.
- There were high numbers of medical outliers. There was a system in place to identify patients who were outliers on the wards and doctors were allocated to these patients.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Medical areas had managers at all levels with the right skills and abilities to run the service. They recognised the challenges faced to provide high-quality sustainable care.
- The division of unscheduled care, which included medical care, had a vision. This was to provide the best possible service and 'to strive for excellence'. Within this, a number of key objectives had been developed.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they were proud of the hospital and the care they delivered. They felt there was an open and honest culture. Staff's strong patient focus was evident.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The division collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Information was available in the medical division around quality indicators from audits, performance dashboards, staffing figures, complaints and patient feedback and the teams used this information to understand and respond to issues within medicine.
- The division engaged well with patients, staff and the public to plan and manage appropriate services.
- The trust was committed to improving services by learning from when things go well and when they go wrong.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Good  

## Key facts and figures

The trust has nine surgical wards and two day case areas;

- Ward 14 - Ear nose and throat surgery, ophthalmology, surgical high care
- Ward 15A - Urology and general surgery
- Ward 15B - General surgery
- Ward 16 - Elective orthopaedics
- Ward 34 - Trauma and orthopaedics
- Ward 35 - Trauma and orthopaedics
- Ward 38 – cardiothoracic surgical ward
- Ward 39 - Cardiothoracic surgery
- Surgical admissions unit
- Day surgery unit
- Surgical assessment unit

The trust has approximately 195 surgical inpatient beds.

*(Source: Routine Provider Information Return (RPIR) – “Sites-Acute” tab)*

The trust had 30,369 surgical admissions from June 2016 to May 2017. Emergency admissions accounted for 7,465 (25%), 18,605 (61%) were day case, and the remaining 4,299 (14%) were elective. *(Source: HES)*

The surgical services are managed by the Scheduled Care Division’ at Blackpool hospital. These are divided into three smaller directorates; general surgical, cardiac and specialist surgical. The division includes the operating theatres, the surgical wards, the surgical admissions unit and the pre-operative assessment unit.

The Care Quality Commission (CQC) carried out an inspection between 29 November and 1 December 2017. During this inspection we visited general surgical wards 14, 15A, 15B, 16, orthopaedic wards 34 and 35, cardiothoracic surgical ward 38, day surgery unit, surgical assessment unit, pre-operative assessment unit and the surgical admissions unit.

We spoke to 27 patients and relatives. We also spoke with 40 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dietitians, pharmacists, domestics, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 23 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

## Summary of this service

Our rating of this service improved. We rated it as good because:



# Surgery

- The service had improved since we last inspected in 2014.
- We found the trust now carried out timely and appropriate pre-operative assessments by a specialist. Improvements had been made in the fracture neck of femur pathway.
- Staffing on surgical wards and departments was sufficient to meet the needs of the patients. This was identified as an area for improvement at the last inspection.
- We found at this inspection that patient records and clinical notes were completed appropriately. This included the World Health Organisation surgical safety checklist and five steps to safer surgery and risk assessments.
- Staff provided care and treatment based on national guidance and evidence and used these to develop new policies and procedures.
- Patients were treated in accordance with their individual needs with dignity and privacy.
- The division had governance, risk management and quality measures to improve patient care, safety and outcomes. Performance outcomes were used to focus areas for improvement.
- Managers were well respected and supportive of their staff. Staff were on the whole positive and proud of their work and happy in their roles. Teamwork was good and relationships were positive.

However:

- Performance in some national audits was worse than England average performance.
- The number of cancelled operations continued to be a concern.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- Theatre staff followed the World Health Organisation surgical safety checklist and five steps to safer surgery, and monitored this to make sure they continued to do it accurately.
- Staff developed individualised care plans for patients assessed as high risk for falls, pressure ulcers and infections. These helped to reduce the number of falls and pressure ulcers.
- Staff completed risk assessments on all patients and updated them regularly. The division had a system to assess patient risk and implemented measures to mitigate that risk. The also used the National Early Warning Scores to identify patients at risk of deteriorating.
- The department appeared was clean and equipment was well maintained. Staff followed infection control policies that managers monitored to improve practice.
- There were systems in place to identify and treat sepsis in a timely way. The surgical division participated in trust sepsis initiatives.
- Staffing on surgical wards and departments was sufficient to meet the needs of the patients.

However:

# Surgery

- Mandatory training compliance figures were below the trust target of 95% and some, such as basic life support, were below 70%. Safeguarding children level two training compliance was below 75%.
- Surgical site infection rates, although improving, were higher than England average rates.

## Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- Staff provided care and treatment based on national guidance and evidence and used these to develop new policies and procedures.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Performance in some national audits was worse than England average performance.
- The consent policy was overdue for review.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients demonstrating compassion and kindness. They treated them with dignity and respect.
- Patients, families and carers gave positive feedback about their care and about staff conduct.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided reassurance and emotional support to nervous and anxious patients.

## Is the service responsive?

Good ● → ←

Our rating of responsive improved. We rated it as good because:

- Services were planned and provided services in a way that met the needs of local people. They were responsive and adapted to the needs of patients.

# Surgery

- Staff took account of patients' individual needs, on the whole they were responsive to the needs of patients living with dementia, learning disabilities and mental health problems through various initiatives and projects.
- Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate and timely way. Lessons were learned and changes implemented based on complaints and patient feedback.

However:

- The division failed to meet the NHS operational standard on referral to treatment times. The division had a recovery plan to meet these standards by March 2018.
- There were high numbers of medical outliers occupying surgical beds which was impacting on the ability of the division to meet key performance indicators. This was impacting on cancellations of surgery.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The division had governance, risk management and quality measures to improve patient care, safety and outcomes. Performance outcomes were used to focus areas for improvement.
- Staff and managers were sighted on the issues the division faced. They undertook a lot of work to understand the risks and challenges to the department and they had started to implement plans to deal with them.
- The service had a clear vision and strategy that all staff understood and bought into this strategy.
- Managers were well respected and supportive of their staff. Staff were on the whole positive and proud of their work and happy in their roles. Teamwork was good and relationships were positive.

However,

- The risk register did not contain follow up dates and dates for completion and some items had been on the register for long period with no change of ratings or description of what had been done in terms of risk reduction.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community health services

## Background to community health services

The trust provides community services across Blackpool, Fylde and Wyre and Morecambe Bay in people's homes and from 162 community sites. The core services inspected were:

- community health services for adults
- community services for children, young, people and families
- community dental services
- sexual health services.

## Summary of community health services

**Good** ●

We had not previously inspected community services. We rated them as good because:

- We rated community services for children, young, people and families, community dental and sexual health services as good.
- We rated community adults as outstanding.

# Community dental services

Good 

## Key facts and figures

Blackpool Hospital NHS Foundation Trust provides community dental services to the Fylde Coast and North Lancashire. It serves a population of approximately 440,000. The transient population can exceed over 11 million over a summer. Services are provided over six community locations. Domiciliary services are provided from the Queen Victoria Centre, Morecambe. Staff working in the service also provide undergraduate teaching and training to dentists and dental nurses.

Services are provided for patients of all ages who need specialised dental care that are not available in general dental practices. The service includes oral health care and dental treatment provision for patients with an impairment, disability and/or complex medical condition.

The service offers conscious sedation when treatment under local anaesthetic alone is not feasible. The service also provides general anaesthesia (GA) services from Blackpool Victoria Hospital and Ashton Road Clinic.

The trust also provides emergency dental care for patients experiencing a dental emergency.

We received feedback from 23 patients and spoke with 21 members of staff and three undergraduate dental students. We looked at dental care records for 10 people. We also held a focus group meeting staff from the service.

Before the inspection, we reviewed information that we held about the trust.

Our inspection between 15 and 17 November 2017 was short-announced, which means that staff knew we were coming a few days beforehand.

## Summary of this service

This service has not been inspected before. We rated it as good because:

- The service carried out infection control procedures in line with nationally recognised guidance. Premises and equipment were clean and well maintained. The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Appropriate medicines and life-saving equipment were available.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff of different kinds worked together as a team to benefit patients. Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and with regards to Gillick competence.
- Staff cared for patients with compassion. We observed staff treating patients with dignity and respect.
- The service took account of patients' individual needs. The appointment system met patients' needs. The service dealt with complaints positively and efficiently.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a clearly defined management structure. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

# Community dental services

- The dentists and dental care professionals had not completed level 2 safeguarding for children, in line with the intercollegiate document (2014).

## Is the service safe?

### Requires improvement

This service has not been inspected before. We rated it as requires improvement because:

- Mandatory training for safeguarding was level one. The intercollegiate document, safeguarding children and young people states that all dentists and dental care professionals should be at least trained to level two for safeguarding children.
- Instrument identification tape and bands were routinely used on instruments. These bands prevent effective cleaning of the instruments.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training included infection prevention and control, safeguarding of vulnerable adults and children, and the management of emergencies in the dental chair.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service had a dedicated safeguarding team. Staff had completed adult and children safeguarding training, although not to the correct level.
- The service controlled infection risk well. The service followed best practice guidance when decontaminating used instruments.
- The service had suitable premises and equipment and looked after them well. There was sufficient equipment to maintain safe and effective care. Dental equipment was clean and well maintained. X-ray equipment was serviced and calibrated in accordance with ionising radiation regulations (IRR 1999).
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Appropriately trained dental nurses assisted the dentists when conscious sedation was carried out.
- Effective systems were in place to assess and respond to patient risk. The World Health Organisation five steps to safer surgery check list was used to prevent incidents such as a never event from occurring in the general anaesthetic sessions.
- Staff kept appropriate records of patients' care and treatment. Clinical records we viewed were clear, concise and accurate and provided a detailed account of the treatment patients received.
- The service prescribed, gave, recorded and stored medicines well. Medicines used in the provision of conscious sedation were stored and used safely.
- The service managed patient safety incidents well. Incidents were discussed at trust wide and departmental meetings. Trends were identified and learning shared from incidents. Staff were familiar with the incident reporting system.

# Community dental services

## Is the service effective?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The dentists followed national guidelines to ensure patients received the most appropriate care.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Audits of the service provided were regularly carried out. These included dental care records, X-rays and prescribing. Results of audits were regularly discussed during clinician meetings to disseminate learning.
- The service made sure staff were competent for their roles. Staff were qualified and suitably trained for their roles. Staff involved in the provision of conscious sedation were trained in immediate life support.
- Staff of different kinds worked together as a team to benefit patients. Multidisciplinary team meetings were arranged for patients with complex medical conditions. The service worked collaboratively with other services such as ear, nose and throat and podiatry.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Dental care records were stored on a shared electronic system.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and with regards to Gillick competence.

## Is the service caring?

**Good** ●

This service has not been inspected before. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had implemented a nurse led dental anxiety management (NDAM) service. This is a talking therapy service which involved helping patients overcome their anxieties with regards to dental treatments and avoiding the need for conscious sedation or general anaesthesia.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were appropriately involved in and central to making decisions about their care and the support needed.
- Staff provided emotional support to patients to minimise their distress. We observed staff treating patients with dignity and respect. For example, we saw staff were very gentle and caring in their approach with the patients as well as their carers before the procedures began.

## Is the service responsive?

**Good** ●

This service has not been inspected before. We rated it as good because:



# Community dental services

- The trust planned and provided services in a way that met the needs of local people. At each location we inspected the trust had adjusted buildings to enable patients with various disabilities to access the buildings easily.
- People could access the service when they needed it. Patients had good access to emergency dental treatment at Queen Victoria Centre Dental Access Service and Whitegate Health Centre. Waiting times were kept to a minimum.
- The service took account of patients' individual needs. Domiciliary services were available from the Queen Victoria Centre for patients with a physical or learning disability. Staff had adequate time to carry out clinical care of patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The service had an effective system to deal with complaints.

## Is the service well-led?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leadership was provided by the dental services manager. Management were visible and accessible for staff.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were passionate about their work and were proud to work for the service. They were aware of their responsibilities under the duty of candour.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A comprehensive risk register was maintained by the service.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community health services for children and young people

Good 

## Key facts and figures

Community health services for children, young people and families includes school nursing and immunisation, health visiting, children's speech and language therapy, special needs nursing/specialist health visiting and child development, children's hearing and audiology, children's occupational therapy and physiotherapy, children's continence service, family nurse partnership and paediatric outreach.

The 0-19 years community health service consists of health visiting and school nursing teams who are working together to promote the health and well-being of families, children and young people.

The Fylde coast is pivotal in developing the neighbourhood model which has incorporated new models of working across the local health economy to deliver high quality care affordably. The increased development of integrated working and feedback from families is supporting improvements in patient care.

All children, young people and their families receive the healthy child programme universally proportionate to need.

The service encourages healthy lifestyles, addressing concerns about physical and mental wellbeing, as well as readdressing health inequalities. The priority for the service is delivering key public health measures around the six high impact areas.

The service aims to work in partnership with families and with other local providers of services for families in collaboration with schools, GPs, youth services and many other community services and is delivered in the family home, school or a community venue.

In Blackpool, close working relationships have been developed with Better start and Head start partners.

The service is offered on four levels, according to need; the universal core offer for every child and family, universal plus which is time limited interventions to support a specific need within the family, universal partnership plus where the identified need requires support from other agencies and safeguarding where a child or family is identified at risk of harm which necessitates multi agency working with social care and other agencies.

Blackpool Teaching Hospitals NHS Foundation trust has 291 recorded locations which offer a number of different services for children, young people and families.

During the inspection we reviewed 11 sets of patient records, and two electronic prescription records. We reviewed information that was provided by the trust before and after the inspection. We also spoke with 47 patients about their experience and observed care and treatment being delivered.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- Staff understood how to protect patients from abuse and had systems in place to assess and respond to patient risk. Equipment and premises were clean and appropriate medicines management arrangements were in place.
- The service provided care and treatment based on national guidance and made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients and there were effective systems in place to support transition from children's to adult services. There was close working with the community adolescent mental health service team and the child and adolescent support and help enhanced response team.

# Community health services for children and young people

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we saw evidence of this.
- We saw evidence of multidisciplinary and multi-agency working, with clinics and appointments being organised to best accommodate local families' needs. There was an emphasis on recognising and addressing mental and emotional well-being.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

## Is the service safe?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Safeguarding training was mandatory for all staff at the level set out in the intercollegiate document, *Safeguarding children and young people: roles and competences for health care staff*.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The clinics we visited were visibly clean and tidy, and we observed staff displaying good hand hygiene practice between contacts with babies. The service had suitable premises and equipment and looked after them well.
- We found the premises we visited were equipped to be safe and appropriate for purpose, with child friendly furnishings and decorations.
- The service had systems in place to assess and respond to patient risk. There were different processes in different locations for accessing medical attention for a child who was unwell and staff we spoke with understand their local procedures.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. There was effective information sharing by the different disciplines and agencies involved in a child's care. There was a health records policy, and a further policy for recording alerts and attention warnings.
- Medicines management arrangements were appropriate for the service. The trust had appropriate procedures in place for the safe handling and use of vaccinations, packing and transportation of vaccines, and monitoring of fridge temperatures.
- The service had an electronic incident reporting system in place. Most incidents that were reported were in relation to records governance or medical devices. Staff provided examples of improvements that had been made following these.

# Community health services for children and young people

- There had been three serious case reviews in the past twelve months. There were action plans detailing recommendations and direct actions related to the families division. Key themes were to be shared in safeguarding supervision and mandatory training in 2018.

However

- There was a trust policy for sepsis management, but staff we spoke with were not aware of it and had not undertaken sepsis training.
- Cleaning logs were not in use in all areas.

## Is the service effective?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The health visiting and school nursing teams monitored and recorded their performance for delivering the Healthy Child Programme effectively.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Community services for children, young people and families were integrated with acute services and facilitated clinics in the community led by consultants from the hospital. There were effective systems in place to support transition from children's to adult services.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. There was close working with the community adolescent mental health service team and the child and adolescent support and help enhanced response team.

However:

- Performance figures for delivering the Healthy Child Programme showed although the majority of mandated visits had taken place, none met the key performance indicator threshold of 95%.
- Audit results from October 2017 for the baby friendly initiative standards (UNICEF, UK) showed antenatal visit standards for breastfeeding were below the target. There were actions in place to address this. Similarly, actions were in place to address the standards that did not meet the target in the follow-up questions.
- For bottle feeding standards, several areas missed the target. At the new birth visit there were gaps in knowledge around formula milk and this was to be discussed at the next infant feeding meeting with possible solutions such as prompts on the electronic care records.

## Is the service caring?

**Good** 

# Community health services for children and young people

We had not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff treated children of all ages with dignity, respect and compassion.
- Health visitors and school nurses were sensitive to the needs of families from different backgrounds and cultures, including travelling families. Staff explained how they were holding more clinics within the school environment to access the more hard to reach children.
- Staff provided emotional support to children and their families depending on their need. The child and adolescent support and help enhanced response team provided emotional support for young people in the area. This was a service delivered jointly with community adolescent mental health service team and provided a drop-in facility.
- The parents we spoke with were very happy with the support given to them by health visiting staff. Staff involved patients and those close to them in decisions about their care and treatment. We observed age-appropriate language being used to explain what was happening in clinic appointments and there were toys and games for use in the assessment process.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The Fylde coast was a vanguard site to test new ways of organising and delivering healthcare for local people.
- We saw evidence of multidisciplinary and multi-agency working with clinics and appointments being organised to best accommodate local families' needs.
- The service took account of patients' individual needs. There was an emphasis on recognising and addressing the mental and emotional wellbeing of the children in the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- In Blackpool and Fylde and Wyre children were waiting over 18 weeks to have an appointment with a speech and language therapist and an occupational therapist. Actions were being taken to address the backlog of appointments.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

# Community health services for children and young people

- Leaders were visible and approachable and staff we spoke with felt well supported. There were different meeting structures in different localities, but all the staff we spoke with attended regular team meetings, clinical and management supervision.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The Fylde Coast was one of the first 'vanguard' sites in England with the aim of supporting selected multispecialty community providers to move specialist care out of hospitals and into the community. There was a Pan Lancashire Transformational Plan which promoted resilience, prevention and early intervention for families and young people's emotional health and wellbeing.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we met and spoke with were positive about the service and felt well supported by their managers.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- There were current major incident and business continuity plans in place. Staff we spoke with were aware of the policies and were able to provide examples of actions taken.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Some of the therapy teams we met with had neither mobile telephones or lone worker devices provided by the service. They had a buddy system in place but had to rely on their personal mobile telephones to contact each other while out on visits.
- There was limited use of information technology systems in the community; staff did not have access to mobile working devices. This resulted in community staff documenting records in patient's homes and then returning to their base to update electronic records.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community health services for adults

**Outstanding** ☆

## Key facts and figures

Blackpool Hospital NHS Foundation Trust provides community health services to the Fylde Coast and North Lancashire. It serves a population of approximately 440,000. The transient population can exceed over 11 million over a summer. Blackpool local authority tenth most deprived in the country. Men in Blackpool have the lowest life expectancy in England and Wales and life expectancy is five years lower for men and three years lower for women compared to the national average. In the most deprived areas of Blackpool, life expectancy is just under 12 years lower for men and eight and a half years for women compared to the national average.

Community services are provided across Blackpool, Fylde and Wyre and Morecambe Bay in people's homes and from 162 community sites.

The trust provides a range of community services for adults including community nursing, community therapy, rapid response service, community intravenous therapy service and extensive care.

There are different models of working depending on the commissioning arrangements. In Fylde and Wyre, the district nursing services are being aligned into new enhanced primary care teams. Integrated care communities have been created to bring together local health and care organisations in Morecambe Bay.

There is also a nurse led IV (intravenous) team providing a range of intravenous therapies to patients in a non-hospital setting in Blackpool CCG. Nursing and therapy services are aligned to neighbourhoods

The community brain injury rehabilitation service (CBIRS), podiatry and musculoskeletal services are commissioned by Morecambe Bay, Fylde & Wyre and Blackpool CCGs. In the north locality the physiotherapy team are commissioned to provide triage clinics in GP practices.

During the inspection, we spoke with 13 patients, three relatives, and 57 members of staff. We observed care and treatment, accompanied staff on visits to people in their own homes and looked at care records for 13 people. We also interviewed key members of staff, attended two staff handover meetings and held focus group meetings with various staff groups.

Before the inspection, we reviewed information that we held about the trust.

Our inspection between 15 and 17 November 2017 was short-announced, which means that staff knew we were coming a few days beforehand.

## Summary of this service

We had not previously inspected this service. We rated it as outstanding because:

- We saw outstanding practices in the way staff treated patients with compassion and respected their privacy and dignity. Staff were kind to patients and demonstrated they knew patients individually, particularly those who regularly used the services and involved them and decisions about their care.
- There were effective systems in place to provide emotional support for patients.
- There were innovative approaches to providing integrated person-centred pathways of care, particularly for people with multiple and complex needs.



# Community health services for adults

- The service had effective systems and processes in place to protect patients from abuse, assess, control infection risk and respond to patient risk.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was a range of effective care models in place. The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The trust planned and provided services in a way that met the needs of local people. There were a number of different initiatives across the service.
- Staff across the services reported they felt supported, respected and valued.
- We saw patients had timely access to care for most services.

However:

- There was limited use of information technology systems in the community; staff did not have access to mobile working devices. There were issues with connectivity in the rural areas.

## Is the service safe?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had effective systems and processes in place to assess and respond to patient risk.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were mostly clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well.
- Staff collected safety information and used information to improve the service. The community teams monitored nursing care indicators, such as pressure ulcers and falls and results were consistently positive.
- The service planned for emergencies and staff understood their roles if one should happen.



# Community health services for adults

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Patients had their needs holistically assessed using a number of evidence-based assessment tools. Patients had their nutritional needs assessed appropriately.
- Patient's pain was assessed and managed appropriately.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. There was a range of training available for nurses including non-medical prescribing and training for advanced nurse practitioners.
- Staff felt supported, although it was recognised there was more work to do to fully embed the trust's clinical supervision policy.
- Staff worked together as a team to benefit patients. We saw examples where staff described truly integrated working with patients receiving the right care from the most appropriate member of the team.
- Patients were supported to live healthier lives. The service was aware of the health of the population and was working to improve this.
- Staff demonstrated they understood and applied the relevant consent and decision-making guidance including the Mental Capacity Act 2015.

## Is the service caring?

**Outstanding** ☆

We had not previously inspected this service. We rated it as outstanding because:

- We saw outstanding practices in the way staff treated patients with compassion and respected their privacy and dignity. Staff were kind to patients and demonstrated they knew patients individually, particularly those who regularly used the services.
- There were effective systems in place to provide emotional support for patients.
- We observed staff put patients at their ease and enquired about patient's mental well-being. We heard examples of staff going the extra mile for their patients.
- There were effective systems in place to provide emotional support for patients. Health and wellbeing workers were employed to support older people who were lonely. This was seen to have wider health benefits for these patients. Patients spoke positively about the emotional support provided.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw examples of patient's understanding being checked and them being offered options of treatment or additional support.

# Community health services for adults

## Is the service responsive?

**Outstanding** 

We had not previously inspected this service. We rated it as outstanding because:

- There were innovative approaches to providing integrated person-centred pathways of care, particularly for people with multiple and complex needs. There were a number of different initiatives across the service.
- The vanguard, extensive care service, provided co-ordinated and integrated care for patients with at least two or more complex conditions across the community. There was an enhanced primary care or integrated care service and a community-based intravenous care service
- The service took account of patients' individual needs. Patients had an "about me" plan that was completed by the patients supported by a health and wellbeing worker.
- Patients had timely access to care for most services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There were low numbers of complaints regarding the community adults' service.

## Is the service well-led?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The services had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The leadership team demonstrated an understanding of the challenges to quality and sustainability and had taken action to address these.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff across the services reported they felt supported, respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risks on the risk register matched those identified as part of the inspection process. Senior managers and staff demonstrated a knowledge of the key risks.
- The service collected, analysed, managed and used information well to support all its activities. There was a comprehensive monthly performance report that was integrated patient's views with information on quality, operations and finances.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

# Community health services for adults

- Although the trust's overall strategy was followed and divisional objectives were aligned to the trust strategy, some staff in the community nursing teams felt there was a lack of clarity about roles, functions, pathways and referral criteria.
- There was limited use of information technology systems in the community; staff did not have access to mobile working devices. This resulted in community staff documenting records in patient's homes and then returning to their base to update electronic records. There were issues with connectivity in the rural areas.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Sexual health services

Good 

## Key facts and figures

Blackpool Teaching Hospital provides a number of sexual health services across three localities in Lancashire.

The service had seen some substantial changes in the last year and expanded in April 2017. It had procured a successful tender in its North Community Sexual Health Services for all ages across Lancashire.

The service core provision is genitourinary medicine (GUM) and sexual health services.

The teams in the service work with differing populations depending on the area of Lancashire in which they are situated.

The types of services it provides are dependent on the contracted area.

Each team has a large menu of services such as advice on contraceptive methods, testing and treatment for sexually transmitted infection including HIV, free condoms and pregnancy tests and the service also have clinics on offer for psycho-sexual counselling.

Whilst the teams are collectively run as one service, specific reporting targets are different dependent on the service type.

During the inspection we held ten staff interviews including with nurses, doctors, consultants, administrators and therapists. We reviewed five sets of patient records and spoke with two patients about their experience. We also reviewed information that was provided by the trust before and after the inspection.

Our inspection between 15 and 17 November 2017 was short-announced, which means that staff knew we were coming a few days beforehand.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- Whilst the service did not reach its mandatory training target, we saw strong levels of compliance.
- The service had robust systems and processes in place to learn from incidents and effectively share learning and improve practices. Incidents were low.
- We found safeguarding policies and procedures were in place and arrangements were in place for assessing patients' need.
- The service evidenced a multi-agency approach to engaging with clients.
- Staff used national assessment and clinical guidelines which were based on national best practice.
- Clinical sites and waiting areas were clean and safe.
- We found the staffing levels of services were sufficient to meet the needs of patients.
- The service met the needs of its population including individuals who were vulnerable.
- The service was based on best practice contributing to local and national audits.
- The service was well managed and managers were proactive in making disparate teams a collective.

# Sexual health services

## Is the service safe?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided mandatory training in key skills to all staff and made sure staff completed it.
- The service stored medicines well. Medicines were stored securely and all medicines were within expiry date.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The staff had access to appropriate personal protective equipment (PPE), such as gloves and aprons. We saw these being used in consultations.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment through the use of national and local audits. The results were generally positive.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- We found the staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

# Sexual health services

- We found staff demonstrated a good understanding of people's needs, particularly in terms of the social stigma attached to visits to sexual health services.
- The staff understood the physical and mental issues relating to problems with sexual health and how these issues could affect adults and children.
- Staff cared for patients with compassion and rates of satisfaction regarding the service provided was high.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Staff sometimes went beyond what was expected from them. An example of this was delivery of medication when patients were deemed as needing support.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The service had extended and variable opening hours in different sites for example colleges, youth cafes and treatment rooms.
- People could access the service when they needed it. Waiting times from treatment were in line with good practice.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The number of complaints was low.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Staff spoke highly of their managers. All the staff we spoke with told us they understood the reporting structures clearly and described the managers as approachable, visible and providers of good support.
- The service had a clear leadership structure where the manager reported to a directorate manager and was supported by nurse consultants' team managers and a lead consultant.
- There was strong clinical leadership through a consultant lead and nurse consultant. The clinical leadership were aware of best practice in the provision of sexual health services.
- Staff we talked to were positive about the change that occurred and shared the same values. The service was centred on the needs of local people and improving their sexual health understanding.
- Staff told us they felt valued and respected and that the service was a good place to work.
- Routine audit and monitoring of key processes took place across the services to monitor performance against objectives. A lead nurse consultant coordinated most of the audit activity and maintained the service's audit schedule.

# Sexual health services

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

# Mental health services

## Background to mental health services

The trust provided one registered mental health service. This was the specialist community mental health services for children and young people.

## Summary of mental health services

**Good** 



# Specialist community mental health services for children and young people

Good 

## Key facts and figures

The trust's specialist community mental health services for children and young people work with children and young people who have difficulties with their mental health, emotional or behavioural wellbeing. The community mental health team for children and young people is based at the Whitegate Health Centre in Blackpool. It provides services for Blackpool residents (and a small number of patients registered with particular GP surgeries in a neighbouring locality).

We have not specifically inspected the trust's specialist community mental health services for children and young people before. However as part of a recent review of the health and safeguarding arrangements for looked after children in Blackpool in May 2017, we looked at how well all agencies worked together including how the trust's community mental health services for children and young people were meeting the mental health needs of looked after children. The report highlighted some good practice and some variable practice across the agencies with a small number of recommendations specifically for the trust's specialist community mental health services for children and young people.

The team that inspected this core service was comprised of a CQC inspection manager, two CQC inspectors and a specialist advisor – a clinical psychologist.

We inspected the whole service, looking at all five key questions. We inspected this core service as part of our ongoing inspection programme.

During the inspection visit, the inspection team: visited the trust's specialist community mental health services for children and young people in Blackpool and looked at the quality of the environment where patients were seen, observed how staff were caring for patients and spoke with five patients who were using the service and five parents/carers. We also spoke with the emotional health and well-being integrated care manager who oversaw the community mental health services for children and young people. We also spoke with the manager of the community mental health team for children and young people, the manager of 'Youtherapy' which provided counselling and psychological support and the manager of the Child and Adolescent Support and Help Enhanced Response crisis support service about how their service worked together. We spoke with seven other staff members including a consultant psychiatrist, clinical psychologists, a community mental health nurse, family therapists and two children's wellbeing practitioners. We attended and observed two therapeutic meetings and a team briefing session, looked at 15 care and treatment records of patients, and looked at a range of policies, audits and other documents relating to the running of the service.

## Summary of this service

We had not inspected this service previously. We rated it as good because:

- Patients were seen in a safe environment with a well-maintained building and range of meeting rooms.
- Staff understood the safeguarding arrangements.
- Staff held manageable caseloads and they kept their mandatory training up-to-date.
- The team had minimal significant incidents.
- Staff learnt lessons learnt from incidents and measures were put in place to prevent a reoccurrence.

# Specialist community mental health services for children and young people

- Patients had access to a wide range of therapies and approaches to their mental distress.
- Staff worked within national guidance in relation to the treatment of common disorders faced by children and young people.
- Patients had access to a multidisciplinary team and there was appropriate interagency working including working with staff on hospital wards and community health staff such as school nurses and health visitors.
- Staff had a reasonable understanding of the rules around parental control, the Mental Capacity Act and the Mental Health Act.
- We observed positive interactions between staff and their carers and comments from patients and carers were positive.
- Managers were developing a patient participation forum.
- The service was responsive with waiting times well below the national average and no 18 week waits.
- Crisis support was available to children and young people via the hospital emergency department into the evening and during the day at weekends.
- Patients with physical disabilities could access the service as there was disabled access into building with level access, a lift and an adapted toilet.
- The service had only received one complaint; information on how to complain was readily available.
- Staff morale was reported as being good.
- There was good leadership with a well-respected local manager who had developed local team objectives.
- There were good governance arrangements with oversight of waiting times and other performance data.
- A recent audit of care plans had already identified the shortfalls we identified.
- Managers were committed to improve the service through new ways of working such as extending the service to work with young people up to the age of 18 and improving children's health and well-being services across staff working departments in the trust.

However:

- Staff were not always completing or updating patients risk management plans. In some cases, staff had not ensured that significant risks posed by patients to themselves or others were reflected.
- Staff working with children with mental health needs in vulnerable circumstances had not had periodic ongoing disclosure and barring checks as the trust relied on ongoing self-disclosure.
- Care plans were not always fully personalised or holistic and did not always provide sufficient information to inform children, their families and others of the care and treatment received and planned.
- Staff did not always make sure that care records were kept chronologically so it was sometimes difficult to follow the patient's history and recovery journey.
- Staff did not always evidence that care plans were produced with and alongside patients and they did not always capture the patient's views or their voice. Care plans were not always signed by the patient and/or their carer.
- At the time of the inspection, the service was not commissioned to be available to new referrals of patients aged 16+ up to 18, although this was planned to change in April 2018.

# Specialist community mental health services for children and young people

- The team did not include professionally qualified learning disability nursing staff who specialised in working with children with learning disabilities, which meant that they could not always meet the complex needs of this group.
- While managers understood the trust's vision and values and trust objectives, operational staff did not feel they fully reflected the work that the service did.

## Is the service safe?

### Requires improvement

We had not inspected this service previously. We rated it as requires improvement because:

- Staff were not always completing or updating patients' risk management plans. Staff had not ensured that significant risks were reflected. This meant that staff may not take into account identified risks when providing care and treatment to patients.
- Staff working with children with mental health needs in vulnerable circumstances had not had periodic ongoing disclosure and barring checks as the trust relied on ongoing self-disclosure.

However:

- Patients were seen in a safe environment with a well-maintained building.
- Staff followed effective lone working arrangements and interview rooms were alarmed so staff could call assistance, if required.
- Staff understood the safeguarding arrangements and contributed to safeguarding strategy meetings about vulnerable children and young people.
- There were minimal staff vacancies in the team and managers were working to fill vacant posts. Although there was one consultant psychiatrist post vacant, the gap had been short term, the vacancy was being advertised and, where possible, the vacancy was covered by locum psychiatrists.
- Staff held manageable caseloads which were monitored in supervision.
- Staff kept their mandatory training up-to-date.
- The team had minimal significant incidents.
- Managers ensured that lessons were learnt and measures were put in place to prevent reoccurrence of incidents.

## Is the service effective?

### Good

We had not inspected this service previously. We rated it as good because:

- Patients had access to a wide range of therapies and approaches to their mental distress, including cognitive behavioural therapy and family therapy.
- Staff worked within National Institute for Health and Care Excellence guidance in relation to the treatment of attention deficit hyperactivity disorder, depression and anxiety.
- Staff considered and monitored patients' physical health, where this was appropriate.

# Specialist community mental health services for children and young people

- Patients had access to a multidisciplinary team with medical, psychological, and psycho-social input.
- There was appropriate interagency working including staff working with the local paediatric inpatient ward, mental health wards and community health staff such as school nurses and health visitors).
- Staff attended regular professional development to enhance their skills and knowledge when caring for children and young people.
- Staff made appropriate contact with the local mental health trust for ongoing learning and individual case review.
- None of the current patients open to the team were subject to the Mental Health Act, either in hospital or in the community. Most staff had received training and staff were planning to attend a development session on the application of the Act for children and young people in the near future.
- Staff had a reasonable understanding of the rules around parental control and of the Mental Capacity Act for patients over 16 years of age.

However:

- Care plans were not fully always personalised or holistic and did not always provide detailed information to inform children, their families and others of the care and treatment provided or planned.
- Care records were not always kept chronologically so it was difficult to follow the patient's history and recovery journey.

## Is the service caring?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- We observed positive interactions between staff and patients and carers.
- Comments from patients and carers were universally positive.
- Patients told us they felt they were able to develop a bond with the staff they worked with and found the treatment they received helpful in improving their mental well-being.
- Where patients and carers had experienced using other child and adolescent mental health service, they felt more positive about the services they received from the Blackpool child and adolescent mental health team for being responsive and supportive.
- Managers were developing a patient participation forum called Entwined Minds so patients had a say in the service to make it more child and young people friendly.
- The group recently looked at how the waiting room could be improved and used social media to promote the child and adolescent mental health service.
- Parents and carers were appropriately involved in the assessment and treatment of children and young people, with time set aside for staff to see patients and carers independently and together.

However:

- Care plans did not always capture the patients' views or their voice.

# Specialist community mental health services for children and young people

- Care plans were not always signed by patients and/or their parents/carers so it was not always clear whether they had been involved in or contributed to their care and treatment.

## Is the service responsive?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- There was a single point of access to screen referrals into the child and adolescent mental health team.
- Staff signposted patients to other more appropriate services including early intervention services for patients over 14 with suspected psychosis and specialist eating disorder services for patients with more complex eating disorders.
- The service was responsive with waiting times below the national average and no 18 week waits.
- The service mainly operated in office hours but did provide some flexibility with some appointments into the early evening based on patient and carers needs.
- Children and young people had access to mental health crisis support via the emergency department into the evening and during the day at weekends.
- Where patients were approaching 16 years of age, staff worked with and alongside adult mental health services to ensure patients received continuous care and treatment.
- Patients with physical disabilities could access the service as there was disabled access into building with level access, a lift and an adapted toilet.
- Staff supported patients in a non-judgemental way to discuss issues about their sexuality and questions about their gender identity.
- The service had only received one complaint; information on how to complain was readily available.

However:

- At the time of the inspection, the service was not commissioned to be available to new referrals of patients aged between 16 and 18 years, although this was planned to change in April 2018.
- The child and adolescent team did not have professionally qualified learning disability nursing designated staff to meet the complex needs of children with learning disabilities. Staff secured specialist support where necessary.

## Is the service well-led?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- Staff told us their morale was good.
- There was good leadership with a well-respected local manager who had developed local team objectives.
- There were good governance arrangements with managers regularly overseeing and reporting key performance data such as waiting times and other performance data.

# Specialist community mental health services for children and young people

- Managers had carried out a recent audit of care records which had already identified the shortfalls we saw and managers were working to improve the recordkeeping.
- Managers were committed to improve the service through new ways of working, extending the service to work with young people up to the age of 18 years and improving children's health and well-being services across staff working departments in the trust.

However:

- While managers understood the trust's vision and values and trust objectives, operational staff did not feel they were relevant to them or fully reflected the work that the service did.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Nicholas Smith, CQC head of hospital inspection, led the inspection team. An executive reviewer, David Rogers, trust chairperson, supported our inspection of well-led for the trust overall.

The team included an inspection manager, 12 inspectors, 19 specialist advisors, and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.