NHS
Blackpool Teaching Hospitals
NHS Foundation Trust
Trust Headquarters, 2nd Floor
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool, FY3 8NR
[redacted]

Mr A Wilson, Senior Coroner for Blackpool and Fylde
PO Box 1066
Corporation Street
Blackpool, FY1 1GB

Dear Mr Wilson

Re: Regulation 28: Report to Prevent Future Deaths - Roland Jean Michaud

On behalf of Blackpool Teaching Hospitals NHS Foundation Trust, I would like to extend my sincere condolences to the family of Roland Jean Michaud.

Thank you for bringing these concerns to our attention. The Report to Prevent Future Deaths identified five concerns relating to cardiac coordinator capacity, weekend and bank holiday arrangements, record keeping, the volume of referrals managed by the regional cardiac centre, and understanding of the Acute Coronary Syndrome pathway. The Trust's response to each concern is set out below.

1. **Limited staffing within the cardiac coordinator role**
2. **No cardiac care coordinator cover at weekends or on bank holidays**
3. **Inadequate record keeping**
4. **The volume of cardiac patients managed by the Blackpool team**
5. **Limited understanding of the Acute Coronary Syndrome pathway and expected practice**

Trust Response

Please find below the Trust's response to the matters raised in the Report to Prevent Future Deaths. This response sets out the Trust's position against each concern, the actions already taken, and the additional assurance arrangements being put in place to strengthen regional cardiac centre processes for patients on the Acute Coronary Syndrome pathway.

The Trust recognises the seriousness of the concerns raised and the importance of timely referral review, reliable escalation, clear documentation and shared understanding of the pathway. A review has been undertaken of the pathway, communication routes between district general hospitals and the regional cardiac centre, and the governance arrangements needed to monitor whether improvements are implemented and sustained.

Trust Context and Immediate Learning

Blackpool Victoria Hospital hosts the regional cardiac centre and receives referrals from district general hospitals for coronary angiography and other cardiac interventions. The Trust's review identified that the pathway did not provide sufficiently clear guidance about what should happen when a patient's symptoms changed or continued after an initial referral decision. The key learning is that any new, worsening or persistent symptoms must prompt direct clinician-to-clinician escalation to the on-call cardiology registrar or consultant, supported by clear documentation.
Accepted patients awaiting transfer are reviewed and prioritised at the daily 1 pm operational meeting, with input from cardiac coordinators and the bed management team. The Trust is also undertaking an options appraisal for a longer-term digital solution to support escalation, communication and documentation. No implementation date will be confirmed until the preferred option has completed information governance, clinical safety, funding, procurement and operational approval.

Cardiology bed availability has at times been affected by wider organisational pressures. Oversight of accepted patients awaiting transfer has therefore been strengthened through the daily 1pm operational meeting. Early, unvalidated monitoring suggests that clinically stable patients are generally transferring within 24 hours of acceptance; this is not yet presented as a confirmed performance position. A defined audit will validate the baseline, examine weekday, out-of-hours, weekend and bank holiday performance, and identify any delays requiring escalation.

The key learning is that a change in a patient's condition must prompt direct clinical re-escalation, irrespective of the initial referral decision or the availability of a cardiac coordinator. The revised pathway will make this requirement explicit, including arrangements for weekends, bank holidays and out-of-hours periods. Ratification is scheduled for September 2026, followed by dissemination to district general hospitals and internal teams and delivery of education and question-and-answer sessions during October 2026.

Response to the specific concerns raised

Coroner concern	Trust response and assurance
Limited staffing within the cardiac coordinator role	The cardiac coordinator team is fully staffed to its current establishment; however, this does not in itself demonstrate that capacity is sufficient for demand. Cardiology governance will review referral volumes, response times, transfer delays, workload and out-of-hours activity to determine whether the establishment and operating model remain appropriate. The outcome, any required action and an agreed completion date will be reported through divisional quality and safety governance.
No cardiac care coordinator cover at weekends or	The cardiac coordinator role supports routine referral management and transfer coordination. Urgent deterioration, persistent chest pain or any new clinical concern must be escalated directly to the on-call cardiology team through clinician-to-clinician discussion. The revised pathway will state this explicitly. Weekend and bank holiday referral and transfer times will be included in the planned audit to determine whether the absence of coordinator cover contributes

on bank holidays	to delay. Cardiac coordinators will continue to provide the bed management team each Friday with details of accepted patients awaiting transfer.
Inadequate record keeping	The Trust recognises the need for an accurate chronological record of inter-hospital discussions, advice and escalation decisions. A minimum documentation standard will record the clinical question, advice provided, escalation decision, responsible clinicians and transfer plan. An interim Microsoft Teams arrangement for recording inter-hospital discussion is proposed from September 2026, subject to confirmation of information governance and clinical safety approval. Where used, relevant information must also be entered into the patient's clinical record in accordance with the agreed process. A longer-term electronic referral or handover solution remains subject to options appraisal and formal approval.
Volume of cardiac patients managed by the Blackpool team	The Trust will review demand and capacity across weekday, out-of-hours, weekend and bank holiday referrals, including response times, transfer delays, bed availability and workload. Current activity is approximately 100–126 Acute Coronary Syndrome pathway referrals each month. The review will establish a validated baseline, identify any capacity or process gap, and set out any further action required.
Limited understanding of the Acute Coronary Syndrome pathway and expected practice	The revised pathway will clarify the appropriate use of email, urgent escalation triggers, out-of-hours arrangements and the requirement for direct clinician-to-clinician discussion when a patient's condition changes. Following ratification in September 2026, the pathway will be shared with district general hospitals and internal teams. Education and question-and-answer sessions are planned for October 2026, with understanding tested through realistic referral scenarios and subsequent audit.

The Trust has taken, and is continuing to take, a series of actions to strengthen the Acute Coronary Syndrome referral and escalation process. The actions are summarised below.

Action no.	Theme	Issue identified	Action	Lead role	Timescale / status
27711	Policy shared with staff and partner organisations	Referral process awareness following the out-of-hours sharing of follow-up electrocardiograms, where there was no evidence that a discussion took place with the on-call registrar to expedite review.	Re-share CARD/GUID/017 Lancashire Cardiac Centre Cardiac Chest Pain Pathway and CORP/PROC/580 Regional Primary Percutaneous Intervention for Acute ST Elevation Myocardial Infarction documents with district general hospitals to improve awareness and knowledge.	Cardiology operational lead	Start: 30/04/2026. Target: 31/10/2026. Status: awaiting ratification prior to re-sharing with district general hospitals and relevant staff.

27723	Review of process, policy and pathway	Electrocardiograms sent to an inbox out of hours were not being promptly reviewed.	Automated response added to the receiving inbox advising of escalation information and contact details where urgent support is required.	Cardiology operational lead	Completed: 05/05/2026.
27724	Review of process, policy and pathway	The regional pathway required clearer guidance on the use of email when sharing test or scan reports, and on escalation to the on-call registrar.	Review and update CORP/PROC/580 to provide clear guidance to district general hospitals on email use for investigation reports and to reinforce that urgent cases must be alerted to the on-call registrar in a timely manner.	Cardiology operational lead	Start: 01/05/2026. Original target: 31/07/2026. Revised target: September 2026. Status: the original target was not met; the updated policy is in peer review with Cardiology Consultants before ratification and subsequent dissemination.
27761	Documentation and record keeping	Need to improve documentation and capture of conversations between district general hospitals and the regional cardiac centre.	Subject to information governance and clinical safety approval, introduce an interim Microsoft Teams arrangement for registrars to record conversations with district general hospitals. The agreed process will require clinically relevant information to be transferred into the patient's clinical record. Compliance will be tested through documentation audit.	Cardiology governance lead	Start: 07/05/2026. Original target: 21/08/2026. Revised target: September 2026, subject to information governance and clinical safety approval. Status: interim process under approval; longer-term options are being assessed with

					BTH informatics and external suppliers.
28124	Digital escalation support	Opportunity to strengthen escalation and communication reliability through digital support.	Complete an options appraisal of Alertive, Patient Pass or an equivalent solution to support timely escalation, communication and documentation. The preferred option will be subject to information governance, clinical safety, funding, procurement and operational approval before an implementation plan and date are agreed.	Cardiology operational lead	Start: 23/06/2026. Options appraisal target: 31/08/2026. Status: appraisal in progress. A delivery date will be confirmed only after the preferred option has received all required approvals.

Strengthening oversight and assurance

Cardiology governance will maintain a single action plan covering the concerns, with a named lead, target date, evidence of completion and effectiveness measure for each action. Monthly monitoring will review referral response times, accepted-to-transfer times, weekend and bank holiday performance, urgent clinician-to-clinician escalation, documentation completeness, related incidents and demand against coordinator capacity. Baselines and performance thresholds will be agreed following the initial audit; exceptions and overdue actions will be escalated through divisional quality and safety governance.

A quarterly compliance report will summarise performance, action status, audit findings, feedback from referring district general hospitals and the outcome of scenario testing. The report will be reviewed by the divisional quality and safety meeting, with material concerns escalated to the appropriate executive governance forum. A formal effectiveness review will be completed after implementation of the revised pathway and associated education, and actions will remain open until completion and sustained improvement are evidenced.

Conclusion

I hope this response provides assurance that the Trust has taken the matters raised seriously and has identified actions to address the concerns. The Trust will continue to maintain oversight of these actions until they are completed, embedded and supported by evidence of sustained improvement. If any further information is required, please let me know.

Yours sincerely

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CHIEF MEDICAL OFFICER