

BOLTON HOSPICE

Quality Account

2021–2022



Bolton Hospice
caring from the heart

Chief Executive's Statement



Welcome to our quality account report which is written to provide a specific focus on the quality of care we provide to our patients and their families and is structured in line with the Care Quality Commission (CQC) Inspection Key Lines of Enquiry – Safe, Effective, Caring, Responsive and Well-led (2020).

Bolton Hospice is an independent charity (registered no. 518704) and constituted as a company limited by guarantee (registered no. 0211495). The Hospice is governed by a Board of Trustees and run by the Chief Executive and the Senior Management Group (Medical Director & Consultant Physician with Specialist Interest, Clinical Nurse Director, Finance & Corporate Services Director and Income Generation & Communications Director).

All of our services are provided free of charge to patients and their families. We income generate 57% of our **£5.2 million** total annual running costs through charitable donations, our lottery and retail operation. We receive a contribution of approximately **30% (just over £1 million)** towards our direct clinical care costs from the NHS via Bolton Clinical Commissioning Group (CCG). The charity, through its Trustees, are accountable to the Charity Commission, Companies House and its members, who are drawn from the local community of Bolton.

We are registered with and inspected by the Care Quality Commission (CQC); the CQC are our regulators who obtain information about our services from a number of sources and use these to build a picture of the quality of the care we provide. The CQC regularly inspect our services; our latest CQC rating is 'good', in addition to which, the Trustees undertake Provider Visits, usually every six months but this has been put on hold due to the pandemic and will resume when restrictions are reduced.

The Trustees, the Senior Management Group, our staff and volunteers are absolutely dedicated to the provision of compassionate, quality care to our patients, their families and friends and we commend this report to you as evidence of just how integral to our culture as a Hospice, the CQC themes of being safe, effective, caring, responsive and well-led are and how they are entrenched throughout our purpose, values, strategic aims and objectives.

Our core **purpose** is to enable people to live well until they die, by providing compassionate care and support for patients and their families.

Our Values

The core beliefs behind everything we do and believe in are:



Strategic Aims

Which are set by the Trustees and Senior Management Group to give direction to all that we do, so we can understand what success looks like and work as a team to achieve shared goals:

- * To provide the best possible palliative and end of life care for the people of Bolton.
- * To enable people to live well through the course of their illness.
- * To help families cope with the impact of end of life.
- * To support the people of Bolton to achieve the principles of a good death for all, wherever possible.
- * To work with Bolton Health and Care Partnership & GMH&SC Partnership to help deliver their palliative and end of life strategic objectives.
- * To have a workforce (including volunteers) that is fit for purpose, flexible and dynamic.

Strategic Objectives

- * To be the number one provider of excellent specialist palliative and end of life care.
- * To be financially robust and prudent in all we do.
- * To provide a safe, welcoming, inclusive and therapeutic environment.
- * To be the recognised hub of specialist knowledge, training, education and community awareness.
- * To remain true to our core principles and values and charitable objectives.
- * To ensure we deliver our vision, mission and purpose.

Business Plan Aims

- * To be well led and well run.
- * To be cost effective and sustainable.
- * To be the best at what we do.
- * To be well known, valued and respected.

Dr. h.c. Leigh Vallance
Chief Executive

Statements of Assurance from the Board Quality Accounts have a series of statements that **MUST** be included. Many of these statements do not apply to Bolton Hospice. Explanations of these statements are given where appropriate and are prefaced by the words:

"MANDATORY STATEMENT"

We provide the following services:

- 18 Inpatient beds
- Outpatient Clinics
- Day Support Services
- 24 Hour Advice Line
- Hospice at Home Support
- Lymphoedema Clinic
- Physiotherapy
- Hair and Image
- Occupational Therapy
- Complementary Therapy
- Social Work Services
- Spiritual Care and Bereavement Services
- Education and Training
- Creative Therapy
- Macmillan Cancer Information and Support Services



Bolton Hospice is required to register with the CQC; we are registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening

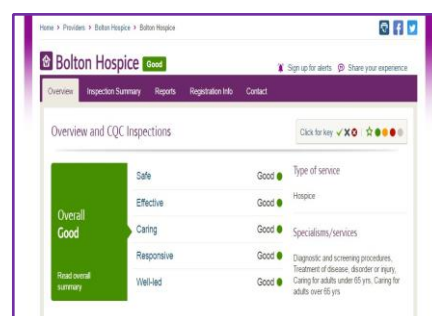
Bolton Hospice has the following conditions on registration:

- Only treat people over 18 years old
- Only accommodate a maximum of 18 inpatients, which was temporarily increased during the pandemic to 19 at the request of the Department of Health to increase capacity.

The CQC has not taken any enforcement action against Bolton Hospice during 2020-2021.

Bolton Hospice achieved **Overall Good** in our last inspection which took place on the 28th & 29th September 2016.

<http://www.cqc.org.uk/directory/1106965965?referrer=widget1>



An excerpt from the report follows:

“Patients, relatives, staff and volunteers described the service as caring, inclusive and supportive. There was a range of literature explaining the services offered and how to access them”.

“There was a clear management structure and regular meetings were held between a variety of staff groups to help ensure everyone was up to date with current guidance, good practice and changes. All staff were supported with their personal development and staff described the culture at the service as supportive and inclusive.”

“Staff delivered the service with kindness and compassion towards patients and relatives throughout the service. Spiritual support and counselling was offered in a range of different ways.”

Following this inspection we have continued to work closely with **all staff** with the aim of achieving an **Overall Outstanding** rating in our next inspection against the new **sector-specific guidance for Hospices for Adults**.

WHAT OUR ORGANISATION IS DOING WELL

SAFE

People are protected from abuse and avoidable harm (CQC 2020)

- As a consequence of the Covid-19 pandemic, we have developed and implemented several policies and procedures regarding Infection Prevention and Control of COVID-19, based on guidance from the Public Health England (PHE), NHS England (NHSE), Department of Health (DoH), other professional bodies and the regulators to ensure that all services and staff remain safe and that the changes do not negatively impact on patient care and safety.
- Due to the Covid-19 pandemic all patients are swabbed on admission to the hospice to identify if they have Covid-19 and until results are received, no visitors are allowed to visit. During the pandemic visiting has been restricted but we have supported patients to maintain communication with those important to them through telephone and video mediums.
- In order to moderate the risk of cross contamination, the hospice building has been zoned where possible. Some staff have had to be moved to remote working where feasible and alternative work spaces to accommodate increased social distancing to protect staff and where possible, staff are invited to remain within their designated area. The hospice has undertaken a specific Covid Secure Risk Assessment and has put in place, including but not necessarily limited to social/physical distancing, maximum numbers of staff per office/shared space, hand hygiene and frequent surface and equipment decontamination, as well as the use of Personal Protective Equipment (PPE) by staff/volunteers and visitors.
- An Infection Control Report (October 2020) and a Transitional Monitoring Report (February 2021) have been completed and submitted to the CQC with supporting information and the feedback for both of these was very affirmative of the high standards that we have maintained throughout the pandemic with no further actions advised by CQC.
- The hospice reports all harms to the relevant agency – i.e. pressure sores grade 2 and above, any moderate to severe harm and any Safeguarding/Deprivation of Liberty Safeguards (DoLS) to Clinical Commissioning Group (CCG) and Care Quality Commission (CQC) as appropriate and we keep a secure log of all safeguarding including those that did not result in a formal referral.
- Other reportable requirements include all deaths, incidents resulting in moderate, severe harm or death, abuse or allegations of abuse and all incidents that affect health and safety, of which the hospice has reported one moderate harm incident to the CQC following a patient fall. All appropriate equipment and care plans were in place at the time of fall and following investigation and reporting to relevant services, no additional actions were required.
- In the last CCG Safeguarding/PREVENT Audit (2020), the hospice was mostly compliant but a small action plan was devised to address those elements not achieved with all but one action completed.
- We endeavour to protect all individuals using hospice services from abuse, neglect, discrimination and loss of their human rights through undertaking an Annual Safeguarding Audit and an Annual Report to the Board of Trustees and the CCG. Both of these enable the hospice to provide assurance that it has as satisfied legislative responsibility and accountability to safeguard the welfare of children and adults, directly and indirectly involved in hospice services.
- All staff undertaken Level 1 and 2 Safeguarding (SG) Training and all SG leads have undertaken Level 3 training both face to face and online. In addition, staff that are involved in the family and teenage bereavement projects (which have been on hold during pandemic) have also undergone level 3 SG training.



- Compliancy with mandatory training is monitored by Service Leads and reported to the Quality and Standards Committee quarterly.
- We continue to maintain a vigorous recruitment process and all staff receive a complete and inclusive induction programme.
- We achieved 5 stars in the Macmillan Quality Environment Mark – March 2021
- We manage the risks to the health and wellbeing of people using the services through maintaining an up-to-date Risk Management Policy and Procedure and a comprehensive record of risk assessments via the Risk Register, which is reviewed and monitored by the Quality and Standards Committee which has representation from the Board of Trustees and SMG. Any risks rated above 16 are taken to the full Board and actions are put in place to mitigate or reduce all risks where possible.
- We have introduced an annual Controlled Drugs Accountable Officer report to provide reassurance that Bolton Hospice is compliant with updated controlled drugs legislation, which controlled drugs systems, procedures and incidents are regularly reviewed and actions are taken as necessary to strengthen controlled drugs safety and governance.

Patient Safety Incidents:

The monthly reporting through the NHS Safety Thermometer was continued internally following the discontinuation of this reporting process in March 2020. We wanted to be able to continue to evidence levels of harm within the organisation, alongside our current incident reporting system, providing the organisation with a clear overview of patient harms within the hospice services and facilities, both on and off site.

- We reported 185 incidents within the time period, of those, 60% (111) were clinical and 40% (74) non-clinical. Overall, there was a 29% reduction in the total number of incidents compared with 2019/2020 where there were 261 in total, with 53% clinical and 47% non-clinical (139 and 122 respectively). Of the total number there were 20% less clinical incidents, which is in keeping with the impact of the pandemic and restricted visiting reducing the number of people who have wanted to and been admitted to the hospice.
- There were no incidents resulting in moderate, severe harm or death, no Serious Untoward Incidents (SIs) and no incidents involving patients that required RIDDOR reporting.
- Of the clinical incidents, 22% were controlled drug incidents/near misses and due to changes in reporting during the Covid-19 pandemic only those resulting in moderate or severe harm (0%) were formally reported to the Greater Manchester Local Intelligence Network. Restrictions on reporting have now been lifted and all controlled drug incidents must be reported. We encourage reflective practice to take place in the event of an incident to promote learning for the individual and the organisation.
- Of the total number of CD incidents, none met the NHS England and NHS Improvement (NHSEI) criteria for catastrophic or major incident and all resulted in low level patient harm. All incidents are reviewed weekly by the Chief Executive and Clinical Nurse Director and at the Clinical Governance Group and the Quality and Standards Committee, which has representation from the Board of Trustees.
- Staff and volunteers are encouraged to report all accidents/incidents and near misses and we are strengthening the systems for the recording of all incidents as we transition to fully electronic incident reporting. This transition has been delayed due to the pandemic but will be implemented over the coming year. The move to fully electronic incident reporting and analysis will support the governance of managing incidents and accidents/near misses across the organisation and streamline the process for staff.
- It is acknowledged that IPU patients are highly susceptible to Health Care Acquired Infections (HCAIs), which can include UTIs and Clostridium difficile. The Hospice has robust infection control processes and antimicrobial guidelines in place which contributed to having no new cases of Clostridium Difficile as the three cases recorded were diagnosed prior to admission. However, there was one new diagnosis of a UTI during a patient admission and a root cause analysis was undertaken as part of the incident reporting process regarding this incident.
- Within the organisation, we have been working closely with the Data Protection Officer (DPO) to review and update data mapping across the organisation/services and streamline data processes for the use, processing, storage and destruction of data. Thereby providing assurance of compliance with General Data Protection Regulations (GDPR), as well as ensuring staff understand and work within the legislation so that the organisation can be assured of delivering its responsibilities in this regard.
- Bolton Hospice continues to comply with national standards with regards to all aspects of safety, using the expertise of external bodies to ensure we are meeting all standards inclusive of fire, infection control, health and safety, legionella and waste management.

QUALITY PERFORMANCE INDICATOR

Safety Information Report includes all reportable Harms (<i>previous relates to developed before admission</i>)	2019 - 2020		2020 - 2021	
• Number Falls	No Harm	19	No Harm	7
	Low Harm	14	Low Harm	4
	Moderate Harm	2	Moderate Harm	0
	Severe Harm	0	Severe Harm	0
	Death	0	Death	0
• Number Pressure Ulcers	Grade 1	0	Grade 1	0
	Grade 2	12 new/ 5 previous	Grade 2	5 new/ 3 previous
	Grade 3	1 new/ 4 previous	Grade 3	1 new/ 3 previous
	Grade 4	1 new/ 1 previous	Grade 4	1 previous
	Ungradable	4 new/ 1 previous	Ungradable	2
• Number Urinary Tract Infections (UTIs)	4 new/2 previous		1 new	
• Number of VTE Risk Assessments	100%		88% (median average)	
MRSA	0		0	
CDiff	0		3 (pre-existing on admission)	
Safeguarding Referrals	6		1	
Deprivation of Liberty Applications	3		5	
Sharps Injuries	2		0	
Total No. of Incidents reported	318		185	
Clinical Incidents	166		111	
Non-clinical Incidents	152		74	
Total No. of Serious Untoward Incidents	0		0	
Reportable CD Errors to NHS England Local Intelligent Network	33		24	

EFFECTIVE

Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence (CQC 2020)

- The hospice has a robust management structure that is in direct touch with patients and families, which is reaffirmed through feedback, monitoring of incidents/accidents/near misses and performance data, which are all analysed by the Senior Management Group, Service Leads and Trustees and action plans are developed and actioned where required to address any trends/concerns and mitigate risk where possible.
- Throughout the Covid-19 pandemic members of SMG have maintained links with the COVID Meeting – Greater Manchester and Eastern Cheshire Palliative and End of Life Care Advisory Group in Partnership with Greater Manchester (GM) Cancer as well as Bronze Command Covid 19 locality response group and GM Hospices group to learn, share information and share policies/processes where possible.
- Within the hospice, care practices are in place to enable and promote dignity, kindness and compassion with patients, including discussions about their care and offering Advance Care Planning (ACP) to patients who have capacity to make decisions and involving family/carers, where appropriate, to enable them to make choices that are right for them.
- New staff induction includes confidentiality, moving and handling, fire safety and health and safety as well as training specific to their role and area of work, to ensure staff understand their responsibilities. Staff also undertake training in Safeguarding, Mental Capacity Act (MCA) 2005, PREVENT and DoLS to ensure that they are aware of their responsibilities and how to report/act on any concerns they identify.
- With regards to HR processes, all previous paper based files have been scanned/archived onto a secure system. All references, health checks provided by the local NHS Trust (Partners system) and DBS checks are in place and are monitored to ensure staff registration and DBS remain valid, via the Staff Care system, which provides alerts and is backed up to ensure a workforce that is safe for patients and those important to them, at all times.
- All aspects of an individual's care needs are considered including underlying health conditions, their potential increased susceptibility to infection including Covid-19 and appropriate actions are taken to manage the risk and reduce where possible.
- We have implemented 2 of the suite of Outcome & Complexity Collaborative (OACC) measures in the hospice for all patients: phase of illness and Australian-modified Karnofsky performance status. These measures help identify patients whose condition may be unstable or deteriorating to ensure appropriate decisions and changes to their care are made, including, if appropriate, transfer to acute secondary care.
- We have developed a new Workforce Strategy with the Leads from Human Resources, Volunteers, Education, Corporate Services Manager and members of the SMG. As part of the strategy one of our nurses is undertaking training for an Advanced Nurse Clinical Practitioner and are supporting staff in undertaking Trainee Nursing Associate training. We have also recruited a new Clinical Skills Educator as a jointly funded post with a neighbouring hospice to support the delivery and maintenance of clinical skills for nursing staff.
- We continue to contribute to the Shared Patient Records and EPaCCs within the newly merged Bolton Care Record Integrated Care and Support Plan (ICSP) and Electronic Palliative Care Co-ordination System (EPaCCs) Steering Group. Working closely with the IT company who provide iCare Electronic Patient Record to ensure improved intra-operability with the other IT systems within the locality and Greater Manchester.

- As a consequence of the Covid-19 pandemic some staff have been redeployed using many transferable skills but where additional training has been required, for example in the process of second checking medications, this has been provided and we will be maintaining this training as annual mandatory training for all Clinical Support Nurses.
- Patient and families experiences is extremely important to the hospice with regards to the care they have received from our services. We had to suspend the “I Want Great Care” survey at the start of the pandemic by the questionnaire host, but this has now been resumed along with the Bereavement Survey for carers and all the results have been extremely positive this year, which is excellent.

Comments received about patient and bereavement care:

“All the staff were absolutely fantastic at looking after my husband's every needs. He was comfortable content and as pain free as possible which meant we could enjoy our last moments together without worrying about his care. I would like to take this opportunity to thank all the staff from the receptionists to the consultants for their exceptional work and support. Thank you.”

“I am so happy that my husband passed away in your devoted care. Each time I visited he was clean, happy and comfortable. I thank you so much. When your charity shop opens again I will be donating a wheelchair, 3 wheeled stroller and a mobility scooter with ramp. God Bless you all.”

“My dear friend had been afraid of being admitted to the hospice due to difficult experiences in hospitals. However, on the evening of being admitted she already told me how happy she was to be there, how caring and supportive everyone was. As I am due for surgery she recommended that I should also come to the hospice to recuperate. On the morning of the day she passed away, I spoke with her on the phone. She had had a bad night but was comfortable as she'd had a bath. She was also happy that staff were trying to arrange a place for our dogs to go to while I was in hospital. Although I did not expect her to pass away, I feel she was happy and at peace. The hospice played a definite role at this stage in her life. Thank you.”

MANDATORY STATEMENT – The number of patients receiving NHS services, provided by or sub-contracted by Bolton in 2020/2021, who were recruited during that period to participate in research approved by a research ethics committee, was NONE.

MANDATORY STATEMENT – Use of the CQUIN Payment Framework - In 2020-2021 the Hospice was not subject to any CQUIN payment schemes.

MANDATORY STATEMENT – Bolton Hospice did not submit records during 2020/2021 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

MANDATORY STATEMENT – Toolkit The Data Security and Protection Toolkit (DSPT) Bolton Hospice achieved compliance across all mandatory areas of the DSPT in 2020-2021.

MANDATORY STATEMENT – Bolton Hospice was not subject to the payment by results clinical coding audit during 2020-2021.

Audit and Quality

MANDATORY STATEMENT – Bolton Hospice has reviewed all the data available to them on the quality of care in all these NHS services. The following are examples of audits (both clinical and non-clinical) conducted within the Hospice in 2020-2021:



Multidisciplinary
Quality Monitoring

- Infection Prevention and Control including Environmental Audits
- Medicines Management
- End of Life Care
- Bereavement Support
- Nutrition
- Infection Prevention & Control, including hand hygiene on the ward
- Non-Medical Prescribing Annual Audit
- Controlled Drugs
- IG – Information Governance
- Information Governance
- Patient Areas
- PPD/PPC/ACP on Discharge Letters

Many **positive outcomes** have been achieved from this year's audit activity; headline themes being:

- Medicines management continues to be increasingly safe
- Our clinical care is safe and of a high standard
- Environmental cleaning is of a high standard and adheres to regulations and guidance

Research and External Audit

We have participated in two research studies in the last 12 months. The first was led by the European Association for the History of Nursing (EAHN), who undertook a piece of research regarding challenges facing nurses and midwives as the Covid-19 pandemic swept across Europe. The aim of this research was to capture the essence of this unprecedented time through short stories from nurses and midwives working in different countries in 2020 and one of our Staff Nurses participated in this on behalf of the hospice.

<http://eahn.net/covid-19-nurses/>

The second research study was a national piece of research led by Ulster University, to study the Healthcare Assistant (HCA) workforce; their role in the delivery of adult hospice out-of-hours (OOH) care provision, and the impact of COVID-19 across the United Kingdom.

The hospice also participated in relevant Northwest Audit Group (NWAG) audits, including:

- NWAG 18: The use of opioids, benzodiazepines and antipsychotics in syringe pumps
- NWAG 19: Regional Audit on Pharmacological Venous Thromboembolic Prophylaxis in Palliative Medicine

Our 2020-2021 Achievements

January

- An excellent **volunteer recruitment campaign** recruited **33 new volunteers** for our shops.
- **Service User LGBT Lived Experience training session** filmed for future use.

February

- Successful **mock CQC inspection** process held.
- An informative **Trustee Provider visit** took place.

March

- **Weekly lottery membership** reached its **highest ever total** of **9,751 members**.
- **COVID-19 Emergency Plan** drawn up and implemented.
- Our CEO is one of the leaders involved in the **Bolton VCSE Sector Neighbourhood COVID-19 Emergency response**.
- Successful business proposal for **Hospice at Home pilot of twilight service**.

April

- **Obtained PPE** during national shortages and **maintained safe levels** of PPE for our staff.
- Staff **redeployed and working flexibly** to maintain services.
- Our first virtual fundraising event – **Quiz on the Couch** – raised over **£11,000**.

May

- A respectful and honourable collective farewell to **a member of nursing staff who died**, during lockdown. RIP.
- Keeping in touch with all **volunteers** with regular **welfare calls**.

June

- **Doubled the capacity** of the **Hospice at Home** team so they could see up to 12 patients a day.
- **Trebled our press coverage** in comparison to the same period in the previous year.
- Record breaking **Summer Draw** raising over **£39,000**.
- Received the **High Sheriff Special Recognition Award**.
- Held our first **virtual 'A Time for Remembrance'** Service.

July

- Began to safely **reopen our charity shops** with new Covid policies and procedures in place.
- Achieved an **excellent COVID secure assessment** and implemented the associated recommendations.
- New **Workforce Strategy** approved and begun implementation.

August

- Consulted with staff and volunteers to **review and update the hospice's values**.

September	<ul style="list-style-type: none"> • Positive feedback from the CQC regarding our infection control measures. • Held staff forums and staff survey, produced and circulated 'Nothing is normal' report to feedback learning and actions to staff. • Bucking the trend to maintain lottery members in challenging circumstances.
October	<ul style="list-style-type: none"> • Held a wedding celebration for a patient, adhering to very strict Covid restrictions with an amazing team effort. • Completed fit testing of all relevant staff for FFP3 masks. • We were one of only a few hospices in Greater Manchester able to treat patients requiring aerosol generating procedures routinely. • Launched our new website.
November	<ul style="list-style-type: none"> • Reopened for patient admissions following a short closure due to a Covid outbreak. • Asked to be a part of the local vaccination workforce.
December	<ul style="list-style-type: none"> • Opened our new Wellbeing Hub. • Held our first virtual Light up a Life service which was watched by 3,000 people. • Recorded more users of our new website than ever before.

Thank you to all our staff and volunteers
for making all of this possible!

Education and Training

Education is a fundamental and an important part of hospice care and therefore, Bolton Hospice continues in its commitments to ensure that the education provided is current, relevant, accessible and of the highest standard.

- Reviewing education as a service in 2020 during the pandemic has allowed us to grow in terms of planning remote delivery of training, opportunities and assessment of the wider impact to the community.
- Bolton Hospice education have been strongly involved in reviewing the Workforce Strategy 3 Year Plan moving forward in collaboration with HR and volunteer service to adapt and implement a new plan for the future in terms of workforce development, recruitment and succession planning.
- The provision of internal education and training at Bolton Hospice in 2020 remains a high priority, with a main focus on mandatory training and clinical skill competencies.
- 2020 has seen an introduction to CSN second checking competency in light of the current pandemic and workforce development opportunities.
- During this year we have developed a new foundation level communication skills course in collaboration with Bolton FT. The delivery of this course is hoped to commence in 2021 in partnership with Bolton FT to the wider health and social care teams within the locality.
- Bolton Hospice have collaborated with Wigan and Leigh Hospice to explore and design a shared Clinical Practice Educator to work across both organisations.
- We continue to embrace the Foundation Degree Trainee Nursing Associate role delivered through the University of Bolton in conjunction with Bolton NHS Foundation Trust with one member of staff currently in their first 6 months of training and one Nursing Associate in post.
- We continue to provide weekly doctor led education and training sessions, but during the pandemic these have only been open to hospice staff, once restrictions are lifted wider access will be made available to General Practitioners in Bolton.
- Bolton Hospice continues to deliver a programme of palliative and end of life care (EoLC) education and training for health care professionals both internally and externally, ensuring those who come into contact with death, loss and bereavement have the confidence and resources to deal with such sensitive issues. A new 2021 Prospectus has been produced.



- We continue to address the needs of inequality training in EoLC with mandatory Equality and Diversity training for all staff undertaken and a training package including disabilities, LGBTQi (from a service user) and different faiths (by community religious leaders), to ensure that staff understand and meet an individual's needs in respect of age, religion, race, gender, gender identity, disability, beliefs and sexual orientation. Staff and volunteers that were appointed before the pandemic have received face-to-face education for these sessions and this training will resume face-to-face once restrictions are lifted.

- We continue to lead on the Multi-disciplinary EoLC Module at both HE6 and HE7 in affiliation with Bolton University.
- In 2020 we have continued our work with regards to the provision of young people's bereavement support and training developments. With the masonic grant awarded to the hospice in 2019 we have been able to develop and train over 150 teachers and pastoral carers within high schools in Bolton. The work is set to continue in 2021 with virtual sessions planned.
- In March 2020 the Care Home 6 steps too Project came to an end. Twenty five care homes in total completed the programme with Bolton Hospice accreditation. This was a fantastic achievement for all the care homes with notable feedback given to both educators involved in the project. This programme has been an excellent resource for the care homes of Bolton and also a fantastic opportunity for the hospice team to share our knowledge and skills in palliative and EoLC.

Extracts from attendees' evaluation forms:

"Very informative presentation, very visual and thorough study day and relevant to my practice".

"Good mixture of theory, skills and reflection. Role play useful. Good use of humour in facilitating the session, helped to put participants at ease and took the 'fear' out of role play. Very informative & excellent use of the techniques".

"Thank you! Lovely, heart-breaking at times sessions. Just by your calm voices and way you deliver you can see you're skilled and naturals at what you do".

"Very impressive".

"Very interesting, informative and relevant to my role. Very relaxed environment, good for learning".

Patients' and Families' Experiences

- During the first lockdown we had to close our day therapy unit so we maintained regular contact with patients via telephone to provide support and advice as needed. The Spiritual and Bereavement Lead maintained contact with bereaved individuals via telephone and the group set up a WhatsApp group so that they could support each other and this proved very popular.
- In December 2020 we opened the new Wellbeing Hub 2 days a week with social distancing and infection control measures in place. Due to the long period of time that this service had been closed all existing patients had a full holistic reassessment undertaken face to face to determine their needs and provide full information about how the unit would be operating with the Covid-secure measures. Unfortunately due to the lockdown after Christmas we made the decision to temporarily suspend this service and resume telephone contact.
- For patients on the Inpatient Unit (IPU) we have continually reviewed visiting and have maintained 2 nominated visitors for several months and when patients are in the last few days or hours of life, immediate family members are able to have a one-off visit of up to 1 hour each. This approach to visiting has ensured that the care for family members/carers is as compassionate and respectful as possible in the current situation and has been greatly appreciated by patients and their families/carers.
- We have actively encouraged patients and families to use technology to remain in touch with each other and have supported patients to access this facility when needed.
- We have also maintained regular updates being given by nursing and medical staff when needed, via telephone to keep family members/carers informed and involved in decision making. We have a phone that has been donated to the hospice, which we can loan out to a family member who may not have this technology to be able to access face-time contact with their loved one.
- We have been working with the host of our Electronic Patient Records to implement the new version of iCare, with review of templates and care plans to ensure they capture information regarding potential indicators of a safeguarding issue or a need for additional support and referrals to external services to support the patient and those important to them, including being able to demonstrate improved evidence of the offer and acceptance of chaperones.
- Learning Disabilities (LD) is an area where we have improved, in our recording of this diagnosis on a patient's record following changes made to our assessment templates as an action from 2019 – 2020 safeguarding annual audit for the Bolton Health Economy Safeguarding Collaborative. When someone with a known LD is admitted to a hospice service it is important that we can identify any reasonable adjustments that may be required for the person in a timely alert for staff, with the aim to support excellent care for people with autism and learning disabilities in the Hospice. In order to develop staff understanding further we will be delivering education sessions during 2021 using case studies to support the care of patients with learning disabilities and Autism.
- We know how important it is to have effective communication skills and the importance of our staff to undertake communication skills training regardless of roles and we have therefore been working on developing a new in-house communication skills training pack for staff, which will be rolled out in 2021.

- The staff frequently check on patients to offer assistance, comfort and symptom management, where needed, additionally to the care rounds which are evidenced through documentation.
- Within all hospice services patients are offered Advance Care Planning (ACP) where they have capacity to make decisions and involving family/carers, where appropriate, to enable them to make choices that are right for them. The staff provide people with the information about their condition in a sensitive but open and honest way and explain the choices available for future care and place of death, and allow time for people to understand and to ask questions either at the time of any discussion or later and discussions are held in a private space to ensure people's privacy and dignity is maintained. Where required, staff will also help facilitate conversations between patients and those important to them.
- Spiritual/pastoral support is available to all patients, either face-to-face for those on the IPU or via telephone for those on the Wellbeing Hub caseload as this service is currently closed. Support is also offered to all family members/carers of a person who has died under the care of hospice services and is currently delivered via telephone and social media groups. Funerals have been taken when requested.
- We have an ongoing review of patient and bereavement survey feedback, although this feedback has been significantly reduced during the pandemic due to the temporary suspension of "I Want Great Care" survey by the host site, which was only resumed in October 2020. The feedback has remained exceptionally good but where any issues were expressed in the feedback the reviewer was contacted directly to provide an opportunity to explore their views in more detail and resolve issues and/or apologise where appropriate and learn lessons for future care.

Comments received from 'I Want Great Care'

"All the doctors, nurses, reception staff and chaplain were all kind, caring, informative and looked after my mum and me with consideration and compassion. As mum's daughter and carer, I felt confident that mum was receiving the best of care possible. A wonderful team!"

"On arrival at the Hospice I was feeling anxious, as soon as I met the nurse I felt more at ease. The care I have received from everyone Doctors, Nurses, Housekeepers, Catering Staff, Maintenance Staff, Porters, Admin Staff, Volunteers has been 5 star plus. I am going home feeling I have been on a nice holiday with a calmer, pain free body. I have felt the Doctors and Nurses have talked and listened to me and worked together to support me. The Nurses are organised and conscientious so much so, I was relaxed and trusted them. I had heard good things about this Hospice, now I know it's really the best place to be cared for. Truly it is. Thank you so, so much."

"The Doctors were very caring and took time to explain my treatment, there was no rushing. They took plenty of time listening to my questions and gave me assurances. The nursing staff were very thoughtful and caring, nothing was too much trouble for them. Very professional. I was made to feel comfortable at this difficult time. The volunteers and other staff were marvellous."

The image shows two 'I Want Great Care' survey forms. The left form is titled 'Inpatient Unit' and the right form is titled 'Thinking about your experience of this service'. Both forms contain various questions and checkboxes for patient feedback.

Feedback from patients, families and friends of our **Inpatient Unit** and **Hospice at Home** regarding their experiences of the care they received from the team at Bolton Hospice:

Inpatient Unit

"Our family received all the assistance and emotional help we could possibly have wanted to be very honest in my brother's case the staff were excellent in his last days. We cannot thank them all enough. We enclose a cheque from collections at his funeral which would have been more but due to the recent circumstances we could not have any more than 10 people there. Again, a big thank you to all."

"Please thank all the staff, nurses, carers and Doctors who cared for my father over the final few days he had left, especially the night staff over the 24th and early hours of 25th June 2020. Their care in the small hours at the very end, of my father and myself was exceptional, it meant a great deal. Please pass my thanks on and accept this small contribution to your funds."

"It was such a relief to get mum into the hospice after the difficulties we had with outside agencies trying to care for her at home. Each and every one of your staff were wonderful. Doctors, nurses and the voluntary team. Mum ended her life in comfort, peacefully and with dignity. This would not have happened if she hadn't been in your wonderful care. Thank you for all you did for us as a family. Mum was only in your care for 3 days but you gave us the support we needed when we needed it most."



Hospice at Home

"In these difficult times with Covid-19, the team were exceptional. They cared for me as well as her. They were never in a hurry. Always with a smile and a cheery word. I think she enjoyed their visits and their humour. They became part of the family. I cannot praise them enough."

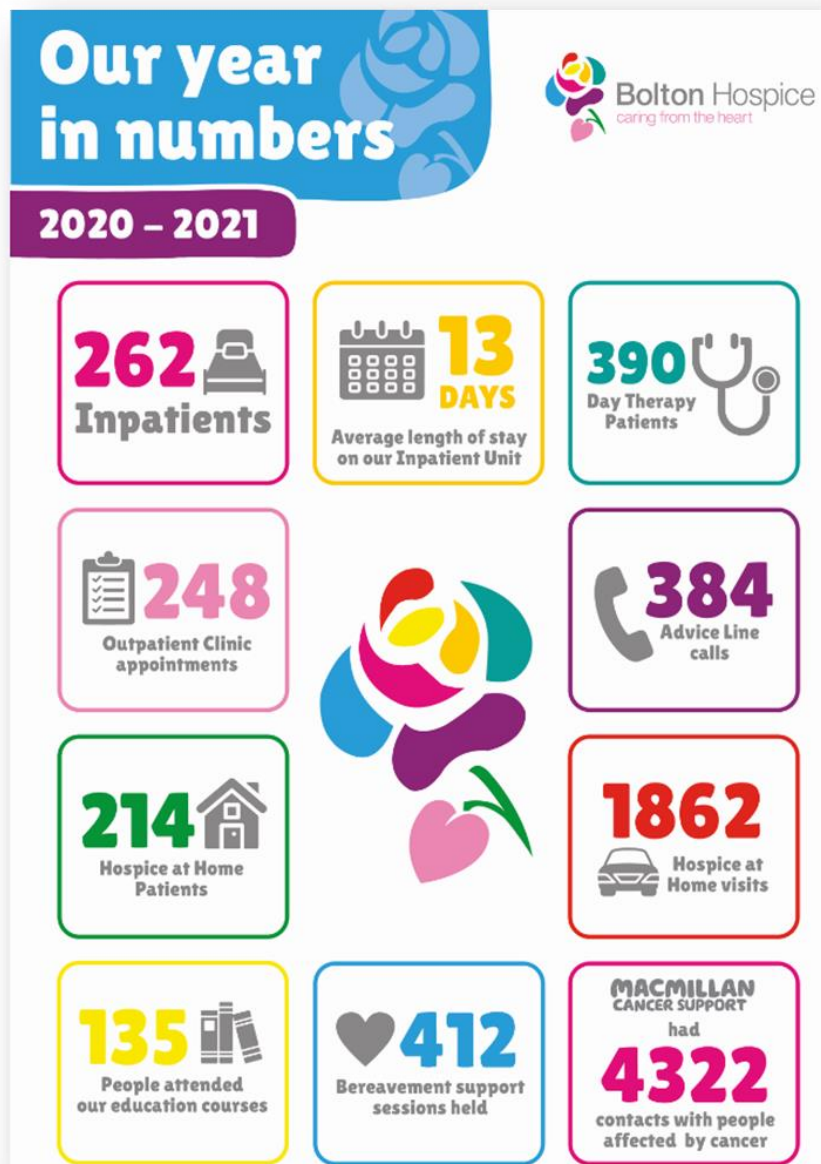
"Upto the arrival of the hospice team, the home care he had received had been somewhat chaotic - infrequent visits, little advice etc. The hospice teams were gentle and calm relieving much anxiety for us. They knew exactly how to care for someone so poorly and always asked about me and my daughters. I could not fault their care."

"Every team member that came out to the house was kind, warm, informative, and wonderful. Particularly Gareth and Angela. The dignity and level of care towards mum was 10/10. The care shown to us (the family) was also 5 star and so appreciated. During the added difficulties of Covid, being able to bring mum home for her last week will never be forgotten by us. Your service is amazing and I hope you are all able to continue your fabulous work xx"



RESPONSIVE

Services are organised so that they meet people's needs (CQC 2020)



- In March 2020 the Covid-19 pandemic reached the United Kingdom and health and social care services had to adapt to a rapidly changing situation. In the hospice, we developed and implemented a series of policies and procedures, including a Procedure for the Infection Prevention and Control of COVID-19 (currently on Version 19) detailing all the infection control measures we needed to maintain, based on guidance from the Association of Palliative Medicine, Public Health and NHS England. All policies and procedures have been reviewed in line with changes in national and local guidance as appropriate.
- Bolton Hospice has a clear set of values and these are paramount in everything we do. Our strategy is aligned with the local Health and Social Care Economy Strategy through collaboration with our partner services and close working with the CCG Leads for palliative and end of life care.
- When patients are referred for any of the outpatient services they are offered the option of face to face or telephone clinic appointments, usually within 2 weeks, at a mutually convenient time and date. For patients referred for IPU admission we aim to offer admission that is convenient for the patient and if, when the bed is offered, there is a particular reason why they would prefer to be admitted the following day, we try to accommodate their request.

- Patients who require Consultant or Nurse Led Outpatient assessment are usually seen within 2 weeks of referral and if a referral suggests that an alternative service would be appropriate to meet the patients' needs sooner, this is offered.
- The IT equipment has been reviewed and we are in the process of rolling out new equipment to support staff in working from home, where appropriate. We are also set to launch a new version of the iCare electronic patient record in the next month which will streamline patient records and support less repetition for patients being asked the same information each time they receive a hospice assessment.
- The IPU is equipped with bariatric facilities to manage the challenges that bariatric patients can face with routine care needs.
- Due to the pressures on the wider health and social care system we have recently relaxed the admission criteria so that patients attending A&E can be transferred more readily to the hospice, instead of being admitted to the hospital and then awaiting a hospice bed following Specialist Palliative Care (SPC) assessment.
- Wards at the local hospital can now refer directly to the hospice without having to go through the SPC team. We are accepting patients who are being discharged to assess for future care needs and those whose needs can be met in the hospice as well as the hospital. These changes have been widely communicated within the local health and social care services to ensure that services are aware of our services and we share information on a daily basis regarding the number of vacancies we have in the IPU and Hospice at Home (HaH) service so that we can support other services with our capacity.
- Throughout the pandemic we have maintained contact with patients who were unable to attend our outpatient services face to face as we temporarily moved to telephone support. However, for high risk patients we have maintained face-to-face support with strict adherence to infection control procedures, either through clinic attendance or HaH support.
- As soon as it was safe to open the new Wellbeing Hub unit we arranged and undertook full reassessments of all patients who were accessing services previously, to ensure that we could meet their needs in the new unit whilst maintaining a safe environment for them to attend. All patients have now been reassessed and any new referrals are assessed and will attend when we reopen the service as we had to close again after Christmas.
- Bereavement support group has maintained contact during the pandemic through virtual technology and individual support via telephone, unless the individual has support needs of concern in which case, face-to-face support has been offered.
- At the start of the pandemic there was reduced demand on the IPU but increased demand on HaH team so we redeployed staff to create a second team in the community which was rapidly utilised by community services. This second team is being flexed as needed to meet the demand. We participate in locality calls with the District Nurses Monday – Friday to offer capacity and work collaboratively in sharing the patient care when required.
- We ensure patient's wishes regarding Preferred Place of Death (PPD) are acted on promptly through having input in the District Nurse/community Macmillan daily meetings as well as ward handovers and if a patient is identified as needing hospice admission for EoLC, we try to facilitate admission as quickly as possible. If a patient is in the hospice and they were approaching end of life and their PPD is home, we enable a rapid discharge for them, involving all relevant community services.
- Following a pilot education training programme for the delivery of care home education we have developed a new training programme in response to feedback from the care homes, to deliver clinical skills training to the care homes within Bolton, which has been delayed due to the pandemic but will resume over the coming 12 months with a combination of virtual and face-to-face teaching.

The Hospice has a positive and constructive response to complaints and all are recorded in line with policy and procedure, and comply with the Statutory Duty of Candour for Health and Social Care Providers (DoH 2014) and CQC (Regulation 20). From April 2020 – March 2021 we dealt with 2 Formal and 8 Informal complaints (relating directly to care, which is the same as for 2019 – 2020. None required escalation or formal action and none are outstanding at the time of this Quality Account being completed.

WELL-LED

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture (CQC 2020)

	2019/20	2020/21
Complaints	2 formal 15 informal (8 regarding direct care) – none required formal action.	2 formal 13 informal (8 regarding direct hospice care) – none required formal action
Compliments	400 cards and media	587 cards and media (47% increase on previous year)

- During the pandemic all members of the SMG have worked very hard to ensure that there is visibility of senior support within the hospice to support all services/teams. We have an open door policy and actively encourage staff to speak with a member of the group if there are concerns or issues that need to be escalated beyond their service lead. In addition, we have a “Speak up Guardian” which staff can access at any time to raise an issue or concern and no issues were raised through this route in the last 12 months.
- SMG have worked closely with our health and social care colleagues to promote hospice capacity both within the IPU and HaH team. At the start of the pandemic there was reduced demand on the IPU but increased demand on HaH team so we redeployed staff to create a second team in the community which was rapidly utilised by community services and has been maintained until recently when the community demand reduced so the second team has been flexed as needed.
- We have provided education sessions for a care home for syringe pump management and use due to increased need for the home to use syringe pumps for patients at end of life.
- We have collaborated with the CCG to get 5 staff trained for administering vaccinations and three of them have been consenting patients and administering vaccines in the GP surgeries.

We engage staff through:

- We undertook a staff survey entitled “My Hospice response to COVID-19” after the first wave of the pandemic, which had a 54% response rate and this was a significant improvement on the 27% the previous year. An action plan was devised and shared with all staff and is monitored through the Management Team Leader Group. Most of the actions have been completed or are ongoing.
- There is a monthly Management Team Leader Group meeting to bring all managers from clinical and support services together for service discussion, information giving and shared learning across the organisation.
- The Senior Management Group meet weekly and a summary of all issues discussed is cascaded throughout the organisation via different means.

- HR provide all hospice staff with newsletters with up to date information, news, details of support for emotional and physical wellbeing that staff can access and important changes to be made aware of.
- Bi-monthly Clinical Governance meeting which has representation from clinical and non-clinical service leads and SMG.
- Clinical Governance Bulletins are sent to all staff via email following each governance meeting and there is a quarterly newsletter also sent out via email.
- A Fundraising Income Generation Bulletin is provided to all staff via email once a month with current strategies, fundraising ideas and income generated for the previous month.
- We ensure we share our collaborative working and Achievements for 2020-2021 to all staff, volunteers and external agencies involved.
- The annual Strategic Planning Day focused on funding, service development opportunities and workforce development for the future services of Bolton Hospice.
- We continue to submit quarterly activity reports and safeguarding data to the CCG and have maintained regular contact throughout the pandemic with the Lead Commissioner and Lead GP for Palliative and EoLC to ensure transparency regarding hospice service activity.
- We completed an annual Safeguarding report which was submitted to the CCG Safeguarding Lead to provide assurance regarding the care delivered by hospice services.
- We continued to have the role of a Freedom to Speak up Guardian within the organisation for a third year to enhance the ability for staff to raise concerns without fear of retribution and in the last year no formal issues have been raised via this route.
- Bolton Hospice Chief Executive chairs the Greater Manchester Hospice Partnership Group to ensure Bolton Hospice is pivotal in policy setting and decision making as part of the Greater Manchester Collaborative.
- Our Clinical Nurse Director is a member of the Strategic Clinical Network for Greater Manchester and East Cheshire Group, the Executive Clinical Leads in Hospice and Palliative Care (ECLiHP) Groups and provides hospice representation at locality groups for Safeguarding, Dementia and Learning Disabilities Mortality Review Programme (LeDeR).
- Bolton now has a strengthened Speciality medical team with provision for 4 consultants working across the hospice, hospital and community and a full time Medical Director providing leadership and support to all services.

All of us at Bolton Hospice are very proud of what we have achieved over the last 12 months. We could not have done it without the collaborative working with the CCG, health and social care and the voluntary sector.

We cannot underestimate the generosity of the people of Bolton who tirelessly fundraise in memory of a loved one or following an episode of care or in their belief as to what Bolton Hospice stands for within their community.

OUR PRIORITIES FOR 2021–2022

SAFE

Priorities

We will strive to report all incidents promptly, including controlled drug errors internally and to external agencies as required, minimise all patient harms and cascade learning to promote individual, team and organisational learning.

Ensure we are open and transparent and make all relevant reports available to the public and adhere to the Duty of Candour www.boltonhospice.org.uk.

Ensure all EoLC training is validated and delivered consistently across the Health and Social Care.

Ensure full compliance with the Information Tool Kit and GDPR.

Strive to achieve compliance levels for all mandatory training.

Reintroduce Provider Visits once national restrictions are lifted.

EFFECTIVE

Priorities

Work collaboratively with other organisations to help people remain at home at the end of their lives if that is their preferred place of care.

Work with other partners to deliver The Ambition Framework for Bolton in conjunction with the Bolton End of Life Care Strategy.

Utilise our inpatient beds effectively and strive to achieve 80% - 85% occupancy.

To increase the diversity of our patient group to include non-malignancy and under-represented groups.

To play an active role in Gtr. Manchester Hospice Group. Ensuring the need for good EoLC is appropriately recognised in emerging sustainability and transformational plans and data is consistent.

Explore new ways of promoting a compassionate community within Bolton through our volunteering and community engagement.

Work with the CCG to implement EPaCCS, 'What's Important to Me' and Contingency Care Planning across Bolton.

Continue to audit ourselves against recognised national and local audit tools and evidenced based end of life care.

Continue to seek meaningful feedback from service users to improve on our care.

Provide evidence against set Key Performance Indicators for admission, discharge, advance care planning, PPC and PPD and resuscitation status.

Continue to monitor the throughput of people accessing the Macmillan Cancer Information Centre.

Use every opportunity to income generate to ensure funds are used effectively.

Continue to be the hub of excellence for the provision of education to wider community, including Care Homes and schools.

CARING

Priorities

- Evaluate "I Want Great Care" Patient Satisfaction Survey and show results on our website.
- Ensure our branding and key messages are consistent on all our literature and promotional materials.
- Monitor the uptake and outcomes of bereavement support at Bolton Hospice and across Bolton.
- Facilitate delivery of Advance Care Planning training, including "What's Important to Me" Document, across Bolton so that staff can ensure patients and families can access these tools to support achievement of their wishes.
- Ensure all staff have relevant education and training to undertake their role competently, including the delivery of external training such as childhood bereavement education.
- Optimise the use of our facilities to ensure patient's stay and relatives' experience are one of comfort and supported care.
- Provide real insight into the patient experience through the utilisation of service users within education and training.

RESPONSIVE

Priorities

- Further development of our policies for the change from DoLs to the introduction of Liberty and Protection Safeguards (LPS) with the implementation of training for staff regarding LPS and provide assurance on the undertaking of this training through the Hospice reporting structures.
- Utilise Dying Matters Week and Hospice Care Week to promote awareness and increase open discussion around death, dying and bereavement.
- To explore enhanced roles for our volunteering workforce.
- Continue to monitor capacity and vacancies for all clinical services.
- Continue to implement outcome and complexity (OACC) measures in all clinical services.
- Care for the Carer through training and support sessions in all services.
- With the CCG, support the implementation of EPaCCS and Bolton patients' shared care records to improve outcome for end of life care patients.
- To support the role of Education in Care Homes across Bolton.
- Support and develop our workforce in line with our Workforce Strategy for staff and volunteers with a shared vision and inclusion in decision making.
- Continue to support the AHPs and Social Workers within their practising privilege roles within the Hospice.

WELL-LED

Priorities

- Continue to submit Quarterly Quality and Performance Report to the CCG.
- Deliver our Workforce Strategy, invest in staff support and development to ensure we have a workforce fit for the future.
- Explore ways to expand our 24 hour Palliative and End of Life Care Telephone Advice.
- Remain financially stable whilst not diminishing the quality of what we do.
- Work in collaboration with others to develop and implement innovative services for the diverse population of Bolton including disadvantaged groups.
- Ensure Senior Management Group is focused on key developments and cascade this to all staff.
- Undertake 2 Trustee Visits yearly and publish action plans.
- Remain the centre of excellence in the provision of Specialist and End of Life Care in Bolton and be a part of the Bolton Health & Care Partnership.

Chairman's Statement



The Quality Account for Bolton Hospice 2020/2021 is one of the ways we can show to all those people we serve; our patients, their families and carers that quality, compassion and effectiveness is at the heart of all we strive to do here at Bolton Hospice.

As we reflect on the period of 2020/21, we have encountered a global pandemic with significant implications for life and care at Bolton Hospice and the organisation responded magnificently and compassionately to the challenges it faced. The pandemic has proved to be the ultimate test of both quality and governance for all health and social care organisations. This Quality Account aims to demonstrate that a lot of work has been undertaken during the year to deliver services to their service users, and identifies areas where work is continuing.

At Bolton Hospice, both the established systems for emergency planning and business continuity and the strengthened systems of quality governance came together to help deliver the best possible care to all our service users, and to play our part as a member of the wider health and social care community.

Over the next twelve months we will continue to integrate the National, Local and Organisational drivers through integration and collaboration to ensure our service is safe, effective, caring, responsive and well-led. We know that everyone's needs are individual and can evolve over the course of time. Therefore, we ensure that our services can adapt to the needs of service users, both onsite and in people's own homes. Our care is truly holistic, encompassing practical, physical, emotional, symptom management and spiritual support.

As Chairman of the Board of Trustees, I have great pleasure in endorsing the Quality Account and on behalf of all the members of the Board and our dedicated and caring staff we will continue to monitor our achievements, in respect of the identified priorities by internal and external reporting mechanisms which include Bolton Hospice Clinical Governance Group, Quality and Standards Committee, Audit and Quality Group, Health and Safety Group, Bolton CCG, Care Quality Commission, The Strategic Cancer Network and ultimately, through Bolton Hospice Board of Trustees and the Community of Bolton in which we serve.

A handwritten signature in black ink, which appears to read 'Judith Bromley'.

Judith Bromley
Chairman

The CCG continues to work closely with Bolton Hospice to gain assurance that they provide safe, effective and patient focused services. Performance and quality continues to be monitored via a collaborative and clinically led process and the content of this Quality Account is consistent with the information presented in year.

The CCG acknowledges the challenges faced by the Hospice throughout the year, not least those posed by the unprecedented Pandemic, and we would like extend our absolute gratitude to the staff for their commitment and hard work which has enabled Bolton Hospice to maintain a CQC 'Good' rating, in all domains.

The CCG notes the continued development of a patient safety culture and we like the way the report is clearly presented. Staff, patients and their families remain very much at the heart of the Hospice and this is represented by the many positive testimonies in the Account.

The CCG would also like to thank you again for being active participants in many CCG led collaborations throughout the year, including Safeguarding, Medicines Safety, and Learning Disabilities.

The CCG notes the continued progress made in 20/21, we acknowledge the Hospice's ambitious quality priorities for 21/22 and we are confident the Hospice will achieve these. We look forward to working with Bolton Hospice throughout 21/22 and ensuring a smooth transition from Bolton CCG to the Greater Manchester Integrated Care System (ICS).

Michael Robinson MCSP SRP BSc(hons) MSc AQuA Fellow
Associate Director of Governance and Safety, DPO, Exec Lead for Safeguarding

Dr. Jane Bradford
Clinical Director for Governance and Safety

