

BOLTON HOSPICE

Quality Account 2023–2024



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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).

Thank you for taking the time to read our Quality Account. We consider it to be an important publication as it is part of our accountability to the many individuals and groups with a stake in the work of Bolton Hospice. You are important to us, and we know you wish to be assured of our attention to the excellence of our services and our efforts to advance their quality wherever we can and we commend this report to you as part of that endeavour.

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 Leadership Team (Medical Director & Consultant Physician with Specialist Interest, Clinical Nurse Director, Finance & Corporate Services Director and Income Generation & Communications Director).

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 inspect and regularly monitor our services; our current CQC rating is 'good', in addition to which, the Trustees undertake Provider Visits, twice a year with the most recent provider visit being undertaken on 31st January 2023.

All of our services are provided free of charge to patients and their families. We income generate 80% of our £6,076,154 million total annual running costs through charitable donations, our lottery and retail operation. We receive grant funding from the NHS of approximately 27% (£1.2 million) towards our direct clinical care costs from the NHS via Bolton Integrated Care Partnership (ICP). 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.

The Trustees, the Senior Leadership Team, our staff and volunteers are unconditionally committed to the delivery of compassionate, high quality care to our patients and those important to them.

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

A handwritten signature in dark ink, reading 'Leigh Vallance'.

Dr. h.c. Leigh Vallance
Chief Executive

Introduction to the Organisation:

Our Values which guide the work and behaviour of all our staff and volunteers working on behalf of Bolton Hospice:



Strategic Aims

Which are set by the Trustees and Senior Leadership Team 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.

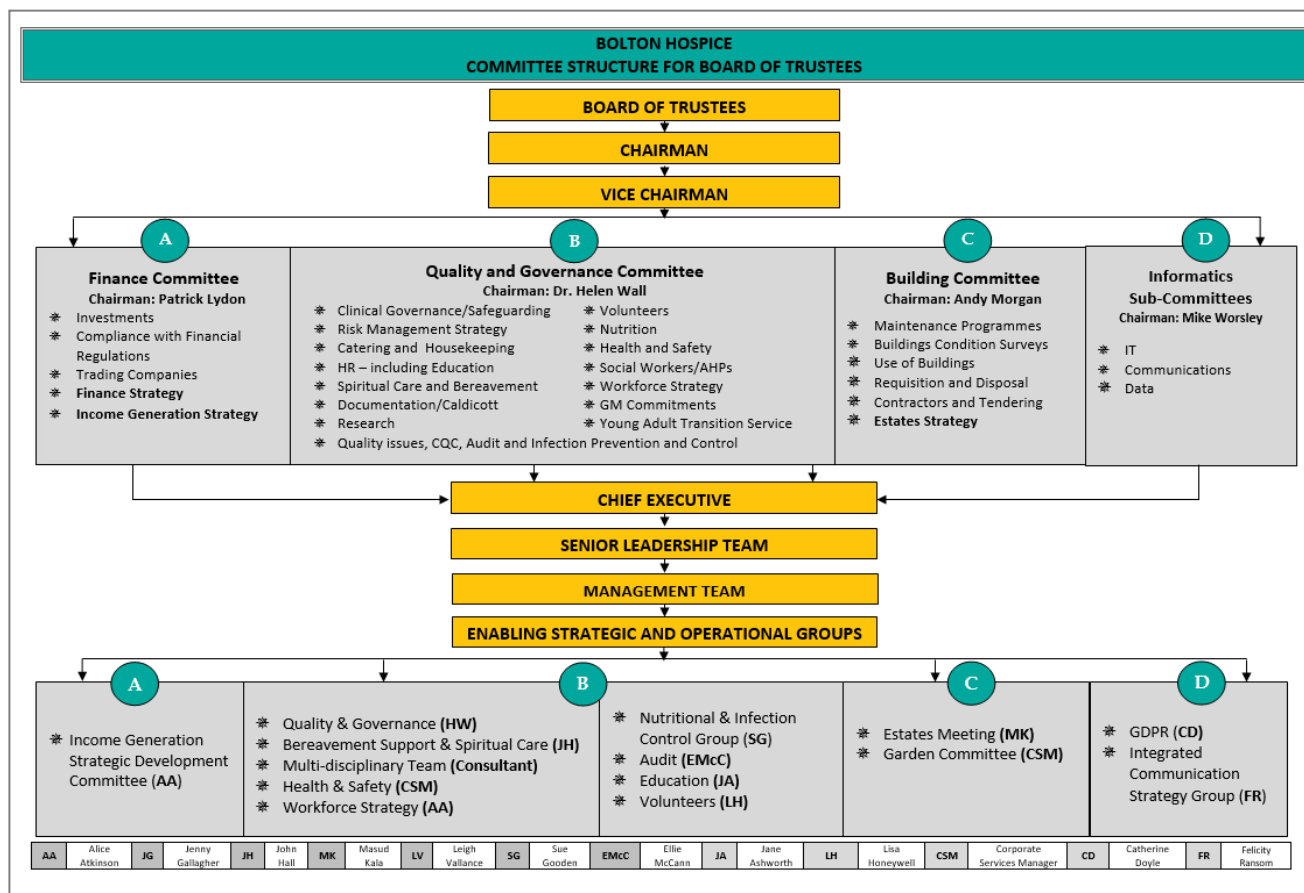
Governance of the Organisation:

The Board, currently made up of 10 Trustees, has ultimate responsibility for the governance of Bolton Hospice. The Board is responsible for all major strategic decisions, for monitoring the organisation's performance, and to ensure that it complies with its Articles of Association and applicable laws and regulations.

Quality Governance Structure and Approach:

Quality governance approaches employed by Bolton Hospice have been designed to ensure the delivery of high-quality, safe and effective care and help to all its users including patients and those close to them, visitors to our centres and donors/customers who use our shops. Its key purpose is to support the organisation, monitor and improve standards of its provision.

Each of our strategic committees has a trustee chairperson, with other trustees in attendance and a specific focus on quality domains: Safety, Experience and Effectiveness and the trustees provide direct feedback to the Board regarding progress and any concerns at each Board meeting. The key committees are supported by a wide range of sub committees and groups which draw in membership from across the organisation, consistent with our organisational attitude that quality is everybody's responsibility.



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:

- 16 Inpatient Beds
- Outpatient Clinics
- Wellbeing Hub Services
- 24 Hour Advice Line
- Hospice at Home Support

**Medical/
Nursing
Clinical
Care**

- Lymphoedema Clinic
- Physiotherapy
- Hair & Image
- Occupational Therapy
- Complementary Therapy
- Social Work Services
- Spiritual Care & Bereavement Services
- Education & Training
- Creative Therapy
- Macmillan Cancer Information & Support Services

Our Review of 2022 – 2023

SAFE

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

- During the reporting period there have been no changes to the Medical Director and Consultant staff. In the last year we have not had any changes to our Senior Leadership Team (SLT). Within the medical team our Junior Clinical Fellow has now progressed to a Speciality Doctor role. The Medical Director has maintained their clinical leadership and accessibility to the Palliative Medicine Consultant, Palliative Medicine Specialty Doctors and GP trainees on rotation.
- The Board ensures robust Governance through the Quality and Governance (Q&G) Committee, a sub-committee of the Board. The Q&G Committee is chaired by a non-executive, meets four times per year, and its purpose is to:
 - Oversee and support quality improvement to support the journey of the Hospice becoming a 'high-performing organisation' that delivers excellence in patient care.
 - Assure the Hospice Board that appropriate processes are in place to give confidence that:
 - Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.
 - Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.
- The Annual Controlled Drugs Accountable Officer Report for the Board of Trustees and the Integrated Care Partnership (ICP) provides assurance that the management of controlled drugs remains compliant with legislation and any risks have been mitigated and prompts any necessary action to be taken (see latest report below covering the period of 1st September 2021 to 31st August 2022).



**Bolton Hospice
CDAO Annual Report**

- In the last ICP Safeguarding/PREVENT Audit (2022), the only action required was the ongoing compliance of Safeguarding mandatory training, which had reduced due to the demands on staffing as a consequence of vacancies. Nevertheless, great progress has been made to recruit to the vacant posts which has had a positive impact on the level of compliance and is monitored by Service Leads. Compliance continues to be reported to the quarterly Quality and Governance Committee and the ICP via the Hospice quarterly reports.
- The Hospice reports any abuse/allegations of abuse and safeguarding incidents to the ICP and the Care Quality Commission (CQC) and in the report period there have been no safeguarding concerns raised requiring a formal referral to the Safeguarding team. There were 5 Deprivation of Liberty Safeguards (DoLS), which were reported to the ICP and CQC and all measures put in place were the least restrictive, following a full Mental Capacity Assessment and as part of Best Interests Decision Making.
- In addition, we compile an annual Safeguarding Report which is shared with the Quality and Governance Committee, full Board of Trustees and the ICP Safeguarding Collaborative Committee. The report provides a high level overview across the organisation regarding the safeguarding of our service users, staff and volunteers.



**Annual
Safeguarding Report**

	As of 31 st May 2023	
Standard for Level 1 – 95%, all other training 85% Compliance needed (updated Dec 2020)	No. of Staff completed Training	
Safeguarding Adults at risk Training	Non-clinical	84.9%
	Registered Nurses	89.7%
	Unregistered Nurses	100%
Safeguarding Children Level 1, 2 & 3	Non-clinical (L1)	83.6%
	Clinical (L2)	86.7%
	Safeguarding Leads (L3)	100%
Mental Capacity	Registered Nurses	93.1%
Deprivation of Liberty Safeguarding (DoLs)	Registered Nurses	93.1%
Dementia Friends Training (Staff)	All Staff	78.8%
Dementia Awareness (Mandatory)	All Staff	88.7%
Channel General Awareness Module (Prevent Training)	All Staff	88.7%
Channel General Awareness Module booklet (Prevent Training) for new volunteers	Volunteers	31

- We scored extremely well in the **PLACE Assessments**, (see table below): *(Please note direct comparisons cannot be made with the previous year as the assessment questions have been updated and the assessment in 2021 was a PLACE Lite assessment due to the pandemic).*

Our scores are exceptionally good and are testament to the hard work and dedication of the staff across the organisation.

	2021 (PLACE Lite)	2022 (Full PLACE)
Privacy and Dignity	96.36%	98%
Dementia	94.87%	98.99%
Condition and Appearance	100%	100%
Food	100%	100%
Disability	93.68%	96.30%
Cleanliness	100%	100%

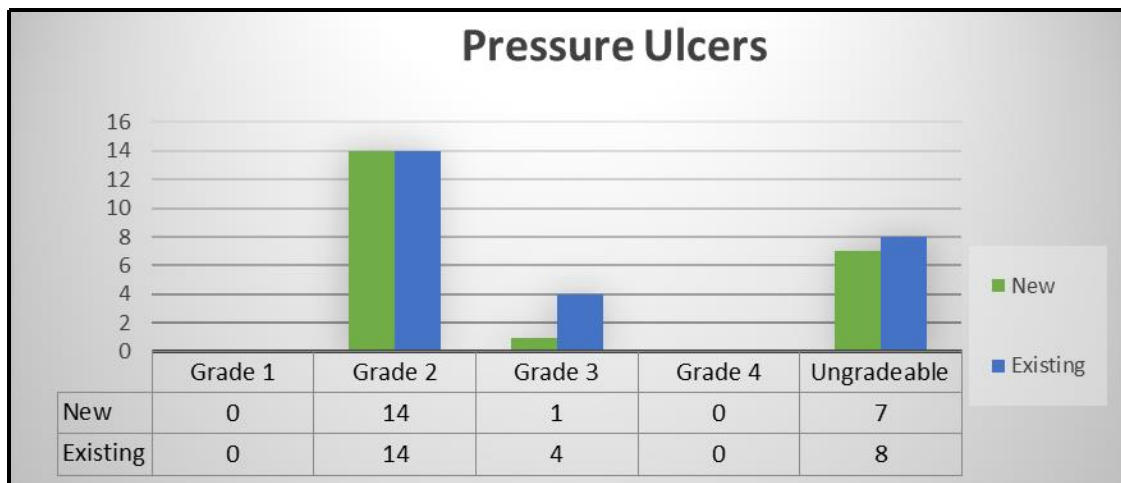
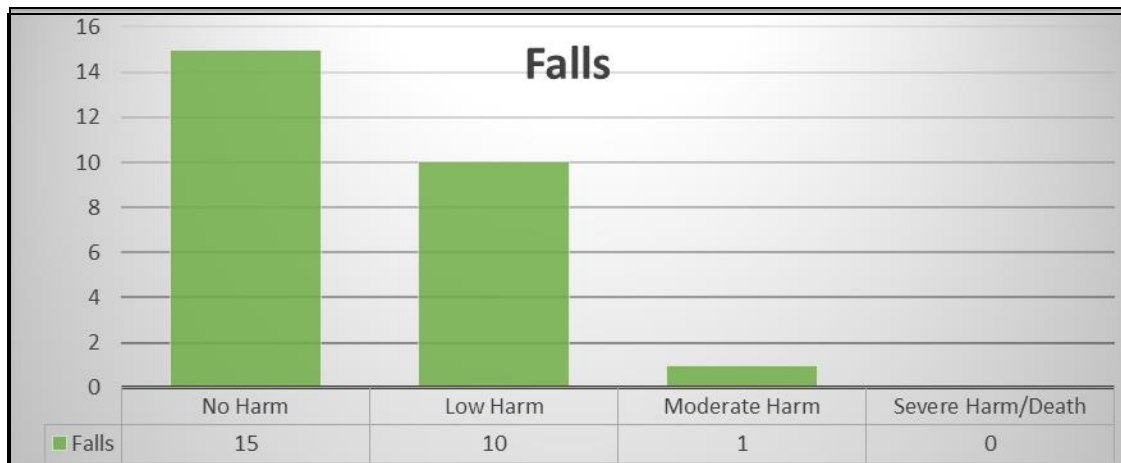
Patient Safety Incidents:

The monthly Safety Data (previously NHS Safety Thermometer) has continued to be monitored within the Hospice to support the triangulation of evidence of levels of harm alongside our Accident, Incident and Near Miss Reporting process.

- We reported 435 incidents within the time period and of those, there were 282 (65%) clinical and 153 (35%) non-clinical incidents reported. This includes all Hospice retail stores and the Wellbeing Hub, together with increasing number of patients being cared for across all clinical and medical services. We proactively encourage transparency and openness with the reporting of all Accidents, Incidents and Near Misses, to ensure support and care is provided at the time in delivering a satisfactory resolution, including required external reporting. And most importantly, the undertaking of robust follow up with learning opportunities taken forward, as appropriate, across the wider team.
- There were 26 fall incidents reported, with 1 recorded as Moderate Harm, 10 Low Harm and 15 No Harm. There were no Serious Untoward Incidents (SIs) or deaths resulting from any incidents.
- Of the clinical incidents, 68 (24%) were Controlled Drug incidents/near misses which were formally reported to the Greater Manchester Local Intelligence Network, which includes one external incident. There were a further 7 Controlled Drug incidents which were non-reportable based on the new reporting criteria. We continue to encourage reflective practice in the event of a Controlled Drug incident, and indeed any drug incident, to promote learning for the individual(s) and the organisation, as we care for our patients really well.
- Of the total number of Controlled Drug incidents, none met the NHS England and NHS Improvement (NHSEI) criteria for catastrophic or major incident and all resulted in low or no level patient harm. All incidents are reviewed by the Clinical Nurse Director and shared with the Chief Executive weekly and quarterly at the Quality and Governance Committee, which has representation from the Board of Trustees.
- As highlighted above, we continue to promote the importance of reporting all Accident, Incidents and Near Misses, with a rigorous follow up process undertaken for every incident raised. An independent review is undertaken by the Quality and Governance Lead, including the production of a High Level Report for the Quality and Governance Committee. The review captures analysis, themes and trends, together with the identified learning lessons, which are, as appropriate, shared across the wider team, including the circulation of a Quality and Governance Newsletter.
- It is acknowledged that IPU patients are highly susceptible to Health Care Acquired Infections (HCAIs), which can include urinary tract infections, MRSA and Clostridium Difficile. The Hospice has robust infection prevention and control processes and antimicrobial guidelines in place which contributed to having only 1 case of Clostridium Difficile which was pre-existing on admission. There were zero cases of a urinary tract infection (UTI) or MRSA infection.
- The hospice maintains statutory reporting of all harms – i.e. pressure sores grade two and above, any incident resulting in moderate, severe harm or death, of which there has been one moderate harm incident due to a patient fall, which was reported and following investigation, no further actions were required.
- Bolton Hospice continues to comply with national standards with regard to all aspects of safety, using the expertise of external bodies to ensure we are meeting all standards inclusive of fire, infection prevention and control, health and safety, legionella and waste management.

Safety Information Report includes all reportable Harms (*previous relates to developed before admission*)

During 2022 – 2023 there were a total of **435 incidents reported**, with **282 clinical** and **153 non-clinical**, which included the following incidents:



Within the Hospice we also incident report incidences of specific Nosocomial infections, which includes urinary tract infections, MRSA and clostridium difficile (C. Diff) and within the previous year there was only 1 incident reported of C. Diff infection diagnosed prior to Hospice admission. In addition, 97.5% of all patients had a completed VTE risk assessment on admission.

There were no “Serious Untoward Incidents” reported in the time period which is excellent.

Regarding safeguarding for our patients there were 2 enquiries regarding safeguarding, made by members of the MCISS team but neither resulted in a formal referral. However, there were 5 Deprivation of Liberty (DoLs) referrals made, to ensure patient safety and welfare.

EFFECTIVE

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

- Infection Prevention and Control (IPC) is an integral part of all activities undertaken at the Hospice and we have an IPC Team who meet quarterly and the group has representation from the multidisciplinary team and is led by the Clinical Nurse Director. The aim of the group is to review, monitor, improve and maintain good working practices that are relevant, current and well disseminated to all teams. Within each nursing team there are link nurses to aid with cascading information and keeping staff informed whilst monitoring daily practices is the responsibility of the Facilities and Clinical Leads. There is daily communication between the nursing team and facilities team to ensure all needs are met and all staff are informed of particular infection control risk.
- The IPC monitoring is part of the Quality Monitoring Calendar, which is reviewed at the bi-monthly Audit Group. Following review of the multiple Hospice UK tools that were used, these have been combined and updated to enable a more focused approach to monitoring of IPC practices, which is more relevant to our services and minimises repetition.
- During 2022-2023, we have continued our high standards of infection prevention and control precautions to reduce the nosocomial spread of Covid-19 in the organisation to ensure our patients and those important to them have received the highest possible care throughout 2022–23. This has been achieved through the excellent support and collaboration with the Community Infection Prevention and Control Team (CIPCT) from Royal Bolton NHS Foundation Trust, including the monitoring and updating of our policies and procedures and successfully completing the annual IPC audit with excellent feedback from the CIPCT.
- Throughout the pandemic our services have continued, during 2022-23 with all those who were referred to the Hospice, having appropriate access to our services in order to maximise the numbers of patients able to access support and care, whilst maintaining safe practices around Covid-19 safety protocols. All patients have been assessed in terms of their presenting condition and their Covid-19 status and their care managed in the most appropriate location within the organisation.
- The Hospice implemented a new Information Governance system on 3rd April 2023 to enable a more robust and streamlined process for several aspects of Hospice governance. The first modules launched are the Accident/Incident and Near Miss module and the Complaints module, which enables staff to directly report all types of incidents and complaints directly onto the system. This direct reporting into the system allows real-time management of all incidents and complaints and a more robust audit trail of actions. Initial review of these modules shows it is working really well and staff find it straight forward to use. Work is ongoing to refine the system and the data it provides and we plan to roll out further modules in this system over the next 12 months, which will include the transition of recording all Facilities compliance and monitoring, audits and policy management into the respective modules in this Information Governance system.
- Data Security & Protection (DSP) toolkit attainment levels (previously information governance toolkit) following national guidance from NHS Digital the Data Security and Protection toolkit is due to be submitted on 30th June 2023.
- Work on the review of the Ambitions Framework and the Greater Manchester Commitments has been undertaken with several of our staff, including our SLT and Service Leads collaborating with our partners in the wider health and social care system, to review progress and map out future actions for the Bolton Palliative and End of Life Care Strategy group to take forward this work and enhance service delivery regarding palliative and end of life care, across the locality.

- We have provided outpatient clinics delivered by the Medical Director, Consultant and Advanced Clinical Nurse Practitioner to provide symptom control and psychological and emotional support. The offer of telephone support for those under the care of one of these clinicians has also been provided where the individual was unable to attend clinic, either due to isolating or their preference for a telephone consultation and effective communication was maintained with relevant health and social care providers involved in the patient's care following all consultations.
- In addition, the Hospice has facilitated the provision of several external clinics, including Clinical Psychology, Pain Consultant, Pulmonary Rehabilitation, Heart Failure, Christie Lymphoedema and two weekly Phlebotomy clinics via our Wellbeing Hub.
- We recognise that adolescence and young adulthood is a time of physical, psychological, educational and social change. Young people with a life limiting illness are expected to move from paediatric to adult services and it is well evidenced that good practice in transitional care can improve ongoing engagement with services and positive health outcomes.

Bolton Hospice aims to provide a reliable, safe and individualised, high quality transition service that enables young people and carers in Bolton to move into adult hospice services with minimal disruption to their care and a good patient and carer experience of the change. We have continued to develop our Transition Service for Young Adults project (for young adults aged 18 and over), in collaboration with a neighbouring children's hospice, other health and social care providers, service users and their families and have based our project on lessons learnt from other organisations, national guidance and the views of young people and their families. So far we have welcomed three young adults into our Wellbeing Hub service and although this is only a small number of individuals, the feedback from them and their families, has been invaluable in helping us shape the service moving forward. We had a delay in appointing a project lead but have now successfully recruited to this position and work is well underway to map out the services that this cohort of patients in Bolton locality are accessing within Greater Manchester. Once this mapping process has been completed, further work will be undertaken to develop referral pathways, with those services, to facilitate access to hospice services that are appropriate to their needs and at the right time.

Improving Care through Clinical Audit

Bolton Hospice undertakes regular audits to ensure compliance with regulation e.g. Health and Safety, Infection Prevention and Control, Information Governance, Medicines Management, Safeguarding and organisational policies. Clinical audit provides the framework to improve the quality of patient care in a collaborative and systematic way and enables the Hospice to identify emerging trends and risks that can then be actioned before they become a bigger issue.

- During the last twelve months Bolton Hospice has continued to undertake regular audits of multiple aspects of our service delivery, with a total of 26 audits completed and the results are disseminated to staff through the service leads, to shape our practice, ensure reflective learning and monitoring of staff adherence to our policies and processes. There has been emphasis on improved quality of service and evidence to support these improvements, with change management driven by audit findings.

Developments will take place this year to create a module on Vantage as a repository for our audits and to track when audits are due along with what actions and learning are required.

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 2022-2023 and included in a copy of our latest Quality Monitoring Calendar.

▪ Controlled Drugs Accountable Officer Audit	▪ Mental Capacity Assessment
▪ Pain Management	▪ FP10 usage
▪ End of Life Care	▪ Intravenous Fluids
▪ Care of the Deceased	▪ General Medicines Management
▪ Management of Pressure Ulcers within IPU	▪ Facilities Environmental Audit including Facilities
▪ Hand Hygiene	▪ Infection Prevention and Control: Environmental audit



Audit Examples:

1. **Controlled Drugs Accountable Officer Audit** – was a retrospective audit conducted every 6 months, to examine the safety and compliance regarding the Management of Controlled Drugs and the results showed:
 - Overall excellent compliance with the Standard Operating Procedures for controlled drugs.
 - Some documentation errors which when checked had been internally incident reported with corrective actions having been undertaken and where appropriate, were reported to the Local Intelligence Network in line with reporting requirements at that time.
2. **End of Life Care** – an audit of the documentation records made for patients during the last days and hours of life and the results showed:
 - Very good standard of assessment and documentation.
 - Some amendments were needed to how the information regarding end of life care is recorded on the patient electronic record system regarding how the system logs the name of the staff members when they are making an entry.
3. **Management of Pressure Ulcers within IPU** – this is an audit tool provided from Hospice UK to assess the management of pressure ulcers within the inpatient unit and the results showed:
 - Areas for development with regards to the documentation used, to implement new assessment tools including risk assessments and nutritional assessment and a redesign of the care plans used to make them more user friendly and streamlined whilst ensuring the relevant information is captured by staff. The changes made so far have been really positive and this work is continuing.
4. **Infection Prevention and Control (IPC): Environmental audit** – this is an external audit conducted by the community IPC team and the results were excellent with actions needed as follows:
 - Changing the way we record staff compliance with mandatory training and development of a new policy and procedure for Urinary Catheterisation, which has been completed.

Research and External Audit:

MANDATORY STATEMENT – The number of patients receiving NHS services, provided by or sub-contracted by Bolton in 2022/2023, who were recruited during that period to participate in research approved by a research ethics committee, was 3 to date.

We are currently participating in a research study, which is the only one in the last 12 months:

- **The CHELsea II Study**, which is a cluster randomised trial of clinically assisted hydration in patients in last days of life (CHELsea II), which is led by the University of Surrey. To date we have submitted pseudonymised data for five patients.

The Hospice also participated in two North West Audit Group (NWAG) audits and one national audit:

- **NWAG 22: Dry Mouth Audit**
- **NWAG 23: Seizure Management**
- **The National Audit of Care at the End of Life (NACEL)** audit via Hospice UK. This is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death. This audit is usually undertaken within acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland and this is the first time that hospices have been included in the audit. Bolton Hospice submitted pseudonymised data regarding the care of 9 consecutive deaths occurring between 1st February 2023 and 21st February 2023. This National audit of Hospice care only focused on the care of the dying patient and results are pending at time of writing this Quality Account.

MANDATORY STATEMENT – Use of the CQUIN Payment Framework - In 2022-2023 the Hospice was not subject to any CQUIN payment schemes.

MANDATORY STATEMENT – Bolton Hospice did not submit records during 2022/2023 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 2022-2023.

MANDATORY STATEMENT – Bolton Hospice was not subject to the payment by results clinical coding audit during 2022-2023.

Our 2022 Achievements

We're pleased to share some of our key milestones and achievements in 2022

January	<ul style="list-style-type: none"> Services remained open during the OMICRON variant Covid-19 outbreak, supporting the wider healthcare system. Recorded over 12,000 website visitors in a single month, the highest ever.
February	<ul style="list-style-type: none"> Dr (h.c.) Leigh Vallance celebrated 10 years as our Chief Executive.
March	<ul style="list-style-type: none"> Celebrated 30 years since the hospice first opened its doors in 1992. Secured funding to recruit a Project Lead to progress the transition project in partnership with Derian House Children's Hospice. Held a very successful staff and volunteer recruitment open day.
April	<ul style="list-style-type: none"> Completed the refurbishment of our conference and education facilities.
May	<ul style="list-style-type: none"> Dr (h.c.) Leigh Vallance appointed as the Greater Manchester Voluntary, Community and Social Enterprise representative for the Greater Manchester Integrated Care Board. Dr Ellie McCann appointed in the National Clinical Expert Group in Lung Cancer and Mesothelioma.
June	<ul style="list-style-type: none"> Received excellent feedback on our Quality Accounts from the Clinical Commissioning Group.
July	<ul style="list-style-type: none"> Dr (h.c.) Leigh Vallance and Jenny Gallagher shortlisted in the She Inspires Awards. Excellent feedback received from the trustees Provider Visit.
August	<ul style="list-style-type: none"> We were shortlisted in the Heart of the Community category at the Build Back Bolton Business Awards.
September	<ul style="list-style-type: none"> We were able to reduce visitor restrictions and stop asymptomatic staff and volunteer Covid testing. Two posters submitted and accepted for presentation at the National Specialist Conference. Held our first in person My Memories Walk since 2019, raising over £50,000. Held our first ever Wellbeing Hub open day. Our 'A Pawfect Christmas' card went viral! Senior Sister Melanie Blain marked an incredible milestone of 30 years of service to Bolton Hospice.
October	<ul style="list-style-type: none"> Received excellent feedback from staff and volunteers through the Birdsong survey, and identified some areas for development, which we will focus on. Achieved excellent rankings (1st, 3rd and 4th) for profit, profitability and income growth in the national Charity Shops Survey. Held our first hybrid AGM and formally appointed Dr Helen Wall and Mike Worsley as trustees.
November	<ul style="list-style-type: none"> Recorded record takings at our charity shops, with over £38,000 taken in a week. Retained our food hygiene rating of 5 at the Old Bank Café.
December	<ul style="list-style-type: none"> Welcomed volunteers to the Wellbeing Hub for our first Volunteer Christmas Parties since Covid-19. Secured a grant of £35,000 to install solar panels at the hospice in 2023. Received fantastic feedback on our annual safeguarding audit.

Thank you to every single member of our staff and volunteer team for making all of this possible!



Bolton Hospice is committed to providing education for hospice staff and during 2022 we maintained a focus on mandatory training and clinical skills, ensuring all staff are competent in their roles.

- **The Clinical Practice Educator, a shared collaborative role with Wigan and Leigh Hospice,** has ensured quality clinical skills training and support across both organisations and included supporting staff to complete the care certificate as well as developing competencies for Band two to three development of the clinical support nurses.
- **The Education team have been able to devise a training matrix** of both e-learning Bluestream academy e-learning modules and external face to face core modules. This allows each individual staff member to access their own accounts and monitor their individual profile.
- **We collaborated with the University of Bolton and the Bolton NHS Foundation Trust** to support staff to undertake the Foundation Degree Trainee Nursing Associate (TNA) role: with one member of staff currently undertaking the TNA training and one member of staff who has successfully completed and is currently undertaking a top up course to become a Registered General Nurse. We continue to lead on the Multi-disciplinary EoLC Module at both HE6 and HE7 level in affiliation with Bolton University with professionals enrolling from different localities within Greater Manchester and in 2022-2023 there were 16 individuals, largely from district nursing backgrounds who completed the course.
- **We continue to provide weekly doctor led education and training sessions** to all the medical team within the hospice setting and more recently we have opened this out to other hospices to attend via remote access, and there are plans to invite local GP practices to attend.



We have Equality, Diversity and Inclusion mandatory training for all staff including autism, dementia awareness and homelessness at end of life, to raise awareness and facilitate understanding, meet an individual's needs in respect of age, religion, race, gender, gender identity, disability, beliefs and sexual orientation.

- Furthermore, **we are making connections with local communities** that may not have formerly engaged with hospice services to raise awareness, dispel myths around hospice care and to encourage appropriate referrals. To foster this we are working with the Wellbeing Hub to look at ways of broadening the range of support sessions provided, and recently presented to trainee interpreters so they have background knowledge when they are interpreting for individuals in the community.
- **Bolton Hospice continues to deliver a curriculum 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 knowledge to deal with such sensitive issues. A new 2023 Prospectus has been produced.



2023 Education
prospectus.pdf (3).p

- **We continue to work collaboratively with Bolton Council** as part of their 12 month wellbeing programme. This project aims to develop staff and volunteers working in different organisations across Bolton with the knowledge and confidence to recognise signs and symptoms of poor mental wellbeing and access appropriate support. Bolton Hospice Education Team support this need with an adult bereavement course titled “Dying, Death and Grief in The Age of Covid and Beyond”. Since April 2022 we have trained over 90 staff and volunteers working across Bolton.
- **We continue delivery of the foundation communication skills course REAL PLAN** in collaboration with Bolton Foundation Trust.
- **We are planning a programme of education** that covers many aspects of palliative care entitled Palliative Care Education Passport.

Extracts from attendees' evaluation forms:

“Good to listen to a diverse group and get input from the professionals in the room”

“I thoroughly enjoyed this session. I found it informative and eye opening. I also surprised myself about my own trigger of grief and thank you for making me feel so comfortable”

“Absolutely loved this very informative course. Excellent presentation”

“Found everything useful and relevant and being confident with early conversations around advance care planning”

CARING

Staff involve and treat people with compassion, kindness, dignity and respect (CQC 2020)

- Changes to the restrictions for the Covid-19 pandemic includes the lifting of restrictions on the time and number of visitors per patient, which has been really positive for patients and those important to them, as well as staff and volunteers. The distress experienced by patients and those important to them has lifted considerably with this change and this has had a positive impact on the spiritual care of patients and those important to them. Spiritual needs such as giving space and time to individuals to talk about meaning and purpose, dealing with fears and anxieties and building trust and hope are more likely to be met when additional feelings of isolation and other barriers are lifted.
- In the past twelve months two new spiritual care volunteers have joined the service, to support meeting the spiritual needs of our patients and those important to them, from all backgrounds, which is invaluable to our hospice and those who they support.
- The Bereavement and Spiritual Care Lead has maintained a robust service following up referrals and supporting staff, patients and those important to them. The support provided has also included the ministration of ten funerals where requested by the patient or those important to them. Supporting individuals and those important to them, with planning a funeral is a complex task of bringing together the wishes of both parties and the Service Lead knows what an honour it is to be involved in some of the most difficult times for patients and those important to them.



- The bereavement groups have grown in strength, with the merging of the two daytime groups into one, an evening and a walking group. We have also provided a total of 357 (one hour) one to one bereavement sessions from April 2022 – March 2023.
- “Our Time for Remembrance” and “Light up a Life” services have been re-established with a face-to-face option as well as online access. There have been two of each service within the time frame and both had excellent attendance/online viewing and feedback.
- Carer support is also a key component of the Hospice and therefore we have set up a carers support group, within the Wellbeing Hub, for carers whose loved one is on the Wellbeing Hub caseload. The group meets monthly with good numbers attending. The team are presently working towards implementing a carer support pathway, with carer referrals being recorded as a non-palliative care referral in their own right. This will mean carers of a patient with a life limiting illness, will be able to access the Wellbeing Hub even if the patient is not under the care of a hospice service, which supports the Hospice in reaching more people and increasing awareness of what hospice care is and the support that the Hospice can offer to those individuals who have a life limiting illness and their carers.
- The Inpatient Unit (IPU) remains a core part of the professional care we provide, with a total of 262 admissions in the last year, which demonstrates an increase of 6% in demand. In 2022-23, 55% of our patients died in the IPU against 57% in 2021/22 (2% decrease). It is not possible to identify the reason for the small reduction in deaths on the IPU unit but year on year the number of deaths on the IPU is reducing (2019 - 2020 64% of admissions resulted in death). With an average length of stay of 17 days, which is the same as 2021 - 22. The reasons for this are multifactorial, including delays in transfer of patients to an alternative 24 hour place of care and in the implementation of care packages due to the impact of the pandemic on staffing and temporary Care Home closures due to Covid-19 outbreaks.

- Our Hospice at Home service is provided by a team of five nurses with expert knowledge and skills in specialist palliative and end of life care. The team is based at Bolton Hospice and work collaboratively with the community teams.



Hospice at Home team undertook 1387 home visits to patients.



The team cared for 179 patients in the community.

- 100% of all patients who died whilst under the care of the Hospice at Home team achieved their preferred place of death, which is a testament to the staff and the wider health and social care team who support patients in the community.

Quality of Care - The experience of patients and other users:

We are keen to receive feedback from those who use our services and draw on multiple sources to ensure a breadth of voice and perspective. To that end we review complaints, compliments, our Care at the End of Life Survey of Relatives' Satisfaction Questionnaire and "I Want Great Care" surveys. Feedback is reviewed at our Quality and Governance Committee and disseminated to other groups in the hospice to inform quality improvements.

Complaints

Complaints are an integral part of ensuring quality healthcare provision and the way in which the Hospice handles a complaint determines whether or not the Hospice can claim to be safe and responsive. Through the provision of an effective complaint management process the Hospice is able to create opportunities to restore confidence in our services where things have not been at the level patients and those important to them expect and increase the quality of the services it provides as a result of feedback, as well as averting minor issues from escalating into bigger problems (Health Complaints Commissioner, 2020).

	2021/22	2022/2023
Complaints	0 Formal 14 Informal (8 regarding direct hospice care) – none required formal action	23 in total – 7 non care related 16 care related of which 9 related to direct care delivery and 7 aspects of service provision – none required formal action <i>(please note a change in the way complaints are logged has led to this increase)</i>
Compliments	676 cards and media (15% increase on previous year)	371 (likely higher in previous year due to impact of pandemic)

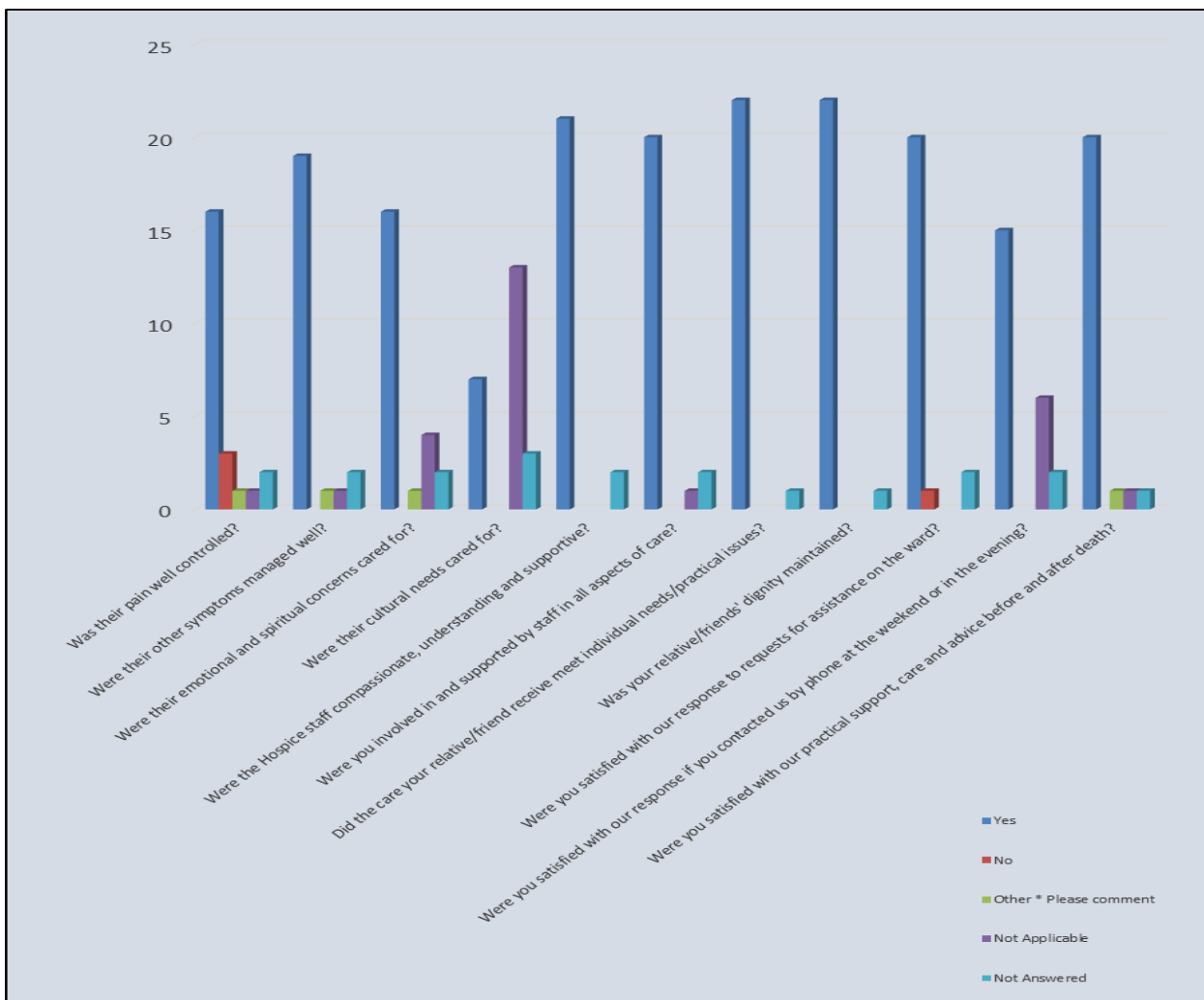
- All complaints whether formal or informal are dealt with in an open and transparent manner, whilst ensuring confidentiality. We provide regular updates to the complainant and a timely response with a clear explanation of the outcome, and throughout the process a formal record is maintained.
- The themes of clinical complaints raised this year were care of patient and communication of staff to service users. Feedback regarding complaints is discussed at the Quality and Governance Committee and learning from complaints is shared with all staff and volunteers, as appropriate, through our Clinical Governance Newsletter. We recorded all complaints 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). For 2022 – 2023 none of the complaints required escalation or formal action and all have been concluded at the time of this Quality Account being completed.
- The Hospice has arrangements in place to obtain feedback regarding services from patients and those important to them through our End of Life Care surveys. Our "Care at the End of Life Survey of Relatives' Satisfaction Questionnaire", is a paper based survey which covers both the Inpatient Unit and Hospice at Home services and from 1st April 2022 – 31st March 2023 and there were 27% and 20% response rates respectively.

Inpatient Unit:

"Nothing more they could have done for him. His greatest wish was to come home. They got him eating and walking and were able to grant him his wishes, could not ask for anything more. He was home for a week and had never experienced any pain, passed peacefully in his sleep."

"Very caring and supportive, I feel my dad got the care he needed but also deserved!"

"Thank you for your amazing work! There is the biggest hole left in my life and heart but knowing he was cared for so well helps me daily and I have no regrets about how his life ended. I'll be forever grateful. Thank you!"



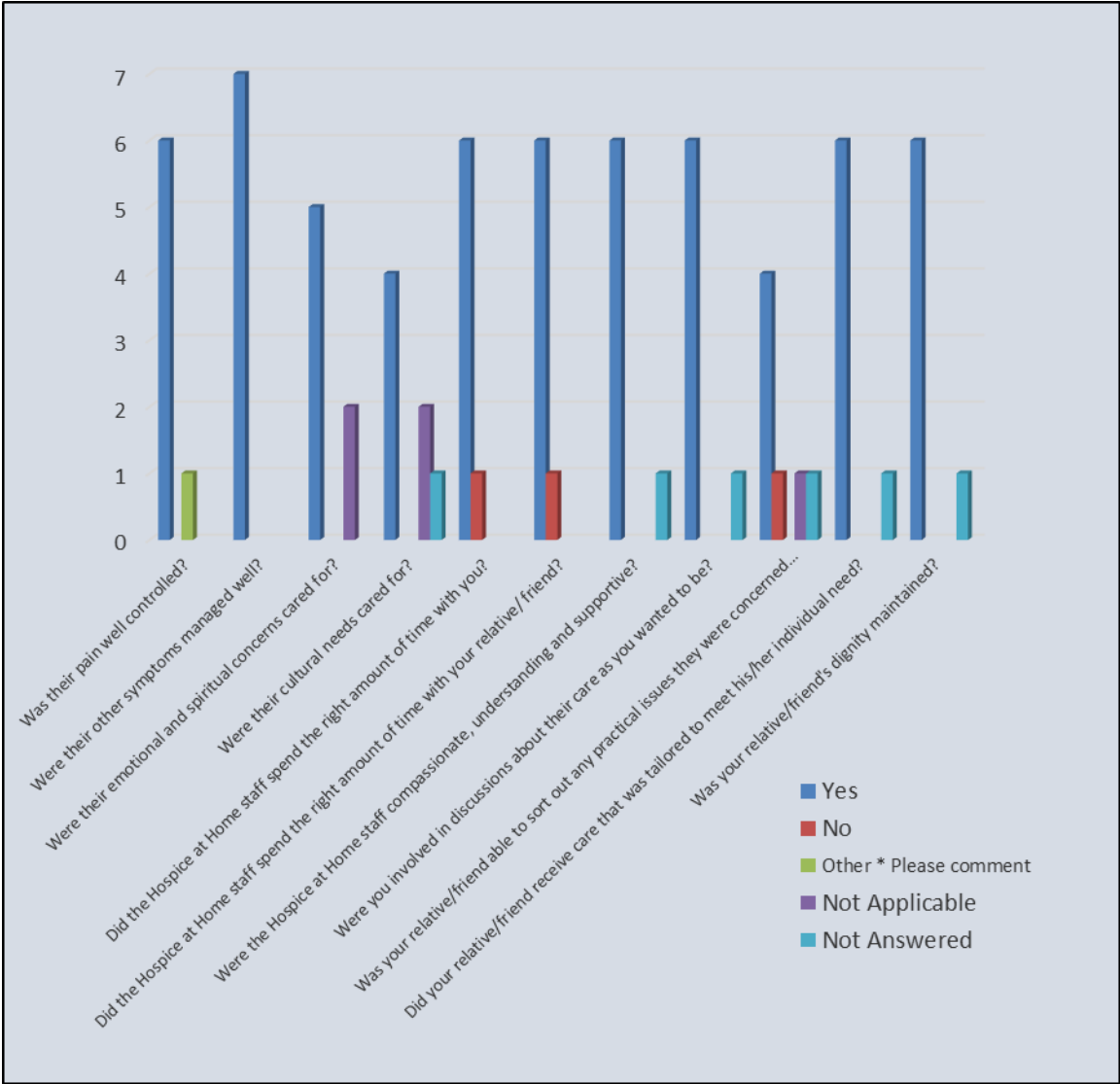
Hospice at Home Service:

“My mum suffered from dementia so couldn't always communicate. The nurses reassured her throughout, explained what was happening all the time, talked to her like a friend and were always very gentle and kind. All I can say is thank you for everything you are truly a team of amazing people and you do a brilliant job. Thank you.”

“What wonderful people you all are. That also applies to the nurses, doctors, support co-ordinator, patient liaison and lastly the really caring volunteers (both young and old). Many many thanks.”

“Very compassionate and caring.”

“I can honestly not suggest anything to improve the service that was provided. Compassion, kindness and care was shown to our mum, she may have been a member of the nurse's family the way she was treated. Nothing was ever rushed and nothing was too much trouble.”



The feedback surveys in 2022 - 2023 have been collected by both paper and those submitted via our survey provider “I Want Great Care” website. We have a staff champion, on the inpatient unit, to promote this and support patients and carers to complete if they wish to do so. The average score for the time period was 4.82 stars out of 5, which is excellent.

I WANT GREAT CARE FEEDBACK	<i>“The staff are very attentive and cannot do enough to ensure my satisfaction”.</i>
	<i>“My mum couldn’t have got better care anywhere else. Nothing is too much trouble, the staff are amazing”.</i>
	<i>“My friend was in the hospice. The love and care she got was amazing, all the staff was lovely and very helpful”.</i>
	<i>“Excellent support received by the Bereavement Support Team”.</i>
	<i>“All the care I was given was 100% of what you would expect from the staff and volunteers was second to none. I couldn’t have been treated any better than I was. Thank you very, very much. I will be forever grateful to you all”.</i>

“Data collected and analysed by IWantGreatCare. IWGC Limited”

- In the last year the MCISS and the Benefits Advice Services have had 7,299 contacts with people affected by cancer.
- The service has applied for 302 Macmillan Grants and accessed nearly £117K for people affected by cancer.
- The Macmillan Benefit Advice Service has supported 710 people and has demonstrated £2.5m in financial gains for people affected by cancer. Since 2016 the Macmillan Benefits Advice Service has demonstrated over £14 Million pound in financial gains.
 - ◆ There were 112 attendances at our monthly walking group
 - ◆ 26 ladies have attended our Boots No.7 skin care and make-up Master Class Sessions
 - ◆ Most enquiries for the services were from those affected by Lung, Breast, Bowel and Prostate Cancer
- The most common reasons for contacting the service were:
 - ◆ emotional support/wanting to talk
 - ◆ benefits/welfare advice
- Twenty people have attended our HOPE courses, which concentrate and focus on and rediscovering your inner strengths and resilience to help cope emotionally, psychologically and practically. The course deals with:
 - ◆ Goal setting and action planning
 - ◆ Looking for solutions to problems
 - ◆ Stress management (e.g. mindfulness and relaxation)
 - ◆ Fatigue management
 - ◆ Healthy lifestyles (e.g. eating more healthily and physical activity)
 - ◆ Prioritising the important things in life
 - ◆ Fear of cancer recurrence
 - ◆ Body image, sexuality and intimacy
 - ◆ Communication skills
 - ◆ Identifying your strengths
 - ◆ Becoming more positive, grateful and appreciating life more
- Service user feedback has been very positive. 99% stated the service was good or excellent and 98% felt they were listened to and understood. 84% stated they were less anxious as a result of accessing the service.
- Patients who require Consultant or Nurse Led Outpatient assessment are seen within 2 weeks of referral at a mutually convenient time and date and where the referral suggests that another Hospice service would be appropriate to meet the patient's needs sooner, this is offered. There is currently no waiting list for these clinics.
- We have continued to operate our Wellbeing Hub and have had 1158 face-to-face attendances in total (147% increase compared to previous year), comprising of 93 initial assessments and 209 follow-up visits, 856 drop-in attendances. The team also undertook 255 telephone contacts.
- For the outpatient clinics there were a total of 266 contacts including 222 face-to-face and 44 telephone, which is a 32% reduction overall compared to the 392 the previous year with 231 and 161 respectively, but the significant majority of the reduction is in less telephone calls as more people now wanting to be seen face-to-face as the restrictions and prevalence of Covid-19 reduced and vaccinations and booster vaccinations increased and in being seen face-to-face there is less need for such regular telephone contact with the patient.

- The Hospice 24 hour Telephone Advice Line has had 488 calls which is an increase of 17.5%, compared to 2021 – 2022 and the service is increasing year on year.
- The Clinical Nurse Director provides assurance with regard to the safeguarding arrangements within the Hospice, monitors compliance and reports, advises and acts on findings to address any gaps in service. Quarterly assurance reports are provided to the Quality and Governance Committee, which has Trustee representation and minutes of these meetings are disseminated to the full Board of Trustees.
- External annual Safeguarding Audit completed to provide assurance to the ICP regarding the level of governance and mitigation of the potential of harm for our service users and the results were commended as outstanding with only one action being to increase and maintain compliance with mandatory safeguarding training, which reduced due to the pandemic and its impact on staff sickness, vacancies and recruitment and this action will continue to be worked on throughout the coming year as workforce issues continue to be a challenge across the health and social care economy.
- The Hospice is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. These have been fulfilled throughout 2022/23.
- We ensure patients' wishes regarding Preferred Place of Death (PPD) are acted on promptly through having input in the District Nurse/Community Macmillan virtual hub meetings that are held three times a week and where a patient requires hospice admission for end of life care, we endeavour to meet this request in a timely manner.
- We received some feedback regarding the comfort level of our mattresses and therefore undertook a consultation exercise with patients on the level of comfort of our beds and mattresses, following which we have purchased all new mattresses and half of the bed frames have also been replaced with a plan to replace the remaining bed frames in the next few months.
- Following on from the review of beds and mattresses we have also reviewed and completely updated our pressure area management documentation and policy/procedure to complement the replacing of the equipment and ensure that we maintain evidence based best practice.

Our Year in Numbers

2022–2023



Bolton Hospice
caring from the heart

We
cared for
262
Inpatients



The average
length of a
patient's stay
was **17**
days



1158
Wellbeing Hub
attendances



266
Outpatient clinic
appointments



452 people
participated in
our Education
courses

179
Hospice at Home
patients



Hospice at
Home made
1387
visits

MACMILLAN
CANCER SUPPORT

had
7299
contacts with
people affected
by cancer



391
Bereavement &
Spiritual Care
sessions



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)

- [illegible]



- Work will begin in the next few months to implement the FTSU module within the Vantage Information Governance System to support ease of reporting and logging concerns raised, enable streamlined reporting and outcomes to be shared with the Board of Trustees and external agencies, if required. This supports the hospice vision to ensure we all work together to provide an open and transparent culture and that all members of staff and volunteers feel safe and confident to speak out and raise their concerns.
- We have an up to date Risk Management Policy and Procedure and maintain a comprehensive record of risk assessments via the Risk Register, which is reviewed and monitored by the Quality and Governance Committee which has representation from the Board of Trustees and the SLT.

All risks identified have appropriate mitigations in place to minimise the risk as far as reasonably possible and those risks which score 16 and above are taken to the full Board of Trustees, of which there are currently none.

Staff and Volunteer Engagement

Wellbeing Hub Carers' Event

As part of the promotion of the new services being offered by the newly refurbished Wellbeing Hub, Jacqui Ryder and Lynda Adamson attended a Carers' event at the Holiday Inn. This event proved to be very beneficial not only to promote the service but a chance to network with other organisations.



"We want to get the word out in the community that the hospice is about much more than end of life care, it is about living with a life-limiting illness. We hope to be able to attend more events in future to promote all aspects of hospice care"

Colleague Support Guide

Recognising the Signs of Drug Misuse

Anyone can experience problems with their use of drugs, regardless of age, race, or background. While some people are able to use recreational or prescription drugs without experiencing negative effects, others find that substance use takes a serious toll on their health and wellbeing. Whatever the reason a person starts taking drugs, tolerance and dependency can develop quickly. Drug abuse is a complex problem that can impact upon every area of the person's life. It often leaves those involved feeling helpless, isolated, or ashamed. Overcoming addiction requires the individual to reach out for support and make changes to the way that he/she lives, deals with problems and relates to others.

See attached guidance document from our Education team, designed to help you support anyone you suspect of having a drug problem.

Look after yourself and others...

...join a free mental health course

Mental Health & Wellbeing

Free training in Bolton

If you work or volunteer in Bolton, you can get free training in mental health and wellbeing. The training will help you to gain insights into your own mental health and wellbeing, as well as teach you to recognise the signs of poor mental wellbeing in others.

A range of courses are on offer, covering many aspects of mental health.

You can find full details on the attached document or at
www.bolton.gov.uk/mentalhealthtraining

BIRDSONG STAFF AND VOLUNTEER 2023 SNIPPETS

237

People from Bolton Hospice took part in the Survey (93 paid staff and 144 volunteers – split 50:50 between Hospice based Volunteers and Retail Volunteers).

Our aim is as always to listen, learn and act on the feedback, producing a practical action plan to move things forward via our team structures.

Below is a summary of the results along with headlines and key themes from the questions answered:

Highest agree question scores where staff are most satisfied include:

91%	of paid staff agree they are proud to work for this charity
91%	of paid staff agree to believing in the aims of this charity
89%	of paid staff agree that if a friend or relative needed treatment, they would be happy with the care provided by this charity
89%	of paid staff agree that they enjoy the work they do

Highest agree question scores where volunteers are most satisfied include:

99%	of volunteers enjoy the work they do
99%	of volunteers are proud to volunteer for this charity
99%	of volunteers believe in the aims of this charity
97%	of volunteers agree with the statement that if a friend or relative needed treatment, they would be happy with the standard of care provided by this charity

6 key themes and focus areas as follows:

1. Communication
2. Wellbeing
3. Pay, Reward and Appreciation
4. Leadership and People Management
5. Training, Development and Career Progression
6. Caring for the Environment

Comments from the Survey:

Kindness	Supportive management	Strong moral values	Rewarding	Appreciated	Best care	
	Fundraising	Flexible hours	LOVELY atmosphere	Privilege	People	caring
Gentle	Friendly nursing staff	Job satisfaction	Multi-skilled team	Patience	Recycling	
	Making a difference	Supported	valued and trusted	wellbeing	Friendships	
Raising money	Love the challenge	Meaningful	Team Work	Flexibility	Warm and welcoming	

REGULATORY COMPLIANCE

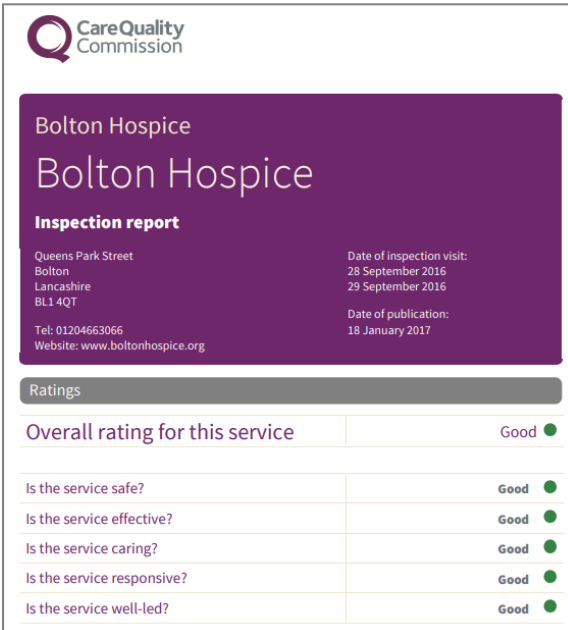
Bolton Hospice is registered with the Care Quality Commission (CQC) to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

Bolton Hospice has the following conditions on registration:

- Only treat people over 18 years old
- Only accommodate a maximum of 16 inpatients.

The CQC has not taken any enforcement action against Bolton Hospice during 2022-2023. **Bolton Hospice achieved Overall Good** in our last inspection which took place on the **28th & 29th September 2016**.



The image shows a screenshot of the Bolton Hospice CQC inspection report. It features the CQC logo at the top left. The main header is 'Bolton Hospice' in a large, bold font. Below this is the title 'Inspection report'. The report includes contact details for Bolton Hospice, the date of the inspection visit (28-29 September 2016), and the date of publication (18 January 2017). A 'Ratings' section follows, showing an 'Overall rating for this service' of 'Good' with a green dot. Below this, a table lists five specific questions, each with a 'Good' rating and a green dot.

Ratings	
Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Since the 2021–2022 Quality Account was published we have had monthly direct monitoring email updates from CQC, advising they have carried out reviews of the data available to them regarding the Hospice and found no evidence to carry out an onsite inspection or reassess the Hospice's rating.

On 10th February 2023 our Relationship Officer attended the Hospice to meet with our Clinical Nurse Director and also spent some time meeting with a few members of staff and the visit went well, with positive feedback received. On 10th May 2023 we received an update on the CQC's review of our activity data and they found no evidence that they needed to carry out an inspection to re-assess our rating following this paper review exercise.

OUR PRIORITIES FOR 2023–2024

SAFE	Priorities
	Continue with the review of patient electronic records to ensure that they are user friendly and enable us to capture all relevant information to facilitate great care delivery.
	Ensure all EoLC training is validated and delivered consistently across the Health and Social Care.
	Continue to support staff in maintaining full compliance with all mandatory training including minimum 95% level 1 safeguarding and 85% for all other key modules listed as per page 7.
	Undertake full PLACE inspection and complete any actions required, where reasonably possible.
EFFECTIVE	Priorities
	Ongoing implementation of Information Governance Management System to facilitate accurate data collection, support risk management, reduce the number of information systems being used and support triangulation of evidence for CQC.
	Work with other partners to deliver The Ambitions Framework through the GM Commitments for Bolton in conjunction with the Bolton End of Life Care Strategy.
	To facilitate increased access to all our services by all groups of society and conditions.
	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.
	Continue to audit ourselves against recognised national and local audit tools and evidence based end of life care.
	Provide evidence against set Key Performance Indicators for admission, discharge, advance care planning, PPC and PPD and resuscitation status.
CARING	Continue to monitor the throughput of people accessing the Macmillan Cancer Information Centre.
	Priorities
	To increase the service user feedback we receive across all services to identify improvements we can then action in our services.
	Continue to be the hub of excellence for the provision of education to wider community, including Care Homes and Schools, including delivery of Advance Care Planning, use of “What’s Important to Me” Document, to support patients and those important to them, accessing these tools to support achievement of their wishes. Utilising service user involvement in training where possible and appropriate to demonstrate lived experience of service users.
	Ensure all staff have relevant education and training to undertake their role competently, including the delivery of external training such as childhood bereavement education.
	Co-produce the Transition Service for Young Adults with life limiting conditions with service users, their families and relevant health and social care providers, with an initial focus on Wellbeing Hub service progressing to inpatient admissions.

RESPONSIVE	Priorities
	Transition from DoLs to Liberty and Protection Safeguards (LPS) including training for all staff in line with NHS England.
	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 implement outcome and complexity (OACC) measures in all clinical services.
	Care for the Carer through training and support sessions in all services.
	With the ICP, support the implementation of EPaCCS and Bolton patients' shared care records to improve outcome for end of life care patients.

WELL-LED	Priorities
	Deliver our Workforce Strategy, invest in staff support and development to ensure we have a workforce fit for the future.
	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.
	Undertake two Trustee Visits yearly and publish and complete action plans in timely manner.

Board of Trustees – Chair's Statement



The Quality Account for 2023/2024 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 everything we strive to do here at Bolton Hospice.

This Quality Account looks back at 2022-23 as well as forward to 2023-24. Over the past year we have dealt with the impact of the cost of living crisis on our costs and the declining level of NHS funds as a proportion of overall costs, the majority of which comes from our own income generation efforts supported by the people of Bolton.

In this report we demonstrate the tremendous efforts we've made to ensure we deliver our services and support our colleagues to our best abilities despite the challenges.

We have continually reviewed our systems of service delivery, quality governance and under system co-operation in order to help deliver the best possible care to our service users and their loved ones and play our part as a member of the wider health and social care community.

Looking forward, we remain focussed on doing all we can to develop new opportunities within the landscape of integrated care partnerships, the cost of living crisis, workforce challenges and the destabilising effect of the war in Ukraine.

We have a clear focus on quality service delivery in an integrated system ensuring our services remain safe, effective, caring, responsive and well-led.

If the last two years has taught us anything it's that we are resilient, flexible and unwavering in our commitment to hospice care that is holistic, encompassing practical, physical, emotional, symptom management and spiritual support.

As Chair of the Board of Trustees, I have the honour and pleasure in endorsing the Quality Account and on behalf of all the members of the Board and our dedicated and caring staff and volunteers we will continue to monitor our achievements via our internal and external reporting mechanisms, including the Quality and Governance Committee, Audit Group and Health and Safety Group as well as the CQC and the Integrated Care Partnership (ICP) and ultimately through the Bolton Hospice Board of Trustees and the Community of Bolton in which we serve.

A handwritten signature in dark ink, appearing to read 'Judith Bromley', written in a cursive style.

Judith Bromley
Chair

Statement from Stakeholder Organisation

The Greater Manchester Integrated Care Bolton Locality continues to work closely with Bolton Hospice to gain assurance that they continue to provide safe, effective and patient focused services. It is reassuring that Bolton Hospice is focussed on recovering from the Covid-19 pandemic and getting back to business as usual and it has maintained its CQC rating of GOOD.

We welcome the values of the organisation which underpin the approach to ensuring safe, effective, caring, responsive and well led palliative care that are delivered by Bolton Hospice; along with the strategic aims and objectives.

Examples throughout the quality account demonstrate the focus on the safety culture within the organisation. The audit activity reflects their commitment to clinical effectiveness and a learning culture too; the hospice is an active and key participator in a number of our Bolton Locality improvement collaboratives.

Communication and people engagement are key to quality improvement; Bolton Hospice places an emphasis on this and is open and transparent with the way it engages with their service users, carers, staff and the wider public.

Greater Manchester Integrated Care Bolton Locality will continue to work closely with Bolton Hospice in 23/24 and look forward to supporting the hospice in providing the care people need to provide the best possible palliative and end of life care for the people of Bolton.

Jane Bradford – GP and Associate Medical Director

Michaela Toms – Director of Quality and Personalised Care (interim)



We welcome your feedback

Your views are very important to us.

If you wish to suggest any ways we could improve our service we'd also like to hear those. You can also use the online feedback form if you wish to make a complaint about any of the services you've received from the hospice, including our shops. Details on how to make a complaint can be found on our website.

All feedback can be anonymous if you wish, although if you would like us to contact you to further discuss your comments then you will need to leave a way for us to contact you.

Contact Details:

Bolton Hospice
Queens Park Street
Off Chorley New Road
Bolton. BL1 4QT

Tel: 01204 663 066

E-mail: admin@boltonhospice.org

Website: www.boltonhospice.org.uk

Controlled Drug Accountable Officers Annual Report

1st September 2021 to 31st August 2022

Executive Summary

Accountability for safe management of controlled drugs sits with Bolton Hospice Board via the Controlled Drugs Accountable Officer (CDAO) and this role was held by Dr L. Vallance (CEO) until 29th October 2021 when Jenny Gallagher (Clinical Nurse Director) took over the role. This report is to provide assurance that Bolton Hospice is acquiescent with the current controlled drugs legislation, has effective controlled drugs systems and policies/procedures in place, which comply with the legislation and that all controlled drugs incidents and near misses are considered and actions are taken to reinforce controlled drugs safety and governance within all clinical services.

Within the reporting time frame there were 42 internal controlled drugs incidents, which is an increase of 50% compared to the same time 2020/2021. This increase is an affirmative increase as it validates an open and clear attitude to incident reporting. In addition, there were 2 external incidents which were reported to the Local Intelligence Network (LIN).

In the last 4 years there has been no indication of probable diversion of controlled drugs within any of the clinical services.

All registered staff are required to complete medicines management training at induction and complete a detailed workbook, which covers numerous subjects including controlled drug management, role of accountable officer and incident reporting.

The management of medicines policies and Standard Operating Procedures (SOP's) have all been revised within the last three years to ensure they remain fit for purpose.

Purpose of the Report

The purpose of this report is to ensure that "safe management of controlled drugs" is maintained as an organisational priority.

To provide assurance on the systems and processes within Bolton Hospice that lead to safe management of controlled drugs.

To describe the range of incidents reported to the CDAO and Local Intelligence Network (LIN) from 1st September 2021 – 31st August 2022.

To demonstrate to the Board of Trustees that Bolton Hospice is compliant with the requirements of the Misuse of Drugs Act (revised 2001), the Health Act 2006 and the Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations 2020 and identify any deficiencies.

To highlight the recommendations from the Care Quality Commission (CQC) 2018 annual report on controlled drugs (last updated 12th May 2022).

Background

The Misuse of Drugs Act 1971 (MDA 1971)

This act principally covers the illegal use of drugs and provides a schedule structure for classification of these drugs, which provides the courts with guidance on the maximum sentences to be imposed if this law is broken (Schedules A, B & C).

The Misuse of Drugs Regulations 2001 (MDR 2001) (and subsequent amendments), covers the medical use of those drugs listed within the MDA 1971. Within the framework of MDR 2001 the classification structure for the medical use these drugs delineates the drugs by a different system of schedules (1, 2, 3, 4 & 5). Within this framework these drugs are classified according to their likelihood of harm vs therapeutic benefit. With Schedule 1 drugs being the most tightly controlled in terms of prescribing, dispensing, storage & transportation and Schedule 5 having the least control.

The British National Formulary (BNF) gives details of the legal status of most of the medicines used in the UK. The CDAO would be expected to intervene in all cases where there may be a concern about the use of these drugs by relevant people. Further details can be found on the home office website <http://www.homeoffice.gov.uk/publications/controlled-drugs/drugs/drug-licences/controlled-drugs-list> including contact details for advice on whether or not a specific substance is a controlled drug. (DLCUCommsOfficer@homeoffice.gsi.gov.uk). In August 2012 the legislation covering medicines for human use was revised and consolidated into a new act – The HUMAN MEDICINES REGULATIONS 2012. This legislation updated the 1968 medicines act and incorporated various changes introduced by EU legislation together with all the updates and variations to the original act.

Management of Controlled Drugs (CD's)

Following the activities of Dr Harold Shipman in the 1990's, it became clear that the systems and process of control that were in place at the time to govern the use of CDs were inadequate.

Following the fourth report of the Shipman enquiry in 2004, the chairman Dame Janet Smith concluded that the governance arrangements for these drugs needed to be strengthened.

Many of her recommendations from the enquiry were incorporated into part three of the 2007 Health Act and statutory instrument No. 3148 The Controlled Drugs (Supervision of Management and Use) Regulations.

http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf

http://www.legislation.gov.uk/uksi/2006/3148/pdfs/uksi_20063148_en.pdf

One of the key changes introduced by the 2007 Health Act was the statutory requirement for NHS trusts (and other relevant bodies) to appoint an Accountable Officer for Controlled Drugs (CDAO).

In December 2015 further changes to legislation took place which enforced the use of new controlled stationary by anyone ordering stocks of controlled drugs. An unintended consequence of this legislation resulted in additional bureaucratic requirements for anyone receiving – or supplying controlled drugs outside of the legal entity of an NHS Trust. In order to comply with this legislation the Hospice is required to submit standard requisitions in order for an NHS trust to transfer stocks of controlled drugs to the Hospice.

During the Covid-19 pandemic the Home Office made changes to the Misuse of Drugs Regulations 2001: The Misuse of Drugs (Coronavirus) (Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.) Regulations 2020. The amendment removed the statutory expiry date and inserted a statutory review clause to ensure the provisions of the regulations remained in force beyond 31st March 2020 and gave government ministers (Department of Health and Social Care (DHSC)) emergency powers for the supply of CDs in specific circumstances during a pandemic, such as the COVID-19 outbreak. The regulations are enabling so may be used only if 'activated' by ministers and apply in very limited circumstances. This amendments to regulations has not impacted the Hospice in any way.

Statutory Role of the Controlled Drugs Accountable Officer (CDAO)

The obligation for designated bodies to appoint a CDAO was made in the 2007 Health Act and has been restated in successive legislation. The CDAO must ensure that their designated body has adequate arrangements for the safe and legal management and usage of controlled drugs throughout the organisation.

The principal concern of the CDAO is to protect the patients and public from harm due to controlled drugs by relevant people. There are a number of specific duties of the CDAO. Full details of the duties of the CDAO are laid down in Part 2 of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (<https://www.legislation.gov.uk/ukxi/2013/373/contents/made>).

The designated body (Board of Trustees) has a responsibility to ensure that they notify the CQC of the name of the CDAO and that they are a “fit, proper and suitably experienced person” who does not ‘routinely supply, administer or dispose of controlled drugs as part of his or her duties’ and to ensure that the CDAO is provided with the necessary funds and resources to carry out their responsibilities.

The CQC are required to hold a record of all CD accountable officers (and ensure all relevant organisations are registered with them. See <https://www.cqc.org.uk/guidance-providers/controlled-drugs/controlled-drugs-accountable-officers>. Notification to the CQC is done through a secure portal on the CQC website.

The Board of trustees can be assured that the Care Quality Commission (CQC) hold details (as of 31st August 2022) of the CDAO for Bolton Hospice as follows:

Jenny Gallagher: Jenny.Gallagher@boltonhospice.org

Duties of the CDAO include ensuring that:

- The organisation is following “adequate and up-to-date” Standard Operating Procedures (SOPs).
- Appropriate arrangements for monitoring and auditing the management and use of controlled drugs.
- Systems exist to alert the accountable officer of any complaints or concerns involving the management or use of controlled drugs.
- The incident reporting system captures untoward incidents involving the management or use of controlled drugs.
- Appropriate arrangements in place for analysing and responding to untoward incidents involving the management or use of controlled drugs.
- Relevant individuals receive appropriate training in relation to controlled drugs.
- Arrangements are appropriate for monitoring and auditing the management and use of controlled drugs by relevant individuals and assessing their performance.
- The recording of any concerns raised in relation to the management or use of controlled drugs by a relevant individual.
- The assessment and investigating of any concerns raised regarding the management or use of controlled drugs by a relevant individual. The CDAO must determine whether these concerns should be shared with a responsible body.
- Appropriate action is taken to protect patients or members of the public in cases where concerns in relation to the management or use of controlled drugs by a relevant person appear to be well-founded.
- Appropriate arrangements for ensuring the proper sharing of information.

The NHS England and NHS Improvement Northwest Region – (Greater Manchester [GM]) team CDAO is responsible for coordinating the sharing of information through Local Intelligence Networks (LIN's).

CD Recommendations from the Care Quality Commission (CQC)

The CQC scrutinise and report on how well health and social care providers, and other regulators, work together to ensure the sharing of intelligence/information on the safe management and use of controlled drugs by relevant people through the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

As part of this work, the CQC publish their findings annually, together with recommendations on how the safe use and management of CDs can be improved.

In July 2021, the CQC published their latest annual report: <https://www.cqc.org.uk/publications/safer-management-controlled-drugs-annual-update-2021> which was updated July 2022.

Last year, CQC recommended that services focus on improving their governance processes as it is crucial in supporting the safer use and management of controlled drugs. The report highlighted some areas of concern, including:

- Some organisations having poor and inadequate procedures and balance checks for controlled drugs. Balance checks are an important step in assisting to detect the misuse, including the diversion of controlled drugs. Procedures for balance checks need to be fit for purpose for each service and within the Hospice these checks are carried out every seven days by the night staff.
- Where changes were made to how services were provided during the pandemic, the policies and procedures were not updated to ensure that they accurately reflected those changes. Within the Hospice the Management of Medicines policies and standard operating procedures were regularly updated throughout the pandemic when any change in process was made, formally ratified and shared with the relevant staff.
- Poor and inappropriate reporting and reviewing of controlled drug incidents – both within organisations and to relevant external organisations (such as NHS England and CQC). Bolton Hospice has continued to report all controlled drug incidents/near misses both internally and externally, as appropriate, none have required reporting to NHS England or CQC.
- Lack of an appropriate risk assessment (RA) that results in unrestricted access to controlled drugs. The Hospice's current risk assessment for "Discrepancies - CD's stored and prescribed by the Hospice" was last updated April 2022 (RA004) and the RA for "Hospice mini bus collecting and transporting Controlled Drugs" was last updated March 2022 (RA0183).

Local Intelligence Networks and Occurrence Reporting

Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the NHS England Accountable Officer must establish a controlled drug local intelligence network (CDLIN) to share information and intelligence about the misuse and safe use of controlled drugs. These meetings are attended by a range of organisations, including hospices.

During the period of the report there were four virtual Northwest Regional LIN meetings including one which was a learning event and as CDAO I attended all of these. The LIN meetings are an effective way to educate attendees regarding concerns and share intelligence and knowledge, as well as providing appropriate networking occasions for attendees. For organisations that fail to attend regularly NHS England and Improvement (NHSE&I) CDAOs proactively follow up with those organisations and re-engaged with them.

Prevention of Future Death reports

After an inquest, a coroner can write a Prevention of Future Death Report, sometimes called a 'Regulation 28 Report'. They do this when a coroner considers that more preventable deaths could occur if no action is taken to alleviate a recurrence. The report is sent to the person and/or organisation(s) that the coroner believes has the authority to take the protective action. They must then respond within 56 days showing how they have made changes according to the coroner's recommendations, or how they mean to, where relevant. Most reports are published on the Judiciary website.

Examples of controlled drugs related themes raised in these reports over the last five years include:

- Poor communication between health and social care providers in local systems.
- Poor monitoring of patients in primary care.
- Patients deliberately accessing multiple prescribers for controlled drugs, including online services.
- Patient education on risks of overdose.
- Independent providers of healthcare and access to NHS care records.

Although Prevention of Future Death reports are sent to specific individuals or organisations, the valuable information in them about controlled drugs risks must be used to support learning and change across both individual organisations and local health and care systems. For all of the examples above the risk to service users should be mitigated as far as possible. At the Hospice we have robust policies and procedures which centre on clear record keeping, safe prescribing and monitoring and prompt communication regarding medications prescribed for patients, regardless of whether the service user is seen in outpatients, inpatients or in their own home.

During the reporting period no "Regulation 28 Reports" were sent to the Hospice.

CD Safety

- Bolton Hospice has medical and NMP prescribing within outpatients, inpatient unit and within the Hospice at Home service. All prescribers have maintained safe prescribing practices, prescribing minimum quantities in line with policy and communication with the patients General Practitioner (GP) and other key healthcare providers has been maintained in a timely manner, usually within 24 hours of the consultation. Timely communication is recognised as best practice when prescribing for patients to ensure that patient safety is maintained.
- Signatures, storage and distribution: The requirement for wet (written, not electronic) signatures for controlled drug prescriptions created practical challenges for providers. At the Hospice we have a vigorous system for ordering medication for patients and this was maintained during the report period. Our portering staff who attend the local NHS Trust to collect the medication are all appropriately trained and clear audit trails of medication, ordered, collected and received are maintained.
- The Department of Health and Social Care and NHS England and NHS Improvement published guidance to facilitate using patients' unused medicines in care homes and hospices under certain criteria due to the pandemic. As a consequence Bolton Hospice developed and implemented a "Reuse of Medicines in Bolton Hospice during the COVID-19 Pandemic – Temporary Policy and Procedure" but it was not needed and has now been rescinded.
- The Hospice does not use private prescriptions, all our FP10 prescriptions for Schedule 2 – 5 controlled drugs are submitted via the pharmacy that dispenses the medication, to the NHS Business Services Authority. Where Schedule 4 and 5 medications are prescribed on the inpatient unit, the pharmacist from the local NHS trust monitors the drug wardex and any concerns regarding inappropriate prescribing, excessive ordering or low stock that cannot be accounted for in the weekly stock check, would be reported to the CDAO and internally incident reported and investigated, no concerns have been raised during this time period.

- Safe custody does not relate to Schedule 4 and 5 CD's and there is no requirement to keep records in a controlled drugs register. This can create an increased potential option for diversion and misuse of these medications by staff, either for their own use or for onward supply. The effects of the pandemic on the health and care workforce have been significant and ongoing, with people working longer hours and under exceptionally challenging circumstances. CQC have acknowledged in their annual report that the stress associated with this has influenced people towards diversion and misuse where the opportunity arises, resulting in harm. Good governance, audits and oversight can help to reduce the opportunity for diversion or identify these activities at an earlier stage.

It has never been more crucial to support staff working in health and care. Support offered to staff is varied and includes 1 Point confidential counselling service, WHYSUP, mental health and wellbeing free training programme and the employee assistance programme, as well as access to NHS support services.

- In addition, educating staff of the potential harm associated with these medicines and a risk assessments regarding the procurement, transportation and storage of CD's all contribute to minimizing the risk of abuse and diversion of these medications.

In July 2022 the HR department included a section in the newsletter to educate staff and raise awareness titled "Colleague Support Guide - Recognising the Signs of Drug Misuse" with a separate more detailed information leaflet (Appendix 1).

- Prescribing in inpatients is under the scrutiny of the Pharmacy team and relates to prescriptions for both drugs initiated in the inpatient setting and those prescribed prior to admission.
- Within the hospice there are three qualified and registered Non-Medical Prescribers (NMPs), one of whom is the CDAO so does not actively prescribe or administer controlled drugs. There is a policy and procedure for the staff to follow, including safe use of FP10 stationary and prescribing which is monitored and audited. Where staff are prescribing on FP10 prescriptions the costs are covered by the Integrated Care Partnership (ICP) and assurance has been received that the ICP has processes in place for monitoring CD prescribing.
- The CDAO was audited for their prescribing before taking on the role of CDAO and achieved 100% compliance. Prescribes on the IPU wardex and their practice is overseen by the Medical Director (Appendix 2).

This report makes the following statements of assurance to the Board of Trustees in relation to controlled drugs and relevant people.

Board of Trustees should note the following.

- 1) Serious concerns relating to controlled drugs are investigated and actions taken to prevent recurrence.
- 2) The CDAO shares all incidents relating to controlled drugs with the CEO, the Quality and Governance Committee (which has Trustee representation) and the Northwest LIN and any serious concerns are also shared with NHS England. Within this reporting period there have been no serious concerns identified or reported at the Hospice.
- 3) The CDAO attends the Northwest Regional CD LIN meetings.

Ordering

Bolton Hospice obtains Controlled Drugs through service level agreements (SLAs) through two providers, Bolton NHS Foundation Trust (named patient CD medications) and Salford Royal NHS Foundation Trust (stock CD medications), in accordance with national recommendations and requirements. All CD drugs cannot be supplied from one Acute Trust due to lack of a Wholesaler Dealers Authorisation permitting supply of stock medicines to another organisation from the local Acute Trust.

Disposal Arrangements

In line with the regulations defined in the Misuse of Drugs Act (revised 2001) the CDAO is required to authorise individuals who can witness the destruction of controlled drugs and also ensure that they are destroyed in a way which ensures that they are irrecoverable. In addition, the Waste Regulations requires the Hospice to have a valid T28 exemption for the denaturing of controlled drugs preceding to waste disposal. The Hospice has an SLA with a regulated waste disposal company, to remove clinical waste including denatured controlled drugs. Denaturing is undertaken by using a Dupe kit which are stored securely in the pharmacy (controlled by fob access which is monitored by the Corporate Services Manager). During the reporting period there were 23 witnessed destructions of CD's in line with policy and procedure.

Governance

The CQC monitor the governance regarding controlled drugs and arrangements for this can vary across organisations, often in response to the needs of the organisation and the people they serve. Within the Hospice we have a clear process for the reporting of all incidents, accidents and near misses, including those involving controlled drugs. All incidents are reviewed by the CDAO and presented to the CEO weekly or at the time of occurrence, if of a significant nature. The incidents are then reviewed by the Quality and Governance Lead and a summary is provided for the Quality and Governance Committee which meets bi-monthly and then all reports and minutes of this meeting are shared with the Board of Trustees.

Within Bolton Hospice the CDAO undertakes a 6 monthly audit of controlled drugs in order to provide assurance to the organisation and the CDAO that the controlled drugs audit is fit for purpose and would identify risks and issues promptly.

During the reporting period two CD audits have been carried out at the Hospice, resulting in the following recommendations/reminders that were shared with all clinical staff:

24th November 2021 –

1. The use of 2 CD log books for the same form of medication items is not good practice and therefore staff requested to ensure all medications transferred to one book – this was actioned immediately.
2. Staff to ensure diligence when signing CD book for administration and second checking.

24th May 2022 –

1. Reminder for diligence when prescribing and to ensure if dosages are changed that the medication is re-prescribed not amended.
2. Repeat audit in 6 months.

Reporting of Incidents

The CDAO is required to report all incidents involving the safe use of controlled drugs in hospice services, to the Greater Manchester Controlled Drug Accountable Officer (GM CDAO) via the reporting portal, www.cdreporting.co.uk. All serious incidents must be reported within 48 hours and low to moderate incidents can be reported on a quarterly basis, to ensure that a clear audit trail is maintained. However, the hospice aims to report all CD incidents within 48 hours.

Analysis

The numbers of incidents reported have increased by 50% compared to the same time frame last year. It should be noted that for the reporting period being reviewed there was a 10% increase in occupancy, which included a period of 5 months where the beds were capped at 14 due to staffing issues (sickness and vacancies predominantly secondary to the pandemic). The table above provides a breakdown of the categories of incidents reported over the past four years. Despite our increase in incidents/near misses, the LIN view that the Hospice has a positive approach to reporting within the organisation.

The Hospice incident reporting system details each incident and an audit trail of documents from investigations, as appropriate. Following an incident/near miss it is imperative that reporting is done promptly and that the investigations are completed to a high standard in order to understand the circumstances that led to an incident and that we can identify changes to systems/processes and practices that need to be made to minimise the risk of reoccurrence and/or harm to patients. Following all incidents, including those involving CD's the CDAO and CEO review the incident and seek assurance that these have been investigated, reflected upon, learned from, and action taken to reduce the chance of it happening again. The incident will then be classed as "closed" by the CDAO.

Incident Rating:

Within the LIN whole system reporting the following are considered common incidents:

Patient related:

- Prescribing: wrong dose prescribed
- Dispensing: wrong dose not corrected
- Administration : the wrong patient is given a controlled drug

Accounted for and Unaccounted for lost / missing / stolen:

- Drugs
- Prescriptions

Professionals and patients of concern:

- Diversion

Record keeping / Governance:

- Recording / stock/ storage, SOPs, etc.

Bolton Hospice LIN Categorisations (internal incidents reported only)	Sept 18 – Aug 19	Sept 19 – Aug 20	Sept 20 – Aug 21	Sept 21 – Aug 22
	0	0	0	0
Accounted for losses	0	0	0	3
Death	0	0	0	0
Governance	5	12	5	4
Patient – Public	0	0	0	0
Patient and/or public causing concern	0	0	6	0
Patient related	10	13	13	18
Professional individuals of concern	0	0	0	0
Record Keeping	0	0	4	17
Unaccounted for losses	3	0	0	0
Totals	18	25	28	42

In 2020/21 (September – August) there were 42 internal controlled drug incidents/near misses reported to the LIN.

Of these reports, none met the NHS England and Improvement (NHSEI) criteria for catastrophic or major incident, the categorisation for incidents was low to moderate. The highest reported category remains the same as previous year with 43% (18/42) patient related incidents, followed by record keeping at 40% (17/42), governance at 10% (4/42) and finally accounted for losses accounting for 7% (3/42) incidents.

During the time frame, there were no incident categorisations amended by the LIN following review of the incident and actions taken.

The categorisation of incidents/near misses is analysed further to explore the types of incidents/near misses that have occurred in the time period, as follows:

Accounted for Losses:

There were 3 incidents in this category, 1 related to the police removing medication from the premises following their attendance at the hospice due to the death of a patient who had been referred to the coroner due to the cause of death being reportable and not linked to hospice care. Whilst it is not unusual for the police to attend the hospice they had requested to take the medication that the patient had brought in with them and as staff were not used to this being requested they had complied but had not documented information regarding this. Investigation by the CDAO with the Police Liaison officer identified the reason for the removal of the medication and we were able to obtain documented records from the police which showed the police records matched what the patient had brought into the hospice and an entry was made in the CD book to reflect this. In addition, as a consequence of this incident the policy was reviewed and further clarity provided regarding how such requests should be managed in the future.

The other 2 incidents in this category related to low running balances of liquid CD's, which showed a running balance issue >5% and less than 10%. On investigation, the ward manager found that the bottles had been accessed multiple times since the last measuring check (which is done every 7 days) therefore the loss was not a cause for concern.

Governance Issues:

There were 4 incidents categorised as relating to governance, where policy or procedure was not followed but the patient received the correct medication and none resulted in harm to the patient.

Patient Related (Administration and Prescribing Incidents):

Administration errors in 2021/22 primarily related to where medication was accidentally omitted due to human error and administration of incorrect doses of medication which resulted in an under dose for the patient, including one incident of a patient being given Morphine Sulphate instead of Oxycodone. . No controlled drugs were administered to the wrong patient during 2021/22, no harm was observed in the patient and Duty of Candour was maintained and a full apology was given to the patient. The staff involved completed reflections regarding the incident and lessons learned including the importance of concentrating when checking prescriptions, preparing drugs for administration and double checking prior to administration, were shared with the wider team through the clinical governance newsletter (see Appendix 3 for example of this document). There were 6 prescribing errors identified before reaching the patient and corrected and three prescribing errors where the medication was administered but no harm was identified and Duty of Candour was maintained for these incidents with full apologies given to the patient.

Record Keeping:

There were 17 incidents relating to record keeping, including missed signatures on the drug wardex but administration of the medication was confirmed as correctly documented in the CD register, missed signatures in the CD register where there should be two signatures but only one was recorded and incorrect recording of the volume of the CD remaining after the dispensing of a dose for administration.

Losses/Diversion:

No incidents were reported for the following categories:

- Patient – public
- Death
- Patient – Public causing concern
- Professional individuals of concern
- Unaccounted for losses

Issues of serious or major concern (1st September 2021 to 31st August 2022)

There have been no issues of serious concern in the year.

Other issues (1st September 2021 to 31st August 2022)

Not all reported incidents concerned people who were employees of the Hospice and within the reporting period there were two incidents involving schedule 2 drugs identified and reported by Hospice staff, which were then reported to the Northwest Regional LIN and the relevant organisation's Risk Reporting team.

Conclusions

This report summarises the systems and processes in place to provide the assurances that controlled drugs are being managed appropriately within the organisation. In 2021/2022, there were no catastrophic or major incidents reported and no cause to escalate concerns about diversion of controlled drugs to the Police and NHS England.

The overall pattern of incidents involving CD's and relevant people within the Hospice indicate that:

- 1) Safeguarding and information sharing involving serious concerns across NHS England and NHS Improvement – (Greater Manchester) CD LIN is continuing to work well.
- 2) The CD incidents reporting rate rates continue to increase which reaffirms the Hospice having an open and transparent culture of incident reporting.
- 3) Assurance that the CDAO has acted on all incidents involving controlled drugs, regardless of the type and cause of the incident.
- 4) Learning from all controlled drug incidents continues to be shared with staff across the organisation appropriately.
- 5) The largest number of reports relate to patient related incidents but none resulted in severe harm or death and none required escalation to NHSEI, CQC, ICP or the Coroner. It is difficult to mitigate risks completely but the Hospice has robust policies and procedures in place and work will continue to ensure these remain fit for purpose.
- 6) Bolton Hospice will continue to work closely with our pharmacist to enhance medications safety and support safe clinical practice and care for patients.

Appendices

Appendix 1 – HR support leaflet

Appendix 2 – NMP Audit

Appendix 3 - Clinical Governance Newsletter

Appendix 1

Recognising the Signs of Drug Misuse - A Guide to Support Colleagues

Introduction

People from all walks of life can experience problems with their use of drugs, regardless of age, race, or background. While some people are able to use recreational or prescription drugs without experiencing negative effects, others find that substance use takes a serious toll on their health and wellbeing. Whatever the reason a person starts taking drugs, tolerance and dependency can develop quickly, before the user even realises the pattern of addiction taking hold. Drug abuse is a complex problem that can impact upon every area of the affected person's life. It often leaves those involved feeling helpless, isolated, or ashamed. Overcoming addiction requires the individual to reach out for support and make changes to the way that he/she lives, deals with problems and relates to others.

Risk factors for drug addiction

While anyone can develop problems from using drugs, vulnerability to substance addiction differs from person to person. A person's genes, mental health, family and social environment all play a role, but factors that increase vulnerability are:

- ❖ Family history of addiction
- ❖ Abuse, neglect, or other traumatic experiences
- ❖ Mental health problems, such as depression and anxiety
- ❖ Early use of drugs
- ❖ Method of administration—smoking or injecting a drug may increase its addictive potential

Drug addiction and the brain

While each drug produces different physical effects, all abused substances (whether recreational drugs or prescription medication) have one thing in common: repeated use can alter the way the brain functions.

1. Taking such a drug causes a rush of the neurotransmitter dopamine in the brain, which triggers feelings of pleasure; the brain remembers these feelings and wants them repeated
2. When a person becomes addicted, the drug takes on the same significance as other survival behaviours, such as eating and drinking
3. Changes in the person's brain interfere with his/her ability to think clearly, exercise good judgment, control his/her behaviour and to feel 'normal' without the drug
4. Irrespective of the drug to which the person is addicted, the uncontrollable craving to use the drug becomes more important than anything else, including family, friends, career and even his/her own health and happiness
5. The urge to use the drug becomes so strong that the person's mind finds many ways to deny or rationalise the addiction. The affected person may drastically underestimate the quantity of drugs that he/she is using, how much this impacts his/her life, and the level of control that the drug has on his/her life

Warning signs that a colleague, friend, family member or loved one could be abusing drugs

Physical warning signs

Learning to recognise the physical or behavioural/psychological signs of drug abuse can help prevent the problem from progressing further. Drug abusers often try to conceal their symptoms and downplay their problems. If you're wondering how to tell if someone is misusing drugs, physical signs could be your first indicator. Examples of warning signs include:

- Watery or bloodshot eyes, pupils larger or smaller than usual
- Poor skin tone and appearing tired or run down
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain
- Deterioration of physical appearance, poor personal grooming habits
- Unusual smells on the person's breath, body or clothing
- Clenching of the jaw, tremors, slurred speech or impaired coordination
- Bruises, infections, or other physical signs at the drug's entrance site on the body
- A general sense of lethargy, or also excessive energy, depending on the drug

Behavioural/psychological warning signs

Drug abuse negatively affects a person's behaviour and habits as he/she becomes more dependent on the substance. The following behavioural and psychological changes can indicate a problem with drug abuse:

- Drop in attendance and performance at work/school
- Engaging in secretive or suspicious behaviours
- Sudden changes in the person's social network
- Dramatic changes in habits and/or priorities
- Unexplained financial problems; borrowing or stealing
- Frequently getting into trouble (fights, accidents, illegal activities)
- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appearing fearful, anxious, or paranoid

How drug abuse and drug addiction develop

There's a fine line between regular drug use and drug abuse or addiction. Very few drug abusers are able to recognise when they've 'crossed' that line. Whilst the frequency or the quantity of drugs consumed do not necessarily constitute drug abuse or addiction, they can often be indicators of drug-related problems.

If the drug fulfils a valuable need, the affected person may find him/herself increasingly relying on it. He or she may take illegal drugs to become calm, energised or more confident. The person may start abusing prescription drugs to relieve pain, cope with panic attacks, or improve concentration at school or work. If the person is using drugs to fill a void in his/her life, there is a greater risk of 'crossing the line' from casual drug use to drug abuse and addiction. To maintain wellbeing, it's important to have positive experiences and feel good about life without any drug use.

Drug abuse may start as a way to connect socially. People often try drugs for the first time in social situations with friends and acquaintances. A strong desire to 'fit in' with the group can make it feel as though taking or using the drug with other members of the group is the only option.

Problems can sometimes 'creep up' on the individual, as his/her drug use increases gradually over time. Smoking a joint with friends over the weekend, taking ecstasy at a rave, or painkillers for backache, for example, can change from using drugs a couple of days a week to using them every day. Gradually, getting and using the drug becomes increasingly important to the affected individual.

As drug abuse takes hold, the affected person may miss or frequently be late for work/school; performance at work/school may deteriorate and social or family responsibilities may start to be neglected. The person's ability to stop using the drug is eventually compromised. What started as a voluntary choice has turned into a physical and psychological need.

Eventually drug abuse can consume the affected person's life, stopping social and intellectual development. This only reinforces his/her feelings of isolation. With the right treatment and support, the person can counteract the disruptive effects of drug use and regain control of his/her life. The first obstacle is for the affected person to recognise and admit that there is a problem, or listen to loved ones or relevant others, who are often better able to see the negative effects that the drug use is having on the individual concerned.

What should I do if I think there is a problem?

If you suspect that a colleague, friend, family member or loved one has a drug problem:

Do:

- ✓ **Speak up**
 - Talk calmly to the person about your concerns, and offer help and support without being judgmental
 - Don't wait for the person to 'hit rock bottom' (the earlier addiction is treated, the better for the person concerned)
 - List specific examples of the person's behaviour that have concerned you and urge him/her to seek help
- ✓ **Take care of yourself**
 - Stay safe; don't put yourself in a dangerous situation
 - Don't get so caught up in someone else's drug problem that you neglect your own needs
 - Make sure you have people you can talk to and rely on for support
- ✓ **Avoid self-blame**
 - You can support a person with a substance abuse problem and encourage treatment, but you can't force a person to change
 - You can't control the affected person's decisions
 - Letting the person accept responsibility for his/her actions is an essential step along the way to recovery

Don't:

- Attempt to threaten, bribe or preach
- Try to be a martyr (emotional appeals may only increase feelings of guilt and the compulsion to use drugs)
- Cover up/make excuses for the drug abuser, or shield him/her from the negative consequences of his/her behaviour
- Take over the person's responsibilities, leaving him/her with no sense of importance or dignity
- Hide or discard drugs
- Argue with the person when he/she is 'high'
- Feel guilty or responsible for that person's behaviour

Where can I go for help?

There are a number of places to find support if you, or a person you are concerned about, needs it. These include your line manager, your Controlled Drugs Accountable Officer (Jenny Gallagher), Speak Up Guardian (John Hall). External support is also available from Healthcare UK, our employee assistance programme which offers support, information, expert advice and face-to-face or telephone counselling. It's a completely free and confidential service to all colleagues.

(amended from Boots UK leaflet - Recognising the Signs of Drug Misuse - A Guide to Support Colleagues 2022)

Appendix 2

Jenny Gallagher

NMP Prescribing Audit 2021

Results

This audit was to assess the prescribing practices of a non-medical prescriber based on the Bolton Hospice NMP policy and this takes its standards from local and national policy on non-medical prescribing.

Security of prescriptions-

The prescriber will keep a record of the first and last serial numbers of prescription pad(s)
The prescription pad must be left intact until a prescription is issued
Under no circumstances should a blank prescription be pre-signed before use
When not in use, the prescription pad must be stored in a secure place (e.g. locked desk draw)
Result- 100% Compliance

Quality of prescriptions issued-

The prescription issued will be logged on the "prescription log" sheet
Contact number - which allows easy access to the prescriber by the pharmacist
The patients forename, surname, address and date of birth will be stated
The prescription will be signed by the prescriber
The prescription will be dated
A non-medical prescribing communication update form will be emailed to the GP within 24 hours of the prescription being issued
No prescriptions should be returned or refused
The patients's allergies are recorded on the first assessment
Result- 100% Compliance

Medications prescribed-

If the prescription is spoilt, the policy for recording this has been followed
The medicine is prescribed in full
The dosage of the medicine will be clearly stated
The frequency of the medicine will be clearly stated
Abbreviations will be used appropriately
The quantity of the medicine to be supplied will be clearly stated
For controlled drugs, the number in words and figures of the dosage units and total quantity of the preparation to be supplied will be stated
The rationale for prescribing will be documented in the patients records on iCare
Result- 100% Compliance (where appropriate)

The audit was undertaken by a senior educator who assessed the security measures used and the integrity of the prescriber's prescription pad. Ten random prescriptions issued by the NMP were assessed under the standards outlined above, this included 1 spoiled prescription which was assessed according to the standards set out in Bolton Hospice guidelines for spoiled prescriptions.

Compliance was 100% for all standards.

No areas for development identified at this time.

Please note this NMP has since taken up the role of controlled drug accountable officer for Bolton Hospice so will no longer be prescribing, but will continue as NMP prescribing lead for the organisation. Please see attached notes as evidence of following current protocol in terms of destroying prescription pad and notifying key roles.



Notifications for
change in circumsta



JG FP10 serial
numbers log.pdf

By Vicki Guest

QUALITY AND GOVERNANCE NEWSLETTER

Department Performance Reports

Two reports were shared prior to the Committee. **Equality and Diversity report** presented by Jenny Gallagher (JG). Geoff McLardy (GMCL) commented that this was an excellent report and also enquired regarding face to face training with JG advising that this would be done as soon as possible, as some external providers were not offering face to face at this time. **MCISS report** prepared by Sue Summerfield. Grace Hopps (GH) commented that Sue and the team always provide so much varied information in their reports with praise again on another excellent report submitted.

Clinical Risk Management

Bolton Hospice Non-medical Prescribing Group (NMP) – JG provided a draft Terms of Reference and previous minutes for information.

Clinical Capacity – Jacqui White (JW) and members of the hospice team are currently reviewing the WBH data capture process to ensure as a hospice we are accurately capturing the volume of patients that we care for across the service.

The **High Level Incident Report** was issued for the period of 18.05.22 – 30.06.22. 49 incidents in total were recorded and thank you to all the hospice team for complying with our policy to ensure all accidents, incidents and near misses are reported. A high level overview/discussion took place of the incidents raised. Catherine Doyle (CD) briefly discussed the new **Vantage Enterprise System** which is a new software application currently being prepared for implementation which will enable incidents to be raised electronically, with live data and information sharing technology. The system will also provide additional modules to support data capture, monitoring and compliance across the hospice which is a super opportunity and exciting news for everyone.

Quality Measures / Audit Update / New Guidelines

Dr. Ellie McCann (EMcC) confirmed that **Audits** are on track/in progress which is a good position.

Infection Control – Sue Gooden and Dawn Whittaker are currently looking at merging some of these audits into one, going forward. GH mentioned that the Pressure Ulcer audit is currently overdue and Helen Newberry (HN) confirmed that the Sisters are currently undertaking this audit.

Estates/ Building / Corporate Services

Colleen Kyne-Daly (CKD) advised that the snagging has taken a little longer than thought with the staff facilities and WBH now being signed off with the Architect and we are currently looking at the costs and viability of soundproofing some rooms. We have had a Health and Safety Risk Assessment, which will be shared at the Health and Safety Committee meeting and most of the actions are completed or ongoing / currently being worked on to achieve 100%.

Wellbeing Hub

JW shared an update on clinic figures and also advised that the Pulmonary Fibrosis group is held at the hospice and generating some fundraising income too. The Heart Failure Group also hold clinics and figures will be included in the ICP quarterly report. The **Dog Show** recently organised by Mary Stubbs, Creative Therapist was a great success raising around £4k and following the show, people have also expressed an interest in getting involved in our Open Day. Well done to Mary and everyone involved and who attended. JW and Senior Sister Melanie Blain will be meeting to discuss the H@H Business Plan and explore opportunities for even greater collaboration with District Nurses and H@H Services going forward, thank you both. GH enquired about the Hair Salon and JW advised that Margaret Brabbin is looking at recruiting volunteers initially, to understand the demand and also the offering of other services like body image.

Education

VG advised the Level 4 Leadership Management Courses are due to start on 24.08.22, with some more of the middle managers and all the IPU Sisters planned to join the courses also. Nine members of staff are on the list for the Level 2 course which we are currently sourcing funding for. The team are planning the EoLC Module which starts in January 2023 having had a meeting with the University. We have offered 2 places to our senior staff nurses. LV advised that work is underway to obtain funding from ICP for a 6 week rolling programme of education as there is currently no specific end of life education currently in Bolton for Care Homes. We have one member of IPU staff starting the Nursing Associate programme in September and another has just finished the training and will be going onto further training to be an RGN. Well done to both colleagues.

Inpatient Unit

Helen Newberry (HN) said the Ward is very busy as we care for some high complexity patients. HN also advised that we now have 3 permanent night staff which will support our patients and the wider team, who will also undertake a month of days every 6 months. Thank you to the team.

Information Governance

CD advised the annual **Data Security and Protection Toolkit** has been submitted in June 2022, thanking everyone for their support. Together with highlighting that a number of actions and activities are to be carried forward and followed up, ensuring ongoing compliance to the standards required. CD also advised that herself and the Head of Governance and Compliance at Derian House Children's Hospice were working together to create a new Q&G Forum across the NW Hospices.

Our People

Workforce Strategy – a very positive meeting held.

The **Birdsong survey** results and feedback have been received and are currently being analysed with communications to be shared.

Provider Visit – GH and Iqbal Essa, Trustees have recently undertaken a Provider Visit and the report will be available soon.

VG mentioned that she has met with the new Educator from Derian House and they are now discussing how to take the gap analysis and required education programme forward in relation to the **Young Adult Transition Project**.

Incident Examples

Controlled and Non-Controlled Drug Errors

Nine Controlled Drug Errors (LIN reportable) occurred during the period, including: prescribing errors; incorrect amounts being documented in CD Register and incorrect date captured for medication administered.

Third Party Data Breach

Whilst filing discharge paperwork a member of the hospice team identified notes for another patient not known to the hospice. Incident correctly reported and incident form forwarded to RBH to support their investigation to prevent recurrence.

Accidents

On collecting a table with a glass top, customers were advised by staff member that they did not think it would fit into their vehicle and suggested returning, however, customers continued with their action and unfortunately the glass top section smashed on the floor.

Non-Clinical Incidents

A patient was admitted requiring a large hoist sling which unfortunately was unable to be located. Replacement arranged and system in place to ensure logging and tracking to prevent essential equipment being mislaid. On checking oxygen points, 2 flow meters identified as being missing. Reminder to all staff to report all faults to equipment or missing items.

Learning Lessons

- Accurate record keeping in relation to prescribing and administering patient medications, including re-writing prescriptions and not amending, with correct signing and annotation on registers
- The using of another patient's own personal labelled drugs is not allowed and the requirement for immediate escalation if drugs are not available to be administered as prescribed by the medical team
- The importance of obtaining and maintaining accurate Next of Kin contact details and information for patients within the care of the Hospice
- The importance of continuing to raise all incidents, including those relating to equipment, both missing and faulty, ensuring when required for future patients, is readily available and in good working order
- The best practice regarding preparation of discharges to be no more than 48 hours prior to discharge, with discharge summary to be completed alongside TTO to ensure accurate and limit risk of errors

Thank you and well done to everyone who has raised an incident and for following our Hospice Policy, living our values every day in ensuring transparency and visibility. Together with enabling learning opportunities to be taken forward.

SAFEGUARDING ANNUAL REPORT

1st April 2022 – 31st March 2023

INTRODUCTION

Welcome to the Bolton Hospice (BH) Safeguarding Annual Report 2022-23. Bolton Hospice is committed to ensuring that the mental health and safeguarding of our patients, those important to them, our staff and our communities are at the foundation of our Hospice values and are embedded throughout the Hospice.

This report will provide a declaration of assurance that the Hospice is fulfilling its duties and responsibilities in relation to promoting the welfare of children, young people, adults and those important to them who come into contact with our services.

The 2022-23 annual report provides the Hospice Board with:

- An overview of local, regional and national context of safeguarding
- The Safeguarding practice, activity, achievements and progress during 2022-23 to develop a culture that puts safeguarding at the centre of all care delivery
- Assurance that the Hospice is meeting its statutory obligations and the required national standards with regard to safeguarding
- 2022-2023 challenges, future priorities and work plans to demonstrate continuous improvement on the arrangements currently in place

DEFINITIONS

Safeguarding: The Care Quality Commission (CQC) state; ‘Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care’ (CQC, 2022).

Safeguarding Children: a child is defined within the Children’s Act 2004 as – “an individual who has not reached their 18th birthday”.

The fact that a child may:

- live independently
- are a parent themselves
- are in custody
- are a member of the armed forces

does not change their entitlement to protection under the Children’s Act 2004.

Safeguarding Adults: An adult is an individual aged 18 years or over.

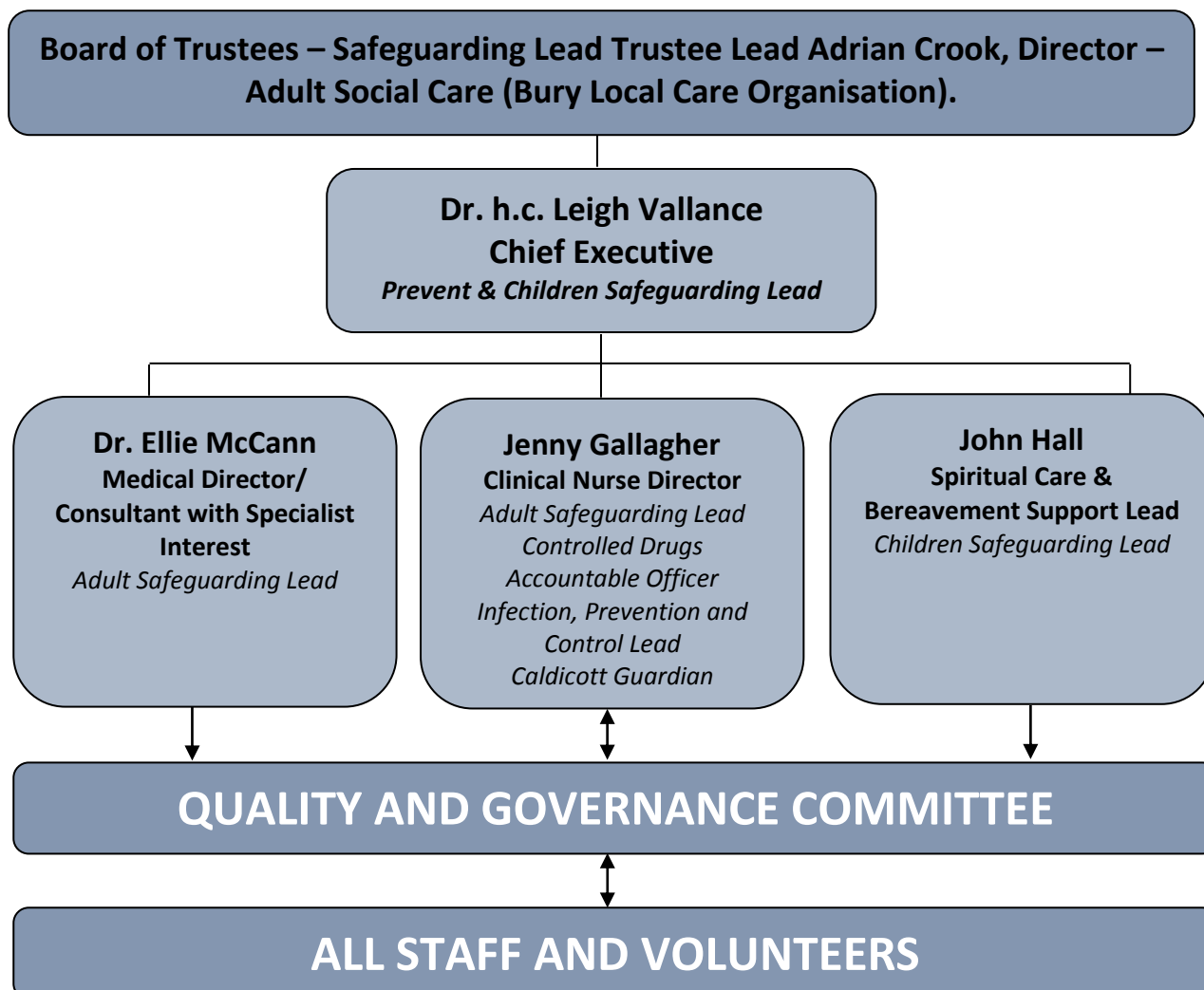
The Care Act 2014 defines an ‘adult at risk’ as:

- An adult who has care and support needs (whether the needs are being met or not);
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Named Professionals - All BH staff have a statutory responsibility to safeguard and protect those who access our care regardless of their position in the Hospice. However, Named Safeguarding Professionals have specific roles and responsibilities for safeguarding children and adults, as described in the Intercollegiate Safeguarding Competencies for Adults (RCN 2018, last updated June 2022) and Children and Young People (2019).

Named Professionals provide expert advice and support to Hospice employees and promote good practice within their organisation (Children Act 1989/2004; Care Act 2014). The Hospice is assured that all Named Safeguarding Professional roles have been fulfilled throughout 2022/2023.

BOARD TO FLOOR GOVERNANCE



With the governance structure detailed above the Hospice discharges part of its responsibility for Board-level assurance, scrutiny and challenge of safeguarding practice within the Hospice, in line with the statutory requirements of section 11 Children Act (2004), Health and Social Care Act (2008), Working Together to Safeguard Children (2018), the Mental Capacity Act 2005 and the Care Act 2014.

Everybody has the right to be safe and free from abuse and protected from harm, no matter who they are, or what their circumstances. The term ‘safeguarding’ encompasses all activities to assist children, young people and adults at risk to live a life that is free from abuse and neglect and to enable independence, wellbeing, dignity and choice. Safeguarding includes the early identification and/or prevention of harm, exploitation and abuse by using national guidelines, local multi-agency procedures and by circulating ‘lessons learnt’ and sponsoring best practice from serious incidents to develop forthcoming service development for patients and staff.

All staff are aware 'what' and 'when' to report safeguarding issues and the level at which concerns should be reported externally is well-defined, this includes the Care Quality Commission (CQC), Integrated Care Partnership (ICP), NHS England CD Reporting, Adult Social Services Safeguarding Team, professional regulatory bodies (including General Medical Council (GMC), Nursing & Midwifery Council (NMC); Health and Care Professions Council (HCPC) and Social Work England (SWE). Volunteers are also informed as part of their induction that if they identify a safeguarding concern they should speak with the senior member of staff on duty in their area to report the concern.

The Clinical Nurse Director provides assurance with regard to the safeguarding arrangements within the Hospice, monitors compliance and reports, advises and acts on findings to address any gaps in service. Quarterly assurance reports are provided to the Quality and Governance Committee, which has Trustee representation and minutes of these meetings are disseminated to the full Board of Trustees.

The Hospice also provides assurance to the ICP through quarterly reports including safeguarding and training, as well as sharing this annual report and completing the annual safeguarding audit led by the ICP.

The Clinical Nurse Director provides the Hospice strategic representation at the Bolton Integrated Care Partnership Safeguarding Collaborative (BICPSC) and the Learning Disabilities Mortality Review (LeDeR) group, to ensure that all safeguarding practices within the Hospice are consistent with the locality approach. The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. In addition, membership of these groups affords effective access to safeguarding guidance and support, to guarantee that we maintain the safety of all individuals who use our services and our staff/volunteers.

A requirement of our contract with the ICP is to complete an annual audit of safeguarding to provide additional assurance and the latest audit was outstanding with the only action being to increase and maintain compliance with mandatory safeguarding training, which reduced due to the pandemic and its impact on staff sickness, vacancies and recruitment and this action will continue to be worked on throughout the coming year as it is an ongoing challenge, due to staff sickness and recruitment/retention of staff.

The Hospice is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. These have been fulfilled throughout 2022/23.

STATUTORY FRAMEWORKS AND NATIONAL POLICY DRIVERS

Whilst safeguarding shares the same agendas and principals for adults and children, there are substantial variances in the laws and policies that profile how we safeguard these groups. The legal structure to protect children is contained in Working Together to Safeguard Children (2018, updated 2020) and the Care Act (2014) for adults. Though, the predominant objective for both is to enable children and adults to live a life without harm, abuse or neglect.

The Children Act (1989) and Section 11 of the Children's Act (2004) places a legislative duty on all NHS providers to make provisions to make sure that it has regard for the need to safeguard and endorse the welfare of children when exercising its functions. The statutory guidance 'Working Together to Safeguard Children (2018, updated 2020) supports the multi-agency safeguarding provisions set out in the Children and Social Work Act (2017).

The Care Act 2014 set out a clear legal structure for how local authorities and other agencies must protect adults at risk of abuse or neglect. The emphasis is on personalised and outcome focused care, Adults should therefore be seen as experts in their own lives and safeguarding means working 'with the adult' and not a practice that is done to or for an adult.

Hospice Safeguarding policies, procedures and training are up to date with current child and adult safeguarding legislation and statutory safeguarding duties in relation to:

- Working Together to Safeguard Children (2020)
- Human Rights Act (1998)
- Children and Social Work Act (2017)
- Children Act (1989, 2004)
- Care Act (2014)
- Serious Crime Act (2015)
- Modern Slavery Act (2015)
- Counter-Terrorism and Security Act (2015)
- Domestic Abuse Act (2021)
- CQC registration standards, Health and Social Care 2008 (Regulated Activities) Regulations 2014: Regulation 13
- CQC The fundamental standards

JOINT SAFEGUARDING LEGISLATION

The Counter-Terrorism and Security Act 2015

The Counter-Terrorism and Security Act 2015, places a specific duty on statutory bodies including the police, local authorities and health organisations to have 'due regard' to help 'prevent' people being drawn into terrorism. It also makes attendance / representation at the CHANNEL process (a standardised voluntary multi-agency programme for people at risk of radicalisation), a legal requirement for public bodies across the country.

The UK's CONTEST Strategy aims to reduce the risk to the UK from terrorism. The strategy addresses all forms of terrorism across the extremism spectrum, from extreme far right to Daesh or Al-Qaeda inspired groups and from domestic to international terrorism.

The CONTEST strategy has four key components:

- Pursue - to disrupt terrorist activity and stop attacks;
- Prevent - to stop people becoming or supporting violent extremists and build safer and stronger communities;
- Protect - strengthening the UK's infrastructure to stop or increase resilience to any possible attack;
- Prepare - should an attack occur then ensure prompt response and lessen the impact of the attack.

The NHS and its partners have a role in the 'Prevent' section of this strategy which is underpinned by the Counter-Terrorism and Security Act 2015. The purpose of the Prevent strategy is to safeguard and support those most at risk of radicalisation through early identification, intervention and offering support to prevent children and adults at risk from being radicalised into supporting terrorism or carrying out terrorist acts. Radicalisation is a form of exploitation similar to other forms of exploitation, such as grooming and child sexual exploitation.

Current position of BH

- The Executive Lead for Prevent at BH is the Chief Executive Officer. The Prevent Lead provides a point of contact for the Regional Prevent Co-ordinators. Any PREVENT activity within the Hospice would be reported to NHS England and advice and support would be provided for all BH staff involved and liaise with Counter Terrorist Regional Police to share information for CHANNEL or high risk cases.
- BH is represented on the Bolton Integrated Care Partnership Safeguarding Collaborative (BICPSC) by the Clinical Nurse Director – Adult Safeguarding Lead.
- BH ensures staff complete Home Office Prevent training; this is embedded into all inductions.
- BH provides PREVENT information for all volunteers at induction.
- The Hospice submits a quarterly report to the ICP Safeguarding Leads, which includes data regarding:
 - Training compliance
 - Any referrals made via the Channel process

The Modern Slavery Act 2015

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion or abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including criminal or sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 identifies Modern Slavery as a national and local priority. Local safeguarding adult boards require assurance that staff are to be able to identify and respond appropriately to potential modern slavery and know when and where to refer concerns. Bolton Hospice safeguarding training includes information on modern slavery and the Hospice has an organisational statement in relation to Modern Slavery (as required under section 54 of the Modern Slavery Act 2015).

Current position of BH

- Modern slavery and trafficking (including the sexual or criminal exploitation of children), identification, management and reporting is included in the level 1 (corporate induction) level 2 safeguarding package and in the level 3 training provided by our e-Learning platform Blue stream and all staff undertaking training that is relevant to their role.
- BH has a robust mechanism for reporting and sharing information about individuals affected or suspected of being victims of Modern Slavery and trafficking. This includes referral procedures for those requiring the National Referral Mechanism (NRM).
- BH has a published Modern Slavery Statement.
- BH confirms the identities of all new employees and their right to work in the United Kingdom, in line with Safer Recruitment Procedures.

Domestic Violence

NHS England continue to sponsor joint working across all health and social care services and government agencies to provide mutual aid and help influence a common tactical and strategic approach, creating a cohesive voice for safeguarding across our NHS, in our integrated care systems (ICSs) and across our communities.

The Crime Survey for England and Wales (CSEW) estimated that 5.0% of adults (6.9% women and 3.0% men) aged 16 years and over experienced domestic abuse in the year ending March 2022; this equates to an estimated 2.4 million adults (1.7 million women and 699,000 men).

There have also been many other forms of exploitation identified and reported, including online grooming, scams, frauds, adult abuse, family poverty, mental health issues, and all the consequences that those things bring for families and communities.

The completion of safeguarding mandatory training provides staff and volunteers with the right knowledge regarding the problems of modern slavery and domestic violence and how to report concerns.

Current position of BH

- BH is represented on the BICPSC by the Clinical Nurse Director – Adult Safeguarding Lead.
- BH has up to date policies to raise awareness of domestic violence and to provide support to staff if needed.

MCA/DoLs/Liberty Protection Safeguards (LPS)

The clinical documentation staff use will be developed further when the LPS is implemented, although the details are not yet known.

The change to LPS will also require our policies and procedures to be amended and there will be a programme of education for staff to ensure that all understand the changes and their responsibilities in relation to LPS. Updates on training will be provided through the quarterly reports to provide assurance of implementation and compliance.

External Safeguarding Governance and working with partners

BH is a committed and key partner for safeguarding across Bolton. This is achieved by:

- Membership of BICPSC and the Learning Disabilities Mortality Review (LeDeR) group, to ensure that all safeguarding practices within the Hospice are consistent with the locality approach.
- BH provides quarterly reports to the BICPSC regarding safeguarding at the Hospice, which includes information regarding safeguarding referrals, DoLs, incidents and harm, as well as mandatory training compliance (*Appendix 1*).
- Active contribution and participation in the Annual Reports and associated key work streams of the BICPSC.
- Close liaison and dissemination of information with the BICPSC.

Safeguarding Training

The Hospice continues to demonstrate ongoing commitment to safeguarding training ensuring all staff receive the required levels of safeguarding training under guidance of the Intercollegiate Document for Safeguarding Children (RCPCH 2019) and the Intercollegiate Document for Adults Safeguarding: Roles and Competencies for Health Care Staff (RCN 2018, last updated June 2022). The current safeguarding training is designed to ensure that every member of staff is aware of their safeguarding responsibilities, is able to recognise abuse and knows the correct route to act upon that concern.

Safeguarding Training Compliance Status

During 2022 – 2023 training has been tracked and progress reported on a quarterly basis; the maintaining of compliance continues to be an ongoing challenge due to staffing, including recruitment and sickness, which all impact on the time available for staff to complete their mandatory training. This will be reviewed in the coming year to ensure full compliance is consistently maintained.

The chart below shows the end of Q4 2022 – 2023:

Standard for Level 1 – 95%, all other training 85% Compliance	Staff completed training	2022 - 23
Safeguarding Adults at risk Training	Non-clinical	80.8%
	Registered Nurses	86.7%
	Unregistered Nurses	94.7%
Safeguarding Children Level 1, 2 and 3	Non-clinical (Level 1)	79.5%
	Clinical (Level 2)	86.7%
	Safeguarding Leads (Level 3)	100%
Mental Capacity	Registered Nurses	93.3%
Deprivation of Liberty Safeguarding (DoLs)	Registered Nurses	90%
Dementia Friends Training (Staff)	All Staff	73.7%
Dementia Friends Training (Volunteers)	Volunteers	1
Dementia Awareness (Mandatory)	All Staff	88.7%
Channel General Awareness Module (Prevent Training)	All Staff	88.7%
Channel General Awareness Module booklet (Prevent Training)	Volunteers	31

Mandatory training compliance is monitored and reported through the Hospice Quality and Governance Committee. The data is broken down into staff groups and where the area falls near or below the 85% mark support is offered to highlight staff requiring training and consider how best to support completion of the training.

The current safeguarding training is in line with the Hospice's commitment to ensure all staff receive the required levels of training to ensure that every member of staff is aware of their safeguarding responsibilities, is able to recognise abuse and knows the correct route to act upon that concern.

For all service users accessing hospice services we continue to endorse holistic assessments and ongoing reviews, which identify and effectively manage an individual's care needs. Our service user cohort includes patients and those important to them and either the patient or an individual important to the patient who may have a learning disability, autism and dementia. Therefore it is imperative that our staff are aware of any understand how to care for someone with these conditions.

People with a learning disability, autism and dementia can be extremely vulnerable due to the nature of their condition. Early symptoms can affect communication and reasoning skills and consequently they may not be able to understand or explain to others what is happening to them. Therefore it is imperative that all individuals are treated with dignity, maintaining their human rights and ensuring that appropriate safeguards are put in place to protect them from abuse of any kind.

All hospice staff play a key role in helping to ensure that a person with one or more of these conditions is safe in our care, regardless of whether they are an inpatient or under the care of our Wellbeing Hub or Hospice at Home team.

Young Adults Transition Project

As discussed in last year's report, Bolton Hospice is collaborating with Derian Children's Hospice to develop a service to support young adults with life limiting conditions to transition into adult

specialist palliative care services within the Hospice. This new service is being co-produced with the young adults and those important to them.

The initial governance for this project has been completed with a memorandum of understanding and the relevant risk assessments completed. We have successfully appointed a project lead to develop the service and work is well underway in developing a directory of services that young adults with life limiting conditions currently access within Bolton and within Greater Manchester.

A review of education needs of staff has been delayed due to staffing changes in our education team and at Derian House with their Lead Transition Nurse leaving their post and Derian House have not successfully recruited a replacement at the time of this report. Once this post is appointed to the gap analysis can be completed to identify key areas of education needed for staff and this will support the development of an education programme for staff at different levels within the organisation.

To date we have supported three young adults and those important to them, through our Wellbeing Hub and the feedback was excellent, with some additional ideas of activities that could be offered, which we are working through. One of which is a gardening project, for which we have applied for grant funding to provide facilities that all Wellbeing Hub service users can access. Updates on this project will be provided via the Hospice internally and external reporting structures and to the BICPSC.

Safety Information/Reportable issues (ICP, CQC and Adult Social Services) includes all Harms

The reporting and responding to all incidents, accidents and near misses is important to ensure effective systems and processes are in place, for the purpose of learning and improving patient safety.

Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients.

As a healthcare organisation we need encourage a balanced approach to responding to patient safety incidents, safeguarding resources allocated to learning are balanced with those needed to deliver improvement, in line with the NHS Patient Safety Strategy (NHS England, 2021).

Monitoring is an essential process that can tell the Hospice a lot about how things actually are in reality, as well as ensuring we comply with all the relevant legislation that covers our organisation and where areas are identified that action plans are put in place, actions are delivered and monitoring remains continuous.

The way leadership is practised through the organisation is critical to its success, with clinical leadership being particularly important to patient safety and work has been done over the last year to encourage staff to report all incidents, accidents and near misses. Through having a system approach to errors which considers all the relevant factors and staff feeling safe to admit errors, the Hospice can maximise the frequency of things going right through learning and acts to prevent recurrence.

Through applying intelligent use of data when considering incidents, it can help the Hospice to identify any disproportionate risk to patients with specific characteristics, and that information can then be used to inform our patient safety incident responses.

It is important to recognise the quality and timeliness of actions where incidents have been recorded, both at the time of the event and follow up after. Together with the Senior Leadership Team (SLT) / Service Leads support in undertaking thorough investigations, resulting in a number of learning opportunities being taken forward, both for the people involved and the wider team too.

The Clinical Nurse Director and CEO meet weekly to review all incidents reported from across all areas of the Hospice business, the incidents are summarised in a high level overview for the quarterly Quality and Governance Committee meeting, which has Trustees in attendance. Minutes from this meeting are then shared with the full Board of Trustees and each of these stages of overview of incidents provides evidence to support the Care Quality Commission (CQC) KLOE standards, with examples providing assurance that Bolton Hospice strives to be Safe, Effective, Caring, Responsive and Well Led.

Includes all reportable Harms – 1 st April 2022 – 31 st March 2023			
Number of Falls	No Harm	15	TOTAL 31
	Low Harm	10	
	Moderate Harm	1	
	Severe Harm	0	
	Death	0	
Number of Pressure Ulcers	Grade 1	0	TOTAL 19
	Grade 2	14 previous/14 new	
	Grade 3	4 previous/1 new	
	Grade 4	0	
	Ungradable	8 previous/7 new	
Number of UTIs	0		
Number of VTE Risk Assessments	98% recorded (3 not recorded)		
MRSA	0		
CDiff	1 existing on admission		
Sharps Injuries	1 Needlestick		
Total No. of Incidents Reported	435		
Clinical Incidents	282		
Non-clinical Incidents	153		
Total No. of Serious Untoward Incidents	0		
Reportable CD Errors to NHS England Local Intelligent Network	66 internal/2 external		
Safeguarding Referrals	2 (via MCISS for advice – none required formal referral)		
Deprivation of Liberty Applications	5		
Mental Capacity Assessments	26		
LeDeR Death notifications	0		

There were 435 reported incidents within the time period, which is a 39% increase on the previous year. The reasons for the increase in incidents/accidents/near misses is multifactorial, including levels of service activity which had been impacted the previous year due to the pandemic, improved management of pressure area care leading to improved recognition and reporting of tissue damage and increased awareness and transparency of reporting overall. Of the total number of incidents, 65% (282) were clinical and 35% (153) non-clinical and there were no Serious Untoward Incidents (SIs) or RIDDOR reportable incidents.

Externally reporting of incidents is integral in the Hospice incident reporting process for certain harms. This reporting may be to the Integrated Care Partnership (ICP), CQC, BICPSC and the Coroner, dependent on the incident and the level of harm. Those reported include all new grade 2

and above pressure ulcers, along with a Route Case analysis (RCA) and any falls resulting in Moderate/Severe Harm or Death.

Controlled Drugs Incidents/Governance

The CQC monitor the governance regarding controlled drugs and arrangements for this can vary across organisations, often in response to the needs of the organisation and the people they serve. Within the Hospice we have a clear process for the reporting of all incidents, accidents and near misses, including those involving controlled drugs. All incidents are reviewed by the Controlled Drugs Accountable Officer (CDAO) and presented to the CEO weekly or at the time of occurrence, if of a significant nature. The incidents are then reviewed by the Quality and Governance Lead and a summary is provided for the Quality and Governance Committee quarterly and then all reports and minutes of this meeting are shared with the Board of Trustees.

Within Bolton Hospice the CDAO undertakes a 6 monthly audit of controlled drugs in order to provide assurance to the organisation and ensure that any risks or concerns are addressed promptly.

During the reporting period, two CD audits have been carried out at the Hospice, demonstrating that overall CD drug management is very safe at the Hospice. There were some recommendations/reminders that were shared with all clinical staff as a result of the audits:

- 1) All clinical staff now sign to confirm they have read and understood the Medicines Management Policy and associated Standard Operating Procedures - completed.
- 2) Recognition of the good work done by the nursing team and a reminder regarding logging all CD Take Home medications dispensed by the Hospital Pharmacy department in and out of the CD log book, to ensure clear audit trail.
- 3) CD storage reviewed and new labelling to be implemented as an additional safety measure.
- 4) A reminder that when completing the weekly CD checks and transferring information to a new page the time as well as date must be recorded.

A Controlled Drugs (CD) report is compiled annually which analyses the errors in the previous 12 months and the latest report demonstrated that controlled drugs are being managed appropriately within the organisation. Within the time frame of this report there were no catastrophic or major incidents reported and no reason for escalation to the Police, the Greater Manchester Local Intelligence Network (GM LIN) or NHS England.

There were 66 internal incidents/near misses involving controlled drugs reported to the LIN, of which none met the NHSEI criteria for catastrophic or major incident. There were 2 that were reported as external incidents as they involved other services and are not therefore included in this analysis. Details of these incidents were shared with the LIN and the relevant organisation's Risk Reporting team.

Health and Safety

Health and Safety tests have been carried out for legionella and water chlorination with no issues reported.

iFM Estates from the local NHS Foundation Trust undertook the H&S Risk Assessment and Fire Risk Assessment and their comments were extremely positive. The H&S report had a small number of actions which are either now completed or in progress.

Service User Feedback

Service user feedback provides valued facts about the hospice services offered. Examining patients' feedback gives us a direct insight into what is working well and what needs further improvement in the way care is delivered.

At the Hospice we collate feedback through various channels, including:

- Compliments and Complaints across the whole organisation
- “I Want Great Care” Service User Survey
- Relatives Satisfaction Survey on End of Life Care.

	2022 - 2023	
Complaints	Formal	4
	Informal	13 relating to care
Total	17	
Compliments	371	

All aged care service providers are required to have internal complaints resolution processes under the Aged Care Act 1997 (Aged Care Quality and Safety Commission (ACQSC), 2019). The total number of complaints relating to direct care is 17, this includes formal and informal and this has increased from 12 previous year. We have changed the way the Hospice captures complaints and this accounts for the increase, all were resolved at service lead level with support and oversight from the Clinical Nurse Director and none required formal escalation to the Chief Executive or Board of Trustees.

The key theme from complaints is communication across clinical and corporate services. All complaints were investigated fairly and transparently with participation of the staff involved and apologies were provided as appropriate.

Complaints are an integral part of ensuring quality healthcare provision. The way in which the Hospice manages complaints defines whether or not the Hospice can claim to be safe and responsive. Through the provision of an effective complaint-handling process the Hospice is able to create opportunities to restore confidence in our services, where the service fell below the required standards.

Learning from complaints was shared more widely with staff and volunteers, where appropriate, through circulation of the Clinical Governance Newsletter, included in Appendix 1.

The Hospice promotes the use of the “I Want Great Care Survey”, and during the reporting period there have been 40 reviews provided. The scoring for this survey is 1 – 5 with 5 being the highest and the lowest scoring was 4.0 and the vast majority scoring 5/5, which is excellent. The returns rate still remains low and we are therefore developing a new process for obtaining feedback internally and the results will be displayed on our website once the system is live.

We also collate feedback through the “Relatives Satisfaction Survey on End of Life Care”, which is sent to all the Next of Kin for each patient who died whilst under the care of IPU/H@H services. The survey covers 15 domains in relation to the care their loved one received from a hospice service.

The average return rate is approximately 25% for both services respectively and this is consistent year on year. Overall levels of satisfaction with both IPU and Hospice at Home services is very high, particularly in relation to the pain and symptom management, compassion, understanding and

support provided by staff, individualised and dignified care, and specifically in relation to the inpatient unit the level of cleanliness and provision of snacks and meals.

One aspect that was expressed was a desire for some relatives to have had H@H support earlier, for their loved one as they valued the service and support provided. This is something we are working with our primary and secondary care partners to facilitate, as the benefits of earlier referrals to the service are significant, in terms of patient and family experience during the palliative and end of life phase of their illness and in terms of the relationship building between the patient and those important to them. All those with a life limiting illness who would benefit from Hospice services should have equitable access and the H@H input should be part of the “seamless care” that we all aspire to provide for patients and those important to them.

A summary of the results is shared with the respective service leads for dissemination to their teams, along with copies of the surveys to support the appreciation of the staff and the feedback of this information being shared is positive across the services.

Plans for 2023 – 2024

- Update our policies in line with guidance as it is released, concerning the change from DoLs to Liberty and Protection Safeguards (LPS).
- To implement LPS training for staff through the Hospice education team (who will access train the trainer training for LPS) and provide assurance on the undertaking of this training through the Hospice internal and external reporting structures.
- Ongoing review and development of the templates within the iCare electronic records to ensure they capture information regarding potential indicators of a safeguarding issue or a need for additional support/referrals to external services to support the patient and those important to them, including being able to evidence that information regarding individuals is routinely captured supporting staff in highlighting potential safeguarding issues and deliver assurance through the Hospice internal and external reporting structures.
- Implementation of education and training regarding the care needs of young adults with life limiting conditions and assurance can be delivered through the Hospice reporting structures.
- Both Adult and Child safeguarding agendas have a common theme of hearing the voice of the child/adult; this will be at the core of what we do into the new financial year.
- Review and assure that the current online content remains in line with contemporary issues and intercollegiate document content guidance.
- Continue to monitor and track training compliance via Safeguarding Key Performance Indicators and support with advice and practical support to deliver consistent levels of training.

Conclusion

This Annual Report exhibits that safeguarding vulnerable people continues to be an important priority for Bolton Hospice and offers assurance that the annual work programme has been reviewed and adjustments made, where required, to ensure all actions can be completed within our available resources. The Hospice continues to meet its statutory duties as well as proactively developing safeguarding provision and implementing learning in the forefront of our care.

Nevertheless, we know there is much more to achieve and to this end the development and delivery of the future priorities will help ensure that the Hospice is fully engaged in the effective prevention of and response to safeguarding concerns. The foundation of safeguarding being everyone’s business remains, regardless of role or position within the Hospice.

Jenny Gallagher

Clinical Nurse Director

APPENDICES

Appendix 1 – Trustee Records

T R U S T E E R E C O R D S

Initials	First Appointed	Profile	Induction/ Induction pack given	DBS Expiry Date	Appraisal Date <small>(1st review after one year then appraisals every 2 years)</small>	Appraisal Due	Re-election Date <small>(Every 3 years)</small>	Other Committees/ Responsibilities	Fit & Proper Persons Declaration form completed <small>(Annually)</small>	Conflict of Interest Declaration Form completed <small>(Declared before each Board Meeting but checked annually)</small>	PREVENT Training <small>(Every 3 years)</small>	PREVENT training Due	Safeguarding Level 1 Training <small>(every 3 years)</small>	Safeguarding Training Due
JB	21/06/2006	✓	✓	10/03/2025	25/04/2023	APRIL 2025	OCT 2024	<ul style="list-style-type: none">Board of Trustees Chair (inc. SIRO)Quality & GovernanceFinanceBuildings	17/01/2023	17/01/2023	17/12/2019	17/12/2022	22/06/2020	22/06/2023
AC	20/07/2016	✓	✓	01/03/2026	26/01/2022	JAN 2024	OCT 2022	<ul style="list-style-type: none">Safeguarding ChampionFinance	31/01/2023	31/01/2023	17/04/2023	17/04/2026	10/05/2022	10/05/2025
LD	11/07/2018	✓	✓	08/07/2024	01/02/2022	FEB 2024	OCT 2024	<ul style="list-style-type: none">Health & SafetyBuildings	17/10/2022	24/01/2023	12/06/2020	12/06/2023	12/06/2020	12/06/2023
IE	24/10/2019	✓	✓	13/02/2026	15/02/2023	FEB 2025	OCT 2025	<ul style="list-style-type: none">Health & Safety	17/01/2023	17/01/2023	17/06/2020	17/06/2023	27/05/2022	27/05/2025
GH	07/12/2011	✓	✓	25/02/2025	06/04/2023	APR 2025	OCT 2023	<ul style="list-style-type: none">Board of Trustees Vice ChairQuality & Governance	31/01/2023	31/01/2023	16/03/2023	16/03/2026	09/06/2022	09/06/2025
	11/02/2009	✓	N/A	19/05/2025			OCT 2025	<ul style="list-style-type: none">TreasurerFinance	31/01/2023	31/01/2023	18/06/2020	18/06/2023	31/03/2022	31/03/2025
AM	15/12/2010	✓	N/A	10/2/2023	06/01/2021	JAN 2023	OCT 2023	<ul style="list-style-type: none">BuildingsFinance	29/01/2023	19/01/2023	08/03/2023	08/03/2026	10/05/2022	10/05/2025
IS	11/07/2018	✓	✓	02/11/2024	04/02/2022	FEB 2024	OCT 2023	<ul style="list-style-type: none">Strategic Development	31/01/2023	31/01/2023	09/06/2020	09/06/2023	25/05/2022	25/05/2025
HW	27/07/2022	✓	✓	07/09/2025		DUE OCT 2023	OCT 2025	<ul style="list-style-type: none">Quality & Governance	31/01/2023	31/01/2023	21/11/2022	21/11/2025	17/04/2023	17/04/2026
MW	27/07/2022	✓	✓	11/08/2025		DUE OCT 2023	OCT 2025	<ul style="list-style-type: none">Informatics	18/01/2023	18/01/2023	18/04/2023	18/04/2026	18/04/2023	18/04/2026

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Multidisciplinary Quality Monitoring Calendar

Safe: People are supported to make choices and take risks and are protected from physical, psychological and emotional harm, abuse, discrimination and neglect.

Effective: People are supported to live their lives in the way that they choose and experience the best possible health and quality of life outcomes.

Caring: People and their families and carers experience care that is empowering and provided by staff who treat people with dignity, respect and compassion.

Responsive: People get the care they need, are listened to and have their rights and diverse circumstances respected.

Well-led: People can expect that management and leadership encourages and delivers an open, fair, transparent, supporting and challenging culture at all levels.

June 2023

SAFE

People are supported to make choices and take risks and are protected from physical, psychological and emotional harm, abuse, discrimination and neglect.

Title/Group	Frequency	Last Audit	Due Date	Responsible
MANAGEMENT OF MEDICINES:				
General Medicines (Hospice UK)	Annually	Mar 2022	Mar 2023	FZ – to be presented
IV Fluids	2 Yearly	Dec 2020	Dec 2023	Deferred 12mths due to ltd. No's
FP10 Use	Annually	Nov 2022	Nov 2023	
Medicines Reconciliation	Annually	Dec 2022	Dec 2023	
PATIENT SAFETY				
Waste Audit (iFM at NHS Trust) (EXTERNAL)	5 yearly	Sep 2020	Sep 2025	
Management of Pressure Ulcers with IPU (Hospice UK)	Annually	Aug 2022	Aug 2023	
Patient Wrist Bands - To be re-audited again in 3 months	Annually	Mar 2023	Jun 2023	SJ
Nutrition and Hydration (Hospice UK)	Annually	Jan 2023	Jan 2024	
Nutritional Assessment and Screening (* To be renamed)	Annually	Mar 2023	Mar 2024	
ICP Safeguarding Audit	Annually	Nov 2022	Nov 2023	
INFECTION CONTROL				
Environmental Audit	Annually	Jan 2023	Jan 2024	
Sharps (Hospice UK)	Annually	Oct 2022	Oct 2023	
Hand Hygiene (Hospice UK)	Annually	Oct 2022	Oct 2023	
Legionella Checks	Annually	Jan 2023	Jan 2024	

EFFECTIVE

People are supported to live their lives in the way that they choose and experience the best possible health and quality of life outcomes.

Title/Group	Frequency	Last Audit	Due Date	Responsible
PPD/PPC/ACP on Discharge Letters	Annually	Oct'21 – Sep'22	Sep 2023	
OOH Advice Line	Annually	Jan 2023	Jan 2024	
Constipation Management/Bowel Care	Annually	May 2022	May 2023	HN – Robyn R
Pain Management Audit	Annually	Jul 2022	Jul 2023	
Palliative Care MDT Participation	Annually	Nov 2022	Nov 2023	
Admission IPU (Hospice UK)	Annually	Sep 2022	Sep 2023	
Anticipatory Prescribing at EoL	Annually	Aug 2022	Aug 2023	
Syringe Pumps	Annually	Jan 2022	Jan 2023	HH – in progress
Antibiotic Prescribing	2 Yearly	Mar 2023	Mar 2025	
Volunteers' Handover from Nurses	Annually	Sep 2022	Sep 2023	
End of Life Document	Annually	Oct 2022	Oct 2023	

CARING

People and their families and carers experience care that is empowering and provided by staff who treat people with dignity, respect and compassion.

Title/Group	Frequency	Last Audit	Due Date	Responsible
Pre-Bereavement Audit (Hospice UK)	2 Yearly	Nov 2022	Nov 2024	
Care of the Deceased (Hospice UK)	Annually	Dec 2022	Dec 2023	
Bereavement Support Services - (Hospice UK)	Annually	Sep 2022	Sep 2023	
EoLC Relatives' Survey IPU & HaH	6 Monthly	Via Quality & Governance Mtg		
Survey Monkey – Patient/Family Feedback	Quarterly	Via Quality & Governance Mtg		

RESPONSIVE

People get the care they need, are listened to and have their rights and diverse circumstances respected.

Title/Group	Frequency	Last Audit	Due Date	Responsible
Staff and Volunteers Wellbeing & Satisfaction Survey	2 yearly	May 2022 (Birdsong)	May 2024	

WELL-LED

People can expect that management and leadership encourages and delivers an open, fair, transparent, supporting and challenging culture at all levels.

Title/Group	Frequency	Last Audit	Due Date	Responsible
IG – Information Security	Annually	Nov 22	Nov 2023	
Appropriate Access of iCare (GDPR)	Annually	Aug 2022	Aug 2023	
Appraisal Processes	Annually	Aug 2022	Aug 2023	
STAFF COMPLIANCE				
Student Placement Evaluations	Annually	Mar 2023	Mar 2024	
Self-assessment for CDAO	6 Monthly	Apr 2023	Oct 2023	
Staff ID Badges	Annually	Jul 2022	Jul 2023	

REVIEWS

Title/Group	Frequency	Last Audit	Due Date	Responsible
Patient Information Leaflets	Annually	Jan 2023	Jan 2024	
Electronic Nursing Records	3 Yearly	Oct 2021	Oct 2024	
Electronic Case Notes	3 Yearly	Oct 2021	Oct 2024	
Electronic Care Plans	3 Yearly	Oct 2021	Oct 2024	
Corporate Induction	Annually	Dec 2022	Dec 2023	



Bolton Hospice
Education



Short Courses

A range of short courses to help your development, whether it be professional or personal.

Education Prospectus 2023



Short Courses

A range of short courses to help your development, whether it be professional or personal.

Contact us

☎ 01204 663 066

✉ education@boltonhospice.org

🌐 www.boltonhospice.org.uk



Welcome to the Bolton Hospice Education Prospectus for 2023

“High quality palliative and end of life care requires a proactive, compassionate approach which is driven by evidence based best practice and continually strives to ensure person centred individualised care.

It is a core element of Bolton Hospice’s mission and vision to deliver quality education programmes to our workforce and stakeholders; using our experience and expertise to develop others is fundamental to our work and the wider palliative and end of life care community.

Bolton Hospice Education aims to promote the highest quality palliative and end of life care for everyone through the development of knowledge, skills and attitude.

We are pleased to offer a range of short courses to help your development, whether it be professional or personal. You will find a selection of learning opportunities that address many aspects of clinical, communication and care issues and further to feedback and demand, we have introduced new courses in line with current end of life care issues sought-after topics.

The range of study days is available for a variety of healthcare professionals and we can always look to tailor our delivery to meet your particular requirements so please do not hesitate to contact us to discuss your needs.”



“All booking information is available at the end of this Prospectus and we look forward to welcoming you to Bolton Hospice.”

The Education Team
– Jane Ashworth, Angela Egerton and Hannah Holmes



2023 at a glance

Upcoming courses for you



Bolton Hospice
Education



February

- 1st - Enhanced Communication Skills
- 7th - Syringe Driver Training
- 7th - Real Plan course
- 21st - Supporting Teenagers through Loss, Grief and Bereavement

April

- 19th - Opening the Spiritual Gate

May

- 3rd - Advanced Care Planning
- 9th - Enhanced Communication Skills
- 18th - Syringe Driver Training

June

- 14th - Opening the Spiritual Gate
- 15th - Supporting Teenagers through Loss, Grief and Bereavement

July

- 5th - Advanced Care Planning
- 13th - Supporting Families and Children through Loss, Grief and Bereavement

August

- 22nd - Advanced Care Planning

October

- 4th - Advanced Care Planning
- 10th - Enhanced Communication Skills
- 12th - Syringe Driver Training
- 26th - Supporting Families and Children through Loss, Grief and Bereavement

November

- 1st - Opening the Spiritual Gate
- 9th - Real Plan course
- 16th - Supporting Teenagers through Loss, Grief and Bereavement

Prospectus Contents

Courses, how to book and more

Page 5	– Advanced Care Planning and Communication Skills
Page 6	– Enhanced Communication Skills
Page 7	– Opening the Spiritual Gate
Page 8	– Real Plan course
Page 9	– Supporting Children and Families through Loss, Grief and Bereavement
Page 10	– Supporting Teenagers through Loss, Grief and Bereavement
Page 11	– Syringe Driver Training
Page 12	– How to book
Page 13	– Course and CQC Feedback
Page 14	– Meet the Team
Page 16	– Bespoke Training
Page 17	– Palliative Care Network
Page 18	– Stay in touch



Bolton Hospice
Education



Advanced Care Planning and Communication Skills

An interactive and thought provoking short course which explores the value of supporting people at end of life to fulfil their wishes.

Advance care planning (ACP) is the process of discussing and planning ahead to support people at the end of their lives. Highlighted as one of the most difficult areas for health care professionals, advance care planning can greatly help guide patients, families and professionals in decision-making for care at the end of life.

Course topics

Suitable for any health and social care frontline staff or volunteer working with individuals who may benefit from the opportunity to plan their future care.

This study day offers the opportunity to build confidence and develop your practice.

The day will focus on the principle and benefit of Advance Care Planning, the supporting documentations and associated communication skills.



Course dates

- Wednesday 3rd May 2023
- 9.30am - 1.00pm
- Wednesday 5th July 2023
- 9.30am - 1.00pm
- Wednesday 4th October 2023
- 9.30am - 1.00pm

Course fees

Free to all health and social care staff and volunteers across Bolton

Venue

Bolton Hospice



Bolton Hospice
Education

Enhanced Communication Skills

This one day workshop focuses on the theory and practical skills required to communicate sensitively and effectively.

Good communication is vital in the work we do and has been shown to enhance dignity and respect, preferred place of care, reduce complaints and improve not only the care you give but the environment you work in.

Course topics

- Recognise and practice key facilitative communication skills in a safe and supportive environment.
- Recognise patient cues and concerns when delivering patient-centred care.
- Identify own learning needs and apply the skills to challenging scenarios, e.g. Difficult questions, anger or distress.



Course dates

- Wednesday 1st February 2023
- 9.00am - 4.00pm
- Tuesday 9th May 2023
- 9.00am - 4.00pm
- Tuesday 10th October 2023
- 9.00m - 4.00pm

Course fees

£70 per person

Venue

Bolton Hospice



Bolton Hospice
Education

Opening the Spiritual Gate

Addresses the need for education in the assessment of spiritual need and spiritual care for healthcare professionals of all types working in a healthcare setting.

Course topics

- Explore the meaning of spirituality and religion.
- Consider the relationship between spirituality & religion for an individual.
- Think about how we recognise spiritual distress. Discover a Simple Skills Secrets model to confidently embark upon spiritual conversations with safety.
- Learn how to respond to unexpected questions about your own beliefs.
- Be aware of the religious needs & rituals of different faith traditions.
- Become familiar with the standards & guidelines of local Spiritual Care Policies and consider how they are met.
- Create an action plan to take back to your workplace.
- Practice recording spiritual and religious needs conversations succinctly.
- Consider how to report spiritual & religious issues to other team members. Create appropriate spiritual care plans...and much more.



Course dates

- Wednesday 19th April 2023
• 9.30am - 4.00pm
- Wednesday 14th June 2023
• 9.30am - 4.00pm
- Wednesday 1st November 2023
• 9.30am - 4.00pm

Course fees

£45 per person

Venue

Bolton Hospice



Bolton Hospice
Education

Real Plan course

Within healthcare we know that some conversations and communication exchanges will be difficult. With the right skills and training it is possible to increase our confidence in this challenging area.

The REAL PLAN is a newly developed foundation level communication skills course which is suitable for all staff working in healthcare. It will give you the skills required to start difficult conversations, effectively maintain the conversation, and be able to bring the conversation to a close.

This course is a must for anyone new to health and social care, who is looking to develop their communication skills.



Course dates

- Tuesday 7th February 2023
• 1.00pm - 4.00pm
- Tuesday 22nd August 2023
• 9.00am - 12.00pm
- Thursday 9th November 2023
• 1.00pm - 4.00pm

Course fees

£30 per person

Venue

Bolton Hospice



Bolton Hospice
Education

Supporting Families & Children through Loss, Grief and Bereavement

This course is suitable for anyone wishing to increase their knowledge and understanding of issues surrounding children experiencing loss, grief and bereavement and how to deal with these situations.

The experience of long term conditions/life limiting illnesses brings loss and change for individuals and their families. Many practitioners lack confidence in knowing how to support someone through the impact of loss and bereavement.

Course topics

- A deeper understanding of loss, grief and bereavement in children.
- Theories of loss in relation to our experiences.
- How to offer support to children suffering from bereavement.
- The importance of self-awareness when supporting others.

Bolton Hospice
caring from the heart

Grief and Bereavement

Course dates

- Thursday 13th July 2023
• 1.30pm - 3.30pm
- Thursday 26th October 2023
• 5.30pm - 7.30pm

Course fees

£30 per person

Venue

Bolton Hospice



Bolton Hospice
Education

Supporting Teenagers through Loss, Grief and Bereavement

The course which began in October 2019 and has trained over 150 teaching staff and pastoral support, enabling secondary school staff to learn how they can support the teenagers they work with facing or experiencing bereavement.

It also provides delegates with a meaningful toolkit to utilise when supporting young people. This course is suitable for anyone working with teenagers with experience of loss, grief and bereavement.

Course topics

- To explore the world of the teenager.
- To gain an understanding of their struggles.
- To recognise the needs of bereaved teenagers.
- To understand how our own experiences impact.
- To identify ways to encourage conversation.
- Introduce a meaningful tool kit and resources to enhance support in your school.



Course dates

- Tuesday 21st February 2023
- 1.30pm - 3.30pm
- Thursday 15th June 2023
- 5.30pm - 7.30pm
- Thursday 16th November 2023
- 1.30pm - 3.30pm

Course fees

£30 per person

Venue

Bolton Hospice



Bolton Hospice
Education

Syringe Driver Training

Essential training for all Nurses and Medical practitioners who use a syringe driver as part of their role.

The aim is to teach delegates the theoretical and practical skills required to safely and effectively use syringe drivers.

The course will teach delegates the importance of ensuring the machine is set up correctly before administering any medication through them.

Course topics

- Understand what a syringe driver is.
- Know why it might be prescribed.
- Be aware of breakthrough pain, and how to alleviate it.
- Know how to use a syringe driver.
- Recognise the common alerts and alarms, and their meanings.
- Awareness of common drugs used.



Course dates

- Tuesday 7th February 2023
• 10.00am - 11.30am
- Thursday 18th May 2023
• 1.30pm - 3.00pm
- Thursday 12th October 2023
• 1.30pm - 3.00pm

Course fees

£30 per person

Venue

Bolton Hospice



Bolton Hospice
Education

How to book

Plus course Terms & Conditions



Bolton Hospice
Education



Further details and available venue dates for all our courses are available online

www.boltonhospice.org.uk/training-courses

We accept all course bookings via our online booking system or via email for invoice payments. If you require any further information, or would like to enquire about bespoke training, please contact a member of the Education Team at education@boltonhospice.org

Terms and conditions

Insufficient Bookings

If there are insufficient bookings for a course Bolton Hospice have the right to cancel a course. Where possible this decision will be taken no later than 1 week before the course date and all potential participants will be fully informed as soon as possible and any fees fully refunded.

Cancellations

Should you wish to cancel your booking please do so via telephone or email within 10 days prior to the course date so that cancellation fees are not incurred. A change of booking name will be accepted at any time and does not incur costs.

Refunds

Where a delegate does not attend a course without cancelling in advance, the charges are always non – refundable.

Courses with charge to delegates

Fees need to be paid in advance of the course date to ensure attendance. Cancellation fees will be charged at 50% of the course fee if the attendee cancels less than 10 days prior to the course date. A cancellation fee of 100% of the course fee will apply if the attendee cancels within 3 days prior to the course date or does not attend.

Feedback and Comments

Share your thoughts

Bolton Hospice was rated as GOOD overall in a recent CQC Inspection (January 2017) and received the following feedback:

“The education department was proactive in the way they used their skills for the benefit of their own staff and other professionals in the local area, such as social workers and teachers, via the education centre.”



“This demonstrated the service's commitment to helping educate more professionals in the community so that support for bereaved children within the local community was robust and extensive.”

“Very well presented, relevant, interesting and practical. Thank you.”

- Advance Care Planning 2020

“Very useful information on a subject that is not easy to deal with. Always very informative and helpful training delivered in a sensitive manner.”

- Symptom Control 2020

“Really relevant and useful course. A fantastic course with plenty of info and ideas to help children facing bereavement.”

- Loss, Grief and Bereavement 2020

“I really enjoyed the course and would feel much more capable when faced with a patient or family member in distress and hopefully will be more capable.”

- Opening the Spiritual Gate 2020

“Fantastic course and definitely good to reflect and learn from other health professionals. Very friendly, enthusiastic group. Fantastic facilitators.”

- Enhanced Communication Skills 2021



Meet the Education Team

Bolton Hospice Educators

Jane Ashworth University Hospice Lecturer/Practitioner

- Registered nurse
- Degree modules in Palliative care and mentorship
- Degree in Professional development
- Masters in Leadership and management

"I started my nursing career on a surgical ward and developed a deep interest in palliative care, then I was fortunate to be able to develop into the role of specialist palliative care as a Macmillan nurse and worked in Oldham for many years, later I moved into education as I could see the benefits of helping people to develop their knowledge and skills in order to be able to help those in their last years of life.

I have had such a blessed career in being able to be a part of developing palliative care provision in Greater Manchester, now I get to work with the community of Bolton and be a part of its future."

Angela Egerton University Hospice Lecturer/Practitioner

- Registered nurse
- Diploma in Adult Nursing
- End of Life Care Level 6
- Mentorship
- Post Graduate Certificate in Teaching and Learning in Higher and Professional Education

"I have spent the last fifteen years working within specialist palliative care as a band 5 nurse, then a short time as a band 6 nurse across all services within Bolton Hospice. I worked predominantly on the Inpatient Unit and mastered many skills within palliative care and end of life care.

I have interest in education and was part of a small team responsible for the clinical learning environment, which provided support to student nurses on placement as well as being a resource for mentors. I've been part of the last six years, giving me the opportunity to collaborate with others who are passionate about end of life care, share knowledge, experiences and offer education to the wider community."

Jane



Angela





Meet the Education Team

Bolton Hospice Educators

Hannah Holmes Clinical Practice Educator

- Registered nurse
- Diploma in Adult Nursing
- Managing End of Life Care module
- Mentorship in professional practice module



Hannah



“I qualified as a nurse in 2009 after starting my nursing career as a cadet nurse at the age of 16. Throughout my three years as a student nurse, I discovered a passion for palliative and end of life care during a placement at Pendleside Hospice. My mentor was an amazing nurse and I strived to be able to give the compassionate care that she was able to. After qualifying, I gained acute nursing experience on an acute neurosurgical ward at Salford Royal Foundation Trust, which provided me with the skills to be able to branch out into my chosen area of nursing.

I gained my first palliative care post in 2013 as a staff nurse on the In-patient unit at Wigan and Leigh Hospice. I was lucky to have access to high quality education which led me to become part of the ward management team in 2018. Recognising what quality education could enable a nurse to achieve led me to applying for the post of Clinical Practice Educator in 2021. The post is a new role for both Bolton Hospice and Wigan and Leigh Hospice. The role itself is still evolving but the collaboration of two hospices will enable us to share ideas, resources and provide excellent education, which will promote a strong, confident workforce.”



Bolton Hospice
Education

Bespoke Training

Opportunities for you



Bolton Hospice
Education



Bolton Hospice offers a range of learning and development opportunities, from short workshops to full day and half day courses.

Our courses attract a variety of participants from volunteers, care support staff, students and qualified practitioners. If you are an organisation with staff that need to develop the knowledge and skills in caring for those living with advanced disease, dying and bereavement.

You can access our education either in the hospice or in your place of work.



Bolton Hospice
Education

What we can offer?

- Customised clinical training solutions
- Delivery of education in small or large groups, at your convenience
- Experienced trainers that are highly qualified and currently work in a setting where end of life care is provided
- A cost effective and focused way to train your staff in areas specific to their needs.
- Clinical skills training

Who can benefit from bespoke training?

Anyone. Health and social care support staff, hospice staff and qualified practitioners.

Availability

To discuss your requirements please contact Gillian Fairclough, Education Admin on 01204 663066 or email education@boltonhospice.org

Palliative Care Network

Connect and network with our online community

The palliative education network has been created for people working in palliative and end of life care across different settings to share information and promote discussion and networking opportunities.

Join our palliative education network on Facebook and network with over 2,200 members from across the world!

The group has been created for people working in palliative and end of life care across different settings, including hospices, care and nursing homes, hospitals, GP surgeries etc.

It has been designed to:

- Offer support and guidance to people working in the sector
- Provide news and updates about palliative and end of life care practices
- Promote discussions between healthcare professionals working in palliative and end of life care
- Educate healthcare professionals about various topics surrounding end of life and palliative care
- Encourage networking opportunities and sharing of good practice
- Sharing relevant training and CPD opportunities.

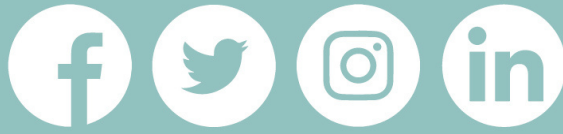
Find us on Facebook!

www.facebook.com/groups/palliativeeducationnetwork



Stay in touch

You can also follow Bolton Hospice for updates about Education on social media



or join our education mailing list by emailing the team at education@boltonhospice.org

📞 01204 663 066

🌐 www.boltonhospice.org.uk/training-courses

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