

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.

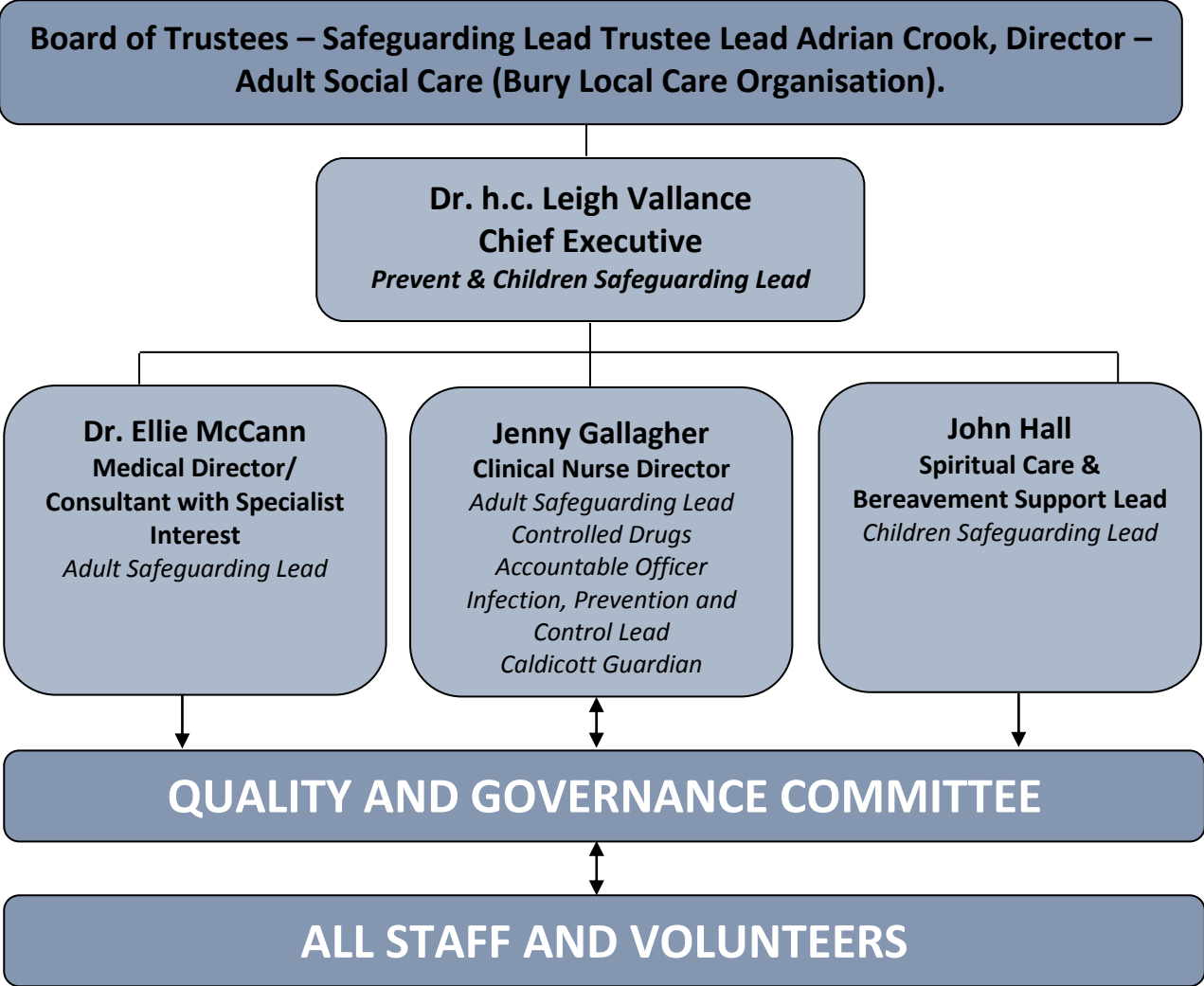
The Care Act 2014 defines an ‘adult at risk’ as:

- 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 (RCPC 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 & Governance Finance Buildings 	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 Champion Finance 	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 & Safety Buildings 	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 Chair Quality & Governance 	31/01/2023	31/01/2023	16/03/2023	16/03/2026	09/06/2022	09/06/2025
PL	11/02/2009	✓	N/A	19/05/2025	23/02/2022	FEB 2024	OCT 2025	<ul style="list-style-type: none"> Treasurer Finance 	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"> Buildings Finance 	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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