



Bolton Hospice

PROVIDER VISIT REPORT

Report of unannounced visit, submitted by the Provider Visitor in compliance with Regulation 26 (Chapter 3) of the Private and Voluntary Healthcare (England) Regulations 2001.

Name of Hospice: Bolton Hospice	Telephone No: 01204 663066
Address of Hospice: Queens Park Street, Off Chorley New Road, Bolton BL1 4QT	
Category of Registration: Independent Hospice	
Name and Job Title of Visiting Provider: Linda Duckworth (Trustee) and Ian Savage (Trustee)	
Date Of This Visit: 21 st January 2020 Date Of Last Visit: 9 th April 2019	

GENERAL INFORMATION UPDATE: Since Last Provider Visit

<i>Has there been any change to:</i>	
Premises since the last inspection?	No
Trustees or Managers?	Clinical Nurse Director
Staff Numbers?	129 staff in total – 58 clinical 71 non-clinical
Statement of Purpose?	Updated and uploaded to CQC 15 th April 2020.
No. of deaths: 282	IPU - 178 H@H - 104
CCG Quarterly reports/Notifiable Issues:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>QUALITY AND PERFORMANCE STAI</p> </div> <div style="text-align: center;">  <p>Safeguarding - Oct-Dec 2019.docx</p> </div> </div>

COMPLAINTS:

Overview of the management of complaints in the Hospice based on interviews with staff responsible for responding to complaints and examination of the record.

Any issues that do arise we pro-actively address in conversation or via a prompt written response and we encourage our service users to complain.

Summary of complaints received since last Provider Visit:

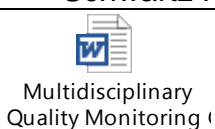
Complaints: Formal	2	Complaints: Informal	8
Complaints Pending an Outcome	None		

QUALITY IMPROVEMENT Interview with clinical lead(s)

How is quality improvement managed within the Hospice?


- Audit and Quality Group meets bi-monthly. There is a Quality Monitoring Calendar in place - spot checks are undertaken regarding infection control and waste management frequently.
- Clinical Governance Group meets monthly.
- Information Governance.
- Informatics Strategy.
- GDPR Compliance and Governance Working Group.
- Education and Training.
- Annual Appraisals.
- Quality and Standards Committee.
- Infection Control and Nutrition meetings quarterly.
- Feedback from patients and families.
- 'Have your Say' comments cards.
- Safety Thermometer (Harm Free Care).
- CCG Quality & Performance report and Safeguarding Reports Quarterly.
- E-Learning Blue Stream Mandatory Training system and face to face mandatory training.
- Annual 'PLACE' Inspection.
- NHS England Controlled Drug reporting.
- Trustee Provider Visits.
- Workforce Strategy.
- Mock CQC inspection by external team from another hospice.
- Schwartz Rounds.

Is there a programme of clinical audit and what topics have been covered?



How are reports disseminated?

Team meetings, Clinical Governance Bulletins, Newsletters, SMG and Team Leaders meeting, word of mouth, Website, Audit and Quality Group, CCG, CQC, Quality and Standards, Provider/Trustee 6 monthly visits and Board of Trustees meetings.

<p>What changes/improvements have been implemented in services over the past 12 months following audit?</p>	 <p>Database - Continuous - Quarterly</p>
	<p>Development Plans April 2019 – January 2020</p> <ul style="list-style-type: none"> • Statement of Purpose accepted by CQC. • Completion of draft PIR in progress. • Fit and Proper Persons documentation and appraisals of all Trustees are in the process of being completed to ensure up to date. • Staff reflection document for prescribing/drug errors/near misses revised. • Continue to develop PRIME incident reporting system and switch to electronic incident reporting to aid overview of incidents/accidents and near misses across the organisation and streamline the process for staff. • EoLC module delivered from the Hospice, in collaboration with the University of Bolton. • Review of education delivered by the Hospice Education Team for internal and external staff completed. New Education Prospectus developed. • Ongoing collaboration with IT company who provide our electronic patient records software to enable intra-operability with the other IT systems within the locality and Greater Manchester. • Active involvement in updating of the Bolton Locality Palliative and EoLC Strategy, which as a consequence is aiding greater collaboration of services which deliver Palliative and EoLC. • Staff training on Equality, Diversity and Inclusion and sessions on LGBTQi provided by patient representative. • Staff development/education including - one member undertaking MSc in Advanced Clinical Nurse Practitioner, 1 staff member due to complete the Trainee Nursing Associate (TNA) Course in April 2020 and another staff member will undertake the TNA training in March 2020 and 2 staff currently undertaking Non-Medical Prescribing Course and 1 qualified in November 2019, to develop skills and aid patient care. • The Children and Families Bereavement Programme and The Teenage Bereavement Project to support schools in providing care and support

	<p>Development Plans April 2019 – January 2020 (Cont'd ...) regarding bereavement and loss are both in progress.</p> <ul style="list-style-type: none"> • Safeguarding training now switched from Blue Stream to e-LfH. SG training following direction from CCG to ensure staff remain compliant with requirements for appropriate safeguarding training. • Monitoring of Weekend and Out of Hours Admissions and data submitted to CCG, supporting reduction in hospital admissions and improving outcomes for patients and those important to them with Out of Hours and Weekend Admissions review for 2018-2019 shows an increase from 1% to 14% of overall.
Are there any concerns about the training and experience of staff (for example any shortages/recruitment difficulties for certain grades/posts)?	Recruitment of RGNs – less applicants applying overall but staffing levels are maintained in the departments.
Do staff feel there is enough equipment or access to specialised equipment or facilities to enable them to care for the patients safely?	Yes
Any other comments	None

PREMISES AND EQUIPMENT

Overview of the condition of the Hospice premises:

Decorative order

Safe and secure environment for patients

Facilities and access to the building and services for the disabled

} These topics are now addressed through the independent PLACE Inspection process.

Health and safety and fire requirements in place

Corridors clear of storage and equipment

} We have a Health and Safety Committee/Fire Safety Committee who address these issues.

ACTION TAKEN SINCE LAST PROVIDER VISIT – 9th April 2019

Inpatient Unit Team			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
To consider the efficiency/need for the various strands of record keeping within the Physio team	We continue to have meetings with the IT department of RBH to avoid double entry issues. This is an ongoing NHS problem that is not easily resolvable but we continue to recognise and try to support as best we can option to ease the burden.	RBH	Ongoing
To review the lines of communication between the Clinical and Income Generation teams	This has been incorporated into the Integrated Communications Strategy action plan and will continue to be addressed this way.	CS	Jun 2019
To ensure that Hub meetings are represented at an appropriate level of seniority by all Clinical teams	Staff changes have facilitated an improvement		Resolved
Education & Training Team			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
To monitor the new service and measure the impact on Bolton Hospice	Clarifying evidence and KPIs - this is still under development as part of the review of the whole service. Training offer audit completed. New education prospectus developed and implemented which provides accessible and recognised education for Care Homes to access and generates income too.	JG	Jun 2020
Bolton Hospice Support Services (Day Unit)			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
To ensure the reshaping of BHSS is undertaken asap but also to ensure the proposed changes to the service are not deferred until the completion of and building alterations are done.	Existing Service will continue into the new year. Building and service plans progressing so too are ideas for new services/activities: Biography Project/Singing Group/Workshops 1st meeting of the Biography/Discography project held.	JK	Jun 2020

Porters & Housekeeping			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
To consider a proposal for a new floor cleaning machine	New machine purchased.	MK	Oct 2019
To consider the timing of the cleaning of offices	Timings have changed.	SG	Jun 2019
Catering			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
To conclude the current review of the proposed refurbishment of staff facilities and timely implementation of the same	Work started in August and interim arrangements working well Work should be finished by 31 October 2019. Completed.	CK-D	31/10/19

SUMMARY OF STAFF INTERVIEWS - 21ST JANUARY 2020

A Provider Visit was conducted by Trustees, Ian Savage and Linda Duckworth. Members of staff, a patient from the IPU and a volunteer were interviewed during the visit.

Lottery Team

We spoke with a member of the lottery team who works with 1.5 WTE staff and volunteers. She is always thinking of new ideas to increase lottery contributions and minimise costs, including prize outgoings and gave examples of this, including 'Lottery at Lunch' concept which is just being launched. Discussion regarding the scope to extend social media specifically around the lottery offer and how staff sickness had impacted this.

There is commitment from the staff to reduce costs including in the work undertaken to recruit new lottery contributors due to the cost of this to the hospice. Discussion included the challenges of working in a small team, tight weekly deadlines, which have serious financial implications if not met and managing unplanned staffing absences. Acknowledgement of the changes which will need to be made as a result of new gambling restrictions on using credit cards as payment which come into force in April.

Possible improvement points:

1. Review the staffing of the team to consider whether staff members from other teams could be trained to cover critical duties to support the lottery team, when needed.
2. Work in partnership with the Gambling Commission to ensure appropriate changes are implemented to ensure the hospice is compliant with new requirements.
3. Develop a social media plan to promote the lottery most effectively using a variety of platforms and increase the number of players to over 10,000.

Marketing and Database Manager

On this occasion we met with a member of the team who is responsible for media in respect of press, social media, digital platforms, direct mailings and production information and marketing materials. With the responsibility for the database for volunteers, fundraisers, supporters and donors as part of the role. Discussion regarding the merging of media and database management as this was a new experience and acknowledgement of the update for the database (which is overdue) as this will incur significant changes to the system to ensure compliance with the general data protection regulations (GDPR). Consideration will be required regarding the resource needed to test out the new system and acknowledgement of the potential opportunities to use the data more efficiently; for example, in profiling to best identify target audiences and improve the supporter experience.

Possible improvement points:

1. Review the combination of marketing and database functions to determine if this is the best fit for the organisation.
2. Carry out an assessment of the current database to determine if a better option is available.
3. Consider training other teams in data extraction and reporting. This would support the small team and allow better use of its resources.

Ward Sister

The member of staff we met with has worked at the hospice for a number of years and was passionate about her role and the hospice. She discussed having recently completed the Non-Medical Prescribing training at the University of Bolton. Discussed the benefits of this training to patient care and further study in progress at Masters Level. Discussion included feeling well supported by medical staff, her line manager and the tutors at the University throughout her training.

The change to the hospice's admissions to include patients with more complex needs was welcomed as positive but that there needs to be consideration of the complex nature of many patients and their specialist needs, rather than purely the number of beds occupied.

Possible improvement points:

1. Improve communications to support teams in understanding the balance required in terms of resources; complex needs patients and few full beds.

Palliative Medicine Consultant

The Consultant we spoke with showed a great deal of commitment for the organisation and was very positive in meeting with the Trustees. The discussion included the redesign of BHSS service to support the changing needs of outpatients; carers and the wider community. Unfortunately, the project timetable has slipped but it is hoped to have the new service and the associated structural changes operational by summer 2020 and limited services will continue to be provided utilising the family space until the project is completed.

Acknowledgement was made of the impact of sickness and leave on the medical team the restrictiveness of a small team. The review of the discharge process is underway to improve the system, ensuring all key personnel were present to avoid delays.

The increase in the number of out-of-hours admissions was a very positive step but communication with the hospital needs to be clear that the facility is for emergencies and not for routine admissions. It was felt that transport for admissions is currently an issue with the rapid transfer ambulance service appearing to have changed the criteria for accepting hospice transfers.

Possible improvement points:

1. Review the discharge system to allow for smoother arrangements.
2. Examine the ambulance provision to determine if any improvements can be negotiated

BHSS

The member of staff expressed that they felt welcome and that other staff were interested in ensuring she was embraced as part of the wider team. The staff member discussed their role alongside that of their colleagues both internally and externally – district nurses in particular. The staff member was aware of the review of Hospice at Home service that is underway and has fed into the redesign of the BHSS service and is looking forward to the new arrangements.

Possible improvement points:

1. The review of the BHSS and H@H services are already underway.

Volunteer

The volunteer that we met with has been volunteering in IPU for the last 7 years, on a weekly basis. The volunteer was keen to express the reason for volunteering was to give something back and that they felt valued and supported by all the staff and appreciated the recognition from the hospice through the cards and letters received.

Possible improvement points:

1. Assess whether other volunteers receive the same level of appreciation as those based within the IPU.

Patient in IPU

The patient that we spoke with expressed that they understood the extent of their disease and that their condition was terminal. It was noted that the patient had expressed concern over the lack of care in the hospital they were transferred from but that on arrival at the hospice, his wife finally burst into tears with relief after seeing how “lovely” the facilities were. When asked what his opinion of the hospice was, he was unequivocal, saying there was not a single thing he could fault and that the hospice was “perfect in every way”, especially the food, the care of staff and their willingness to share a joke with him and spend some time talking to him.

He expressed his symptom control was managed and that the hospice was a private, safe and comfortable space provided for them to spend some time together in his final days/weeks. He suggested that following his death his wife would likely want to support the hospice, possibly by becoming a volunteer.

ACTION PLAN – PROVIDER VISIT – 21st January 2020

KEY:

CND/JG	Clinical Nurse Director
LV	Chief Executive
CS	Caroline Savage – Interim Income Generation and Communications Director
AA	Alice Atkinson - Income Generation and Communications Director
KF	Kerry Formston – Lottery Development Manager
VJ	Vikki Johnson – HR Officer
IPU	In-Patient Unit
SMG	Senior Management Group

Lottery			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review the staffing of the team to consider whether staff members from other teams could be trained to cover time critical duties to support the lottery team	Management of the lottery programme is a very technical, time-bound area of fundraising practice. We are currently recruiting some bank staff who will be trained specifically to cover the time-sensitive activities, particularly at busy times, to support the lottery team.	CS/KF/VJ	Ongoing
Work in partnership with the Gambling Commission to ensure appropriate changes are implemented to ensure the hospice is compliant with new requirements.	A lottery staff member is very closely linked with the Gambling Commission and is working with a regional representative to ensure that we are compliant with the new restrictions imposed on use of credit cards.	MS/AA/KF	Apr 2020
Develop a social media plan to promote the lottery most effectively using a variety of platforms and increase the number of players to over 10,000.	The lottery team will be working with the marketing team to develop a social media plan to celebrate 10,000 lottery players and to share this widely in the most effective ways to increase membership. It will also form a part of the supporter experience action plan for the lottery to celebrate the success and the impact that lottery players have had on supporting and delivering hospice services.	KF/FR	Ongoing

Marketing & Database Management			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review the combination of marketing and database functions to determine if this is the best fit for the organisation.	Following a detailed options appraisal to select the most appropriate database, there will be an upgrade of Donorflex and training on the new version across the fundraising team. Following this if there are still intense demands on the Marketing & Database Manager regarding the database, a review of the functions should take place to understand the resource needed to most effectively deliver hospice marketing and supporter database management.	AA/FR	Summer 2020
Carry out an assessment of the current database to determine if a better option is available.	A very thorough options appraisal was conducted to select "Donorflex" as the hospice database. Donorflex is widely used within the hospice network. Within the wider fundraising team, we need to increase practical knowledge and experience of the system, to prevent an over-reliance on the Marketing & Database Manager needing to respond to data questions and enquiries.	AA/FR/Fundraising colleagues	Autumn 2020
Consider training other teams in data extraction and reporting. This would support the small team and allow better use of its resources.	Donorflex upgrade (to latest version) is planned for summer 2020, which is much more user friendly and intuitive for a fundraiser. Once installed, there will be a full team training session on-site led by colleagues from Donorflex to ensure that all fundraising team members can use the database effectively to manage, understand and efficiently retrieve supporter data. As a consequence the Marketing & Database Manager can be involved in the more complex data enquiries.	AA/FR/Fundraising colleagues	Autumn 2020

Nursing			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Improve communications to support teams in understanding the balance required in terms of resources; complex needs patients and few full beds.	Work is ongoing using OACC as a contributory measure to articulate the dependency needs of patients and data will be shared with the staff to support conversations regarding capacity/demand. Staffing is reviewed daily to ensure sufficient staffing numbers/skill mix.	JG/JO	Ongoing
Medical			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review the discharge system to allow for smoother arrangements.	Discharge Task and Finish Group set up to review and redesign this process.	Medical Director	Oct 2020
Examine the ambulance provision to determine if any improvements can be negotiated.	Bolton CCG are responsible not the commissioning of Ambulance Service Provision. Meeting held with RBH Palliative Care Team/RBH Rapid Discharge Team/CCG Commissioners and Bolton Hospice to discuss and identify potential solution held on 28/02/2020.	Medical Director	Ongoing
Catering			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Assess whether other volunteers receive the same level of appreciation as those based within the IPU.	Patient services - All volunteers within hospice clinical services regularly receive email updates, a welcome letter after training with thanks in it for their support, newsletter once a month with thanks and appreciation, plus Volunteer stories, letters of thanks after Christmas/Easter, letters of concern if they're off ill and finally letters of gratitude when they leave. Volunteers are invited to LSAs in Volunteer week and get asked for their comments about the service and their role in the Volunteer survey – both bi-annually.	MB/CW	Ongoing

Catering (Cont'd ...)			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Assess whether other volunteers receive the same level of appreciation as those based within the IPU (Cont'd ...)	<p>Retail/Fundraising – Volunteers receive verbal thanks on regular basis and letters at the end of the calendar year and end of the financial year as acknowledgement and thanks for their continued support and letting them know their worth.</p> <p>Cards are sent when a volunteer has a bereavement. Support is provided through illness, with phone calls and cards.</p> <p>There is also the “thank-a-thon” week.</p> <p>Certificates are given when a shop achieves a financial goal. Volunteers are invited to LSAs in Volunteer week and get asked for their comments about the service and their role in the Volunteer survey – both bi-annually.</p>	MB/CW	Ongoing