



# 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.

<b>Name of Hospice:</b> Bolton Hospice	<b>Telephone No:</b> 01204 663066
<b>Address of Hospice:</b> Queens Park Street, Off Chorley New Road, Bolton BL1 4QT	
<b>Category of Registration:</b> Independent Hospice	
<b>Name and Job Title of Visiting Provider:</b> Dr. Helen Wall and Dr (h.c) Judith Bromley	
<b>Date Of This Visit:</b> 5 <sup>th</sup> August 2024	
<b>Date Of Last Visit:</b> 2 <sup>nd</sup> October 2023	

## GENERAL INFORMATION UPDATE: Since Last Provider Visit

<i>Has there been any change to:</i>	
Premises since the last inspection?	No
Trustees or Managers?	<p>Victoria Hutchinson (previously Senior Sister IPU) promoted to Inpatient Unit Service Lead in February 2024.</p> <p>Lisa Tate (previously Advance Nurse Clinical Practitioner) seconded to Head of Clinical Services in April 2024.</p> <p>Alice Atkinson (previously Director of Income Generation &amp; Communications) seconded to Deputy Chief Executive in April 2024.</p> <p>Lisa Ridgley (previously Senior Staff Nurse) seconded to Wellbeing Hub Sister in June 2024.</p> <p>Paul Stansfield co-opted as a trustee and treasurer on 11.03.24.</p> <p>Sam Sherrington co-opted as a trustee on 11.03.24.</p> <p>Claire Fern co-opted as a trustee on 30.10.23.</p>
Staff Numbers as of 5 <sup>th</sup> August 2024:	132
Statement of Purpose?	<p></p> <p>Bolton Hospice Statement of purpose:</p> <p>Yes</p>
No. of deaths (2 <sup>nd</sup> October 2023 – 4 <sup>th</sup> August 2024):	<p>IPU – 105</p> <p>H@H – 104</p>
Integrated Care Partnership (ICP) Quarterly reports/Notifiable Issues:	<p></p> <p>QUALITY AND PERFORMANCE STA</p>

## 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, if we receive informal or formal complaints we incident report this, make contact with complainant to establish further detail and the outcome they would like and investigate as the incident dictates and then provide full documented feedback regarding outcome and actions taken/lessons learned.

### Summary of complaints received since last Provider Visit:

FORMAL COMPLAINTS FOR THE PERIOD 2.10.23 – 4.8.24		INFORMAL COMPLAINTS FOR THE PERIOD 2.10.23 – 4.8.24	
<b>Clinical Complaints: Formal</b>	2 (1 initially recorded as Informal Complaint.	<b>Clinical Complaints: Informal</b>	6 (1 became a Formal Complaint. 1 relates to other services.)
<b>Non-Clinical Complaints: Formal</b>	1	<b>Non-Clinical Complaints: Informal</b>	3 (1 complaint keyed as Non-Clinical, however, relates to care provision particularly in relation to other services, staffing, personal care and general approach to death and dying in society. The complaint was acknowledged with a telephone call to the person and a written response provided also. CEO has overviewed complaint received).

**QUALITY IMPROVEMENT Interview with clinical lead(s)**

**How is quality improvement managed within the Hospice?**

Audit Group meets bi-monthly. There is a Quality Monitoring Calendar in place - spot checks are undertaken regarding infection prevention and control and waste management frequently.  
 Information Governance  
 Informatics Strategy.  
 Governance and Quality Lead.  
 Education and Training.  
 Annual Appraisals.  
 Quality and Governance Committee meets quarterly.  
 Infection Prevention and Control (IPC) and Nutrition meetings quarterly.  
 Feedback from service users and those important to them.  
 'Have your Say' comments cards.  
 Monitoring of Harm Free Care data.  
 ICP Quality & Performance report and Safeguarding Reports Quarterly.  
 E-Learning Blue Stream Mandatory Training system and face to face mandatory training.  
 PLACE Inspection.  
 NHS England Controlled Drug reporting, bi-annual controlled drugs audit and annual control drug report  
 Trustee Provider Visits twice yearly  
 Virtual meetings with CQC Relationship Officer, Direct Monitoring updates via email and ongoing remote monitoring by CQC with feedback, plus CQC inspection 12<sup>th</sup> & 13<sup>th</sup> December 2023.

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

  
 Multidisciplinary  
 Quality Monitoring

**How are reports disseminated?**

Team meetings, Clinical Governance newsletters, Senior Leadership Team weekly meetings, Management Team Leaders meetings, word of mouth, Website, Audit Group, CQC, Quality and Governance Committee and Board of Trustee meetings.  
 Reports that are disseminated externally include Controlled Drugs, Infection Prevention and Control and Safeguarding Annual reports – shared with partners within ICP including Safeguarding Teams, Infection, Prevention and Control Team, commissioners and CQC.

**What changes/improvements have been implemented in services over the past 12 months following audit?**

  
 AUDIT TRACKING  
 TABLE - 11.09.24..do

**Are there any concerns about the training and experience of**

There have been ongoing staffing challenges in the clinical workforce, due to nursing vacancies and staff sickness, which is a national issue that has been exacerbated since the

<b>staff (for example any shortages/recruitment difficulties for certain grades/posts)?</b>	pandemic. However, recent recruitment has been positive.
<b>Do staff feel there is enough equipment or access to specialised equipment or facilities to enable them to care for the patients safely?</b>	Yes
<b>Any other comments</b>	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 who address these issues.

**KEY:**

<b>HK</b>	Hitesh Kansara, Data and IT Systems Administrator
<b>SLT</b>	Senior Leadership Team
<b>VH</b>	Victoria Hutchinson, Inpatient Unit Service Lead
<b>LT</b>	Lisa Tate, Head of Clinical Services
<b>AV</b>	Adrian Vickers, Head of Retail
<b>LR</b>	Lisa Ridgley, Wellbeing Hub Sister
<b>LV</b>	Dr (h.c) Leigh Vallance, Chief Executive
<b>JK</b>	Dr Jenny Klimiuk, Consultant in Palliative Medicine
<b>FR</b>	Felicity Ransom, Head of Marketing & Communications
<b>SG</b>	Sue Gooden, Facilities Manager

<b>ACTION TAKEN SINCE LAST PROVIDER VISIT – 2<sup>nd</sup> October 2023</b>			
<b>IPU</b>			
<b>Recommendation (PIA)</b>	<b>Actions taken to remedy</b>	<b>Responsibility</b>	<b>Completion Date</b>
Improvement in the IT system and supporting hardware is desperately needed.	Successful switch to a new server took place at the end of 2023 and a rolling programme of hardware replacement is now in place.	HK/Finance/SLT	Completed
We should use all means available to us to emphasise that any clinical hires would be coming to safeguarded roles. This is a matter of urgency because without additional nursing staff we'll never break out of the vicious circle we are in.	<p>Recruitment continues- we have offered 3x staff nurse posts- awaiting acceptance from interviews completed August.</p> <p>We have had an offered accepted for IPU Band 6- Charge Nurse, date of commencement awaited due to the completion of pre employment checks.</p> <p>We have recruited 4 x qualified nurses, who have commenced employment.</p> <p>3 have settled well and progressed to senior staff nurse during their preceptorship completion.</p> <p>1 SN decided Hospice care was not for her and unfortunately vacated the post.</p> <p>1 x further newly qualified staff nurse has joined the team on the bank as a Band 3 clinical support nurse , whilst she waits her PIN – due September.</p> <p>Recruitment of Clinical support nurses continues and we have 3 new clinical support nurses completing their preceptorship program.</p> <p>We now have a 'rolling advert' for the recruitment to the bank for both staff nurses and clinical support nurses, which continues to be positive, and will hopefully in turn increase flexibility to cover any unpredictable level of sickness.</p> <p>The H@H Senior Sister post also remains vacant pending review,</p>	VH / LT	

	<p>and discussion with the current H@H team members.</p> <p>We continue to look at options with a block/ short term contract with an nursing agency for the facilitating the cover of awaiting new staff nurses commencing post- this is currently in progress , 2 x interviews have been completed without success ( August ), however a further interview is planned for early September.</p> <p>We have linked in with Bolton NHS Foundation Trust since July 2023 to work on secondment opportunities at the Hospice and two RGN's started on 5 December 2023, since the completion of this secondment, no further candidates have come forward to complete a secondment.</p> <p>1 of our Clinical Support Nurses has undertaken and completed RGN training has commenced in post in January. We have an Nursing associate who has successfully completed her upgrade to registered nurse and is awaiting her PIN ( September). A clinical support nurse has completed her Nurse associate training and is awaiting her PIN to commence her Nurse Associate role (September) 1 of our Clinical Support Nurse is due to commence the Nurse Associate program in September at Bolton University for a period of 2 years.</p> <p>1 x Senior Staff Nurse is currently completing a 12 month secondment to IPU Band 6- this is progressing well, and offering further leadership and management experience for both the individual and team as a whole.</p> <p>We have also worked with staff who have been off sick to support their return to work, as appropriate and we continue to promote the support available for staff to access including free confidential counselling, our Employee assistance program and WHYSUP as well as the free NHS Mental Health Resources.</p>		
<p>It should be made clear to all staff who the “second in command” is in the absence, for whatever reason, of a senior team member. No one should ever be in doubt as to who they need to approach for decisions and plans to be made.</p>	<p>This has been much improved with the new Inpatient Unit Service Lead and Head of Clinical Services in post with no further recurring issues of this nature.</p>		<p>Completed</p>
<p>We should review our career pathway/ training/progression opportunities, ensure they are fit for purpose and also that they</p>	<p>The HR Manager has worked with GM Hospices to develop and launch a new leadership mentoring scheme to support skills and career development.</p>		<p>Completed</p>

are both advertised and adhered to.	<p>The education team have introduced the palliative care education passport to enhance knowledge and skills for all grades of staff. 6 nurses have now progressed from band 2 to band 3 having completed the relevant competencies.</p> <p>We have also developed and launched a new appraisal system with a greater focus on competency development and career planning. The education team have recently launched a new Learning Disabilities &amp; Autism training course for staff.</p> <p>Two non-clinical team members are completing fully funded qualifications (in HR / Data) via the apprenticeship levy. 20 managers within the hospice have completed ILM qualifications with further specific management training (appraisals/performance management) delivered in house by our HR team.</p>		
<b>Income Generation</b>			
<b>Recommendation (PIA)</b>	<b>Actions taken to remedy</b>	<b>Responsibility</b>	<b>Completion Date</b>
Implementation of "Gift Aid" across all hospice outlets.	Retail gift aid is in place across all stores and we aim to continually improve our income from this source.	AV	Completed
<b>Wellbeing Hub</b>			
<b>Recommendation (PIA)</b>	<b>Actions taken to remedy</b>	<b>Responsibility</b>	<b>Completion Date</b>
Continued review and development of the day therapy as this service is still underutilised and not cost efficient.	<p>The hub supported fewer patients over the last year (84 compared to 104 the previous year) but with a 27% increase in face-to-face attendances – 1,469 compared to 1,158 the previous year. This decrease in patients reflects the work done this year to review and discharge those who are not engaging in the service, meaning that this year's figures are a more accurate reflection of those actively receiving support and the extent to which they are engaging with the service.</p> <p>New activity added to the Wellbeing Hub programme within the year includes hosting the MND Association's monthly Bolton support group, holding a monthly memory café for patients with dementia and their carers, and a new men's group.</p> <p>The complementary therapy service has recently undergone a review with some changes currently being trialled to enable more people to access the service. The complementary therapists are also currently undergoing training in colour therapy and sound therapy to expand the therapies offered.</p> <p>The Carers Group is currently being reviewed in order to improve attendance as this has been low recently.</p>	LR	Ongoing
Continue to explore the development of the H@H service to increase access to the	The Senior Sister for the H@H team recently retired following a prolonged period of sickness absence and this role has not yet been	LT / SLT	Ongoing



service	<p>replaced.</p> <p>The H@H team have been relocated into the IPU to support better cross-team working and communication which is working well. Further development and planning for the future of the service is currently on hold due to absences within the team but will be progressed as soon as possible.</p>		
Explore ways to develop ICS in Bolton fits well with the work of the WBH and the hospice	<p>LV and JG continue to work with ICP to promote hospice services, GP federation presentation done by Education Lead and Young Adults Transition Project Lead.</p> <p>LV continues to represent the Hospice at Integrated Care Board level to promote hospice services and other voluntary sector services at Greater Manchester level.</p> <p>Dr Klimiuk has joined the locality Palliative and End Of Life Care Strategy Group.</p> <p>Networking continues to be done by CND, Young Adults Transition Project Lead and WBH &amp; Education Service Leads at external meetings etc to increase activity and data for last 12 months shows this is increasing both for internal and external services within the WBH.</p>	LV /JK	Completed
Consider advertising the café to local businesses	<p>The catering service in the hub café has recently been reviewed and improved and this is still being embedded, alongside ongoing training for hub volunteers. Therefore advertising the café to local business has not yet been explored but may be considered in future.</p>	FR / AV / SG / LR	TBC

## **SUMMARY OF PROVIDER VISIT 5<sup>TH</sup> AUGUST 2024**

Conducted by Dr Helen Wall (HW) and Dr (h.c) Judith Bromley (JB) – Trustees

### **Introduction:**

This report is based on views expressed by volunteers and staff. All views are based on the anonymous feedback. People were frank, honest and open. We offered our assurances that no one we interviewed would be identified.

We wanted to focus our attention on the IPU at this provider visit to gauge any change since the last visit, although we did also incorporate a number of other areas into the visit.

### **Income Generation / Marketing & Communications Teams:**

We spoke to a senior team member who said that there is a great team in place, they thrive off their role and the hospice is such an amazing place to work. Feels that the recent division of the department into Income Generation and Marketing & Communications is working well and that the team leads are supportive. Also feels that we are ahead of other hospices in terms of the fundraising events we stage. We received a suggestion that staff would like to do the occasional shift in a clinical area as it would be good for all team members to experience this side of the hospice.

We also spoke to two members of the lottery team, one who has joined the hospice quite recently who commented on their excellent induction and how friendly and helpful everyone is. The other lottery team member expressed how every day is different in their job, that they love working for the hospice and that we are forward thinking in comparison to other hospices and always looking to save costs.

### **RECOMMENDED ACTIONS**

- Look into staff from the Income Generation / Marketing & Communications teams shadowing staff / volunteers in clinical services periodically.

### **The Wellbeing Hub:**

The Wellbeing Hub is closed to drop in and outpatients on a Monday with just the Christie blood clinic planned on the day of our visit. However, we spoke with two volunteers who expressed how they see patients come in feeling scared and fearful but they soon relax in the wonderful surroundings and their worries melt away. The volunteers also expressed that they would like more training on the hub shop and more consistent training on the ward (this volunteer was also an SOS volunteer for the ward and sometimes misses training updates). One volunteer also felt we could do more for volunteers in Volunteers Week, although they didn't have any specific suggestions.

### **Volunteer comments**

"This is the best thing about my life apart from my family!"

"I love the work"

“People call it not the Wellbeing Hub but the Warm Hug Centre”

“The paid staff are amazing, we offer fabulous care”

“As a volunteer I feel appreciated”

## **RECOMMENDED ACTIONS**

- Further training for volunteers on the hub shop.
- A more consistent approach to training for ward volunteers that also captures SOS volunteers.
- Further consideration as to how we celebrate Volunteers Week.

### **Catering Team:**

We spoke with a member of the catering team who told us that they feel we offer lots of flexibility across all food services and that their high level of patient contact has resumed post-covid. They also expressed that the team is kept on their toes with all the catering offers but that they love the new Wellbeing Hub catering service. They expressed that they have all the up-to-date equipment that they need and are not restricted on budgets for food. They also said that they were very proud of the arrangements for donated food with different companies and suppliers and that it is a great added benefit to be able to offer subsidized food for staff.

## **NO RECOMMENDED ACTIONS**

### **Portering Team:**

We met with a Porter who told us they felt the team works well together and with the rest of the hospice. Everyone knows their role and helps to cover annual leave and any sickness absence. There is a good handover in place between shifts and instructions are delivered well from the clinical teams, also work well with volunteers and enjoys being able to chat to patients and their families.

## **Staff comments**

“Happy place”

“Love the role”

## **NO RECOMMENDED ACTIONS**

### **IPU:**

In total we spoke with five nurses (mixture of grades and service lengths), one of the specialty doctors and the relative of a patient. One of the nurses HW had spoken to at the last provider visit so this gave a particularly good picture of how things have changed over the last 10 months. All of the staff were positive and feel there have been improvements in areas including teamwork, morale and support from senior

staff. There were also positive comments about induction, breaks, work-life balance and the level of care they provide. Some challenges and areas for improvement were also mentioned, including recruitment and the publishing of the off duty.

The patient's relative, whose mother was admitted three days prior to our visit, said that all the staff had been friendly and that her mum feels more rested already. This was the first time she had visited but was impressed with the hospice in general, mentioning cleanliness and the welcome from the reception staff specifically. She stated that she could not fault the care provided.

We spoke to a nursing associate who is keen to progress to registered nurse and said that she is confident that the new management team will consider this. She felt that the recent changes in the nursing team have been very positive, feels more valued under the current leadership and feels wellbeing for staff is greatly improved with the new team in place. She added that the ethos in the team is more like it was pre-Covid. She feels that the team is more balanced having the Head of Clinical Services actively on the ward. When asked what we could do better she mentioned more staff although is aware this is a national problem, and that it is getting better and she can see we are getting there.

The second nurse we spoke to also stated that the recent leadership changes had been positive and that team morale was much improved. She loves her role, the training opportunities she is given and the opportunity to be involved in looking after the whole family, including involvement in a wedding, christening and birthday parties.

The third nurse we spoke to was a fairly new team member who commented on her excellent induction and Palliative Care Passport training. She also mentioned excellent patient care, how supportive our doctors are of the nursing team, that the team always get breaks, are looked after and well supported by the senior nurses. She expressed that she wants to further develop her career here and feels valued. She felt the only area for improvement would be that sometimes they don't get the off duty until quite late.

The fourth nurse was newly qualified and said she feels very supported by the nursing team in her new role. She also commented that new staff arriving was good and what we needed, and that the team were getting more notice of the off duty which improved work-life balance. She is very happy with the care we provide but feels that the 'What's Important to Me' documents and boards in the rooms need to be checked more to help with advanced care planning.

The final nurse we caught up with HW had also spoken to at the last provider visit. She said that she feels we are now in a much better place with the changes that have been made. Recruitment is improving, things feel a lot calmer, and the ethos is returning to what is used to be. The biggest challenge remains recruitment but new recruits have settled in well and she feels they are making progress to becoming a solid team again. She said that the staff feel well supported by the senior staff and there is more joint working and team decision making.

The doctor we spoke with expressed that with additional nursing staff there had been improvements over the last 3-4 months, that nurses and doctors are working together as a team and that Lisa working across both teams has made a huge difference. They said that there was good medical cover but that once we increase to 16 beds it could be a challenge to manage leave / sickness for specialty doctors. They also mentioned that we don't get full time training GPs like we used to which has an impact.

### **Staff comments**

"We give excellent care"

"Leigh is very approachable, often seen on the ward"

"Team morale is much better"

"Patient care is perfect here, I feel that I have done my job when I go home at the end of a shift and I have been able to nurse a patient"

"Doctors very supportive of the nursing team"

“Shifts are good here, always get our breaks, we are looked after, very supportive senior nurses always on hand to offer support and guidance”

“I can’t believe anyone would want to leave working here, it is so much better than the NHS, I feel valued and a true nurse”

“Porters are very helpful here and only too willing to act”

“Complementary therapy offering is very good and efficient”

“Having Lisa (Tate) part of the nursing / medical team is very helpful, it does not feel like two teams anymore, we are back to where we should be”

“We have very good medical cover”

“Patients are getting more quality time with nurses”

“Nurses and doctors are working as a team”

“Lisa (Tate) has made a massive difference as she works across both teams – this is the way forward”

## **RECOMMENDED ACTIONS**

- Continue to proactively address the ongoing nurse recruitment challenges.
- Continue to work with the team to maximize satisfaction with the off duty notice provided.
- Consider further use of ‘What’s Important to Me’ document and boards in the rooms for advanced care planning.
- Proactively consider medical cover arrangements in advance of return to 16 beds.

## **Trustees Comments**

It was heartening and inspiring to see the tremendous efforts of everyone, in identifying and addressing challenges, in a way that reflects staff feedback along with enabling strategies and action plans having being developed with staff to continue with the excellent progress.

# ACTION PLAN - PROVIDER VISIT – 5<sup>th</sup> August 2024

**KEY:**

<b>AV</b>	Adrian Vickers, Head of Income Generation
<b>FR</b>	Felicity Ransom, Head of Marketing & Communications
<b>LH</b>	Lisa Honeywell, Volunteer Development Manager
<b>VH</b>	Victoria Hutchinson, Inpatient Unit Service Lead
<b>LT</b>	Lisa Tate, Head of Clinical Services
<b>SLT</b>	Senior Leadership Team
<b>HR</b>	Human Resources Team
<b>Sisters</b>	Inpatient Unit Sisters
<b>EM</b>	Dr Ellie McCann, Medical Director

<b>Income Generation / Marketing &amp; Communications</b>			
<b>Recommendation (PIA)</b>	<b>Actions taken to remedy</b>	<b>Responsibility</b>	<b>Completion Date</b>
Look into staff from the Income Generation / Marketing & Communications teams shadowing staff / volunteers in clinical services periodically.	New Marketing & Comms team member has shadowed volunteers and completed shifts on IPU & Hub as part of their induction. This will be offered to the wider team too.	AV / FR	Ongoing
<b>The Wellbeing Hub</b>			
Further training for volunteers on the hub shop.	All volunteers get an induction and 3 training shifts. There is a basic, step by step guide to opening and shutting up the shop and managing the till, and if any of the volunteers are struggling, they can call either the Volunteering Development Manager or Retail Administrator. Since the introduction of food service on a Tuesday and Thursday, the volunteers involved have done an online Level 1 Food Hygiene course.	LH	Dec 24
A more consistent approach to training for ward volunteers that also captures SOS volunteers.	We are currently in the process of getting all ward volunteers on Blue Stream training to do a Patient Safety course, as well as Safeguarding Adults. All volunteers receive the same training (an induction and 4 training shifts) whether they have a permanent shift or are on the SOS list.	LH	Mar 25
Further consideration as to how we celebrate Volunteers Week	To be discussed at the next Volunteers Forum meeting. The Volunteering Development Manager will also look at new ideas and include more staff in this.	LH / AV / FR	Jun 25
<b>IPU</b>			
Continue to proactively address the ongoing nurse recruitment challenges.	Update: recruitment has gone well over the last 2 months, with updates to adverts clarifying posts. Vacant posts remain – 3 registered nurses at present. Continue to expand the Hospice bank with rolling advert to increase use and availability of our own team members rather than the use of agency.	VH / LT / SLT / HR	Ongoing

Continue to work with the team to maximize satisfaction with the off duty notice provided.	Update: Minimum 4 weeks produced at a time, at times up to 5 weeks have been available. This is the agreed number within the ipu team meetings to ensure work life balance.	VH / LT	Ongoing
Consider further use of 'What's Important to Me' document and boards in the rooms for advanced care planning.	To be discussed with the team.	VH / Sisters	Ongoing
Proactively consider medical cover arrangements in advance of return to 16 beds.	A meeting will be arranged in the next 4 weeks between EMc, LT, JK, LV and AA to discuss medical staffing proposals for the transition period.	EM	Dec 24