



Wigan & Leigh Hospice

Statement of Purpose

**Wigan and Leigh Hospice
Kildare Street
Hindley
Wigan
WN2 3HZ**

**Telephone: 01942 525566
Fax: 01942 525577
Email: enquiries@wlh.org.uk
Web: www.wlh.org.uk**

Registered Charity Number 513400

This service has been registered by the Care Quality Commission under the Health and Social Care Act 2008.

Name, Address and Location of the Service Provider:

Wigan and Leigh Hospice Telephone: 01942 525566
Kildare Street Fax: 01942 525577
Hindley Email: enquiries@wlh.org.uk
Wigan Website: www.wlh.org.uk
Lancashire
WN2 3HZ

Location ID number: 1-114304929

Service Provider ID number: 1-10163447

Registered Manager & Nominated Individual: Joanne Hayes Carby

Registered Manager ID number: CON1-1809384257

Contact details of the Registered Manager & Nominated Individual:

Telephone: 01942 525566
Email: j.carby@wlh.org.uk

Contact details of Chief Executive

Name: Dr Alan Baron
Telephone: 01942 525566
Email: a.baron@wlh.org.uk

Regulated Activities:

Activity 1: Treatment of disease, disorder or injury
Activity 2: Diagnostic and screening procedures
Activity 3: Transport services, triage and medical advice provided remotely
Activity 4: Personal care

Legal Status:

Wigan and Leigh Hospice is a:
> Registered Charity Number 513400
> Company Limited by Guarantee Number 1677155

Service User bands:

> Older people
> Younger adults

Date of Registration: 1st October 2010

This document has been written in accordance with the Health and Social Care Act 2008. The document will be reviewed annually unless circumstances dictate that an urgent revision is necessary.

Version: 14 Revised: June 2019 Review date: June 2020

INTRODUCTION

Wigan and Leigh Hospice is a registered charity which was founded in 1982. The services were developed to deliver high quality specialist palliative care to individuals who have a life threatening illness from any type of disease and who are thought to be in the last year of their lives. The service is extended to the patient's family and carers.

The Hospice delivers its services to people aged 18 or over, of any race, sexual orientation, religion or gender. The care and treatment that the Hospice delivers to patients is based upon the principles of respect, dignity, compassion, choice, informed consent and open and honest communication in line with the wishes of the patient.

Hospice care extends beyond that delivered to the patient with support available to the patient's family or those who the patient identifies as being important to them.

The Hospice strives to ensure that the services it offers are:

- Safe and that people are protected from abuse and avoidable harm
- Effective
- Caring
- Responsive
- Well-led

All Hospice services are delivered at no cost to service users. Approximately two thirds of hospice funding is raised through charitable giving.

HOSPICE VISION

Every adult with palliative and end of life care needs and those people most important to them within the Wigan Borough will receive timely and equitable access to high quality services, delivered by appropriately trained staff and volunteers.

HOSPICE MISSION STATEMENT

The hospice provides high quality, compassionate and cost-effective palliative and end of life care services across Wigan Borough. It serves adult patients and those people most important to them in their own homes and within the hospice. Working in partnership with other health and social care providers, the hospice seeks to ensure everyone who needs palliative and end of life care services receives them. The hospice also shares its expertise through its in-house and outreach education programmes.

HOSPICE VALUES

- Compassion
- Accessibility
- Respect
- Excellence

HOSPICE STRATEGIC GOALS

1. Service delivery: Delivering the best possible services for our patients and those people most important to them.

- 1.1 Maintain the highest achievable quality and value for money across all hospice services
- 1.2 Develop new services to meet emerging needs and local palliative and end of life care priorities
- 1.3 Review and, where necessary, redesign services to maximise outcomes and reach
- 1.4 Foster an evidence-led innovation culture

2. Commissioning: Engaging with and responding to the changing commissioning environment.

- 2.1 Engage proactively with commissioning bodies (including CCG, Council and Greater Manchester Health and Social Care Partnership)
- 2.2 Demonstrate the impact of hospice services through robust data and outcome measures
- 2.3 Develop an understanding of unmet need and our role in meeting this need

3. Partnerships: Reaching more people through working in partnership.

- 3.1 Work with partners across the statutory and voluntary sectors to improve service delivery and community engagement
- 3.2 Improve understanding of palliative and end of life care and the hospice amongst professionals and the general public
- 3.3 Engage with stakeholder and partner forums to identify and work on shared agendas and priorities
- 3.4 Maintain a leading role in the Greater Manchester Hospice Partnership

4. Sustainability: Ensuring our services are sustainable in the current statutory and charitable environment.

- 4.1 Develop strategies to maximise income and encourage volunteering
- 4.2 Develop robust business cases for commissioners to ensure continued statutory support
- 4.3 Ensure the key messages about hospice care are communicated effectively to all our stakeholders

- 4.4 Ensure the annual budget is aligned to the level of reserves with variances monitored and efficiency savings continually sought
- 4.4 Ensure effective procurement processes that deliver 'value for money' whilst minimising our impact on the environment

5. Governance: Ensuring the hospice is compliant and is effectively managing risk.

- 5.1 Ensure compliance with regulatory standards including the development of appropriate recording and monitoring systems
- 5.2 Ensure robust systems are in place to enable proper governance and risk management
- 5.3 Ensure robust financial systems are in place to enable proper accountability and control

6. People and Infrastructure: Ensuring the hospice has a competent and motivated workforce working safely & effectively.

- 6.1 Recruit, retain, develop, train and support our staff and volunteers
- 6.2 Develop and sustain an open culture where hospice values are translated into everyday actions
- 6.3 Review and implement the maintenance and renewal plan for all buildings and equipment
- 6.4 Ensure robust systems are in place for health & safety in the hospice and in our shops
- 6.5 Develop strategies to ensure effective communication across all hospice departments

EVALUATION OF THE REGULATED ACTIVITIES & STRATEGIC GOALS

We regularly monitor and evaluate our service in many ways including:

- Reviewing clinical care plans and patient care records to ensure holistic assessments and treatment plans are in place and are implemented and monitored for their effectiveness.
- By asking service users both face to face and through anonymous questionnaires to review our service and to tell us what they really like about it and what could be improved.
- By observing all Hospice staff in their daily work to ensure service users and their families are central to all they do and that they are treated with respect and dignity.
- By measuring staff competencies in clinical care. This is achieved via direct observation and competency-based assessments.
- Through quality and governance structures which review complaints, accidents and incidents, infection control matters and all areas of service risk management.
- Through monitoring multi-disciplinary team meetings and the way treatment and decision plans are discussed with patients and families.

- By ensuring all staff receive appropriate, ongoing training to maintain their clinical skills and expertise and by monitoring training records.
- By listening to service users, staff and volunteers and responding to their views, concerns and service development ideas.

WHO CAN ACCESS THE HOSPICE SERVICES

The Hospice offers services to improve the quality of life of adult patients and those people important to them facing the problems associated with a palliative condition. The aim is to prevent and relieve suffering by early identification, impeccable assessment and treatment of physical, psychological, social and spiritual problems associated with that illness.

Wigan & Leigh Hospice is committed to widening access and valuing diversity and welcomes people from any culture, background or sexual orientation. A variety of services are available according to the nature and complexity of a patient's needs.

All patients over the age of 18 who are registered with a Wigan Borough GP and those living within Wigan Borough can access our services. Other patients may be able to access services in exceptional circumstances e.g. if they need inpatient care and they wish to be near to close family living in the Wigan area.

Patients with any palliative diagnosis may be referred if they have problems related to that condition for which they may benefit from hospice services. This includes pain and other symptoms, emotional/ psychological support, assistance with advance care planning or carer support.

The patient must consent to the referral, provided they have the capacity to do so.

Patients will be discharged from Hospice services if they no longer have problems requiring the support of that service, or if they relocate outside of the area covered by the Hospice.

HOSPICE FACILITIES

Our hospice building is welcoming, light and modern. Outside the hospice we have beautiful gardens which are adjacent to Amberswood Common and attract a variety of wildlife. Patients find the hospice to be a place of comfort and rest during a difficult time.

The Woodview Centre, opened in 2014, is a purpose built facility to treat patients and families on an out-patient basis. The reception has a café style area with views of the local woodland. It has disabled access onto decking and walkways for people to safely experience the outdoors and nature.

The Centre houses out-patient clinics, and a suite of complementary therapy and counselling rooms. The therapy rooms are specially furnished for the delivery of a range of therapies. They have electric therapy couches, comfortable seating for one to one consultations, subdued lighting and gentle music.

The Centre is also the base for the Hospice community nursing teams and provides additional education and training facilities and meeting rooms.

Our facilities include:

- 14-bed Inpatient Unit, all single rooms
- Patient and visitor lounge
- Overnight room for families including shower room
- Reflection Room
- Complementary therapy and counselling rooms
- Quiet rooms for private discussions with staff
- Outpatient clinics
- Day Unit (Oak Centre)
- Car parking (free of charge)
- Meeting rooms for hire

All patient services are situated on the ground floor and are equipped to meet the needs of people with a disability.

SERVICES WE DELIVER

The Hospice is registered with the Care Quality Commission to deliver four regulated activities. These are:

1. Treatment of disease, disorder or injury
2. Diagnostic and screening procedures
3. Transport services, triage and medical device advice provided remotely
4. Personal care

The services provided by the Hospice are for adults living in the Wigan Borough and/or registered with a Wigan Borough GP who have advanced progressive life threatening illness. The Hospice offers:

- Assessment and management of complex symptoms
- Psychological support
- End of life care
- Rehabilitative palliative care
- Transitional care to facilitate discharge from hospital to home
- Family support and bereavement care
- Education and training for professionals involved in palliative, end of life or bereavement care

All services are accountable to the Clinical Director and delivered by a Consultant-led multi-professional team which includes:

- Doctors
- Nurses
- Social Worker
- Occupational Therapists and Physiotherapists
- Counsellors
- Complementary Therapists
- Volunteers
- Education Team
- Bereavement Team
- A team of Allied Health Professionals employed by Wrightington, Wigan & Leigh NHS Foundation Trust, including Occupational Therapists, Physiotherapists, Dietitian and Speech and Language Therapist.

We work closely with other healthcare professionals involved in our patients' care. Our knowledge and skills are shared with GPs, District Nurses, care homes and other health and social care professionals through multidisciplinary working and formal education programmes. This allows our expertise to benefit those who do not access Hospice services directly.

The following services are provided by the Hospice:

HOSPICE NURSE SPECIALISTS

The team have specialist knowledge and skills in palliative care and support patients in the community (including care homes) at an advanced stage of their illness. They assess a patient's symptoms, offer psychological support and support patients with advance care planning. Many of the team are nurse independent prescribers.

The service is provided through outpatient clinics at the Woodview Centre and in GP surgeries across Wigan or home visits for patients who are housebound.

Patients accessing this service are also supported by the NHS district nursing service.

HOSPICE IN YOUR HOME

The Hospice in Your Home service is provided by a team of nurses, healthcare assistants and volunteers. The team offers one-to-one time with patients and gives practical as well as emotional support alongside hands-on nursing care, including daytime visits and overnight stays. The aim of the service is to enable more people to stay in their own homes as they come towards the end of their lives.

Patients accessing this service are also supported by the NHS district nursing service.

MEDICAL OUTPATIENT CLINICS

These are held in the Hospice's Woodview Centre. They offer assessment or review for patients with complex or rapidly changing symptoms who need specialist medical assessment. Patients may also be seen for follow-up after discharge from the Inpatient Unit.

INPATIENT UNIT

Admission to Wigan & Leigh Hospice may be required for one or more of the following reasons:

1. Patient has symptoms or distress relating to their palliative diagnosis that cannot be managed effectively in their current location.
2. Patient is reaching the last days of their life and has expressed a wish to die in the hospice.
3. Patient requires a short period of transitional care to facilitate transfer from hospital to home or care home.
4. Primary carers have reached a crisis and are not currently able to continue caring for the patient, but would be able to resume this responsibility if the patient was admitted for a short period, usually a maximum of a week. *(In this situation the length of the admission and planned discharge date will be agreed with the primary carers before the patient is admitted.)*

Priority for admission will be given to patients with complex symptoms who require input from the full multidisciplinary team.

Patients will not usually be accepted for admission without an assessment of their needs having been made by a specialist palliative care professional. However, exceptions may be made following a telephone discussion between the referrer and the hospice medical team, as long as sufficient information is available to be sure that the admission request is appropriate.

Admissions usually take place on a planned basis, Monday to Friday. Patients may be admitted on Saturdays, Sundays and Bank Holidays if there is an urgent need and bed availability allows. The hospice is unable to offer pre-booked planned respite care. The hospice is also unable to provide long-term care and patients will be discharged if their condition stabilises and their needs could be met in another care setting.

The inpatient unit comprises fourteen single bedrooms. All bed areas are fully equipped to meet the needs of service users. The inpatient unit has two bathrooms and four single toilet facilities. Each bedroom has an electrically operated bed, comfortable furniture, TV with DVD and satellite facilities. Specialist equipment required to provide the highest standard of care is available. Each bedroom has a patio door, with ramped access into the Hospice gardens. The inpatient unit has dementia friendly decor, clear lighting and signage, a bariatric room and wet room, an independent entrance for ambulances transporting patients directly onto the unit, improved medicines

storage facilities, an open IPU reception area and a café open to patients and visitors 24 hours a day. There is also a large patient and visitor lounge. It has comfortable seating, air conditioning and satellite television with games console.

Visiting is flexible between the hours of 09.00 and 20.00. Children are welcomed as visitors to the Hospice, but must be properly supervised by a family member.

In circumstances when the patient is very poorly, a small number of people important to that patient may stay overnight. In addition to the bedside recliner seating, there is an overnight stay room available with a sofa bed, washbasin, electric shaver points, TV and tea and coffee making facilities. This room also provides a quiet space for private discussions with family members.

Catering: All our meals are freshly cooked and prepared by our catering staff who visit the patients daily to discuss special requests or dietary requirements. Freshly prepared meals are available for patients each day. For visitors, a selection of snacks, sandwiches and drinks are available for purchase from the Hospice Reception.

Pets are welcome to visit patients on the inpatient unit, provided this has been discussed with the nursing staff. Visitors must ensure that the pet does not pose a risk to other patients or visitors. Patients receiving community visits from the hospice are asked to ensure that pets are safely out of the way during the visit.

OAK CENTRE

The Oak Centre provides health and wellbeing strategies and therapeutic interventions in a social environment to promote, protect and preserve the wellbeing of the people accessing the service.

The Centre is available to residents of the borough living with a progressive life limiting condition. The team consists of a physiotherapist, occupational therapists, creative therapies coordinator, rehabilitation assistants and volunteers. Whilst there are no registered nurses in the centre, staff are able to support basic care needs but are not able to administer medications.

COMPLEMENTARY THERAPY

We have a team of complementary therapists who deliver therapies both at the Hospice and in people's homes. These therapies are designed to complement medical management by helping to relieve anxiety and deal with effects of illness. Amongst the therapies we offer are aromatherapy, reflexology, Reiki & Indian head massage.

COUNSELLING

Counselling may be beneficial for those who need help to explore their thoughts and feelings. The counsellors can offer a variety of therapeutic interventions to enable the client to identify and strengthen ways of coping, and to work through the feelings they are experiencing. This service is also offered to children important to our hospice patients.

HOSPICE IN YOUR CARE HOME

This education service is provided by a team of trained nurses and a healthcare assistant, who support care home staff to understand the principles of palliative and end of life care so they can integrate these into their everyday routine. Referrals are accepted from care home staff involved in the programme for patients in the last days of life, when there is an education or training need which is affecting the management of a resident at the end of their life.

SPIRITUAL AND RELIGIOUS CARE

The Reflection Room is designed as a quiet space for patients and visitors. Religious services may be held here on request. The chaplaincy service is provided by a group of dedicated volunteer chaplains. They support the religious and spiritual needs of patients, carers and staff. A member of the chaplaincy team will attend on request.

24 HOUR TELEPHONE ADVICE LINE

The Advice Line is available 24 hours a day, seven days a week to patients, carers and healthcare professionals who are seeking advice about palliative care issues, such as pain and symptom control or hospice services. It is provided by the Hospice Nurse Specialist service between the hours of 08.30-16.30 and the inpatient unit from 16.30-08.30 and when the Hospice Nurse Specialists are unavailable. The telephone number for the 24 Hour Advice Line is **01942 525566**.

OTHER SERVICES

Patients are also able to access physiotherapy, occupational therapy, speech and language therapy and a dietitian service. These services are based at the Hospice and provided by staff from Wrightington, Wigan & Leigh NHS Foundation Trust.

The staff are also supported by a team of well trained and dedicated volunteers who work in a variety of roles throughout the Hospice.

The Hospice does not have pharmacy, laboratory, x-ray or scanning facilities on site. These services are provided by the local hospital and an independent pharmacy. The Hospice team will take blood samples, swabs, samples for

microbiology testing e.g. a urine sample, and will, when necessary, request scans, x-rays or refer the patient to other specialists.

OTHER AMENITIES

SMOKING

A smoking room is available in the hospice for patients. Staff are not **expected** to take patients in or out of the smoking room for health and safety reasons. During home visits, we ask that patients and their carers do not smoke during the visit.

PATIENT INFORMATION

A selection of information leaflets is available for patients and their families, which describe the Hospice services. In addition, the Hospice has a well-stocked information area for patients, families, carers and visitors located in the reception area.

Patients who are able to consent are offered a copy of any clinical letters written to healthcare professionals involved in their care summarising their consultation or discharge from a Hospice service.

INTERPRETATION SERVICES

Interpretation services can be accessed for patients who are unable to hear or do not understand English.

HOSPICE TRANSPORTATION SERVICES

Transport is available on a needs-assessed basis for patients who are being admitted to or discharged from the in-patient unit. Occasionally this service can be used to transport patients to hospital appointments. This service is operated by volunteer drivers. Patients are encouraged, wherever possible, to organise their own transport.

ADDITIONAL INFORMATION

INFECTION CONTROL

The Hospice takes infection control extremely seriously and has an excellent record of managing patient infections. This is achieved through robust policy and procedures, scrupulous attention to the cleanliness of the facilities and high standards of staff training and vigilance. All visitors to the Hospice also have a vital part to play in keeping Hospice patients free from infections and are asked

to clean their hands using the gel provided at reception on entering and leaving the Hospice and pay particular attention to any advice they are given by the Hospice staff. Particular attention must be paid to children visiting the Hospice who should be supervised at all times. Any visitor with concerns about infections is advised to bring these to the attention of a member of the Hospice staff.

PATIENT CONFIDENTIALITY AND SHARING OF INFORMATION

The patient's rights are central to the care delivered by the Hospice. All information about patients is treated confidentially and will only be shared with other healthcare professionals involved in the care and treatment of our patients in order to optimise their care.

The Hospice uses an electronic patient record system. Consent to share patient records is always sought from the patient when they have the mental capacity to decide. Patients have the right to change their decision at any time regarding consent or refusal to share their clinical information.

Where the patient does not have the mental capacity to provide consent, the decision to share their clinical records is made by their Hospice clinical team in the patient's best interests.

PATIENT PRIVACY AND DIGNITY

All Hospice patients are treated with respect and dignity. Any discussions with patients about their care and treatment will be held in private and handled with the utmost sensitivity. The patient can ask for any family member or friend to be present during any discussions with Hospice staff.

ACCESS TO MEDICAL RECORDS

Under the Data Protection Act 1998, patients have the right to access their health records held by the Hospice. Requests to view Hospice health records must be made in writing to the Clinical Director by the patient, relative or authorised representative as appropriate. Patients will be encouraged to examine the records in the presence of the health professional most directly involved in their care. If a patient requests a copy of the record, a charge may be made for this service.

The health professional most directly involved in the care of the patient is permitted to withhold information which they believe might cause serious harm to the physical or mental wellbeing of any of the interested parties, or which might identify a third party.

SERVICE SATISFACTION / USER VIEWS

It is extremely important that the Hospice hears the views of our patients and families regarding our services. During the year the Hospice conducts a formal survey of all patients' views and our Trustees carry out inspections twice yearly. The Hospice also participates in a survey of the bereaved relatives of hospice patients led by the Association of Palliative Medicine.

Patients or family members can also give feedback in the following ways:

- Speak to a member of the team
- Complete a questionnaire leaflet 'Help us to achieve a high quality standard', available from any member of staff or in the information pack provided in each bedroom
- Email us at enquiries@wlh.org.uk
- Use our suggestion boxes located in Reception, Inpatient Unit and the Oak Centre
- Send us an enquiry through the contacts page of our website: www.wlh.org.uk

MAKING A COMPLAINT

Patients or carers wishing to complain about an aspect of the services are advised to talk to a member of staff who will be happy to help you and talk through their concerns. The Hospice operates an open culture and we are keen to hear from anyone who is unhappy with any aspect of our service. An information leaflet on how to make a formal written complaint is available in reception or upon request. Formal complaints may be made by the person affected by the action or a person acting on their behalf to the Clinical Director, Medical Director or Chief Executive at the following address:

Wigan and Leigh Hospice
Kildare Street
Hindley
Wigan
WN2 3HZ

Complaints must be made not later than twelve months after the date on which the matter which is the subject of the complaint occurred; or twelve months after the date on which the matter which is the subject of the complaint came to the notice of the complainant.

If there are reasonable circumstances for not having made the complaint within the above timeframe and, **if it is still possible to investigate the complaint effectively and fairly**, the Hospice will complete an investigation to the best of its ability.

All complaints whether verbal or written will be taken seriously and investigated fully with the aim of satisfactorily resolving the issues of concern.

All complaints will be acknowledged no later than three working days after the day the complaint is received (the acknowledgement will be made either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant the following:

- Clarification of the key areas of concern.
- An action plan for handling the complaint.
- Timescales for responding.
- The complainants' expectations and desired outcome.

The complainant can expect that they will:

- Be kept up to date with the progress of their complaint.
- Be informed of any action that has been taken to prevent a reoccurrence.
- Be informed of any learning for the Hospice or individual involved.
- Receive a response within 40 working days. If there is a delay to this process, they will be informed of the reason and will be offered regular updates until the complaint is fully resolved.

If the complainant remains dissatisfied with the handling or outcome of the complaint:

- The complainant may write to the Chief Executive setting out details of the unresolved issues (provided (s)he did not investigate the original complaint)
- If the complaint remains unresolved, or involves the Chief Executive, the complainant may write to the Chair of the Board of Trustees at the address above.

Where either of the above is unable, for whatever reason, to investigate the complaint, the matter will be delegated to an alternative member of staff of sufficient seniority or to other members of the Board of Trustees.

If the responses from the Chief Executive and/or the Chair of the Board of Trustees fail to satisfy the complainant when their concern relates to a clinical service, they may contact:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

In the case of an unresolved complaint about Hospice fundraising activities the complaint should be addressed to:

The Fundraising Regulator
1st Floor
10 St Bride Street
London EC4A 4AD

In the case of an unresolved complaint about Hospice lottery activities the complaint should be addressed to:

Independent Betting Adjudication Service
PO Box 62639
London
EC3P 3AS

The care we provide is regulated by the Care Quality Commission, the contact details of which are:

Care Quality Commission
St Nicholas Building
St Nicholas Street
Newcastle upon Tyne
NE1 1NB
Phone: 03000 616161
Email: enquiries@cqcc.org.uk
Web: www.cqcc.org.uk