



Care. Compassion. Community.

Statement of Purpose

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Author	Joanne Schofield
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OUR VALUES



Loving Care



Working Together



Above and Beyond



Quality and Excellence

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1.1. Version History

Version	Changes	Date
0.1	Original document.	October 2008
1.0	Document reviewed and issued.	October 2014
1.1	Document reviewed, updated, formatted and rebranded. Circulated to POG for review and approval.	5 October 2017
2.0	Approved at POG.	22 November 2017
2.1	Document reviewed and updated by Head of Clinical Services. Presented: Clinical Governance Committee Senior Management Team	5 October 2020 15 October 2020
3.0	Approved by Hospice Board of Trustees.	22 October 2020
3.1	Review and update of regulated activities	June 2021
4..0	Approved by POG.	July 2021
4.1	Document reviewed and updated to reflect structural and service changes. Circulated to Policy Group for discussion prior to approval by POG & CGC	November 2022
5.0	Approved by Clinical Governance Committee Approved by CCEO	5 December 2022 15 December 2022
5.1	Document reviewed and updated to reflect strategy review and service changes. Circulated to Board for review and approval	December 2023
6.0	Approved by Board	7 December 2023

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1. Service Provider Details

Name: The Prince of Wales Hospice

Address: Halfpenny Lane
Pontefract
West Yorkshire
WF8 4BG

Telephone: 01977 708868

Email: contact@pwh.org.uk

Website: <https://www.pwh.org.uk>

CQC Provider ID: 1-1-1727044

Company Number: 1797810

Charity Number: 514999

The Prince of Wales Hospice is a charitable organisation, registered with the Charity Commission, which raises funds to offer care and support through terminal illness.

Established in 1989, we have been caring for people living with any terminal illness, and their families, for over 30 years. We offer expert care, guidance and support to help them get the most from the time they have left.

We are regulated by the Care Quality Commission, who inspects the service on a regular basis. Please ask a member of staff if you would like to see a copy of their last report or refer to our website: <https://www.pwh.org.uk> or our section on the CQC website <https://www.cqc.org.uk/provider/1-1017270>

The Collaborative Chief Executive Office is responsible for managing the Hospice.

The Nominated Individual is:
Amanda Darley
Telephone: 01977 781467
Email: adarley@pwh.org.uk

The Registered Manager with overall responsibility for clinical operational management and Accountable Officer for Controlled Drugs is:
Joanne Schofield
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2. Regulated Activities

- Treatment of disease, disorder or injury

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3. Aims and Objectives

The Prince of Wales Hospice provides palliative care for adults living with progressive life shortening illness. Our purpose is to promote and maintain the best quality of life and offer high quality end of life care.

We specialise in providing individual holistic care, and offer care and support to patients requiring symptom control, psychological support, rehabilitation and end of life care. In addition to a team of highly experienced doctors and nurses, the Hospice has specialists in a wide range of roles, including physiotherapy, social work, complementary therapy, bereavement support and pastoral care.

The Hospice acts as a resource to our local community regarding general and specialist palliative care to increase confidence and competence in improving life for people living with progressive life shortening illness.

We are working towards equitable provision of all services, leading to increased use of services by people with non-malignant progressive disease, and those from seldom-heard communities.

Our care is extended to family, friends and carers during a patient's stay and carries on into bereavement.

3.1. Vision

Our vision is to enable everyone in our community to live well and die well knowing their loved ones are supported.

3.2. Mission

We provide specialist care for adults with a terminal diagnosis. We focus on the person and not just the illness, supporting them and those around them.

3.3. Values

- Loving Care
- Working Together
- Above & Beyond
- Quality & Excellence

3.4. Strategic Ambitions

The Prince of Wales Hospice regularly reviews and plans strategically for all aspects of care. We are committed to continuous quality improvement and are sympathetic to change and development in order to meet the requirements of patients, family and carers, in the delivery of quality services.

Our strategic ambitions are:

- To provide and facilitate Hospice quality care to more people in our community
- To have a fully staffed, competent and engaged workforce
- To be a sustainable organisation
- To have modern and up to date infrastructure to support our work

This means people will have everything they need to make informed choices and no one is excluded from receiving support from us. We will optimise wellbeing so that people can do what matters most to them. All patients die with dignity and respect without distress and other symptoms.

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We support those that need it:

- At the right time
- In the right place
- In the right way

4. Hospice Location

The Hospice is situated close to the centre of Pontefract, accessible by public transport and with good transport links. For those travelling by car free onsite parking is available.

The Hospice is a purpose built unit comprising of 13/14 single occupancy en-suite rooms, all with access to our gardens. We have a Garden Room that leads onto a paved patio area and on into our beautiful and extensive gardens. Our gardens are fully accessible and have a number of summer houses that can be used by patients and their families. Hot drinks are available for visitors from vending machines in our reception area and Garden Room. A selection of toys and books are available for younger visitors. Overnight accommodation is available for visitors in some of our rooms, alternatively we have a hospitality room with en-suite facilities.

We have a Quiet Room and counselling rooms available.

The Hospice reception is staffed by trained volunteers and/or paid staff. A door intercom system is in operation when reception is closed which can be operated by staff directly from the Incare unit.

5. Staffing

The Collaborative Chief Executive Office is responsible for managing the Hospice. The Collaborative assumes shared responsibility for the operational running of the Hospice, implementation of the strategy and development of the Hospice on behalf of the Board of Trustees.

The Collaborative is made up of:

- Director of Clinical Services (Registered Manager)
- Medical Director
- Director of Estates & Facilities (Nominated Individual)
- Director of Finance
- Director of People & Culture
- Director of Income Generation & Marketing

Each member of the Collaborative retains their existing areas of responsibility and also jointly lead a particular aspect of the strategy work.

Joanne Schofield has been a Registered Nurse with the NMC since 1987 and has been a Registered Manager with the CQC since 2016.

Dr Paul Ashwood Medical Director and Consultant in Palliative Medicine, leads the medical team. Dr Ashwood has been a consultant at the Hospice since 2020. The Hospice is a training unit, supporting GP trainees on rotation. In addition, there is a consultant and 3 permanent speciality doctors.

Clinical staff are comprised of Registered Nurses, Nursing Associates and Healthcare Assistants with expert knowledge in Palliative and End of Life care, who work alongside a team of doctors and

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Allied Health Professionals. All professional registrations are checked and monitored and revalidation processes are in place.

Our clinical staff undergo Disclosure and Barring Service (DBS) checks, references are taken up and a comprehensive induction programme and handbook are provided.

The Hospice is supported by a large and valued volunteer workforce who engage in a range of work from reception duties, bereavement care and fundraising activities.

6. Services

Care is offered to patients and their families and carers regardless of protected characteristics or social standing. Care is holistic and person centred and offered to patients and their families/carers and encompasses both specialist palliative care and hospice care.

The Hospice is registered for patients aged 18 years and over.

The Hospice provides services generally, for people of the Fives Towns plus.

Referrals can be made to Hospice services by any healthcare or social care professional. Some services also accept self-referrals. Referrals for in-patient stays are discussed daily by the multidisciplinary team.

6.1. Inpatient Services

Our Incare Unit provides symptom control, therapeutic, practical and supportive care to both patients and their families when the skills of the specialist multidisciplinary team are required as well as providing hospice care.

6.2. Bereavement Services

The bereavement services are led by an experienced bereavement counsellor supported by specially trained volunteers. The team provides pre-bereavement care for patients and families as well as supporting families following the death of a loved one.

6.3. Wellbeing Services

The Wellbeing Service provides support and care to patients, carers and families ranging from advice about benefits and welfare issues, emotional support, to the management of more complex psychological issues. The Team offers support to help those who access it deal with any concerns that may arise as a result of their illness and to enhance their capacity to care for themselves. The service model is designed to help patients identify goals and give them the support needed to attain them. The service gives patients and where appropriate their carers the skills and knowledge to be able to manage and maintain quality of life.

6.4. Complementary Therapy

Our specially qualified therapist offers a wide variety of complementary therapies to inpatients and outpatients. Carers can also access therapy pre and post bereavement.

6.5. Lymphoedema Services

The Prince of Wales Hospice runs clinics at the Hospice and at the Rosewood Centre, Dewsbury Hospital to provide specialist management of patients with primary and secondary lymphoedema. The specialist practitioners who run this service have undertaken specialist training.

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6.6. Advice Line

We provide 24/7 telephone advice line for patients, carers, general public and professionals seeking advice around general and specialist palliative care issues.

7. Patient and Family Feedback

We value and proactively seek feedback from people that use our services, and their families. Patients and families can give feedback to us directly through completing one of our surveys (these are available as feedback forms, on tablet devices in the Hospice and on our website), or by speaking to a member of staff. The surveys measure various elements of hospice care, including the environment, levels of involvement and different aspects of care and support.

Comments received about the Hospice are regularly discussed by the Governance Group and Clinical Governance Sub Committee that reports directly to the Board of Trustees.

8. Complaints Procedure

Should any patient, relative or other person wish to complain about any aspect of services provided by The Prince of Wales Hospice, a formal complaints procedure is in place. Advice on how to make a complaint is on display in the reception area and Incare Unit.

The written policy and procedures for managing complaints about all aspects of service, care and treatment provided in, or on behalf of, the Hospice describes the stages and time scales for the process, to ensure that the complainant is kept informed throughout the investigation and of the final outcome.

A register of complaints is maintained which includes information on whether or not the complaint was upheld, the results of investigation, the action taken and the resolution of complaints.

All complaints are taken very seriously and shared, appropriately anonymised, with staff to facilitate learning from adverse events. We acknowledge that complaints provide valuable information to inform service development in the future.

All complaints and their management are overseen by the Collaborative Chief Executive Office. These will be formally reported to the Clinical Governance Sub Committee and Board of Trustees on a regular basis.

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