

SECTION 1: ABOUT THE APPLICANT**1.2 Name of the Organisation**

This is required again because the front sheet of the application form with your contact details will be removed for data protection and administrative purposes.

St John's Hospice

SECTION 2: ABOUT THE ORGANISATION**2.1 You need to submit one of the following documents to support your application**

Please see guidance notes section 1.1 before completing this part of the form

- Constitution
 Set of Rules
 Terms of Reference
 Articles of Association

2.2 How many people are in your organisation?

Paid Staff	Volunteers	Total Members <i>Please include here the total number of people who use your organisation and not just elected members.</i>
179	480	1634 including patients in the last 12 months

2.3 Has your organisation received funding from the Local Member Grants Scheme before?

YES

NO

Please provide the date received March 2016 / /

SECTION 3: BANK DETAILS

3.1 We need documentary proof of your group's bank account.

We use the account details provided (e.g. sort code and account number) to make grant payments direct to your organisation's bank account. If you have a building society account please contact us before sending in the application.

(Please note - cheque payments are not possible)

Please attach a **copy** of your organisation's bank account statement (within the last year). We do not need the organisation's statement of accounts.

3.2 We need to know if your bank details have changed since you last received money from LCC.

If your bank details have changed and you do not inform us this could delay the payment of your grant.

Yes – details provided on bank statement

No - bank details haven't changed/this is the first time applying for any funding from LCC

SECTION 4: THIS APPLICATION

4.1 Which County Councillor electoral division(s) will your expenditure cover or benefit?

See guidance notes section 2.1. If you are applying to more than one county councillor make sure you list all the electoral divisions here.

- Heysham
- Lancaster Central
- Lancaster East
- Lancaster Rural East
- Lancaster Rural North
- Lancaster South East
- Morecambe North
- Morecambe South
- Morecambe West
- Skerton

4.2 Name(s) of County Councillor(s) that the grant is being requested from

Councillor Name	Amount Requested
<i>If you wish to apply to more than one county councillor, make sure you list them all here with the amounts you are asking from each of them. See guidance notes section 2.2.</i>	
Ken Brown	£467.90 Spent up
Gina Dowding	£467.90 £167.62
Liz Collinge	£467.90
Susie Charles	£467.90 Spent up.
Alycia James	£467.90
Chris Henig	£467.90 £230.04

Tony Jones	£467.90
Darren Clifford	£467.90
Janice Hanson	£467.90 306.12
Niki Penney	£467.90
Total Amount Requested	4679.00 £3,043.28

4.3 What are you going to spend the grant on?

You need to tell us what you are going to buy with the money from the grant, for example, the piece of equipment you are going to buy, or what items you are going to buy if the money is to help with an event you are arranging. Detailed costs are required on the next page.

We need to increase the number of syringe drivers for our In Patient Ward and our Hospice at Home (HAH) team. This money is specifically to purchase ~~4~~ ³ new syringe drivers, ~~4~~ for the ward and ~~4~~ ³ HAH.

This will benefit more patients who are in the last few weeks and days of their life and need palliative care to control any symptoms (such as pain, nausea, and agitation) and help them to die with dignity and in peace. Syringe drivers are a vital device which delivers palliative care medicines effectively and in a timely and controlled way. They allow medication to be delivered without needing to be swallowed and they maintain a consistent level of medication to the patient.

St. John's Hospice has a dedicated hospice at home service which provides end of life support and symptom management, to enable patients to receive high quality care in their own home. Our patients nearing the end of life can receive care without being admitted to the hospice or a hospital. This much valued service allows for them to be cared for in the familiar and reassuring surroundings of their own home, during the day and or night.

The continued need for the Hospice at Home team is due to a host of reasons including an increasingly aging population, many of whom have more complex conditions, and is also underpinned by research that shows that 70% of people (seven in ten British adults) would prefer to die at home. In our catchment area last year, 50% of all deaths were in the patient's own home: Our HAH team and the syringe drivers prevented unnecessary admissions to hospital.

In the last 12 months, Hospice at Home in North Lancashire and South Lakes have cared for 463 patients who been able to achieve their wish of dying peacefully at

home, supported by our team and often surrounded by loved ones and home comforts.

St. John's Hospice has this opportunity to ensure that individual needs are met and more importantly we are meeting the needs of our community.

However there will always be a need for our in-patient ward here at the hospice. Some people do choose to come into the hospice for end of life care, and in some cases, the management of a patients care and pain is too complex to be managed at home. Our beautiful ward has 13 beds, and is a tranquil and peaceful environment. Each bed has a view of gardens, trees and wildlife. In the last 12 months we have cared for over 230 patients on the ward.

Syringe drivers are an absolutely essential piece of equipment in the provision of palliative care. As mentioned above they administer the palliative care medication which helps our clinical team to effectively manage our patients pain, and keep them hydrated at times when perhaps they are not eating or drinking very much.

Like all equipment they do eventually break beyond repair, and we have found ourselves needing to replace 4 of them quite urgently.

See guidance notes section – 2.3. You need to tell us how this money will help your organisation specifically and also the general public who live in the county councillor(s) electoral division, for example will it help bring people together or help stop anti-social behaviour.

St John's cares for people with life shortening illnesses such as cancer, MND, MS, Parkinsons, and COPD. Our patients come from all over the Lancaster area and beyond encompassing a population of 260,000 people. We are the only hospice in this area.

By having sufficient numbers of syringe drivers our nurses and doctors can care for our patients and administer their medication more efficiently and with less human intervention affording our patients greater dignity and more easily controlled symptoms and pain. We can also prevent a unnecessary admission to hospital causing the patient and their loved ones undue distress.

4.5 What is the total cost of the activity?

For example this is the amount it will cost to buy the equipment/hold the whole event.

£4679.00 3513

4.6 How much are you applying for from the Local Member Grants Scheme?

£ 4679.00 3,043.28

4.7 If you are not asking for the full cost of funding for your activity please tell us where the rest of the money is coming from and if it is secured at the time of your application.

The figures here, together with the figures in 4.6 should add up to the total cost in 4.5.

How much?	Funding period	Funder/Applied or Confirmed?
£ 469.72	confirmed.	Capital Reserves
£		
£		
£		

4.8 If you do not get all the funds, or only a percentage of what you require, you need to tell us what will happen to your proposed activity.

It is possible, that your application may be supported, but not for the full amount of funds. If this happens, we need to know if you can continue with your activity, e.g. you may provide an activity for half the intended period of time.

We would be very grateful to the Lancashire County Council Local Members Scheme for any funding towards these syringe drivers. If it is not possible to fund the replacement of 4 if you could fund any that would be very much appreciated. We would then seek funding from other Grant Making Organisations for more syringe drivers.

4.9 What is the start and end date of the activity or when do you intend to purchase the items/equipment?

Please note you must spend the funds in the current financial year.

Start Date	End Date
As soon as possible. The supplier CME Medical in Blackpool can supply these drivers within 3-5 working days of order.	

4.10 Please give a detailed breakdown of your expenditure for your activity/equipment.

See guidance notes section – 3.4. The total costs here must add up to the figure shown in section 4.5 for example if you are buying plants and compost for a gardening scheme we need to know how much these are. In addition, if you have a quotation from a supplier please also provide this as evidence of the costs.

£1076.00 per syringe driver + £90.00 each for their protective box
 =£1166.00 per syringe driver x 3
 +£15.00 carriage fee

SECTION 5: CONFIRMATION OF ORGANISATION'S POLICIES

5.1 Will the activity involve members of your organisation having significant contact with children or vulnerable adults?

See guidance notes section – 4.1. If you are purchasing equipment this will not involve children or vulnerable adults. This section is only relevant for example if you are holding an event.

X Yes

No – Please go to question 5.4.

5.2 If you have ticked 'Yes' above, does your organisation have children or vulnerable adult protection policies in place?

See guidance notes section – 4.1.

Yes – Please supply relevant copies with your application.

No – Please answer question 5.4.

5.3 If you answered 'yes' to question 5.1 are the appropriate individuals cleared by the appropriate DBS Check (Standard/Enhanced/Enhanced with Barred List)

NB we operate a 'spot-check' procedure, which may require you to provide evidence at a later date.

Yes

No – Please answer question 5.4.

5.4 If you have ticked 'No' to either questions 5.1, 5.2 or 5.3, please explain why and why you feel clearance is not necessary to enable us to consider whether your application can proceed.

If you are purchasing equipment, you need to state here that no children or vulnerable adults will be involved in the purchase of the equipment.

No children or adults will be involved in the purchase of the equipent

Local Member Grant: Funding Agreement

You will need to read carefully through the below terms and conditions and sign and date on the next page to declare that you agree to meeting these terms and conditions if your application is successful. We will not be able to process your application if it has not been signed and dated. **Please print off this Funding Agreement and send in a signed hard copy. We will not be able to process applications unless we have received a hard copy of the signed Funding Agreement.**

- ✓ We agree that any funding awarded will be used solely for the purposes set out in this application form and that the County Council can recover any monies not spent during the project.
- ✓ We will consult the Council about any changes to the project by completing and returning a 'Notification of Change' form. We will await agreement of the change from the County Council before the funds are spent.
- ✓ We agree that we will be responsible for any overspend on the project, and that the County Council will not be liable for any costs in excess of any funding awarded.
- ✓ We agree to keep all financial records and accounts including receipts in relation to the project for seven years after the completion of the project.
- ✓ We accept responsibility for ensuring we have all the necessary consents including planning, statutory and landownership. We also accept responsibility for ensuring there is appropriate insurance cover for the people and assets involved in the funded project and the County Council will not be held responsible for any liability, which arises before, during or after the project.
- ✓ We will meet all legal requirements relating to child protection (including Standard or Enhanced Disclosure Barring Service (DBS) checks with appropriate Barred list checks in accordance with DBS Guidance for all persons involved in the project. We will also meet the necessary requirements of having children and/or vulnerable adult policies in place
- ✓ We will adhere to all Health and Safety regulations and Lancashire County Council will not be held responsible for any liability, which arises before, during or after the project.
- ✓ We will ensure the fund is not used to pay for any expenditure that has already been incurred prior to the approval of the grant.
- ✓ We agree that in the event of any project ceasing to operate, any equipment purchased through grant aid will be retrieved for reallocation.
- ✓ We agree to provide Lancashire County Council with accurate, timely monitoring information in line with the requirements set out in the offer letter and/or service level agreement.
- ✓ We agree that Lancashire County Council reserves the right to publicise our project in the local media. If we intend to publicise the grant we will consult with the County Council before making any public statement relating to the service that the County Council is helping to fund. Any public statement must acknowledge that the Service is delivered in partnership with, funded by Lancashire County Council, and should include Lancashire County Council's logo.
- ✓ We agree that Lancashire County Council will have the right to withhold any or the entire grant and/or request all or part of the grant to be repaid if they feel that:
 - We have not complied with all or any of the terms and conditions of the grant.
 - Information provided by us was inaccurate, incomplete or misleading.
 - No organisation can receive any grant funding, if to award a grant would contravene

State Aid rules.

- The use of the grant is in breach of County Council Policies and Procedures.

We understand that by signing this form, if the application is approved by the County Councillor(s) named, we are contracting to spend the funding as stated in this application form and to provide the monitoring and other information required under the terms of the Local Members Grant Scheme.

Declaration

- ✓ We certify that to the best of our knowledge the information provided in the application form is accurate and correct.
- ✓ That the persons below can both sign on the organisation's bank account. (please note that the two signatories cannot be related to each other)
- ✓ By signing and submitting this form, we agree to the funding agreement detailed.
- ✓ I declare that the organisation meets the general eligibility criteria set out in the guidance notes.

We also understand that should this application be successful, the information contained in the application form will be used to form the basis of the funding agreement and for monitoring purposes.

Name of Organisation: St. John's Hospice

ALADDY BASS

Name of First Signatory (please print)

HEAD of NURSING & QUALITY

Position in the Organisation (please print)



Signature

Date: 20-10-16



SHILLEY MORCH

Name of Second Signatory (please print)

Head of Finance & Resources

Position in the Organisation (please print)



Signature

Date: 20-10-16

Checklist for applicants:

Please ensure you have completed all sections on this form and have enclosed the necessary supporting documentation - incomplete forms cannot be processed for consideration by the councillor(s).

- ✓ I have answered all of the questions on the form ✓
- ✓ Attached the necessary supporting documents listed in Section 2 ✓
- ✓ Attached a copy of your bank statement ✓
- ✓ Completed the declaration with 2 signatures from people who can sign on the organisations bank account
- ✓ Attached a copy of your Child Protection and Vulnerable Adults Policy if you have answered 'Yes' in Section 5.1 *NA*
- ✓ If submitting my application electronically, I have posted a hard copy of the Funding Agreement and Signed Declaration on page 9 and 10.

In addition, please make sure that:

- ✓ You have kept a clear copy of the form for your own records
- ✓ You have clearly marked each document with the name of your organisation

Completed application forms should be submitted to the Democratic Services Team via the address below.

Telephone: 01772 533756

Email: LPTlocalmembergrants@lancashire.gov.uk

Postal Address:

Local Member Grants
Lancashire County Council
Legal and Democratic Services
2nd floor, Christ Church Precinct
County Hall
PRESTON
PR1 8XJ