



'From the moment I first walked in the doors I felt a great relief. Everybody was so lovely, helpful and caring. Nothing was too much trouble. You put us in touch with people to help. Without you all I'm not sure how we would have coped... I wasn't sure how my mum would be about coming but by her second visit she was quite happy. For the little piece of my mum's life that was shared with you all, I will always be thankful.'



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Join us on Facebook and follow us on Twitter (@PTHospice)

If you would like to visit the Hospice to meet our incredible teams, please contact us on 01252 729446 or email mail@pth.org.uk. This is the very best way to find out more!



FundRaising
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Phyllis Tuckwell Hospice



Adding life to days

Annual review 2011/2012

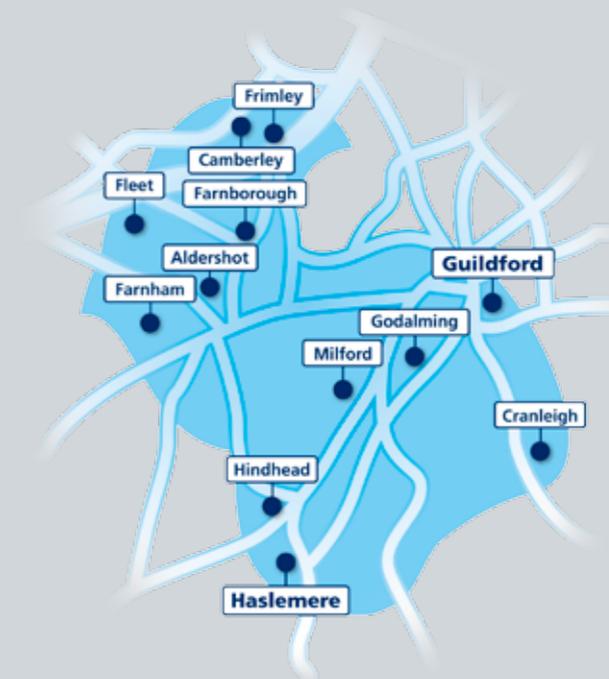


'For all your loving care and encouragement. For all the kindness when I felt low. And the understanding when I needed to spill over. For all the fun and laughter we've shared. The biggest THANK YOU in the world – you got me on my feet again.'



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Although we are physically based in Farnham, Surrey, we are the only adult hospice serving the population of West Surrey and North East Hampshire. There are 550,000 people in our catchment area. This area includes the towns of Aldershot, Camberley, Cranleigh, Farnborough, Farnham, Fleet, Frimley, Godalming, Guildford, Haslemere and Hindhead and all the areas in-between.

Services

2011/12: At the heart of the community

At Phyllis Tuckwell Hospice we offer patients, and their families, all the support they need as they near the end of their lives. In 2011/12, we reached out further into the community, expanding our services and caring for even more people in their homes.

At home

166 patients, and their families, were supported by the Hospice Care at Home team, launched in June 2011.

91 patients with terminal illnesses fulfilled their wishes to spend their remaining days at home.

At the Hospice

352 patients stayed at our In-Patient Unit, for symptom relief and high-quality terminal and respite care.

123 patients attended Day Hospice.

228 patients were supported through Out-Patient Services.



'Thank you so much for all your help and support with mum over the past couple of weeks. I couldn't have done it without you. Helping us to keep her home at the end was very special.'

At the forefront of support in the community

818 patients, and their loved ones, were supported and cared for by our multi-professional community team – Clinical Nurse Specialists, Doctors, Therapists and Counsellors.

There were 200 attendances at our 'wellbeing workshops' and 'Brush with Art' group, providing practical support and a creative outlet for the emotions of patients and their carers.

229 adults and children were supported by our bereavement team, including Kingfishers (a bereavement support group for children).

550 healthcare professionals were trained by our Clinical Team, improving end of life support for countless patients.



A day in the life of a Clinical Nurse Specialist



'Today I have three visits booked with patients, a list of phone calls to make and lots of paperwork to do.'

'I start by refreshing my memory of the current symptoms and treatment plans for today's patients. I'm interrupted by a call from the distressed wife of John – a patient with advanced motor neurone disease (MND). This morning John told his wife that he wants to stop his medication. His wife is distraught, so I arrange to visit them late morning.'

'It is now past the time I should be leaving for my first visit, so my phone calls go on hold. My first visit is to a new patient: Derek, a 65-year-old with primary lung cancer and bone and brain secondaries.'

'First visits take between 60 and 90 minutes. Without exception, people are always surprised at the services we offer; a Day Hospice, an 18 bed In-Patient Unit, creative art and relaxation groups, physiotherapy, occupational therapy, complementary therapies, counselling, advice on benefits and a chaplaincy service. During the visit I make a comprehensive assessment of Derek's physical, psychological, social, financial and spiritual needs and agree a plan of care with him.'

'Next I drive to John (my MND patient) and his wife, where we have a long discussion, and I advise accordingly. John is happy to continue on his current drug regime now, and he and his wife appear much calmer.'

'I then visit my next patient Kate whose pain is much improved since we changed her on to a Fentanyl patch. However, Kate recognises she is low in mood and would like to attend the Hospice's 'Brush with Art' group, which allows patients a creative outlet for their emotions.'

'My last patient is Joan, a 56-year-old lady with bowel cancer and liver secondaries. Joan has minimal physical symptoms but is emotionally distraught as she was told yesterday the chemotherapy has not shrunk her liver secondaries. Joan is a registered nurse and she finds her medical knowledge destructive, as she relates and compares other patients' experiences to her own situation. I allow Joan the time to express her fears and thoughts. Distressing as it is, this side of our work is balanced out by the knowledge that we can make a real, positive difference to people like Joan.'

'It is now past my finish time. Back at the office I write up the notes for the patients I have visited, re-check my diary and transfer the phone calls and paperwork I couldn't finish today to tomorrow's page, as I have simply run out of time.'

'I don't know what tomorrow will hold, but the continual diversity of the role is what makes the job so interesting and rewarding.'

Rebecca Callanan

The average length of community care was 140 days and over 3,970 face to face contacts were made by the community team

All names have been changed to protect confidentiality



Nikki's story



Left to right: Pete, Zack, Nikki, Alan, Carol, Shelly, Marcus



'People really need to know that the Hospice is there for the families as well as the patients.'

Shelly, Nikki's sister



At the age of only 28, Farnham girl Nikki had started suffering severe abdominal pains. Having been a nurse for many years, Nikki quickly realised that all was not as it should be, but it was several months before the full extent of her illness came to light, when, following a minor surgical procedure, it emerged that there were signs of malignant cells in Nikki's cervix.

Further tests followed and it was clear that Nikki had cervical cancer, and that she would have to undergo an intensive course of chemotherapy in conjunction with both internal and external radiotherapy.

It took Nikki over 12 months to regain her strength, but she and her husband Pete were determined to live life to the full. They bought a holiday flat in Switzerland, visited Pete's brother in Nepal, and eventually decided to relocate from their base in Hull to be nearer Nikki and Pete's family in the south.

Some months later, following a routine flu jab, Nikki noticed that she had started to feel unwell again – this time with head pains. Following a scan at Frimley Park Hospital, it was confirmed – Nikki's cancer had returned. Not only behind her right eye, but also on her liver, lung and hip.

It was at around this time that the Hospice became involved. Following an assessment by the Hospice Clinical Nurse Specialist, Irene, Nikki received visits from the Hospice Welfare Officer, Complementary Therapists and one of our Family Counsellors.

As well as the care Nikki herself received, the whole family benefited from a range of support provided by the Hospice. As Nikki's primary carer it was vital for her mum Carol to have an outlet and to be able to talk to someone away from the situation and have a release. Nikki's sister Shelly also received support from the bereavement team. She says: 'I wouldn't have got through it without these sessions... we were taught coping mechanisms, relaxation techniques and were provided with the support and reassurance we needed when faced with a roller coaster of emotions and the anticipation of knowing we were going to lose Nikki.'

Nikki lost her battle with cancer on 14 August 2011 aged 33. Shelly says, 'We know we could pick up the phone tomorrow and there would still be someone there [at the Hospice] ready and willing to help... Now we know firsthand the incredible work Phyllis Tuckwell Hospice does, we will do everything possible to spread the word and help to keep the services available for other families.'

Paul's story

Paul was diagnosed with Motor Neurone Disease (MND) in January 2006. This is a degenerative disease that leads to weakness and wasting of muscles, causing increasing loss of mobility in the limbs, and difficulties with speech, swallowing and breathing. Paul's symptoms started in November 2005, when he started suffering regularly from cramps in his right thumb.

After several months of pain, Paul went to see his GP who referred him to a Consultant at Frimley Park Hospital and then on to St Peter's in Chertsey where he had more tests. The diagnosis was made a few weeks later in January 2006.

'After the diagnosis, I was very scared and upset. I have four daughters and my first grandchild was on the way. I didn't know what MND was or what having it meant for me... the Consultant said I had two years left to live.'

After the diagnosis, Paul's GP suggested he come to Phyllis Tuckwell Hospice. 'At first, my thoughts were 'I am not dying, so why do I need to come here?'' After my visit I realised the Hospice is a place that can add more life to my days and help me manage my symptoms, as inevitably they will get worse.'

Paul has received support from the Physiotherapists, Complementary Therapists and Occupational Therapists at the Hospice, who have offered him a holistic approach to the care he needs. In addition, Paul and his wife Judith attended the "Staying Power"



course at the Hospice. The eight-week course is designed to help patients and carers cope with unpleasant symptoms and make daily life more manageable.

Paul says: 'The great thing about coming to the Hospice is being able to talk to others who are suffering from MND and how the disease affects them, as it's very different for each person. The Physiotherapy has helped me manage how much movement I can do without getting tired, the Occupational Therapists have helped me adapt my home to suit my illness and the Complementary Therapies – especially the Reflexology – really help soothe my pain.'

Throughout his journey, Paul has tried to remain upbeat. With support from the Hospice, Judith and his four daughters are keeping him on his toes, and Paul is looking forward to living the remainder of his life to its fullest.



'I would like people to know that it costs a lot of money to run the Hospice, but without donations and support from people it wouldn't be here. For me and my family it has made a huge difference and without it, my illness would have got the better of me.'



Karen's story



'They not only looked after mum but looked after all of us. It's fantastic that the support is there for everyone – the whole family, not just the patient.'

Karen is clearly a dedicated sort of person. Just ask her friends and work colleagues, who have sponsored her to participate in 'Steps Under The Stars' for the last five years.

For Karen, the decision to begin supporting Phyllis Tuckwell Hospice five years ago was an easy one. When Karen's mother was diagnosed with bowel cancer, she was cared for by the Hospice.

'The Hospice did a great job caring for my mum. Although it was a really difficult time for all the family, her last few weeks were made more bearable by the whole team of nurses and other staff.'



'The Hospice staff not only looked after mum but looked after all of us,' Karen explains. 'There was always someone available to talk to and have a chat with over a coffee. It's fantastic that the support is there for everyone – the whole family, not just the patient. I can see now how valuable the Hospice is, and how much comfort it can provide for people who are ill, and also for their families.'

Karen hadn't done a lot of fundraising before but the midnight walk appealed to her. 'Over the years I've done the walk with friends and on my own – because everyone is there for the same reason, you feel this immediate connection with the other walkers and it isn't lonely. This year I enjoyed walking with my sister, and for the first time my dad took part too. As it was the fifth year of "Steps Under The Stars" men were welcome for the first time.'

'I'm so pleased to do my bit to raise money for the Hospice,' Karen says. 'Over the last five years I've raised over £1200, which makes a big difference to the Hospice. For example, this amount would pay for the community team to care for patients in their own home for a whole day. Plus, the walk is good fun. Hard work, but good fun!'

What it means to 'care'

Our fundraising appeal for 2012/13 is 'Pip's Appeal'. Pip is one of our nurses, and the purpose of 'Pip's Appeal' is to raise enough money to cover her salary for a year. Pip provides care that is invaluable, but not without cost. Here she describes her typical day and what it means to 'care'.

'From 7.30am on a typical shift, caring means taking over from the night staff and understanding how each patient has slept, greeting them with a smile and sitting them up for breakfast.

'As the morning progresses, caring includes so many more things – helping with personal hygiene, toileting, bed-making, bathing, listening, supporting, administering medicines, talking to friends, carers and relatives, advising, discussing patients' needs with other healthcare professionals, attending Doctors' rounds, receiving new patients and settling them in... the list is endless. And it's not even lunchtime!

'In a typical day, I will provide this specialist care for up to 15 patients and family members, administer as many as 90 pain relieving drugs, make around 25 phone calls and help at least one patient return home.

'Friends, relatives and carers often write us the most moving and heart-warming letters of thanks, and almost without exception they mention how grateful they are for the level of care that we provide.'

Pip Butler



'If you asked any of our patients or their families what myself and my colleagues do, they'd say "They care, they really care".'



Pip's Appeal

www.pth.org.uk/pipsappeal

Achievements

More for patients

Thanks to our kind supporters, we were able to continue our high-quality care and support services last year. We also expanded our community team, with the opening of our new Dove Centre, to give patients more choice about where they'd like to be cared for.

More choice

The Dove Centre

In June 2011, we opened the doors to a new era for patients across West Surrey and North East Hampshire. Our Dove Centre was unveiled – a base for our community team of specialist doctors, nurses and therapists who support people with life-limiting illnesses in their own homes.

Day Hospice and Out-Patient Services

Our new centre also includes our out-patient clinics, therapy rooms and our Day Hospice, giving patients the choice to come and see any one of the clinical team for a couple of hours or the whole day if they need to.

Hospice Care at Home

With the Dove Centre open, and space for a new team, we set up our Hospice Care at Home service in June 2011. Since the service was introduced, the Hospice Care at Home Nurses have made over 900 home visits.

More healthcare professionals

In January 2012, we recruited a 'non-malignant' consultant, brought on board to develop support services for our patients with non-cancerous life-limiting conditions.

Also included in our Dove Centre are two education rooms, enabling us to train and support many more GPs, community nurses, care home staff and other healthcare professionals. In 2011/12, we trained 250 external colleagues, and around 300 staff attended our internal courses, which included bereavement support and communication skills.

More demand

Over the last two years, we have seen a 12% increase in the number of patients who were supported in their homes. Our Hospice Care at Home team will allow us to keep up with the ever-increasing demand for care in the community.

More patients

Last year, we saw a 46% increase in the number of patients using our Out-Patient Services and a 9% reduction in the number of 'in-patients', highlighting the need for more community-based care.

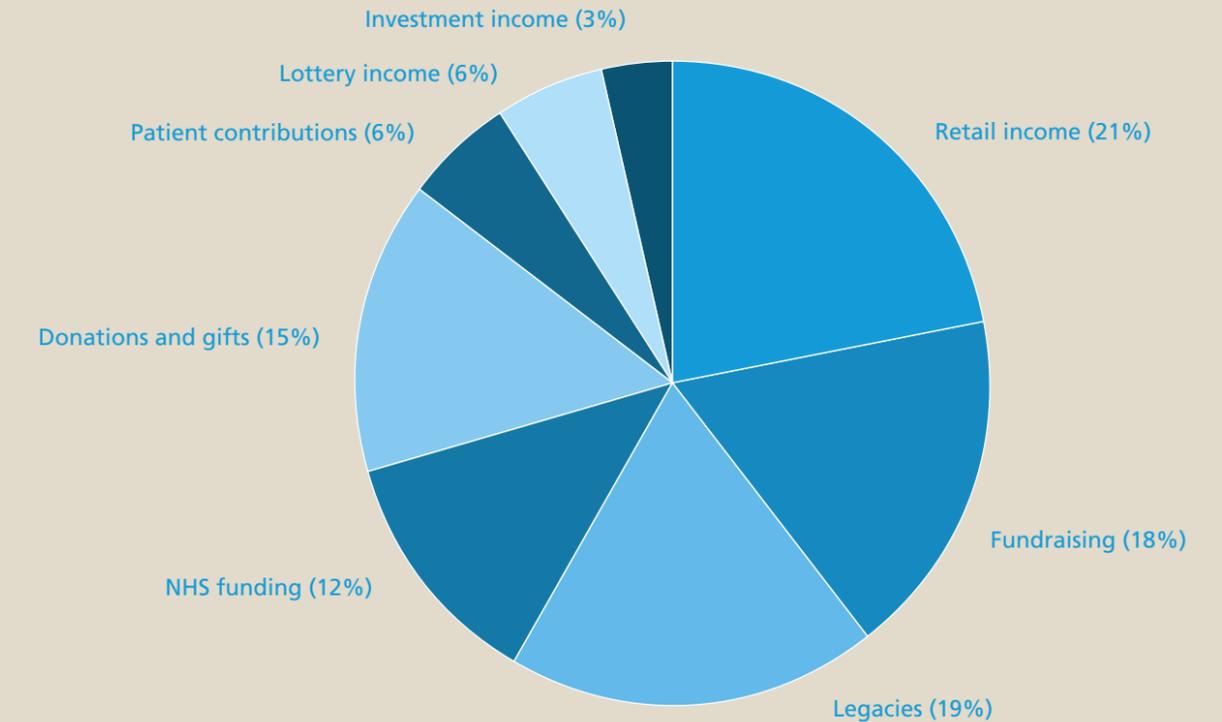


The year in numbers

Services

- Referrals (all services): 770
- Admissions to our In-Patient Unit: 390 (9% less than 10/11).
- Out-patients supported: 228 (46% more than 10/11).
- Patients supported at home: 818 (4% more than 10/11).
- Education and training: 550 external and internal colleagues received our specialist training.

2011/12 income



Financial summary

2011/12: In numbers

In 2011/12 the Hospice achieved a steady growth in income, despite the harsh economic climate. This increase in funds allowed us to meet some of the growing demand for our services, especially in the community.



Income and expenditure

Total incoming resources for the year of £6,517,655 were £317,833 higher than the previous year. Voluntary income grew by 20% to £2,103,091, and the Hospice's retail shops had another good year with sales increasing by 17% to £1,440,792.

Total resources expended were 4% higher than 2010/11 at £5,840,180. Charitable expenditure was up 3.5% and "Costs of generating funds" was up 5%. Within charitable expenditure, the largest increase was in Community Care, which grew 27% in line with the Hospice's strategy to develop community services.

The importance of legacies

One of our financial objectives is to cover the running costs of the Hospice with income other than legacies, so that legacies can be used to finance one-off projects such as the development of new services and buildings.

Legacy income for the year totalled £1.2 million. Without this income the Hospice would have had a reduction in unrestricted funds of more than £0.5 million. This demonstrates how important this income stream is to the funding of existing services as well as financing the growth of the charity.

Reserves policy

The Trustees approved a new Reserves Policy in May 2011. The purpose of the general reserve is to enable the Hospice to continue to deliver a full range of services following an unexpected fall in income. The reserves target for 2012/13 is £2.9 million.

Designated funds

The Service Development Fund has been increased to £3.5 million. This fund enables the Hospice to develop new services before the extra income to support the service has been identified. No new service is introduced unless the cost of running the service for three years can be covered by the Development Fund. The Budget for 2012/13 shows a deficit that is covered by this fund.

What next?

Plans for 2012/13

Year on year, Phyllis Tuckwell Hospice proves invaluable to more and more patients, and their families, in West Surrey and North East Hampshire. However, there are still patients not receiving the specialist support they need so we need to grow even more – both in income and staffing – to meet the increasing demand for our vital care and support services.

Our objectives:

- To further strengthen our Clinical Nurse Specialists and community team to ensure they can maintain their current level of work and respond to some of the ever-increasing need for our specialist support.
- To further develop the Dove Centre, aligning the Day Hospice with the community team to improve the use of our resources and match services to the needs of patients and their carers.
- To ensure our services meet the needs of all patients regardless of their diagnosis. Our new 'non-malignant' consultant will be instrumental in developing our expertise in support for patients with non-cancer conditions.
- To grow income from a wide range of sources, ensuring we can offer support to every patient or carer who needs our help.
- To increase staff and volunteering opportunities.



A message from our Chief Executive



As you have seen, flicking through these pages, 2011/12 represented a new era for life-limited patients throughout West Surrey and North East Hampshire.

Thanks to our Dove Centre – and the incredible staff within it – more patients can now receive our specialist care and support in their communities. They can also choose to live out their last days in the comfort of their own homes, supported by our nurses and surrounded by the people they love.

On the previous pages, you will have met two of our wonderful team – Pip and Rebecca – and, from their words, I'm sure you will have gleaned their unfaltering dedication to every patient they see. Both Pip and Rebecca are absolute proof that Phyllis Tuckwell Hospice isn't just a building. Far from it. It is a specialist network of care and support that stretches out into patients' communities, enabling people to live their last days with dignity and pride.

The need for our support is increasing all the time. As well as cancerous conditions, we are seeing a rise in non-malignant diseases too. We are ready to respond to this – with our new 'non-malignant' consultant who, in 2012/13, will be ensuring our staff have the skills and expertise to offer support for a range of life-limiting conditions that don't have cancer at the core.

In this next financial year, we will work – tirelessly – to raise the funds we'll need to keep up with this growing demand for our services. Whether patients prefer to stay at the Hospice or use our Out-Patients Services, or if they would rather be seen at home, we have to meet their needs – their wishes. We have to continue to give people with terminal illnesses the care and support that they want and deserve.

It seems, then, that the dedication and expertise of our 200-strong staff and 700 volunteers will be even more in demand in 2012/13, and I would like to take this opportunity to thank them, sincerely, for their incredible enthusiasm and commitment.

I would also like to thank our kind and generous supporters for funding our vital and, in many cases, life-changing work this year. We couldn't do it without you.

Best wishes,

Sarah Brocklebank
Chief Executive

List of Trustees, Officers and Contacts



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