

Our patients
tell our story
better than us



Phyllis®
Tuckwell
Hospice Care
...because every
day is precious



"Thank you all so much. You transformed a dark time in my mother's life by your warmth, love, humour and kindness." (relative)

Annual Review 2017-2018

Total support for patients and families
Clinical - Emotional - Spiritual - Practical - Financial

Introduction by Sarah Brocklebank

(Chief Executive)

Thank you for taking the time to read about our story.

As an important local charity, **we are committed to delivering high quality, safe, responsive, patient-centred clinical care**, and are constantly improving our services to support our vision of providing easy access to compassionate supportive and end of life care for patients and families in a place of their choice.



We are the only adult Hospice Care service supporting patients and families who are living with an advanced or terminal illness, across the whole of West Surrey and part of North East Hampshire - a catchment area of around 550,000 residents.

Our care helps patients manage their pain and other symptoms, and improves quality of life for both them and their families. **We always put our patients first** - from the day we first opened our doors they have remained at the heart of all we do, and we are proud to be able to offer them such a wide range of specialist services in a variety of locations, so that they can choose the care that best suits them.

As well as caring for our patients and their families, we also care for our staff and volunteers. We treat each other with dignity, respect and understanding, ensuring that each individual feels valued and supported. **We have established a culture of continuous learning and development**, enabling our staff to reach their full potential – and because we invest in their education and training, our team is highly skilled and well-motivated. In fact, our education and training is so highly regarded that **we have been acknowledged as a Centre of Excellence**, and offer our specialist end of life care training to other local healthcare professionals.

Why do we do all of this? Well, at Phyllis Tuckwell we have a saying. This saying is at the heart of all that we believe and all that we do. We care for our patients, for their relatives and carers, and for our own staff and volunteers ... 'because every day is precious'.



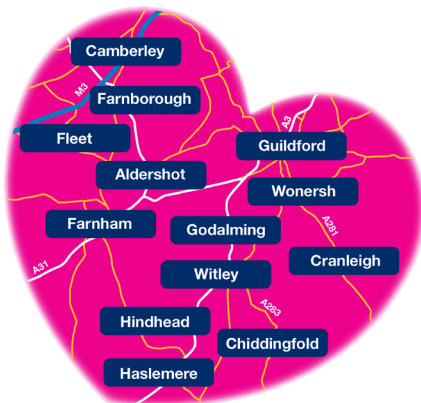
Patients at the heart of all we do

Since we first opened our doors in 1979, the care which we offer has grown and developed as we have responded to the needs and preferences of our patients and their families.

Working from the Hospice in Farnham and Beacon Centre in Guildford, **we ensure that our care is easy for patients to access**, across the whole of our catchment area.

However, we don't just offer our services in two buildings – we work in hundreds of buildings! Our Doctors, Nurses, Therapists, Social Workers, Welfare Advisors, Counsellors and Chaplains visit our patients and families in their own homes, **taking our care and support to people wherever they want to be**.

We have recently restructured our teams into three core services – Living Well, Care at Home and In-Patient Unit, as explained on the next pages by three families who have recently received our care.





Annabelle

Annabelle has been a patient of one of our local hospitals for over twenty years, and her condition, Chronic Obstructive Pulmonary Disorder (COPD), has worsened over that time.

During a routine hospital visit, one of the nurses there suggested to Annabelle that she might benefit from the support which we offer at

Phyllis Tuckwell, through our Living Well service. This service cares for patients who have been diagnosed with an advanced or terminal illness and need some help in coping with their day-to-day life. After a holistic assessment by our multi-disciplinary Living Well team, patients are directed to the appropriate help and support, which may include wellbeing and rehabilitative groups, emotional or spiritual support and complementary therapy, as well as continued symptom monitoring and medical advice – helping them to get the most out of life.

Annabelle was initially very apprehensive about going to a hospice when she wasn't in her last days of life. *"I thought 'a hospice? No, I'm not ready for a hospice,'" she says.*

"In my mind you went to a hospice to die. Well, how wrong I was."

Annabelle came to an Open House session at the Hospice and met one of our Nurses, Karen, who manages our Day Hospice sessions. These sessions run on Tuesdays, Wednesdays and Fridays, from 10am-4pm, and provide patients with access to all of our Living Well services. Annabelle was offered a set of twelve weekly Day Hospice sessions, and came along to her first one the following week.

"The welcome when I arrived – well, I felt as if I'd been coming for years. Not only that, I had a wonderful cup of tea, and then someone came and said 'would you like a massage?', so I had a soothing back massage, which was wonderful. I often have back, shoulder and neck massages there now, and they really are lovely. Then lunch, and then relaxation classes. Well, that was the first Wednesday. The next Wednesday they said 'we're going to do gardening' – I thought 'gardening?!'. But yes! We met Lisi, one of the Occupational Therapists, and she talked to us about the restorative power of nature and how gardening can reduce stress levels. The atmosphere and the joy of going to that class were incredible. You have your



Living Well

flowerpots and earth, and little stones, and you are actually creating something. I've potted up a beautiful rose and made a herb garden, a little rockery and a dish of dried flowers, which I've still got at home."

Annabelle also joined one of our exercise classes, where our Physiotherapists show patients how to strengthen their muscles, improve their stamina and maintain their independence, and give tips on subjects such as sleeping well, managing stress and coping with anxiety. *"It may sound funny for someone on oxygen," she smiles, "but it is such a tonic. There are nine or ten of us and it's a wonderfully friendly, welcoming group. We do very gentle walking, arm exercises, seated exercises, we use small hand weights – it's nothing like a gym. You do three minutes of each exercise and everything is done at your own pace. **It's a great confidence-builder**; it shows you the things you can do."*

As well as running group sessions, we also offer individual support and guidance. Our Occupational Therapists can give advice on equipment such as walking aids, mattress toppers and wheelchairs, and can also assess patients at home, ensuring that they are given all the help they need to manage their everyday activities. The treatments which our Complementary Therapists provide, such as massages, aromatherapy and reflexology, can help ease tension and promote relaxation, and are available to the relatives and carers of our patients as well as the patients themselves, as they also need our support at this difficult time. Our Social Workers and Welfare Advisors can help ensure that our patients and carers are receiving the correct financial and practical support that they are entitled to, while our Counsellors and Chaplains provide emotional and spiritual support throughout the patients' illness, both for patients and their families. This emotional support continues into bereavement for the relatives of our patients, with our individual, group and family counselling sessions. Children are helped by our Little Rays group for bereaved 5-12 year olds and Storm for teenagers, while bereaved lone parents can meet others in the same situation at our Breeze group.

Friendship and support are one of the most important things that Annabelle has found at Phyllis Tuckwell. "The care, the love, the help, the understanding, have all been unimaginable," she says. "It's like a comfort blanket. It teaches us to be positive. And the laughter. Do you laugh in a hospice? By gosh, you do in this one! It is one big family. A very, very happy family."

Annabelle has recently been featured in one of our radio commercials aired on Eagle Radio, in which she talks about the benefits of our Living Well services. At the moment, Annabelle doesn't need our Care at Home or In-Patient Unit services, but we are here for her if and when she does.

Maggie

Some patients, like Maggie, prefer to be cared for and die at home, instead of coming to the Hospice or Beacon Centre.

In fact, around 85% of the care which we offer is given outside of our In-Patient Unit, and increasingly in the community – in patients' own homes or in care homes. These patients are looked after through our Care at Home service, comprising Doctors, Nurses, Physiotherapists, Occupational Therapists, Complementary Therapists, Social Workers, Welfare Advisors, Counsellors and Chaplains, all of whom provide the support they need to help them manage their illness.



Maggie was cared for by our Hospice Care at Home (HCAH) team, part of our Care at Home service. The team visited Maggie daily during the last week of her life, and supported Maggie's sister Chris, and Maggie's daughter Zoe too, offering advice and reassurance both in person and over the phone.

*"Maggie was adamant that she wanted to stay at home," says Chris. "She needed to have her final wish," says Zoe, "and we had to respect that. **And it turned out to be the best decision.**"*

"The Nurses were so professional and so relaxed," says Chris. "They dealt with Maggie's illness, but kept us at ease at the same time. And they explained so much to us. They were incredible - so kind, so respectful, nothing was too much trouble. During that last week, Bryony, one of the Phyllis Tuckwell Chaplains, visited too. She was brilliant. She and Maggie had some time alone, and Maggie looked really peaceful after she left."

As Maggie approached the end of her life, Julie, a Health Care Assistant in the HCAH team, came over to care for her through the night, and when Maggie died, Jessie, a HCAH nurse, came over to the house.

"There was something incredibly calming about Jessie," says Chris. "She was so respectful. She went through things and told us she needed to give Maggie a wash. I wanted to help, and she had no problem with letting me do that. It was very special to be with her at the end."



Care at Home

“It was her dying wish to stay at home and it was a beautiful ending. The Hospice Care at Home team were amazing. It was absolutely perfect.”



The introduction of our new Community Locality Model has enabled us to work more closely with GPs, care homes, district nurses and our two major hospitals. It focuses our community care into two geographical areas, or localities, enabling us to develop partnership working with the Royal Surrey County Hospital in the East of our catchment area, and Frimley Park Hospital in the West, as well as with the GPs, care homes and district nurses in each area, to ensure that patients like Maggie receive the most effective and co-ordinated care possible.

Since Maggie's death, the team at Phyllis Tuckwell have contacted Chris and Zoe to make sure that they are coping, and to offer them and the rest of the family bereavement support. ***“The thing that I found extremely heart-warming,” says Zoe, “was that once Mum had died, the Nurses were still ringing up to see how we were. It wasn't just that Mum had gone and ok we'll pack up and we won't see you again. When they phoned after she had died, that was the most important phone call I received from them.”***



Carl and Emily



Our In-Patient Unit is probably the best known of our services, and is usually the one which most people think of when they hear the word 'hospice'. This is where we cared for Carl's wife Emily, who died of leukaemia two days before Christmas, when their daughter Lois was 5 years old, and their son Max was just 3.

*"The first time I went to the Hospice after Emily was admitted, I was dreading it," says Carl. "I had this horrible knot in my stomach. But the minute I walked through the door, that knot went. **I felt relief; I felt calm.** The staff could see I was distraught and they were very relaxed and softly spoken. Nothing was too much for them; they were amazing."*

The 18 beds on our IPU are divided into two four-bed bays – one male and one female – and ten single rooms. Many patients are admitted for symptom management, and return home once their pain has been brought under control and they feel ready to leave; others are offered end of life care, and spend their last days with us, where they and their families are supported by our Doctors and Nurses 24 hours a day. Our Physiotherapists, Occupational Therapists, Complementary Therapists, Social Workers, Welfare Advisors, Counsellors and Chaplains also work on our IPU, and our patients and their families can access the same holistic care there as through our Living Well and Care at Home teams.



"The days and months after she died were just awful. Knowing that I was never going to get a text again, a call again, from her mobile. There were going to be many firsts: Max starting school without her, watching the kids growing up without her, knowing I was going to have to deal with it all on my own. It was the end of the world for me. I put us through counselling because I'd never been through anything like this

In-Patient Unit

before – and Lois and Max were so young, they didn't understand that they weren't going to see Mummy again," says Carl. "I needed to know how to deal with this, and where better to get that from than Phyllis Tuckwell."



We offer individual, family and group counselling to bereaved adults and children whose relative we have cared for. Our Little Rays group is for children aged 5-12 years and our Storm group is aimed at teenagers. Max and Lois both attended Little Rays. Through storytelling and crafts we provided them with a safe space where they could talk about their feelings, and understand that these feelings were ok. We couldn't take away what had happened, but we could help them to cope with it a little bit better.

*"I thought PTHC was mainly there for the palliative care," says Carl. "But they're there for so much more. **Without them I don't know how we would have coped.***

Phyllis Tuckwell has a saying that 'every day is precious' and you can never understand that until it's too late. Enjoy every day you have with people and make them count, because every day really is precious."

Carl and his family have recently been featured in one of our video stories.



Helping more people in 2017/18

Last year,
we increased support
to nearly

2,000

patients and their families,
keeping people out of hospital and enabling them
to make the most of their time together...
because every day is precious.



We launched a new

Advice & Referral Team (ART)

ensuring that those who need to access our services can do so
quickly and easily.



We developed a

Rapid Response team,

to assist patients requiring urgent help
avoiding delays and reducing
unnecessary hospital admissions.



We receive
100 referrals
a month,
benefitting from Living Well
or end of life services.

The Care at Home
team supported

1,673
patients,

supporting patient choice to be cared for at home.



Our
Hospice
Care at Home
nursing team supported
596 patients
allowing them to die at home, rather
than in hospital or in the Hospice.

...and more!

Living
Well

Our
team supported
590 patients
with
9,319

face-to-face and
telephone contacts.

The
In-Patient Unit
supported
339 patients.

We would support more if we
could recruit more nurses.



100%

of those who completed our VOICES survey said
the care the patient got from the Doctors
and Nurses in the In-Patient Unit was

"exceptional (71%), excellent (21%) or good (8%)".

We supported **857 carers**,
11% more than last year,

enabling them to provide compassionate care for their loved ones.

We care for the whole family,
not just the patient.

Our Bereavement
team supported
541 people

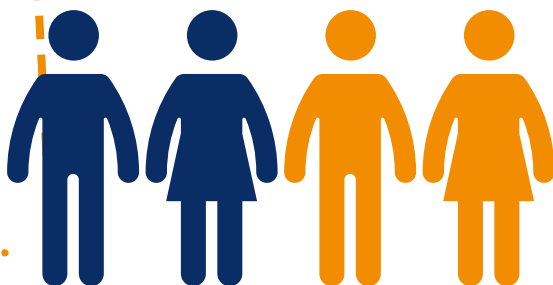


We increased education
of other local healthcare professionals by
54% to 514 people,
helping others in
our community to deliver

excellent
end of life care.



We estimate that
only 50%
of those who could benefit from
our care are referred to us...
so our strategy is focussed on
**increasing our
referral numbers.**



Donations are our life blood

Our work is only possible thanks to the generosity of our local community, through donations and volunteering, as we spent £10.4m on local hospice care in 2017/18, with only £2.2m funded by the NHS/Government.

£2.2m raised through our 19 shops.

£1.5m raised through legacies – 1 in 7 of people we helped last year is thanks to someone who has left us a gift in their Will.

£1.0m raised through community events.

£0.8m raised from Trusts and local businesses.

£0.7m raised by our lottery - Tuckwell Chase Lottery.

£1.8m raised through donations, appeals, investments and other activity.

70p in every £1 we spend goes towards patient care.

For every £1 we spend on fundraising, **we raise £3.**



£10.3m
total income.

Our local community is amazing!

With our community's help we raised a total of **£10.3m** in the 2017/18 Financial Year - and here are just some of the ways we did it...



1,200 people took part in our Dash of Colour fun run in September, raising **an amazing £71,000**. Each ran, jogged or walked the 5k route, together covering a total of **3,727 miles** – the equivalent of running from Land's End to John O'Groats and back... twice!

7,390 children from 34 schools ran like Rudolph in our annual Reindeer Runs, raising **just over £60,000**.



Hundreds of **events like concerts, coffee mornings, fetes, fairs and car shows** were held in aid of PTHC by our tireless supporters and local businesses, raising **an outstanding £718,000!**



Thousands of miles were covered by our supporters as they canoed, climbed, cycled, swam, walked, ran and even bounced **across the UK and overseas**. Many others took on just as **demanding personal challenges**, giving up from alcohol for our 'Dry-January' event, shaving their heads or even waxing their bodies. Together they raised **an amazing £144,000**.

66 Trusts and other grant-making institutions supported Phyllis Tuckwell last year. Their donations are crucial to our work and **we thank them for their generous donations**, which have enabled us to purchase specific pieces of equipment or support service developments.

So many of our events are only made possible with the help of our **1,000 volunteers who together offer a total of around 140,000 hours a year** to support our cause – that's equivalent to 16 volunteers helping us every hour!

Our Trustees, Officers and Contacts

President

Mr E C Tuckwell

Chief Executive

Sarah Brocklebank

01252 729402

sarah.brocklebank@pth.org.uk

Board of Trustees

Michael Maher (*Chairman*)

David Eyre-Brook (*Vice Chairman*)

Ian Trotter (*Vice Chairman*)

Rosy Anand

Michael Bailey

Veronica Carter

Helen Franklin

Ken Kent

Ken Ratcliff

Anne Whelan

Contacts

Medical Director

Cate Seton-Jones

01252 729401

cate.seton-jones@pth.org.uk

Director of Patient Services

Jayne Holland

01252 729403

jayne.holland@pth.org.uk

Director of Estates & IT

Paul Batten

01252 729407

paul.batten@pth.org.uk

Director of Finance & Business Development

Mark Beale

01252 729436

mark.beale@pth.org.uk

Director of Marketing & Communications

Tony Carpenter

01252 729476

tony.carpenter@pth.org.uk

Director of HR & Voluntary Services

Jaci Curtis-Donnelly

01252 729441

jaci.curtis-donnelly@pth.org.uk

Director of Income Generation

Peter Foxton

01252 729449

peter.foxton@pth.org.uk

Tuckwell Chase Lottery Manager

Susan Wade

01252 728411

office@tclottery.org.uk

www.pth.org.uk

Tel: 01252 729400

Phyllis Tuckwell, Waverley Lane, Farnham, Surrey, GU9 8BL

The Beacon Centre, Gill Avenue, Guildford, Surrey, GU2 7WW

Phyllis Tuckwell Memorial Hospice Ltd. Limited by Guarantee. Incorporated in England and Wales.

Registered No. 1063033 Registered Charity No. 264501

Copyright © PTHC 2018

**Thank you for
your support!**