

The Story of A Remarkable Year



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



"They helped us so much through such an awful time. Covid made everything so much harder, but they never expressed any difficulty or reluctance, they were so supportive, all the way through."
Relative of patient

Annual Review 2020-2021

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



Introduction by Sarah Church

(Chief Executive)

Welcome to our 2020/21 Annual Review, which comes at the end of a year like no other we have experienced. The Covid pandemic has brought with it many challenges, but by reacting quickly and innovatively, we have been able to continue providing our services to local patients and families with an advanced or terminal illness throughout, and turn the necessity of having to work differently into an opportunity to learn and improve.



From April 2020 to April 2021 we cared for over 3,000 people, 11% more than in 2019/20. Staff helped out wherever the need was greatest, with Living Well nurses supporting our Community team and In-Patient Unit (IPU), non-clinical staff filling gaps on reception and in Housekeeping, and Therapists helping our Pastoral Care team.

With IPU visiting times significantly reduced, we made daily phone calls to families with news about their loved ones, and organised video calls between patients and their families. Infection control was increased and remains stringent. Care at Home visits were maintained as much as possible, to maintain face-to-face contact during this time of isolation, and we increased support for patients in their final days, adding a Registered Nurse and Health Care Assistant (HCA) to our planned overnight care service.

We piloted online therapy groups for our Living Well patients, which will continue alongside the face-to-face groups which are now resuming. Our Bereavement service also evolved, with a post-bereavement welfare call, remote support groups, services of remembrance and increased online resources. We offered clinical bereavement support sessions for local care homes, and continued to provide our comprehensive education programme to PTHC staff and external local Health Care Providers. Our IT team enabled staff to work from home, and we found ways to raise money through 'virtual' events and online retail sales.

Our amazing team has shown resilience and resourcefulness throughout the pandemic. As things return to normal, we will retain new ways of working which have been beneficial, continuing to support our team, recruiting new staff and volunteers, investing in skills and training, focussing on inclusion and making sure that we meet the needs of everyone in our community. We feel fortunate to have come through the pandemic stronger than ever, with a clear, refreshed vision for the future.

Thank you for taking the time to read this Annual Review. I hope you will find it informative and useful.

Sarah Church



Sue's Story

Our In-Patient Unit (IPU) doesn't just care for patients who are in their last days. Some patients, like Sue, are admitted for symptom management, and return home once their pain has been brought under control, where our Care at Home team continues to support them.

Sue, a retired saddler, has been keeping sheep for over 35 years. *"I used to work at the local vets, in the large animal section," she says. "When I left I really missed the animals, so I bought a few lambs and it went from there. My dog, Spitt, is a collie rescue. She and I take the sheep to shows. We stay at each for a few days; it's like a little holiday. I also make the harnesses that my sheep wear. They don't dig in like the rope ones do. For the shows, I've made black harnesses with brass or silver buckles on either side of the muzzle, which look really smart and catch your eye – and the eye of the judges!"*

Sue was referred to Phyllis Tuckwell in November 2020, in the midst of the Covid pandemic, by one of the Nurses who was caring for her at Frimley Park Hospital. *"I have bone cancer," says Sue, "and it was spreading everywhere. The pain was unbearable. My Breast Care Nurse suggested Phyllis Tuckwell, to see if they could control my pain."*

Sue was admitted to the In-Patient Unit at our Hospice in Farnham, and stayed there for just under three weeks, while doctors there brought her pain under control. *"It all*

In-Patient Unit

happened in about three days,” she says. “They said can you come in now? – but I told them I had to sort out the animals first!”

“It was glorious in there. I couldn’t fault them at all. They sorted the pain out and really looked after me. The Housekeeping staff would bring hot drinks, meals, crumpets, I didn’t want for anything! I have a walk-in shower at home, but they’ve got a big bath there, which was fantastic! They would run it for me and I’d have a good soak. They all wore PPE because of Covid, but it didn’t make any difference at all, the care they gave was still amazing. It felt reassuring being there. It’s definitely where I want to go when the end comes.”

After her pain was brought under control, Sue was discharged from the Hospice and went home. **“Since I’ve been discharged, they’ve phoned me about once a month to see how I’m doing, and the Community Nurses come out to visit me. The pain is much better.** I’m pretty much able to lead a normal life again now the pain has been sorted. I still need to make sure I don’t overdo things though. I’m very independent. I’ve been up the field already this morning and mucked out four sheep. The lambs have all been born now, and when I let them out they run out into the field and jump about. A friend of mine delivered them for me; I can’t do it myself anymore. Before they were born I was going up to check on the ewes four times a day. Going up there to feed and look after the sheep is what keeps me going, really.”



“They all wore PPE because of Covid, but it didn’t make any difference at all, the care they gave was still amazing. It felt reassuring being there. It’s definitely where I want to go when the end comes.”

Catherine's Story

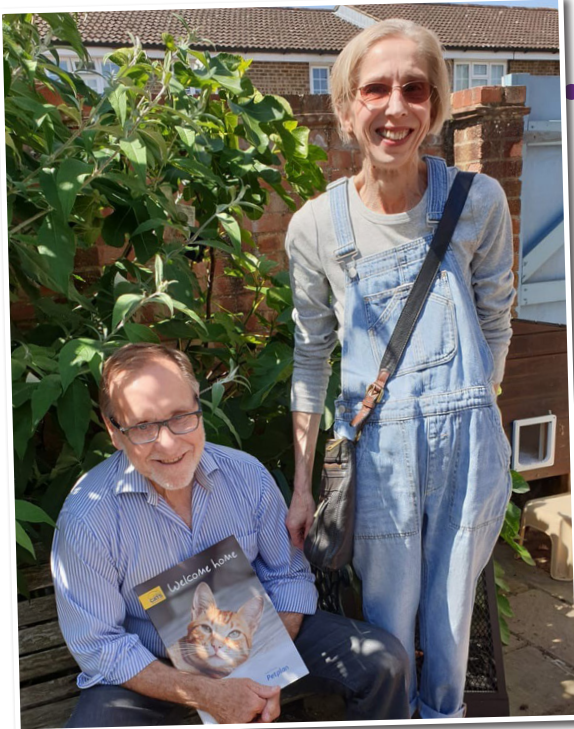
Catherine's husband, Robert, was referred to us during the pandemic, and was cared for at home by our Community team. This team comprises Clinical Nurse Specialists, Nurses, Health Care Assistants, Therapists and Living Well staff, who support patients who are living at home and care for those who choose to spend their last days at home.

"Robert was a fit, healthy 70 year old who still ran his own business," says his wife, Catherine. "The first sign we had that something was wrong was that he started looking quite jaundiced. His GP referred him for some CT scans, and the next day we were told that they had discovered shadows on his pancreas, liver, stomach and bones, and that it was very likely to be cancer."

Robert was diagnosed with advanced pancreatic cancer, and he and Catherine were advised that he had a life expectancy of weeks, not months.

"The cancer was so far advanced that there was nothing they could do for him," says Catherine. "He was discharged and referred to Phyllis Tuckwell. Although he was very jaundiced, he was still completely mobile when he came home, but after just two days he suddenly couldn't get out of his armchair. I called an ambulance, and when the crew arrived they suggested taking him back to hospital, but he didn't want to go, so they helped him into bed instead."

*"The next morning, our GP rang to let us know that she had arranged for a hospital bed to be delivered. One of the nurses from Phyllis Tuckwell's Hospice Care at Home (HCAH) team also called us, and advised Robert not to try to get out of bed. Later that day two HCAH Nurses visited, and helped Robert into the hospital bed, which had arrived that day. **I couldn't believe the speed of response and level of care that we received!** Robert was determined not to go back into hospital - he wanted to be at home, and I wanted him to be wherever he was happiest. But I wasn't able to do it all on my own - I needed help. **The HCAH team were fantastic. They submitted***



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Care at Home

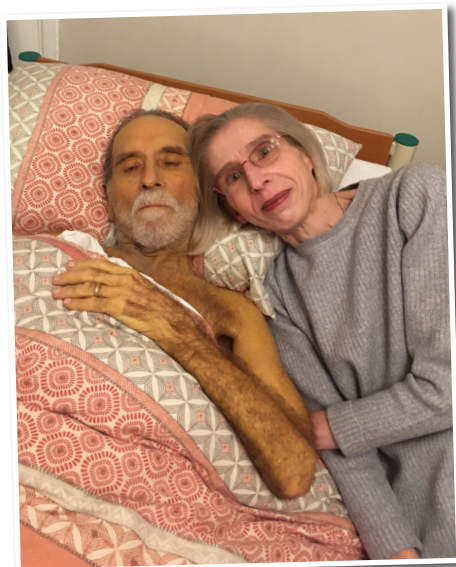
a fast-track application to the NHS for Robert to receive carer support. It came through very quickly, but in the few days that we were waiting the HCAH team visited us morning, afternoon and evening.”

“Because of the Covid pandemic, the HCAH team had to wear PPE, but it wasn’t a barrier,” says Catherine. “Knowing that they could still visit helped a lot. It was absolutely fine, all the PPE. The care was still the same. I was just sad that I couldn’t offer any of them a cup of tea when they visited!”

Once the care package was in place, the HCAH team reduced the frequency of their visits, but still called Catherine every evening to check that everything was ok. “I also knew that I could call them at any time if I needed to,” says Catherine. ***“From the moment we were referred, I felt so well supported by them. I couldn’t have done it without them. It wasn’t just the physical support, it was the mental and emotional support too. Because of them, I knew that I wasn’t on my own. When they visited, they would always check that I was looking after myself. They cared for me as an individual person. It really felt like they were part of the family. They knew all the cats’ names too! We have three rescue cats, Gary, Treacle and Squiggle, and the team all really loved them! Remembering the cats’ names doesn’t sound like a big thing, but little touches like that mean a lot.”***

“The HCAH team also helped me to look ahead to Robert’s death,” says Catherine. “They made me aware of preparations I would have to make and gave me practical advice. ***Having somebody that I could talk to about what was going to happen, who would talk to me honestly about it, was so important. They helped me to understand what was coming and to be as prepared for it as I could be.”***

“I think people associate Hospice Care and end of life care with negative outcome, but providing care for terminally ill people and ensuring that they are able to die with dignity, well I don’t think there’s anything better you can do for somebody. If someone can die where they want to be, then to give them that is fantastic.”



Comments from our patients

"I have been very impressed with the wonderful care you and your team gave my wife during her illness and death. Your staff were without exception most professional, and totally caring in everything they did for her during her final days." Relative of an IPU patient

"We cannot thank you all enough for the wonderful care that you gave Mum. You are all so kind, caring and compassionate, and went above and beyond to make sure Mum was comfortable and Dad and I were well looked after." Relative of an IPU patient

"The love, care and dedication you showed our dad was second to none. It felt like home from home."

Relative of an IPU patient

"I would like to say a big thank you for looking after my mother in her last days. You were all so kind and caring. I was so impressed with your love, professionalism and attention to every detail. Thank you so much, it made the whole process bearable at a difficult time." Relative of an IPU patient



"I'm feeling so much better and I'm so grateful for the support I've received from Phyllis Tuckwell. Life is good for a change and it's great to not feel so blooming miserable all the time. I can see light at the end of the tunnel. I've not felt like this in a very long time and it's wonderful." **Living Well patient**

"Absolutely Fabulous,
worked like clockwork.
I really appreciated
all help and support."

Living Well patient

"Their face-to-face and phone contact are excellent. Contact is all on the same day. All of my questions are answered, I never feel rushed, and I can finish what I'm saying and ask questions until I understand the information." **Living Well patient**



"The care and help given by your staff was incredible. Nothing was too much trouble, and the advice and help you gave was really appreciated. You brought a ray of sunshine into what would otherwise have been a very dark place."

Husband of a CAH/HCAH patient

Different world, same care . . .

Our IPU team made daily phone calls to patients' families,
and we facilitated calls between patients and families on FaceTime.

We made sure
all clinical staff were offered a Covid vaccination
as soon as possible.

We found new ways to connect with patients,
including doorstep deliveries, video calls, a newsletter, and Christmas 'goodie bags' containing resources and activities.



We more than doubled our patient non-face-to-face contacts,
to make up for not being able to see patients in person, and ensure that we were still supporting them.

We added a post-bereavement welfare call, remote support groups, services of remembrance and increased online resources
to our bereavement support.

We organised drop-in half-hour Care Home sessions,
which were attended by Learning Disability home professionals as well as Care Home staff.

Living Well patients were offered face-to-face home or outpatient visits
from a member of our multi-disciplinary team, as needed.

We piloted online groups,
such as Tai Chi, relaxation and a carers' support group, which will continue alongside site-based groups.

Infection control measures were increased,

with all staff wearing face masks and the clinical team also wearing aprons, gloves and eye protection.



We increased clinical supervision

so that our Nurses, Health Care Assistants (HCAs) and Doctors could talk about their experiences.

We cared for as many patients in 2020/21 as we did in 2019/20,

which is pleasing given people's fears about coming to a health care setting during the pandemic.

We joined a daily video call with other teams in North East Hampshire

to co-ordinate care of those who are at the end of life in that locality.

We closed the four-bed IPU bays and converted them to single rooms,

ensuring that each patient has their own space.

We converted a small room on our IPU into a PPE store/dressing room,

and used the space for donning gloves, masks and aprons.

With restrictions easing,

we have now significantly extended IPU visiting hours.

We extended our Advice & Referral Team hours to 10pm,

and extended our weekend visits for emergency cases too.



With Day Hospice closed, telephone support and virtual groups provided a much-needed connection for patients to Phyllis Tuckwell,

and enabled staff to review how patients were faring.

Our Living Well team introduced daily meetings

to prioritise and co-ordinate care. Patients received care remotely with regular phone calls.

Staff helped out teams in other departments,

enjoying getting to know them better and returning with fresh ideas, a better understanding of how to use our electronic documentation system (EMIS) and greater confidence in using technology.

We learned how to use our physical spaces in a way that reduces the risk of infection

which helped us understand what we want our working spaces to be like.

Our marketing campaign 'Different World, Same Care' reassured the public

that our care had not changed during Covid.

Our Retail team moved sales online, rapidly increasing its online offering to maintain income.

We said goodbye to our Chairman of the Trustees, Michael Maher, and welcomed David Eyre-Brook as our new Chairman and Veronica Carter as Vice Chairman.

As many group training sessions were not possible during the pandemic, training videos and resources were made available on our website

for health and social care colleagues to download free-of-charge.

We welcomed two new Trustees,

Lizzie Wells and Helen Atkinson.

Our Fundraising team held many events online

and helped supporters find new ways of raising money in a safe, socially distanced way.

We have kept our staff connected

through virtual meetings, training sessions, coffee mornings and resilience sessions.

Our annual Light up a Life event was held at Guildford Cathedral

and streamed online, with the names of remembered loved ones lit-up on the cathedral wall.



In just a few weeks

we went from being an office-based place of work, to one where staff could work from the Beacon Centre, the Hospice or from home.

Our care in numbers



By providing high quality care in patients' homes, we helped relieve pressure on the NHS, keeping over

1,000 people

out of hospitals.

We helped over

3,000 people

an increase of

11%

on the previous year.

We supported over

1,000

family members and carers,

an increase of

33%

on the previous year.

66%

of patients were able to die in their preferred place of death, an increase of nearly

5%

on the previous year.

The percentage of patients recognised as dying and on the Last Days of Life (LDL) care plan rose

from 77% to 82%

which is important as it means families are able to say their timely and important goodbyes.



We increased the support from our Hospice Care at Home team by

26%

on the previous year.

We added a Registered Nurse and Health Care Assistant (HCA) to our planned overnight care service, helping us provide

972 night visits in the last year,
an increase of more than **200%**
on the previous year.



We provided clinical bereavement support sessions to

11 local care homes

to help staff there who were coping with the challenges of caring during the Covid pandemic.



73%

of our external training attendances were Registered Nurses and Health Care Assistants within Care Homes.

Our Advice & Referral Team offered telephone support and advice to around

200

non-PTHC patients and healthcare professionals.



Whilst the number of face-to-face patient contacts went down by about 16%, the number of non-face-to-face contacts (e.g. phone calls) went up by

38%

for patients and

221%

for families.

Our retail operation sold

183,000

donated items and clothing,
much of which would otherwise end up in landfill
or the waste chain,

sent **84 tonnes** of textiles
for recycling,

generating
an additional

£30,000

and recycled scrap metal

with the
value of

£1,300



Our Education team
increased the
number of training
sessions offered by

65%

and all training was
provided free of charge.

We worked closely with the
Care Home Matrons
across our area and with
the Quality Lead for Care Homes
in Frimley South, and
attended the two monthly
Palliative Care Link meetings
at Frimley South, which are attended
by an average of 25 Care Homes.



Our volunteers gave around

50,000 hours

of their time to supporting us.



How your donations make a difference

It cost £11.8m to provide our services this year. Annually, usually around 22% of our income comes from NHS/Government, with the remainder raised through fundraising activities, but in 2020/21 Government support increased in light of the pandemic, to around 47%.

Most of our organised fundraising events were postponed or cancelled because of the pandemic, so income from those was severely reduced, but we still received income from donations, gifts in Wills, community fundraising, online and some shop retail sales, local businesses and grants from Trusts.

The cancellation of many of our events and closure of our shops during lockdown had a significant effect on our event fundraising income, but the financial support we received from the NHS/Government and generous donations from our local community increased greatly, resulting in a total income of £13.1m and leaving us with a surplus of £1.2m.

£5.9m from NHS/Government funding.

£2.1m raised through donations, appeals and other activities.

£1.5m raised through legacies – in a usual year, the care of 1 in 5 of our patients is funded by gifts in Wills.

£943,000 raised by our lottery - Tuckwell Chase Lottery.

£842,000 raised through our 18 shops.

£652,000 raised from Trusts.

£618,000 raised through community events, such as fetes, cake sales and concerts.

£317,000 generated from investments.

£216,000 raised through local businesses, their employees and customers.

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

74p in every £1 we spend goes towards patient and family care.

£13.1m
total income.



Looking to the future

We feel fortunate to have come through the pandemic stronger than ever, with a clear refreshed vision for what we want to do and how we intend to make it happen.

We will focus on inclusion and increasing our reach.

We will continue to support our staff and volunteers, giving them the chance to rest and re-energise after a challenging year, recruiting new members of the team, and investing in skills and training.

We will make it easy for patients, families and supporters to engage with us digitally.

We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of all the people in our community.

We will invest in digital skills and create an environment where our staff can work anywhere and access the tools they need.

We will increase the efforts we put into supporting those who are not under our care, through training Care Home staff and other local HCPs on the latest in end of life care.

We will look at modernising our Hospice building, making it welcoming and a pleasure to work in and visit.

We aim to work ever more closely with other Hospices and colleagues across the health and adult social care field, collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and Frimley ICS's palliative and end of life care priorities.

Our Trustees, Officers and Senior Management Team

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Board of Trustees

Michael Maher (*Chairman until Nov 2020*)

Dr David Eyre-Brook (*Vice Chairman then Chairman from Nov 2020*)

Ian Trotter (*Vice Chairman until Nov 2020*)

Rosy Anand

Professor Michael Bailey

Veronica Carter (*Vice Chairman from Nov 2020*)

Helen Franklin

Ken Ratcliff

Anne Whelan

Alison Huggett

Richard Hunt

Dr Robert Laing

Lizzie Wells (*from Nov 2020*)

Helen Atkinson

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