

**ST CATHERINE'S
HOSPICE**



**A NEW FUTURE FOR
OUR HOSPICE**



“IF WE ARE TO
REACH EVERYONE
WHO COULD
BENEFIT FROM
OUR CARE, WE
NEED A LONG
TERM SOLUTION.”



GILES TOMSETT

CHIEF EXECUTIVE

“Each year, St Catherine’s cares for around 2,000 people with a life-limiting illness, providing support at the very end of life for around 1,250. But we don’t only care for them. We care for their families as well: for their wives and husbands, their sons and daughters and the other family members who are left behind.

We are incredibly proud of the care we provide – indeed, the Care Quality Commission rated it ‘Outstanding’ in 2016. For 35 years we have provided this care at our Malthouse Road site in Crawley, in people’s homes, and in local care homes and hospitals. But we are not reaching enough people. Yes, last year we supported around 1,250 people at the end of their lives but in that same period around 2,750 people who could have benefited from our care died without it. As such, only a third of people who could benefit from hospice care received it.

After 35 years of delivering outstanding care and doing the best we can on our current site, there is no more room to grow. We cannot increase the number of beds we offer and we have no space to offer more day facilities, outpatient support, counselling and bereavement support for patients and their families.

And in the 35 years since St Catherine’s was founded by those first pioneers within our community, the landscape of end of life care has changed dramatically. The NHS is increasingly stretched, people are living longer than ever before and more and more have multiple, complex conditions towards the end of their lives. When we first began providing our care in the 1980s, almost all of our

patients had cancer. Now, almost a third are affected by other life limiting conditions such as Motor Neurone Disease, Multiple Sclerosis, heart disease and chronic pulmonary conditions. With increased lifespans, dementia is also increasingly something which we must factor into the care we provide.

If we are to reach everyone who could benefit from our care now and in the future, and if we are to provide the best care we possibly can, we need a long term solution. To reach more people, we need a more expansive community service and more beds. To maximise these we also need more dedicated staff – nurses, doctors, therapists and counsellors as well as the wider fundraising and support staff who make our outstanding care possible. We need an enhanced education facility so that we can work with our partners in end of life care – GPs, clinical staff in hospitals, ambulance crews, local care home staff and social workers – to share our skills and expertise. That all means more space. This new building will increase the number of beds we can offer from 18 to 24 and it will allow us to expand our community, counselling and therapies teams and our day services to reach more people.

But it will not only increase the quantity of care we can offer: it will also increase the quality. We have not designed this new hospice in a vacuum: we have carefully consulted patients and their families, talked to our staff who deliver our care, and to other hospices who have undertaken similar projects and we believe we have designed the best possible building to provide end of life care in today’s environment.

Every patient on the Inpatient Unit will stay in a single occupancy suite, with en-suite facilities, and family will be able to stay with them overnight in comfort. Every room will look out over a secluded, landscaped patio filled with plants, preserving a connection with the natural environment which so many of our patients cherish.

Our Day Hospice will be larger, allowing us to offer places for more people, for longer. We will have dedicated counselling rooms, increasing the number of sessions that we can offer on site. And we will have dedicated quiet spaces so that patients and their families can take time to gather their thoughts and reflect.

We will also be able to house more clinical staff to work out in the community where the majority of our care is delivered, because home is where almost all of us want to die. Critically, to better enable this we will have an enhanced education and training facility so that we can share our skills and expertise with other professionals and carers involved in end of life care.

But this momentous shift in the provision of end of life care for our community will cost money to achieve: the total cost of the project will be £16 million. Thanks to incredibly generous support from members of our local community, we have the land to build on, and £11million secured. That leaves us with £5 million to raise and I ask you to consider how you can be at the forefront of a new phase of end of life care for everyone in East Surrey and West Sussex, so that we can support many more local people when their lives come full circle.”

“OUR VISION IS
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TERRY O'LEARY

CHAIR OF TRUSTEES

“A lot of people think St Catherine’s is a place where people die and it is, but it’s more; it’s about living. For many people St Catherine’s helps, it’s not the end, it’s really just the start of the next phase of their life, and this is certainly what my wife Jenny and I experienced. Jenny died in the care of St Catherine’s in 2014 after being diagnosed with terminal cancer, and it was my experience then that inspired me to volunteer as Chair of Trustees.

Every day our staff and volunteers do something remarkable. In people’s own homes and in the hospice, they reach out to people they don’t know and help them get through the worst, the lowest, the most distressing point in their lives. Not as a one off act of compassion, but as an ongoing process of ensuring that people can face death informed, supported and pain free.

We have been providing expert care at the end of life to local people from our current site for 35 years. Many people, including myself, have cherished memories linked to Malthouse Road, but the constraints of this site mean that we are no longer able to expand to address the ever growing need for support in our community. We currently reach only one in three people who could benefit from our care and clearly, that isn’t enough. Our vision is that all those facing death and loss can do so informed, supported and pain free. Not some, not the ‘fortunate’ ones, but all.

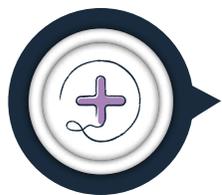
To do this, we need to create a brand new facility with more inpatient beds, space for expanded community nursing, bereavement support and therapy teams, and a larger Day Hospice. In recent years we have been

extremely fortunate to receive significant support for this project: a multi-million pound legacy and a donation of five acres of land. This has put us in a position to pursue our dream of a new hospice at Pease Pottage but we need the support of our local community to raise the last £5 million.

35 years ago, this community came together to create St Catherine’s Hospice and the landscape of end of life care in West Sussex and East Surrey was changed forever. Now is another such moment, and I ask you to accept this challenge to build a new hospice for our community for the next 35 years and more so that we can reach everyone who needs our support.”

ST CATHERINE'S HOSPICE

CURRENT SERVICE PROVISION



We provide expert care to around 350 people each year on our 18 bed Inpatient Unit. Here, our staff offer symptom management, pain relief and end of life care 24 hours a day.



Our community nursing team care for 80 per cent of our patients outside the hospice. They give specialised advice, signpost our services and provide practical care for patients. Our community nursing team is available seven days a week from 8am to 8pm.



We also pioneer standards in end of life care through collaboration, research and training, reaching even more people facing death and bereavement. For example, we are currently working with other hospices to conduct research into the impact of personal bereavement on hospice nurses and the effect of a cancer diagnosis on alcohol consumption in patients and carers.



Our therapies team help people remain independent. They talk through what things matter most to someone, and help them to achieve their goals. This could be anything from walking to the shops to buy a newspaper to making a cup of tea.



Each year around 250 people attend our Day Hospices in Crawley and Reigate, where we provide the opportunity for peer support and clinical intervention. We offer activities such as art and music, as well as complementary therapies including Reiki and meditation.



We provide emotional support to our patients and their families through counselling sessions and bereavement support. We offer people welfare advice and help with financial and practical issues such as disabled parking badges, making wills and appointing a lasting power of attorney. We also offer spiritual support to patients and families of all faiths or none.



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"If you're able to support St Catherine's, please do as much as you possibly can."

CHRISTINE HURCOMB, 43

"When I first heard the words "St Catherine's Hospice" I was apprehensive. For a long time I put off coming here as I wanted things to be as normal as possible. I'm a single mum to a nine-year-old daughter, and I had an idea in my head that people just came to St Catherine's to die. That's not the case though.

Since I've been diagnosed with secondary breast cancer, I've been coming to Day Hospice but I already knew about St Catherine's before I was referred. My step-dad came here when he had lung cancer and the hospice were really supportive of him and our whole family, including my mum.

Coming to Day Hospice gets me out the house as I can't drive at the moment and it gives me 'me time'. As a busy mum I don't usually get that! At Day Hospice I know I'll be looked after instead of being the one looking after everyone else. Sometimes that's all I need - someone to think about me for a change.

All the staff are so caring and kind, everybody always stops to say hello and nothing I ask for is ever too much of a problem. They treat me with respect, do fun things and help to make me laugh. I know I can talk to the staff and other patients. Obviously people come and go, but it's not all about my illness, people talk about other things too. I can relax here and not have to think, "Oh, people are staring because I've got no hair", or anything like that.

While I'm here I take part in the afternoon art class too. It helps take my mind off things and is something that's completely for me. I've not really done art before but the artist has very clever ideas and I feel like I've achieved something each week. My daughter's very arty so she's been to the hospice and helped with art and I enjoy showing her my weekly creations.

I also have Reiki, which helps relax me, and join in meditation but my care hasn't stopped there. I've had counselling with the Patient and Family Support Team and Jackie in the Welfare Team has helped me with my finances too.

Sometimes I feel like I just couldn't do without St Catherine's. If I didn't come here I'd be stuck at home trying to sort out things on my own and not having any time for me, so the hospice makes a big difference. It always feels like time goes quickly and I often don't want to go home. Coming here completely changes the way you think about hospices.

If you're able to support St Catherine's please give as much as you can. You will help the hospice care for so many more people like me and my family.

St Catherine's is so caring and supportive and I really couldn't have done without it this year."



- (i) The red areas on the plan indicate where new inpatient rooms can be built, allowing expansion to 48 beds to cover future needs.
- (ii) We are currently undertaking a final design review. There may be some minor changes to the layout of the building but key operational features, such as the number of inpatient beds, will not change.

PROPOSED HOSPICE PLAN

GROUND FLOOR

INPATIENT UNIT

Our current site has 18 beds in a mix of four-bed and two-bed bays and single rooms. Only one of the single rooms has space for family to stay in comfort overnight. Our new hospice will have 24 single, en-suite rooms, all with space for family to visit and stay overnight. Every room will also have access to secluded garden spaces, preserving the links with nature which so many of our patients tell us they cherish.

FAMILY LOUNGES

Some patients and families like to share their experiences and each wing will have a family lounge where people can come together to talk, eat or just sit together.

MORTUARY AND REMEMBRANCE GARDEN

The new hospice will have a secluded remembrance garden attached to the mortuary to allow family the space, time and privacy that is so important when saying goodbye to a loved one after their death.

DAY HOSPICE

Providing a vital opportunity for outpatients to share their experiences, to form bonds and to talk to nurses in a friendly, relaxed atmosphere, our current Day Hospice is a single room which limits the activities we can offer at any one time. The new Day Hospice will be larger, allowing us to offer places to more people for longer. It will also have dedicated consultation spaces and separate areas for activities such as art and music therapies.

EMOTIONAL AND SPIRITUAL SUPPORT

Limited space means that we cannot expand our Patient and Family Support Team, who offer emotional, spiritual and welfare support both at Malthouse Road, in people's homes and other places such as care homes. Counselling services offered on-site have to share space with outpatient appointments, severely limiting the number of sessions we can offer. The new site will offer dedicated counselling spaces, designed with an understanding of the needs of people approaching the end of their lives, and bereaved family members. There will also be more room for our staff and volunteer counsellors, allowing us to grow these teams and reach more people with this vital support.

THERAPY AND CONSULTATION ROOMS

More rooms will allow us to offer more outpatient appointments with our consultants, and more targeted sessions with therapists, to help people make the most of the time they have left. Our consultants will discuss the management of pain and other symptoms, whilst therapists will help people with daily living skills, working to minimise breathlessness and improve coordination and motor skills.

COMMUNITY NURSING HUB

(The Community Nursing Hub will be on the first floor so is not shown on this plan)

Most people choose to die in the comfort and familiarity of their own home. Our community nurses are at the heart of our service and reach more people than any other team. Limited space on our current site means that we cannot expand this team, placing severe limitations on the number of people we can support. More space in the new hospice will allow for the expansion of this team, allowing us to reach many more people every year in their homes, in care homes and in hospitals.



"We go in with our arms wide open to people"

MELISSA – SENIOR STAFF NURSE, INPATIENT UNIT

"Before working at St Catherine's I worked at a hospital in London, where I found I loved palliative care. But it used to get to me that I couldn't give the kind of care that I wanted to, so I decided to apply to St Catherine's Hospice.

My Nanny was cared for by St Catherine's so I knew the kind of care the hospice gives. Now, I provide the same care my family and Nan were given to my own patients. I really enjoy getting to know people and building a relationship with them. People trust you so much, and getting to know a person, learning what's important to them, and caring for them at the scariest, most vulnerable time of their life is an honour. Whether it's holding their hand, bringing them a cup of tea, or helping them feel safe, I'm proud to say my team and the whole hospice provides outstanding care.

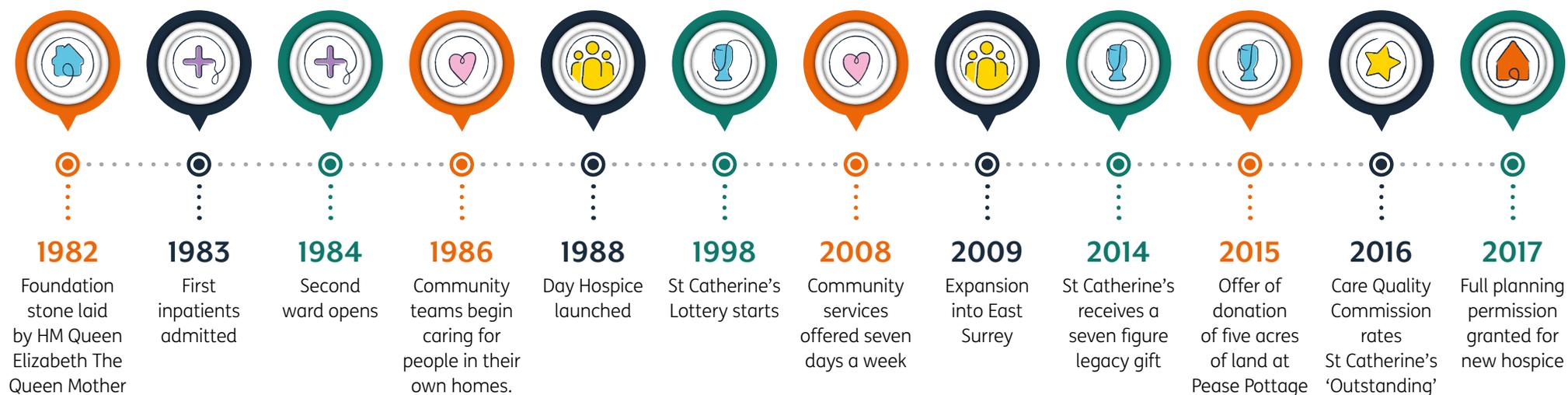
My favourite part of my job is the opportunity to make a difference. At St Catherine's we have a beautiful, tranquil garden that patients love to spend time in. Often people are admitted from hospital, and offering the opportunity to move their bed outside, even if it's just for ten minutes, can make people happy.

There are some people who I've cared for that will always stay with me. One lady had a really precise beauty routine with different creams. She'd used the same routine for 50 years and when she was admitted, she taught me how she liked to have it done. One day, I came in to find she'd suffered a stroke overnight and was unresponsive. During my shift, she became more responsive, so I applied her creams, just how she liked it, and she started smiling and trying to talk. Having a chance to learn how she liked to care for herself allowed me to give her that same care when she needed it.

Listening to people and their wishes is a vital part of our care. Whenever I'm working, I keep in mind that we have only one chance to get things right. We go in with our arms wide open to people. We let them know we're there if they need us, and we offer people what we can, when we can. Sometimes people are in denial. They don't want to talk to us or take up our support because they're finding things too difficult. And that's okay – because just knowing that we are there can help them feel more safe and not alone. The team at St Catherine's are open and even when we know we can't fix things, we still do what we can.

St Catherine's helps so many people, but our main limitation is the number of inpatient beds. When we move to our new hospice this number will increase, and we will be able to offer outstanding inpatient care, 24/7, to so many more people."

MILESTONES IN THE HISTORY OF ST CATHERINE'S HOSPICE



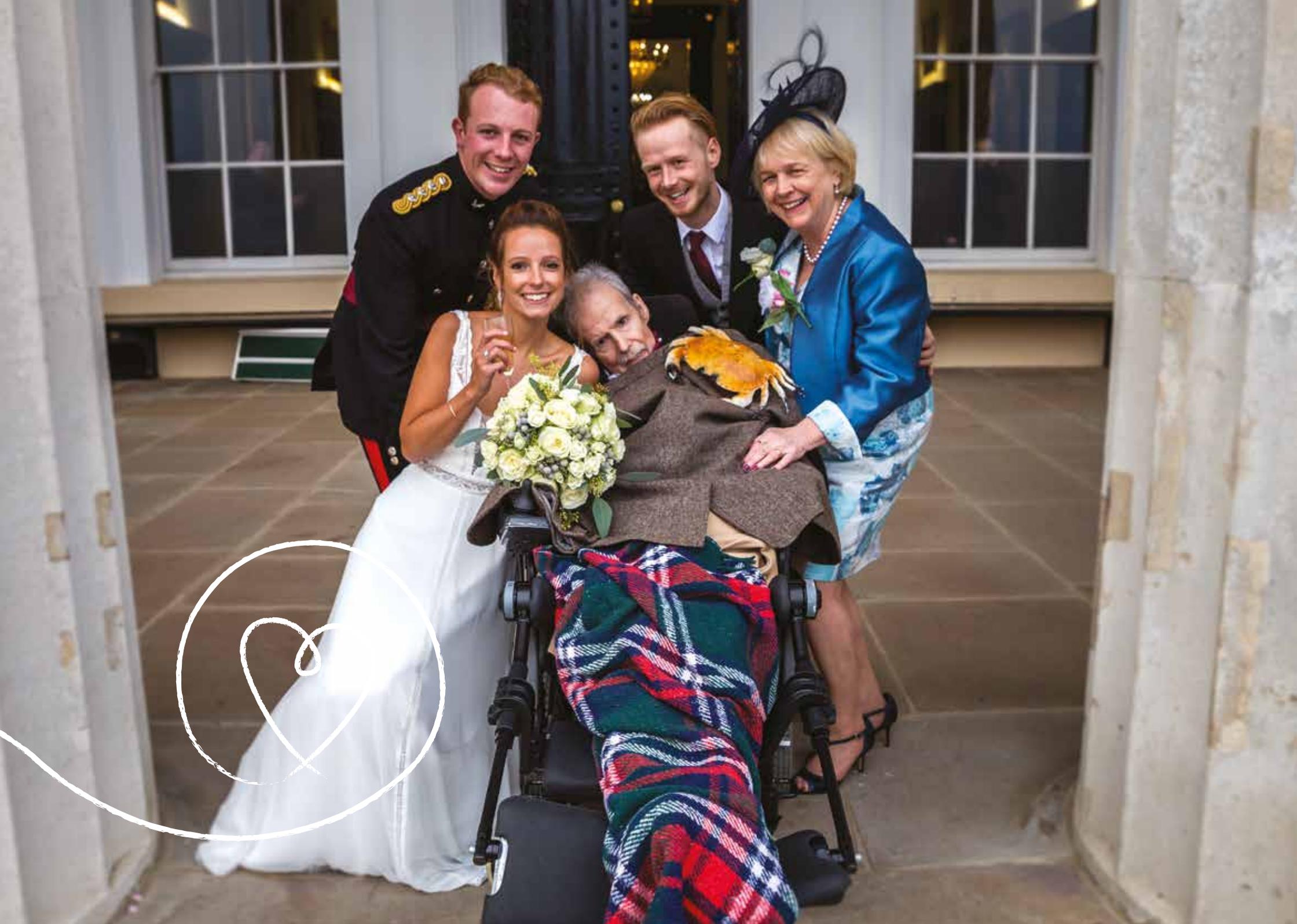
"These are ambitious and essential plans to ensure that our community has the hospice care that it needs not just now but for the next thirty years and more."

PETER LUSHER, FOUNDER AND VICE PRESIDENT

"We will leave a host of memories in Malthouse Road, but we have outgrown it and need a new home that we can make as welcoming and comforting as Malthouse Road has been."

**ROSEMARY COWLEY, FORMER
CHAIR OF TRUSTEES AND VICE PRESIDENT**





"Day Hospice seemed to give him a new lease of life"

PENNY VENESS

Penny Veness, from Caterham, shares how St Catherine's Hospice supported her husband Bob to stay at home where he was most comfortable.

"Bob had Multiple System Atrophy (MSA), which is like an aggressive form of Parkinson's. Gentle and friendly, he never lost his personality or sense of humour even when he lost his ability to speak. One of his carers described him as a warrior and I think that's quite apt.

Bob received ongoing care from St Catherine's community nursing team. They were fantastic and their expert support meant he could be cared for at home where he preferred to be. The team gave us advice about equipment for the house and a nurse called Kat visited us regularly. She took the time to really get to know Bob and help him manage his pain. A St Catherine's doctor also visited Bob at home. She was very kind and talked through the problems his illness was causing him. Bob was a private person but he felt he could talk to her. Day or night, there was always someone from St Catherine's on the end of phone to offer me advice and support too.

As well as being cared for at home, Bob was referred to St Catherine's Day Hospice, then in Caterham. When he was first referred he was very reluctant to go as he thought it was for old fogies. St Catherine's arranged transport to take Bob to and from Day Hospice so I didn't have to worry and his weekly visits seemed to give him a new lease of life. He loved doing the quizzes there and would always win! Despite not being able to speak much I think he enjoyed being part of the scene.

When the Day Hospice nurses heard our daughter, Amelia, was getting married, they helped Bob create a surprise memory box for her wedding. Being included and having a way of communicating was extremely important to him. He wrote the words 'beautiful', 'loving' and 'caring' to describe Amelia on the outside of the memory box and included a grumpasaurus toy inside, as Amelia was very grumpy in the mornings when she was younger! I brought the box out during the wedding speech I made on behalf of Bob and I, and it was a wonderful surprise. St Catherine's volunteer portrait artist, Helen, also drew a caricature of Bob for us to share with guests on the wedding tables. It captured his personality and love of skiing perfectly.

When Bob's pain became particularly bad he was admitted to the hospice for respite. He was terrified of dying so was apprehensive about staying there but we were made to feel really welcome. We loved spending time together in the beautiful gardens and enjoyed a gin and tonic from the drinks trolley. Bob stayed on a multi-bedded ward which made it difficult when we wanted some privacy. I think it's fantastic that the new hospice has been designed so all patients can have their own room if they want it. I know that would have made Bob feel more comfortable at times.

When Bob died it was unexpected. He became very unwell and an ambulance was called in the middle of the night. When the paramedics realised it was the end they called St Catherine's, who made sure he wasn't admitted to hospital and instead remained at home.

"Thanks to St Catherine's he passed away peacefully in the place he wanted to be."

IF YOU WISH TO FIND
OUT MORE, OR TO
DISCUSS SUPPORTING
OUR APPEAL, PLEASE
CONTACT THE CAPITAL
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FUNDING OUR FUTURE

COST BREAKDOWN AND FUNDING IN PLACE

We have been incredibly fortunate to benefit from the donation of five acres of land by a local landowner. In addition, a significant legacy left to St Catherine's by a resident of Horsham in 2014 has allowed us to build up significant capital reserves designated for the new hospice. This means that we are able to complete the project without taking out a loan, avoiding repayments and allowing us to commit all future income to our ongoing operations. But we can only do this if we secure the outstanding £5million from our local community.

Costs	£'000s	Funding in place	£ '000s
Construction	10,600	Capital reserves	9,200
Fees	1,500	Disposal of land	1,800
Furniture/fittings	1,000	Capital appeal	5,000
Contingency	1,100		
Inflation	1,800		
TOTAL	16,000	TOTAL	16,000

Your support will help to ensure that no-one faces death and loss alone.

WAYS TO SUPPORT

There are many ways to support the appeal

Individuals – can make a one off gift, a multi-year commitment or make a gift of shares. Tax effective giving can significantly increase the value of a gift to St Catherine's, and significantly reduce the cost to you. The table below provides an illustration for higher rate tax payers.

Your gift	Value to St Catherine's after reclaiming gift aid	Cost to you after reclaiming higher rate tax	Total value to St Catherine's if you give for three years
£2,667	£3,333	£2,000	£10,000
£13,333	£16,666	£10,000	£50,000
£26,666	£33,333	£20,000	£100,000

Charitable trusts – can make a one off gift or make a multi-year commitment

Companies – can make a one off gift, encourage employee fundraising supported by St Catherine's dedicated team, sponsor events or make gifts in kind of equipment, fixtures and fittings or building materials

Recognition – for those giving £10,000 or more, your name can be included on an engraved plaque displayed at the entrance to your new hospice. There are also a number of opportunities to have your donation linked to a specific area of the hospice, with a plaque placed at the entrance to this area.

A few examples are given below and we are happy to discuss other options:

One wing:	£1,000,000
Living Well Centre (Counselling, therapy rooms, dining area and Day Hospice):	£750,000
Main courtyard and linked spiritual spaces:	£500,000
Day Hospice:	£200,000
Counselling rooms:	£150,000
Spiritual space and anteroom:	£100,000
Secluded garden, behind the mortuary:	£50,000
One courtyard or garden for inpatient rooms:	£50,000

ST CATHERINE'S HOSPICE

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St Catherine's Hospice Crawley



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