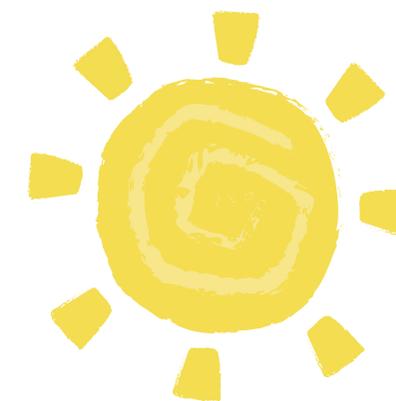
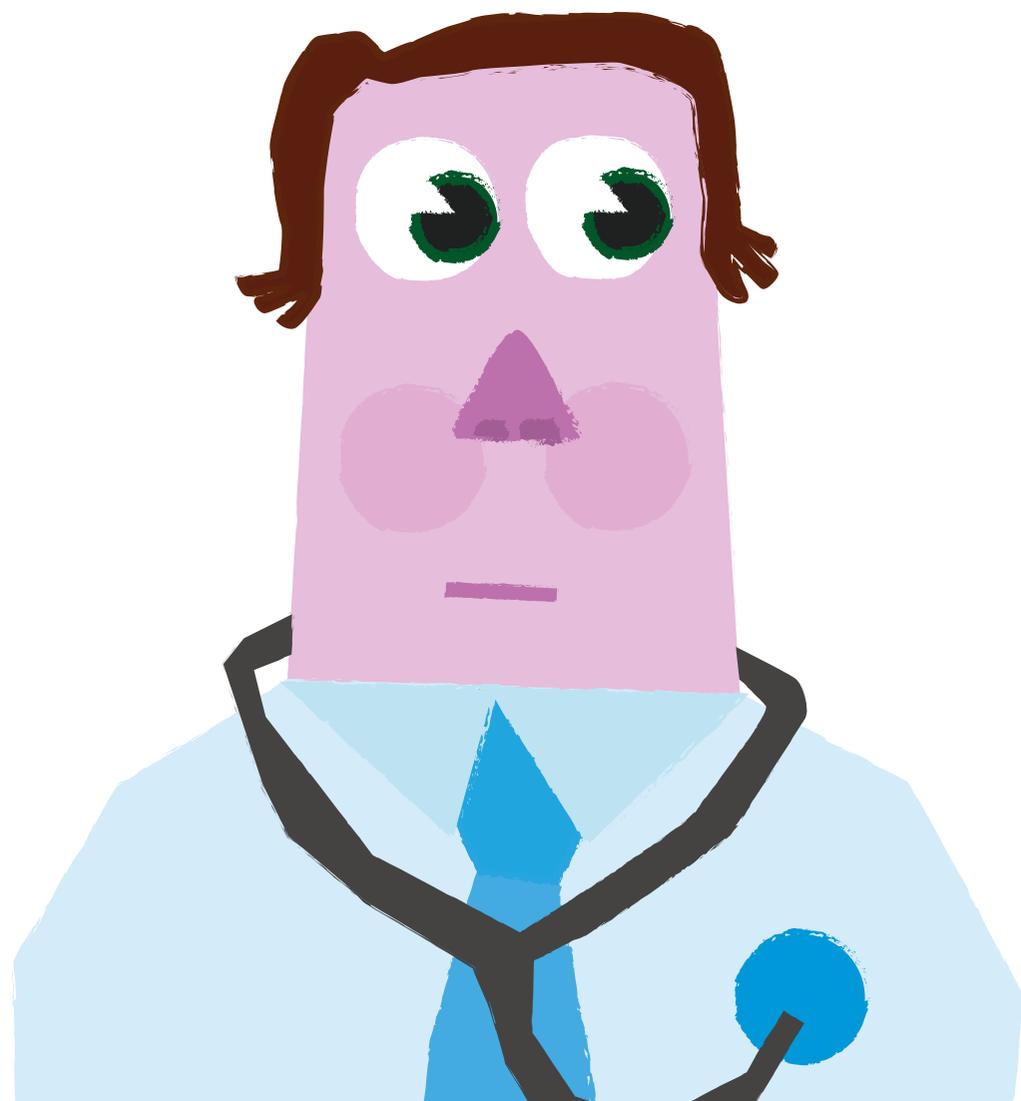


**Most people  
think hospices  
are where you  
go to die.**

But 88% of our  
children and  
46% of our adult  
patients get  
to go home

# Keech - a hospice full of life...





As a retired GP, I am well aware of the Hospice movement (and indeed referred many of my patients to them) but I have never had to use their services for my family.

Then two years ago, my grandson was diagnosed with a form of cancer called Neuroblastoma. He has been successfully treated, and hopefully cured, but an extremely important aspect of his care was being referred to Keech Hospice Care.

They specialise in looking after seriously ill children and adults – and just as importantly, their families. Speaking from personal experience their help and support during such a distressing time is invaluable. Keech provides an oasis of calm and the staff cope wonderfully with the physical, psychological, and emotional needs of both the patients and their families. We are all immensely grateful for their professionalism, support, and individual attention throughout this very difficult period in our lives.

I understand that there are seriously ill children and adults who are not getting the support that Keech could offer them. I know Keech are trying to find them, but as a GP I strongly urge my colleagues and other health professionals to refer patients to this wonderful charity. Please take a few moments to read this report and see how much can be done for palliative and end of life patients.

**Dr Alan Stranders**  
**Retired Harpenden GP**



“After we built up enough courage to drive up the lane to the hospice we had no idea what to expect. It was a hard journey but the Keech nurses were amazing. Now, Keech is very much a part of our life, not just for Tilly Mae but for the rest of the family too.”

Michala Mawdsley and daughter Tilly Mae

# Our work may surprise you

## **Keech Hospice Care is about living.**

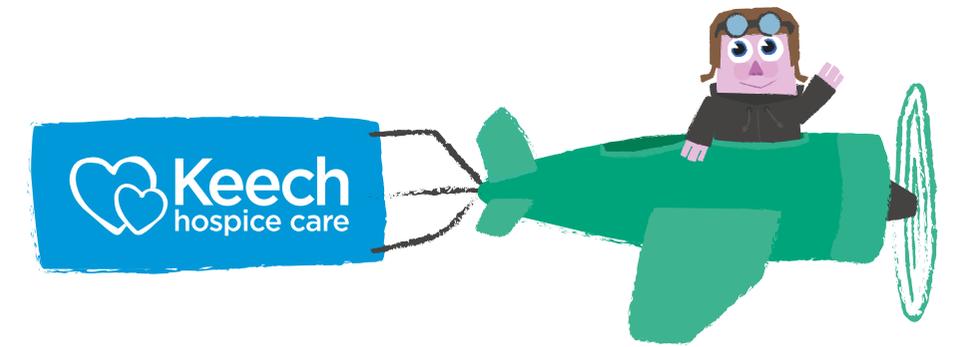
Our work is about helping children and adults to live pain and symptom free, to spend time with their family and friends, to understand what is happening to them, and to stay out of hospital. To make the very most of the time they have left.

And when the time does come to die, we help to ensure they die with dignity and in a place of their choosing.

## **This may also surprise you**

We need to raise over £14,000 every single day – to keep our hospice services running. Out of every £1 we spend we need to raise 80p from the local community. Many people are shocked to learn that we only receive 20% of our funding from the NHS.

None of what we have done this year would be possible without your support and that of local communities. Thank you for your support in the past. Thank you for your support in the future.



You may think hospices are somewhere you just go to die.

That is only a part of our work. But much more it is about helping people to focus on what is important to them and their family. Of course we encourage people to think about and make plans for when they die. But we also help people to consider how they want to spend the rest of their lives.

Our vision is that everyone has choice and excellence on their journey towards end of life.

Our mission is to seek out the children and adults who need end-of-life care, to ensure someone has assessed their needs and that something is being done to address those needs in a way the person chooses.

If a person's needs are not being looked after, we think it is right to do something about it.

This annual report tells you what our patients tell us they want. And what we do to make that happen.

Our work encompasses all these parts of life. That is why, in this annual report, we have categorised our work in 2014/15 into the things our patients have told us is vital to have in place, in order for them to achieve the best possible quality of life.

They want a sense of **health** and well-being and to live pain free

They want to be at **home**

They want to be with their **family** and friends

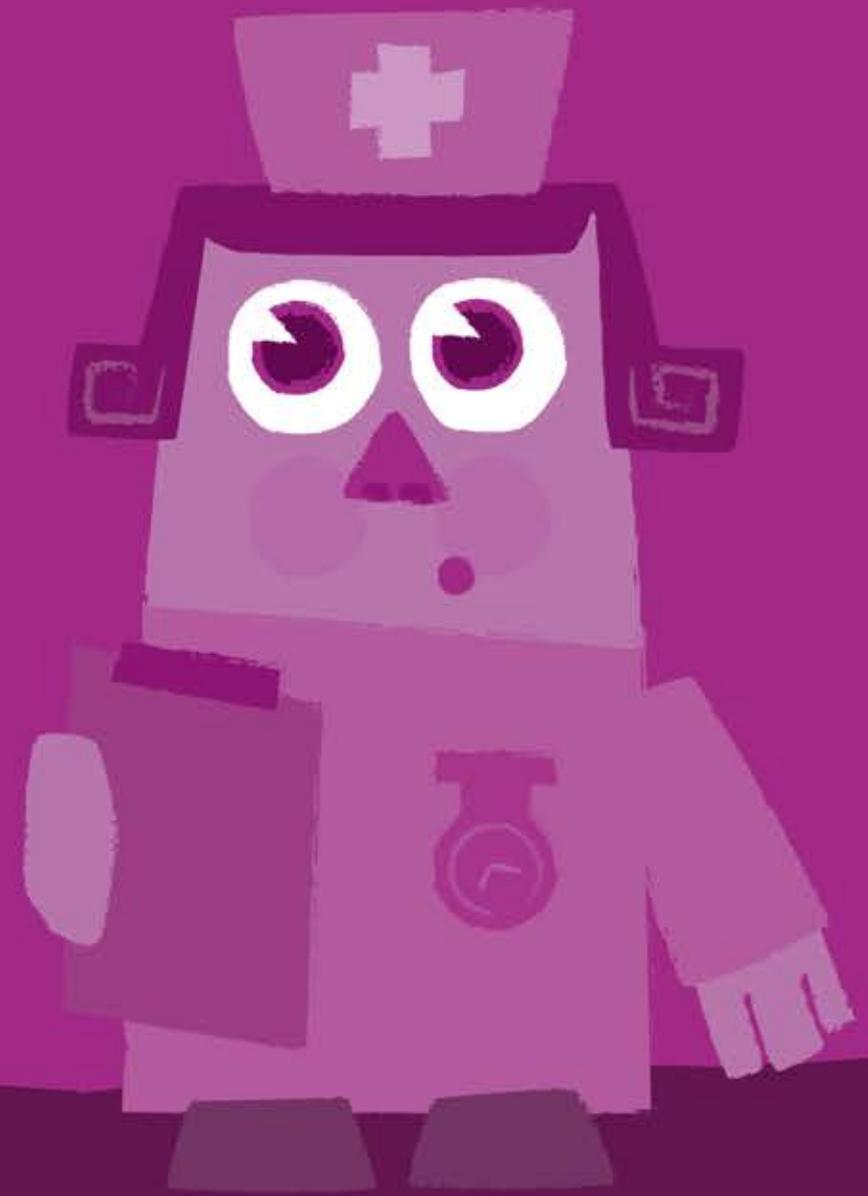
They want **security** for themselves and their families

They want a **social** life

They want a good and dignified **death**

They want to create **memories** for those they love

# Health



# Keech is not just here for the end. We're here from the beginning.

Many patients receive a life limiting diagnosis and find themselves in limbo. Some are considered too well for the hospice, but too sick for any treatment that could cure them.

We knew we could help these patients and that their symptoms might respond well to help.

In 2014, we set up our palliative rehabilitation service. It enables patients who have been newly diagnosed with a life limiting condition to achieve the very best possible quality of life.

Often, one of the first symptoms patients notice is a feeling of extreme tiredness. This leaves them lacking energy, unable to enjoy activities and events.

As part of the palliative rehabilitation service we set up fatigue management programmes respiratory programmes for people with a non-cancer diagnosis. These programmes are six week educational self help programmes for patients and a carer that teach individuals how to manage fatigue and breathlessness caused by their illness.

We will soon be adding a physiotherapist and occupational therapist to our team. Our ambition is to further develop this service to include access to a specially adapted gym for patients, and the ability for patients to have complementary and other therapies in their own homes.

## **Medical and emotional care for our patients**

Our palliative care centre provides emotional support and symptom control to patients and their families. We try to look not just at their medical condition, but at their whole life and what they need to make the most out of it.

Last year, we developed our service to offer even more therapies such as intravenous infusions, blood transfusions and ascitic drainage. Previously patients would have had to travel into hospital for this.

All patients who attend our palliative care centre receive an initial assessment, followed by a six week programme of care.

**Total number of attendances at the Palliative Care Centre 2,072**

**Total number of patients 238**

**62% of patients were discharged because their treatment needs had been met**

**There were 33 blood transfusions and 77 infusions**

## **We see the person, not the diagnosis**

Our range of complementary therapies is available in both the adult and children's units at Keech, and we hope to soon be able to offer them in patients' own homes.

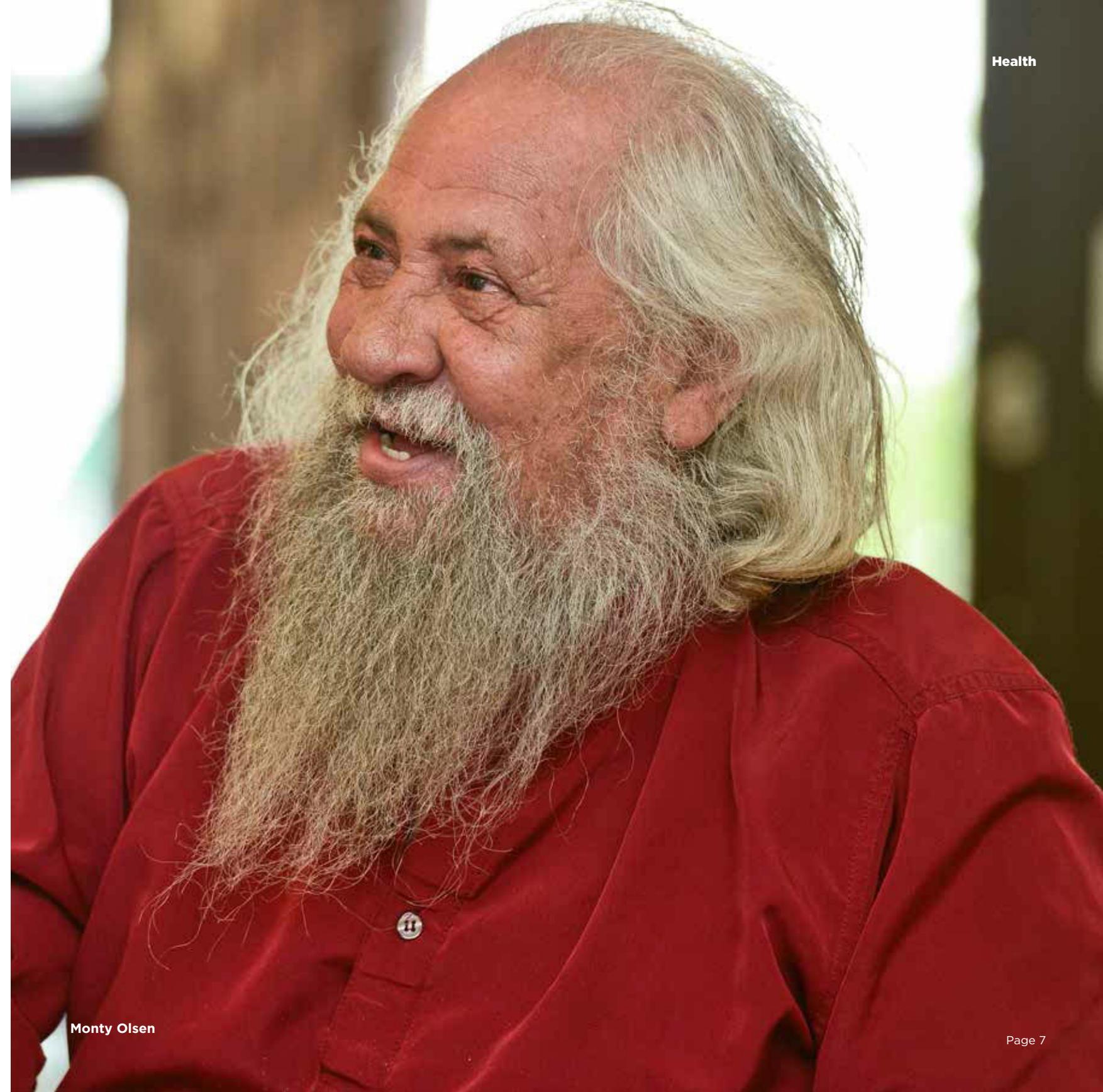
"Keech has helped me with living my life. It's so relaxing and informal and I like that.

I've had a Reiki massage session. There's nice music on and a calming atmosphere. I've also had aromatherapy. I think the whole atmosphere at Keech is calming, otherwise things can get on top of you. That's what I get out of going there most of all."

## **Monty Olsen, patient**

**127 adults and 18 relatives had 646 complementary therapy sessions**

**28 children and 18 relatives had 229 complementary therapy sessions**



Monty Olsen

# Complex need requires complicated care

We have specialist in-patient units in both the adult and children's hospices. Many of our patients have very complex needs and either come to the in-patient unit to help manage their pain and symptoms, or because they are dying. For example, it is not uncommon for our patients to have to take more than 20 different medications a day and two syringe drivers. Our beds in the in-patient units are for the specialist complex care that we provide patients.

**There was no one else who would take me**  
 Tony Jules has prostate cancer. He can't walk and because of this he has developed a wound and can no longer be cared for by family or in a care home.

“When family or a care home could no longer look after me due to my 24 hour needs, I came to Keech. From the top up I look fine but I can no longer walk, and from the bottom down, what with a terrible wound and my cancer, it's a totally different story. I'm not afraid of dying, I've accepted it. I've never dwelled on the fact my cancer is terminal.

Keech has helped me to manage my pain. I was in excruciating pain before I came here. I had a full medical assessment which was the most thorough I have ever received and given the appropriate medication to help me.

I have never come across a group of such dedicated people in my life as those I have experienced here. The nurses' laugh; nothing is too much for them. From the cleaner who comes in every morning, to the volunteers who make the tea, the warmth just continues throughout the day. People smile when I say I am so lucky to be here. The positive spirit at Keech is amazing - you can't see it, but you can feel it.”



**The adult in-patient unit cared for 132 people from Luton and South Bedfordshire, providing them with 1,740 overnight stays. The average length of stay was 12 nights**

**84 adult patients died on the unit, 64 were discharged**

**Adult patients seen on the unit 65% cancer, 35% non-cancer**

**It may surprise you to learn that the biggest reason for referral to our in-patient unit is not to die but pain and symptom management.**



**“The best thing about Keech is the support - both medically and emotionally. Without Keech we most certainly would be in a different place right now.”**

Susan Hermitage

From birth to teens: we're with children every step of the way

Receiving hospice care does not mean a child's death is just around the corner. Whether babies or teenagers, many children are involved with us for many years.

**Building better care**

In 2014, we were fortunate to receive a Department of Health grant which enabled us to build a £1 million extension. This extension means we can care for more children. Younger pre-school children and infants especially can now benefit from short day stays. The new spaces are modern and have a relaxed homely feel, an atmosphere designed especially for the care needs of these children. Part of the works included enlarging and renovating the popular and therapeutic multi sensory room. A new teenage space has been created, which includes a cinema screen. There's plenty of room for children to just be themselves.

This new unit represents a significant clinical investment in the quality of care for the children. This building project was funded by grants from the Department of Health, the Amateurs Trust, the Montague Thompson Coon Charitable Trust, Trusthouse Charitable Foundation and The Thomas Cook Children's Charity, as well as many individual donations and gifts from loyal supporters.

The children's in-patient unit cared for 81 children, providing them with 703 overnight stays. The average length of stay was 3 nights

Seven children died on the unit, 74 were discharged

Short breaks accounted for 75% of the use of our beds



Angie and Ellie Pickton



Ranjith Joseph, paediatric consultant

“When Keech first got in touch, my immediate reaction was: why are you offering us support? I was frightened because it was a hospice and that word comes with certain connotations. We didn't want to take her out of one hospital and put her into another. But we were very surprised. Keech was very comfortable and bright and colourful. It was so different to what we expected.

The staff at Keech helped us to understand the changes in Ellie after she got meningitis at 18 months. She was brain damaged and she would be different from now on. She wouldn't be able to move by herself, to feed, to speak.

I remember the first time Ellie stayed overnight. I was so apprehensive that I felt sick. I didn't know if I was doing the right thing. Maybe I was a bad mother to leave a disabled child in someone else's hands? But a friend told me, it was the opposite. I let my other children stay overnight at a friend's house, and I should let Ellie do the same. I was leaving her in a place where she was safe and would be cared for. She was in the best hands she could be.

It was gutting to leave her, but seeing her the next day I was overcome with relief. Since then, she stays overnight two or three times a year. It's like a holiday for her and a break for us. For the first time, I've started to be able to enjoy myself without feeling guilty.”

**Angie Pickton, mother of Ellie (7)**

255 children have been supported by Keech in 2014/15. Including relatives, family and siblings Keech children's hospice has supported 422 children and adults

78% had a non cancer diagnosis, 19% a cancer diagnosis and for 3% their diagnosis was not known

Many of our children have very complex conditions and need to travel to hospital to access specialist paediatric support. As part of our plan to keep children out of hospital, we set up an agreement with Luton and Dunstable Hospital in August 2014 to share a paediatric consultant for two sessions a week.

It means families no longer have to travel to the hospital to access this specialist support and can attend clinics at Keech, receive telephone support or have home visits from a consultant.

“For parents, hearing the news that their child is not going to get better is unbearably painful. Indeed it is often worse for them than the child. At Keech, you are not just supporting the child but the whole family. The child is not a patient. You get to know them as a person. You get to know their parents, their siblings, their likes and dislikes. Contrary to what most people believe, I've found it enlightening and uplifting to help a family through their very worst times.

Being a doctor, I am just one of the spokes in the wheel. The care for these children takes a whole lot of effort from the community and palliative nurses, to art and music therapists and play specialists, to healthcare assistants and support workers. This is the one thing that struck me about Keech: how well-coordinated and comprehensive the team is.”

**Ranjith Joseph, paediatric consultant**



So much more than a beat of a drum and a stroke of a paint brush

When Zofeya began falling over, her parents put it down to the rough and tumble of being a four year old. Then, one Sunday, they noticed it had got worse and Zofeya complained of a headache. Her mum Noemi took her to hospital. It was there Zofeya was diagnosed with a brain tumour.

Following two years of operations, chemotherapy and radiotherapy Zofeya is now back at school but continues to have regular medical appointments. Zofeya had six months of music therapy at Keech

“When she first started the sessions she wanted me there; she was unsure. Slowly she started picking up instruments; she opened up through the music and used the music to help her understand what she had been through. By the end of her sessions she didn’t want me in the room - she was back in control.

Seeing her returning to her normal self and bossing Nathan the music therapist about really made me laugh. My little girl had come back. She loves making music, using it to make up stories of dragons and waterfalls. She could be as loud as she liked. If her session fell during a chemotherapy week and she was tired, Nathan tailored the session to suit her needs.

Music therapy definitely helped Zofeya. It gave her back the control and independence she’d lost by helping her to be able to express herself in a playful way. If I’m honest, it helped me to let go again. Trusting someone else with your child after what we had been through was a really hard thing to do. We love going as a family to Keech events. It brings us together with other families who are all travelling on their own journey.”

Noemi Dorgu



**19 adults and 8 relatives had 163 art therapy sessions**

11 children and 15 relatives had 189 art therapy sessions

**51 adults and 3 relatives had 268 music therapy sessions**

30 children and 10 relatives had 184 music therapy sessions



Zofeya Dorgu

# Home



# Care where patients want it most. At home.

Our work aims to keep people out of hospital and in their own homes. We know that is where patients want to be.

In January 2014, we launched the 'My Care Coordination Team' service for all patients in Luton who are in their last year of life.

The team coordinates care packages for Luton's adults who need end of life care, bringing together colleagues from hospital, community, hospice and social care. Along with the availability of a rapid response support worker the team are enabling patients to remain in their own homes and reduce unplanned emergency hospital admissions.

Sharon Davies from Luton uses our round the clock telephone service for her and her husband. She says it's helping to make a huge difference to their lives.

“Three different doctors told us there was nothing more that could be done for my husband Gilbert. For years Gil had a range of health problems including infected lungs, pneumonia, two heart attacks, a triple heart bypass, agonising back pain and most recently, renal failure.

The pain and problems built up so much that Gil almost completely stopped eating. I wasn't coping and doctors suggested we just go home. Reluctantly, Gil and I started talking about the end of his life.

But then we found Keech, and although we were advised that perhaps very little could be done medically for Gil, there was so much more that could be done to improve both of our lives.

Having Keech's My Care Co-ordination Team, and its 24 hour advice and support line, means we now have a telephone number I can call day and night to deal with any problems Gil has.

It's frustrating when you have to keep explaining to a different doctor over and over again your husband's problems, but because of Keech's 24 hour advice and support line I don't have to do that anymore - it makes a huge difference. I don't have to explain everything from the beginning again and again because the team has all of Gil's records on file.

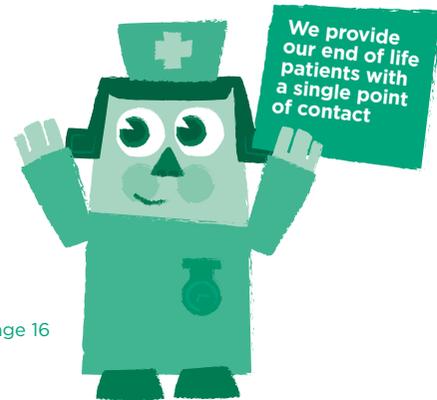
The phone line is there to support you: to advise and reassure you. They also send a doctor or nurse if one is needed. We don't have to make trips to the hospital by taxi anymore. We're not in and out of the doctor's surgery every other day. Life is more relaxed than it has been for a long time. I feel supported.

When Gil wasn't eating, I was feeling very low and was worried I was going to lose him. I was depressed and couldn't handle things. Keech has helped us to see a way through and I feel secure knowing they are always just on the end of the phone for me, just as much as they are for him.

Recently, I came home and Gil had cooked dinner for himself. He's started doing little things in the garden again. It's those little things that matter, getting back to normality. Before Keech I didn't think I'd ever have seen him like that again.”

**Sharon Davis**

**The My Care Coordination Team has now helped more than 798 patients since its launch in January 2014 and it has already prevented 38 unnecessary hospital admissions**



“Keech has helped me to accept what is happening to me. Before, I had been so depressed and just felt so isolated. I was terrified of dying - but death is part of life, we're all going to die one day; my death will just be sooner and I'm not afraid to face it anymore.”

**Magda Skorek**

# How can we make sure we are reaching everyone?

One of our biggest concerns is that there are people living in our community who are not getting our support. It is something we have to change. We know once patients come through our doors they are well supported. However, we are deeply concerned about the people who may have been told there was very little that could be done for them, like Gil on page 16. We know that there is much more that can be done for them. We can't expect them to come to us. We will find them but we do need support of GPs and other health professionals to do this.

Alongside our work with health and social care professionals to help increase referrals, we have established a central database of everyone in Luton in their last year of life. It helps us keep track of everyone who might benefit from our services.

The database also contains information about patients preferences and wishes. It means people receive the care they need, in the place they want.

**We set a target to have at least 500 people on the register in 2014. We have exceeded our target with 694 new registrations. 504 of these were not previously known to Keech**



**“At Keech they look after you as a person and don't treat you as a disease. They look after your medical needs as well as your emotional and mental needs.”**

Linda Hall



# Caring for children in their own homes

Children come from a wide geographic location across Bedfordshire, Hertfordshire and Milton Keynes. Their parents don't want to spend time travelling to the hospice to receive support. That is why our community nurses travel to families' own homes. We're always just a phone call away.

Total numbers of families supported 244

Number of visits 1,353

Number of phone calls 1,213

Deaths supported in the community 24

## Bringing our children's hospice service into Hertfordshire homes

In June 2014 we were shocked to discover there were at least 400 families with a child who had a life limiting condition in Hertfordshire. We only have the capacity to help 150 families. This means there are 250 poorly children who are not getting hospice support. This is not acceptable.

### Martin Rackley, father to Ruby, 2 said:

"Without Keech, I know we'd be in a very different place. And it would certainly be a lonely place. We would be sitting at home with a very sick kid thinking: is this it?"

We are concerned for the families who are in a very different place to Martin. This is why we launched our fundraising campaign to raise £2 million over the next three years. Our aim is to extend our existing community nursing into a full Children's Hospice at Home service that can provide care to every seriously ill child in Hertfordshire.

Our fundraising campaign will mean we could provide seven new community nurses and ten new healthcare, play, music and social workers. They will care for sick children in their own homes, and help to create special memories for families during the most difficult of times.



Paediatric consultant

## Our full specialist team around every child



Page 20

Music and art therapists



Community nurses

A team of nurses including staff nurses and senior sisters



Play specialist



Complementary therapists



Doctors



Health care assistants



Social worker/family support worker



# Family



# There for the whole family

Unlike the NHS we are able to care for the entire family. We know that a life limiting and terminal diagnosis does not just affect the person or child diagnosed, but also their loved ones. The family's life also changes dramatically.

Family members have access to social work and bereavement support and can contact our 24 hour helpline. They have access to our complementary, art and music therapies. We also have groups and services set up specifically for family members.

“Evie loves going to Sparklers, she enjoys doing something that is just specifically for her. Sparklers allows Evie to get the one-to-one attention she needs, the time to play and allows me the time to be able to focus on Charlie without feeling guilty about it. A typical little girl, she's a whirlwind and always battling for individual attention. That can be hard to always give her because so much of my time has to be given to Charlie.

I wanted to make sure Evie was able to communicate her feelings through play and the staff at Keech are brilliant at drawing her feelings out. Sparklers helps Evie mix with other children whose siblings are in the same situation as she is. She understands them and they understand her. When she is at school she doesn't know anyone who is going through the same things.

Of course, Evie doesn't know that Sparklers is a support group for siblings, she just loves going once a month and gets so excited when the day rolls round. For Evie, Sparklers is fantastic.”

**Dawn Farmer, mother of Evie and Charlie**



**Total adult service relatives supported 264**

**Total children's service relatives supported 167**

**In 2014/15 we held carers support sessions for 48 carers**

**In 2014/15 47 children attended Sparklers**



Evie Farmer

# Security



# Support with the big and small things

Many families affected by terminal and life limiting illness have worries about issues such as employment, finances, housing, their children, future care and other practical matters.

Our social worker and two assistants help people address these issues, working across all adult and children clinical areas at the hospice and out in the community in patient homes.

For the past four years, Kazi has been benefiting from the palliative care social work offered by Keech.

“The Social Worker at Keech has been and continues to be my lifeline: all of my family live in Bangladesh and so I am very isolated. Jason, the adult specialist palliative care social worker at Keech is just like a family member to me. If I need help, he is there for me every time. He is a great mental support: I wish I could give him, and the service he provides for me, a gold medal.

Over the years Jason has been there emotionally to support me. I have a lot of questions that need answering and Jason has helped to take the weight off of my shoulders. Not only does he listen, but he arranged for me to have a Hospice at Home Volunteer who comes to visit me. Before I came to Keech, I was suffering with depression and my weekly visitor really helps. He is fantastic and has become a great friend and support.



Having moved house a number of times in the last few years, Jason has fully supported me with the moves. With his help, I have been able to get Macmillan grants to help to pay for items like a microwave for my new flat and financial advice. Through his help organising occupational therapy referrals for assessment, I have had specialist equipment fitted like rail bars for the bedroom and the bathroom which makes it easier for me. Keech has organised for me to go shopping to buy new furniture and Keech volunteers even came and moved house for me - moving me from one home to my next!

When I was living in temporary housing, my boiler, water and heating packed up. Having no family here I had no one else to turn to. With some rapid intervention from Jason, he had the problems sorted for me that same day.

I have lived in the UK now for 13 years and consider it to be my home. Given my illness, and my family living in Bangladesh, I needed help and support to ensure my funeral plans and wishes are in place. Jason has helped me source a Muslim Funeral Director and put me in contact with a local mosque that has collected money to help towards my funeral needs. It is a weight off of my shoulders.”

**Kazi Rahman**

**231 adults and 82 relatives have been supported by our palliative social worker**

**74 families and 3 relatives have been supported by our palliative social worker in the children's service**



Kazi Rahman



# Social

Some children need a bit of extra help to be able to play

Sadly, some of our children are unable to do what should come most naturally to them – play. Our play specialist and the team of trained volunteers support children both in the hospice and in the family home.

Some people are surprised to learn that part of our work often involves teaching parents how to play with their child. They assume it is something that comes naturally. For many of our parents their child has a deteriorating condition, and mainstream toys they may have played with previously are no longer suitable. We teach the parents how to engage with their child. It may be by painting on their feet and pressing their foot down on the glass or by using special sensory toys.

“Keech has allowed us to be as normal parents as possible, and for Ruby to experience as normal a childhood as she can. Every parent wants to take their children to play, to meet other kids, to get messy. And they want to socialise for themselves. But for us, there was a time when those were things we just could not do.

Ruby was diagnosed with an incurable brain tumour not long after her first birthday. Over a year and a half of treatment, her immune system was so vulnerable from chemotherapy, the operations, the feeding tubes, that we couldn't be the normal parents we wanted to be.

We couldn't take Ruby to playgroups because if another kid had a cold or flu, Ruby could end up with pneumonia or in hospital for weeks with an infection. We couldn't take her to a restaurant, because people would stare at her feeding equipment or she might be sick.

That's why we were so pleased to find Keech, and especially the Tots and Toys group. It's a playgroup for children with life limiting conditions. The kids can socialise with each other, but also the parents we've met are going through the same things we are. There, almost every child has had operations, or has feeding tubes, or has disabilities. You feel normal. We would never have had that without Keech.

After so long in hospital, and so many injections and tubes and doctors, Ruby became very scared of her hands being dirty. Each time someone would touch her, they rubbed sanitiser into their hands. She picked that up and developed a serious phobia. She couldn't stand even the slightest touch.

Volunteers from the Tots and Toys group have gradually helped Ruby to get over her phobia. They have been coming to the house every week to play with her. They bring normal toys, but also some messy play: cooked pasta, Playdoh, jelly or sand. Week by week, our daughter has come a long way. She's learned to play and get messy. You wouldn't believe she's the same kid. I feel like I've got my daughter back.

Keech has opened the door to us meeting other families with the same kinds of issues and experiences. It's a group of friends I feel very lucky to have. We're a group of loving parents just like any other.”

**Martin Rackley**

70 families supported by our play specialist

442 visits to families' homes and the hospice



Martin and Ruby Rackley

# Death & Dying



# There are two things you can be certain of: you were born at some point and you are going to die at another.

As a hospice we need to encourage people to talk about death. We need to raise awareness of a good death, and by encouraging people to talk about death, help make places like our hospice less intimidating and frightening.

It is important that we understand death is a part of life. In evading one of the most important discussions of our lives, we lose sight of the fact that a good death is also part of a good life. We know we can help many people with their pain and suffering if they weren't so afraid.

We need to encourage people to make plans and talk about death, so that all of us become better at making our end of life wishes known and asking our loved ones about theirs. Talking about dying and planning ahead may not be easy, but it can help us to make the most of life and spare our loved ones from making difficult decisions on our behalf or dealing with the fallout if we haven't got our affairs in order.

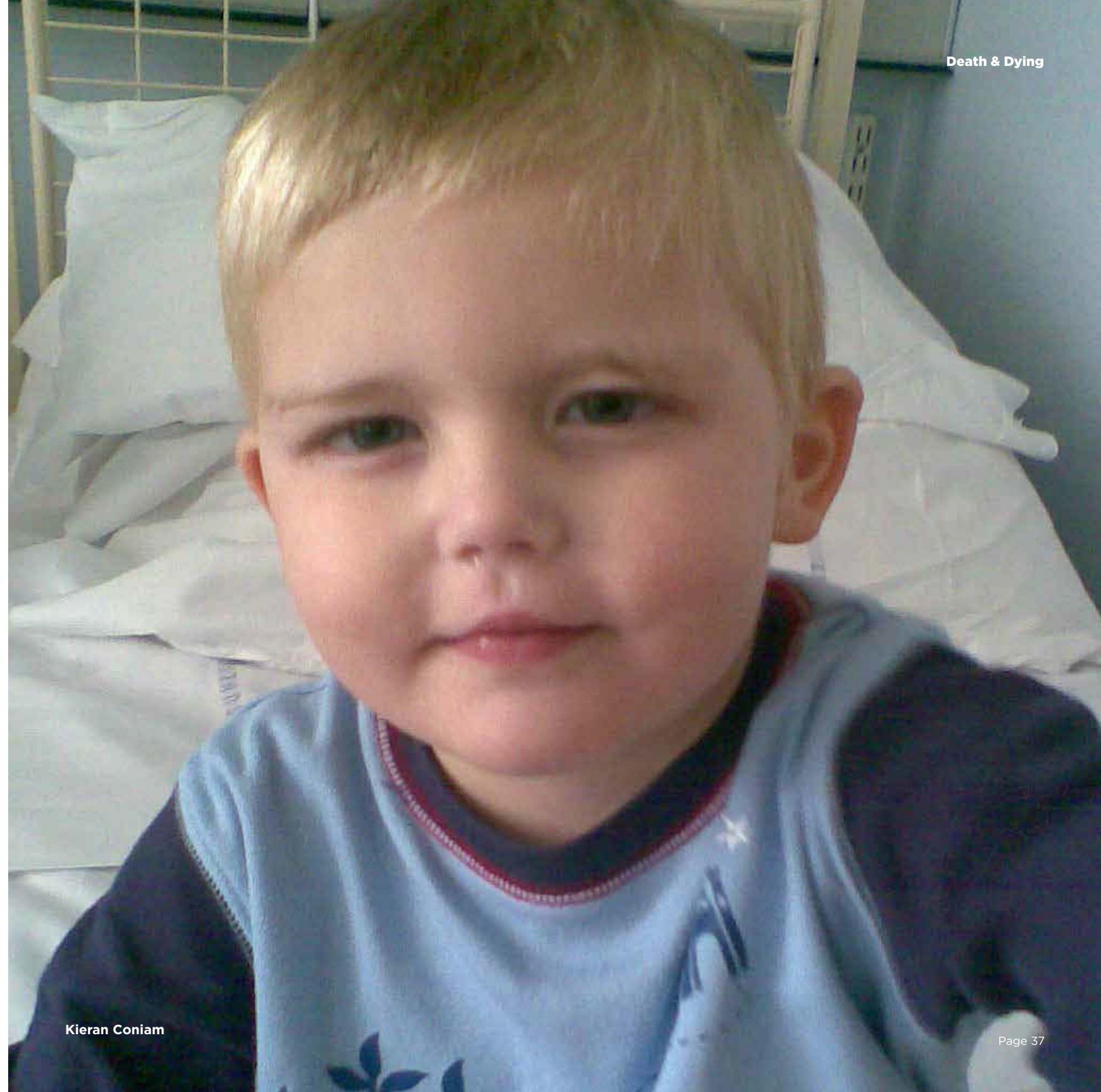
“Our eldest son, Kieran Coniam, tragically died in October 2014 after a relatively short battle with pneumonia. Kieran was 10 when he left us but throughout his life he had poor health and both he and we as a family were and still are supported by Keech Hospice Care in many ways.

Through the last year of Kieran's life we had a lot of support from the Bereavement Services from Keech, without which the entire situation would have been almost unbearable. From an early stage the therapists within the team had sessions with our two younger sons to try their best to prepare them for what lay ahead. My wife and I were also provided with counselling and these services have continued for us all as a family since Kieran's death and are absolutely invaluable in the grieving process. The Bereavement Services from Keech have proven immensely helpful for our family as I'm sure they are for others. Without these services life would be extremely difficult for many people who have already suffered the cruellest of fates.”

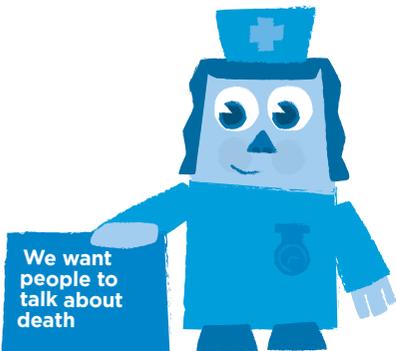
**Gary Coniam**

**We provided end of life care to 84 adults**

We provided end of life care to 7 children in the hospice and a further 24 in the community



Kieran Coniam





# Memories



# Creating special memories

Time is precious for everyone but for the families we support time is more precious than most of us can understand.

We knew how much Ruby loved animals which is why we organised a special day out for her to get up close and personal with some of the animals at ZSL Whipsnade Zoo. This gave the family a special day to remember.

That is why we see it as our job to help our families create as many special memories as possible. For us, seeing families spend time together is really what life is all about.

Our hospice has been the venue of birthday parties, confirmations, family events and even a festival! however It is not just about creating special moments but helping our patients and families to think about what they would like to leave to their family.

Magda, mother of two year old Alexander, was diagnosed with a rare cancer of her bones and tissues in 2014 which had spread throughout her body.

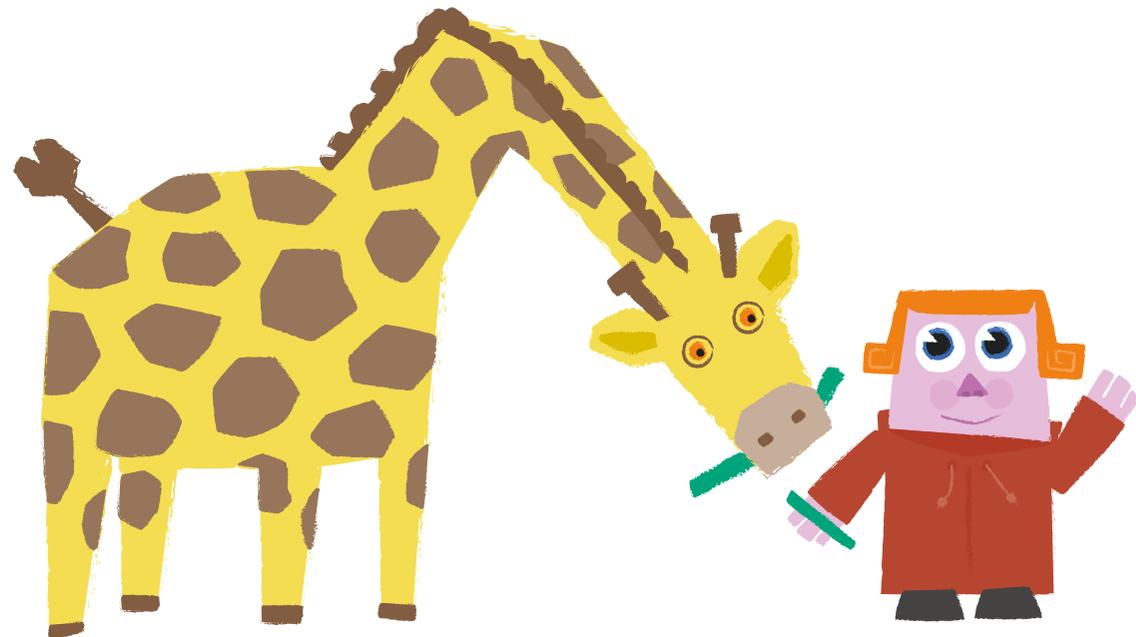
Every Tuesday, Magda comes to Keech where staff are helping her put together a memory box to leave for those she loves.

“By leaving those I care about gifts to remember me by, I feel happy that they’ll always have a fantastic memory of me long after I have gone. I want my son to see the world through my eyes and just what a beautiful thing life is when you have a passion for it.

I was terrified of dying. But death is part of life, we’re all going to die one day. My death will just be sooner and I’m not afraid to face it anymore.

After I’m gone, my gifts and memory box will always live on. I know that even though I won’t be here, Alexander will always have a birthday card from his Mum every year right up until his twenty-first birthday.”

**Magda Skorek**



Magda Skorek

# And who pays for all this?

Our work is only made possible thanks to the incredible generosity of our supporters and our inspirational volunteers. Donations come from a variety of sources, but whether from regular monthly donations, imaginative corporate support or elaborate fundraising challenges, your support really does make a huge difference. We would like to thank every supporter for each vital pound donated this year.

# Your Donations

**Keech shops**  
£4,183,000

**Legacies**  
£571,000

**Lottery**  
£511,000

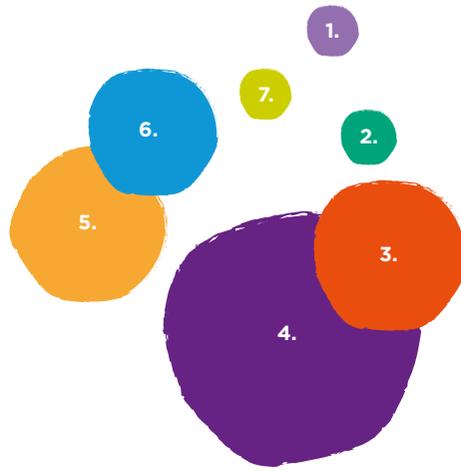
**Events**  
£366,000

**Friends of Keech groups**  
£21,000

**Corporate**  
£286,000

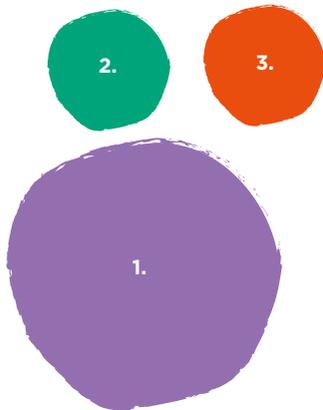
## How you gave your help

		£'000
1. Voluntary income	21%	2,165
2. Legacies	6%	571
3. Lottery	5%	511
4. Retail	41%	4,183
5. NHS funding	19%	1,902
6. Capital grants - voluntary and NHS	5%	571
7. Other	3%	295
<b>Total</b>	<b>100%</b>	<b>10,198</b>



## For every pound raised (through non-trading income)

1. Charitable activities	88%	3,796
2. Fundraising	11%	491
3. Governance	1%	34
<b>Total</b>	<b>100%</b>	<b>4,317</b>

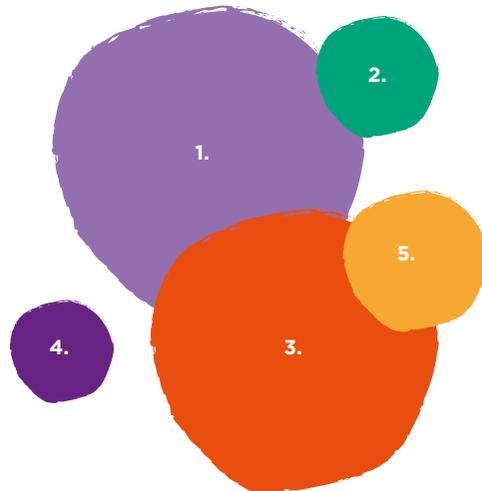


Note - non-trading is voluntary income, investment income and statutory income.

For every pound raised through trading, 31p goes to charitable activities due to the high costs of operating the shops, for example rent and overheads.

## Cost of helping our patients and families

		£'000
1. Adult hospice	35%	1,805
2. Palliative Care Centre	15%	760
3. Children's hospice	29%	1,537
4. Children's Community team	9%	495
5. Supportive care	12%	645
<b>Total</b>	<b>100%</b>	<b>5,242</b>



# The year ahead

## How do we meet an increasing demand?

The population in our area is growing faster than the national average. Increasing numbers of older people means more people are living with long term conditions or disabilities in the last year of life.

We already know that there are many more children living across our children's hospice catchment area who need our support. With advances in medical interventions many of these children are living longer than ever before, with increasingly complex needs.

The capacity of our hospice to meet this demand and our ability to provide services in the community will have to dramatically increase. However, as fast as we are extending and developing our services the need is outstripping us. That is why we need to ensure that we are prepared for the challenges that we face.

Part of this preparation is recognising that we cannot meet this increasing demand on our own. Instead we must focus our expertise where it is needed most (this is called specialist palliative care) and support others to provide the less complex palliative and end of life care.

## Sharing our skills so that others can provide a Keech standard of care

A large part of this support will be in our education programme which aims to educate other providers to be able to give an excellent standard of care. We have recently developed a training programme with Capwell Grange Care to educate their staff on how to provide end of life care to its residents. We will be monitoring their admissions to hospital to see the impact this has had. In 2015 we hope to have delivered the programme in most of the Luton nursing homes.

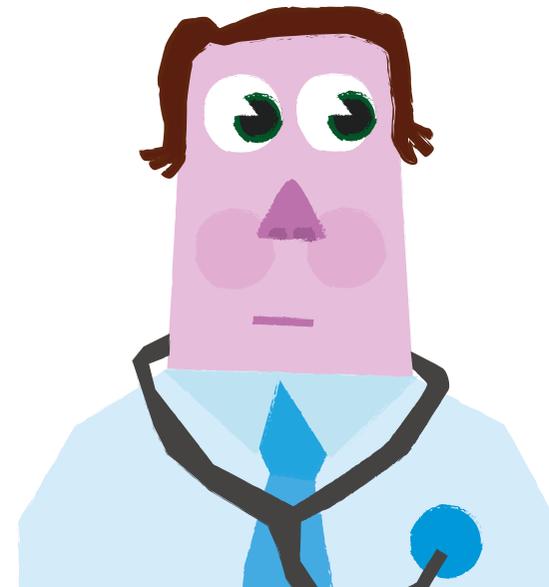
We must educate the public so they feel comfortable and confident in planning for their own end of life care and able to support others facing death.

## Developing our resources

Considering the challenges of uncertain financial times and increasing demand for services, we will explore innovative ways for our community to contribute towards creating greater resources, while protecting the long term future of the hospice. We will not deviate from our determination to get better government funding for hospice work.

Increasing demand for our services and a need for these services to be more home-based, coupled with rising costs means we have to find new sources of income. Ideally it should be from statutory sources like the NHS and local authorities, but with severe austerity measures in place we will need to raise the money ourselves.

We have made a start on this by investing in our fundraising and marketing teams to attract more income and increase awareness of our work. We are increasing the number of our charity shops and improving our existing shops to help us raise more money.





**£5.2 million**

is needed to provide our hospice services



**70**

different animals visited to help create some extra special memories

**100**

entertainers performed in the hospice

**264**

family members were supported by our adult service

**372**

calls to advice line (adult service)

**1**

unicorn visited our Tots and Toys group



**729**

adults and children were supported (474 adults, 255 children)

**2,443**

overnight stays

**We still need to reach 1,538 adults who need our help living in Luton and South Bedfordshire.**



**3 counties**

are covered by Keech: Bedfordshire, Hertfordshire and Milton Keynes



**200**

ladies took part in our Star Walk (and raised £28,000)

**47**

children attended Sparklers sibling support group



**4,183,000**

is our total retail income



**167**

family members were supported by our children's service

**£3,145,000**

was raised by our supporters, corporates, trusts and fundraisers

**We still need to reach 500 children who need our help living in Bedfordshire, Hertfordshire and Milton Keynes.**



# A hospice

# full of life

Hospices care for the living



**We want to thank every person who has shared their story for our annual report 2014/15.**

Your support is critical to our success and the trustee board would like to thank everyone who plays a role in our work – from the generous supporters who contribute with gifts of time and money, to the skilled professionals who maintain the high quality of our services, to NHS colleagues, to the families who put their trust in us. We are determined to continue making a difference. With your help we can.

**Please help Keech be here for everyone who needs it.**

To make a donation go to [www.keech.org.uk/donate](http://www.keech.org.uk/donate)

To make contact **call 01582 492339** or **email [info@keech.org.uk](mailto:info@keech.org.uk)**

# Thank you



Liz Searle  
Interim CEO



Clive Medlam  
Interim Chair



Angela Harkness  
Vice-Chair



Danny Kerr



Karen Proctor



Maria Collins



Michael Hubbocks



Rob Ryall



Sukh Salni



[keech.org.uk/trustee](http://keech.org.uk/trustee)

If you would like to be a Keech trustee please go to [Keech.org.uk](http://Keech.org.uk)





Charity No. 1035089

**Tel:** 01582 492339  
info@keech.org.uk  
www.keech.org.uk