

SOBELL TIMES



What's inside

-  Read touching stories from families who have a personal connection to Sobell House
-  Find out more about our bereavement service and how they can help
-  Save the date for our special Lights of Love remembrance event

Dear friends,

Welcome to another edition of the Sobell Times. This issue is a milestone for me personally, as it is the last time that I will contribute before I retire at the end of October. It has been such a privilege to be a part of the Sobell House team for nearly 20 years. I have learned so much from my colleagues, both those caring for patients and those who are committed to fundraising and developing that support. Inevitably, I have been looking back and reflecting on the changes that have taken place.

Year on year, the demand for services has increased. The dedication of the teams to continually review services and identify where improvements can be made has been a real inspiration. For example, charitable funding of the hospital palliative care team was originally a pilot project, but due to its success, is now principally funded by the NHS themselves. With your help, we have been able to increase the hospice facilities





Contents

- 3** A year in numbers
- 4-5** Community care at Sobell House
- 6** Chris and Pippa's story
- 7** Dave and Sue's story
- 8** Memory Tree
Word search
- 9-10** Bereavement support at Sobell House
- 11-12** A 'day in the life' of Dr Victoria Hedges
- 13** Music and art therapy at Sobell House
- 14** The Sobell House gardens
- 15** Corporate partnership support
- 16-17** A very big 'thank you'
- 18** Spotlight on: Witney superstore
- 19** Lights of Love 2021
- 20** How to support us by setting up a regular gift

Continued from page 1

on site, and the bereavement service is now wholly funded by the charity, as are our catering and transport services. The charity also supports many other services and departments within Sobell House and our annual contribution has increased from £50,000 in 2001-2, when the hospice was first extended, to its current value of £2 million.

Over the years, I have had the great honour to meet many of our patients. Talking to them has shown me that life goes on right to the very end and this is the essence of hospice care itself. We are very lucky to have a team that is highly skilled in talking to our patients, and knows how to bring

the most comfort to them and their loved ones.

We are also very grateful to you. Our community has loyally supported Sobell House for 45 years in many ways, as fundraisers, supporters, trustees, volunteers and colleagues. I know that Sobell House is in good hands, and will continue its amazing work for many more years to come.

Thank you all so much,

Diane Gardner
Charity Chief Executive

Rhymes under the Rainbow



Sita L Kesavan is currently under our care, and, with the support and encouragement of our chaplain Graham, has composed a moving collection of poetry and narrative prose in the shadow of her terminal illness and the tragedy of the Covid-19 pandemic. All proceeds from the sale of this book will be shared between Sobell House and the Oxford Hospitals Charity. To purchase a copy please visit www.sobellhouse.org/online-shop.

Mince Pie Monday

Wouldn't it be great if there were a day dedicated to mince pies?

Look no further! On 13th December, you can take part in Mince Pie Monday and host a festive fundraiser in aid of Sobell House at home, work, school... or anywhere else! Request a fundraising pack: mail@sobellhospice.org.



A YEAR IN NUMBERS

This past year has truly been a year like no other. Our staff have had to significantly adapt their ways of working and in some cases provide support to other departments in the greatest need. All the while, they have had to take careful precautions in everything they do to minimise the risk of Covid-19.

To demonstrate the impact they have had, and the support we have received throughout, we have put together 'a year in numbers' from the last financial year. While these figures do not reflect a typical year at Sobell House, they do show the level of commitment, hard work, and generosity shown by our staff and supporters as we continue to provide our care to the people of Oxfordshire.

Graphic credit: Flaticon.com

1,859



Patients were cared for by our specialist palliative care hospital team.

£2,049,275

Was raised by the charity to help fund Sobell House's services.



123

People received bereavement support following the death of a loved one.



2,634

Appointments and visits were provided to medical and community outpatients.



14,508 miles

Were driven by our transport team as they transported patients and relatives, delivered specialist equipment to patient's homes, and provided assistance to other departments of Sobell House.



5,824

Hospice bed days were provided to people cared for on our inpatient unit.



Over 7,500

Delicious meals were cooked by our dedicated catering team.



Thousands

Of drinks were served from our much-loved drinks trolley.



2,344



Appointments and visits were provided to patients through the lymphoedema service.

7,511

Calls were received by our community care team.



17,339 tons

Of items were saved from landfill thanks to our 10 charity shops.

Care in the community

As well as providing care at the hospice and in the local hospitals, we also care for patients at home and in community settings, such as care homes. In this feature, Mary Walding, our Hospital and Community Team Lead, speaks of the importance of care in the community and how her team can support patients living with life-limiting illness and their loved ones.



Can you tell us about your role at Sobell House?

Primarily I manage the hospital and community teams. However I also develop relationships with other services, such as GPs, hospitals, and other specialist nurses, so as a team we can ensure we're supporting the right people at the right time in the right way. There are 53 GP surgeries in the area that we cover, so it's important to have close relationships.

Palliative care is part of everyone's role in healthcare, and it's so important that everyone thinks about it. We are about to start a project on advance care planning which aims to ensure important decisions are taken as early as possible. Discussions about going to hospital or being at home for end of life might be had earlier, and it's important that such things are spoken about in advance, so that families know what their loved one wants, and they don't have to make panicked decisions in a crisis.

The nurses in both the community and hospital teams also have a role in developing practice and knowledge about end of life care. They can educate others by contributing to teaching sessions or courses, and often have students shadowing them to help nurture skills and good practice. We also participate in audit and research so that we can help demonstrate what really makes a difference to people. My role is to help coordinate this work, ensuring that we educate, research and develop, as well as being available for clinical care for patients and their families.

How many people do you care for at any one time?

Approximately 430. People are referred to us by their GP, consultant or specialist nurse. We review all referrals, and some are redirected to other services as we are not the best people to help them, but most people will receive a phone call, then a plan for a full

assessment. Care after that is dependent on the patient's needs and varies hugely between individuals.

Where does the team work?

We cover all of Oxfordshire except for an area in the south of the county, which is covered by Sue Ryder. Our recent partnership with Katharine House Hospice means we can more closely look at gaps in the county that we're not reaching, or where referrals are not so high. We'd like to ensure we are meeting the needs of the community as effectively as we can.

The team can work from home or the office. Usually people choose to work from home, as this means less travel and sitting in traffic. The charity has bought laptop stands, phones, wireless headsets and other equipment to make this possible.

How has the Covid-19 pandemic affected your work?

As well as working from home, the team is having more virtual appointments with patients. These have proved successful, and we've had positive feedback from patients. Of course, it depends on the need, but we can do a lot just by seeing someone and from talking to the family. Not only does this save nurse or patient travel, it more importantly reduces the risk of spreading Covid-19, especially as our patients are vulnerable due to their life-limiting illness. If we have a phone call that identifies a problem that requires further assessment, we can easily arrange a call or visit.

Can you share more about the process of caring for a patient in the community?

We review a patient referral as a multi-disciplinary team, and assign it to the relevant team. There will then be an initial phone call to the patient or relative.

We will make sure they know they've been referred and discuss any urgent matters. If the patient is in pain, for example, we can give advice at this point. We will also share a symptom questionnaire with the patient or relative that we can use in our first assessment and future reviews. We will also discuss whether the first assessment with the patient needs to be a phone call, a virtual assessment or in person.

If it is decided that the patient will benefit from our services, a nurse will contact them for the first assessment, which may be conducted alongside a doctor or therapist. The work thereafter depends on how unwell the patient is and what they need. The patient will have the chance to develop a relationship with one or two staff members, but they will also have a response from any of the team when they need it. Often people feel anxious about ringing in, but if they leave a message we will respond before the end of the working day.

What are some of the ways in which the team can help?

Palliative care is about supporting a patient's needs following a life-limiting diagnosis. These needs are often physical, such as symptom management, but we are also interested in the whole person and their psychological, social and spiritual wellbeing. Any of these areas can bring distress to a patient and impact on others, so we look at how everything comes together to support people. We can't change people's social situations but we can support them with it, or refer to other services that might be able to help, such as our social work team.

We have links within other parts of the hospice, including occupational therapy, physiotherapy, psychological medicine, music and art therapy as well as the chaplaincy. Our job is about enabling people to be living as well as they can in their circumstances.

What support can the team provide to family members or carers?

We are about to introduce a carer assessment tool: a questionnaire that's given to carers and which lists things that they may be finding difficult. This will help the team to talk to carers about what they need and how we can offer support. It will also enable the team to identify any recurring themes and link in with other suitable programmes (for example the new Living Well programme when that launches).

What plans do you have going forwards?

We want to look further at where we're not reaching, who we should be, and if we need to be working with other people. If there are areas of the population who aren't using our services, why is that? How can we engage in a way that meets people's needs? We need to make sure that the service is the same across the county.

We are also trying to be more proactive. It might be that we are able to discharge people for a while, so that they do not feel reliant on healthcare, but who know that they can come back to us when things change and they need our support again. It's about empowering people.

Can you help?

We are looking for volunteers from outside the healthcare profession to work with us in developing a number of new projects, including Advance Care Planning. Your support might include feeding back on ideas and designs, reading and commenting on written information, or active participation in the implementation of the project. If you would like to be involved in the development of these projects please contact mail@sobellhospice.org.

Chris and Pippa's story



My wife, Pippa, was diagnosed with stomach cancer in August 2019 and admitted to Sobell House in June 2020 at the height of the pandemic. As she was so ill, I was allowed to stay with her in a beautiful room which overlooked the golf course next to the hospice. She was looked after by the most wonderful, kind people who would do anything for her, including providing her with ice lollies as this was all she could manage.

After 10 days, the staff kindly asked me if we would like to move to the family room which had a bed I was able to use, and even a small kitchen to make hot drinks. This was such a welcome relief to us both and made our stay at Sobell House that extra bit easier.

Lockdown in Sobell House was tough on everyone; face masks were compulsory, as were regular Covid-19 tests and temperature readings. The staff embraced these changes without any fuss, and carried out their duties as if all the extra precautions were the norm, which was amazing to see.

As Pippa became more unwell, it was getting difficult to wash her hair. Without any prompting, one of the nurses, Charlotte, went home on her lunch break to get some 'dry shampoo' to give to Pippa. It was these small acts of kindness that seemed so trivial at the time, but made all the difference looking back.



Everyone at Sobell House treated us so incredibly well. Rachel, the Minister, would pop along to say hello and read Pippa some scripture almost daily, and nurses were always so attentive, which helped make this sad situation all the more bearable.

After 6 weeks, sadly Pippa lost her battle with cancer and my time at Sobell House ended.

As thanks for the amazing care we received, my family and I raised about £5,500 in donations in the months after Pippa died, but I still felt I wanted to give more. Pippa had a keen interest in pottery, and in the months following her death I had to make a decision as to whether to sell all her pottery equipment or try my own hand at it in the hope of keeping her love for ceramics going. I taught myself how to use the wheel and began making small pots, bowls, vases – anything I could, just to practice - and I quickly fell in love with Pippa's passion. To help keep myself together, I absorbed myself into throwing pot after pot until I eventually ran out of space in the house to store them. Friends encouraged me to sell these pots and I decided to give half the money I made to Sobell House, with the other half being spent on the raw materials to allow me to keep practising. To date, I have raised about £750 for Sobell House from the sale of my ceramics, and I couldn't think of a better place for the money to go to.



Dave and Sue's story

My husband, Dave, was initially cared for by the Sobell House team at home, and they would help him with his day-to-day needs and medication by liaising with Dave's GP.

As Dave's health was deteriorating so quickly, Sobell House took Dave into the hospice to try and stabilise his condition. I had never been into a hospice before, so I wasn't sure what to expect, but, wow, was I surprised. Yes, it was like a hospital, but so homely and welcoming.

The staff there were incredible and could not do enough to help. Dave's doctor was lovely and would explain everything so well, and all of the nurses were fantastic. Something that sticks in my mind towards the end was when Dave was unable to eat properly, so the nurses would instead bring him ice cream, custard, and rice pudding, as that was all he could manage.

I fondly remember Mohammad on the ward reception desk. He would always say hello and very helpfully arranged for me to have a parking permit so I could visit Dave 3 or 4 times a day without having to worry about parking, and Dave could have a rest between

our visits. Being able to come and go was fantastic, as I didn't want to think he was on his own. Family and friends also visited, and it was never a problem or an issue. Everyone was just so lovely and helpful.

Sobell House arranged for Dave to have a 24-hour pass to come home, and organised a hospital bed to be installed downstairs so he could watch his beloved Liverpool F.C. play a game with some of his friends. I am glad to say that Liverpool won!

Dave stayed at Sobell House for nearly 3 weeks. Unfortunately, his condition did not stabilise, and he passed away peacefully with myself and our daughter, Katie, by his side.

Although I would have preferred for Dave to be at home in his final weeks of life, I would not have managed on my own and Dave would not have wanted to see me struggle or become his carer. Sobell House was definitely the next best thing to being at home and Dave was cared for so much, allowing me to be by his side as his wife.

Even after Dave passed away, Sobell House was on hand to help myself and Katie through whatever we needed help with.

I took advantage of Sobell House's bereavement service, and had the great fortune to meet Nicki, who visited me at home to give me support and advice, and who just listened to whatever I needed to talk about (which was a lot!).

I cannot thank the Sobell House team enough for all their help and support through what I can only describe as the worst time in my life.





Make a dedication on our Memory Tree



Dedicate a leaf or cow parsley flower on our Memory Tree to your loved one. To find out more, please visit www.sobellhouse.org/memory-tree or get in touch with us **01865 857007** or mail@sobellhospice.org.

Photo credit: John Cairns

We've hidden six words in this word search that we believe perfectly describe hospice care.

Can you find them?

ANSWERS...

- KINDNESS • SUPPORT
- GENEROSITY • LOVE
- CARE • COMPASSION

U E J K Y C M U H Q N L O V E
 Y B I T O S R L Z T W X E H T
 D O S Z L N K U I B P K Z I Y
 G N U T E S O A B Q U I X G Q
 G V P V W I E Y X S G N T U N
 R L P A B S E J P C E D D H F
 A C O M P A S S I O N N G A T
 M C R M W J O X Q L E E A M I
 A V T L Z Q N K H V R S C T B
 C G R A Z R W I Q V O S N E C
 W N V M E I C W N A S D B W Z
 L W H V R T A U I Q I G A S N
 L J G J V A R R Z L T H R Q U
 P Z W C S V E D L Z Y Z S C T
 L U S Z Y T M Q S B I J Z G Z

Bereavement support at Sobell House

Our bereavement service provides support to those coping with the loss of a loved one under the care of Sobell House. We spoke to Srinder and Mel from the bereavement team to share lots of helpful information with you about how the team can help, and their plans for the future.



Can you tell us about your roles?

Srinder: I'm the Bereavement Service Lead here at Sobell House and also at Katharine House Hospice. My role involves managing the bereavement service and being responsible for strategic development, which means looking into what the community needs from us. My managerial responsibilities include recruitment, training, supervision, and running initial assessments with clients. In some cases, I also work personally with clients. In addition to this, I provide support to professionals, such as communication skills training, and provide general support to colleagues surrounding grief and bereavement.



Srinder Singh

Mel: I'm the Service Coordinator, which involves overseeing the service and managing the day-to-day operations, including admin support, assessing clients, and referring clients on to volunteers. I offer support to clients who may have specific needs or requirements, and am involved in the supervision of our 16 volunteers.

How do people get in touch?

Srinder: People can call or email us, whichever they prefer. At this point we carry out the initial assessment and check that we are the right service for them by explaining what we can offer and how it works.

How does the bereavement service work?

Srinder: We provide bereavement support and counselling to the family and friends of people who have been cared for and died under the care of Sobell House.

Mel: We also explain that there is a waiting list and we ask for their permission to proceed, if they would like to. Alternatively, people sometimes like to have a think about it and decide what they want to do at a later date.

What do bereavement counsellors and volunteers do?

Srinder: They listen without judgement and are people a client can talk to openly about anything.

Mel: Everyone is given information on bereavement support if they lose someone who was cared for by any of the Sobell House teams. This way people can self-refer at a time when they feel it might be helpful.

Mel: It's important to build trust and be with someone

during the distress they're in, rather than trying to fix it.

Srinder: And that's what's special about bereavement counselling. It's with someone outside the family and friend circle who won't try and make it better. A big part of what our volunteers do is helping a person to explore their thoughts and feelings so they can try and make some sense of what's happened, and find purpose and meaning to their lives now.

Mel: For many people, they begin to question their identity. For example, they are no longer a husband, wife, daughter, son. It's safe for our clients to explore their meaning or purpose with a volunteer or counsellor as they can be open with their thoughts.

How has Covid-19 affected your work?

Srinder: The main thing is being unable to see people face-to-face. The first lockdown meant that we had to move to supporting our clients by telephone only and our volunteers had to make sure people felt supported in their grief, as well as coping with the advancing pandemic. The psychotherapist and author, Julia Samuel, said that, for people who have lost a loved one during the pandemic, it is 'grief with the volume turned up'.

Mel: Covid-19 is an extra layer on everyone's grief, regardless of the circumstances. Whether they died at home and couldn't have carers or visitors, or in hospital and couldn't have loved ones around them when they died.

Srinder: Another issue has been funerals. Being unable to take part in the usual rituals when someone dies has led to families feeling they haven't been able to properly honour their loved one. This has all impacted upon and compounded people's grief.

How long do you offer your services for?

Mel: We offer ten sessions initially and we review that with the client as sessions go on, as some people want less, some more. We also have no time limit on when people can get in touch. Some people contact us on the day someone dies, but I also have requests from people who lost someone two or three years ago. They reached a point where they wanted some support, and that's fine. There is no time limit. Ten years later wouldn't matter.

Srinder: Sometimes people get in touch when an event has triggered more intense feelings of grief, such as the anniversary of a death.

Mel: Or indeed another loss. It might not be death, but perhaps the loss of a job, moving house, or the loss of a pet.



Is support available to all members of the family?

Mel: Yes, and close friends. Anyone who was significant to the person who died and who is over the age of 18.

Are there any other ways it can help?

Srinder: I've noticed how support can encourage people to talk to their friends and family about the person who's died, and about how they're feeling themselves.

Mel: Often people feel they don't want to burden others with their own grief. But sharing how it's making you feel can enable other people to feel comfortable to talk as well.

How will you expand the service in the future?

Srinder: One thing we'd like to do is to allow people to choose how they receive our support. This might be done in a blended way; for example, ten sessions could be made up of phone calls, video calls, and face-to-face sessions. The other thing we want to do is start a social group for those who are bereaved so they can meet other people, and enjoy a cup of tea and a chat.

Mel: Having a space which provides mutual support would be helpful for a lot of people who feel lonely and isolated. It might also be possible to lead discussions around practical things, like cooking for one. We would run each group for around an hour and a half, perhaps in the late afternoon or early evening. People can dip in and out as they like. It will be fairly informal.

A day in the life of a doctor...

Meet Victoria Hedges, who works as a specialist registrar doctor in our hospital palliative care team.

In Victoria's busy 'day in the life' diary, she does countless steps on visits to patients in the John Radcliffe Hospital, and reflects on what it's been like to work in palliative medicine during the Covid-19 pandemic.

This diary was written in June 2021.



8:20 Leave home, albeit slightly later than planned, after getting myself and my two children ready for the day. I cycle to work on my new electric bike.

8:40 Arrive at the John Radcliffe Hospital (JR) and head straight to the office shared by the hospital palliative care team. I quickly change into scrubs and find that my colleague, Damian, has freshly brewed the coffee. We are properly fuelled to start our day!

8:50 We have a virtual clinical check-in for all staff working across Sobell House Hospice and Katharine House Hospice, including the three main hospital sites and the community teams. This meeting is chaired by one of the consultants and allows us to check that all sites and services are adequately covered. We then move on to discuss the patients listed for admission to the two hospices.

9:15 As that meeting finishes, we move on to review our list of patients to be seen at the JR. Today, we are busy with more than 20 patients to be discussed and seen, including several new referrals. We prioritise and divide up who we need to see, with a specialist nurse joining myself and my medical colleague Julia. Our consultant pharmacist, Mel, joins Julia to see a patient requiring complex medication manipulation.

9:45 Jenny, my specialist nurse colleague, and I make a start by liaising with the acute oncology team for an update about our first patient, whom we see in the emergency assessment unit. On review, this elderly

gentleman is extremely unwell. We contact his medical team to advise on medication changes and ensure that they will update his family. He is too unwell to transfer to the Sobell House ward (as we had hoped) so we update the oncology nurses.

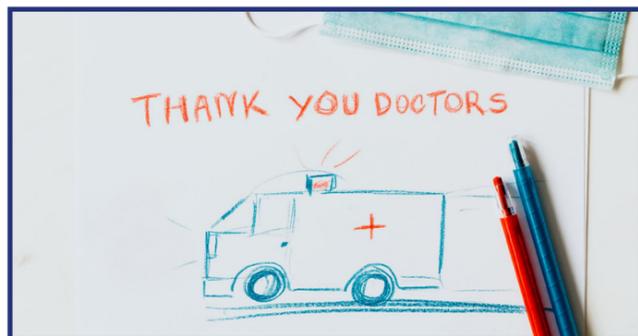
10:30 We next head up the many flights of stairs to the new respiratory unit, to review a gentleman I saw last week. After seeing him, we meet with the ward doctors to advise on changes to his medications to improve symptom control. This patient is now at the end of his life and we check that the team have spoken to his family.

11:00 We move on to our next patient but are met by one of the ward nurses who recognises Jenny; she tells us that the patient has just died. She has no concerns as he was settled and pain-free.

11:05 We head up more stairs to Level 7, where we see an elderly patient who has recently been diagnosed with leukaemia alongside other medical problems. We spend some time with him; he understands that his condition cannot be treated, and he recognises that he is approaching the end of his life. We advise on medications to improve symptoms, but he is understandably concerned about how his needs would be met at home. We offer him a bed on the Sobell

House ward, we describe to him the environment and teams and how it would meet his needs. He agrees to the transfer and understands that he would be moving to Sobell House to die. The ward medical team are in full agreement and will discuss this with his family when they visit. For this patient, who is nearing the end of his life, the hospital ward managers are permitting one or two members of his family to visit every day. I then speak with the admissions doctor for Sobell House, and we add him to the waiting list. We expect a bed to become available in the next 1-2 days.

12:00 Jenny and I start our descent by visiting a lady on the infectious disease ward. She has serious infection but today we are met by the consultant with the news that she has started to respond to treatment, and on review she is much better. At least for now, this patient does not need our input but the team know they can re-refer if she deteriorates.



12:15 We head back to our office and carefully write up our assessments and recommendations on the electronic patient notes system. This is followed by lunch which is curry leftovers from last night's dinner... perhaps not the best choice on a hot day! We try to stop doing clinical work for 15-20 minutes.

13:30 After lunch, the team regroups to plan a timeline for reviews and assess the referrals that have been made to the team during the morning. We liaise with the medical and surgical teams who have referred patients so we can prioritise who to see this afternoon.

14:00 We head off for another busy clinical afternoon session. It's a mix of seeing patients who are known to the team and new referrals. It's nice to meet a patient to whom I gave telephone advice to at the weekend. He has improved symptom control with an infusion of medications and I'm pleased to hear that he is now feeling much better. His medical team is now able to start planning his discharge home overnight if more help is later needed. I then update the patient's records and the on-call doctors to this effect.

16:00 I end the day writing notes and catching up on emails. Just as I turn off my computer, one of the oncology nurses pops in to tell me about a patient on the intensive care unit who may need our input. I ring the intensive care unit's consultant and we talk through the process of managing medications for transfer to a ward for end of life care. I ask her to phone the on-call consultant for palliative medicine overnight if more help is later needed. I then update the patient's records and the on-call doctors to this effect.

18:00 It's back to my bike for the downhill ride home. I get home to two happy girls who have cooled off in the paddling pool, just in time for my husband to leave for a university dinner. I wish I had counted my steps today!

I love working in palliative medicine and our hospital palliative care team is made up of a mix of brilliant nurses, doctors, pharmacists, and our occupational therapist, Bronwyn. The team is well regarded in the hospitals and we can make a real difference to the outcome for patients. We make it possible for patients to feel better, to get home or transfer to our hospices. We also support the teams so that patients may die comfortably in hospital. My children often ask me "have you made your patients better today?" and I say "yes, I have made them feel better".

The last 18 months have been more difficult and challenging than we could have ever predicted. All the colleagues I have worked with in this time at Sobell House, Katharine House, in our community teams and the hospitals, have continued to show strength, flexibility, professionalism and resilience. I am proud of them and feel grateful to be part of this. I look forward to continuing my medical role as a consultant when I start in September.



Art and Music Therapy

Art and music therapy are two very special services we offer, which are entirely funded by charitable donations.

Meet Hannah Cridford, art therapist, and Tom Crook, music therapist, who offer emotional and psychological support to our patients and their families. Hannah and Tom work across all departments within the hospice and as such work with patients at home, on our ward, in the local hospitals and in our Living Well Service. Below, they share why art and music therapies are so important and how they provide their support.

Music therapy

Receptive listening

Listening to music can evoke memories which might lead to life review work or enable a patient to explore questions of identity. Listening to music can also offer relaxation and reduce discomfort.

Improvisation

By improvising with musical instruments, a patient and therapist can relate to one another and share experiences. Playing a musical instrument acts as a positive activity, which can ease anxiety and depression.

Songwriting

Songwriting can bypass the cognitive thought process, helping patients to get in touch and reflect on their feelings and thoughts. Through songwriting, patients might explore existential issues, share information, or create a piece of legacy work.

Art therapy

Enjoyment

Unlike in educational settings, where skillful use of art materials may be a central aim, art therapy encourages a playful use of art materials, without right or wrong and with no expectation of a refined final image. This can result in a form of respite from day-to-day difficulties or pain.

Finding the words

Many of the experiences that patients and families encounter in palliative care may be hard to put into words. Using art materials to explore colour, pattern, texture, and engaging touch, sight, sound, smell, can enable something deeply felt to take shape. Through this, words may be found.

Image association

Very often, the images people create hold associations for them. They may bring to mind memories and stories from earlier life. These associations may be helpful in making links between current experiences and emotions and those of earlier times. Together, connections can be made.



Our hospice gardens

We feel very lucky to have beautiful gardens at the heart of our hospice. Nature can have such a profound effect on people at the end of life, bringing comfort and solace, whether that's from feeling fresh air through the window, hearing birdsong, or looking at the flowers and trees. It's the little things that can mean so much. All of our ward bedroom doors can be opened up and beds can be wheeled outside so our patients can enjoy some fresh air and sunny weather.

As our gardens are so important to us and the people we care for, we are very grateful to the fabulous volunteers who have helped to make the gardens look lovely in recent months.

Thank you so much to the teams from Diamond Light Source, Hedges Law, Elsevier, The Courtyard by Marriott, Oxford Brookes University, Royds Withy King, and Mark Barclay Wealth Management for all of your hard work and kindness. And of course, our friends from the Rotary of North Oxford, who have been gardening at Sobell House for over 20 years! We couldn't do it without you.



How to get involved and support Sobell House through your business

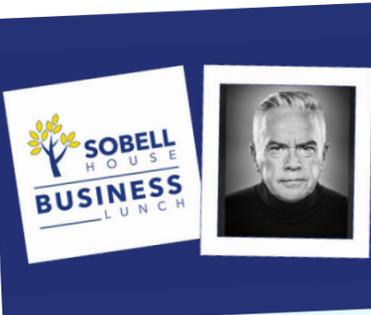
Thank you, Darke & Taylor

Local construction company, Darke & Taylor, has supported Sobell House for a number of years and is a very active member of our Sobell Business Club. In June, the team took on a golf challenge, where they played 72 holes of golf over 4 rounds in just 1 day. They covered 25 miles and it took around 15 hours to complete. Staff who took part sacrificed a day's wages to add to their fundraising total, which means the team raised an incredible £5,000. We'd like to thank everyone at Darke & Taylor for their unwavering generosity.

Feeling inspired? Get involved: www.sobellhouse.org/get-involved.



Don't miss...



Our Business Lunch and Breakfast events, where you can network with local businesses representatives, hear from fantastic guest speakers, and catch up with life at Sobell House. Over the last 16 months we have hosted our events virtually, using 'breakout rooms' to facilitate great conversations. Our most recent speakers include Anneliese Dodds, Anand Menon, John Simpson, Alastair Campbell and Huw Edwards (pictured left).

We're delighted to be hosting our next Business Breakfast at No.1 Ship Street, Oxford, this October. Please contact tim.wraith@sobellhospice.org for more information and to purchase a ticket.

"I was delighted to speak at the Sobell Business Lunch recently. Hospices are very special places and I believe working in one is a very noble profession. When I spoke at the recent Business Lunch, it was wonderful to both meet supporters and hear from members of the Sobell House team". - Huw Edwards

Can you help?

Over the last challenging 18 months we are incredibly grateful to have received amazing support from our local business community. If your company would like to partner with Sobell House in some way, please do get in touch with our Corporate & Community Partnerships Manager, Tim:

tim.wraith@sobellhospice.org
 07527849748
www.sobellhouse.org/get-involved



Thank you so much!

The support we receive from our local community is incredibly heartwarming. Here are just some of the fundraisers that have made a difference in recent months...



Jane organised a bring-and-buy sale in memory of her friend, Alice, and raised £1,340.



The Bell at Grove organised an Easter egg raffle, and all funds raised were match funded by Croyde Medical, totalling £650.



Anne completed a half marathon in memory of her neighbour, Bruce, and raised £405.



Chris and Diana, residents of Chawley Grove Care Home, completed 100 laps of the garden as part of the Captain Tom 100 challenge and raised £1,000.



Oxford City and County Bowls Club raised an incredible £5,000 in conjunction with the Gavin Anderson remembrance appeal.



Oliver climbed the equivalent of Scafell Pike at his local indoor climbing centre in memory of his great gran, raising £700.



Together, staff and residents of Oxford Beaumont Care Home walked 50km every day in May, raising £400.



Faye, Calvin, Hayley, Clifford, Cameron and Caroline completed the Yorkshire Three Peaks challenge in memory of Andrew, raising £335.



Sarah and Abigail completed the Swim Oxford Lock to Lock 4km event and raised £260 in memory of Sarah's granny.

THANK YOU, TOM!

On 3rd April, our supporter Tom Alty ran a half marathon and raised an amazing £2,501. Tom decided to complete his challenge for a very special reason on a very poignant day...



"3rd April 2021 was the 10th anniversary of my mother's passing, and I chose to run a half marathon in order to raise money for Sobell House. Sobell House provided amazing end of life care to my mother and continue to do so for the people of Oxfordshire".



THANK YOU, LAURA!

In June, Laura and her neighbour took on the 25km Cotswold Way challenge and raised a fantastic £1,030. Laura has kindly shared the reason why...

"My mum, Janet Hodges, stayed at Sobell House for a couple of weeks for some respite and it helped so much. It was such a lovely place for us all to be as a family and the care they took over mum was so kind. Unfortunately, she lost her battle with cancer in 2014 after a 9 year fight. I have raised money for Sobell House before, and completed my first half marathon in 2020... here's a picture of me starting off!"

Do something amazing

If you would like to take on a challenge, host an event, or fundraise in aid of Sobell House, please get in touch with our Community Fundraiser, Niki, on **01865 857067** or niki.wardell-yerburgh@sobellhospice.org.

Or join Team Sobell at one of our upcoming events...



Blenheim 7k Fun Run

Run for fun on Sunday 10th October at Blenheim Palace! The 7k course is suitable for all ages and abilities and you can enjoy the beautiful surroundings on your run. The 1-mile Junior race, open to under 15s, starts before the main 7k and makes the event a great family day out. Sign up at www.sobellhouse.org/events or scan the QR code.



The Oxford Half

Take on an unforgettable and fun challenge this Autumn by running with Team Sobell in the Oxford Half. Taking place on Sunday 17th October, this 13.1 mile race takes in the very best sights of Oxford, and there will be live entertainment to keep you going until you reach the finish line! Sign up for free at www.sobellhouse.org/events or scan the QR code.



Spotlight on: Witney

Our shops provide vital funds and help us to care for more people across Oxfordshire in need of our support. In this Newsletter, we take a closer look at our superstore in Witney...

Meet Karina Faulkner, Shop Manager

Why did you want to work for Sobell House?

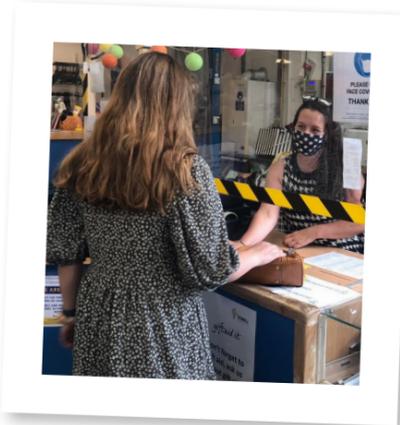
Sobell House is my local hospice and I have close friends who have been cared for by Sobell House. I applied for the role as Witney Shop Manager as I wanted to help the charity. I had 5 years of experience working in the retail sector, so I knew I had transferrable skills and knowledge.

What do you find most rewarding about your job?

The feel-good factor at the end of each day. Knowing that we've made a difference to people's lives really cannot be beaten. I am also a great advocate for sustainable living and knowing we are stopping a lot of items going to landfill is fantastic.

What plans do you have going forwards?

I have just introduced a 'Knit and Natter' group, which takes place every Monday from 10am-12pm, to help out some of our local community with loneliness and get back to some normality after the pandemic. We hope to provide an informal and friendly space for people to relax and have a good chat! If you would like to find out more please do get in touch with us on 01993 700660.



Meet Joy Dent, Shop Volunteer

Why did you want to volunteer for Sobell House?

I wanted to volunteer as a way of giving back to my community, but in all honesty, I started volunteering for Sobell House by accident!

Karina: Joy was a customer of ours, who one day asked if she could start organising the book section. She ended up staying for the day and hasn't left since!

What is it like volunteering in a Sobell House shop?

I enjoy the whole experience. From seeing the various characters that regularly frequent the shop, to the excitement on people's faces when they come for the first time and find items they've been looking for. It can be demanding but time well spent is never wasted.



Would you like to volunteer in one of our shops, represent the hospice, and help us to raise vital funds? To find out more, please email shops@sobellhospice.org or pop into your local shop.

Christmas cards

This Christmas we will have a range of festive cards and 2022 diaries available to purchase from all 10 of our shops. Please do pop into your local shop to browse the collection or visit www.sobellhospice.org/online-shop.



Lights of Love

A special service of celebration and remembrance



We are pleased to invite you to Lights of Love, our special remembrance service. Join our staff and community to celebrate the wonderful people we've lost.

Lights of Love is a service of readings and music, as well as the lighting of our hospice Tree of Love, with each light shining brightly in memory of someone special.

Join us in person or online

Where: The Sheldonian Theatre, Broad St, Oxford, OX1 3AZ, or join online from the comfort of your own home.

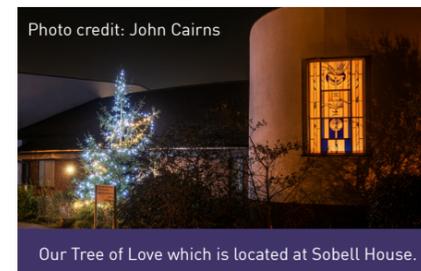
When: Sunday 12th December, 4-5pm.

This year we're pleased to have the opportunity to host Lights of Love at the Sheldonian Theatre in Oxford, a place we can gather to remember special people in our lives who are no longer with us.

The team at the Sheldonian Theatre will support us to make sure the event is safe and follows the current coronavirus safety guidelines. It also means that we can keep patients and their families at the hospice safe, with little disruption to their time together. An added bonus is that it is a seated venue and easily accessible to more people, as well as being indoors so you won't need to brave the cold (or rain!).

If you aren't able to attend in person, we will also be offering the chance for you to join us virtually, from the comfort of your own home.

Invitations for Lights of Love will be sent by the end of October. In the meantime, **please do save the date**, and we very much hope you will be able to join us for this special event.





Make an impact day in, day out

We are incredibly grateful to our supporters who give on a regular basis. Together, they raise an amazing £44,000 a year for us, and as we need to raise around £2 million a year to help fund our care, it is so helpful to know we can rely on this regular income.

If you choose to set up a regular donation, you will be helping us to plan ahead for our future and ensure that more people in our local community have access to our life-enhancing services. Regular donations also cut down our administrative costs, so you'll be making the biggest impact possible with every pound you give. You can choose the amount you would like to give and decide how frequently you would like to make your donation.

If you would like to support us by setting up a regular donation please visit www.sobellhouse.org/donations or get in touch by email mail@sobellhospice.org or phone **01865 857007** if you have any questions. Thank you so much.

The difference you could make...

£40

could fund two hours of
compassionate nursing care for a patient.

£65

could cover the cost of bereavement
counselling for someone struggling with grief.

£150

could pay for a specialist doctor to assess and
help with a patient's pain and symptom control.

www.sobellhouse.org

Tel: 01865 857007

Email: mail@sobellhospice.org

Registered Charity No. 1118646

Sobell House Hospice, Churchill Hospital, Headington, Oxford, OX3 7LJ

