

Ambition 2030

Year 1 Progress Report

Welcome to our Ambition 2030 Year 1 Progress Report

Late in 2024 the Hospice adopted Ambition 2030, setting out our aim to ensure that by the end of the decade everyone in the Highlands faced with death, dying or bereavement has access to the best palliative and end-of-life care. The right care, in the right place, at the right time.

Ambition 2030 established five priorities – Leadership, Community, Knowledge, Communication and Financial Sustainability.

All staff and teams were asked to consider how they could contribute to achieving the Ambition, to discuss this during their annual appraisal and at team meetings, and then to implement the changes in practice, and the new plans they formulated.

This document and associated sound files have been prepared as we approach the end of our first year of Ambition 2030 to provide a report on our progress. The two sound files provide a snapshot of our activity in the words and voices of some of our staff.

[Sound file 1 – Does having Ambition 2030 make a difference?](#)

[Sound file 2 – What have you done to help progress Ambition 2030?](#)

Leadership

We said:

We will take on the role of leading change in palliative and end-of-life care in the Highlands. Through the End of Life Care Together partnership we will help our dedicated health and care colleagues in our communities and organisations to work better together and feel part of a well-supported team. And we will encourage and support collaborative leadership at all levels in the Hospice, bringing out the best in our people and teams.

We did:

We proposed the development of a Highland-wide Hospice at Home service to NHS Highland and The Highland Council to support the transformation of care at the end of life. This is being considered for multi-year funding.

The newly launched Enhanced Palliative Care Advisory Service undertook an audit of Raigmore Hospital identifying many patients who would benefit from palliative care but had not been recognised as such. The EPCAS team are working with the hospital to review their processes and support discharge where appropriate.

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Through the Chair role of Scotland's Hospices Together Income Generation Group, we are building a collaborative approach amongst Scotland's hospices towards generating legacy income, national corporate fundraising and a collective brand and voice for hospices in Scotland.

A number of staff and team leads are engaging in The King's Fund ShiftWorks programme which offers online learning, and networking with peers across the health and care sector to support a new generation of leaders.

The Voluntary Services Action Plan under development will include the provision of training to support the leadership of volunteer teams by staff at all levels in the organisation.

Community

We said:

We will work with and within our communities, helping to identify local needs and foster local solutions to support people at the end-of-life, their families and carers across the Highlands.

We did:

Our second Community Partnership conference brought together over 20 small charities from across the Highlands to share knowledge and experience and support the development of their capacity, confidence and capability to provide community-led social care. Conference delegates committed to investigate establishing a network to support their work and each other. Highland Hospice will provide funding and admin support for this for up to two years.

We added Forres Area Community Trust – FACT – as a partner, supporting their local befriending service when it was faced with closure due to lack of funds.

We have secured agreement with two thirds of GP Practices in Highland to identify people at the end of life and to gather information on their preferences so that we can support the allocation of resources and services to help meet these preferences.

We are piloting work to enable and strengthen communities to support bereaved people locally, supporting the Capstone Centre in Alness to establish a Grief Café and working with Befriending Caithness to establish their needs and develop appropriate support.

Our Crocus Highland child and young person bereavement service is working with Plockton High School to develop a 'bereavement friendly' school and community. If successful, it is hoped this model can be repeated elsewhere.

Our Sunflower Home Care team have worked with colleagues in NHS Highland to improve communication and increase referrals to the Palliative Care Response Service.

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We have adapted staff roles in Complementary Therapy to allow the Team Lead to focus on developing community and partnership services, while the specialist therapist manages in-house delivery to reduce waiting times.

Rehabilitation and Wellbeing staff are working with NHS colleagues, voluntary organisations and professional networks to lead integrated care and enhance responsiveness to community needs.

Knowledge

We said:

We will share and seek knowledge. We will grow our education, training and mentoring programmes supporting those providing care at the end of life. By evaluating services and sharing this data, we will identify what's working and what's not, allowing us to tailor the best solutions. And we will work with GP's and others to gather and digitally share people's care needs and preferences to help them receive the care they want, where and when they need it.

We did:

We are undertaking an audit to identify all knowledge exchange activity currently undertaken by the Hospice and what value it provides. This will provide a baseline from which to plan for future activities.

We are using our experience of delivering ECHO to Malawi and feedback from local work to trial different approaches in Highland. This is also leading to consideration of knowledge exchange tools that aren't reliant on third party branded and copyright programmes and processes.

Our Bereavement Team are working with schools across the region to upskill staff and support them to normalise conversations around death and dying.

Many charities and organisations (e.g. Connecting Carers, Change Mental Health) will be supporting people who also happen to have been impacted by death, dying or bereavement. Our Bereavement Team provide regular training to staff in such charities to help them handle conversations and provide support with confidence.

We are undertaking a training needs analysis of all qualified IPU staff to identify any skills and knowledge gaps relating to their work on the Palliative Care Helpline to ensure an effective, safe and integrated implementation plan.

We are reviewing the activity of our Rehabilitation and Wellbeing service to ensure resources are used in a way which has maximum benefit for as many people as possible.

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We are developing an online form to gather feedback on all aspects of Hospice activity including our care and support services and our fundraising and retail.

Communication

We said:

We will seek to ensure that everyone who needs to understand what the Hospice and our partners can offer and how to access it does so. We will facilitate discussion between partners on the subjects that matter to our population. And we will encourage the Highland population to support our income generation activities.

We did:

A working group has been set up to establish a single point of access to Hospice Services. It is recognised that providing a single phone number, single email address and a single web-based referral form for all Hospice Services will improve understanding of what the Hospice can offer and how to access it.

The Comms 2030 working group has set out a communications plan that identifies five audiences we need to communicate with on a regular basis – caregivers, colleagues, clients, changemakers and the community.

The IPU has introduced a weekly team brief to improve internal communications and timely sharing of information for the whole team, including bank staff. This provides updates on operational matters, educational material and national strategy to ensure greater connectivity between departments.

Service team leads and the communications team are working together to review and update the Hospice website to ensure information provided is relevant, meaningful and beneficial for our audiences.

We tested a simple message on what we do, who we are for and how to access our services at the Staff and Volunteer Gathering. This will be refined and then disseminated to all staff and volunteers.

Financial Sustainability

We said:

We will work to be secure in our finances so that we are here for the long term. We will always seek to deliver quality and value, meeting the needs of our population within the resources that are available. And we will innovate our fundraising and commercial activities, diversifying our income portfolio to reduce risk and generate more funding.

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We did:

We extended our property portfolio by purchasing a property on Academy Street in Inverness partially let to long term tenants and partially used as a Hospice shop. We also purchased the shop unit we leased in Dornoch.

We started discussions with our investment advisers regards a sustainable draw down strategy which could increase income from our share portfolio by £200,000 - £250,000 a year.

We set out a Retail Growth Plan that will expand our shop portfolio and improve income from existing shops, and we put in place a revised team structure to support these developments.

We have introduced a longer planning horizon for our fundraising, looking forward three years at a time instead of annually.

We are collaborating UK-wide on a legacy giving campaign for hospices and Scotland-wide to secure national corporate fundraising income.

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Key Metrics

As a measure of progress in delivering Ambition 2030 we will review our activity statistics on a regular basis based around our financial year.

The metrics below refer to the period 1st April 2024 to 31st March 2025 with comparison to the preceding 12 months.

