



Our Impact 2024/25

What we did and how we helped our patients, families and communities



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Introduction



Shona MacDougall
Chair of the Board of Trustees

Welcome to the Highland Hospice review of the financial year 1st April 2024 to 31st March 2025. This document provides an overview of our activity during the year and of the impact we had on the individuals, families and communities we supported.

Having served two three-year terms, this has been my final year on the Highland Hospice Board of Trustees. As I reflect on the past six years, I'm struck by the significant changes I have seen as the Hospice extended its services to reach more people in more parts of the Highlands.

Our long-standing day therapy service was hit hard by Covid, but the team took this setback and turned it into an opportunity to work across a wider area by creating a Rehabilitation and Wellbeing service offering focussed sessions in the Hospice building and more care and support in the community. Last year the service supported 346 people – more than ever before.

Developed through the work of the End of Life Care Together Partnership, the Palliative Care Response Service, now in its third year, demonstrates that quickly providing social care in the home can prevent emergency hospital admission at the end of life, reducing hospital stays by an average of 20 nights per person. Having piloted this in Inverness we continue to seek NHS Highland support to roll it out to more parts of the region.

Last year, our Palliative Care Helpline received over 3,500 calls relating to nearly 1,000 individuals from right across the Highlands. The advice and support provided by the Helpline reduced emergency hospital admission by an average of four days per person.

We opened up our adult bereavement service to anyone struggling with a bereavement no matter the cause of death of the person who has died. Referrals to our adult and child bereavement services have more than doubled, going from 147 in 2020/21 to 308 in 2024/25. This has put pressure on the team and created a waiting list in the adult service which we work hard to keep as short as possible. I commend the invaluable work this team does under difficult circumstances.

When I joined the Board in 2019, we had five community partners offering a local befriending service. We now work with 13 local groups and have another three in the pipeline. These small, volunteer run charities provide invaluable social support services in their community and have helped us make an impact in some of the most remote and rural parts of the region.

I am pleased that activity in our Inpatient Unit returned to pre-Covid levels, with 198 admissions for specialist inpatient care. With plans to convert our underutilised three-bed room into two single rooms, this will increase the usable capacity to 11. This is not simply a renovation; it is a vital investment in dignity, privacy, and compassionate care which will ensure more people have access to our specialist unit if they need it.

“
These small, volunteer run charities provide invaluable social support services in their community and have helped us make an impact in some of the most remote and rural parts of the region.”



**Crocus Highland
Bereavement
Support**



**The ever popular
Great Wilderness Challenge**

Introduction

Continued

Over my six years our expenditure has increased from £5.9m to £10.2m and our income has just about kept pace, reaching £9.7m this year. We are fortunate to have strong reserves that allow us to invest in growing our services but also know that our challenge is to ensure that income and expenditure are balanced within the next five years. With tight controls on the public finances this puts a lot of emphasis on innovating and growing our fundraising and commercial activities. This is why Highland Hospice has grown its shop network to 15 locations, are the proud owners of Ness Island Railway Ltd and have also invested in tenanted properties in Ullapool and Inverness.

During the year the whole staff team participated in a development exercise which resulted in us outlining our Ambition for 2030 – that everyone in need is provided with **the right care, in the right place, at the right time.**

Ambition 2030 identifies five priorities – Leadership, Community, Knowledge, Communication and Financial Sustainability. These are expanded on in later pages. I am delighted to have been a part of a process that clearly sets out our ambition and leaves a roadmap for future trustees to follow. This is particularly pertinent as I am not the only person ending their time on the Board this year. We see five members finish their term this year and next year will see another five. By the end of 2026, 10 of our 12 board members will be ‘newbies’. This will bring fresh ideas and different experiences onto the Board, and I sincerely hope that all of them will enjoy their time being a Highland Hospice trustee as much as I have.

Shona MacDougall
Chair of the Board of Trustees

“With tight controls on the public finances this puts a lot of emphasis on innovating and growing our fundraising and commercial activities.”

The Hospice in Numbers



1,126 people supported by the Hospice with care at the end of life or in bereavement

↑20%



3,528 calls to the Palliative Care Helpline

↑39%



65 people at the end of life received care at home from the Hospice

↑38%



198 inpatient admissions

↑52%



465 people received bereavement support

↑38%



31 people in remote and rural communities provided care at home

↓20%



346

people received rehab and wellbeing support



423

people benefitting from increased social interaction and respite for their unpaid carer



478

health and social care workers participated in our knowledge exchange opportunities



£6.1m

comes from fundraising, commercial activity and legacies



22%

of expenditure covered by NHS Highland grant



211 + 888

staff members + volunteers

collaborated to deliver our services and raise our income



126+

tonnes

of landfill avoided by selling pre-loved items in our shops

Who We Are

We are the only hospice serving adults across the Highlands. Our palliative and end-of-life care services have been a vital source of comfort and support for our patients, their families, and our communities since 1987. Our care increases quality of life by reducing pain and physical and psychological suffering, enabling our patients and their families to make the most of the precious time they have left together.

Our Ambition

**The right care,
in the right place,
at the right time.**

We know that a third of all bed days in the NHS are accounted for by the tiny proportion of our population, around 1%, who are in their last year of life, and that 75% of the £45m spent on palliative and end-of-life care in the Highlands is spent in acute hospitals. But we also know that people say they would least like to be cared for in hospital towards the end of life.

For many people hospital is appropriate, but we estimate that between 20% and 40% being admitted could be supported at home if the right care was in place. By better understanding their care needs and preferences, sharing these digitally and increasing the support available at home and in the community, we can provide a better experience and reduce acute hospital admissions.

Our ambition for 2030 is to ensure that 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.

To achieve our ambition, we have identified five priorities for the organisation to focus on over the next few years:

Our Ambition 2030 Priorities



Leadership

- 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 partner 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.

“Facilitating patient choice and independence is key to delivering good care.”

Our Ambition

Continued



**Chief Executive,
Kenny Steele**

Our Values

Community

- 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.

Knowledge

- 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 GPs 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.

Communication

- 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.

Financial Sustainability

- 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.

For those we serve:

- Facilitating patient choice and independence is key to delivering good care. Providing sanctuary, respect and dignity is at the heart of our philosophy of care.
- Supporting family members and carers is integral to our model of care both during illness and after death.

We will achieve this through our:

Commitment – We will strive to deliver the best for those we serve and the organisation.

Compassion – We will be concerned for each other, and we will support each other to achieve the organisation's objectives.

Team working – We will work together and in partnership with others to achieve the best outcomes.

Transparency – We will demonstrate openness and transparency in all decision making.

Trust – We will act with integrity and be honest, respectful, and sincere in dealings with each other and our partners.

Our Services

- The **Inpatient Unit** in Inverness.
- **Rehabilitation and Wellbeing** services at our Netley Centre in Inverness and in the community.
- A 24/7 **Palliative Care Helpline** for patients nearing the end of life, their families, carers and professionals.
- A **Palliative Care Response Service** providing care in the home for people nearing the end of life.
- The **Enhanced Palliative Care Advisory Service** (Enhanced PCAS), at Raigmore Hospital in partnership with NHS Highland.
- **Adult and Child Bereavement Services.**
- Care at home through our **Sunflower Home Care** partnerships.
- **Helping Hands** volunteer befriending and support.
- **Knowledge Exchange**, training and mentoring with the wider health and social care workforce and the public.

In addition, through our leadership role in the **End of Life Care Together (EOLCT)** partnership we work to create positive change which enhances and improves end-of-life care for all in the Highlands.



Lorna and Jim

Lorna and Jim's Story

The Sunflower Home Care team were a fantastic support to my late dad Jim and to myself, my husband and my brother during the last week of palliative care at home for him. After being referred to them through our district nurse, we started with a team of two twice a day – but it soon needed to go up to four times daily when dad couldn't manage to leave his bed.

The Sunflower team came in to wash and change dad, give him personal care, shave him and help feed him – they advised me to feed porridge/ custard etc and water as I was struggling and worried he would choke. This enabled me to have half an hour four times a day to have a cup of tea or shower.

We really appreciated the girls cleaning dad's false teeth, as the sorer he became the more ulcers he would get in his mouth. They would then give him a drink through a straw and make him more comfortable. I kept everything as clean as possible but knew I could ask the girls anything and share any worries, they were always so professional but very gentle and caring towards my dad, every single one of them.

The girls always spoke to him and listened to his answers, this was important as it kept his dignity and also gave him a little control over his personal care. Dad loved listening to pipe music and the girls would chat to him about his motorbike, mum and the pipes. He always responded to them with humour.

This helped my family spend quality time saying goodbye at such an emotional and draining time. It was essential to my dad's end-of-life care. Both my dad and mum wanted to pass away at home and the Sunflower Home Care team gave me the last four days of dad's life.

“ I had the chance to simply love and look after my dad with no regrets. Knowing I was being supported in this amazing way made me stronger. ”

What We Do

Approximately 2,800 people die in Highland every year. Around 80% of these deaths are people with palliative and end-of-life care needs – in other words they are predictable and follow a period of declining health. These people should have access to the right care, in the right place, at the right time to make the most of their remaining life. Furthermore, all deaths impact on loved ones, and in some cases, people dealing with grief can benefit from additional support. **This is who Highland Hospice is for.**

The People We Support



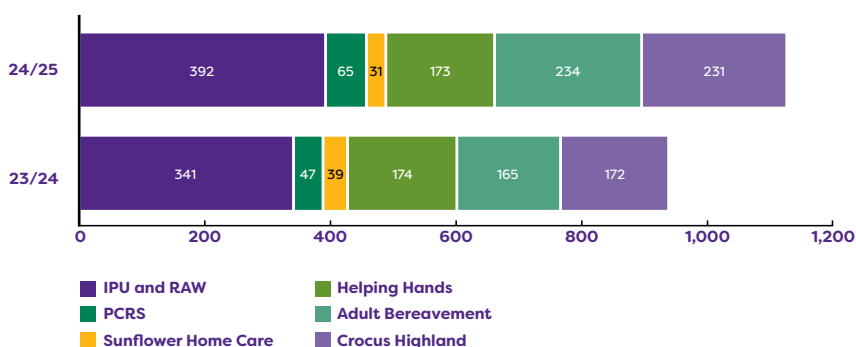
1,126 people supported by the Hospice with care at the end of life or in bereavement

↑20%

We recognise that support from Highland Hospice can take many forms:

- There are those people who receive care and support directly from Hospice staff and volunteers – our service-users.
- There are more who access advisory services such as the Palliative Care Helpline and Enhanced Palliative Care Advisory Service.
- Many people benefit from services delivered by our community partners.
- And, there are those that receive improved quality of care because of the training and support we have given to the person providing their care.

Highland Hospice Service-users - Total 1,126 (2024: 938)



In 2024/25, 1,126 people received care and support directly from Hospice staff and volunteers.

In excess of 1,500 people accessed the Palliative Care Helpline or Palliative Care Advisory Service.

214 people were supported at home by our community partners.

We cannot count the number of people who benefitted because their care provider received education, training or mentoring from the Hospice, but we do know that over 500 professional and lay carers accessed these services.



Miss Scotland visiting
with our patients



End of Life Care Together (EOLCT) is a partnership of organisations across voluntary, health and social care, led by Highland Hospice and including NHS Highland, Macmillan Cancer Support and Social Finance. Funding is provided from Highland Hospice reserves and Macmillan Cancer Support.

Service development through EOLCT is currently focused on increasing identification of people who need support by better future care planning, and fast-tracking palliative and social care at home through the 24/7 Palliative Care Helpline and the Palliative Care Response Service.

During the year agreement was reached with NHS Highland and Macmillan Cancer Support to enhance the existing NHS Highland Palliative Care Advisory Service based in the Inverness acute hospital, Raigmore. Highland Hospice and Macmillan funding will add nursing and medical capacity to the service. Enhanced PCAS will focus proactively on identifying patients in the last three months of life who are medically fit for discharge but remain in hospital due to gaps in community care.



3,528 calls to the
Palliative Care
Helpline

↑39%

The **24/7 Palliative Care Helpline (PCH)** provides a single point of access for advice, support and information for people nearing the end of life, their families, carers and professionals across Highland and Argyll and Bute.

- During the year, the PCH received 3,528 (2024: 2,543) calls relating to 988 (2024: 811) individuals.
- NHS Highland stopped providing cover for weekday out-of-hours and all Helpline staff are now employed by Highland Hospice.
- Work was initiated to integrate the Helpline staff more fully with the Inpatient Unit across all shifts. This provides better cover in event of unexpected staff absence and allows Helpline staff to retain hands-on care experience.
- Between the launch of the 24/7 Helpline in May 2023 and September 2024, people who died having used the Helpline spent on average four fewer days in hospital in their last year of life following an emergency admission than would have been expected for this patient cohort.
- The 970 people who died having accessed the Helpline spent a total of 4,105 fewer days in hospital. This is the financial equivalent of £3,817,650 (based on published NHS Highland bed day rates).

Palliative Care Response Service



65 people at the end of life received care at home from the Hospice

↑38%



Our **Palliative Care Response Service (PCRS)** provides flexible and timely access to social care at home and other support services for people nearing the end of life across Inverness. In an emergency we aim to assess patient care needs and have social care in place within four hours. In all other cases this will be done within 24 hours. By coordinating access to urgent social care services, we can help to prevent unwanted hospital admissions or accelerate discharge from hospital, supporting people to remain at home longer and helping manage hospital capacity.

- During the year the PCRS accepted 139 (2024: 105) referrals of whom 65 (2024: 47) were directly supported by the Highland Hospice Sunflower Home Care team.
- The PCRS also sources care from other providers and refers to other agencies such as Marie Curie and Connecting Carers and many of the remaining referrals were supported by other organisations arranged by the Hospice.
- We have been in discussion with NHS Highland and The Highland Council to secure transformation funding to allow a trial extension of the PCRS to areas outside Inverness. We hope these will lead to activity in 2025/26.
- Between the launch of the Palliative Care Response Service in January 2023 and September 2024, people who died having used the service spent on average 20 fewer days in hospital in their last year of life following an emergency admission than would have been expected for this patient cohort.
- The 151 people who died having accessed PCRS spent a total of 3,079 fewer days in hospital. This is the financial equivalent of £2,863,470 (based on published NHS Highland bed day rates).

Shirley Ann's Story

Shirley Ann was 64 and working as a medical practice receptionist when she received her terminal lung cancer diagnosis. In October of 2024, her husband David was in the Philippines, where he manages an engineering firm, when Shirley Ann's health took a sharp downturn. With David working overseas she was being supported by her daughter Laura. Upon his return David noticed a significant change in her health, with Shirley Ann now mostly confined to bed.

"Mark, the Macmillan nurse, was the one who alerted the Hospice team", David said, adding "We received a hospital bed to help manage the bed sores that had started to develop, along with a commode and a shower chair".

Alerting the Hospice team set wheels in motion with the Palliative Care Response Service (PCRS) and the family were swiftly visited by Ciara who helped to co-ordinate a package of care which would support Shirley Ann to remain at home with family in her final weeks. Though Shirley Ann's medication was still managed through oral tablets, additional medication was delivered for the community nurses to administer if necessary. This intervention was vital to protecting Shirley Ann's quality of life towards the end, with David recalling that the carers provided not just physical support but also a comforting presence and emotional relief, "They stayed as long as necessary; they told us if you need an hour we'll be here for an hour. They were fantastic, every one of them." David said.

Another key service which provided vital support to the Burgess family was the 24/7 Palliative Care Helpline (PCH). "The Helpline was really good once we figured out that it was just one phone call. You called them and they would speak to the doctor or the nurse and sort things, so we weren't chasing anyone."

For Shirley Ann to be able to spend her final weeks at home thanks to the support of the PCH and PCRS was "very important" for the family, David said, with the support allowing them to spend their final moments together as just that, a family – something David will forever cherish.

“I can't sing the praises of the carers enough. They're a special breed, very passionate about what they do and very thoughtful.”

Inpatient Care



198 inpatient admissions

↑52%

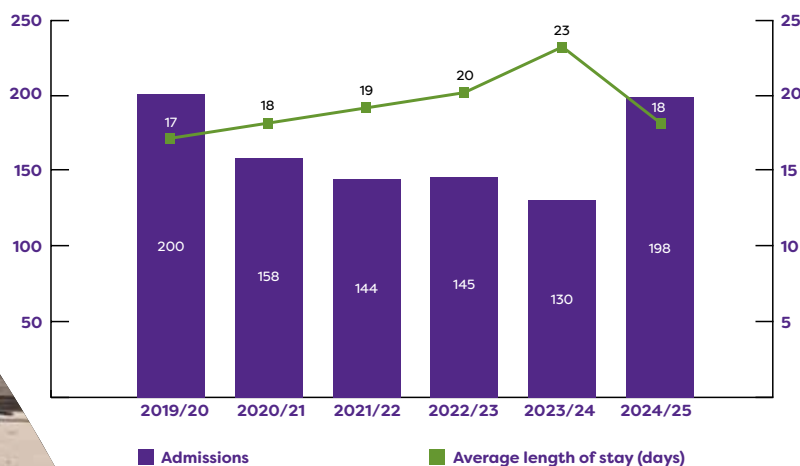


Alison and Andrew's Story

“You concentrate on being a husband, and we'll concentrate on being nurses”

Our **Inpatient Unit (IPU)** provides specialist palliative care, improving the quality of life for those who require specific treatment for difficult issues such as pain and symptom control, or who would benefit from rehabilitation. Around a third of our patients stay for a short time before returning home or to an alternative care environment, and we offer end-of-life care for those who need it and who benefit from being in a hospice environment at this stage of their life. Through effective integration with the wider Hospice team we are able to deliver high-quality care for those most in need of specialist support. There were 198 (2024: 130) admissions to the Inpatient Unit, the discharge rate was 30% (2024: 35%) and our bed occupancy 69% (2024: 78%).

IPU Admissions and Average Length of Stay



Alison discovered she had tumours in her lung and various other places after being tested for the cause of unusual back pain. When caring for Alison at home started to become a struggle for her husband Andrew, she was admitted to the Hospice to receive inpatient care. While her pain wasn't gone, she was more comfortable than before. Andrew remarked "The care from the nurses was great, she was eating a lot better, she seemed happy sending me pictures of her lunch. There was a comfort knowing that there's people there taking care of her." Andrew went on to say that one of the nurses told him "You concentrate on being a husband, and we'll concentrate on being nurses", and he added "That was a relief, that I knew she'd be looked after right to the end".

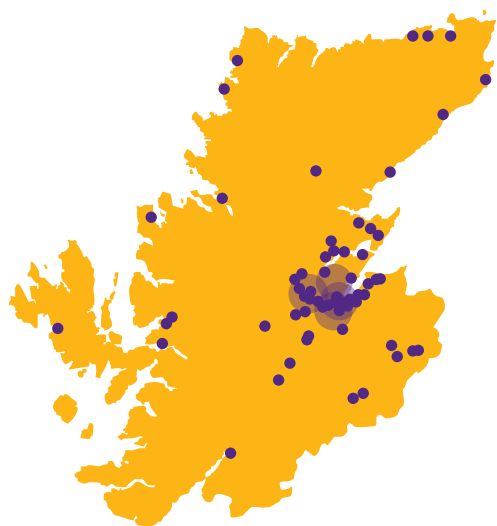
Andrew recalled how the Hospice staff went above and beyond for Alison, "The facilities were great, it's the best of everything and Alison was very comfortable. The staff were so amazing". He recalls Alison's favourite time when she had asked a staff member for a hot chocolate. The café was busy and after 20 minutes, there was no sign of it, so they assumed the lady had been called away or forgotten. It turned out that there had been no cream or marshmallows in the café, so someone had popped out to Tesco to buy some specially for Alison. Andrew said, "Alison was so delighted, and we got a photo of her holding her hot chocolate. Those little touches made an impression."

During her final week she had a bit of a surge and was able to see her family which Andrew described as being a "special day". Alison died on Boxing Day.

Specialist equipment
for specialist care



Inpatient Care Continued



Home location
of our inpatients

- In the years following the Covid-19 pandemic we saw a decline in admissions to the IPU. During 2024/25 we saw a significant reverse of this with admissions almost at pre-Covid levels and the average length of stay back down around 2-3 weeks.
- A notable variation this year was the number of younger patients with complex pain management and psychological needs being admitted. This pattern has been reported by other hospices, but we are not aware of any underlying reasons for it.
- Over the past few years, we have recruited three Advanced Clinical Nurse Specialists (ACNS) to work alongside the medical team. All patients in the IPU are seen daily by either an ACNS or one of the medical team, and, amongst other developments, they are building their skills to be able to provide specialist care on-site that would otherwise have required admission to acute services.
- In September 2024, NHS Highland withdrew their support of the Palliative Care Helpline and all out-of-hours calls started to be taken by IPU staff. The ACNS have been able to support this change and we have also trained the majority of staff nurses to take calls. Later in the year work was initiated to integrate the daytime Helpline staff with the Inpatient Unit across all shifts.
- The Unit currently has nine single rooms and one three-bed room with the latter massively underutilised leading to an effective capacity of nine. Plans have been agreed to convert the shared room into two single rooms, increasing the usable capacity to 11 single rooms. Fundraising to support this work is currently underway.

“

Through effective integration with the wider Hospice team we are able to deliver high-quality care for those most in need of specialist support.”

”

Rehabilitation and Wellbeing



346

people received
rehab and wellbeing
support

Our very own 'Calendar Girls'

In the summer, a group of ladies from our Rehabilitation and Wellbeing weekly group therapy session, expressed their desire to create a 'Calendar Girls' style calendar, with the motive of highlighting positive body image and raising funds.

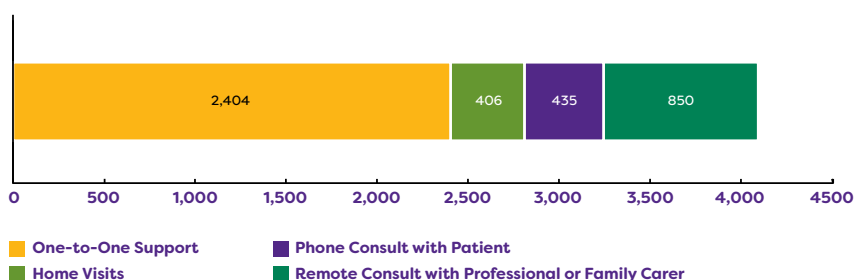
One of the group members, Karen explains, "As a group, we get so much comfort and support from the Hospice's Rehabilitation and Wellbeing Service. We know each other so well and share lots about our diagnoses and journeys. However, there are members of the group who are no longer with us and this is always difficult – and exactly why we want to celebrate the here and now!"

For the RAW Team Lead Jen, this was a real highlight, 'One of the most unforgettable moments for the team this year was supporting the inspiring Women's Group in creating a fundraising calendar. Staff felt privileged to be part of a truly special day – filled with pampering, laughter, and camaraderie – that resulted in a beautiful calendar celebrating body confidence, raising awareness of Hospice services, and reflecting the invaluable support these women provide for one another.'

The Rehabilitation and Wellbeing (RAW) team at Highland Hospice offers a range of services to help people live well with a life shortening illness. This includes management of symptoms such as breathlessness, fatigue and anxiety; practical support to help service-users maintain their independence; advice about finances, benefits and accessing social care; creative sessions to try out new techniques, make gifts or capture memories; and complementary therapies.

Around half of RAW service-users are living at home and access the service on an outpatient or domiciliary basis, with some additional phone support. The majority of patients admitted to the Inpatient Unit also receive support from the team whilst in the IPU and the team follow them if they are discharged. RAW activity has changed a lot since Covid and this year we introduced new activity measurements meaning we can't show like-for-like changes from previous years. The chart below shows RAW activity for the year.

Rehabilitation and Wellbeing Activity – 346 People; 4,095 Interventions



- The majority of activity involves the team working one-to-one with the service-user, either in the Hospice or at home. Hospice based one-to-one sessions are split evenly between IPU patients and outpatients.
- To support people to retain independence as long as possible and to live well with their illness, the RAW team have found that providing advice directly to either their professional or family carer can be highly effective. Around 60% of these remote consults are with community-based healthcare professionals.
- The complementary therapies service also provides support in Invergordon and Nairn through partnerships with local service providers in these areas.
- The introduction of Rehabilitation Assistants has allowed the service to expand. Under the supervision and guidance of our qualified therapists this is proving to be effective and resource efficient. However, demand for RAW services continues to grow, putting pressure on the team and leading to development of a waiting list and triage process which will help prioritise people and ensure they are offered the care they need.



Bereavement Support Services



465 people received bereavement support

↑38%



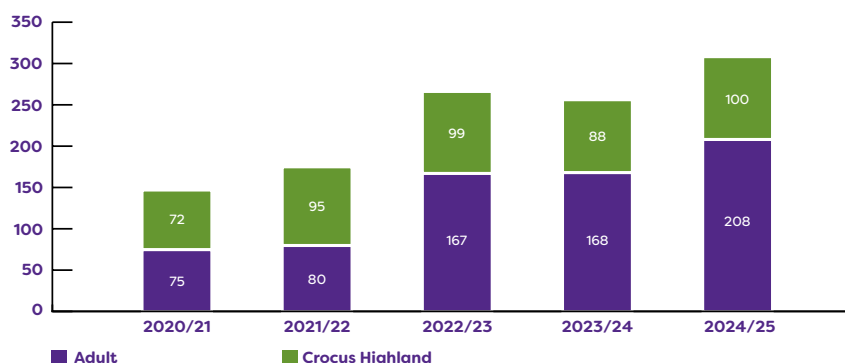
I feel so much lighter having attended this session. Not feeling alone as my family do not understand my feelings.

Grief Talk participant



Highland Hospice offers bereavement support for people of all ages living in Highland, regardless of the cause of death of the person who has died. The service is not restricted to the families of Hospice patients. Support can take many forms including access to a library of materials to help understanding of grief, informal and social support groups, group therapy work and 1-2-1 counselling. For people under the age of 18 the service is called Crocus Highland. Through our leadership role in Grief Matters Highland, the Hospice facilitates partnership working between agencies and charities, with the aim of ensuring support is available for all those in Highland living with grief, regardless of age or location.

Bereavement Service Referrals



- During the year the team worked with 465 (2024: 337) adults, young people and children.
- Over a five year period we have seen a doubling in annual referrals to our bereavement services. These numbers alone can hide the complexity of support we need to provide, especially through the Crocus child and young person service where the cause of death is often sudden traumatic or suicide. We also find that in these cases the remaining adult carer needs support as much if not more so than the young person.
- The significant growth in ongoing casework and new referrals has put pressure on the team and they now operate a waiting list for the adult service that can be up to six months. People on the waiting list are offered less formal interventions and support which sometimes results in them realising they don't need formal counselling.
- We continue to develop a volunteer service and provide our volunteers with listening training. The volunteers have made an impact in supporting people on the waiting list and reducing its length.
- We reintroduced 'Grief Talks' for people new to the service or on the waiting list. These are psychoeducational sessions, two hours long where there is information provided about grief, its effects and detail on what support can look like.

Bereavement Service-user Feedback

'I like the Day to Remember. I met someone just like me, his daddy died too.'

Crocus service-user

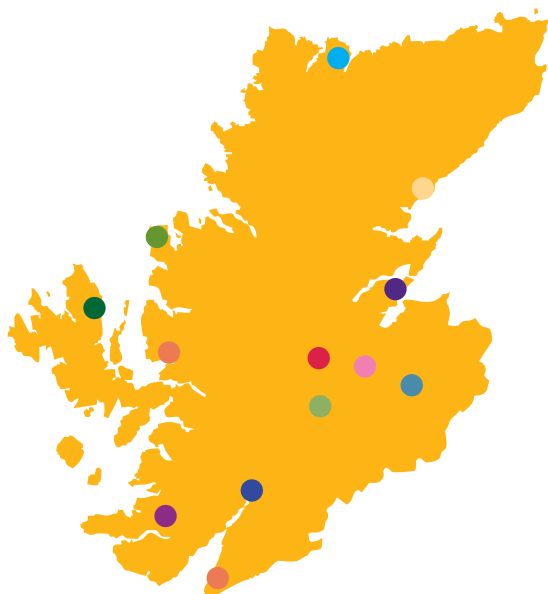
'...the difference you have made to her and us as a family has been incredible. When I first reached out we were struggling even to get her into school, and she was hardly sleeping at night.'

Crocus service-user parent

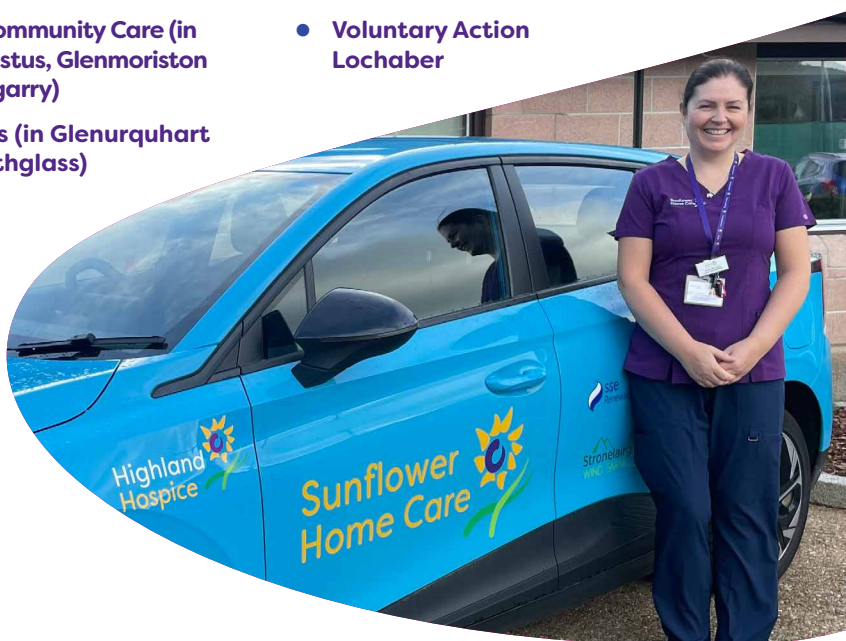
Community Partnership

We recognise that if we are to succeed in improving equity of care across the region we cannot work in isolation. We are committed to a partnership approach, working with professional colleagues in the NHS and in the voluntary sector, and supporting the inherent compassion in our wider community, so that together we can help address palliative and end-of-life care needs. Not everyone approaching the end of life has a formal palliative diagnosis. There are many people living in rural and urban communities who need informal social support and/or effective care at home to help them retain independence and enjoy a higher quality of life in their final years. To support the delivery of such support across the Highlands we have established partnerships with 13 community organisations.

Our partner communities



- **North Coast Connection**
- **Lochcarron Centre**
- **Sutherland Care Forum**
- **Gairloch and Loch Ewe Action (GALE)**
- **Skye and Lochalsh Council for Voluntary Services**
- **3 Glens Community Care (in Fort Augustus, Glenmoriston and Glengarry)**
- **Soirbheas (in Glenurquhart and Strathgall)**
- **Boleskine Community Care**
- **Badenoch and Strathspey Community Connexions**
- **Urram (in Ardgour, Morvern and Ardnamurchan)**
- **Oban Hospice**
- **Black Isle Cares**
- **Voluntary Action Lochaber**



31 people in remote and rural communities provided care at home

↓20%

Sunflower Home Care is our care-at-home service. We contract with NHS Highland to deliver high quality, tailored social care. Outside Inverness, we work in partnership with two rural communities – Boleskine and Foyers on South Loch Ness and Glenurquhart on the north side of Loch Ness – to recruit locally based care workers when other providers aren't meeting demand. Sunflower is also responsible for delivering the Palliative Care Response Service in Inverness.

- During the year we supported 31 (2024: 39) people through our community partnerships.
- Towards the end of the year, following several months of trying to recruit staffing for our service in Fort Augustus, Glengarry and Glenmoriston, we made the difficult decision to withdraw from delivery in this area.
- Care worker recruitment in the remaining two communities continues to be challenging, but we are able to meet our contractual requirements.
- Our partners in Boleskine secured funding for two electric vehicles which are leased to the service on favourable terms for use by local Sunflower staff. These vehicles reduce carbon footprint and encourage staff recruitment and retention.



423

**people benefitting
from increased social
interaction and respite for
their unpaid carer**



Helping Hands is a group of services aimed at reducing social isolation, supporting carers and improving service-users quality of life. Most support is provided one-to-one by carefully matched volunteers. In some areas support is provided in a group setting. The Inverness and Easter Ross service is managed directly by Highland Hospice. We also support our community partners to provide a local befriending service. Each Helping Hands volunteer and the person they support is unique. The amount of time they spend together, and activities will vary but every volunteer will provide a friendly ear to listen as well as extra assistance to help reduce anxiety and stress for individuals and carers.

- Highland Hospice led services supported 209 (2024: 207) individuals and those of our community partners worked with a further 214 (2024: 191) people – a total of 423 (2023: 398).
- Two new partners came on board in Lochcarron and Badenoch and Strathspey.
- Volunteer training was updated based on feedback, with changes positively reviewed. Community partners note the provision of training and ongoing support as one of the key benefits of working with Highland Hospice.

Share a laugh – Michael English and Ian Tallach

Every Wednesday in Cannich, two men sit down to bat stories back and forth, and share a laugh. While the friendship of Michael English and Ian Tallach may appear longstanding, in truth it was formed recently, aided by the Glens Befriending Service delivered in this remote location thanks to a partnership between Highland Hospice and Soirbheas.

Having led a full and varied life, Michael unexpectedly found himself living alone in his eighties. The Glens service paired him with Ian who had been forced into early retirement due to multiple sclerosis.

“At first I wasn’t looking forward to it,” Michael admitted of the weekly visits. “But now I do. You don’t realise how hard it is for people who are on their own until it happens to you.”

“The befriender programme has given me the opportunity to get involved and really feel of service”, Ian said. “As a disabled person, I was becoming very frustrated at having almost nothing practical to offer others.” Befriending allowed Ian to feel that “the little I can offer is of immeasurable value.” The pair began meeting in March 2025 and quickly found common ground. “We get on with each other,” Ian said. “We don’t really think about who’s the befriender and who’s the befriender.”

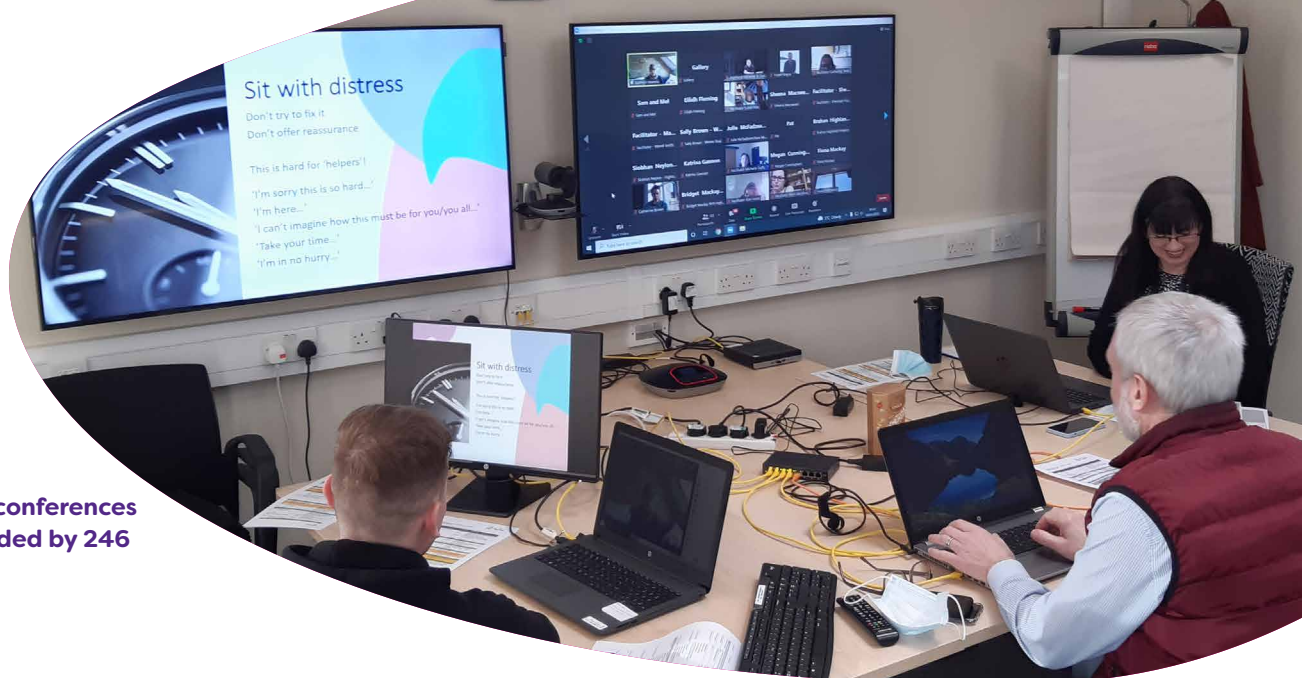
As well as companionship the Helping Hands programme can also deliver practical assistance. One week, Ian arrived to find Michael suffering from a severe toothache. Still registered with a distant practice, Michael was struggling to make an appointment locally. “I devoted the day to helping him plough through this red tape,” Ian said. Eventually, he accompanied Michael all the way to Raigmore for emergency dental care.

Highland Hospice works with organisations like Soirbheas to fund and support befriending programmes in rural areas – places where social isolation can be magnified by limited access to services. Thanks to the programme, what began as a weekly visit has become something far more enduring.

“

We get on with each other. We don’t really think about who’s the befriender and who’s the befriender.”

”



**Our online conferences
were attended by 246
people**

Knowledge Exchange



478

**health and social care
workers participated
in our knowledge
exchange opportunities**

By offering support, mentoring and learning, our specialist staff are able to undertake knowledge exchange with the wider health and social care workforce and informal carers across Highland. Our aim is to develop skills and confidence levels amongst carers, helping people to be provided with respect, dignity and choice during their declining health wherever their care is taking place. We run several activities which promote this ethos, including:

- ECHO (Extension of Community Health Outcomes) for health and social care professionals to share learning about complex conditions and improve practice. We supported 5 (2024: 7) Communities of Practice with a total of 232 (2024: 264) health and care workers benefiting from participating in these sessions.
- Last Aid which is a public health programme to encourage confidence for people to talk about death and dying in their own families and communities.
- Two conferences per year for our health and social care partners in Highland. Together these were attended by 246 people.

We have a knowledge exchange team to oversee these projects and expand the Hospice's activity. The team works across Highland, Scotland and internationally. We seek to create good relationships with our partners in the region, NHS Scotland, Scottish Government and with international colleagues in Germany, Canada, Australia and the USA. We also deliver ECHO with our partners in Malawi. We use learning from our national and international work to improve our services for people in Highland.

This year we saw our Scottish Government funded research for ECHO and Care Homes published following the completion of a successful project across Highland and Scotland which reached more than 180 social care staff. We regularly contribute to literary publications, and this helps to ensure the Hospice's presence in policy making for example, the National Palliative Care Strategy, My Health, My Care, My Home and Long COVID.

In addition, we provided 3,500 hours of placements and work experiences to colleagues from outside the Hospice to support development of their skills and knowledge.



Our aim is to develop skills and confidence levels amongst carers, helping people to be provided with respect, dignity and choice during their declining health.



Our People

We could not deliver all the services and meet our customer and supporters' needs without our staff and volunteers. Every individual plays a vital role in delivering the achievements described in this report and is valued for their contribution.



211 + **888**
staff members volunteers

collaborated to deliver our services and raise our income



Taking our message to the community

Staff

Staff salaries accounted for 72% (2024: 66%) of expenditure. The number of employees at year end was 211 (2024: 202), 66% of whom were part-time. Staff turnover was 22.4% (2024: 19.7%) and absence 4.5% (2024: 2.6%). These figures are reflective of the diversity of our staffing which includes retail and social care where turnover and absence is higher than other staff groups.

There were over 1,500 individual attendances (staff and volunteers) at training and development events during the year, reflecting both required needs for the Hospice and individual desire to learn and develop.

Volunteers

Across Hospice services, volunteers provide support including reception, ward clerk, driving, events, office administration, gardening, flower arranging, bereavement support and befriending. In addition, around half of our volunteers help keep our 15 shops, warehouse, the Hospice café and Ness Islands Railway open throughout the year. The contribution of volunteers is critical to our success as a community-supported organisation, and we are hugely grateful to each and every one of them for their hard work and dedication.

- At year-end the total number of volunteers was 888 (2024: 931). We remain the organisation with most volunteers in the Highlands.
- We received 288 (2024: 294) applications to volunteer, with 167 of these leading to individuals joining the team.
- Nearly 40% of our volunteers are aged 64 or under.
- The Hospice encourages a diverse and inclusive volunteer community and looks at initiatives to enable all volunteers to feel valued. To support this, we introduced a Volunteer Support Plan which facilitates conversations with volunteers who have disclosed a physical or mental health condition on their application. Its purpose is to understand their needs and provide tailored support, ensuring they can contribute effectively while volunteering.



The contribution of volunteers is critical to our success as a community-supported organisation.



Sustainability



126+
tonnes

**of landfill avoided by selling
pre-loved items in our shops**

“

Our shops sold over
499,000 second-hand
items and prevented
over 126 tonnes of
landfill.

”

**Thurso - Scotland's
Favourite Charity Shop**

In the last year we have made further progress in support of our Sustainability Strategy.

Emissions are measured across 3 scopes: Scope 1 – Direct Energy, Scope 2 – Indirect Energy and Scope 3 – Indirect Emissions (everything else). We have now measured our CO2 emissions (CO2e) across the organisation for the financial years ended 31 March 2023 and 31 March 2024.

- Comparing year-on-year data, we have recorded a 3% reduction in our total emissions to 480 tonnes CO2e.
- Our Scope 1 emissions reduced, Scope 2 increased and Scope 3 remained similar across both years.
- Our intensity ratio has reduced by 11% to 3.3 (based on employee numbers). This is within the context of an organisation which is expanding our services and employee numbers.

Measuring emissions can be complex, so we are improving how we collect data to make reporting more efficient. We will use the available data, combined with the forthcoming 3rd year data, to focus our future efforts to reduce emissions.

Our shops sold over 499,000 second-hand items. Using the Charity Retail Association Carbon Footprint Calculator this avoided over 1.35m CO2e and prevented over 126 tonnes of landfill.

In addition, we are:

- Supporting our Cycle to Work scheme by increasing the financial support to broaden appeal for more expensive e-bikes.
- Engaging with staff and volunteers to use online approaches rather than only paper-based solutions – this reduces print materials and also helps improve how the service is delivered and reduces risks of data breaches.
- Continuing to look at sustainable alternatives within fundraising e.g. use of apps and QR codes to reduce print materials.
- Moving paper based fundraising tasks online e.g. Gift Aid.
- Providing guidance on what we can sell in our shops to supporters to reduce the amount of donated goods that go to landfill.
- Taking part in the Greener Palliative Care Award pilot.
- Incorporating sustainability as a factor when making decisions at Board and leadership meetings.

Highland Hospice





Pride in our
Forres Shop



Our Kingsmills
Golf Day Winners

Income Generation and Communications



£6.1m

comes from fundraising,
commercial activity
and legacies

- Income from fundraising and donations rose by 12% and the return on investment was 2.59 (2024: 2.57).
- We saw growth in income from our fundraising events with particular success for an exclusive Burns Supper organised and held in London by one of our supporters.
- Trust income was boosted by over £172,000 from the winding-up of Miss M B Reekie's Charitable Trust.
- With extra investment in recruiting new players, we saw a drop in Lottery income for the year but expect it to climb considerably in future years.
- We entered a partnership with nine independent Scottish hospices to recruit a National Corporate Fundraising Lead with a strategy to secure national corporate partnerships each hospice couldn't gain on their own. This will open a new income stream for each hospice.

Income from our commercial activity includes our 15 charity shops and Ebay shop, our subsidiary Highland Hospice Trading Ltd operating the Hospice café and selling a range of new goods and Christmas cards, and our subsidiary Ness Islands Railway Ltd.

- Commercial income rose by 1.6% and profitability was 34% (2024: 36%).
- After five years of difficult trading the decision was made to close our second café in the local shopping centre. This will reduce income but improve the profitability of the trading company in future years.
- Activity at Ness Islands Railway was affected by the delayed refurbishment of the play park in which it is located. This led to lower footfall in the area and significantly fewer passengers. The new play park was in place for the start of the 2025 season and we expect income at the Railway to bounce back.
- Income from legacies fell by 59% reflecting the unpredictable nature of this funding. In recognition that we cannot control this income, annual budgets are set with a minimal contribution from legacies to reduce risk.

Income Generation and Communications Continued

- To secure legacy income long-term, we began a multi-year collaboration with over 140 hospices across the UK to run a national legacy-giving campaign for local hospices. The first burst of TV advertising for this campaign was in February 2025 and was supported by local promotion through social media and other channels.
- Towards year-end the Hospice purchased a second investment property and now owns a building in Ullapool let to NHS Highland and a building in Inverness let to multiple tenants. Together the properties have the potential to provide over £130,000 income p.a.
- Communication has been highlighted as one of the five priorities to help achieve Ambition 2030. During the development of the Ambition particular emphasis was placed on ensuring the public understand what the Hospice can do for them and how to access our services. Development of the 'Comms 2030' strategy is a high priority for 2025/26.



‘Hospice Stars’ – A Communications Success Story

In November, the Communications team, invited our social media followers to nominate someone they felt had gone above and beyond for Highland Hospice over the previous year. Twenty-four ‘Hospice Stars’ were highlighted on our socials during the advent countdown in December.

As a result of inviting public nominations, a variety of ‘unsung heroes’ from across the Highlands received recognition.

Hospice Stars ticked multiple boxes in terms of our communications goals. Audience interaction was significantly higher than with our standard posts – people were talking about it and wondering who was coming next; it highlighted our breadth of care and services as well as our fundraising, corporate support, volunteering and community partnerships – all in a very accessible and easy to digest manner.

Perhaps most importantly, this initiative offered a platform for people to recognise the achievements of others, and made a variety of people feel good – not only grateful that someone had taken the time to nominate them but also lifted by reading the hundreds of lovely and supportive comments of others who agreed with their recognition.

“Our Hospice Stars social media campaign was highly effective in educating people about Highland Hospice, as well as spreading a large dollop of festive cheer and goodwill at a time that can be difficult for many.”

Financial Overview



Highland Hospice is a charity. No charge is made to our patients or their families and carers for any of our services. The majority of our income is generated through fundraising and commercial activities and from donations and legacies. We receive an annual grant from NHS Highland, equivalent to 22% of total expenditure in the year. The Hospice values the grant received from NHS Highland, acknowledges the ongoing tight financial constraints within which they are currently operating and is grateful for a further uplift in our grant to reflect salary increases within the NHS.

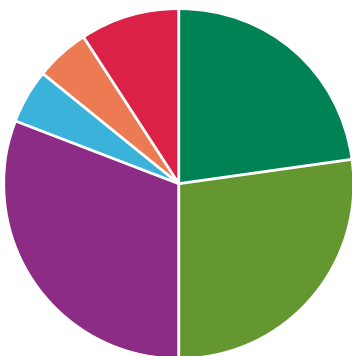
The Hospice made a small surplus of £3,000 on core activities and invested £570,000 in additional service development and therefore recorded a net operating deficit of £567,504 (2024: £324,543) before recording realised and unrealised gains on investments of £94,900 (2024: £794,036) leaving a deficit for the year of £475,269 (2024: £471,740 surplus).

The Board and Senior Management maintain a rolling five-year income/ expenditure forecast based on expectations for inflationary increases, service growth and fundraising and commercial income projections. This forecast shows a period of deficits driven by plans for service growth and the effects of inflation. Current surpluses and reserves are required to ensure the continued financial sustainability of the Hospice over the long term.

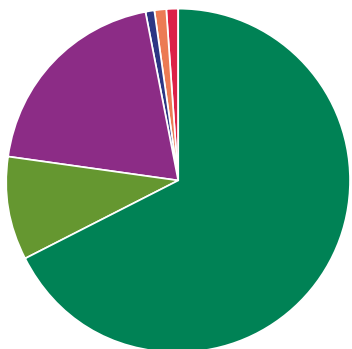
At 31 March 2025, the total assets of the charity including fixed assets, restricted funds, risk reserve and designated funds amounted to £20,180,412 (2024: £20,655,681). The Fixed Asset Fund represents the book value of fixed assets including buildings and equipment owned by the charity. Fixed assets account for 33% of all the Hospice's assets.

The Board of Highland Hospice recognises the importance of financial security, especially at a time of economic uncertainty. The risk reserves policy is reviewed annually by the trustees. The policy states that the value of the risk reserve should be based on a risk analysis of income, expenditure and balance sheet assets and all capital projects. At 31 March 2025, the total risk reserve was set at £3,917,600. A copy of the reserves policy is available on request.

A full set of Audited Accounts for the year ended 31st March 2025, is available at highlandhospice.org/accounts.



Income		£9,659,920
NHS	23%	£2,251,894
Fundraising and Donations	27%	£2,605,617
Commercial Activity	31%	£3,011,552
Legacies	5%	£493,492
Investments	5%	£435,125
Other	9%	£862,240



Expenditure		£10,227,424
Hospice Care	69%	£7,081,784
Fundraising and Donations	10%	£1,005,448
Commercial Activity	20%	£2,000,592
Governance	< 1%	£83,576
Investments	< 1%	£35,672
Other	< 1%	£20,352

As the only hospice serving adults across the Highlands, our palliative and end-of-life care services have been a vital source of comfort and support for our patients, their families and our communities since 1987.

Our care increases quality of life by reducing pain and suffering, enabling our patients and their families to make the most of the precious time they have left together. Our rehabilitation and wellbeing team offers an extensive, tailored service to meet the unique and varying needs of those with progressive, life-shortening conditions and our 24/7 Palliative Care Helpline offers one-stop advice, support and information for people nearing the end of life, their families, carers and professionals.

As an independent charity, we rely on our communities both for their fundraising efforts and to help us extend our support outwith the Hospice building in Inverness. Working together, we provide home care in a number of locations, allowing people to live at home for longer; our befriending team tackles the loneliness and isolation which often accompanies deteriorating health and is exacerbated in rural and remote areas; and our social work and bereavement services help children and adults to deal with the complexities of their feelings both during their loved one's illness and following their death.

Our services are offered freely to everyone who needs them but they are also costly to deliver. We're hugely grateful to receive an annual grant from the NHS, but we must still raise more than 75% of our income, mostly through fundraising and commercial activity, to continue delivering our care.

Our aim at Highland Hospice is to provide everyone living with a life-shortening illness with the best possible care, enabling them to enjoy the life they have left, cherish the things that matter most to them and die with the dignity they deserve.

**Please support your
Highland Hospice.**

To contact Highland Hospice:
please call 01463 243132 or email
generalenquiries@highlandhospice.org.uk
highlandhospice.org

