Highland Hospice

Our Impact 2025/26

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

Ambition 2030 – the right care, in the right place, at the right time

Read all about our progress inside...

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Introduction

Welcome to the Highland Hospice review of the financial year 1 April 2025 to 31 March 2026. 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.

William Gilfillan
Chair of the Board of Trustees

This is my first year as Chair of the Highland Hospice Board of Trustees, a position I am honoured to assume after five years on the Board. During this period, I have witnessed significant progress in reaching more people and supporting more families every year, but I remain conscious that there is more to do, especially in the most rural parts of the Highlands.

At my first Board meeting in 2020, we committed substantial funds from reserves to deliver the aims of the End of Life Care Together partnership. End of Life Care Together (EoLCT) was a groundbreaking development for the Highlands, bringing together the Hospice, NHS Highland, Marie Curie, Macmillan Cancer Support and others, with the aim of shifting the balance of end-of-life care from acute hospital to community settings, to deliver better care, better outcomes and better value. A year or so after that decision our funding was matched by Macmillan Cancer Support through their work with Social Finance, creating a £1.5m investment fund.

As a result of the work of EoLCT, Highland Hospice now offers a 24/7 helpline – users of which on average spend six fewer days in hospital at the end of life – and a flexible home care service for people in and around Inverness nearing the end of life. This service has been shown to reduce time spent in hospital by 20 days per person on average. We also enhanced the palliative care advice we offer in local acute hospital settings, leading to earlier identification of patients, reduced length of stay and a shift in place of death from hospital to home. Furthermore, the EoLCT work with GP practices has seen an increase in the number of people on the palliative care register, with those on the register much less likely to die in hospital than those outside it.

> The work Highland Hospice and the EoLCT partnership undertook clearly demonstrated that with the right approach, end-of-life care can be provided in community settings in a more responsive, lower-cost manner whilst supporting people to die in their preferred location.

These are substantial successes which fully justify our investment in EoLCT, but what makes them even more impressive is that their delivery reduced the financial burden on the NHS. We estimate that over a two year period these services cost nearly £1.5m – fully funded by Highland Hospice and Macmillan – but provided a financial benefit to the NHS – through reduced hospital admission – in excess of £9m.

The work Highland Hospice and the EoLCT partnership undertook clearly demonstrated that with the right approach, end-of-life care can be provided in community settings in a more responsive, lower-cost manner whilst supporting people to die in their preferred location.

Strictly Come Dancing professional Amy Dowden visited our Inpatient Unit

Introduction
Continued

The services that developed through EoLCT – the helpline, care in the home, enhanced advice in hospitals, improved recording of patient preferences by GPs – together with our established inpatient, community and bereavement services provide Highland Hospice with a solid foundation for the next few years of our story.

I mentioned earlier that there is more to do in the rural parts of the Highlands. This need is captured in Ambition 2030 – the aim of which 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.

The Ambition 2030 approach is founded on partnership. We cannot support everyone in the Highlands on our own, but we can use our specialist knowledge and expertise to work with statutory and third sector partners and support them to deliver the services people need.

This year, the Highland Hospice Board have once again committed substantial reserves – £1m over a three year period – to support the development of new services. We want to take the proven model of providing a flexible and responsive home care service for those at the end of life and roll this out across all Highland communities as a rural Hospice at Home service. The delivery model for Hospice at Home may be different in each location, but the outcomes will all be the same – more people supported to die in their preferred location, reduced hospital admissions and lowered costs for delivery of end-of-life care by the NHS.

This is an exciting new development that does not come without risk but once delivered will offer significant reward. I look forward to supporting the Hospice team and our partners as we bring these plans to fruition.

William Gilfillan
Chair of the Board of Trustees

“This year, the Highland Hospice Board have once again committed substantial reserves – £1m over a three year period – to support the development of new services.”

The Hospice in Numbers

1,194 people supported by the Hospice with care at the end of life or in bereavement

↑6%

3,594 calls to the Palliative Care Helpline

↑2%

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

↑25%

173 inpatient admissions

↓16%

552 people received bereavement support

↑19%

341 people received rehab and wellbeing support

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

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

£6.9m comes from fundraising, commercial activity and legacies

26% of expenditure covered by NHS Highland grant

216 staff members + 919 volunteers collaborated to deliver our services and raise our income

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

About Us

Our Purpose

Highland Hospice offers care, support and advice to people in the Highlands who are living with a terminal illness, approaching the end of life, or experiencing bereavement.

Our Care

At Highland Hospice our care for people approaching the end of life focuses on the individual and puts their needs and those of their families at the centre of decision-making. We help manage pain and other physical symptoms to enhance quality of life. Our team also provides support with emotional, social and spiritual needs, working with patients, families and carers with a focus on dignity and wellbeing at the end of life.

Our bereavement services are offered to people of all ages who have been bereaved by the death of a significant person in their life, regardless of the cause of death. Bereavement support offers a range of therapeutic approaches where people can share their story, make positive connections with others and build on their coping mechanisms, self-esteem and confidence.

Our Ambition

Ambition 2030 – the right care, in the right place, at the right time.

> At Highland Hospice our care for people approaching the end of life focuses on the individual.

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 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: Leadership, Community, Knowledge, Communications and Financial Sustainability.

Our Approach

Our approach is based on partnership. We recognise that we cannot support everyone in the Highlands on our own. As well as providing services direct to those in need, we work alongside our NHS and third sector colleagues. We also work with local communities and support professional and unpaid carers by sharing resources and offering training and mentoring, so they can provide the best care they can.

Our Services

- Specialist palliative and end-of-life care in our 11-bed unit at Ness House on the riverside in Inverness
- Specialist occupational therapy, physiotherapy, complementary therapies and social and spiritual support for our inpatients, outpatients and those in the community
- Wellbeing services aimed at empowering individuals to optimise quality of life and supporting their families
- A flexible home care service supporting people nearing the end of life to remain at home or to return home from hospital
- A 24/7 helpline providing advice, support and information for patients nearing the end of life, their families, carers and professionals anywhere in the Highlands and Argyll and Bute
- Specialist advice and support for patients with palliative and end-of-life care needs in hospital
- Adult, young person and child bereavement services
- Volunteer befriending and support providing respite for unpaid carers and tackling the loneliness and isolation which often accompanies deteriorating health and is exacerbated in remote and rural communities
- Knowledge exchange, training and mentoring with the wider health and social care workforce and the public

“Our approach is based on partnership. We recognise that we cannot support everyone in the Highlands on our own.”

Local charity Heather's Heroes donated a van for use by our retail team

Our Values

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.

> Everybody connected, from Macmillan to the Hospice helped to give us a positive experience at a difficult time.

Ian and Caroline's Story – Supporting the patient and their family

When Dr Alan Bremner died at the Hospice in December 2021, his daughter Caroline Elliot was left with a lasting gratitude for the kindness and compassion shown to her father and family. Dr Bremner, a retired GP and avid hockey player, faced bowel cancer during the Covid pandemic. After chemotherapy at Raigmore proved unsuccessful and surgery was ruled out, the family were encouraged by a Macmillan nurse to explore Hospice outpatient services.

Dr Bremner joined the men's group, where he found connection with people in a similar position to himself. He enjoyed the chance to share, often bringing along hockey memorabilia to show to the group. Before his death the family made a special trip to the Western Isles to honour the memory of his late wife, whose ashes had been scattered there. Shortly afterwards his health declined and he was admitted to the Hospice as an inpatient.

For Caroline the care her father received at the end of life could not have been better. *'The quality of care and expertise was world class,'* she recalls. *'Once Dad passed, the nurses were fantastic with us. Very caring, very empathetic, and they gave us the time and space we needed.'*

Although one of Caroline's brothers could not travel to be there at the end, the Hospice team made sure the family felt fully supported. They were also offered grief counselling, which Caroline was touched by.

The People We Support

1,194 people supported by the Hospice with care at the end of life or in bereavement

↑6%

Approximately 2,200 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.

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 in Raigmore Hospital.
- 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.

In 2025/26, 1,194 (2025: 1,126) people received care and support directly from Hospice staff and volunteers.

Highland Hospice Service-users – Total 1,194 (2025: 1,126)

In addition:

- In excess of 1,500 people accessed the Palliative Care Helpline or Enhanced Palliative Care Advisory Service.
- 219 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 580 professional and lay carers accessed these services.

> Around 80% of deaths in Highland are people with palliative and end-of-life care needs.

Progress Towards Achieving Ambition 2030

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.

Kenny Steele
Chief Executive

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

All staff and teams are asked to consider how they can 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 formulate.

We now report our activity, achievements and impact through the framework of Ambition 2030.

Leeson's Story – Why timely bereavement support matters

After the death of his wife Sue, Leeson Carlyle turned to Highland Hospice's bereavement services for support. Sue was diagnosed with breast cancer in 2022, and by early 2024 illness had become terminal, spreading to her liver and bones. She spent her final weeks in the Hospice's inpatient unit, where she died aged 68. *'I was very impressed by the level of care she received, it was beyond anything I could have hoped for'* Leeson said.

Despite expecting her death, Leeson found himself struggling in the weeks that followed. Through a bereavement pack and the Hospice website, he discovered the Grief Café and later joined the Sharing Spaces programme. *'I thought I could manage, but within a few weeks it was clear I couldn't'* he said.

Leeson had two major concerns: whether Sue had a 'good death', and how to rediscover his identity after 40 years of marriage and caring for Sue, who had lived with a spinal injury for many years. Through Sharing Spaces, he found peace with his first concern. One-to-one bereavement support helped him rebuild his sense of self.

Now Leeson volunteers with the Hospice, helping to run Grief Café sessions. *'It helped me realise I'm not alone. I'm just happy to contribute and hopefully help others in the same way.'*

> "I thought I could manage, but within a few weeks it was clear I couldn't."

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Leadership

We said

We will take on the role of leading change in palliative and end-of-life care in the Highlands. 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 have committed £1m from our reserves over three years to test, learn and grow availability of Hospice at Home in the most rural areas of Highland.

We did

- We proposed the development of a Highland-wide Hospice at Home service to NHS Highland and The Highland Council to reduce the burden on acute care and increase the number of people dying in their preferred place. While this is being considered for multi-year funding we have committed £1m from our reserves over three years to test, learn and grow availability of Hospice at Home in the most rural areas of Highland.
- A review of the newly launched Enhanced Palliative Care Advisory Service (EPCAS) at the local acute hospital identified that the service demonstrates sustained increases in referrals, earlier identification of patients, reduced length of stay and a shift in place of death from hospital to home.
- 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.
- A number of clinical 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.

Investment in our staff is a priority

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

↑25%

- We commissioned a bespoke Management Development Programme designed to support operational managers across the Hospice in building confidence, strengthening people management capability, and embedding consistent, effective management practice across all teams and services.
- We have reviewed and improved support for line managers who lead volunteer teams. This includes access to our volunteer management database, to give them better insight on the volunteers they have. This has resulted in an increase in volunteer retention, reducing the need for continuous recruitment and training.

Some of our 'excellent' home care staff

Feedback

Feedback from people and their families was very positive.

> The staff are excellent, every one of them.
>
> The care is brilliant and they are always smiling!

The inspectors also sought the views of external professionals who work with the service.

> Care and support planning is thorough, person-centred, and responsive to individual needs. Plans are developed with service users and families, ensuring preferences and goals are respected.

Care Inspectorate Report on Sunflower Home Care

In January 2026, the Care Inspectorate undertook an announced inspection of our care at home service, Sunflower Home Care, which includes support to people in the Boleskine and Glenurquhart communities as well as providing palliative care to individuals in their own homes in the Inverness area. The service received scores of 5 (Very Good) in all inspected areas. Specific comments received included:

- People experienced support that promoted their dignity, independence and choice
- Staff knew people's needs, aspirations and concerns well
- People and families benefited from warm, encouraging, positive relationships
- Staff were quick to identify changes in people's health and seek relevant health advice
- The staff team worked well together, were flexible and responsive to changing situations
- Care and support planning is thorough, person-centred, and responsive to individual needs

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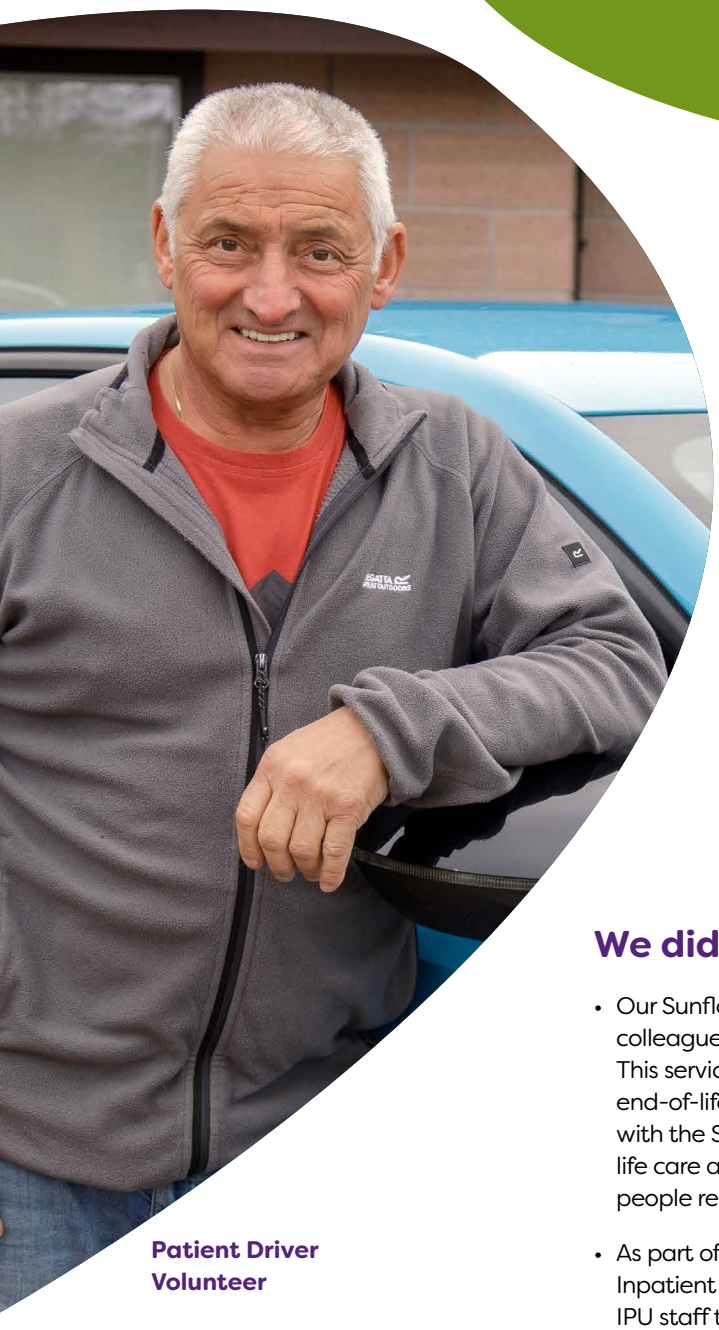
Community

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.



Patient Driver Volunteer

3,594 calls to the Palliative Care Helpline

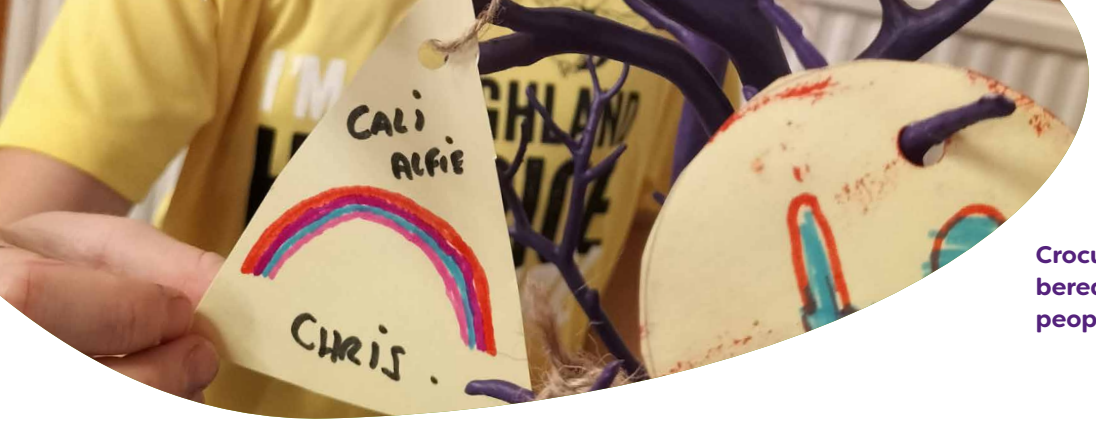
↑2%

415

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

We did

- Our Sunflower Home Care team have worked with NHS Highland colleagues to increase referrals to our end-of-life care at home service. This service is now the default discharge option for those requiring end-of-life care. The service also developed a direct referral pathway with the Scottish Ambulance Service, enabling earlier access to end-of-life care and avoid unnecessary hospital admission. As a result, 25% more people received support at home at the end of life.
- As part of the integration of the Palliative Care Helpline (PCH) with the Inpatient Unit (IPU), we completed a training needs analysis of all qualified IPU staff to identify and address skills and knowledge gaps. The helpline now operates as part of the IPU allowing callers to benefit from the specialist expertise of the IPU team and improving the resilience of the service. An average of 300 calls a month were received by the Palliative Care Helpline.
- There are now 14 community partners supported by the Hospice to deliver local services including befriending and carer respite, benefitting 219 people at the end of life.
- We reviewed our partnership agreements to ensure they remained relevant in a rapidly changing environment and that partners receive the right level of support to ensure their services remain sustainable over the long term.



Crocus Highland works with bereaved children and young people

- We are supporting the Capstone Centre in Alness to establish a Grief Café and working with Befriending Caithness to establish their needs and develop appropriate support. Crocus Highland was part of a successful bid to deliver health and wellbeing hubs throughout the Skye and Lochalsh area. All of these will improve local access to bereavement support in these areas.
- A virtual bereavement pack, co-developed using service-user feedback, was placed on the Hospice website allowing people to self-support, reducing the demand on our stretched services.
- Our Crocus Highland child and young person bereavement service is working with Plockton High School to develop a 'bereavement friendly' school and community. This will support the bereaved young person to remain in school and to develop resilience amongst their peers. If successful, it is hoped this model can be repeated elsewhere.

552 people received bereavement support

↑19%

David practising his Tai Chi

David's Story – Rebuilding quality of life

When David Marello first heard the word hospice, it struck fear. After an unexpected hospitalisation on Boxing Day 2023, he learned he had prostate cancer.

That diagnosis marked the start of a new chapter for David. With support from Highland Hospice's Rehabilitation and Wellbeing team, David began a journey not just to regain mobility, but to reclaim quality of life.

Through physiotherapy, Tai Chi, and regular massages, David slowly regained strength and flexibility. Just as important, the weekly sessions gave him a sense of connection and understanding with others facing similar challenges.

> "It's the friendliness of the place and the connections. You feel the better of it when you leave... It's the highlight of the week."

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 is 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.

> By evaluating services and sharing this data, we will identify what is working and what is not.

We did

- Our Knowledge Exchange team developed its approach to influencing system change. We refined the ECHO model and secured funding to test a community-of-practice toolkit for rural GPs. Alongside qualitative evaluation, this is improving our understanding of system pressures, patient experience, and future priorities.
- Last Aid is now embedded in reflective training for NHS Highland Care Homes and Care at Home teams. We are preparing 10 NHS facilitators and contributing to a wider palliative care skills needs analysis. This approach is also helping us understand public need and cultural influences and allows us to identify appropriate opportunities to improve understanding of death and dying.
- We continued supporting development of skills, knowledge and confidence levels for health and care professionals through facilitation of two well attended conferences. This extends the specialist knowledge and expertise we have across our communities.
- Our Bereavement Team are working with schools across the region to upskill staff and support them to normalise conversations around death and dying. We recently delivered training to staff working with young people experiencing adverse childhood experiences (ACEs), including bereavement. Action for Children, Barnardo's and the police were among the attendees. The training provided practitioners with the ability to therapeutically support the young people they had the relationship with, rather than involving more adults.
- We initiated development of a framework for engagement and participation of hospice service users and supporters. The first phase of this is an online feedback tool designed for use by service-users, fundraisers or customers and accessible via a QR code prominently displayed throughout all hospice premises. This feedback will help us improve service delivery.

Scan here to access our feedback tool

Andy Hutchison from Forres celebrating his long service as a volunteer

588

health and social care workers participated in our knowledge exchange opportunities

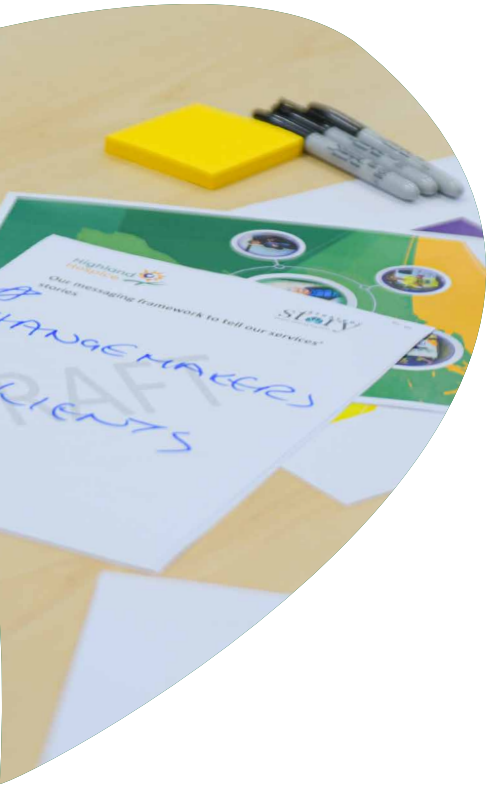
- Our Rehabilitation and Wellbeing team is undertaking a comprehensive service review to ensure resources are used in a way which has maximum benefit for as many people as possible.
- We are developing a virtual training and education programme for healthcare professionals and service users on the management of breathlessness, anxiety, fatigue and other frequently experienced symptoms.
- By working directly with GP Practices to support a primary care-led approach to early identification and future care planning we have seen an increase in the number of people on the palliative care register and an improvement in the quality of information recorded. Those on the register are much less likely to die in hospital than those outside it, and because of improvements in the information recorded, the proportion of people on the register dying in their preferred place increased from 59.3% to around 70%.
- We reviewed and enhanced our volunteer training modules, ensuring that all content reflects current health and safety requirements while also being designed to be inclusive and accessible for all volunteers. The revised modules aim to provide clear guidance, support best practice, and equip volunteers with the knowledge and confidence they need to carry out their roles safely and effectively. This will improve volunteer satisfaction and retention.

> “...because of improvements in the information recorded, the proportion of people on the register dying in their preferred place increased from 59.3% to around 70%.”

Communication

We said

We will seek to ensure that everyone who needs to know 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

- Our Chief Executive engaged with NHS Highland leadership, local and national politicians and the media to stimulate discussion around the need to improve provision of palliative and end-of-life care in rural communities across the Highlands.
- Development of a single point of access to hospice services continues. It is recognised that providing a single phone number, email address and web-based referral form for all hospice services will improve understanding of what the Hospice can offer and how to access it, leading to more people benefitting from the work we do.
- A small group drawn from across the Hospice service and support teams looked at where we should focus our efforts in communications. This process identified five key audiences – carers, community, clients, changemakers and colleagues. In the future we will target communications at these audiences, improving efficiency and increasing effectiveness of our messaging.

Discussing our communications plan

> Our shops are important in communicating our work to 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 was refined and then disseminated to all staff and volunteers as a simple 'Talking Points' postcard ensuring consistency and reinforcing the Hospice story.
- Our HR team have reviewed and adapted information provided to job applicants and staff to ensure it is clear, accessible and informative. This helps improve staff recruitment and retention.

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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.

£6.9m

comes from fundraising, commercial activity and legacies

Scotland's Hospices – a collaboration of independent hospices with the aim of securing additional income for all

We did

- We established a sustainable drawdown strategy which will increase income from our share portfolio by £200,000 – £250,000 a year.
- We have introduced a longer planning horizon for our fundraising, looking forward three years at a time instead of annually, with longer lead times improving the planning for activity and helping us smooth out income variations.
- We are collaborating with other independent hospices Scotland-wide to secure national corporate fundraising income that would not be accessible to individual hospices.
- We held our first 'Thankathon' to personally thank supporters, helping them feel valued, appreciated, and connected to the Hospice and its work and retaining their support.
- We have undertaken an audit of charitable trusts on our database and are about to commence similar with our corporate supporters. We will use the better understanding this provides to build on both income streams.

Thankathon

- We raised over £350,000 from trust applications and a public appeal to fund the conversion of our underused three-bed room into two single en-suite rooms on our Inpatient Unit.
- 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.
- With the tenant in our investment property in Inverness entering administration, we chose to occupy the shop unit ourselves. This improved the return from this property from around 8% to over 20%. We also opened a clearance shop (all items £1) next to our warehouse selling items that would in the past have gone for recycling as they were too low value to sell in our high street shops.
- Net income from fundraising and donations fell by 14% and that from our commercial activity fell by 13%, representing a £360,000 decline in these income streams. These changes reflect the challenging environment for both fundraising and retail, with wage inflation and energy costs having a particular impact on our shops.
- The fall in fundraising and commercial income was offset by a 200% increase in legacy income from £493,492 to £1,480,859. These additional funds were welcome, although this does highlight the highly variable and uncertain nature of legacy income. To ensure there is no overreliance on legacies the annual budget for them is deliberately set low. We are collaborating with other independent hospices UK-wide on a legacy giving campaign which will lead to increased income in the long term.

This is Hospice Care - national branding for local stories

Highland Hospice
Clearance shop opening

> We are collaborating with other independent hospices UK-wide on a legacy giving campaign which will lead to increased income in the long term.

- The charity's wholly owned trading companies, Highland Hospice Trading Limited and Ness Islands Railway Ltd together contributed £101,721 to the Hospice.
- We have improved the efficiency of our expenses claims by using the Pleo expense management platform and have automated the transfer of daily retail sales figures from Cybertill to Xero, reducing opportunity for human error and increasing productivity in the finance team.

Kalli enjoying her Strictly moment

Kalli's Story – Helping people lead life to the full

When Kalli Spencer was diagnosed with stage 3 breast cancer in January 2024, her world changed overnight. Just a few months later her diagnosis progressed to stage 4, bringing new challenges, including mobility issues that made walking difficult. But in the midst of it all, Kalli found support, reassurance and kindness through Highland Hospice. After getting in touch, she was met with a level of care that made an immediate difference. *'The staff were so kind'* Kalli shared. *'They never made me feel like I was ill or a burden.'*

> I fancied another challenge and this felt like the perfect way to give something back.

That support came at just the right time. With a holiday booked only two weeks away, Kalli was worried she might not be able to go. But the Hospice team stepped in, arranging a wheelchair so she could travel comfortably and enjoy her time away without stress. *'They completely saved the day'* she said.

The support did not stop there. From providing a rise and recline armchair to helping with massage therapies, the Hospice has helped Kalli manage day-to-day life with greater comfort and independence. As a result, Kalli decided to give something back by signing up to Strictly Inverness, a challenge that has pushed her out of her comfort zone in more ways than one. Already involved in fundraising through a skipping event for Cancer Research UK, she decided to take on Strictly to support the Hospice. Despite being advised to avoid quick movements, making dances like the cha-cha-cha a real test, Kalli took it all in her stride. *'I fancied another challenge'* she said. *'And this felt like the perfect way to give something back.'*

Our People

Our Bits and Pieces volunteers celebrate 40 years of running their shop

216 staff members + **919** volunteers

collaborated to deliver our services and raise our income

Staff

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.

- Staff salaries account for 73% (2025: 72%) of expenditure.
- The number of employees at year end was 216 (2025: 211), around two-thirds of whom were part-time.
- Staff turnover was 25.2% (2025 22.4%) and absence 4.4% (2025: 4.5%). These figures reflect the diversity of our staffing which includes retail and social care where turnover and absence data reflects national trends and is higher than other staff groups.

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 16 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 919 (2025: 888). We remain the organisation with most volunteers in the Highlands.
- We received 274 (2024: 289) applications to volunteer, with 211 (2025: 167) of these leading to individuals joining the team, demonstrating a more proactive and effective approach to recruitment over the past year.
- 201 applications were for retail roles, highlighting the ongoing importance of retail volunteering.
- Our work to strengthen volunteer management has contributed to improved retention and overall volunteer experience. In 2024/25, 58% of new volunteers left the organisation within 12 months of starting. In 2025/26, this rate had fallen to 24%.
- 21% of our applicants were aged 18 or under and nearly 44% (2025: 40%) of our volunteers are aged 64 or under. This is a significant shift in age profile that the voluntary services team have been working towards for many years.

Sarah's Story – From volunteer to shop manager

Sarah's volunteering position started seven years ago which has developed into a career supporting Highland Hospice.

'I began volunteering with Highland Hospice seven years ago with zero retail experience. I wanted to do something meaningful to give back for the fantastic care my partner's mum received from Highland Hospice as an inpatient during her final days.'

'After five years volunteering the role of a shop assistant became available, I was delighted when I applied and got the job.'

'Only 18 months later the manager position became free, and I felt up to the challenge. Thankfully I was successful in getting my current role as shop manager.'

Sustainability

330+
tonnes

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

Celebrating Pride at our Inverness shop

Emissions are measured across 3 scopes: Scope 1 – Direct Energy, Scope 2 Indirect Energy and Scope 3 – Indirect Emissions (everything else).

- Comparing year-on-year data, we recorded a 2% increase in total emissions, rising to 490 tonnes CO2e.
- Our Scope 1 and 3 emissions increased and Scope 2 decreased.
- Our intensity ratio remained at 3.3 based on employee numbers, showing that although emissions rose, this was aligned to an increase in staff numbers.

Our shops play a key role in the reduce, reuse, recycle economy. Our shops sold 562,000 items. Using the Charity Retail Association Carbon Footprint Calculator this prevented over 330 tonnes of landfill.

In addition, we:

- Made good progress against the Greener Palliative Care Award framework.
- Increased our use of electric vehicles for work journeys
- Installed EV chargers at the Hospice in Inverness.
- Completed installation of LED lighting throughout the Hospice building.
- Moved to delivering most volunteer training online.
- Developed policy and practice to reduce drug waste from patients in IPU.

> Our shops play a key role in the reduce, reuse, recycle economy.

Financial Overview

26%

of expenditure covered by NHS Highland grant

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 continue to receive annual funding from NHS Highland. Following extensive lobbying of Scottish Government by Scotland's Hospices, Highland Hospice, along with all other hospices in Scotland, also received additional funds from Scottish Government to support pay rises for hospice staff in line with those received by NHS staff. The combined NHS Highland Scottish Government funding is equivalent to 26% of total expenditure in the year.

The Hospice made a surplus on core activities whilst also investing over £760,000 in developing additional services. The organisation therefore recorded a net operating deficit of £227,163 (2025: £567,504 deficit) before recording realised and unrealised gains on investments of £682,846 (2024: £94,900) leaving a surplus for the year of £456,962 (2025: £475,269 deficit).

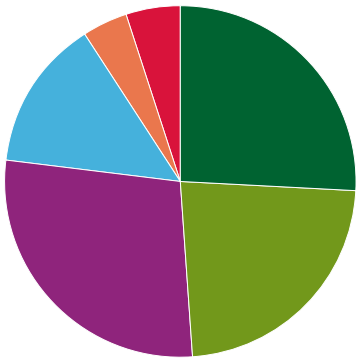
The Board and Senior Management maintain a rolling five-year income/ expenditure forecast based on expectations for inflationary increases, service growth and fundraising and commercial income projections. This forecast shows a period of deficits driven by plans for service growth and the effects of inflation.

Current surpluses and reserves are required to ensure the continued financial sustainability of the Hospice over the long term. At 31 March 2026, the total assets of the charity including fixed assets, restricted funds, risk reserve and designated funds amounted to £20,637,374 (2025: £20,180,412). The Fixed Asset Fund represents the book value of fixed assets including buildings and equipment owned by the charity. Fixed assets account for 36% of all the Hospice's assets.

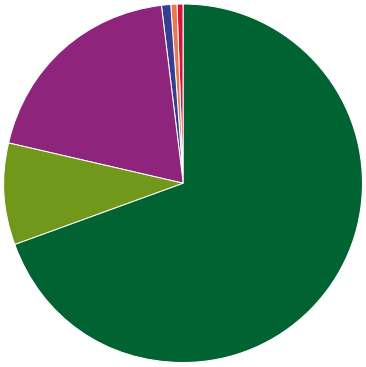
The Board of Highland Hospice recognises the importance of financial security, especially at a time of economic uncertainty. The risk reserves policy is reviewed annually by the trustees. The policy states that the value of the risk reserve should be based on a risk analysis of income, expenditure and balance sheet assets and all capital projects. At 31 March 2026, the total risk reserve was set at £4,199,400. A copy of the reserves policy is available on request.

A full set of Audited Accounts for the year ended 31st March 2026, is available at **highlandhospice.org/accounts**

Delivery of Hospice Services accounts for 69% of all expenditure, and Governance for 1%. Most of the remaining expenditure is the cost of raising funds through our fundraising and commercial activities.



Income		£10,598,964
NHS and Scottish Government	26%	£2,767,454
Fundraising and Donations	23%	£2,386,030
Commercial Activity	28%	£3,005,434
Legacies	14%	£1,480,859
Investments	4%	£399,789
Other	5%	£559,398



Expenditure		£10,826,127
Hospice Services	69%	£7,502,337
Fundraising and Donations	9%	£1,013,699
Commercial Activity	20%	£2,126,395
Governance	< 1%	£96,650
Investments	< 1%	£36,962
Other	< 1%	£50,084

Highland Hospice offers care, support and advice to people in the Highlands who are living with a terminal illness, approaching the end of life, or experiencing bereavement.

At Highland Hospice our care for people approaching the end of life focuses on the individual and puts their needs and those of their families at the centre of decision-making. We help manage pain and other physical symptoms to enhance quality of life. Our team also provides support with emotional, social and spiritual needs, working with patients, families and carers with a focus on dignity and wellbeing at the end of life.

Our bereavement services are offered to people of all ages who have been bereaved by the death of a significant person in their life, regardless of the cause of death. Bereavement support offers a range of therapeutic approaches where people can share their story, make positive connections with others and build on their coping mechanisms, self-esteem and confidence.

Our approach is based on partnership. We recognise that we cannot support everyone in the Highlands on our own. As well as providing services direct to those in need, we work alongside our NHS and third sector colleagues. We also work with local communities and support professional and unpaid carers by sharing resources and offering training and mentoring, so they can provide the best care they can.

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.

Our aim at Highland Hospice is to provide everyone living with terminal 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

Highland Hospice, Ness House, 1 Bishops Road, Inverness IV3 5SB.
Highland Hospice is a registered Scottish Charity No: SC011227