

YOU ARE NEVER  
TOO OLD TO  
SET ANOTHER GOAL  
OR TO  
DREAM A NEW DREAM

Highland  
Hospice 

**Annual Review 2020/21**



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**Stephen Pennington**  
Co-chair of the Board of Trustees



**Shona MacDougall**  
Co-chair of the Board of Trustees

**“We remain immensely proud of the dedication of Hospice staff and volunteers and how effectively they adapted to changing situations throughout the year.”**

## Introduction

Welcome to the Highland Hospice Annual Review of the financial year 1st April 2020 to 31st March 2021. This extraordinary year saw the worst of the Coronavirus pandemic but also highlighted the very best of the Highland community.

The year began one week into the first UK-wide lockdown. All face-to-face patient and client services were suspended, except the Inpatient Unit. Concern was great for those people supported in the community who staff could no longer work with in person. Staff and volunteers were separated and isolated in their own homes and the collegiate approach developed over many years was in danger of fracturing.

The speed with which the organisation adapted to this challenge was incredible. The team followed an evidence-based approach to ensuring the safety of patients, families, staff and volunteers whilst never failing to provide person-centred, compassionate care. Throughout the year visitors were allowed into the Inpatient Unit, ensuring patients and loved ones were able to share precious family time. For community-based patients, staff and volunteers made home visits when allowed, and when restrictions prevented this, they maintained effective, interactive contact over the phone and by Zoom. The bereavement support team took a similar approach.

Support was also provided to NHS colleagues at this critical time. The Project ECHO team established multiple telementoring groups bringing GPs, care home staff and hospital staff together virtually to share best practice in Covid-19 safety and in caring for those badly affected. This brought our Project ECHO activity national recognition and initiated discussions about a roll-out across Scotland. Hospice staff were also on-site in Raigmore Hospital sharing expertise in palliative care and providing support to staff and patients as required.

## Introduction

### continued

We remain immensely proud of the dedication of Hospice staff and volunteers and how effectively they adapted to changing situations throughout the year.

However, it does not stop there, 2020/21 was also the final year of the organisation's three-year strategy, 'Supporting our Compassionate Community'. In the midst of the crisis, the team continued to innovate and develop new services aimed at supporting people living with life-shortening illness and age-related frailty in the community. During the year the Hospice launched a social care at home service, Sunflower Home Care, in partnership with two communities located on south Loch Ness and in the Great Glen; increased the number of Helping Hands befriender partnerships; and established and funded a joint initiative with NHS Highland, Marie Curie and Macmillan aimed at improving palliative and end of life care for people across the region. The 'End of Life Care Together' partners aim to identify individuals in need of support, work with them and their families to identify their preferred choices for care, and co-ordinate providers and community supports to deliver this. You can read more about these developments in this review.

The pandemic also had the potential to massively impact income. With shops closed, fundraising events cancelled and many staff furloughed, a significant fall in income was feared. However, before long we saw fundraising support pivot from traditional group activities to online and often solitary experiences typified by 90 year old Margaret Payne (our cover star!) walking up her stairs every day for over two months to climb the height of Suilven and raise over £400,000 for various charities, including Highland Hospice. Ultimately, hundreds of people responded to the crisis by undertaking unique challenges and making personal donations. By the summer of 2020, retail was able to reopen. Staff and volunteers adapted the shop premises and processes to ensure customer safety, and donors and shoppers returned in droves for the few months to Christmas before the second Scottish lockdown.

**“Both fundraising and retail demonstrated a dynamic and innovative approach in adapting to the pandemic and some changes will bring long-term benefits.”**

By year-end fundraising income was just a little more than £100,000 short of budget. Retail income was hit much harder but government support in the form of business grants for each shop, along with furlough payments and a successful business interruption insurance claim made up the difference. Both fundraising and retail demonstrated a dynamic and innovative approach in adapting to the pandemic and some changes will bring long-term benefits. Adding in the central government support given to all UK hospices, we are pleased to say that the year ended with a significant operating surplus, ensuring the Hospice can continue to develop and grow valued services.

At Christmas, five new Board members were recruited and we took over as co-chairs, offering complementary skills and experiences from our careers in social care and local government. The 2021-24 Hospice Strategy, 'Caring for our population Together' has now been agreed and we look forward to supporting the Board and staff to steer a course through the remainder of the pandemic and into a future where people in the Highlands have access to world leading care and support towards the end of life and in bereavement.



## Our Vision

“People in the Highlands have access to world leading care and support towards the end of life and in bereavement.”

## Our Mission

Working together with all organisations and communities who share our vision, we will use our resources to help the people of the Highlands to live and die well and support families and carers to navigate the experience of death and dying.

## 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.

## Inpatient Care



**158**  
Admissions

**18** days  
Average  
length of stay

**44%**  
Discharge rate

**63%**  
Bed occupancy

Our 12-bed unit is based on the riverside in Inverness. There are nine single rooms and one three-bed room. We have two consultants in our four person medical team, a highly experienced nursing and care team and support from occupational therapy, physiotherapy, social work and chaplaincy. Most patients are admitted at the end of life, however a significant percentage are discharged home or to an alternative care location.

Admissions to the Inpatient Unit decreased as a direct result of the pandemic. Although the Unit remained operational and offered a safe environment with opportunity for visitors throughout the year, the number of people referred or choosing to be admitted fell. This pattern was similar across UK hospices. Towards the end of the year, the Hospice started to see an increase in referrals to the inpatient service.

Admission for neurological and COPD rehabilitation was temporarily stopped. To ensure that continued support was offered to people who would have attended, the team offered home visits and consultations via Zoom and telephone.

## Christmas in the Inpatient Unit

### Case Study



Fiona's mum, Susan, received specialist end of life care in our Inpatient Unit. Fiona and her family spent many treasured moments together during the time Susan spent at the Hospice. The memory that stands out for Fiona is the last Christmas she spent with her mum.

**“The last Christmas we had with Mum, we were talking about trying to get her home even just for a few hours, but Marion the cook and the nurses said that we could all come into the Hospice and share Christmas together there. They set up a special room for us and nothing was too much trouble. We had Christmas there and it was out of this world, it was just fantastic. We can look back on Mum's last Christmas and remember the good times we shared together as a family and we will always be thankful for that.”**

## Rehabilitation and Wellbeing



**106**

Group attendances

**1,579**

Support calls

**114**

Home visits

During lockdown in March 2020, our long running Day Therapy Centre was unable to provide a service at the Hospice. The team immediately moved towards remote support on the phone and by Zoom. Over the year, they undertook a review of all services. Some group session work resumed between lockdowns and when safe to do so. This is expected to grow. Remote support and home visits have proved highly effective and will remain a permanent part of the offering. After year-end, the service was renamed 'Rehabilitation and Wellbeing' reflecting its new focus.



## Bereavement Support

Highland Hospice has offered a full bereavement support service to adults since 1994. In 2018, the bereavement service was extended to provide support for children and young people through the addition of Crocus Group, a formerly independent charity.

The year saw further integration of the two services. A Bereavement Services Manager, responsible for both adults and children/young people, was appointed. The Crocus Group offices and therapy rooms were relocated from off-site to the Hospice.

Face-to-face bereavement support for adults and children/young people stopped in March 2020. Support continued over the phone and by Zoom. Although effective, adult support operated at a lower level while people adjusted to the change in offering. Ultimately, remote support was well received and will continue alongside face-to-face in the future. Crocus Group provided telephone, email and Zoom support to children, families and professional intermediaries such as school guidance teachers.



**335**

Adult bereavement support 1-2-1 sessions

## Grief Matters Highland

Grief Matters Highland is a developing network of local charities and services including our adult and child bereavement services, Cruse Bereavement Care, NHS Highland Chaplaincy and around 30 others. The aim of the network is to support people across the Highlands who have been bereaved, regardless of the cause of death of their loved one. Regular partnership meetings were restarted following a hiatus at the start of lockdown. Partners have shared information and a simple website to provide this to the public in a single location is under development.

## Compassionate Communities

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 both professional colleagues in the NHS and other charities, 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.



**7**  
Partnerships

**332**  
Active clients

**196**  
Volunteers

**2,625**  
Volunteer support hours

Helping Hands is a volunteer befriending and support service that tackles issues of loneliness and social isolation and is open to all in need, regardless of their diagnosis. In remote parts of the Highlands, we deliver this service in partnership with the local community. Our seven active partners during the year were:

- **Sutherland Care Forum**
- **Skye and Lochalsh Council for Voluntary Services**
- **North Coast Connection**
- **Gairloch and Loch Ewe Action Forum (GALE)**
- **Glenurquhart Care Project**
- **Boleskine Community Care**
- **Oban Hospice**

Despite a restriction on face-to-face visits, the service grew the number of clients and the number of community partnerships. This reflected the impact of lockdown on increasing isolation and loneliness in the community. The service was a lifeline for many during a challenging year. We found the range of support being requested was more diverse but were delighted our volunteers rose to the challenge. Moving forward, we will continue to deliver a blended service based on the needs of each individual.

Early in 2021, the service was extended to include No One Dies Alone (NODA), which offers companionship in the last 24-48 hours of life when friends and family members cannot be there.



“We are simply there to hold a hand, or perhaps read to the person – offering them companionship and comfort.”

**Isobel Murray**  
Service Manager for  
Sutherland Care Forum



## No One Dies Alone

Isobel Murray is Service Manager for Sutherland Care Forum, which runs a befriending service, Friends at Home, in partnership with Highland Hospice. Isobel has recently started running our new initiative ‘No One Dies Alone’ (NODA) in East Sutherland.

Isobel said, “When I heard about ‘No One Dies Alone’, I was really enthusiastic to get involved. It is not something that appeals to every volunteer, but it resonated well with some of the befriending volunteers we already have in place - with the result that we now have five individuals who are also NODA volunteers. We have a few more lined up for the excellent training provided by Highland Hospice, and have already formed a partnership with a local care home, who will contact me by phone to let me know if someone is needed to sit with one of their residents.”

“Although sometimes the client may be oblivious to their companion, it means a lot to the person’s family and loved ones to know that someone was by their side. We are simply there to hold a hand, or perhaps read to the person – offering them companionship and comfort.”

“I am passionate about this service. We have an elderly population in our area and I feel it is an honour to be able to provide companionship to some individuals ensuring they do not die alone.”



2

Partnerships

20

Service-users at year-end

>600

Hours of care every month

The Sunflower Home Care service partners with local communities to offer NHS Highland funded social care in remote and rural communities. The service was initiated in the 3 Glens Community Care area of Fort Augustus, Glenmoriston and Invergarry in December 2020. Work progressed to transfer the Boleskine Community Care partnership, on the south side of Loch Ness, from Highland Home Carers to the Hospice Sunflower Home Care service. This was completed and staff transferred in March 2021.

## Sunflower Home Care Case Study



**Martha Tiffen**  
Care at Home Co-ordinator

Martha Tiffen is Care at Home Co-ordinator for the partnership with 3 Glens Community Care.

Martha explains, “We receive requests for care from the NHS. They refer people who would benefit from help with personal care, medication, preparing meals etc. Upon receiving these, I do an assessment – meeting both the client and their family – and agree their support package.”

**“I received first class training from Highland Hospice which helped so much with my confidence in being able to deliver this. One of the best parts of this job is working with the team I have here. The girls are so passionate and they give their all to the job. The team are so delighted to be delivering ‘Sunflower Home Care.’ We feel like we are making a real difference to the whole community – it’s not just the person we are caring for who benefits, it’s their whole family. Often a family member has been responsible for care and this takes a real toll on their physical and mental health. It can become so difficult, particularly with illnesses such as dementia.”**

**“Sunflower Home Care is a huge achievement for us – and for the Hospice – as historically this would never have worked due to the size of our area.”**

## Support, Mentoring and Learning



There is a large workforce of professionals and volunteers in our hospitals, communities and care homes who want to do their best for people and their families. We cannot influence the number of the workforce but we can significantly expand capacity to deliver palliative and end of life care by providing support, mentoring and learning. The pandemic increased the demand for this activity at a time when face-to-face interaction was heavily restricted.

We delivered our first online conference in November 2020, to health and social care workers across Highland, and went on to deliver a two-day conference for healthcare professionals in March 2021. Both were oversubscribed, with attendees from all over the Highlands, and speakers from Scotland, the UK and Europe.

A team of clinical staff, who trained as trainers, designed and delivered a well-received End of Life Care Workshop for health and social care workers, based on their own experience, and feedback from workers themselves.

Together with NHS Highland we formed a nurse-led Enhanced Palliative Care Helpline to provide support overnight and at weekends. Experienced staff received calls and, either resolved the issue directly by reassuring or advising the family, or referred to the Out-of-Hours Team for a clinical response. The helpline was well evaluated and will continue.



**12**

Communities of practice

**95**

Clinic sessions

**558**

Beneficiaries

**2412**

Attendances

Project ECHO aims to share specialist knowledge widely through mentoring and building communities of practice aided by multi-site video-conferencing.

At the start of the pandemic, our team partnered with NHS Highland and The Highland Council to offer their skills and expertise in the Project ECHO telementoring system. This provided a vital and effective tool for healthcare staff in the Highlands to share Covid related best practice. As a result ECHO activity spiked in April/May 2020 and remained elevated for the remainder of the year. Many attendees found the information that was shared, particularly relating to Covid-19, was invaluable for their practice. Over the year we saw an increase of 176% in beneficiaries and 430% in attendances due to the introduction of Covid-related activity.

The ECHO team also increased exposure for the Hospice's Superhub work and this eventually led to a face-to-face discussion with the Clinical Director for Scotland regarding how ECHO could be incorporated into national strategic plans going forward.



**19**  
Courses

**160**  
Participants

The Last Aid project helps to educate the community about the basics of palliative care and care for dying people.

The Last Aid course moved online in March 2020, to ensure continued reach to the public. The team delivered sessions to people from all over the UK and Europe, but predominantly from Highland. The team also contributed to further development of the course by the Last Aid International Steering Group, providing a Highland and Scottish perspective.



## Volunteering

**905**  
Volunteers at year-end

**113**  
New volunteers

The contribution of volunteers is critical to our success as a community-supported organisation, and we strive to encourage and promote volunteering and to support volunteers at all times.

At the start of the pandemic those volunteers with roles essential to the effective operation of the Hospice, e.g. ward reception, or providing invaluable support in the community, e.g. Helping Hands, were supported to continue their volunteering in a safe and appropriate manner. Volunteers in non-essential roles were stood down during the two Scottish lockdowns. Many volunteers chose not to return and new recruitment proved challenging. During the year, we saw a 6% decrease in volunteer numbers and barely half the number of new recruits as compared to the previous year.

Work continues with youth organisations to recruit volunteers and change the age and gender profile of our volunteer team.



## Fundraising and Retail

**49%**  
Income from  
voluntary sources

**14** shops

**2** cafés

**1** miniature railway

**£0.76m**  
Retail turnover

**£1.93m**  
Income from fundraising  
and donations



These activities were significantly affected by the Coronavirus pandemic. Most of our planned fundraising was cancelled or postponed, however our fundraising team offered different ways for people to support us and our community responded. No longer able to participate in group events or work together on community fundraising, individuals undertook personal challenges and gave generously in response to appeals. We also saw increased support from charitable trusts and by year-end, fundraising income was just a little more than £100,000 short of our original £2.04m budget. Voluntary income raised through fundraising and donations to support revenue activity declined by 2% on 2019/20. Income from legacies grew by 95%, highlighting the volatile and unpredictable nature of this important income stream. Profitability of fundraising (including donations and legacies) was 83% (2020 – 74%).

With extended periods of closure in quarters 1 and 4, retail sales were significantly lower than budgeted. Income fell by 53%, leaving retail in deficit for the year. This deficit was offset by small business grants, coronavirus job retention scheme payments, rent-free periods and business interruption insurance. At the start of the year, the majority of shops had only part time supervisory staff and all were reliant on volunteers to maintain regular opening hours. During the pandemic, it became apparent that this left our important retail income vulnerable. The majority of shops now have at least one full time equivalent staff member and most have more than that. The Fort William shop relocation was completed, our Inverness shop was closed and after year-end, two new city centre and out-of-town locations opened in its place. Our warehouse was relocated to considerably bigger premises, required to handle the increase in stock being donated.

The café situated in the Hospice remained closed all year. The new café in the Eastgate Shopping Centre opened from July to December and traded profitably. It was closed for quarter 4 and after year-end, remained closed awaiting refurbishment.

Ness Islands Railway was unable to operate until July 2020, three months later than planned. Despite this, passenger numbers were high on reopening as the business benefited from being a safe outdoor activity for children and families, and increased visitor numbers in the Highlands. All profits from the company are donated to the Hospice. In its second year of trading Ness Islands Railway Limited donated £24,132 (2020 – £14,137).



## Future Plans

Our new Strategy for the period 2021-24 was agreed by the Board after year-end. It is titled 'Caring for our population Together' and you can view it in full by clicking on the following link – [www.highlandhospice.org/strategy](http://www.highlandhospice.org/strategy).

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 best quality care and support to make the most of their limited time. Furthermore, all deaths affect loved ones, and in some cases people dealing with grief can benefit from additional support.

Our strategy aims to improve the experience of death and dying in the Highlands. As we emerge out of the Coronavirus pandemic, there will be significant opportunity to apply the knowledge and skills gained from adapting to those challenging conditions. We are now well positioned to redesign services and build a better way of supporting each other as we reach the end of our lives.

We will continue our partnership approach to delivering effective and sustainable services for all the people of the Highlands. Our plans for 2021/22 include:

- Further the work of the End of Life Care Together partnership (see next page) and test a population approach to end of life care with pathfinder sites in Badenoch and Strathspey, Inverness and Caithness
- Embed the changes to our former Day Therapy service to ensure the new Rehabilitation and Wellbeing service meets the needs of our patients and families
- Continue development of the Sunflower Home Care care at home service with further partner communities
- Progress the work of the Grief Matters Highland partnership to improve access to bereavement support across the Highlands
- Continue to grow the number of community organisations we partner with to deliver programmes across the spectrum of Highland Hospice services
- Expand and accelerate public awareness and knowledge about declining health and death through Last Aid and related programmes
- Expand our education programme working with health and social care across the Highlands, integrating and aligning to the work of the End of Life Care Together project
- Continue review of our fundraising, embedding successful activity and growing income back to and beyond pre-pandemic levels
- Continue to grow retail income through improvement in existing locations and opening of new ones.



## End of life care Together

### **Achieving the best outcomes towards the end of life for the population of the Highlands is complex but something we must improve.**

Most of us will also need the input of the health and social care system towards the end of our lives. This is where things can get complex and confusing. We may need hospital, district nurse, Hospice, Macmillan Nurse, and care at home services. Our GP and/or specialist consultant will support us.

However, most of us are not concerned which organisation or service is involved in our care, so long as our wishes and needs are respected, our symptoms are well managed and those around us are well looked after. Most of us would also like to be supported for as long as possible at home with the least disruption, wasted time and stress for us and those who care for us.

If we can identify those in the community who may be at risk of needing end of life care in the next 12 months and help them make plans for their care, with outcomes that matter to them, we will be better able to coordinate that care. This is the ambition of End of Life Care Together (EOLCT).

End of Life Care Together is a partnership of organisations co-founded by Highland Hospice, NHS Highland, Marie Curie and Macmillan. This is a novel collaboration with funding from Highland Hospice, and a collective commitment to prove that coordination of compassionate and cost effective care for those in the last year of life is achievable across the whole region. The project brings together health and social care, voluntary, and community options to enable access to appropriate support for those that need it. This involves:

- screening and better identification of those at risk of dying in the next 12 months
- a single electronic plan of care fully accessible across health and social care providers, and viewable by patients and families
- a coordinated helpline accessible to patients, families, carers and professionals
- an increase in the provision of community care whether this be through structured statutory services or through community and voluntary support.

## Financial Overview

Highland Hospice is a charity. No charge is made to our patients or their families and carers for any of our services. We receive an annual grant from NHS Highland, equivalent to 25% of total expenditure in the year. The majority of our income is generated through fundraising and retail activities and from donations and legacies.

Along with all other UK Hospices, we received Covid funding from the Westminster Government via Scottish Government to offset the additional costs of operating a safe environment and in recognition of the impact of pandemic restrictions on our income generation. Highland Hospice received £909,028.

The Hospice recorded a net operating surplus of £1,367,217 (2020 – deficit £102,698) before recording realised and unrealised gain on investments of £1,288,988 (2020 – loss of £756,173) leaving a surplus for the year of £2,656,205 (2020 – deficit £858,871).

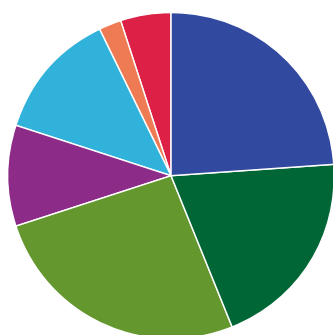
The Board and Senior Management maintain a rolling five-year income/ expenditure forecast based on expectations for inflation, service growth and fundraising and retail income. This forecast shows a period of deficits while income fully recovers from the impact of the pandemic. Current surpluses and reserves are required to ensure the continued financial sustainability of the organisation.

At 31 March 2021, the total assets of the charity including fixed assets, restricted funds, risk reserve and designated funds amounted to £18,249,697 (2020 – £15,593,492).

The Fixed Asset Fund represents the book value of fixed assets including buildings and equipment owned by the charity. Fixed assets account for almost half 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 2021, the total risk reserve was set at £3,063,000.

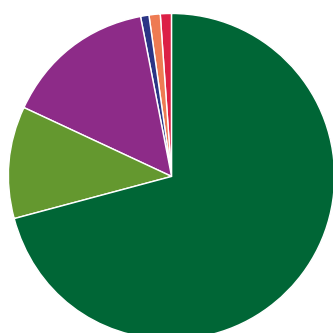
A copy of the reserves policy is available on request. To view a full set of Audited Accounts for the year ended 31st March 2021 click the following link – [www.highlandhospice.org/accounts](http://www.highlandhospice.org/accounts).



### Income

**£7,456,096**

<b>Covid-19 Related</b>	<b>24%</b>	<b>£1,758,905</b>
<b>NHS</b>	<b>20%</b>	<b>£1,523,900</b>
<b>Fundraising</b>	<b>26%</b>	<b>£1,931,184</b>
<b>Retail</b>	<b>10%</b>	<b>£756,164</b>
<b>Legacies</b>	<b>13%</b>	<b>£938,845</b>
<b>Investment Management</b>	<b>2%</b>	<b>£180,451</b>
<b>Other</b>	<b>5%</b>	<b>£366,647</b>



### Expenditure

**£6,088,879**

<b>Hospice Care</b>	<b>72%</b>	<b>£4,406,168</b>
<b>Fundraising</b>	<b>8%</b>	<b>£494,916</b>
<b>Retail</b>	<b>16%</b>	<b>£1,000,848</b>
<b>Governance</b>	<b>1%</b>	<b>£65,141</b>
<b>Investment Management</b>	<b>&lt;1%</b>	<b>£28,636</b>
<b>Other</b>	<b>2%</b>	<b>£93,170</b>

When faced with life-shortening illness, death and bereavement, we believe the people of the Highlands should have access to world-leading care and support. Everything we do works towards delivering this vision for our community.

Hospice care focuses on the individual and puts the needs of them and their families at the centre of decision-making. By managing their pain and other physical symptoms, we help make time and space for reflection, for gaining perspective and for achieving a measure of calm. Crucially, our team also offers advice with the emotional, social and spiritual issues that may arise and works with patients, families and carers at a time of transition to help them enjoy, value and commemorate life.

As well as providing services direct to those in need, we work in partnership 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 services are offered free of charge to all those in the Highlands who need them. We are an independent local charity reliant on our community for the majority of our funding.

Please support your Highland Hospice.



To contact Highland Hospice:  
please call 01463 243132 or email  
[generalenquiries@highlandhospice.org.uk](mailto:generalenquiries@highlandhospice.org.uk)

[www.highlandhospice.org](http://www.highlandhospice.org)

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



INVESTOR IN PEOPLE



Volunteer Friendly Award®