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**Cover image:** Sue Ryder provides more care for more people so we can be there when it matters.

**Opposite page:** Beverley Zitha, one of our Sue Ryder Nurses at Sue Ryder Leckhampton Court.
The grit, determination and sacrifices of our frontline healthcare colleagues were nothing short of inspirational. They came to work day after day whilst contending with the most challenging of circumstances with courage, professionalism, dedication and compassion.

Heidi Travis, Chief Executive
There when it matters – thanks to your support

Sue Ryder is committed to supporting people through the most difficult times of their lives. Whether that’s a terminal illness, the loss of a loved one or a neurological condition – we’re there when it matters. Our doctors, nurses and carers give people the expert care and compassion they need to help them live the best life they possibly can.

In this report, you will see how we found ways to continue providing our palliative, neurological and bereavement support in 2020–21, a year that was dominated by the coronavirus pandemic. Despite the enormous challenges presented by Covid-19, we achieved a great deal with the incredible support of our fantastic staff, volunteers and supporters.

At a time when all of our shops closed overnight and our fundraising activities had to stop with immediate effect, we were blown away by the response to our Coronavirus Emergency Appeal, which, combined with emergency government funding, meant that we could continue to provide our vital services. Each one of our remarkable supporters who contributed to the appeal helped to ensure that Sue Ryder was able to continue providing the palliative, bereavement and neurological support that we are so well known for, at a time when the nation needed us the most.

Across the organisation, our focus was on delivering the exceptional care we pride ourselves on, whilst contending with extraordinary circumstances. Colleagues from every corner of the charity really gave their all to keep the Sue Ryder flag flying – it truly was a team effort. The grit, determination and sacrifices of our frontline healthcare colleagues were nothing short of inspirational. They came to work day after day whilst contending with the most challenging of circumstances with courage, professionalism, dedication and compassion.

Despite the challenges, throughout the year we continued to make progress with our ambitious five-year strategy, More Care for More People. Significant achievements in 2020–21 included the expansion of our Online Bereavement Support, with over 128,000 people visiting our Online Bereavement Community and a significant increase to our team of online bereavement counsellors in response to growing demand.

We made great strides with our influencing strategy as we launched our campaign to support the right to statutory bereavement leave, which has so far seen over 40,000 people sign up to support our campaign. We also commissioned an independent report to help amplify our call to government to end the funding crisis facing the independent hospice sector and commit to covering 70% of the costs of specialist palliative care provision. And we were delighted to officially open the Sue Ryder Neurological Care Centre in Lancashire which will provide specialist neurological care, rehabilitation and support through its state of the art facilities for many people for years to come.

The Executive Leadership Team are immensely proud of everyone at Sue Ryder for ensuring that we stayed true to our vision, mission and values despite the challenges of an incredibly testing year. To all of our supporters who have stood alongside us, thank you so very much – we could not have done it without you.

Best wishes,

Heidi Travis
Chief Executive
Our vision, mission and values – what we believe

At Sue Ryder, we’re passionate about giving people the quality of care they deserve.

For us to achieve this, we have a clear vision of what we want to achieve, an ambitious mission, and we operate with three organisational values.

Our vision

We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

Our mission

Sue Ryder supports people through the most difficult times of their lives. Whether that’s a terminal illness, the loss of a loved one or a neurological condition – we’re there when it matters. Our doctors, nurses and carers give people the compassion and expert care they need to help them live the best life they possibly can.

Our values

1. Supportive
   - We’re here for people when it matters, and that includes each other. We encourage, inspire and help one another, and celebrate success.

2. Connected
   - When we work together, we can achieve so much more for the people we support. We respect that everyone at Sue Ryder plays a vital part in delivering quality care.

3. Impactful
   - We find new and inspiring ways to positively impact the people we support – from small gestures to big breakthroughs. This proactive attitude drives us forward to achieve our ambitions and transform lives.
Our vision, mission and values – what we believe
Putting our work in context – what we do

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassion and expert care they need to help them live the best life they possibly can.

We take the time to understand what’s important to people and give them choice and control over their care. This might be providing care for someone at the end of their life, in our hospices or at home. It could be helping someone manage their grief when they’ve lost a loved one. Or providing specialist care, rehabilitation or support to someone with a neurological condition.

We want to provide more care for more people when it really matters. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.
Our service map – where we work

**Supported living**
14. Sue Ryder Supported Living Unit, Aberdeen
15. Sue Ryder Supported Living Unit, Ipswich
16. Sue Ryder Supported Living Unit, Lancashire

**Palliative care**
1. Sue Ryder Duchess of Kent Hospice, Reading, including Reading and Wokingham community services and Sue Ryder Palliative Care Hub Berkshire
2. Sue Ryder Leckhampton Court Hospice, Cheltenham, including Gloucestershire community services
3. Sue Ryder Palliative Care Hub South Oxfordshire
4. Sue Ryder St John’s Hospice, Moggerhanger, including Sue Ryder Palliative Care Hub Bedfordshire
5. Sue Ryder Thorpe Hall Hospice, Peterborough, including community services
6. Sue Ryder Wheatfields Hospice, Leeds, including community services
7. Sue Ryder Manorlands Hospice, Keighley, including community services

**Neurological care**
8. Sue Ryder Neurological Care Centre The Chantry, Ipswich
9. Sue Ryder Neurological Care Centre Lancashire, Preston
10. Sue Ryder Neurological Care Centre Dee View Court, Aberdeen
11. Sue Ryder Neurological Care Centre Stagenhoe, Hitchin

**Homecare and neurological community services**
12. Sue Ryder Homecare, Stirling
13. Sue Ryder Dementia Together, Suffolk

**Sue Ryder Online Bereavement Support**
(National)
Our five-year strategy

Our five-year strategy from 2018 to 2023 has the key objective to provide ‘more care for more people’.

This means more palliative and neurological services and bereavement support delivered in the community and online, as well as through building greater partnerships with other healthcare providers. It sets out our ambitions to make sure our buildings are fit for purpose and to expand these, where possible, in the future.

In 2020–21, the third year of our strategy, we have:

- **Continued to expand our palliative community services** – enabling us to care for more people at home throughout the pandemic.

- **Developed our neuro-rehab services** – providing shorter, more intense periods of rehabilitation treatment to help people return home and regain their independence.

- **Expanded our Online Bereavement Support services** – responding to increased demand by expanding our services, promoting them more widely and increasing our capacity.

- **Campaigned for palliative funding** – calling on the Government to provide sustainable funding for the palliative care sector.

- **Adapted quickly to new ways of working** – using virtual technology to continue to deliver care despite challenging coronavirus restrictions.

We are proud of our achievements and the way in which we have responded to the pandemic, which has enabled us to continue to provide outstanding care for the people who need our support.
Our year in numbers

- 5,463 people were cared for in our hospices or by our Hospice at Home teams.
- 241 people were supported by our neurological care centres.
- 1,061 Sue Ryder Nurses and Nursing Assistants.
- We have 1,061 Sue Ryder Nurses and Nursing Assistants.
- We provide 830,000 hours of end of life care to thousands of families every year.
- 1,800,000 Sue Ryder Lottery tickets were purchased, raising £1.8m.
- 1,032 people took part in the December Daily Dash clocking up 160,000km of dashing.
- 84p in every £1 spent goes towards patient care.
- 97% agreed that having bereavement counselling online made it easier for them to access support.
- 89% of our Online Bereavement Community users said the site helped them to feel less alone.
- 99% of people cared for by our hospice teams would recommend our care to friends and family.
- 686 people received free Online Bereavement Counselling.
- 95% agreed that Sue Ryder Online Bereavement Counselling helped them to feel less alone in their experience.
- 97% agreed that Sue Ryder Online Bereavement Counselling helped them to feel less alone in their experience.
- 86% found our Online Bereavement Community easy to use.
- 128,253 people visited the Online Bereavement Community.
- £55m: It costs us over £55m to run our services each year.
- £3.65m: £3.65m was donated by people leaving a gift in their Will.
- £2.6m: £2.6m was donated by Trusts and Foundations to support our work.
- £8.2m: £8.2 million was donated by people leaving a gift in their Will.

It costs us over £55m to run our services each year.

£55m

84p in every £1 spent goes towards patient care.

£2.6m

found our Online Bereavement Community easy to use.

86%

686 people received free Online Bereavement Counselling.

89% of our Online Bereavement Community users said the site helped them to feel less alone.

97%

95% agreed that Sue Ryder Online Bereavement Counselling helped them to feel less alone in their experience.

99% of people cared for by our hospice teams would recommend our care to friends and family.

£8.2 million was donated by people leaving a gift in their Will.

£3.65m

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There when it matters – responding to Covid-19

During this reporting period, Sue Ryder services have cared for people with suspected or confirmed Covid-19. Our response ensured all services were fully prepared, with a major incident team managing the key risks to the organisation.

We reviewed our business continuity plans regularly to monitor the key risks, which included disruption to supplies, staff shortages, loss of income and increased costs. We also audited our infection prevention and control (IPC) practices on a monthly basis and delivered specific IPC training.

We established daily reporting to identify the number of cases affecting our services and challenges with supplies. Above all, we worked hard to ensure our care environments were safe for our colleagues and the people in our care. Each of our hospices and neurological care centres have a risk assessment for all the services they provide, which is reviewed and updated on a monthly basis.

The flow of visitors to our hospices and neurological care centres has been restricted during the pandemic in accordance with government guidance. Although this has been incredibly difficult for all of our teams, it has been necessary to protect the vulnerable people in our care. We have fully utilised video calling and telephone calls for our service users to keep in touch with their loved ones and, where safe to do so, we have supported face-to-face and outside visiting with the correct precautions in place.

Our colleagues have worked from home where possible, with staff absence in our healthcare teams supported by bank staff and colleagues who were redeployed and suitably trained. We have continued to assess staff wellbeing throughout the pandemic, with regular surveys, debriefing sessions, wellbeing information and manager support. We are also implementing an ongoing wellbeing and recovery plan for all our healthcare teams.

Our clinical teams have innovated and adapted their therapeutic approach for people receiving care at home to continue being there when it matters virtually. This includes our day service provision, with key programmes, such as breathlessness and fatigue, being provided online. We have worked with many service users to develop these programmes and continue to improve them through their feedback, ensuring the quality of services remains high and responsive to need. The governance of care quality has also continued throughout the pandemic as per our usual processes.
There when it matters – Responding to Covid-19
Throughout the year, Covid-19 undoubtedly changed the way we deliver care. For instance, Personal Protective Equipment (PPE) added major challenges to care delivery. Some of the usual ways of supporting patients and families – with a touch or a smile – were lost and had to be achieved using different approaches, but the teams have worked tirelessly to continue to deliver outstanding care.

Here are some of the key ways we adapted our care to reach people who needed us during the pandemic:

- All of our hospices worked closely with local health protection teams and local Covid command teams to support system-wide plans and initiatives.
- We worked hard to help get as many patients as possible out of hospital and into their own homes.
- We widened our referral criteria to support with hospital discharges.
- Some of our community teams expanded their operating hours to be able to support people at home.
- Hospice at Home teams experienced an increase in their caseloads to be able to see as many people as possible and support carers.
- In some locations, we offered direct referrals from Ambulance services into the hospices.
- Where needed, we delivered 24-hour support lines for clinical needs and for bereavement support.
- Our In-Patient Unit (IPU) teams quickly developed safe ways of working, including:
  - red zones and green zones for patients
  - social distancing
  - patient testing
  - staff testing
  - staff taking on extra roles that would normally have been supported by volunteers
- We very quickly set up our services to be able to support patients virtually through Zoom.
- We set up a number of virtual day services, including:
  - chair-based exercises
  - relaxation
  - therapy
  - quizzes
- We set up virtual nursing and doctor assessments and symptom control.
- We offered patients in the IPU access to tablets to keep in touch with family and friends, and even used them to invite families to be part of virtual discussions with the patients and our medical team during ward rounds.
- We supported care homes with virtual education and advice sessions.
- Our family support and befriending teams supported patients by telephone or online.
At the same time, we carried on doing all the things hospices usually do that have such a big impact on people’s lives.

A message from Maria Turnbull, Service Director

Maria explains how our healthcare staff have been amazingly resilient in the face of the most professionally challenging year they have ever known:

“I’m so proud of the teams. They have humbled me this last year with their dedication. It has been very, very tough for frontline healthcare workers, they are all exhausted but they have carried on and on regardless.

“During all of the pandemic, the biggest challenge for our staff has been that they haven’t been able to give the type of care that they would like to. Whether that’s because PPE is getting in the way of them providing reassuring physical touch or smiling, or the fact they have had less time to spend with patients and their families – it all goes against the grain of what drives them.

“They pride themselves on doing the very best for our patients and their families. They want to go over and above, so that has been a struggle for them, but they have been absolutely amazing and their dedication has been unwavering.”
“I had great support from the Manorlands team... during an unbelievably sad time. They were all so supportive.”

Richard Stuttard, whose father, David, died in Sue Ryder Manorlands Hospice in 2020
Richard’s story

When David died at Sue Ryder Manorlands Hospice at the height of the coronavirus pandemic, his son, Richard, found himself searching for a fitting tribute to his father, and also to the staff who cared for him in his final days. David was never happier than when out walking in the Dales and Richard decided to honour his father’s memory with a walk of his own — a walk of 40 miles.

David was diagnosed with bowel cancer in 2017. He spent three weeks at Sue Ryder Manorlands Hospice in February 2020 while staff helped him to manage his symptoms. Afterwards, he was able to go home and spend time with his family, but with the introduction of lockdown in March 2020, his condition deteriorated quickly and he ended up in hospital. Nine days later Richard was told there was nothing more that could be done.

Richard told us:

“Fortunately Sue Ryder Manorlands Hospice had a bed for Dad. I couldn’t see him initially but I knew from when he was there earlier in the year what a great place it was. It was a difficult period but I had great support from the Manorlands team. It wasn’t just the medical and practical care, but the incredible emotional care shown to both my dad and to me during an unbelievably sad time. They were all so supportive. They must have been very stressed themselves with everything that was going on but they never let that show. They were all excellent.”

Wearing PPE, Richard was able to spend time with his father in the days before his death on May 27th. Richard has since completed a 40-mile walk in David’s memory, raising £4,200.

“It meant I could contribute to Manorlands, which has done such a great job, and it was a fitting tribute really because my dad loved walking.”
There when it matters – for people with complex neurological conditions

Specialist Neurological Care 2020–21

New models of care
We want to offer services that are at the forefront of neurological care, providing expert support and dynamic, person-centred care. We want to help create the best environment for clients to thrive in their everyday lives, therapy sessions and social activities.

Sue Ryder Neurological Care Centre Lancashire opening
In March 2020, we finished building our new centre in Preston, Lancashire – our biggest-ever building project. From the end of April, at the height of the first Covid-19 lockdown, the local Sue Ryder team began the huge task of moving our clients safely from Sue Ryder Cuerden Hall to the new state-of-the-art centre. Despite the challenges posed by the pandemic, the move was a success. Our staff and the people we care for have settled in well.

The purpose-built centre has 40 accessible en-suite rooms, including 14 rehabilitation beds, and four supported living apartments. With a wide range of facilities, including a rehabilitation kitchen, fully equipped gym and a hydrotherapy pool, the centre is set to become a key facility for neurological care in Lancashire.

Sue Ryder Neurological Care Centre Lancashire offers more opportunities for the people we care for, now and in the future, supporting the ambition set out in our five-year strategy to provide more care for more people.

Sue Ryder Neurological Care Centre Dee View Court expansion
With help from generous individuals and organisations, we have beaten our target of £3.9 million needed to expand the facilities at Sue Ryder Neurological Care Centre Dee View Court. The expanded centre now has 44 fully accessible en-suite rooms, eight of which offer apartment-style living.

The first residents were welcomed into the new extension at the end of 2019 and Sue Ryder Dee View Court has been operating at full capacity since the summer. The feedback we’ve received has been very positive. We have had to recruit a large number of new staff to meet the demands of the new centre’s expanded capacity.

Embracing technology during the pandemic
Covid-19 has made it necessary for all of the teams at Sue Ryder’s centres to think differently, become more flexible than ever and respond quickly to changing circumstances. The Neuro Rehab team at Sue Ryder Neurological Care Centre The Chantry is a good example of how teams have adapted and embraced technology to keep services operating and clients safe during the pandemic.

When Covid-19 struck, Sue Ryder The Chantry was suddenly faced with an influx of referrals, receiving more in one day than we had in the previous month. To meet this need, we had to become more confident with our grasp of technology – for example using video conferencing for patient review meetings and family education sessions, and helping patients keep in contact with family using a variety of platforms including Skype.

Usually, all patients are assessed face-to-face prior to admission but this was no longer possible. In response to this situation, we set up a pre-admission video call with the patient to answer their questions and observe part of a therapy session. This increased communication and sped up the referral process.

National lockdown came three weeks before we were due to move into our new building. I think if we’d have stopped and thought about what we were doing, and really considered the scale of the task, we’d have fallen over. But we did it, and it was the most amazing team effort. Absolutely everyone in our team played their role in getting us in and geared up to take clients.

Natalie Hilton, Head of Clinical Services, Sue Ryder Neurological Care Centre Lancashire
Although the Covid-19 situation has changed, many of these new ways of working will continue.

**Expanding Neuro Rehabilitation**

Since our initial three-bed pilot at Sue Ryder Neurological Care Centre The Chantry in 2019, our specialist neurological rehabilitation service has quickly become a key service. It has been expanded so that we can now care for up to 14 patients at Sue Ryder Lancashire and six at Sue Ryder The Chantry.

Both of these services have been in great demand, with Lancashire admitting 34 patients in the first year, and The Chantry admitting 28. Both centres offer intensive periods of physio and occupational therapy, as well as anti-gravity treadmills, and rehab kitchens, while Lancashire also has a hydrotherapy pool.

**Neuro Rehabilitation: the facts**

- At Sue Ryder Neurological Care Centre Lancashire, the average age of patients is 51. The youngest person we’ve cared for in 2020-21 is 23.
- Most of the patients – 16 in total – had an acquired brain injury.
- At Sue Ryder Neurological Care Centre The Chantry, the average age is 68. The youngest person we’ve cared for in 2020-21 is 38.
- Half of all patients returned to their own home after a period of rehab.

Maiya Alicia Leeke, one of our service users and Helen Lloyd, a Sue Ryder occupational therapist in the rehabilitation kitchen at Sue Ryder Neurological Care Centre Lancashire in Preston.
Laura’s story

Laura, 35, was admitted to the specialist intensive rehabilitation programme at Sue Ryder Neurological Care Centre Lancashire following surgery on an AVM (arteriovenous malformation) – abnormal blood vessels in her brain.

Here she describes how Sue Ryder’s expert team gave her a new lease of life.

“My time at Sue Ryder is the greatest gift I will ever receive in my life and I shall be forever grateful. Each and every member of staff did their best to make sure I felt comfortable.

“When I came in I was incredibly nervous, emotional and scared. This was the first time I had been unable to walk and in a wheelchair, which was incredibly daunting. It happened because I was placed in an induced coma after having a prolonged seizure. The year previous, it had been discovered I had an AVM in my left temporal lobe. After a craniotomy to remove it, I was still left with epilepsy. I have both epileptic and non-epileptic attacks, which I never could understand but during my stay at Sue Ryder many things were explained in ways I had never been given before.

“My therapy team – ‘wow’ is the only way to describe them. Ellie, Louise, Jenny and Trudy worked so incredibly hard to keep me going. I am a very emotional person and they really truly are an incredible team and I owe them so much. They are a blessing to have there.

“After the 12 weeks I left a new person. I left positive, strong and remarkably changed, able to do things I couldn’t do when I arrived. The whole place made a huge difference to me.

“I owe the rehab unit my chance of independence, my ability to work towards walking again, and a newfound self, physically and mentally. I want to return to volunteer, fundraise and help in any way I can to pay back my love for Sue Ryder. It’s truly a special place.”
I owe the rehab unit my chance of independence, my ability to work towards walking again, and a newfound self, physically and mentally.

Laura Bacon, who received intensive rehabilitation at Sue Ryder Neurological Care Centre Lancashire in 2020
There when it matters – for people coping with bereavement

Online Bereavement Support 2020–21

In the past year we’ve increased the promotion of our Online Bereavement Support, including promotion through GP surgeries. We’ve created three new case study videos – two for the Online Bereavement Community and one for the Online Bereavement Counselling Service which can be seen on our website. We have brought all three services together under the same umbrella to help people find the right service for them.

**Online Bereavement Counselling**

Following the launch of the upgraded platform in November 2019, we have continued to grow and expand our Online Bereavement Counselling team. Throughout the lockdown in 2020, we recruited additional counsellors to help manage the increasing demand and now have 12 part-time counsellors supporting our service users.

We introduced a new feedback questionnaire, sent six months after the end of counselling, to monitor the long-term impact of the service. We sent the first of these in December 2020 and, of those who responded, 76% felt better equipped to cope with their grief and bereavement following their sessions.

**Other key stats include:**

- 686 people were supported in 2020–21.
- 3,105 online sessions were delivered.
- 100% of those completing the survey reported a positive experience of the service.
- Across the year, our users reported an average rating of 4.6 out 5 for their experience of the platform.
- 97% agreed that they benefited from counselling.
- 97% agreed that having counselling online made it easier for them to access support.
- 95% agreed that the counselling helped them to feel less alone in their experience.
- 92% agreed that their sessions helped to improve their emotional wellbeing.

**Information and advice**

In the last year, we published a new advice page on ‘Grief and Coronavirus Lockdown.’ The Online Bereavement Counselling team also contributed to a number of new blogs about coping with the end of life and bereavement during lockdown. In total, there were 295,661 visitors to the online information pages.

**Top five advice pages by page views:**

1. How long does grief last? (103,390)
2. What to say to someone who has been bereaved (81,190)
3. How can I cope with bereavement? (15,982)
4. Telling a child a loved one is dying (14,108)
5. Helping someone close to death (13,069)

*It’s client-led, it went at my speed and addressed what I believed my needs to be but with helpful nudges to consider alternative ideas and approaches. It was not formulaic but responsive and non-judgmental. Being online meant it was comfortable being in my own home and the date and time options and flexibility meant I could fit it into my own requirements.*

*Online Bereavement Counselling client*

*People here have given me hope and advice that I couldn’t have received anywhere.*

*Online Bereavement Community member*
Online Bereavement Community

In 2020–21, there were 128,253 visitors to the Online Community, with an average of 3,141 posts and 455 new registrations per month.

In June, technical work was carried out to improve the visibility of the registration button on desktops. We also carried out a revision of the community guidelines and help section to make them easier to find and use. Since this work was done, we’ve seen a sustained increase in registrations.

We now have three Online Bereavement Community volunteers who spend two hours a week replying to posts on the community to ensure every member receives a reply and feels welcome.

In March 2021, we conducted our annual user survey to find out who was using the Online Bereavement Community and what impact it was having. We received 328 responses – nearly twice as many as last year. The answers we received provided the following insights:

- 94% of community members are bereaved.
- 93% of community members have not used a Sue Ryder service before (18% of these respondents had never heard of Sue Ryder).
- 24% do not have any sources of support other than the community (including no support from family and friends).
- 89% said the community helped them feel less alone.
- 76% said the community helped them feel more able to cope.
- 86% found the site easy to use – this is up from 82% last year, which may reflect community members gradually adjusting to the new platform that was changed in 2019–20.

Crucially, we discovered that the site provides benefits even for visitors who don’t register or post:

- Only 52% of respondents had been active on the site (through posting and/or sending private messages).
- 12% of respondents read posts on the community but did not have an account.
- Active and non-active users were equally likely to say that the site helped them feel less alone.

This service was excellent and so easy and quick to access. I felt respected and listened to at every point.

Online Bereavement Counselling client

Until I found this group I thought no one else could have gone through the same as me.

Online Bereavement Community member

Our Online Bereavement Community supports bereaved families, enabling us to be there when it matters.
“It was so easy to use and the biggest help of all was seeing that I wasn’t alone. People on the Online Bereavement Community understand.”

Heather Whittaker, who became part of Sue Ryder’s Online Bereavement Community after her husband, Pete, died in 2019
Heather’s story

Heather turned to Sue Ryder’s Online Bereavement Community for support following the death of her husband, Pete, in April 2019, and found the site particularly helpful during the isolation of the coronavirus pandemic. After almost three months of lockdown, Heather’s dad, Paul, also died suddenly on June 17, 2020.

Heather takes up the story:

“I knew when we got married that Pete had cystic fibrosis and we both knew it wasn’t going to be easy but as the years went on we thought he might be lucky. We had just celebrated our 25th wedding anniversary when Pete was suddenly taken ill. He was admitted to hospital on the Wednesday and he passed away in the early hours of the Saturday. I was in total shock.

“Nobody sits you down after you lose someone and tells you how to cope but I think after a period of time you understand that you are more alone in your grief than you would like to be. Sometimes it can be hard to talk to your family or friends. Part of me wanted to find a local support group but I just didn’t have the confidence. I found Sue Ryder late one night when I was really upset. It was so easy to use and the biggest help of all was seeing that I wasn’t alone. People on the Online Bereavement Community understand. What you read on the site reassures you that grief takes many forms and everyone has their own way of coping.

“I was just starting to find the confidence to go out with friends when lockdown started. Then on June 17th, the call came to say Dad had gone into cardiac arrest. Losing your dad is very different to losing your husband but it brought all those feelings back to me. I have lost two of the most influential men in my life in such a small space of time. My old life is hardly recognisable.

“I think there will be a lot of people suffering unnecessarily on their own as a result of Covid and the lockdown and not knowing where to turn. Hopefully they will find Sue Ryder even quicker than I did and start to feel not so alone in their grief.”
Using our voice to help the people we support be heard

Influencing models of care is a key part of our work. Our Influencing team works with and for the people we support, and other people affected, to ensure their voices are heard.

In 2020–21 we:

- Mobilised our supporters to email their MP and/or MSP highlighting our urgent need for PPE at the start of the pandemic. As a result, members of Parliament made representations to the government on our behalf, helping to improve the situation at a local level.

- Successfully made the case for emergency funding for the hospice sector, in partnership with other leading hospice providers, resulting in £325m for the sector over the course of the year. This came about in no small part due to the support of MPs local to our hospices.

- Co-developed Scotland’s first-ever Bereavement Charter, supporting grieving individuals and communities. The charter is particularly timely in light of the challenges raised by Covid-19 around the experience of bereavement.

- Called on the Government to change their support bubbles policy to allow bereaved households to form a ‘bereavement support bubble’ with another household. 19 MPs signed our cross-party letter to the Health Secretary, raising the profile of bereavement support further up the Government’s agenda.

- Co-authored a report proposing policies to improve the support offered to carers after bereavement, resulting in a members’ debate in the Scottish Parliament.

- Launched a digital campaign calling on the government to introduce two weeks’ statutory paid bereavement leave for all workers. Over 40,000 members of the public and nearly 40 cross-party MPs have so far backed our call. This groundswell of support has led to debates in the House of Commons and meetings with officials from the Department of Business, Energy and Industrial Strategy. To continue to keep up the pressure on the Government, we led a coalition of MPs and peers of all parties, as well as charities, businesses, faith leaders and healthcare organisations in writing an open letter to the Business Secretary to secure a commitment to include a statutory right to bereavement leave in the upcoming Employment Bill.

- Published a policy paper with recommendations for the Government and the NHS to embed a human rights approach to end of life care, and co-hosted an event with the Royal College of Nursing and Baroness Finlay of Llandaff, sharing Sue Ryder’s vision and expertise in this field.

- Submitted crucial evidence to consultations held by stakeholders ranging from select committees to NHS England, advocating for our service users and informing the direction of future policies.

- Kickstarted our multi-year campaign for the Government to end the funding crisis facing the independent hospice sector and commit to covering 70% of the costs of specialist palliative care provision. Our research shows hospices will be required to raise almost £600 million each year in order to stay open and meet the increasing demand for our care over the next decade. To ensure these vital services can continue to support all those who need it, we are calling on the Government to urgently commit to an increase in statutory funding.
Statutory Bereavement Leave

The situation

Research commissioned by Sue Ryder into the impact of bereavement* has demonstrated the need for better support for bereaved people in the workplace. Workplace leave for a bereavement is a support measure through which grief, and its associated emotions, can be managed.

In a UK-wide survey of working age adults experienced in bereavement, at least 60% said that employees often felt pressure to return to work immediately after someone close died. Some were forced back to work without being given the time to grieve (Fear of losing their job). This can negatively impact the bereaved person and the wider economy.

Not only can bereavement severely compromise the grief and emotional wellbeing of the bereaved and their immediate family, it can also have a financial impact on the UK economy. It is estimated that bereavement costs the UK economy an estimated £22.9bn a year, due to presenteeism, absenteeism and reduced employment. While bereavement will remain a fact of life, if just a fraction of the costs associated with bereavement could be mitigated through better support by employers it would provide a considerable boost to the economy.

Typically, UK companies offer 3-5 days compassionate leave for the death of a close relative, but it’s entirely at the discretion of employers. That leaves potentially thousands of people unable to take leave, without fearing what it would mean for their job security. At a time when an individual is experiencing immediate grief, they should not have to worry about work at the same time.

In response to the ‘Jack’s Law’ campaign, the Government has now given a right to statutory bereavement leave of two weeks for parents if they experience the death of a child under the age of 18.

What should change

We believe that losing any immediate family member can be deeply devastating and as such, statutory paid bereavement leave of two weeks should be introduced for all these types of bereavement.1

1 An immediate family member would be a spouse or civil partner, partner, parent (including step-parent), sibling (including step-sibling), grandparent or child (including child over the age of 18).

One of Sue Ryder’s bereavement service users lost her husband to coronavirus earlier this year but was unsupported by her employer:

“There was certainly pressure to get back to work. They called me every day which was just too much – even on the day of my husband’s funeral. It made me feel very under-valued... I had to go through attendance management and there were official letters implying I could be dismissed.”

In a UK-wide survey, 60% of people who felt well supported by their employer after experiencing a bereavement cited being allowed enough time-off and not being pressured to return to work when they were not ready as key actions their employer took.

Angie Cooper, one of our Sue Ryder Healthcare Assistants.
Financial Summary 2020/2021

Overview

Sue Ryder reported net income of £11.1m in the year compared to net expenditure of £4m in 2019–20. The effect of the Covid-19 pandemic on our finances has been significant. The results for the year include the closure of non-essential retail for a total of six months over the course of the year, and the cessation of face-to-face and public fundraising activities due to lockdown restrictions. In response, we developed and launched a number of fundraising campaigns, which, combined with local and central government Covid-19 support funding provided in response to the pandemic, ensured that we could continue with the provision of our charitable activities throughout the year. The results are inclusive of this Covid-19 support funding which comprised: £20.8m of hospice funding awarded by NHS England; support of £1.3m received from Clinical Commissioning Groups and local authorities; £10.8m from the Coronavirus Job Retention Scheme; and £3.3m from the Retail, Hospitality and Leisure Grant Fund.

Statement of Financial Activities summary and net calculations

<table>
<thead>
<tr>
<th></th>
<th>Income £000s</th>
<th>Expenditure £000s</th>
<th>2020–21 Net £000s</th>
<th>2019–20 Net £000s</th>
</tr>
</thead>
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<tr>
<td><strong>Charitable activities</strong></td>
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<tr>
<td>– End-of-life care</td>
<td>32,929</td>
<td>(25,310)</td>
<td>7,619</td>
<td>(14,801)</td>
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<td>– Neurological care</td>
<td>18,234</td>
<td>(19,788)</td>
<td>(1,554)</td>
<td>(2,690)</td>
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<td>– Homecare Scotland</td>
<td>1,575</td>
<td>(1,259)</td>
<td>316</td>
<td>447</td>
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<tr>
<td>– International</td>
<td></td>
<td>(80)</td>
<td>(80)</td>
<td>(64)</td>
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<td><strong>Raising Funds</strong></td>
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<tr>
<td>– Fundraising</td>
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<td>17,797</td>
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<td>– Retail contribution (deficit)/surplus*</td>
<td>(26,081)</td>
<td>-</td>
<td>(26,081)</td>
<td>724</td>
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<tr>
<td><strong>Other</strong></td>
<td></td>
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<td></td>
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<tr>
<td>– Other</td>
<td>2,456</td>
<td>-</td>
<td>2,456</td>
<td>2,244</td>
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<tr>
<td>– Support</td>
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<td>(5,456)</td>
<td>(5,439)</td>
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<td>– CJRS and RHLGF Covid support</td>
<td>14,150</td>
<td>-</td>
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<td>-</td>
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<td><strong>Net income/(expenditure)</strong></td>
<td><strong>64,252</strong></td>
<td><strong>(55,085)</strong></td>
<td><strong>9,167</strong></td>
<td><strong>(3,299)</strong></td>
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*2019–20 Retail contribution includes £700,000 of Retail, Hospitality and Leisure Grant funding. Such contributions in 2020–21 have been classified in Local and Central Government Covid-19 funding.

The table shows the net income and expenditure and cannot be directly compared to the SoFA which reports the gross values.

Unaudited accounts for the year ended 31st March 2021.
Thank you for your support

Thank you to everyone who supported Sue Ryder through this very challenging year.

We can only be there for people when they need us most thanks to the generosity and kindness of our supporters and volunteers, and we are especially grateful to everybody who supported our emergency appeal ‘We can’t stop caring’, which helped to reduce the funding gap that we were left with when our shops closed and our fundraising events were cancelled.

To find out more about how to donate, fundraise, or volunteer for Sue Ryder visit sueryder.org/support-us.
Thank you for your support

Lisa, Isabelle and Isla, about to take on the Starlight Hike.
There when it matters

Sue Ryder supports people through the most difficult time of their lives. For over 65 years, our doctors, nurses and carers have given people the compassion and expert care they need to help them live the best life they possibly can.

We take the time to understand what’s important to people and give them choice and control over their care. This might be providing care for someone at the end of their life, in our hospices or at home. Or helping someone manage their grief when they've lost a loved one. Or providing specialist care, rehabilitation or support to someone with a neurological condition.

We want to provide more care for more people when it really matters. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

For more information about Sue Ryder

call: 0808 164 4572  
email: healthandsocialcare@sueryder.org  
visit: www.sueryder.org

/SueRyderNational  
@sue_ryder

Sue Ryder, 183 Eversholt Street, London, NW1 1BU

This document is available in alternative formats on request.