MOUNTBATTEN ISLE OF WIGHT

England & Wales · Charity number 1039086

Details

Other names	EARL MOUNTBATTEN HOSPICE, THE ISLAND HOSPICE
Status	Registered
Legal form	Charitable company
Company number	02929267
Registered	1994-07-01
Register	View on the Charity Commission register

Contact

Address	Mountbatten Isle Of Wight Halberry Lane Newport PO30 2ER
Phone	01983529511
Email	info@mountbatten.org.uk
Website	www.mountbatten.org.uk

Activities

Objects: The proposed objects of the Charity (“the Objects”) are;a) The relief, care and treatment of sickness and those who are sick (including, but not limited to, those diagnosed with a terminal or life-limiting condition and the elderly) through the provision of hospice care, short-term residential care, in-patient and out-patient services, and at-home support, and such other wholly charitable means as the trustees think fit;b) The provision of activities, facilities, support and services for:i. such individuals who may receive relief, care and treatment under object (a);ii. the families and carers of such individuals who may relief, care and treatment under object (a); andiii. the benefit of the public in the interests of social welfare with the objects of improving their condition of life;both before and after bereavement, including (without limitation): providing information and advice to encourage open discourse about attitudes towards death, dying and bereavement, psychotherapy and counselling, and other activities and facilities to promote and support mental and emotional health and wellbeing, including communal activities such as a community choir, mental health support groups, and the provision of religious and non-religious services including provision of space for quiet contemplation; andc) The advancement of palliative care through the provision of funds and facilities for research, educational facilities and training in the field of palliative care and related fields of study.

Activities: The provision of palliative care

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Classification

- **How:** Provides Services
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups

Geography

- Isle Of Wight

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£17,925,002	£18,622,569	£16,925,275	415
2024-03-31	£17,475,703	£19,099,414	£17,661,802	414
2023-03-31	£15,163,970	£18,630,507	£19,011,634	429
2022-03-31	£19,306,204	£16,679,353	£22,899,171	381
2021-03-31	£16,776,966	£14,536,910	£19,987,119	353

Trustees

Name	Role	Appointed
Andrew Charles Neill		2022-07-21
Charlie Panayi		2024-07-25
Dr John Sichel		2024-07-25
Dr Tim Peachey		2024-07-25
Kate Collins		2024-07-25
Michael Acland		2018-07-19
Sir Ian Cheshire		2020-07-10
Stephen John Izatt		2022-07-21
Vicky Hastings		2024-07-25

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MOUNTBATTEN ISLE OF WIGHT

England & Wales - Charity number 1039086

Accounts

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086



Mountbatten Isle of Wight Limited

Incorporating:
Mountbatten Isle of Wight Limited
Mountbatten Hampshire

Report and financial statements for the year ended 31 March 2025

Contents

Reference and administrative information	1 - 2
Statement from the CEO	3
Statement from the Chair of Trustees	4
Governance	5 - 6
Background and Strategy	7 - 9
Strategic report – Objectives & activities	10
The Mountbatten pyramid	11 - 12
Key achievements and performance	13
Services across the Mountbatten Group	14 - 19
Rehabilitation and Enablement Services	19
Psychology and Bereavement Service	20 - 21
Public & Community Engagement	22
Quality	23 - 24
Achievements and performance	25 - 29
Information governance	30
Future plans	31
Information Technology	32 - 34
Education and Training	35 - 40
Communications	41 - 42
Retail	43 - 44
Commercial Development	44
Estates and Facilities	45 - 49
Catering and Hospitatility	49
Mountbatten's People	50
Trustees' duty to promote the success of the Charity – Section 172 statement	51 - 53
Sustainability and carbon reporting	54 - 55
Financial review	56 - 57
Public benefit statement	57
Principal risks and uncertainties	58 - 59
Statement of trustees' responsibilities	60
Independent auditor's report	61 - 63
Consolidated statement of financial activities (incorporating an income and expenditure account)	64
Balance sheet	65
Consolidated statement of cash flows	66
Notes to the financial statements	67 - 93

Mountbatten Isle of Wight Limited
Reference and administrative information

Status and structure:	Mountbatten Isle of Wight Limited operates as a charitable company limited by guarantee	
Company number:	02929267	
Charity number:	1039086	
Registered office and operational address:	Mountbatten Isle of Wight Limited Halberry Lane Newport Isle of Wight PO30 2ER	
Trustees	Trustees are also Directors under company law:	
1 Resources Committee Member	Sir Ian Cheshire 3, 4	CHAIR
2 Services Committee Member	M Acland 1, 3, 4	Vice Chair
3 Isle of Wight Trading Company Director	A Neill 1,3, 4	Chair Resources Committee
6 Hampshire Trading Company Director	B Halliday 1, 2, 3, 4	
	A Stables 2, 3, 4	(resigned August 2024)
	W Murwill 2, 3, 5,	(resigned August 2024)
	S Izatt 1, 3	
	M Forrest-Charde 2, 3, 4	(resigned August 2024)
	K Collins	(appointed July 2024)
	V Hastings	(appointed July 2024)
	C L Panayi	(appointed July 2024)
	T Peachey	(appointed July 2024)
	J Sichel	(appointed July 2024)
	A Gornall	(appointed July 2024 and resigned October 2024)
Company Secretary	W Wright	(resigned July 2024)
	M Edmonds	(appointed August 2024)
Senior Management Team	N Hartley	Chief Executive
	R McGregor	Deputy Chief Executive
	L Smith	Director of Nursing
	M Edmonds	Director of Finance
	D Hodgkins	Director of People Services
	J Hazeldine	Director of Psychosocial and Spiritual Care
	D Fleming	Director of Quality, Data and Information
	S Lewis	Director of Commercial (Appointed October 2024 and resigned July 2025)

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	CCLA Fund Managers Ltd 85 Queen Victoria Street London EC4V 4ET
Investment Managers:	Ruffer LLP 80 Victoria Street London SW1E 5JL
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

Mountbatten Isle of Wight Limited
Statement from the CEO
For year ended 31 March 2025

As my final annual report as the CEO of Mountbatten Isle of Wight and Mountbatten Hampshire, there is an opportunity to reflect on the last ten years or so, a time to focus on what we have achieved together, our developments, our successes, our challenges and what still needs to be done. However, we stand at a crossroads, particularly with the future financial support of hospices under critical threat from the local NHS and it is clear that we stand on the edge of a fight to stand up for what is right and what dying and bereaved people should categorically expect from the statutory sector.

There is no question that Mountbatten has changed beyond all recognition in the last ten years, both the services that the organisation delivers on behalf of our local communities, but also the sheer numbers of people that we are reaching stretching the scale of our endeavours and our influence both in and beyond the sector. There is nothing wrong with us all being very proud of what we have and what we continue to achieve for those who are at their most vulnerable

Mountbatten's work really matters, particularly at this time when hospice and end of life care are under threat within the wider UK Health and Social Care system through disinvestment in funding and financial investment. It is also both disappointing and frustrating that it still remains significantly easy for the dying and the bereaved to be ignored within the NHS, highlighted by current funding cuts and the lack of understanding of the sector by commissioners who can no longer afford to deliver the services that our populations need and deserve. It is a sorry state of affairs to be reminded of the terrible deficits in end of life care which were rife in the new National Health Service of the 1940s where dying was not part of the vision and when the new modern hospice movement rose up in protest and rebellion.

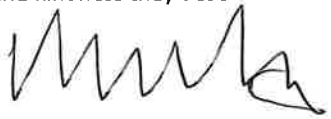
The modern hospice movement has developed during the lifetime of many of us and will reach its sixtieth anniversary in 2027. Our generation should be so rightly pleased of this achievement, where we have protested against a Health and Social Care sector who in the past so easily misplaced and forgot the dying, foolishly thinking that they cannot come back and complain about the lack of care they have received. As the dying and the bereaved are marginalised once more, it is Mountbatten's job to both complain and to campaign and we must never stop doing this.

It has become clearer to me over the past decade, that through our public engagement work and Advance Care planning drive, our local communities understand Mountbatten's commitment and service to them more and more. Through listening to those who live locally and hence delivering both what our local population want and need when they and their loved ones are at their most vulnerable, Mountbatten remains firmly in the hearts and minds of those who are touched by our devastating duo of expertise and kindness. This web of intense and dedicated relationships remains Mountbatten's most powerful weapon. The support we have through our many fundraising and income generation activities is also quite simply extraordinary. As demand grows and Mountbatten's services become more stretched, the understanding and commitment from those who live across our catchment areas matters more than ever and will continue to do so whilst healthcare commissioners continue to ignore their responsibilities to those they are meant to be serving.

It seems to me that we are on the verge of a battle with our local healthcare commissioners. This battle will not be between Mountbatten and them, but between our local communities and them. I know that our local population will not sit back and see their commitment to Mountbatten's vision and mission be destroyed.

Dying and bereavement are major events in all of our lives and when we are facing both of these issues we deserve the very best from those who are trusted to both fund and to provide the care we need.

I wish Mountbatten well as it stands on the verge of a new era and wholeheartedly support the appointment of Becky McGregor as my successor. I will always continue to support this remarkable organisation from the sidelines and will always be prepared to take my place on the battlefield to ensure that our communities will always receive the expertise and kindness they deserve when they come to the end of their lives or when they face bereavement.



Nigel Hartley MBE
CEO Mountbatten
24 July 2025

Statement from the Chair of Trustees

Mountbatten continues to serve its users on both sides of the Solent, both in our hospices and more commonly in their homes, as demand for our services rises with every passing year. The quality of personal care our teams provide is simply outstanding and I would like to thank all our colleagues for their brilliant work.

We have also seen the announcement of a forthcoming change of leadership, with Nigel Hartley MBE stepping down as Chief Executive and Becky McGregor being confirmed as his successor, taking over in the autumn. Nigel has been a simply fantastic Chief Executive over his 11 years, transforming the organisation into the nationally recognised leader it is today. We will very much miss him but are also grateful that he has been able to develop such an able successor in the person of Becky. The charity is in good health thanks to Nigel's excellent stewardship, and I want to formally thank him for his great service.

As you will see in the accounts we had a more positive year on the financial front, reducing the deficits year on year, despite continuing challenges, especially in limited support from the NHS. Given new levels of national insurance costs, we face more headwinds this year with significant uncertainty on future NHS funding models.

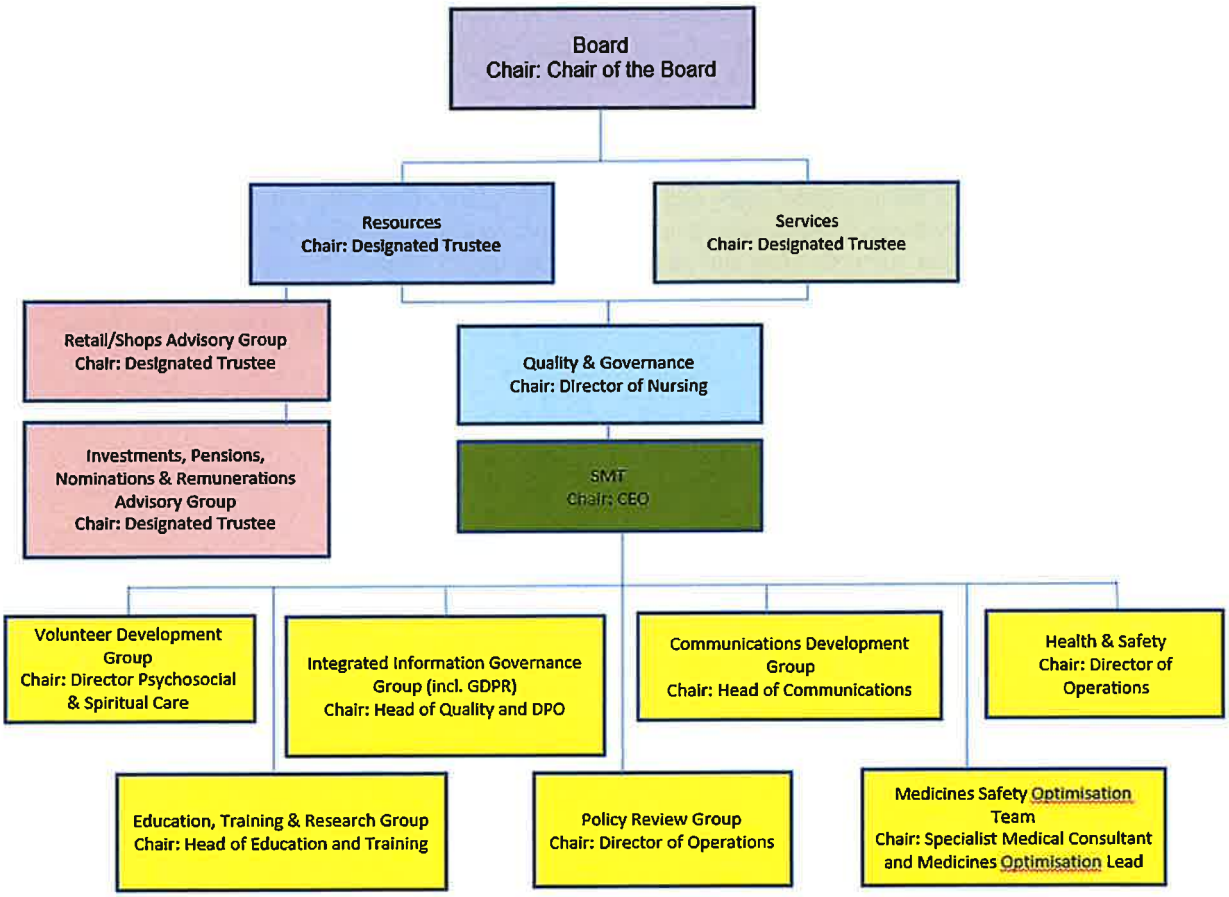
All that means that we depend more than ever on public generosity to maintain our vital operations. Thank you to all who supported us in this year and an especial thanks to all who walked on this year's Walk the Wight, which again set a new record for money raised. Also this year we saw a change of Patron, with Sir Martin White handing over to Alan Titchmarsh CBE, and we very much appreciate Martin's many years of service. Finally, I would like to thank my board of trustees for their hard work and support over the year!



Sir Ian Cheshire
Chair of Trustees
Mountbatten
24 July 2025

Governance

The Governance of the Mountbatten Isle of Wight Limited is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM but may also be co-opted to serve at any time.
The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms are in the best interests of the Hospice.

Trustee induction and training

New Trustees are invited to an induction programme which includes a tour of the Hospice sites with presentations by the Chair, Chief Executive Officer and Senior Management Team. Comprehensive information is provided about the operation of the Hospices and national trends and developments in hospice/end of life care, together with details of responsibilities and expectations as trustee.

Management

Mountbatten Isle of Wight Limited is the member and ultimate operator of Mountbatten Hampshire Limited. Although the two hospices, Mountbatten Isle of Wight and Mountbatten Hampshire continue to remain separate entities, which reassures all of the communities involved in supporting both hospices that funds raised locally will continue to go towards each separate organisation, both hospices now form 'The Mountbatten Isle of Wight which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely but not wholly, common to both Charities. Details of the Governance arrangements are shown in the diagram above.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension, Nominations and Remuneration Advisory Group. The charity aims to match Agenda for Change terms and conditions where it is financially viable to do so, as part of our recruitment and retention strategy for key clinical roles and this is reviewed on an annual basis. Staff not covered by this payment structure are paid following regular market surveys to ensure that the Charity pays fair, market linked salaries which are reviewed annually as part of the budgeting process for the Charity.

Background and strategy

Mountbatten Isle of Wight Limited was opened in 1982 and Mountbatten Hampshire Limited was opened in 1977. Our Mountbatten group strategy is set on a five- yearly basis and reviewed regularly by the Board and its committees. March 2020 saw the start of a new and dynamic five-year strategy, which we have worked hard to implement together with our staff, volunteers and local community. A suite of strategic implementation plans underpin the strategy and these are reviewed regularly. A new strategy will be developed in the latter half of 2025.

In addition to developing the organisational strategy with the CEO and Senior Team, trustees, and wider stakeholders, we regularly consider how planned services and developments will contribute to the defined objectives. All our charitable objectives as agreed with the Charity Commission are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2025.

Mountbatten's teams of staff and volunteers now support well over 3,000 people on any one day across the communities of the Isle of Wight, Southampton City, and North, Mid and South Hampshire. This past year, we have continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has continued to be inspired by our local population needs with a series of developing and innovative services in line with our current 2020 Strategy, all of which are detailed and outlined in this report which have supported Mountbatten to achieve scale which is a main strategic aim. A useful measure of this is that we are now touching around 70% of all deaths on the Isle of Wight, and we push forward to reach a similar level in Hampshire. Some of our patients will have cancer; an increasing number will have long-term conditions such as heart failure or lung disease; others will have neurological conditions including motor neuron disease and multiple sclerosis. As Dementia is now the biggest cause of death in the UK, we increasingly support people with dementia and other older-age related illnesses. In fact, it is clear that old age and frailty are now a terminal illness for many. We have the capacity to support our extensive community services with care for people in 16 beds at our Mountbatten Isle of Wight building in Newport and 21 beds at our Mountbatten Hampshire building in Southampton West End as well as offering support to many more within our Mountbatten John Cheverton Self -help and Day and Rehabilitation Centre on the Isle of Wight and our Hazel self-help and Day and Rehabilitation Centre in Southampton . However, our buildings are just the 'tip of the iceberg'. We support people to live well until their death and we will do everything we can to enable our patients to die in their preferred place, which for many people will be their own home. We support families, close friends and carers both during a person's illness and after death because when someone is very ill, we know that many people's wellbeing is affected and this can last over years if not supported at the time when needed. Mountbatten is also the largest provider of end - of - life care education across our communities and our growing Education programmes ensure that we train other agencies, such as the NHS, Domiciliary Care Agencies and Care Homes in order to underpin and to extend our absolute insistence on high quality care as well as our reach and our influence. In 2017, Mountbatten Isle of Wight was rated as 'Outstanding' by the Care Quality Commission (CQC). In 2021, Mountbatten Hampshire was rated as 'Good' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

As already mentioned, our current strategy outlines the approach that the Mountbatten Group will take from 2020 onwards to deliver a new Mountbatten model of care and support for the last years/phase of life (the last five years of life) across our local communities. We began by articulating our three strategic imperatives for the short, mid and long-term. We followed on by developing our new model through a series of workshops and open meetings with staff, volunteers, users of our services and a wide range of stakeholders, focussing on five key implementation areas:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteer offer
3. Developing a sha red, common language about what Mountbatten does, in partnership with our communities
4. Developing and sustaining our impact for the future
5. Developing robust education and training programmes across our communities, including the local Health and Social Care systems

The important theme of working in partnership to achieve our aims will run through every area of our strategy. Our Mountbatten model has also been developed utilising our many collective years of experience and acquired expertise. Our approach is updated annually through engaging with all stakeholders, to ensure that we keep pace with both local and national changes and challenges. Each key area is underpinned by robust operational implementation plans which are reviewed and presented to our Board of Trustees regularly.

We identified some years ago that we were not going to be able to continue to meet the growing needs of our local communities by delivering our services in the way which we always had done. The growing older population, together with radical changes in the ways that people are both living and dying, provides us with serious challenges of how we are going to meet the needs of a community who are living longer and therefore dying more slowly. We know that most of our geography is thought to be around 15 years ahead of the rest of the UK in terms of demographic, and the fact that we know that there will be around a 40% increase in need for end of life care across the UK by 2040 is already being recognised as a challenge for the services which we deliver. There are currently four very clear stressors:

1. A growing number of people needing our care and support, most of whom are living their last phase of life (five years) with a range of complex comorbidities
2. A lack of both human and financial resource to meet the growing need
3. An unprecedented pressure on the wider healthcare, social care and charitable sectors
4. Most people do not want to talk about, or plan for, death, dying and bereavement

By thinking and acting innovatively and trialing new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 200% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death, dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, but do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve. We also need to work with our local communities to reframe their understanding of what 'dying' means - moving from a 'moment in time' concept, to a journey for many that will last a number of years.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. Our unique Mountbatten model, outlines how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

Mountbatten's team is expert, whether it is our Medical Consultants, Nurses, Healthcare Assistants, Allied Health Professionals, Clinical Psychologists offering complex pain, symptom management and psychological support, our bereavement team supporting either people's complex or healthy responses to the death of someone close to them, our stalwart nurses and carers who are visiting a growing number of people 24 hours a day, 7 days a week at home, our housekeeping and catering teams, our spiritual care team and team of therapists or our volunteers that provide support across all areas of our services.

Our absolute confidence and authority around death, dying and bereavement across our entire workforce, underpins our objective to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement.

We are committed to aspiring to be the best that we can be, always and without fail.

Strategic report - Objectives & Activities

Our strategy outlines Mountbatten's future direction and aspirations against a backdrop of challenges and demands faced by our services. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission
To promote and to provide good care and support for those people living with, affected by, or curious about death, dying and bereavement

Our Vision
... is of a world where all dying people and those close to them have access to expert, compassionate and cost-effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

Our Values

We care about what we do. We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.

We are experts in our field. We are professional at all times, aspiring to be the best that we can be in everything that we do.

We are innovative and bold. We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.

We respect our community. We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours, which we have all agreed to.

Strategic Aims
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations

The people we serve:
1. People who are curious about death, dying and bereavement (every member of our communities)
2. People who are bereaved or grieving (including those who have been affected by deaths other than those under the care of Mountbatten)
3. People who are in the last phase of life (around the last five years of life)

Our Mountbatten Strategic Model explained – The Mountbatten Pyramid



2024/25 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

1. **We will change public perceptions around death dying and bereavement and also about the work that Mountbatten does:**

    - Developing an 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
    - A drive to ensure that Advance Care Planning is available to those people who are healthy, as well as continuing to embed Advance Care planning in both Care Homes and local acute hospitals
    - Continuing to embed our 'write a will' and legacy campaign
    - An examination of all of our communications functions across the hospices ensuring a common language and style based on our rebranding workshops are organised both internally and externally with a variety of community groups
    - Although most of our services are now face to face, we continue to develop 'virtual' services to enable more access for those who are unable to be seen in person
    - Health and Social Care Apprenticeships, including the continuation of the successful Mountbatten Summer School for young people
    - Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our Mountbatten Neighbours' scheme. We also continue to work to reduce 'red tape' and to engage volunteers more quickly and for shorter time periods as appropriate
    - All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors. A sustainability plan ensures that any new services are well evaluated and available for future generations.

2. **We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored:**

- Further development of a Children and Young Adults Service in partnership with Kissy Puppy (Isle of Wight) and Naomi House and Jack's Place (Hampshire)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning - continuing to identify people with long term conditions including older people with frailty
- Health and Social Care Education
- Mountbatten Coordination Centres - 24/7 telephone and visiting service across all our communities
- End of Life Domiciliary Care provision (Continuing Health Care packages)

3. **We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations:**

- A robust reserves policy and Risk Register
- A capital programme of estates works to ensure that our estate is 'fit for purpose' for future generations. All works have been funded by capital trust and grants funding
- A bespoke 'sustainability' strategic implementation plan focusing on fundraising and financial resilience
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A shops strategy and a growth plan headed up by the Head of Retail Business Development and supported by the Retail/shops Advisory Group

In order to further support our strategic aims we continue to work in partnership for the benefit of our local communities with examples as follows:

- Isle of Wight NHS Trust Community Paediatric Team
- Kissy Puppy Charity (The Sophie Rolf Trust)- with a unique Advisory Group made up of key stakeholders
- Isle of Wight Local Authority
- Isle of Wight NHS Trust
- Isle of Wight Integrated Care Board (ICB)
- University of Southampton - joint teaching posts
- Dementia UK
- Hospice UK
- CQC
- Hampshire, Southampton and the Isle of Wight Clinical Commissioning Group
- Hampshire and Isle of Wight End of Life Care Board
- University Hospital, Southampton
- A range of Third Sector partners

Key achievements and performance

During 2024/25 Mountbatten Hospice provided specialist palliative care services within the following areas:

- Inpatient Units
- Self -Help, Rehabilitation, outpatient clinics and Day Services
- Community
- Outpatients
- St Mary's Hospital (Isle of Wight)
- University Hospital Southampton {Hampshire)
- Nursing/Residential homes

These areas are supported by the following services:

- 24/7 visiting Community Team
- Domiciliary Care at Home Team
- 24/7 Mountbatten Coordination Centers
- Medical Team
- Integrated Palliative and End of Life Team (St Mary's Hospital, Isle of Wight)
- Consultant Nurse (University Hospital Southampton)
- Discharge Coordinators (St Mary's Hospital, Isle of Wight)
- Pharmacy
- Psychology, Social Work and Bereavement Services (Children adults and families)
- Spiritual Care
- Social Worker
- Children's end of life services in partnership with the local NHS Paediatric end of Life Team
- Young Adult Transition Service (Isle of Wight)
- Physiotherapy
- Occupational Therapy
- Complementary Therapies
- Arts Therapies - art, music, and drama
- Specialist Lymphoedema Service (Isle of Wight)
- Education including extensive programmes for local partners
- Voluntary Services
- An extensive 'Public Programme' aimed at changing public perceptions of death, dying and bereavement.

Services across the Mountbatten Group

During 2024/2025, Mountbatten Group provided specialist palliative care services in the following areas of Hampshire and the Isle of Wight,

- Inpatient units
- Community
- Day services - John Cheverton and Hazel Centres
- St Mary's Hospital
- University Hospital Southampton
- Nursing and Residential homes across southwest Hampshire and the Isle of Wight
- Isle of Wight Prisons

Hampshire

Inpatient Unit

Inpatient beds have continued to be used during the last year, primarily for symptom management support, end of life care, support for those with psychological distress and support for those caring for people towards the end of their lives.

Over the last year Hampshire inpatient unit has been operating with 16 inpatient beds. These beds have been increasingly used, with an average bed occupancy of over 83%.

Despite building works, IPU has supported 445 admissions: 300 people at end of life and 145 people to achieve a safe discharge either home, or onto a nursing home placement.

24/7 Community team and Care Coordination

During the last year the Community Team has continued to deliver care over a 24 hour a day, 7 days a week model to a growing number of people. The number of people on the caseload has significantly increased from a total of 460 people in April 2020, to 1342 people in March 2025. The continued growth of the caseload is also anticipated as work continues to increase the awareness of the local health and social care professionals and community regarding the services and support Mountbatten Hampshire provides.

To help prioritise the caseload, a RAG (Red, Amber, Green) rating system has been introduced, guiding the complexity and frequency of input needed. A morning handover period is now established, allowing a multidisciplinary team approach to ensure a suitable management plan is in place for the most complex patients and guiding prioritisation on a day to day basis.

In response to feedback and the increasing numbers of people accessing the care coordination centre, changes to the phone system are in progress to help manage the call volume by using a queuing system. The aim of these changes is to enable people to reach a Mountbatten nurse as quickly as possible.

The last year has seen the introduction of the Community Engagement Vehicle in Hampshire. Clinicians from the community team have been integral in supporting the vehicle on its travels around the Southampton and Hampshire areas, raising awareness and understanding of Mountbatten, but also providing clinical advice and guidance closer to people's homes in their localities.

Care at Home

The Care at Home Team continue to provide practical hands-on care in the home for those people considered to be in their last 12 weeks of life. Working across West Hampshire and Southampton City, the team accept referrals for those people eligible for Continuing Health Care Fast track packages of care. Working in this way alongside the Community nursing team, enables people to rapidly return home from hospital or hospice, or to remain at home during their last phase of life.

Between the period of April 2024 to March 2025 the Care at Home Team have:
- Received 346 referrals
- 172 packages were put in place
- 74% of accepted referrals had care in place within 48 hours

Medical team

The medical team are continuing to deliver services across inpatient, community and outpatient settings. In August 2024 we welcomed new consultant Dr Laura Deacon who joined us from New Zealand. In Autumn 2024 we welcomed back Dr Sarah De Vos from a period of extended leave. One of our Specialist Doctors remains on long-term sick leave.

The medical team continue to deliver a range of audits and quality improvement projects as part of Mountbatten's quality programme. Further, we have participated in Quality Workshops on Outcome Measures and Advance Care Planning, participation in launch of NHS 10 Year Plan launch at the ICB.

With an Advance Nurse Practitioner undertaking maternity leave from January 2025, the medical team have adjusted their working patterns to deliver all the outpatient sessions.

With a reduction in number of inpatient beds, the medical team have reorganised to deliver increased community working though domiciliary visits and outpatients.
The medical team presented poster presentations at two national conferences
Hospice UK Conference 2024:
- IV ferric derisomaltose in the Inpatient Specialist Palliative Care Unit: Review of Indications and Response

European Association for Palliative Care May 2025
- Survey of Anaemia Management with Erythropoietin Stimulating Agents in Palliative Care
- Survey of Anaemia Management with Iron in Palliative care

Regional Meeting Presentations were showcased at:
March 2025: Wessex Physicians' Palliative Medicine Reference Group Meeting:
- Dr Laura Deacon, Consultant: Overview and Experience of working with Assisted Dying in New Zealand
- Dr Becky Smith, Specialty Doctor: Innovation in Practice: Introduction if Fentanyl for injection for PRN use and Syringe drivers for patients in the community

July 2024: London Palliative Medicine Registrars Training. Management of Anaemia. Dr C Stark Toller

We continue to provide training for tomorrow's Palliative Care Specialists, GPs and Medical Students. Our annual General Medical Council National Training Survey Report was positive and benchmarked well against similar hospices: Director of Medical Education Division B at UHS NHS Trust commented, *"Congratulations on a very positive GMC survey...Overall, the trainees seem very happy with their teaching, supervision and clinical environment. Just to say, keep up the good work!"*

In a new step, have agreed to accept for placement over 80 third year medical students from Southampton and have received positive feedback from them – thanks to the MDT for support in delivering this. As well as increasing exposure and training in palliative medicine for all these doctors, this generates income for the hospice.

The medical team continue to deliver education and training and engage with research, which has included:

- Dr Charlie Besley has in the last year supported 3 community nurses on their Non-Medical Prescribing Qualification, and is currently supporting two others in their Advanced Clinical Practice Training. Dr Stark Toller and Dr Deacon have also supported nurses with their additional training
- The medical team are contributing 3-4 days teaching to the Solent Palliative Care Course on topics including ethics, symptom control and advance care planning
- One of our registrars Dr Serena Chew has completed Information leaflets for health professionals (GPs and District Nurses) on a range of newer palliative care medications, eg parecoxib, levetiracetam, that are now available for GPs to prescribe. These leaflets will be shared with Primary Care Networks and regionally via ICB Medicines Committee.
- The medical team have been working on an update to regional guidance The Wessex Palliative Care Handbook ('Green Book'), with Dr Claire Stark Toller on the editorial committee; due publication Summer 2025
- We have completed recruitment to CHELSEA-II study looking at fluids on delirium in patient who are dying. We were one of the top recruiters in the UKINDIGO Trial – we are actively working with Dr Mark Banting on this trial looking at use of intranasal diamorphine and midazolam as alternative to subcutaneous injections. At present, we are recruiting lay carers
- We have given Expressions of Interest in two trials, one on delirium management and another on an new and as yet unnamed drug
- We are participating in a Research into Practice Project on Eye Donation
- Dr Claire Stark Toller continues to Work as Senior Editor for Palliative Care Formulary textbook published by Royal Pharmaceutical Society. The next edition is due August 2025

The Medicines Safety and Optimisation Team has continued to be chaired by Dr Stark Toller, and to deliver on a programme of policies and audits. A mock CQC inspection conducted by independent pharmacy company Ashtons in November 2024 delivered very encouraging results showing significant progress rating our medicines service 'outstanding' in 4 domains and 'good' in the fifth.

The medical team are exploring developing and expanding the following services:

- Regional Interventional Pain Management – we have had an informal MDT with a pain anaesthetist for the last 4 years. We are starting work on a plan to formalize this with the aim of introducing intrathecal pumps and spinal cord stimulators for our patients experiencing intractable pain
- Heart Failure – we, with Mountbatten MDT, are meeting with UHS heart failure team to explore how to reach patients with heart failure who are currently not benefitting from support Mountbatten can provide.

University Hospital Southampton

Strong working relationships continue with the hospital through both the Mountbatten medical and nursing team.

One Mountbatten Consultant Nurse works one day a week at University Hospital Southampton with the Supportive and Palliative Care Team, providing expert clinical care across the site, including oncology wards. She also co-delivers the Enhanced Supportive Care clinic which runs on a Friday afternoon and her presence has doubled the capacity of the clinic. The numbers of people seen by the Consultant Nurse in this clinic are 4 a week (176 a year), alongside an average of 4 ward visits (176 a year). The people assessed and seen are from the Mountbatten catchment area across both Isle of Wight and Hampshire. The Consultant Nurse also reviews Island patients who are known to the team and often involves advising on transferring Island patients back to their homes or the hospice.

Isle of Wight

Inpatient Unit

Inpatient beds have continued to be used during the last year, primarily for symptom management support, end of life care, support for those with psychological distress and support for those caring for people towards the end of their lives. The 16 beds in Mountbatten Isle of Wight are frequently filled. This is evidenced in the consistently high bed occupancy data showing an annual bed occupancy average of 88%.

Over the last 12 months, two significant pieces of work have been achieved. Following the successful grant applications a second treatment room opened in January 2025 to provide adequate space for the preparations of complex medication regimens. This has greatly improved the environment for the safer storage and preparation of medications and has reduced the number of interruptions during these preparations.

The second project concerned the development of training and competencies to allow Mountbatten Healthcare Assistants to support Registered Nurses in the stock checking of Controlled drugs. This has now been introduced and has been a very positive development increasing efficiency and supporting staff in further development.

Isle of Wight Inpatient Unit continues to offer support for Island children's health services through the provision of a resting room. Should a child die on the Island, a room is offered, where appropriate, for the child to stay to lengthen the time that family can stay with the child following death. Although the need for this support is infrequent, the value and support it brings when it is needed and utilised is second to none.

24/7 Community team and Care Coordination

Over the last 12 months the community team have continued to deliver a 24/7 service. This provides assessment, support and advice either via the telephone or face to face. The community caseload continues to grow in numbers and in levels of complexity.

To help prioritise the caseload, a RAG (Red, Amber, Green) rating system has been introduced, guiding the complexity and frequency of care input. This aims to support the best use of human resource, enhancing efficiency and effective care input for those that require it the most.

During the last year, through the generosity of the John Cheverton Trust, Mountbatten received 10 brand new cars. These are now in use by all of the community clinicians and ensure Mountbatten has an improved presence, helping to raise awareness of hospice services even further.

The Mountbatten ambulance continues to be used for rapid discharge or transfer of patients when needed. Due to funding received through Trust donations, an additional number of staff have now been trained to drive the ambulance allowing even further use.

Care at Home

The Care at Home Team continue to provide practical hands-on care in the home for those people considered to be in their last 12 weeks of life. Working across the Island the team accept referrals for those people eligible for Continuing Health Care Fast track packages of care. Working in this way alongside the Community nursing team, enables people to rapidly return home from hospital or hospice, or to remain at home during their last phase of life.

Between the period of April 2024 to March 2025 the Care at Home Team have:

- Received 166 referrals
- 157 packages were put in place
- 87% of accepted referrals had care in place within 48 hours

Lymphoedema

The Isle of Wight's Lymphoedema Service is based at Mountbatten Hospice. However, the service is available to anyone who is registered with a GP and is not limited to people with lymphoedema caused by cancer.

The caseload as of March 2025 is now over 430 patients.

A trained volunteer also now supports staff in the clinics, delivering certain treatments.

Medical Team

This last year has seen a lot of change in Isle of Wight Medical team. We were sorry to see Dr John Curtin and Dr Jenny Collier leave us, and grateful for the huge amount they've brought to the hospice over the years.

We have welcomed three new doctors to our team: Dr Steph Daly, Dr Marianne Broderick and Dr Jehane Le-Grange. All have completed their General Practitioner training, bringing valuable general experience at a time when we're seeing increasing numbers of people with frailty and multiple diagnoses. Dr Broderick and Dr Le-Grange will continue to work part time in general medical practice, and part time with Mountbatten. All also bring additional specific experiences, e.g. training in ultrasonography and injection techniques. We have an inhouse program to develop their specialist palliative pharmacotherapeutic skills with timetabled weekly study time and a weekly tutorial with Dr Paul Howard; Dr Daly and Dr Broderick are working towards their specialist exams to enable them to become palliative care consultants; Dr Howard edits the textbook (the Palliative Care Formulary) used by candidates studying for these exams, so is well placed to support their learning. They have also formed links with hospices elsewhere to familiarise them with the range of approaches used in the specialty.

Despite the above changes, the medical team has continued its longstanding efforts to innovate and disseminate practice. In the last year we've published a case series describing the advantages of a newer sodium channel blocker, lacosamide, for neuropathic pain; Dr Howard has lectured on this topic in the UK, Latin America, Australia and New Zealand; this drug is now starting to be adopted by other centres. We've published a review of the role of Hyperpolarisation-activated Cyclic-nucleotide-gated channels in neuropathic pain. Papers in press include an audit of just-in-case drugs use; rates of individualised prescribing and drug use are significantly higher than in comparable surveys; we've proposed that our 24 hour community team and Island-wide prescribing template potentially account for this. Lastly, we are just submitting a review of subcutaneous antibiotic use, a technique pioneered in France. To our knowledge we were the first UK centre to adopt this and so have already started to disseminate this via lectures and writing.

St Mary's Hospital

The Integrated palliative and End of Life Care Team (IPET) is based at St Marys Hospital and provides palliative and end of life specialist advice and care to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and was integrated in 2019. The team is multi-disciplinary and consists of Consultants in Palliative Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, a Discharge Coordinator and a Clinical Psychologist.

The team operates 7 days a week between the hours of 8:00am and 8:00pm.

Alongside patient assessments, reviews and the provision of advice to patients across the hospital, the team also supports Wellow Unit. Established in 2020, Wellow Unit provides an alternative environment to a ward area for patients to die who are unable to transfer out of the hospital setting.

Rehabilitation and Enablement Services

The Rehabilitation and Enablement Team at Mountbatten provide Physiotherapy and Occupational Therapy input to individuals with life limiting illnesses with the aim of enabling and empowering individuals to live well with their condition and symptoms, focusing on what matters to them. This input is delivered via clinics, one to one sessions, group classes, educational groups, and community visits. The Team supports the Inpatient Units, Community Teams and Day Services, as well as carrying a rehabilitation-specific Outpatient caseload.

A grant from Hospice UK this year allowed for a year-long pilot project, embedding an Occupational Therapist in Mountbatten Hampshire's Community team. The aim was to build evidence for how one full-time post can impact service users, families and wider systems by being responsive to urgent community needs to prevent hospital admission and enable people to remain safely in their own home. The data and feedback is already surpassing expectations.

Day Services – John Cheverton Centre (Isle of Wight) and Hazel Centre (Hampshire)

The John Cheverton and Hazel Centers continue to offer social space for multiple purposes including, hosting outpatient activity, day services, clinics, social events, concerts, the rehabilitation and enablement gyms and housing the Mountbatten café's.

The Head of Rehabilitation and Enablement, and already Lead for the John Cheverton Centre, Isle of Wight, has in the last year taken on the leadership of Hampshire's Hazel Centre, with the aim of creating the same welcoming, empowering space with novel volunteer roles to expand the service's reach to many more people.

2024-2025 has seen the John Cheverton Centre continue to host the multidisciplinary Motor Neurone Clinic, in close collaboration with NHS colleagues. As a highly regarded monthly clinic, steps have recently been taken to expand this further than Motor Neurone Disease, to include other complex neurological conditions that also impact significantly on patients' quality and length of life. From a Hampshire perspective, plans have already started to develop a similar service in the Hazel Centre, for the benefit of those living in the Southampton and Hampshire areas covered by Mountbatten.

Psychology & Bereavement Service

The Psychology and Bereavement Service continues to be in demand. The referral rate has been steady over the last year with 1,358 referrals over the last year for both services.

We regularly review the demand, our resources and responsiveness of the service. Our average response time for both sites is between 5 and 7 days for initial contact and most people have their first session with a counsellor or volunteer within 2/3 weeks.

We continue to notice a change in the complexity of individuals presentation. Often people attend the service with additional needs including a background of mental health needs, neurodivergence, childhood trauma, or the need to work with interpreters. In response to this we have reviewed and discussed the educational and training needs for the team to ensure they can meet the changing needs of bereaved individuals.

We have also offered and delivered a wide range of training to others. We have worked with the University of Southampton, local schools, mental health services, carer services, and NHS teams.

Arts
Within the Arts service we have continued to offer art groups for patients and service users. These groups are well attended, and their work was displayed in the Art Gallery during January and February.

We have continued to collaborate with local artists over the last year. The gallery shows various artists' work throughout the year and any art sold benefits the hospice.

We continue to work with the Brit school. They visited over the summer in both Hampshire and the Isle of Wight. They worked with patients over the course of 3 days, and this culminated in a live performance of the stories and reflections of individuals' lives. Additionally, we have worked with local island schools and delivered some school projects. Both the children and patients gained a huge amount of value working together over 4 weeks and co-producing art and stories.

Transition
The Transition Service has had a steady caseload over the last year with a group of 29 Young Adults being supported by the Transition Coordinator.

The service continues to offer weekly group activities as well as regular social events for individuals and their families or carers. The feedback from these events is consistently positive.

The Transition Coordinator has spent time with the Hampshire Community team supporting them in working with younger adults. This is preparation for a closer working relationship with Naomi House. The transition service will be a quality priority for the next year.

Chaplaincy
This past year the Spiritual Care Service has seen some positive service developments. We have reintroduced communion for anyone wishing to receive it and increased the memorial services to monthly. The service is integrated with both the IPU, and community teams and spiritual care is offered to patients, families and service users at the hospice and within their home. Additionally, the service has regularly held reflective sessions for staff to support their wellbeing.
Over the last year we have led approximately 10 funerals, a service of thanks for a family, a marriage blessing and a baptism and confirmation.

In Hampshire a spiritual space, the Mountbatten Room, has been created. We held a workshop with local faith leaders to establish what is needed from the space and what resources are essential to support different cultures and faiths.

Safeguarding
We have continued to focus on safeguarding across all teams and both sites over the last year. As a result, we have seen an increase in reporting and discussion around safeguarding concerns and incidents which has been reassuring to see.

We hold regular meetings for staff across all service areas focusing on Safeguarding. We review the data, themes, any concerns and share learning. Safeguarding is now on the agenda for all relevant meetings, and we have information boards located in both hospices outlining updates and monthly themes to help inform staff and volunteers as well as members of the public. A quarterly safeguarding report is presented at both the Services Committee and the Board highlighting themes and concerns regarding safeguarding.

Social Work
The social work team are embedded within the Inpatient Unit and support all teams with differing concerns and needs. The social work service has helped facilitate challenging conversations amongst family members and ensure they advocate for the patient being cared for. Over the last year, the social work team has reviewed the safeguarding actions, delivered and reviewed training on DOLS, MCA and Safeguarding. A significant amount of their work involves safeguarding concerns, supporting discharges, benefits advice, hoarding assessments and working with external agencies such as environmental health, social services, and children's services.

Public & Community Engagement

Funding streams have always been central in Mountbatten's thinking, and ever more so over the past few years, as the public, like us, experience increases in day-to-day living expenses. This coupled with uncertainty around our statutory NHS funding has meant the landscape is changing and heightened our focus about difficult decisions which lie ahead.

As a result, a pre-engagement exercise commenced in October 2024, which allowed us to understand the views of our staff and volunteers; this was then followed by meetings with our Healthwatch colleagues and correspondence with the Health Overview Scrutiny Committee.

Full public engagement commenced in January 2025 with digital questionnaires accessible on our websites, on social media and in Insight; hard copies were available in the John Cheverton and Hazel Centres. The document was also sent to Healthwatch, the Integrated Care Board and local authority colleagues, primary care networks, voluntary services and various community groups.

Over the summer, an Options Proposal supported by a Quality Impact Assessment will inform the options and future direction. Our NHS colleagues will continue to be informed throughout the process.

Despite the torrid financial landscape, our vision of reaching more people has remained a priority. This year, our Community Engagement Vehicle (CEV) has become an established part of our 'structure'. Our aim of dispelling myths about hospice care and reducing disparity in accessing services has been underpinned by CEV being a regular visitor at community centres and religious venues within isolated and deprived areas.

During the past seven months, CEV has enabled interactions with more than 700 people who would otherwise not have had any contact with, or knowledge about our hospice. Interactions have enabled conversations and information to be given about advance care planning, bereavement, the hospice in general, and the care and support available. On occasion, support and advice has been provided in relation to a new diagnosis by an attending clinical nurse specialist and psychosocial and bereavement support by an attending bereavement counsellor.

Direct links with statutory organisations continue to provide the platform to raise the profile of the work of our hospices, demonstrating our position as an integral partner within the health and social care sector. Whilst this is recognised, the impact of work is still not truly acknowledged.

Our relationship with multi-faith leaders is firmly cemented and brings a richness to our work, their support has helped to inform our approaches by bringing a greater understanding about what is important to consider when caring for people from different faiths. Friendship lunches have expanded and attendance grown, membership provides opportunities for Mountbatten staff to engage with a variety of stakeholders, who help to raise our profile with local communities.

The Homeless & Substance Users Forum has been meeting for over 2 years; during this time membership has grown and now includes stakeholders from our broader geography. The impact of the networking is making a tangible difference to the staff supporting this cohort of people and the individuals accessing hostel services.

Bespoke Communications Skills training and Advance Care Plans (ACP) have been developed by our Head of Education in conjunction with staff working within this environment to support conversations, and capture information relevant to this group.

Engaging in their trust and understanding of our services has been challenging, our community nurses attended Patrick House for over a year, providing a consistent and reassuring presence; conversations around the implications of lifestyle choices and the opportunity for wishes to be known and recorded are beginning to unfold. This is currently on hold due to staffing resources, however, the Homeless Healthcare team nurse and GP in attendance continue to liaise with us on matters relating to end-of-life and palliative care.

Quality

Quality Reporting across the Mountbatten Isle of Wight
Across the Mountbatten Isle of Wight, we continually review the quality of our services to improve and develop them according to the needs of the community that we serve. Quality is everyone's business across the whole organisation. There are a number of ways in which we monitor evidence and review the quality of our services through our Quality Improvements Programme.

Quality Account
A Quality Account is a report about the quality of services by a healthcare provider. Quality Accounts are an important way for healthcare services to report on quality and show improvements in services they deliver to their local communities.

Mountbatten Isle of Wight's Quality Account can be found at: https://www.mountbatten.org.uk/quality-account

Mountbatten Hampshire's Quality Account can be found at: www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns
During 2024/25 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the logging and management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families
At Mountbatten we receive regular feedback about our services. Some feedback from the past year follows:

Mountbatten Isle of Wight:
I'd like to thank you from the bottom of my heart for the love and dedication you all put in to the care of the most important man in our lives, our dad. He was a very special person to our whole family, immediate and extended and a great friend to many more. You all treated him and us with so much compassion and empathy which meant the world to us all and made what is one of the worst times imaginable so much easier to bear. I don't think words will ever show the extent of our appreciation. You all do such a wonderful job and I wish the best for each and everyone of you, we will never forget your kindness.

To all the wonderful staff and volunteers at Mountbatten. Thank you for all your care and consideration in looking after my dad. The hospice provided the most comfort which could be expected in the situation and it is a blessing that dad was safe, warm and cared for so thoroughly in his last days. The hospice is a haven for those of us who have to accept that death is a part of life and we both feel part of their loving and profound community. We'll be popping back to enjoy the peaceful surroundings and will be walking the Wight to raise funds. Our love and sincere thanks

On behalf of our extended family thank you so much for the care and attention you gave to our Dad, and indeed all of us. It is kind, caring people like you that make all the difference in what can sometimes be a troubling world.

To the whole MND team, As a family we want to thank you for your knowledge, kindness, compassion and support you gave xx. Sadly she passed in April. It was a devastating shock to us, but we take comfort in knowing you all made this cruel journey a little easier. She was so thankful for the time you spent with her and how you ensured explanations of this complicated disease was easily understood. As a team you all work beautifully together, which made the last year less scary. We have decided to raise money in the memory of xx for the MND clinic and Mountbatten. Please continue to be wonderful!

To all the wonderful staff at the hospice, You looked after our mum and wife. Your care and compassion not only for my

mum, but for myself and for my dad was outstanding and will never be forgotten. Every member of staff in your beautiful unit were so kind and caring, checking if we were okay, did we need anything, the kind smiles, the gentle hugs, even staff that were not directly caring for mum made us feel that nothing was too much. At a heart breaking time of our lives and at the end of mums, we felt that she was treated as a person, not just a number. What you all do is a very special gift to be treasured. Your care, your hugs, your kind words will never be forgotten.

Mountbatten Hampshire:
"I can honestly say the care, advise, support and compassion we received from the team at Mountbatten was second to none. When the time came when Nan needed end of life care she was admitted to Mountbatten Hospice Hampshire in West End. The week before admission included numerous night/early morning visits from the nurses and even lots of tissues and hugs for my Mum who was primary carer for Nan. In her short time at the hospice nothing was too much trouble, from the welcoming smiles at reception, the volunteers who delivered refreshments to the medical staff, everyone went the extra mile to support Nan and us as a small family. We had no idea in what to expect and thought of it as a place of sadness but in fact there were many special times that we spent as a family remembering the good times and even sharing some laughter.

I am writing to thank you enormously for the care J was given at home or the 10 days you came to our home. There are too many carers to name but you were all amazing. Your dedication to your work of looking after patients AND their relatives was just outstanding. The best compliment I can pay is that you are all round pegs in round holes and I couldn't have asked for more as her husband. I will never forget how you looked after my wonderful wife. I will be making a large donation in her memory and I have asked for donations at the funeral on 12th August to be earmarked for the hospice. I hope my gratitude for the amazing work you do somehow conveys how we feel as a family as words are totally inadequate. I am sure you will convey our thanks to the relevant staff.

To all the wonderful team at Mountbatten hospice. From the moment me and my sister came to you, you were so very welcoming to us & all her other family & friends. No matter day or night you were all there to offer every support we all needed (not just to our beautiful sister) to us all. Nothing was too much trouble even when things became very difficult. Your patience and understanding was heaven sent. From the bottom of mine and my families & her friends hearts, I'd like to thank you all. I know xx would have agreed with us, her last hours spent with people who really cared. God Bless you all.

To all the amazing people at Mountbatten's Hospice. My mum was recently a patient at Mountbatten's for nearly three weeks and sadly passed away in the early hours of Monday the 19th August. I just wanted to express our sincere appreciation and thanks for the care she received while she was in your care. There was not one member of staff that did not display the most amazing kindness and compassion when dealing with either my mum, myself and family. I cannot put into words how grateful we are that she was able to spend her final days in such a wonderful place. I know I speak for the whole family when I say it is a comfort to us that she could not have been cared for better.

To each and everyone of you. There are not enough Maltesers in the world to fully show our gratitude for the care you gave to mum. Not only did you bring much needed expertise and care but you also brought so much love and laughter into our home, at a time when it was much needed. You are all living legends.

Achievements and performance

Mountbatten's achievement against our Quality Account priorities for 2024/25:

Priority 1: Patient Safety

Target 1.1 To review the use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in Mountbatten's Hampshire hospice, to include the process of recording information and clinicians decision making process
A review of the induction programme for junior doctors was undertaken. The programme was reorganised to ensure there was adequate time to talk through the importance of capturing DNACPR information in the patient record. The process of how to capture the information with the electronic patient record was also covered. Examples of good practice were shared.

The process of checking DNACPR form completion is now a routine part of the Senior Consultant review following admission, with forms being counter-signed within the required timeframe of twenty four hours.

The discharge procedure has been reviewed and amended to ensure the Ward Manager or lead nurse checks that the patient has their DNACPR form with them when they are discharged from the Inpatient Unit. If for any reason they do not have a form this is documented within the electronic patient record.

Clinician's competency for completion of forms has been addressed. Doctors in training need to have forms counter-signed (as is our practice); allied health professionals who have completed theoretical training and then had a witnessed assessment of competency, are then able to go ahead & sign forms 'solo'.

Two audits have been undertaken over the course of 2024/25, the second audit returned an improvement in results. The audit will be carried out annually moving forward.

Target 1.2 To review the Deprivation of Liberty (DoLs) and mental capacity process and practice across the Mountbatten Isle of Wight to identify where improvements can be made and align practice across both hospices
A meeting was held to discuss the role of leadership and agreed wider responsibility from a broader group of clinicians essential for effective embedding of training, daily operational discussions and encouraging awareness.
Two case studies were produced to provide an insight into practice and to be used as exemplars of good practice within training.

A piece of work was undertaken to review various different training packages that are available including the offer from the NHS. From this research a new training proposal has been made for internal consideration. This proposal was then approved at the Education and Research Committee.

Mountbatten's Mental Capacity Act (MCA) and DoLs Policy has been reviewed by a group of clinicians with amendments made prior to being approved at Mountbatten's Policy Review Group.

Safeguarding/MCA/DoLS Champions' have been identified champions and appropriate training will be provided to champions to ensure they feel confident and competent in the role.

Mountbatten continues to monitor for updates in terms of changes to the Liberty Protection Safeguards legislation.

Priority 2: Clinical Effectiveness

Target 2.1: To review what our beds on our Inpatient Units are used for to include investigating what the barriers are to discharging patients
A piece of work was undertaken to review data regarding the demographics of those people who are being admitted into

Mountbatten's Inpatient Units. This included looking at people's age, location, ethnicity and diagnosis.

A complexity visual has been developed to provide a live picture of the complexity of people currently admitted. This is updated daily and uses Phase of illness and Australian Karnofsky Performance Status outcome measures as the tools for assessing and calculating each person's current complexity of need. This is the screensaver on the computers in the nurse's office.

A discharge planning working party was set up to review the process for discharging. This included representation from the medical, nursing. rehabilitation and Psychosocial and spiritual teams.

A discharge planning template was created in the electronic patient record, SystmOne. This is used by clinicians to record information related to discharge planning on an ongoing basis. Once someone is admitted to the Inpatient Unit the template pops up every time the patient record is open to prompt clinicians to add any further pertinent information recording their discharge. This has helped with conversations around discharge and to remove some of the barriers to discharging people. Tasks are now set to clinicians to invite them to discharge planning meetings and to provide them with up to date information.

On the Isle of Wight further staff have completed ambulance driver training enabling them to drive the Mountbatten ambulance. The hope is this will enable more timely admission/discharges when external organisations are unable to support this.

We are now transferring patients who require complex discharge planning to nurse-led care so that nurse leads can facilitate their discharge in a more timely manner, along with the social worker.

There is still further work to clearly establish what Mountbatten's inpatient unit beds are used for, however following this piece of work we have a clear picture of who are using the beds and also who are not accessing them.

Target 2.2: Review the way information at first assessments for routine referrals by Community and Psychosocial and Spiritual Services teams is provided. Make agreed changes to practice to ensure patients are clear about what is available and how they can access this.
The Director of Quality met with the lead for this priority to discuss a plan. A review of the information within Mountbatten's current patient information leaflets has been undertaken. An action plan has been produced and reviewed by a working party with representation from the multi disciplinary clinical team.

A new information leaflet has been produced that can be talked though with the patient at their first assessment and then left with the patient after the appointment so they can look at this at their leisure and contact the Mountbatten Coordination Centre should they have any questions.

Priority 3: People's Experience

Target 3.1: To implement a new feedback portal that can be used by patients and families to provide real time feedback that can be reported.
Mountbatten was approached in 2023-24 by the Leicester University Survey Project (LeicSurvey) who have developed a free to access online survey portal for the hospice sector. The survey was developed with LOROS Hospice to support the hospice sector in understanding the thoughts and opinions of service users and families to help develop hospice care without additional cost. Comprising expertise in data analysis and collection, behavioural studies and law, the team developed sample survey templates that were shared with a small group of staff in both hospices for feedback on ease of use and to provide information for the in-built reports provided.

Other hospices making use of the LeicSurvey were contacted for possible collaboration, and useful experience was shared with Martletts Hospice in Brighton. The LeicSurvey Team also hosted a Community Event to share learning with other

hospices involved in the project, including overseas, and other community organisations who have been approached to help develop the tool. Further functionality allows for the survey to be accessed via an information point in an area of the hospice, or for the link to be sent to specific people by email or text.

The LeicSurvey portal was presented at Mountbatten's Quality and Governance Committee and a working party established to look at opportunities to best employ the survey. In discussion with the Head of Rehabilitation and Enablement, a pilot was designed to capture views of all types of visitors to the John Cheverton Centre on the Isle of Wight to help guide service development. The pilot survey was finalised with the team and made available to visitors in the John Cheverton Centre using two dedicated computer tablets. Staff and volunteers were trained to support people to complete the surveys over a period of one month, and the collated results were presented to the Quality and Governance Committee in February 2025.

The next steps to embed the LeicSurvey tool more widely have been led by discussions with Community and Psychology Team Leads with a view to superseding the existing methods of collecting people's experience of our services during 2025.

Target 3.2: Implement a new approach to reviewing incidents and the learning from them in line with the Patient Safety Incident Review Framework (PSIRF)
PSIRF webinars facilitated by NHS England and Hospice UK have been attended by the Director of Quality, Data and Information.

Contact was made with the PSIRF lead at Isle of Wight NHS Trust who were early adopters of PSIRF and several meetings have been held to discuss their approach and learning for Mountbatten's implementation was identified. The Director of Quality, Data and Information has observed Isle of Wight NHS Trust PSIRF meetings to get a clear understanding of the mechanics of these and how the data and discussions are used to inform learning for teams.
Data has been produced to review themes of incidents over the past year to inform what should be included in the Patient Safety Incident Review Plan (PSIRP).

A PSIRP has been written for Mountbatten for 2025/26. This was tabled at Mountbatten's Quality and Governance Committee for ratification. The plan details the types of incidents that Mountbatten will have a focus on for 2025/26. Discussions have been held to explore the potential for a collaboration with Oakhaven Hospice regarding Patient Safety training delivery. The training will be rolled out during 2025/26.

Target 3.3: To carry out refurbishment of the bays on the Inpatient Unit and to create a new spiritual space and waiting area at Mountbatten Hampshire
The capital projects went out to competitive tender in August 2024, with six contractors returned tenders. BFJ Connections Ltd were awarded the contract and commenced works on site October 2024. The projects were completed in March 2025 , with the exception of ongoing snagging works to be completed in May/ June 2025. As part of the refurbishment works in the Education Centre, short-term enabling asbestos works have been completed by Westcross Environmental Services with Enviorntec Limited providing oversight and air sampling.

Works on the supporting structures of the Inpatient Unit (IPU) Hampshire canopies completed and includes replacement and repair and this work was completed prior to the Inpatient Unit bay refurbishment during warm and dry weather conditions.

Care Quality Commission

Mountbatten Hampshire
Mountbatten Hampshire is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Mountbatten Hampshire is currently registered to provide the following activities:

- Treatment of disease, disorder or injury

Mountbatten Hampshire did not participate in any special reviews or investigations by the CQC during 2024-25. The CQC has not taken enforcement action against Mountbatten Hampshire during 2024-25. Mountbatten Hampshire is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 10th August 2021. This was an unannounced inspection. The inspection was carried out due to the management of the hospice transferring on 1 April 2019. Any change of management of a health organisation increases CQC's risk score meaning an inspection is required. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?
The CQC's findings are shown below:

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

A synopsis of the CQC's summary of their inspection is as follows:
"The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. "
(Care Quality Commission, 2021, p. 2)

Mountbatten Isle of Wight
Mountbatten Isle of Wight is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Mountbatten Isle of Wight is currently registered to provide the following activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

Mountbatten Isle of Wight did not participate in any special reviews or investigations by the CQC during 2024/25. The CQC has not taken enforcement action against Mountbatten Isle of Wight during 2024/25.

Mountbatten Isle of Wight is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

A synopsis of the CQC's summary of their inspection is as follows:
"The Mountbatten Isle of Wight Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focused on their individual needs and that of their families. Mountbatten Isle of Wight Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end-of-life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"
(Care Quality Commission, 2017, p. 2)

Information Governance:

During 2024/25 all standards were met within the Department of Health, Data and Security Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2024/25 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates review of compliance with the Data and Security Protection Toolkit, review of all Information Governance incidents, including the identification of themes and lessons learnt, review of all Information Governance and Caldicott Guardian decisions, monitoring of our firewall report, Subject Access Requests, Access to Health Records Requests and Privacy Impact Assessment approval.

Information Governance is monitored at every Mountbatten Committee and at Board level. Mountbatten Isle of Wighthas its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2024/25 to further improve information governance and data protection within the organisation have included:

- Mountbatten has received 14 Access to health records requests during 2024/25. Due process was followed without appropriate information redacted where necessary and regulatory timeframes adhered to.
- Work continues on making improvements to IT networks, this has included replacing a router in Hampshire and the setup of automated fail over to a backup router.
- A new password management system has been implemented to offer improved security of Mountbatten's sensitive information.
- A new IT hardware asset management system has been introduced. All of Mountbatten's hardware is now logged on the system. The team are now easily able to check devices in and out to respective users. Mountbatten will also be able to use the software to assist it's rolling replacement schedule.
- Mountbatten have taken the decision to move all employees to Microsoft Business Premium licenses, this offers greater security and allows the team to push out policies across teams in a managed way and ensure updates are adhered to correctly once tested by the IT team.
- A penetration test will be competed by an external company in May 2025, this will test the robustness of Mountbatten's ICT configuration against any potential threats.
- The application process for allowing Mountbatten domain emails to send and receive NHS related emails was successfully completed and will be applied for again during 2025/26.
- Mountbatten have undertaken a project in 2024/25 to move the telecommunications provision to Microsoft Teams. This allows employees to access calls and messages via a physical desk phone. Their laptop or their work mobile. The move has also meant a significant saving for Mountbatten.
- An Artificial Intelligence working party has been set up to explore opportunities that could be explored in this field. The group also reviewing the governance and risk which will help to structure an AI policy that will be produced in 2025/26.

Future Plans:

At Mountbatten, we continually review the quality of our services to improve and develop them according to the needs of the community we serve. Understanding what is important to our local community is critical to developing future priorities. As part of this process, we have discussed our priorities with a wide range of people.

This has included holding a series of virtual workshops during April 2025, where we asked people to consider and discuss priorities for improvement for 2025/26 and how we measure their success. Staff, volunteers, trustees, representatives from the NHS Hampshire and Isle of Wight Integrated Care Board, and Healthwatch attended the virtual workshops. The Quality and Governance Committee will monitor progress, it will be reported on in Mountbatten's quarterly Quality Report.

The key projects that Mountbatten will be focusing on over the coming months are:

- Review how patient nutrition processes currently work and as a result make recommendations regarding assessments, individualising care, education and assurance measures.
- Examine how Advance Care Plans are being documented in Hampshire with a focus on what is being issued to patients. Identify improvements in practice and work with external organisations to implement these
- Undertake a piece of work to review how Mountbatten use outcome measures. This will examine the consistency of use, frequency of completion and the development of clearer definitions.
- Successfully introduce a tool to measure the complexity of patients.
- Review the provision of service for those transitioning between child and adult palliative services in Hampshire and the Isle of Wight.
- Develop a multi-disciplinary complex neurological conditions clinic in the Hazel Centre at Mountbatten Hampshire.
- Investigate methods for Mountbatten to improve how they communicate with people who use their services to enhance the experience for people and promote a proactive approach to people's care.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

Mountbatten's IT team have had a productive year with significant improvements made to the networks. The structure of the team has been reviewed with a new network engineer post been recruited into. The year has also seen the development of a successful collaboration with Oakhaven Hospice Trust regarding IT and data alignment.

During the year, we have achieved the following notable successes:

- A project has been undertaken to move all of Mountbatten's hospice phone system to Microsoft Teams. This allows for much more flexibility for employees when needing to communicate with patients, colleagues and external stakeholders.
- There has been a change to the Coordination Centre phone set up with a call attendant function added to ensure people that their call will be answered.
- An initial assessment template has been produced on SystmOne and a SystmOne design review meeting has been to agree on what this needs to look like moving forward
- A new password management system has been implemented to ensure all of Mountbatten's critical system passwords are held securely.
- New IT asset register software has been rolled out, this allows the team to track all devices via QR codes and improves the process for onboarding and offboarding new employees
- A review of the IT hardware rolling replacement programme has been undertaken with a new approach agreed
- Microsoft business premium licenses have been rolled out to all employees this allows for improved security and ensures security updates are managed in an appropriate and tested manner
- A penetration test of Mountbatten's IT infrastructure was completed and minor remedial actions have been implemented
- Mountbatten successfully applied for the DCB1596 standard meaning Mountbatten's domain can be used to send and receive patient sensitive data
- Quality of Service function has been implemented on the Mountbatten network to ensure Microsoft Teams meetings are of good quality with minimal disruptions
- An Artificial Intelligence Group has been set up that has started to look at potential AI projects and also the governance and assurance measures to ensure these are carried out in a appropriate way
- A piece of work has been undertaken to map Mountbatten's networks to make cabling and network changes much more efficient
- Spoof phishing emails have been designed and sent out to targeted audiences to gauge the click rate and where training is required
- Mountbatten's Director of Quality, Data and Information was asked to speak at the Hospice UK national conference on the subject of Leveraging IT to support patient care

Mountbatten Isle of Wight

- Two T-level IT students completed a successful year long placement with the IT where they developed skills and knowledge in the field
- A complete reorganisation of the patch panel in the main server room. This has made tracing cables much more efficient with easier access to ports
- A refresh of using the Brigid application for SytmOne entries on the Inpatient Unit was undertaken with all the Healthcare Assistants receiving training in this

Mountbatten Hampshire

- IT team have supported with major room moves for Teams following refurbishment work in the education centre
- The Care at Home team are now successfully accessing and inputting their notes into SystmOne one via the Brigid application. They are using their work phones to do this. This allows for quicker and easier access whilst they are visiting patients.
- New Smart TVs have been installed in all patient rooms on the Inpatient Unit

Security and Service Availability
There have been minimal and few IT security issues and/ or network outages over the year.
Cyber security, Information Assurance and Information Governance is given the highest priority across the organisation, and continued improvements and testing are in place to protect against internal and external attacks and system failure.

Collaboration
Mountbatten have entered into an IT and data collaboration with Oakhaven Hospice Trust. Mountbatten's Director of Quality, Data and Information now works across Mountbatten and Oakhaven hospices as does the network engineer. IT configuration and set up is being aligned to allow cross cover and flexibility across the three sites.

Mountbatten and Oakhaven are also in the process of aligning datasets and dashboards form SystmOne with a consideration for activity and themes to be shared across organisations.

Mountbatten has initiated and chairs the Isle of Wight SystmOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island. This group has now morphed into SystmOne cross organisational initiatives group which Mountbatten attend.

Mountbatten has worked with the Central Health Information Exchange (CHIE) Team to ensure clinicians have access to the data contained within the system that system partners have uploaded.

Resources
The IT team has gone through a transitional period with Mountbatten's Director of Quality, Data and Information taking on responsibility for IT provision across the Mountbatten Group. Initial discussions have been held regarding the structure of the team moving forward and how best to utilize and develop the current team, alongside identifying where there are any potential gaps. As a result of this a network engineer has been employed with the role of covering both Mountbatten and Oakhaven hospices.

New monthly IT meetings have been introduced with representation from the Mountbatten and Oakhaven teams, this has helped to build working relationships and share good practices. This includes network configuration, new software roll out

and SystmOne configuration and developments.

It is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and employee requirements.

Future Plans

Mountbatten prides itself on being innovative and bold, this is very much in line with the IT team's ethos moving forward. There has been a recent move to bring IT under the umbrella of quality, data and information. This has meant the team increased in size and provides the opportunity to have more flexibility and also transfer information and knowledge between the different aforementioned areas.

It is acknowledged that there is an opportunity to develop the team further both through training existing team members to enhance their expertise and to fill the knowledge gaps within the team and also by supporting frontline clinicians with their own IT skills to enable them to gain confidence and improve their ability in this area. There is also an appetite for adding to the team in more creative ways such as with the use of volunteers and students.

Some of the key projects the IT team will be focusing on over the coming months are:

- Increased resilience in the IT networks to include automatic failover
- Completion of network mapping exercise across all hospices
- Implementation of AirMid patient application at hospices with priority given to rolling out the use of video consultation
- The roll out of Brigid on the Inpatient Unit in Hampshire and for the Care at Home team on the Isle of Wight
- Review internet provision for shops in Hampshire and on the Isle of Wight to ensure we are getting the best value and service
- To support with a review and potential implementation of a new Human Resources system
- Continue to develop AI work and to start using roll out initial projects once ratified through governance process

Education and Training

Education

Education at Mountbatten has a broad remit. This includes ensuring our own workforce is supported with a robust programme of mandatory training as well as having opportunities for learning and development so that staff are skilled, confident and valued in their roles. Mountbatten also raises awareness and interest in palliative and end of life care to a broader potential workforce by hosting a range of learning experiences.

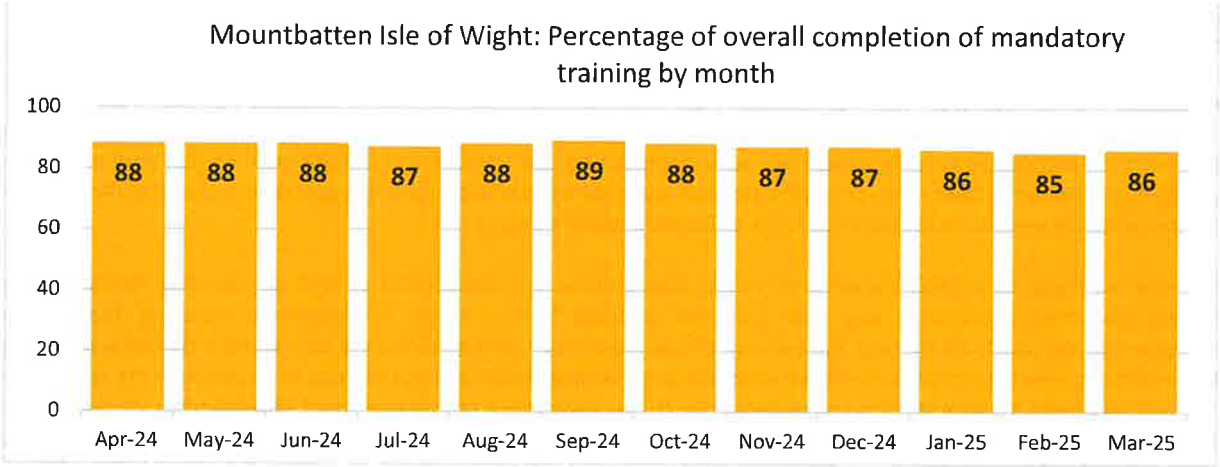
Mountbatten supports ad hoc requests for visiting and shadowing opportunities as well as providing formal student learning placements. Graduate and post graduate students from a range of disciplines, including social work, physiotherapy, occupational therapy, counselling, clinical psychology, and medicine are supported in clinical and practice placements required for completion of their academic programmes. Additionally, this year, in response to the recognition that undergraduate medical students have very little, if any, experience of palliative care, Mountbatten Hampshire has started to provide undergraduate medical students enrolled on the University of Southampton programme a day gaining experience through shadowing our multi-disciplinary team.

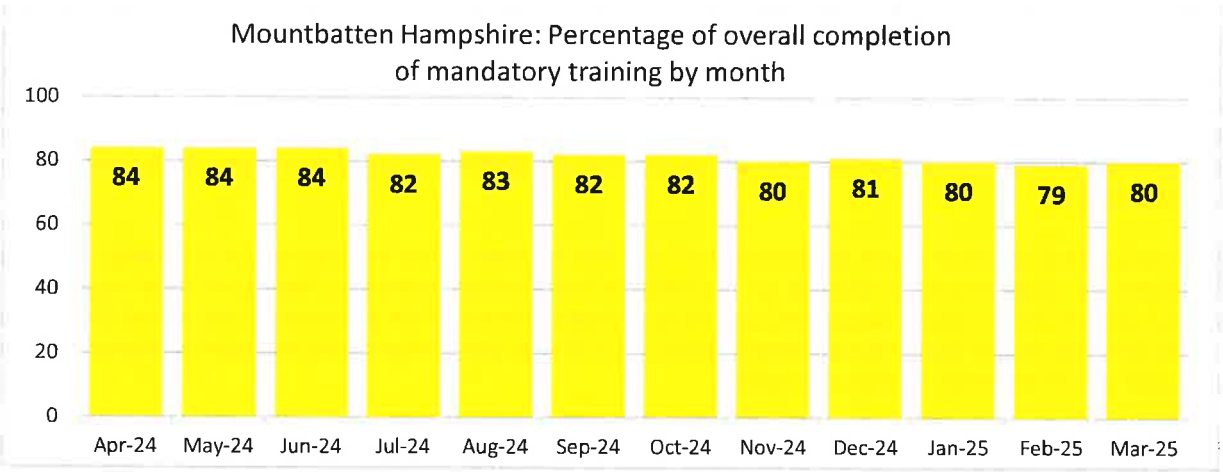
Mountbatten also supports work experience placements for college students in both clinical settings and in support services, for example work experience students have joined the inpatient unit, rehabilitation team, communications and fundraising teams this year. The Mountbatten summer school is a bespoke programme that also introduces young students to a range of health and social care and hospice careers through interactive talks and practical experiences. The feedback from the summer 2024 programme was exceptional with students reporting how enjoyable and valuable the experience was.

These educational placements and experiences not only help learners in the development of knowledge, skill and confidence but raises interest in working for Mountbatten and develops awareness, helping to dispel myths about hospices with an aim to support people feeling more comfortable with end of life and hospice care. We ask students to provide feedback on their experience with Mountbatten and in the last year all those who completed our evaluation rated the quality of their placement overall as excellent.

Mountbatten understands that good quality training can lead to improved safe and effective patient care. Thus, Mountbatten has a robust programme of mandatory training and other development opportunities available for our workforce. In the last year, two Mountbatten healthcare assistants successfully completed apprenticeships to become Nursing Associates, a new development role for our inpatient units. A third healthcare assistant is close to completion of the same Nursing Associate Apprenticeship in the community team (Isle of Wight). Four senior nurses are being supported to gain recognition as Advanced Clinical Practitioners via the 'e-portfolio' route with the Centre for Advancing Practice and Mountbatten has submitted its first application for a fully funded development role as an Advanced Clinical Practitioner. One nurse has completed a post graduate certificate (PG Cert) in practice education helping to ensure the quality in delivering knowledge and skills to others. Many other development opportunities have been supported for Mountbatten employees.

Mountbatten mandatory training data across the year is shown in the charts below.





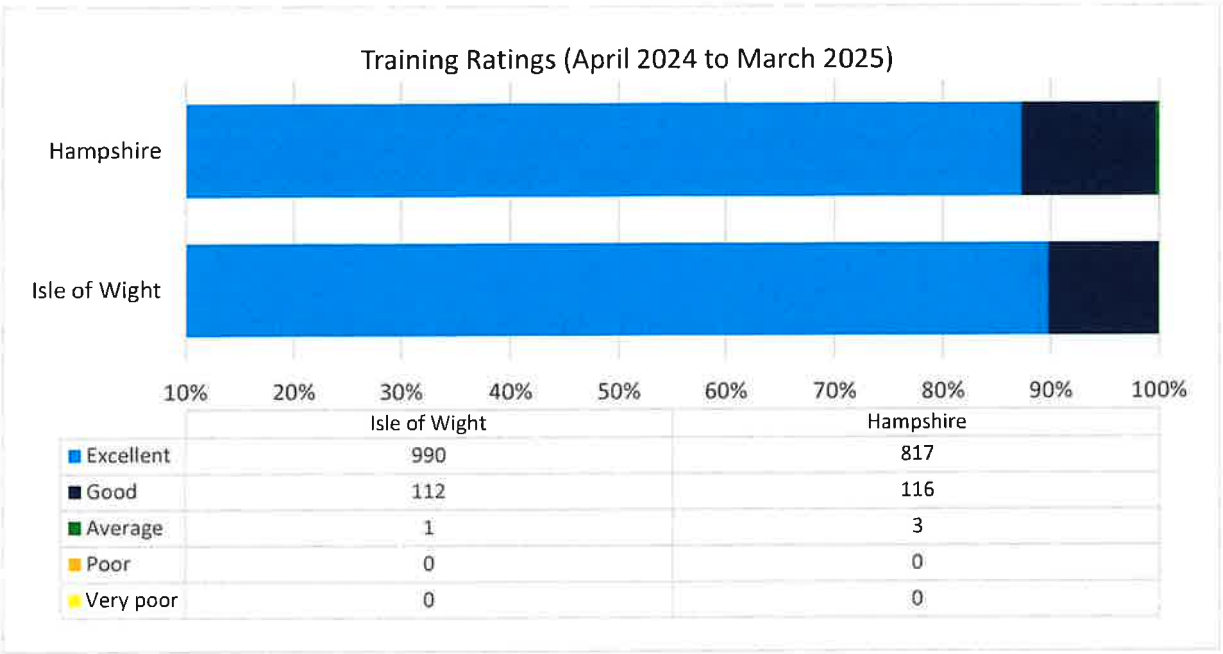
Training

Mountbatten has a full training programme available to our local health and social care providers to ensure good care and practice in palliative and end of life care to those who chose to die in the community, either in their own homes or local care and residential homes. Mountbatten provides a complete End of Life Care programme covering all key aspects of palliative and end of life care. This programme also requires attendees to present and implement a development project in their organisations, thus focusing on applicability of learning to practice. Mountbatten also provides a number of half day and full day sessions on individual subjects. As well as core teaching in palliative, end of life and bereavement care, our training programme also includes speciality subjects including, dementia, frailty and Motor Neurone Disease. Mountbatten continues to provide in person and virtual training to ensure training is widely accessible. This year Mountbatten has been awarded 4 grants from Hospice UK and the 'Wolfsan Hospice Care Home Training Programme' to support the delivery of our highly valued and accredited 'caring for people with dementia' half day experiential training session to broaden knowledge and skill in the care home sector.

Additionally, specialist webinars are available facilitated by the full range of multi-disciplinary professionals at Mountbatten who are able to share their expertise. Mountbatten is also in process of writing a post graduate module in palliative and end of life care that will be hosted and supported by Southampton Solent University and expected to launch in September 2025.

Training quality can be assured as many of our training programmes are accredited by the CPD Standards Office and is

robustly evaluated. Attendees are asked to rate the quality of the training session they have attend and the chart below shows the ratings obtained across the year.



	Isle of Wight	Hampshire
Excellent	990	817
Good	112	116
Average	1	3
Poor	0	0
Very poor	0	0

Research and Conferences

Mountbatten understands the importance of research within palliative and hospice care and actively pursues opportunities to engage in valuable research activity. This year Mountbatten Hampshire and Mountbatten Isle of wight concluded participation as recruitment sites for the National Institute for Health Research (NIHR) study, 'a cluster randomised trial of clinically assisted hydration in patients in the last days of life'. Mountbatten also contributed to 'Shaping the Conversation'; a project developed by Action Hampshire, Hampshire and Isle of Wight Integrated Care Board, University Hospital Southampton, University of Winchester and funded by NIHR. The purpose of this project was to empower communities to develop research priorities and questions that reflect community needs and interests.

Mountbatten continues to disseminate good practice and hospice innovations and submitted five abstracts to the Hospice UK annual conference, which were presented as posters. These were:

- Sarah Hazell-Ravel. Mountbatten neighbours: tackling loneliness and isolation in the community. BMJ Supportive & Palliative Care Nov 2024, 14 (Suppl 4) A26; DOI: 10.1136/spcare-2024-HUNC.64
- Duncan Fleming, Becky McGregor. Stronger together – the benefits of collaboration. BMJ Supportive & Palliative Care Nov 2024, 14 (Suppl 4) A100; DOI: 10.1136 /spcare-2024-HUNC.252
- Nigel Hartley, Lorraine White, Becky McGregor. 'Walk the Wight' – how the income from a hospice fundraising walk doubled during the cost-of-living crisis. BMJ Supportive & Palliative Care Nov 2024, 14 (Suppl 4) A102-A103; DOI: 10.1136 /spcare-2024-HUNC.258
- Vera Mircescu. Food for thought: extending hospice catering services. BMJ Supportive & Palliative Care Nov 2024, 14 (Suppl 4) A103; DOI: 10. 1136/spcare-2024-HUNC.260
- Claire Stark Toller, Caitlin McDonald. IV ferric derisomaltose in the inpatient specialist palliative care unit: review of indications and response. BMJ Supportive & Palliative Care Nov 2024, 14 (Suppl 4) A72; DOI: 10.1136/spcare-2024-HUNC.181

Medical Consultant, Dr Paul Howard has presented on 'Hot Topics in Palliative Pharmacology' at many International Conferences across the year including the Palliative Care Congress in March this year in Belfast. Further education work of Mountbatten demonstrating the impact of training in improving oral healthcare at end of life was also shown at the congress as a poster presentation.

Mountbatten's own annual conference was held on the Isle of Wight in October 2024. The theme of the conference in 2024 was 'Achievement in Adversity' and key speakers and attending delegates examined how we develop and sustain resilience in hospice care? Key speakers included Tia DeNora, Professor of Cultural Sociology, University of Exeter, Craig Duncan, Chief Operating Officer, Hospice UK, and Laura Gaudian, Strategic Director for Adult Social Care and Housing, Isle of Wight Council.

Fundraising Strategy

In the autumn we launched a consultation with supporters, staff and other stakeholders to invite their views on our Fundraising approach. The feedback from consultation helped us develop the priorities for a new Fundraising strategy to increase income and maximise cost-effective fundraising opportunities. The new strategy includes a focus on our stewardship approach and group structure, to provide an improved supporter experience and higher voluntary income generation.

We have structured the Fundraising team to grow our regular supporter numbers and introduce new mid-level and major donor stewardship programmes, also increasing our legacy marketing activity to provide greater confidence in our longer term income generation needs.

In Hampshire, we launched a new corporate partnership scheme with three tiers of engagement for local businesses. We developed a Corporate Development Group which is focused on making introductions and raising funds through Solent business networks.

On the Isle of Wight, we made some investment in the Fundraising team to protect and strengthen our events portfolio and build on the significant support we receive from our community.

Highlights

- We participated in The Big Give Christmas Challenge for the first time. Our supporters responded positively to this match giving campaign, and we exceeded our targets (£20,000 each hospice) within 48 hours of the campaign launch.
- Community fundraising income exceeded budget by £22,000 in Hampshire and by over £100,000 on Isle of Wight. Charity of the Year partnerships with local clubs and community groups have delivered income from new supporters.
- We invited supporters and volunteers to a Summer event at Broadlands to thank them for their contribution and update them on our plans and vision.
- We launched the Corporate Partnerships Scheme in Hampshire and over 20 companies joined within the first six months.
- We streamlined our Gift Aid claims process to maximise income from tax payer donations. Income from Gift Aid in Hampshire grew by 59% compared with 2023/24.
- Trusts and individual supporters provided valuable support for the capital building works of Mountbatten Hampshire.

- In February we participated in a national initiative to encourage the public to leave a gift in their will to their local hospice. We employed targeted social media and advertising channels to engage our supporters with the legacy message.

- We welcomed 9500 supporters to 'Walk the Wight' in support of the Isle of Wight's hospice. The event won Gold in the Red Funnel Awards for Best Island Event for the second year running. 'Schools Walk the Wight' had its most successful year ever, with local primary school children and their families raising £40,413 in May.

- We appointed a Group Head of Fundraising to deliver the new Fundraising strategy. We invested in data expertise to support the Fundraising team to provide the highest standards of supporter care and stewardship.

Trusts and Grants – Mountbatten Isle of Wight

We would like to take the opportunity to say thank you to the grant-making Trusts and Foundations who have generously supported our work during 2024/25.

Mountbatten Hampshire

- The Albert Hunt Trust
- Barker-Mill Foundation
- Belvedere Trust
- The Broyst Foundation
- Carmichael & Mason Charitable Settlement
- Colefax Charitable Trust
- The De Laszlo Foundation
- The Ennismore Charitable Trust
- The Green Hall Foundation
- The Hobson Charity Limited
- Hospice UK
- The James Tudor Foundation
- Jenna Marie Foundation
- The Masonic Charitable Foundation
- The O'Sullivan Family Charitable Trust
- RHS Spurgin Charitable Trust
- The Richard Kirkman Trust
- Souter Charitable Trust
- NPT Transatlantic

Mountbatten Isle of Wight

- Albert Hunt Trust
- Chale Horticultural Society
- Daisie Rich Trust
- Edgar Ralph Dore Charitable Trust
- Elvetham Charitable Trust
- Gledswood Charitable Trust
- Misses Ward Charity
- Morrisons Foundation
- Rest-Harrow Trus
- Richard & Lilian Woods Charitable Trust

- Sir Edward Lewis Foundation

Government Funding

£333,865 Government capital funding as part of an emergency and vital government allocation of funds to hospices announced in December 2024 was received on 31st March 2025, based on the Mountbatten Group's previous years charitable spend. This has enabled the progression of some key capital projects and purchase of essential equipment, which has included essential refurbishment of clinical areas, provision of additional car parking and the purchase of IT and clinical equipment.

Communications

From annual stalwart fundraising events, like Walk the Wight and the Southampton Marathon, to pop-up bonus stories, like the creation of a music video in aid of Mountbatten, an appeal for photos for the 2026 Mountbatten calendars and even picking up two accolades at the Smiley Film Awards, the communications department has been involved in a plethora of activities.

Noting a number of staffing changes in the department, over the 2024/5 period, our mission is to develop and grow our website and social media presence, to maximise our audience (which includes supporters and potential fundraisers); to create easy-to-understand, high quality assets for patients and their families; to promote complex messaging around Mountbatten's wide-ranging role in our communities; and to ensure the language we all use around death and dying is unambiguous, enabling easier and earlier conversations about what can be very challenging subjects to talk about.

Our streamlined team has continued to use familiar communication tools, including Insight (for staff and volunteers) and Connect (for supporters), alongside new digital approaches.

Connect is sent to around 18,000 supporters twice a year, while Insight is monthly and has grown to include regular columns about IT, sign language and photos of highlights from the month.

Mountbatten Hampshire
We have ensured Mountbatten Hampshire events are promoted with press releases and website coverage.

Highlights have included the launch of our community engagement vehicle, 'CEV', which garnered coverage in Southampton's biggest newspaper; Walk the Test Way, which, in 2024, saw Mountbatten Hampshire enjoy the event's highest number of fundraising walkers. Through increased and strategic promotion, we hope to grow this in 2025; and Duncan Fleming's appearance on Awaaz FM and its sister station, Fiesta FM — an opportunity to speak directly to people who may need to use Mountbatten Hampshire's services in future.

In shops, TV screens have been used to promote key messages to customers and we have engaged in a regular digital advertising commitment with the Southern Daily Echo, with the potential to reach up to 100,000 people across Hampshire.

We have taken strides to introduce a small gallery space at Mountbatten Hampshire, and to start regular concert events (following the deliver of two sell-out events in December 2024).

We have been present on Easy Radio, Heart Radio and BBC Radio Solent, in print, in the WI Magazine and in the Hampshire Chamber of Commerce magazine, as well as in a number specialist magazines handed out in healthcare settings.

Mountbatten Isle of Wight
With a mix of strategically placed adverts, embracing digital to ensure we reach new audiences, we have set out to grow awareness of the range of services provided by Mountbatten Isle of Wight, also ensuring support remains strong across the Island.

We continue to promote challenge events, including dog-sledding across Lapland (which exceeded its sign-up target) and Wing Walking, as well others events including our annual fireworks event and the Halberry Lane art gallery.

Our concerts have become mainstay events, with regular ticketholders and new faces, boasting a wide-range of performers. We continue to build on our relationship with the Isle of Wight Jazz Weekend.

We have tweaked how we advertise, post about and cover Walk the Wight, on our websites and working alongside a wide range of media organisations. 2024's proved to be record-breaking in terms of the amount raised and 2025's is already showing signs of equal success.

Group work
Leaflets have been rewritten and updated and work is underway to streamline the websites, making them more visual and accessible, and cutting the number of clicks before information is found. This work will continue into 2025/6.

We have increased our use of video on social media, with much success. We note tens of thousands of viewers for a combination of home-produced and professionally-crafted films, as well as live streams. Significantly, 2024's Without Mountbatten picked up silver and bronze awards at the Smileys – known as the charity film Oscars.

Significant SEO work has been underway to improve the searchability of our brand, with measurable results.
While we have taken a step away from using Twitter/X (as this was no longer felt to be a good brand fit), we have joined Bluesky, Threads and TikTok and we have plans to create a WhatsApp channel. These will be fully integrated into our social media schedule and used with best impact.

Our Facebook profiles have recorded significant growth, due to some proactive work in terms of when, what and how we post and through inviting new followers. Our Instagram profiles have also continue to grow.

Data (April 1 to March 31)

Facebook

Isle of Wight
2023/4: Reach 383.3K, Visits 71.8K.
2024/5: Reach 317.1K (reflecting fewer paid ads, algorithm changes and a decline in Facebook use), Visits 136.5K, Views 1.8m.
Overall to date, followers have grown to nearly 15,500.

Hampshire
2023/4: Reach 174.1K, Visits 32.7K
2024/5: Reach 238.1K, Visits 35.9K, Views 769.4.
Overall to date, followers have grown to over 10,500.

Instagram

A growing voice for both charities, but significantly for Mountbatten Hampshire. This continues to remain a smaller referrer to our websites. Continued growth in followers.
Website (Google Analytics/Similar Web)

Isle of Wight
2023/4: Active users 84K, New users 82K.
2024/5: Active users 98K, New users 88K.

Hampshire:
2023/4: Active users 39K, New users 37K.
2024/5: Active users 53K, New users 45K.

Both:
Improvements in bounce rate.
Improvements in rankings (Hampshire: Global 5,271,296 (May 2025) compared to 10,621,770 (Dec 2024) and Country 433,688 (May 2025) compared to 738,272 (Dec 2024); Isle of Wight: Global 1,245,474 (May 2025) compared to 3,470,764 (Dec 2025); Country 83,603 (May 2025) compared to 238,428 (Dec 2024).

Retail

Mountbatten shops provide a sustainable and affordable shopping experience. predominately selling donated goods and a small selection of brought-in goods at a profit, raising vital funds for the work of Mountbatten and its beneficiaries. The retail operation also functions as an important way of raising awareness of Mountbatten services and events locally on the high street.

Mountbatten Isle of Wight

Mountbatten Isle of Wight has ten well-established charity shops across all the main towns of the Isle of Wight, including a Warehouse and furniture outlet.

Mountbatten Isle of Wight shop income totalled £1,567k with a 27% contribution of £421k, another record-breaking year, and compares with a prior year contribution of £396k. We have been able to maintain our pricing review and consistently increase the average sales value over the year. We continue to look for additional ways of generating income including extended opening hours and additional Sundays in some shops.

The improved contribution has been achieved despite a rise in costs, including staffing costs due to minimum wage and national insurance rises. RAG income has also decreased to the tune of £40k in line with the national reduction in RAG.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops, from a baseline of generating just over £2k per year. In 2024/25 we made a claim for 22K, we expect to be claiming approximately £47k for 2025/26.

We are planning some mini refits of some of our older shops and to open an exciting new outlet store in Sandown during 2025/26 to further grow and secure our presence and reputation on the high street in a positive way for years to come.

Retail in numbers

10 retail stores
37 staff
185 volunteers
£1,567 k income generated in 2024/25
£421k contribution to charitable funds, a 6% increase on the previous year

Mountbatten Hampshire

Mountbatten Hampshire has a developing retail operation across the footprint of the community that it serves in Southampton city and large parts of Hampshire. Growing from only three stores in 2019 when Mountbatten Isle of Wight took on running Mountbatten Hampshire, to a total of nine charity shops by the end of 2023. In line with Mountbatten's strategic plan, two new shops were opened in Hampshire during 2024/25.

Mountbatten Hampshire shop income totalled £1,063k with a 20% contribution of £210k, compared to the prior year contribution of £240k, exceeding the budget by £2k. The phasing and the late completion of the Furniture store and Warehouse had a slight bearing on the growth as we had provisioned to open the store in April 2024, but this was delayed until late July.

The contribution has been achieved despite a rise in costs, including staffing costs due to minimum wage and national insurance rises. RAG income has also decreased to the tune of in line with the national reduction in RAG.

The significant expansion of stores over the past three years and a focus on local volunteer recruitment campaigns has yielded exceptional results. The Above Bar store in central Southampton, Mountbatten's flagship store which opened in April 2022, remains the top performing store. A new warehouse and furniture store in central Southampton was opened in July 2024 to further grow the operational capacity of the stores and enable the sale of furniture and house clearances. Our warehouse and donation centre goes from strength to strength, and we are looking to utilise the stock we have collated to further expand in 2026/27. We implemented an outlet theme in our Portswood store in September 2024 as the market had shifted to lower pricing with all of our competitors and this has yielded on average a 25% increase in trade.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops from a baseline of £4k in 2022. In 2024/25 we made a claim for 35K and we expect to be claiming approximately £55k for 2025/26.

Retail in numbers

10 retail stores
26 staff
140 volunteers
£1,063k income generated in 2024/25
£210k contribution to charitable funds

Commercial Development

Mountbatten has recognised the risk around running a financial deficit, and the advantages of replenishing reserves. Looking five to ten years ahead it is clear that both demand for services and the cost of delivering those services are likely to continue to increase. Margin pressure on traditional charity retail operations and uncertainty around fundraising growth in the UK has led to a search for new income sources.

In the second half of 24/25 Mountbatten employed a Commercial Director to develop new revenue streams. An approach has been established to find opportunities that fit Mountbatten's values, with these propositions passing through a gate system to give our organisation a pipeline of potential income sources. In March 2025 the first viable projects were identified; Sitting with a new group in our existing governance framework it is anticipated that they could be ready to start trading in the first half of 25/26.

The commercial projects in the pipeline cover both Hampshire and the Isle of Wight, involve supporter businesses and give significant benefit to our core charitable work and community.

Estates and Facilities

Staffing
The Head of Estates & Facilities retired in March 2024 and was not replaced to manage costs within the Estates budget. The Facilities Manager has managed a lean Facilities team across both hospices, overseen by the Director of Operations/Deputy CEO.

A self-employed contracted project manager was appointed in April 2024, overseen by the Director of Operations/Deputy CEO, to assist with the oversight of the significant workload of the capital projects in Mountbatten Hampshire. This support has been funded by restricted funding for the capital projects.

A part time Fleet Coordinator was recruited to Mountbatten Isle of Wight with funding from the John Cheverton estate funding, along with funding for 10 new pool cars for community clinicians to use to visit patients in their own homes.

Facilities Management System
A new Facilities Management system was implemented in 2024, Safety Culture. This has proved to be a more cost effective, efficient and adaptable solution for the hospice as a Facilities Management system. Initial work focused on using Safety Culture to manage the fleet across both hospices, followed by building facilities inspection templates. Work is well underway, with support from the Clinical Administration team, to log all medical device assets on Safety Culture firstly on the Isle of Wight and then in Hampshire.

Medical Devices and Equipment
The Estates and Facilities team work alongside the clinical and fundraising teams to ensure timely equipment asset replacement by the submission of funding applications specifically for equipment. The development of a full asset list of Mountbatten's equipment has been essential to enable decisions to be made on life cycling future replacement of the hospice's medical devices and patient equipment.

Policies and Procedures
A backlog of estates policies and procedures reviews have been carried out by the Facilities Manager and Director of Operations/Deputy CEO and are now all updated.

Health and Safety
Mountbatten have engaged a new company called HCS Safety to provide some external health and safety expertise. This includes attendance at Mountbatten's quarterly Health and Safety Committee meeting chaired by the Deputy CEO, an annual review of health and safety across the organisation and ongoing guidance and support. The HSC advisor has reviewed Mountbatten's Health and Safety Policy and statement of intent.

The Deputy CEO completed 'ISOH Leading Safely' training in February 2025 and is nearing completion of 'ISOH Managing Safely' training as Health and Safety Lead.

The Facilities Manager has developed a Health and Safety audit that is being rolled out across our retail shops, working with our external Health and Safety advisor from HCS Safety to refine the inspection.

Trustee Provider Visits
A Trustee Provider Visit to the estates and facilities and estates department in Mountbatten IW in August 2024 and Mountbatten Hampshire in December 2024. Comprehensive reports have been provided for both visits that have been reviewed by the Senior Management Team and the Quality and Governance Committee, with action plans in place.

Mountbatten Isle of Wight
The Estates and Facilities team have achieved a number of key projects during 2024/25 which have included: replacement of clinical hand basin sinks within the Inpatient Unit to meet current infection prevention and control requirements and creation of a second treatment room to manage safely the increasingly complex Controlled Drug regimes. The Treatment Room works were funded by the Morrison Foundation, B & Q, Screwfix and Southern Vectis.

Fire Safety
Fire Safety compliance has been maintained to a very high standard during this reporting year. The annual fire risk assessment review has been carried out at Mountbatten IW in September 2024, with no actions to progress.

Ongoing work with out of hour fire evacuation practice continues and an out of hour flowchart has been devised to aid staff. Additional fire wardens have been trained and the Facilities Manager is working with the Head of Retail Development to review the fire warden cover and training across the Mountbatten shops.

Water Safety
Our water compliance service contract has continued with a local company, WSM Associates, and by using their services we have been able to maintain excellent standards of water quality throughout the hospice premises. This standard of water quality has been achieved by a constant and rigorous water flushing program and regular maintenance across the site.

The annual water safety risk assessment in Mountbatten IW was completed in October 2024 by Clear Water Technologies and the Facilities Manager has developed an action plan with a small number of actions to complete.

COSHH Management
The COSHH Register has been updated and is available for all staff on the Mountbatten intranet.

Asbestos
There are no asbestos materials in the fabric of the Mountbatten Isle of Wight hospice buildings.

Security
Athena Security Services Ltd have supported the needs of the Mountbatten Isle of Wight site, predominately overnight, in an appropriate and professional manner during this reporting period.

Patient Equipment Services and Medical Devices
All equipment (apart from a small number of bespoke items) are now managed, cleaned and serviced by the Isle of Wight Community Equipment Service delivered by the Isle of Wight Council, with a significant cost and resource saving to Mountbatten. A sub-store of equipment supplied by the Isle of Wight Community Equipment Service is also now held at Mountbatten for urgent equipment needs. An additional 0.75 WTE Facilities/Community Equipment Assistant was recruited in April 2024 with secured grant funding from the IW Council. This has enabled Mountbatten to continue to provide a responsive equipment delivery and collection service on the IW over 6 days of the week, in collaboration with the IW Community Equipment Service. The collaborative approach with the IW Council is working extremely well and is a good example of what can be achieved by services working together to minimise duplication and cost of services, whilst maintaining high quality of service.

Mountbatten continues to work with Island Mobility and Isle of Wight NHS Trust Medical Physics department to support in the maintenance of medical and patient equipment.

Out of Hours Provision Isle of Wight
Mountbatten Isle of Wight's previous out of hours cover was provided by Isle of Wight NHS Healthcare Trust through a Service Level Agreement, but they gave notice that they could no longer provide this service from July 2024. The Facilities Manager has set up out of hours agreements with a number of local trusted key trade companies with a clear contact list for nursing staff. This arrangement is being monitored and working well.

Mountbatten Hampshire

A number of key capital projects have been delivered during 2024/25, which have included: refurbishment of Inpatient Unit bays with accessible wet rooms and equipment storage, creation of a spiritual space, redecoration of the Reception area, and relocation of Community teams in the Education Centre. The capital projects went out to competitive tender in August 2024, with six contractors returned tenders. BFJ Connections Ltd were awarded the contract and commenced works on site October 2024. The projects were completed in March 2025, with the exception of ongoing snagging works to be completed in May 2025. The Controlled Drugs cupboard works will be progressed once expert advice is confirmed on the correct fixings due to complexities of asbestos in the Education Centre.

As part of the refurbishment works in the Education Centre, short term enabling asbestos works have been completed by Westcross Environmental Services with Enviorntec Limited providing oversight and air sampling.

Works on the supporting structures of the Inpatient Unit (IPU) Hampshire canopies completed and includes replacement and repair and this work was completed prior to the Inpatient Unit bay refurbishment during warm and dry weather conditions.

Corporate Volunteer Support
Mountbatten Hampshire has had significant corporate support during 2024/25 to deliver some key facilities projects that include:

Milestones Infrastructure carried out clearance work to some disused land, utilised for car temporary car parking, providing all labour and machinery free of charge – August 2024

Southampton City Council painted staff WC's - October 2024

Ridge and Partners carried out a refurbishment of the Inpatient preparation kitchen providing all materials and labour free of charge
Relocated Fundraising Office was redecorated and carpeted by B&Q with all labour free of charge.

The Facilities Manager and Director of Operations/Deputy CEO have planned a bespoke programme of corporate supporter facilities tasks for 2024/25 and will develop an updated one for 2025/26.

Fire Safety
Work has been continued and completed to improve the fire safety standards of Mountbatten throughout the year, with the support of several specialised contractors, including Wight Fire doors and Wessex Fire who have provided Mountbatten with specialist advice and direct support, servicing or replacement of systems.

The annual fire risk assessment review in Mountbatten Hampshire was carried out in January 2025 and the Facilities Manager has developed an action plan with 2-3 items only requiring attention.

Ongoing work with out of hour fire evacuation practice continues and an out of hour flowchart has been devised to aid staff and practice scenarios have been developed for the nursing staff to run through to ensure the practices are well embedded. Additional fire wardens have been trained and the Facilities Manager is working with the Head of Retail Development to review the fire warden cover and training across the Mountbatten shops.

Water Safety
Further work has been completed to build upon water safety management. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems throughout 2024/25. Mountbatten has taken steps to improve these contracted responsibilities as part of the revised Service Level Agreement with Southern Health.

The annual water risk assessment was completed in Mountbatten Hampshire by Clear Water Technologies in October 2024 and the Facilities Manager has developed an action plan. The actions relate in the main to evidencing and documenting the water testing adequately.

WSM Associates have been engaged to take over the water management at Mountbatten Hampshire, in line with the Isle of Wight to ensure we have robust water management processes and testing in place.

A sink hole appeared in the car park at Mountbatten Hampshire. This complex and prolonged work was fully repaired and completed over a weekend in March 2025 by NHS Property Company, which necessitated shutting off all running water to the site for a day. A comprehensive plan and control measures were put in place in order for this to go ahead safely, working with staff internally, NHS Property Company and Southern Water. The works went smoothly and no further issues since to date.

COSHH Management
Work in Hampshire has been completed to ensure robust COSHH management in line with Mountbatten IW. The COHH Register is on the Mountbatten intranet available to all staff.

The Mountbatten Facilities team will carry out annual COSHH reviews in-house in both hospices moving forwards to save on costs of external contractors.

Asbestos
There are asbestos materials above the ceiling tiles and in columns of the building within the Education Centre at Mountbatten Hampshire, which was not removed during the NHS tenure of the building over 35 years.

Environtec Limited, an asbestos consultancy company, have provided some external scrutiny of the Asbestos Policy, asbestos action plan and detailed management plan. They have also advised on the longer term asbestos remedial works required and advised Mountbatten should seek to complete these within 12-18 months, which is planned as part of the Government capital funding announced in December 2024 for the financial year of 2025/26.

Mountbatten has now engaged Environtec Ltd to carry out the annual asbestos survey moving forwards and they have completed this in March 2025. There is one recommendation which we are currently progressing. Southern Health have historically carried out the survey work for many years as part of a Service Level Agreement.

Envirotec will also be reviewing the management of asbestos in our retail shops in 2025/26.

Security
RG Security Ltd have continued to support the needs of the Mountbatten Hampshire site, predominately overnight, in an appropriate and professional manner during this reporting period.

Medical Devices
Mountbatten continues to work closely with three main medical devices contractors - Bio-Med, Shepherds and ARJO. Our aim remains to streamline the support available to best meet Mountbatten's needs.

Service Level Agreement with Southern Health
During 2024/25 further work has been continued with Southern Health NHS Trust Estates Department to draft a streamlined Service Level Agreement as further estates work has been taken inhouse or contracted to specialist providers, reducing Mountbatten's historical dependency on Southern Health. Southern Health continue to provide essential emergency support and provide essential out of hours cover.

Catering and Hospitality

Catering services were provided by Mountbatten's partner organisation Compass, a specialist food and hospitality company, during 2024/25. The Catering team, working closely with the clinical teams, providing fresh, nutritious and appetising bespoke food for patients, families and visitors on the Inpatient Unit. The menu is adapted to suit the needs and wishes of individual patients and meals are provided flexibly where required so patients can eat at a time that suits them best.

The Mountbatten Cafes provide meals, snacks and drinks for visitors, staff, volunteers and are open to the local community. The Cafes are the heart of both hospices and create a welcoming, modern and bright social space where people can enjoy food together round the table. Mountbatten Isle of Wight has a l ong-established thriving cafe that is well supported by those visiting the hospice as well as the local community and is open 365 days a year, including for popular Sunday lunches and Christmas Day dinners. The Mountbatten Hampshire Cafe provision which opened in July 2022 is open over 6 days but further development during 2025/6 will see an extension of hours into the weekends as further staffing and volunteers are recruited and trained.

The catering team also provide food and beverages for the wide range of internal events that Mountbatten holds, including educational events, monthly concerts, celebrations such as staff and volunteer parties. Increasingly, the Catering team are also providing buffets for external events that have ranged from funerals, weddings and anniversaries both on and off site, generating some income for the hospice. The team are renowned for providing high quality and well-presented food that regularly receive accolades from those benefitting from the service.

The Catering team have been brought in-house from April 2025 with all staff who worked with Compass being TUPE across to the Mountbatten. This will enable Mountbatten to further develop the Catering team and increase efficiencies of cost during 2025/26. Mountbatten Isle of Wight and Mountbatten Hampshire are awaiting inspection by the respective Local Authorities for their food hygiene ratings as they are classed as new establishments now that Mountbatten has taken the Catering service in-house.

Mountbatten's people

Our people are at the heart of everything we do and without our employees, volunteers and trustees we could not deliver the wide range of services and the vital care and support we offer to our local community. Mountbatten Isle of Wight employs around 230 staff and is supported by over 500 volunteers. Mountbatten Hampshire employs around 200 staff and is supported by over 300 volunteers.

In 2024/25, our staffing and volunteer levels remained stable with a 15% increase in regular volunteers in Hampshire and we have continued to develop our volunteer roles across both hospices in a wide range of roles, including supporting our Inpatient Unit, bereavement support and our Neighbours Scheme. We have also recruited to a number of key employee roles to support commercial and fundraising activity and we commenced an external competitive recruitment process for a new Chief Executive Officer, which was successfully completed in April 2025 with the appointment of the current Deputy CEO. This follows the decision of the current CEO to retire this coming September 2025. Our Board of Trustees welcomed five new Trustees with a wide range of backgrounds and experience and who replace a number of existing Trustees who have or will shortly reach the end of their term of office after making a significant contribution to the work of the charity. Like many health and social care providers Mountbatten continues to face workforce challenges, in particular due to the age demographics of our staff and the geographical restrictions on the labour market on the Isle of Wight, together with a more competitive labour and pay market in Hampshire. In 2024/25, we were able to match the overall pay increase for NHS agenda for change and this was achieved with a staggered implementation during the year. In addition, over 200 eligible employees in some clinical roles benefited from a one-off non-consolidated pay award. Mountbatten was one of a small number of providers nationally who were able to secure this funding from the Department of Health, which was a legacy payment relating to the pandemic.

Our pay and reward strategy also seeks to ensure our terms and conditions are competitive while equally focusing on creating a special place to both work and volunteer. Our shared values and culture play a key role in fostering a supportive, involved, and caring work environment which encourages everyone to be experts in their field. The well-being of our staff and employees is also an important part of creating a positive environment and we support individuals through a wide range of measures. Examples include from encouraging open communication and engagement with staff and volunteers to help understand and resolve problems, to ensuring our appraisal and sickness management processes are supportive and nurture our staff, to recognising and valuing our volunteers through thank you events, and through the introduction of a new health cash plan for employees with access to a wide range of physical and mental health benefits.

In addition, Mountbatten invests in education and training for staff and volunteers, with a particular focus on fostering internal development in clinical and non-clinical roles and helping to grow and support future talent as part of our approach to succession planning. This helps us to address recruitment challenges and to help retain and develop our staff.

Volunteer impact in numbers
By donating their time for free, our shop volunteers contribute the equivalent of around £416,458 to Mountbatten Isle of Wight and £298,120 to Mountbatten Hampshire every year, which helps fund 24/7 care for our patients and their families.

Volunteers in administration, bereavement support, day services, rehabilitation and inpatient unit roles contribute around 253 hours each week to Mountbatten Isle of Wight and 76 hours each week to Mountbatten Hampshire to help our services run smoothly.

Our reception, cafe and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £85,339 in Mountbatten Isle of Wight and £43,808 in Mountbatten Hampshire every year.

In one year, our volunteer drivers complete around 2,750 trips in Mountbatten Isle of Wight and 1,100 trips in Mountbatten Hampshire, and the Mountbatten Neighbours make approximately 1,750 cups of tea in Mountbatten Isle of Wight and 1,300 cups of tea in Mountbatten Hampshire, all to help improve social interaction and to fight loneliness and isolation in the community.

Trustees' duty to promote the success of the Charity - Section 172 statement

Trustees have a duty to promote the success of the Charity and, in doing so, are required by section 172(1) of the Companies Act 2006 to have regard to various specific factors, including :

1. the likely consequences of decisions in the long term
2. the interests of employees
3. the need to foster the Charity's relationships with third-party stakeholders which, in the case of the Mountbatten Isle of Wight, include people affected by death , dying or bereavement, supporters, the clinical communities, key opinion leaders and other influencers
4. the impact of the Charity's operations on the community and the environment
5. the desirability of the Charity maintaining a reputation for high standards of business conduct

Our governance processes

The Board of Trustees (Board) delegates day-to -day management and decision-making to the Chief Executive Officer and Senior Management Team (SMT). who are required to execute the Charity's strategy and to ensure that the Charity's activities are carried out in compliance with its objects and policies approved by the Board .

The Board, along with the SMT, holds an annual one-day strategy review meeting to assess progress and identify areas of focus for the following year. The Board receives updates on the Charity's performance and plans at each quarterly Board meeting, while its Committees review performance and plans in more detail as set out in the relevant Committee's terms of reference. By monitoring performance and ensuring that management is acting in accordance with the strategy and plans, and in compliance with specific policies, the Board and its Committees obtain assurance that in promoting the success of the Charity, due regard is given to the factors set out in section 172.

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section " Engaging with our stakeholder, s" on page 59 . At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

The Charity 's strategy is based on our vision of expanding our serv ices acro ss our operating area and beyond to ensure that no person should find themselves isolated and unsupported while facing death, dying or bereavement . This long - term aim informs our strategy and decisions regarding our policies and activities. The current strategy cycle runs from 2020 to 2025.

The Board and its Committees keep the Charity's principal risks and its risk appetite under review, formally considering emerging risks and reviewing changes in the Charity's risk profile and responses thereto throughout the year.

The desirability of the Charity maintaining a reputation for high standards of business conduct

Among the matters reserved for the Board is setting the Charity 's culture, values and standards and ensuring that its obligations to its stakeholders are met. The Charity has a range of policies and processes that promote corporate responsibility and ethical behavior. Areas covered include fundraising, conflicts of interest, safeguarding, dignity at work and whistleblowing.

All policies are reviewed periodically and updated as necessary by SMT and the Board .

Although the Charity's core activities do not involve working directly with children it does work extensively with vulnerable adults, and those working in the Charity's shops, at its events or through voluntary fundraising activities may from time to time come into contact with. children or vulnerable adults. The Charity has a dedicated safeguarding manager and a network of safeguarding champions who are responsible for ensuring that reporting and review processes are followed so that safeguarding issues are dealt with appropriately.

Engaging with our stakeholders

The Group takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the Group will ensure that we settle accounts within agreed terms and as a routine the finance department will settle accounts on a twice monthly basis.

Our Stakeholders	How we engage them on key decisions
People affected by death, dying or bereavement. It is vital that we listen to the experiences, insights and priorities of people affected by death, dying or bereavement so we can be sure we are meeting their needs, delivering the services most appropriate to those needs and influencing policy changes in the areas that they are most needed as well as providing relevant and accessible information.	We routinely consult and communicate with all our service users on a constant basis. This is through personal contact as well as frequent electronic contact, follow up and the maintenance of a 24/7 telephone line manned by human beings to ensure that we are always available to those who need us.
Our Supporters In order to ensure our long term financial stability, we need to build lasting relationships with our supporters, inspiring trust and loyalty in them around a shared mission. We also need to provide them with the right opportunities to support us and enable them to do so in ways that they find easy and convenient.	We have invested heavily in facilities to allow us to stay in better contact with our supporter base and we contact them through these facilities regularly. We have an ongoing communication and dialogue with our supporter base and their feedback is used to guide the development, delivery and content of our fundraising and marketing activity to ensure that their views inform all aspects of our fundraising.

Our Workforce As an organization, we are only as strong as the people we're made up of. We pride ourselves on the ability to recruit, develop, support and train the best people in each area of our work. In order to do this, we need to listen to our employees and understand what kinds of support, information and development opportunities they want to see from us.	We communicate with our staff in many different ways. We run an ongoing series of general open meetings to which all staff are invited and at which any member of staff may raise any issue or concern that they may have. We also have a policy whereby all staff are able to have regular and frequent one to one meetings with their line manager to discuss matters that relate directly to their day to day work or how their work is affecting their day to day life. We have a formal annual process of appraisal to formally record the performance, development progress and am bit ions and future plans for the employee and the Charit y. Finally, we have a formal process of whistleblowing and an identified whistleblowing ' champion' to facilitate swift disclosure and resolution to employment, and other, issues which may be sensitive, difficult or contentious in nature.
Suppliers We work with a range of suppliers but given our location and what it is that we do, they are mostly local suppliers . They do range from small independents to members of large and sometimes international corporate groups. We value our relationships with all of our suppliers and try hard to build good relationships with all of our suppliers.	While the nature of our activities means that our largest expense is Human Resources, we still spend significant amounts with external suppliers. We are committed to treating them fairly and ensure that as far as possible we pay them promptly and deal with them equitably. We run two creditor payment runs every month to ensure that we are able to pay suppliers promptly and within agreed credit terms.

Sustainability and carbon reporting

The Mountbatten Isle of Wight is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

Consumption of Electricity - KWh / Tons of CO2 equiv	**2024/25**	**2023/24**
Isle of Wight Hospice and associated buildings	449,544 / 104.81	464,727 / 108.35
Retail outlets Isle of Wight	85,002 / 19.82	77,181 / 17.99
Hampshire Hospice and associated buildings	116,662 / 27.20	Not recorded
Retail outlets Hampshire	69,634 / 16.23	70,735 / 16.49
Consumption of Gas - KWh Equiv.		
Retail outlets Isle of Wight	138,018 / 32.18	102,208 / 23.83
Isle of Wight Hospice and associated buildings	554,397 / 129.25	772,487 / 180.10
Hampshire Hospice and associated buildings	472,448 / 110.15	Not recorded
Consumption of fuel in vehicle fleet		
Consumption of fuel in Vehicles	16,347 / 43.81	6,898 / 18.49

The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh . The conversion rate of litres fuel to carbon dioxide is 2.68 kg CO2 per litre of fuel.

We are reporting our energy use and emissions on a 12 month basis .

Commentary on emissions

The largest consumer of energy in the Group is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 47.6% (2024 88%) of gas consumption and 62.3% (2024 82%) of electricity consumption.

We have taken an operational control approach, meaning that 100% of emissions from locations and operations over which the Mountbatten group have operational control have been reported. This does include the Hampshire Hospice premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans. This fleet was substantially expanded during the year by the addition of 10 fleet vehicles for the use of our community clinical staff and this is reflected in the 137% increase in fuel consumption. However, this increase is balanced by a commensurate reduction in the mileage done by Community clinical staff in their private vehicles. This compensatory usage reduction is not apparent from the above figures. The primary sources used for energy and fuel are billing data and reports from our energy supplier.

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data. Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2024/25

Our energy saving actions in our shops and offices include a continued programme of replacement LED- lighting installations and appliances, improving building insulation where applicable, installation of an electric vehicle charging point at the Isle of Wight hospice site and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We continue to focus on improving our energy efficiency and awareness of our consumption of energy across our entire estate. We are developing a Mountbatten Sustainability policy and have an Environmental Sustainability Group, which is planned to be relaunched in 2025 and which will develop an action plan to monitor and aim to achieve the maximum energy efficiency possible within the constraints of delivering a consistently high quality service to all our beneficiaries.

Mountbatten Isle of Wight was successful in an application for an electric Toyota Community Loan Vehicle for a period of two years and we received the vehicle in February 2025. The vehicle will be used to extend our community outreach and to transport patients to the hospice outpatient and day services. An electric charging point has also been installed in the car park.

Our fleet includes our company cars and vans.

Financial review

The financial result for the year for the Mountbatten Group, whilst still a deficit of over £700k, is a big improvement over the prior year result and a demonstration that our recovery plans are effective and are working.

Results were affected by a number of factors. All income categories apart from trading activities showed no real increase or growth over the prior year. Trading activities did show a small increase over the prior year, in particular due to the expansion of the Hampshire retail estate.

Resources expended by the Group for the year were very tightly controlled and in fact decreased compared to the prior year by over £400k as detailed in Note 6 to these Accounts. The total resources expended by the Group decreased to an amount of £18,623k compared to £19,099k in 2024. An analysis of Group Resources expended by activity is as follows:

18% (2024 - 19%) of our expenditure was on the cost of generating funds.

59% (2024 - 58%) of our expenditure was directly incurred in the carrying out of our charitable activities.

23% (2024 - 23%) of our expenditure was incurred in support of the carrying out of our charitable activities and our governance.

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability for the charity. This policy recognises that the charity is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth. The charity is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves. Currently the Group does not invest in Tobacco based equities.

During the year a loss of £38,960 (2024 – gain of £273,879) was achieved through the two management companies, this was a result of a gain of £86,835 (2024 – loss of £218,584) with funds invested in Ruffer and loss of £125,795 (2024 – gain of £492,463) from the funds invested in CCLA. The return in the year shows the benefit of utilising two investment managers and the differing portfolios to reduce the impact of changing markets.

The portfolio continues to be managed by Ruffer LLP and CCLA Investment Management. The joint management strategy is intended to provide broad risk management to protect the portfolio from extreme moves in investment sentiment and world events in all foreseeable circumstances.

Reserves Policy

Trustees have previously agreed their reserves policy to be an aspired level of reserves equal to one year's budgeted expenditure and a minimum level of reserves, which they will always look to maintain, of a sum equal to nine months' budgeted expenditure.

During the financial year, unrestricted reserves decreased by £0.8m finishing the year at £13.4m (2024 £14.2m). Budgeted expenditure for 2025/26 is £17.9m, so total unrestricted reserves equate to approximately 9 months of budgeted expenditure as at March 2025. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £3.8m, which equates to just over 4.5 months' expenditure.

Reserves are not accumulated in a random fashion but are the result of careful and prudent consideration of future obligations and estimates of financial results and the trustees will ensure that the charity takes its reserves position into account in future financial planning decisions. The current focus is on achieving a position of holding a minimum of 9 months and a maximum of 12 months of operating costs in free reserves.

Public benefit statement

Whilst evaluating the public benefit provided by the Group, the Trustees referred to the Charity Commission's general guidance. When reviewing the aims and objectives of the Hospice and in planning future activities the Trustees consider whether or not there are identifiable public benefits, what they are, how they are related to the aims, and how they are balanced against any detriment or harm.

Principal risks and uncertainties

There are 19 current risks and 11 static risks (where the target rating has been achieved but monitoring still required). Mountbatten's Deputy CEO holds responsibility for the risk register, which was fully reviewed and revised during 2024/5 and provided training to the Board.

The review process for monitoring the organisational risk register is outlined below:

- Full Risk Register reviewed by the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly and on the agendas of all seven governance committees.

The principle five strategic risks faced by Mountbatten are outlined below:

Risk	Management – current and planned
Financial stability from contracts with a lack of appropriate financial uplift	- Clinical services costed and regular reviews planned - Review of priority areas of service delivery ongoing - Ongoing detailed review of financial structure and a programme of actions with the Board of Trustees - Ongoing lobbying with local MP's and other key stakeholders to highlight key challenges - Public consultation undertaken and further work on outcome ongoing - 2.8% Integrated Care Board (ICB) uplift agreed for 2025/2026 - Providing data to ICB in terms of forward planning - Robust compliance with ICB contract monitoring and quality reporting - Contract monitoring meetings with ICB in place
Failure to raise funds (fundraising and gifts in wills)	- New fundraising strategy and action plan now in place - Fundraising section of Sustainability Strategic Implementation Plan updated in line with fundraising strategy - Review of Fundraising Team roles and skill sets has taken place - Plans in place to reduce spend - Participation in national Hospice UK legacy campaign - Commercial Director commenced employment October 2024 and new Head of Fundraising commenced employment January 2025 - Commercial Development Group set up - New data controller role in place - Regular reporting of Fundraising through governance structure
Financial risks of additional costs of employment and retention (rises in national insurance (NI) contributions, national minimum wage and NHS pay awards)	- People services completed piece of work on lowest paid roles - Paid 3% pay rise from April 2024 and 2.5% pay rise from January 2025 for all staff - Budgeted 2025/2026 for NI increases and 2.8% staff pay rise alongside reviewing minimum wage

	- Ongoing close monitoring of staffing budget / establishments by the Senior Management Team - Lobbying local MPs and other stakeholders around implications of NI increases and NHS pay awards
Unique demographics and stretched health and care services creating additional increased demand on Mountbatten services	- Working in partnership with local NHS, ICB, Care Homes and Third Sector - Active membership of relevant local working parties - Continue to enhance close working relationships with Stakeholders and providers locally and nationally - Evaluation of services and impact of changing demographics - Evaluation of roles and responsibilities of volunteers - Update referrers to encourage earlier referral and update on service offer - Forecasting and levels of service work commenced with focus on Hampshire growth - Robust data collection and dashboards in place - Ongoing further development and review of Mountbatten Coordination Centre - As part of new strategic plan to be developed in 2025, consider how to further achieve scale and influence
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	- Robust governance structure - Strong communications processes and plan, led by Communications team - Trade Mark agent appointed - Trade Mark agent commissioned to monitor applications which may infringe our rights - Relationship management with stakeholders and media - Legal advice sought as required - Public consultation undertaken and further work on outcome ongoing - Continue to maintain public story about our changing services to increase confidence in the local population - Mountbatten continues to manage the public message - Appointment of new CEO providing stability

Statement of trustees' responsibilities

The trustees, who are also the directors of Mountbatten Isle of Wight Limited for the purposes of company law, are responsible for preparing the Trustees' Report (which includes the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditor
In accordance with the company's articles, a resolution proposing that Azets Audit Services be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor
Each of the trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

The trustees' report was approved by the Board of Trustees:

Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 24 July 2025

Opinion

We have audited the financial statements of Mountbatten Isle of Wight Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2025, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- adequate and sufficient accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 42, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

Azets Audit Services

Debra Saunders BSc FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

7 August 2025

Mountbatten Isle of Wight Limited
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2025

	Note	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from:							
Donations and legacies	2	4,392,562	77,030	4,469,592	4,332,484	99,216	4,431,700
Charitable activities							
Inpatient / Day Care	3	8,131,273	492,753	8,624,026	8,478,864	201,810	8,680,674
Community Care	3	233,035	-	233,035	232,616	-	232,616
Other trading activities	4	4,533,474	-	4,533,474	4,108,627	-	4,108,627
Investments	5	64,875	-	64,875	22,086	-	22,086
Total income		17,355,219	569,783	17,925,002	17,174,677	301,026	17,475,703
Expenditure on:							
Raising funds		4,426,263	-	4,426,263	4,623,280	-	4,623,280
Charitable activities:							
Inpatient / Day Care		6,891,793	552,023	7,443,816	8,669,571	232,472	8,902,043
Community Care		6,752,490	-	6,752,490	5,574,091	-	5,574,091
Total expenditure	6	18,070,546	552,023	18,622,569	18,866,942	232,472	19,099,414
Net (expenditure)/income before net (losses)/gains on investments		(715,327)	17,760	(697,567)	(1,692,265)	68,554	(1,623,711)
Net gains/(losses) on investments		(38,960)	-	(38,960)	273,879	-	273,879
Net (expenditure)/income for the year and net movement in funds	7	(754,287)	17,760	(736,527)	(1,418,386)	68,554	(1,349,832)
Transfer between funds		-	-	-	-	-	-
Net movement in funds		(754,287)	17,760	(736,527)	(1,418,386)	68,554	(1,349,832)
Reconciliation of funds:							
Total funds brought forward		14,177,514	3,484,288	17,661,802	15,595,900	3,415,734	19,011,634
Total funds carried forward	21	13,423,227	3,502,048	16,925,275	14,177,514	3,484,288	17,661,802

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21 to the financial statements.

Mountbatten Isle of Wight Limited
Balance Sheet
As at 31 March 2025

		The Group		Mountbatten Isle of Wight	
		2025	2024	2025	2024
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	11,890,386	11,629,418	11,216,576	11,285,274
Investments	13	5,437,701	5,912,002	4,654,598	4,884,659
		17,328,087	17,541,420	15,871,174	16,169,933
Current assets:					
Stocks		58,632	20,210	40,251	51
Debtors	16	1,888,850	546,242	1,782,705	580,427
Cash at bank and in hand		1,005,003	2,179,415	757,627	1,354,164
		2,952,485	2,745,867	2,580,583	1,934,642
Liabilities:					
Creditors: amounts falling due within one year	17	(3,355,297)	(2,625,485)	(1,978,505)	(1,051,983)
Net current assets		(402,812)	120,382	602,078	882,659
Total net assets	20	16,925,275	17,661,802	16,473,252	17,052,592
Funds:					
Restricted funds MIOW		3,186,885	3,236,179	3,186,885	3,236,180
Restricted funds MH		315,163	248,109	-	-
Total restricted funds		3,502,048	3,484,288	3,186,885	3,236,180
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		3,849,792	4,604,079	4,212,932	4,742,977
Total unrestricted funds		13,423,227	14,177,514	13,286,367	13,816,412
Total funds	21	16,925,275	17,661,802	16,473,252	17,052,592

The financial statements were approved by the Board of Trustees on 24 July 2025 and were signed on its behalf by:

Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Isle of Wight Limited
Consolidated Statement of Cash Flows
For year ended 31 March 2025

	Note	2025		2024	
		£	£	£	£
Net cash used in operating activities	22		(1,124,585)		(809,166)
Cash flows from investing activities:					
Purchase of property, plant and equipment		(550,043)		(291,849)	
Proceeds from disposal of property, plant and equipment		-		2,730	
Proceeds from sale of investments		770,318		1,881,000	
Purchase of investments		-		(7,487,494)	
Movement in portfolio cash held for investment		(270,102)		-	
Net cash used in investing activities			(49,827)		(5,895,613)
Change in cash and cash equivalents in the year			(1,174,412)		(6,704,779)
Cash and cash equivalents at the beginning of the year			2,179,415		8,884,194
Cash and cash equivalents at the end of the year			1,005,003		2,179,415

1. ACCOUNTING POLICIES

a) Statutory information

Mountbatten Isle of Wight Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address (and principal place of business) is Halberry Lane, Newport, Isle of Wight PO30 2ER.

b) Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary, Mountbatten Isle of Wight Trading Limited, and Mountbatten Hampshire Group on the basis that the charitable companies are under common control. Mountbatten Hampshire Group includes the parent charity, Mountbatten Hampshire Limited, and its subsidiary, Mountbatten Hampshire Promotions Limited, and the entities are consolidated on a line by line basis.

Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the entities are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

The financial statements are prepared in £ sterling, which is the functional currency of the charitable company. Monetary amounts in these financial statements are rounded to the nearest £.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern. Thus, the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

For legacies, entitlement is taken as the notification has been made by the executor(s) to the charities that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably, and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charities, or the charities are aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the group has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the group of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised, and reference is made in the trustees' annual report about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the group which is the amount the group would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable companies in inducing third parties to make voluntary contributions to them, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services both within the hospices and the community to further the purposes of the charities and their associated support costs.

1. ACCOUNTING POLICIES (continued)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, and governance costs, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

• Cost of raising funds	22%
• Inpatient / Day Care	37%
• Community Care	41%

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charities' activities.

k) Operating leases

Rental charges are charged on a straight-line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

The charity has taken the opportunity provided in FRS 102 section 35 to treat the revaluation amount of freehold land and buildings as deemed cost.

Depreciation is provided, on a straight line basis, at rates calculated to write down the cost of each asset, except land, to its estimated residual value over its expected useful life. The useful lives are as follows:

• Freehold land and buildings	Not depreciated
• Leasehold improvements	Over the term of the lease
• Fixtures, fittings and equipment	between 3 and 10 years
• Motor vehicles	between 5 and 7 years

Depreciation is not charged on freehold buildings because the charity has a policy to maintain the properties to a high standard through a continuing programme of refurbishment and maintenance. Consequently, the lives of the properties and their residual values are such that any depreciation charge would be immaterial. Freehold buildings are reviewed for impairment at the end of each accounting period in accordance with FRS 102.

m) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives, or other complex financial instruments.

n) Investments in subsidiaries

Investments in subsidiaries are measured at cost.

1. ACCOUNTING POLICIES (continued)

o) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving, and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charities of these goods is recognised as income when sold.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

s) Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates, or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets
Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date.

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Derecognition of financial assets
Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

Classification of financial liabilities
Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities
Basic financial liabilities, including creditors, bank loans and loans from fellow group companies, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities
Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1. ACCOUNTING POLICIES (continued)

t) Pensions

The charities contribute to the NHS Superannuation pension scheme for certain qualifying employees. The assets of the scheme are held separately from those of the charities in an independently administered fund.

The pension charge represents contributions payable by the charity to the fund. It is a multi-employer scheme and the charities are unable to identify their share of the underlying assets and liabilities. It is therefore accounted for as though it were a defined contribution scheme.

The group also provides a defined contribution pension scheme for staff other than those within the NHS superannuation pension scheme. The assets of the scheme are held separately from those of the company in a separately administered fund. Pension costs relating to employees recharged from the NHS Trust are not identified separately and are included in wage costs, on a defined benefit basis.

u) Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Management do not consider there to be any key estimates or judgements in the preparation of these financial statements.

2. Income from donations and legacies

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Gifts						
Mountbatten Isle of Wight	923,702	-	923,702	860,241	-	860,241
Mountbatten Hampshire	1,099,293	77,030	1,176,323	889,785	99,216	989,001
Legacies						
Mountbatten Isle of Wight	1,296,120	-	1,296,120	1,704,366	-	1,704,366
Mountbatten Hampshire	1,073,447	-	1,073,447	878,092	-	878,092
	4,392,562	77,030	4,469,592	4,332,484	99,216	4,431,700

In addition to the above, there was an estimated £1,058,000 for MIOW and £386,000 for MH (2024: £1,265,000 for MIOW and £770,000 for MH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

3. Income from charitable activities

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
NHS ICB						
Mountbatten Isle of Wight	3,260,681	314,040	3,574,721	3,314,149	201,810	3,515,959
Mountbatten Hampshire	4,835,456	178,713	5,014,169	5,136,868	-	5,136,868
Other grant income						
Mountbatten Isle of Wight	35,136	-	35,136	27,847	-	27,847
Mountbatten Hampshire	-	-	-	-	-	-
Sub-total for inpatient/Day Care	8,131,273	492,753	8,624,026	8,478,864	201,810	8,680,674
Isle of Wight ICB						
Mountbatten Isle of Wight	233,035	-	233,035	232,616	-	232,616
Sub-total for Community Care	233,035	-	233,035	232,616	-	232,616
Total income from charitable activities	8,364,308	492,753	8,857,061	8,711,480	201,810	8,913,290

4. Income from other trading activities

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Fundraising activities						
Mountbatten Isle of Wight	1,386,135	-	1,386,135	1,038,488	-	1,038,488
Mountbatten Hampshire	374,635	-	374,635	490,786	-	490,786
Shops, café and other income						
Mountbatten Isle of Wight	1,682,082	-	1,682,082	1,621,179	-	1,621,179
Mountbatten Hampshire	1,090,622	-	1,090,622	958,174	-	958,174
	4,533,474	-	4,533,474	4,108,627	-	4,108,627

5. Income from investments

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from quoted investments						
Mountbatten Isle of Wight	53,505	-	53,505	16,179	-	16,179
Mountbatten Hampshire	11,370	-	11,370	5,907	-	5,907
	64,875	-	64,875	22,086	-	22,086

6. a) Analysis of expenditure - current year

		Charitable activities					
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2025 Total	2024 Total
	£	£	£	£	£	£	£
Staff costs (Note 8)	2,626,548	4,160,988	4,722,452	-	2,684,914	14,194,902	14,406,995
Medical consumables	-	216,984	245,505	-	-	462,489	464,315
Volunteer expenses	-	-	-	-	30,796	30,796	24,428
IT and administrative costs	-	-	-	-	236,204	236,204	218,954
Trading activities	42,976	-	-	-	-	42,976	33,174
Fundraising costs	302,211	-	-	-	-	302,211	263,643
Lottery costs	125,519	-	-	-	-	125,519	224,972
Investment managers' fees	(32,852)	-	-	-	-	(32,852)	29,690
Audit and accountancy fees	-	-	-	80,054	-	80,054	53,601
Legal and professional	-	-	-	-	231,304	231,304	317,841
Trustee costs	-	-	-	875	-	875	329
Catering	-	714,894	-	-	-	714,894	707,059
Premises	198,508	559,890	-	-	326,336	1,084,734	1,106,426
Bank Charges	-	-	-	-	18,818	18,818	9,840
Depreciation and loss on disposal	-	-	-	-	289,076	289,076	353,529
Insurance	7,774	-	-	-	66,082	73,856	104,499
Maintenance and repairs	-	95,191	-	-	229,506	324,697	284,001
Subscriptions and publications	-	-	-	-	20,749	20,749	27,654
Irrecoverable VAT	22,522	-	-	-	-	22,522	24,125
Consumables	106,285	188,574	-	-	103,886	398,745	444,339
	3,399,491	5,936,521	4,967,957	80,929	4,237,671	18,622,569	19,099,414
Support costs - MIOW	760,959	926,385	1,224,151	-	(2,911,495)	-	-
Support costs - MH	247,661	551,241	527,274	-	(1,326,176)	-	-
Governance costs - MIOW	10,644	12,958	17,124	(40,726)	-	-	-
Governance costs - MH	7,508	16,711	15,984	(40,203)	-	-	-
Total expenditure 2025	4,426,263	7,443,816	6,752,490	-	-	18,622,569	
Total expenditure 2024	4,623,280	8,902,043	5,574,091	-	-		19,099,414

6. b) Analysis of expenditure - prior year

		Charitable activities					
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2024 Total	2023 Total
	£	£	£	£	£	£	£
Staff costs (Note 8)	2,654,957	5,134,185	3,914,078	-	2,703,775	14,406,995	14,203,612
Medical consumables	-	263,097	201,218	-	-	464,315	387,124
Volunteer expenses	-	-	-	-	24,428	24,428	18,971
IT and administrative costs	-	-	-	-	218,954	218,954	213,564
Trading activities	33,174	-	-	-	-	33,174	32,741
Fundraising costs	263,643	-	-	-	-	263,643	339,209
Lottery costs	224,972	-	-	-	-	224,972	207,705
Investment managers' fees	29,690	-	-	-	-	29,690	43,400
Audit and accountancy fees	-	-	-	53,601	-	53,601	49,023
Legal and professional	-	-	-	-	317,841	317,841	303,721
Trustee costs	-	-	-	329	-	329	619
Catering	-	707,059	-	-	-	707,059	374,249
Premises	198,505	539,233	-	-	368,688	1,106,426	1,297,699
Bank Charges	-	-	-	-	9,840	9,840	-
Depreciation and loss on disposal	-	-	-	-	353,529	353,529	387,012
Insurance	5,692	-	-	-	98,807	104,499	66,513
Maintenance and repairs	-	81,576	-	-	202,425	284,001	242,715
Subscriptions and publications	-	-	-	-	27,654	27,654	38,573
Irrecoverable VAT	24,125	-	-	-	-	24,125	20,266
Consumables	109,132	232,249	-	-	102,958	444,339	403,791
	3,543,890	6,957,399	4,115,296	53,930	4,428,899	19,099,414	18,630,507
Support costs - MIOW	816,674	1,296,027	940,951	-	(3,053,652)	-	-
Support costs - MH	250,045	625,112	500,090	-	(1,375,247)	-	-
Governance costs - MIOW	8,950	14,202	10,311	(33,463)	-	-	-
Governance costs - MH	3,721	9,303	7,443	(20,467)	-	-	-
Total expenditure 2024	4,623,280	8,902,043	5,574,091	-	-	19,099,414	
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-		18,630,507

7. Net income / (expenditure) for the year

This is stated after charging

	2025	2024
	£	£
Depreciation	289,075	353,977
Operating lease rentals:		
Property - MIOW	198,508	198,505
Property - MH	257,628	182,383
Auditor's remuneration (excluding VAT):		
Audit - MIOW	24,200	22,750
Audit - MH	22,175	19,500
Other services - MIOW	6,450	975
Other services - MH	4,950	1,725

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

Current year

	2025		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	761,983	595,820	1,357,803
Wages and salaries	5,675,935	3,808,358	9,484,293
Employer's national insurance	553,017	312,134	865,151
Pension costs	583,009	401,189	984,198
Temporary and agency staff	528,364	613,460	1,141,824
Other staff costs	177,771	183,862	361,633
	8,280,079	5,914,823	14,194,902

Prior year

	2024		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	678,736	653,781	1,332,517
Wages and salaries	5,276,550	4,220,974	9,497,524
Employer's national insurance	533,839	412,132	945,971
Pension costs	549,463	436,322	985,785
Temporary and agency staff	623,114	588,549	1,211,663
Other staff costs	249,837	183,699	433,536
	7,911,539	6,495,457	14,406,996

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The following number of employees received employee benefits (excluding employer pension costs and national insurance) during the year between:

	2025 No.	2024 No.
£60,000 - £69,999	3	-
£70,000 - £79,999	3	3
£80,000 - £89,999	2	1
£90,000 - £99,999	2	1
£100,000 - £109,999	-	1
£110,000 - £119,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2024: 2) seconded medical professional staff of £295,191 (2024: £217,026).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £771,815 (2024: £708,683).

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2024: none). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £875 (2024: £329) incurred by 4 (2024: 4) trustees.

9. Staff numbers

	2025 Employed by Charity No.	2025 Recharged to Charity No.	2024 Employed by Charity No.	2024 Recharged to Charity No.
Fundraising - MIOW	9	-	9	-
Fundraising - MH	5	-	5	-
In patient unit / Patient services - MIOW	45	8	55	8
In patient unit / Patient services - MH	67	-	67	-
Community	140	-	113	-
Day unit / JCC	5	-	26	-
Retail	63	-	62	-
Support	78	-	77	-
	412	8	414	8

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2024: £nil) not already disclosed.

11. Taxation

The charities are exempt from corporation tax as all their income is charitable and is applied for charitable purposes. The trading subsidiaries Mountbatten Isle of Wight Trading Limited and Mountbatten Hampshire Promotions Limited gift aid available profits to their immediate parent charities.

12. Tangible fixed assets

Group	Land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,033,169	462,875	2,761,409	472,081	14,729,534
Additions in year	-	460,928	59,247	29,868	550,043
Disposals in year	-	-	-	-	-
At the end of the year	11,033,169	923,803	2,820,656	501,949	15,279,577
Depreciation					
At the start of the year	50,233	318,548	2,466,692	264,643	3,100,116
Charge for the year	1,531	75,952	157,734	53,858	289,075
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	51,764	394,500	2,624,426	318,501	3,389,191
Net book value					
At the end of the year	10,981,405	529,303	196,230	183,448	11,890,386
At the start of the year	10,982,936	144,327	294,717	207,438	11,629,418

Mountbatten Isle of Wight	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,981,014	136,940	2,087,101	442,281	13,647,336
Additions in year	-	-	12,977	9,000	21,977
Disposals in year	-	-	-	-	-
At the end of the year	10,981,014	136,940	2,100,078	451,281	13,669,313
Depreciation					
At the start of the year	-	132,938	1,965,961	263,163	2,362,062
Charge for the year	-	1,069	45,882	43,724	90,675
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	-	134,007	2,011,843	306,887	2,452,737
Net book value					
At the end of the year	10,981,014	2,933	88,235	144,394	11,216,576
At the start of the year	10,981,014	4,002	121,140	179,118	11,285,274

All of the above assets are used for charitable purposes.

In the group figures, land and buildings constitutes both freehold property and leasehold property.

13. Investments

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Listed investments				
Fair value at the start of the year	5,912,002	31,629	4,884,657	-
Additions at cost	64,875	7,487,494	53,505	5,688,901
Disposal proceeds	(770,318)	(1,881,000)	(250,000)	(1,047,831)
Net (loss)/gain on change in fair value	(38,960)	273,879	(33,566)	243,587
	5,167,599	5,912,002	4,654,596	4,884,657
Cash held by investment broker pending reinvestment	270,102	-	-	-
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	5,437,701	5,912,002	4,654,598	4,884,659

	2025	2024
	£	£
Charity Trusts	5,135,970	5,880,373
Overseas Bonds	31,629	31,629
Cash held by investment broker pending reinvestment	270,102	-
	5,437,701	5,912,002

14. Subsidiary undertakings

Mountbatten Isle of Wight Limited, the charitable parent company, is the sole organisational member of Mountbatten Hampshire Limited. Mountbatten Isle of Wight Limited operates a hospice on the Isle of Wight and owns the whole of the issued ordinary share capital of Mountbatten Isle of Wight Trading Ltd, a company registered in England and used for non-primary purpose trading. The company number is 03083127.

Mountbatten Hampshire Limited operates a hospice in Southampton. The company number is 06539641 and the charity number is 1123304. It owns the whole of the issued ordinary share capital of Mountbatten Hampshire Promotions Limited, a company registered in England and used for non-primary purpose trading. The company number is 03675130.

All subsidiary company activities have been consolidated on a line by line basis in the statement of financial activities. Available profits from the trading subsidiaries are gift aided to their respective parent charitable companies. A summary of the results of the subsidiaries for the year are shown below:

Year ended 31 March 2025	Mountbatten Hampshire Limited	Mountbatten Hampshire Promotions Ltd	Mountbatten Isle of Wight Trading Ltd
	£	£	£
Income / turnover	8,357,683	382,886	141,927
Cost of sales	-	(92,714)	(11,668)
Net income / gross profit	8,357,683	290,172	130,259
Net expenditure / administrative expenses	(8,780,227)	(19,417)	(36,739)
Distribution from subsidiary	270,755	-	-
Gain on investment assets	(5,394)	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(157,183)	270,755	93,520
Funds/retained earnings brought forward	683,001	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(157,183)	270,755	93,520
Distribution under Gift Aid to parent charity	-	(270,755)	(93,520)
Reserves/retained earnings carried forward	525,818	-	-
The aggregate of the assets, liabilities and funds was:			
Assets	2,191,742	49,655	14,675
Liabilities	(1,665,924)	(49,653)	(14,673)
Funds	525,818	2	2

14. Subsidiary undertakings (continued)

Year ended 31 March 2024	Mountbatten Hampshire Limited £	Mountbatten Hampshire Promotions Ltd £	Mountbatten Isle of Wight Trading Ltd £
Income / turnover	8,091,363	367,466	148,132
Cost of sales	-	(121,095)	(10,842)
Net income / gross profit	8,091,363	246,371	137,290
Net expenditure / administrative expenses	(9,419,803)	(19,438)	(37,043)
Distribution from subsidiary	475,021	-	-
Gain on investment assets	30,292	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(823,127)	226,933	100,247
Funds/retained earnings brought forward	1,506,128	248,088	-
Net income/(expenditure)/profit/(loss) for the financial year	(823,127)	226,933	100,247
Distribution under Gift Aid to parent charity	-	(475,021)	(100,247)
Reserves/retained earnings carried forward	683,001	-	-
The aggregate of the assets, liabilities and funds was:			
Assets	2,341,866	148,090	54,567
Liabilities	(1,658,865)	(148,088)	(54,565)
Funds	683,001	2	2

Intercompany transactions

Included within administrative expenses for Mountbatten Hampshire Limited is a management charge of £882,424 (2024: £933,426) from Mountbatten Isle of Wight Limited to Mountbatten Hampshire Limited. Included within administrative expenses within Mountbatten Isle of Wight Trading Limited is a management charge of £30,000 (2024: £30,000) from Mountbatten Isle of Wight Limited. Included within administrative expenses for Mountbatten Isle of Wight Limited is a management charge of £34,960 (2024: £129,200) from Mountbatten Hampshire Limited to Mountbatten Isle of Wight Limited.

Shared trustees/directors

All trustees of Mountbatten Isle of Wight Limited are also trustees of Mountbatten Hampshire Limited, with the exceptions of Stephen Izatt and Wendy Murwill, who are only trustees of Mountbatten Isle of Wight Limited.

Stephen Izatt & Wendy Murwill are trustees and directors of both Mountbatten Isle of Wight Limited and Mountbatten Isle of Wight Trading Limited.

15. Mountbatten Isle of Wight Limited

The parent charity's (Mountbatten Isle of Wight Limited) gross income and the results for the year are disclosed as follows:

	2025	2024
	£	£
Gross income	9,959,988	10,061,618
Result for the year	(579,340)	(215,461)

16. Debtors

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Amounts due from group entities	-	-	307,412	163,111
Trade debtors	1,055,806	93,128	1,010,647	48,693
Accrued income and other debtors	298,042	102,676	210,522	64,586
VAT recoverable	234,267	103,902	38,557	87,634
Prepayments	300,735	246,536	215,567	216,403
	1,888,850	546,242	1,782,705	580,427

17. Creditors: amounts falling due within one year

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	937,485	1,266,421	276,453	325,921
Deferred income	991,796	156,910	974,806	155,870
Other creditors and accruals	1,426,016	1,202,154	613,277	570,192
Amounts due to group entities	-	-	113,969	-
	3,355,297	2,625,485	1,978,505	1,051,983

18. Deferred income

Deferred income comprises grant and contract income received in advance of services being provided.

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Balance at the beginning of the year	156,910	69,718	155,870	69,718
Amount released to income in the year	(3,039,929)	(3,625,204)	(3,038,889)	(3,625,204)
Amount deferred in the year	3,874,815	3,712,396	3,857,825	3,711,356
Balance at the end of the year	991,796	156,910	974,806	155,870

19. NHS Pension Scheme

The charities have some staff who are members of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme. Details of the benefits payable and rules of the Scheme can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions [nhsbsa.nhs.uk]. The cost of participating in the Scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM (Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024 to 23.7% of pensionable pay.

The total pension contributions payable for the NHS pension scheme in the year were £984,198 (2024: £985,785).

20. a) Analysis of group net assets between funds - 2025

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	348,800	9,073,435	2,468,151	11,890,386
Investments	5,437,701	-	-	5,437,701
Net current assets	(1,936,709)	500,000	1,033,897	(402,812)
Net assets at the end of the year	3,849,792	9,573,435	3,502,048	16,925,275

20. a) Analysis of group net assets between funds - 2024

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	89,881	9,020,915	2,518,622	11,629,418
Investments	5,912,002	-	-	5,912,002
Net current assets	(1,397,804)	552,520	965,666	120,382
Net assets at the end of the year	4,604,079	9,573,435	3,484,288	17,661,802

21. a) Movement in funds - 2025

	At 1 April 2024 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2025 £
Restricted funds						
Capital funds						
John Cheverton Estate fixed Asset Fund	22,087	-	-	-	-	22,087
John Cheverton Estate Pool Vehicle Fund	240,891	-	(50,471)	-	-	190,420
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Hospice UK Grant	-	155,151	(155,151)	-	-	-
Revenue funds						
Clinical Co-ordination Centre	41,213	-	-	-	-	41,213
iBCF	26,667	-	(26,667)	-	-	-
Kelly donation	505	-	-	-	-	505
Young adult services	22,709	-	(22,709)	-	-	-
NHS CCG - CQUINs	38,931	-	(38,931)	-	-	-
KissyPuppy restricted fund	465,380	130,232	(54,072)	-	-	541,540
Advanced communication	3,748	-	(3,748)	-	-	-
MND Clinic	4,173	-	(4,173)	-	-	-
Mountbatten young adults	1,822	-	-	-	-	1,822
Barclays donation	58,511	-	-	-	-	58,511
Ward Furniture	1,012	-	(1,012)	-	-	-
Bladder Scanners	6,083	-	(1,900)	-	-	4,183
Hoist Pods for IPU	2,720	-	-	-	-	2,720
Essential Equipment for patient Care	24,538	-	-	-	-	24,538
Daisy Rich Trust	1,000	-	-	-	-	1,000
Hospital Saturday Fund	2,000	-	(2,000)	-	-	-
Children's Service	-	28,657	-	-	-	28,657
Other restricted funds	16,545	-	(2,500)	-	-	14,045
Total restricted funds MIOW	3,236,179	314,040	(363,334)	-	-	3,186,885

21. a) Movement in funds – 2025 (cont.)

	At 1 April 2024 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2025 £
Restricted funds - MH						
NHSE	28,818	-	-	-	-	28,818
Other	219,291	255,743	(188,689)	-	-	286,345
Total restricted funds	3,484,288	569,783	(552,023)	-	-	3,502,048
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	9,073,435	-	-	-	-	9,073,435
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – MIOW group	911,052	8,870,393	(9,366,878)	(33,566)	-	381,001
General funds – MH group	3,693,027	8,484,826	(8,703,668)	(5,394)	-	3,468,791
Total unrestricted funds	14,177,514	17,355,219	(18,070,546)	(38,960)	-	13,423,227
Total funds - MIOW	13,220,665	9,184,433	(9,730,212)	(33,566)	-	12,641,320
Total funds - MH	4,441,137	8,740,569	(8,892,357)	(5,394)	-	4,283,955
Total funds	17,661,802	17,925,002	(18,622,569)	(38,960)	-	16,925,275

21. b) Movement in funds – 2024

	At 1 April 2023 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2024 £
Restricted funds						
Capital funds						
John Cheverton Estate fixed Asset Fund	44,286	-	(22,199)	-	-	22,087
John Cheverton Estate Pool Vehicle Fund	250,000	-	(9,109)	-	-	240,891
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Clinical Co-ordination Centre	41,213	-	-	-	-	41,213
iBCF	34,004	-	(7,337)	-	-	26,667
Kelly donation	505	-	-	-	-	505
Young adult services	22,709	-	-	-	-	22,709
DC clinical teaching post	-	-	-	-	-	-
NHS CCG - CQUINs	39,038	44,202	(44,309)	-	-	38,931
KissyPuppy restricted fund	399,580	129,306	(63,506)	-	-	465,380
Advanced communication	3,748	-	-	-	-	3,748
MND Clinic	6,927	-	(2,754)	-	-	4,173
Mountbatten young adults	2,469	-	(647)	-	-	1,822
Barclays donation	66,278	-	(7,767)	-	-	58,511
Ward Furniture	1,012	-	-	-	-	1,012
Bladder Scanners	7,083	-	(1,000)	-	-	6,083
Hoist Pods for IPU	3,680	-	(960)	-	-	2,720
Essential Equipment for patient Care	4,263	21,102	(827)	-	-	24,538
Daisy Rich Trust	1,000	-	-	-	-	1,000
Hospital Saturday Fund	2,000	-	-	-	-	2,000
Other restricted funds	9,345	7,200	-	-	-	16,545
Total restricted funds MIOW	3,194,784	201,810	(160,415)	-	-	3,236,179

21. a) Movement in funds – 2024 (cont.)

	At 1 April 2023	Income	Expenditure	Gain on revaluations	Transfers	At 31 March 2024
	£	£	£	£	£	£
Restricted funds - MH						
NHSE	71,800	-	(42,982)	-	-	28,818
Other	149,150	99,216	(29,075)	-	-	219,291
Total restricted funds	3,415,734	301,026	(232,472)	-	-	3,484,288
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	9,073,435	-	-	-	-	9,073,435
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – MIOW group	3,163,956	8,944,265	(11,440,756)	243,587	-	911,052
General funds – MH group	2,858,509	8,230,412	(7,426,186)	30,292	-	3,693,027
Total unrestricted funds	15,595,900	17,174,677	(18,866,942)	273,879	-	14,177,514
Total funds - MIOW	15,432,174	9,146,075	(11,601,171)	243,587	-	13,220,665
Total funds - MH	3,579,460	8,329,628	(7,498,243)	30,292	-	4,441,137
Total funds	19,011,634	17,475,703	(19,099,414)	273,879	-	17,661,802

21. Movement in funds (continued)

Purposes of restricted funds

John Cheverton estate fixed asset fund - This funding was provided to acquire specific assets including a new ambulance, new Arjo baths and certain new beds with mattresses and pumps. All these assets have been acquired and will be depreciated in terms of the policies relating to the depreciation of fixed assets.

Fixed asset fund represents funds received for the purchase, refurbishment and improvement of the Hospice's buildings, included within fixed assets. It includes:

- The Halberry Lodge Funds, a donation received for the purchase of Halberry Lodge/JCC, fully capitalised within Freehold Land and Buildings.
- DoH funds received as a contribution towards the refurbishment of Halberry Lodge/JCC as above.
- The Space Utilisation and Enhancement (SURE) project fund, a DoH grant towards the refurbishment of office space, capitalised within fixtures, fittings and equipment.
- The Facilities Improvement fund, received as a contribution towards the improvement works required on the existing buildings, and represents the net book value of those completed works.

Clinical Co-Ordination Centre grant from the CCG supports the establishment and operation of an 'Early Intervention' initiative which seeks to find and make contact with people approaching end of life. This will enable us, from an early stage, to ensure that they are receiving appropriate care and support for their condition. This will range from simple conversations about Advanced Care Planning and a 6 monthly phone call to concentrated treatment and possible admission to the In-Patient unit.

iBCF – This grant from the Island Better Care Fund supports the establishment and operation of a comprehensive education facility and associated education programme.

Kelly Donation – This donation is specifically to fund the acquisition of Riser/Recliner chairs for the Hospice.

Young adult services - This grant was made to fund the post of a Young Adult Therapist/Counsellor for three years.

The NHS CCG - CQUINs fund represents the Isle of Wight Clinical Commissioning Group funding towards the acquisition, installation and commissioning of a new patient record software programme known as SystemOne.

The KissyPuppy funds represents donations received towards children's services.

Barclays Grant has been given to fund the acquisition of clinical equipment, supplies and PPE.

21. Movement in funds (continued)

Purposes of restricted funds (continued)

NHSE (via Hospice UK) Grant - The NHSE awarded funding to allow the hospice to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

Advanced Communication - This grant was made to fund further training for our Bereavement and Psycho-social teams in advanced communication skills.

The MND grant is to fund the establishment and running of a monthly multi-disciplinary team with all services represented so that MND patients can access all the services that they might need in the same place and at the same time.

Mountbatten Young Adults Fund is a fund raised by this group of beneficiaries for their use in connection with life enhancing experiences and travel opportunities.

JC Pool Vehicle Fund represents amounts received from the John Cheverton Estate for the purposes of providing vehicles to be used by nursing staff in reaching patients who are not in residence at the hospice.

Hospice UK Capital Grant
Grant funding was provided to help the hospices improve their facilities, increase capacity and enhance digital technology.

Other specified restricted Funds – these funds as listed are self explanatory. They have been received for the specific purpose stated and are used solely for those purposes.

Mountbatten Hampshire's funds are held as a restricted fund within the group solely for the use of that charity's hospice on the mainland.

Purposes of designated funds

Fixed Asset Replacement Funds are set aside to enable the Hospice to redevelop existing buildings and purchase capital items as required.

Fixed Asset Fund represents the net book value of fixed assets purchased through general funds and therefore not readily available for other purposes. Depreciation will be charged against this fund.

Transfers between funds arise when planned spending on a project exceeds the amount of restricted funds available for the purpose. In that circumstance the excess spend is transferred from the applicable restricted fund line in the analysis of restricted funds to general funds thereby reducing the balance on the restricted fund to zero.

The trustees established the MH designated fund for use in future projects to extend the services of Mountbatten Hampshire.

22. Reconciliation of net incoming resources to net cash flow from operating activities

	2025	2024
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(736,527)	(1,349,832)
Depreciation charges	289,075	353,977
Profit on disposals of fixed assets	-	(1,230)
Losses/(gains) on investments	38,960	(273,879)
Interest received and dividends from investments	(64,875)	-
Increase in stocks	(38,422)	(10,612)
(Increase)/decrease in debtors	(1,342,608)	143,521
Increase in creditors	729,812	328,889
Net cash used in operating activities	(1,124,585)	(809,166)

Analysis of cash and cash equivalents

	2025	2024
	£	£
Cash in hand	1,005,003	2,179,415

Analysis of changes in net debt

	1 April 2024	Cash flows	31 March 2025
	£	£	£
Cash in hand	2,179,415	(1,174,412)	1,005,003

23. Operating leases commitments

The total future minimum lease payments under non-cancellable operating leases are as follows for each of the following periods:

	Group		Mountbatten Isle of Wight	
	2025	2024	2025	2024
	£	£	£	£
Less than one year	229,599	395,140	155,712	184,315
One to five years	1,291,593	1,214,317	536,509	562,817
Over five years	432,881	705,417	205,510	302,167
	1,954,073	2,314,874	897,730	1,049,299

24. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

MOUNTBATTEN ISLE OF WIGHT

England & Wales - Charity number 1039086

Accounts

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086

Mountbatten Group

Incorporating:
Mountbatten Isle of Wight Limited
(Formerly Earl Mountbatten Hospice)
Mountbatten Hampshire Limited (Formerly Countess Mountbatten Hospice Charity Limited)

Report and financial statements for the year ended 31 March 2024

Contents

Reference and administrative information	1 - 2
Statement from the CEO	3
Statement from the Chair of Trustees	4
Background and Strategy	5 - 7
Strategic report – Objectives & activities	8
The Mountbatten pyramid	9
Working in partnership	10 - 11
Key achievements 2023/24 – Mountbatten Group	12 - 13
Collaborating to deliver 24/7 care to patients at home	13
Our services in numbers	14 - 15
Mountbatten IOW – Enhancing palliative care in Singapore: an educational visit to Mountbatten	16
Mountbatten Hampshire – Training tomorrow's Consultants and GPs	17
The impact of planned giving	18
Record-breaking fundraising success	19
Trusts and grants – Mountbatten Group	19
Growth in retail	20
Advancing conversations: A year of progress in Care Planning	21
Celebrating life and changing perceptions	22
Mountbatten's people	23
Royal Recognition for Mountbatten CEO	23
Mountbatten IOW – Transforming palliative and end-of-life care at St Mary's Hospital	24
Mountbatten IOW – Leading the way: elevating care across the Island to national excellence	24
Mountbatten Hampshire – Enhancing palliative care at University Hospitals Southampton (UHS)	25
Quality	26 - 30
Sustainability and carbon reporting	31
Financial review	32 - 33
Future plans	33
Principal risks and uncertainties	34 - 35
Information governance	36
Trustees' duty to promote the success of the Charity – Section 172 statement	37 - 39
Governance	40 - 41
Public benefit statement	41
Statement of trustees' responsibilities	42
Independent auditor's report	43 - 45
Consolidated statement of financial activities (incorporating an income and expenditure account)	46
Balance sheet	47
Consolidated statement of cash flows	48
Notes to the financial statements	49 - 75

Mountbatten Group
Reference and administrative information

Status and structure:	Mountbatten Isle of Wight Limited (Formerly Earl Mountbatten Hospice) operates as a charitable company limited by guarantee	
Company number:	02929267	
Charity number:	1039086	
Registered office and operational address:	Mountbatten Isle of Wight Halberry Lane Newport Isle of Wight PO30 2ER	
Trustees	Trustees are also Directors under company law:	
1 Resources Committee Member	Sir Ian Cheshire 3, 4	CHAIR
2 Services Committee Member	Mr M Acland 1, 3, 4	
3 Isle of Wight Trustee	Mrs C Alstrom 2, 3, 4	(resigned July 2023)
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	(resigned December 2023)
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5,	
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1,3, 4	
	Mr S Izatt 1, 3	
	Ms M Forrest-Charde 2, 3, 4	
	Mr D Bennett 2, 3, 4, 6	(resigned September 2023)
	Mr S Brookwell 1, 3, 4	(resigned December 2023)
Company Secretary	Mrs W Wright	(appointed September 2023)
Senior Management Team	Mr N Hartley MBE	Chief Executive
	Mrs L Smith	Director of Nursing
	Dr J Curtin	Medical Consultant
	Mrs W Wright	Director of Finance (appointed September 2023)
	Mr D Hodgkins	Director of People Services (appointed August 2023)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	CCLA Fund Managers Ltd 85 Queen Victoria Street London EC4V 4ET
Investment Managers:	Ruffer LLP 80 Victoria Street London SW1E 5JL
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

The impact of Mountbatten's innovative strategy has continued to grow over the past year during a time of significant disruption in the wider health service.

Mountbatten remains a local charity with being of service to local people at its heart, however both the vision and mission which drive our work continue to attract interest nationally and internationally, with recent inquiries coming from as far away as the USA, Singapore, South America, Australia, Japan and Europe.

Mountbatten's strength is routed in a vision of a world where every dying person has access to the services they need, always and without fail. It also challenges each and every one of us to acknowledge and to prepare for death early, starting from a place of health rather than from the moment when a devastating terminal illness arrives unexpectedly. The specialty of palliative medicine has changed considerably over the past 25 years and by successfully focusing on earlier referral pathways, Mountbatten now has a track record of avoiding late-stage physical, social and psychological crises for people when they come to die whilst also controlling the workforce and financial stressors which derive from such crises.

Almost ten years ago, Mountbatten initiated a strategy in partnership with the local Acute and Primary Care sectors, which included NHS commissioners, patients and families, to prepare for the growing numbers of people who would need us as the future unfolded. This has been achieved by innovatively developing and successfully delivering a radical population-based care model. This model challenges the fact that dying is usually thought of as a moment in time and acknowledges that for the majority it is a long drawn-out and complex process. This is particularly true for a growing older population who need hospices to meet them earlier on their own terms within the places where they live. As people therefore live longer, they will inevitably die more slowly from a range of complex illnesses, and an ongoing obsession to deliver complex care in expensive hospice inpatient beds within buildings cannot be sustainable and warrants continuous scrutiny. Mountbatten is a pioneer in refocusing the need for 24/7 care for the majority of dying people back into the heart of the communities where they live. You will notice in this report that Mountbatten now touches the lives and deaths of more people than ever within their own homes, including Care Homes and other residential facilities, and we are now acknowledged as an exemplar in our field.

Mountbatten is not only 'for' the community but it is 'of' the community. Open access to our buildings as well as diverse public programmes to support such access offers engagement for all in the day-to-day life of Mountbatten in ways which are both life-changing and life-enhancing. This reciprocal community contract not only encourages earlier, less fearful and unencumbered access to Mountbatten's care and support services, but it challenges the very core of what people understand death, dying and bereavement to be. It also motivates people to support the organisation through fundraising, which in turn continues to secure Mountbatten's future at a time when funding from the NHS is under persistent threat.

Therefore, with the current NHS focus on saving money at all costs, Mountbatten insists that care of the dying and the bereaved is not a commodity and must remain freely available within people's own homes for the many rather than the few. We also maintain that to be cared for with expertise and kindness when we come to die or when we are bereaved is a basic human right.

Mountbatten's approach to never ignore anyone who needs us and to support them unconditionally and locally within the heart of their communities remains our biggest force for good and continued success. The Trustees' report shows example after example of how we sustain this momentum and culture which is so desperately missing in much of modern UK healthcare. The report also demonstrates the importance of continuing to point out when things are not right within the wider system and highlights the necessity to continue to fight for access to expert services delivered with kindness for each and every one of us as we inevitably move towards the end of our lives.



Nigel Hartley MBE
CEO Mountbatten
July 2024

Mountbatten Group
Statement from the Chairman
For year ended 31 March 2024

Mountbatten has managed its way through another challenging year and successfully supported its local communities on the Isle of Wight and Hampshire.

We have had a special challenge of dealing with a lack of NHS funding to fully cover the nationally mandated wage increases and other rising costs, which remains a vital issue for this coming year, and if not addressed will start to impact some of the services we provide to the NHS, as it does not seem appropriate for us to spend charitable income subsidising the NHS!

I am pleased to say we have just concluded a major recruitment of new trustees as we replace many long-standing board members - I would like to thank Tony Stables and Peter Pitcher for their many years of great service.

The Board remain extremely grateful to Nigel and his team for their successful steering of the organisation - it is a complex and challenging task to provide all the vital services we know are appreciated by so many.

Finally, I would like to thank our supporters in the community, especially our volunteers but also all those whose generosity allows us to continue to operate - contrary to some press reports we are majority funded by the public, not the Government, and we will never take that support for granted, but work hard to make sure we earn that trust.



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Background and strategy

Mountbatten Isle of Wight was opened in 1982 and Mountbatten Hampshire was opened in 1977. Our Mountbatten Group strategy is set on a five - yearly basis and reviewed regularly by the Board and its committees. March 2020 saw the start of a new and dynamic five-year strategy, which we have worked hard to implement together with our staff, volunteers and local community. A suite of strategic implementation plans underpin the strategy and these are reviewed regularly.

In addition to developing the organisational strategy with the CEO and Senior Team, trustees, and wider stakeholders, we regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable objectives as agreed with the Charity Commission and are undertaken to further our charitable purposes for the public benefit. This Annual Trustees' Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2024.

Mountbatten's teams of staff and volunteers now support well over 5,000 people on any one day across the communities of the Isle of Wight, Southampton City, and large parts of Hampshire. This past year, we have continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has continued to be inspired by our local population needs with a series of developing and innovative services in line with our current 2020 Strategy, all of which are detailed and outlined in this report which have supported Mountbatten to achieve scale which is a main strategic aim. A useful measure of this is that we are now touching around 70% of all deaths on the Isle of Wight, and we push forward to reach a similar level on the mainland. Some of our patients will have cancer; an increasing number will have long-term conditions such as heart failure or lung disease; others will have neurological conditions including motor neuron disease and multiple sclerosis. As Dementia is now the biggest cause of death in the UK, we increasingly support people with dementia and other older-age related illnesses. In fact, it is clear that old age and frailty are now a terminal illness for many. We have the capacity to support our extensive community services with care for people in 16 beds at our Mountbatten Isle of Wight building in Newport and 21 beds at our Mountbatten Hampshire building in Southampton West End as well as offering support to many more within our Mountbatten John Cheverton Self-help and Day and Rehabilitation Centre on the Isle of Wight and our Hazel Self-Help and Day and Rehabilitation Centre in Southampton. However, our buildings are just the 'tip of the iceberg'. We support people to live well until their death and we will do everything we can to enable our patients to die in their preferred place, which for many people will be their own home. We support families, close friends and carers both during a person's illness and after death because when someone is very ill, we know that many people's wellbeing is affected and this can last over years if not supported at the time when needed. Mountbatten is also the largest provider of end-of-life care education across our communities and our growing Education Programmes ensure that we train other agencies, such as the NHS, Domiciliary Care Agencies and Care Homes in order to underpin and to extend our absolute insistence on high quality care as well as our reach and our influence. In 2017, Mountbatten Isle of Wight was rated as 'Outstanding' by the Care Quality Commission (CQC). In 2021, Mountbatten Hampshire was rated as 'Good' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

Our current strategy outlines the approach that the Mountbatten Group will take from 2020 onwards to deliver a new Mountbatten model of care and support for the last years/phase of life (the last five years of life) across our local communities. We began by articulating our three strategic imperatives for the short, mid and long- term. We followed on by developing our new model through a series of workshops and open meetings with staff, volunteers, users of our services and a wide range of stakeholders, focussing on five key implementation areas:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteer offer
3. Developing a shared, common language about what Mountbatten does, in partnership with our communities
4. Developing and sustaining our impact for the future
5. Developing robust education and training programmes across our communities, including the local Health and Social Care systems

The important theme of working in partnership to achieve our aims will run through every area of our strategy. Our new Mountbatten model has also been developed utilising our many collective years of experience and acquired expertise. Our approach is updated annually through engaging with all stakeholders, to ensure that we keep pace with both local and national changes and challenges. Each key area is underpinned by robust operational implementation plans which are reviewed and presented to our Board of Trustees regularly.

We identified some years ago that we were not going to be able to continue to meet the growing needs of our local communities by delivering our services in the way which we always had done. The growing older population, together with radical changes in the ways that people are both living and dying, provides us with serious challenges of how we are going to meet the needs of a community who are living longer and therefore dying more slowly. We know that most of our geography is thought to be around 15 years ahead of the rest of the UK in terms of demographic, and the fact that we know that there will be around a 40% increase in need for end of life care across the UK by 2040 is already being recognised as a challenge for the services which we deliver. There are currently four very clear stressors:

1. A growing number of people needing our care and support, most of whom are living their last phase of life (five years) with a range of complex comorbidities
2. A lack of both human and financial resource to meet the growing need
3. An unprecedented pressure on the wider healthcare, social care and charitable sectors
4. Most people do not want to talk about, or plan for, death, dying and bereavement

By thinking and acting innovatively and trialing new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 250% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death, dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, two out of three people do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve. We also need to work with our local communities to reframe their understanding of what 'dying' means – moving from a 'moment in time' concept, to a journey for many that will last a number of years.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. Our unique Mountbatten model, outlines how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

Mountbatten's team is expert, whether it is our Medical Consultants, Nurses, Healthcare Assistants, Allied Health Professionals, Clinical Psychologists offering complex pain, symptom management and psychological support, our bereavement team supporting either people's complex or healthy responses to the death of someone close to them, our stalwart nurses and carers who are visiting a growing number of people 24 hours a day, 7 days a week at home, our housekeeping and catering teams, our spiritual care team and team of therapists or our volunteers.

Our absolute confidence and authority around death, dying and bereavement across our entire workforce, underpins

our objective to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement.

We are committed to aspiring to be the best that we can be, always and without fail.

Strategic report - Objectives & Activities

Our strategy outlines Mountbatten's future direction and aspirations against a backdrop of challenges and demands faced by our services over the next five years. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission
To promote and to provide good care and support for those people living with, affected by, or curious about death, dying and bereavement

Our Vision
is of a world where all dying people and those close to them have access to expert, compassionate and cost-effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

Our Values

We care about what we do
We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.

We are experts in our field
We are professional at all times, aspiring to be the best that we can be in everything that we do.

We are innovative and bold
We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.

We respect our community
We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours, which we have all agreed to.

Strategic Aims
- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations

The people we serve:
1. People who are curious about death, dying and bereavement (every member of our communities)
2. People who are bereaved or grieving (including those who have been affected by deaths other than those under the care of Mountbatten)
3. People who are in the last phase of life (around the last five years of life)

Our Mountbatten Strategic Model explained – The Mountbatten Pyramid



2023/24 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document.

1. Developing and sustaining expert care and support services.
2. Developing and growing our volunteer offer.
3. Developing robust education and training programmes across our communities, including the local health and social care systems.
4. Developing and sustaining our impact for the future.
5. Developing a shared, common language about what Mountbatten does, in partnership with our communities.

Working in partnership

Mountbatten Isle of Wight – working in partnership with IW Community Equipment Service

Patient equipment plays a crucial role in helping people remain at home and maintain their independence, comfort and safety, supporting informal and formal carers to assist someone to manage at home.

Over the past 15 years, Mountbatten Isle of Wight has had their own designated off-site equipment store with equipment purchased to provide equipment to palliative patients on the Mountbatten caseload. The reach of Mountbatten's services has increased from 630 people in April 2017 to over 2,200 in December 2023. The equipment provision at Mountbatten has been historically funded by charitable funding.

A collaborative piece of work was undertaken with the IW Community Equipment Service (CES) to consider service provision and reducing replication of services commissioned by the Local Authority and Health who provide equipment services across the Isle of Wight.

A new model of working was agreed to be fully implemented in April 2024 including:

- CES, the experts in equipment provision and supplies, will provide all community equipment. This will provide significant cost savings of charitable funding while maintaining our collaborative working opportunities through the health and care system with our Island CES provision to access necessary items of equipment to aid our community.

- Collaborative working and grant funding from the IW Council for Mountbatten to maintain sufficient expert and trained personnel to responsively provide same-day delivery of equipment from CES to patients' homes and move furniture where required, six days a week. This enables and assists responsive discharges from the hospital and the hospice and assists with the avoidance of unnecessary hospital/hospice admissions, particularly when a person's condition may suddenly deteriorate, and people would rather be cared for or die in the comfort of their home surroundings.

- Mountbatten retains sufficient expert and trained personnel to responsively collect equipment from families' homes after a person has died. Delayed collection of equipment can cause significant psychological and practical stress for bereaved families.

Ian Lloyd, Strategic Manager IW Council, Partnership & Support Services commented, "The recent partnership work between Mountbatten and the IW Council has sought to explore opportunities to review and develop greater collaborative 'system' working that further aids our Islands health and care partnership to achieve sustainable and effective approaches. These arrangements will ensure our services continue to support our Island's community collectively, utilising the right resources at the right time to provide safe and responsive provisions of community equipment that will maintain and protect vital support where it is most needed."

Mountbatten Hampshire - working in partnership to tackle the disparity in accessing our care

Mountbatten Hampshire has held independent status since April 2019 and during this time, changes have been made to broaden the services we provide to the population we support.

Our caseload has grown, the waiting list obliterated, referrals to our bereavement and psychosocial services have increased and the café in our Hazel Centre provides a social space for patients, their families, carers, and our community. Despite these achievements, we know an inequity exists within the populations we serve .

We are experts in our field, we know that, but we aren't yet experts in understanding the needs of under-represented groups. So, we talked to the experts - the people who know the communities; faith leaders; hostel workers; community groups; local clergy; homeless charities, and our own staff.

The effect has been tangible, relationships are beginning to form and trust in the knowledge that we genuinely want to be there for our entire population is being established.

One area of focus has been homelessness and users of substances. An end-of-life forum convened in February 2023 and continues to meet quarterly to discuss and understand the issues faced by this group of people and the challenges encountered by our Mountbatten nurses and the hostel workers who support them.

As a result, Mountbatten, in collaboration with the Homeless Healthcare team and hostel staff has produced a bespoke Advance Care Plan, established end-of-life training needs of hostel staff, and supported a monthly drop-in service at Patrick House. Issues surrounding the safe storage of controlled drugs and the efficacy of end-of-life medicines are just some of the challenges being worked through currently.

The impact of our nurses working alongside the homeless healthcare team has seen individuals' curiosity turn to trust, with opportunities taken to discuss individual personal experiences.

Early near-death events have resulted in conversations around end-of-life wishes and the reality of what their expectations might look like; the challenges of detox in difficult environments; and support to put Wills in place.

Dr Susan Goddard GP lead of the Homeless Healthcare team commented, "It's been great having the Mountbatten nurses at the hostel. Dying is on many of our patients' minds, even though they might not admit it. So, it is comforting for them to have the opportunity to explore their feelings about it."

Key achievements 2023/24 – Mountbatten Group

Inpatient unit electronic prescribing
The implementation of SystmOne electronic prescribing function was undertaken in 2023. This allows clinicians to use the same system to record all the information on the same patient record.

Brigid
The Brigid application has been introduced to enable clinicians to use SystmOne via their work mobile and tablets providing easier and quicker access to the system wherever they are working and providing care.

VR headsets
Virtual Reality headsets were introduced to the inpatient unit in 2023 and have positively impacted patients by providing opportunities to share and enjoy experiences they would not have otherwise had without the headsets.

Podcast
Six twenty-minute episodes were recorded in February 2024 to challenge some of the incorrect perceptions people have of hospices and in particular the work of Mountbatten. The topics were supporting young people, the social programme, care at home, bereavement, rehabilitation, and advance care planning.

Community Patient Group Directive
A Patient Group Directive (PGD) is now in place supporting the Community Team to take essential end-of-life medications from the hospice to people's homes when they are needed quickly. This is a positive move for the team, enabling the timely provision of improved symptom management and patient care for people dying at home.

Funding for refurbishing the inpatient unit
During the 2023-2024 financial year, increased funding has been secured to progress the refurbishment of the inpatient unit. This will result in a more fit-for-purpose inpatient unit with a more modern feel which will help Mountbatten's clinicians to provide the best experience possible for the people who are admitted.

Infection Prevention and Control external audit
An external Infection Prevention and Control audit was undertaken on the inpatient units in March 2024 and achieved a score of over 90% compliance.

Bereavement training for companies
We supported various private companies that experienced bereavement within their teams and asked for bereavement support for their staff. This has positively impacted the company's employee's mental health and allowed Mountbatten to build links with the community.

BRIT School
Students from the world-renowned BRIT School spent three days with patients and staff, collaborating to produce and perform a performance based on the stories shared by patients. We collaborated with local schools and delivered several schools' projects throughout the year. Patients and visitors thoroughly enjoyed the artistic experience and provided memories that will last forever.

Community team lead band 8a recruited
A new band 8a Community Team Lead joined the team in October 2023. This post now has operational responsibility for the Community Team, allowing the Consultant Nurse to work across clinical services, supporting patients and developing services and staff.

Community team pool cars
Through the generosity of funds from the John Cheverton estate, Mountbatten has been gifted 10 brand-new pool cars. This means that all clinical teams working in the community will always have available vehicles to visit and care for patients in their homes.

Community ambulance
The Mountbatten Ambulance remains in use for times when rapid transportation of patients is needed, either from hospice to home or vice versa. Currently, plans to secure funding to train additional staff members to drive the ambulance are in place.

Hospice Admission Avoidance Service
A community rehabilitation service, titled 'The Hospice Admission Avoidance Service', has been piloted. The service aims to provide timely, responsive rehabilitation input to individuals who are having significant difficulties with mobility and/or function to prevent unnecessary admission to the inpatient unit.

Collaborating to deliver 24/7 care to patients at home

Over the past year, the Mountbatten Group has expanded its reach, addressing the rising demand for palliative care in our community. This effort has led to a 26% increase in home visits by our community team and a 17% increase in calls to our 24/7 advice line, underscoring the growing need for comprehensive support services.

To ensure patients can remain at home, even as their conditions worsen, our community team has forged strong partnerships with nursing and care homes. These collaborations are crucial, particularly for patients whose advanced care plans indicate a preference to stay at home. By encouraging care homes to contact Mountbatten for support, we enable more patients to receive the care they need within familiar environments.

Our clinical team is dedicated to providing round-the-clock care, administering medication, and setting up syringe drivers to manage symptoms day or night. This approach allows individuals to maintain dignity and comfort, avoiding prolonged emergency department visits and ensuring they can spend their final days at home.

The complexity of our patients' conditions has increased, necessitating more intensive interventions. Many community patients are newly diagnosed with multiple symptoms and are approaching the end of life. For instance, we facilitated a patient's intravenous antibiotic treatment in the community by collaborating with the Outpatient Parenteral Antibiotic Therapy (OPAT) team, which traditionally only treated hospital-discharged patients. This unprecedented initiative had a profound impact, fulfilling the patient's wish to avoid hospitalisation while receiving necessary treatment.

Despite a reduction in the community teams' resources and challenges in accessing services, Mountbatten remains committed to providing 24-hour support. Our dedication ensures that individuals can receive care in their own homes, surrounded by loved ones and in the comfort of familiar surroundings.

Mountbatten's collaborative approach and unwavering commitment to patient care underscore our mission to meet the growing needs of our community. By working together with local care providers, we continue to enhance the quality of life for those facing death and dying, ensuring that everyone can access the compassionate care they deserve.

Our services in numbers

Mountbatten Isle of Wight

In 2023/24 we supported 4,375 people.

The inpatient unit
Our 16-bed inpatient unit provides 24/7 care in our hospice building. Patients are typically admitted for short stays or respite care. While some will die in the hospice, many are discharged having had their symptoms brought under control.

327 patients 366 admissions 14 the average length of days a patient stayed

Community team
Our specialised group of nurses and healthcare professionals support patients and their families at home and in local care homes 24/7. The team manages patients' pain and symptoms, administers medications, and coordinates with Primary Care Services to ensure comprehensive, patient-centred care.

4,722 home visits 1,671 patients supported

Care at home
The care-at-home teams deliver personal care to patients at home enabling them to remain in familiar and comfortable surroundings. They work under the supervision of the community team to ensure patients receive comprehensive, compassionate care tailored to their individual needs.

6,589 visits made 142 patients supported

Rehabilitation and enablement
The rehabilitation and enablement team provides physiotherapy and occupational therapy to enable people living with a life-limiting illness or condition to improve their quality of life and achieve the things that are most important to them.

422 people supported 3,566 contacts with people

24/7 advice line (care coordination centre)
A telephone advice and support line for patients, family members, carers, and healthcare professionals.

14,846 outgoing calls

Patient and family support (psychology services)
Counsellors and trained volunteers provide emotional support to help patients manage the complex emotions accompanying end-of-life situations. They also offer counselling and bereavement support to children and families, helping them navigate the emotional challenges of their loved one's illness and death.

1,693 people supported across all services

5,031 adult contacts 931 child contacts in partnership with KissyPuppy

Mountbatten Hampshire

In 2023/24 we supported 3,403 people.

The inpatient unit
Our 21-bed unit provides 24/7 care in our hospice building. Patients are typically admitted for short stays or respite care. While some will die in the hospice, many are discharged having had their symptoms brought under control.

436 patients 506 admissions 12 the average length of days a patient stayed

Community team
Our specialised group of nurses and healthcare professionals support patients and their families at home and in local care homes 24/7. The team manages patients' pain and symptoms, administers medications, and coordinates with Primary Care Services to ensure comprehensive, patient-centred care.

11,149 home visits 2,717 patients supported

Care at home
The care-at-home teams deliver personal care to patients at home enabling them to remain in familiar and comfortable surroundings. They work under the supervision of the community team to ensure patients receive comprehensive, compassionate care tailored to their individual needs.

17,926 visits made 295 patients supported

Rehabilitation and Enablement
The rehabilitation and enablement team provides physiotherapy and occupational therapy to enable people living with a life-limiting illness or condition to improve their quality of life and achieve the things that are most important to them.

391 people supported 2,775 contacts with people

24/7 advice line (care coordination centre)
A telephone advice and support line for patients, family members, carers, and healthcare professionals.

41,904 outgoing calls

Patient and family support (psychology services)
Counsellors and trained volunteers provide emotional support to help patients manage the complex emotions accompanying end-of-life situations. They also offer counselling and bereavement support to children and families, helping them navigate the emotional challenges of their loved one's illness and death.

723 people supported across all services

3,290 adult contacts 86 child contacts

Mountbatten Isle of Wight - Enhancing palliative care in Singapore: an educational visit to Mountbatten

Amongst a number of national and international visitors to Mountbatten during the last year, representatives from various Singaporean healthcare organisations to the UK visited Mountbatten. With our reputation for exemplary integrated and proactive care systems, our Mountbatten teams provided invaluable insights into community-centred palliative care, which the Singaporean delegation wanted to learn from.

Singapore boasts a first-world healthcare system with access to the latest medical advancements and one of the highest life expectancies globally.

However, similar to the Isle of Wight, people live longer, and they potentially face extended years of physical and cognitive decline, but, despite the need, local surveys in Singapore highlight inequitable and late access to palliative care, typically provided by specialist hospital teams, hospices, and specialist home care teams.

A Singapore Hospice Council survey of 2,326 healthcare professionals revealed that most feel unprepared to provide palliative care for patients with life-threatening illnesses. As the number of deaths is expected to rise rapidly over the next two decades, consistent with an ageing population, Singapore's National Strategy for Palliative Care aims to enhance access to quality palliative care and promote a conducive environment. However, Singapore faces barriers similar to those in the UK, such as low public awareness, societal taboos surrounding death, lack of confidence among primary care providers, rising healthcare costs, and complex care transitions. Therefore, with a similar ageing population, the Isle of Wight was a useful place for them to visit.

During the visit, our teams demonstrated the importance of a comprehensive and community-centred approach to palliative care. Key strengths and recommendations observed included:

- Public health approach: exemplifying a national strategy that translates to local interventions, focusing on proactive care to prevent crises.
- Core principles: emphasising proactive patient identification and earlier referral, personalised care, and coordinated care across providers.
- Person-centred care: tailored to meet patients' needs, expectations, and motivations.
- Collaboration: promoting synergism across health and social care networks, ensuring seamless care transitions.
- Education: prioritising training all health and social care providers in basic palliative care, fostering a culture of continuous learning.

The insights gained from Mountbatten and the UK will support Singapore in creating a more inclusive and effective palliative care system.

Mountbatten Hampshire - Training tomorrow's Consultants and GPs

Mountbatten Hampshire boasts a proud history of training future Consultants and GPs. Unusually for a hospice, most of our medical workforce comprises doctors in training (DiTs), due to our strong ties with University Hospital Southampton (UHS) and Southampton Medical School.

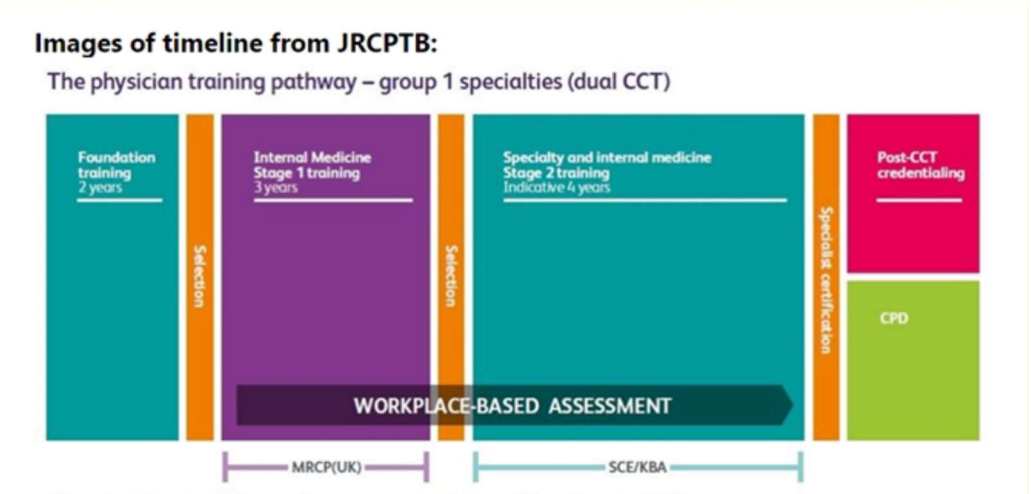
We train doctors in three programs: Specialty Registrars (SpRs) destined to become palliative medicine consultants, GP trainees, and Foundation Year 2 (FY2) doctors. FY2 doctors, at the start of their careers, may specialise in various fields.

Two years ago, SpR training was updated to accredit consultants in both Palliative and General Medicine, allowing them to work in hospital acute medical units. This comprehensive training extends palliative care to diverse patient settings . Trainees are selected through national interviews, ranked, and allocated via the Wessex Deanery, which funds half their salaries. Each program has a specific curriculum, workplace-based assessments, annual appraisals and exit exams (SpRs and GPs) to ensure satisfactory progress. The General Medical Council (GMC) conducts annual surveys and occasional site inspections for quality assurance. The Director of Medical Education at UHS oversees training quality.

Supporting DiTs requires a committed senior medical team. For aspiring Palliative Medicine consultants, Mountbatten offers invaluable experience in managing an independent hospice. Our trainees benefit from the entire multidisciplinary team (MDT) and non-clinical leaders.

Palliative care is now a core part of curriculums for Oncology, Elderly Care Medicine, and General Medicine, aiming to improve end-of-life care. We host numerous doctors annually for placements and train non-formal program doctors (staff or trust grade doctors), with plans to include an Internal Medicine rotation for those considering palliative medicine careers.

In January 2025, we will welcome back third-year medical students, ensuring all Southampton graduates have hospice training. This initiative aims to attract future trainees and enhance end-of-life care for more patients.



The impact of planned giving

Planned giving profoundly affects our community and the lives we touch. By committing to regular, ongoing donations, our supporters enable us to plan more effectively, ensuring that resources are available when they are most needed. This steady flow of support allows us to provide consistent, high-quality services and respond swiftly to emerging needs. Planned giving funds 17.2% of our services in Mountbatten Isle of Wight and 17.0% in Mountbatten Hampshire, and is the largest source of fundraised income for the charity.

Not only does planned giving benefit those we serve but it also fosters a deeper connection between donors and our mission. Regular contributions, no matter the size, create a sense of partnership and shared purpose, empowering donors to see the tangible difference their generosity makes over time.

There are many forms of sustainable giving, such as playing the lottery, leaving a gift of any size in your Will, or becoming a regular giver and donating to Mountbatten monthly, quarterly, or yearly.

Mountbatten Isle of Wight

In 2023/24, Mountbatten Isle of Wight received £1,956,623 in income from planned giving. This compares with £965,983 in 2022/23, an increase of 102%.

Planned giving in numbers

£1,765,468 of gifts in Wills, contributing 50% of fundraised income for the charity in 2023/24

400 regular givers contributing £64,014 of income in 2023/24

£128,283 of income from **1,881** lottery players in 2023/24

Mountbatten Hampshire

In 2023/24, Mountbatten Hampshire received £1,334,490 in income from planned giving. This compares with £614,662 in 2022/23, an increase of 117%.

Planned giving in numbers

£1,028,092 of gifts in Wills, contributing 47% of fundraised income for the charity in 2023/24

116 regular givers contributing £20,808 of income in 2023/24

£287,660 of income from 4,222 lottery players in 2023/24

Record-breaking fundraising successes

2023/24 was marked by the tremendous success of Walk the Wight and fundraising at the Isle of Wight Festival.

Walk the Wight 2023
Walk the Wight saw a healthy turnout and record-breaking fundraising, with around 7,800 participants completing various routes across the Island collectively raising £460,000 - around £130,000 more than any previous Walk the Wight event.

Isle of Wight Festival
Mountbatten's presence at the Isle of Wight Festival was another highlight. Our staff and volunteers engaged festival-goers, selling a bespoke festival sunflower, now an iconic symbol of the event, along with umbrellas and other items. A record amount of £60,000 was raised, surpassing the previous year's record by £25,000.

Trusts and grants – Mountbatten Group

We would like to take the opportunity to say thank you to the grant-making trusts and foundations who have generously supported our work during 2023/24.

Herapath-Shenton Trust
The Hospital Saturday Fund
The Clifford Charity Oxford
The Richard and Lillian Woods Charitable Trust
Yarmouth Harbour Commissioners
The James Wise Charitable Trust
Edgar Ralph Dore Charity Trust
The Tennyson Memorial Ambulance Trust
The Misselbrook Trust
The Sir Edward Lewis Foundation
The Elizabeth and Prince Zaiger Trust
Daisie Rich Trust
The Thomas J Horne Memorial Trust
FatFace Foundation
Sun Life Financial of Canada
The Worshipful Company of Cutlers
Rest-Harrow Trust
The Albert Hunt Trust
Morgan and Sarah Charitable Trust
Hospice Aid UK
Ardwick Trust
Greendale Foundation
The Rank Foundation
National Garden Scheme
Gallagher Community Fund
Linder Foundation
Wolfson Foundation
Masonic Charitable Foundation
Hospice UK
The Richard Kirkman Trust
The Francis Winham Foundation
Helen Robertson Charitable Trust
Carmichael and Mason Charitable Settlement
Colefax Charitable Trust
The Broyst Foundation
National Lottery Awards for All
The Hospital Saturday Fund
The Hedley Foundation
St James's Place Charitable Foundation
Jenna Marie Foundation
Dave Wellman Cancer Trust
The De Laszlo Foundation
The February Foundation
The Edwina Mountbatten and Leonora Children's Foundation
The Syder Foundation
R H S Spurgin Charitable Trust
Bayfield Charitable Trust

Growth in retail

Mountbatten shops provide a sustainable and affordable shopping experience predominantly selling donated goods and a small selection of brought-in goods at a profit, raising vital funds for the work of Mountbatten and its beneficiaries. The retail operation also functions as an important way of raising awareness of Mountbatten services and events locally on the high street.

Mountbatten Isle of Wight

Mountbatten Isle of Wight has ten well-established charity shops across all the main towns of the Isle of Wight, including a warehouse and furniture outlet.

In 2023/24, Mountbatten Isle of Wight shop income totalled £1,542k with a 26% contribution of £396k, a record-breaking year, and compares with a prior year contribution of £227k. A full pricing review was undertaken, consistently increasing the average sales value over the year. The shops opened on Good Friday this year for the first time, yielding an additional £5k in sales.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops and investment in 2024/25 will see the development of further charitable income from trading activities.

Retail in numbers

10 retail stores
37 staff
165 volunteers
£1,542 k income generated in 2023/24
£396k contribution to charitable funds a 77.7% increase on the previous year

Mountbatten Hampshire

Mountbatten Hampshire has a developing retail operation across the footprint of the community it serves in Southampton City and large parts of Hampshire; growing from only three stores in 2019 when Mountbatten Isle of Wight took on running Mountbatten Hampshire, to a total of nine charity shops by the end of 2023. Two new shops were opened in Hampshire during 2023/24.

In 2023/24, Mountbatten Hampshire shop income totalled £937k with a 26% contribution of £240k, compared to the prior year's contribution of £135k. The significant expansion of stores over the past two years and a focus on local volunteer recruitment campaigns have yielded exceptional results. The Above Bar store in central Southampton, Mountbatten's flagship store which opened in April 2022, remains the top-performing store. A new warehouse and furniture store in central Southampton is planned to open in July 2024 to grow the operational capacity of the stores further and enable the sale of furniture and house clearances.

A focus on growing gift aid income from donated goods commenced in 2023/24 across Mountbatten's shops and investment in 2024/25 will see the development of further charitable income from trading activities.

Retail in numbers

9 retail stores
24 staff
95 volunteers
£937k income generated in 2023/24
£240k contribution to charitable funds a 77.7% increase on the previous year

Advancing conversations: A year of progress in Care Planning.

The past year has marked advancements in promoting Advance Care Planning (ACP), driven by our dedicated team and community partnerships. Several key achievements have brought us closer to ensuring everyone has the opportunity to make informed decisions about their future healthcare.

Innovative approaches to engagement
Our ACP training lead, Louise Pickford, had an abstract accepted at the 8th International Conference on Advance Care Planning in Singapore in May 2023. Louise's abstract, "The Art of Gaming: Finding a Common Language," showcased pioneering methods for making advance care planning more accessible and less intimidating, enhancing our ability to start critical conversations about future healthcare needs.

Enhanced educational materials
New leaflets and updated Advance Care Plan booklets were designed to reach a broader and more diverse audience. 2,000 booklets were printed for free distribution to our communities. These materials were prominently featured at the Mountbatten conference, where we presented to over 80 delegates, emphasising the essential role of advance care planning.

Expanding training and outreach
Our education team delivered 17 formal ACP training sessions, attended by over 220 health and social care sector professionals. Additionally, we hosted seven informal sessions for residents and their families within care organisations.

Community involvement and partnerships
We engaged directly with the public by delivering an ACP session during Open Week. Furthermore, our collaboration with organisations supporting people experiencing homelessness resulted in devising a bespoke ACP training program. This initiative will be implemented in the coming year, equipping staff with the skills and confidence needed to facilitate ACP discussions, ensuring that even the most vulnerable individuals have access to personalised care planning.

Celebrating life and changing perceptions

Our social programme plays a vital role in changing the way people view our work. By hosting regular events open to the public we demonstrate that our hospice is not just a place for end-of-life care but a vibrant community where life is celebrated.

This shift in perception is crucial in reducing the fear and stigma surrounding hospices, encouraging more people to engage with our services and support our mission.

Mountbatten Isle of Wight

Monthly concerts
Throughout the year, we have welcomed between 50 and 100 guests each month to the John Cheverton Centre in our hospice building to enjoy a variety of musical performances. These concerts feature an array of acts, including jazz, sea shanty, and acoustic sets performed by talented local musicians.

Guests enjoy wine and canapés, as part of the concert experience. Our inpatients are invited and encouraged to attend, often accompanied by their families.

Special performances by the Mountbatten Community Choir
A highlight of the concert series is the performances by the 100-strong Mountbatten Community Choir. Members include people supported by our bereavement services who have found a sociable and supportive environment within the choir. The group meets weekly and performs annual concerts at Christmas and in the summer.

Monthly quizzes
Volunteer-led monthly quizzes provide a fun and interactive way for people to engage with the hospice. Held in a lively, informal setting, the quizzes cover a wide range of topics, from general knowledge and pop culture to history and local trivia, ensuring there's something for everyone.

Mountbatten Hampshire

Mountbatten Community Choir
The Mountbatten Community Choir formed in 2023 and momentum has steadily built with the group now consisting of 40 singers that meet weekly. Members include people supported by our bereavement services who have found a sociable and supportive environment within the choir. The group performed at the 2023 Light up a Life service and hosted a special spring showcase in April 2024.

Concert series piloted
Following successful pilot events this year, held in the Hazel Centre of our hospice building, a monthly concert series will launch later in 2024. These concerts will feature an array of acts performed by talented local musicians.
Guests will enjoy wine and canapés, as part of the concert experience.

Monthly quizzes
Hosted by Lee Robinson who uses our services, these monthly events regularly welcome around 100 people and provide a fun and interactive way for people to engage with the hospice. Held in a lively, informal setting, the quizzes cover a wide range of topics, from general knowledge and pop culture to history and local trivia, ensuring there's something for everyone .

Mountbatten's people

Our people are at the heart of everything we do. Mountbatten Isle of Wight employs around 230 staff and is supported by over 500 volunteers. Mountbatten Hampshire employs around 200 staff and is supported by over 200 volunteers.

In 2023/24, our staffing and volunteer levels remained stable, with successful recruitment in key clinical and management roles. We focused on expanding our volunteer team in Hampshire and developing volunteer patient and bereavement support services, including our Mountbatten Neighbours scheme.

Mountbatten invests in education and training for staff and volunteers, fostering internal development in clinical and non-clinical roles. This helps us address recruitment challenges in the health and social care sector and maintain high service quality. Our recruitment strategy emphasises our culture and values, which are integral to our hiring process, induction, and daily operations.

Our pay and reward strategy ensures competitive terms and conditions, fostering a supportive, involved, and motivated work environment. We annually review pay against other healthcare providers and the charity sector, balancing financial resources with the need to attract and retain skilled staff. In 2023/24, we matched the NHS consolidated pay award and secured Department of Health funding for a one-off pandemic payment to clinical staff. We introduced a new health cash plan for all staff, replacing the Death in Service Grant.

Our annual financial efficiency review resulted in a small number of staffing changes, prioritising minimal service impact and alternative roles for affected staff. We emphasise the well-being of our employees and volunteers, maintaining a fair approach to managing absence and supporting individuals to sustain their roles.

Volunteer impact in numbers

By donating their time for free, our shop volunteers contribute the equivalent of around £396,627 to Mountbatten Isle of Wight and £283,924 to Mountbatten Hampshire every year, which helps fund 24/7 care for our patients and their families.

Volunteers in administration, bereavement support, day services, rehabilitation and inpatient unit roles contribute around 253 hours each week to Mountbatten Isle of Wight and 76 hours each week to Mountbatten Hampshire to help our services run smoothly.

Our reception, café and gardening volunteers work hard to make our hospice a warm and welcoming space while saving us over £81,276 in Mountbatten Isle of Wight and £41,722 in Mountbatten Hampshire every year.

In one year, our volunteer drivers complete around 2,750 trips in Mountbatten Isle of Wight and 1,100 trips in Mountbatten Hampshire, and the Mountbatten Neighbours make approximately 1,750 cups of tea in Mountbatten Isle of Wight and 1,300 cups of tea in Mountbatten Hampshire, all to help fight loneliness and isolation in the community.

Royal recognition for Mountbatten CEO

Mountbatten Chief Executive Nigel Hartley was awarded an MBE (Member of the Order of the British Empire) in His Majesty the King's 2023 Birthday Honours List. He was recognised by King Charles III for his services to hospice and end-of-life care over the past 35 years.

Nigel said, "I am delighted and humbled to receive this award, and it is a testament to everything my Mountbatten colleagues and myself continue to achieve together, developing and delivering relevant and sustainable 24/7 services for the communities we are here to serve."

Mountbatten Isle of Wight – Transforming palliative and end-of-life care at St Mary's Hospital

Based at St. Mary's Hospital, the Integrated Palliative and End-of-Life Team (IPET) provides specialised palliative and end-of-life care advice and support to both the hospital and onsite mental health wards. Since its establishment in 2019, this collaborative team, consisting of professionals from Mountbatten and the NHS, has been dedicated to delivering high-quality care.

The IPET is a multi-disciplinary team comprising consultants in palliative medicine, specialist doctors, consultant nurses, clinical nurse specialists, a discharge coordinator, and a clinical psychologist. The team is available seven days a week from 8:00 am to 8:00 pm, ensuring continuous support for patients and their families.

In 2020, the Trust launched the Wellow Unit at St. Mary's Hospital, an acute end-of-life care unit designed to offer an alternative to the standard ward environment. This unit, led by a consultant nurse and supported daily by the IPET team, provides a compassionate space for patients in their final days and supports their loved ones during this critical time.
In November 2023, the IPET team convened for a planning day to set key priorities for the future. Their goals include: Strengthening the collaborative relationship between IPET and the Mountbatten group.

Continuing to develop the IPET workforce and educational initiatives within St. Mary's Hospital
A significant focus is creating a new model of end-of-life care champions within the hospital and delivering comprehensive education programs for ward-based registered nurses. Collectively, these initiatives aim to enhance the recognition and support of dying patients, ensuring they receive the highest standard of care, and transforming the experience of palliative and end-of-life care for patients and their families.

Mountbatten Isle of Wight – Leading the way: elevating care across the Island to national excellence.

Our education team has pioneered a transformative seven-year program in partnership with Isle of Wight Adult Social Services, elevating the Island's standards of care from the bottom to the top of the national league table.

Following Mountbatten Isle of Wight's Outstanding rating from the Care Quality Commission in 2017, the Island's Head of Adult Social Care approached Mountbatten to develop an improvement program for the Island's care providers. At that time, only 62% of services were rated good or above, positioning the Isle of Wight at the bottom of the national league table.

The program received initial funding from the Isle of Wight Council for three years, allowing managers, deputy managers, and proprietors to participate in training sessions. These efforts resulted in ratings improving to over 81%. Additional funding extended the program for another year, boosting ratings to 86%.

In response to a request from a new Head of Social Services, an updated program was funded for an additional three years. By January 2023, the Isle of Wight achieved a remarkable milestone, ranking number one on the national league table with 97% of services rated good or above.

The final phase of the program involved six provider organisations, all of which reported substantial benefits from the shared learning and resources provided by Mountbatten and fellow care providers. They expressed hope for continued opportunities for collaboration in the future.

This program has not only strengthened our relationship with the care community but also solidified Mountbatten's role as the leading health and social care educator on the Isle of Wight.

Mountbatten Hampshire – Enhancing palliative care at University Hospitals Southampton (UHS)

Mountbatten is dedicated to improving palliative care through strategic collaborations, such as the partnership with University Hospitals Southampton (UHS). One of the two Mountbatten consultant nurses devotes time weekly to work at UHS, significantly enhancing the quality of care for patients associated with Mountbatten Hampshire or the Isle of Wight.

This consultant nurse plays a crucial role in patient care across the hospital, providing expert advice and facilitating smoother discharge processes. By working directly with patients, the nurse ensures that those known to Mountbatten receive consistent, high-quality care and support during their hospital stay.

In addition to these responsibilities, the consultant nurse actively participates in the weekly Enhanced and Supportive Care clinic at UHS. This clinic is a collaborative effort, jointly run by a palliative medicine consultant. It offers specialised, supportive care to patients, addressing complex needs and improving their overall quality of life.

This integrated approach fosters stronger relationships and better communication between the hospital's palliative care team and Mountbatten Hampshire. The presence of the consultant nurse at UHS provides continuity of care, offering a familiar and reassuring face to patients and their families during challenging times.

Through these efforts, Mountbatten is not only enhancing the immediate care environment for patients but also building a more cohesive and collaborative healthcare system. This partnership with UHS exemplifies Mountbatten's commitment to seamless, compassionate palliative care, ensuring that patients receive the best possible support whether they are in the hospital or transitioning back to their homes.

Quality

Quality Reporting across the Mountbatten Group

Across the Mountbatten Group, we continually review the quality of our services to improve and develop them according to the needs of the community that we serve. Quality is everyone's business across the whole organisation. There are a number of ways in which we monitor, evidence and review the quality of our services through our Quality Improvements Programme.

Quality Account

A Quality Account is a report about the quality of services by a healthcare provider. Quality Accounts are an important way for healthcare services to report on quality and show improvements in services they deliver to their local communities.
Mountbatten Isle of Wight's Quality Account can be found at:
https://www.mountbatten.org.uk/quality-account
and Mountbatten Hampshire's Quality Account can be found at:
www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

During 2023/24 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families

At Mountbatten we receive regular feedback about our services. Some feedback from the past year follows:

Mountbatten Isle of Wight:

- *There are no words to express the depth of my thanks and appreciation for the superb care you gave to my mum, to me and all of my family. You made it possible for mum to be at home until the end, and gave me the strength and support to be able to cope. You made a sad thing as beautiful and lovely as a sad thing can be. Your gentle kindness when tending to mum was a joy to behold. I know mum would have loved to have met you all under better circumstances.*

- *I would like to thank the member of staff at St. Marys who arranged for my uncle to be moved to the hospice. I saw my uncle Friday morning in St. Marys and then again Friday evening at the hospice and the difference was amazing. He had eaten a proper meal, he was sat up in bed with a glass of wine watching the football. it was like seeing a different person. thank you so much for making those last couple of days so much better for him, I know the hospital does its best but people who are dying deserve so much more and Mountbatten provide it. Thank you.*

- *During the nights leading up to my father's admission he became quite agitated and confused. I had cause to call the hospice in the early hours of the morning and the wonderful Mountbatten Nurse came out on both occasions and treated my father. Again, what a wonderful man, calm, caring and professional. Then the following morning another Mountbatten Nurse came to our address. By this time my father was very poorly and I was really struggling to deal with everything that was going on. The nurse was amazing, professional and so kind, she evaluated the situation and luckily there was a bed available at the hospice. My father was admitted that day. We stayed with him over the next 36 hours and during that time he was treated by two wonderful nurses, who was with us most of the night, amongst many others. My father sadly passed away at the hospice on 20/10/23.*

- *I will be grateful every day for making my dad's last wishes come true - to pass peacefully in the comfort of his own home with his children and his cat. I'm utterly heartbroken to lose my dad but I couldn't have wished for a better passing for him with the most beautiful, caring people involved.*

- *I cannot fault the At Home team for both the times I needed them. They were so kind to both my parents and I. It was important to me that I kept my promise to them that I would care for them at home and I couldn't have done it without your At Home team. They were absolutely brilliant and in a strange sort of way I missed them when they stopped coming - it was so reassuring to have someone here who understood what I was going through.*

- *I am writing this letter, filled with sadness, but also with profound gratitude for the exceptional care and support you provided to my beloved father, during his last few days at your hospice. Words cannot fully express the depth of appreciation my family and I have for the compassionate and loving service we witnessed during our time with you.*

Mountbatten Hampshire:

- *I am writing on behalf our sons and myself for the care and kindness that your whole team gave to 'D' during her illness. When we talk of the whole team we would like to express our gratitude to all - that includes too many names to mention, but for the last couple of weeks that she was at home, the visiting nurse, who said we needed (and arranged for) a hospital bed and chased funding to enable you to take over her care. The doctors & nurses that came to physically ease her stomach pain. The carers that came twice daily to wash & settle her and who did it with kind humour and dignity.*

- *We are so grateful for all the exemplary care that our mum received. The kindness and compassion shown particularly by the nurse who cared for her at night was gratefully received. We also had a lovely nurse in the day with blond hair who was very kind. Even though it was really difficult to lose our mum, we all took comfort in the fact that she died peacefully at the hospice. She said she felt safe there and she kept saying how grateful she was to have been transferred to your care.*

- *In February our Uncle died in your care. He had come into the hospice in the January when he had become too ill to be at home. He was dying of cancer and lived alone. Three years earlier his wife and best friend, had died in the Hospice. They didn't have any children. We wanted to write and say a huge THANK YOU to every member of staff who cared for xx and xx as they were dying.*

- *Please find attached some photos from the walk. The photos are mainly of my granddaughter who walked with me, my son, daughter in law and my wife. I have stage 4 lung and brain cancer and over the last couple of years I have been coming out to Mountbatten for physiotherapy almost every week. When I started I could not really walk unaided so to complete 5 miles, actually I think it was a little over 5 miles was an achievement that I could have only dreamt about let alone complete and without the help of Mountbatten I'm sure this would not have been possible. I've been given incredible support from the team at West End, not only the physiotherapy department but also the counselling department and those who welcomed me into the Lego build and banter.*

- *The genuine compassion shown by everyone was such a comfort to us and the practical support was delivered in a practical and professional manner. We will be eternally grateful to you all. We feel privileged that we are able to make our father's last few days as comfortable as possible, at home and surrounded by love. With many many thanks to everyone at the Mountbatten Hospice. We wanted to express our most heartful gratitude for the support we received when our father, was making his final journey.*

- *I am writing this letter to everyone who assisted and help with the care of HB before she passed away just before Christmas. xx made a note of all the names of the kind and generous people but there are too many to mention but I hope you know who you are. xx and I were always so please seeing you arriving in the morning, you were all so bubbly, happy and cheerful like a breath of fresh air. You all really helped H who in herself was a very positive and cheerful person.*

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Over the last year, CQC has been changing and adapting the way it monitors services. The CQC has spent 2023/24 introducing the single assessment framework. This change is designed to better reflect how care is delivered by different services and localities. It also aims to more flexibly assess quality of care and be more responsive where needed (CQC 2022 Our new single assessment framework - Care Quality Commission (cqc.org.uk)).

The changes see the Key Lines of Enquiry being replaced with Quality statements and the different categorization of evidence. Mountbatten has embraced the information and taken action to raise awareness of the changes. During 2023/2024, the following actions have taken place:

- Delivery of multiple workshops for staff and volunteers to raise awareness of the changes, across both Hampshire and Isle of Wight sites
- Re-categorisation of CQC evidence folders in line with changes
- Identification of areas of further improvement via the workshops and embedding of these into the Services Strategic Implementation Plan to ensure they are appropriately addressed.

Mountbatten Isle of Wight

Mountbatten Isle of Wight is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Mountbatten Isle of Wight is currently registered to provide the following activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

Mountbatten Isle of Wight did not participate in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against Mountbatten Isle of Wight during 2023/24.

Mountbatten Isle of Wight is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:

A synopsis of the CQC's summary of their inspection is as follows:

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

"Mountbatten Isle of Wight provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Mountbatten Isle of Wight has developed services

innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end-of-life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"

(Care Quality Commission, 2017, p. 2)

Mountbatten Hampshire

Mountbatten Hampshire is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Mountbatten Hampshire is currently registered to provide the following activities:

- Treatment of disease, disorder or injury

Mountbatten Hampshire did not participate in any special reviews or investigations by the CQC during 2023/24. The CQC has not taken enforcement action against Mountbatten Hampshire during 2023/24.

Mountbatten Hampshire is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 10th August 2021, this was an unannounced inspection. The inspection was carried out due to the management of the hospice transferring to Mountbatten Hampshire in April 2019. Any change of management of a health organisation increases CQC's risk score meaning an inspection is required. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led? There had been a Mock CQC inspection carried out in 2020, the rating received for the inspection was Requires Improvement. The inspection highlighted a number of areas where improvement was required, the result of the work carried out in these areas was demonstrated by the rating awarded by the CQC when they carried out their inspection in 2021, which was Good for each of the five themes, safe, effective, responsive, caring and well-led.

The CQC's findings are shown below:

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

A synopsis of the CQC's summary of their inspection is as follows:

"The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually".

(Care Quality Commission, 2021, p. 2)

Sustainability and carbon reporting

The Mountbatten Group is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

	2023/24	2022/23
Consumption of Electricity – KWh / Tons of CO2 equiv		
Retail outlets Isle of Wight	77,181 / 17.99	82,852 / 19.32
Isle of Wight Hospice and associated buildings	464,727 / 108.35	466,282 / 108.71
Retail outlets Hampshire	70,735 / 16.49	94,508 / 22.03
Consumption of Gas – KWh Equiv.		
Retail outlets Isle of Wight	102,208 / 23.83	158,355 / 36.92
Isle of Wight Hospice and associated buildings	772,487 / 180.10	489,572 / 114.14
Consumption of fuel in vehicle fleet		
Consumption of fuel in Vehicles	6,898 / 18.49	6,712 / 17.99

The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.
The conversion rate of litres fuel to carbon dioxide is 2.68 kg CO2 per litre of fuel.

We are reporting our energy use and emissions on a 12 month basis.

Commentary on emissions

The largest consumer of energy is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 88% of gas consumption and 82% of electricity consumption. The balance of electricity and gas consumption is entirely in the retail shop network.

We have taken an operational control approach, meaning that 100% of emissions from locations and operations over which the Mountbatten Group have operational control have been reported. We have not reported on any premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans. The primary sources used for energy and fuel are billing data and reports from our energy supply broker.

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data. Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2023/24

Our energy saving actions in our shops and offices include installing LED- lighting installations and appliances whenever possible, improving building insulation wherever possible and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We know that we are at an early stage in our energy efficiency journey and we are determined to improve our energy efficiency and awareness of our consumption of energy across our entire estate.

During 2023/24 we as a group formed an Environmental Sustainability Group, this group has formulated a Sustainability Action Plan to which we are working achieve, meetings to discuss progress and agree actions are held regularly.

Financial review

The financial result for the year for Mountbatten Group was, whilst a considerable deficit, encouraging showing improvements in legacy and fundraising activities, the Group produced a deficit for the year amounting to £1,349,832. Results were adversely affected by a number of factors; the NHS pay arrangements, to which we are bound along with, the general inflationary environment, and energy costs in particular created extra unanticipated cost pressures for the Charity.

Resources expended by the Group for the year increased substantially due to the factors explained above and full details of expenditure for the Group are disclosed in Note 6 to these Accounts. The total resources expended by the wider Group increased to an amount of £19,099,414 compared to £18,630,507 in 2023. An analysis of Group Resources expended by activity is as follows:

19% (2023 – 21%) of our expenditure was on the cost of generating funds.
58% (2023 – 56%) of our expenditure was directly incurred in the carrying out of our charitable activities.
23% (2023 – 23%) of our expenditure was incurred in the support of the carrying out of our charitable activities and our governance.

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability to the charity. This policy recognises that the charity is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of Moderate risk profile with income and capital growth.

The charity is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves, currently the Group does not invest in Tobacco based equities.

During the year a return of £273,879 (2023 £(421,000)) was achieved through the two management companies, this was a result of a gain of £492,463 from the funds invested with CCLA investment management and a loss of £(218,584) with funds invested with Ruffer LLP, the return in the year showing the benefit of utilising two investment managers and the differing portfolios to reduce the impact of changing markets.

The portfolio management was moved from Brewin Dolphin at the start of the financial year and transferred in part to Ruffer LLP with the balance invested with CCLA Investment Management. The move was a result of a change in investment philosophy within the Board of Trustees as a consequence of the continuing economic circumstances and following an open competitive tender process the new managers were selected and appointed.

Reserves Policy

Trustees have previously agreed their reserves policy to be an aspired level of reserves equal to one year's budgeted expenditure and a minimum level of reserves, which they will always look to maintain, of a sum equal to nine months' budgeted expenditure.

During the financial year, unrestricted reserves decreased by £1.4m finishing the year at £14.2m (2023 £15.6m). Budgeted expenditure for 2024/25 is £19.1m, so total unrestricted reserves equated to approximately 9 months of budgeted expenditure as at March 2024. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £4.6m, which equates to 3 months' expenditure.

Reserves are not accumulated in a random fashion but are the result of careful and prudent consideration of future obligations and estimates of financial results and the trustees will ensure that the charity takes its reserves position into account in future financial planning decisions. The current focus is on achieving a position of holding a minimum of 9 months and a maximum of 12 months of operating costs in free reserves.

Future plans

At Mountbatten, we continually review the quality of our services to improve and develop them according to the needs of the community we serve. Understanding what is important to our local community is critical to developing future priorities. As part of this process, we have discussed our priorities with a wide range of people.

This has included holding a series of virtual workshops during March 2024, where we asked people to consider and discuss priorities for improvement for 2024/25 and how we measure their success. Staff, volunteers, trustees, representatives from the NHS Hampshire and Isle of Wight Integrated Care Board, and Healthwatch attended the virtual workshops. The Quality and Governance Committee will monitor progress, it will be reported on in Mountbatten's quarterly Quality Report.

The key projects that Mountbatten will be focusing on over the coming months are:

- To review the use of DNACPR forms in Mountbatten's Hampshire hospice, to include the process of recording information and clinicians decision making process;
- To review the deprivation of liberty and mental capacity process and practice across the Mountbatten Group to identify where improvements can be made and align practice across both hospices;
- To review what our beds on our Inpatient Units are used for to include investigating what the barriers are to discharging patients;
- Review the way information at first assessments for routine referrals by Community and Psychosocial and Spiritual Services teams is provided. Make agreed changes to practice to ensure patients are clear of what is available and how they can access this;
- To implement a new feedback portal that can be used by patients and families to provide real time feedback that can be reported;
- To Roll out a new approach to reviewing incidents and the learning from them in line with the Patient Safety Incident Review Framework (PSIRF);
- To carry out refurbishment of the bays on the Inpatient Unit and to create a new spiritual space and waiting area at Mountbatten Hampshire.

Principal risks and uncertainties

There are currently 39 identified risks. 29 of these are across the Mountbatten Group, 7 are specific to Mountbatten Isle of Wight and 3 are specific to Mountbatten Hampshire. Mountbatten's Senior Information Risk Owner (SIRO) holds responsibility for the risk register.

The review process for monitoring the organisational risk register is outlined below:

- Full Risk Register to the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly The principle strategic risks faced by Mountbatten are outlined below:

Risk	**Management – Current and planned**
Failure to raise funds (CCG, fundraising and legacies)	• Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract for IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	• Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	• Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.

Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	• Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided though appraisal, supervision and line management • Employee benefits scheme in place • Clear values created with employee input to create positive working culture. • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	• Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	• Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • Successful recruitment of new trustees in 2022 and 2024 • Higher profile of Mountbatten to enable recruitment of Trustees.
Risk of resource overload arising from operational expansion into Hampshire	• Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.

Information Governance

During 2023/24 all standards were met within the Department of Health Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2023/24 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates review of compliance with the Data Security and Protection Toolkit, review of all Information Governance incidents, including the identification of themes and lessons learnt, review of all Information Governance and Caldicott Guardian decisions, monitoring of our firewall report, Subject Access Requests, Access to Health Records Requests and Data Protection Impact Assessment approval.

Information Governance is monitored at every Mountbatten Committee and at Board level. Mountbatten Group has its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2023/24 to further improve information governance and data protection within the organisation have included:

- A review of third party data processors was undertaken during 2023/24. The central log of these organisation's was updated
- A survey was devised to send to third party data processors to provide Mountbatten with assurance regarding how they process data and the security measures they have in place. This will be sent to all of Mountbatten's third party data processors during 2024/25
- An advanced data protection training session was held during 2023/24, this was attended by all employees with a responsibility for data security. The training was facilitated by Stay Compliant who are Mountbatten's information governance consultants. After the training the slide deck was shared with attendees for their information.
- Mountbatten's Data Protection Impact Assessment template has been reviewed and improvements made to it to make it more logical and understandable for employees to complete
- There have been three Data Protection Impact Assessments (DPIAs) completed during 2023/24. These were completed for a range of projects and new IT systems, reviewed at the Integrated Information Governance Committee and ratified at the Quality and Governance Committee.
- Mountbatten has received 11 Access to Health Records requests during 2023/24. Due process was followed with appropriate information redacted where necessary and regulatory timeframes adhered to.
- Considerable work has been carried out at both hospices on their IT network resilience. This has included a reliable uninterruptible power supply set up, improved WiFi and cable management in Hampshire. On the Isle of Wight a new router has been installed, all remaining services have been moved off the physical server on the premises and cable management has been improved.
- A penetration test was completed by an external company in May 2024, this tested the robustness of Mountbatten's IT configuration against any potential threats.
- The application process for allowing Mountbatten domain emails to send and receive NHS related emails was successfully completed and will be applied for again during 2024/25.

Mountbatten have held discussions with an external company about a Security Information and Event Management (SIEM) Service. This would offer another level of cyber security by proactively alerting Mountbatten to any potential threats and weaknesses. Discussions are ongoing and decision will be made during the early part of 2024/25.

Trustees' duty to promote the success of the Charity - Section 172 statement

Trustees have a duty to promote the success of the Charity and, in doing so, are required by section 172(1) of the Companies Act 2006 to have regard to various specific factors, including:

1. the likely consequences of decisions in the long term
2. the interests of employees
3. the need to foster the Charity's relationships with third-party stakeholders which, in the case of the Mountbatten Group, include people affected by death, dying or bereavement, supporters, the clinical communities, key opinion leaders and other influencers
4. the impact of the Charity's operations on the community and the environment
5. the desirability of the Charity maintaining a reputation for high standards of business conduct

Our governance processes

The Board of Trustees (Board) delegates day-to-day management and decision-making to the Chief Executive Officer and Senior Management Team (SMT), who are required to execute the Charity's strategy and to ensure that the Charity's activities are carried out in compliance with its objects and policies approved by the Board.

The Board, along with the SMT, holds an annual one-day strategy review meeting to assess progress and identify areas of focus for the following year. The Board receives updates on the Charity's performance and plans at each quarterly Board meeting, while its Committees review performance and plans in more detail as set out in the relevant Committee's terms of reference. By monitoring performance and ensuring that management is acting in accordance with the strategy and plans, and in compliance with specific policies, the Board and its Committees obtain assurance that in promoting the success of the Charity, due regard is given to the factors set out in section 172.

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 38. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

The Charity's strategy is based on our vision of expanding our services across our operating area and beyond to ensure that no person should find themselves isolated and unsupported while facing death, dying or bereavement. This long-term aim informs our strategy and decisions regarding our policies and activities. The current strategy cycle runs from 2020 to 2025.

During the year under review, the Trustees approved a COVID-19 plan that addressed the likely difficulties of continuing to deliver services during a pandemic, a possible drop in income and the need to support people affected by death dying and bereavement through the pandemic.

The Board and its Committees keep the Charity's principal risks and its risk appetite under review, formally considering emerging risks and reviewing changes in the Charity's risk profile and responses thereto throughout the year.

The desirability of the Charity maintaining a reputation for high standards of business conduct

Among the matters reserved for the Board is setting the Charity's culture, values and standards and ensuring that its obligations to its stakeholders are met. The Charity has a range of policies and processes that promote corporate responsibility and ethical behaviour. Areas covered include fundraising, conflicts of interest, safeguarding, dignity at work and whistleblowing.

The desirability of the Charity maintaining a reputation for high standards of business conduct (cont.)

All policies are reviewed periodically and updated as necessary by SMT and the Board.

Although the Charity's core activities do not involve working directly with children it does work extensively with vulnerable adults, and those working in the Charity's shops, at its events or through voluntary fundraising activities may from time to time come into contact with. children or vulnerable adults. The Charity has a dedicated safeguarding manager and a network of safeguarding champions who are responsible for ensuring that reporting and review processes are followed so that safeguarding issues are dealt with appropriately.

Engaging with our stakeholders

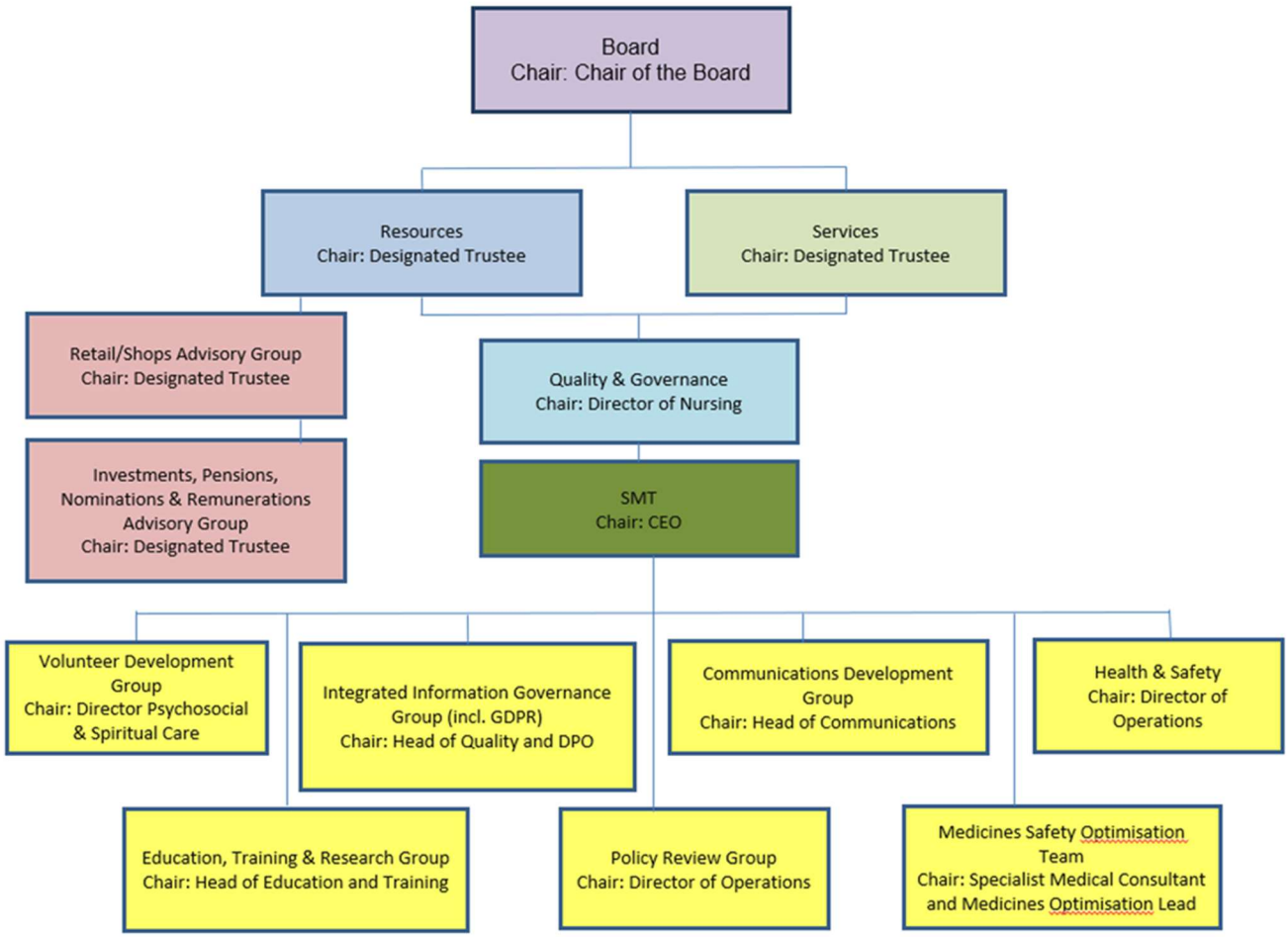
The Group takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the Group will ensure that we settle accounts within agreed terms and as a routine the finance department will settle accounts on a twice monthly basis.

Our Stakeholders	How we engage them on key decisions
People affected by death, dying or bereavement. It is vital that we listen to the experiences, insights and priorities of people affected by death, dying or bereavement so we can be sure we are meeting their needs, delivering the services most appropriate to those needs and influencing policy changes in the areas that they are most needed as well as providing relevant and accessible information.	We routinely consult and communicate with all our service users on a constant basis. This is through personal contact as well as frequent electronic contact, follow up and the maintenance of a 24/7 telephone line manned by human beings to ensure that we are always available to those who need us.
Our Supporters In order to ensure our long term financial stability, we need to build lasting relationships with our supporters, inspiring trust and loyalty in them around a shared mission. We also need to provide them with the right opportunities to support us and enable them to do so in ways that they find easy and convenient.	We have invested heavily in facilities to allow us to stay in better contact with our supporter base and we contact them through these facilities regularly. We have an ongoing communication and dialogue with our supporter base and their feedback is used to guide the development, delivery and content of our fundraising and marketing activity to ensure that their views inform all aspects of our fundraising.

Our Workforce As an organization, we are only as strong as the people we're made up of. We pride ourselves on the ability to recruit, develop, support and train he best people in each area of our work. In order to do this, we need to listen to our employees and understand what kinds of support, information and development opportunities they want to see from us.	We communicate with our staff in many different ways. We run an ongoing series of general open meetings to which all staff are invited and at which any member of staff my raise any issue or concern that they may have. We also have a policy whereby all staff are able to have regular and frequent one to one meetings with their line manager to discuss matters that relate directly to their day to day work or how their work is affecting their day to day life. We have a formal annual process of appraisal to formally record the performance, development progress and ambitions and future plans for the employee and the Charity. Finally, we have a formal process of whistleblowing and an identified whistleblowing 'champion' to facilitate swift disclosure and resolution to employment, and other, issues which may be sensitive, difficult or contentious in nature.
Suppliers We work with a range of suppliers but given our location and what it is that we do, they are mostly local suppliers. They do range from small independents to members of large and sometimes international corporate groups. We value our relationships with all of our suppliers and try hard to build good relationships with all of our suppliers.	While the nature of our activities means that our largest expense is Human Resources we still spend significant amounts with external suppliers. We are committed to treating them fairly and ensure that as far as possible we pay them promptly and deal with them equitably. We run two creditor payment runs every month to ensure that we are able to pay suppliers promptly and within agreed credit terms.

Governance

The Governance of the Mountbatten Group is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM but may also be co-opted to serve at any time.
The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms are in the best interests of the Hospice.

Trustee induction and training

New Trustees are invited to an induction programme which includes a tour of the Hospice sites with presentations by the Chair, Chief Executive Officer and Senior Management Team. Comprehensive information is provided about the operation of the Hospices and national trends and developments in hospice/end of life care, together with details of responsibilities and expectations as trustee.

Management

The Mountbatten Group based on the Isle of Wight is the member and ultimate operator of Mountbatten Hampshire. Although the two hospices, Mountbatten Isle of Wight and Mountbatten Hampshire continue to remain separate entities, which reassures all of the communities involved in supporting both hospices that funds raised locally will continue to go towards each separate organisation, both hospices now form 'The Mountbatten Group' which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely common to both Charities. Details of the Governance arrangements are shown on the diagram on page 40.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension Nominations and Remuneration Advisory Group. Clinical and Medical staff are paid in terms of the comprehensive provisions of their agreed remuneration structures such as the NHS Agenda for Change scheme for clinical staff and the Medical Remunerations schemes agreed between the NHS and the British Medical Association. Staff not covered by these negotiated payment structures are paid according to a 'Mountbatten Pay Scale', which has benchmarked all roles against with current market.

Public benefit statement

Whilst evaluating the public benefit provided by the Group, the Trustees referred to the Charity Commission's general guidance. When reviewing the aims and objectives of the Hospice and in planning future activities the Trustees consider whether or not there are identifiable public benefits, what they are, how they are related to the aims, and how they are balanced against any detriment or harm.

Statement of trustees' responsibilities

The trustees, who are also the directors of Mountbatten Isle of Wight Limited for the purposes of company law, are responsible for preparing the Trustees' Report (which includes the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditor
In accordance with the company's articles, a resolution proposing that Azets Audit Services be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor
Each of the trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

The trustees' report was approved by the Board of Trustees:

Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 14 January 2025

Opinion

We have audited the financial statements of Mountbatten Isle of Wight Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2024, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- adequate and sufficient accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 42, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

Azets Audit Services

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Debra Saunders BSc FCA (Senior Statutory Auditor)

15 January 2025

For and on behalf of Azets Audit Services, Statutory Auditor

Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2024

	Note	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Income from:							
Donations and legacies	2	4,332,484	99,216	4,431,700	2,332,465	430,170	2,762,635
Charitable activities							
Inpatient / Day Care	3	8,478,864	201,810	8,680,674	8,634,255	39,038	8,673,293
Community Care	3	232,616	-	232,616	154,838	-	154,838
Other trading activities	4	4,108,627	-	4,108,627	3,246,383	129,724	3,376,107
Investments	5	22,086	-	22,086	197,097	-	197,097
Total income		17,174,677	301,026	17,475,703	14,565,038	598,932	15,163,970
Expenditure on:							
Raising funds		4,623,280	-	4,623,280	4,953,213	-	4,953,213
Charitable activities:							
Inpatient / Day Care		8,669,571	232,472	8,902,043	8,053,573	643,703	8,697,276
Community Care		5,574,091	-	5,574,091	4,980,018	-	4,980,018
Total expenditure	6	18,866,942	232,472	19,099,414	17,986,804	643,703	18,630,507
Net (expenditure)/income before net (losses)/gains on investments		(1,692,265)	68,554	(1,623,711)	(3,421,766)	(44,771)	(3,466,537)
Net gains/(losses) on investments		273,879	-	273,879	(421,000)	-	(421,000)
Net (expenditure)/income for the year and net movement in funds	7	(1,418,386)	68,554	(1,349,832)	(3,842,766)	(44,771)	(3,887,537)
Transfer between funds		-	-	-	-	-	-
Net movement in funds		(1,418,386)	68,554	(1,349,832)	(3,842,766)	(44,771)	(3,887,537)
Reconciliation of funds:							
Total funds brought forward		15,595,900	3,415,734	19,011,634	19,438,666	3,460,505	22,899,171
Total funds carried forward	21	14,177,514	3,484,288	17,661,802	15,595,900	3,415,734	19,011,634

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21 to the financial statements.

Mountbatten Group
Balance Sheet
As at 31 March 2024

		The Group		Mountbatten Isle of Wight	
		2024	2023	2024	2023
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	11,629,418	11,693,046	11,285,274	11,217,448
Investments	13	5,912,002	31,629	4,884,659	2
		17,541,420	11,724,675	16,169,933	11,217,450
Current assets:					
Stocks		20,210	9,598	51	-
Debtors	16	546,242	689,763	580,427	542,822
Cash at bank and in hand		2,179,415	8,884,194	1,354,164	6,446,730
		2,745,867	9,583,555	1,934,642	6,989,552
Liabilities:					
Creditors: amounts falling due within one year	17	(2,625,485)	(2,296,596)	(1,051,983)	(938,949)
Net current assets		120,382	7,286,959	882,659	6,050,603
Total net assets	20	17,661,802	19,011,634	17,052,592	17,268,053
Funds:					
Restricted funds MIOW		3,236,179	3,194,784	3,236,180	3,194,784
Restricted funds MH		248,109	220,950	-	-
Total restricted funds		3,484,288	3,415,734	3,236,180	3,194,784
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		4,604,079	6,022,465	4,742,977	4,999,834
Total unrestricted funds		14,177,514	15,595,900	13,816,412	14,073,269
Total funds	21	17,661,802	19,011,634	17,052,592	17,268,053

The financial statements were approved by the Board of Trustees on 14 January 2025 and were signed on its behalf by:



Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Group
Consolidated Statement of Cash Flows
For year ended 31 March 2024

	Note	2023		2022	
		£	£	£	£
Net cash (used in)/provided by operating activities	22		(809,166)		613,088
Cash flows from investing activities:					
Dividends and interest		-		197,097	
Purchase of property, plant and equipment		(291,849)		(361,185)	
Proceeds from disposal of property, plant and equipment		2,730		-	
Proceeds from sale of investments		1,881,000		7,190,429	
Purchase of investments		(7,487,494)		(1,257,072)	
Movement in portfolio cash held for investment		-		1,424,854	
Net cash (used in)/generated by investing activities			(5,895,613)		7,194,123
Change in cash and cash equivalents in the year			(6,704,779)		7,807,211
Cash and cash equivalents at the beginning of the year			8,884,194		1,076,983
Cash and cash equivalents at the end of the year			2,179,415		8,884,194

1. ACCOUNTING POLICIES

a) Statutory information

Mountbatten Isle of Wight Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address (and principal place of business) is Halberry Lane, Newport, Isle of Wight PO30 2ER.

b) Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary, Mountbatten Isle of Wight Trading Company Limited, and Mountbatten Hampshire Group on the basis that the charitable companies are under common control. Mountbatten Hampshire Group includes the parent charity, Mountbatten Hamphsire Limited, and its subsidiary, Mountbatten Hampshire Promotions Limited, and the entities are consolidated on a line by line basis.

Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the entities are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

The financial statements are prepared in £ sterling, which is the functional currency of the charitable company. Monetary amounts in these financial statements are rounded to the nearest £.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

For legacies, entitlement is taken as the notification has been made by the executor(s) to the charities that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charities, or the charities are aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the group has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the group of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised and reference is made in the trustees' annual report about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the group which is the amount the group would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable companies in inducing third parties to make voluntary contributions to them, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services both within the hospices and the community to further the purposes of the charities and their associated support costs.

1. ACCOUNTING POLICIES (continued)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, and governance costs, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

- Cost of raising funds 21%
- Inpatient / Day Care 48%
- Community Care 31%

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charities' activities.

k) Operating leases

Rental charges are charged on a straight-line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

The charity has taken the opportunity provided in FRS 102 section 35 to treat the revaluation amount of freehold land and buildings as deemed cost.

Depreciation is provided, on a straight line basis, at rates calculated to write down the cost of each asset, except land, to its estimated residual value over its expected useful life. The useful lives are as follows:

- Freehold land and buildings Not depreciated
- Leasehold improvements Over the term of the lease
- Fixtures, fittings and equipment between 3 and 10 years
- Motor vehicles between 5 and 7 years

Depreciation is not charged on freehold buildings because the charity has a policy to maintain the properties to a high standard through a continuing programme of refurbishment and maintenance. Consequently, the lives of the properties and their residual values are such that any depreciation charge would be immaterial. Freehold buildings are reviewed for impairment at the end of each accounting period in accordance with FRS 102.

m) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading “Net gains/(losses) on investments” in the statement of financial activities. The charity does not acquire put options, derivatives, or other complex financial instruments.

n) Investments in subsidiaries

Investments in subsidiaries are measured at cost.

1. ACCOUNTING POLICIES (continued)

o) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving, and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charities of these goods is recognised as income when sold.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

r) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

s) Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates, or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets
Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date.

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Derecognition of financial assets
Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

Classification of financial liabilities
Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities
Basic financial liabilities, including creditors, bank loans and loans from fellow group companies, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities
Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1. ACCOUNTING POLICIES (continued)

t) Pensions

The charities contribute to the NHS Superannuation pension scheme for certain qualifying employees. The assets of the scheme are held separately from those of the charities in an independently administered fund.

The pension charge represents contributions payable by the charity to the fund. It is a multi-employer scheme and the charities are unable to identify their share of the underlying assets and liabilities. It is therefore accounted for as though it were a defined contribution scheme.

The group also provides a defined contribution pension scheme for staff other than those within the NHS superannuation pension scheme. The assets of the scheme are held separately from those of the company in a separately administered fund. Pension costs relating to employees recharged from the NHS Trust are not identified separately and are included in wage costs, on a defined benefit basis.

u) Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Management do not consider there to be any key estimates or judgements in the preparation of these financial statements.

2. Income from donations and legacies

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
Gifts						
Mountbatten Isle of Wight	860,241	-	860,241	837,978	98,733	936,711
Mountbatten Hampshire	889,785	99,216	989,001	728,881	81,437	810,318
Legacies						
Mountbatten Isle of Wight	1,704,366	-	1,704,366	502,684	250,000	752,684
Mountbatten Hampshire	878,092	-	878,092	262,922	-	262,922
	4,332,484	99,216	4,431,700	2,332,465	430,170	2,762,635

In addition to the above, there was an estimated £1,265,000 for MIOW and £770,000 for MH (2023: £1,220,000 for EMH and £905,000 for CMH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

3. Income from charitable activities

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
NHS CCG						
Mountbatten Isle of Wight	3,314,149	201,810	3,515,959	3,568,876	39,038	3,607,914
Mountbatten Hampshire	5,136,868	-	5,136,868	5,019,013	-	5,019,013
Other grant income						
Mountbatten Isle of Wight	27,847	-	27,847	46,366	-	46,366
Mountbatten Hampshire	-	-	-	-	-	-
Sub-total for inpatient/Day Care	8,478,864	201,810	8,680,674	8,634,255	39,038	8,673,293
Isle of Wight Clinical Commissioning Group						
Mountbatten Isle of Wight	232,616	-	232,616	154,838	-	154,838
Sub-total for Community Care	232,616	-	232,616	154,838	-	154,838
Total income from charitable activities	8,711,480	201,810	8,913,290	8,789,093	39,038	8,828,131

4. Income from other trading activities

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
Fundraising activities						
Mountbatten Isle of Wight	1,038,488	-	1,038,488	701,815	16,182	717,997
Mountbatten Hampshire	490,786	-	490,786	534,855	-	534,855
Shops, café and other income						
Mountbatten Isle of Wight	1,621,179	-	1,621,179	1,312,569	113,542	1,426,111
Mountbatten Hampshire	958,174	-	958,174	697,144	-	697,144
	4,108,627	-	4,108,627	3,246,383	129,724	3,376,107

5. Income from investments

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
Income from quoted investments						
Mountbatten Isle of Wight	16,179	-	16,179	150,426	-	150,426
Mountbatten Hampshire	5,907	-	5,907	46,671	-	46,671
	22,086	-	22,086	197,097	-	197,097

6. a) Analysis of expenditure - current year

		Charitable activities					
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2024 Total	2023 Total
	£	£	£	£	£	£	£
Staff costs (Note 8)	2,654,957	5,134,185	3,914,078	-	2,703,775	14,406,995	14,203,612
Medical consumables	-	263,097	201,218	-	-	464,315	387,124
Volunteer expenses	-	-	-	-	24,428	24,428	18,971
IT and administrative costs	-	-	-	-	218,954	218,954	213,564
Trading activities	33,174	-	-	-	-	33,174	32,741
Fundraising costs	263,643	-	-	-	-	263,643	339,209
Lottery costs	224,972	-	-	-	-	224,972	207,705
Investment managers' fees	29,690	-	-	-	-	29,690	43,400
Audit and accountancy fees	-	-	-	53,601	-	53,601	49,023
Legal and professional	-	-	-	-	317,841	317,841	303,721
Trustee costs	-	-	-	329	-	329	619
Catering	-	707,059	-	-	-	707,059	374,249
Premises	198,505	539,233	-	-	368,688	1,106,426	1,297,699
Bank Charges	-	-	-	-	9,840	9,840	-
Depreciation and loss on disposal	-	-	-	-	353,529	535,529	387,012
Insurance	5,692	-	-	-	98,807	104,499	66,513
Maintenance and repairs	-	81,576	-	-	202,425	284,001	242,715
Subscriptions and publications	-	-	-	-	27,654	27,654	38,573
Irrecoverable VAT	24,125	-	-	-	-	24,125	20,266
Consumables	109,132	232,249	-	-	102,958	444,339	403,791
	3,543,890	6,957,399	4,115,296	53,930	4,428,899	19,099,414	18,630,507
Support costs - MIOW	816,674	1,296,027	940,951	-	(3,053,652)	-	-
Support costs - MH	250,045	625,112	500,090	-	(1,375,247)	-	-
Governance costs - MIOW	8,950	14,202	10,311	(33,463)	-	-	-
Governance costs - MH	3,721	9,303	7,443	(20,467)	-	-	-
Total expenditure 2024	4,623,280	8,902,043	5,574,091	-	-	19,099,414	
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-		18,630,507

6. b) Analysis of expenditure - prior year

		Charitable activities				
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2023 Total
	£	£	£	£	£	£
Staff costs (Note 8)	2,580,586	5,417,265	3,541,152	-	2,664,609	14,203,612
Medical consumables	-	234,077	153,047	-	-	387,124
Volunteer expenses	-	-	-	-	18,971	18,971
IT and administrative costs	-	-	-	-	213,564	213,564
Trading activities	32,741	-	-	-	-	32,741
Fundraising costs	339,209	-	-	-	-	339,209
Lottery costs	207,705	-	-	-	-	207,705
Investment managers' fees	43,400	-	-	-	-	43,400
Audit and accountancy fees	-	-	-	49,023	-	49,023
Legal and professional	-	-	-	-	303,721	303,721
Trustee costs	-	-	-	619	-	619
Catering	372,810	1,439	-	-	-	374,249
Premises	199,539	762,684	-	-	335,476	1,297,699
Depreciation and loss on disposal	-	-	-	-	387,012	387,012
Insurance	7,716	-	-	-	58,797	66,513
Maintenance and repairs	-	69,354	-	-	173,361	242,715
Subscriptions and publications	-	-	-	-	38,573	38,573
Irrecoverable VAT	20,266	-	-	-	-	20,266
Consumables	82,067	228,704	-	-	93,020	403,791
	3,886,039	6,713,523	3,694,199	49,642	4,287,104	18,630,507
Support costs - MIOW	867,406	1,198,597	757,008	-	(2,823,011)	-
Support costs - MH	188,363	762,013	513,717	-	(1,464,093)	-
Governance costs - MIOW	8,633	11,929	7,534	(28,096)	-	-
Governance costs - MH	2,772	11,214	7,560	(21,546)	-	-
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-	18,630,507

7. Net income / (expenditure) for the year

This is stated after charging

	2024	2023
	£	£
Depreciation	353,977	387,012
Operating lease rentals:		
Property - MIOW	198,505	199,539
Property - MH	182,383	147,335
Auditor's remuneration (excluding VAT):		
Audit - MIOW	22,750	24,650
Audit - MH	19,500	20,600
Other services - MIOW	975	1,300
Other services - MH	1,725	1,300

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

Current year

	2024		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	678,736	4,127,373	1,332,517
Wages and salaries	5,276,550	747,381	9,497,524
Employer's national insurance	533,839	412,132	945,971
Pension costs	549,463	436,322	985,785
Temporary and agency staff	623,114	588,549	1,211,663
Other staff costs	249,837	183,699	433,536
	7,911,539	6,495,457	14,406,996

Prior year

	2023		
	MIOW	MH	Total
	£	£	£
Staff under service level agreement with NHS	732,360	3,597,801	4,330,161
Wages and salaries	4,898,863	1,308,906	6,207,769
Employer's national insurance	466,615	368,934	835,549
Pension costs	545,763	419,656	965,419
Temporary and agency staff	907,991	400,014	1,308,005
Other staff costs	333,373	223,336	556,709
	7,884,965	6,318,647	14,203,612

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The following number of employees received employee benefits (excluding employer pension costs and national insurance) during the year between:

	2024	2023
	No.	No.
£60,000 - £69,999	-	1
£70,000 - £79,999	3	1
£80,000 - £89,999	1	2
£90,000 - £99,999	1	1
£100,000 - £109,999	1	-
£110,000 - £119,999	-	1

In addition to employed staff costs, there were costs relating to 2 (2023: 2) seconded medical professional staff of £217,026 (2023: £207,163).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £708,683 (2023: £778,066).

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2023: none). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £329 (2023: £619) incurred by 4 (2023: 4) trustees.

9. Staff numbers

	2024 Employed by Charity	2024 Recharged to Charity	2023 Employed by Charity	2023 Recharged to Charity
	No.	No.	No.	No.
Fundraising - MIOW	9	-	11	-
Fundraising - MH	5	-	5	-
In patient unit / Patient services - MIOW	55	8	68	8
In patient unit / Patient services - MH	67	-	79	-
Community	113	-	107	-
Day unit / JCC	26	-	18	-
Retail	62	-	61	-
Support	77	-	80	-
	414	8	429	8

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2023: £nil) not already disclosed.

11. Taxation

The charities are exempt from corporation tax as all their income is charitable and is applied for charitable purposes. The trading subsidiaries Mountbatten Isle of Wight Trading Limited and Mountbatten Hampshire Promotions Limited gift aid available profits to their immediate parent charities.

12. Tangible fixed assets

Group	Land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,033,169	423,472	2,719,847	263,697	14,440,185
Additions in year	-	39,403	41,562	210,884	291,849
Disposals in year	-	-	-	(2,500)	(2,500)
At the end of the year	11,033,169	462,875	2,761,409	472,081	14,729,534
Depreciation					
At the start of the year	43,463	241,823	2,233,684	228,169	2,747,139
Charge for the year	6,770	76,725	233,008	37,474	353,977
Depreciation eliminated on disposal	-	-	-	(1,000)	(1,000)
At the end of the year	50,233	318,548	2,466,692	264,643	3,100,116
Net book value					
At the end of the year	10,982,936	144,327	294,717	207,438	11,629,418
At the start of the year	10,989,706	181,649	486,163	35,528	11,693,046

Mountbatten Isle of Wight	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,981,014	136,940	2,059,138	261,197	13,438,289
Additions in year	-	-	27,963	181,084	209,047
Disposals in year	-	-	-	-	-
At the end of the year	10,981,014	136,940	2,087,101	442,281	13,647,336
Depreciation					
At the start of the year	-	130,711	1,862,456	227,674	2,220,841
Charge for the year	-	2,227	103,505	35,489	141,221
Depreciation eliminated on disposal	-	-	-	-	-
At the end of the year	-	132,938	1,965,961	263,163	2,362,062
Net book value					
At the end of the year	10,981,014	4,002	121,140	179,118	11,285,274
At the start of the year	10,981,014	6,229	196,682	33,523	11,217,448

All of the above assets are used for charitable purposes.

In the group figures, land and buildings constitutes both freehold property and leasehold property.

13. Investments

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Listed investments				
Fair value at the start of the year	31,629	6,385,986	-	4,827,958
Additions at cost	7,487,494	1,257,071	5,688,901	955,107
Disposal proceeds	(1,881,000)	(7,190,428)	(1,047,831)	(5,463,195)
Net (loss)/gain on change in fair value	273,879	(421,000)	243,587	(319,870)
	5,912,002	31,629	4,884,657	-
Cash held by investment broker pending reinvestment	-	-	-	-
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	5,912,002	31,629	4,884,659	2

	2024	2023
	£	£
Charity Trusts	5,880,373	-
Overseas Bonds	31,629	31,629
	5,912,002	31,629

14. Subsidiary undertakings

Mountbatten Isle of Wight Limited, the charitable parent company, is the sole organisational member of Mountbatten Hampshire Limited. Mountbatten Isle of Wight Limited operates a hospice on the Isle of Wight and owns the whole of the issued ordinary share capital of Mountbatten Isle of Wight Trading Ltd, a company registered in England and used for non-primary purpose trading. The company number is 03083127.

Mountbatten Hampshire Limited operates a hospice in Southampton. The company number is 06539641 and the charity number is 1123304. It owns the whole of the issued ordinary share capital of Mountbatten Hampshire Promotions Limited, a company registered in England and used for non-primary purpose trading. The company number is 03675130.

All subsidiary company activities have been consolidated on a line by line basis in the statement of financial activities. Available profits from the trading subsidiaries are gift aided to their respective parent charitable companies. A summary of the results of the subsidiaries for the year are shown below:

Year ended 31 March 2024	**Mountbatten Hampshire Limited**	**Mountbatten Hampshire Promotions Ltd**	**Mountbatten Isle of Wight Trading Ltd**
	£	**£**	**£**
Income / turnover	8,091,363	367,466	148,132
Cost of sales	-	(121,095)	(10,842)
Net income / gross profit	8,091,363	246,371	137,290
Net expenditure / administrative expenses	(9,419,803)	(19,438)	(37,043)
Distribution from subsidiary	475,021	-	-
Gain on investment assets	30,292	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(823,127)	226,933	100,247
Funds/retained earnings brought forward	1,506,128	248,088	-
Net income/(expenditure)/profit/(loss) for the financial year	(823,127)	226,933	100,247
Distribution under Gift Aid to parent charity	-	(475,021)	(100,247)
Reserves/retained earnings carried forward	683,001	-	-
The aggregate of the assets, liabilities and funds was:			
Assets	2,341,866	148,090	54,567
Liabilities	(1,658,865)	(148,088)	(54,565)
Funds	683,001	2	2

14. Subsidiary undertakings (continued)

Year ended 31 March 2023	Mountbatten Hampshire Limited	Mountbatten Hampshire Promotions Ltd	Mountbatten Isle of Wight Trading Ltd
	£	£	£
Income / turnover	6,968,189	402,733	104,069
Cost of sales	-	(131,389)	(8,461)
Net income/gross profit	6,968,189	271,344	95,608
Net expenditure/administrative expenses	(9,182,898)	(18,202)	(36,158)
Distribution from subsidiary	482,590	-	-
Gain on investment assets	(101,130)	-	-
Net (expenditure)/profit for the financial year	(1,833,249)	253,142	59,450
Funds/retained earnings brought forward	3,339,377	477,536	-
Net income/(expenditure)/profit/(loss) for the financial year	(1,833,249)	253,142	59,450
Distribution under Gift Aid to parent charity	-	(482,590)	(59,450)
Reserves/retained earnings carried forward	1,506,128	248,088	-
The aggregate of the assets, liabilities and funds was:			
Assets	2,927,144	288,307	27,333
Liabilities	(1,421,016)	(40,217)	(27,331)
Funds	1,506,128	248,090	2

Intercompany transactions

Included within administrative expenses for Mountbatten Hampshire Limited is a management charge of £933,426 (2023: £1,005,974) from Mountbatten Isle of Wight Limited to Mountbatten Hampshire Limited. Included within administrative expenses within Mountbatten Isle of Wight Trading Limited is a management charge of £30,000 (2023: £30,000) from Mountbatten Isle of Wight Limited. Included within administrative expenses for Mountbatten Isle of Wight Limited is a management charge of £129,200 (2023: £Nil) from Mountbatten Hampshire Limited to Mountbatten Isle of Wight Limited.

Shared trustees/directors

All trustees of Mountbatten Isle of Wight Limited are also trustees of Mountbatten Hampshire Limited, with the exceptions of Stephen Izatt and Wendy Murwill, who are only trustees of Mountbatten Isle of Wight Limited, and Peter Pitcher, who is only trustee of Mountbatten Hampshire Limited.

Peter Pitcher is a trustee and director of both Mountbatten Hampshire Limited and Mountbatten Hampshire Promotions Limited.

Stephen Izatt is a trustee and director of both Mountbatten Isle of Wight Limited and Mountbatten Isle of Wight Trading Limited.

15. Mountbatten Isle of Wight Limited

The parent charity's (Mountbatten Isle of Wight Limited) gross income and the results for the year are disclosed as follows:

	2024	2023
	£	£
Gross income	10,061,618	8,784,402
Result for the year	(215,461)	(1,814,204)

16. Debtors

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Amounts due from group entities	-	-	163,111	22,732
Trade debtors	93,128	243,165	48,693	203,812
Accrued income and other debtors	102,676	168,864	64,586	130,330
VAT recoverable	103,902	99,956	87,634	59,140
Prepayments	246,536	177,778	216,403	126,808
	546,242	689,763	580,427	542,822

17. Creditors: amounts falling due within one year

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	1,266,421	447,381	325,921	246,376
Deferred income	156,910	69,718	155,870	69,718
Other creditors and accruals	1,202,154	1,779,497	570,192	613,781
Amounts due to group entities	-	-	-	9,074
	2,625,485	2,296,596	1,051,983	938,949

18. Deferred income

Deferred income comprises grant and contract income received in advance of services being provided.

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Balance at the beginning of the year	69,718	69,718	69,718	69,718
Amount released to income in the year	(3,625,204)	-	(3,625,204)	-
Amount deferred in the year	3,712,396	-	3,711,356	-
Balance at the end of the year	156,910	69,718	155,870	69,718

19. NHS Pension Scheme

The charities have some staff who are members of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme. Details of the benefits payable and rules of the Scheme can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions [nhsbsa.nhs.uk]. The cost of participating in the Scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM (Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The total pension contributions payable for the NHS pension scheme in the year were £985,785 (2023: £965,419).

20. a) Analysis of group net assets between funds - 2024

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	89,881	9,020,915	2,518,622	11,629,418
Investments	5,912,002	-	-	5,912,002
Net current assets	(1,397,804)	552,520	965,666	120,382
Net assets at the end of the year	4,604,079	9,573,435	3,484,288	17,661,802

20. a) Analysis of group net assets between funds - 2023

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	372,201	9,020,915	2,299,930	11,693,046
Investments	31,629	-	-	31,629
Net current assets	5,618,635	552,520	1,115,804	7,286,959
Net assets at the end of the year	6,022,465	9,573,435	3,415,734	19,011,634

21. a) Movement in funds - 2024

	At 1 April 2023 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2024 £
Restricted funds						
Capital funds						
John Cheverton Estate fixed Asset Fund	44,286	-	(22,199)	-	-	22,087
John Cheverton Estate Pool Vehicle Fund	250,000	-	(9,109)	-	-	240,891
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Clinical Co-ordination Centre	41,213	-	-	-	-	41,213
iBCF	34,004	-	(7,337)	-	-	26,667
Kelly donation	505	-	-	-	-	505
Young adult services	22,709	-	-	-	-	22,709
NHS CCG - CQUINs	39,038	44,202	(44,309)	-	-	38,931
KissyPuppy restricted fund	399,580	129,306	(63,506)	-	-	465,380
Advanced communication	3,748	-	-	-	-	3,748
MND Clinic	6,927	-	(2,754)	-	-	4,173
Mountbatten young adults	2,469	-	(647)	-	-	1,822
Barclays donation	66,278	-	(7,767)	-	-	58,511
Ward Furniture	1,012	-	-	-	-	1,012
Bladder Scanners	7,083	-	(1,000)	-	-	6,083
Hoist Pods for IPU	3,680	-	(960)	-	-	2,720
Essential Equipment for patient Care	4,263	21,102	(827)	-	-	24,538
Daisy Rich Trust	1,000	-	-	-	-	1,000
Hospital Saturday Fund	2,000	-	-	-	-	2,000
Other restricted funds	9,345	7,200	-	-	-	16,545
Total restricted funds EMH	3,194,784	201,810	(160,415)	-	-	3,236,179

21. a) Movement in funds – 2024 (cont.)

	At 1 April 2023 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2024 £
Restricted funds - MH						
NHSE	71,800	-	(42,982)	-	-	28,818
Other	149,150	99,216	(29,075)	-	-	219,291
Total restricted funds	3,415,734	301,026	(232,472)	-	-	3,484,288
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	9,073,435	-	-	-	-	9,073,435
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – MIOW group	3,163,956	8,944,265	(11,440,756)	243,587	-	911,052
General funds – MH group	2,858,509	8,230,412	(7,426,186)	30,292	-	3,693,027
Total unrestricted funds	15,595,900	17,174,677	(18,866,942)	273,879	-	14,177,514
Total funds - MIOW	15,432,174	9,146,075	(11,601,171)	243,587	-	13,220,665
Total funds - MH	3,579,460	8,329,628	(7,498,243)	30,292	-	4,441,137
Total funds	19,011,634	17,475,703	(19,099,414)	273,879	-	17,661,802

21. b) Movement in funds - 2023

	At 1 April 2022	Income	Expenditure	Gain on revaluation	At 31 March 2023
	£	£	£	£	£
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	74,274	-	(29,988)	-	44,286
Fixed Asset Fund	2,255,644	-	-	-	2,255,644
Revenue funds					
Community equipment	2,678	-	(2,678)	-	-
Clinical Co-ordination Centre	192,057	-	(150,844)	-	41,213
iBCF	97,227	80,000	(143,223)	-	34,004
Kelly donation	505	-	-	-	505
Young adult services	56,584	-	(33,875)	-	22,709
DC clinical teaching post	-	15,171	(15,171)	-	-
NHS CCG - CQUINs	-	39,038	-	-	39,038
KissyPuppy restricted fund	341,513	113,591	(55,524)	-	399,580
Advanced communication	4,651	-	(903)	-	3,748
MND Clinic	9,451	-	(2,524)	-	6,927
Responsible communities	65,075	-	(65,075)	-	-
Mountbatten young adults	5,114	-	(2,645)	-	2,469
Barclays donation	75,276	-	(8,998)	-	66,278
Ward Furniture	4,616	-	(3,604)	-	1,012
Oak Garden Decking	5,500	-	(5,500)	-	-
Butterfly & Chelsea Garden Maintenance	5,000	-	(5,000)	-	-
Bladder Scanners	8,000	-	(917)	-	7,083
Hoist Pods for IPU	4,560	-	(880)	-	3,680
Essential Equipment for patient Care	4,618	2,200	(2,555)	-	4,263
Gen Don-Community	-	12,681	(12,681)	-	-
Gen Don-Lymphoedema	-	100	(100)	-	-
Donations for Staff	-	703	(703)	-	-
JC Pool Vehicle Fund	-	250,000	-	-	250,000
Daisy Rich Trust	-	1,000	-	-	1,000
Hospital Saturday Fund	-	2,000	-	-	2,000
Other restricted funds	8,676	1,011	(342)	-	9,345
Total restricted funds MIOW	**3,221,019**	**517,495**	**(543,730)**	**-**	**3,194,784**

21. b) Movement in funds – 2023 (cont.)

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds - MH						
NHSE	98,870	-	(27,070)	-	-	71,800
Other	140,616	81,437	(72,903)	-	-	149,150
Total restricted funds	3,460,505	598,932	(643,703)	-	-	3,415,734
Unrestricted funds - MIOW						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - MIOW	9,073,435	-	-	-	-	9,073,435
Designated funds - MH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – MIOW group	5,957,898	7,275,552	(9,749,624)	(319,870)	-	3,163,956
General funds – MH group	3,907,333	7,289,486	(8,237,180)	(101,130)	-	2,858,509
Total unrestricted funds	19,438,666	14,565,038	(17,986,804)	(421,000)	-	15,595,900
Total funds - MIOW	18,252,351	7,793,047	(10,293,354)	(319,870)	-	15,432,174
Total funds - MH	4,646,820	7,370,923	(8,337,153)	(101,130)	-	3,579,460
Total funds	22,899,171	15,163,970	(18,630,507)	(421,000)	-	19,011,634

21. Movement in funds (continued)

Purposes of restricted funds

John Cheverton estate fixed asset fund - This funding was provided to acquire specific assets including a new ambulance, new Arjo baths and certain new beds with mattresses and pumps. All these assets have been acquired and will be depreciated in terms of the policies relating to the depreciation of fixed assets.

Fixed asset fund represents funds received for the purchase, refurbishment and improvement of the Hospice's buildings, included within fixed assets. It includes:

- The Halberry Lodge Funds, a donation received for the purchase of Halberry Lodge/JCC, fully capitalised within Freehold Land and Buildings.
- DoH funds received as a contribution towards the refurbishment of Halberry Lodge/JCC as above.
- The Space Utilisation and Enhancement (SURE) project fund, a DoH grant towards the refurbishment of office space, capitalised within fixtures, fittings and equipment.
- The Facilities Improvement fund, received as a contribution towards the improvement works required on the existing buildings, and represents the net book value of those completed works.

Community Equipment - This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2023.

Clinical Co-Ordination Centre grant from the CCG supports the establishment and operation of an 'Early Intervention' initiative which seeks to find and make contact with people approaching end of life. This will enable us, from an early stage, to ensure that they are receiving appropriate care and support for their condition. This will range from simple conversations about Advanced Care Planning and a 6 monthly phone call to concentrated treatment and possible admission to the In-Patient unit.

iBCF – This grant from the Island Better Care Fund supports the establishment and operation of a comprehensive education facility and associated education programme.

Kelly Donation – This donation is specifically to fund the acquisition of Riser/Recliner chairs for the Hospice.

Young adult services - This grant was made to fund the post of a Young Adult Therapist/Counsellor for three years.

The NHS CCG - CQUINs fund represents the Isle of Wight Clinical Commissioning Group funding towards the acquisition, installation and commissioning of a new patient record software programme known as SystemOne.

The Children's Palliative Care represents funds towards the children's palliative care services.

The KissyPuppy funds represents donations received towards children's services.

Barclays Grant has been given to fund the acquisition of clinical equipment, supplies and PPE.

21. Movement in funds (continued)

Purposes of restricted funds (continued)

NHSE (via Hospice UK) Grant - The NHSE awarded funding to allow the hospice to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

DC Clinical Teaching Post supported the deployment of one of our senior Nurse Specialists into a teaching role at the University of Southampton for two days per week.

Advanced Communication - This grant was made to fund further training for our Bereavement and Psycho-social teams in advanced communication skills.

The MND grant is to fund the establishment and running of a monthly multi-disciplinary team with all services represented so that MND patients can access all the services that they might need in the same place and at the same time.

Responsible Communities – is a grant made to fund the creation and nurturing of caring communities through the recruiting and training of neighbourhood volunteers who will monitor and assist those in community groups who have need of such care. It is led by our Volunteer management department.

Mountbatten Young Adults Fund is a fund raised by this group of beneficiaries for their use in connection with life enhancing experiences and travel opportunities.

JC Pool Vehicle Fund represents amounts received from the John Cheverton Estate for the purposes of providing vehicles to be used by nursing staff in reaching patients who are not in residence at the hospice.

Other specified restricted Funds – these funds as listed are self explanatory. They have been received for the specific purpose stated and are used solely for those purposes.

Mountbatten Hampshire's funds are held as a restricted fund within the group solely for the use of that charity's hospice on the mainland.

Purposes of designated funds

Fixed Asset Replacement Funds are set aside to enable the Hospice to redevelop existing buildings and purchase capital items as required.

Fixed Asset Fund represents the net book value of fixed assets purchased through general funds and therefore not readily available for other purposes. Depreciation will be charged against this fund.

Transfers between funds arise when planned spending on a project exceeds the amount of restricted funds available for the purpose. In that circumstance the excess spend is transferred from the applicable restricted fund line in the analysis of restricted funds to general funds thereby reducing the balance on the restricted fund to zero.

The trustees established the MH designated fund for use in future projects to extend the services of Mountbatten Hampshire.

22. Reconciliation of net incoming resources to net cash flow from operating activities

	2024	2023
	£	£
Net expenditure for the reporting period (as per the statement of financial activities)	(1,349,832)	(3,887,537)
Depreciation charges	353,977	387,012
Profit on disposals of fixed assets	(1,230)	-
(Gains)/losses on investments	(273,879)	421,000
Dividends, interest and rent from investments	-	(197,097)
(Increase)/decrease in stocks	(10,612)	(7,369)
Decrease in debtors	143,521	3,129,929
Increase in creditors	328,889	767,150
Net cash (used in)/provided by operating activities	(809,166)	613,088

Analysis of cash and cash equivalents

	2024	2023
	£	£
Cash in hand	2,179,415	8,884,194

Analysis of changes in net debt

	1 April 2023	Cash flows	31 March 2024
	£	£	£
Cash in hand	8,884,194	(6,704,779)	2,179,415

23. Operating leases commitments

The total future minimum lease payments under non-cancellable operating leases are as follows for each of the following periods:

	Group		Mountbatten Isle of Wight	
	2024	2023	2024	2023
	£	£	£	£
Less than one year	395,140	347,398	184,315	156,898
One to five years	1,214,317	1,276,558	562,817	593,725
Over five years	705,417	784,117	302,167	355,200
	2,314,874	2,408,073	1,049,299	1,105,823

24. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

MOUNTBATTEN ISLE OF WIGHT

England & Wales - Charity number 1039086

Accounts

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086

Mountbatten

Mountbatten Group

Incorporating:
Earl Mountbatten Hospice
(Mountbatten Isle of Wight)
Countess Mountbatten Hospice Charity (Mountbatten Hampshire)

Report and financial statements for the year ended 31 March 2023

Contents

Reference and administrative information	1 – 2
Statement from the CEO	3 – 4
Statement from the Chair of Trustees	5
Governance	6 – 7
Background and Strategy	8 – 10
Strategic report – Objectives & activities	11
Mountbatten pyramid	12 – 13
Key Achievements and Performance	14
Services across Mountbatten Isle of Wight and Mountbatten Hampshire	15 – 24
Quality	25 – 35
Education and Training	36 – 37
Mandatory training	38
Research	39
Income generation	40 – 41
Communications	42 – 44
Estates and Facilities	45 – 47
Catering	48
People Services	49 – 54
Information Technology	55 – 57
Trustees' duty to promote the success of the Charity – Section 172 statement	58 – 60
Sustainability and carbon reporting	61
Financial review	62
Public benefit statement	63
Statement of trustees' responsibilities	64
Independent auditor's report	65 – 67
Consolidated statement of financial activities (incorporating an income and expenditure account)	68
Balance sheet	69
Consolidated statement of cash flows	70
Notes to the financial statements	71 – 97

Mountbatten Group
Reference and administrative information

Status and structure:	Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee	
Company number:	02929267	
Charity number:	1039086	
Registered office and operational address:	Earl Mountbatten Hospice Halberry Lane Newport Isle of Wight PO30 2ER	
Trustees	Trustees are also Directors under company law:	
1 Resources Committee Member	Mr M Acland 1, 3, 4, 8	
2 Services Committee Member	Mrs C Alstrom 2, 3, 4	
3 Isle of Wight Trustee	Sir Ian Cheshire 3, 4	CHAIR
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5,	
6 Hampshire Trading Company Director	Ms B Halliday 1, 2, 3, 4	(appointed July 2022)
	Mr EAS Nicholson 1, 2, 3, 4	VICE-CHAIR (resigned July 2022)
	Mr P Pitcher 2, 4	
	Mr A Stables 2, 3, 4	
	Mr A Neill 1,3, 4,7	(appointed July 2022)
	Mr S Izatt 1, 3	(appointed July 2022)
	Ms M Forrest-Charde 1, 3, 4	(appointed July 2022)
	Mr D Bennett 3, 4, 6	(appointed July 2022)
	Mr S Brookwell 1, 3, 4	(appointed July 2022)
	Ms R Poncia 1, 3, 4	(resigned July 2022)
	Mr P Shears 2, 3, 4, 5	(resigned July 2022)
	Mr JM Trotter 1, 3, 4	(resigned July 2022)
	Ms J Smith 2, 3	(resigned July 2022)
Company Secretary	Mr M Edmonds	
Senior Management Team	Mr N Hartley	Chief Executive
	Mrs L Smith	Director of Nursing
	Dr J Curtin	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr G Armitage	Interim Director of People Services (appointed on 22 July 2022)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	Brewin Dolphin (Retired March 2023) Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
Investment Managers:	CCLA Fund Managers Ltd (appointed April 2023) 85 Queen Victoria Street London EC4V 4ET
Investment Managers:	Ruffer LLP (appointed April 2023) 80 Victoria Street London SW1E 5JL
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

Mountbatten Group
Statement from the CEO
For year ended 31 March 2023

It is clear that the financial year 2022/23 has been one full of challenge and frustration. Unexpected and unplanned rises in costs in certain key areas has meant that it has been impossible to balance the books, leaving Mountbatten in financial deficit for the first time in eight years.

Like many, we have struggled to negotiate manageable deals on rising energy prices, with prices soaring above £200k additional cost per year for electricity alone on just one of our hospice buildings. We have also remained committed to matching the NHS Pay Award, as our staff work hard and deserve to be paid a fair and proper wage for the increasingly complex and difficult work that they do. The challenges of their work are relentless, and with growing numbers of people needing our care, they deserve to be applauded for how they cope with huge growth and demand without fuss or complaint within an increasingly disrupted wider Health and Social Care system. Due to complying with the NHS Pay Award rises, our annual costs now increase by around a further £1m per year. It is becoming increasingly clear, that with an NHS more cash-strapped than it has ever been, it will be challenging for the pay award percentage uplift to be passed on to Mountbatten from our commissioners through the NHS contracts that we deliver to. Although our fundraising income is slightly lower than usual our legacy pipelines thankfully remain strong. However, the release of cash from legacies due to more long-drawn-out probate processes caused by the COVID pandemic has also affected our ability to plan our future as effectively as we would like and to continue to develop our services in line with our innovative and bold strategic aims and the growing needs of our local populations.

We do remain grateful for the COVID-19 government support over the two years between 2020 – 2022, enabling a large surplus to be shown across Mountbatten for the financial year 2021/22. This cash benefit has enabled us to cope with the significant deficit which we now find ourselves with for the current financial year 2022/23, without yet dipping into any of our financial reserves. If the cost-of-living crisis continues, however, it will be unlikely that this will remain the case in future years.

It is an increasingly difficult time for each and every one of us, both personally and professionally. With this in mind, we are more proud than ever of the support that our local communities continue to give us. At a time when every individual across our communities is struggling financially, the commitment to Mountbatten, the local hospice for the Isle of Wight and large parts of Hampshire, continues to be extremely impressive. We remain very thankful and increasingly grateful. The NHS commissioners, as part of the new Integrated Care System, continue to review the services that we provide on their behalf, with an increasing and critical focus on 'value for money'. In many cases it is possible that they may need to reduce their financial commitment to Mountbatten's ongoing and growing work. This is certainly not comfortable. Providing only 35% of our annual funding, it is important that we all understand that the local NHS system pay for only a small part of the services we deliver. With the outstanding set of innovative and comprehensive 24/7 end of life care and bereavement services Mountbatten now provides reaching well over 3,000 on any one day across our communities and growing, it is the public who enable our services to remain at such a high-quality level and for us to reach more and more people. The NHS funding provides the tip of the iceberg of what is truly needed. We hope that like us, the NHS acknowledges a valiant public who never question the support we ask for, and therefore are able to sustain and grow the services that our communities need within the places that they live, twenty-four hours a day, seven days a week. It is the public themselves that continuously sustain Mountbatten and for our services to be available as and when people need us.

During the current climate of unprecedented challenge, I am reminded of the birth of the hospice movement, which grew as a result of the terrible deficits in end of life care as part of the new NHS of the 1940s. Dying was never part of the NHS vision, and we know that once people have died, they are not able to make themselves heard with regard to the treatment that they have received or the experiences they have gone through. Our responsibility to continue to challenge and to innovate in this particular arena is therefore huge.

In the 21st Century, those who are dying or who are bereaved in a first world country should be able to access the best possible care and support twenty-four hours a day, seven days a week. Mountbatten will not sit back and watch as this potentially diminishes and ultimately fails. It is our business to point out when things are wrong within the Health and Social Care sector. It is my view that hospices could support the local system even more and we will need to continue to articulate to all partners the true value of independent hospices and the real impact we bring to so many people. We know that there are still terrible deficits in end-of-life care in some parts of the UK. Those who allow this to continue should be ashamed and should receive little applause or credit. Mountbatten must continue to fight for the disadvantaged and will continue to be the voice of the ignored and the unheard. Mountbatten's role will also continue

to be one of disruption and one of challenge. We will continue to ask uncomfortable questions and to point out the deficits in both local and national systems and the wider structures and service provisions.

The way that people die in the UK has changed radically in the past twenty years. At Mountbatten, we have known for some years that we cannot continue to deliver services in the same way that they always have been. Due to the radical and innovative end of life and bereavement service model that Mountbatten has created in recent years, seeing people earlier in their illness journey, focusing on what matters to them and their loved ones and developing Advance Care Plans, 24/7 hands on support within the home thus enabling people to stay within the places that they live without unnecessary hospital admission, Mountbatten is now considered a leader in its field. People are living longer and therefore dying slower and the number of people we now support has gone up by over 250% in recent years.

We hope that people will therefore understand our complete and unwavering commitment and gratitude to our local communities, who financially support what we do and therefore what each member of that community needs. This year, even with the challenges we are all facing, the community's financial support and ongoing buy-in to our cause have assisted us to continue to grow and develop Mountbatten's work. You will read about all of these developments and achievements as part of this Annual Review.

Our message for the coming financial year therefore is one of caution, and we will regularly review income against cost making adjustments where necessary. We can only afford to deliver services that we have money to pay for. It seems unfair and it feels uncomfortable to continue to ask our local communities for more money, particularly at a time when many of them are also struggling personally. However, we currently have nowhere else to go. With our local community's support, we will try as hard as we can to continue to say yes to every individual who needs us. As a result of the public's ongoing commitment to Mountbatten's cause, we recommit to ensuring that every pound given to us is spent in the most effective and useful way possible.

Mountbatten's work really matters; those people who are living with death, dying and bereavement across our communities really matter. Dame Cicely Saunders, founder of the Modern Hospice Movement famously said:

'You matter because you are you and you matter until the last moment of your life'.

I hope that every person who is able will continue to stand alongside us in ensuring, that as we move forward into what is certainly an uncertain and unpredictable future, the consistency of Mountbatten's work and commitment to our local communities, our drive ambition and creative flair will continue to flourish and to challenge the status quo.

Thank you for all that you continue to do for us

Nigel Hartley
CEO Mountbatten
March 2023



Nigel Hartley
CEO
Mountbatten

Mountbatten Group
Statement from the Chair of Trustees
For year ended 31 March 2023

Mountbatten has continued to serve its local communities successfully in the last year as we start to see the post COVID new reality. We have been able to begin to operate more normally but remain vigilant to risks posed by COVID, and also dealing with some of the secondary effects of the NHS waiting lists and strikes. I would like to congratulate Nigel and this team on navigating the year despite all of this!

As you will see in the accounts we had a challenging year on the financial front, as reduced legacy and fundraising income, combined with higher operating costs as we raised wages, meant we recorded deficits on both sides of the Solent. The trustees concluded that this was manageable in year and decided to use established reserves to bridge the gap. I am encouraged that the more recent financial trend has been more positive, with some encouraging legacy income and we are starting the new year with renewed optimism.

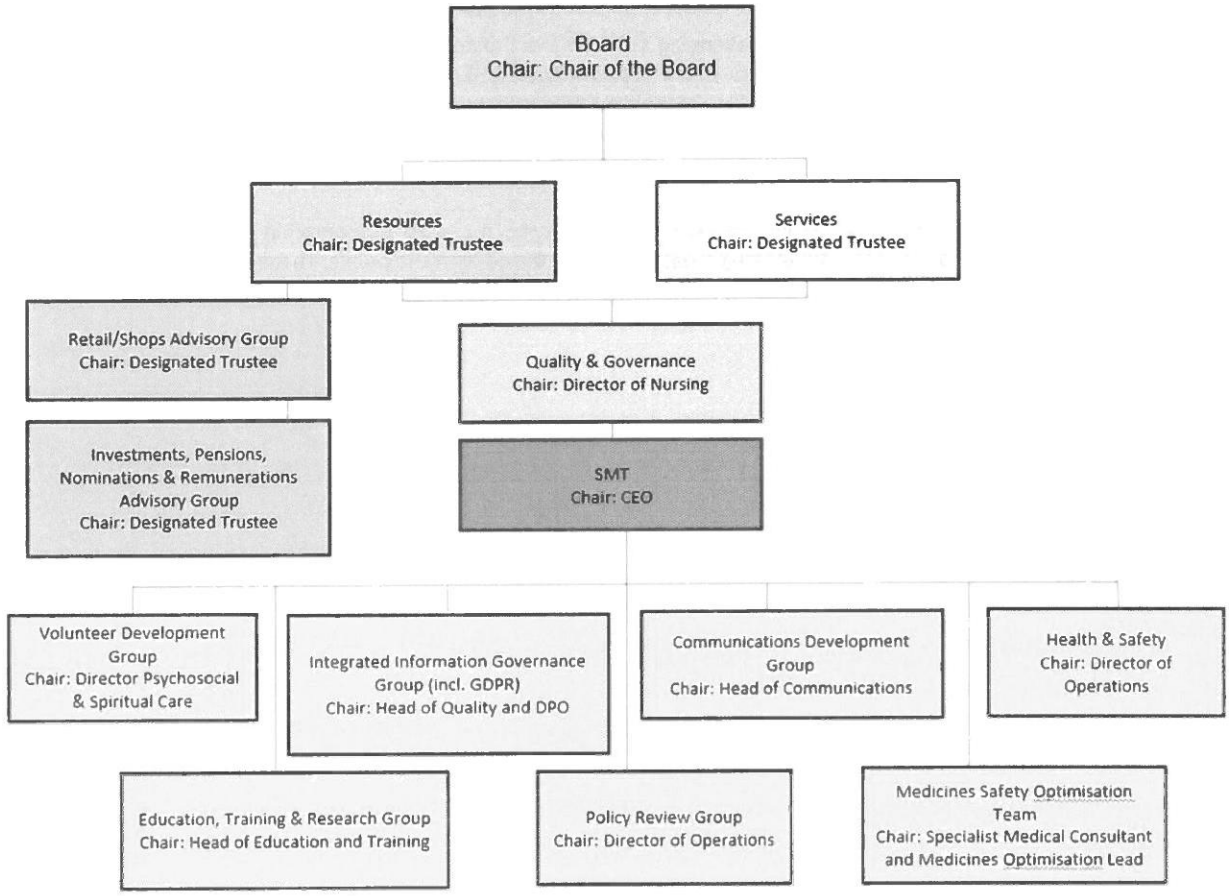
Finally, I am acutely aware that we depend on public generosity to maintain our amazing operation, which in turn depends on the quality of our brilliant teams that creates our reputation with the public. Thank you to all who supported us in this year and an especial thanks to all who walked with me on this year's Walk the Wight, the most public display of support we enjoy in the year!



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

The Governance of the Mountbatten Group is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM but may also be co-opted to serve at any time.
The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms are in the best interests of the Hospice.

Trustee induction and training

New Trustees are invited to an induction programme which includes a tour of the Hospice sites with presentations by the Chair, Chief Executive Officer and Senior Management Team. Comprehensive information is provided about the operation of the Hospices and national trends and developments in hospice/end of life care, together with details of responsibilities and expectations as trustee.

Management

The Mountbatten Group based on the Isle of Wight is the member and ultimate operator of Countess Mountbatten Hospice, Hampshire (referred to as Mountbatten Hampshire). Although the two hospices, Mountbatten Isle of Wight and Mountbatten Hampshire continue to remain separate entities, which reassures all of the communities involved in supporting both hospices that funds raised locally will continue to go towards each separate organisation, both hospices now form 'The Mountbatten Group' which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely common to both Charities. Details of the Governance arrangements are shown on the diagram above.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension Nominations and Remuneration Advisory Group. Clinical and Medical staff are paid in terms of the comprehensive provisions of their agreed remuneration structures such as the Agenda for Change scheme for non-medical clinical staff and the Medical Remunerations schemes agreed between the NHS and the British Medical Association. Staff not covered by these negotiated payment structures are paid according to a recently commissioned, developed and implemented 'Mountbatten Pay Scale', which has benchmarked all roles against with current market.

Background and strategy

Mountbatten Isle of Wight (registered as Earl Mountbatten Hospice) was opened in 1982 and Mountbatten Hampshire (registered as Countess Mountbatten Hospice) was opened in 1977. Our Mountbatten Group strategy is set on a five-yearly basis and reviewed regularly by the Board and its committees. March 2020 saw the start of a new and dynamic five-year strategy, which we have worked hard to implement together with our staff, volunteers and local community. A suite of strategic implementation plans underpin the strategy and these are reviewed regularly.

In addition to developing the organisational strategy with the CEO and Senior Team, trustees, and wider stakeholders, we regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable objectives as agreed with the Charity Commission and are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2023.

Mountbatten's teams of staff and volunteers now support well over 3,000 people on any one day across the communities of the Isle of Wight, Southampton City, and North, Mid and South Hampshire. This past year, we have continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has continued to be inspired by our local population needs with a series of developing and innovative services in line with our current 2020 Strategy, all of which are detailed and outlined in this report which have supported Mountbatten to achieve scale which is a main strategic aim. A useful measure of this is that we are now touching around 70% of all deaths on the Isle of Wight, and we push forward to reach a similar level on the mainland. Some of our patients will have cancer; an increasing number will have long-term conditions such as heart failure or lung disease; others will have neurological conditions including motor neuron disease and multiple sclerosis. As Dementia is now the biggest cause of death in the UK, we increasingly support people with dementia and other older-age related illnesses. In fact, it is clear that old age and frailty are now a terminal illness for many. We have the capacity to support our extensive community services with care for people in 16 beds at our Mountbatten Isle of Wight building in Newport and 21 beds at our Mountbatten Hampshire building in Southampton West End as well as offering support to many more within our Mountbatten John Cheverton Self-help and Day and Rehabilitation Centre on the Isle of Wight and our Hazel Self-Help and Day and Rehabilitation Centre in Southampton. However, our buildings are just the 'tip of the iceberg'. We support people to live well until their death and we will do everything we can to enable our patients to die in their preferred place, which for many people will be their own home. We support families, close friends and carers both during a person's illness and after death because when someone is very ill, we know that many people's wellbeing is affected and this can last over years if not supported at the time when needed. Mountbatten is also the largest provider of end-of-life care education across our communities and our growing Education Programmes ensure that we train other agencies, such as the NHS, Domiciliary Care Agencies and Care Homes in order to underpin and to extend our absolute insistence on high quality care as well as our reach and our influence. In 2017, Mountbatten Isle of Wight was rated as 'Outstanding' by the Care Quality Commission (CQC). In 2021, Mountbatten Hampshire was rated as 'Good' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

As already mentioned, our current strategy outlines the approach that the Mountbatten Group will take from 2020 onwards to deliver a new Mountbatten model of care and support for the last years/phase of life (the last five years of life) across our local communities. We began by articulating our three strategic imperatives for the short, mid and long-term. We followed on by developing our new model through a series of workshops and open meetings with staff, volunteers, users of our services and a wide range of stakeholders, focussing on five key implementation areas:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteer offer
3. Developing a shared, common language about what Mountbatten does, in partnership with our communities
4. Developing and sustaining our impact for the future
5. Developing robust education and training programmes across our communities, including the local Health and Social Care systems

The important theme of working in partnership to achieve our aims will run through every area of our strategy. Our new Mountbatten model has also been developed utilising our many collective years of experience and acquired expertise. Our approach is updated annually through engaging with all stakeholders, to ensure that we keep pace with both local and national changes and challenges. Each key area is underpinned by robust operational implementation plans which are reviewed and presented to our Board of Trustees regularly.

We identified some years ago that we were not going to be able to continue to meet the growing needs of our local communities by delivering our services in the way which we always had done. The growing older population, together with radical changes in the ways that people are both living and dying, provides us with serious challenges of how we are going to meet the needs of a community who are living longer and therefore dying more slowly. We know that most of our geography is thought to be around 15 years ahead of the rest of the UK in terms of demographic, and the fact that we know that there will be around a 40% increase in need for end of life care across the UK by 2040 is already being recognised as a challenge for the services which we deliver. There are currently four very clear stressors:

1. A growing number of people needing our care and support, most of whom are living their last phase of life (five years) with a range of complex comorbidities
2. A lack of both human and financial resource to meet the growing need
3. An unprecedented pressure on the wider healthcare, social care and charitable sectors
4. Most people do not want to talk about, or plan for, death, dying and bereavement

By thinking and acting innovatively and trialing new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 200% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death, dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, two out of three people do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve. We also need to work with our local communities to reframe their understanding of what 'dying' means – moving from a 'moment in time' concept, to a journey for many that will last a number of years.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. Our unique Mountbatten model, outlines how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

Mountbatten's team is expert, whether it is our Medical Consultants, Nurses, Healthcare Assistants, Allied Health Professionals, Clinical Psychologists offering complex pain, symptom management and psychological support, our bereavement team supporting either people's complex or healthy responses to the death of someone close to them, our stalwart nurses and carers who are visiting a growing number of people 24 hours a day, 7 days a week at home, our housekeeping and catering teams, our spiritual care team and team of therapists or our volunteers.

Our absolute confidence and authority around death, dying and bereavement across our entire workforce, underpins our objective to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement.

We are committed to aspiring to be the best that we can be, always and without fail.

Strategic report - Objectives & Activities

Our strategy outlines Mountbatten's future direction and aspirations against a backdrop of challenges and demands faced by our services over the next five years. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission

To promote and to provide good care and support for those people living with, affected by, or curious about death, dying and bereavement

Our Vision

... is of a world where all dying people and those close to them have access to expert, compassionate and cost-effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

Our Values

We care about what we do. We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.

We are experts in our field. We are professional at all times, aspiring to be the best that we can be in everything that we do.

We are innovative and bold. We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.

We respect our community. We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours, which we have all agreed to.

Strategic Aims

- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations

The people we serve:

1. People who are curious about death, dying and bereavement (every member of our communities)
2. People who are bereaved or grieving (including those who have been affected by deaths other than those under the care of Mountbatten)
3. People who are in the last phase of life (around the last five years of life)

Our Mountbatten Strategic Model explained – The Mountbatten Pyramid



2022/23 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

1. We will change public perceptions around death dying and bereavement and also about the work that Mountbatten does:

- Developing an 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
- A drive to ensure that Advance Care Planning is available to those people who are healthy, as well as continuing to embed Advance Care planning in both Care Homes and local acute hospitals
- Continuing to embed our 'write a will' and legacy campaign
- An examination of all of our Communications functions across the hospices ensuring a common language and style based on our rebranding – workshops are organised both internally and externally with a variety of community groups
- Although most of our services are now face to face, we continue to develop 'virtual' services to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including the continuation of the successful Mountbatten Summer School for young people
- Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our 'Mountbatten Neighbours' scheme. We also continue to work to reduce 'red tape' and to engage volunteers more quickly and for shorted time periods as appropriate
- All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors. A sustainability plan ensures that any new services are well evaluated and available for future generations.

2. We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored:

- Further development of a Children and Young Adults Service in partnership with Kissy Puppy (Isle of Wight) and Naomi House and Jack's Place (Hampshire)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning – continuing to identify people with long term conditions including older people with frailty
- Health and Social Care Education
- Rapid Palliative Care Discharge Facilitator at University Hospital Southampton to match the successful model on the Isle of Wight
- Mountbatten Coordination Centres – 24/7 telephone and visiting service across all our communities
- End of Life Domiciliary Care provision (Continuing Health Care packages)
- New charity shop model Has been designed to integrate Retail, Hospitality and Clinical Services

3. We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations:

- A robust reserves policy and Risk Register
- A Estates task and finish group ensures that our estate is 'fit for purpose' for future generations. Two Capital Appeals are now planned for the coming year, one for each site
- A bespoke 'sustainability' strategic implementation plan focusing on fundraising and financial resilience
- A detailed 'COVID-19' Action and Recovery Plan which has now been fully integrated into our strategic plans
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and a growth plan for our Hampshire shops headed up by the new Head of Retail Business Development and supported by the Retail/shops Advisory Group

In order to further support our strategic aims we continue to work in partnership for the benefit of our local communities with examples as follows:

- Isle of Wight NHS Trust Community Paediatric Team
- Kissy Puppy Charity (The Sophie Rolf Trust) – with a unique Advisory Group made up of key stakeholders
- Isle of Wight Local Authority
- Isle of Wight NHS Trust
- Isle of Wight Integrated Care Partnership
- University of Southampton – joint teaching posts
- Dementia UK
- Hospice UK
- CQC
- Hampshire, Southampton and the Isle of Wight Clinical Commissioning Group
- Hampshire and Isle of Wight End of Life Care Board
- University Hospital, Southampton
- A range of Third Sector partners

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as two ongoing Capital Appeals to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Single Point of Contact/ Care Coordination Centre approach which has now been running for five years. An Estates Task and Finish Group, including staff, Trustees and external experts has continued during 2022/23 to secure designs and plans for each estate, along with the costs for each area, resulting in clear designs and costs for the two capital appeals.

Key achievements and performance

During 2022/23 Mountbatten Hospice provided specialist palliative care services within the following areas:

- Inpatient Units
- Self-Help, Rehabilitation, outpatient clinics and Day Services
- Community
- Outpatients
- St Mary's Hospital (Isle of Wight)
- University Hospital Southampton (Hampshire)
- Nursing/Residential homes

These areas are supported by the following services:

- 24/7 visiting Community Team
- Domiciliary Care at Home Team
- 24/7 Mountbatten Coordination Centers
- Medical Team
- Integrated Palliative and End of Life Team (St Mary's Hospital, Isle of Wight)
- Consultant Nurse (University Hospital Southampton)
- Discharge Coordinators (St Mary's Hospital, Isle of Wight, university Hospital, Southampton)
- Pharmacy
- Psychology, Social Work and Bereavement Services (Children adults and families)
- Spiritual Care
- Social Worker
- Children's end of life services in partnership with the local NHS Paediatric end of Life Team
- Young Adult Transition Service (Isle of Wight)
- Physiotherapy
- Occupational Therapy
- Complementary Therapies
- Arts Therapies – art, music, and drama
- Specialist Lymphoedema Service (Isle of Wight)
- Education including extensive programmes for local partners
- Voluntary Services
- An extensive 'Public Programme' aimed at changing public perceptions of death, dying and bereavement.

Services across the Mountbatten Group

24/7 Community Team and Care Coordination – Hampshire

During the last 12 months the community team in Hampshire has continued to develop and embed a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. The model has been based on the already successful 24/7 delivery model first introduced on the Isle of Wight some years ago. The number of people on the caseload has continued to increase. The Care Coordination Centre continues to develop and provides a single point of 24/7 telephone access for advice and support for patients, families and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Trained nurses also visit patients at home and in nursing and residential homes during the night when needed. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life.

Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and, nursing care. Our Community nursing team make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across other parts of North, Mid and South West Hampshire and Southampton City as outlined within our contracts with the local Integrated Care system. Operating in three localities, Southampton City, North and Mid-Hampshire and South West Hampshire enables team continuity of care and importantly, the development of professional relationships with primary care colleagues within these areas. This service operates 24/7 and offers rapid response visits overnight where needed. We collect extensive data on our developing and growing services which is presented later in this report.

In line with the extension of Mountbatten services to support those in the last phase (five years or so) of life, patients who are referred earlier in their disease process are seen by one of the nursing or rehabilitation team within the Hazel Self-Help, Rehabilitation, Outpatient and Day Centre as an introduction to Mountbatten services. This enables patients and their families or carers to become familiar with the services and staff at Mountbatten Hampshire at a more stable phase of their illness and to better plan care and support that may be required in the future.

Developing skilled nursing staff remains important and during the 2022-2023 financial year several staff members successfully completed Masters level modules in History Taking and Assessment and Diagnostics and Decision Making. These form key modules in the Advanced Clinical Practice pathway. Three staff members are currently completing their non-medical prescribing course to enhance our provision of nurses able to prescribe. Funding has also been secured this year for more nurses to undertake the non-medical prescribing course scheduled for a September 2023 start date.

Care at Home Team - Hampshire

The Care at Home service enables responsive discharge from the hospice and hospital, or for people to remain at home in the last phase of their life if this is their preferred place of care. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resource to respond to the need for Fast Track Continuing Health Care packages as quickly as possible.

Discharge Coordinator - Hampshire

The full time Discharge Coordinator role has now been in place since October 2021. During the first year of activity, much emphasis has been placed on promoting the service and establishing relationships with key teams within University Hospital Southampton (UHS). This work has paid off as referrals to the Discharge Coordinator started to increase from February 2022. Alongside this success however, challenges have also arisen, in particular the scope and understanding of this role and how it works alongside other teams and discharge coordinators within UHS. This is ongoing work and will continue to be a particular focus as part of our Strategic implementation Plan during 2023/24 where the role will continue to be shaped and supported.

Advance care planning remains a key feature within the Discharge Coordinators' remit, alongside upskilling ward staff in having conversations about preferences and wishes and support rapid and complex discharges from hospital to home.

24/7 Community Team and Care Coordination – Isle of Wight
The Community team on the Isle of Wight continues to grow and develop and the caseload now holds around 2000 people. The Care Coordination Centre continues to take calls for support and advice 24/7 from patients, families and health and social care professionals. This is further supported by the clinical team who offer support via 24/7 visits enabling people to remain in their usual place of residence.

In order to support island people most effectively, the re-introduction of three geographical localities has been agreed. This will allow teams to work in the locality areas and respond more effectively and efficiently to the needs of patients and families making best use of the resources we have. Also in line with the Primary Care Networks on the Isle of Wight, locality working will continue to enhance the relationships between GPs, District Nursing and Mountbatten staff through staff and team continuity.

Through our ongoing relationship with the John Cheverton Estate, Mountbatten was gifted a new non-emergency ambulance in 2020. The purpose of the ambulance is to transport patients for admission to the hospice from home and from the hospice or local hospital to home (including nursing and Residential Homes) in cases when this is urgent. An example of its use is where a patient in the hospice Inpatient Unit wanted to die at home, and Mountbatten needed to get the person home at very short notice. There are occasions when the local ambulance service has other priorities and cannot always accommodate urgent requests. The ambulance is now one of Mountbatten Isle of Wight's regulated activities with the Care Quality Commission.

Care at Home Team – Isle of Wight
Mountbatten continues to be a formally appointed Domiciliary Care Service by the Local Authority to the approved supplier list to provide Fast-Track end of life care packages to people whose preferred place of death is home. Scoring was based on quality and value for money. As it is an ongoing approved supplier list, in March 2023, Mountbatten submitted the necessary documents for the re-tender for the preferred provider of the end-of-life care service.

In addition to business as usual, the Care at Home team also took on a Winter Pressure Pilot project which ran from November 2022 to March 2023. Commissioned and funded by the Hampshire and Isle of Wight Integrated Care Board, this project committed to supporting the rapid discharge from St Mary's Hospital to home to ease system pressures and create bed availability in the acute hospital. Patients in the last six months of life as opposed to specifically Continuing Health Care fast track patients in the last twelve weeks of life were eligible for this support.

Inpatient Unit (IPU) – Hampshire
Refurbishment of areas within the Inpatient Unit has continued A refreshed information pack for inpatients and families has also been designed and is now available at all patient bedsides.

Nurse-led beds continue to develop and embed as a requirement of our contracts with the local Integrated Care Board. A new opportunity has been created for Advanced Nurse Practitioner (ANP) development.

Staff development and support continues through the introduction of sessions designed for all nursing staff. These focus more specifically on managing and supporting others, how to recruit and how to have more challenging conversations. In addition the Inpatient Unit is currently supporting an individual through the Nurse Associate Apprenticeship.

Inpatient Unit (IPU) Isle of Wight
The Inpatient Unit on the Isle of Wight continues to be well utilised, often with all beds being used to capacity.

One significant achievement during the past year was the successful transition to using SystmOne electronic prescribing. The transition went smoothly, training was delivered and staff were prepared. In addition we have also supported other hospices who are exploring transition to electronic prescribing. This has been achieved through discussions and sharing of learnings and advice to those considering making the move.

A deep dive review of pressure ulcers has been undertaken. This work has involved a review of all pressure relieving mattresses and cushions, the introduction of a regular cushion and mattress audit, the review of the way pressure ulcers are documented within SystmOne and the exploration of enhanced tissue viability and pressure ulcer training for all nursing and care staff across Mountbatten Isle of Wight.

Consultant Nurse Working Across Hampshire and Isle Of Wight

A Mountbatten Consultant Nurse has continued a multi-faceted role in order to build new relationships with our partner organisations, working with the Integrated Palliative and End of Life Team (IPET) at St Mary's Hospital Isle of Wight and the Hospital Palliative Care Team (HPCT) at University Hospital Southampton (UHS). Alongside this, Mountbatten's Consultant Nurse also works at the University of Southampton as a Clinical Teaching Fellow. At the University the contribution to the Palliative and End of Life Care module alongside other duties, combine the reality of clinical practice with academic learning, which student feedback values. The Consultant Nurse also acts as the Practice Visitor for University of Southampton for both hospices, supporting staff and students in placements.

A community nurse by background, this Consultant Nurse can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Mountbatten's Consultant Nurse works both clinically and also helps to support education within the team and develops skills around Advance Care Planning. She has also worked closely with partners, such as Red Funnel and South Coast Ambulance Service (SCAS) to improve timely and effective admissions and discharges to and from the Isle of Wight.

Working alongside one of the Consultants in Palliative Medicine, the Consultant Nurse also delivers a weekly Enhanced Supportive Care clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

Working with Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, the Consultant nurse supports the delivery of palliative and end of life care to patients within the hospital, alongside the development of clinical skills in practice and the education of the nursing teams within the hospital.

The Consultant Nurse also continues to work as part of the community rota at weekends as we strive to maintain the highest standards of care for those we care and support. During 2022 the Consultant Nurse worked alongside community nursing staff more closely in order to support the development of their competencies and confidence.

Our teams continue to support death, dying and bereavement within the Isle of Wight prisons, as the prisons form part of the community which we are commissioned to deliver end of life care services to.

Specialist Lymphoedema Service Isle of Wight

The Isle of Wight's Lymphoedema Service is based at Mountbatten Hospice. However, the service is available to anyone who is registered with a GP and is not limited to patients with cancer.

A member of the team has undertaken a Nursing Associate Practitioner course which was successfully completed in August 2022.

A recent patient satisfaction survey was very successful with 100% satisfaction in the service. The quotes below were received as part of this feedback:

"Thank you for your help, I can't imagine going through it without your help".

"A brilliant service. Fantastic and reassuring staff are compassionate".

Rehabilitation and Enablement Services Hampshire and Isle of Wight

The Rehabilitation and Enablement Team at Mountbatten provide services to individuals living with death and dying with the aim of enabling and empowering individuals to live well with their condition and symptoms, focusing on what matters to them. This input is delivered via clinics, one to one sessions, group classes, gym programmes, educational groups, and community visits. The team supports the Inpatient Units, Community teams and Outpatient Services focusing on a rehabilitation-specific model.

Our gym spaces are frequently in use under the supervision of the team and a range of other 'self-help' style groups are also continuing and remain popular. Virtual groups and classes are continuing to be delivered as a matter of course.

Whilst continuing to provide clinical input, the Rehabilitation and Enablement team have persisted in developing services and enhancing its offering. The Mountbatten websites now have a page dedicated to information and advice about living well with a life-limiting condition and associated symptoms, including videos with advice and demonstrations delivered by the team. Resources have been reviewed, developed and created to prepare for the launch of a six week 'Living Well Programme' which is open for any appropriate person to attend, delivering information about keeping active, managing symptoms such as breathlessness and fatigue, and preparing for the future.

At Mountbatten Isle of Wight a community rehabilitation service, titled 'The Admission Avoidance Service', was piloted for four months during 2022. The service aimed to provide timely, responsive rehabilitation input to individuals who were having significant difficulties with mobility and/or function in order to prevent unnecessary admission to the Inpatient Unit. This was evaluated during 2022 and indicated clearly that this service did prevent avoidable admissions into the acute services. This positive outcome means this service is one that Mountbatten are keen to further explore and promote with local Commissioners.

Integrated Palliative and End Of Life Team (IPET) Isle of Wight
The IPET is based at St Mary's Hospital and provides palliative and end of life care specialist advice and care to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and has been in place since 2019.

In 2020 the Trust opened a three bedded end of life care unit, to provide an alternative environment to a ward area for a patient who is dying within hours as opposed to days is supported to die as well as possible. This unit is led by a Consultant Nurse and supported daily by the IPET team. The team is a multi-disciplinary team that is made up of Consultants in Palliative Care Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, a Discharge Coordinator and a Clinical Psychologist. Mountbatten funds a significant part of this service.

Key achievements over the past year include:

- Continued the delivery of an integrated specialist palliative and end life care team (IPET) in the hospital 7 days a week, 12 hours a day
- The IPET discharge co-ordinator continues to support patients and families to enable them to reach their preferred place of care for their death
- The roll out of guidance for Symptom relief in parallel to active ward-based care of adults in whom recovery is uncertain.
- Education for ward-based teams on the completion of advance care plan and skills to undertake an advance care plan conversation
- Joint training and delivery of training for advanced communications skills training
- Delivery of face-to-face training for overseas nurses in relation to EOLC at St Mary's.
- Development of "Taste or pleasure" information. – (This is currently being utilised as part of the clinical skills for mouthcare with HCA's)
- IPET continues to support the delivery of specified end of life beds for short-term admissions which accommodates patients that chose to die in hospital or cannot be discharged to die.
- The National Audit of Care at the End of Life (NACEL) Round 3 report scored the Trust above the national average in each area as well as scoring the highest mark in areas such as communication, involvement in decision making, governance and workforce.

Head of Innovation & Service Development

This role has continued to provide the group with an additional platform to drive innovation and support service development. The post-holder has provided a direct link with statutory organisations, raising the profile of the work of our hospices, demonstrating our position as integral partners within the health and social care sector.

Whilst this is a diverse role, the aims are clear – support development to ensure our services are sustainable and stay ahead of the curve and widen our reach. In order to do this, it's important to understand what our local communities need from us, and how our work supports the wider system pressures.

Targeted approaches have helped to cement relationships with Social Prescribers, Children and Adult Carer groups and supported housing groups, tailored awareness meetings have proved successful; insightful both for Mountbatten and the individuals accessing the sessions.

Developing trusted relationships with respected cultural leaders is helping to inform the model of our Spiritual Care offer and has led to a bespoke multi-cultural training package being developed for staff.

In addition, a previous end of life forum for hostel staff supporting homeless and substance users, has been re-established and enjoys a membership of over 40 people covering our entire geography.

Whilst we are proud of the services we provide, it was clear from the number of late referrals being received, that not all stakeholders were aware of the breadth of our services since becoming independent. An initial programme of engagement with health and social care partners soon grew to include interest from local community groups, all eager to understand the scope of service provision, the level of support available and curious about our determination to normalise conversations around death and the importance articulating this in a plan.

A resulting tailored training programme for paramedics has been introduced and attended by over 70 members from South Central Ambulance Service, the feedback has reinforced our belief that our 24/7 rapid response service is a valuable resource for system partners and the patients we are all striving to support.

The role also supports the work of the Hospice Collaborative, a combined group of five independent adult and children's hospices situated across Hampshire and the Isle of Wight. The collaborative work closely with Hospice UK and the ICB to inform the development of equitable, seamless access to the highest quality palliative and end of life care across the geographical footprint of Hampshire and the Isle of Wight.

The role represents the collaborative at the Hampshire & Isle of Wight ICB End of Life Board, providing a two-way conduit to inform all parties of opportunities, ideas and developments. One of the main workstreams of the ICB is to develop and implement a unified approach to providing 24/7 access to palliative and end of life care across the geography.

Mountbatten's Coordination Centre, provides an identifiable point of contact for patients, families and health and social care professionals and is recognised across H&IOW as a model to replicate across the ICB. Whilst access points currently exist in all hospices, the extent of support varies; the progression of this work is supported by Mountbatten's Head of Innovation and Service Development.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team

The Mountbatten Isle of Wight's Medical Team's year to date continues to be dominated by extreme pressures across the healthcare system arising from significant workforce, financial and clinical demands. Mountbatten clinical teams directly supported 66% (1275/1939) of those dying on the Isle of Wight. Further, the clinical teams indirectly supported many more people dying on the island through the education and influencing of other clinical teams providing end of life care. We continue to see exceptionally high numbers of people presenting with "late diagnoses" of cancer and the consequences of sub-optimally managed non-cancer illnesses resulting in an average 10% increase in the numbers of people dying since 2019. Further, the palliative care service continues to be significantly impacted by pressures throughout the wider system including workforce pressures, burnout, poor morale and physical fatigue. As a result, the palliative care service, jointly with colleagues from the ambulance service, are often providing a front-line response to issues traditionally dealt with by primary care resulting in considerable pressure not only to our community team, but to the senior medical on-call rota.

We continue to be an educational site for training grade doctors. This brings benefits to the wider team, as the trainees take the palliative care expertise they've learned out into the community and hospital. We have also continued to participate in other local education, including symptom control training for District Nurses and Ambulance colleagues.

Innovations within our service have resulted in considerable interest from elsewhere. We presented practices developed within our service at the UK Palliative Care Congress in March 2023 and the Oxford Advanced Symptom Management Course in July 2022; we have been invited to present our work in Australia (June 2023) and New Zealand (Sept 2023) and have been approached by delegations from Singapore and the South American Palliative Care Association. We have contributed to a BMJ opinion article (in press) and published 4 case series describing innovative practices in relation to the community management of bleeding, hypercalcaemia, agitation and opioid-resistant-pain, patterns of drug use.

The IoW Medicines Safety and Optimisation Team's year (MSOT) has similarly been dominated by the above system wide pressures. In particular;

- both hospital and community pharmacies have been significantly affected by workforce pressures, resulting in community closures, difficultly with out of hours access, and considerable vacancies within the hospital pharmacy team
- the UK medicines supply chain remains volatile requiring frequent substitutions for unavailable items. In addition to creating cost pressures, this also has significant safety implications as we attempt to rapidly familiarise colleagues with new substitute medicines
- medical staffing difficulties at St Mary's has caused delayed discharge communication with GPs resulting in frequent calls to us from patients running out of medication post-hospital-discharge
- the rising complexity of community patient's symptoms creates unprecedented demand for specialist drugs in the home setting.

A number of systems developed during 2020/2021 have allowed us to keep pace with the above pressures;

- Generalist colleagues prescribe palliative drugs electronically, enabling us to rapidly implement substitutions to
- address supply chain problems
- Our community medication stock system enables us to take specialist drugs out to patients without delay
- Our pharmacy team has continued to supply specialist medications to patients already at home using systems intended for supplying our inpatient service

Unfortunately, our lobbying of NHS England to ease the above pressures through basic reforms to systems and legislation have yet to take effect. In particular;

- NHSE continues to delay permission for UK palliative care teams to electronically convey prescriptions to community pharmacies; this would save time and unnecessary journeys for us, our patients and families, and GP colleagues
- Nursing Homes are unable to hold stocks of basic End of Life Care Drugs due to Home Office License restrictions, resulting in the unnecessary expense inherent in the UK's reliance on named patient supply

Despite the above pressures, MSOT, together with colleagues from IT and IG, have successfully implemented electronic prescribing within the inpatient hospice. This has resulted in a range of safety improvements and efficiency gains. For example, medications can be prescribed out of hours by off-site clinicians facilitating the urgent admission of patients to the hospice without onsite prescribers.

Our relationship with the Royal Pharmaceutical Society's "Palliative Care Formulary" textbook and website continues, with one of our team sitting on the editorial board, and two others providing specialist advice. In addition to keeping us abreast of developments elsewhere, this provides a further tool for disseminating innovations of the sort described above to others. We contributed a quarter of all entries to the UK National Syringe Driver Database.

In summary, this has been yet another extremely busy year for our medical and medicines teams. The clinical teams are directly reaching 66% of those dying on the island and indirectly more through education of other clinical teams. Innovations are enabling us to respond rapidly and enable people to remain at home if they wish; e.g. we remain in the lowest UK quintile for patients requiring Emergency Department care in the last 3 months of life and the percentage of hospital deaths (773, 39.8%) is lower than the national average. We are pleased to be able to share these innovations widely with other services. But the underlying pressures continue to build and require central steerage, reforms and solutions; we have largely reached the limits of innovative opportunities within the current legislative and regulatory framework.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team
Working closely with our colleagues across the multi-disciplinary team, the medical team continue to deliver specialist palliative medicine to our patients in the community, outpatients and the inpatient unit. Out-of-hours we also provide specialist advice to inpatients at Southampton General Hospital, and those on the Channel Islands of Jersey, Guernsey and occasionally Alderney. Dr Charlie Besley, Specialist Doctor, has visited Guernsey on 6 occasions in the past year to provide specialist advice and teaching to the palliative care teams there.

As a training unit for doctors, the General Medical Council annually surveys our doctors in training. We have achieved an excellent result with over a third of responses in the top quartile in a national sample. The Director of Medical Education at University Hospital Southampton commented, "In relation to the trainee survey – a huge congratulations goes out to you all in Palliative care. You were rated 'green' ie in the top quartile for clinical supervision, reporting systems, Teamwork, adequate experience, educational governance, local and regional teaching, study leave and rota design. This is a huge credit to you all." We have this year trained five Specialist registrars in palliative medicine, six GP registrars and welcomed three Foundation Year 2 doctors. This new post further increases training in palliative medicine for a range of doctors who are likely to specialize in other areas, which will be to the benefit of patient care. In addition, we have several medical students join us on placement each year, along with colleagues from other specialities including anaesthetics and oncology who wish to gain experience in palliative care.

In line with our aim to become increasingly research-active, we are pleased to have been accepted as a recruiting site for a research trial: A Cluster Randomised Trial of Clinically Assisted Hydration in Patients in the Last Days of Life (CHELseall). This study aims to determine whether providing parenteral hydration to patients within the last week of life reduces the incidence and severity of delirium. We have recruited four patients to date and aim to recruit 20 patients by September 2024. Our new Clinical Research Fellow is proving invaluable in delivering this. In addition, the medical team have presented two posters at Hospice UK Conference 2022. Dr Stark Toller and Dr Jones have had a letter published in the journal Palliative Medicine.

We provide a regular teaching programme for our community nursing team, as well as mentoring individual nurses as they complete their Non-Medical Prescribing Course. Dr Besley has presented several webinars on symptom management, and with the community team, a new training programme for nurses on resuscitation discussions. Dr Hume continues to deliver Botulinum toxin injections for patients with excessive drooling, and indeed delivers the only regional domiciliary service for this. She continues in her national representative work with the BMA. Dr Stark Toller has lectured on the nursing programme at Solent University and, continues work as an Editor for The Palliative Care Formulary. In July 2022, 8th edition of this book was published and is well reviewed.

The medical team continue to deliver an agreed Quality Programme including over 7 audits. The Medical Safety and Optimisation Team have developed a suite of SOPS to promote safe and rapid access to medicines for our patients in the community and hospice, working closely with local and regional partners to achieve this. Recent focus has been on switching from to a new electronic prescribing system to better integrate our prescribing across inpatient and community settings. Over the next year we aim to deliver our Community Drug Cupboard to improve access to medicines out of hours.

Psychology and Bereavement Service

Over the last year the Psychology and Bereavement service has seen ongoing and increased demand. We are still holding a short waiting list which is monitored weekly. We are managing to contact everyone within a week and the wait to be seen is still 4-6 weeks. We have reviewed the processes in the service to see if we can manage the demand any differently but it seems people value being seen individually which is resource heavy and therefore causes the wait in being seen. In order to help with this we do accept student placements and train new volunteers regularly to help support those with less complex grief. We have successfully reintroduced the bereavement group and we have groups running each week. The groups are well attended and valued by those that do attend. However, many find the idea of groups overwhelming and choose to be seen 1:1.

In Hampshire there is no waiting list and the referrals are managed well within the team. Again, the team is supported by students and volunteers which helps meet the demand.

We have developed our first Psychosocial dashboard which is shared with the CCG and Services Committee. This has helped us begin to monitor the responsiveness of the service and the quality of the service delivered. This feels particularly important considering the demand on the services. We will keep working on this to ensure the dashboard reflects the work in the Psychosocial services. Going forward the dashboard will include information on the children's service, as well as information on safeguarding.

In Hampshire a team member has worked exclusively with Care Homes in Southampton to support with bereavement and well-being. The service has offered group, individual support as well training on mental health for staff and managers. The feedback on this service has been consistently positive. We are aiming to engage as many care homes in the region as possible before the project ends in October.

During this year we have received several training requests and have contacted over 150 schools to offer training for teachers on bereavement. As well as delivering internal training we have organised teaching on bereavement to schools, Children's community and respite teams, the Wessex Local Medical Committee and the Admiral Nurses.

We have also offered and delivered the School's Project on the IOW and offered to deliver the project to Hampshire schools. We will build on this during the next year.

The Arts

During the year we have reestablished regular art groups for patients, carers and service users. The groups are going well and their Art work has been displayed in the gallery on the IOW. We have also had a exhibition of work created by Staff and Volunteers.

In the summer we worked with the Brit School on a joint project where the kids met with a worked with patients to create a show based on their life story. We will hold another joint event in Hampshire in the summer.

Social work

We managed to recruit to the vacant social work post in Hampshire the post holder is settling in well. We have worked, as a team, to improve the identification and reporting of safeguarding concerns. We have adjusted and promoted the safeguarding training for staff and worked to ensure all staff know how to report any safeguarding concerns. We will monitor the trend of safeguarding discussions and aim to ensure all concerns are captured appropriately.

Spiritual Care

Over the past year both full time chaplain posts became vacant. We took the opportunity to review the service and understand what service users need and want from the spiritual care service.

We held a workshop in Hampshire and invited stakeholders to discuss what the service needed to look like to meet the needs of the community and service users. The discussion was helpful in shaping the service going forward and a key message was the importance of having community links to ensure the service is inclusive, diverse and represents the needs of all those with different faiths and none.

Since this workshop we have worked with volunteers to provide a consistent, although more part time, service. We have reestablished regular memorial services in both Hampshire and IOW. We have regular local clergy and volunteers visiting the IPU on the island and we are working to establish the same service in Hampshire.

Transition Services

In the last year we have carried out a review to ensure the service is meeting the needs of the Young Adults. From this review we created an action plan. The Young Adults are growing up and their needs are changing and therefore it has been important to make sure the service continues to grow and evolve in line with the service users.

We have re-introduced health clinics for all Young Adults so there is a regular opportunity for health needs to be understood and met. We have contacted all the referrers and stakeholders, such as GPs, Pediatricians, Community nurses, tertiary services and local schools, to ensure we are aware of any new referrals.

We have worked to integrate the Young Adults into the wider hospice services, e.g. care co-ordination centre, this has resulted in one service user being reviewed regularly by one of the consultants to help address complex pain needs.

Volunteers

The volunteer service has had a busy year. The main focus for this year has been to grow the volunteer force and ensure all processes in the service are working effectively so the volunteer experience is a positive one.

We have reviewed all the administrative processes particularly in relation to recruitment. We have set ourselves standards to meet so new volunteers can start in their new role within 8 weeks of applying. This process is monitored and reviewed weekly.

We have introduced an online option for volunteer training and worked with the Education Department to create Blustream profiles for the volunteers. The vast majority of volunteers have embraced the online option, however, in person training is available for those who prefer to come in for training. For the first time we are able to confidently monitor and report on training compliance for volunteers.

Additionally, we are more accurately able to report on how many volunteers we have in both hospices and where the volunteer gaps are. This has helped us develop more targeted recruitment. We are focusing on filling gaps in the shops, community and in fundraising. We have developed the Volunteer Champion role to help with recruitment. This involves current volunteers building up local connections and advertising volunteer role. We have also begun to establish positive links with schools, colleges and university to encourage younger volunteers to join us.

Over the last year we have introduced regular social meetings for volunteers so they have an opportunity to meet together and we re-introduced the Long service awards last year – recognising the contribution of many volunteers who have been helping us for over 5, 10, 15 and 20 years. We will hold the next award service during Volunteers week in June to celebrate and thank the volunteers for their contribution to hospice services.

Quality

Quality Reporting across the Mountbatten Group

Across the Mountbatten Group, we continually review the quality of our services to improve and develop them according to the needs of the community that we serve. Quality is everyone's business across the whole organisation. There are a number of ways in which we monitor, evidence and review the quality of our services through our Quality Improvements Programme.

Quality Account

A Quality Account is a report about the quality of services by a healthcare provider. Quality Accounts are an important way for healthcare services to report on quality and show improvements in services they deliver to their local communities.
Mountbatten Isle of Wight's Quality Account can be found at:
https://www.mountbatten.org.uk/quality-account
and Mountbatten Hampshire's Quality Account can be found at:
www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

During 2022/23 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families

At Mountbatten we receive regular feedback about our services. Some feedback from the past year follows:

Hampshire:

- *Due to unforeseen circumstances I have had to spend time with you as an inpatient, never in my life have I been made to feel the way your staff made me feel, I was appreciated, valued respected and more importantly I was made to feel as though despite being under the palliative care umbrella I DID MATTER.*

- *thank you for the way you looked after xx, the time taken to listen as L struggled to speak, the efforts made with the hoist to enable xx to retain her dignity, the opportunity to enjoy a bath, the care with constantly making her comfortable moving pillows in all directions, day and night.*

- *A thank you from me for the way nothing was any trouble, the numerous cups of tea and coffee, the afternoon cake! Meals in the evening, looking after any concerns I may have had in respect to xx's wellbeing.*

- *Thank you for your incredible support over the last six months of xx's life. You all did so much to enable me to look after her and myself at home. You always treated her as an individual and with absolute dignity and you were unflappable when she was difficult and were creative in finding ways to accommodate her.*

- *You were always available when I needed advice or support, you always took me seriously and listened to my concerns. I never felt rushed, never felt ignored and felt supremely cared for throughout by everyone.*

- *I have been really impressed with the service provided. The rehabilitation sessions I have experienced have been tuned specifically to my needs and I have found them really helpful.*

- *Thank you for your wonderful care of our much-loved husband/dad. We will always be grateful to you all for looking after him so well, with such compassion, humour and patience to help make him as comfortable as possible. We have very special memories of our time with xx over the summer in the beautiful garden.*

Isle of Wight:

- *We would like to thank you for your care. xx didn't want to be dependent on others, he didn't want to tell you how he felt. However one day he did say 'it's five star here', which I think sums up how he felt about you all. Thank you!*

- *To the Consultants and Doctors for your perception and understanding that we needed to know the realities. To the Sister's who gentle professionalism was outstanding, the nurses and carers for whom nothing was too much trouble. The Cleaning Team, who were quiet as mice, never a bang or scrape to alarm Geoff. The volunteers quietly offering any help they could. The Administrators quietly working away in their wing helping to make all this care possible. To the perceptive people who made the decision to allow pets in the hospice. The ground staff and volunteers who look after the gardens. In the five weeks I was at the hospice the daffodils came into bloom and the crocus changed from little shards of green into lovely violet flowers.*

- *The care, the dedication, the family feeling we were fortunate to experience from the staff was something I've never experience in my life. Outstanding is one word I could use but believe me I feel there are no words to express how amazing the staff are.*

- *At the end of his life he was in some more pain and the nurse came in and told him she was getting him extra pain relief - that's when he said his last word, that word was wonderful. So when I talk about the hospice that's how I describe you all -wonderful.*

- *My beloved father passed away last week at Orchard House. The all too brief weeks we spent in your music group really boosted dad and he really discovered a new talent drumming! Thank you for your patience and kindness to dad and for your expertise in giving him something new in his life.*

- *Although we now grieve for her loss, we are so very appreciative of the time she spent both using MND Hospice Services, and during her time as an inpatient to make her final days so comfortable. Equally, we are appreciative that we were allowed to be with her throughout her stay and continue to wrap our love and care around her. We created further lasting memories together to the very end with her, and her passing she had both myself and my sister beside her.*

- *Your staff and volunteers are truly amazing and very much promote Mountbatten vision and values. Their compassion and support was so supportive, not only to our mum but also in their dealings with us as a family, we are incredibly grateful to them all for the care and support provided.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2022/23:

Priority 1: Safety

Priority 1: Safety	
Target	**How we measure success**
1.1 The implementation of electronic prescribing on the Inpatient Unit at Mountbatten Isle of Wight Hospice	All necessary drug formularies are built in SystmOne, the electronic patient record All appropriate employees are trained in the use of the Electronic Prescribing function in SystmOne – do we need to explain what this means? Other health professionals, including GP's and community nurses are notified of the move to electronic prescribing in SystmOne Electronic Prescribing module in SystmOne goes live.
1.2 Development of robust Pharmacy provision at Mountbatten Hampshire Hospice with the introduction of a Band 8a Specialist Pharmacist role.	Pharmacist is in post, has completed an induction, and has clear objectives set. Retain and develop links with the Royal South Hants Pharmacy service, building links to enable rotational staff exposure to the specialism of palliative care Pharmacy and provide cover in Band 8a Pharmacist's absence. Develop and agree robust medicines management audit programme working in conjunction with the Medicines Safety and Optimisation team.

Priority 2: Clinical Effectiveness

Priority 2: Clinical Effectiveness	
Target	**How we measure success**
2.1 The implementation of rehabilitation-led beds on the Inpatient Unit at Mountbatten Isle of Wight Hospice	Rehabilitation-led beds are available and robust procedures are in place to inform and support employees in the provision of patient care Awareness training is provided so employees understand why rehabilitation-led beds are appropriate at a particular stage of patient care Training on the processes and procedures is provided to medics and nurses Data dashboard in place to monitor progress that is reported monthly at the Quality and Governance Committee Evaluate and share the outcomes of setting up rehabilitation-led beds with other hospices

2.2 The implementation of Nurse-Led beds on the Inpatient Unit at Mountbatten Hampshire Hospice	Mountbatten non-medical prescribing education programme is approved by Health Education England There is a clinical supervision structure in place for Advanced Nurse Prescribers facilitated by the Medical Team Nurse-led beds expanded from respite patients to include patients admitted for iron-infusions and step down beds An evaluation of the nurse-led bed project will be completed and results included in the Quality Report and presented at Quality and Governance Committee.

Priority 3: People's experience

Priority 3: People's Experience	
Target	**How we measure success**
3.1 Purchase additional land on the Mountbatten Isle of Wight Hospice site to allow for the reconfiguration of car parking which will create increased capacity	Land required to extend the car park has been purchased The Gables and Oak House buildings have been demolished by an approved contractor Design and layout for the car park has been approved and shared with staff, volunteers and, stakeholders A robust tender process has been carried out which meets the requirements of the project and the successful contactor appointed Extended car park is in use and meets needs of the service users
3.2 Refurbishment of the Hazel Centre to include a new Café and commercial Kitchen area	Refurbishment work is completed, commissioned, and signed off, including compliance registration of fire safety Redecoration of the Hazel Centre communal areas and refurbishment of outdoor areas of the café including the purchase of new furniture Café opening hours increased in a staged approach aiming for opening seven days a week, including Christmas Day Feedback from employees, patients and visitors regarding their experiences of the Café gathered and a report produced.

3.3 Develop a portfolio of language that staff, volunteers and our community are comfortable with using regarding death, dying and bereavement	Programme of workshops is in place to discuss with employees and volunteers about the importance of having a common language about death and dying, which gives them confidence when speaking to their networks Mandatory training on the use of a common language about death and dying is in place for all employees and volunteers Employees and volunteers are surveyed to assess their understanding of the common agreed language and the results analysed to ensure that it is embedded in the culture Plan is in place to communicate our ethos for a common language about death and dying both internally and to the wider health community.
3.4 Ensure Mountbatten's reach is wider and equitable in terms of access to services and support	Develop links across all communities, attending meetings and events where possible within the communities we support Strengthen links with Homelessness support services including misuse of substance services and support their development around end-of-life care and provision Build on development of support/information clinics within the Hazel Centre and widen the network Produce a Equality, diversity and inclusion policy Provide teaching sessions for Mountbatten employees related to the cultural beliefs of all community groups and what is important to them Develop a procedure to support staff when caring for members of any under-represented group Explore opportunities to utilise the Hazel Centre for diverse means

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Over the last year, CQC has been changing and adapting the way it monitors services. For implementation during 2023, the CQC has spent 2022/2023 introducing the single assessment framework. This change is designed to better reflect how care is delivered by different services and localities. It also aims to more flexibly assess quality of care and be more responsive where needed (CQC 2022 Our new single assessment framework - Care Quality Commission (cqc.org.uk)).

The changes see the Key Lines of Enquiry being replaced with Quality statements and the different categorization of evidence. Despite this change not officially coming into play autumn 2023, Mountbatten has embraced the information and taken action to raise awareness of the changes. During 2022 and early 2023, the following actions have taken place:

- Delivery of multiple workshops for staff and volunteers to raise awareness of the changes, across both Hampshire and Isle of Wight sites
- Re-categorisation of CQC evidence folders in line with changes
- Identification of areas of further improvement via the workshops and embedding of these into the Services Strategic Implementation Plan to ensure they are appropriately addressed.

Mountbatten Isle of Wight (Earl Mountbatten Hospice)

Earl Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Earl Mountbatten Hospice is currently registered to provide the following activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

Earl Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2022/23. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2022/23.

Earl Mountbatten Hospice is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:

A synopsis of the CQC's summary of their inspection is as follows:

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

"The Earl Mountbatten Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Earl Mountbatten Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end-of-life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"

(Care Quality Commission, 2017, p. 2)

Mountbatten Hampshire (Countess Mountbatten Hospice)

Countess Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Countess Mountbatten Hospice is currently registered to provide the following activities:

- Treatment of disease, disorder or injury

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2022/23. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2022/23.

Countess Mountbatten Hospice is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 10th August 2021, this was an unannounced inspection. The inspection was carried out due to the management of the hospice transferring to Mountbatten Hampshire in April 2019. Any change of management of a health organisation increases CQC's risk score meaning an inspection is required. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led? There had been a Mock CQC inspection carried out in 2020, the rating received for the inspection was Requires Improvement. The inspection highlighted a number of areas where improvement was required, the result of the work carried out in these areas was demonstrated by the rating awarded by the CQC when they carried out their inspection in 2021, which was Good for each of the five themes, safe, effective, responsive, caring and well-led.

The CQC's findings are shown below:

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

A synopsis of the CQC's summary of their inspection is as follows:

"The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually".

(Care Quality Commission, 2021, p. 2)

Principal risks and uncertainties

There are currently 39 identified risks. 29 of these are across the Mountbatten Group, 7 are specific to Mountbatten Isle of Wight and 3 are specific to Mountbatten Hampshire. Mountbatten's Senior Information Risk Owner (SIRO) holds responsibility for the risk register.

The review process for monitoring the organisational risk register is outlined below:

- Full Risk Register to the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly The principle strategic risks faced by Mountbatten are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	• Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract for IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	• Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	• Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.

Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	• Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided though appraisal, supervision and line management • Clinical staff on Agenda for Change terms and conditions • Employee benefits scheme in place • Clear values created with employee input to create positive working culture. • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	• Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	• Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • New Chair of Trustees recruited. • Higher profile of Mountbatten to enable recruitment of Trustees.
Risk of resource overload arising from operational expansion into Hampshire	• Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.

Information Governance

During 2022/23 all standards were met within the Department of Health, Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2022/23 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates the following:

- Regular review of compliance with the Data Security and Protection Toolkit
- Review of all Information Governance incidents, including the identification of themes and lessons learnt
- Review of all Information Governance and Caldicott Guardian decisions
- Monitoring of Mountbatten's firewall report
- Subject Access Requests
- Access to Health Records Requests
- Privacy Impact Assessment approval

Information governance is monitored at every Mountbatten Committee and at Board level. Mountbatten Group has its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2022/23 to further improve information governance and data protection within the organisation have included:

- A new overarching data protection audit has been produced which covers a variety of standards including the management of paper records, security, back up and updates to Mountbatten's IT systems and appropriate access to IT systems
- An advanced data protection training was held in September 2022 which was attended by all employees with a responsibility for data security. The training was facilitated by 'Stay Compliant' who are Mountbatten's information Governance Consultants. After the training the slide deck was shared with attendees to enhance their learning.
- There have been 8 Data Privacy Impact Assessments (DPIAs) completed during 2022/23. These were completed for a range of projects and new IT systems. All DPIAs were reviewed at the Integrated Information Governance Committee and approved at the Quality and Governance Committee.
- Mountbatten has processed Access to health records requests during 2022/23. Due process was followed and information redacted where necessary and regulatory timeframes adhered to.
- A new CCTV phone application was introduced with key employees being able to access CCTV footage via the application in case of emergencies where a swift response is required. This was approved through Mountbatten's Integrated Information Governance Committee.
- A bespoke information governance online training session was produced for Trustees to provide an oversight of the subject and Mountbatten's procedures. This provided assurance to the Trustees and also helped to inform them of how Mountbatten managed information governance. This was especially useful due to a number of new Trustees commencing in post recently.
- A penetration test was competed by an external company in February 2023, testing the robustness of Mountbatten's ICT configuration against any potential threats. A small number of minor recommendations were made as a result of the test which have been actioned.
- The Integrated Information Governance Committee membership has increased to include a volunteer who has a wealth of experience of working within the field of data protection and risk.

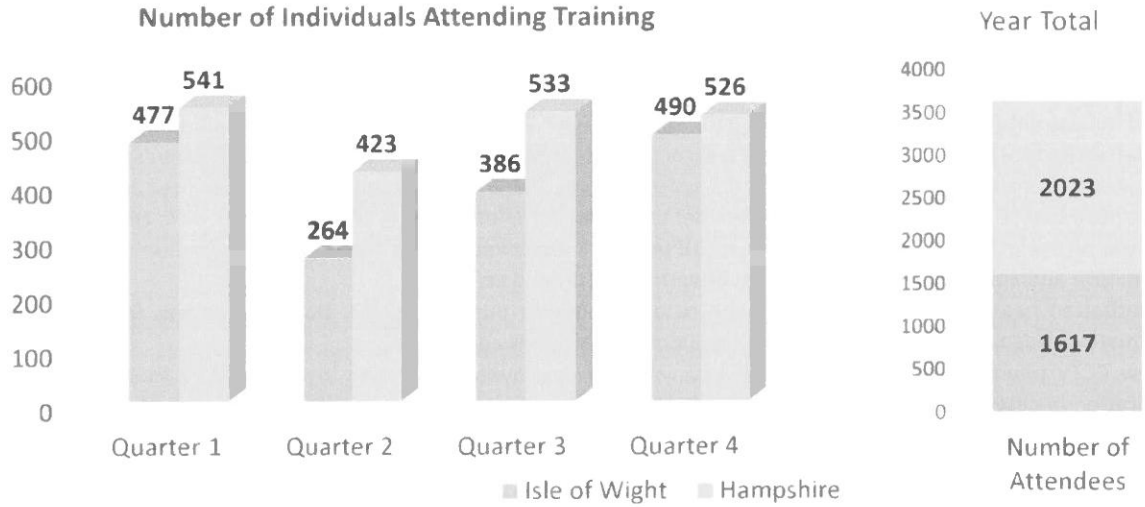
Education and Training

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire

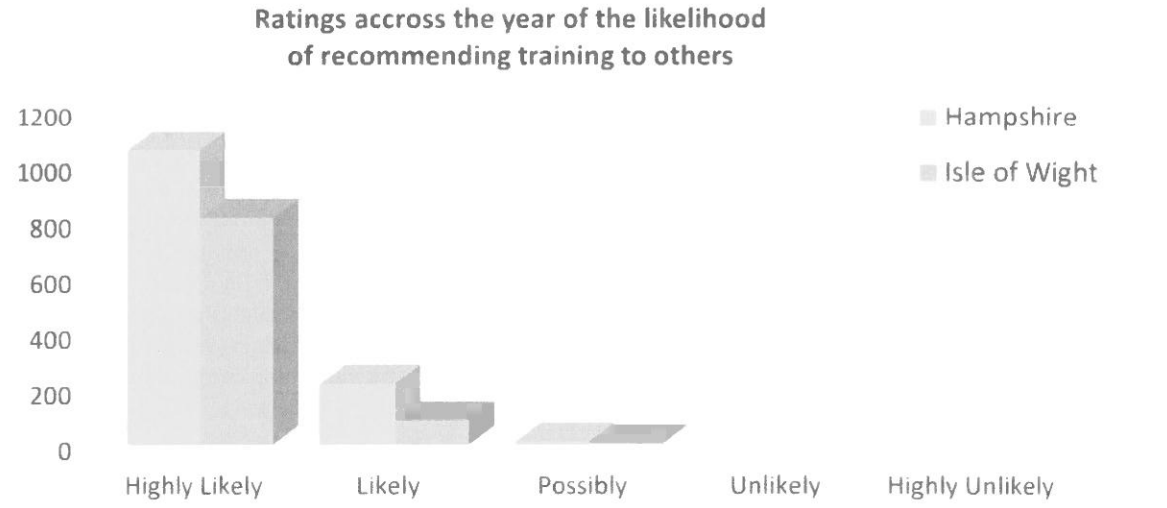
Mountbatten continues to provide a comprehensive training programme that cover all aspects of palliative, end of life and bereavement care. Training is provided to our local health and social care providers aiming to ensure that skill, confidence and knowledge is increased so that everyone, no matter where they are, receive the same quality of care we would expect at Mountbatten. Courses include, health and social care core skills, symptom control, recognising dying, care after death, use of syringe drivers, verification of death, caring for people with Dementia, an introduction to palliative and end of life care, end of life care champions, and bereavement for young people and adults. A range of communication skills programmes and advance care planning sessions are provided to ensure people feel confident to have end of life conversations. Within Mountbatten's advance care planning training sessions, a range of techniques are used to help people increase confidence in starting end of life conversations including the use of innovative games. The value of this method has been recognized and will be demonstrated within the virtual poster gallery presented at the 8th International conference on advance care planning in May 2023.

There has been a steady rate of attendance to training courses this year and interest in classroom training has increased which we hypothesis is due to individuals and organisations readjusting from the pandemic and starting to reengage in face-to-face work-based activity. As such Mountbatten's virtual training offer has reduced. However, a albeit reduced (well attended) virtual programme remains to ensure training is provided in a variety of formats for maximum reach. A specialist webinar series has also been introduced this year where Mountbatten specialists and guest speakers are invited to share case studies, clinical experience and evidenced based practice in relation to their specialist topic.

Attendance to training across the year is shown in the charts below.



Ensuring the quality of our training programmes is essential and feedback from attendees is reviewed regularly and responded to accordingly. Quality is further assured as many of our training programmes are accredited by the CPD Standards Office.



The value of education delivered by Mountbatten is recognised by service commissioners who support, 'the Island better care moving forward programme' at Mountbatten Isle of Wight and 'the Mountbatten end of life care programme' at Mountbatten Hampshire. The Island better care moving forward programme builds on the foundation of a programme that helped to raised care standards and CQC ratings for care providers on the Isle of Wight, and has shifted to a quality framework, including subjects on workforce development, staff wellbeing, interoperability, and developing community connections. The Mountbatten end of life care programme in Hampshire takes an organisational approach, inviting both managers and key staff from each care organisation to a programme that develops core end of life knowledge and skills and establishes end of life care champions. The programme aims to ensure lasting organisational change and requires attendees to identify, present and put into practice service improvement projects by the end of the course.

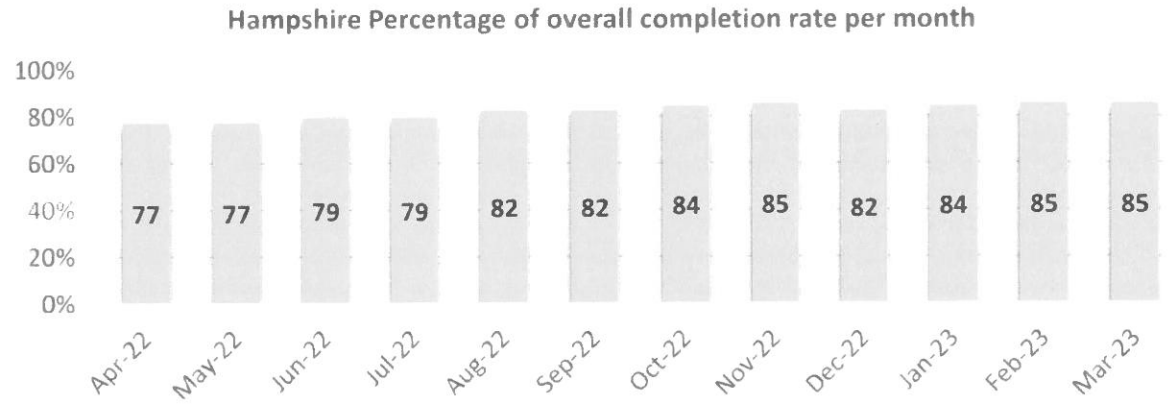
Mountbatten also aims to positively influence perceptions of hospices and hospice care through education by engaging and providing training courses for young people. The Mountbatten Summer School ran for the second time on the Isle of Wight during the summer of 2022. This 3-day programme for young people aged 16-19 enables those attending to experience Mountbatten services and care, challenging perceptions and building confidence, and also introduces students to the full range of career opportunities available at Mountbatten through presentations and interactive practical demonstrations. Mountbatten has also supported a number of careers and information events for young people and facilitated bespoke education sessions for students aged 16-18 looking to enhance CVs for applications to university.

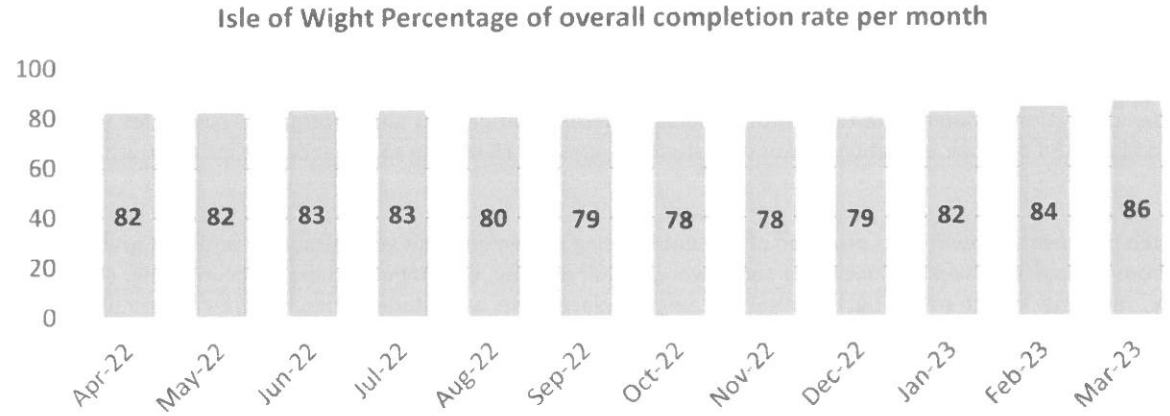
Mountbatten has seen a growth in its provision of student learning placements this year. Graduate and post graduate students from a range of disciplines, including social work, physiotherapy, occupational therapy, counselling, clinical psychology, and medicine are supported in clinical and practice placements with Mountbatten required for completion of their academic programmes. College and sixth form students starting to develop career interests are also offered placements with Mountbatten. The new T Level programmes for those aged 16-18, which have a 20 percent work placement requirement, commenced this year and Mountbatten is pleased to be hosting four T Level students for the duration of their two-year courses in health and social care, and non-clinical (administrative) services.

Mandatory Training

Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight

A routine review of mandatory training was conducted in December 2022 to ensure mandatory training continues to be tailored and appropriate to each job role. Mandatory training is provided via a blended approach of eLearning and Mountbatten specific classroom and practical sessions. An emphasis on learning through simulation and practice has been introduced to Mountbatten classroom training this year and eLearning modules are provided by Blue Stream Academy who offer a hospice specific suite of eLearning modules. Staff access eLearning, training requirements and their personal training records through the Blue Stream Academy portal. The Blue Stream Academy portal has also been extended for Mountbatten volunteers this year. Live data can be accessed at any time ensuring Mountbatten always has an up-to-date record of mandatory training compliance. Compliance rates are monitored closely and reported on monthly. A summary of compliance rates across the year are demonstrated in the charts below.





The personal and professional development of staff is assessed and discussed within appraisals and where possible staff are supported to participate in development opportunities at various qualification levels up to master's degree. Additionally, Mountbatten supports staff development through apprenticeship programmes and this year has supported more health care assistants on to nursing associate apprenticeships, and two other staff members on a digital and a fundraising apprenticeship programme. Two new members of staff (one clinical and one non-clinical) were recruited as apprentices and will shortly complete their apprenticeship programmes.

Research

Mountbatten continues to strengthen its research activity and has supported a number of research projects through staff participation in studies, supporting recruitment of service users to studies, and acting as clinical supervisors to student projects.

Mountbatten was successful in its bid to act as recruitment sites for a large cluster randomised trial of clinically assisted hydration in patients in the last days of life led by the University of Surrey and supported by the National Institute for Health Research (NIHR). Recruitment has now commenced. Mountbatten is also currently involved in a further bid with the NIHR for a three-phase project investigating digital health technologies in hospice and palliative care.

Mountbatten submitted a number of abstracts to the Hospice UK annual conference. Nigel Hartley, CEO gave an oral presentation on the merger of two hospices and the following were presented as posters:

Duncan Fleming, Suzi Graves. Coordinating care, strategy and impact across two hospices. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Linda Prendergast, Louise Pickford. Improved outcomes for care homes Island Better Care: Moving Forward – reviewing, revamping, and revising. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Duncan Fleming, Richard Eason. How people use data and stories remains in the memory of those who live on. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Mary Banks. The Mountbatten rehab trifle recipe. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Mary Banks. 'There's no place like home': Pilot of a Hospice Admission Avoidance Service. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Jackie Whiller. The Mountbatten ambulance: Enabling, prioritising of patient wishes. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Chrissie Dawson. NHS commissioner to hospice innovation and service development: Are the goals the same on the other side of the fence? BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Linda Prendergast, Louise Pickford. School's out for summer, so come and join Mountbatten's summer school. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Kerry Buckley, Nigel Hartley. Wellbeing and bereavement support for care home staff. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Alex Maslen, Claire Stark Toller. Anaemia: Are we reversing the reversible to reduce need for blood transfusion. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

Anna Broadbent, Lynsey Clode, Claire Stark Toller. Improving education on low residue diets in palliative care. BMJ Supportive & Palliative Care Nov 2022, 12 (Suppl 3).

The Mountbatten annual conference was held in October 2022, titled 'The true value of hospices. Celebrating the impact of kindness and community'. 128 delegates were in attendance who experienced a selection of presentations and interactive sessions. Presentations were given by Nigel Hartley, CEO, Mountbatten; Professor Mari Lloyd-Williams, Director of Academic Palliative and Supportive Care Studies Group, University of Liverpool; Dr Lucy Pollock, Consultant Geriatrician, Somerset Foundation NHS Trust; Stuart Worden, Principal along with a performance from the students of the BRIT school; Maeve Butler, Assistant Director, Caroline Schofield, Visual Artist and Liam Merriman, Musician from the Waterford Healing Arts Trust; and Anthony Davison, Managing Consultant, Compton Fundraising Consultants Ltd.

Income Generation

While the impact of the pandemic has eased and we have seen an increase in events attendance and community engagement, a new challenge has arisen with the cost-of-living crisis. We have continued to regularly engage with our supporters and are hugely grateful for their time and ongoing generosity despite the economic climate.

Collaborative work across the two fundraising teams has continued to increase this year. Sharing our resources and expertise in a much more effective way has made us more resilient to respond to the challenges of the cost-cost-of-living crisis, staff absences and vacancies.

The focus in both teams has been on donor retention and development. Extensive work has been completed to improve the quality of our data, in preparation to analyse donor-giving patterns and continuously improve our fundraising strategy.

In addition, all fundraising activity is scrutinised on an ongoing basis, and strategies are adjusted accordingly, ensuring the best return on investment is always achieved.

Mountbatten continued to engage the services of Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. In August 2022 a review of Individual Giving activities and opportunities was undertaken to inform strategy for 2023-24 and concluded the need to survey our supporters in March 2023. We have written agreements with Compton Fundraising Consultants Ltd as well as StarVale who administer our lotteries.

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints, and all communications with its supporters in a variety of ways, including but not limited to weekly one-to-one with the CEO, monthly reports reviewed at quality and governance meetings, quarterly review at Resources Committee meeting and Trustee Board meetings. Mountbatten Isle of Wight received 5 complaints and 7 concerns in the year for fundraising. Mountbatten Hampshire received 2 complaints and 2 concerns.

We do not conduct door-to-door or telephone campaigns, and we only contact those who meet our current GDPR stance of legitimate interest. We do not currently have any third-party canvassers or proactive outbounds sales activities, and when someone tells us they no longer wish to receive contact from us regarding fundraising we update their profile and they do not receive future communications. Most donations are unsolicited, or as a result of an indirect ask (where we inform the donor of our need and our impact but don't directly ask them to give) Where direct asks are made, we do not ask the donor multiple times, nor do we cold contact anyone we do not have a relationship with, except for some Trusts accepting applications of an unsolicited nature. Our direct mail campaigns go to supporters already on our database and have an easy opt-out option.

Monitoring of the fundraising supporter databases and communications is reviewed by the Data Protection Officer and Fundraising Database and Donor Support Manager through regular audits with any issues raised through Information Governance Committee. Mountbatten adheres to the Fundraising Regulator's Codes of Fundraising Practice and is registered with the Fundraising Regulator's Fundraising Preference Service.

At **Mountbatten Hampshire**, several income streams did not reach the target due to the ongoing impact of the cost-of-living crisis and low awareness of the charity, but, thanks to the generosity of our supporters, General Donations, In Memoriam Giving and Regular Giving income all achieved the original target.

We adjusted our community fundraising strategy in the latter half of the year, moving the focus away from Mountbatten-organised events to challenges, third-party events and engagement with social groups such as Rotary Clubs, Masonic Lodges, and Lions clubs.

Our Light Up a Life campaign and event were a great success again this year, with 367 dedicating a light in memory of a

loved one and 147 people attending the service. This year, Mountbatten Hampshire also held a summer remembrance campaign – Remembering with Ribbons - which received high levels of positive feedback and has the potential for significant growth in future years.

Both these campaigns, along with the Mountbatten Conference, attracted corporate sponsorship. Other corporate fundraising included Charity of the Year partnerships, donations and increased levels of employee fundraising within corporate supporter workplaces.

Hampshire's legacy pipeline has remained strong but has been slow-moving. With a number of legacies reliant on property sales and the ongoing impact of the pandemic causing delays in Wills going through probate, income from gifts in Wills has been low.

Whilst still a relatively new area of fundraising for Hampshire, there have been a significant number of applications to trusts and foundations resulting in support for core costs, a range of equipment and the Capital Appeal.

At **Mountbatten Isle of Wight**, several income streams did not reach target due to the wider economic effects of COVID, cost of living crisis and war in Ukraine. Although in the areas of Major Gifts, Trusts, Direct Mail Appeals, In Memory and Lottery Fundraising targets were not met, thanks to the generosity of support from the Island community, income from Regular and Community Giving, Collection Boxes, General Donations and Major Events have all exceeded target, which indicates a strong recovery from the effects of social distancing during the pandemic and that regular gifts are holding up despite of the cost-of-living crisis. There are strategies in place to increase all income and continue to develop sustainable long-term relationships with donor.

Some activities and achievements of note during the year include: the Isle of Wight Festival which raised the most in its history - £35,364; Fairlee Fireworks event organized with Isle of Wight Festival and Isle of Wight Radio raised £38,000 (gross) in its inaugural year; Walk the Wight registrations exceeded pre-pandemic numbers despite changes to registration options; Remembering with Ribbons income exceeded £10,000 target plus corporate sponsorship, and attendance to the Light Up A Life remembrance service in December attracted close to pre-COVID numbers, and a team of supporters raised £31,242 summiting Kilimanjaro in memory of a loved one.

Across **the Group**, the number of players for the Lottery continues to decline and we have seen a combination of an increase in cancellations due to the cost-of-living crisis (most notable in Hampshire) and expected attrition. With limited opportunity to recruit new players we have not been able to sustain income levels achieved in previous years. StarVale continues to give advice and guidance, and this is an area of activity that following the pandemic will be reviewed.

While the legacy pipeline in Hampshire has remained strong, and on the Isle of Wight the pipeline has reduced, income from Gifts in Wills has been slow to be realised for both charities as the continuing backlog in probate continues to affect all charities. Legacy income was lower than in recent years, in part due to the delays in probate administration, and highlights the unpredictability of this income stream.

All income streams under Individual Giving offer opportunity to raise more in the short-term, to develop new and existing long-term sustainable relationships through in memory giving, to influence an increase to lifetime value of donors and increased income from gifts in wills in the next 5-20 years.

Communications

Challenging perceptions around death, dying and bereavement and about the work Mountbatten does is one of our three strategic aims.

To help achieve this, one of our priorities over the last 12 months has been to support our workforce, volunteers and wider community to feel more confident talking about death, dying and bereavement.

We created a suite of assets to help articulate why it is important, as experts in our field, that we lead from the front. Using these resources, we introduced a series of workshops for colleagues to discuss together.

We have supplemented these workshops by regularly attending staff/volunteer induction and mandatory training sessions to provide presentations and promote discussion around our common Mountbatten language. We also provided a special language workshop at the 2022 Mountbatten Conference.

In addition, we are finalising a mandatory training Bluestream module on this topic, which will form part of the staff induction programme moving forward.

This work has been extended to our communities by using the experiences of people we have supported to share real-life examples of the positive impact planning ahead and talking about death can have.

These stories have been shared in our Connect magazines and across our website and social media platforms, giving us multiple opportunities to promote the conversation. A podcast series is among the future projects to continue this work.

Mountbatten Hampshire

After much consideration and cross-organisation involvement, we now have a clearer idea of our campaign messaging for Mountbatten Hampshire, which we intend to use to promote and highlight our cause.

Themed around our strapline, Living, dying, remembering, we have created some key messages to enable us to educate and inform our communities about who we are and what we do.

We intend to make the campaign as visible as possible, within the resources we have available.

Using our retail shops to help tell our story is one approach we have made progress in. TV screens have been installed in the shops and we rotate screen messages to promote our work and opportunities to support us. New information displays have also been put in the shops so customers can access our resources.

45 years of kindness

Our 45th anniversary gave us a chance to celebrate and showcase Mountbatten, promoting key messages and themes.

As well as playing a key role in the logistical management of 45th-anniversary events, the communications team produced all the design assets and merchandise and led the Mountbatten and Me project, an exhibition of over 300 portraits celebrating our Mountbatten family of staff, volunteers, patients and supporters.

The images have remained on display in our hospice buildings, and the exhibition has attracted significant attention and PR coverage.

Storytelling

In general, we have focused our messaging on stories of care and support as seen through the eyes of patients, service users, volunteers and staff, which demonstrates the difference people can make when they support Mountbatten. Our Connect magazine, new e-newsletters and social media content follow this approach.

Connect is sent to around 18,000 supporters and continues to be an effective tool for us to showcase Mountbatten. We produce two versions twice a year for Mountbatten Hampshire and Mountbatten Isle of Wight, with content themed around our Living, dying, remembering strapline.

While its primary purpose is to inform our supporters of how their money and time helps us, we have also introduced a 'soft ask' form for people to make a regular giving pledge, which has led to a steady number of financial commitments.

Video storytelling has continued to be an effective way of communicating our messages and working with Nosy Creative Agency, we made a succession of films to promote events and campaigns, including Walk the Wight and Remembering with Ribbons.

Our 2022 film, **Anyone. Anywhere. Anytime**. brought together Mountbatten Hampshire and Mountbatten Isle of Wight in one story for the first time.

The film is a resource to promote our work but also widely used by fundraising colleagues to bid for grant money and corporate support. It was shortlisted for an award at the Smiley Charity Film Awards, held in London, and we were delighted to gain bronze in the People's Choice category.

We have completed a significant amount of work in reviewing and updating our websites. This has complimented a more strategic approach to our social media activity, aiming to make our publicity more engaging and ensure the user journey between platforms is as seamless and informative as possible.

This work remains ongoing to bring all areas of our websites up to the same standard.

Working collaboratively with fundraising

We have been working closely with fundraising colleagues to be more effective and consistent with our fundraising communications.

By upping our support to the fundraising teams, we have been able to work more collaboratively to plan communications and marketing activity for events and campaigns and ensuring consistency with our messaging and design assets.

We also led the communications and event planning activity for the 2022 Walk the Wight to help support the fundraising team in what was a challenging time.

In addition, we secured charity status for Mountbatten Isle of Wight to be the chosen cause of the Isle of Wight leg of the Tour of Britain cycle race, though this had to be cancelled following the death of the Queen.

Volunteer recruitment marketing

We have been working closely with the volunteer development team to deliver the volunteer marketing recruitment strategy; working collaboratively with the volunteer team to understand their recruitment needs and source regular case studies and stories to use in marketing material across our various platforms, whilst ensuring consistency with our messaging and design assets.

Concerts

Our Concert Series at Mountbatten Isle of Wight has recovered well after the Covid pandemic, and we now have a waiting list of acts who have asked to perform for us. We filled the regular programme for 2022/23, and we are introducing additional events to cater for demand.

The audiences have been steadily increasing, and in some cases, we have sold out. We are also in discussions about introducing a Concert Series in Hampshire in the future.

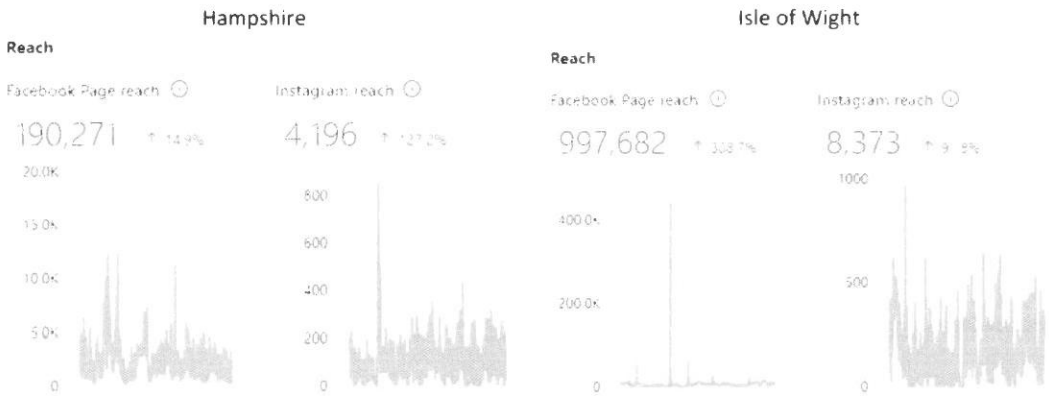
Summary

In general, the communications team has supported the organisation with several significant projects in the last year.

These include developing our new employer brand to help us be more competitive in the recruitment market.

We produced new bereavement guides and a new welcome pack for our inpatient units, while we are also in the process of reviewing and updating our suite of leaflets across the group.

Social media



Generally, our social media engagement is up, compared to 2021/22.

It is worth noting that Facebook, in particular, continues to change its algorithms, making it more challenging to make organic posts visible, preferring to draw users to paid-for posts.

These charts show the performance across the year. The significant spike in the Isle of Wight statistics concern the visit of HRH The Princess Royal, which reached 633K after it was shared by the official account for the royal family.

Estates and Facilities

Mountbatten Isle of Wight

The Estates and Facilities team have achieved a number of key projects during 2022-23 which have included: the replacement of the Oak Garden decking and retaining walls, re-painting of the main corridors throughout the site and, completion and commissioning of the children's play area with support from Kissy Puppy charity and Bradings Builders. We have been successful in our grant application to the National Garden Scheme for the repair and replacement of the Chelsea Garden decking, which will be undertaken during 2023. The first successful achievement of a satisfactory electrical Installation Condition report since 2018 has been completed, involving a significant amount of remedial work that has been carried out by FM Marsh on behalf of Mountbatten.

The subsidence project that has been identified in the Seminar Room link corridor has been handed to the Mountbatten approved insurance providers and all of our costs to date in regards to structural surveys and assessments will be reimbursed as the insurance providers have accepted the claim. We are still, however, waiting on a quantity surveyors report to be raised on the repair quotations before any remedial repairs will be undertaken during 2023.

Mountbatten has continued to work with our appointed architectural consultancy firm McAndrews Martin Ltd to assist with all large scale capital projects, including the redevelopment of the car park and Oak House and, changes to the design of the main reception and entrances to improve flow and capacity throughout the buildings.

Fire Safety

Fire Safety compliance has been maintained to a very high standard during this reporting year and the main efforts have continued to be focused on rationalisation of the sites' fire doors and firefighting equipment servicing. The installation of a new fire suppression system for the main kitchen has been commissioned which will be fully operational by the end of May 2023, ensuring a higher level of fire safety.

Water Safety

Our water compliance service contract has continued with a local company, WSM Associates, and by using their services we have been able to maintain excellent standards of water quality throughout the hospice premises. This standard of water quality has been achieved by a constant and rigorous water flushing program and regular maintenance across the site.

Security

V&G Security Solutions Ltd have continued to support the needs of the Mountbatten Isle of Wight site, predominately overnight, in an appropriate and professional manner during this reporting period.

Utilities and energy

During 2022-23 a new 6-month electric contract was secured for the main hospice site, as our 1-year fixed term contract ended in January 2023. The provision of a fixed 6-month contract will allow for the energy market to hopefully stabilise allowing Mountbatten Isle of Wight to approach a new contract in the summer months as opposed to the winter months, with the aim of securing a better ongoing electric unit price.

A programme of replacement of older inefficient lights within the interior of the main building with new cost effective LED replacement systems has continued. Mountbatten has been successful in securing grant funding to enable the John Cheverton Centre carpark lights to be changed to LED systems and to replace the old inefficient lighting in the Inpatient Unit area corridors, enabling a reduction in our energy consumption and Mountbatten to become more energy efficient in the future.

The Estates team has also commissioned a number of electrical usage surveys across key points within the building, to

gain a better understanding of where and how we use our energy and this data has been used to report our overall usage of electricity across the site, including the Laundry, Kitchen and the John Cheverton Centre. A trend analysis of the data has been carried to identify further energy saving measures. This has included simple small changes to the John Cheverton Centre heating system time clocks to delay the electrical driven heating system starting up too early in the morning before the building is utilised, saving electricity and cost whilst still maintaining a safe and warm place for patients, visitors, employees and volunteers.

Patient Equipment Services

During 2022-23 Patient Equipment Services have continued to adapt and grow to meet changing needs and the focus of work has been centered on equipment life cycling, smarter purchasing and renewal of medical devices and community equipment as they require replacement. A new medical devices policy for the IOW has been written which now includes elements such as decontamination of equipment prior to repair and the changes to be made in the processes of how medical equipment is fault reported, enabling equipment to enter the repair chain faster and safer than before.

Mountbatten continues to work with Island Mobility and Isle of Wight NHS Trust Medical Physics department to support in the maintenance of medical and patient equipment. A recent change in contracted services for the maintenance of the Inpatient Unit beds has achieved a significant saving in the overall maintenance expenditure. New testing equipment has been invested in that allows trained Estates staff to carry out essential electrical safety tests on medical equipment that is not covered under the portable appliance testing regulations and guidance.

The Estates and Facilities team work alongside the clinical and fundraising teams to ensure timely equipment asset replacement by the submission of funding applications specifically for equipment. The development of a full asset list of Mountbatten's equipment has been essential to enable decisions to be made on life cycling future replacement of the hospice's medical devices and patient equipment.

Mountbatten Hampshire

A number of key projects have been delivered during 2022-23, which have included: the replacement of the Inpatient Unit and Hazel Centre nurse call system, repainting of the Inpatient Unit main corridors, redecoration of the remaining side rooms and relatives rooms, the completion and commissioning of a new catering kitchen and Cafe in the Hazel Centre, repainting of the interior spaces of the Hazel Centre and, a focused remedial repair project based around our fire doors. Some of this work has been supported by our appointed architectural consultancy firm McAndrews Martin Ltd.

A full annual review has been undertaken of the asbestos containing materials (ACM's) and a full redevelopment and demolition Asbestos survey (R&D) completed as part of the phase 1 development works in the Education Centre which will take place in 2023. The asbestos that has been identified within the ceiling spaces of the Education Centre is now hampering the completion of regulatory required work, that includes the remedial repairs identified in the recent emergency lighting inspection and the Electrical Installation Condition Report. McAndrews Martin Ltd are assisting Mountbatten with project management expertise to facilitate and progress the asbestos removal project within the Education Centre.

During 2023 further work has been continued with Southern Health NHS Trust Estates Department to draft a streamlined 2023-24 Service Level Agreement as further estates work has been taken inhouse or contracted to specialist providers. Further cost savings have been identified within the Service Level Agreement and we continue to work to reduce Mountbatten's historical dependency on Southern Health. Southern Health continue to provide essential emergency support and have attended to a number of critical emergencies, ranging from leaking heating systems, responding to emergency Asbestos surveys to allow urgent works to be carried out and supporting the Estates team in managing water safety challenges.

Mountbatten has continued to work with our appointed architectural consultancy firm McAndrews Martin Ltd to assist with the planning of all large scale capital projects, including development of the car park, redevelopment of Inpatient

Unit bays, a new external log cabin for groups and therapies, creation of a spiritual and reflective space, the redesign of the main entrances and, a link corridor between the buildings.

Fire Safety

Work has been continued and completed to improve the fire safety standards of Mountbatten throughout the year, with the support of several specialised contractors, including Wight Fire doors and Wessex Fire who have provided Mountbatten with specialist advice and direct support, servicing or replacement of systems. The renewal of the Hazel and Education Centre fire detection and monitoring heads have been completed throughout these building as they had come to the end of their commercial and safe working life cycle. A new fire suppression system has also been installed within the new catering kitchen.

The main Fire Risk Assessment for the whole of the Hampshire site was reviewed during 2023 by Wessex Fire and significant progress has been made to the action plan, with no further concerns raised.

Water Safety

Further work has been completed to build upon water safety management within Mountbatten Hampshire and a written scheme has been commissioned that will complement the renewed water risk assessment that is due to be carried out by Clear Water Technologies in May 2023. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems. Mountbatten has taken steps to improve these contracted responsibilities as part of the new revised 2023-24 Service Level Agreement with Southern Health.

The monitoring and testing of the hot and cold-water has continued across the site, using WSM Associates to assist with focused water sampling at regular points throughout the site. Only one Legionella sample from a non-patient facing area has been detected during the past year and this has been robustly managed to ensure water safety is maintained.

Security

R&G Security have continued to support the needs of the Mountbatten Hampshire site, predominately overnight, in an appropriate and professional manner during this reporting period.

Utilities and energy

Utilities and energy are not directly under the control of Mountbatten until the lease of the building is finalised, which is expected to be completed in 2023. Further work will be carried out once the utilities are under the control of Mountbatten to ensure the most competitive energy contracts are in place.

A programme of replacement of older inefficient lights within the interior of the main building with new cost effective LED replacement systems has continued throughout the year.

Medical Devices

Mountbatten continues to work closely with three main medical devices contractors - Bio-Med, Shepherds and ARJO. Our aim remains to streamline the support available to best meet Mountbatten's needs.

A combined equipment servicing event which involved Shepherds and Bio- Med attending the site to capture a large majority of equipment in an organised and efficient manner took place in December 2022. This exercise was very well supported by the clinical teams and an estimated 69% of the equipment servicing requirements were completed over a two-day period and further plans are in place to complete the outstanding items.

The Estates and Facilities team work alongside the clinical and fundraising teams to ensure timely equipment asset replacement by the submission of funding applications specifically for equipment. The development of a full asset list of Mountbatten's equipment has been essential to enable decisions to be made on life cycling future replacement of the hospice's medical devices and patient equipment.

Catering and Hospitality

Catering services are provided by Mountbatten's partner organisation CH & Co, a specialist food and hospitality company. The Catering team, working closely with the clinical teams, provide fresh, nutritious and appetising bespoke food for patients, families and visitors on the Inpatient Unit. The menu is adapted to suit the needs and wishes of individual patients and meals are provided flexibly where required so patients can eat at a time that suits them best.

The Mountbatten Cafes provide meals, snacks and drinks for visitors, staff, volunteers and are open to the local community. The Cafes are the heart of both hospices and create a welcoming, modern and bright social space where people can enjoy food together round the table. Mountbatten Isle of Wight has a long-established thriving café that is well by those visiting the hospice as well as the local community and is open 365 days a year, including for popular Sunday lunches and Christmas Day dinners. Mountbatten Hampshire Café with an adjourning full catering kitchen was designed and fitted in 2022 and opened in July 2022. This has enabled a more bespoke catering service to be developed from the past provision of only a regenerated food option for inpatients when the hospice was managed by the NHS. The Mountbatten Hampshire Café provision is over 5 days but further development during 2023 will see an extension of hours into the weekends as further staffing are recruited and trained.

The catering team also provide food and beverages for the wide range of internal events that Mountbatten holds, including educational events, monthly concerts, celebrations such as the Queens Diamond Jubilee and, staff and volunteer parties. Increasingly, the Catering team are also providing buffets for external events that have ranged from funerals, weddings and anniversaries both on and off site, generating some income for the hospice. The team are renowned for providing high quality and well presented food that regularly receive accolades from those benefitting from the service:

'The chef, on hearing it was our 61st Wedding Anniversary, made a most lovely chocolate cake beautifully decorated with chocolates - Stan's favourites! Thank you Chef and all involved in making our day so special. With heartfelt gratitude.'

'Thank you all so much for our lovely tea last week. It was a total surprise from our wonderful family. Your afternoon teas are the best.'

'I just wanted to say thank you all so much for all you did to help my husband Stewart in providing such lovely and appetising meals whilst he was an inpatient. It was such a positive thing, looking at your menu we enjoyed choosing and Stewart always looked forward to his meals which was a great bonus in his care.'

The catering service has received a five-star food hygiene rating at Mountbatten Isle of Wight and Hampshire from the respective Local Authorities.

People Services

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID-19
Our hospice teams have continued to provide high standards of care despite the ongoing impact of the pandemic. Thankfully, this year we have seen a slowly decreasing number of COVID-19 cases affecting our patients, carers and staff allowing us to return to more normal ways of working and caring. Nevertheless, the Human Resources team, alongside staff and managers, have regularly reviewed the latest guidance to ensure we operate a safe working environment for everyone and that all employees continued to follow the COVID-19 testing protocols to maintain their COVID-19 immunisation and minimize risk. National guidance now allows for staff to stop wearing masks and COVID-19 is now managed through our mainstream sickness absence policy.

We continue to monitor staff COVID-19 vaccination levels (currently at over 90% for both hospices) at Senior Management Team and provide this information to the Board quarterly. In addition, and mindful of the wellbeing of our staff more broadly, we also regularly maintain and review our approach to winter flu prevention, offering all staff the latest flu vaccine in all our locations.

Cascade (Human Resources Information System)
Last year saw the introduction of the Cascade human resources system, enabling staff and managers to access and use the self-service benefits of the system and thus reducing the need and time for People Services to update an individual's personal data. This has proved to be a valuable addition to the information/data monitoring now available particularly at senior level and further work has taken place this year to ensure data accuracy and improved reporting. Developing the functionality of the system further remains a clear objective for People Services and in the next 12 months we will be transitioning staff/manager appraisals online and recorded directly onto Cascade. This together with a refresher of the appraisal process will ensure improved compliance and quality of appraisals.

Occupational Health
Working closely with our new Occupational Health provider, Drayton Medical, we have supported a number of our staff through a range of health conditions and helping bring them back to work when appropriate. Drayton have also supported out staff flu vaccination programme and provided medical advice and opinion where ill health retirement has been necessary. We have extended our wellbeing provision for staff with the introduction of our Employee Assistance Programme (EAP) that gives staff access to independent counselling, free financial advice, and mental health support when needed.

People Services process improvements
Improving the processes that take place within the People Services directorate has been a feature of the team over the last 12 months. Aside from policy/procedure improvements we have implemented changes to the onboarding process and established maximum timescales for recruitment. The teams in Hampshire and the Isle of Wight now work to an 8-week average for recruiting to roles in the Group and this is reviewed monthly; current performance is at 80% for all vacancies. There have also been improvements in the management of sickness absence by developing online reporting and establishing better communication between managers and the People Services team.

New Pay Structure
Last year we introduced salary bands for non-Agenda for Change roles. The objective was to design a pay structure that fairly rewarded our employees for the work they do and recognising the need for to be competitive in the job market. Taking this approach has helped improve the retention of our current staff (i.e`. the new pay structure was applied to 112 employees across the group, of which 70 received an increase with the remaining 42 employees pay remaining the same and to help in the attraction of new talent and skills into the organisation by having competitive pay and a transparent process pay structure.

Recruitment

The past 12 months have seen the Mountbatten Group become stronger in relation to attracting and retaining employees, partially as a result of the implementation of the new pay structure for non-Agenda for Change staff but also because we have maintained pay parity with our NHS colleagues and continued to promote the organisation through the work of the Chief Executive, senior management team and providing an attractive work environment.

The tables below show the response to our job advertisements over the last 12 months and give a sense of which recruitment platforms have the most success:

Mountbatten Isle of Wight			
Media/Sites	**Vacancies**	**Applications**	**Hits**
NHS Jobs	47	517	31,232
Indeed	40	378	47,512
IOW jobs	17	72	4,868
Other Platforms	5	40	2,152

Mountbatten Hampshire			
Media/Sites	**Vacancies**	**Applications**	**Hits**
NHS Jobs	65	350	52,175
Indeed	65	522	75,390
Other Platforms	3	1	252

Mountbatten Group			
Media/Sites	**Vacancies**	**Applications**	**Hits**
NHS Jobs	112	867	83,407
Indeed	105	900	122,902
IOW Jobs	17	72	4,868
Other Platforms	8	41	2,404

Many of the non-clinical/specialist roles are now advertised using Indeed/IOW Jobs, which have proven to attract a wider range of individuals across all sectors, rather than just healthcare. However, on occasion, the quality of applicants has been lower than those applying on NHS Jobs, but this could also be attributed to the low movement of individuals between employers and the limited talent pool available in relation to the jobs being advertised.

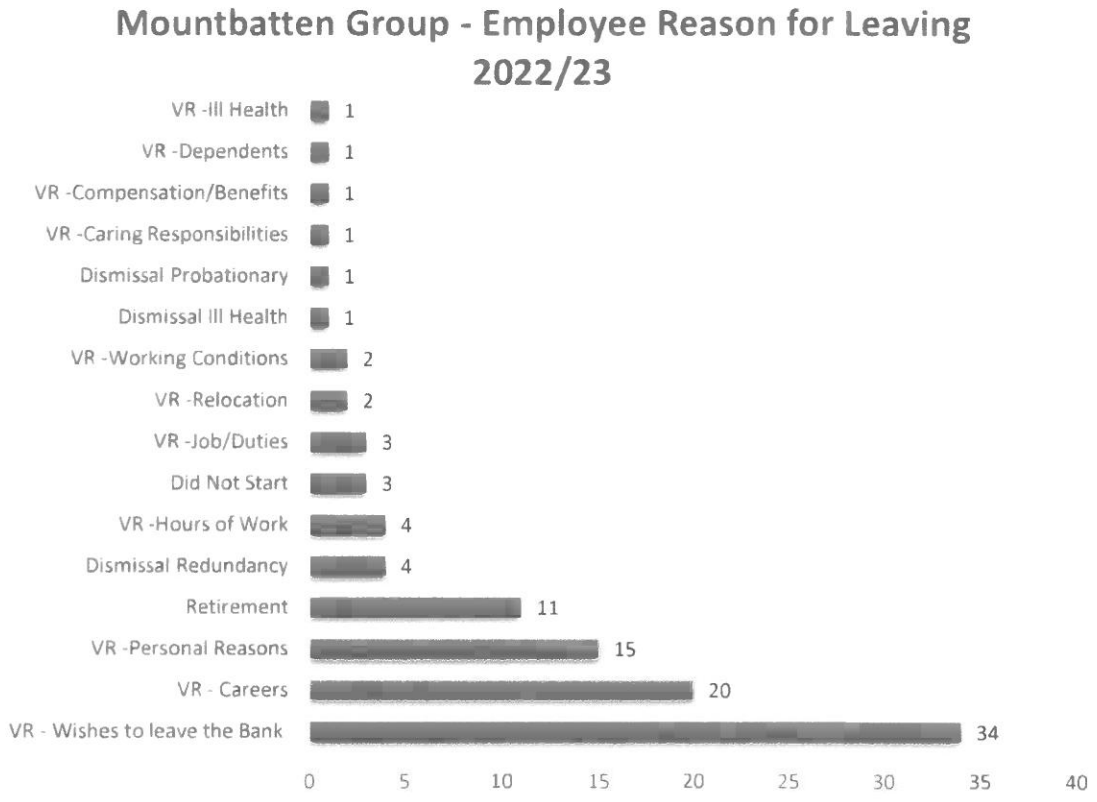
There continue to be challenges impacting on recruitment e.g. the ongoing effect of some European employees returning to their country of origin following BREXIT, the war in Ukraine and increases in the cost of living. These factors tend to reduce movement in the job market as people become nervous about moving to new roles. However, following a brief period where turnover increased to nearly 10%, we have now seen this decrease to a consistent 5% overall and in line with current plans.

Headcount and Turnover

Mountbatten Group's establishment at the end of March 2023 stood at 439 (234 Mountbatten IOW and 205 Mountbatten Hampshire), an increase in establishment form 2021/22 by 65 people (in whole time equivalent terms this is a total of 277.92 WTE for the same period i.e. 152.48 WTE Mountbatten Isle of Wight and 125.44 WTE Mountbatten Hampshire and overall growth of 36.92 WTE).

The end-of-year turnover for Mountbatten Isle of Wight stands at 9.83%, whilst Mountbatten Hampshire sits at 5.84%. Mountbatten has seen 11 retirements over the past 12 months, with 5 of these individuals electing to "retire and return".

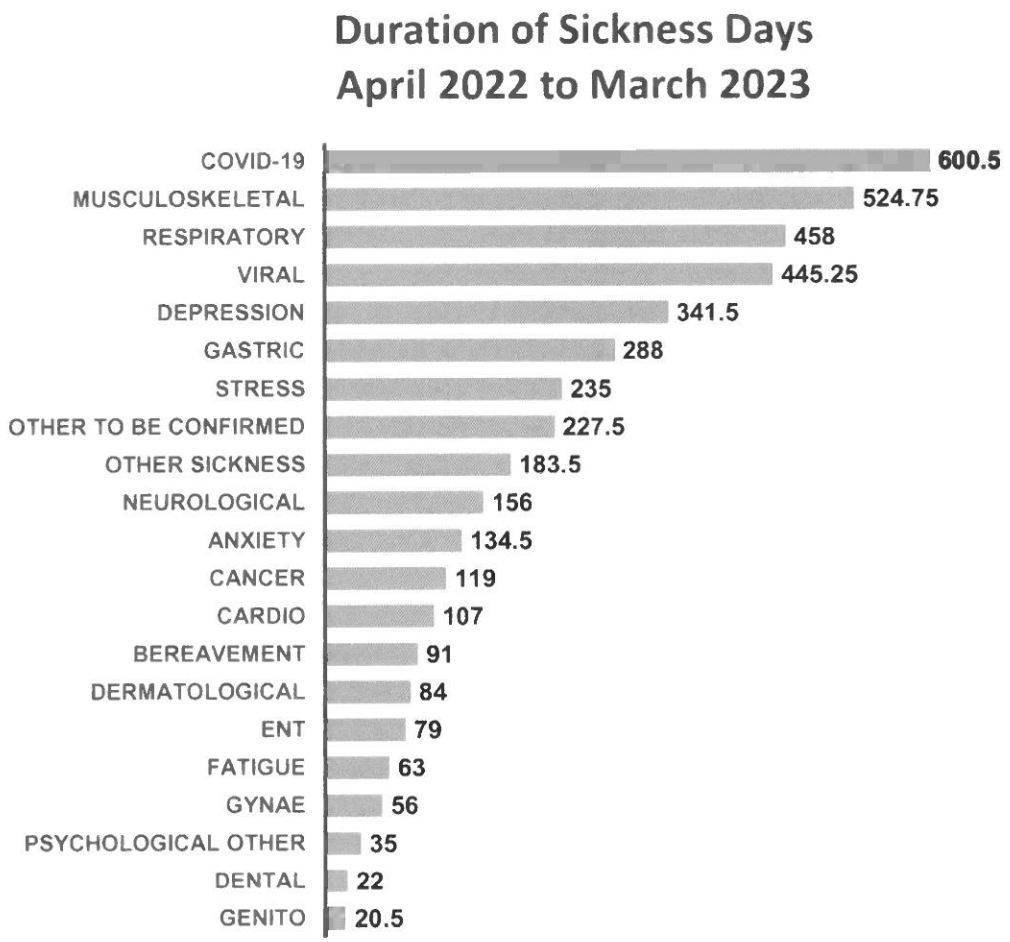
The Total number of individuals who left Mountbatten over the past 12 months was 104, which can be attributed to the following reasons: (VR = Voluntary Resignations)



Sickness management

During 2022/23 we have seen some increases in the duration of employee's sickness for the reasons covered in the table below, this information now includes all employees who were unable to work due to COVID symptoms and testing positive. This was also the highest reason for absence compared to the previous year when gastric related sickness at 458.5 days lost was the highest reason given; pleasingly, the latter has significantly reduced over the same 12-month period.

As part of our approach to sickness management we continually look for trends that may be of concern. An example of this being the increase in the number of days lost relating to psychological e.g. stress, fatigue, and depression. In light of this we have used the introduction of the Employee Assistance Programme to help to support employees' mental wellbeing. Staff have found this to be a useful addition to our wellbeing plan and is widely used. We now receive quarterly reports from the programme to help spot other trends so that we can respond positively to them.



Outsourcing of Payroll
The People Services team led the implementation of a new payroll contract with an external supplier in 2022/23. This involved a great deal of data cleansing and aligning budgets correctly to staff in post. The implementation has been very successful with payroll errors reducing significantly as a result of improved internal checks. The team are also able to report more effectively on pay related management decisions and help with analyzing the impact of potential pay awards. The service to staff has also improved with their pay slips being accessible online.

Resource Bank – Employer branding project
To improve our employer branding, we have worked closely with an external branding company who have supported us in creating a new and fresh look for our recruitment materials. This has been designed to address our standing in the employment marketplace and promoting the Group in a more effective and attractive way. This has also helped us to streamline our recruitment processes and enhance the candidate to employee / volunteer experience.

Employment practices
In achieving the Charity's vision, we must continue to attract and retain a diverse pool of skilled and talented people. It is therefore important that the working environment we create is welcoming of people for all walks of life, where they can be themselves and enjoy being part of the Mountbatten team.

Dignity at work
All our staff have the right to be treated with fairness, dignity and respect. We do not tolerate bullying or harassment. It is only through treating everyone fairly and that we will enable our people to perform at their best. The Charity's values outline the ways in which we interact with one another and the behaviours that all patients, carers, staff and volunteers can expect whilst working for the Mountbatten Group.

Safeguarding
Everyone is entitled to live their lives free from harm and abuse. It is important that children and vulnerable adults can feel safe and protected alongside our employees and volunteers whilst undertaking Mountbatten related activities.

We employ a dedicated Safeguarding Manager and our online safeguarding training is mandatory for all our employees. We update our safeguarding policy and associated guidance regularly and whenever any additional changes are required to reflect current thinking.

Safeguarding concerns connected to our activities can arise from our staff, volunteers and from members of the public, and can be reported through our shops, at events or online. Any concerns are logged confidentially arid escalated when required, involving thorough investigation and resolution through a range of methods. These include signposting to further help, reporting the concerns to relevant authorities (for example police or social services), taking disciplinary action, or offering pastoral care and support. Incidents are regularly reviewed and reported to our Executive Board and Council. We report serious incidents to the Charity Commission in accordance with its guidelines.

Equality, diversity and inclusion (EDI)
We value, celebrate and embrace diversity and believe the inherent benefits of an equal, diverse and inclusive organisation will enhance the care we provide and how staff / volunteers behave towards each another.

We monitor and record our EDI achievements in recruitment and endeavour to be able to robustly demonstrate that we value and strive to achieve a balanced, equal, diverse and inclusive workforce. We have recognised that while we have taken steps forward, we still have a long way to go to achieve our ambitions of building an inclusive culture which supports everyone in our teams to thrive.

We have continued to foster inclusion through all our activities including our learning and development programme, recruitment and selection practices.

It is the charity's policy to provide equal opportunities to job applicants and employees of any race, nationality, ethnic origin, marital status, religion or belief, sex, sexual orientation or gender identity, disability, age, or employment status.

The Charity does not tolerate any form of discrimination in our recruitment or employment practices. All employees and applicants are treated fairly, with respect, recognised as individuals and valued for the contribution they make. We provide fair access to training, development, reward and progression opportunities and ensure they are accountable for the impact of their own actions. Equality Impact Assessments are carried out on policies to allow us to identify and remove any direct or indirect discrimination and implement opportunities to foster good relations. We are committed to taking positive action where necessary.

Within recruitment, we have a recruitment and selection policy and accompanying guidance which provides structure and criteria for the shortlisting of applicants. As part of this policy, we ask job applicants whether adjustments are needed to support them so we can. provide these where required.

Pay
We are committed to fairness in our remuneration practices and our remuneration policy follows these guiding principles:

- **Transparency** - openness and clear communication about how remuneration is set.
- **Proportionality** - fairness and consistency in line with appropriate internal and external references.
- **Rewarding performance** - ensuring remuneration is commensurate with an individual's performance and contribution.
- **Effective recruitment and retention** - enabling us to attract and retain valued staff.

Salaries are set on two different systems:

1) Staff employed on the NHS Agenda for Change mirrored contract are entitled to all the benefits contained in the terms of that contract and are mainly clinical staff but there are some staff who were formerly employed in the NHS who have TUPE'd into the Charity along with their entitlement to the NHS Agenda for Change terms and conditions.

2) Staff who are not employed on the NHS Agenda for Change mirrored contract are paid according to the Mountbatten pay structure which looks at an assessment of the market salary for the full range of positions offered by the Charity. Remuneration may vary depending on the job type and talent pool and is validated objectively using market comparators. This includes salary survey data from the charitable, private and public sectors. Guidance is sought from external professional advisers as appropriate. Our remuneration framework sets out pay bands clearly and is openly available to employees, to support our objective to engender fairness and teamwork.

We carry out an annual salary review for all staff and take guidance for the NHS, Charity sector and local market forces. Our aim is always to be competitive and to reward staff fairly for the work they do. Therefore, we review our remuneration policy and positioning regularly to ensure we are paying appropriately to attract and retain skilled and experienced people, while making best use of supporters donations. Information regarding our remuneration spend and the number of employees with pay over £60,000 is included in Note 8 to the financial statements.

Senior executive pay
To achieve our objectives, we need to attract and retain high-performing senior leaders. Each position on the Senior Management Team is individually benchmarked using external advisers and taking into account local economic conditions as well as the market rate for similar jobs across the sector.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

The skills and work practice experience gained during the lockdowns has endured into the new 'normal' and has included facilitating virtual patient groups, extensive use of video conferencing, and investigating the use of existing new technologies that enable patients to engage and contribute to their care at any time.

During the year, we have achieved the following notable successes:

- Assisted the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystmOne Shared Electronic Health Record, including the introduction of an admission template and overhaul of several other templates
- Moved to a new Smartcard authority, this is now undertaken by the Commissioning Service Unit, this offers a more timely service and provides the local authority agent with more access to update staffs cards and make access changes to these when required
- All of Mountbatten's IT infrastructure is now cloud-based with the exception of one server, this will be moved into the cloud by the end of 2023.
- New out of hours emergency process flowcharts have been produce to improve resilience should there be a loss of services

Mountbatten Isle of Wight

- The successful roll out of SystmOne electronic prescribing medication administration module on the Inpatient Unit
- The initialisation of a patient application project (AIRMID) which has the capability to allow patients to view their patient record and also enter into the record. It will also for video consultations, booking of appointments and the completion of surveys
- New WiFi installed on the Inpatient Unit which provides better coverage and a more stable solution for patients and staff.
- All patient rooms now have Smart TV's within them, this allows patients to view online channels such as YouTube and also streaming services such Netflix and Amazon Prime.
- Mobile phone signal boosters have been installed to increase coverage across the site

Mountbatten Hampshire

- New WiFi installed on the Inpatient Unit which provides better coverage and a more stable solution for patients and staff.
- An overhaul of the server room and the main server cabinet was carried out. All cabling is now cable managed with a new accurate patch panel record created. The room is now clear of any clutter and has been cleaned
- All meeting rooms have now been set up with their own computers with specific logins created for each computer for ease of access when using the rooms for video conferencing
- The successful roll out of SystmOne electronic prescribing medication administration module on the Inpatient Unit
- Smart TV's have been purchased for all patient rooms

Security and Service Availability

There have been minimal and few IT security issues and / or network outages over the year.

Cyber security, Information Assurance and Information Governance is given the highest priority across the organisation, and continued improvements and testing are in place to protect against internal and external attacks and system failure.

Collaboration

Together with the Data & Quality Team, we have actively participated in the Hampshire and Isle of Wight (HIOW) End of Life Care (EoLC) Interoperability Group, which has the aim of improving how important EoLC patient information is shared between organisations, in real-time, using disparate electronic systems.

The group is piloting three initiatives which are designed to produce a proof of concept as to how key end of life information can be shared. Mountbatten are leading on one of these projects, to demonstrate how information can be shared between organisations using the same electronic patient record on the Isle of Wight.

Mountbatten has initiated and chairs the Isle of Wight SystmOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island and, in part, has assisted in persuading the Island's NHS Trust to move to SystmOne. Mountbatten also chairs a smaller Isle of Wight SystmOne Working Party designed at aligning function and process across the various organisations who use SystmOne on the Island.

Mountbatten are part of the Hampshire PCN North One Team approach, one of the objectives of this team is to share end of life information between a Mountbatten, a GP surgery and Community Nursing through the use of one template within SystmOne.

Mountbatten has started trialing and are sponsoring the use of the 12 Key Indicators, a set of simple measurements that are aimed at demonstrating and comparing, at a glance, how well all aspects of the hospice are performing.

The measures include: Reach, Responsiveness, Efficiency, Effectiveness, Activity, Expenditure, Feedback, Savings, Planning, Safety, People and Fundraising.

The 12 Key Measures have been shared with and discussed with other hospices with the long term aim to see if these can be used as a benchmarking tool for hospices in England.

Resources

The IT Team has had a very busy few years with the integration of the Hampshire site, the replacement of legacy and paper systems, with the implementation of new electronic patient systems, the major refresh of equipment and the work required to provide remote and flexible working during the pandemic.

As we return to a more normal work pattern, it is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and staff requirements.

The team is currently going through a transitional period with Mountbatten's Head of Quality taking on responsibility for IT provision across the Mountbatten Group. Initial discussions have been held regarding the structure of the team moving forward and how best to utilize and develop the current team, alongside identifying where there are any potential gaps.

Future Plans

Mountbatten prides itself on being innovative and bold, this is very much inline with the IT teams ethos moving forward. There has been a recent move to bring IT under the umbrella of quality, data and information. This will mean that the team increases in size and provides the opportunity to have more flexibility and also transfer information and knowledge between the different aforementioned areas.

It is acknowledged that there is an opportunity to develop the team further both through training of existing team members to enhance their expertise and to fill the knowledge gaps within the team and also by supporting frontline clinicians with their own IT skills to enable them to gain confidence and improve their ability in this area. There is also an appetite for adding to the team in more creative ways such as with the use of volunteers and students.

Some of the key projects the IT team will be focusing on over the coming months are:

- The use of Virtual Reality headsets for various patient groups across Mountbatten
- The roll out of the Electronic Prescribing Service function within SystmOne which will allow clinicians to send prescriptions directly to pharmacists
- Improving the network speed and stability in Hampshire
- Further collaborations with other hospices regarding IT advancements and innovations
- A review and rationalization of the phone system across the Mountbatten Group
- The roll out of the SystmOne Brigid application which will allow clinicians to input into SystmOne via the smart phone

Trustees' duty to promote the success of the Charity - Section 172 statement

Trustees have a duty to promote the success of the Charity and, in doing so, are required by section 172(1) of the Companies Act 2006 to have regard to various specific factors, including:

1. the likely consequences of decisions in the long term
2. the interests of employees
3. the need to foster the Charity's relationships with third-party stakeholders which, in the case of the Mountbatten Group, include people affected by death, dying or bereavement, supporters, the clinical communities, key opinion leaders and other influencers
4. the impact of the Charity's operations on the community and the environment
5. the desirability of the Charity maintaining a reputation for high standards of business conduct

Our governance processes

The Board of Trustees (Board) delegates day-to-day management and decision-making to the Chief Executive Officer and Senior Management Team (SMT), who are required to execute the Charity's strategy and to ensure that the Charity's activities are carried out in compliance with its objects and policies approved by the Board.

The Board, along with the SMT, holds an annual one-day strategy review meeting to assess progress and identify areas of focus for the following year. The Board receives updates on the Charity's performance and plans at each quarterly Board meeting, while its Committees review performance and plans in more detail as set out in the relevant Committee's terms of reference. By monitoring performance and ensuring that management is acting in accordance with the strategy and plans, and in compliance with specific policies, the Board and its Committees obtain assurance that in promoting the success of the Charity, due regard is given to the factors set out in section 172.

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 59. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

The Charity's strategy is based on our vision of expanding our services across our operating area and beyond to ensure that no person should find themselves isolated and unsupported while facing death, dying or bereavement. This long-term aim informs our strategy and decisions regarding our policies and activities. The current strategy cycle runs from 2020 to 2025.

During the year under review, the Trustees approved a COVID-19 plan that addressed the likely difficulties of continuing to deliver services during a pandemic, a possible drop in income and the need to support people affected by death dying and bereavement through the pandemic.

The Board and its Committees keep the Charity's principal risks and its risk appetite under review, formally considering emerging risks and reviewing changes in the Charity's risk profile and responses thereto throughout the year.

The desirability of the Charity maintaining a reputation for high standards of business conduct

Among the matters reserved for the Board is setting the Charity's culture, values and standards and ensuring that its obligations to its stakeholders are met. The Charity has a range of policies and processes that promote corporate responsibility and ethical behaviour. Areas covered include fundraising, conflicts of interest, safeguarding, dignity at work and whistleblowing.

The desirability of the Charity maintaining a reputation for high standards of business conduct (cont.)

All policies are reviewed periodically and updated as necessary by SMT and the Board.

Although the Charity's core activities do not involve working directly with children it does work extensively with vulnerable adults, and those working in the Charity's shops, at its events or through voluntary fundraising activities may from time to time come into contact with. children or vulnerable adults. The Charity has a dedicated safeguarding manager and a network of safeguarding champions who are responsible for ensuring that reporting and review processes are followed so that safeguarding issues are dealt with appropriately.

Engaging with our stakeholders

The Group takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the Group will ensure that we settle accounts within agreed terms and as a routine the finance department will settle accounts on a twice monthly basis.

Our Stakeholders	How we engage them on key decisions
People affected by death, dying or bereavement. It is vital that we listen to the experiences, insights and priorities of people affected by death, dying or bereavement so we can be sure we are meeting their needs, delivering the services most appropriate to those needs and influencing policy changes in the areas that they are most needed as well as providing relevant and accessible information.	We routinely consult and communicate with all our service users on a constant basis. This is through personal contact as well as frequent electronic contact, follow up and the maintenance of a 24/7 telephone line manned by human beings to ensure that we are always available to those who need us.
Our Supporters In order to ensure our long term financial stability, we need to build lasting relationships with our supporters, inspiring trust and loyalty in them around a shared mission. We also need to provide them with the right opportunities to support us and enable them to do so in ways that they find easy and convenient.	We have invested heavily in facilities to allow us to stay in better contact with our supporter base and we contact them through these facilities regularly. We have an ongoing communication and dialogue with our supporter base and their feedback is used to guide the development, delivery and content of our fundraising and marketing activity to ensure that their views inform all aspects of our fundraising.

Our Workforce As an organization, we are only as strong as the people we're made up of. We pride ourselves on the ability to recruit, develop, support and train he best people in each area of our work. In order to do this, we need to listen to our employees and understand what kinds of support, information and development opportunities they want to see from us.	We communicate with our staff in many different ways. We run an ongoing series of general open meetings to which all staff are invited and at which any member of staff my raise any issue or concern that they may have. We also have a policy whereby all staff are able to have regular and frequent one to one meetings with their line manager to discuss matters that relate directly to their day to day work or how their work is affecting their day to day life. We have a formal annual process of appraisal to formally record the performance, development progress and ambitions and future plans for the employee and the Charity. Finally, we have a formal process of whistleblowing and an identified whistleblowing 'champion' to facilitate swift disclosure and resolution to employment, and other, issues which may be sensitive, difficult or contentious in nature.
Suppliers We work with a range of suppliers but given our location and what it is that we do, they are mostly local suppliers. They do range from small independents to members of large and sometimes international corporate groups. We value our relationships with all of our suppliers and try hard to build good relationships with all of our suppliers.	While the nature of our activities means that our largest expense is Human Resources we still spend significant amounts with external suppliers. We are committed to treating them fairly and ensure that as far as possible we pay them promptly and deal with them equitably. We run two creditor payment runs every month to ensure that we are able to pay suppliers promptly and within agreed credit terms.

Principal decisions

Maintaining services to our beneficiaries

Following emergence of the COVID-19 pandemic we considered the feasibility of maintaining service delivery to all of our beneficiaries.

- SMT looked at all options presented to them for service delivery across our In Patient Unit, Community team, Care at Home team and day care centre.
- Services in the In Patient unit were maintained at pre-pandemic levels with extra use of PPE and a restriction on the number of visitors permitted simultaneously in wards.
- Community team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involve greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Care at Home team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involve greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Day care centre activities were suspended on the premises due to the particular risks and difficulties presented to patients in travelling to and from the centre.

Sustainability and carbon reporting

The Mountbatten Group is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018.

	2022/23	2021/22
Consumption of Electricity – KWh / Tons of CO2 equiv		
Retail outlets Isle of Wight	82,852 / 19.32	62,836 / 14.65
Isle of Wight Hospice and associated buildings	466,282 / 108.71	558,506 / 130.21
Retail outlets Hampshire	94,508 / 22.03	53,786 / 12.54
Consumption of Gas – KWh Equiv.		
Retail outlets Isle of Wight	158,355 / 36.92	102,208 / 23.83
Isle of Wight Hospice and associated buildings	489.572 / 114.14	772,487 / 180.1
Consumption of fuel in vehicle fleet		
Consumption of fuel in Vehicles	6,712 / 17.99	6,944 / 18.61

The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.
The conversion rate of litres fuel to carbon dioxide is 2.68 kg CO2 per litre of fuel.

We are reporting our energy use and emissions on a 12 month basis.

Commentary on emissions

The largest consumer of energy is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 88% of gas consumption and 82% of electricity consumption. The balance of electricity and gas consumption is entirely in the retail shop network.

We have taken an operational control approach, meaning that 100% of emissions from locations and operations over which the Mountbatten Group have operational control have been reported. We have not reported on any premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans.

The primary sources used for energy and fuel are billing data and reports from our energy supply broker.

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data. Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2022/23

Our energy saving actions in our shops and offices include installing LED- lighting installations and appliances whenever possible, improving building insulation wherever possible and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We know that we are at an early stage in our energy efficiency journey and we are determined to improve our energy efficiency and awareness of our consumption of energy across our entire estate.

Financial review

The financial result for the year for Mountbatten Group was very disappointing and the Group produced a significant deficit for the year amounting to £3,887,537. Results were adversely affected by a number of factors. Legacy receipts were just about £200k less than the level of the prior year, Fundraising efforts in aggregate realized almost £350k less than the prior year and large pay settlements within the NHS pay arrangements, to which we are bound, created almost £1m of extra payroll costs for the Charity. Finally, the general inflationary environment, and energy costs in particular created extra unanticipated cost pressures for the Charity.

Resources expended by the Group for the year increased substantially due to the factors explained above and full details of expenditure for the Group are disclosed in Note 6 to these Accounts. The total resources expended by the wider Group increased to an amount of £18,630,507 compared to £16,679,353 in 2022. An analysis of Group Resources expended by activity is as follows:

- 21% (2022 – 17%) of our expenditure was on the cost of generating funds. The increase reflects the increased level of fundraising activity and resourcing that increase.
- 56% (2022 – 59%) of our expenditure was directly incurred in the carrying out of our charitable activities. This small decrease is within the range of expected operating variation due to normal demand fluctuations and levels of resourcing in place across the year.
- 23% (2022 – 24%) of our expenditure was incurred in the support of the carrying out of our charitable activities and our governance.

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability to the charity. This policy recognises that the charity is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth and benchmarked at Risk Level 6 on the Brewin Dolphin Composite Index. This index is comprised of a mixture of publicly quoted equity and fund indices for instruments traded on a range of public markets in the UK, Europe, USA, Asia and the rest of the world. The charity is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves. Currently the Group does not invest in Tobacco based equities.

A total return of -3.42% (2022 7.1%) was achieved for the year comprising -5.85% (2022 5.1%) of capital losses and 2.43% (2022 2.0%) of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was -1.8%.

The portfolio management was moved from Brewin Dolphin at the end of the financial year and transferred in part to Ruffer LLP with the balance invested with CCLA Investment Management. The move was a result of a change in investment philosophy within the Board of Trustees consequent on the prevailing economic circumstances and following an open competitive tender process the new managers were selected and appointed. The process of transferring the portfolio from Brewin Dolphin was carried out at the end of the financial year for purposes of clarity of reporting but it did have the consequence of reducing the entire portfolio, at the year end date, to cash. This was a transitory position on that date as shown below and the portfolio was fully re-invested by the new managers in terms of their respective briefs during early April 2023.

Reserves Policy

Trustees have previously agreed their reserves policy to be an aspired level of reserves equal to one year's budgeted expenditure and a minimum level of reserves, which they will always look to maintain, of a sum equal to nine months' budgeted expenditure.

During the financial year, unrestricted reserves decreased by £3.84m finishing the year at £15.60m (2022 £19.44m). Budgeted expenditure for 2023/24 is £10.2m, so total unrestricted reserves equated to approximately 18 months of budgeted expenditure as at March 2023. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £3.9m, which equates to just over 4.5 months' expenditure.

Reserves are not accumulated in a random fashion but are the result of careful and prudent consideration of future obligations and estimates of financial results and the trustees will ensure that the charity takes its reserves position into account in future financial planning decisions. The current focus is on achieving a position of holding a minimum of 9 months and a maximum of 12 months of operating costs in free reserves.

Public benefit statement

Whilst evaluating the public benefit provided by the Group, the Trustees referred to the Charity Commission's general guidance. When reviewing the aims and objectives of the Hospice and in planning future activities the Trustees consider whether or not there are identifiable public benefits, what they are, how they are related to the aims, and how they are balanced against any detriment or harm.

Statement of trustees' responsibilities

The trustees, who are also the directors of Earl Mountbatten Hospice for the purposes of company law, are responsible for preparing the Trustees' Report (which includes the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditor
In accordance with the company's articles, a resolution proposing that Azets Audit Services be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor
Each of the trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

The trustees' report was approved by the Board of Trustees:

Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 10/8/23

Opinion

We have audited the financial statements of Earl Mountbatten Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2023, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- adequate and sufficient accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 64, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

Azets Audit Services

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

Debra Saunders BSc FCA (Senior Statutory Auditor)

6 September 2023

For and on behalf of Azets Audit Services, Statutory Auditor

Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2023

	Note	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Income from:							
Donations and legacies	2	2,332,465	430,170	2,762,635	3,370,808	386,845	3,757,653
Charitable activities							
Inpatient / Day Care	3	8,634,255	39,038	8,673,293	8,489,640	3,808,269	12,297,909
Community Care	3	154,838	-	154,838	242,753	-	242,753
Other trading activities	4	3,246,383	129,724	3,376,107	2,614,974	254,490	2,869,464
Investments	5	197,097	-	197,097	138,425	-	138,425
Total income		14,565,038	598,932	15,163,970	14,856,600	4,449,604	19,306,204
Expenditure on:							
Raising funds		4,953,213	-	4,953,213	3,633,753	-	3,633,753
Charitable activities:							
Inpatient / Day Care		8,053,573	643,703	8,697,276	5,760,313	4,521,553	10,281,866
Community Care		4,980,018	-	4,980,018	2,763,734	-	2,763,734
Total expenditure	6	17,986,804	643,703	18,630,507	12,157,800	4,521,553	16,679,353
Net (expenditure)/income before net (losses)/gains on investments		(3,421,766)	(44,771)	(3,466,537)	2,698,800	(71,949)	2,626,851
Net (losses)/gains on investments		(421,000)	-	(421,000)	285,201	-	285,201
Net (expenditure)/income for the year and net movement in funds	7	(3,842,766)	(44,771)	(3,887,537)	2,984,001	(71,949)	2,912,052
Transfer between funds		-	-	-	-	-	-
Net movement in funds		(3,842,766)	(44,771)	(3,887,537)	2,984,001	(71,949)	2,912,052
Reconciliation of funds:							
Total funds brought forward		19,438,666	3,460,505	22,899,171	16,454,665	3,532,454	19,987,119
Total funds carried forward	21	15,595,900	3,415,734	19,011,634	19,438,666	3,460,505	22,899,171

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21 to the financial statements.

Mountbatten Group
Balance Sheet
As at 31 March 2023

		The Group		Earl Mountbatten Hospice	
		2023	2022	2023	2022
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12	11,693,046	11,718,873	11,217,448	11,282,700
Investments	13	31,629	7,810,840	2	5,910,849
		11,724,675	19,529,713	11,217,450	17,193,549
Current assets:					
Stocks		9,598	2,229	-	-
Debtors	16	689,763	3,819,692	542,822	1,922,060
Cash at bank and in hand		8,884,194	1,076,983	6,446,730	563,622
		9,583,555	4,898,904	6,989,552	2,485,682
Liabilities:					
Creditors: amounts falling due within one year	17	(2,296,596)	(1,529,446)	(938,949)	(596,973)
Net current assets		7,286,959	3,369,458	6,050,603	1,888,709
Total net assets	20	19,011,634	22,899,171	17,268,053	19,082,258
Funds:					
Restricted funds		3,194,784	3,221,019	3,194,784	3,221,019
Restricted funds CMH		220,950	239,486	-	-
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		6,022,465	9,865,231	4,999,834	6,787,804
Total unrestricted funds		15,595,900	19,438,666	14,073,269	15,861,239
Total funds	21	19,011,634	22,899,171	17,268,053	19,082,258

The financial statements were approved by the Board of Trustees on ....10/8/23..... and were signed on its behalf by:

Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Group
Consolidated Statement of Cash Flows
For year ended 31 March 2023

	Note	2023		2022	
		£	£	£	£
Net cash provided by (used in) operating activities	22		613,088		(351,464)
Cash flows from investing activities:					
Dividends and interest		197,097		138,425	
Purchase of property, plant and equipment		(361,185)		(535,835)	
Proceeds from disposal of property, plant and equipment		-		26,833	
Proceeds from sale of investments		7,190,429		1,383,104	
Purchase of investments		(1,257,072)		(1,689,251)	
Movement in portfolio cash held for investment		1,424,854		(793,704)	
Net cash used in investing activities			7,194,123		(1,470,428)
Change in cash and cash equivalents in the year			7,807,211		(1,821,892)
Cash and cash equivalents at the beginning of the year			1,076,983		2,898,875
Cash and cash equivalents at the end of the year			8,884,194		1,076,983

1. ACCOUNTING POLICIES

a) Statutory information

Earl Mountbatten Hospice is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address (and principal place of business) is Halberry Lane, Newport, Isle Of Wight PO30 2ER.

b) Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary, Earl Mountbatten Hospice Trading Company Limited, and Countess Mountbatten Hospice Group on the basis that the charitable companies are under common control. Countess Mountbatten Hospice Group includes the parent charity, Countess Mountbatten Hospice Charity Limited, and its subsidiary, Countess Mountbatten Hospice Promotions Limited, and the entities are consolidated on a line by line basis.

Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the entities are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

The financial statements are prepared in £ sterling, which is the functional currency of the charitable company. Monetary amounts in these financial statements are rounded to the nearest £.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. The two charities became eligible for retail hospitality & leisure grants from Government during the pandemic. These grants have been recognised in the periods for which the grants were intended.

1. **ACCOUNTING POLICIES (continued)**

e) Income (continued)

f) Coronavirus job retention scheme income and other coronavirus support income is recognised when the Group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

For legacies, entitlement is taken as the notification has been made by the executor(s) to the charities that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charities, or the charities are aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the group has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the group of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised and reference is made in the trustees' annual report about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the group which is the amount the group would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

j) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable companies in inducing third parties to make voluntary contributions to them, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services both within the hospices and the community to further the purposes of the charities and their associated support costs.

1. ACCOUNTING POLICIES (continued)

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, and governance costs, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

• Cost of raising funds	21%
• Inpatient / Day Care	48%
• Community Care	31%

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charities' activities.

l) Operating leases

Rental charges are charged on a straight-line basis over the term of the lease.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

The charity has taken the opportunity provided in FRS 102 section 35 to treat the revaluation amount of freehold land and buildings as deemed cost.

Depreciation is provided, on a straight line basis, at rates calculated to write down the cost of each asset, except land, to its estimated residual value over its expected useful life. The useful lives are as follows:

• Freehold land and buildings	Not depreciated
• Leasehold property	Over the term of the lease
• Leasehold improvements	Over the term of the lease
• Fixtures, fittings and equipment	between 3 and 10 years
• Motor vehicles	between 5 and 7 years

Depreciation is not charged on freehold buildings because the charity has a policy to maintain the properties to a high standard through a continuing programme of refurbishment and maintenance. Consequently, the lives of the properties and their residual values are such that any depreciation charge would be immaterial. Freehold buildings are reviewed for impairment at the end of each accounting period in accordance with FRS 102.

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives, or other complex financial instruments.

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

1. **ACCOUNTING POLICIES (continued)**

p) **Stocks**

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving, and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charities of these goods is recognised as income when sold.

q) **Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

r) **Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

s) **Creditors and provisions**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

t) **Financial instruments**

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates, or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets
Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date.

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Derecognition of financial assets
Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

Classification of financial liabilities
Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities
Basic financial liabilities, including creditors, bank loans and loans from fellow group companies, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities
Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1. ACCOUNTING POLICIES (continued)

u) Pensions

The charities contribute to the NHS Superannuation pension scheme for certain qualifying employees. The assets of the scheme are held separately from those of the charities in an independently administered fund.

The pension charge represents contributions payable by the charity to the fund. It is a multi-employer scheme and the charities are unable to identify their share of the underlying assets and liabilities. It is therefore accounted for as though it were a defined contribution scheme.

The group also provides a defined contribution pension scheme for staff other than those within the NHS superannuation pension scheme. The assets of the scheme are held separately from those of the company in a separately administered fund. Pension costs relating to employees recharged from the NHS Trust are not identified separately and are included in wage costs, on a defined benefit basis.

2. Income from donations and legacies

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Gifts						
Earl Mountbatten Hospice	837,978	98,733	936,711	905,676	333,587	1,239,263
Countess Mountbatten Hospice	728,881	81,437	810,318	687,973	53,258	741,231
Legacies						
Earl Mountbatten Hospice	502,684	250,000	752,684	1,146,794	-	1,146,794
Countess Mountbatten Hospice	262,922	-	262,922	630,365	-	630,365
	2,332,465	430,170	2,762,635	3,370,808	386,845	3,757,653

In addition to the above, there was an estimated £1,220,000 for EMH and £905,000 for CMH (2022: £387,000 for EMH and £825,000 for CMH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

3. Income from charitable activities

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
NHS CCG						
Earl Mountbatten Hospice	3,568,876	39,038	3,607,914	3,289,306	41,139	3,330,445
Countess Mountbatten Hospice	5,019,013	-	5,019,013	5,138,409	-	5,138,409
NHSE*						
Earl Mountbatten Hospice	-	-	-	-	1,489,796	1,489,796
Countess Mountbatten Hospice	-	-	-	-	2,267,249	2,267,249
Other grant income						
Earl Mountbatten Hospice	46,366	-	46,366	61,925	10,085	72,010
Countess Mountbatten Hospice	-	-	-	-	-	-
Sub-total for inpatient/Day Care	8,634,255	39,038	8,673,293	8,489,640	3,808,269	12,297,909
Isle of Wight Clinical Commissioning Group						
Earl Mountbatten Hospice	154,838	-	154,838	242,753	-	242,753
Sub-total for Community Care	154,838	-	154,838	242,753	-	242,753
Total income from charitable activities	8,789,093	39,038	8,828,131	8,732,393	3,808,269	12,540,662

*All NHSE income was received via Hospice UK

4. Income from other trading activities

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Fundraising activities						
Earl Mountbatten Hospice	701,815	16,182	717,997	599,447	94,188	693,635
Countess Mountbatten Hospice	534,855	-	534,855	366,774	67,141	433,915
Shops, café and other income						
Earl Mountbatten Hospice	1,312,569	113,542	1,426,111	1,181,170	93,161	1,274,331
Countess Mountbatten Hospice	697,144	-	697,144	467,583	-	467,583
	3,246,383	129,724	3,376,107	2,614,974	254,490	2,869,464

5. Income from investments

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Income from quoted investments						
Earl Mountbatten Hospice	150,426	-	154,426	107,873	-	107,873
Countess Mountbatten Hospice	46,671		46,671	30,552	-	30,552
	197,097	-	197,097	138,425	-	138,425

6. a) Analysis of expenditure - current year

		Charitable activities					
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2023 Total	2022 Total
	£	£	£	£	£	£	£
Staff costs (Note 8)	2,580,586	5,417,265	3,541,152	-	2,664,609	14,203,612	12,541,030
Medical consumables	-	234,077	153,047	-	-	387,124	362,898
Volunteer expenses	-	-	-	-	18,971	18,971	6,481
IT and administrative costs	-	-	-	-	213,564	213,564	277,958
Trading activities	32,741	-	-	-	-	32,741	19,307
Fundraising costs	339,209	-	-	-	-	339,209	325,053
Lottery costs	207,705	-	-	-	-	207,705	198,470
Investment managers' fees	43,400	-	-	-	-	43,400	36,456
Audit and accountancy fees	-	-	-	49,023	-	49,023	50,318
Legal and professional	-	-	-	-	303,721	303,721	141,748
Trustee costs	-	-	-	619	-	619	12,218
Catering	372,810	1,439	-	-	-	374,249	315,750
Premises	199,539	762,684	-	-	335,476	1,297,699	1,080,253
Depreciation and loss on disposal	-	-	-	-	387,012	387,012	298,014
Insurance	7,716	-	-	-	58,797	66,513	46,468
Maintenance and repairs	-	69,354	-	-	173,361	242,715	299,818
Subscriptions and publications	-	-	-	-	38,573	38,573	32,783
Irrecoverable VAT	20,266	-	-	-	-	20,266	36,727
Consumables	82,067	228,704	-	-	93,020	403,791	597,603
	3,886,039	6,713,523	3,694,199	49,642	4,287,104	18,630,507	16,679,353
Support costs - EMH	867,406	1,198,597	757,008	-	(2,823,011)	-	-
Support costs - CMH	188,363	762,013	513,717	-	(1,464,093)	-	-
Governance costs - EMH	8,633	11,929	7,534	(28,096)	-	-	-
Governance costs - CMH	2,772	11,214	7,560	(21,546)	-	-	-
Total expenditure 2023	4,953,213	8,697,276	4,980,018	-	-	18,630,507	
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-		16,679,353

6. b) Analysis of expenditure - prior year

		Charitable activities				
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2022 Total
	£	£	£	£	£	£
Staff costs (Note 8)	1,670,808	6,567,346	1,834,613	-	2,468,263	12,541,030
Medical consumables	-	278,471	84,427	-	-	362,898
Volunteer expenses	-	-	-	-	6,481	6,481
IT and administrative costs	-	-	-	-	277,958	277,958
Trading activities	19,307	-	-	-	-	19,307
Fundraising costs	325,053	-	-	-	-	325,053
Lottery costs	198,470	-	-	-	-	198,470
Investment managers' fees	36,456	-	-	-	-	36,456
Audit and accountancy fees	-	-	-	50,318	-	50,318
Legal and professional	-	-	-	-	141,748	141,748
Trustee costs	-	-	-	12,218	-	12,218
Catering	313,280	2,470	-	-	-	315,750
Premises	196,550	586,842	-	-	296,861	1,080,253
Depreciation and loss on disposal	-	-	-	-	298,014	298,014
Insurance	8,399	-	-	-	38,069	46,468
Maintenance and repairs	-	99,593	-	-	200,225	299,818
Subscriptions and publications	-	-	-	-	32,783	32,783
Irrecoverable VAT	36,727	-	-	-	-	36,727
Consumables	59,428	409,333	-	-	128,842	597,603
	2,864,478	7,944,055	1,919,040	62,536	3,889,244	16,679,353
Support costs - EMH	757,857	921,316	832,157	-	(2,511,330)	-
Support costs - CMH	-	1,377,914	-	-	(1,377,914)	-
Governance costs - EMH	11,418	13,881	12,537	(37,836)	-	-
Governance costs - CMH	-	24,700	-	(24,700)	-	-
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-	16,679,353

7. Net income / (expenditure) for the year

This is stated after charging

	2023	2022
	£	£
Depreciation	387,012	298,014
Operating lease rentals:		
Property - EMH	199,539	196,550
Property - CMH	147,335	109,647
Auditor's remuneration (excluding VAT):		
Audit - EMH	24,650	22,250
Audit - CMH	20,600	18,750
Other services - EMH	1,300	1,250
Other services - CMH	1,300	1,250

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

Current year

	2023		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	732,360	3,597,801	4,330,161
Wages and salaries	4,898,863	1,308,906	6,207,769
Employer's national insurance	466,615	368,934	835,549
Pension costs	545,763	419,656	965,419
Temporary and agency staff	907,991	400,014	1,308,005
Other staff costs	333,373	223,336	556,709
	7,884,965	6,318,647	14,203,612

Prior year

	2022		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	731,585	3,079,246	3,810,831
Wages and salaries	4,351,522	1,333,403	5,684,925
Employer's national insurance	396,510	291,718	688,228
Pension costs	495,878	388,283	884,161
Temporary and agency staff	745,748	268,681	1,014,429
Other staff costs	224,077	234,379	458,456
	6,945,319	5,595,710	12,541,030

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The following number of employees received employee benefits (excluding employer pension costs and national insurance) during the year between:

	2023	2022
	No.	No.
£60,000 - £69,999	1	1
£70,000 - £79,999	1	1
£80,000 - £89,999	2	1
£90,000 - £99,999	1	1
£100,000 - £109,999	-	1
£110,000 - £119,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2022: 2) seconded medical professional staff of £207,163 (2022: £189,343).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £778,066 (2022: £755,005).

No charity trustees were paid nor received any other benefits from employment with the charity in the year (2022: none). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £619 (2022: £113) incurred by 4 (2022: 1) trustees.

9. Staff numbers

	2023 Employed by Charity No.	2023 Recharged to Charity No.	2022 Employed by Charity No.	2022 Recharged to Charity No.
Fundraising - EMH	11	-	10	-
Fundraising - CMH	5	-	32	-
In patient unit / Patient services - EMH	68	8	52	8
In patient unit / Patient services - CMH	79	-	137	-
Community	107	-	56	-
Day unit / JCC	18	-	10	-
Retail	61	-	41	-
Support	80	-	43	-
	429	8	381	8

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2022: £nil) not already disclosed.

11. Taxation

The charities are exempt from corporation tax as all their income is charitable and is applied for charitable purposes. The trading subsidiaries Earl Mountbatten Hospice Trading Limited and Countess Mountbatten Hospice Promotions Limited gift aid available profits to their immediate parent charities.

12. Tangible fixed assets

Group	Land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,112,676	250,674	2,454,453	261,197	14,079,000
Additions in year	57,433	35,858	265,394	2,500	361,185
Disposals in year	-	-	-	-	-
Transfers	(136,940)	136,940	-	-	-
At the end of the year	11,033,169	423,472	2,719,847	263,697	14,440,185
Depreciation					
At the start of the year	153,372	43,126	1,961,745	201,884	2,360,127
Charge for the year	13,042	75,746	271,939	26,285	387,012
Depreciation eliminated on disposal	-	-	-	-	-
Transfers	(122,951)	122,951	-	-	-
At the end of the year	43,463	241,823	2,233,684	228,169	2,747,139
Net book value					
At the end of the year	10,989,706	181,649	486,163	35,528	11,693,046
At the start of the year	10,959,304	207,548	492,708	59,313	11,718,873

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,062,094	-	2,031,583	261,197	13,354,874
Additions in year	55,860	-	27,555	-	83,415
Disposals in year	-	-	-	-	-
Transfers	(136,940)	136,940	-	-	-
At the end of the year	10,981,014	136,940	2,059,138	261,197	13,438,289
Depreciation					
At the start of the year	122,951	-	1,747,339	201,884	2,072,174
Charge for the year	-	7,760	115,117	25,790	148,667
Depreciation eliminated on disposal	-	-	-	-	-
Transfers	(122,951)	122,951	-	-	-
At the end of the year	-	130,711	1,862,456	227,674	2,220,841
Net book value					
At the end of the year	10,981,014	6,229	196,682	33,523	11,217,448
At the start of the year	10,939,143	-	284,244	59,313	11,282,700

All of the above assets are used for charitable purposes.

In the group figures, land and buildings constitutes both freehold property and leasehold property.

13. Investments

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Listed investments				
Fair value at the start of the year	6,385,986	5,794,747	4,827,958	4,462,912
Additions at cost	1,257,071	1,689,251	955,107	1,319,277
Disposal proceeds	(7,190,428)	(1,383,104)	(5,463,195)	(1,078,776)
Net (loss)/gain on change in fair value	(421,000)	285,092	(319,870)	124,545
	31,629	6,385,986	-	4,827,958
Cash held by investment broker pending reinvestment	-	1,424,854	-	1,082,889
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	31,629	7,810,840	2	5,910,849

	2023	2022
	£	£
UK Bonds	-	497,542
Overseas Bonds	31,629	426,507
UK Equities	-	1,662,869
North American Equities	-	1,560,358
European Equities	-	407,543
Japanese Equities	-	220,427
Asia Pacific Equities	-	523,137
Emerging Market Equities	-	99,881
Global Investments	-	298,476
Absolute Return	-	208,631
Property Trusts	-	212,522
Other	-	268,093
Cash	-	1,424,854
	31,629	7,810,840

14. Subsidiary undertakings

Earl Mountbatten Hospice, the charitable parent company, is the sole organisational member of Countess Mountbatten Hospice Charity Limited. Earl Mountbatten Hospice operates a hospice on the Isle of Wight and owns the whole of the issued ordinary share capital of Earl Mountbatten Hospice Trading Limited, a company registered in England and used for non-primary purpose trading. The company number is 03083127.

Countess Mountbatten Hospice Charity Limited operates a hospice in Southampton. The company number is 06539641 and the charity number is 1123304. It owns the whole of the issued ordinary share capital of Countess Mountbatten Hospice Promotions Limited, a company registered in England and used for non-primary purpose trading. The company number is 03675130.

All subsidiary company activities have been consolidated on a line by line basis in the statement of financial activities. Available profits from the trading subsidiaries are gift aided to their respective parent charitable companies. A summary of the results of the subsidiaries for the year are shown below:

Year ended 31 March 2023	Countess Mountbatten Hospice Charity Limited	Countess Mountbatten Hospice Promotions Limited	Earl Mountbatten Hospice Trading Limited
	£	£	£
Income / turnover	6,968,189	402,733	104,069
Cost of sales	-	(131,389)	(8,461)
Net income / gross profit	6,968,189	271,344	95,608
Net expenditure / administrative expenses	(9,182,898)	(18,202)	(36,158)
Distribution from subsidiary	482,590	-	-
Loss on investment assets	(101,130)	-	-
Net income/(expenditure)/profit/(loss) for the financial year	(1,833,249)	253,142	59,450
Funds/retained earnings brought forward	3,339,377	477,536	-
Net income/(expenditure)/profit/(loss) for the financial year	(1,833,249)	253,142	59,450
Distribution under Gift Aid to parent charity	-	(482,590)	(59,450)
Reserves/retained earnings carried forward	1,506,128	248,088	-
The aggregate of the assets, liabilities and funds was:			
Assets	2,927,144	288,307	27,333
Liabilities	(1,421,016)	(40,217)	(27,331)
Funds	1,506,128	248,090	2

14. Subsidiary undertakings (continued)

Year ended 31 March 2022	Countess Mountbatten Hospice Charity Limited	Countess Mountbatten Hospice Promotions Limited	Earl Mountbatten Hospice Trading Limited
	£	£	£
Income / turnover	9,335,716	373,587	78,305
Cost of sales	-	(118,092)	(6,699)
Net income/gross profit	9,335,716	255,495	71,606
Net expenditure/administrative expenses	(8,028,476)	(26,047)	(35,893)
Distribution from subsidiary	57,660	-	-
Gain on investment assets	160,547	-	-
Net (expenditure)/profit for the financial year	1,525,447	229,448	35,713
Funds/retained earnings brought forward	1,813,930	305,748	(2,195)
Net income/(expenditure)/profit/(loss) for the financial year	1,525,447	229,448	35,713
Distribution under Gift Aid to parent charity	-	(57,660)	(33,518)
Reserves/retained earnings carried forward	3,339,377	477,536	-
The aggregate of the assets, liabilities and funds was:			
Assets	4,738,226	535,666	37,019
Liabilities	(1,398,849)	(58,128)	(37,017)
Funds	3,339,377	477,538	2

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice Charity Limited is a management charge of £1,005,974 (2022: £829,903) from Earl Mountbatten Hospice to Countess Mountbatten Hospice Charity Limited. Included within administrative expenses within Earl Mountbatten Hospice Trading Company Limited is a management charge of £30,000 (2022: £30,000) from Earl Mountbatten Hospice.

Shared trustees/directors

All trustees of Earl Mountbatten Hospice are also trustees of Countess Mountbatten Hospice, with the exceptions of Stephen Izatt and Wendy Murwill, who are only trustees of Earl Mountbatten Hospice, and Malcolm Hogg and Peter Pitcher, who are only trustees of Countess Mountbatten Hospice.

Malcolm Hogg and David Bennett are trustees/directors of both Countess Mountbatten Hospice and Countess Mountbatten Hospice Promotions Limited.

Wendy Murwill is a trustee and director of both Earl Mountbatten Hospice and Earl Mountbatten Hospice Trading Company Limited.

15. Earl Mountbatten Hospice

The parent charity's (Earl Mountbatten Hospice) gross income and the results for the year are disclosed as follows:

	2023	2022
	£	£
Gross income	8,784,402	10,471,563
Result for the year	(1,814,204)	1,272,168

16. Debtors

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Amounts due from group entities	-	-	22,732	211,712
Trade debtors	243,165	81,012	203,812	24,034
Accrued income and other debtors	168,864	3,418,215	130,330	1,452,771
VAT recoverable	99,956	148,381	59,140	97,057
Prepayments	177,778	172,084	126,808	136,486
	689,763	3,819,692	542,822	1,922,060

17. Creditors: amounts falling due within one year

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	447,381	556,061	246,376	258,256
Deferred income	69,718	69,718	69,718	69,718
Other creditors and accruals	1,779,497	903,667	613,781	268,999
Amounts due to group entities	-	-	9,074	-
	2,296,596	1,529,446	938,949	596,973

18. Deferred income

Deferred income comprises grant and contract income received in advance of services being provided.

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Balance at the beginning of the year	69,718	623,041	69,718	318,041
Amount released to income in the year	-	(553,323)	-	(248,323)
Amount deferred in the year	-	-	-	-
Balance at the end of the year	69,718	69,718	69,718	69,718

19. NHS Pension Scheme

The charities have some staff who are members of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme. Details of the benefits payable and rules of the Scheme can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions [nhsbsa.nhs.uk]. The cost of participating in the Scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM (Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The total pension contributions payable for the NHS pension scheme in the year were £965,419 (2022: £884,123).

20. a) Analysis of group net assets between funds - 2023

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	372,201	9,020,915	2,299,930	11,693,046
Investments	31,629	-	-	31,629
Net current assets	5,618,635	552,520	1,115,804	7,286,959
Net assets at the end of the year	6,022,465	9,573,435	3,415,734	19,011,634

20. a) Analysis of group net assets between funds - 2022

	General unrestricted	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	368,040	9,020,915	2,329,918	11,718,873
Investments	7,310,840	500,000	-	7,810,840
Net current assets	2,186,351	52,520	1,130,587	3,369,458
Net assets at the end of the year	9,865,231	9,573,435	3,460,505	22,899,171

21. a) Movement in funds - 2023

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds						
Capital funds						
John Cheverton estate fixed asset fund	74,274	-	(29,988)	-	-	44,286
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Community equipment	2,678	-	(2,678)	-	-	-
Clinical Co-ordination Centre	192,057	-	(150,844)	-	-	41,213
iBCF	97,227	80,000	(143,223)	-	-	34,004
Kelly donation	505	-	-	-	-	505
Young adult services	56,584	-	(33,875)	-	-	22,709
DC clinical teaching post	-	15,171	(15,171)	-	-	-
NHS CCG - CQUINs	-	39,038	-	-	-	39,038
KissyPuppy restricted fund	341,513	113,591	(55,524)	-	-	399,580
Advanced communication	4,651	-	(903)	-	-	3,748
MND Clinic	9,451	-	(2,524)	-	-	6,927
Responsible communities	65,075	-	(65,075)	-	-	-
Mountbatten young adults	5,114	-	(2,645)	-	-	2,469
Barclays donation	75,276	-	(8,998)	-	-	66,278
Ward Furniture	4,616	-	(3,604)	-	-	1,012
Oak Garden Decking	5,500	-	(5,500)	-	-	-
Butterfly & Chelsea Garden Maintenance	5,000	-	(5,000)	-	-	-
Bladder Scanners	8,000	-	(917)	-	-	7,083
Hoist Pods for IPU	4,560	-	(880)	-	-	3,680
Essential Equipment for patient Care	4,618	2,200	(2,555)	-	-	4,263
Gen Don-Community	-	12,681	(12,681)	-	-	-
Gen Don-Lymphoedema	-	100	(100)	-	-	-
Donations for Staff	-	703	(703)	-	-	-
JC Pool Vehicle Fund	-	250,000	-	-	-	250,000
Daisy Rich Trust	-	1,000	-	-	-	1,000
Hospital Saturday Fund	-	2,000	-	-	-	2,000
Other restricted funds	8,676	1,011	(342)	-	-	9,345
Total restricted funds EMH	3,221,019	517,495	(543,730)	-	-	3,194,784

21. a) Movement in funds – 2023 (cont.)

	At 1 April 2022 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2023 £
Restricted funds - CMH						
NHSE	98,870	-	(27,070)	-	-	71,800
Other	140,616	81,437	(72,903)	-	-	149,150
Total restricted funds	3,460,505	598,932	(643,703)	-	-	3,415,734
Unrestricted funds -EMH						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - EMH	9,073,435	-	-	-	-	9,073,435
Designated funds - CMH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – EMH group	5,957,898	7,275,552	(9,749,624)	(319,870)	-	3,163,956
General funds – CMH group	3,907,333	7,289,486	(8,237,180)	(101,130)	-	2,858,509
Total unrestricted funds	19,438,666	14,565,038	(17,986,804)	(421,000)	-	15,595,900
Total funds - EMH	18,252,351	7,793,047	(10,293,354)	(319,870)	-	15,432,174
Total funds - CMH	4,646,820	7,370,923	(8,337,153)	(101,130)	-	3,579,460
Total funds	22,899,171	15,163,970	(18,630,507)	(421,000)	-	19,011,634

21. b) Movement in funds - 2022

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluation £	At 31 March 2022 £
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	111,576	-	(37,302)	-	74,274
Fixed Asset Fund	2,255,644	-	-	-	2,255,644
Revenue funds					
Community equipment	12,475	-	(9,797)	-	2,678
Clinical Co-ordination Centre	333,521	-	(141,464)	-	192,057
iBCF	159,566	73,333	(135,672)	-	97,227
Kelly donation	505	-	-	-	505
Young adult services	68,967	20,000	(32,383)	-	56,584
DC clinical teaching post	-	13,246	(13,246)	-	-
NHS CCG - CQUINs	-	41,139	(41,139)	-	-
Hospital discharge co-ordinator grant	1	-	(1)	-	-
KissyPuppy restricted fund	269,148	100,810	(28,445)	-	341,513
Advanced communication	4,651	-	-	-	4,651
MND Clinic	12,205	-	(2,754)	-	9,451
Responsible communities	66,750	-	(1,675)	-	65,075
Mountbatten young adults	5,144	-	(30)	-	5,114
Barclays donation	92,156	-	(16,880)	-	75,276
NHSE	-	1,439,619	(1,439,619)	-	-
Ward Furniture	-	8,707	(4,091)	-	4,616
Education Fund	-	4,215	(4,215)	-	-
Oak Garden Decking	-	5,500	-	-	5,500
Butterfly & Chelsea Garden Maintenance	-	5,000	-	-	5,000
Online Bereavement support	-	2,584	(2,584)	-	-
Infection Control Salary Costs	-	14,366	(14,366)	-	-
Bladder Scanners	-	9,000	(1,000)	-	8,000
Hoist Pods for IPU	-	5,520	(960)	-	4,560
Essential Equipment for patient Care	-	4,954	(336)	-	4,618
SPOC/Palliative Care Hub	-	47,593	(47,593)	-	-
Music Therapy	-	3,000	(3,000)	-	-
Rodwell donation	-	250,000	(250,000)	-	-
Other restricted funds	8,211	13,371	(12,906)	-	8,676
Total restricted funds EMH	3,400,520	2,601,957	(2,241,458)	-	3,221,019

21. b) Movement in funds – 2022 (cont.)

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluation £	At 31 March 2022 £
Restricted funds - CMH					
NHSE	-	2,267,249	(2,168,379)	-	98,870
Other	131,934	120,398	(111,716)	-	140,616
Total restricted funds	3,460,505	4,449,604	(4,521,553)	-	3,460,505
Unrestricted funds -EMH					
Designated funds:					
Fixed Asset Fund	9,073,435	-	-	-	9,073,435
Total designated funds - EMH	9,073,435	-	-	-	9,073,435
Designated funds - CMH	500,000	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	9,573,435
General funds – EMH group	5,393,484	7,534,944	(7,095,184)	124,654	5,957,898
General funds – CMH group	1,487,746	7,321,656	(5,062,616)	160,547	3,907,333
Total unrestricted funds	16,454,665	14,856,600	(12,157,800)	285,201	19,438,666
Total funds - EMH	17,867,439	9,596,900	(9,336,642)	124,654	18,252,351
Total funds - CMH	2,119,680	9,709,304	(7,342,711)	160,547	4,646,820
Total funds	19,987,119	19,306,204	(16,679,353)	285,201	22,899,171

21. Movement in funds (continued)

Purposes of restricted funds

John Cheverton estate fixed asset fund - This funding was provided to acquire specific assets including a new ambulance, new Arjo baths and certain new beds with mattresses and pumps. All these assets have been acquired and will be depreciated in terms of the policies relating to the depreciation of fixed assets.

Fixed asset fund represents funds received for the purchase, refurbishment and improvement of the Hospice's buildings, included within fixed assets. It includes:

- The Halberry Lodge Funds, a donation received for the purchase of Halberry Lodge/JCC, fully capitalised within Freehold Land and Buildings.
- DoH funds received as a contribution towards the refurbishment of Halberry Lodge/JCC as above.
- The Space Utilisation and Enhancement (SURE) project fund, a DoH grant towards the refurbishment of office space, capitalised within fixtures, fittings and equipment.
- The Facilities Improvement fund, received as a contribution towards the improvement works required on the existing buildings, and represents the net book value of those completed works.

Community Equipment - This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2023.

Clinical Co-Ordination Centre grant from the CCG supports the establishment and operation of an 'Early Intervention' initiative which seeks to find and make contact with people approaching end of life. This will enable us, from an early stage, to ensure that they are receiving appropriate care and support for their condition. This will range from simple conversations about Advanced Care Planning and a 6 monthly phone call to concentrated treatment and possible admission to the In-Patient unit.

iBCF – This grant from the Island Better Care Fund supports the establishment and operation of a comprehensive education facility and associated education programme.

Kelly Donation – This donation is specifically to fund the acquisition of Riser/Recliner chairs for the Hospice.

Young adult services - This grant was made to fund the post of a Young Adult Therapist/Counsellor for three years.

The NHS CCG - CQUINs fund represents the Isle of Wight Clinical Commissioning Group funding towards the acquisition, installation and commissioning of a new patient record software programme known as SystemOne.

The Children's Palliative Care represents funds towards the children's palliative care services.

The KissyPuppy funds represents donations received towards children's services.

Barclays Grant has been given to fund the acquisition of clinical equipment, supplies and PPE.

21. Movement in funds (continued)

Purposes of restricted funds (continued)

NHSE (via Hospice UK) Grant - The NHSE awarded funding to allow the hospice to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

DC Clinical Teaching Post supported the deployment of one of our senior Nurse Specialists into a teaching role at the University of Southampton for two days per week.

Advanced Communication - This grant was made to fund further training for our Bereavement and Psycho-social teams in advanced communication skills.

The MND grant is to fund the establishment and running of a monthly multi-disciplinary team with all services represented so that MND patients can access all the services that they might need in the same place and at the same time.

Responsible Communities – is a grant made to fund the creation and nurturing of caring communities through the recruiting and training of neighbourhood volunteers who will monitor and assist those in community groups who have need of such care. It is led by our Volunteer management department.

Mountbatten Young Adults Fund is a fund raised by this group of beneficiaries for their use in connection with life enhancing experiences and travel opportunities.

JC Pool Vehicle Fund represents amounts received from the John Cheverton Estate for the purposes of providing vehicles to be used by nursing staff in reaching patients who are not in residence at the hospice.

Other specified restricted Funds – these funds as listed are self explanatory. They have been received for the specific purpose stated and are used solely for those purposes.

Countess Mountbatten Hospice Charity funds are held as a restricted fund within the group solely for the use of that charity's hospice on the mainland.

Purposes of designated funds

Fixed Asset Replacement Funds are set aside to enable the Hospice to redevelop existing buildings and purchase capital items as required.

Fixed Asset Fund represents the net book value of fixed assets purchased through general funds and therefore not readily available for other purposes. Depreciation will be charged against this fund.

Transfers between funds arise when planned spending on a project exceeds the amount of restricted funds available for the purpose. In that circumstance the excess spend is transferred from the applicable restricted fund line in the analysis of restricted funds to general funds thereby reducing the balance on the restricted fund to zero.

The trustees established the CMH designated fund for use in future projects to extend the services of Countess Mountbatten House.

22. Reconciliation of net incoming resources to net cash flow from operating activities

	2023	2022
	£	£
Net (expenditure)/income for the reporting period (as per the statement of financial activities)	(3,887,537)	2,912,052
Depreciation charges	387,012	311,608
Profit on disposals of fixed assets	-	(13,594)
(Gains)/losses on investments	421,000	(285,092)
Dividends, interest and rent from investments	(197,097)	(138,425)
(Increase)/decrease in stocks	(7,369)	1,205
Decrease/(increase) in debtors	3,129,929	(2,559,546)
Increase/(Decrease) in creditors	767,150	(579,672)
Net cash (used in)/provided by operating activities	613,088	(351,464)

Analysis of cash and cash equivalents

	2023	2022
	£	£
Cash in hand	8,884,194	1,076,983

Analysis of changes in net debt

	1 April 2022	Cash flows	31 March 2023
	£	£	£
Cash in hand	1,076,983	7,807,211	8,884,194

23. Operating leases commitments

The total future minimum lease payments under non-cancellable operating leases are as follows for each of the following periods:

	Group		Earl Mountbatten Hospice	
	2023	2022	2023	2022
	£	£	£	£
Less than one year	347,398	306,275	156,898	160,441
One to five years	1,276,558	805,333	593,725	382,667
Over five years	784,117	11,250	355,200	-
	2,048,073	1,122,858	1,105,823	543,108

24. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

MOUNTBATTEN ISLE OF WIGHT

England & Wales - Charity number 1039086

Accounts

COMPANY NUMBER: 02929267
CHARITY NUMBER: 1039086

Mountbatten Group

Incorporating:
Earl Mountbatten Hospice
(Mountbatten Isle of Wight)
Countess Mountbatten Hospice Charity (Mountbatten Hampshire)

Report and financial statements for the year ended 31 March 2022

Contents

Reference and administrative information	1 – 2
Statement from the CEO	3 – 4
Statement from the Chair of Trustees	5
Governance	6 - 7
Background and Strategy	8 – 10
Strategic report – Objectives & activities	11 – 12
Mountbatten pyramid	13 – 14
Key Achievements and Performance	15
Services across Mountbatten Isle of Wight and Mountbatten Hampshire	15 – 27
Quality	28 – 37
Education and Training	38 – 40
Research	41
Mandatory training	42 – 44
Income generation and Communications	45 – 48
Estates and Facilities	49 – 51
Human Resources	52 – 54
Employee practices and pay	55 – 56
Information Technology	57 – 59
Trustees' duty to promote the success of the Charity – Section 172 statement	60 – 62
Sustainability and carbon reporting	63
Financial review	64
Public benefit statement	65
Statement of trustees' responsibilities	65
Independent auditor's report	66 – 68
Consolidated statement of financial activities (incorporating an income and expenditure account)	69
Balance sheet	70
Consolidated statement of cash flows	71
Notes to the financial statements	72 – 98

Mountbatten Group
Reference and administrative information

Status and structure:	Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee	
Company number:	02929267	
Charity number:	1039086	
Registered office and operational address:	Earl Mountbatten Hospice Halberry Lane Newport Isle of Wight PO30 2ER	
Trustees	Trustees are also Directors under company law:	
1 Resources Committee Member	Mr M Acland 1, 3, 4	
2 Patient Services Committee	Mrs C Alstrom 2, 3, 4	
3 Isle of Wight Trustee	Sir I Cheshire 3, 4	CHAIR
4 Hampshire Trustee	Mr M Hogg 1, 4, 6	
5 Isle of Wight Trading Company Director	Ms W Murwill 2, 3, 5	
6 Hampshire Trading Company Director	Mr EAS Nicholson 1, 2, 3, 4	VICE-CHAIR
	Ms G Owton 1, 3, 4, 6	(Resigned on 9th March 2022)
	Mr P Pitcher 2, 4	
	Ms R Poncia 1, 3, 4	
	M D Price 1, 3, 4	(Resigned on 22nd July 2021)
	Mr P Shears 2, 3, 4, 5	
	Ms J Smith 2, 3	
	Mr A Stables 2, 3, 4	
	Mr JM Trotter 1, 3, 4	
Company Secretary	Mr M Edmonds	
Senior Management Team	Mr N Hartley	Chief Executive
	Mrs L Arnold	Director of Nursing
	Dr P Howard	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr J Forde	Interim Director of Human Resources (appointed on 29 October 2021)
	Mr J Tarttelin	Director of Human Resources (resigned on 29 October 2021)
	Dr J Hazeldine	Director of Psychosocial and Spiritual Care
	Mrs R McGregor	Director of Operations Hampshire

Bankers:	NatWest NatWest House Riverway Newport Isle of Wight PO30 5UX
Investment Managers:	Brewin Dolphin Vantage Point Woodwater Park Pynes Hill Exeter EX2 5FD
Solicitors:	Bates Wells LLP 10 Queen Street Place London EC4R 1BE
Solicitors:	Glanvilles LLP St Cross Business Park Newport Isle of Wight PO30 5BF
Auditor:	Azets Audit Services Limited Ashcombe Court Woolsack Way Godalming Surrey GU7 1LQ

2021/22 has been another year of change and challenge, with the COVID-19 pandemic remaining at the heart of day-to-day life. The easing of restrictions and general acceptance of COVID-19 becoming 'business as usual' has somewhat helped us both to relax and to recommit to a more 'normal' delivery of Mountbatten's services and strategy. Although the vaccination programme has given us more confidence, staff sickness and ongoing absence, particularly due to testing positive for COVID-19, usually with limited symptoms, have remained an important stressor as we have needed to continue not only to deliver our wide range of services, but also to grow them to meet the needs of the rising number of people who require what Mountbatten offers.

There have also been significant changes in expectations of the workforce. The COVID-19 years have seen organisations need to work differently to accommodate the pandemic, with more non-clinical posts adapting to a more hybrid approach of flexible working patterns. This remains a tricky concept for Mountbatten, where over 80% of our workforce have continued to work face to face with the patients and families we support and such a change in culture, where one group needs to be physically present and another does not, sits uncomfortably with an organisational commitment where it remains abhorrent to be anything other than mutually engaged with the people who need us. Excellent and effective care cannot and should not be delivered virtually, and any changes in expectations of those requiring work in the future will continue to provide challenges with recruitment, particularly as part of an organisation that has high expectations of those who wish to join our vision and mission.

Our Annual Review is an important moment in time; a time to reflect on what has been achieved, but also an opportunity to acknowledge how much more needs to be done. Although complex and demanding, 2021/22 has also continued to see Mountbatten at its best. Our staff and volunteers have worked tirelessly to ensure that those who need our expertise and kindness have access to it and they deserve our praise and commendations. You will read of the growth in what Mountbatten provides, 24 hours a day, seven days a week within people's own homes, together with new innovations which continue to address the gaps in end of life and bereavement care and support across local Health and Social Care Services. Educating partners about what we are learning, and what excellent end of life and bereavement care needs to look like has also continued to be an important feature in the life of Mountbatten over the past year.

Gaps in health and social care service delivery are an important measure in how a society is responding to the needs of those who are vulnerable, and we are driven to continue to ensure that no one who needs our care and support ever misses out. The ways in which some of our Health and Social Care services have responded to the COVID-19 crisis cannot be without some criticism and we will not forget how the need for hospices grew out of the terrible deficits in end-of-life care which were witnessed as part of the new National Health Service of the 1940s. Dying was never part of the NHS vision, which is rightly focussed on cure, with death being seen and experienced as a failure for all involved. At a time when the NHS is once again under reform, with the development of new Integrated Care Systems, we need to support our health service, and we are so fortunate to have it, to focus on its original mission and vision of cure and treatment and to do this as well as possible. However, those that are dying and their need for Mountbatten's devastating duo of expertise and kindness must never be ignored. Dying and cure inevitably do not sit well together and dying must never be seen as a failure over the success of a cure. The need for hospices and other providers to support this message and this critical area of care is now greater and more important than ever.

The work that Mountbatten does matters; the work that Mountbatten does is its message. A society which ignores the dying or instils false hope with treatment and the promise of cure, ending unsurprisingly in failure and embarrassment, can never be celebrated as civilised. Therefore, as you read this Annual Review, you will see that Mountbatten is prepared to be even bolder as we move into the future. As a charity we are here for social justice and to support the disadvantaged. Whilst there are still people across our communities who are not accessing end of life and bereavement care, and we know that only two out of three people access Mountbatten's services who could benefit from them, we will never rest on our laurels. Our absolute aim is to find everyone who needs us, whoever they are, wherever they live and however they have lived their lives; this lies at the heart of the contract we have with our local communities. We thank those communities for their ongoing support; we can only achieve our aims by working together with those who support us through growing both the human and financial resource that is needed. Costs inevitably rise, and our success with these particular alliances will continue to ensure that no one ever dies, is bereaved, or is left to struggle with any anxieties about death and dying, without Mountbatten by their side.

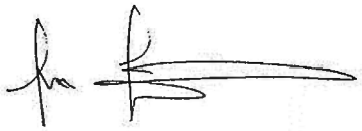


Nigel Hartley
CEO
Mountbatten

Mountbatten is now emerging from the COVID-19 epidemic in strong shape thanks to the combined efforts of our teams, volunteers and supporters who have shown amazing energy and commitment to allow us to continue to flourish. I would like to thank all of them on behalf of the Board.

It also true to say that Government support via Hospice UK, which is itemised in the annual accounts, has played a major part in enabling us to preserve our strong financial position in a time of extreme uncertainty and we are very grateful for that help. I would also highlight the extraordinary support of the wider public in donations and legacies which continue to show the high regard in which Mountbatten is held by the communities we serve. We recognise that this support is earned by the outstanding care our teams provide, which is the source of our reputation and we will strive to continue to innovate and improve.

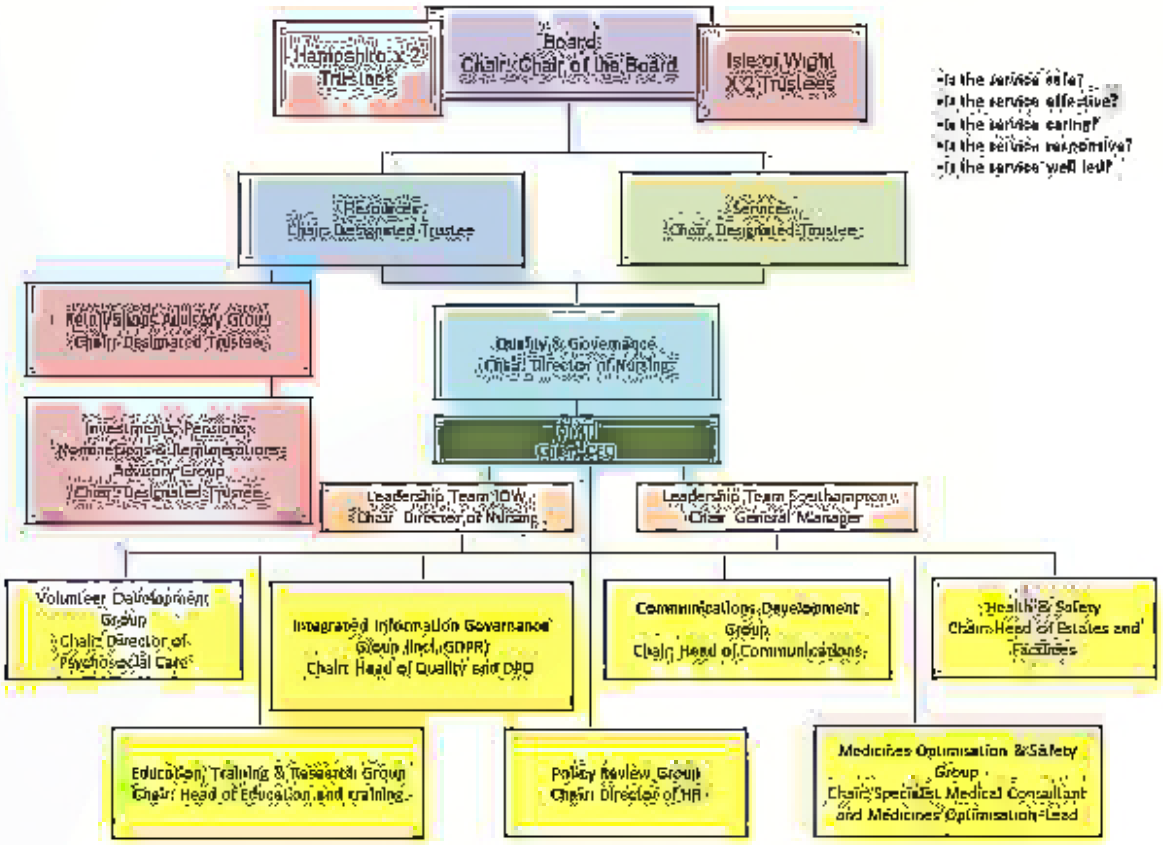
Finally, we will see this year quite a number of changes in the trustees, 5 in total. I would like to personally thank Rosamond Poncia, Josephine Smith, John Trotter, Edward Nicholson and Philip Shears not only for their great contribution over two terms of office, but for staying with the organisation for an extra year during COVID-19 to ensure stability. Their service is much appreciated. We look forward to welcoming new trustees at our Annual General Meeting in July 2022.



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

The Governance of the Mountbatten Group is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM but may also be co-opted to serve at any time.
The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms are in the best interests of the Hospice.

Trustee induction and training

New Trustees are invited to an induction programme which includes a tour of the Hospice sites with presentations by the Chair, Chief Executive Officer and Senior Management Team. Comprehensive information is provided about the operation of the Hospices and national trends and developments in hospice/end of life care, together with details of responsibilities and expectations as trustee.

Management

The Mountbatten Group based on the Isle of Wight is the member and ultimate operator of Countess Mountbatten Hospice, Hampshire (referred to as Mountbatten Hampshire). Although the two hospices, Mountbatten, Isle of Wight and Mountbatten Hampshire continue to remain separate entities, which reassures all of the communities involved in supporting both hospices that funds raised locally will continue to go towards each separate organisation, both hospices now form 'The Mountbatten Group' which is managed by one Senior Management Team. Each Charity has a Board of trustees whose members are largely common to both Charities. Details of the Governance arrangements are shown on the diagram above.

Remuneration policy

The Charity operates a Remuneration policy under the regular review of the Investment, Pension Nominations and Remuneration Advisory Group. Clinical and Medical staff are paid in terms of the comprehensive provisions of their agreed remuneration structures such as the Agenda for Change scheme for non-medical clinical staff and the Medical Remunerations schemes agreed between the NHS and the British Medical Association. Staff not covered by these negotiated payment structures are paid following regular market surveys to ensure that the Charity pays fair, market linked salaries which are reviewed annually as part of the budgeting process for the Charity.

Background and strategy

Mountbatten Isle of Wight (registered as Earl Mountbatten Hospice) was opened in 1982 and Mountbatten Hampshire (registered as Countess Mountbatten Hospice) was opened in 1977. Our Mountbatten Group strategy is set on a five-yearly basis and reviewed regularly by the Board and its committees. March 2020 sees the culmination of our current five-year strategy, which we have worked hard to implement together with our staff, volunteers and local community.

In addition to developing the organisational strategy with the CEO and Senior Team, the trustees, CEO and Senior Team regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable activities focus on the relief of sickness, primarily, but not exclusively amongst persons diagnosed as suffering from a terminal illness and are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2022.

Mountbatten's teams of staff and volunteers now support well over 2,500 people a day across the communities of the Isle of Wight, Southampton City, and west Hampshire. This past year, despite the challenges of COVID-19, has continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has mainly been managed by a series of new and innovative services in line with our new 2020 Strategy, all of which are detailed and outlined in this report which have supported Mountbatten to achieve scale which is a main strategic aim. Some of our patients will have cancer; an increasing number will have long-term conditions such as heart failure or lung disease; others will have neurological conditions including motor neurone disease and multiple sclerosis. As Dementia is now the biggest cause of death in the UK, we increasingly support people with dementia and other older-age related illnesses. We have the capacity to support our extensive community services with care for people in 16 beds at our Mountbatten Isle of Wight building in Newport and 21 beds at our Mountbatten Hampshire building in Southampton West End as well as offering support to many more within our Mountbatten John Cheverton Self-help and Day and Rehabilitation Centre on the Isle of Wight and Hazel Centre in Southampton. However, our buildings are just the 'tip of the iceberg'. We support people to live well until their death and we will do everything we can to enable our patients to die in their preferred place, which for many people will be their own home. We support families, close friends and carers both during a person's illness and after death because when someone is very ill, we know that many people's wellbeing is affected. Mountbatten is also the largest provider of end-of-life care education across our communities and our growing Education Programmes ensure that we train other agencies, such as the NHS, Domiciliary Care Agencies and Care Homes in order to underpin and to extend our absolute insistence on high quality care as well as our reach and our influence. In 2017, Mountbatten Isle of Wight was rated as 'Outstanding' by the Care Quality Commission (CQC). In 2021, Mountbatten Hampshire was rated as 'Good' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

Our aim is to ensure that Mountbatten Hampshire is rated as 'Outstanding' at the next inspection. During the COVID-19 period, CQC inspections have not happened in the usual way, although we have been involved in a number of in-depth virtual checks and balances together with our local CQC inspector.

A new five-year strategy from 2020 onwards has been developed and was launched at our AGM in 2020. This new strategy outlines the approach that the Mountbatten Group will take from 2020 onwards to deliver a new Mountbatten model of care and support for the last years/phase of life (the last five years of life) across our local communities. We began by articulating our three strategic imperatives for the short, mid and long- term. We followed on by developing our new model through a series of workshops and open meetings with staff, volunteers, users of our services and a wide range of stakeholders, focussing on five key implementation areas as follows:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteer offer
3. Developing a shared, common language about what Mountbatten does, in partnership with our communities
4. Developing and sustaining our impact for the future
5. Developing robust education and training programmes across our communities, including the local Health and Social Care systems

Background and strategy (cont.)

The important theme of working in partnership to achieve our aims will run through every area of our strategy. Our new Mountbatten model has also been developed utilising our many collective years of experience and acquired expertise. Our approach is updated annually through engaging with all stakeholders, to ensure that we keep pace with both local and national changes and challenges. Each key area is underpinned by robust operational implementation plans which are reviewed and presented to our Board of Trustees regularly.

We identified five years ago that we were not going to be able to continue to meet the growing needs of our local communities by delivering our services in the way which we always had done. The growing older population, together with radical changes in the ways that people are both living and dying, provides us with serious challenges of how we are going to meet the needs of a community who are living longer and therefore dying more slowly. We know that most of our geography is thought to be around 15 years ahead of the rest of the UK in terms of demographic, and the fact that we know that there will be around a 40% increase in need for end of life care across the UK by 2040 is already being recognised as a challenge for the services which we deliver. There are currently four very clear stressors:

1. A growing number of people needing our care and support, most of whom are living their last phase of life (five years) with a range of complex comorbidities
2. A lack of both human and financial resource to meet the growing need
3. An unprecedented pressure on the wider healthcare, social care and charitable sectors
4. Most people do not want to talk about, or plan for, death, dying and bereavement

By thinking and acting innovatively and trialling new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 200% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death, dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, two out of three people do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. The new 2020 strategy presents our new Mountbatten model, outlining how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

Mountbatten's team is expert, whether it is our Medical Consultants, Nurses, Healthcare Assistants, Allied Health Professionals, Clinical Psychologists offering complex pain, symptom management and psychological support, our bereavement team supporting either people's complex or healthy responses to the death of someone close to them, our stalwart nurses and carers who are visiting a growing number of people 24 hours a day, 7 days a week at home, our housekeeping and catering teams, our spiritual care team and team of therapists or our volunteers.

Background and strategy (cont.)

Our absolute confidence and authority around death, dying and bereavement across our entire workforce, underpins our objective to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement.

We are committed to aspiring to be the best that we can be, always and without fail.

Strategic report - Objectives & Activities

In 2020 Mountbatten published its new strategy, outlining its future direction and aspirations against a backdrop of challenges and demands faced by our services over the next five years. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission

To promote and to provide good care and support for those people living with, affected by, or curious about death, dying and bereavement

Our Vision

is of a world where all dying people and those close to them have access to expert, compassionate and cost-effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

Our Values

We care about what we do. We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.

We are experts in our field. We are professional at all times, aspiring to be the best that we can be in everything that we do.

We are innovative and bold. We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.

We respect our community. We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours, which we have all agreed to.

Strategic Aims

- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations

The people we serve:

1. People who are curious about death, dying and bereavement (every member of our communities)
2. People who are bereaved or grieving (including those who have been affected by deaths other than those under the care of Mountbatten)
3. People who are in the last phase of life (around the last five years of life)

During 2021/22 Mountbatten Isle of Wight and Mountbatten Hampshire provided specialist and increasingly more supportive and generalist hospice/end of life care provision, 24 hours a day seven days a week, within the following areas:

- At Home (24/7)
- Within our Inpatient Units
- Day and Outpatient Services at John Cheverton Centre (Isle of Wight) and Hazel Centre (Hampshire)
- St Mary's Hospital (Isle of Wight)
- University Hospital Southampton (Hampshire - in partnership with the Hospital Palliative Care Team)
- Nursing/residential homes

These areas are supported by the following services:

- Mountbatten At Home (24/7) which includes:
    - Specialist Community Teams
    - Domiciliary Care @ Home Teams (covering Continuing Health Care packages)
    - 24/7 Community Teams and Mountbatten Care Coordination Centres
- Medical Team
- Pharmacy
- Psychological and Bereavement Services
- Spiritual Care
- Social Work
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Arts Therapies – art, music and drama
- Specialist Lymphoedema Service (Isle of Wight)
- Education
- Volunteer Services

The diagram below represents the Mountbatten Group model of service delivery and is used as a framework to inform service developments which are aligned to our three strategic aims. As already mentioned, the strategy is underpinned by robust and detailed Strategic Implementation Plans which are reviewed and revised quarterly and monitored by Mountbatten's' Resources and Services sub-committees.

Mountbatten Pyramid



2020/21 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments underpinned by our five Strategic Implementation Plans which are outlined in our strategy document:

1. **We will change public perceptions around death dying and bereavement and also about the work that Mountbatten does:**

- Developing an 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
- A drive to ensure that Advance Care Planning is available to those people who are healthy, as well as continuing to embed Advance Care planning in both Care Homes and local acute hospitals
- Continuing to embed our 'write a will' and legacy campaign
- An examination of all of our Communications functions across the hospices ensuring a common language and style based on our rebranding – workshops are organised both internally and externally with a variety of community groups
- Although most of our services are now face to face, we continue to develop 'virtual' services due to the COVID-19 pandemic which will stay with us into the future to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including the continuation of the successful Mountbatten Summer School for young people
- Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our 'Mountbatten Neighbours' scheme. We also work to reduce 'red tape' and to engage volunteers more quickly and for shorted time periods as appropriate
- All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors. A sustainability plan ensures that any new services are well evaluated and available for future generations.

2. We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored:

- Further development of a Children and Young Adults Service in partnership with KissyPuppy (Isle of Wight) and Naomi House and Jack's Place (Hampshire)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning – continuing to identify people with long term conditions including older people with frailty
- Health and Social Care Education
- Rapid Palliative Care Discharge Facilitator at University Hospital Southampton to match the successful model on the Isle of Wight
- Mountbatten Coordination Centres – 24/7 telephone and visiting service across all our communities
- End of Life Domiciliary Care provision (Continuing Health Care packages)
- New charity shop model Has been designed to integrate Retail, Hospitality and Clinical Services

3. We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations:

- A robust reserves policy and Risk Register
- A Estates task and finish group ensures that our estate is 'fit for purpose' for future generations. Two Capital Appeals are now planned for the coming year, one for each site
- A bespoke 'sustainability' strategic implementation plan focussing on fundraising and financial resilience
- A detailed 'COVID-19' Action and Recovery Plan
- A new workforce development plan is in process
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and a growth plan for our Hampshire shops headed up by the new Head of Retail Business Development and supported by the Retail/shops Advisory Group

In order to further support our strategic aims we continue to work in partnership for the benefit of our local communities with examples as follows:

- Isle of Wight NHS Trust Community Paediatric Team
- KissyPuppy Charity (The Sophie Rolf Trust) – with a unique Advisory Group made up of key stakeholders
- Isle of Wight Local Authority
- Isle of Wight NHS Trust
- Isle of Wight Integrated Care Partnership
- University of Southampton – joint teaching posts
- Dementia UK
- Hospice UK
- CQC
- Hampshire, Southampton and the Isle of Wight Clinical Commissioning Group
- Hampshire and Isle of Wight End of Life Care Board
- University Hospital, Southampton
- A range of Third Sector partners

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as two ongoing Capital Appeals to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Single Point of Contact/ Care Coordination Centre approach which has now been running for five years. An Estates Task and Finish Group, including staff, Trustees and external experts has worked during 2021/22 to secure designs and plans for each estate, along with the costs for each area, resulting in clear designs and costs for the two capital appeals.

Key achievements and performance

Services across the Mountbatten Group

We are now over two years on from the first COVID-19 lockdown and experiencing the greatest crisis to healthcare in a generation. Changes to the delivery of services had to be made at speed for what we thought would be a relatively short-term situation. However, as time went on, we realised we would be living with COVID-19 and its implications for a significant period of time. Life at the hospices gradually settled into a new and different 'normal'.

Throughout this time, caring for patients and their families has been paramount, with a determination to continue to care for people facing the end of their lives amid national chaos. Mountbatten's community teams have continued to rise to the increasing demand of trying to reach more people when other care providers within the local system are working very differently. The teams' flexibility and dedication in ensuring service provision is maintained has been remarkable. Looking to the future, we will take forward learning from this period to develop our service offerings and to further widen access to those who need Mountbatten's services within our community.

24/7 Community Team and Care Coordination – Hampshire

During the last 12 months the community team in Hampshire has continued to develop to provide a flexible, responsive, expert palliative nursing service against a backdrop of rising demand and an increase in late referrals to the service as a direct result of the COVID-19 pandemic. In April 2020 the service had 460 people on the caseload, by March 2022 it had increased to 595, a 27% rise since April 2020.

A full 24/7 community service (mirroring the model on the Isle of Wight) was launched in May 2021 with the development of the Care Coordination Centre. The Care Coordination Centre provides a single point of telephone access for advice and support for patients, families, and carers, as well as receiving professional referrals to the Mountbatten Hampshire services. Families can call for support at any time of the day or night enabling them to cope with caring for their loved one at home. In addition, the service supports health and social care professionals who may wish to seek advice and support for any questions or concerns regarding caring for people at the end of life. Alongside this, a 24/7 community nursing service provision has been further developed to respond to calls for advice, support, symptom control and, nursing care. The nursing team are supported by the medical, rehabilitation and psychosocial teams. Our Community Teams make regular visits to see patients in their homes across our region, including Southampton, Winchester, Romsey, Eastleigh and across west Hampshire.

Additional Band 6 nursing staff have been recruited to the team during 2021/22 in order to respond to the needs of patients on the caseload in the death and dying phase and to deliver a rapid response element when a patient's condition changes and deteriorates. The Clinical Commissioning Groups have supported funding for two additional Band 6 nurses to enable extension of the rapid response nursing across the full 24 hours, 7 days a week. Despite national nursing recruitment challenges the team will be fully recruited to by June 2022. Nurse specialist teams in both localities have utilised a 'one team, one caseload' approach to the management of the caseload with the belief that this will provide more flexibility within the team's capacity leading to the ability to deliver a more responsive and effective service by using our resources wisely.

Patients who are referred earlier in their disease process are being seen by one of the nursing or rehabilitation team within the Hazel Centre as an introduction to service. This enables patients and their families or carers to become familiar with the services and staff at Mountbatten Hampshire at a more stable phase of illness and better plan care and support that may be required in the future.

A £27k grant from Health Education Wessex over the past year has enabled a number of the Community and Inpatient nursing teams to access academic training modules to enhance their practice, which has included Masters modules in: History Taking (12 staff), Diagnostics (5 staff), Research and Evidence-based Practice (2 staff) and Advanced Pain and Symptom Management (8 staff). A total of twelve members of the community team have completed the Non-Medical prescribing training, compared with seven during 2020/21. This enables patients to receive a timely response to appropriate medications for symptom management at home.

24/7 Community Team and Care Coordination – Hampshire (cont.)

The Community team won the prestigious 'Towergate Team of the Year Award' at the Hospice UK Annual Conference 2021 for their innovation and development of services.

Care at Home Team – Hampshire

Following the Palliative Care Support Worker Team transferring from NHS Solent to work as the new Mountbatten 'Care at Home' team in September 2020, the team have expanded and developed to cover the whole footprint of Mountbatten Hampshire to include the west Hampshire areas in addition to Southampton City. This team has helped support the Mountbatten Community team through creating a more integrated approach to the delivery of care for people in the last weeks of life. This service enables responsive discharge from the hospice and hospital or, for people to remain at home in the last phase of their life if this is their preferred place of care. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resource to respond to the need for Fast Track Continuing Health Care packages as quickly as possible.

Development of team members has seen three Band 3 carers develop into Band 4 carers, who are able to undertake patient and carer assessments independently. 84% of the team have undertaken the Care Certificate and the rest of the team will be completing this qualification during 2022/23.

24/7 Community Team and Care Coordination – Isle of Wight

Through the generosity of a local resident, Mountbatten has been gifted a new non-emergency ambulance. The purpose of the ambulance is to transport patients for admission to the hospice from home and from the hospice to home in cases when this is urgent. An example of its use would be when a patient in the hospice inpatient unit wanted to die at home, and Mountbatten needed to get the person home at very short notice. There are occasions when the local ambulance service has other priorities and understandably cannot always accommodate urgent requests. For people at the very end of life, a 24-hour delay may just be too late. The ambulance is now one of Mountbatten Isle of Wight's regulated activities with the Care Quality Commission.

The Patient Group Directive (PGD) set up last year by our Consultant in Palliative Medicine and Pharmacy colleagues to support clinicians in the community to administer medication to patients at the end of life in a timely manner has been used 30 times to date. The PGD has mostly been used by out of hours paramedics (23/30) who are generally the first contact for 'unplanned' palliative crises (where the palliative care team is already involved, Just-in-Case drugs are in situ)

The number of patients on the Mountbatten Share my Care Register (highlighting that the person is in the last phase of life) has increased to 1741 people. Scheduled follow up review calls have been maintained and the feedback received from patients, carers and professionals has been extremely positive, as the feeling of isolation during the continued COVID-19 challenges has had a significant impact on people's wellbeing.

A patient who has been supported at home by Mountbatten's Community Team died at home. Two of the community nurses went to verify her death and perform Last Offices. The patient and her husband had renewed their wedding vows two weeks previously. The nurses gently washed the patient and dressed her in the white dress that she wore for the renewal of vows. The patient's husband, daughters and grandchildren were all present. The nurses knew that the patient liked to walk barefooted whenever she could as she had spent part of her life in Africa – one of the nurses put some green ferns underneath the patients' feet once they had completed the Last Offices. This is one modest example of Mountbatten's outstanding care, kindness and paying attention to the smallest things that can make the biggest difference.

"Your support has been invaluable to our family and kept us going, especially the carers and nurses who came into our home, they are truly amazing people, we are forever grateful for your exceptional care and professionalism. The compassion you showed us was amazing and without it we would have been lost."

Care at Home Team – Isle of Wight

In March 2021, Mountbatten was formally appointed by the Local Authority to the approved supplier list along with two external providers for the provision of specialist homecare services, to provide Fast-Track end of life care packages to people whose preferred place of death is home. Scoring was based on quality and value for money. As it is an ongoing approved supplier list, in March 2022, Mountbatten submitted the necessary documents for the re-tender for the 'Rank 1' provider of the end-of-life care service. Mountbatten will be informed of this result in early May 2022.
Feedback from patients and families continues to be very positive.

"You were all amazing, so kind, compassionate and patient. You were there for us all not only my dad but mum and myself too. We would not have been able to have dad at home without your care and support. We cannot thank you enough."

"Mountbatten were a huge help and comfort to me and my husband, they were the only ones that carried out what they said they would…. your carers are amazing, each and every one of them. I would not have managed without you all. Thank you from the bottom of my heart."

Inpatient Unit (IPU) Hampshire

Inpatient beds have continued to be used in the normal way during the continued COVID-19 pandemic, with a number of admissions of patients who have been COVID-19 positive supported. Visiting to the unit has gradually increased during 2021 in line with government guidance with the relevant PPE and lateral flow testing in place but has continued to be managed well which helped to create a more relaxed atmosphere and experience for everyone.

We have been fortunate to receive funding for specific projects during 2021/22 with further refurbishment of single rooms and new furniture, including bedside cupboards, overbed tables and, seating. New signage and bay curtains have been sourced and a programme of refurbishment of the bays, redecoration of the unit and, creation of a new nursing and multidisciplinary station is planned during 2022/23, subject to appropriate funding being sourced.

The leadership of the Inpatient Unit was restructured during 2021 and two new Advance Nurse Practitioners (ANPs) were employed, one who is already a Non-Medical prescriber and the other who is currently undertaking her training in 2022. The ANPs have commenced nurse-led beds in February 2022, with the first phase of the project focusing on the ANPs admitting patients for respite and managing their care whilst they are on the Inpatient Unit. The nurse-led beds project will continue to develop in a phased approach during 2022/23. The ANPs are supported by a new team of Band 6 nurses providing visible leadership on the Inpatient Unit. Each of the Band 6 nurses are developing specific areas of speciality, including tissue viability, falls and student supervision, working with the wider team to embed quality and expert practice.

An external Infection Prevention and Control audit was undertaken on the Inpatient Unit in October 2021 and a score of 98% compliance was achieved compared with 93% in 2020.

Inpatient Unit (IPU) Isle of Wight

Over the last 12 months COVID-19 has continued to impact our working lives, but the Inpatient Unit team have continued to adapt rapidly to changes required and have continued to provide excellent care and support to many Island patients and their loved ones. Although managing visiting arrangements have remained challenging at times, we have managed to facilitate visiting as safely as possible, supporting those who have felt anxious. Despite the challenges of COVID-19 over the last year we have still managed to facilitate a wedding, an early 'Christmas celebration' and, supported a family from Spain to expedite a new-born grandchild's passport to ensure they met their grandmother before she died.

Inpatient Unit (IPU) Isle of Wight (cont.)

The team express they have felt very supported throughout these challenging times and consider they have had a voice throughout – with concerns being listened to. The Senior Management Team and Mountbatten Staff have been very flexible in times of need, for example when staff numbers were challenged on the Inpatient Unit due to COVID-19, many staff from other areas of Mountbatten came and supported the team, working on the ward alongside our regular staff, to ensure we could continue to care for patients safely and effectively.

We have facilitated a number of students over the last year, both Adult Nursing students and Nursing Associate students all at various levels of their training, and feedback from all of them has been very positive. They described thoroughly enjoying their experiences here, with great opportunities for learning and development, and some have now joined our bank and are continuing to work occasional shifts for us whilst completing their training.

We are continuing to develop our nurse-led roles with our second Deputy Sister about to commence her non-medical prescribing module. She will work closely with the nurse-led team which already consists of our Ward Sister and Deputy Sister, who are overseen by our Consultant Nurse. We have also broadened our recruitment opportunities to include Band 5 Practitioners, for example, these can be registered Operating Department Practitioners or Paramedics to work alongside the team on IPU, bringing with them different skills whilst learning from the registered nurses on the Inpatient Unit. We also have an exciting opportunity this year for an existing Healthcare Assistant to apply for a Nursing Apprentice place, where Mountbatten will support in their development on a pathway to achieve a nurse qualification.

We are very thankful to our volunteers who continue to support us through these challenging times, their support has been invaluable to us and our patients. Some have developed their skills further with training in assisted feeding, which has been a great support to the patients and the staff. We have also welcomed some new volunteers to the Inpatient Unit, who are settling in and enjoying their new roles.

In the last few days there was a renewal of wedding vows ceremony in Mountbatten's chapel at very short notice, demonstrating how the team work together to facilitate things that matter to those we care for. One of our new nurses even telephoned her husband asking him to bring their wedding decorations in so the chapel and patients' room could be decorated! It was a beautiful occasion and the patient, and her family felt it was made very special.

COVID-19 continues to be a challenge in the workplace, but despite this our inpatient unit team of staff and volunteers have been described as very welcoming, supportive and friendly by patients and their loved ones, visiting professionals, and new staff members and volunteers over the last year, and we are incredibly proud of this and all they achieve.

Specialist Lymphoedema Service Isle of Wight

The Isle of Wight's Lymphoedema Service is based at Mountbatten Hospice. However, the service is available to anyone who is registered with a GP and is not limited to patients with cancer.

The service has grown from 312 patients on the caseload at the end of March 2021 compared with a total of 352 patients on the caseload at the end of March 2022. We have received a total of 21 new patients since January 2022, which have included patients from the Inpatient Unit, Community and Her Majesty's Prison (HMP) Isle of Wight. A new member of staff has now joined the team.

A member of the team has undertaken a Nursing Associate Practitioner course and completes in August 2022. A recent patient satisfaction survey was very successful with 100% satisfaction in the service. The quotes below were received as part of this feedback:

"Thank you for your help, I can't imagine going through it without your help"

"A brilliant service. Fantastic and reassuring staff are compassionate".

Rehabilitation and Enablement Services Hampshire and Isle of Wight

The Rehabilitation and Enablement Team at Mountbatten provide Physiotherapy and Occupational Therapy input to individuals with life limiting illnesses with the aim of enabling and empowering individuals to live well with their condition and symptoms, focusing on what matters to them. This input is delivered via clinics, one to one session, group classes, educational groups, and community visits. The Team supports the Inpatient Units, Community Teams and Day Services, as well as carrying a rehabilitation-specific Outpatient caseload.

As our services have learned to function safely with COVID-19 still ever present, demand for face-to-face rehabilitation sessions have steadily increased, seeing the gym spaces and expertise of the team put to frequent use. Groups such as 'Living Well with Breathlessness' and 'Build and Banter' have been held again for the first time since the start of the pandemic. Caution and care around risks associated with COVID-19 have limited the capacity of the spaces used for groups, and the team has needed to be creative and flexible in adapting to still facilitate these important and valuable sessions. The offer of virtual exercise sessions, including Adapted Tai Chi and Seated Yoga, is just one example of how the team has managed this challenge.

Whilst continuing to provide clinical input, the Rehabilitation and Enablement Team have persisted in developing services and enhancing its offering. The Mountbatten websites now have a page dedicated to information and advice about living well with a life-limiting condition and associated symptoms, including videos with advice and demonstrations delivered by the team. Resources have been reviewed, developed and created to prepare for the launch of a six week 'Living Well Programme' that will be open for all to attend, delivering information about keeping active, managing symptoms such as breathlessness and fatigue, and preparing for the future. At Mountbatten Isle of Wight a community rehabilitation service, titled 'the Hospice Admission Avoidance Service', has been piloted for four months. The service aims to provide timely, responsive rehabilitation input to individuals who are having significant difficulties with mobility and/or function in order to prevent unnecessary admission to the Inpatient Unit. This will be evaluated in April 2022.

Consultant Nurses working across Hampshire and the Isle of Wight

Mountbatten's Consultant Nurses have continued a multi-faceted role in order to build new relationships with our partner organisations working with the Hospital Palliative Care Teams at St Mary's Hospital Isle of Wight and University Hospital Southampton (UHS). Alongside this, our nurse also returned to the University of Southampton as a Clinical Teaching Fellow one day a week and contributes to the Palliative and End of Life Care module alongside other duties, combining the reality of clinical practice with academic learning, which student feedback values. She also acts as the Practice Visitor for University of Southampton for both hospices, supporting staff and students in placements.

Community nurses by background, Consultant Nurses can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS 2 days a week, Mountbatten's Consultant Nurse works both clinically and helping to support education within the team and developing skills around Advance Care Planning. They also work closely with partners, such as Red Funnel and SCAS (South Central Ambulance Service) to improve timely and effective patient care. They also line manage the Discharge Co-ordinator, a Mountbatten nurse who is based with the HPCT at UHS. They are working in collaboration with other senior nursing and medical colleagues in respect of the 'Shared Decision Making' initiative within the Trust and works closely with one of the Consultant's in Palliative Medicine, to deliver a weekly Enhanced Supportive Care (ESC) clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care. From May- December 2021, a total of 121 ward visits and 86 ESC clinic appointments were undertaken.

Working with Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, 2 days a week, supports the delivery of palliative and end of life care to patients within the hospital, alongside the development of clinical skills in practice and the education of the nursing team on the End-of-Life Care unit (Wellow) within the hospital. Consultant Nurses also continues to work in the community rota at weekends, thus supporting the Queen's Nurse title as we strive to maintain the highest standards of care for those we care and support.

Discharge Coordinator – Hampshire

In October 2021, we appointed a full time Discharge Co-ordinator who is based with the Hospital Palliative Care Team at University Hospital Southampton (UHS), who works Monday to Friday. This has been an invaluable role in our sister organisation, Mountbatten Isle of Wight, and one we were keen to replicate in Southampton. We have recruited an experienced and committed nurse to the role, with extensive experience of working in palliative care. The role focussed initially on building working relationships within a large organisation alongside facilitating timely and responsive discharges, mostly in the Cancer Care directorate. As relationships with other teams have developed, referrals have also been received from other areas of the hospital. The importance of working alongside ward staff in championing Advanced Care Plans and discussions about patient preferences is an ongoing aspect of the role.

We have also been working with other partner organisations, such as South Central Ambulance Service (SCAS) and Red Funnel, to discuss and improve processes that support timely patient discharges and have undoubtedly been beneficial to both patient care and working relationships.

Requests for education have also been forthcoming, not just in understanding the role of the Discharge Coordinator, but in supporting and upskilling colleagues, both medical and non-medical, including Junior Doctors, UHS @ Home team and pharmacy staff, to understand the importance of palliative care, timely discharge, and the implications of actions in discharging to a person's preferred place of care, especially for those who have never worked in the community.

Integrated Palliative and End of Life Team (IPET) Isle of Wight

The IPET is based at St Marys Hospital and provides palliative and end of life care specialist advice and care to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and IOW Trust staff and has been in place since 2019.

In 2020 the Trust opened Wellow Unit at St Marys Hospital, together with Mountbatten, an acute end of life care unit to provide an alternative environment to a ward area for a patient to die within and to enable support of their significant others during this time. This unit is led by a Consultant Nurse and supported daily by the IPET team. The team is a multi-disciplinary team that is made up of Consultants in Palliative Care Medicine, Specialist Doctors, Consultant Nurses, Clinical Nurse Specialists, Discharge Coordinator and, a Clinical Psychologist, many of whom are provided by Mountbatten to the Trust

The team operates 7 days a week between the hours of 08:00am and 20:00hrs with cover from our Mountbatten Community Teams out of hours.

Key achievements over the past year include:

- Wellow Unit Supported ward teams during COVID-19 pandemic with increased demand with regard to palliative and end of life care
- Delivery of a joint Mountbatten Isle of Wight and Isle of Wight NHS Trust Advanced Communication Skills training course
- The team have supported the Hospital Trusts Ecarelogic system to enable ward-based teams to complete Advance Care Plans and referrals to the Mountbatten Share my Care Register
- The team have taken forward the use of a blue ribbon as a compassion symbol in areas where patients may die to promote a quiet and calm environment
- The team have taken forward the initiative 'tasting for pleasure' in end-of-life care which has resulted in the development of a patient and family information leaflet on food and drink while a person is dying
- IPET participated in the third round of the National Care of the Dying audit (NACEL) in 2021 and are currently awaiting the results
- End of life care performance across the whole of the integrated Trust is monitored monthly at the End-of-Life Care Operational Group and performance remains above average in identified metrics and feedback received about services.

The key plans for the IPET team over the next year include:

- Re-establish enhanced communication skills training within the Trust (delivered by Mountbatten staff) – dates now booked up to July 2022
- Develop rotation of clinical nurse specialists between IPET and Mountbatten to build resilience of the workforce, while also educating and upskilling the workforce. This aims to start in May 2022.
- Take forward a comprehensive action plan based on the results of the NACEL report due in April 2022.
- The Trust end of life care strategy is due to be refreshed in 2022 and they will be working collaboratively with Mountbatten IOW and other community partners to take this forward.

Head of Innovation & Service Development

This is the first year of a new post which spans the Mountbatten group with responsibility for driving innovation, diversifying income and supporting the planning and redesign of services. An important part of the role is to build on and develop relationships with strategic leaders, informing decisions and strengthening our position as an equal partner across health and social care.

A diverse portfolio which has resulted in successful funding opportunities. Funding from Hospice UK supported us to enhance our services across both sites and further develop our 24/7 hub model in Hampshire, this includes a controlled drugs cupboard and the refurbishment of areas in the education centre to collocate the teams.

Further bids to the CCGs resulted in additional equipment to support patients in the community and on our in-patient units. The additional riser recliner chairs have resulted in heart-warming differences to patients and families; the blood analysers are in frequent use and have made a significant impact on patients experiences, allowing for timely decisions around a patients treatment; additional lap-tops for community staff means patients records are updated at the time they are seen in the community providing the medical team and clinicians at the hospice with real-time information to respond to if required, this has also meant that the staff have more time between visits allowing for more time with patients and capacity to undertake more visits.

Business cases have been approved by SMT, resulting in investment from the CCG to upskill and increase the number of nurses in the community team, this has provided us with the capacity to respond to and care for and reach more patients in the community, the additional capacity has also helped to alleviate pressures in the health care system.

Recognition of the benefits of end-of-life training to domiciliary care providers in Southampton, resulted in one-off funding from Southampton City Council for a bespoke programme of training; investment in this sector will support the development and sustainability of staff in this area.

In addition, the role has provided the conduit between providers and commissioners to swiftly resolve many operational issues; discussions with Red Funnel, UHS the Isle of Wight Trust and CCG concluded with additional ferry crossings being secured for patients being repatriated back to the island. A pilot with the CCG to become trusted assessors, will ensure patients are cared for in their own homes more quickly where this is their wish; issues surrounding the ordering of equipment have been addressed.

Relationships with local communities continue to be nurtured and are supporting our ambition to ensure access to our services are equitable regardless of where and how people live. A strong relationship with a BAME leader in Southampton is informing our approach in one of these areas; an end-of-life steering group has also been formed in conjunction with Southampton City Council, the acute trust and local hostels to ensure that care and support is available to people who are homeless or users of substances.

This new role is proving important as Mountbatten navigates its way through a changing external landscape.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team

The Mountbatten Isle of Wight's Medical Team's year to date continues to be strongly influenced by the aftermath of the COVID-19 Pandemic. Exceptionally high numbers of people are presenting with "late diagnoses" of cancer and the consequences of sub-optimal management of non-cancer illnesses. Further, palliative care services are inevitably affected by vicissitudes across the healthcare system: burnout, poor morale and physical fatigue are prevalent throughout the wider system. Within our team, we are buffered from this by team cohesion and bidirectional kindness with our nursing and AHP colleagues, and we retain a hope that the 2nd half of 2022 might see some sort of normality return, but we are also aware that the anticipated economic strains inevitably impact upon the funding of healthcare.

Dr Gove retired in March. In addition to being a well-respected GP in Esplanade Surgery in Ryde, he has supported patients at the hospice (and the hospice senior on-call rota) for several decades. He will be much missed. We are currently exploring potential options to assure a sustainable senior medical on-call rota going forward, including the possibility of a joint rota with one or more adjacent hospices.

The General Medical Council visited St Mary's Hospital in 2021 to review the quality of its medical training. Trainees outposted to the hospice had reported a particularly positive training experience resulting in the GMC feeding back that "education in Palliative Care was 'exemplary'". This has resulted in the hospice being offered the chance to host a further trainee doctor. In addition to the direct benefits to the team, as the trainees rotate they take the palliative care expertise they've learned out into the community and hospital. We have also continued to participate in other local education, including symptom control training for District Nurses and Ambulance colleagues.

The Medical Examiner pilot described in last year's Trustee report was a success and so is now permanently embedded. The Medical Examiners provide valuable external scrutiny, an independent point of contact for families if they were to be concerned about our care, and an important additional safeguard against the 'professional group think' that contributed to such disasters as the events in Gosport Memorial Hospital.

The IoW Medicines Safety and Optimisation Team's year (MSOT) has been dominated by consolidating numerous innovations put in during 2020/2021 to address the pandemic. Most have brought benefits to patients with non-COVID-19 illnesses. In particular,

- The just-in-case-drugs Patient Group Direction (PGD) has brought effective symptom control to people dying unexpectedly at home. Such people's needs are not met by the "traditional" palliative care emphasis on planning ahead (ACPs and anticipatory prescribing). The PGD has been a collaboration between Mountbatten and the IoW Ambulance Service: it enables both senior ambulance paramedics and our own overnight community team to administer emergency symptom relief to such people. We have presented our findings to the National Ambulance Services EOLC group and are not aware of anywhere else in the UK using this approach at present. We are liaising with an academic team in Cambridge to arrange an evaluation.
- The ability to take Controlled Drugs from the hospice out into people's homes has significantly decreased delays in administering symptom control in unexpected crises. For example, a person with nerve pain previously controlled by oral medicines experienced a severe pain crisis out of hours because they were too weak to swallow their oral medicines. The community stock scheme enabled our community team to rapidly control the pain with ketamine. Previously, there would have been a delay of many hours, or even into the next day, while a supply was obtained via a pharmacy.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team (cont.)

We have continued to modify traditionally hospital-based treatments to make them suitable for use in the home setting. Although this is a normal trend in palliative medicine, the pandemic has epitomised the principle that "necessity is the mother of innovation". For example, the introduction of:

- Clonidine, a drug used in Intensive Care since the 1990s for pain and agitation, into the palliative setting for morphine-resistant pain and terminal agitation refractory to usual measures
- Subcutaneous administration of zoledronic acid, a drug normally given intravenously for cancer complications such as bone pain and raised calcium. Subcutaneous administration now allows it to be given in people's homes if that is their preference
- Subcutaneous administration of magnesium. Magnesium deficiency is common in palliative care and is associated with muscle weakness and worsening pain. However, oral magnesium is poorly absorbed and so intravenous replacement is commonly required. Similarly to zoledronic acid, the introduction of subcutaneous administration now allows magnesium to be given in people's homes if it is their preference to avoid hospital/hospice admission.
- Subcutaneous administration of antibiotics is a common practice in France, Spain, Portugal and Japan, but not the UK. Clinicians from those countries have kindly responded to our requests for further details and we have gradually increased our use of this approach over the last 3 years. This enables injectable antibiotics to be administered in the home for people wishing to receive active treatment but avoid hospital admission
- Looking forward, MSOTs next major project will be implementing electronic prescribing within the inpatient hospice, a project that trustees may recall was due in March 2020 but was postponed by the pandemic. The e-prescribing project offers a range of benefits from safety improvements to efficiency gains, but needs careful and thoughtful implementation to realise these gains.

The innovations described above have generated significant interest from other areas. We are working hard to share these with other areas through presentations, publications, informal discussions (and 'medical' twitter!). We have delivered 4 presentations (SC tranexamic acid, SC esomeprazole, Clonidine, and Beta-blockade for tenacious secretions) to the Wessex regional palliative care specialists group; we presented to the Association for Palliative Medicine Congress in Birmingham in March; we are delivering 3 presentations at the Oxford Advanced Course in Symptom Management in July (the above topics, plus our experience with the just in case drugs PGD); and to the UK Association for Palliative and Supportive Care Pharmacists in Birmingham in November. We have published our experience with SC tranexamic acid and beta-blockade in the BMJ Supportive and Palliative Care journal, have submitted a case series (n=113) of our experience with clonidine to the same journal, and are preparing papers for submission on SC zoledronic acid and SC esomeprazole. Further, we are auditing our use of drug combinations in syringe drivers and are now the UK's biggest contributor to the National Syringe Driver Database.

Our relationship with the Royal Pharmaceutical Society's "Palliative Care Formulary" textbook and website continues, with one of our team sitting on the editorial board. In addition to keeping us abreast of developments elsewhere, this provides a further tool for disseminating innovations of the sort described above to others. We are currently updating the clonidine and SC antibiotics sections as a result of the above work in our service.

The latest update to the Isle of Wight Palliative Care Symptom Control Guidelines was approved in May 2021. This included significant updates, including the above, and new sections from the pandemic such as 'withdrawing non-invasive respiratory support'. Although these guidelines are time consuming to produce, they form an important governance tool underpinning many of our symptom control activities from education and prescribing by GPs and others, through to supporting our own non-medical prescribers and use of off-label "specialist" medications that are not well described in standard references such as the British National Formulary.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team (cont.)

The UK continues to experience significant instability in medicines supply for a range of reasons. This is on the risk register. We have had some success in partially mitigating this. In part, by increasing our inhouse stock levels to withstand short term interruptions, and in part by using electronic prescribing templates that can be rapidly updated during shortages to enable us to instantaneously divert GP and hospital prescriber prescribing onto appropriate alternatives. But this instability is far from ideal, resulting in the use of less familiar (and, often, more expensive) medicines.

The Isle of Wight community health system has benefited from a single shared notes system (SystmOne) for several years. We are pleased to report that St Mary's Hospital and out of hours services are now actively seeking to adopt SystmOne too. This has the potential to bring a similar joining-up of care with secondary care that we already see across the community services.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team

We recently have welcomed the opportunity to open up our services from many of the constraints of the COVID-19 lockdowns, and it is pleasing to see the ward filling with more patients and visitors, and day services able to welcome patients again. We continue to deliver care from behind the mask of PPE whilst COVID-19 leaves a long shadow of patients with late cancer diagnoses and poorly managed chronic conditions whose prognoses, symptom burden and psychological distress are greater than they would otherwise have been.

We have this year instituted a new monthly Interventional Pain Management MDT meeting. We are joined by two pain anaesthetists, UHS Acute Pain Team, Paediatric Palliative Care Team and UHS Hospital Palliative Care Team. Several of our patients have benefited from nerve-blocks delivered on site at Mountbatten to help with pain control where medicines have failed, procedures that were not previously available. These procedures have been facilitated by the purchase by Mountbatten of two new butterfly ultrasound probes that permit detailed anatomical scrutiny.

Several of the medical team have undertaken training in focussed ultrasound. This will permit us to continue our service of ascitic drain insertion onsite at Mountbatten. Our Speciality Doctor continues further to develop her ultrasound skills and is delivering botulinum toxin injections for the management of excessive salivation. Two Point of Care Testing machines were purchased in January. This allows some blood results to be immediately available. We are currently evaluation the impact of this on patient experience and clinical decision-making.

As an established training unit, we have delivered training to seven Specialty Registrars in Palliative Medicine – the consultants of the future. We have also provided training to 7 GP registrars. Following restructuring of medical training by UK-wide Shape of Training Review, we have welcomed our first trainee who will dual-accredit as a consultant both in Palliative Medicine and General Internal Medicine. The aim of this is improve patient care at the end of life in hospitals by moving palliative medicine training into the 'mainstream' of medical specialties. We have been awarded an additional Specialty Registrar training number to reflect the increased need for palliative care consultants within the UK. We have in addition been given a Foundation Year 2 doctor, again with the aim of increasing the number of doctors trained palliative medicine.

We wish good-bye to one of our Speciality Doctors who has moved to be closer to family. We have welcomed new Specialist Doctor who comes with over 20 years' experience as a local GP, over a decade's experience of palliative medicine in both the New Forest and East Africa, and was also a Clinical Director for West Hants CCG. We are also delighted to appoint our first Clinical Research Fellow in partnership with UHS Southampton Academy of Research. This appointment will facilitate development of research at Mountbatten in conjunction with the Hospital Palliative Care Team based at UHS. The Medical team have submitted two abstracts for presentation at Hospice UK Conference 2022.

The Medicines Safety and Optimisation Team have continued to deliver a rapid development of policies bespoke to Mountbatten Hampshire. We were delighted to appoint a Band 8a pharmacist starting April 2022. An Inspection by Ashtons Pharmacy Services has highlighted the areas we need to continue to develop as we move toward providing an outstanding service. Focus over the next year will include the development of a Community Emergency Drugs Cupboard.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team (cont.)

The medical team have continued to deliver an agreed Quality Programme with 9 audits and 2 quality improvement projects. We continue to review our practice with weekly morbidity and mortality meetings. We have supported the development of newly appointed community nurses by delivering a clinical induction programme and weekly teaching. The medical team continue to mentor developing nurse prescribers.

One of our Medical Consultants continues work as an Editor for The Palliative Care Formulary and has updated several monographs for publication of 8th ed in Summer 2022. She has also co-authored Introducing Palliative Care textbook (6th ed July 2021.)

Psychological, Bereavement and Spiritual Care Services

This last year has been another year of change within the Psychosocial and Spiritual care services. One of the main focuses was reinstating the face-to-face groups and services which had to be held online during the pandemic. Throughout this last year we have seen the demand for bereavement service increase. This was expected due to the events over the past two years.

Psychological and bereavement support

The psychology and bereavement service had to be delivered in a very flexible way considering the impact of the pandemic and many of the flexible approaches remain as part of the service.
We continue to offer face to face appointments alongside online and telephone support for those unable to attend in person. We have noticed more people, living out of area, choosing to access our service remotely because they have had a connection with us. However, the vast majority of people welcome face to face support and choose to attend in person.

We have been able to reinstate the bereavement groups for adults, teenagers and children. These are being run regularly with a growing attendance rate.

Despite growing our resource in the team, mainly through volunteers and student counsellors, we are now having to operate with a small waiting list of 4-6 weeks. This is due to the increased demand for services, particularly, over the last 6 months. The waiting list is monitored weekly and we have made changes to the way we work in order to keep this wait down to a minimum.

The 24/7 Keep Connected Helpline was adjusted, considering changes in the pandemic, to become a bereavement helpline. This line is open to anyone across the island living with grief and loss. The helpline is supported by volunteers who attended training and regular supervision. Despite the numbers of calls each day being low it is clear that the service is of value to those that use it. The volunteers receive some complex calls from those trying to manage their bereavement.

During the last year we have worked in partnership with local charities to further develop community bereavement support. In particular, we have developed a bereavement group alongside Aspire to create more local support. It is the hope that further groups across the Island community will be developed.

We have also worked alongside CCGs, Councils and Care homes within Southampton City to support staff to ensure their well-being and resilience during, what continues to be, a very challenging time for the sector. We have a counsellor dedicated to working in all care homes in the city who were especially affected by the pandemic. The impact of this work is reported regularly to our CCG partner.

The Creative Arts and Complementary Therapies

We have reintroduced face to face art groups and the choir over the last year. Both activities are well attended. We have worked with local artists who have displayed their work in the gallery and offered workshops for patients in the John Cheverton Centre. We have been able to offer Art Therapy placements to students in Hampshire. Additionally, we have worked with the IW college who have visited the IW hospice and developed a project with staff and patients. Further developments of Art projects are planned for 2022/23.

Spiritual Care

During 2021/22 the chapel was refurbished to provide an open and welcoming place for staff, volunteers, visitors and patients. Plans for a chapel space in Hampshire have been developed.

We have reintroduced regular Sunday services, communion and memorial services lead by the Spiritual Care Leads in both hospices. We have developed regular training on Spiritual care and Distress for staff and volunteers. We have offered placements for curates in both Hampshire and the Isle of Wight which has helped build important relationships with the community clergy. Throughout the year we have been able to continue to lead funerals, weddings and blessings for our patients.
Due to staff leaving, we will undertake a full review of the Spiritual Care Service across both hospices during 2022/23.

Transition Services

Over the last year we have been able to welcome back the Young Adults to the John Cheverton Centre, following a programme of on-line support and home-visiting. Due to COVID-19 restrictions, they had been unable to meet as a group and were meeting online weekly. The service has re-established the weekly social meeting as well as the monthly outings. This has enabled the group to be more connected and reduce isolation. They have engaged in Art and Music projects as well and prepare for a Wedding where two of the members have recently got married. The Transition Co-ordinator has also been able to work with all the Young Adults to review their health needs and attend to any changing needs through visiting at home and coordinating other services they are accessing across the wider system. We continue to work closely with the Children's Community Team and have begun to create useful links with Naomi House and Jacks Place.

Volunteers

The COVID-19 pandemic continued to impact on the development and growth of the Volunteer Service throughout the last year. We have been able to welcome the return of many volunteers following the change in government guidance and COVID-19 restrictions. We have seen many return to their roles. However, a significant number of volunteers have chosen not to return to the organisation as yet. Therefore, we have focused on recruitment of volunteers across both Hampshire and the Isle of Wight.

Growing the Mountbatten Volunteer Army continues to be a priority in order to support growing services and meet additional need. However, this has been more challenging due to the legacy of COVID-19. It became clear that face to face recruitment was now less effective due to the pandemic and we needed a more diverse approach to recruitment. In order to facilitate this the Volunteer Service has worked alongside the Communications Department to develop a more targeted recruitment approach. We also needed to change the message to highlight the benefits of volunteering to the individual as well as the organisation. We have worked to improve the presence of volunteers on the website and worked more closely with the shops as word of mouth via shops has been an important recruitment route which we have sought to capitalise on.

As part of this work we have streamlined the recruitment process and revised all the administrative processes. By doing this we have ensured that the process is simplified and also the time between completing of the application to starting the role is much shorter.

Volunteers (cont.)

Within the Volunteer Service we have had several staff changes and vacancies. We have needed to recruit to the Head of Volunteer Development, both administrative posts and a volunteer development post during the past year. These staff changes have impacted on service development and 2022/23 will see a more settled period in order to focus on growing the service.

Over the past year, we have re-established face to face induction and mandatory training for all volunteers, the feedback from which is consistently positive with volunteers recognising the value of the training and of meeting together as a group. Additionally, we have work with the Education department to develop a training matrix and are exploring ways of using our Bluestream on-line training programme (bespoke for hospices) so volunteers have the option of completing some training online.

With an ease of restrictions we were able to reintroduce volunteer parties and awards as part of Volunteers Week. Going forward we will acknowledge long service again with badges representing 5, 10 and 20 years of service. It is important that we recognise the significant contribution that Volunteers make to the organisation and we welcome the return of these events.

Quality

Quality Reporting across the Mountbatten Group

Across the Mountbatten Group, we continually review the quality of our services to improve and develop them according to the needs of the community that we serve. Quality is everyone's business across the whole organisation. There are a number of ways in which we monitor, evidence and review the quality of our services through our Quality Improvements Programme.

Quality Account

A Quality Account is a report about the quality of services by a healthcare provider. Quality Accounts are an important way for healthcare services to report on quality and show improvements in services they deliver to their local communities.
Mountbatten Isle of Wight's Quality Account can be found at:
https://www.mountbatten.org.uk/quality-account
and Mountbatten Hampshire's Quality Account can be found at:
www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

During 2021/22 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Feedback from Patients and Families
At Mountbatten we receive regular feedback about our services. Some feedback from the past year follows:

Hampshire:

- *I am very grateful to you for all the help you have given me. The hospice is a wonderful place and I am sure I wouldn't have coped without all the help I have been given and in time I hope to repay them in some way by volunteering in some capacity.*

- *Thank you all so much for the support & care that you provided for our mother. She said that she felt incredibly safe and at peace during her stay and that gave her such comfort to her family. Your work is so hard but invaluable and means so much to everyone that passes through your doors. Thank you from the bottom of our hearts.*

- *I can't begin to thank you enough for all your help and care for my dad. You treated him so kindly and compassionately. I shall never forget how you enabled him to die in his own home as he desperately wished. He finally died so peacefully with me holding his hand. Such a relief for him and a privilege for us.*

- *Our dad was treated with both dignity and respect while being cared for in his own home. Carers attended a short while after my brother and I said goodbye to our Dad. I was touched by the fact you still referred to him by name and explained everything to him you were doing, as had been done whilst he was still alive. Your input provided a degree of calm and consistency, in a chaotic and whirlwind period. Thank you so, so much.*

- *We hope you know how much you're appreciated for everything you do - Thank you. Whilst the obvious skills you all hold - empathy, compassion, kindness - are evident, I know there is much more. An ability to be perceptive and attentive to the needs of others, use communication in a myriad of ways and purposeful collaboration to those you care for. I respect and admire all of you immensely.*

Hampshire (cont.):

- *You could not have done more for him than if he had been a member of your family. We will be forever grateful to you all for making his final three weeks one in which he was loved, cared for and not alone. And thankful for extending the same compassion and care to us, his family. This made the hardest situation possible much easier to cope with.*

Isle of Wight:

- *Sadly we all know someone who has lost their battle with cancer. For me, it was my partner. We had been together for 11 years and had many plans for the future and many people I work for will remember us as a team. During the last few months, Mountbatten Hospice became a lifeline and could be called upon anytime day or night and a doctor would come to our house within the hour. During the last few weeks she was admitted to Mountbatten twice for treatment and was treated like royalty. Then for the last five days she was for the last time admitted into Mountbatten Hospice care and I, as her partner, sat with her for the last five days and nights. Mountbatten staff ensured she was comfortable and wanted for nothing and that I myself was OK and fed and watered. The staff are never too busy for any questions and are one of a kind. Mountbatten Hospice is the only place of its kind on the island and relies entirely on donations to keep it going. Not only do they admit patients into their care they also attend many others at home. A donation of any kind goes a long way to helping Mountbatten Hospice survive and look after terminally ill people.*

- *I'm writing to thank you all for the care you gave to my husband and me during the last weeks of his life. The fact that he was able to be at home with me at the end has been a source of comfort in the painful days and weeks since he died. You all made that possible with the care, patience and compassion you gave us. And those of you who visited us at home also brought warmth and humour into our house. Words cannot express how grateful I am, now and always.*

- *My partner was very lucky to be able to transfer to Mountbatten Hospice. She was in a lovely room with a beautiful view of the courtyard garden and the magnificent oak tree. As we both love gardening, it really meant a lot to her to have that view of the flowers and plants and natural world. Her final week of life was managed superbly well by all the staff who cared for her. She was treated with constant kindness and sensitivity and the attention to detail given to her pain management meant that she never at any point suffered. For that I am so very grateful. As her partner of 32 years, I was given a level of respect that I have not always received and her son was also supported effectively during this difficult time. I want to thank you all – each and every member of staff who cared for her, her son and myself, for all that you did to help us through that last, dreadful week. Having been a visitor to the Isle of Wight for over 30 years, I know about your organisation but no-one could have described the professional yet beautiful service you give to those who are dying.*

- *You recently supported my family through my mum's' care at home and I am sure you hear it all the time but I have never had people like the nurses who work for you. Never was anything too much trouble. The nurses came out at all times of day and night and even when mum's bloody awful cancer was coming to an end your team were still trying everything they could to make it better for mum's last days. They were graceful and kind in the care provided and thoughtful in the family support which they gave to all of us, especially my dad.*

- *I would like to thank you for everything you did to make her last few weeks as comfortable and as happy as they could be. You were superb: from the very first evening she arrived when you were all so incredibly friendly; through to the final few days when you all did as much as you possibly could to support her, my brother and myself. All you doctors, nurses and volunteers looked after us with kindness and a considerate cheeriness that helps me think of that time with more than just sadness, but with gratitude, warmth and even humour as well. So for all the cups of tea, gin and tonics, jelly...more jelly, all the kind words and always treating mum with dignity, I thank you. You are all really good at what you do and what you do is really important.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2021/22:

Priority 1: Safety

Target	Achievement against targets
1.1 Increase the awareness and understanding of the Freedom to Speak up Guardian role amongst employees and develop clear processes and reporting mechanisms **Lead: Head of Quality**	• An approved strategy is in place to communicate the structure, mechanism, and process when a concern is raised with the Freedom to Speak Up Guardian • A Freedom to Speak Up session is included in Mountbatten Employee and Volunteer induction and annual mandatory training programmes • Links have been developed with other Guardians to include joining the South East network group and attendance at 80% of meetings in the year
1.2 Set up an estates task and finish group to understand the work needed on both Mountbatten Isle of Wight and Hampshire estates over the next 5-10 years. **Lead: CEO**	• Task and Finish group formed, and terms of reference drawn up • An action plan is in place which is monitored every two months by the Task and Finish Group • Cost, timescale, and professional advice is identified and agreed by the Mountbatten Board

Priority 2: Clinical Effectiveness

Target	Achievement against targets
2.1 Develop and implement a new programme of Project ECHO sessions across Hampshire and the Isle of Wight to incorporate attendance from across the health and social care sector. **Lead: Head of Education**	• Up to ten prospective participants in the project are identified and invited to participate • A suitable curriculum of 6 sessions is designed and planned over the next 12 months • Evaluation survey feedback indicates that the training is rated as good or excellent in terms of quality and value
2.2 Manage and further develop Mountbatten's Domiciliary Care Service, including 24/7 care and respite care **Lead: Head of Community Services (Hants) and Care at Home Team Leader (IoW)**	• Care is provided for all referrals within 48 hours from first receiving the referral • 100% of team members are trained to Care Certificate level or booked on training • Feedback from patients, carers, relatives indicates 90% of people are happy or very happy with the service

Priority 3: People's experience

Target	Achievement against targets
3.1 Introduce Virtual Groups for patients, to include online live sessions and recorded sessions that people can easily access. **Head of Rehabilitation**	• A virtual group programme including live classes and videos is accessible via Mountbatten websites • An approved competency framework for facilitation of groups that is signed off by all staff facilitators is in place • Patient scores using the Integrated Palliative Outcome Scale and Views on Care outcome measures shows an improvement for those attending groups • Feedback from group attendees is analysed and a quarterly report is produced and reviewed at the Quality and Governance Committee
3.2 Improving equality and diversity: Reaching out to older people living in single resident households in socially deprived areas – IW. Increasing the recruitment of volunteers from diverse backgrounds to greater reflect the diversity of the Community – Hampshire. **Director of Psychosocial Service**	• Gap in provision of support is scoped for people in hard-to-reach areas such as people living in single resident households in socially deprived areas • Volunteer coordinator and at least 10 volunteers for Hampshire are recruited in accordance with identified needs • Impact of work is monitored through case studies and an end of year service user survey and the findings are reported to the Mountbatten Board and Commissioners • Communication strategy is in place to link partnership working with other agencies (e.g. social prescribers, Healthcare and Community Hubs)

Care Quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Transitional Monitoring Approach

Over the past two years CQC has been changing and adapting the way it monitors services. As the risks from the coronavirus pandemic change, they have evolved their approach to regulation by using a transitional approach to monitoring services. This focuses on safety, how effectively a service is led and, how easily people can access the service.

It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so they can continually monitor risk in a service
- using technology and their local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where they have concerns.

After reviewing information that they have about services, they have a conversation either online or by telephone This is not an inspection and they do not rate services following a call. This Transitional Monitoring (TMA) activity helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection.

Mountbatten Isle of Wight (Earl Mountbatten Hospice)

Earl Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Earl Mountbatten Hospice is currently registered to provide the following activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

Earl Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2021/22. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2021/22.

Earl Mountbatten Hospice is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

A synopsis of the CQC's summary of their inspection is as follows:

"The Earl Mountbatten Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Earl Mountbatten Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end-of-life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"

(Care Quality Commission, 2017, p. 2)

Mountbatten Hampshire (Countess Mountbatten Hospice)

Countess Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Countess Mountbatten Hospice is currently registered to provide the following activities:

- Treatment of disease, disorder or injury

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2021/22. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2021/22.

Countess Mountbatten Hospice is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 10th August 2021, this was an unannounced inspection. The inspection was carried out due to the management of the hospice transferring to Mountbatten Hampshire in April 2019. Any change of management of a health organisation increases CQC's risk score meaning an inspection is required. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led? There had been a Mock CQC inspection carried out in 2020, the rating received for the inspection was Requires Improvement. The inspection highlighted a number of areas where improvement was required, the result of the work carried out in these areas was demonstrated by the rating awarded by the CQC when they carried out their inspection in 2021, which was Good for each of the five themes, safe, effective, responsive, caring and well-led.

The CQC's findings are shown below:

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

A synopsis of the CQC's summary of their inspection is as follows:

"The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually".

(Care Quality Commission, 2021, p. 2)

Principal risks and uncertainties

There are currently 39 identified risks. 29 of these are across the Mountbatten Group, 7 are specific to Mountbatten Isle of Wight and 3 are specific to Mountbatten Hampshire. Mountbatten's Senior Information Risk Owner (SIRO) holds responsibility for the risk register.

The review process for monitoring the organisational risk register is outlined below:

- Full Risk Register to the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly

The principle strategic risks faced by Mountbatten are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	• Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract for IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	• Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	• Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.

Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	• Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided though appraisal, supervision and line management • Clinical staff on Agenda for Change terms and conditions • Employee benefits scheme in place • Clear values created with employee input to create positive working culture. • Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	• Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	• Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • New Chair of Trustees recruited. • Higher profile of Mountbatten to enable recruitment of Trustees.
Risk of resource overload arising from operational expansion into Hampshire	• Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.

Our Developing Strategy

The new strategy for 2020 – 2025 was developed during 2018/19 and encompasses both Mountbatten Isle of Wight and Hampshire. Staff, volunteers, trustees, and the Senior Management Team were involved in developing this new strategy together. The strategy includes five key themes: Care Coordination, Volunteers, Key Messages, Partnerships, and Sustainability and Survival. Each theme has a robust implementation plan with identified leads and is monitored through the Services and Resources Committees.

The new strategy focuses on six key areas:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteers offer
3. Developing a shared, common language about what Mountbatten does, in partnership with our communities
4. Developing new and existing partnerships
5. Developing and sustaining our impact for the future
6. Developing robust education and training programmes across communities, including the local Health and Social Care system

Services Strategic Implementation Plan Year 2

Each of the five key themes has its own strategic Implementation plan and leads meet every 2 months to review these. Actions that have been completed during 2021/22 include:

- Developed a new process for the weekly destruction of Controlled Drugs with training authorised witnesses at Mountbatten Hampshire
- Appointed a Palliative Care Discharge Coordinator to be based at University Hospital Southampton with the Hospital Palliative Care Team who will proactively source patients who do not need or want to be in hospital and facilitate discharge to preferred place of care.
- Delivered workshops across the Mountbatten Group to focus on new model of Day Services

Information Governance

During 2021/22 all standards were met within the Department of Health, Data Security and Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2021/22 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates the following:

- Regular review of compliance with the Data Security and Protection Toolkit
- review of all Information Governance incidents, including the identification of themes and lessons learnt
- review of all Information Governance and Caldicott Guardian decisions
- monitoring of Mountbatten's firewall report
- Subject Access Requests
- Access to Health Records Requests
- Privacy Impact Assessment approval

Information governance is monitored at every Mountbatten Committee and at Board level. Mountbatten Group has its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2021/22 to further improve information governance and data protection within the organisation have included:

- An action plan continues to be monitored and updated to ensure compliance with the Data Security and Protection Toolkit - this is scrutinised at the Integrated Information Governance Committee
- Mountbatten Group is a Core Member of the Cyber Resilience Centre for the South East. This provides the organisation with internet investigation, security awareness training, security policy reviews, web application vulnerability assessment and cyber business continuity exercises
- A Penetration Test has been completed; this tested the robustness of our information technology configuration against any potential threats
- Employees complete a User Access form once they have had training on each of the systems they use for their role, these are kept on the employees HR file
- Mountbatten Information Governance mandatory training sessions for staff and volunteers have been updated and refreshed and now include a session on Cyber Security
- Privacy Impact Assessments have been completed for a number of new projects and new IT system implementations
- Mountbatten's Information and Communications Department carried out work in line with our Information and Communication Technology strategy to move the majority of our operating systems to a cloud-based platform

- Mountbatten Group's Information Asset Registers have been reviewed, with departments updating their section of the Register
- Employees with key information governance roles attended advanced level training supplied by Mountbatten's data protection consultants, Stay Compliant
- An information governance training needs analysis was carried out, with areas of improvement identified and actions completed
- An information governance audit was commissioned which included a review of our information governance policies and an audit of our processes and staff competence. The report was positive highlighting several areas of good practice. There were a number of low-risk actions identified and these have been included in our Integrated Information Governance Committee action plan
- Cyber security is now included in employees annual mandatory training programme with particular attention paid to password strength and malicious emails.

Education and Training

Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire

The past twelve months has been dominated by fluctuating restrictions necessary in response to the pandemic (COVID-19). Despite these challenges the education service has continued to flex and adapt as necessary to ensure both internal staff and our local external health and social care staff have been able to access high quality training in relation to palliative and end of life care. Classroom based sessions have been facilitated with smaller capacity but more frequently as required to ensure learners have been able to engage in practical / practice-based learning. The virtual training programme devised in response to the pandemic has continued. Although virtual training is delivered online, all sessions have a live facilitator to ensure those attending are able to engage fully and ask questions. Our virtual offer has meant we have been able to maintain relationships with our local health and social care providers and indeed reach more people.

The education service has also seen an increasing number of requests over the year for bespoke training as our partners in health and social care begin to reprioritise their training needs. A number of bespoke sessions have been provided to Solent NHS Trust, for example on topics including advance care planning, end of life conversations, understanding bereavement, and symptom control. Additionally, clinical skill-based sessions, including catheterisation, verification of death and syringe driver training have been delivered to registered staff in local care homes in Hampshire and the Isle of Wight. We are expecting to see a rise in such requests over the coming year.

The education service continues to provide two substantive (commissioned) programmes to our local health and social care organisations; The 'Island Better Care Programme' on the Isle of Wight and the 'Mountbatten End of Life Care Programme' in Hampshire. The existing Island better care programme was concluded this financial year. The success of this programme in helping raise standards of care, recognized by improved CQC ratings has been rewarded with further commissioning for a 5 year 'moving forward' programme. The new programme has been developed, moving from a legal to a quality framework and will include a series of interactive workshops to review topics such as workforce development, staff wellbeing, interoperability, and developing community connections. In Hampshire, the substantive (commissioned) Mountbatten End of Life Care programme (superseding the previous 'six steps to success' programme) commenced in April 2021 and has been completed by four cohorts over the course of the year. The new Mountbatten programme has an emphasis on reflection, and lasting organisational change with attendees being expected to identify and put in to practice service improvement projects at the end of the course.

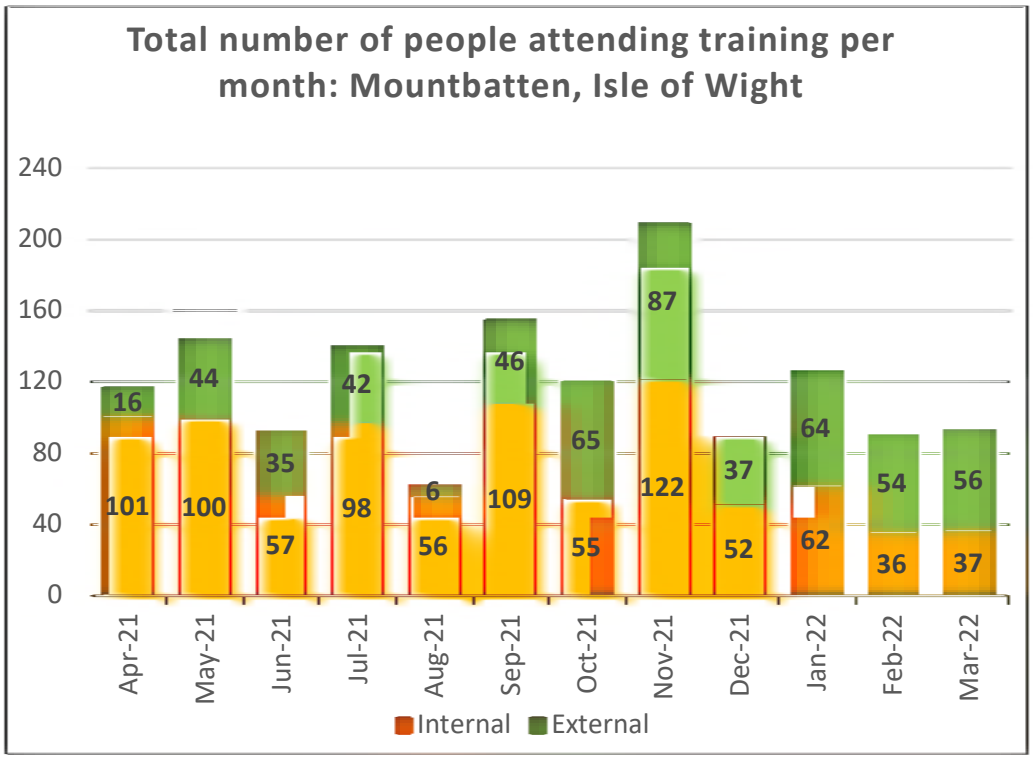
Project ECHO® (Extension for Community Healthcare Outcomes), a hub and spokes shared learning model, was extended during the year to incorporate Mountbatten, Hampshire and Isle of Wight as one hub inviting local care organisations to participate as spokes. Sessions were planned and facilitated. Participation in this model has been less popular compared to other virtual sessions Mountbatten has hosted and thus moving into the new financial year Mountbatten will host a series of specialist subject webinars along with additional webinars to maintain discussion about health inequalities.

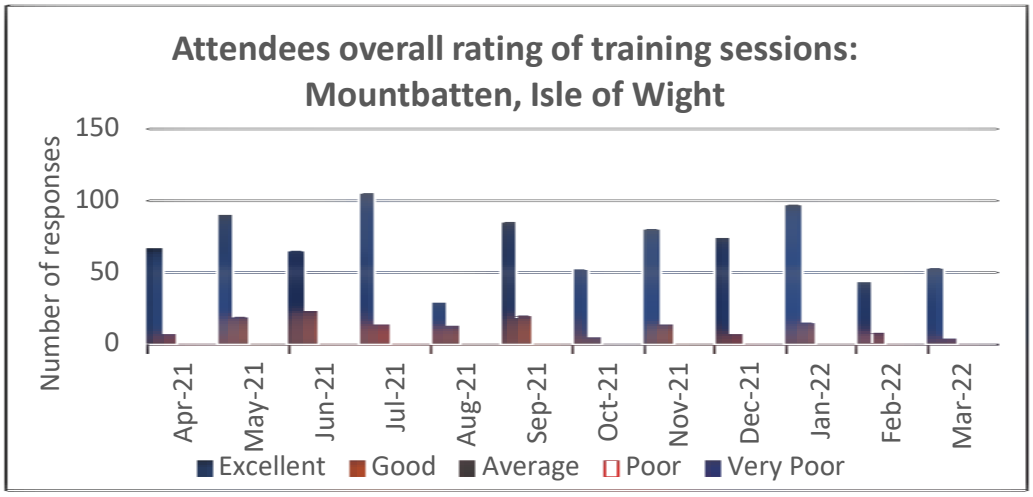
Advance care planning remains central to patient and family care. Mountbatten, Hampshire successfully met all objectives of the CQUIN with the improvement goal of providing personalized care and support planning, embedding Advance Care Planning (ACP) into healthcare for people with long term conditions. The education service has ensured a range of advance care planning sessions have been embedded in training programmes as well as offered as standalone sessions both internally for Mountbatten staff and externally across both sites.

A core programme of palliative, end of life and bereavement care training is well established yet continually reviewed and adapted as required. Many of our training programmes are accredited by the CPD Standards Office. All of the training programmes provided to our local health and social care organisations are also offered to Mountbatten staff, especially to support staff new to end of life care with their own development. Additionally, the education service ensures the delivery of all staff mandatory training ensuring safe and effective practice.

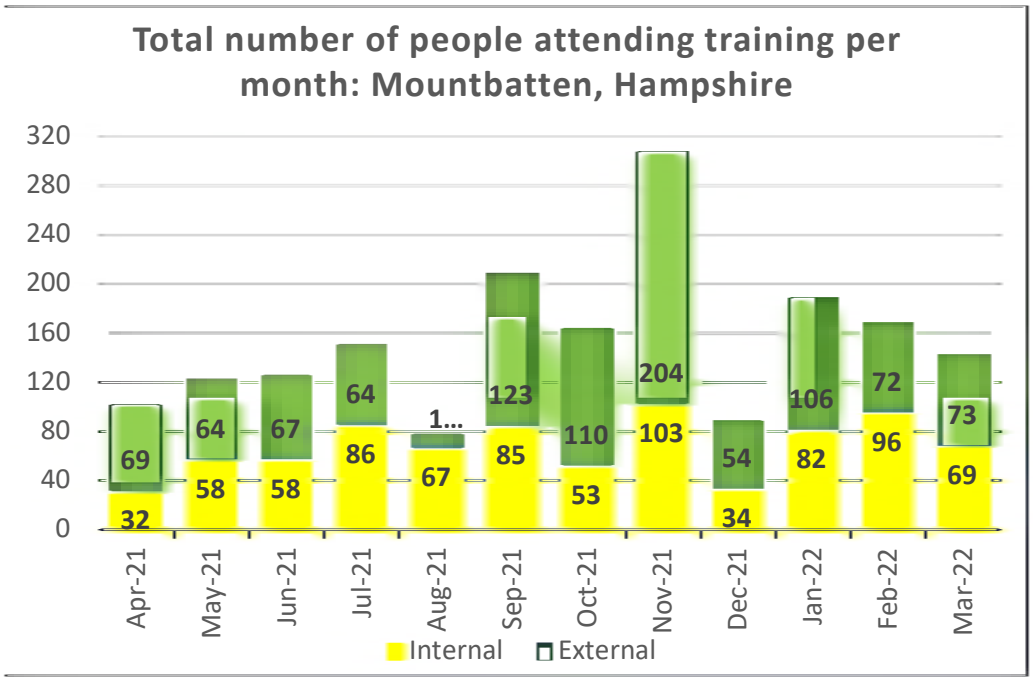
Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire (cont.)

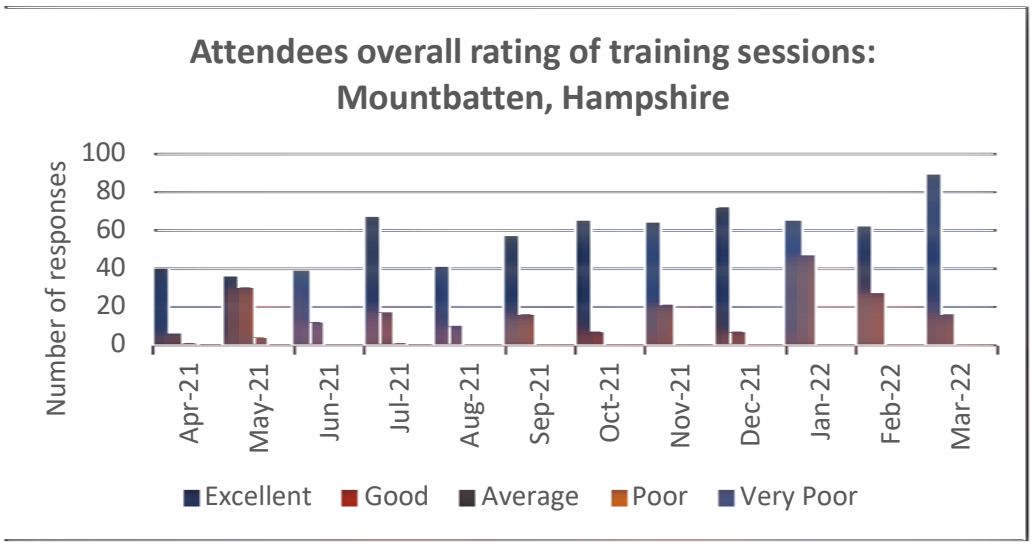
Education activity and performance quality is monitored through the education, training and research committee on a monthly basis and a summary of attendance to training across the year and quality feedback is presented in the following charts.





Education and Training Mountbatten Isle of Wight and Mountbatten Hampshire (cont.)





The education service also aspires to develop a culture of learning, not only where Mountbatten staff can develop but also where staff can support student learning. Student placements enable learners to gain experience of Mountbatten's work potentially creating interest of prospective newcomers to our workforce but also can challenge pre-existing perceptions of hospice care.

Mountbatten has supported students across Hampshire and the Isle of Wight including Health and Social Care college students looking to gain their first work-based experience, undergraduate nursing, physiotherapy, occupational therapy, social work and counselling students, and medical students and clinical psychology doctoral students.

A particular success of 2021 was the Mountbatten, Isle of Wight summer school. This 3-day training programme was designed for those aged 16-19 years to provide experience of a wide variety of careers available at Mountbatten, not only in relation to health and social care roles but also incorporating some of our non-clinical services for example human resources, fundraising and communications. The programme consisted of a mix of information and practical sessions. Two summer school programmes were run during summer 2021.

Research

Research Mountbatten, Hampshire and Mountbatten, Isle of Wight

Research development is important to Mountbatten, and we maintain connection with various research departments and groups, putting ourselves forward as collaborators, or as data collection sites or acting in a supervisory capacity to post graduate student research projects. Nigel Hartley and the Mountbatten, Isle of Wight site is a co-applicant in a successful NIHR (National Institute for Health and Care Research) funded research programme investigating 'living well and dying well for older people in rural and remote communities within the last year of life'. Mountbatten, Hampshire has been selected as a study site for another NIHR funded randomised trial of clinically assisted hydration in patients in last days of life (CHELsea II). We look forward to commencing these projects over the coming year. A number of Mountbatten staff successfully submitted abstracts to the Hospice UK annual conference held in November 2021. These included:

Jane Hazeldine. Developing a 'keep connected' helpline during the COVID-19 pandemic. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A28-A29; DOI: 10.1136/spcare-2021-Hospice. 73.

Jane Hazeldine. A joint agency approach to promoting wellbeing and resilience in care home staff. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A73; DOI: 10.1136/spcare-2021-Hospice.195.

Duncan Fleming. Mountbatten intranet – reducing the clicks. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A65; DOI: 10.1136/spcare-2021-Hospice.171.

Mary Banks. Increasing palliative rehabilitation's reach through technology: online resources and virtual therapy. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A38; DOI: 10.1136/spcare-2021-Hospice.100.

Dee Curless, Shane Moody. Provision of a consultant nurse led acute hospital end-of-life care unit to meet unmet needs of dying patients. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88; DOI: 10.1136/spcare-2021-Hospice. 233.

Dee Curless. Never a dull moment! BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A88-A89; DOI: 10.1136/spcare-2021-Hospice. 235.

Jackie Bennett. Digital acceleration: embracing a virtual education programme. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A68; DOI: 10.1136/spcare-2021-Hospice.180.

Michael Singer. The role of a paramedic in a community hospice/palliative/end-of-life care team. BMJ Supportive & Palliative Care Nov 2021, 11 (Suppl 2) A53; DOI: 10.1136/spcare-2021-Hospice.140.

Nigel Hartley. The Role of the Creative Arts in Palliative Care In Oxford Textbook of Palliative Medicine /ed. Cherny N.I. Fallon M.T. Stein K. Portenoy R.K. Currow D.C. Sixth Edition Oxford University Press.

Nigel Hartley Physiotherapie in der Palliative Care: Rehabilitation am Lebensende Ed. Neiland P. Simader R. Elsevier

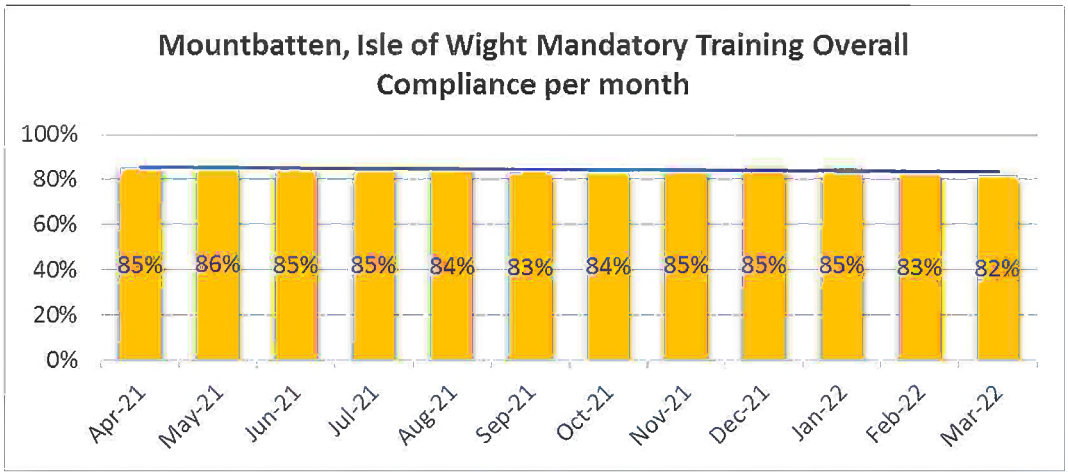
After the postponement of the 2020 conference, the Mountbatten annual conference titled 'dying in the 21st century, is our health and social care system fit for purpose' was successfully held in October 2021. 134 delegates attended the conference comprising a collection of workshops and keynote speakers such as, Dr Julian Abel, Director of Compassionate Communities; Sue Bottomley, National Head of End of Life and Palliative Care programme, NHS England; Jackie Munro, Chief Nurse, Solent NHS Trust; Chris Thomas, Institute for Public Policy Research; Max Kleijberg, PHD, Karolinska Institute, Department of Innovative Care Research, Stockholm, and Nigel Hartley, Mountbatten CEO.

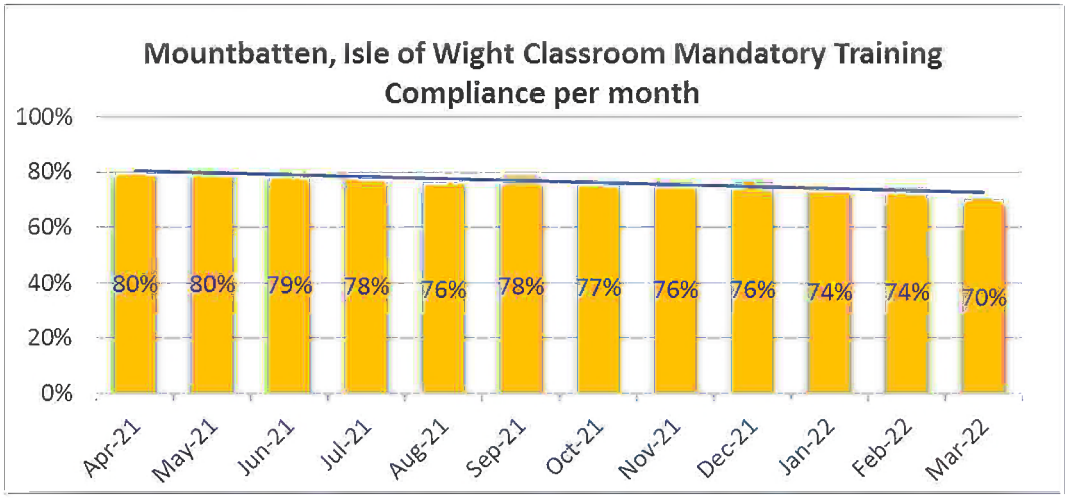
Planning is underway for the 2022 annual conference which will return to St Mary's Stadium in Southampton in October.

Mandatory Training

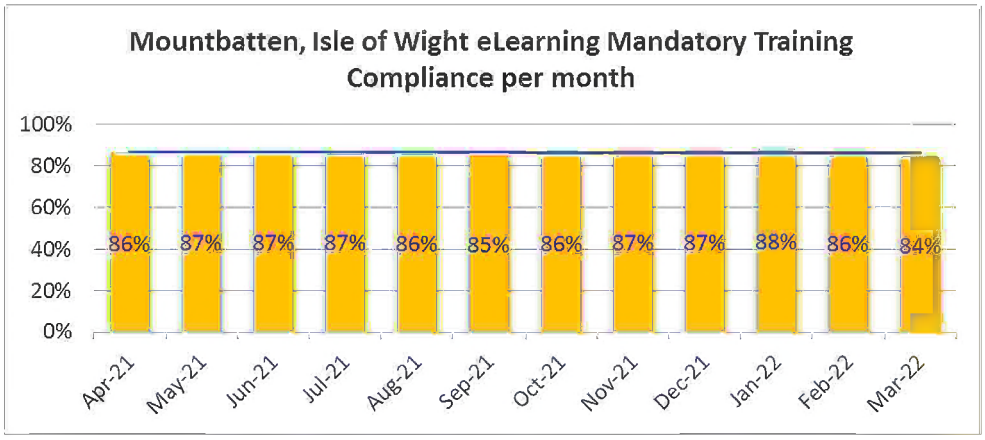
Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight

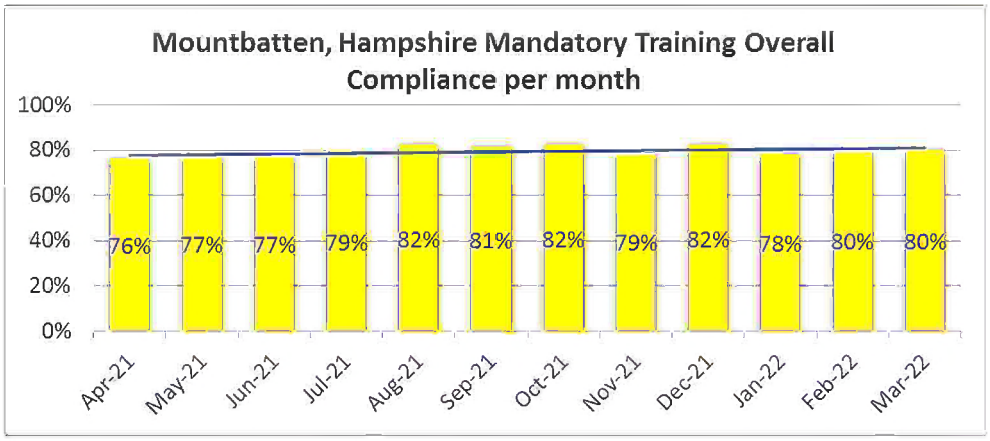
Access to the hospice specific suite of mandatory (eLearning) training is acquired from the blue stream academy. All staff are provided with an account and all mandatory training requirements are clear within this portal. Alongside eLearning modules Mountbatten also requires certain mandatory training to be bespoke to Mountbatten and/or attended in the classroom. Additionally, Mountbatten can utilise this system to disseminate any relevant training information for example over the last year has been able to share a refresher on donning and doffing of personal protective equipment, information about human factors in healthcare systems, and conducting holistic needs assessments of patients and their carers. Thus, the blue stream academy system has been developed to maintain a complete record of both eLearning and Mountbatten specific training. Live data can be accessed at any time through the portal ensuring Mountbatten always has an up-to-date record of mandatory training compliance. Compliance rates are monitored closely and reported on monthly. Mountbatten expects staff to achieve and maintain a 90% compliance rate. Challenges brought by the pandemic has impacted attendance to classroom mandatory training in the last year. A summary of rates across the year are demonstrated in the charts below.

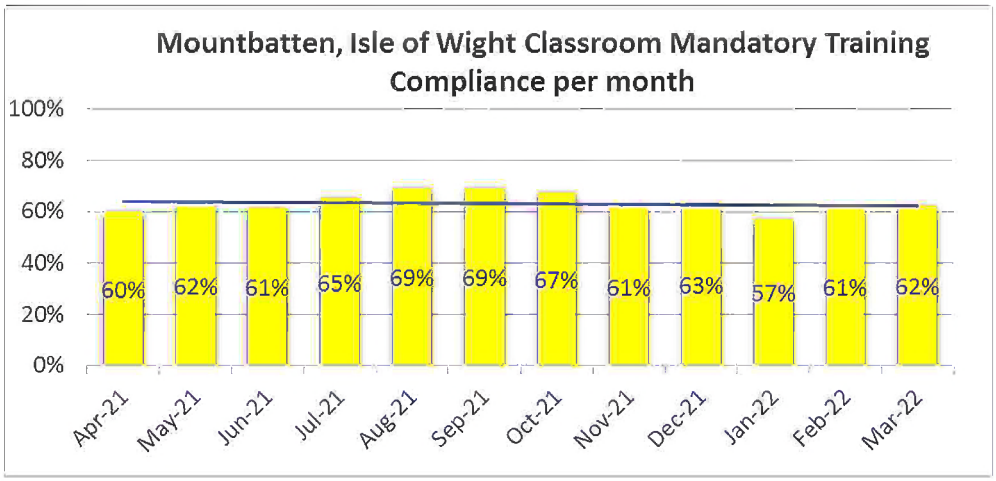




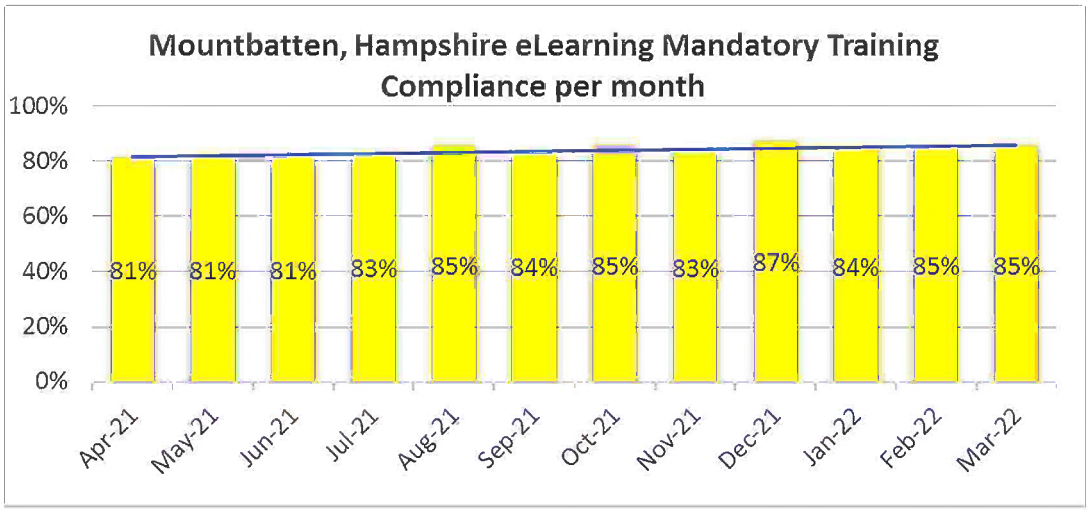
Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight (cont.)







Mandatory Training Mountbatten, Hampshire and Mountbatten, Isle of Wight (cont.)



Alongside mandatory training to ensure safe and effective care, Mountbatten staff are supported with further personal and professional development each year. Training needs are discussed formally as part of the appraisal process and where possible staff are supported to participate in development opportunities at various qualification levels up to master's degree. Mountbatten is also able to support staff development through apprenticeship programmes and this year has supported health care assistants on to nursing associate apprenticeships. Apprenticeship opportunities will be further explored to expand opportunities to non-clinical staff also.

Income Generation and Communications

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation

The fundraising landscape has significantly changed as the COVID-19 pandemic has continued to impact on fundraising activity and especially those income streams that rely on in person gatherings. However, as the uncertainty of the public lessened, momentum slowly increased in the latter part of the year in the areas most adversely affected. We have continued to regularly engage with our supporters and are hugely grateful for their time and generosity, which has enabled us to deliver the full extent of our services in our local communities during another challenging year.

Collaborative working across the two fundraising teams has increased and utilising our resources and expertise in a much more effective way has made us more resilient to respond to the challenges of the pandemic, staff absences and vacancies and a fundraising programme condensed into the second half of the year.

Following the migration of supporter data to a new database (Raiser's Edge) on each site and the appointment of a Fundraising Database and Donor Support Manager to review and improve processes, this year has seen further investment in an Individual Giving and Lottery Manager on the Island and an Individual Giving Fundraiser in Hampshire, roles that will enhance the donor journey.

Mountbatten continued to engage the services of Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. We have written agreements with Compton Fundraising Consultants Ltd as well as StarVale who administer our lotteries.

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints and all communications with its supporters in a number of ways, including but not limited to weekly one-to-one with CEO, monthly report reviewed at quality and governance meeting, quarterly review at Resources Committee meeting and Trustee Board meetings. Mountbatten Isle of Wight received 3 complaints and 0 concerns in the year for the purpose of fundraising. Mountbatten Hampshire received 1 complaint and 1 concern.

We do not conduct door-to-door or telephone campaigns, and we only contact those who meet our current GDPR stance of legitimate interest. We do not currently have any third party canvassers or proactive outbounds sales activities, and when someone tells us they no longer wish to receive contact from us regarding fundraising we update their profile and they do not receive future communications. The majority of donations are unsolicited, or as a result of an indirect ask (where we inform the donor of our need and the impact we make, but don't directly ask them to give) Where direct asks are made, we do not ask the donor multiple times, nor do we cold contact anyone we do not have a relationship with. Our direct mail campaigns go to supporters already on our database and have an easy opt-out option.

Monitoring of the fundraising supporter databases and communications is reviewed by the Data Protection Officer and Fundraising Database and Donor Support Manager through regular audits with any issues raised through Information Governance Committee. Mountbatten adheres to the Fundraising Regulator's Codes of Fundraising Practice and is registered with the Fundraising Regulator's Fundraising Preference Service.

Mountbatten Isle of Wight exceeded fundraising targets in Individual Giving direct mail campaigns, In Memory Giving and Major Donor gifts whilst local businesses, events, community groups and attendance at funerals, which rely on people coming together, have continued to be adversely affected. However, there have been some exceptions including the Isle of Wight Festival which had its second-best year ever for Mountbatten raising over £27,000. Due to lockdown, Walk the Wight was rescheduled from May to September and whilst, understandably, not attracting the usual levels of support welcomed over 3,000 walkers.

Legacy income was lower than recent previous years, in part due to the delays in probate administration, and highlights the unpredictability of this income stream.

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation (cont.)

Whilst gathering in large groups at funerals and remembrance events continued to be restricted, In Memory Giving – a core source of income to hospices – exceeded target. It enables grateful family and friends to acknowledge the support of the clinical staff who helped them and their loved ones and offers a way of expressing gratitude and remembrance.

A new remembrance event, Remembering with Ribbons, was introduced in the summer when we were able to invite supporters to the hospice to place a ribbon in the Chelsea Garden, and Light Up A Life saw the return of an in-person service at the Hospice, which was also live streamed.

At **Mountbatten Hampshire** we remain indebted to our generous supporters who have continued to support us during another challenging year. Several income streams did not reach target due to the ongoing impact of the pandemic and low awareness of the charity, but In Memory giving and other remembrance activity to commemorate the life of loved ones performed strongly.

Our Sunflower Walk with Mountbatten returned to the Broadlands Estate in Romsey at the beginning of July. This was our first in-person gathering following COVID-19 and, whilst registrations were initially slow due the public's uncertainty following the lifting of restrictions, attracted over 300 walkers. The Light Up A Life service was held at the Hospice and also provided the opportunity to come together to remember loved ones. Corporate giving included sponsorship for these events and the Mountbatten Conference, as well as support from business owners and their employees for the Corporate Challenge, Charity of the Year partnerships, challenges and events.

The number of players for the Mountbatten Hampshire Lottery has declined due to natural attrition and, with limited opportunity to recruit new players, has not seen the planned growth. StarVale continue to give advice and guidance, and this is an area of activity that following the pandemic will be reviewed.

The increase in the legacy pipeline in the latter months of 2020/21 has come to fruition with a significant increase in legacy income, and the pipeline remains strong for the next financial year. It is encouraging that this particular area is growing and will remain a key focus going forward.

Whilst still a relatively new area of fundraising for Hampshire, there have been a significant number of applications to trusts and foundations resulting in support for core costs and a range of equipment. As plans to refurbish the Hospice gain momentum, detailed research has been undertaken to identify potential funders for the capital campaign. With a developing prospect list, Initial conversations have taken place and a campaign plan developed. A capital campaign will provide the much-needed focus to raise awareness of the Hospice as an independent charity and increase existing and attract new support.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications

Over the course of the last year, the Communications Team continued to respond to the challenges of COVID-19, while shaping our plans and objectives for the future.

During the earlier part of the year, our work was heavily influenced by the pandemic and in the absence of face-to-face opportunities, we adapted much of our focus to our digital projects. Our quarterly flagship magazine, Connect, continued to be produced and sent digitally to our supporters in both areas, and we maintained a large presence of activity across our social media platforms – Facebook, Twitter, Instagram and LinkedIn.

Our websites – mountbatten.org.uk and mountbatten-hampshire.org.uk - were regularly updated with news and information about Mountbatten, including the latest COVID-19 guidance for supporters and visitors, plus information to support our clinical, education and training, fundraising and human resource services.

We started developing the news section of the Mountbatten Intranet and we now regularly share internal news via this channel, alongside our Insight newsletter, which we produce for staff and volunteers.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications (cont.)

Insight is one example of how we have introduced more organisation-wide working, moving to one edition featuring news about Hampshire and the Isle of Wight, instead of two separate newsletters.

A joined-up approach is now often taken with design assets, for example, working with the fundraising team on Light up a Life, and our 45th anniversary has presented another opportunity to work in this way.

Video stories have become a powerful way for us to share key messages about our work. We have been working closely with Nosy Marketing to produce engaging, emotive and informative video content, which has been very well received by both staff and volunteers, supporters and local businesses.

Video projects in the last year have included a Christmas story - https://youtu.be/2dB9W5vbjDo , featuring people we have supported in different ways - and our Annual Review film - https://youtu.be/EWyxkz4Ho6w
The easing of COVID-19 restrictions enabled us to host our Mountbatten Conference at St Mary's Stadium, Southampton, and the Communications Team was heavily involved in the planning of this event, while also leading a workshop on the importance of talking about death and dying.

Our Concert Series, organised by the Communications Team, has also returned on the Island and we have welcomed a variety of acts and good audiences over the latter months of the year.

Now we have settled team again, we have set our goals and objectives for the next three years, aligned with our 2020 – 2025 strategy.

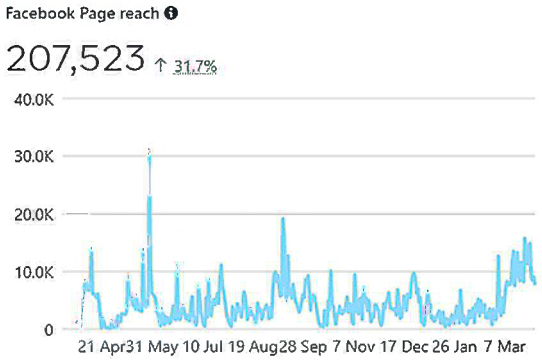
This includes encouraging more people to be confident to talk about death and dying, and promoting our Mountbatten language across the organisation. We also plan to develop more targeted engagement with our local communities, particularly in Hampshire, to help raise the profile of our work.

The year came to a successful end with our 45th anniversary 'torch run', where staff from each hospice ran in opposite directions to their respective place of work, passing in the middle of the route.

As with all 45th anniversary activities, the Communications Team has been heavily involved in the planning and delivery of this event, which gained significant media interest, including from BBC South TV, which featured the run in its evening news programme.

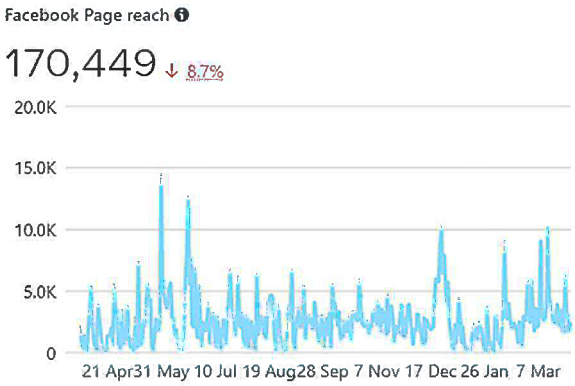
Social media statistics

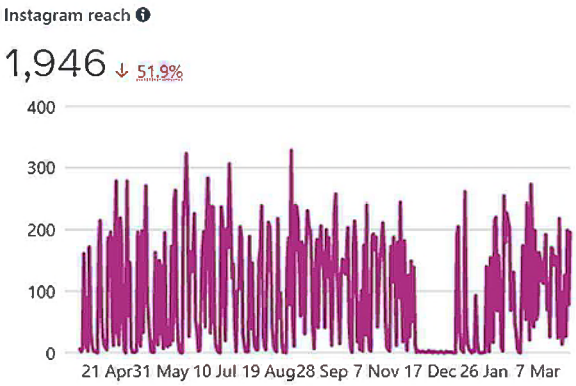
Mountbatten Isle of Wight





Mountbatten Hampshire





While the volume of activity has remained constant, the organic success of our posts across social media is lower compared to last year.

Some thoughts on why we believe this has happened:

Using last year's graphs in the reports, you can see that both sides saw an unprecedented surge of visitors as the pandemic hit (we typically, on average, are lucky to be getting reach 5-10k). Around April – May 2020, we saw it surge up to 60k. This would be due to the number of people in lockdown on social media, all fully engaged and interacting as we gave service updates and dealt with interactions and questions (all of which massively increased our reach). This trend of a significant drop in stats will be a familiar picture for most public-serving business pages on social media.

Around the beginning of 2021, Facebook has also changed its algorithm, making it harder for posts to be as visible as before, mainly because they are pushing their Facebook advertising package and therefore almost forcing businesses to pay for advertising to get the reach.

Estates and Facilities

Mountbatten Isle of Wight

Over this year we have undertaken an exciting new approach regarding facilities management, and we have been carrying out extensive research into identifying a facilities management software platform that can be used potentially across both sites. This system will be fully interactive and will allow not only for facilities orientated tasks to be recorded but also medical devices, this process has now drawn to a close as 2 platform providers have been selected with a view subject to final approval to start the implementation in mid-2022.

During this early part of this reporting period, a decision was made to bring in an architectural consultancy firm to assist with all large projects, including the car park and the potential redevelopment of Oak House and change the design of the main entrances. This process is now well underway, and all large capital projects have now been transferred to the architectural consultancy, McAndrew-Martin, allowing the Estates and Facilities Team to focus on business as usual, and developing a more structured facilities management programme.

Fire Safety

Fire Safety compliance has been maintained during this reporting year and the main efforts have been centred around rationalisation of the sites' fire doors, fire stopping and training. In addition to fire door inspections a fire stopping survey was commissioned and this report highlighted considerable defects in the John Cheverton Centre fire stopping methodology.

We have completed fire stopping project in the John Cheverton Centre roof space, an area that was not correctly fire stopped when it was built. With the completion of this project, we have now completed all of the estate-wide fire stopping deficiencies.

The estates team have also focused on training during this reporting year with three members of the estates team successfully completing the first UK City and Guilds accredited on-line fire door inspectors' course, allowing the Estates and Facilities Team to maintain a better insight to fire doors and the standards applied by UK fire regulations.

Water Safety

During this reporting period we have maintained our water compliance services contract with a local company WSM, and by using their services we have been able during the past year to maintain excellent standards of water quality. This standard of water quality has been achieved by a constant and rigorous water flushing programme and regular maintenance across the site.

The Estates team have focused this year on gaining accreditation and water safety qualifications, and have successfully trained the Isle of Wight Facilities Manager, the Hampshire Facilities Assistant and the Head of Estates and Facilities, who are all now qualified to responsible person (RP) healthcare water safety level. Further to this the Head of Estates & Facilities attended an authorised persons (AP) water safety course which will lead onto a full qualification at healthcare authorised person level.

Housekeeping

During this reporting period, we decide with all involved to move the House keeping team away from the Estates and Facilities team and embed them within the clinical teams and Infection Control Teams.

This move would allow for the house keeping teams to work directly under the control of the Infection Prevention Control teams and allow for a continued focus around the new IPC regulations.

The transition of the housekeeping team and associated administration was completed in January 2022 and all day-to-day management of the housekeeping team was successfully transferred to the Infection Prevention Control Team.

Utilities and energy

During this reporting period we have worked on securing a new gas provider contract for the main hospice site, this came into effect in December and provided a significant saving on our gas provision and cost overhead.

Our fixed electrical contract came up for renewal in January 2022 but due to the utilities and cost of living price increase that we have all experienced over the last six months, we needed to renew our electrical utility provider contract at a significantly increased price per unit of energy, the unit of energy cost increased from 14p per unit by a 122% per unit to 31p per unit. This is a significant increase.

We were able to secure a 12-month fixed energy contract for the main Mountbatten site and most of the retail premises, fixing us in for this period and allowing for control of electric consumption expenditure to be managed during this turbulent time.

Patient Equipment Services

During this reporting year, the Patient Equipment Services have continued to adapt and grow to meet changing needs and has focused heavily on equipment life cycling, smarter purchasing and renewal of our medical devices and community equipment.

We again have benefited from a considerable amount of money being generated through our relationships with the fundraising Team, such as a donation of 12k from the CCG that was used to purchase 7 riser recliner chairs & 5 syringe drivers.

We now have a full asset list of Mountbatten's equipment, which will help with life cycling decisions and the future management of the site's medical devices and equipment.

Mountbatten Hampshire

A number of key projects have been delivered by the team, such as resealing rooves and extending the life of each roof by a further 5 years, new kitchen project, renovation of the gym, offices within the Education centre, replaced fire doors and started to replace the many older style tubed lights throughout the site with energy efficient LED lights, saving energy and money. Some of this work has been supported by our relationship with McAndrew Martin.

We have also been proactive regarding the management of asbestos across the site. With a full annual review undertaken of the asbestos containing materials (ACM's) in the and a full redevelopment and demolition Asbestos survey (R&D).

During quarter four we have engaged with the Southern Health NHS Trust Estates Department, to draw up the draft of the 22-23 Service Level Agreement. We have identified further cost savings within the Service Level Agreement and we are still working to reduce our dependency on southern Health to provide services to Mountbatten Hampshire in the future.

During this early part of this reporting period, we decided to employ an architectural consultancy firm to assist with all large projects, including the car park and the potential redevelopment of Inpatient Unit bedrooms, office spaces, a new external log cabin and the design of the main entrances and links between the buildings. This process is now well underway, and all large capital projects have now been transferred to the external architectural consultancy, McAndrew-Martin, allowing the Estates and Facilities Team to focus on business as usual, and developing a more structured facilities management programme.

Fire Safety

We have had one fire related issue to report during this period, this being the failure of the Inpatient Unit fire panel. The original fire detection system that was highlighted when Mountbatten took control of the site as being obsolete and this system failed in late November 2021. Wessex Fire assessed and quoted for the replacement of the system, from start to finish, the new system took 3 weeks to complete at a final cost of £20k and we now have an advanced detection system providing the correct level of detection to the Inpatient Unit.
The main Fire Risk Assessment for the whole Hampshire site was also reviewed during this reporting period by Wessex Fire and significant progress has been made with no further concerns raised.

Water Safety

We carried out the first Mountbatten led Water Risk Assessment. This was carried out by Clear Water Technologies, and as part of the package we will receive a written scheme and a water system schematic. The report is very comprehensive and also contained a recommended remedial action list. This work has now been approved and the remedials identified in the Water Risk Assessment are underway. Southern Health has continued to carry out preventative maintenance regarding safe management of the water systems. We have taken steps to improve these contracted responsibilities as part of the new revised 2022 Service Level Agreement.

We have continued to monitor and test the hot and cold-water across the site, following a continued series of reported low delivery temperatures being identified. This has resulted in our new kitchen and cafe project moving to independent electrically generated hot water systems. We are continuing to work with Southern Health and another external agency, Forth, to find an appropriate solution to this challenge for the remaining hot and cold water needs and we continue to sample the water across the site via contracted support. It is important to note that to date no Legionella or other associated water-borne issues have been detected across the Mountbatten Hampshire site.

We have also worked on the estates stored water systems and have moved forwards with the water tank cleaning and the recommissioning of the deactivated water tank in the Inpatient Unit roof space.

During this year the Hampshire Facilities Assistant has also attended the Responsible Person Health Care Water Management course.

Medical Devices

Our focus for this year has been the alignment of our 3 main medical devices contracts with the external companies Bio-Med, Shepherds and ARJO. This has been with the aim to streamline the amount of contractors we use. This combined move will mean that, moving forward, Mountbatten Hampshire will have three primary contractors supporting medical equipment.

This year has also seen the first combined equipment service event being conducted which involved Shepherds and Bio-Med attending the site to identify a large majority of our equipment in an organised and efficient manner. This exercise was very well supported by our clinical teams and captured and estimated 85% of the equipment servicing requirements.

We now have a full asset list of our equipment which will be essential with life cycling decisions and the future management of the site's medical devices.

Security

R&G Security have continued to support the needs of the Mountbatten Hampshire site in an appropriate and professional manner during this reporting period. We have also made improvements during this year to the Inpatient Unit intruder alarm system and fitted a CCTV system to further enhance our security capabilities for the site.

Human Resources

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID-19 continued to have an impact on employees' capacity and capability in delivering services and one of the key things for the Human Resources Department over the past 12 months was to ensure that all employees continued to follow the COVID-19 testing protocols and also to ensure that employees were supported in obtaining their COVID-19 immunisations.

Both hospice teams' capacity was impacted greatly during several COVID-19 cluster outbreaks and that coupled with the requirement to isolate for designated periods, meant that our teams had to look at different ways to provide services, this included asking for volunteers from our non-clinical teams and providing them with the necessary training to enable them to support our patients within the community as part of Mountbatten at Home teams. With the support of both the Isle of Wight Healthcare and University Hospitals NHS Trusts they continued to support our teams by opening their own pre-arranged COVID-19 immunisation clinics to our teams. At this time 414 employees have received their 1st COVID-19 immunisation, with 383 employees have received their second.

A lot of work was done to change our contracts and processes to support the introduction the Vaccination Condition of Deployment within Healthcare [VCOD], the Governments mandatory requirement for all patient facing roles to be double vaccinated, prior to its withdrawal in March 2022. We have retained elements of the planned new process and their recording so that we have appropriate and accurate reporting of vaccine status and put in place individual risk assessments where employees are unwilling or unable to have a vaccine.

Following the successful migration of data onto Cascade, the new HRIS System, the IOW HR team led the implementation of the new system across the Group, ensuring all employees received training, enabling them to be able to access and use the self-service benefits of the system and thus reducing the need and time for the HR to update an individual's personal data. The system enables Directors, Managers, Finance and HR teams to be able to view data quickly and use the information to support business decision. The new system has provided HR and Voluntary Services with the capability to provide quantitative information and people data in just a few clicks.

The next stage is to roll out further system functionality, which for Managers will include the automation of some of the HR reporting functions and the ability to view and manage job and salary details for their direct reports. For Managers and Employees, HR workflows and reminders will be built into the system, including the registering and approval of absences, the loading and approval of objectives and updates and the annual appraisal review. In addition, the link to electronically transfer fixed data, enabling it to be used in the processing of payroll, thereby reducing the use of paper forms, spreadsheets, and the opportunities for errors.
During the past year the HR Team also led the sourcing and transition to a new Occupational Health partner, Drayton Medical who provides services across the group, both on site at the Hospices and also at their clinic in Portsmouth. Drayton Medical work very closely with the team to continually review and evolve the health support services to our employees and managers.

We have worked with to streamline some procedures which have meant we have been able to shorten the onboarding lead time for new employees. The relationship has provided the HR Team with an online portal to meaning we can directly communicate and each party view health and background information. This has resulted in a big improvement in the management referral reports for employees on long term sickness absence and in the understanding of the support and reasonable adjustments needed to assist the individual in returning to work.

Another large piece of work that the HR team have completed over the past year is Pay Analysis. This is where we have undertaken a job evaluation of every non-Agenda for Change role across the group and reviewed the salary against the market.

We have also introduced salary bands for non-Agenda for Change roles, grouping them where they have scored similarly on the job evaluation. This covered 112 employees across the group, of which 70 received an increase as a result of the exercise, with the remaining 42 employees pay remaining the same. No one's salary reduced as a result of the exercise.

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department (cont.)

The objective and outcome of Pay Analysis was to design a pay structure which fairly rewarded our employees for the work they do, recognising the market competitiveness of salaries for similar roles. This will assist us with the retention of our talent and to help in the attraction of new talent and skills into the organisation by having competitive pay and a transparent process pay structure.

With regards recruitment, over the past 12 months Mountbatten has seen a significant increase in the number of opportunities available for individuals to move roles and to join the organisation.

Mountbatten Isle of Wight Recruitment Metrics			
	Vacancies	**Applications**	**Hits**
NHS Jobs	**58**	**425**	**28,991**
IW Jobs	**21**	**129**	**15,582**
Other Platforms	**5**	**40**	**8,792**
Mountbatten Hampshire Recruitment Metrics			
	Vacancies	**Applications**	**Hits**
NHS Jobs	**102**	**446**	**54,046**
Other Platforms	**30**	**80**	**11,474**
Mountbatten Group Recruitment Metrics			
	Vacancies	**Applications**	**Hits**
NHS Jobs	**160**	**871**	**83,037**
IW Jobs	**21**	**129**	**15,582**
Other Platforms	**35**	**120**	**20,266**

Overall, during the last 12 months, we advertised a total of 160 vacancies across the group, which is an increase of 22 vacancies when compared to the previous year. The number of applications however decreased due to COVID-19 by 308 during the year when compared with the previous year which saw 1,428 applications compared to 1,120 over the past 12 months. However, hits on recruitment advertisements rose by 24,725 for the period.

Mountbatten Group's establishment at the end of March 2022 stood at 374 (207 Mountbatten Isle of Wight and 167 Mountbatten Hampshire), the WTE 241 (134.25 WTE Mountbatten Isle of Wight and 106.75 WTE Mountbatten Hampshire).

Number of Roles NHS Jobs Metrics		**Average times**			
		Vacancy Closed to Shortlisting	**Vacancy Shortlisting to Interview**	**Vacancy Interview to Offer**	**Employee Commences**
Mountbatten Isle of Wight	**58**	**2.83 days**	**8.04 days**	**2.78 days**	**35 days**
Mountbatten Hampshire	**102**	**3.15 days**	**21.53 days**	**2.90 days**	**47 days**

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department (cont.)

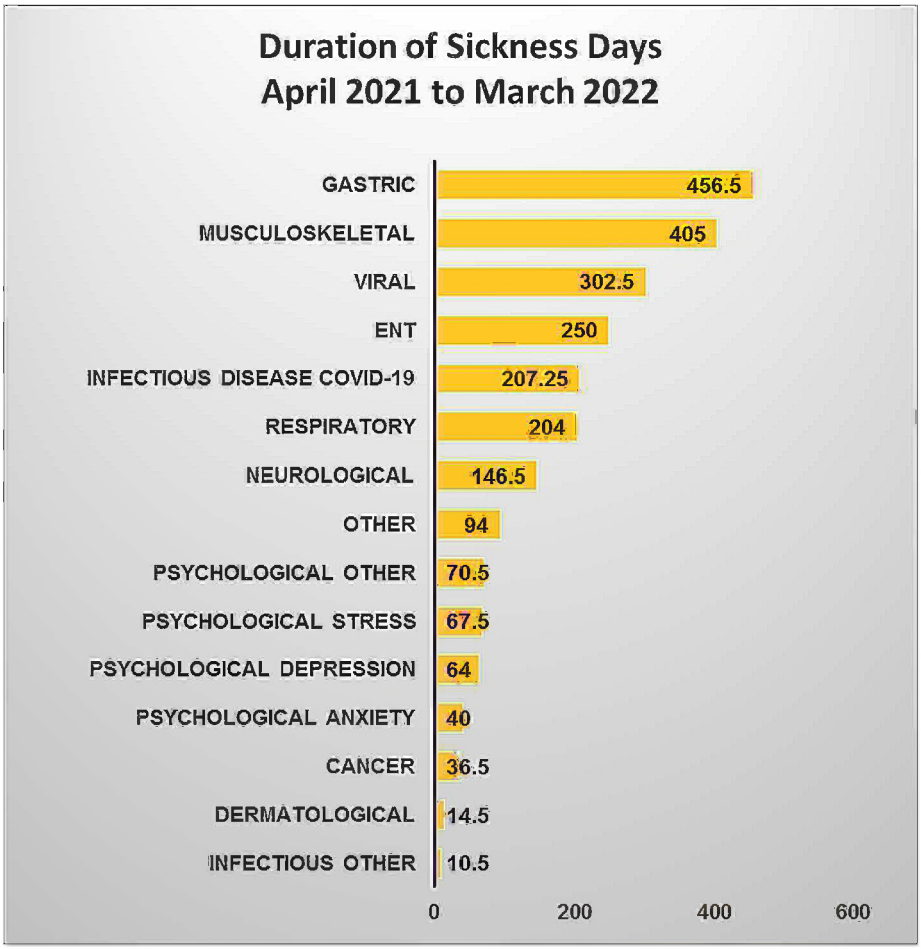
The table on the previous page summaries the average time taken from advertising to our new colleague commencing in their role with Mountbatten.

With challenges increasing across the recruitment market and decreasing candidate numbers we have undertaken piece of work with an external partner, ResourceBank to review and audit our recruitment and onboarding processes, to understand where improvements in processes are required, and what we need to do in order to start to build our employer brand and candidate experience. The audit included,

- Candidate experience and engagement, including communication methods and tone
- Candidate perception – how they find the process, how long does it take, what are the barriers
- Attraction, including current website, job advertising, adverts, copy and social media
- Retention and on boarding processes
- Employer Value Proposition audit – identify our position locally and in comparison, to our competitors, looking at our external messaging, tone of voice and storytelling opportunities

At the time of writing ResourceBank are shortly reporting back to the Senior Leadership Team on the audit's findings and recommendations for consideration.

During the past 12 months we have seen an increase in the duration of employee's sickness for the reasons covered in the table below, this information does not include any employees who were isolating as part of the COVID-19 guidance in place at that time.



Employment practices and pay

To achieve the Charity's vision, it is critical that we attract and retain a diverse pool of skilled and talented people. We will only do this if we create an inclusive working environment, where our people can be themselves.

Dignity at work

All our staff have the right to be treated with fairness, dignity and respect. We do not tolerate bullying or harassment. It is only through treating everyone fairly, and with dignity and respect, that we will enable our people to perform at their best.

Safeguarding

Everyone is entitled to live their lives free from harm and abuse. It is important that children and vulnerable adults can feel safe and protected alongside our employees and volunteers whilst undertaking Mountbatten related activities.

We have employ a dedicated Safeguarding Manager and our online safeguarding training is mandatory for all our employees. We update our safeguarding policy and associated guidance regularly and whenever any additional changes are required to reflect current thinking.

Safeguarding concerns connected to our activities can arise from our staff, volunteers and from members of the public, and can be reported through our shops, at events or online. Any concerns are logged confidentially arid escalated when required, involving thorough investigation and resolution through a range of methods. These include signposting to further help, reporting the concerns to relevant authorities (for example police or social services), taking disciplinary action or offering pastoral care and support. The logs are regularly reviewed and reported to our Executive Board and Council. We report serious incidents to the Charity Commission in accordance with its guidelines.

Equality, diversity and inclusion (EDI)

We value, celebrate and embrace EDI and we have set ourselves ambitious objectives. We believe the inherent benefits of a diverse, inclusive organisation will enhance our impact and performance.

We monitor and record our EDI achievements in the field of recruitment and endeavour to be able to robustly demonstrate that we value and strive to achieve a balanced equal, diverse and inclusive workforce. We have recognised that while we have taken steps forward, we still have a long way to go to reach our ambitions of improving the diversity of our team and building an inclusive culture which supports everyone in our team to thrive.

We have continued to foster inclusion through all our activity including our learning and development offer, recruitment and selection practices.

It is the charity's policy to provide equal opportunities to job applicants and employees of any . race, nationality, ethnic origin, marital status, religion or belief, sex, sexual orientation or gender identity, disability, age, or employment status.

The Charity does not tolerate any form of discrimination in our recruitment or employment practices. All employees and applicants are treated fairly, with respect, recognised as individuals and valued for the contribution they make, provided fair access to training, development, reward. and progression opportunities and are accountable for the impact of their own actions. Equality Impact Assessments are carried out on people policies to allow us to identify and remove any direct or indirect discrimination and implement opportunities to foster good relations. We are committed to taking positive action where necessary.

Within recruitment, we have a recruitment and selection policy and accompanying guidance which provides structure and criteria for the shortlisting of applicants. This ensures applicants won't be excluded on the basis of disability. As part of this policy, we ask job applicants whether adjustments are needed to support them so we can. provide these where required.

Pay

We are committed to fairness in our remuneration practices and our remuneration policy follows these guiding principles:

- **Transparency** - openness and clear communication about how remuneration is set
- **Proportionality** - fairness and consistency in line with appropriate internal and external references
- **Rewarding performance** - ensuring remuneration is commensurate with an individual's performance and contribution to us
- **Effective recruitment and retention** - enabling us to attract and retain valued staff

Salaries are set on two different systems based on contractual positions.

- Staff employed on the NHS Agenda for Change contract are paid and are entitled to all the benefits contained in the terms of that contract from time to time. This group of staff are mainly clinical staff but there are some staff who were formerly employed in the NHS who have TUPE'd into the Charity along with their entitlement to the NHS Agenda for Change terms and conditions.

- Staff who are not employed on the NHS Agenda for Change contract are paid based on an assessment of the market salary for the full range of positions offered by the Charity. Remuneration may vary depending on the job type and talent pool and is validated objectively using market comparators. This includes salary survey data from the charitable, private and public sectors. Guidance is sought from external professional advisers as appropriate. Our remuneration framework sets out pay bands clearly and is openly available to employees, to support our objective to engender fairness and teamwork.

The annual salary review implemented for the NHS Agenda for Change contract is implemented for those of our staff on that contract. Simultaneously we normally conduct an annual salary review for the balance of our staff with increases awarded across all salary bands in terms of that review. We do not operate a bonus scheme.

We review our remuneration policy and positioning regularly to ensure we are paying appropriately to attract and retain skilled and experienced people, while making best use of supporters donations. Information regarding our remuneration spend and the number of employees with pay over £60,000 is included in Note 8 to the financial statements.

Senior executive pay

To achieve our objectives, we need to attract and retain high-performing senior leadership. Each position on the Senior Management Team is individually benchmarked using external advisers, and salaries are positioned well below roles with similar responsibilities in the corporate sector.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Team

The past year has seen a major investment and roll-out of IT equipment across both Mountbatten sites, with the purchase of laptops, PCs, large-screen display monitors, video conferencing equipment, mobile telephones and networking equipment.

This much appreciated investment has - and continues to - improve efficiency and demonstrates the organisations' commitment to invest in the IT tools to support staff in their work in caring for patients and their families.

The IT Team has continued to support remote and flexible working and communication for staff quarantining, self-isolating and transitioning back to work during the COVID-19 pandemic.

The skills and work practice experience gained during the lockdowns has endured into the new 'normal' and has included facilitating virtual patient groups, extensive use of video conferencing, and investigating the use of existing new technologies that enable patients to engage and contribute to their care at any time.

During the year, we have achieved the following notable successes:

- Rolling out 100+ PCs and monitors, 100+ laptops, meeting room monitors, high-quality meeting room cameras and networking equipment
- Enabling the staff to return to work in the offices whilst still maintaining the ability to work remotely, if required.
- Embedding the use of video conferencing technology using applications such as Microsoft Teams and AccuRX.
- Continued development of the Mountbatten Intranet, extending its use for individual teams and services - providing a repository of knowledge, document storage, information, and a way of communicating with staff.
- The continued improvement of the SystmOne Shared Electronic Health Record, including the introduction of Appointment Calendars, the recording of Interventions, and Discharge Planning functionality.

Mountbatten Isle of Wight

- The installation and commissioning of a 300Mb x 300Mb fibre connection to the Internet.
- The on-site NHS server was decommissioned and removed, also the NHS WiFi system on the inpatient unit was decommissioned and a Mountbatten WiFi installed in its place.
- Supported the Island-wide support line and the new Keep Connected Helpline for patients using VoIP telephony, allowing volunteers to flexibly staff the line from their own homes.

Mountbatten Hampshire

- The reduction of IT support, services and use of IT equipment previously provided by UHS Hospital to zero
- Assistance and support in organising and running the first Mountbatten Conference held at St Mary's Stadium in Southampton
- Upgrading the network switches and the provision of fibre-optic cabling and ethernet cabling for the office refurbishments in the Education Centre
- Assistance with the installation and upgrading of the door security system
- Installation by the Estates Team of internet-enabled CCTV security cameras

Security and Service Availability

There have been minimal and few IT security issues and / or network outages over the year. This has included one outage to the telephone system and one outage to the Internet, both of which were out of Mountbatten's control.

Cyber security, Information Assurance and Information Governance is given the highest priority across the organisation, and continued improvements and testing are in place to protect against internal and external attacks and system failure.

Collaboration

Together with the Data & Quality Team, we have actively participated in the Hampshire and Isle of Wight (HIOW) End of Life Care (EoLC) Interoperability Group, which has the aim of improving how important EoLC patient information is shared between organisations, in real-time, using disparate electronic systems.

The group has produced an interoperability requirements document and carried out a high-level options study on the approaches to and models of interoperability; it is now in the process of writing a technical specification that has the potential to be used nationally.

Mountbatten has initiated and chairs the Isle of Wight SystmOne User Group, which seeks to improve the sharing, standardisation and integration of care across the Island and, in part, has assisted in persuading the Island's NHS Trust to move to SystmOne.

Mountbatten has started trialling and are sponsoring the use of the 12 Key Indicators, a set of simple measurements that are aimed at demonstrating and comparing, at a glance, how well all aspects of the hospice are performing.

The measures include: Reach, Responsiveness, Efficiency, Effectiveness, Activity, Expenditure, Feedback, Savings, Planning, Safety, People and Fundraising.

The 12 Key Measures are being presented to the HIOW Hospice Collaborative and hopefully at this year's Hospice UK conference.

Resources

The IT Team has had a very busy few years with the integration of the Hampshire site, the replacement of legacy and paper systems, with the implementation of new electronic patient systems, the major refresh of equipment and the work required to provide remote and flexible working during the pandemic.

As we return to a more normal work pattern, it is important to ensure that the IT Team can continue to provide reliable, flexible, resilient and effective solutions to support patient and staff requirements. With this in mind, and together with the Data and Quality Team, we intend to review the resources required to meet those expectations over the coming months.

Future Plans

Over the coming months the IT Team plans to assist the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based solution.

If successful this should result in all of Mountbatten's IT services becoming Cloud-based and the decommissioning of the two remaining on-site servers, which should provide a strong and resilient platform for the future.

The Intranet will continue to be developed to provide a Clinical Knowledge Base, additional functionality, and to become the repository of all documents not already stored within existing clinical and back-office systems.

Future Plans (cont.)

Work is under way to replace the use of paper to prescribe and record the administration of medications at Mountbatten hospice using SystmOne. Implementing an electronic system for medications should reduce the number of medication errors and align the recording of medication by GP practices using SystmOne.

In addition, over the coming year we aim to introduce new technologies for patients, enabling them to more easily engage and directly interact with their care. Examples of this include:

- Loaning of and assistance setting up equipment within a patient's home
- For patients and their family to easily contact by video, call or text the hospice from their bedside
- The ability for patients to contribute feedback and answer questionnaires about their care (i.e. Patient Reported Outcome Measures)
- For patients to be able to book and view appointment details electronically
- The ability to collect real-time clinical observations from patients using wearable devices
- For patients to receive information about their care electronically
- The ability for patients to order repeat medication prescriptions
- For patients to view and contribute to their electronic record (i.e. for Advance Care Planning)

Alongside a grant brokered through Hospice UK, we are in discussions with an Isle of Wight Business which has approached Mountbatten to offer financial support to purchase equipment and provide technical assistance in order to support this initiative.

Trustees' duty to promote the success of the Charity - Section 172 statement

Trustees have a duty to promote the success of the Charity and, in doing so, are required by section 172(1) of the Companies Act 2006 to have regard to various specific factors, including:

1. the likely consequences of decisions in the long term
2. the interests of employees
3. the need to foster the Charity's relationships with third-party stakeholders which, in the case of the Mountbatten Group, include people affected by death, dying or bereavement, supporters, the clinical communities, key opinion leaders and other influencers
4. the impact of the Charity's operations on the community and the environment
5. the desirability of the Charity maintaining a reputation for high standards of business conduct

Our governance processes

The Board of Trustees (Board) delegates day-to-day management and decision-making to the Chief Executive Officer and Senior Management Team (SMT),who are required to execute the Charity's strategy and to ensure that the Charity's activities are carried out in compliance with its objects and policies approved by the Board.

The Board, along with the SMT, holds an annual one-day strategy review meeting to assess progress and identify areas of focus for the following year. The Board receives updates on the Charity's performance and plans at each quarterly Board meeting, while its Committees review performance and plans in more detail as set out in the relevant Committee's terms of reference. By monitoring performance and ensuring that management is acting in accordance with the strategy and plans, and in compliance with specific policies, the Board and its Committees obtain assurance that in promoting the success of the Charity, due regard is given to the factors set out in section 172.

Engagement with the Charity's main stakeholder groups, including our staff, people affected by death, dying and bereavement, supporters, clinical communities, and key opinion leaders and other influencers, is discussed in the section "Engaging with our stakeholders" on page 61. At each Board meeting the CEO has the opportunity to elaborate on these matters and answer questions and receive feedback from Trustees.

The likely consequences of any decision in the long term

The Charity's strategy is based on our vision of expanding our services across our operating area and beyond to ensure that no person should find themselves isolated and unsupported while facing death, dying or bereavement. This long-term aim informs our strategy and decisions regarding our policies and activities. The current strategy cycle runs from 2020 to 2025.

During the year under review, the Trustees approved a COVID-19 plan that addressed the likely difficulties of continuing to deliver services during a pandemic, a possible drop in income and the need to support people affected by death dying and bereavement through the pandemic.

The Board and its Committees keep the Charity's principal risks and its risk appetite under review, formally considering emerging risks and reviewing changes in the Charity's risk profile and responses thereto throughout the year.

The desirability of the Charity maintaining a reputation for high standards of business conduct

Among the matters reserved for the Board is setting the Charity's culture, values and standards and ensuring that its obligations to its stakeholders are met. The Charity has a range of policies and processes that promote corporate responsibility and ethical behaviour. Areas covered include fundraising, conflicts of interest, safeguarding, dignity at work and whistleblowing.

The desirability of the Charity maintaining a reputation for high standards of business conduct (cont.)

All policies are reviewed periodically and updated as necessary by SMT and the Board.

Although the Charity's core activities do not involve working directly with children it does work extensively with vulnerable adults, and those working in the Charity's shops, at its events or through voluntary fundraising activities may from time to time come into contact with. children or vulnerable adults. The Charity has a dedicated safeguarding manager and a network of safeguarding champions who are responsible for ensuring that reporting and review processes are followed so that safeguarding issues are dealt with appropriately.

Engaging with our stakeholders

Our Stakeholders	How we engage them on key decisions
People affected by death, dying or bereavement. It is vital that we listen to the experiences, insights and priorities of people affected by death, dying or bereavement so we can be sure we are meeting their needs, delivering the services most appropriate to those needs and influencing policy changes in the areas that they are most needed as well as providing relevant and accessible information.	We routinely consult and communicate with all our service users on a constant basis. This is through personal contact as well as frequent electronic contact, follow up and the maintenance of a 24/7 telephone line manned by human beings to ensure that we are always available to those who need us.
Our Supporters In order to ensure our long term financial stability, we need to build lasting relationships with our supporters, inspiring trust and loyalty in them around a shared mission. We also need to provide them with the right opportunities to support us and enable them to do so in ways that they find easy and convenient.	We have invested heavily in facilities to allow us to stay in better contact with our supporter base and we contact them through these facilities regularly. We have an ongoing communication and dialogue with our supporter base and their feedback is used to guide the development, delivery and content of our fundraising and marketing activity to ensure that their views inform all aspects of our fundraising.
Our Workforce As an organization, we are only as strong as the people we're made up of. We pride ourselves on the ability to recruit, develop, support and train he best people in each area of our work. In order to do this, we need to listen to our employees and understand what kinds of support, information and development opportunities they want to see from us.	We communicate with our staff in many different ways. We run an ongoing series of general open meetings to which all staff are invited and at which any member of staff my raise any issue or concern that they may have. We also have a policy whereby all staff are able to have regular and frequent one to one meetings with their line manager to discuss matters that relate directly to their day to day work or how their work is affecting their day to day life. We have a formal annual process of appraisal to formally record the performance, development progress and ambitions and future plans for the employee and the Charity. Finally, we have a formal process of whistleblowing and an identified whistleblowing 'champion' to facilitate swift disclosure and resolution to employment, and other, issues which may be sensitive, difficult or contentious in nature.

Suppliers We work with a range of suppliers but given our location and what it is that we do, they are mostly local suppliers. They do range from small independents to members of large and sometimes international corporate groups. We value our relationships with all of our suppliers and try hard to build good relationships with all of our suppliers.	While the nature of our activities means that our largest expense is Human Resources we still spend significant amounts with external suppliers. We are committed to treating them fairly and ensure that as far as possible we pay them promptly and deal with them equitably. We run two creditor payment runs every month to ensure that we are able to pay suppliers promptly and within agreed credit terms.

Principal decisions

Maintaining services to our beneficiaries

Following emergence of the COVID-19 pandemic we considered the feasibility of maintaining service delivery to all of our beneficiaries.

- SMT looked at all options presented to them for service delivery across our In Patient Unit, Community team, Care at Home team and day care centre.
- Services in the In Patient unit were maintained at pre-pandemic levels with extra use of PPE and a restriction on the number of visitors permitted simultaneously in wards.
- Community team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involve greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Care at Home team services were maintained with the use of extra PPE and protocols in place to ensure that the extra risks presented by the pandemic were managed. This involve greatly increased infection control regime which did cause a substantial increase in the time taken per visit but services were maintained.
- Day care centre activities were suspended on the premises due to the particular risks and difficulties presented to patients in travelling to and from the centre.

Sustainability and carbon reporting

The Mountbatten Group is reporting energy and carbon emissions in compliance with The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. This is the first year that this report has been produced and thus comparatives have not been stated as that data has not been collected in the prior period.

Consumption of Electricity – KWh

Retail outlets Isle of Wight	62,836 KWh	14.65 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	558,506 KWh	130.21 Tons CO2 Equiv
Retail outlets Hampshire	53,786 KWh	12.54 Tons CO2 Equiv

Consumption of Gas – KWh Equiv.

Retail outlets Isle of Wight	102,208 KWh	23.83 Tons CO2 Equiv
Isle of Wight Hospice and associated buildings	772,487 KWh	180.1 Tons CO2 Equiv.

Consumption of fuel in vehicle fleet

Consumption of fuel in Vehicles in litres	6,944 ltrs	18.61 Tons CO2 Equiv

The conversion rate of KWh to tons of carbon dioxide is 0.23314 kg CO2 per KWh.
The conversion rate of litres fuel to carbon dioxide is 2.68 kg CO2 per litre of fuel.
We are reporting our energy use and emissions on a 12 month basis.

Commentary on emissions

The largest consumer of energy is the premises at Halberry Road, Newport, Isle of Wight which consumes approximately 88% of gas consumption and 82% of electricity consumption. The balance of electricity and gas consumption is entirely in the retail shop network.

We have taken an operational control approach, meaning that 100% of emissions from locations and operations over which the Mountbatten Group have operational control have been reported. We have not reported on any premises for which we are not directly responsible for the Energy contracts.

Our fleet includes our company cars and vans.

The primary sources used for energy and fuel are billing data and reports from our energy supply broker.

The UK Government's 2020 emission factors were used to calculate carbon emissions from consumption data.

Our emissions are reported as metric tonnes of carbon dioxide equivalent, which incorporates all six gases regulated by the Kyoto Protocol.

Energy-saving actions undertaken in financial year 2021/22 .

Our energy saving actions in our shops and offices include installing LED- lighting installations and appliances whenever possible, improving building insulation wherever possible and continuing to impress on all staff the necessity to reduce energy consumption whenever possible. We know that we are at an early stage in our energy efficiency journey and we are determined to improve our energy efficiency and awareness of our consumption of energy across our entire estate.

Financial review

The financial result for the year of the Earl Mountbatten Group was positive, with a net surplus for the year of £2,912,052 (2021: £3,411,333). Results were assisted by a strong year for legacy receipts, amounting to £1,777,159 (2021: £1,465,607). This level of funding is above the long term average for this class of funding and we continue to put resources into growing and maintaining this very important source of funds. The Group was also fortunate to receive comprehensive support from a range of funds supplied by Government, Local authorities and Clinical Commissioning Groups aimed at ensuring that the Healthcare sector in which the Group operates generally, and the Hospice sector specifically, was able to continue to maintain operating capacity during and to recover from the pandemic.

Resources expended by the Group for the year increased substantially due to the resumption of full operations across those parts of the charity that had formerly been closed and/or furloughed. The total resources expended by the Group increased to an amount of £16,679,353 compared to £14,536,910 in 2021. An analysis of Group Resources expended by activity is shown in detail in note 6 to the accounts.

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability to the Group. This policy recognises that the Group is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth and benchmarked at Risk Level 6 on the Brewin Dolphin Composite Index. This index is comprised of a mixture of publicly quoted equity and fund indices for instruments traded on a range of public markets in the UK, Europe, USA, Asia and the rest of the world. The Group is continuing to develop a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it evolves. Currently the Group does not invest in Tobacco based equities.

A total return of 7.1% was achieved for the year comprising 5.1% of capital gains and 2.0% of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was 9.5%.

Asset allocation as at 31 March 2022 was:

Cash	18.2%
Bonds	11.8%
UK Equities	21.4%
Overseas Equities	39.8%
Alternatives	8.8%

Reserves Policy

Trustees have previously agreed their reserves policy to be an aspired level of reserves equal to one year's budgeted expenditure and a minimum level of reserves, which they will always look to maintain, of a sum equal to nine months' budgeted expenditure.

During the financial year, unrestricted reserves increased by £2.98m finishing the year at £19.44m (2021 £16.45m). Budgeted expenditure for 2022/23 is £18.1m, so total unrestricted reserves equated to approximately 12 months of budgeted expenditure as at March 2022. Excluding restricted funds and funds set aside to cover the book value of fixed assets, the free reserves available to the group are £7.7m, which equates to just over 4 months' expenditure.

Reserves are not accumulated in a random fashion but are the result of careful and prudent consideration of future obligations and estimates of financial results and the trustees will ensure that the charity takes its reserves position into account in future financial planning decisions. The current focus is on achieving a position of holding a minimum of 9 months and a maximum of 12 months of operating costs in free reserves.

Public benefit statement

Whilst evaluating the public benefit provided by the Group, the Trustees referred to the Charity Commission's general guidance. When reviewing the aims and objectives of the Hospice and in planning future activities the Trustees consider whether or not there are identifiable public benefits, what they are, how they are related to the aims, and how they are balanced against any detriment or harm.

Statement of trustees' responsibilities

The trustees, who are also the directors of Earl Mountbatten Hospice for the purposes of company law, are responsible for preparing the Trustees' Report (which includes the Strategic Report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditor

In accordance with the company's articles, a resolution proposing that Azets Audit Services be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor

Each of the trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

The trustees' report was approved by the Board of Trustees.

Sir Ian Cheshire
Chair of the Board of Trustees

Dated: 21 July 2022

Opinion

We have audited the financial statements of Earl Mountbatten Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and charitable company balance sheets, the consolidated statement of cashflow and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2022, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and parent charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- adequate and sufficient accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 64, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body for our audit work, for this report, or for the opinions we have formed.

Azets Audit Services

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Sharon Ward BSc FCA CF (Senior Statutory Auditor)

For and on behalf of Azets Audit Services, Statutory Auditor

Ashcombe Court
Woolsack Way
Godalming
Surrey
GU7 1LQ

8th August 2022

Mountbatten Group
Consolidated Statement of Financial Activities (including income and expenditure account)
For year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted (restated)* £	Restricted (restated)* £	2021 Total £
Income from:							
Donations and legacies	2	3,370,808	386,845	3,757,653	3,792,033	408,965	4,200,998
Charitable activities							
Inpatient / Day Care	3	8,489,640	3,808,269	12,297,909	7,639,959	2,995,730	10,635,689
Community Care	3	242,753	-	242,753	227,333	-	227,333
Other trading activities	4	2,614,974	254,490	2,869,464	1,591,800	9,366	1,601,166
Investments	5	138,425	-	138,425	111,780	-	111,780
Total income		14,856,600	4,449,604	19,306,204	13,362,905	3,414,061	16,776,966
Expenditure on:							
Raising funds		3,633,753	-	3,633,753	2,741,546	48,238	2,789,784
Charitable activities:							
Inpatient / Day Care		5,760,313	4,521,553	10,281,866	5,745,155	3,603,906	9,349,061
Community Care		2,763,734	-	2,763,734	2,398,065	-	2,398,065
Total expenditure	6	12,157,800	4,521,553	16,679,353	10,884,766	3,652,144	14,536,910
Net income/(expenditure) before net gains / (losses) on investments		2,698,800	(71,949)	2,626,851	2,478,139	(238,083)	2,240,056
Net gains on investments		285,201	-	285,201	1,171,277	-	1,171,277
Net income / (expenditure) for the year and net movement in funds	7	2,984,001	(71,949)	2,912,052	3,649,416	(238,083)	3,411,333
Transfer between funds		-	-	-	-	-	-
Net movement in funds		2,984,001	(71,949)	2,912,052	3,649,416	(238,083)	3,411,333
Reconciliation of funds:							
Total funds brought forward		16,454,665	3,532,454	19,987,119	12,805,249	3,770,537	16,575,786
Total funds carried forward	21	19,438,666	3,460,505	22,899,171	16,454,665	3,532,454	19,987,119

* see note 24

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 20 to the financial statements.

Mountbatten Group
Balance Sheet
For year ended 31 March 2022

	Note	The group 2022 £	The group 2021 (restated) * £	Earl Mountbatten Hospice 2022 £	Earl Mountbatten Hospice 2021 £
Fixed assets:					
Tangible assets	12	11,718,873	11,507,885	11,282,700	11,329,079
Investments	13	7,810,840	6,425,897	5,910,849	5,094,064
		19,529,713	17,933,782	17,193,549	16,423,143
Current assets:					
Stocks		2,229	3,434	-	-
Debtors	16	3,819,692	1,260,146	1,922,060	872,188
Cash at bank and in hand		1,076,983	2,898,875	563,622	1,403,466
		4,898,904	4,162,455	2,485,682	2,275,654
Liabilities:					
Creditors: amounts falling due within one year	17	(1,529,446)	(2,109,118)	(596,973)	(888,708)
Net current assets		3,369,458	2,053,337	1,888,709	1,386,946
Total net assets	20	22,899,171	19,987,119	19,082,258	17,810,089
Funds:					
Restricted funds		3,221,019	3,400,520	3,221,019	3,400,520
Restricted funds CMH		239,486	131,934	-	-
Unrestricted funds:					
Designated funds		9,573,435	9,573,435	9,073,435	9,073,435
General funds		9,865,231	6,881,230	6,787,804	5,336,134
Total unrestricted funds		19,438,666	16,454,665	15,861,239	14,409,569
Total funds	21	22,899,171	19,987,119	19,082,258	17,810,089

The financial statements were approved by the Board of Trustees on 21 July 2022 and were signed on its behalf by:

.....
Sir Ian Cheshire
Chair of the Board of Trustees

Registered Company Number: 02929267

The notes form part of these financial statements

Mountbatten Group
Consolidated Statement of Cash Flows
For year ended 31 March 2022

	Note	2022		2021	
		£	£	£	£
Net cash provided by (used in) operating activities	22		(351,464)		1,480,919
Cash flows from investing activities:					
Dividends and interest		138,425		111,780	
Purchase of property, plant and equipment		(535,835)		(340,273)	
Proceeds from disposal of property, plant and equipment		26,833		-	
Proceeds from sale of investments		1,383,104		537,527	
Purchase of investments		(1,689,251)		(1,192,804)	
Movement in portfolio cash held for investment		(793,704)		60,405	
Net cash used in investing activities			(1,470,428)		(823,365)
Change in cash and cash equivalents in the year			(1,821,892)		657,554
Cash and cash equivalents at the beginning of the year			2,898,875		2,241,321
Cash and cash equivalents at the end of the year			1,076,983		2,898,875

1. ACCOUNTING POLICIES

a) Statutory information

Earl Mountbatten Hospice is a charitable company limited by guarantee and is incorporated in England. The registered office address (and principal place of business) is Halberry Lane, Newport, Isle Of Wight PO30 2ER.

b) Basis of preparation

The financial statements have been prepared in accordance with the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary, Earl Mountbatten Hospice Trading Company Limited, and Countess Mountbatten Hospice Group on the basis that the charitable companies are under common control. Countess Mountbatten Hospice Group includes the parent charity and its subsidiary Countess Mountbatten Hospice Promotions Limited and the entities are consolidated on a line by line basis.

Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the entities are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

The financial statements are prepared in £ sterling, which is the functional currency of the charitable company. Monetary amounts in these financial statements are rounded to the nearest £.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. The two charities became eligible for retail hospitality & leisure grants from Government during the pandemic. These grants have been recognised in the periods for which the grants were intended.

1. ACCOUNTING POLICIES (continued)

e) Income (continued)

f) Coronavirus job retention scheme income and other coronavirus support income is recognised when the Charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

For legacies, entitlement is taken as the notification has been made by the executor(s) to the charities that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charities, or the charities are aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

g) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the group has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the group of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised and reference is made in the trustees' annual report about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the group which is the amount the group would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

h) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the bank.

i) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

j) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable companies in inducing third parties to make voluntary contributions to them, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services both within the hospices and the community to further the purposes of the charities and their associated support costs.

1. ACCOUNTING POLICIES (continued)

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, and governance costs, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

- Cost of raising funds 17%
- Inpatient / Day Care 65%
- Community Care 18%

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charities' activities.

l) Operating leases

Rental charges are charged on a straight-line basis over the term of the lease.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

The charity has taken the opportunity provided in FRS 102 section 35 to treat the revaluation amount of freehold land and buildings as deemed cost.

Depreciation is provided at rates calculated to write down the cost of each asset, except land, to its estimated residual value over its expected useful life. The useful lives are as follows:

- Freehold land and buildings Not depreciated
- Leasehold improvements Over the term of the lease
- Fixtures, fittings and equipment between 3 and 10 years
- Motor vehicles between 5 and 7 years

Depreciation is not charged on freehold buildings because the charity has a policy to maintain the properties to a high standard through a continuing programme of refurbishment and maintenance. Consequently the lives of the properties and their residual values are such that any depreciation charge would be immaterial. Freehold buildings are reviewed for impairment at the end of each accounting period in accordance with FRS 102.

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading “Net gains/(losses) on investments” in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

1. ACCOUNTING POLICIES (continued)

p) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charities of these goods is recognised as income when sold.

q) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

r) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

s) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

t) Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in profit or loss, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are measured at cost less impairment.

1. ACCOUNTING POLICIES (continued)

Impairment of financial assets
Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date.

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. If an asset is impaired, the impairment loss is the difference between the carrying amount and the present value

of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

If there is a decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been, had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Derecognition of financial assets
Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

Classification of financial liabilities
Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities
Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities
Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1. ACCOUNTING POLICIES (continued)

u) Pensions

The charities contribute to the NHS Superannuation pension scheme for certain qualifying employees. The assets of the scheme are held separately from those of the charities in an independently administered fund.

The pension charge represents contributions payable by the charity to the fund. It is a multi-employer scheme and the charities are unable to identify their share of the underlying assets and liabilities. It is therefore accounted for as though it were a defined contribution scheme.

The group also provides a defined contribution pension scheme for staff other than those within the NHS superannuation pension scheme. The assets of the scheme are held separately from those of the company in a separately administered fund. Pension costs relating to employees recharged from the NHS Trust are not identified separately and are included in wage costs, on a defined benefit basis.

2. Income from donations and legacies

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Gifts						
Earl Mountbatten Hospice	905,676	333,587	1,239,263	1,040,600	261,965	1,302,565
Countess Mountbatten Hospice	687,973	53,258	741,231	522,427	47,000	569,427
Legacies					-	
Earl Mountbatten Hospice	1,146,794	-	1,146,794	1,407,760	-	1,407,760
Countess Mountbatten Hospice	630,365	-	630,365	57,847	-	57,847
Coronavirus appeal					-	
Earl Mountbatten Hospice	-	-	-	-	-	-
Countess Mountbatten Hospice	-	-	-	195,101	100,000	295,101
Coronavirus job retention scheme					-	
Earl Mountbatten Hospice	-	-	-	219,432	-	219,432
Countess Mountbatten Hospice	-	-	-	65,061	-	65,061
Rate relief grants					-	
Earl Mountbatten Hospice	-	-	-	254,660	-	254,660
Countess Mountbatten Hospice	-	-	-	29,145	-	29,145
	3,370,808	386,845	3,757,653	3,792,033	408,965	4,200,998

In addition to the above, there was an estimated £387,000 for EMH and £825,000 for CMH (2021: £716,000 for EMH and £420,000 for CMH) of legacies to be received that were notified before year end. These have not been accrued for in the accounts due to a lack of reliable measurement at year end, as per the recognition criteria given in Charities SORP.

3. Income from charitable activities

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
NHS CCG						
Earl Mountbatten Hospice	3,289,306	41,139	3,330,445	3,312,306	40,030	3,352,336
Countess Mountbatten Hospice	5,138,409	-	5,138,409	4,309,319	-	4,309,319
NHSE*						
Earl Mountbatten Hospice	-	1,489,796	1,489,796	-	-	-
Countess Mountbatten Hospice	-	2,267,249	2,267,249	-	-	-
Other grant income						
Earl Mountbatten Hospice	61,925	10,085	72,010	18,334	1,501,153	1,519,487
Countess Mountbatten Hospice	-	-	-	-	1,454,547	1,454,547
Sub-total for inpatient/Day Care	8,489,640	3,808,269	12,297,909	7,639,959	2,995,730	10,635,689
Isle of Wight Clinical Commissioning Group						
Earl Mountbatten Hospice	242,753	-	242,753	227,333	-	227,333
Sub-total for Community Care	242,753	-	242,753	227,333	-	227,333
Total income from charitable activities	8,732,393	3,808,269	12,540,662	7,867,292	2,995,730	10,863,022

*All NHSE income was received via Hospice UK

4. Income from other trading activities

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Fundraising activities						
Earl Mountbatten Hospice	599,447	94,188	693,635	557,818	-	557,818
Countess Mountbatten Hospice	366,774	67,141	433,915	462,638	-	462,638
Shops, café and other income						
Earl Mountbatten Hospice	1,181,170	93,161	1,274,331	466,712	-	466,712
Countess Mountbatten Hospice	467,583	-	467,583	104,632	9,366	113,998
	2,614,974	254,490	2,869,464	1,591,800	9,366	1,601,166

5. Income from investments

	Unrestricted	Restricted	2022 Total	Unrestricted (restated)	Restricted (restated)	2021 Total
	£	£	£	£	£	£
Interest from UK bank deposits						
Earl Mountbatten Hospice	-	-	-	516	-	516
Countess Mountbatten Hospice	-	-	-	-	-	-
Income from quoted investments						
Earl Mountbatten Hospice	107,873	-	107,873	85,348	-	85,348
Countess Mountbatten Hospice	30,552	-	30,552	25,916	-	25,916
	138,425	-	138,425	111,780	-	111,780

6. a) Analysis of expenditure - current year

		Charitable activities					
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2022 Total	2021 Total
	£	£	£	£	£	£	£
Staff costs (Note 8)	1,670,808	6,567,346	1,834,613	-	2,468,263	12,541,030	11,248,479
Charges paid to University Hospital Southampton*	-	-	-	-	-	-	(184,570)
Medical consumables	-	278,471	84,427	-	-	362,898	227,411
Volunteer expenses	-	-	-	-	6,481	6,481	496
IT and administrative costs	-	-	-	-	277,958	277,958	111,985
Trading activities	19,307	-	-	-	-	19,307	10,538
Fundraising costs	325,053	-	-	-	-	325,053	554,176
Lottery costs	198,470	-	-	-	-	198,470	167,098
Investment managers' fees	36,456	-	-	-	-	36,456	31,643
Audit and accountancy fees	-	-	-	50,318	-	50,318	56,027
Legal and professional	-	-	-	-	141,748	141,748	24,026
Trustee costs	-	-	-	12,218	-	12,218	53
Catering	313,280	2,470	-	-	-	315,750	295,708
Premises	196,550	586,842	-	-	296,861	1,080,253	917,483
Depreciation and loss on disposal	-	-	-	-	298,014	298,014	225,054
Insurance	8,399	-	-	-	38,069	46,468	41,868
Maintenance and repairs	-	99,593	-	-	200,225	299,818	244,162
Subscriptions and publications	-	-	-	-	32,783	32,783	27,549
Irrecoverable VAT	36,727	-	-	-	-	36,727	44,479
Consumables	59,428	409,333	-	-	128,842	597,603	493,245
	2,864,478	7,944,055	1,919,040	62,536	3,889,244	16,679,353	14,536,910
Support costs - EMH	757,857	921,316	832,157	-	(2,511,330)	-	-
Support costs - CMH	-	1,377,914	-	-	(1,377,914)	-	-
Governance costs - EMH	11,418	13,881	12,537	(37,836)	-	-	-
Governance costs - CMH	-	24,700	-	(24,700)	-	-	-
Total expenditure 2022	3,633,753	10,281,866	2,763,734	-	-	16,679,353	
Total expenditure 2021	2,789,784	9,349,061	2,398,065	-	-		14,536,910

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust was for the provision of clinical services. £184,570 was repaid in 2021 for undelivered services.

6. b) Analysis of expenditure - prior year

		Charitable activities				
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2021 Total
	£	£	£	£	£	£
Staff costs (Note 8)	797,463	6,005,161	1,618,743	-	2,827,112	11,248,479
Charges paid to University Hospital Southampton*	-	(184,570)	-	-	-	(184,570)
Medical consumables	-	175,532	51,879	-	-	227,411
Volunteer expenses	-	-	-	-	496	496
IT and administrative costs	-	-	-	-	111,985	111,985
Trading activities	10,538	-	-	-	-	10,538
Fundraising costs	554,176	-	-	-	-	554,176
Lottery costs	167,098	-	-	-	-	167,098
Investment managers' fees	25,012	-	-	-	6,631	31,643
Audit and accountancy fees	-	-	-	56,027	-	56,027
Legal and professional	-	-	-	-	24,026	24,026
Trustee costs	-	-	-	53	-	53
Catering	294,434	1,274	-	-	-	295,708
Premises	195,144	450,002	-	-	272,337	917,483
Depreciation and loss on disposal	-	-	-	-	225,054	225,054
Insurance	5,933	-	-	-	35,935	41,868
Maintenance and repairs	-	50,031	-	-	194,131	244,162
Subscriptions and publications	-	-	-	-	27,549	27,549
Irrecoverable VAT	12,681	-	-	-	31,798	44,479
Consumables	29,406	371,831	-	-	92,008	493,245
	2,091,885	6,869,261	1,670,622	56,080	3,849,062	14,536,910
Support costs - EMH	349,917	1,115,364	721,706	-	(2,186,987)	-
Support costs - CMH	332,415	1,329,660	-	-	(1,662,075)	-
Governance costs - EMH	12,052	20,716	5,737	(38,505)	-	-
Governance costs - CMH	3,515	14,060	-	(17,575)	-	-
Total expenditure 2021	2,789,784	9,349,061	2,398,065	-	-	14,536,910

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust is for the provision of clinical services. £184,570 was repaid for undelivered services.

7. Net income / (expenditure) for the year

This is stated after charging

	2022	2021
	£	£
Depreciation	311,608	230,629
Operating lease rentals:		
Property - EMH	196,550	194,571
Property - CMH	109,647	55,030
Auditor's remuneration (excluding VAT):		
Audit - group	22,250	21,600
Audit - Countess Mountbatten Hospice	18,750	17,500
Other services	1,250	5,100
Other services - Countess Mountbatten Hospice	1,250	5,100

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

Current year	2022			2021
	EMH	CMH	Total	Total
	£	£	£	£
Staff under service level agreement with NHS	731,585	3,079,246	3,810,831	4,130,028
Wages and salaries	4,351,522	1,333,403	5,684,925	5,263,600
Employer's national insurance	396,510	291,718	688,228	646,788
Pension costs	495,878	388,283	884,161	819,458
Temporary & agency staff	745,748	268,681	1,014,429	115,414
Other staff costs	224,077	234,379	458,456	270,699
Contract staffing charge	-	-	-	2,492
	6,945,319	5,595,710	12,541,030	11,248,479

Prior year	2021		
	EMH	CMH	Total
	£	£	£
Staff under service level agreement with NHS	687,610	3,442,418	4,130,028
Wages and salaries	4,449,459	814,141	5,263,600
Employer's national insurance	404,044	242,744	646,788
Pension costs	469,325	350,133	819,458
Temporary & agency staff	26,304	89,110	115,414
Other staff costs	192,013	78,686	270,699
Contract staffing charge	2,492	-	2,492
	6,231,247	5,017,323	11,248,479

8. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

The following number of employees received employee benefits (excluding employer pension costs and national insurance) during the year between:

	2022	2021
	No.	No.
£60,000 - £69,999	1	-
£70,000 - £79,999	1	3
£80,000 - £89,999	1	-
£90,000 - £99,999	1	1
£100,000 - £109,999	1	-

In addition to employed staff costs, there were costs relating to 2 (2021: 2) seconded medical professional staff of £189,343 (2021: £143,317).

The total employee benefits including pension contributions and employers' NI of the key management personnel were £755,005 (2021: £708,383).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £113 (2021: £53) incurred by 1 (2021: 1) trustee.

9. Staff numbers

	2022 Employed by Charity	2022 Recharged to Charity	2021 Employed by Charity	2021 Recharged to Charity
	No.	No.	No.	No.
Fundraising - EMH	10	-	11	-
Fundraising - CMH	32	-	32	-
In patient unit / Patient services - EMH	52	8	49	7
In patient unit / Patient services - CMH	137	-	112	11
Community	56	-	60	-
Day unit / JCC	10	-	9	-
Retail	41	-	39	-
Support	43	-	41	-
	381	8	353	18

10. Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2021: £nil) not already disclosed.

11. Taxation

The charities are exempt from corporation tax as all their income is charitable and is applied for charitable purposes. The trading subsidiaries Earl Mountbatten Hospice Trading Limited and Countess Mountbatten Hospice Promotions Limited gift aid available profits to their immediate parent charities.

12. Tangible fixed assets

Group	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,079,266	24,356	2,159,656	288,030	13,551,308
Additions in year	33,410	226,318	276,107	-	535,835
Disposals in year	-	-	-	(26,833)	(26,833)
At the end of the year	11,112,676	250,674	2,435,763	261,197	14,060,310
Depreciation					
At the start of the year	130,898	9,040	1,713,797	189,688	2,043,423
Charge for the year	22,474	34,086	229,258	25,790	311,608
Depreciation eliminated on disposal	-	-	-	(13,594)	(13,594)
At the end of the year	153,372	43,126	1,943,055	201,884	2,341,437
Net book value					
At the end of the year	10,959,304	207,548	492,708	59,313	11,718,873
At the start of the year	10,895,510	68,174	445,859	98,342	11,507,885

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	11,033,237	-	1,924,661	288,030	13,245,928
Additions in year	28,857	-	106,922	-	135,779
Disposals in year	-	-	-	(26,833)	(26,833)
At the end of the year	11,062,094	-	2,031,583	261,197	13,354,874
Depreciation					
At the start of the year	113,121	-	1,614,040	189,688	1,916,849
Charge for the year	9,830	-	133,299	25,790	168,919
Depreciation eliminated on disposal	-	-	-	(13,594)	(13,594)
At the end of the year	122,951	-	1,747,339	201,884	2,072,174
Net book value					
At the end of the year	10,939,143	-	284,244	59,313	11,282,700
At the start of the year	10,895,510	24,606	310,621	98,342	11,329,079

All of the above assets are used for charitable purposes.

13. Investments

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Listed investments				
Fair value at the start of the year	5,794,747	3,968,193	4,462,912	2,907,965
Additions at cost	1,689,251	1,192,804	1,319,277	1,055,603
Disposal proceeds	(1,383,104)	(537,527)	(1,078,776)	(421,210)
Net gain on change in fair value	285,092	1,171,277	124,545	920,554
	6,385,986	5,794,747	4,827,958	4,462,912
Cash held by investment broker pending reinvestment	1,424,854	631,150	1,082,889	631,150
Investment in group undertaking	-	-	2	2
Fair value at the end of the year	7,810,840	6,425,897	5,910,849	5,094,064

	2022	2021
	£	£
UK Bonds	497,542	571,549
Overseas Bonds	426,507	183,992
UK Equities	1,662,869	1,660,600
North American Equities	1,560,358	1,342,888
European Equities	407,543	523,406
Japanese Equities	220,427	233,527
Asia Pacific Equities	523,137	502,363
Emerging Market Equities	99,881	81,976
Global Investments	298,476	179,051
Absolute Return	208,631	203,992
Property Trusts	212,522	140,764
Other	268,093	170,639
Cash	1,424,854	631,150
	7,810,840	6,425,897

14. Subsidiary undertakings

Earl Mountbatten Hospice, the charitable parent company, is the sole organisational member of Countess Mountbatten Hospice Charity. Earl Mountbatten Hospice operates a hospice on the Isle of Wight and owns the whole of the issued ordinary share capital of Earl Mountbatten Hospice Trading Limited, a company registered in England and used for non-primary purpose trading. The company number is 03083127.

Countess Mountbatten Hospice Charity operates a hospice in Southampton. The company number is 06539641 and the charity number is 1123304. It owns the whole of the issued ordinary share capital of Countess Mountbatten Hospice Promotions Limited, a company registered in England and used for non-primary purpose trading. The company number is 03675130.

All subsidiary company activities have been consolidated on a line by line basis in the statement of financial activities. Available profits from the trading subsidiaries are gift aided to their respective parent charitable companies. A summary of the results of the subsidiaries for the year are shown below:

Year ended 31 March 2022	**Countess Mountbatten Hospice**	**Countess Mountbatten Hospice Promotions Ltd**	**Earl Mountbatten Hospice Trading Limited**
	£	**£**	**£**
Income / turnover	9,335,716	373,587	78,305
Cost of sales	-	(118,092)	(6,699)
Net income / gross profit	9,335,716	255,495	71,606
Net expenditure / administrative expenses	(8,028,476)	(26,047)	(35,893)
Distribution from subsidiary	57,660	-	-
Gain on investment assets	160,547	-	-
Net income/(expenditure)/profit/(loss) for the financial year	1,525,447	229,448	35,713
Funds/retained earnings brought forward	1,813,930	305,748	(2,195)
Net income/(expenditure)/profit/(loss) for the financial year	1,525,447	229,448	35,713
Distribution under Gift Aid to parent charity	-	(57,660)	(33,518)
Reserves/retained earnings carried forward	3,339,377	477,536	-
The aggregate of the assets, liabilities and funds was:			
Assets	4,738,226	535,666	37,019
Liabilities	(1,398,849)	(58,128)	(37,017)
Funds	3,339,377	477,538	2

14. Subsidiary undertakings (continued)

Year ended 31 March 2021	Countess Mountbatten Hospice	Countess Mountbatten Hospice Promotions Ltd	Earl Mountbatten Hospice Trading Limited
	£	£	£
Income / turnover	6,976,290	406,709	28,577
Cost of sales	-	(78,000)	(7,771)
Net income/gross profit	6,976,290	328,709	20,806
Net expenditure/administrative expenses	(6,161,250)	(32,358)	(34,999)
Distribution from subsidiary	238,011	-	-
Gain on investment assets	250,724	-	-
Net (expenditure)/profit for the financial year	1,303,775	296,351	(14,193)
Funds/retained earnings brought forward	510,155	247,409	71,538
Net income/(expenditure)/profit/(loss) for the financial year	1,303,775	296,351	(14,193)
Distribution under Gift Aid to parent charity	-	(238,011)	(59,540)
Reserves/retained earnings carried forward	1,813,930	305,749	(2,195)
The aggregate of the assets, liabilities and funds was:			
Assets	2,977,451	533,371	120,073
Liabilities	(1,163,521)	(227,623)	(122,268)
Funds	1,813,930	305,748	(2,195)

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice is a management charge of £829,903 (2021: £214,986) from the Earl Mountbatten Hospice to Countess Mountbatten Hospice. Included within administrative expenses within Earl Mountbatten Hospice Trading is a management charge of £30,000 (2021: £30,000) to Earl Mountbatten Hospice.

Shared trustees/directors

All trustees of Earl Mountbatten Hospice are also trustees of Countess Mountbatten Hospice.

Gillian Owton is a trustee/director of both Countess Mountbatten Hospice and Countess Mountbatten Hospice Promotions Limited.

Philip Shears is a trustee and director of both Earl Mountbatten Hospice and Earl Mountbatten Hospice Trading Company Limited.

15. Earl Mountbatten Hospice

The parent charity's (Earl Mountbatten Hospice) gross income and the results for the year are disclosed as follows:

	2022	2021
	£	£
Gross income	10,471,563	9,611,672
Result for the year	1,272,168	2,063,407

16. Debtors

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Amounts due from group entities	-	-	211,712	117,961
Trade debtors	81,012	125,029	24,034	75,148
Accrued income and other debtors	3,418,215	848,572	1,452,771	436,021
VAT recoverable	148,381	198,845	97,057	173,732
Prepayments	172,084	87,700	136,486	69,326
	3,819,692	1,260,146	1,922,060	872,188

17. Creditors: amounts falling due within one year

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Trade creditors	556,061	450,385	258,256	261,220
Deferred income	69,718	623,041	69,718	318,041
Other creditors and accruals	903,667	1,035,692	268,999	309,447
	1,529,446	2,109,118	596,973	888,708

18. Deferred income

Deferred income comprises grant and contract income received in advance of services being provided.

	Group		Earl Mountbatten Hospice	
	2022	2021	2022	2021
	£	£	£	£
Balance at the beginning of the year	623,041	87,700	318,041	2,700
Amount released to income in the year	(553,323)	(87,700)	(248,323)	(2,700)
Amount deferred in the year	-	623,041	-	318,041
Balance at the end of the year	69,718	623,041	69,718	318,041

19. NHS Pension Scheme

The charities operate an NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM (Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The total pension contributions payable for the NHS pension scheme in the year were £884,123 (2021: £530,078).

20. a) Analysis of group net assets between funds - 2022

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	368,040	9,020,915	2,329,918	11,718,873
Investments	7,310,840	500,000	-	7,810,840
Net current assets / (liabilities)	2,186,351	52,520	1,130,587	3,369,458
Net assets at the end of the year	9,865,231	9,573,435	3,460,505	22,899,171

20. a) Analysis of group net assets between funds - 2021

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	119,750	9,020,915	2,367,220	11,507,885
Investments	5,925,897	500,000	-	6,425,897
Net current assets / (liabilities)	835,583	52,520	1,165,234	2,053,337
Net assets at the end of the year	6,881,230	9,573,435	3,532,454	19,987,119

21. a) Movement in funds - 2022

	At 1 April 2021 £	Income £	Expenditure £	Gain on revaluations £	Transfers £	At 31 March 2022 £
Restricted funds						
Capital funds						
John Cheverton estate fixed asset fund	111,576	-	(37,302)	-	-	74,274
Fixed Asset Fund	2,255,644	-	-	-	-	2,255,644
Revenue funds						
Community equipment	12,475	-	(9,797)	-	-	2,678
Clinical Co-ordination Centre	333,521	-	(141,464)	-	-	192,057
iBCF	159,566	73,333	(135,672)	-	-	97,227
Kelly donation	505	-	-	-	-	505
Young adult services	68,967	20,000	(32,383)	-	-	56,584
DC clinical teaching post	-	13,246	(13,246)	-	-	-
NHS CCG - CQUINs	-	41,139	(41,139)	-	-	-
Hospital discharge co-ordinator grant	1	-	(1)	-	-	-
KissyPuppy restricted fund	269,148	100,810	(28,445)	-	-	341,513
Advanced communication	4,651	-	-	-	-	4,651
MND Clinic	12,205	-	(2,754)	-	-	9,451
Responsible communities	66,750	-	(1,675)	-	-	65,075
Mountbatten young adults	5,144	-	(30)	-	-	5,114
Barclays donation	92,156	-	(16,880)	-	-	75,276
NHSE	-	1,439,619	(1,439,619)	-	-	-
Ward Furniture	-	8,707	(4,091)	-	-	4,616
Education Fund	-	4,215	(4,215)	-	-	-
Oak Garden Decking	-	5,500	-	-	-	5,500
Butterfly & Chelsea Garden Maintenance	-	5,000	-	-	-	5,000
Online Bereavement support	-	2,584	(2,584)	-	-	-
Infection Control Salary Costs	-	14,366	(14,366)	-	-	-
Bladder Scanners	-	9,000	(1,000)	-	-	8,000
Hoist Pods for IPU	-	5,520	(960)	-	-	4,560
Essential Equipment for patient Care	-	4,954	(336)	-	-	4,618
SPOC/Palliative Care Hub	-	47,593	(47,593)	-	-	-
Music Therapy	-	3,000	(3,000)	-	-	-
Rodwell donation	-	250,000	(250,000)	-	-	-
Other restricted funds	8,211	13,371	(12,906)	-	-	8,676
Total restricted funds EMH	3,400,520	2,061,957	(2,241,458)	-	-	3,221,019

21. a) Movement in funds – 2022 (cont.)

Restricted funds - CMH						
NHSE	-	2,267,249	(2,168,379)	-	-	98,870
Other	131,934	120,398	(111,716)	-	-	140,616
Total restricted funds	3,532,454	4,449,604	(4,521,553)	-	-	3,460,505
Unrestricted funds -EMH						
Designated funds:						
Fixed Asset Fund	9,073,435	-	-	-	-	9,073,435
Total designated funds - EMH	9,073,435	-	-	-	-	9,073,435
Designated funds - CMH	500,000	-	-	-	-	500,000
Total designated funds	9,573,435	-	-	-	-	9,573,435
General funds – EMH group	5,393,484	7,534,944	(7,095,184)	124,654	-	5,957,898
General funds – CMH group	1,487,746	7,321,656	(5,062,616)	160,547	-	3,907,333
Total unrestricted funds	16,454,665	14,856,600	(12,157,800)	285,201	-	19,438,666
Total funds - EMH	17,867,439	9,596,900	(9,336,642)	124,654	-	18,252,351
Total funds - CMH	2,119,680	9,709,304	(7,342,711)	160,547	-	4,646,820
Total funds	19,987,119	19,306,204	(16,679,353)	285,201	-	22,899,171

21. b) Movement in funds - 2021

	At 1 April 2020 £	Income £	Expenditure £	Transfers £	At 31 March 2021 £
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	150,414	-	(38,838)	-	111,576
Fixed Asset Fund	2,255,644	-	-	-	2,255,644
Revenue funds					
Community equipment	13,046	8,590	(9,161)	-	12,475
Clinical Co-ordination Centre	499,226	-	(165,705)	-	333,521
iBCF	222,381	80,000	(142,815)	-	159,566
JCC café refurbishment	4,854	-	(4,854)	-	-
Kelly donation	505	-	-	-	505
Young adult services	94,567	-	(31,044)	5,444	68,967
DC clinical teaching post	2,128	6,623	(8,751)	-	-
NHS CCG - EPMA	8,275	-	(8,275)	-	-
NHS CCG - CQUINs	35,461	40,030	(75,491)	-	-
Hospital discharge co-ordinator grant	16,404	-	(16,403)	-	1
Children's palliative care	5,444	-	-	(5,444)	-
KissyPuppy restricted fund	269,246	53,605	(53,703)	-	269,148
Dramatherapist grant	1,816	-	(1,816)	-	-
Advanced communication	4,651	-	-	-	4,651
MND Clinic	9,959	5,000	(2,754)	-	12,205
Responsible communities	66,550	200	-	-	66,750
HEW training funding	30,000	-	(30,000)	-	-
Mountbatten young adults	5,144	-	-	-	5,144
Barclays donation	-	100,000	(7,844)	-	92,156
NHSE via Hospice UK	-	1,499,237	(1,499,237)	-	-
Other restricted funds	21,848	9,863	(23,500)	-	8,211
Total restricted funds EMH	3,717,563	1,803,148	(2,120,191)	-	3,400,520
Restricted funds - CMH					
Hospice UK	-	1,439,161	(1,439,161)	-	-
Other	52,974	171,752	(92,792)	-	131,934
Total restricted funds	3,770,537	3,414,061	(3,652,144)	-	3,532,454
Unrestricted funds -EMH					
Designated funds:					
Fixed Asset Replacement Fund	-	-	-	-	-
Fixed Asset Fund	9,020,915	-	(154,729)	207,249	9,073,435
Total designated funds - EMH	9,020,915	-	(154,729)	207,249	9,073,435
Designated funds - CMH	500,000	-	-	-	500,000
Total designated funds	9,520,915	-	(154,729)	207,249	9,573,435
General funds – EMH group	3,079,743	8,511,372	(5,990,382)	(207,249)	5,393,484
General funds – CMH group	204,591	6,022,810	(4,739,655)	-	1,487,746
Total unrestricted funds	12,805,249	14,534,182	(10,884,766)	-	16,454,665
Total funds - EMH	15,818,221	10,314,520	(8,265,302)	-	17,867,439
Total funds - CMH	757,565	7,633,723	(6,271,608)	-	2,119,680
Total funds	16,575,786	17,948,243	(14,536,910)	-	19,987,119

21. Movement in funds (continued)

Purposes of restricted funds

John Cheverton estate fixed asset fund - This funding was provided to acquire specific assets including a new ambulance, new Arjo baths and certain new beds with mattresses and pumps. All these assets have been acquired and will be depreciated in terms of the policies relating to the depreciation of fixed assets.

Fixed asset fund represents funds received for the purchase, refurbishment and improvement of the Hospice's buildings, included within fixed assets. It includes:

- The Halberry Lodge Funds, a donation received for the purchase of Halberry Lodge/JCC, fully capitalised within Freehold Land and Buildings.
- DOH funds received as a contribution towards the refurbishment of Halberry Lodge/JCC as above.
- The Space Utilisation and Enhancement (SURE) project fund, a DoH grant towards the refurbishment of office space, capitalised within fixtures, fittings and equipment.
- The Facilities Improvement fund, received as a contribution towards the improvement works required on the existing buildings, and represents the net book value of those completed works.

Community Equipment - This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2023.

Clinical Co-Ordination Centre grant from the CCG supports the establishment and operation of an 'Early Intervention' initiative which seeks to find and make contact with people approaching end of life. This will enable us, from an early stage, to ensure that they are receiving appropriate care and support for their condition. This will range from simple conversations about Advanced Care Planning and a 6 monthly phone call to concentrated treatment and possible admission to the In-Patient unit.

iBCF – This grant from the Island Better Care Fund supports the establishment and operation of a comprehensive education facility and associated education programme.

JCC Café refurbishment - These grants have been given for the purpose of acquiring new specialised seating in the form of 'Riser Recliner' chairs and for the purpose of refurbishing the JCC Café kitchen.

Kelly Donation – This donation is specifically to fund the acquisition of Riser/Recliner chairs for the Hospice.

Young adult services - This grant was made to fund the post of a Young Adult Therapist/Counsellor for three years.

The NHS CCG - EPMA fund is for the development of an Electronic Prescription system.

The NHS CCG - CQUINs fund represents the Isle of Wight Clinical Commissioning Group funding towards the acquisition, installation and commissioning of a new patient record software programme known as SystemOne.

Hospital Discharge Co-ordinator grant - this grant was made to fund the Hospital Discharge Co-ordinator post currently employed in St Mary's Hospital.

The Children's Palliative Care represents funds towards the children's palliative care services.

The KissyPuppy funds represents donations received towards children's services.

Barclays Grant has been given to fund the acquisition of clinical equipment, supplies and PPE.

21. Movement in funds (continued)

Purposes of restricted funds (continued)

NHSE (via Hospice UK) Grant - The NHSE awarded funding to allow the hospice to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

DC Clinical Teaching Post supported the deployment of one of our senior Nurse Specialists into a teaching role at the University of Southampton for two days per week.

Dramatherapist grant - This grant was made to fund a Dramatherapist for children and young adults visiting the Hospice as day visiting outpatients.

Advanced Communication - This grant was made to fund further training for our Bereavement and Psycho-social teams in advanced communication skills.

The MND grant is to fund the establishment and running of a monthly multi-disciplinary team with all services represented so that MND patients can access all the services that they might need in the same place and at the same time.

Responsible Communities – is a grant made to fund the creation and nurturing of caring communities through the recruiting and training of neighbourhood volunteers who will monitor and assist those in community groups who have need of such care. It is led by our Volunteer management department.

Mountbatten Young Adults Fund is a fund raised by this group of beneficiaries for their use in connection with life enhancing experiences and travel opportunities.

Health Education Wessex (HEW) – is a grant to fund further education specifically in a) advanced communication skills so necessary when communicating with the terminally ill and those bereaved as a result, b) the safe and correct use of syringe drivers (automatic medication delivery devices) by senior clinical staff and finally c) the training of 'non-medical' prescribing skills which is the training of senior nurses and other non-medical persons in the safe prescription of drugs and medications to patients in an end of life condition.

Other specified restricted Funds – these funds as listed are self explanatory. They have been received for the specific purpose stated and are used solely for those purposes.

Countess Mountbatten Hospice Charity funds are held as a restricted fund within the group solely for the use of that charity's hospice on the mainland.

Purposes of designated funds

Fixed Asset Replacement Funds are set aside to enable the Hospice to redevelop existing buildings and purchase capital items as required.

Fixed Asset Fund represents the net book value of fixed assets purchased through general funds and therefore not readily available for other purposes. Depreciation will be charged against this fund.

Transfers between funds arise when planned spending on a project exceeds the amount of restricted funds available for the purpose. In that circumstance the excess spend is transferred from the applicable restricted fund line in the analysis of restricted funds to general funds thereby reducing the balance on the restricted fund to zero.

The trustees established the CMH designated fund for use in future projects to extend the services of Countess Mountbatten House.

22. Reconciliation of net incoming resources to net cash flow from operating activities

	2022	2021
	£	£
Net income for the reporting period (as per the statement of financial activities)	2,912,052	3,411,333
Depreciation charges	311,608	230,629
Profit on disposals of fixed assets	(13,594)	-
Gains on investments	(285,092)	(1,171,277)
Dividends, interest and rent from investments	(138,425)	(111,780)
Decrease in stocks	1,205	307
Increase in debtors	(2,559,546)	(378,383)
Decrease in creditors	(579,672)	(499,910)
Net cash (used in)/provided by operating activities	(351,464)	1,480,919

Analysis of cash and cash equivalents

	2022	2021
	£	£
Cash in hand	1,076,983	2,898,875

Analysis of changes in net debt

	1 April 2021	Cash flows	31 March 2022
	£	£	£
Cash in hand	2,898,875	(1,821,892)	1,076,983

23. Operating leases commitments

The group's total future minimum lease payments under non-cancellable operating leases are as follows for each of the following periods:

	Property	
	2022	2021
	£	£
Less than one year	306,275	269,381
One to five years	805,333	641,336
Over five years	11,250	-
	1,122,858	910,717

24. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

25. Prior year restatements

The prior year group SOFA has been represented to consolidate results of the group entities.

The prior year group expenditure has been restated between headings following a review of allocations across the group. The split of group funds in the prior year have also been restated to reflect the correct fund balances across the group. None of these adjustments affect the net results or overall fund balances in the prior year.

MOUNTBATTEN ISLE OF WIGHT

England & Wales - Charity number 1039086

Accounts

Company number: 02929267

Charity Number: 1039086

Mountbatten Group

Incorporating:
Earl Mountbatten Hospice
(Mountbatten Isle of Wight)
Countess Mountbatten Hospice Charity
(Mountbatten Hampshire)

Report and financial statements for the year ended 31 March 2021

Contents

Contents 2

Reference and Administrative Information 3

Statement from the CEO 5

Statement from the Chair of Trustees 8

Governance 9

Trustee recruitment and appointment 10

Trustee induction and training 10

Background and Strategy 11

Key Achievements and Performance 19

Services across Mountbatten Isle of Wight and Mountbatten Hampshire 19

COVID-19 28

Quality 35

Education and Training 47

Fundraising and Communications 52

Estates and Facilities 57

Human Resources 61

Information Technology 68

Independent auditor's report 74

Consolidated statement of financial activities (incorporating an income and expenditure account) 79

Balance sheets 80

Consolidated statement of cash flows 81

Notes to the financial statements 82

Reference and administrative information

Status and structure	Earl Mountbatten Hospice (trading as Mountbatten, Isle of Wight) operates as a charitable company limited by guarantee
Company number	02929267
Charity number	1039086
Registered office and operational address	Earl Mountbatten Hospice - Halberry Lane NEWPORT, Isle of Wight PO30 2ER Countess Mountbatten Hospice - Botley Road, West End, Southampton, SO30 3JB.

Trustees

[1] Resources Committee Member
[2] Patient Services Committee
[3] Trading Company Director
[4] Isle of Wight Trustee
[5] Hampshire Trustee

Trustees are also Directors under company law:

Mr M Acland [1 4 5]	
Mrs C Alstrom [2 4 5]	
Sir I Cheshire	CHAIR
Mr M Hogg [1 5]	
Ms W Murwill [2 4]	
Mr EAS Nicholson [1 2 4 5]	VICE-CHAIR
Ms G Owton [1 4 5]	
Mr Peter Pitcher [2 5]	
Ms R Poncia [1 4 5]	
Ms D Price [1 4 5]	
Mr P Shears [2 3 4 5]	
Ms J Smith [2 4]	
Mr A Stables [2 4 5]	
Mr JM Trotter [1 4 5]	
Ms S Weech (resigned August 2020)	

Company Secretary	Mr Michael Edmonds	
Senior Management Team	Mr N Hartley	Chief Executive
	Mrs L Arnold	Director of Nursing
	Dr P Howard	Medical Consultant
	Mr M Edmonds	Director of Finance
	Mr J Tarttelin	Director of Human Resources
	Dr J Hazeldine	Director of Psychosocial Care
	Mrs R McGregor	Director of Operations, Mountbatten Hampshire.

Bankers: Nat West, NatWest House, Riverway, NEWPORT, Isle of Wight, PO30 5UX

Investment Managers: Brewin Dolphin, Vantage Point, Woodwater Pk, Pynes Hill EXETER, EX2 5FD

Solicitors: Wilson's Solicitors LLP, Steynings House Summerlock Approach SALISBURY, Wilts. SP2 7RJs

Solicitors: Glanville's LLP St Cross Business Park, NEWPORT, Isle of Wight PO30 5BF

Auditor: Sayer Vincent LLP, Chartered Accountants and Statutory Auditor, Invicta House, 108-114 Golden Lane LONDON, EC1Y 0TL

Statement from the CEO

The presentation of the Annual Report and Financial Statements is always an important milestone in the life of the Mountbatten Hospice Group, which consists of Mountbatten, Isle of Wight and Mountbatten, Hampshire. To say that the last year has been one which none of us were expecting or prepared for is an understatement. The COVID-19 pandemic has challenged each and every member of our society to the core and it has been truly staggering to see how quickly our common human values and way of life can be challenged and changed.

Mountbatten's expert and compassionate care is based on the physical presence of the caregiver together with the care-receiver, convening to reciprocate, to create and to sustain meaningful and trusted relationships through direct contact and tangible connection. It has therefore been important that during the last year, wherever possible, our staff and volunteers have continued to be physically present with those that we care for, obviously adhering to the new infection control and social distancing measures which we have all become familiar with. Out of necessity, we have of course learned much about technology and how we can meet with people who need our support by virtual means. We have learned that for some people, virtual support works better than for others. For example, one-to-one bereavement counselling and even our dynamic Community Choir have functioned with some success by virtual means, enabling some of the more vulnerable and isolated people within our communities to remain mutually connected rather than face the terrifying prospect of being isolated and alone and potentially dying socially long before they die physically.

Although being able to offer support by more virtual means will now continue to be a necessity and something which will always be required of Health and Social care providers to some extent, we are adamant at Mountbatten that wherever possible, we will retain the possibilities and also the important healing opportunities that being physically present with those people we support brings. Throughout the pandemic, our Community Teams of trained carers, nurses, doctors and therapists have continued to visit people within their own homes and there has been no change to our normal practice. When people are nearing the end of their lives, in pain, distressed and more commonly alone, a telephone call or virtual meeting, although helpful, can never replace a visit in person. Taking care to follow strict guidelines of wearing full PPE, our experience has shown that high-quality face to face caring is still achievable both on our hospice Inpatient Units and also within the places that people live, even during a pandemic where the professional carer is as much at risk from infection as the cared-for. We know that when physically together with those needing us, we are not only able to utilise our extensive expertise and experience, but also to share our common humanity and vulnerability. Over the fifty-five years that the modern hospice movement has existed, we have learned that, as professional carers, sharing ourselves and our own experiences of being human is not only beneficial, but absolutely critical to the offer and to the commitment that we make both to and with our communities; we will never ignore those who need us and we will continue to visit twenty four hours a day, seven days a week in order to ensure that everyone has all of the attention, care and support that they really need.

We have heard much of how our NHS colleagues have gone above and beyond over the past year, and all across the UK, we should be proud of a National Health Service which is rightfully the envy of the rest of the world. However, we cannot ignore the contributions made by Third Sector and charitable organisations such as Mountbatten, not only during the COVID-19 pandemic, but also as part of a more routine, but increasingly complex Health and Social Care system. Mountbatten brings around £15m charitable income to our local Health and Social Care system year on year and across our communities, we support over 2000 people on any one day. Mountbatten's work is therefore indispensable. We are also experienced in supporting people **whoever** they are, **however,** they have lived their lives and in **wherever** the bed they die in happens to be, with an ambitious aim to never ignore anyone who needs us. Throughout the pandemic, our expert teams have acted as a strong pillar of comfort and guidance to local care homes, relentlessly providing specialist support to those people coming to the end of their lives with COVID-19. We have also provided support and advice to our NHS colleagues and to those people that they have been caring for.

COVID-19 has hit at the very heart of Mountbatten's work; death, dying and bereavement have risen into the public psyche in a way which has not been as palpably present since the Second World War. Mountbatten's work has therefore never been more important. We will not be diminished by a pandemic which arrives without welcome and which challenges each and every one of us to think more acutely about our own mortality – this is Mountbatten's everyday business; we refuse to trivialise it and it will always be our mission to tackle it.

However, we know that even after fifty-five years of the Modern Hospice Movement, there is still much to be done and this last year has often threatened to overwhelm our confidence and drive. The COVID-19 pandemic has indeed been challenging, but combine this with a society which prefers not to talk about or even acknowledge death unless it stares them in the face, with a Health and Social Care system, which once again set for reform, cannot seem to get to grips with the integration of end-of-life care services for which a solution is so desperately needed to meet the unprecedented and growing demand, and the lack of enough basic health and social care services to keep people out of hospital as they are dying, and we might well feel our confidence and drive overwhelmed to the point of paralysis. Nonetheless, our mission and our values have somehow remained intact, possibly due to the incredible commitment and resilience of our expert and experienced staff and volunteers, and the truly humbling support of our local communities.

Dame Cicely Saunders, founder of the Modern Hospice Movement wrote 'How people die lives on in the memory of those left behind'. We are already seeing a huge rise in referrals for those people suffering with complex bereavement issues. During the last year, these people have not had the chance to say 'goodbye', 'I love you' or 'forgive me', due to the isolation and loneliness which has been ruthlessly driven by the pandemic. There is no possibility to change such experiences as there is only one chance to get this right. Our experience shows, however, that by expert and compassionate listening, we are able to help ease the burden that people carry and assuage the guilt which can often be so deeply embedded in people's experiences of not being able to say the things needed before someone they love dies. We also know that once people have died, they cannot return and tell us about their experiences. Professor John Hinton who wrote one of the first books about dying in the UK published in 1967 writes that 'the dissatisfied dead cannot noise abroad the negligence they have suffered'. Mountbatten's work is built around a very specific cause, underpinned by a mutually agreed set of values and behaviours. All of our staff and volunteers are joined up to this. We will ensure that all dying people, whichever bed they die in, together with those facing bereavement and grief, have access to expert, compassionate and cost-effective care of the highest quality. No-one will ever be forgotten and we will continue to be the voice of all those who have died.

We have also learned over the past year the true value of our communities. The financial support that our local communities have given us and the depth of feeling shown for the work that Mountbatten does has simply encouraged us to continue even when it has felt like we had no more energy to simply carry on. We are forever grateful to our communities' commitment to be there for us, just as we mutually commit to always be there for them. Financial support from a number of new major donors, together with financial support from the government via NHS England has helped our income over the last year, and because of the generosity of our donors and the commitment from the government to the work that hospices do, you will see that our finances look particularly healthy. We are concerned, however, that the new financial year will provide difficulties with income due to how quickly it will be possible for our normal fundraising streams to resume effectively and for them, once again to demonstrate success.

You will read that even though the COVID-19 pandemic has taken up much of our time and energy, we have nevertheless launched our new five-year strategy and pushed forward to develop our new Mountbatten model of care and support. After the first year of embedding our new strategy, we can now securely say that equitable services are available across all of our communities, including 24/7 rapid response services enabling us to visit people at home overnight and across the weekends. Holding the local contracts to

deliver Continuing Health Care packages with highly trained Mountbatten Carers, who enable people to stay within the places that they live without multiple and unnecessary admissions into hospital is now also

a critical part of our work. Our new model does not only provide the right services to those who need them, but also offers appropriate and mutually agreed solutions and support to our partners across the wider system.

It has been a difficult year; however, we remain optimistic. The support of our local communities and the passion and commitment of our wonderful staff and volunteers continue to push us forward, and we realise that even after the most difficult year that many of us have ever lived through, it is indeed still possible to envision a bright future for the Mountbatten Group.



Nigel Hartley

CEO Mountbatten

Statement from the Chair of Trustees

My First year as Chairman has not been anything as expected, and yet it has confirmed for me the underlying strengths of Mountbatten, especially the quality and commitment of all our teams, together with the support of the wider communities we serve. On behalf of the whole Board I want to formally thank everyone, staff and volunteers, who has worked for us and those that have supported us through this extraordinarily difficult period. We should also note the substantial financial support provided by the Government, via Hospice UK, which helped replace lost fundraising and shop income in the year. I should also thank all those who helped turn our main fundraising event, Walk the Wight, from physical to virtual and who succeeded in almost raising as much money as the real walk did last year.

We now face the new challenge of operating in the 'Covid world', trying to build on the positives from the pandemic, such the greater use of technology, but also recognising the sad impact it has produced for so many families who had loved ones who died. The Mountbatten mission to help with death, dying and bereavement is even more needed in the coming year, and we look forward to being able to continue to make a positive difference for our communities.



Sir Ian Cheshire
Chair of Trustees
Mountbatten

Governance

The trustees present their report and the audited financial statements for the year ended 31 March 2021.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

This report and the accompanying financial information is presented for the Mountbatten Group. This Group comprises 4 separate companies including :-

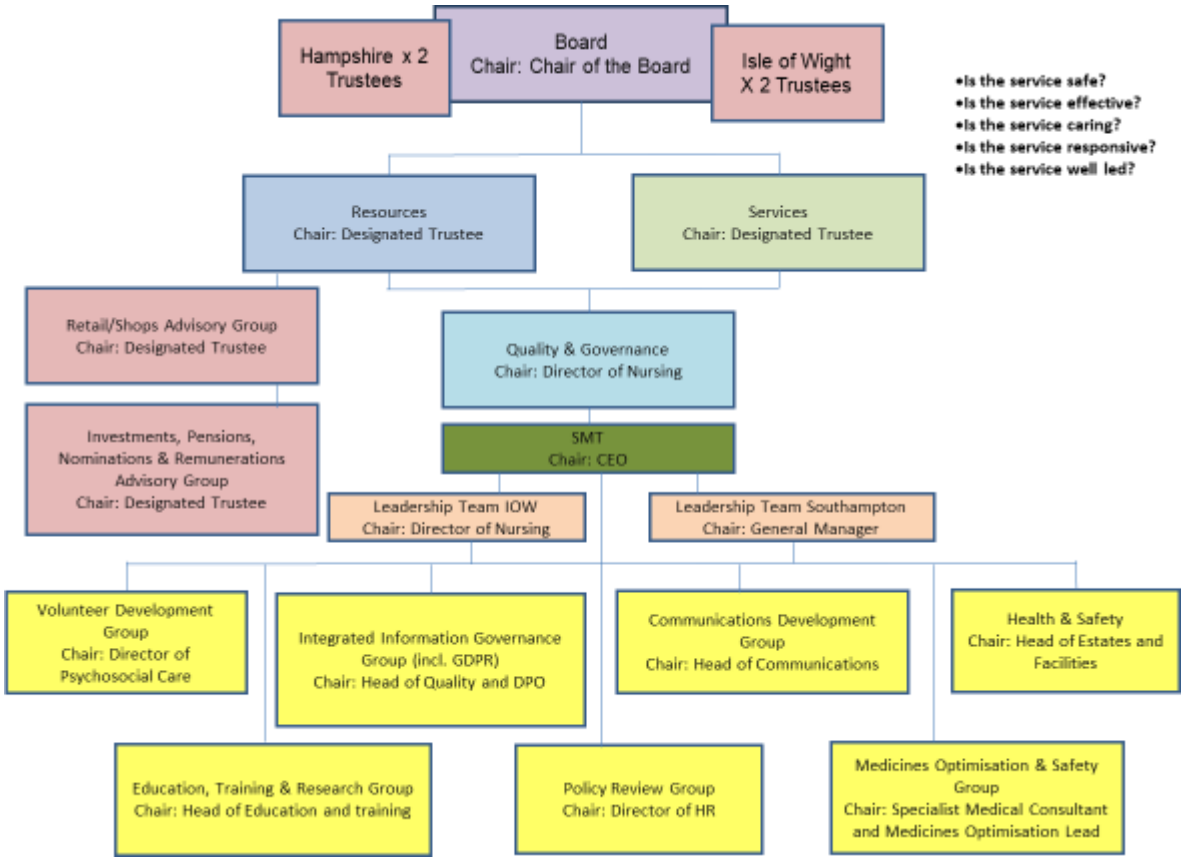
Earl Mountbatten Hospice Charity Limited, the ultimate Group holding company and provider of hospice services on the Isle of Wight,

Earl Mountbatten Hospice Trading Limited, a wholly owned trading subsidiary of the Group holding company which carries out non primary purpose trading operations on behalf of the Group holding company. All profits of this company are gifted annually to the Group holding company. This company is governed by its own Board of Directors.

Countess Mountbatten Hospice Charity Limited, a wholly owned charitable subsidiary of the Group holding company which delivers hospice services in Southampton, Hampshire and

Countess Mountbatten Hospice Promotions Limited, a wholly owned trading subsidiary of Countess Mountbatten Hospice Charity Limited responsible for the running of the lottery operation which supports its holding company and for any non-primary purpose trading operations on behalf of its holding company. All profits of this company are gifted annually to its holding company. This company is governed by its own Board of Directors.

The Governance of the Mountbatten Group is underpinned by a robust committee structure as below:



Trustee recruitment and appointment

Applicants are shortlisted, interviewed and selected based on their experience and expertise with the aim of achieving a balance that reflects the needs of the Hospice. Trustees are appointed by election at the AGM but may also be co-opted to serve at any time.

The term of office is three years from the date of appointment. Trustees may be elected for a further term of three years. In exceptional circumstances the Board may agree additional terms are in the best interests of the Hospice.

Trustee induction and training

New Trustees are invited to an induction programme which includes a tour of the Newport site with presentations by the Chair, Chief Executive Officer and Senior Management Team. Comprehensive information is provided about the operation of the Hospice and national trends and developments in hospice/end of life care, together with details of responsibilities and expectations as trustee.

Background and new strategy

Mountbatten Isle of Wight (registered as Earl Mountbatten Hospice) was opened in 1982 and Mountbatten Hampshire (registered as Countess Mountbatten Hospice) was opened in 1977. Our Mountbatten Group strategy is set on a five-yearly basis and reviewed regularly by the Board and its committees. March 2020 saw the culmination of our initial five-year strategy covering the period 2015 to 2020, which we have worked hard to implement together with our staff, volunteers and local community.

In addition to developing the organisational strategy with the CEO and Senior Team, the trustees, CEO and Senior Team regularly consider how planned services and developments will contribute to the defined objectives. All of our charitable activities focus on the relief of sickness, primarily, but not exclusively amongst persons diagnosed as suffering from a terminal illness and are undertaken to further our charitable purposes for the public benefit. This Annual Report looks at what we have achieved and the outcomes of our work in the year ended 31 March 2021.

Mountbatten's teams of staff and volunteers now support well over 2,000 people a day across the communities of the Isle of Wight, Southampton city, and west Hampshire. This past year, despite the challenges of COVID-19, has continued to see a substantial growth in the numbers of people benefitting from our support and care. This growth has mainly been managed by a series of new and innovative services in line with our new 2020 Strategy, all of which are detailed and outlined in this report which have supported Mountbatten to achieve scale which is a main strategic aim. Some of our patients will have cancer; an increasing number will have long-term conditions such as heart failure or lung disease; others will have neurological conditions including motor neurone disease and multiple sclerosis. As Dementia is now the biggest cause of death in the UK, we increasingly support people with dementia and other older-age related illnesses. We have the capacity to support our extensive community services with care for people in 16 beds at our Mountbatten Isle of Wight building in Newport and 21 beds at our Mountbatten Hampshire building in Southampton West End as well as offering support to many more within our Mountbatten John Cheverton Self-help and Day and Rehabilitation Centre on the Isle of Wight and Hazel Centre in Southampton. However, our buildings are just the 'tip of the iceberg'. We support people to live well until their death and we will do everything we can to enable our patients to die in their preferred place, which for many people will be their own home. We support families, close friends and carers both during a person's illness and after death because when someone is very ill, we know that many people's wellbeing is affected. Mountbatten is also the largest provider of end-of-life care education across our communities and our growing Education Programmes ensure that we train other agencies, such as the NHS, Domiciliary Care Agencies and Care Homes in order to underpin and to extend our absolute insistence on high quality care as well as our reach and our influence. In 2017, Mountbatten Isle of Wight was rated as 'Outstanding' by the Care Quality Commission (CQC). Our aim is to achieve an outstanding CQC rating for our hospice services in Hampshire as soon as possible. Although we are proud to be rated 'Outstanding', we continue to strive to become even better as we focus on serving more and more people who need our care and support.

Our aim is to ensure that Mountbatten Hampshire is rated as 'Outstanding' at the next inspection. During the COVID period, CQC inspections have not happened in the usual way, although we have been involved in a number of in-depth virtual checks and balances together with our local CQC inspector.

A new strategy from 2020 onwards has been developed and was launched at our AGM in 2020. This new strategy outlines the approach that the Mountbatten Group will take from 2020 onwards to deliver a new Mountbatten model of care and support for the last years/phase of life (the last five years of life) across our local communities. We began by articulating our three strategic imperatives for the short, mid and long- term (Page 7). We followed on by developing our new model through a series of workshops and open meetings with staff, volunteers, users of our services and a wide range of stakeholders, focussing on five key implementation areas as follows:

1. Developing and sustaining expert care and support services
2. Developing and growing our volunteer offer
3. Developing a shared, common language about what Mountbatten does, in partnership with our communities
4. Developing and sustaining our impact for the future
5. Developing robust education and training programmes across our communities, including the local Health and Social Care systems

The important theme of working in partnership to achieve our aims will run through every area of our strategy. Our new Mountbatten model has also been developed utilising our many collective years of experience and acquired expertise. Our approach is updated annually through engaging with all stakeholders, to ensure that we keep pace with both local and national changes and challenges. Each key area is underpinned by robust operational implementation plans which are reviewed and presented to our Board of Trustees regularly.

We identified five years ago that we were not going to be able to continue to meet the growing needs of our local communities by delivering our services in the way which we always had done. The growing older population, together with radical changes in the ways that people are both living and dying, provides us with serious challenges of how we are going to meet the needs of a community who are living longer and therefore dying more slowly. We know that most of our geography is thought to be around 15 years ahead of the rest of the UK in terms of demographic, and the fact that we know that there will be around a 40% increase in need for end of life care across the UK by 2040 is already being recognised as a challenge for the services which we deliver. There are currently four very clear stressors:

1. A growing number of people needing our care and support, most of whom are living their last phase of life (five years) with a range of complex comorbidities
2. A lack of both human and financial resource to meet the growing need
3. An unprecedented pressure on the wider healthcare, social care and charitable sectors
4. Most people do not want to talk about, or plan for, death, dying and bereavement

By thinking and acting innovatively and trialling new ways of offering support to a growing number of people over the past five years, we have achieved much. We are currently reaching over 200% more people who need us than we were even three years ago. We have also managed to achieve this growth with a limited human and financial resource, mostly due to a new model which focusses on providing the right 'dose' of care for our users at the right time, rather than always giving a smaller number of people access to everything we do. Our work and developments are underpinned by a set of strong and mutually agreed values which drive our mission to meet the requirements of everyone who needs us, whoever they are, wherever they live and however they have lived their lives. Our absolute aim is never to ignore anyone who could benefit from our devastating duo of expertise and kindness and always to work as hard as we can to achieve our objective. Another major problem which we face is the lack of engagement and understanding that local communities have with and about death,

dying and bereavement. We know from our experience that this lack of engagement and understanding has a direct and negative impact on people's experiences when they come to the end of life, or when they are bereaved, as well as on the resources Mountbatten needs to utilise in order to deal with the crises that inevitably come with people's lack of planning or understanding about what is happening to them.

There is still so much more to be done and we cannot afford to become complacent; currently, of those across our communities who would benefit from our services, two out of three people do not access them. Although this is for a number of reasons, it is clear that one of the main barriers is that many of our stakeholders do not grasp the extent of Mountbatten's care and support and are unable to articulate the reality or indeed efficacy of what we do and what we achieve.

We have therefore embarked on a bold expedition to redesign our Mountbatten model and to deliver our services in new ways. The new 2020 strategy presents our new Mountbatten model, outlining how we will now move forward, achieve scale and meet the challenges which we have identified within a more stable financial envelope. This new plan outlines the ways in which we are going to achieve our ambitious aim of never ignoring anyone who needs us. The strategy also focusses on financial stability and sustainability over the longer term, through delivering our services more efficiently whilst planning new and effective services and partnerships which could lead to new funding prospects.

Mountbatten's team is expert, whether it is our Medical Consultants, Nurses, Healthcare Assistants, Allied Health Professionals, Clinical Psychologists offering complex pain, symptom management and psychological support, our bereavement team supporting either people's complex or healthy responses to the death of someone close to them, our stalwart nurses and carers who are visiting a growing number of people 24 hours a day, 7 days a week at home, our housekeeping and catering teams, our spiritual care team and team of therapists or our volunteers.

Our absolute confidence and authority around death, dying and bereavement across our entire workforce, underpins our objective to reach everyone who needs us, from those requiring complex clinical interventions, to those who are simply curious about death, dying and bereavement.

We are committed to aspiring to be the best that we can be, always and without fail.

Strategic Report – Objectives & Activities

As already mentioned, in 2020 Mountbatten published its new strategy, outlining its future direction and aspirations against a backdrop of challenges and demands faced by our services over the next five years. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees whilst evaluating the public benefit provided by Mountbatten's Mission, Vision and Values

Our Mission

To promote and to provide good care and support for those people living with, affected by, or curious about death, dying and bereavement.

Our Vision

… is of a world where all dying people and those close to them have access to expert, compassionate and cost-effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

Our Values

We care about what we do. We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.

We are experts in our field. We are professional at all times, aspiring to be the best that we can be in everything that we do.

We are innovative and bold. We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.

We respect our community. We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours, which we have all agreed to.

Strategic Aims

- We will change public perceptions around death, dying and bereavement and also about the work that Mountbatten does
- We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored
- We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations

The people we serve:

1. **People who are curious about death, dying and bereavement (every member of our communities)**
2. **People who are bereaved or grieving (including those who have been affected by deaths other than those under the care of Mountbatten)**
3. **People who are in the last phase of life (around the last five years of life)**

During 2020/21 Mountbatten Isle of Wight and Mountbatten Hampshire provided specialist and increasingly more supportive and generalist hospice/end of life care provision within the following areas:

- At Home
- Within our Inpatient Units
- Day and Outpatient Services at John Cheverton Centre (Isle of Wight) and Hazel Centre (Hampshire)
- St Mary's Hospital (Isle of Wight)
- University Hospital Southampton (in partnership with the Hospital Palliative Care Team)
- Nursing/residential homes

These areas are supported by the following services:

- Mountbatten At Home which includes:
  - Specialist Community Teams
  - Domiciliary Care @ Home Teams
  - 24/7 Community Teams and Mountbatten Care Coordination Centres
- Medical Team
- Pharmacy
- Psychological and Bereavement Services
- Spiritual Care
- Social Work
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Arts Therapies – art, music and drama
- Specialist Lymphoedema Service (Isle of Wight)
- Education
- Volunteer Services

The diagram below represents the Mountbatten Group model of service delivery and is used as a framework to inform service developments which are aligned to our three strategic aims. As already mentioned, the strategy is underpinned by robust and detailed Strategic Implementation Plans which are reviewed and revised quarterly and monitored by Mountbatten's' Resources and Services sub-committees.

Mountbatten Pyramid



2020/21 Service Developments continue to be aligned to Mountbatten's three strategic aims with continued developments as follows:

1. **We will change public perceptions around death dying and bereavement and also about the work that Mountbatten does:**

- An 'open to the public' Social programme of weekly events, including Community Choir, Concert Series, Death Chat events both at the hospices and across our local communities
- A drive to ensure that Advance Care Planning is available to those people who are healthy
- A new 'write a will' and legacy campaign
- An examination of all of our Communications functions across the hospices ensuring a common language and style based on our rebranding
- Developing 'virtual' services due to the COVID-19 pandemic which will stay with us into the future to enable more access for those who are unable to be seen in person
- Health and Social Care Apprenticeships, including a new Mountbatten Summer School for young people
- Volunteer training and development of enhanced roles for patient-facing volunteers, including further development and extension of our 'Mountbatten Neighbours' scheme
- All new service developments have been fully funded with new money from a variety of statutory bodies, trusts, grants and major individual donors

2. We will meet the needs of everyone who requires our care and support, ensuring that no-one is ignored:

- Further development of a Children and Young Adults Service in partnership with KissyPuppy (Isle of Wight)
- A continuation and further development of dementia services and services for older, frail people
- Advance Care Planning – identifying people with long term conditions including older people with frailty
- Health and Social Care Education
- Rapid Palliative Care Discharge Facilitator (A new post created and based at University Hospital Southampton)
- Mountbatten Coordination Centres
- End of Life Domiciliary Care provision (Continuing Health Care packages)
- New charity shop model (a programme to open new shops opened across Hampshire)

3. We will make sure that everything Mountbatten offers is sustainable for the benefit of future generations:

- A robust reserves policy
- A new Estates task and finish group to ensure that our estate is 'fit for purpose' for future generations
- A bespoke 'sustainability' strategic implementation plan focussing on fundraising and financial resilience
- A new workforce development plan
- Development of our ongoing education programmes both for our partners and our local communities
- A new shops strategy and the appointment of a new Head of Retail Business Development

In order to further support our strategic aims we continue to work in partnership for the benefit of our local communities with examples as follows:

- Isle of Wight NHS Trust Community Paediatric Team
    - KissyPuppy Charity
    - Isle of Wight Local Authority
    - Isle of Wight NHS Trust
    - Isle of Wight Integrated Care Partnership
    - University of Southampton – joint teaching posts
    - Dementia UK
    - Hospice UK
    - CQC
    - Isle of Wight Clinical Commissioning Group
    - University Hospital, Southampton
    - Southampton City CCG
    - West Hampshire CCG
    - Hampshire and Isle of Wight End of Life Care Board
    - A range of Third Sector partners

We are also working with an external fundraising consultant Compton, who are leading and supporting our Fundraising Teams at both Mountbatten Isle of Wight and Mountbatten Hampshire as well as a new Capital Appeal to ensure that both of our hospice sites are fit for the future through the refurbishment and development of our buildings to create a series of more flexible spaces for use for growing demand for Education, Bereavement Services, Volunteer Development and our new innovative Care Coordination Centre approach.

Key Achievements and Performance

Services across Mountbatten Isle of Wight and Mountbatten Hampshire

Community Team Hampshire

Specialist Community Team

Within the Clinical Commissioning Group service specification for Mountbatten Hampshire, there are several locally defined outcomes which are required to be achieved. These include:

- Increase the number of people being cared for and dying in their preferred place of care.
- Fewer avoidable hospital admissions and a reduction in the number of patients who die in hospital.
- 24/7 access to timely support and care including information for carers, and families prior to death and at the time of bereavement.

In August 2020 Mountbatten appointed a new Consultant Nurse, Head of Community Services to lead the strategic and operational development of Hampshire's community team. A £10k grant from Health Education Wessex has enabled a number of the team to access academic training modules to enhance their practice. Seven members of the community team have completed the Non-Medical prescribing training which enables patients to receive a timely response to appropriate medications for symptom management.

During the last 12 months the community team has been re-shaped in order to provide a flexible, responsive, and expert palliative nursing service. A rapid response element has been developed from 8am-8pm with plans to provide a full 24/7 service. The Clinical Nurse Specialists work alongside other teams such as Therapies, Psychosocial and Bereavement Services. Band 5 and 6 registered nursing staff have been recruited in order to respond to the needs of patients on the caseload in the death and dying phase and to deliver upon the Rapid Response element. Nurse specialist teams in both localities (Southampton City and West Hampshire) have utilised a 'one team, one caseload' approach to the management of the caseload with the aim that this will provide more flexibility within the team's capacity leading to the ability to deliver a more responsive and effective service i.e., ensuring our resources are used wisely.

24/7 Community Team and Care Coordination

Plans have been underway over the past year and from April 1st, 2021, Mountbatten will provide 24/7 community nursing cover across Southampton City, closely followed by West Hampshire. Funding to set up this service has been agreed following conversations with the Clinical Commissioning Groups. This means that Mountbatten will be delivering the same service model across both hospices which will have been achieved within two years of managing Mountbatten Hampshire. The community team moved to a new caseload approach with one overarching caseload for Southampton City and one for West Hampshire. This allows the team to triage patients each morning and ensures resources are used effectively to support patients and families at home. The Care coordination Centre across Southampton City and west Hampshire will also be launched in April 2021, ensuring that equitable services will be available to those who need them across all of our catchment areas.

Domiciliary Care at Home Team

In September 2020, the Palliative Care Support Worker Team from NHS Solent were assigned to Mountbatten Hampshire under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE'd), to work as the new Mountbatten 'Care at Home' team. The team have settled in extremely well and are proud to be working for Mountbatten. This team has helped support the Specialist Community Team through creating a more integrated approach to the delivery of care for people in the last weeks of life. In line with Mountbatten's five-year strategy, we will continue to develop a future workforce model that evolves to meet service needs, financial resource, and has the flexibility and resources to respond to the need for Fast Track Continuing Health Care packages for people at the end of life as quickly as possible. This will include the flexibility to enable rapid discharge from local hospitals for those people who do not need or want to be there. This service will expand into west Hampshire in April 2021.

Community Team Isle of Wight

Specialist Community Team

Over the last year the team has managed a number of changes to staffing. These changes have provided an opportunity to create a diverse mix of clinical skills and experience by appointing two paramedics and a neurology nurse specialist to the team.

COVID-19 brought many challenges for healthcare professionals and Mountbatten's community team had to adjust to a very different way of working at the height of the pandemic. As the pandemic's first wave approached in late March 2020, reports from Italy and London suggested that some patients died very rapidly and with distressing symptoms. It was clear that both above limitations were likely to preclude us offering effective palliation for some patients with COVID-19. To address this, several measures were urgently implemented and led by one of our Consultants in Palliative Medicine in conjunction with Pharmacy colleagues and partnership working with the local hospital trust:

- a Patient Group Direction (PGD) was developed to enable clinicians with sufficient clinical experience to identify the imminently dying to administer appropriate symptom-relief medications. A competency assessment was developed to ensure that its use was restricted to clinicians with the necessary competencies.
- a Prepack System was used to rapidly mobilise the medicines which included Controlled Drugs, (CDs) specified in the PGD.
- the community team stock medicines cupboard was expanded to include a small selection of additional CDs that were expected to be required less often, but none-the-less urgently when the need arose.

24/7 Community Team and Care Coordination

The Care Coordination Centre continues to adapt with the changing landscape ensuring patients, families and carers have support available 24/7. It has become apparent over the past year the importance of this resource as other services have not been available or provided in the same way as pre-COVID-19. One area which has been severely affected by the Pandemic are Nursing and Residential Homes where there have been a large number of deaths; the Care Coordination Centre and Team have provided ongoing support for residents and staff.

The number of patients on the Mountbatten End of Life Register continues to increase. Scheduled follow-up review calls have been maintained and the feedback received from patients, carers and professionals has been extremely positive, as the feeling of isolation has had a significant impact during the Pandemic.

Following a number of Community Team workshops looking at our strategy and the way forward, it was identified that we must continue to reach as many people who need our services as possible, and to ensure we continue to meet those needs and develop this aspect of service provision. As a result, Mountbatten is appointing four Band 4 clinicians to enhance and extend Mountbatten's community service and reach. Following a robust induction, these roles will provide support in the 24/7 Care Coordination Centre, carry out initial patient assessments and provide regular support to Care Homes. These roles will be supported by clinicians in the Community Team.

Domiciliary Care at Home Team

In November 2020, Mountbatten submitted a tender for the provision of specialist homecare services. Historically, Mountbatten has been commissioned by the Isle of Wight Clinical Commissioning Group to provide Fast-Track end of life care packages to people whose preferred place of death is home. Commissioning of this service has been transferred to the Isle of Wight Council, which instigated the open tendering process for the continued delivery of this specialist service.

Following a robust tender submission, Mountbatten was formally appointed on the approved supplier list along with two other external providers of this service. The scoring was based on quality and value for money. As it is an ongoing approved supplier list, the opportunity for re-tendering opens annually and any other provider, including Mountbatten may re-tender for the 'Rank 1' provider of the end-of-life care service.

Inpatient Unit Hampshire

Beds have continued to be used in the normal way during the COVID-19 months, with a number of admissions supported for patients who have been COVID-19 positive. Visiting to the unit had to be restricted in line with government guidance but was managed well which helped to create a more relaxed atmosphere and experience for everyone.

During the COVID crisis, Mountbatten has been fortunate to receive funding for specific capital projects, including the replacement of the entire flooring in the unit, refurbishment of single rooms, including installing new wet rooms, and the redecoration of some rooms to make them more suitable for dementia patients. We have also been able to refurbish the main shower room and make some significant improvements regarding infection control.

Some changes with staffing and staff absences have impeded the development of nurse-led beds, however, and a plan and timeline is in place for 2021/22.

Catering was brought in-house from April 2020 through a contract with HOST (the same company as utilised on the Isle of Wight). Previously catering was provided by a historical Service Level Agreement with Southern Health. Despite the challenges of setting this service up during the COVID-19 pandemic there has been improvements in the quality of food that patients and families receive, with greater choice and flexibility. The current Kitchen facilities are somewhat limited and future planning will consider adequate kitchen facilities to enable further improvements.

Staff have been very flexible during the COVID-19 pandemic, for example our Rehabilitation team supported the Care Coordination Centre Hub and the Inpatient Unit, and we have had a staff nurse from the Hazel Centre join the IPU to cover furloughed staff.

Several new supporter volunteers joined us during the pandemic, as well as those who have continued to support us throughout the pandemic. Their support in the Inpatient Unit and covering Reception has been invaluable to maintaining the care of patients and visitors.

Inpatient Unit Isle of Wight

Over the last 12 months COVID-19 has impacted in many ways, personally and professionally, but the Inpatient Unit team have successfully adapted to these changes and continued to provide excellent care and support to many Island patients and their loved ones. Although managing visiting arrangements has been a significant challenge at times, staff have managed to continue this as safely as possible, supporting those who have felt anxious. Feedback regarding this has been that patients and their loved ones are incredibly grateful that they have been able to physically see each other, when for some this has not been possible for many months. Staff have learned to support patients in communicating differently with their relatives, setting up video calls via Skype or FaceTime, also supporting people to send written messages to those who are important to them who have been unable to visit.

The team have felt very supported throughout this time and consider they have had a voice throughout with concerns being listened to. Staff have been very flexible in times of need, for example one of our nurses temporarily supported the Care Coordination Centre Hub for a few months, and we have had a Healthcare Assistant (HCA) from the John Cheverton Centre join the IPU to cover furloughed staff.

The Mountbatten Care Certificate has now been completed by all of our HCAs, who, along with the nursing staff, are now supporting our bank HCAs to complete theirs.

Despite the challenges, we continue to develop nurse-led roles with one of our Senior Staff Nurses who is now on a pathway to become a non-medical prescriber alongside our Deputy Sister, Ward Sister, and Nurse Consultant. The IPU are caring for more complex patients as a nurse-led team, and often lead the care when complex discharge planning is required. Recently with our Consultant Nurse working within the community team, we admitted a patient directly under nurse-led care, and she remained under this team until she died.

Several new volunteers joined us during this challenging time, due to us being able to offer volunteer experiences for those who had been furloughed from their day-to-day jobs due to COVID-19. We also enabled those volunteers who regularly support us to continue to do so due to extra training in COVID awareness and infection control.

Throughout the Pandemic, their support has been invaluable to the staff and patients. We have facilitated a wedding in our chapel during lockdown, which was a very special time for one of our patients and her loved ones. Also, to lift the mood and have something fun and positive to focus on we had our very own ‘IPU Bake Up’ with many staff and volunteers taking part – this was a fabulous success, which we will hope to continue with on an annual basis.

Specialist Lymphoedema Service Isle of Wight

During lockdown and the changes to the way the staff normally work, the team were able to keep in contact with patients by telephone to offer support and advice and telephone consultations. In exceptional cases patients were visited at home. From July 2020, the team were able to resume clinics in the John Cheverton Centre with appropriate restrictions in place.

The Lymphoedema caseload is over 300 patients Island-wide. There has been an increase in patients that have other complex health issues.

The Lymphoedema Nursing Assistant is currently undertaking a course to become a Nursing Associate and will be working on placements around the Island during her course.

The team has been able to provide their regular Newsletter four times a year, this contains information relevant to our patient group and includes helpful ways to manage their condition and shares patients’ own contributions.

We are expecting the service to increase in referrals over the next year and are beginning to plan ahead in order for the team to meet the anticipated service demand.

Rehabilitation and Enablement Services Hampshire and Isle of Wight

The Rehabilitation and Enablement Team at Mountbatten provide physiotherapy and occupational therapy input, including clinics, one to one sessions, groups, education, and community visits. The Teams support the Inpatient Units, Community Teams and Day Services, as well as carrying a therapy-specific outpatient caseload. In December 2020, a new Rehabilitation and Enablement Lead commenced in post whose role is to lead the development of physiotherapy, occupational therapy, and a new model for day service provision.

Since April 2020 the Rehabilitation and Enablement Team's usual working model has been challenged due to having to cease group sessions, and not being able to operate the Day Centres in order to comply with COVID-19 restrictions. Flexibility and innovation have become key to adapt our services within the current climate and still support those who require therapy input.

The pressures of the Pandemic brought about an increased demand on the therapy teams on the Inpatient Units. Earlier intervention and increased joint working with nursing colleagues have enhanced working relationships and increased efficiency. It has also identified a need for raising awareness of therapy interventions for symptom control and a training package is being developed.

Outpatient services have temporarily expanded, offering double the usual number of available appointments to enable those who require therapy input to access a one-to-one session, compliant with the restrictions.

A host of written and recorded resources have been created which will be available on the Mountbatten website to increase our reach, allow our colleagues to signpost service users to useful information, and to empower individuals to manage their symptoms and condition.

A virtual therapy timetable is being created, with the support of a successful Innovation Bid from Wessex Cancer Alliance, which will see live group sessions facilitated over an online platform, enabling people to access groups from home.

The opportunity has been taken to re-launch our Day Services, focusing on a proactive approach, with three core components: Preparation, Prevention and Prehabilitation. This model is being spearheaded by the Rehabilitation and Enablement Lead; a new role with the purpose of promoting these key elements as part of Mountbatten's values.

Integrated Palliative and End of Life Team (IPET) Isle of Wight based at St Mary's Hospital

The IPET is based at St Mary's hospital and provides palliative and end of life care specialist advice and support to the hospital and onsite mental health wards. The team is an integrated team that consists of Mountbatten and NHS staff and has been in place since 2019. The team is multi-disciplinary and comprises consultants in palliative care medicine, specialist doctors, consultant nurses, clinical nurse specialists and a clinical psychologist.
The team operates 7 days a week between the hours of 08:00am and 20:00hrs.

Achievements during 2020/21 include:

- Supported the clinical care of patients on the new acute hospital nurse led end of life care unit based at St Mary's hospital called Wellow Unit.

- Supported ward teams during COVID 19 pandemic with increased demand regarding palliative and end of life care.

- Development of hospital-based guidelines to support teams in managing symptoms effectively in COVID 19 patients that are for active treatment and also at end-of-life care.
- Delivered an educational programme to the community nursing team to enhance end of life care in the community.
- Maintained the discharge coordinator role at St Mary's hospital

During 2021/22 the IPET team plan to:

- Re-establish education programme for end-of-life care in the Trust.
- Develop rotation of clinical nurse specialists between IPET and Mountbatten to build resilience of the workforce, while also educating and upskilling the workforce.
- Expand the discharge coordinator role to 7 days a week.

Consultant nurse working across Hampshire and Isle of Wight

Following an 18-month secondment into the community team at Mountbatten Hampshire to lead the development of the community team, one of Mountbatten's Consultant Nurses has commenced a multi-faceted role in order to build new relationships with our partner organisations working with the Hospital Palliative Care Teams at St Mary's Hospital Isle of Wight and University Hospital Southampton (UHS). Alongside this, our nurse has also returned to the University of Southampton as a Clinical Teaching Fellow one day a week.

A community nurse by background, this consultant nurse can facilitate a consideration of the community perspective in influencing and developing palliative nursing care in an acute setting. Working at UHS two days a week, Mountbatten's Consultant Nurse works both clinically and helping to support education within the team and developing skills around Advance Care Planning. She is working in collaboration with other senior nursing and medical colleagues in respect of the 'Shared Decision Making' initiative within the Trust and works closely with one of the Consultants in Palliative Medicine to deliver a weekly Enhanced Supportive Care (ESC) clinic. The concept of Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

Working with the Integrated Palliative and End of Life Care Team (IPET) at St Mary's Hospital Isle of Wight, two days a week, the Consultant Nurse supports the development of clinical skills in practice and the education of the nursing team on the End of Life Care unit within the hospital.

The return to the Clinical Fellow role at the University of Southampton has been a new challenge, as the impact of COVID-19 has changed the delivery of education considerably.

Mountbatten Isle of Wight Medical Team and Medicines Safety and Optimisation Team

The Mountbatten Isle of Wight's Medical Team's year to date has continued to be strongly influenced by the Covid Pandemic, both directly and through indirect effects on other aspects of healthcare.

In January 2021, the Isle of Wight experienced its largest outbreak so far. Those dying from Covid exhibit a range of rapidly progressive symptoms (breathlessness, agitated delirium, retained chest secretions) that would cause considerable distress if left untreated. The majority of such symptoms respond well to conventional symptom management approaches; the challenges arise from the numbers of people affected and the rapidity with which they deteriorate.

In the hospital, many colleagues seconded from other areas were not familiar with end-of-life care. A palliative care doctor thus visited every ward every day to review people dying from Covid pneumonia and deliver opportunistic bedside teaching and support to colleagues, familiarising them with the step-by-step covid end of life guidance that we have refined throughout the year as our own experience grew. We reduced our reliance syringe driver pumps during this period because there were insufficient pumps for the numbers of people dying during the peak of this 'wave'.
A further need emerged in those still receiving active treatment but who were too delirious and/or frightened to tolerate non-invasive ventilatory support. We worked with colleagues from intensive care, respiratory medicine and psychiatry to produce joint symptom control guidance for such patients that could be safely used in parallel with ongoing attempts aimed at recovery.

Not all of the pandemic's impact on healthcare has been negative. It has provided an impetus to change things that were previously seen as 'too difficult'. For example, this year has seen paramedics and senior nurses become empowered to make decisions with patients and families about remaining at home and resuscitation, which previously would have required 'authorisation' from a doctor. Nurses are now also authorised to confirm when death has occurred without needing prior confirmation from doctors that death is expected. New systems for rapidly mobilising symptom relieving medications to people at home, although initially a response to the rapidity development of covid pneumonia, have proved themselves of benefit to people dying from other illnesses too. These measures are described in more detail below (see 'Mountbatten Isle of Wight's Medicines Safety and Optimisation Team).

Education has remained important throughout, although it is pleasing to start our return to face-to-face teaching. We have continued our regular educational events with colleagues within our service, junior doctors at St Mary's, GPs in training, and District nursing. Regionally, we are sharing some new innovations and techniques adopted from our intensive care colleagues with other Wessex hospices. Nationally, we delivered a session to the Association for Palliative Medicine conference based on one of our consultants' PhD research.

We have a new Foundation Year 2 doctor. In addition to providing valuable exposure to symptom control and person-centred care at an early stage in their training, this has also enabled us to relocate our GP trainee to spend more time with the Community Palliative Care Team, providing greater medical support to them and more relevant community experience to the GP trainee.

We are developing links with the new Medical Examiners, and will be their first community pilot site. Our electronic patient record (SystmOne) allows them full access all aspects of the persons care. They will provide valuable external scrutiny of our care around death, and an important additional safeguard against the 'professional group think' that contributed to such disasters as the events in Gosport Memorial Hospital.

The pandemic has impacted upon many other aspects of healthcare. Our decision to continue to see patients and families in person throughout the pandemic, a necessity for palliative medicine, has sometimes created extra pressures for our team. For example, in addition to seeing illnesses presenting much later than normal,

we are often the first doctors that families have met, and so they understandably have numerous questions to ask, and sometimes anger to express. Further, the reliance on telehealth by oncologists sometimes means a greater degree of liaison from ourselves to highlight that the patient is less well than was apparent during remote-consultations. General practices have operated different policies, but some care homes have lowered their threshold to call our community service because, for some, we are their only remaining access to face-to-face clinical assessments.

We have described SystmOne's significant benefits to patient care in previous reports. We are therefore cautiously excited to report that St Mary's hospital is considering adopting SystmOne too. Whilst this will require careful planning, the potential gains to joining-up patient care cannot be overstated. We hope to bring further news in our next report.

Many of the changes and innovations described above relied upon significant changes to how we obtain and administer medicines. The care required to ensure that these processes were safe, legal and secure cannot be overstated. Because these practices are not widely used, they have attracted significant scrutiny, including from the Care Quality Commission. But everyone understood our aims and helped us develop processes that work for patients. We would particularly like to thank our pharmacy colleagues for helping steer us through a legislation framework designed around the delivery of healthcare decades ago; our Police Controlled Drug Liaison Officer for her immense pragmatism; and our colleagues from Ashton's who, again, provided invaluable external scrutiny and quality assurance.

Although careful forward planning remains the mainstay of palliation, there will always be unforeseen crises, people who deteriorate faster than expected, or who do not wish to plan for the end of their lives until that time is upon them. We have used Patient Group Direction (PGD) legislation to enable selected nurses and paramedics, with sufficient clinical experience to diagnose dying, to administer 'just-in-case' drugs to dying people without prior authorisation by a prescriber. This provides a safety-net of 12 hours if there is a delay in arranging assessment by a prescriber (e.g. overnight). This is the subject to ongoing audit. Coupled with the ability to make resuscitation and 'do no admit to hospital' decisions described above, this has undoubtedly avoided inappropriately admitting people to hospital who do not wish to be there.

We have had preliminary discussions with a team in Cambridge University to ask for their advice, and, we hope, their involvement, in evaluating this project and sharing it with others.

For those where supply from community pharmacies is not fast enough, or out of hours when pharmacies are closed, we have set up processes to take emergency symptom relieving medicines out from the hospice. Again, although straightforward in principle, the legislative hurdles are considerable and we are, again, indebted to our pharmacy colleagues for their ingenuity and lateral thinking.

Much of our practice and safe use of medicines is underpinned by a comprehensive set of clinical guidelines to ensure consistent evidence-based cost-effective medicines use. This is particularly important given the complexity of care delivered by our nurse prescriber colleagues. Thus, the updating of these guidelines every 3 years is a major and valuable part of the Medicines Safety and Optimisation team's work. Although the update unavoidably coincided with the above additional work steams arising from the pandemic, we are on course to seek approval for our 2021 update in May. This includes many new techniques adapted from other specialties for use at home with those who wish to avoid hospital admission. For example, new approaches to managing seizures, bleeding, electrolyte disturbance, and the delivery of injectable antibiotics based on conventional hospital treatments but adapted for use in the home setting.

Mountbatten Hampshire Medical Team and Medicines Optimisation and Safety Team

As we move into Spring this year there is a sense of hope and of refocusing our services for the people whom we serve. We are delighted to welcome back from maternity leave Consultant, Dr Sarah De Vos. We say goodbye and thank you to, Palliative Medicine Consultants based at Southampton General Hospital who have provided maternity cover for Sarah: Dr Andrew Jenks for the last year and Dr Mark Banting for the last six months. They will continue to work with the team here closely, providing cover during periods of annual leave whilst we work to recruit an additional consultant to the service. We congratulate Dr Jenks on his appointment to the post of Lead Consultant in Palliative Medicine across the medical service at both Mountbatten Hampshire and University Hospitals Southampton NHS Trust, thanking Dr Carol Davis for her exemplary leadership until now.

The arrival of Covid-19 and the advent of the first lockdown brought darker times last Spring. As the hospice team on-site reduced to essential workers only, we worked with the multidisciplinary team in daily Covid-19 briefings to reconfigure our working practices to ensure that we could continue to provide safe inpatient care to patients both with and without Covid-19. We rapidly had to adapt to delivering palliative care from behind the masks of PPE, and from the safer but restrictive Perso Hoods. We were delighted to have one of our own "Covid-survivors" clapped out of the building when he went home, a moment of celebration that was shared on Mountbatten's Facebook page.

Shielding members of the medical team were redeployed in hours and on-call to support the Community Hub phone service. Dr Mike Miller, a Consultant in Paediatric Palliative Care, came out of retirement as a "GMC returner" to support the Hub, where he continues to provide much valued input. Annual leave was cancelled to ensure senior medical cover through the anticipated first peak. On-call demand increased as consultants were contacted for advice in supporting dying patients with Covid-19 in Southampton General Hospital. In the second wave, the senior medical team re-organised working to release Dr Banting from his commitments at Mountbatten to provide additional palliative care input to COVID wards at the hospital.

The community medical and nursing team rapidly adapted to more remote working, providing advice and support via phone where possible. Dr Stark Toller contributed to the development of *Wessex Palliative Care Physicians Covid-19 End of Life Care Community Symptom Control Guidelines 2020.* A series of extra-ordinary meetings were held with CCG, medical and pharmacy leads across Hampshire to share best practice. Dr Stark Toller worked closely with Southampton CCG Prescribing Lead to develop tailored guidelines for GPs and Care homes within Southampton, and to develop a new COVID-MDT where patients diagnosed as dying with COVID were discussed daily with GP, Mountbatten and given access to Mountbatten Hub and support services. In addition, an innovative means of accessing emergency symptom control drugs was developed and implemented: 'Symptom Control Drug Packs' were devised and manufactured, to be held at the GP hub so that GPs could prescribe and dispense emergency drugs to patients dying at home with COVID without the carer needing to leave the house to collect the drugs from pharmacy. This provision remains in place today.

Despite additional workload with COVID, the members of the medical team presented one oral presentation and two posters at the Palliative Care Congress in March 2021: *Continuous subcutaneous infusions in dying patients: a casenote comparison of hospital and hospice settings* (Dr A John, Dr C Davis); *Measuring serum-ascites albumin gradient to optimize management of ascites in the hospice setting* (Dr K Bevan, Dr C Stark Toller); *Time for change? Transforming the investigation and management of anaemia in the palliative care*

population (Dr S Jones and Dr C Stark Toller). In February 2021, Dr Stark Toller delivered a lecture, *Anaemia in Advanced cancer: Current concepts and treatment options* at a national conference The Advanced Course in Pain and Symptom Management. Covid restrictions meant that this lecture was delivered from the privacy of her bedroom rather than a podium of a lecture theatre! Dr Jenks published a paper on his experience of managing COVID in the hospital: *Pennell S and Jenks A (2021) Palliative care on the acute medical unit. Medicine. 49:71-74.* Dr Stark Toller, Editor of *Palliative Care Formulary* textbook, saw 7th edition published in summer 2020.

The medical team have continued to deliver on an agreed quality programme, establish the Medicines Safety and Optimisation Team meetings, contribute to the newly established Clinical Policy and Procedures Review Group and introduction of the next stage of OACC outcome measures. In addition, a formal expression of interest for participation in a research project has been submitted.

Throughout this year, we have trained six specialty registrars on their journey to becoming consultants, and were pleased to welcome back one of our long-serving specialty doctors Dr Anna John into this new role. We have also trained 4 GP specialty registrars. We were delighted to welcome back two of our previous GP Specialty Registrars to work with us on a permanent basis in October 2020. Both now fully qualified GPs, Dr David Palethorpe is a partner at a practice in rural Hampshire and Dr Rebecca Smith works in practices in central Southampton. In the UHS Junior Doctor Awards 2020, one of our registrars Dr Rose was awarded an 'Honourable Mention' in the category of Going the Extra Mile, against competition of hundreds of junior doctors across the trust.

As we look forward to the coming year, our Associate Specialist Dr Anna Hume will be delivering a teaching programme to train doctors and nurses within our service in ultrasound skills for drainage of ascites so that we can continue to expand our service. We will continue to develop and build new links with the Interventional Pain Service at UHS, and as Day Services re-open at Mountbatten to establish links with specialist neurology and heart failure services.

COVID-19 response and impact

It is a credit to the Mountbatten Team that all services apart from Day Services continued to run as usual throughout the last year with few adaptations. Those patients who would have usually attended day services were supported virtually. Inpatient Unit beds remained open as normal.

Initially, sourcing PPE supplies became very complex and unpredictable. The NHS supply chain was unreliable, and it became evident at an early stage that Mountbatten would be unable to depend on this one supplier. In response to this, Mountbatten launched a local appeal to the community and very quickly supplies of PPE came in from local dentists, veterinary surgeries, and manufacturing industries. In order to ensure Mountbatten had a robust stock of PPE, we sourced orders from China and Moldova which were accompanied by certificates of compliance with UK standards.

Following the public appeal, local sewing groups made several hundred sets of scrubs for staff and a local entrepreneur made several hundred face visors and gifted these to Mountbatten.

From the outset of COVID-19, Mountbatten set up a number of small Task & Finish Groups in order to oversee key services areas, Clinical Services, HR, IT & Volunteers, Communications, Regulatory and Infection Control Prevention. Daily COVID-19 meetings were implemented with service leads and an overarching action plan was

formed encompassing each of these domains. The action plan remains a live document and is regularly updated and presented weekly to the SMT and quarterly to the Services Committee. A detailed report of Mountbatten's response to COVID-19 has been presented to all key internal committees, the CQC and local Clinical Commissioning Groups.

Over the last 12 months, a number of innovative new processes were put in place on the Isle of Wight; the development of a new Patient Group Directive, led by our Medical Director and Pharmacy colleagues from the NHS Trust; updated Nurse Verification of Death procedure; use of Skype procedure for patients; Standard Operating procedure for the hospice community team for the use of Emergency COVID-19 medication packs; Standard Operating procedure for the Administration of Medicines from a COVID-19 Patient Group Directive; Process for sending Death Certificates and a Return to Work Flowchart.

Members of the Senior Management Team attended clinical handovers daily throughout the height of the pandemic to talk through any changes in processes and regular Open Meetings took place for staff to highlight any worries or anxieties. Managing fear and uncertainty within the organisation became paramount in terms of the SMT's focus and a number of additional mechanisms including Psychological support, telephone support lines, 'care bags' and regular communications from the CEO and SMT were put in place to support staff during a time of great change and apprehension.

The most significant impact to our workforce was the loss of volunteers who normally support our clinical areas as many of our volunteers are over the age of 70 and/or have underlying health conditions. The hospice utilised offers of support from some of our trustees, dental nurses, and veterinary nurses to undertake some of the routine volunteer roles in key clinical areas.

Psychology, Spiritual Care and Bereavement Services

Mountbatten Isle of Wight and Mountbatten Hampshire Psychology and bereavement Services

This last year has seen many changes and development to the Psychosocial and Spiritual care services. Understandably the services had to change and adapt in light of the Covid-19 pandemic. It was vital that all those in need of support were still able to access it in a meaningful and responsive way. Accessing bereavement support was a particular priority considering the increased number of deaths this last year. We worked to ensure everyone received a service when they needed it.

Isle of Wight

Psychological and Bereavement Support

In order to reach and support all those in need, wherever they were, we worked flexibly and adapted how we delivered our services. For many it was vital to continue to meet face to face and we were able to offer face to face contact throughout most of this year. So many people felt the effects of isolation during lockdown and being able to attend the appointment in person helped them feel connected, supported and cared for. For others, who may have been shielding or too anxious to attend appointments in person we continued to offer bereavement support via telephone and online platforms.

Grief can be a hugely isolating experience anyway and the lack of social networks can make it harder for people to cope with their emotions. In recognition of this we developed online bereavement groups. This forum has enabled people to share their experiences and gain vital peer support from others experiencing grief and loss.

In April 2020 we developed and launched the 24/7 Keep Connected Helpline. This line was open to anyone across the island living with loneliness or bereavement and offered a listening ear to those needing to talk. The helpline was supported by volunteers who attended training and regular supervision. The volunteers received some very complex calls mirroring how people's lives had been impacted over this time.

During 20/21 we worked in partnership with local CCGs, Councils and Care Partnerships across the Isle of Wight to support Care Homes during the pandemic. Together we developed a guide to well-being and resilience and offered individual or group support to homes coping with bereavement due the significant losses they have experienced.

The Arts

In addition to bereavement support the service delivered the weekly art group and the choir online. Both the choir and the art group have been well attended throughout the last year. The choir contributed to Light Up a Life at Christmas and worked closely with the Young Adults service to perform a song they wrote about their lockdown experiences. This song was released on the 23rd March in recognition of a year since Lockdown began. The Young Adults group have met weekly to create art projects, songs and poetry which has been vital in helping them continue to connect with each other.

Spiritual Care

Julia Myles, the new Spiritual Care Lead for the Isle of Wight began her role on the 4th January. In her first few weeks Julia has made important connections with local community clergy as well as the Spiritual Care Lead in Mountbatten Hampshire to ensure spiritual care across both communities. The Chapel on the Isle of Wight was refurbished to provide a spiritual and peaceful place for patients, families, staff and volunteers. A chapel space has been identified for Mountbatten Hampshire and this will be an important development over the

next few years.

Transition Services for Young Adults

Transition services have continued in a very different way this year, but with surprising results.

With the onset of the pandemic the Young Adults had to shield and therefore we adapted the service to ensure they were still able to meet together and have their health needs monitored and met. As most Young adults are usually far more adept at using social media the online forum opened up accessibility to the service where in some cases actual attendance to day services had been previously difficult. The Young Adults were invited to meet weekly via Zoom. This enabled them to connect, socialise and this helped reduce their sense of isolation. They made good use of their time together and with art and music therapies they enjoyed working on some great projects. They produced collaborative piecemeal paintings, wrote poems about their experience and concluded with a song of hope "One Day Soon" recorded with the Mountbatten Choir.

Face to face health reviews resumed when restrictions were eased sufficiently and now with the vaccination program their confidence to come out is increasing. Monitoring of vaccination inclusion for the Young Adults, and telephone consultation with parents who are not always known to be the carer for their child, has empowered parents to ask their GP's to be included sooner than their age would have allowed. Within the cohort of 22 young adults (14-25 yrs), 17 have received the first dose as clinically extremely vulnerable and are now getting their second doses, 3 have been offered the vaccine but have not taken the opportunity, and 2 are not eligible due to their age.

At the beginning of the pandemic and the first lockdown the restriction of visitors for inpatients highlighted a communication problem for some of my patients over 18 yrs old. They may have had capacity to consent to treatment, but lacked the confidence or historical knowledge of their physical health to direct their care. With their input I created a document that explained how they like to live and what is important to them "All About Me", for them to take into hospital with them in the event of having Covid 19 infection. Within the booklet there is a section for recording an advance care plan (ACP) if they had one. This prompted the option to be sent Mountbatten ACP documentation, which was requested by two of the group. During this year two adult patients have made their wishes known in an ACP, and two new patients under 18 have a paediatric ACP version recorded on SystmOne.

ZOOM has also been the alternative to national study days and meetings with colleagues and other local agencies. The benefits of national networking via ZOOM/Teams are saving time and cost of travel, which means we can meet more regularly and work together more collaboratively, supported by Hospice UK and Together for Short Lives. Emerging research within the network has shown the increase to the number of young adults surviving into adulthood with complex health conditions. It appears that the majority of those who die soon after transition, do so in hospitals rather than hospices or at home, which is a situation the 'transition community' is keen to change.

Hampshire

Psychology and Bereavement Support

From April 2020 the Psychology and Bereavement service moved to online and telephone support until face to face appointments were able to resume in July 2020. The bereavement group attendees were contacted regularly via the phone to ensure continued support. Referrals to the service initially decreased in the first few months of the pandemic, this decrease was experienced in similar services across the region, but referrals have steadily increased from Summer 2020. Online bereavement groups were developed and launched to enable peer support for those wishing to meet with others also coping with loss and bereavement. These groups have

worked well and have received positive feedback from those attending.

Whilst adapting the service to meet individual's needs during the pandemic we liaised with other bereavement service leads from across the region to understand changes and challenges being faced by other similar services. This was helpful in understanding referral trends and being able to understand and prepare for the impact of Covid on bereavement and therefore our service.

In recognition of the particular distress and grief being experienced by those working in care homes we worked with CCGs and Care partnerships to deliver support to care homes in the area. Understandably, many staff felt loss and grief as many of their residents died and they experienced a number of deaths in a short space of time. We attended two care home forums to outline strategies to manage bereavement and improve resilience. As a service, we offered staff support for those working in care homes and in need of additional support.

For our own staff we introduced regular supervision for clinical staff and have planned the introduction of Mountbatten Rounds which will begin in May.

During the course of the last year there were several changes to the team. Three members of the team left and we successfully recruited to the counsellor and social worker posts. We also welcomed an Art therapy student and counsellor student to work within the team. We have begun to build up relationships with local universities to offer ongoing placements for students. Additionally, the Music Therapist began a one-day a week role supporting the IPU and working with outpatients. From June 2021 outpatients groups will resume alongside other groups such as children's group and the regular bereavement group.

Chaplaincy/Spiritual Care Service

The service continued to attend the spiritual needs of patients and families both on IPU and in the community. This support has often led to the spiritual care lead funerals and weddings. During the 2020 the spiritual care lead in Hampshire provided support to the IOW by visiting weekly and working on the IPU. This enabled the service to continue whilst the post was vacant.

The service developed and delivered regular teaching for staff interested in further understanding Spiritual Care. The lead also contributed to the Six Steps education programme for local care homes and mandatory training for all internal staff.

We have identified a space at the hospice for a chapel and worked with fundraising team to find grants or funds that will contribute to the development of a chapel space. In line with this, we have reviewed the resources for the services so the service is able to grow and develop to meet the needs of those receiving care from the Hospice. Going forward the service we will introduce regular Sunday services and Memorial services for bereaved families. The spiritual care leads from the IOW and Hampshire are working together to deliver the 5 year strategy which includes growing a volunteer team for the service, building strong community links across the region and implementing regular services for patients and families.

Mountbatten Isle of Wight and Mountbatten Hampshire Volunteer Departments

Volunteering across the Mountbatten Group

The Covid-19 pandemic impacted significantly on how volunteers were able to support Mountbatten over 2020 and Spring 2021. Following the Government Guidance issued in March 2020 the majority of volunteers across

all of the teams were unable to continue in their roles due to their being over 70 years of age, or due to health issues.

Due to this change and the ongoing need for volunteer support for crucial clinical services we advertised for and recruited local people who were willing and able to support the Mountbatten Group at this time. These 'Mountbatten Supporters' provided invaluable support for the In-Patient Units for both Mountbatten Isle of Wight and Hampshire. We received a huge amount of interest from people wanting volunteer and support the hospice. We were supported by individuals who otherwise would not have been able to volunteer due to work or other commitments. Furlough and changes to social commitments meant that individuals have more free time to volunteer.

In recognition of potential isolation and loneliness, during the pandemic, we developed and launched the Keep Connected Helpline in March 2020. It provided those living on the Island with a listening ear whether they may be lonely, bereaved or trying to cope within the pandemic. Volunteers supported this helpline 24/7, from home, and feedback from those who called highlighted the importance of being listened to by a kind and friendly person at a difficult and lonely time. The helpline received a number of important and complex calls from people struggling with the impact of the pandemic. Loss, bereavement, mental health and isolation were common themes over the year that the helpline operated. From April 2021 the helpline changed to a bereavement helpline – receiving calls from individuals who may not need ongoing bereavement counselling but were in need of someone to talk to about their loss.

Many volunteers opted to continue their roles from home. For instance, Mountbatten Neighbours provided weekly telephone calls to individuals as they couldn't visit. The bereavement volunteers supported individuals, again, via the phone until face to face sessions were able to resume in July 2020. For all those volunteers unable to continue their role their manager kept in regular contact to ensure they felt connected and supported through the pandemic.

Additionally a regular email by CEO Nigel Hartley to all of the Mountbatten volunteers sought to ensure that they were updated with events affecting Mountbatten services, felt included and for them to feel confident to contact their team manager and the Voluntary Services Team if they had any concerns or queries.

Understandably, during the last year some volunteers made the choice not to continue in their volunteer role. This meant that a focus for the volunteer team was to develop a clear recruitment strategy to ensure that all services were supported by the right number of volunteers. The recruitment plan began in 2020 and continues to be a priority for 2021. To inform the recruitment strategy for the coming year we conducted a gap analysis, which managers from all teams completed. The gap analysis looks at needed numbers of volunteers as well as skills and qualities. This information has meant that we have been able to lead a more focused recruitment drive. Priorities for initial stages of recruitment were in retail as well as the IPU for both Hampshire and the Isle of Wight. Following this, further developing and recruiting to Mountbatten Neighbours is a clear focus to allow those living in isolation across both Hampshire and the Isle of Wight receive support from Mountbatten. Following on from this, areas such as Spiritual Care, Bereavement and Fundraising will need targeted recruitment and training.

For all returning volunteers to Mountbatten, a Covid-19 infection control training update was undertaken with them by their team manager– together with an update of developments that have taken place for Mountbatten over the period of the lockdown.

Growing the volunteer force was identified as a clear priority as part of the new strategy from 2020 – 2025. A Volunteer Army needs to be developed to reach more people and expand our essential services. In order to grow and develop at scale we agreed to invest in the volunteer team. The first step was to appoint a Head of Volunteer Development. This role was appointed to in April 2020. The team was further expanded to by the appointment of four volunteer co-ordinator roles.

Three volunteer co-ordinators are based across the island and one in Southampton City. These roles are based

in the community and the initial aims of their role are to recruit, and train new volunteers. Further to this the co-ordinators have worked to understand what support is available across the region. To do this they have begun to make links with other local agencies and build vital community links to support those we care for. This work is ongoing and their role and contribution to the volunteer force will grow and develop over the next few years.

An important project over 2020 supported by volunteers was the Love not loneliness campaign. This campaign was a fantastic example of the support Mountbatten receives through its volunteers. We had an overwhelming number of people volunteer to deliver gifts and help with organising this project. It was hugely successful and reminded those that we care for that, despite the pandemic, we were thinking of them and continued to support them.

Throughout this last year the volunteer team has continued to work through the 5-year strategy. This work has included improving the application form and process to make it more accessible for those wishing to volunteer; ensuring the HR processing such as DBS information was accurate and inputted into the new Cascade system. A workshop for all managers has been planned and developed to help them work with and support the volunteers in their team. Additionally, training has continued for volunteers new to the organisation. Regular induction and mandatory training is planned throughout 2021.

Quality

Quality Reporting across the Mountbatten Group

Across the Mountbatten Group, we continually review the quality of our services to improve and develop them according to the needs of the community that we serve. Quality is everyone's business across the whole organisation. There are a number of ways in which we monitor, evidence and review the quality of our services through our Quality Improvements Programme.

Quality Account

A Quality Account is a report about the quality of services by a healthcare provider. Quality Accounts are an important way for healthcare services to report on quality and show improvements in services they deliver to their local communities.
Mountbatten Isle of Wight's Quality Account can be found at https://www.mountbatten.org.uk/quality-account and Mountbatten Hampshire's Quality Account can be found at www.mountbatten-hampshire.org.uk/quality-account

Complaints and concerns

This last year has seen further development of the unique partnership between **Mountbatten Isle of Wight and Mountbatten Hampshire**. We have worked hard to ensure that Mountbatten's expertise and experience will lead the management and development of Mountbatten Hampshire, enabling the influence of our Island's hospice to grow, as well as bringing benefits of scale and potential new funding streams for the benefit of both hospices. During 2020/21 we have continued to report and respond robustly to concerns and complaints when they are received at Mountbatten Isle of Wight and Mountbatten Hampshire, this has been achieved through training and mentoring of staff. Datix, Incident Management System is used for reporting of feedback and assists with the management of each case. We welcome feedback and see this as an opportunity to learn and improve our ways of working, we hold Lessons Learnt sessions to help us identify learning points and associated actions.

Organisational Quality Improvement Action Plan

The Quality Improvement action plan was developed in the latter part of 2017 at **Mountbatten Isle of Wight** to ensure services continue to evidence and demonstrate quality improvements in line with the Care Quality Commission key lines of enquiry in the domains of whether our services are safe, effective, caring, responsive and well-led, it had 85 key objectives. The majority of these objectives have now been completed with the remainder subsumed into the Strategic Implementation Plan.
The Quality Improvement action plan was developed in 2019 at **Mountbatten Hampshire** has 99 key objectives. These are monitored every month by a team of senior staff from across the organisation and quarterly at the Quality and Governance and Services Committee. The plan for 2020-21 is to subsume the Quality Improvement action plan for Mountbatten Hampshire into the Strategic Implementation Plan once the majority of actions have been completed.

Feedback from Patients and Families

Across the **Mountbatten Group** we receive regular feedback about our care services and other work from users. Some feedback from the past year follows:

Mountbatten Hampshire:

- *I was simply blown away by the compassion of your staff that made the whole experience as good as possible. You truly are a very special group of people.*
- *God bless you for your great service, which has been not only excellent and professional, but I could feel the love with which the people are looked after there.*
- *The support your team provided my mum brought her great comfort and assurance. Her pain was brought under control which enabled my mum and family to have a few more weeks together.*
- *Thank you all so much for your brilliant care to Mum. And also a big thank you for all your care understanding and patience with all of us, it was such a supportive time at Mountbatten Hampshire.*
- *I wanted to write to say thank you from the bottom of my heart. How you all supported and cared for my dad during his final days was the most special thing anyone could do for another human.*
- *The advice and support you all gave us was invaluable, and to know that there was always someone to help at the end of the phone was a true comfort.*
- *In big ways and small ways some people make all the difference thank you by allowing me to be with mum in the garden, many cups of tea, kind words, afternoon teas and much, much more.*
- *Thank you so much for all the care, kindness and giggles you showed us all as you cared for my Father. Please know you made a difference and you all are amazing!*
- *My son died as peacefully and comfortably as he could have done with your care and insight and understanding. You not only cared for him but his family too and it has helped us to come to terms with losing him.*
- *You were all so kind and considerate - nothing was too much trouble and we were never made to feel as though there wasn't enough time to talk and reassure.*

Mountbatten Isle of Wight:

- *Your nursing and kindness for my sister and all the family was truly inspirational.*
- *The care, kindness and support you gave him made his end of life bearable for him, myself and family. Each and every one of you are very special and so selfless, nothing was too much for you and for that I will be forever grateful.*
- *My family and I will be forever grateful that he was cared for during his final days by such lovely people and that I was allowed to visit every day during what were very difficult times for everyone.*
- *When he came to you at the end, we were all so thankful that he could be cared for in an environment of absolute peace, comfort and tranquility. We so appreciate being able to be with him for those last two days, being able to talk to him in privacy, to play his favorite music for him - those simple things have meant everything to us with a lasting memory to cherish. You all looked after him so respectfully, and*

- *with such great sensitivity - we could not have asked for anything better and we thank you from the bottom of our hearts.*
- *Thank you all so very much for looking after her so tenderly, for making her feel so safe and for making her journey more gentle until the very end.*
- *It really made my day to think that someone has thought of me. I have been feeling down and alone lately and this was really nice surprise (response to Love Not Loneliness).*
- *From the moment we arrived at Mountbatten we both felt comforted and placed at ease by the reception given to us upon our arrival. We had however no idea of the high level of care, compassion and love that was to be given to my wife by all those who looked after her, and that this be extended to myself and family truly makes Mountbatten a very special place.*
- *My heartfelt appreciation to you all as you treated mum with compassion and respect as a person and not as a patient.*
- *You not only cared for my sister but for me and my family too, you fed us and looked after all of us, going above and beyond.*

Achievements and performance

Mountbatten Isle of Wight achievement against our Quality Account priorities for 2020/21:

Priority 1: Safety	
Target	How we measure success
1.1 Undertake a review of clinical staffing and skill mix across the Inpatient Unit, using the Establishment Genie Workforce planning tool to ensure that staffing is safe and sustainable in line with our staffing model	• Staff have attended a workshop to understand the Establishment Genie Workforce planning tool • Assessment using the Establishment Genie indicates the clinical staff and skill mix required for a safe environment and sustainable model • A report of the findings and recommendations has been presented to the Services Committee
1.2 Identify key lessons learnt from the 'Mountbatten Learning from Deaths' mortality review process and embed across multidisciplinary teams to improve clinical care	• A multidisciplinary group has been set up and terms of reference are in place • A process is in place to embed lessons learnt from 'Mountbatten Learning from Deaths' mortality review process to improve clinical care

Priority 2: Clinical Effectiveness	
Target	How we measure success
2.1 Introduce appropriate data quality metrics considering cost, impact and reach, in line with the Mountbatten strategic direction	• 2020-25 Mountbatten strategic direction approved at Board level • Appropriate data quality metrics based on cost, impact and reach have been agreed • Quarterly dashboard is in place for use across all relevant committees
2.2 Implement a training programme and an appropriate process for discharge navigator staff at Isle of Wight NHS Healthcare Trust to enable them to appropriately identify and refer patients to the Mountbatten Coordination Centre	• Staff are trained and there is evidence of appropriate identification and referral of patients to Mountbatten Coordination Centre
Priority 3: People's Experience	
Target	How we measure success
3.1 Implement use of the National VOICES Survey of Bereaved People and develop a process to disseminate themes from the feedback on the quality of end of life care which will enhance people's experience	• Action plan is in place to implement national VOICES Survey of Bereaved People • Annual report is produced focusing on the themes of feedback in relation to the quality of end of life care and actions required to enhance people's experience
3.2 Undertake a review of the Chapel to develop a space that reflects a diversity of users of those with or without a faith	• The chapel environment is changed to reflect the needs of users regardless of their faith

Mountbatten Hampshire achievement against our Quality Account priorities for 2020/21:

Priority 1: Safety	
Target	How we measure success
1.1 Develop the roles of the housekeeping team involving the newly appointed housekeeping supervisor to ensure compliance with health and safety and all relevant hygiene and cleanliness standards	• Housekeeping Supervisor is recruited and vacancies in team are filled • A programme of training is in place to ensure that all housekeeping staff understand and apply relevant hygiene and health and safety standards • A programme of hygiene and cleanliness audits is in place
1.2 Review compliance with the Fire Safety Regulatory Reform Order (2005) following recommendations made by the Care Quality Commission in 2017 to provide a safe environment for patients, staff, volunteers and all users of the hospice	• An action plan has been drawn up to address recommendations made by the Care Quality Commission • Compliance with the Fire Safety Regulatory Reform Order (2005) is demonstrated through an external fire audit

Priority 2: Clinical Effectiveness	
Target	How we measure success
2.1 Introduce a programme of Mountbatten rounds for all staff across the organisation	• A rolling 'Mountbatten rounds' programme is in place for all staff across the organisation
2.2 Form a working group and agree an action plan to implement the Ambitions for Palliative and End of Life Care Framework	• A working party is set up and an action plan is in place which has been approved by both Quality & Governance and Services Committees

Priority 3: People's Experience	
Target	How we measure success
3.1 Introduce a full 5-day a week programme of Day Services to meet people's physical, emotional, social and spiritual needs	• A programme is in place at least five days a week which includes activities and sessions for all age groups and life limiting conditions

Care quality Commission (CQC) Inspection

Statement from the Care Quality Commission

Transitional Monitoring Approach

Over the last twelve months CQC has been changing and adapting the way it monitors services. As the risks from the coronavirus pandemic change, they have evolved their approach to regulation by using a transitional approach to monitoring services. This focuses on safety, how effectively a service is led and how easily people can access the service.

It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so they can continually monitor risk in a service
- using technology and their local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where they have concerns.

After reviewing information that they have about services, they have a conversation either online or by telephone This is not an inspection and they do not rate services following a call. This Transitional Monitoring (TMA) activity helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection.

Mountbatten has received two TMA calls with CQC in the last year. Prior to the monitoring calls Mountbatten received documents that focused on answering evidence-based questions relating to the CQC's five Key Lines of Enquiry; Is the service Safe, Effective, Caring, Responsive and Well-Led?

All answers provided robust evidence in terms of compliance for each of these domains from the Mountbatten Group. Our inspector was satisfied both with our competed TMA documents and the discussions that transpired during the course of our meetings which included stories of how Mountbatten has responded to

the pandemic over the last year. The CQC Inspector was keen to pass on her thanks and admiration to everyone for their hard work and dedication to our cause during these challenging and unprecedented times.

Mountbatten Isle of Wight

Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Earl Mountbatten Hospice is currently registered to provide the following activities:

- *Personal care*
- *Treatment of disease, disorder or injury*
- *Diagnostic and screening procedures*

Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2020/21. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2020/21.

Mountbatten Isle of Wight is subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:

A synopsis of the CQC's summary of their inspection is as follows:

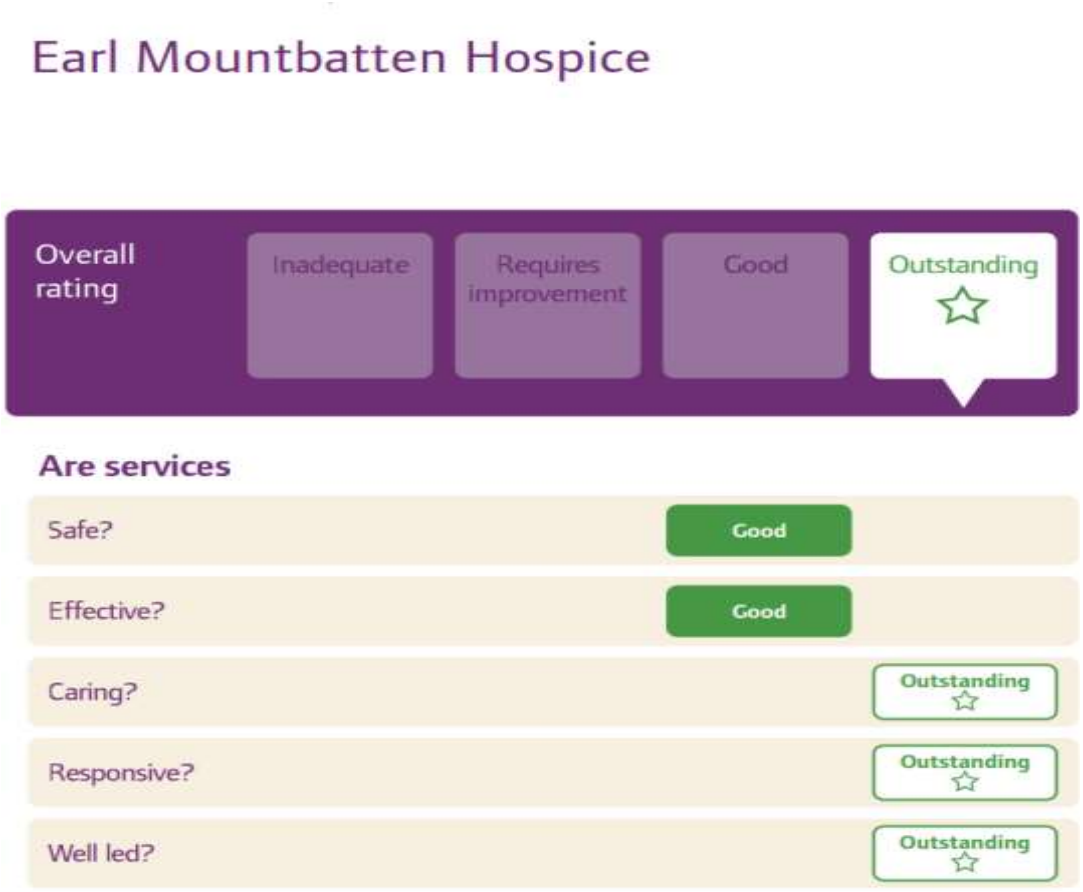
"The Earl Mountbatten Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Earl Mountbatten Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end of life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice".

(Care Quality Commission, 2017, p. 2)



Mountbatten Hampshire

Mountbatten Hampshire is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Countess Mountbatten Hospice registered with the CQC in April 2019 as part of the Mountbatten Group and is currently registered to provide the following activities:

- *Personal care*
- *Treatment of disease, disorder or injury*
- *Diagnostic and screening procedures*

Countess Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2020/21. The CQC has not taken enforcement action against Countess Mountbatten Hospice during 2020/21.

Mountbatten Hampshire is subject to periodic inspections by the CQC and the last inspection was carried out on 10th December 2014 when the hospice was under the management of University Hospital Southampton Healthcare Trust and was rated 'good' overall. Mountbatten Hampshire has not been inspected since independent registration with the Care Quality Commission in April 2019.

Principal risks and uncertainties

Mountbatten Isle of Wight uses an electronic Risk Management system across its services which focuses on incidents, feedback and the maintenance of the organisational risk register. There are currently 30 identified risks listed in the risk register. The Head of Quality facilitates routine workshops with senior managers,

directors and trustees on a regular basis. These workshops focus on gaining and agreeing a shared understanding of risk management across the organisation; considering Mountbatten's headline strategic and operational risks, establishing the risk maturity of Mountbatten, and agreeing the review process.

Mountbatten Hampshire implemented the same electronic Risk Management system across its services in the latter part of 2019, which also focuses on incidents, feedback and the organisational risk register. The risk register for this entity consists of 21 identified risks. The Director of Operations and Head of Quality facilitates workshops with senior managers, directors and trustees on a regular basis. These workshops focus on gaining and agreeing a shared understanding of risk management across the organisation; considering Mountbatten's headline strategic and operational risks, establishing the risk maturity of Mountbatten Hampshire, and agreeing the review process.

The review process for monitoring the organisational risk registers is outlined below:

- Full Risk Register to the Board annually
- Changes to Risk Register reviewed by Senior Management Team quarterly
- Changes to Risk Register reviewed at Quality and Governance Committee quarterly

The principal strategic risks faced by Mountbatten Isle of Wight are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies)	• Robust compliance with CCG contract monitoring and service excellence. • Public reputation. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Monthly Fundraising Report • New 5yr contract agreed with IoW Clinical Commissioning Group. • Achieve and exceed target for reserves • A robust legacy campaign
Major Patient Safety incident	• Robust governance structure and processes, including: policies, Standard Operating Procedures, competencies, audits, Health & Safety Committee, Medicines Optimisation Team. • Regular robust training and education regularly. • Individual patient risk assessments. • Regular mock major incident procedures. • Safety attitudes survey carried out. • Medical Malpractice insurance in place to cover the financial consequences. • Medical staff covered by NHS insurance policy. • Review of insurance policy document with regards to medical/clinical malpractice - Consultant and Finance Director.
Potential that public trust in Mountbatten reduces through increasing expectations, lack of confidence in organisational capability or a significant 'media scandal' or misuse of intellectual property	• Robust governance structure. • Strong communications processes and plan. • Trademark agent commissioned to monitor applications which may infringe our rights. • New branding with branding guidelines launched April 2018. • Relationship management with stakeholders and media. • Investment made in Communications Team.
Inability to recruit, retain and succession plan appropriate skilled staff to maintain services for beneficiaries	• Quarterly report of people approaching normal retirement age to assist succession planning. • Support, recognition, progression and development provided though appraisal, supervision and line management • Clinical staff on Agenda For Change terms and conditions • Employee benefits scheme in place • Clear values created with employee input to create positive working culture.

	• Aiming to become employer of choice on Isle of Wight. • Expanding our geographical reach and influence. • Working with academic partners to develop pathways. • Developing workplace strategy. • Won Chamber of Commerce Employer of the year 2019
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	• Robust governance planning, process and audit. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Annual external audits. • Confirmation of planned dates for Trustee Provider visits by Chair of Trustees.
Risk that the Board does not have the appropriate balance of experience, skill mix and diversity, and fails to keep up to date with all mandatory training	• Skills mix review annually • Targeted advertising for certain skills and headhunting • Mandatory eLearning monitored monthly at Q&G committee • New Chair of Trustees recruited. • Higher profile of Mountbatten to enable recruitment of Trustees.
Risk of resource overload arising from operational expansion into Hampshire	• Weekly SMT discussions dedicated to the Southampton operation. • Daily SMT presence in Southampton to closely monitor developments there. • Regular review of detailed action plan. • Develop Finance and other administration systems to the required standard for an independent operation. • Development of management of clinical operations.

The principal strategic risks faced by Mountbatten Hampshire are outlined below:

Risk	Management – Current and planned
Failure to raise funds (CCG, fundraising and legacies) and lack of reserves	• Robust compliance with CCG contract monitoring and service excellence. • Contract monitoring meetings. • Use of external fundraising expertise. • Reserves and investments. • Quarterly Resource Committee meetings. • Weekly Fundraising Report. • New Fundraising staff roles recruited - Individual Giving Fundraiser, Campaigns Fundraiser
Loss of estate through major incident	• Review and implementation of Major incident policy and procedure. • Insurance. • Regular crisis/major incident rehearsals. • Agreement with neighbouring Nursing Home to use facilities in event of a major incident. • New Head of Facilities and Facilities asst in post and reviewing contracts, procedures, equipment. • Fire Regulatory reform order compliance included in Quality Account Priorities and reviewed every quarter. • Health and Safety reviews taking place.
High profile severe reputational risk	• Robust governance structure being implemented. • Communications processes and plan being put in place. • Key stakeholders piece of work commenced and ongoing. • New branding rolled out.
Maintaining relevant regulation requirements, particularly as changes introduced (CQC rating, GDPR, Charities Commission)	• Robust governance planning, process and audit being implemented. • Ongoing CPD programme, GDPR, Quality Improvement action plans. • Series of CQC Workshops completed with staff. • Introduced lessons learnt sessions. • Support from Baker Lomax Data Protection GDPR advisors.
Lack of car parking onsite for staff, volunteers, patients and visitors	• Discussions with UHS and Propco around ownership and potential additional parking spaces. • Car parking permits from Ageas Bowl for office staff. • Large events at Ageas Bowl bollards put out for patients and visitors and volunteer marshall used. • Plan additional parking once ownership confirmed

Information Governance

During 2020/21 all standards were met within the Department of Health, Data and Security Protection Toolkit. This demonstrates that the organisation has continued to monitor and improve its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2020/21 the Integrated Information Governance Committee met monthly. This Committee is chaired by the Data Protection Officer (DPO) and incorporates review of compliance with the Data and Security Protection Toolkit, review of all Information Governance incidents, including the identification of themes and lessons learnt, review of all Information Governance and Caldicott Guardian decisions, monitoring of our firewall report Subject Access Requests, Access to Health Records Requests and Privacy Impact Assessment approval.

Information Governance is monitored at every Mountbatten Committee and at Board level. Mountbatten Group has its own on-site Senior Information Risk Owner (SIRO), Caldicott Guardians, Deputy Caldicott Guardians and Data Protection Officer.

Actions taken during 2020/21 to further improve information governance and data protection within the organisation have included:

- An action plan continues to be monitored and updated to ensure compliance with the Data and Security Protection Toolkit, this is scrutinised at the Integrated Information Governance Committee.
- Mountbatten Group has signed up to be a Core Member of the Cyber Resilience Centre for the South East. This provides the organisation with internet investigation, security awareness training, security policy reviews, web application vulnerability assessment and cyber business continuity exercises.
- A Penetration Test has been completed; this tested the robustness of our information technology configuration against any potential threats.
- Mountbatten Group has moved to a new process and company for the disposal of our confidential waste. Confidential waste is now shredded and a certificate of destruction obtained, this provides more assurance in regards the disposal of this sensitive material.
- Our Employee and Volunteer Privacy Notices have been refreshed in line with current practice and are now available on the Mountbatten Group Intranet site.
- Employees now complete a User Access form once they have had training on each of the systems they use for their role, these are kept on the employees HR file.
- Mountbatten Information Governance mandatory training sessions for staff and volunteers have been updated and refreshed and now includes a session on Cyber Security.
- Our Caldicott Guardians and Deputy have attended refresher training facilitated by an external organisation.
- The Cyber Resilience Centre have scrutinised our Information Governance and IT Security Policies and have offered recommendations for improvements which will be adopted.
- The Privacy Impact Procedure and assessment has been reviewed and amended. Privacy Impact Assessments have been completed for a number of new projects and new IT system implementations.
- Mountbatten's Information and Communications Department continue to carry out work in line with our ICT strategy to move our operating systems to a cloud-based platform, this piece of work will be completed during 2021/22.
- Mountbatten Groups Information Asset Registers have been reviewed, with departments updating their section of the Register.

Education and Training

Mountbatten Isle of Wight Education and Training

The restrictions necessary as a response to the pandemic (Covid-19) has challenged the education service during this financial year. At times education activity has had to be cancelled entirely and at other times education activity has needed to function in a different way. However, despite the challenges the education service has faced, the education serviced has flexed, and developed in response to the pandemic.

The education service has responded by running more frequent and smaller in-house training sessions when able, has adapted to be able to provide training using virtual platforms to maintain our connection with our local health and social care staff, and has developed eLearning self-directed modules to meet new training needs of staff.

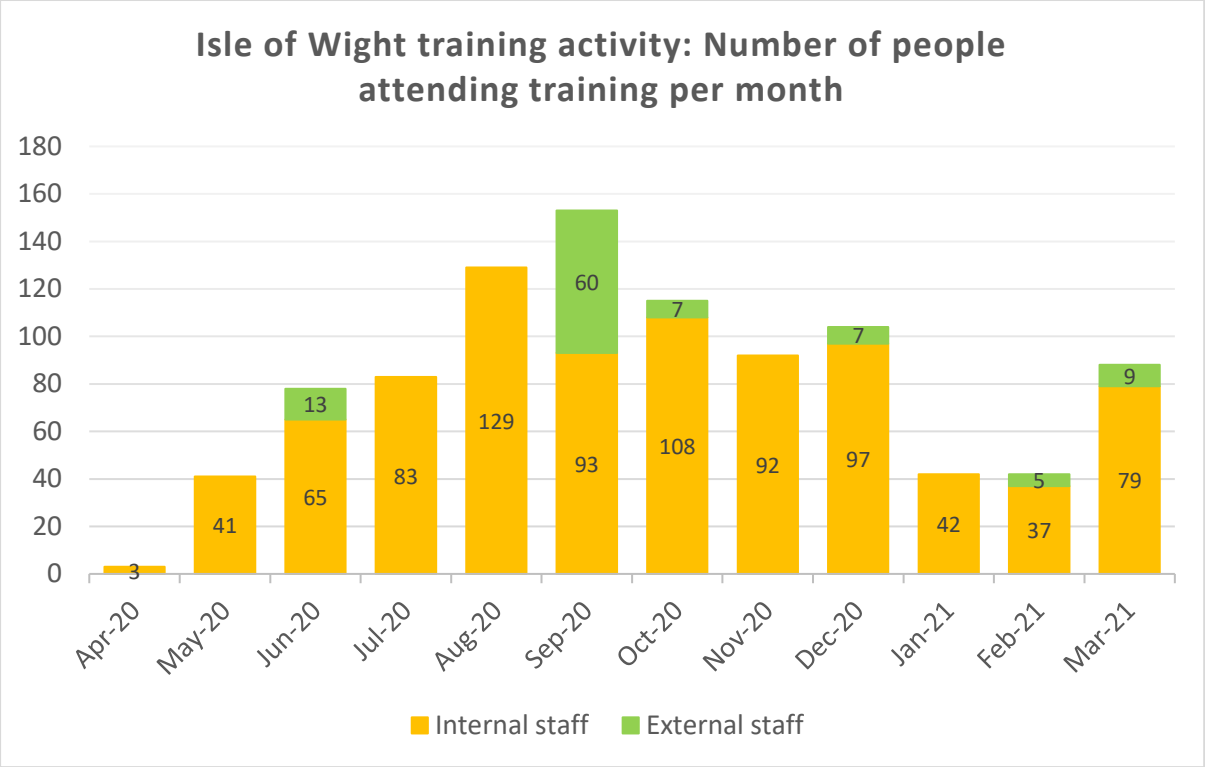
Mountbatten, Isle of Wight provides a core programme of end-of-life training to address and meet the training needs of our partners in health and social care. This is to ensure the standards of care we insist upon at Mountbatten is extended to the community and can ultimately improve end of life care for all people and their families as they near and reach the end of their lives no matter where they are.

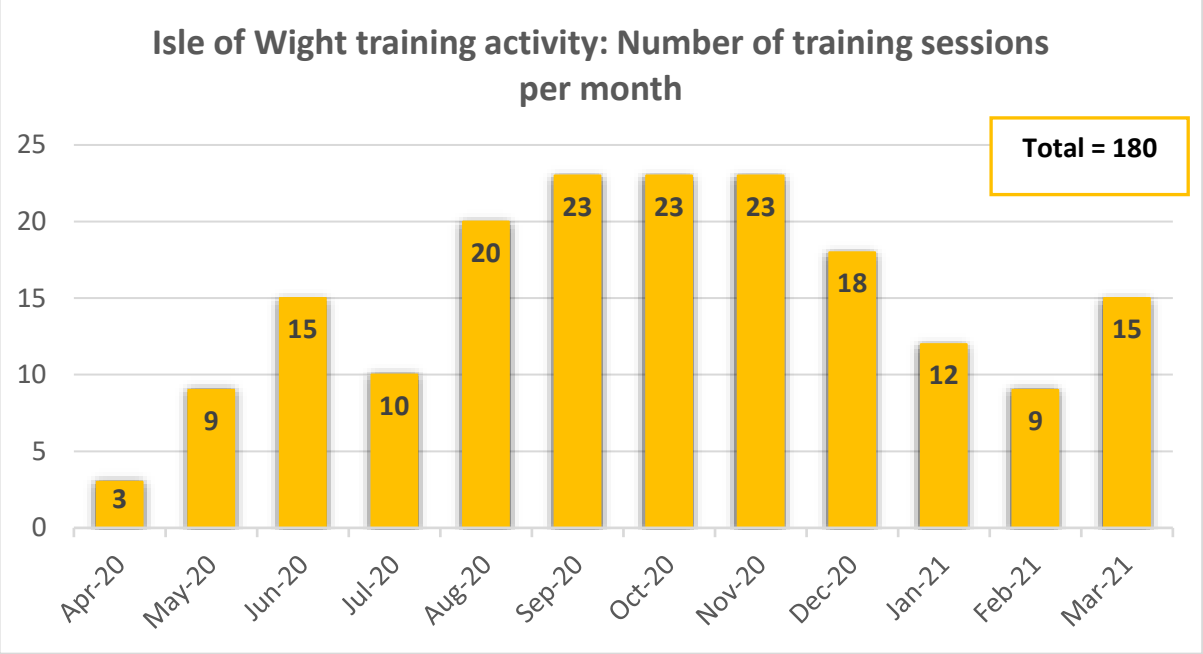
In addition to our existing training offer, this year an end-of-life champions course has been developed which runs over 3 days. Those that complete the programme gain the title of Mountbatten End of Life Care Champion. To maintain their champion status attendance to update sessions are required on an annual basis. Key clinical skills for nursing staff in verification of expected death, use of syringe drivers, and skills in male and female catheterisation sessions have also been developed initially for Mountbatten staff and are now available to external nursing staff to attend. Sessions to help others understand bereavement processes and to develop confidence in talking to people experiencing grief have also been added to our core programme. Two sessions are provided, one for adults and one for children and young people. Finally, a communication skills session has been added to the external core programme. Many of our training programmes are accredited by the CPD standards office.

The Island Better Care (IBC) programme, designed to tackle the causes of undignified care by raising the quality and experience of care, with key aims to provide education and tools to help Island care providers improve or maintain Care Quality Commission (CQC) ratings has been disrupted during the year as a result of the pandemic. Care homes have experienced their own pressures in relation to sickness and requirements to isolate impacting of staffing levels as well as restrictions of care staff moving between locations and thus the availability of the staff to the IBC has been limited, including in a virtual capacity. Despite the impact of the pandemic efforts have been made to maintain relationships and offer support via regular phone calls to care providers, and one successful IBC programme was facilitated during September 2020 with positive outcomes reported. 88% of Island care providers now have ‘good’ or ‘outstanding’ CQC ratings, whereas this was only 63% prior to the programme commencing.

The education service also support and facilitate the mandatory training requirements of Mountbatten staff and many additional sessions have been run to enable smaller groups of staff to continue to receive the mandatory training required to ensure safety and effectiveness in their roles.

Throughout the year training data has been collated and is summarised in the following charts.





Research and Development

Although the Mountbatten annual conference 2020 had to be postponed due to the pandemic, plans to facilitate the 2021 conference are underway. Mountbatten continues to encourage staff to develop confidence in research skills by supporting smaller scale evaluation projects and audits and we are members of the Wessex Research Active Hospice Development Group (WRAhdG). Through this group we hope to be able to develop some of our research ideas into fruition with the assistance of academics at the University of Southampton.

Mountbatten representatives have attended project **ECHO**® (Extension for Community Healthcare Outcomes) immersion training previously and a programme for care home spokes to join our hospice hub through a virtual platform to learn and share evidenced based best practice together was trialled shortly after this training. The education team has worked to re-establish the Isle of Wight ECHO programme with 2 successful meetings held thus far this year. We plan to integrate an ECHO community across the Isle of Wight and Hampshire over the coming year.

Mountbatten Hampshire Education and Training

In response to the pandemic, Mountbatten, Hampshire has developed a full programme of virtual training to ensure our health and social care partners can continue to access and gain core end of life knowledge and skills. A series of 2-hour sessions is offered that includes symptom control; care of the dying; care after death and bereavement; communication skills; wellbeing, self-care and resilience, as well as syringe driver training sessions for registered nurses. More recently additional sessions have been added to the virtual series including caring for people with dementia and spiritual care. Providing training virtually has resulted in new interest from care staff from our local area that have previously not attended training with Mountbatten and also enabled us to reach a wider audience beyond our local patch.

The education team at Mountbatten Hampshire were also quick to respond to a training need that emerged at the start of the pandemic. The education team were able to prepare and deliver end of life training to NHS staff who were being redeployed to Covid wards to prepare them for providing end of life care and coping with this demanding environment.

The six steps to success end of life programme specifically designed to improve end of life care through facilitation of organisational change has been impacted by the pandemic but despite this, 26 care providers across Southampton and West Hampshire have been able to complete the programme with positive outcomes. A range of outcomes are evaluated including, review of preferred place of death, evidence of advance care planning, hospital admissions, and staff knowledge, skills and confidence. The programme is commissioned for Southampton City care providers and has generated approximately £8,000 of income from West Hampshire care providers. Moving forward Mountbatten, Hampshire will launch its own Mountbatten End of life programme from April 2021 with a greater emphasis on sustaining quality beyond an initial training programme.

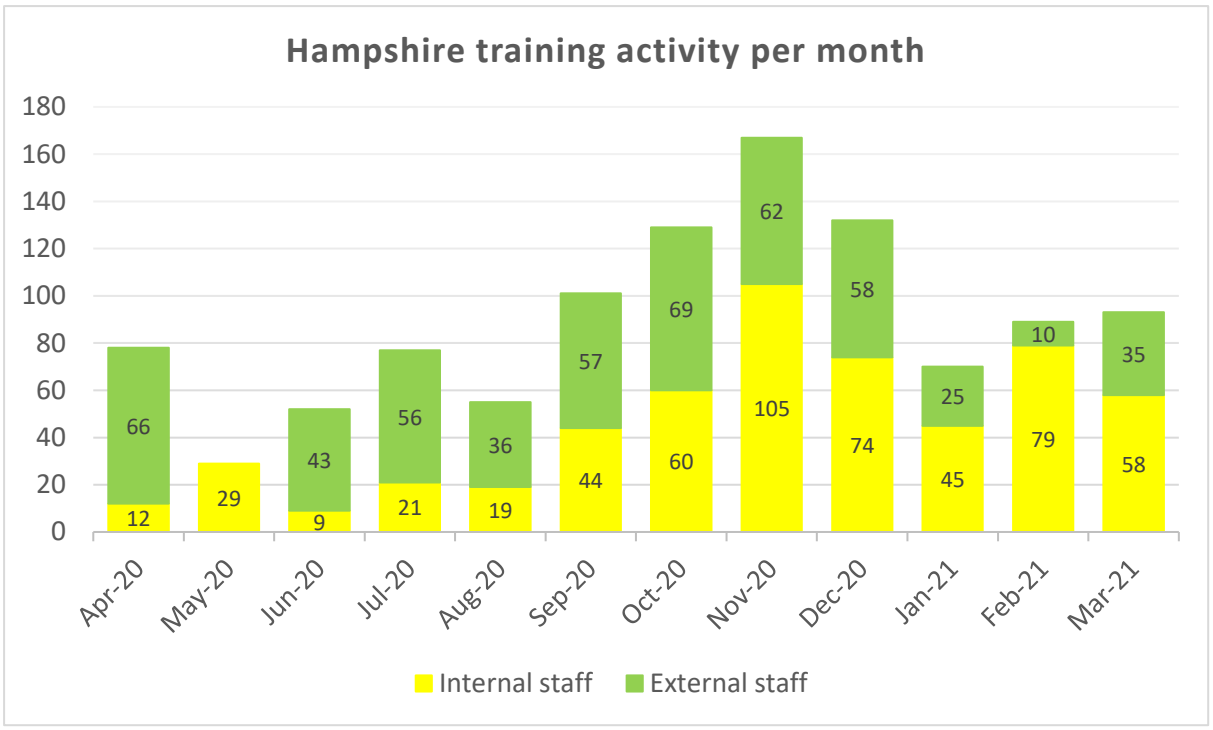
From January 2021 Mountbatten Hampshire has introduced a subscription scheme whereby individuals or organisations can purchase a six-month subscription to all virtual training events at a minimal cost of £35 per individual or £75 for an entire organisation with no limit on numbers. A total of £1,235 has been generated through subscriptions.
Prior to January 2021 all virtual training has been provided free of charge.

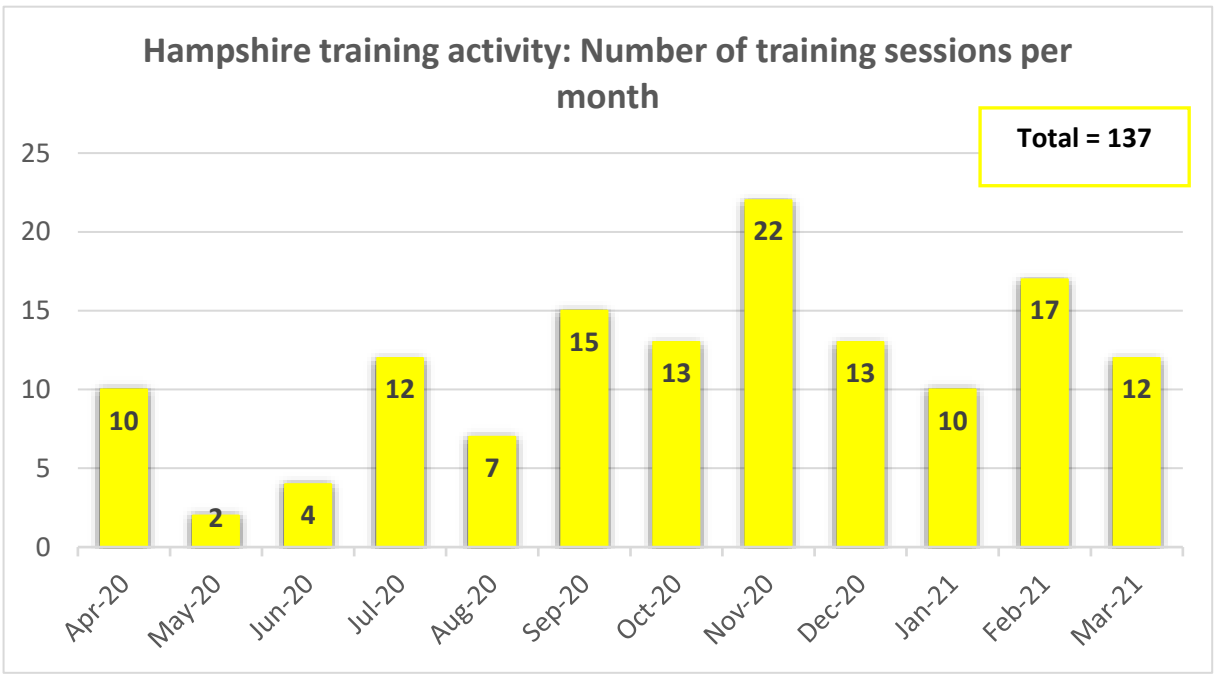
Mountbatten Hampshire education team have also focused on establishing partnerships to address the health inequalities faced by some at end of life, for example in older persons with dementia, those experiencing homelessness and people with learning disabilities. By collaborating we have been able to bring our end of life care knowledge together with the specialist knowledge of our colleagues to start developing training to improve the end of life care experienced by disadvantaged groups. Mountbatten Hampshire also hosted a successful 'Health inequalities at end-of-life' virtual seminar in October 2020 where a collection of experienced clinicians and researchers came together to present research, case studies and clinical expertise that provoked much reflection and thought about health inequalities. The event was attended by individuals from across the country from other hospices, Universities, other charitable organisations, and from National Health Care services.

The training needs of Mountbatten staff is equally important to the training needs of external partners and the education team support and facilitate all mandatory training sessions and programmes. Mountbatten staff are also invited to attend any of the training available to external staff and additional sessions are developed and provided to Mountbatten staff as the need arises. For example, sessions in relation to call handling, communication and managing distress were provided for administration staff as well as sessions on understanding spiritual care.

The Hampshire education programmes have now been accredited by the CPD standards office.

The training data for Mountbatten Hampshire is presented in the charts below.





Research and Development

Mountbatten Hampshire has shown commitment to evidence-based practice and has achieved a journal publication; Pennell, S & Jenks, A (2020). Palliative care on the acute medical unit. *Medicine,* Vol 49(2), pp 71-74.

Mountbatten Hampshire has also had two audit projects accepted as poster presentations at the Palliative Care Congress, March 2021, including; Bevan, K & Stark-Toller, C. Measuring serum-ascites albumin gradient to optimize management of ascites in a hospice setting, and Jones, S & Stark-Toller, C. Time for a change? Transforming the investigation and management of anaemia in the palliative care population.

Advance care planning is of fundamental importance in end-of-life care. The benefits of advance care planning for those left behind after someone dies is well evidenced. In the last year Mountbatten Hampshire has been working on a Commissioning and Quality Innovation (CQUIN) project with an improvement goal to promote personalised care and support planning by embedding advance care planning into healthcare for people with long term conditions. A large part of this project has involved training to promote awareness, knowledge, skill and confidence in advance care planning (ACP) and across the year a total of 218 have attended ACP training. Ensuring our own staff are comfortable and competent to have advance care planning conversations is paramount to our ability to disseminate this confidence to our wider health and social care colleagues thus training has been focused internally initially and subsequently to others. The drive to promote and enhance advance care planning will continue over the next 12 months, and beyond.

Income generation and Communications

Mountbatten Isle of Wight and Mountbatten Hampshire Income Generation

The pandemic has undoubtedly put a previously unimaginable strain on charities and seen a shift in emphasis to high return fundraising income streams - legacies, trusts and individual giving. Changing tier system and associated Covid-19 guidance has created much uncertainty and therefore the need to re-forecast income and fundraising activity, setting optimistic yet realistic fundraising targets, has been a theme through this year.

The challenges of lockdown and associated impact on fundraising activity have provided the opportunity to review the ways we contact and connect with our supporters, moving from face-to-face interaction at events and in the local community to increased dependency on direct mail, social media and targeted campaigns. We have continued to engage with our supporters, and have valued the generosity of the public and, in particular, the much-needed donations to our appeals that enabled us to deliver the full extent of our work, albeit some services in a different way to both our Hampshire and Island communities during a particularly challenging year.

The two fundraising teams have adapted to different ways of working including periods of home working. Investment in the fundraising team enabled the appointment of a Fundraising Database and Donor Support Manager in the latter part of the year to work across both Hospices to review processes and deliver efficient and accurate ways of working. Learning and sharing best practice and indeed, increased cross-site, collaborative working has been a positive outcome of the pandemic for Mountbatten fundraising.

We continue to work with Compton Fundraising Consultants Ltd who lead on income generation to increase funds raised by exploring new avenues, implementing improved ways of working and developing stewardship. A process of reviewing and adapting, underpinned by Compton specialist knowledge and best practice, is now established, always with ROI and value for money in mind. We have written agreements with Compton Fundraising Consultants Ltd as well as StarVale who administer our lotteries.

Mountbatten regularly monitors its fundraising activity, income and expenditure, compliments, complaints and all communications with its supporters in a number of ways, including but not limited to weekly one-to-one with CEO, monthly report reviewed at quality and governance meeting, quarterly review at Resources Committee meeting and Trustee Board meetings.

Monitoring of the fundraising supporter databases and communications is reviewed by the Data Protection Officer and Fundraising Database and Donor Support Manager through regular audits with any issues raised through Information Governance Committee. Mountbatten adheres to the Fundraising Regulator's Codes of Fundraising Practice and is registered with the Fundraising Regulator's Fundraising Preference Service.

At **Mountbatten Isle of Wight** we exceeded fundraising targets in Individual Giving direct mail campaigns, In Memory Giving and Major Donor gifts. During a challenging year that affected local businesses, events, community groups gathering and attendance at funerals, a number of income streams reliant on people coming together have not met target; however, all other income has compensated for this. In particular the urgent coronavirus appeal launch in April 2020 raised a large amount of the shortfall after an outpouring of support from the community. During the year, improvements to data management, thanking and stewardship were made, as well as exploring virtual fundraising initiatives. The most successful virtual activity was Walk the Wight Your Way that raised £211,000 (gross) when the event itself had to be cancelled after 29 years.

Legacy income target was almost met and continues to highlight the volatility of the income stream. A legacy communications campaign was prepared in the year and launched April 2021 to promote and encourage people to make a will and to consider leaving a gift to Mountbatten. Although the effects of this campaign will take several years to show in the legacy income figures, there may be some short-term gifts for those who

choose to make or re-write their will nearer to the time of their death.

It was anticipated that In Memory giving would be more adversely affected by the inability to gather large groups at funerals and remembrance events during the pandemic, but the increase in direct physical and digital in memory donations has ensured target was met and exceeded. This continues to be a vital source of income to the hospice movement which gives grateful family and friends the opportunity to support the clinical staff that helped them and their loved ones as well as a conduit for gratitude and remembrance.

All events and community fundraising activities were disrupted throughout the year and have not performed as per a 'usual' year; however, we hope that the re-opening of society, vaccination programme, and falling cases will offer a better second half of the year for these income streams. As in previous years, events and community fundraising remain under constant review to ensure the best use of resources to achieve a combination of fundraising and social return on investment.

All Direct Mail campaigns throughout the year have performed well, as they have been a direct contact in the homes of supporters who have felt empowered to make a difference during the pandemic. Seven direct mail campaigns will be sent throughout the financial year, in compliance with GDPR and regulatory practice.

There has been an increase in Major Donor gifts during the year, influenced by the urgent need to secure the future of Mountbatten when the pandemic affected major sources of income.

The volume of applications to Trusts and Foundations has increased with effort made to apply for Covid-19 emergency funds. It has been a successful year approaching new and existing supporters and this has led to exceeding target, and establishing some new relationships and future opportunities that will be closely managed.

The capital campaign to raise £1.6 million to redevelop an existing building into a new Mountbatten Community Centre has been on hold during the pandemic and will be reviewed in 2021/22.

At **Mountbatten Hampshire**, the generosity of supporters has continued during this unprecedented year, demonstrating their commitment to the hospice. Although income fell short of targets due to the impact of the pandemic on some income streams, we continually strive to raise our profile as a local Charity for those who are still unaware of the range of services we provide. Case studies and storytelling from our fundraisers who continue to take on personal challenges and donate to show their thanks for the care and support of loved ones remains strong. Funeral donations albeit from limited attendees moved to online giving platforms as we all adapted to Covid-related restrictions, and donations to commemorate the life of loved ones remained strong throughout the year and in particular around Christmas.

An urgent coronavirus appeal launched in April 2020 attracted significant support and compensated for the shortfall in other areas due to the impact of Covid-19 on traditional community and events fundraising.

Opportunity to reflect and attract In-memory giving at our two main events, the Sunflower Memory Walk (usually held at the Broadlands Estate in Romsey) together with the Light Up A Life service at the Hospice were both delivered virtually. These events, supported by corporate partners who provide sponsorship to cover costs and help to promote the opportunity to come together in grief, to remember and celebrate lives lost, attract dedications and donations to help us provide care and support for patients and families into the future. Corporate giving has continued with a number of Charity of the Year partnerships, business related challenges and events undertaken by both business owners and their employees, although the anticipated growth was not realised due to the restrictions.

The Mountbatten Hampshire Lottery continues to be a popular way to support the Hospice although the opportunity to attract new players, interacting with the local community with lottery canvassers, has, of course, been curtailed. Likewise, with little opportunity to promote the Lottery in our charity shops, the number of players has not grown as planned. We continue to take advice and guidance from StarVale who

share research and trends to ensure fundraising opportunities are refreshed with regular Raffles offered throughout the year.

Applications to a range of trusts and foundations, where their criteria shifted from supporting projects to contributing to core costs and Covid-related new and additional expense, have been significant. Funds to replace flooring and improve the In Patient Unit have had a positive impact, not only to improve the fabric of the building but also to engender a sense of pride in the workplace. With the need for bereavement services in high demand and requirement to provide some therapy services via videos, trusts and foundations income and in particular a grant of £100,000 from the Barclays Foundation to spend on equipment have made a huge impact.

Legacies continue to under-perform in Hampshire, as awareness of the hospice's need to attract voluntary income remains low. However, in the latter months of 2020/21 we noticed a rise in the legacy pipeline which is an encouraging sign that this particular area is beginning to develop.

A legacy strategy has been developed and this will be a key area of focus during the next year including the launch of a legacy campaign.

Whilst the ongoing issue of land and property ownership continues and until associated legalities are resolved, the timing of a capital campaign continues to be considered. However, potential interviewees who may support and influence plans to improve the Hospice buildings as well as those who may fund specific projects have been captured. The Case Statement including a scale of giving has been developed and the campaign would provide a much-needed catalyst to raise awareness and support for Mountbatten in Hampshire.

Mountbatten Isle of Wight and Mountbatten Hampshire Communications

The past year has been remarkable for communication and engagement with our staff, volunteers, stakeholders, and the public. We have worked hard to capitalise on the synergies between the two Mountbatten Hospices, utilising our resources and expertise across both in a much more effective way. The challenges of the COVID pandemic, and the many changes to procedure and practice it has brought, have required clear communication via newsletters, magazines, our websites, the media and in face-to-face meetings. The Communications Team was expanded from two to three full time staff in October 2020, but the team has been challenged by staff absence during the year.

The COVID pandemic has required the Communications Team to adapt at short notice to what was a rapidly evolving situation at the beginning of 2020 as well as regular changes to operational procedures throughout the year. Both websites required new pages and information setting out how Mountbatten was handling increased infection prevention and control measures and what this would mean for patients and visitors, staff, and volunteers. New assets – posters, pull-up banners, advisory notices, and imagery - had to be created. The Team supported the introduction of the weekly COVID Updates which were sent to staff and volunteers.

Despite the challenges of the COVID pandemic and staff absence we have continued to implement our 'new look'. In 2018 we developed, with the support of a corporate supporter and at no cost to the charity, the new look for Earl Mountbatten Hospice on the Isle of Wight. Following the development during 2019 of the collaboration with Countess Mountbatten Hospice in Southampton. The new Mountbatten brand works well across multiple sites and services and during 2020 we have continued to make changes to site signage, websites and social media platforms and introduce the new branding as opportunities occurred.

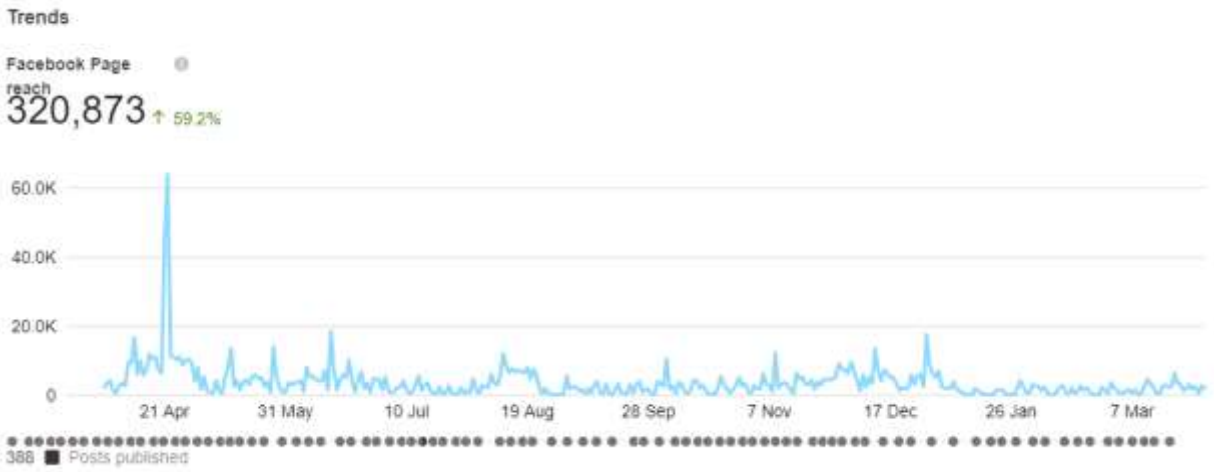
Regular communication is maintained with staff and volunteers via the monthly INSIGHT Newsletters as well

as face-to-face meetings as COVID restrictions permitted or via online video conferencing. Our press releases and CONNECT magazine, published quarterly, are also sent to media and stakeholders. CONNECT magazine is also sent to our supporters, volunteers and staff and made available via our two hospices and retail shops.

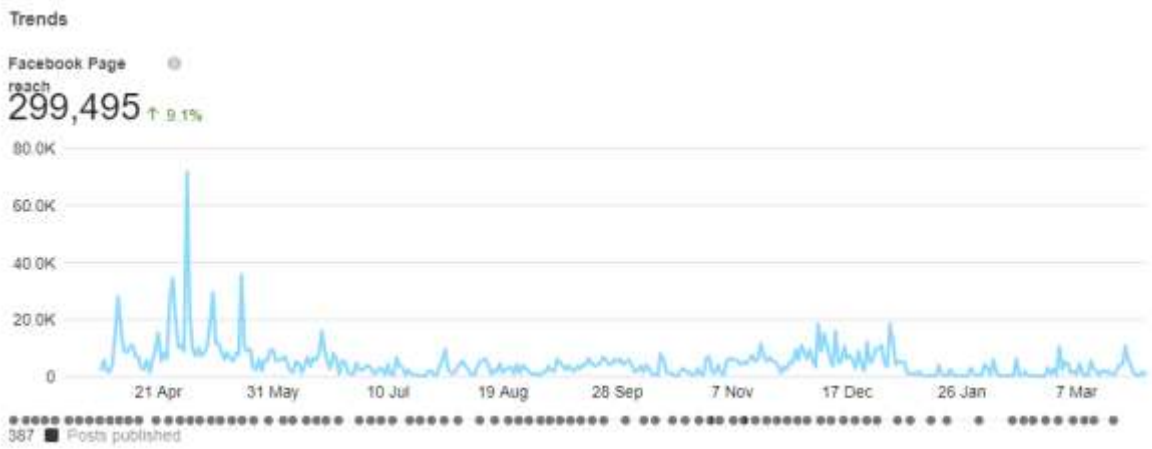
We maintain two websites – www.mountbatten.org.uk for the Isle of Wight and www.mountbatten-hampshire.org.uk for Hampshire – and our social media accounts on Facebook, Instagram, LinkedIn and Twitter for both sides of the Solent. We populate the websites and social media accounts with information that supports our clinical, education and training, fundraising and human resource services as well as acting as a reference point for those that need our services and our stakeholders and supporters.

The effectiveness of our communication and engagement activity is evaluated and reported quarterly to the Resources Committee. We continually seek to improve access to and use of our websites and social media by our staff and monitor their effectiveness via the analytics tools available on the different platforms. For example our tracking of Facebook shows that there were 388 posts on the Mountbatten Hampshire Facebook page with a reach of 320,873, an increase of 59%. Whilst the reach for the more established Mountbatten Isle of Wight page was 299,495, an increase of 9.1%.

Mountbatten Hampshire Facebook page 1/4/20-31/3/21



Mountbatten Isle of Wight Facebook page 1/4/20-31/3/21


Trends
Facebook Page
reach
299,495 ↑ 9.1%
80.0K
60.0K
40.0K
20.0K
0
21 Apr
31 May
10 Jul
19 Aug
28 Sep
7 Nov
17 Dec
26 Jan
7 Mar
387 Posts published

Estates and Facilities

Mountbatten Isle of Wight Estates and Facilities

We have continued to work to align and implement our Estates strategy across the entire estate.

We have taken the opportunity and pace set by the covid restrictions to carry out a deep dive exercise into our utilities providers and by doing this we have successfully negotiated new utility contracts.

We continue to drive forwards with the development of the facilities and maintenance capabilities and we have successfully completed a range of internally led projects during this reporting period, such as the repainting of the John Cheverton Centre (which was offered free of charge and completed by the relative of a patient Mountbatten supported), the Chapel (completed by local contractors as the result of a generous anonymous donation) and the installation of the new container office at the top of the carpark to house the Paediatric Palliative Care Team due to the growth in our service delivery.

As we draw this reporting year to a close, the direction and momentum behind the Oak house project has changed direction, as we are now looking at a larger scale redevelopment of the site. A new Estates Task and Finish Group has been set up to over see this work, which includes members of the Board of Trustees and the CEO.

Fire Safety

Fire Safety compliance has been maintained during this reporting year and the main efforts have been centred around the rectification works highlighted in the May 20 Fire Risk Assessment (FRA) and fire door inspection. This work is still ongoing. In addition to the FRA and fire door inspection a Fire stopping survey was commissioned and this report highlighted considerable defects in the fire stopping methodology applied in the John Cheverton Centre as part of the project build from some years back. Considerable work has been conducted that has culminated in a contractor being commissioned to start the fire stopping rectification work in the John Cheverton Centre in late Apr 21.

The main fire alarm system has also been updated and the software that identifies the call points and detectors has been reviewed. The system now has the correct address and locations allowing the user to quickly identify the fire location.

Water Safety

During this reporting period we have maintained our water services contract with a local company WSM and adapted the way that the compliance led tasks are being carried out.

This has been achieved by looking at each task and considering other engineering options with the intention of reducing the time that employees and contractors need to spend in the patients' rooms conducting maintenance, particularly during the COVID-19 period.

During the past year the site has maintained excellent standards of water. This standard of water quality has been achieved by a constant and rigorous water flushing programme and regular maintenance across the site.

Housekeeping

The House keeping team has continued to manage all the challenges that Covid has presented, and the team continue to adapt to the Hospices requirements and the need to adapt their cleaning methodology to include touch surfaces and deep cleans after Covid-19 confirmation within patient rooms and other parts of the Hospice.

In addition to what is now business as usual, we have adapted our services to cope with the extra demands

put on the organisation due to COVID-19. We have also supported the local Clinical Commissioning Group

(CCG) when they repurposed the nearby Premier inn hotel project twice during this reporting year to cope with demands on the local hospital, through providing a full laundry and catering service to the project.

Patient Equipment Services

In order to ensure that our users are not having to wait too long for the provision of equipment from the local NHS service, we have invested again this year in the equipment services that we provide to the wider community, with the renewal of several community beds. We have also finished the 3rd phase of the improvements to the storage facility at Manors View, our off-site equipment storage unit. We have maintained momentum regarding renewing damaged and out of life span medical equipment and this renewal program has included the renewal of the 2 patient baths on the Inpatient Unit and the replacement of all the patient beds throughout the ward. These were able to be replaced through the generous donation from the John Cheverton Estate. We are actively using donations and grants such as another significant donation from Barclays Bank Community fund of £100k to help us achieve the aim of renewing and replacing equipment as it comes to the end of it's life.

We have also been at the forefront of the investigation into the national syringe driver malfunctions. This investigation was shared with the wider medical community and with the manufacturers and has resulted in changes to operational usage and more directly a replacement battery being identified that has now resolved the issue of the syringe drivers stopping mid-delivery.

Mountbatten Hampshire Estates and Facilities

We have successfully completed a number of internally led projects during the past year with the support of some successful grants and trusts bids led by the income generation department. We have started the long-overdue and full refurbishment of the Inpatient Unit single rooms. The Inpatient unit corridor flooring and the Resting/Viewing Room have been refurbished by external contractors due to donations from the local Lion's Clubs. We have embarked on a project to upgrade all of the offices across the site and we will be engaging the services of a project manager to take these plans, and other refurbishment plans across the site, going forward.

The work on the Inpatient unit is still ongoing and will culminate in the completion of side room 6, this being the last single rooms to be refurbished using the kind donations and grants from the Chadwick Trust and Hospice UK. We will be working with the new Project manager to complete the rest of the works needed to ensure that the inpatient unit is now fit for purpose.

We have been working with the Estates Task and Finish Group of the past months and we are now looking at a larger scale refurbishment of the site and have now started to look towards a longer term development plan for the site.

Fire Safety

During this reporting period we have not had any fire related incidences and have conducted our mandatory fire evacuation tests and maintained the firefighting equipment throughout the hospice building.

During this reporting year we have conducted a full fire risk assessment and a fire door inspection of the entire site, this was followed by a fire stopping survey which is was completed in May 2021.

With the information and remedial actions highlighted as part of fire doors and fire risk assessment inspections an action plan has been created and remedial works have started to address some of the issues raised.

In January 2021, we began to work with Wessex fire and security awarding them the ongoing contract for

maintenance of the fire alarm systems and firefighting equipment. The site was handed over to Wessex in March and a full handover inspection of the systems was carried out. This handover has highlighted that the ADT system in the Inpatient Unit is now beyond economic repair and is not supportable regarding software

upgrades. Wessex fire and security have been commissioned to provide a quote for the renewal of the panel and any subsequent remedial works required. This information came in April 2021.

Water Safety

During this reporting period we have maintained our water services contract with Southern Health NHS Trust Estates and Facilities Department and we have adapted the way that the compliance-led tasks are being carried out.

We have also started working with Clear Water Technologies and WCS. Both companies support our water system function, either by providing our Water Risk Assessment or taking regular water samples across the site giving us a clear indication of water quality.

During this reporting period the site has maintained good standards of water quality. This standard of water quality has been achieved by constant and rigorous water flushing and maintenance across the site.

As we move into the new reporting year we still have some significant engineering challenges to over come in regards to water and water safety, such as the reinstating and commissioning of the second water storage tank in the Inpatient Unit roof, the rebalancing of the water supply system that services the Hazel Centre and the continuation of remedial works linked to the most recent water risk assessment.

Medical Devices

We continue to move forward with our control & management of medical devices utilised across our hospice site. We have successfully moved away from the historic University Hospital Southampton Service Level Agreement that serviced and maintained our medical devices. We have chosen BioMed as our new equipment maintenance provider and we commenced a new contract during the year.

BioMed now maintain a large majority of our medical devices and Mountbatten Hampshire now has full control of the repair mechanisms required to maintain not only medical devices but also beds, patient lifting equipment and other mobility aids.

This new contract with BioMed has also allowed us to re-asset and serialise all of our devices with the view to setting up an electronic portal that will show history, service events and recall information. This work is still ongoing with a completion date set for June 2021.

We have maintained regular medical devices meetings with the clinical teams and together with them we have built the current asset register for the Mountbatten Hampshire site.

Due to successful funding bids put together by our income Generation Team, we have invested again this year in equipment services that we provide both to the Inpatient Unit and also to our growing Community Teams. We have been able to renew all of the Inpatient Unit beds.

We are actively using donations and grants such as a generous £100k donation from Barclays Bank Community Fund to help us achieve the aim of renewing and replacing the backlog of overdue and out of date medical devices. This is a legacy left to Mountbatten from University Hospital Southampton.

We have also been at the forefront of the investigation into the national syringe driver malfunctions. This investigation was shared with the wider medical community and with the manufacturers and has resulted in changes to operational usage and more directly a replacement battery being identified that has now resolved the issue of the syringe drivers stopping mid-delivery.

Security

During this report period we have been working with a new contractor, R&G security. They started with us in August 20 and have provided on-site security from 2100hrs to 0600hrs seven days a week.

Streamlined Energy and Carbon Reporting

The Mountbatten Grroup meets the SECR qualification criteria in the UK. The reporting period for the compliance is 1st April 2020 to 31st March 2021. Included with that are Scope 2 emisssions as we have no Scope 1 emissions attributable to the Group. The GHG Protocol Corporate Accounting and Reporting Standard and the UK Govermnent's GHG Conversion Factors for Company Report have been used as part of the carbon emissions calculation.

The results she that the Mountbatten Groups total energy use and total gross Green House Gas emissions amounted to 485 022 KWh with an equivalent 102.2 tonnes of CO2 emissions respectively in the 2020/21 financial year.

The Group are in the process of devising an environment strategy which will include a programme of energy efficiency measures designed to reduce energy consumption and improve energy efficiency.

Human Resources

Mountbatten Isle of Wight and Mountbatten Hampshire Human Resources Department

COVID 19 saw a tremendous impact on the employees' capacity and capability of delivering services and the core focus of the **Mountbatten Group's** Human Resources (HR) Department was to ensure access to both regular testing and, more importantly, the COVID vaccine.

Working with the NHS Trusts in Hampshire and the Isle of Wight, plus regular engagement with Southampton Clinical Commissioning Group, weekly PCR testing was introduced in December 2020, with Lateral Flow testing introduced in **Mountbatten Hampshire** in January 2021. Vaccinations were also made available to all Hospice staff and those volunteers who were deemed 'priority' in both hospices in December 2020, and, at the time of writing (May 2021), **422 people** had been given the first vaccination and **223 people** had received the second.

October 2020 saw the arrival of a New Human Resources Director, who delivered on three key objectives; install an interim structure to provide a more cohesive, patient aligned service; start the **CASCADE** project to completion and roll out to the organisation and drive HR focus on the Mountbatten 5-year plan. This has seen an increase in HR headcount in Mountbatten Hampshire, balanced with the centralisation of core HR outputs (recruitment, onboarding, and annual registrations). This has also seen progression on one of the key Strategic Implementation Plan objectives – 'Workforce Development' – with the creation of a competency based 'Personal Competency Inventory' which will underpin all employee interactions, from recruitment to appraisal.

The **CASCADE** project commenced in December 2020, with a 'kick off' meeting to determine the technical plan to consolidate seven systems into one secure, cloud-based platform.

The detailed project plan, with dedicated resource, reported to SMT weekly and was broken into three phases; Data capture/transfer, Screen Design/Workflow allocation and Training. The first phase concluded in March 2021, with over 100,000 individual pieces of data and information transferred successfully. This was intertwined with the Screen Design and Workflow allocation which meant we were able to start the Management Training in April 2021.

Cascade not only introduces 'Self – Service' to all employees, therefore freeing team leads from completing wieldy spreadsheets, but also provides reporting in seconds, supports budgeting, manpower planning, pay awards and recruitment and ensures external assurance measures are accurate and up to date.

To further support the development of Mountbatten's patient service, two key roles have been created; **Head of Innovation and Service Development** and **Head of Retail Business Development**, with the former being recruited and commencing in July 2021.

Despite 'social distancing' restrictions and a moratorium on **recruitment** in April/May 2020, The HR team continued to utilise the 'NHS Jobs' recruitment website as this provides a comprehensive free application and recruitment platform alongside other websites.

The following table shows the online activity.

Mountbatten Isle of Wight			
Source/Media	**Vacancy**	**Applications**	**Hits**
NHS Jobs	41	679	33,019
IW Jobs	8	87	10,269
Other Sources	2	3	50
Mountbatten Hampshire			
Source/Media	**Vacancy**	**Applications**	**Hits**
NHS Jobs	64	600	49,295
Indeed	10	55	1,400
Other Sources	3	4	127
Mountbatten Group			
Source/Media	**Vacancy**	**Applications**	**Hits**
NHS Jobs	105	1,279	82,314
IW Jobs	18	142	11,669
Other Sources	5	7	177

Overall, Mountbatten's 138 vacancies generated 1,428 applications and 94,160 'hits'. Despite this being 13 less vacancies than 2019/20, this saw a 3.2% increase in applications and a 25.9% increase in 'hits'.

The table below summarises the time taken for an employee to start from the advertisement's closing date:

Location	**Number of Roles**	**Average time from advert closing to…**		
		Interview	**Appoint**	**Start**
Mountbatten Hampshire	61	13 days	20 days	49 days
Mountbatten IOW	40	10 days	13 days	30 days
Group	**101**	**11.5 days**	**16.5 days**	**39.5 days**

The 'Establishment' at the end of March 2021 was 228 (WTE 144.50) staff on the Isle of Wight and 183 (WTE 110.52) in Hampshire.

The Group operates formal and informal employee engagement policies and procedures including regular one to one meetings between managers and all staff, routine department meetings and an annual appraisal process.

The Group Remuneration policy is led by both market conditions for 'Non Clinical' posts recruited and by the Sector wide agreement in place for Clinical staff known as 'Agenda for Change' that all NHS entities follow. As a large employer of clinical staff we are in the same skills and qualifications market as the NHS for this skillset and thus follow their remuneration and benefits package very closely.

The Group policy specifically dealing with Diversity and Equality in the workplace makes it clear that disability will not be a factor in an employment or recruitment decision. In addition, every policy, whether related to employee's or not, is evaluated against the effect that that policy might have on factors related to the promotion of Equality and Diversity in the workplace.

Despite the Government announcing the postponement of organisation's needing to produce a **Gender Pay Gap** Report due to COVID 19, Mountbatten carried out this exercise and can confirm that our calculations show there is **no gender pay gap** as defined by the Government Equalities Office.

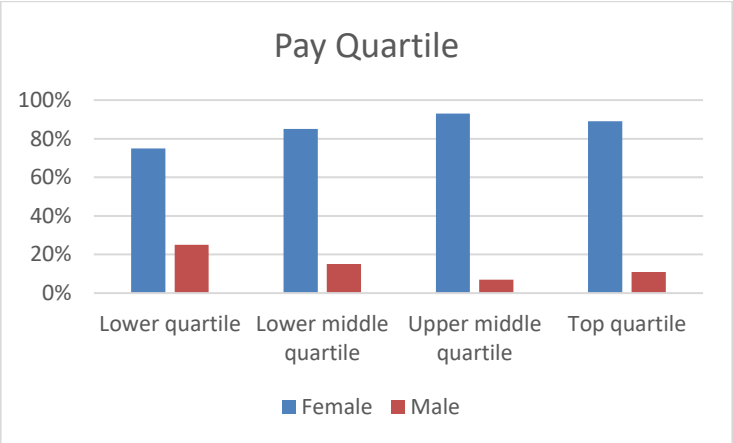
The following headline figures have been calculated according to the requirements and methodology set out by the Government Equalities Office.

Gender Pay Gap - Mountbatten Total Workforce

Median pay gap of **-30.43%,** meaning male colleagues at the median measure are paid 30.43% less than female colleagues.
Mean pay gap of **-7.35%,** meaning male colleagues are on average paid 7.35% less than female colleagues.

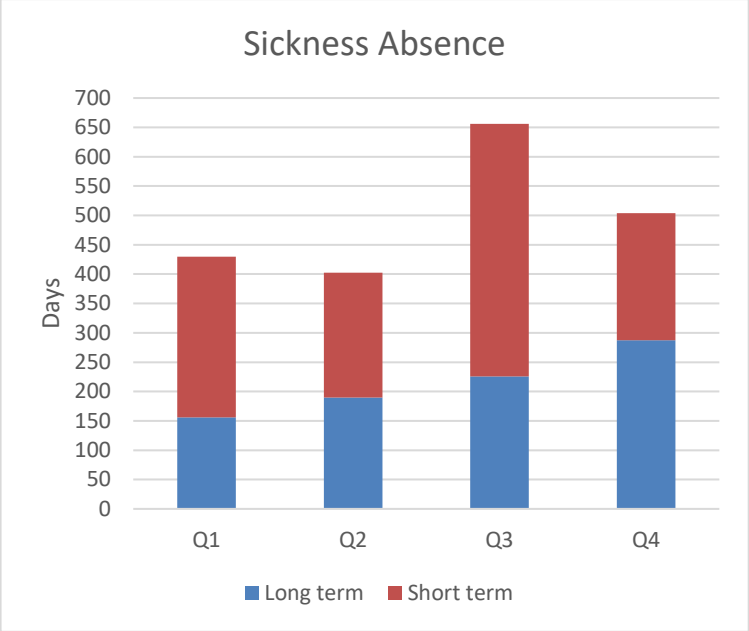
Quartile Distribution

The pay quartiles data shows the proportion of men and women that are in each pay quartile, when we arrange staff in order of hourly pay rate.



The lower quartile has the highest male population of the quartiles. A considerable number of these colleagues are either warehouse, retail, or housekeeping and therefore their salary impact is minimal on closing the gender pay gap, particularly as these roles do not gather any allowances in the same way as Agenda for Change roles.

The HR Team have been working with managers to support them in effectively managing staff and volunteers. The number of formal conduct cases remain low, however, there have been an increasing number of complex cases including long term illness, serious physical and mental health issues, and repetitive short-term absence. Working with both our Occupational Health providers has allowed us to address these cases in a proactive and supportive manner in line with our values.



This year's short-term sickness absence rate for Mountbatten Isle of Wight staff is 0.93 days (1; 2019/20) and 1.85 days (1.83; 2019/20) for Mountbatten Hampshire. It is important to note that these figures do not include periods of isolation caused by either positive COVID testing or Test and Trace notifications.

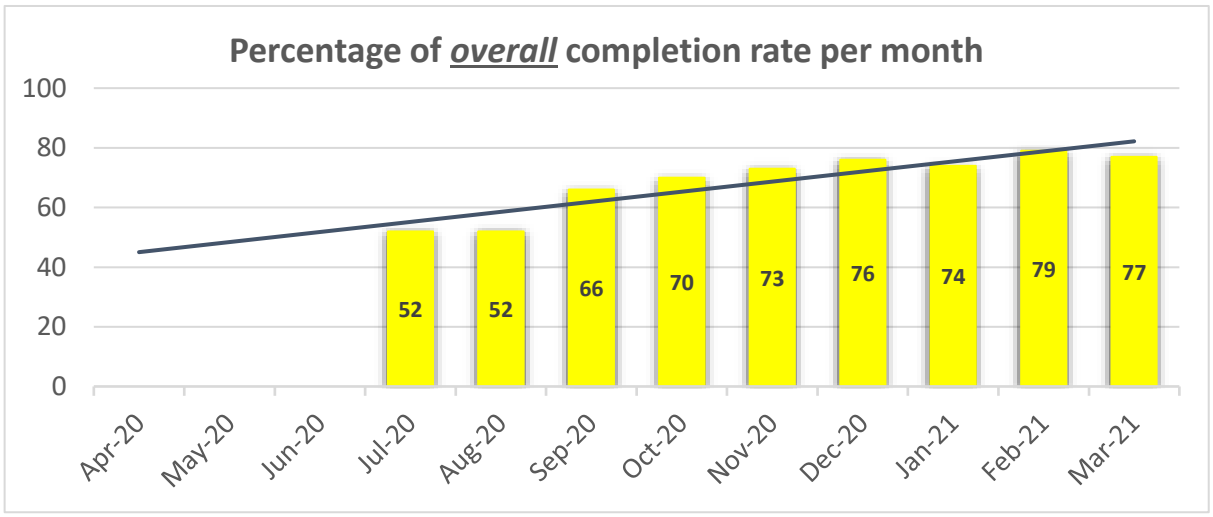
Mandatory Training

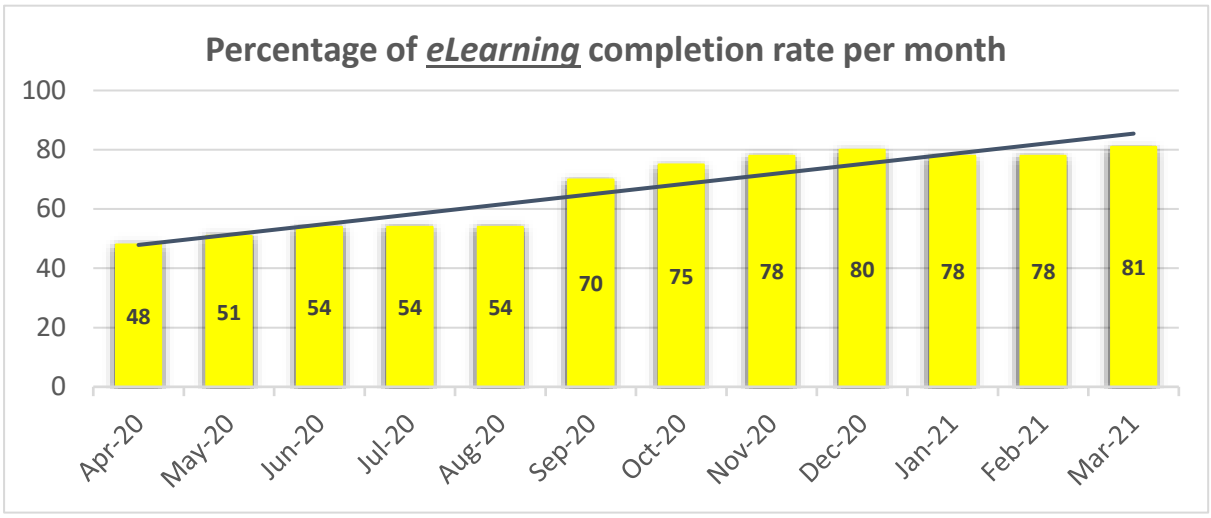
A project to integrate all staff training activity to the Blue Stream Academy platform has been carried out during this year. This integration means that staff can now see all of the mandatory training required of them (both face to face and eLearning) in one place and can maintain a complete record of all training activity. The system also enables staff to proactively take responsibility for their own mandatory training through the booking feature that allows staff to view courses and book accordingly.

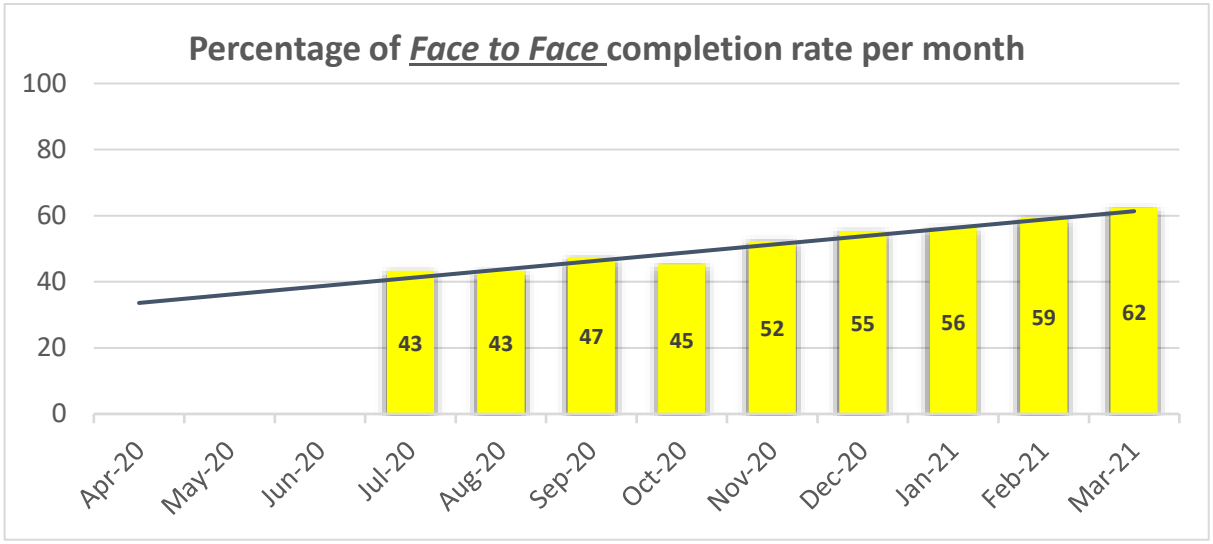
Additionally, the system is able to send reminders when training is due for renewal, helping staff maintain their mandatory training requirements. Data can be retrieved from this system at any time, ensuring live and up to date information on completion rates is available.

Training activity has been impacted as a result of Covid-19 restrictions over the last year and face to face training has been restricted. Thus, completion rates of mandatory training remain lower than the completion rate of 90% that Mountbatten expects.

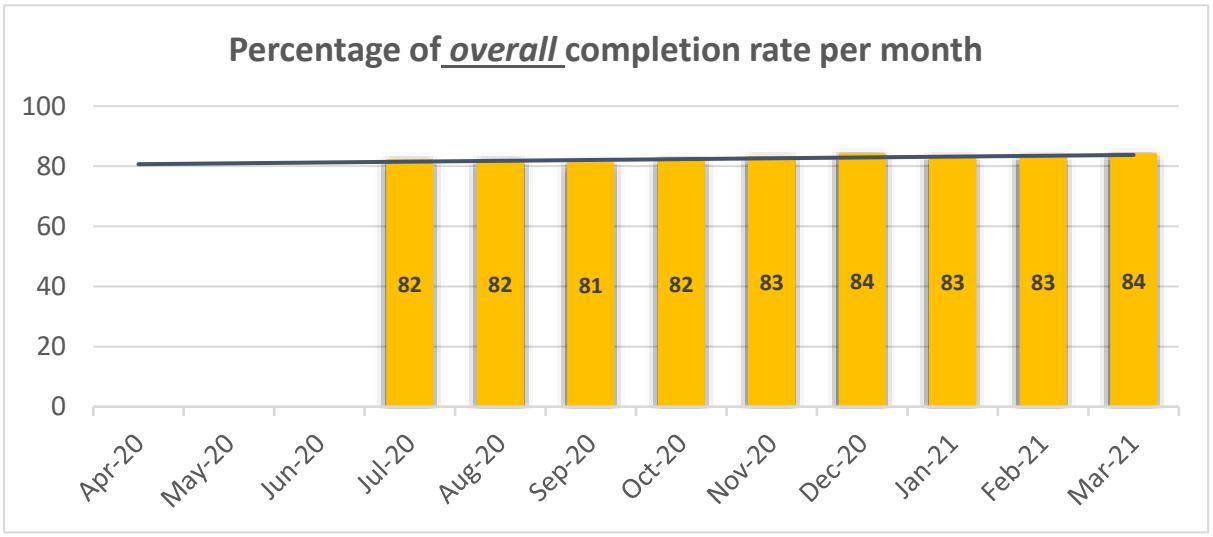
Mountbatten, Hampshire Mandatory Training Summary:

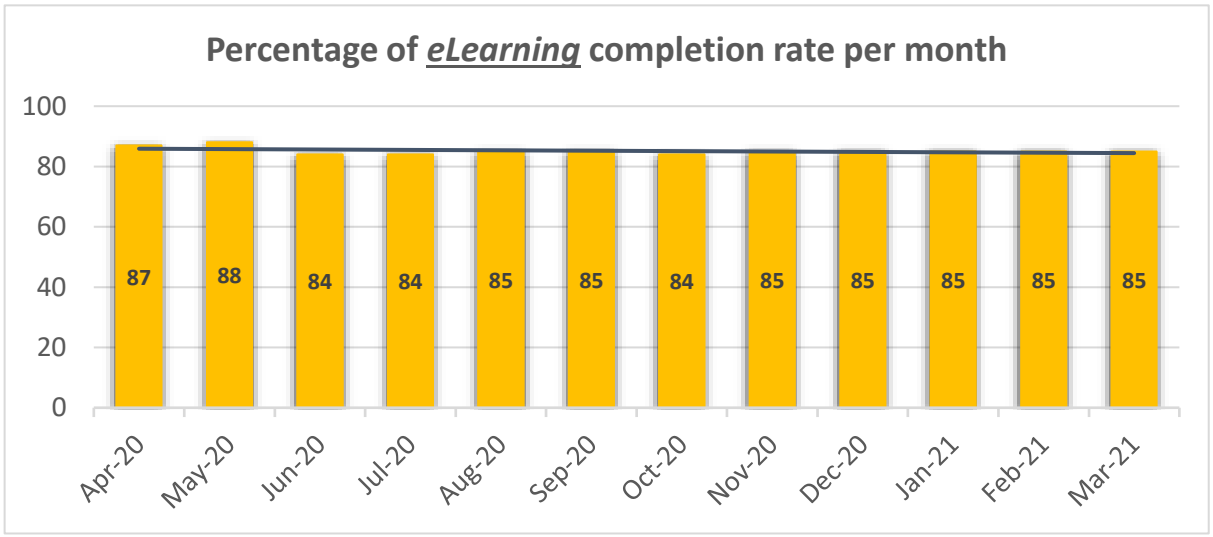

Percentage of overall completion rate per month
100
80
60
40
20
0
52
52
66
70
73
76
74
79
77
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21

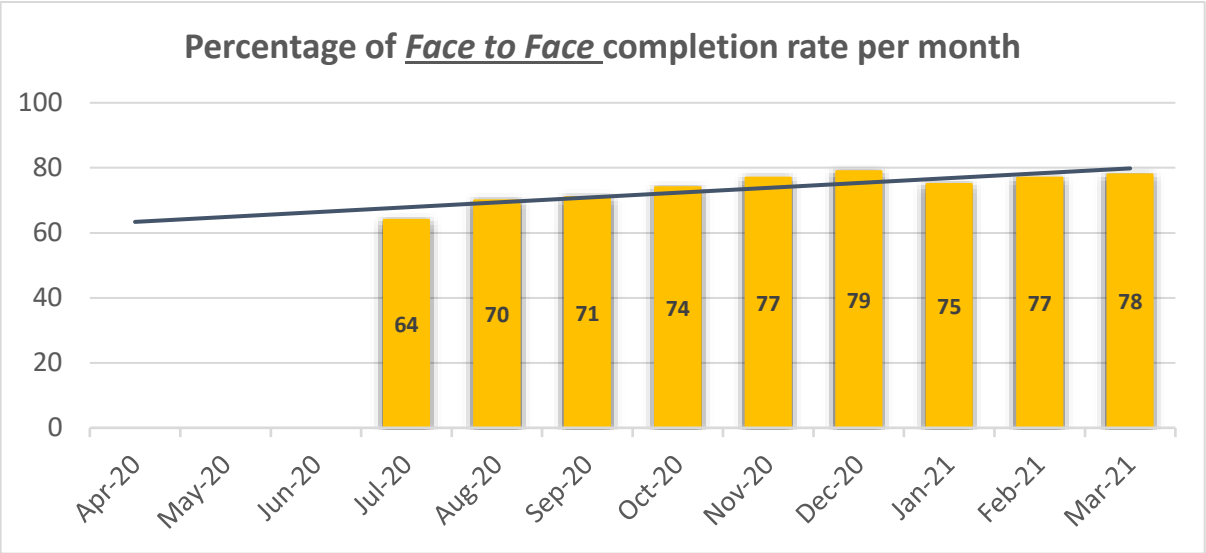

Percentage of eLearning completion rate per month
100
80
60
40
20
0
48
51
54
54
54
70
75
78
80
78
78
81
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21



Mountbatten, Isle of Wight Mandatory Training Summary:







NB: Missing data pre-exists the integration of training records to one system.

Supervision and appraisal processes are important to support and promote effectual staff. All staff are expected to attend a supervision (or one to one) meeting with a senior staff member or manager within their team at least once per month.

Additionally, reflective practice/clinical supervision sessions are provided to all clinical staff on a monthly basis and debriefing sessions provided ad hoc as required. Mountbatten promotes a culture of learning, reflecting and being open and encourages the development and maintenance of this culture through various forums, including, open meetings, team, departmental and service meetings, lessons learnt sessions, and Mountbatten Rounds.

Further training needs of staff continue to be encouraged and discussed through the annual appraisal process and a staff development budget is provided each year to support the activity of continued professional development.

Mountbatten's commitment to staff development is demonstrated through the appointment of apprentices, for example two staff at Mountbatten, Isle of Wight are completing the adult care worker level 2 apprenticeship programme, and a new business administrator level 3 apprentice was recruited to Mountbatten, Hampshire. Apprenticeships are also used to develop existing staff and two Mountbatten, Hampshire IPU members of staff are completing their registered nurse level 6 apprenticeships and a member of staff from Mountbatten, Isle of Wight has commenced a Nursing Associate level 5 apprenticeship. Further development of apprenticeship opportunities is planned for the coming year.

Information Technology

Mountbatten Isle of Wight and Mountbatten Hampshire information Technology Department

The past year has been a period of consolidation and growth for the Information Technology (IT) Team working across both Mountbatten sites: improving remote working, clinical and back-office systems; the network infrastructure; security; resilience; and building on the Cloud-based IT Strategy.

The IT team have continued to assist with the challenges of the COVID-19 crisis by providing and supporting remote working and communication tools for those that have needed to self-isolate or work from home, and patients and carers in the community.

Although difficult in many ways, and we are still at the start of the journey, the past 12 months have had a hugely positive effect in accelerating the use of technology, creating flexible ways of working and caring for patients. **The door has truly been opened to using technology effectively and creatively to care for patients, carers and their families, and to support them in new ways.**

During the year we have achieved the following notable successes:

- The introduction of 24/7 IT Support.
- Enabling the workforce to work and thrive remotely by providing access to the majority of - if not all - clinical and back-office systems and information.
- Implementing and supporting the use of video conferencing technology using applications such as Microsoft Teams, Zoom and AccuRX. We are now at a point, although still requiring some refinement, of it being embedded in normal working practice.
- The purchase of laptops, video cameras, microphones and speakers to assist with video conferencing.
- The renewal and expansion of the mobile telephone contract with the capability of 4G Internet connectivity.
- The upgrading of our Internet connections, including the set-up of our own Health and Social Care Network (HSCN) connection in Mountbatten Hampshire.
- The continued development and relaunch of the Mountbatten Intranet, to provide a repository of knowledge, information, and a way of communicating with staff.
- Assisting the Rehabilitation teams with forming patient Virtual Groups projects (i.e. exercise classes, breathlessness sessions, etc.), live-streamed to patients in their own homes.
- The upgrading of the security of our Microsoft Azure Cloud suite of products and the passing of external penetration testing (the practice of testing the security of our IT and network systems).

Mountbatten Isle of Wight

- Supporting the introduction of the Island-wide support line and the new **Keep Connected Helpline** for patients during the pandemic by using VoIP telephony, allowing volunteers to flexibly staff the line from their own homes.
- The purchase of 25 laptops for the Care at Home Team and the reallocation of their existing laptops to volunteers supporting patients with technology in the community.

Mountbatten Hampshire

- Completing, improving and supporting the successful roll-out of the SystmOne Shared Electronic Health Record, including the timely implementation of ICE pathology requesting, connection to the Care and Health Information Exchange (CHIE), and initiating the viewing of the patient record between GPs using EMIS Web.
- The development of SystmOne Mobile Working and provision and support of 20 laptops for the new Care at Home Team.
- The replacement and equipping of 40+ laptops and PCs for the expanded Community, Psychological Services and Fundraising Teams.
- The renewal of the network infrastructure equipment (routers and switching equipment), including the provision of new WiFi networks, for staff, volunteers and patients.

In addition to the above changes at Mountbatten Hampshire, huge progress has been made in disentangling the 40+ IT systems being used previously under University Hospital Southampton's stewardship and the considerable cost of purchasing these services. The only IT services of note remaining in place being the WellSky pharmacy system and Smartcard provision, both of which will be under review over the coming months.

Security and Service Availability

Thankfully, there have been minimal and few IT security issues and / or network outages (there have been a couple of national outages relating to the NHS Digital's HSCN network).

Cyber security, Information Assurance and Information Governance is to be given the highest priority across the organisation, and sufficiently tested defence/resilience should be in place to protect against internal and external attacks and system failure.

Collaboration

Working together with the Information Governance and Quality Team, various initiatives have been undertaken to improve collaboration with other health care providers - including setting up a well-attended Island-wide SystmOne User Group - with the aim of setting up a similar or joint group in Hampshire.

Resources

In addition to business as usual and the work involved with untangling Mountbatten's legacy systems, equipment and infrastructure, over the past year, with the introduction of new services and extended support (remote working and 24/7 support), the IT Team should be commended for their efforts.

Now that the transitional work is nearing conclusion and the majority of systems have been moved to the Cloud, it provides an ideal opportunity to develop a strong, highly skilled IT Team fit for the future.

Future Plans

Together with the clinical teams, during the next period it is planned to implement SystmOne Secondary Care and Electronic Prescribing, allowing for medication management across all clinical teams, the generation of electronic prescriptions and administration management on the Inpatient Unit.

We plan to replace some of the aging PCs and laptops, in particular at the Isle of Wight where some of the equipment is approaching 10 years old.

Over the coming months, the IT Team also plans to assist the Finance Team with the migration of the organisation's partially server-based accountancy software to a Cloud-based system (Sage Cloud).

The Intranet will also be further developed to provide a Clinical Knowledge Base and to become the repository of all documents not already stored within existing clinical and back-office systems.

In addition, over the coming year we aim to initiate patient and staff apps (Airmid and Brigid) that can be used on Android and iOS mobile phones to improve interaction between patients and clinicians. These include features such as: Booking appointments remotely; sending and receiving messages/information; ordering repeat medications; easily making video consultations; completion of questionnaires (i.e. Patient Reported Outcome Measures) and forms (i.e. Advance Care Plans); and measuring real-time vital statistics from wearable devices (i.e. Fitbit)

Financial Review

The financial result for the year of the Earl Mountbatten Group was positive, with a net surplus for the year of £3,411,333. The result for the year was materially affected by the recovery in the value of the equity market during the year and the Group investments, including a deposit into the portfolio of just over £500,000. The net recovery in value of the investment portfolio at the end of the year was an amount of £1,171,277. Results were assisted by another strong year for legacies, amounting to £1,465,607 (2020: £2,810,456). Despite being substantially below the level of the prior year, this remains above the long-term average for this source of income and, as reported last year, we continue to put resources into growing and maintaining this very important source of funds. Finally, the Group was fortunate to receive comprehensive support from a range of funds supplied by Government, Local authorities and Clinical Commissioning Groups aimed at ensuring that the Healthcare sector in which the Group operates generally, and the Hospice sector specifically, was able to continue to operate during the pandemic, and was able to survive the response to the Coronavirus pandemic in a condition that enabled it to resume full operations immediately that restrictions were removed.

Resources expended by the Group for the year decreased very slightly from £14,581,009 in 2020 to £14,536,910 in 2021. The mixture of costs across the Group has been materially affected by the changes in the operating model of parts of the group following the arrival of the pandemic and the resulting mitigation procedures adopted by the Group specifically and by the UK as a whole. An analysis of Group Resources expended by activity is as follows:

- 19% (2020 – 15%) of our expenditure was on the cost of generating funds
- 65% (2020 – 71%) of our expenditure was directly incurred in the carrying out of our charitable activities, with our activities expanding in the year following the acquisition of Countess Mountbatten to include the operation of two hospices, on the Isle of Wight and the Mainland
- 16% (2020 – 14%) of our expenditure was incurred in the support of the carrying out of our charitable activities and our governance. Savings were achieved across the combined organisation by avoiding the duplication of key management personnel

Investment Policy and Performance

The Trustees approved an investment policy, overseen by the Resources Committee, to provide financial security and operational stability to the Group. This policy recognises that the Group is exposed to the risk of sharp income fluctuations due to the variability of legacy income and donations and uncertainties surrounding NHS funding. The investment level adopted by the Board is one of a Moderate risk profile with income and capital growth and benchmarked at Risk Level 6 on the Brewin Dolphin Composite Index. This index is comprised of a mixture of publicly quoted equity and fund indices for instruments traded on a range of public markets in the UK, Europe, USA, Asia and the rest of the world. The Group is developing a policy on Environmental, Social and Governance influences in its investing practices and will implement that as it develops. Currently the Group does not invest in Tobacco based equities.

A total return of 26.6% was achieved for the year comprising 24.7% of capital gains and 1.9% of income yield generated in the portfolio. The total return benchmark for the portfolio for the year was 23.5%.

Asset allocation as at 31 March 2021 was:

Cash	9.9%
Bonds	11.8%
UK Equities	26.1%
Overseas Equities	44.7%
Alternatives	7.5%

Reserves Policy and going concern

Trustees have previously agreed their reserves policy to be an aspired level of reserves equal to one year's budgeted expenditure and a minimum level of reserves, which they will always look to maintain, of a sum equal to nine months' budgeted expenditure.

During the financial year, unrestricted reserves increased by £3.65m finishing the year at £16.45m (2020 £12.81m). Budgeted expenditure for 2021/22 is £16.8m, so unrestricted reserves equated to approximately 12 months of budgeted expenditure as at March 2021. Excluding funds set aside to cover the book value of fixed assets, the free cash and investments available to the group £7.3m, which equates to just over 5 months' expenditure.

Reserves are not accumulated in a random fashion but are the result of careful and prudent consideration of future obligations and estimates of financial results and the trustees will ensure that the charity takes its reserves position into account in future financial planning decisions. The current focus is on achieving a position of holding a minimum of 9 months and a maximum of 12 months of operating costs in free reserves.

In the meantime the trustees have reviewed budgets and forecasts for the next financial year. Fundraising performance has exceeded budget for the year to date and expected to continue to do so over the next quarter. The level of reserves at year end are deemed sufficient to manage risks of shortfalls in income generation for at least 12 months from the date these financial statements are approved. Therefore the trustees consider there to be no material uncertainties around the group's ability to continue operating as a going concern.

Public benefit statement

Whilst evaluating the public benefit provided by the Group, the Trustees referred to the Charity Commission's general guidance. When reviewing the aims and objectives of the Hospice and in planning future activities the Trustees consider whether or not there are identifiable public benefits, what they are, how they are related to the aims, and how they are balanced against any detriment or harm.

Relationships with Suppliers and Stakeholders

The Group takes care to maintain positive relationships with suppliers and stakeholders and endeavours to ensure that all contractual and general business terms and conditions are adhered to at all times. In particular with regard to smaller companies and suppliers but also in general with regard to all suppliers and stakeholders the Group will ensure that we settle accounts within agreed terms and as a routine we will settle accounts on a twice monthly basis.

Statement of Trustees' responsibilities

The trustees (who are also directors of Earl Mountbatten Hospice for the purposes of company law) are responsible for preparing the trustees' annual report including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The Trustees are required to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company or group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the charities' Statement of Recommended Practice (SORP)
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in operation

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.
In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report which includes the strategic report has been approved by the trustees on 22 July 2021 and signed on their behalf by



Sir Ian Cheshire
Chair of the Board of trustees

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Independent auditor's report to the members of Earl Mountbatten Hospice

Opinion

We have audited the financial statements of Earl Mountbatten Hospice (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Earl Mountbatten Hospice's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are

responsible for the other information contained within the annual report. Our opinion on the group financial statements does not cover the other information, and, except to the extent otherwise explicitly stated in our

report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Independent auditor's report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable

company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charites Act 2011 and report in accordance with those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the resources committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
- Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements

  made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the

Independent auditor’s report

To the members of Earl Mountbatten Hospice

For year ending 31 March 2021

charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Joanna Pittman (Senior statutory auditor)
10 August 2021
for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Earl Mountbatten Hospice

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted (restated)* £	Restricted (restated)* £	2020 Total (restated)* £
Income from:							
Donations and legacies	2	3,792,033	408,965	**4,200,998**	3,832,738	521,849	4,354,587
Charitable activities							
Inpatient / Day Care	3	7,639,959	2,995,730	**10,635,689**	7,370,413	233,113	7,603,526
Community Care	3	227,333	–	**227,333**	229,504	–	229,504
Other trading activities	4	1,591,800	9,366	**1,601,166**	2,717,591	–	2,717,591
Investments	5	111,780	–	**111,780**	184,194	–	184,194
Total income		13,362,905	3,414,061	**16,776,966**	14,334,440	754,962	15,089,402
Expenditure on:							
Raising funds		2,741,546	48,238	**2,789,784**	2,557,198	–	2,557,198
Charitable activities							
Inpatient / Day Care		5,745,155	3,603,906	**9,349,061**	9,076,011	549,481	9,625,492
Community Care		2,398,065	–	**2,398,065**	2,398,319	–	2,398,319
Total expenditure	6	10,884,766	3,652,144	**14,536,910**	14,031,528	549,481	14,581,009
Net income before net gains / (losses) on investments		2,478,139	(238,083)	**2,240,056**	302,912	205,481	508,393
Net gains / (losses) on investments		1,171,277	–	**1,171,277**	(489,696)	–	(489,696)
Net income / (expenditure) for the year and net movement in funds	7	3,649,416	(238,083)	**3,411,333**	(186,784)	205,481	18,697
Transfers between funds		–	–	**–**	(30,376)	30,376	–
Net movement in funds		3,649,416	(238,083)	**3,411,333**	(217,160)	235,857	18,697
Reconciliation of funds:							
Total funds brought forward		12,805,249	3,770,537	**16,575,786**	13,022,409	3,534,680	16,557,089
Total funds carried forward	21	16,454,665	3,532,454	**19,987,119**	12,805,249	3,770,537	16,575,786

* see note 25

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21 to the financial statements.

Earl Mountbatten Hospice

Balance sheet

Company no. 02929267

As at 31 March 2021

	Note	The group 2021 £	The group 2020 (restated) * £	Earl Mountbatten Hospice 2021 £	Earl Mountbatten Hospice 2020 £
Fixed assets:					
Tangible assets	12	**11,507,885**	11,398,241	**11,329,079**	11,276,559
Investments	13	**6,425,897**	4,659,748	**5,094,064**	3,595,402
		17,933,782	16,057,989	**16,423,143**	14,871,961
Current assets:					
Stocks		**3,434**	3,741	**-**	-
Debtors	16	**1,260,146**	881,763	**872,188**	474,238
Cash at bank and in hand		**2,898,875**	2,241,321	**1,403,466**	1,298,395
		4,162,455	3,126,825	**2,275,654**	1,772,633
Liabilities:					
Creditors: amounts falling due within one year	17	**(2,109,118)**	(2,609,028)	**(888,708)**	(897,911)
Net current assets		**2,053,337**	517,797	**1,386,946**	874,722
Total net assets	20	**19,987,119**	16,575,786	**17,810,089**	15,746,683
Funds:					
Restricted funds		**3,400,520**	3,717,563	**3,400,520**	3,717,563
Restricted funds CMH		**131,934**	52,973	**-**	-
Unrestricted funds:					
Designated funds		**9,573,435**	9,520,915	**9,073,435**	9,020,915
General funds		**6,881,230**	3,284,335	**5,336,134**	3,008,205
Total unrestricted funds		**16,454,665**	12,805,250	**14,409,569**	12,029,120
Total funds	21	**19,987,119**	16,575,786	**17,810,089**	15,746,683

* see note 24

Approved by the trustees on 22 July 2021 and signed on their behalf by

Sir Ian Cheshire
Chair of the Board of Trustees

Earl Mountbatten Hospice

Consolidated statement of cash flows

For the year ended 31 March 2021

	Note	2021		2020	
		£	£	£	£
Cash flows from operating activities					
Net cash provided by / (used in) operating activities	22		**1,480,919**		1,155,695
Cash flows from investing activities:					
Dividends and interest		**111,780**		184,194	
Purchase of fixed assets		**(340,273)**		(922,626)	
Proceeds from sale of investments		**537,527**		1,986,436	
Purchase of investments		**(1,192,804)**		(1,899,902)	
Movement in portfolio cash held for investment		**60,405**		(436,948)	
Net cash provided by investing activities			**(823,365)**		(1,088,846)
Change in cash and cash equivalents in the year			**657,554**		66,849
Cash and cash equivalents at the beginning of the year			**2,241,321**		2,174,472
Cash and cash equivalents at the end of the year			**2,898,875**		2,241,321

1 Accounting policies

a) Statutory information

Earl Mountbatten Hospice is a charitable company limited by guarantee and is incorporated in England. The registered office address (and principal place of business) is Halberry Lane, Newport, Isle Of Wight PO30 2ER.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries Earl Mountbatten Hospice Trading Company Limited and Countess Mountbatten Hospice group which includes the parent charity and and its subsidiary Countess Mountbatten Hospice Promotions Limited on a line by line basis.

Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. Balances between the entities are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The group has prepared forecasts and budget taking into accounts impact of Covid 19. Based on these forecasts, the trustees consider that there are no material uncertainties about the group's and charitable company's ability to continue as a going concern.

e) Income

Income is recognised when the group has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether ‘capital’ grants or ‘revenue’ grants, is recognised when the group has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. The two charities became eligible for retail hospitality & leisure grants from Government during the pandemic. These grants have been recognised in the periods for which the grants were intended.

Coronavirus job retention scheme income and other coronavirus support income is recognised when the Charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

For legacies, entitlement is taken as the notification has been made by the executor(s) to the charities that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor’s intention to make a distribution. Where legacies have been notified to the charities, or the charities are aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the group has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the group of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the group which is the amount the group would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable companies in inducing third parties to make voluntary contributions to them, the cost of any activities with a fundraising purpose and costs of running the retail activity
- Expenditure on charitable activities includes the costs of delivering services both within the hospices and the community to further the purposes of the charities and their associated support costs

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, and governance costs, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

• Cost of raising funds	16%
• Inpatient / Day Care	51%
• Community Care	33%

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charities' activities.

1 Accounting policies (continued)

k) Operating leases
Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets
Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

The charity has taken the opportunity provided in FRS 102 section 35 to treat the revaluation amount of freehold land and buildings as deemed cost.

l) Tangible fixed assets (continued)
Depreciation is provided at rates calculated to write down the cost of each asset, except land, to its estimated residual value over its expected useful life. The useful lives are as follows:

● Freehold land and buildings	Not depreciated
● Leasehold improvements	Over the term of the lease
● Fixtures, fittings and equipment	between 3 and 10 years
● Motor vehicles	between 5 and 7 years

Depreciation is not charged on freehold buildings because the charity has a policy to maintain the properties to a high standard through a continuing programme of refurbishment and maintenance. Consequently the lives of the properties and their residual values are such that any depreciation charge would be immaterial. Freehold buildings are reviewed for impairment at the end of each accounting period in accordance with FRS 102.

m) Listed investments
Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading “Net gains/(losses) on investments” in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

Investments in subsidiaries
Investments in subsidiaries are at cost.

n) Stocks
Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charities of these goods is recognised as income when sold.

o) Debtors
Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

p) Cash at bank and in hand
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

q) Creditors and provisions
Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1 Accounting policies (continued)

r) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

s) Pensions

The charities contribute to the NHS Superannuation pension scheme for certain qualifying employees. The assets of the scheme are held separately from those of the charities in an independently administered fund.

The pension charge represents contributions payable by the charity to the fund. It is a multi-employer scheme and the charities are unable to identify their share of the underlying assets and liabilities. It is therefore accounted for as though it were a defined contribution scheme.

The group also provides a defined contribution pension scheme for staff other than those within the NHS superannuation pension scheme. The assets of the scheme are held separately from those of the company in a separately administered fund. Pension costs relating to employees recharged from the NHS Trust are not identified separately and are included in wage costs, on a defined benefit basis.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Gifts						
Earl Mountbatten Hospice	1,040,600	261,965	**1,302,565**	568,555	165,087	733,642
Countess Mountbatten Hospice	522,427	47,000	**569,427**	643,727	166,762	810,489
Legacies						
Earl Mountbatten Hospice	1,407,760	–	**1,407,760**	2,480,194	190,000	2,670,194
Countess Mountbatten Hospice	57,847	–	**57,847**	140,262	–	140,262
Coronavirus appeal						
Earl Mountbatten Hospice	–	–	**–**	–	–	–
Countess Mountbatten Hospice	195,101	100,000	**295,101**	–	–	–
Coronavirus job retention scheme						
Earl Mountbatten Hospice	219,432	–	**219,432**	–	–	–
Countess Mountbatten Hospice	65,061	–	**65,061**	–	–	–
Rate relief grants						
Earl Mountbatten Hospice	254,660	–	**254,660**	–	–	–
Countess Mountbatten Hospice	29,145	–	**29,145**	–	–	–
	3,792,033	408,965	**4,200,998**	3,832,738	521,849	4,354,587

Legacies notified but not accrued in the accounts are estimated at £716,000 for EMH and £420,167 for CMH (2020: £1,275,065 for the group).

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
NHS CCG						
Earl Mountbatten Hospice	3,312,306	40,030	**3,352,336**	3,185,913	38,240	3,224,153
Countess Mountbatten Hospice	4,309,319	–	**4,309,319**	4,184,500	–	4,184,500
Other grant income						
Earl Mountbatten Hospice	18,334	1,501,153	**1,519,487**	–	154,873	154,873
Countess Mountbatten Hospice	–	1,454,547	**1,454,547**	–	40,000	40,000
Sub-total for Inpatient/Day Care	7,639,959	2,995,730	**10,635,689**	7,370,413	233,113	7,603,526
Isle of Wight Clinical Commissioning Group						
Earl Mountbatten Hospice	227,333	–	**227,333**	229,504	–	229,504
Sub-total for Community Care	227,333	–	**227,333**	229,504	–	229,504
Total income from charitable activities	7,867,292	2,995,730	**10,863,022**	7,599,917	233,113	7,833,030

4 Income from other trading activities

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Fundraising activities						
Earl Mountbatten Hospice	557,818	–	**557,818**	676,274	–	676,274
Countess Mountbatten Hospice	462,638	–	**462,638**	522,200	–	522,200
Shops, café and other income						
Earl Mountbatten Hospice	466,712	–	**466,712**	1,276,915	–	1,276,915
Countess Mountbatten Hospice	104,632	9,366	**113,998**	242,202	–	242,202
	1,591,800	9,366	**1,601,166**	2,717,591	–	2,717,591

5 Income from investments

	Unrestricted £	Restricted £	2021 total £	Unrestricted £	Restricted £	2020 total £
Interest from UK bank deposits						
Earl Mountbatten Hospice	516	–	**516**	6,379	–	6,379
Countess Mountbatten Hospice	–	–	**–**	352	–	352
Income from quoted investments						
Earl Mountbatten Hospice	85,348	–	**85,348**	146,959	–	146,959
Countess Mountbatten Hospice	25,916	–	**25,916**	30,504	–	30,504
	111,780	–	**111,780**	184,194	–	184,194

6a Analysis of expenditure - current year

		Charitable activities					
	Cost of raising funds £	Inpatient / Day Care £	Community Care £	Governance costs £	Support costs £	**2021 Total £**	2020 Total £
Staff costs (Note 8)	797,463	6,005,161	1,618,743	-	2,827,112	**11,248,479**	10,757,971
Charges paid to University Hospital Southampton*	-	(184,570)	-	-	-	**(184,570)**	232,115
Medical consumables	-	175,532	51,879	-	-	**227,411**	327,803
Volunteer expenses	-	-	-	-	496	**496**	49,202
IT and administrative costs	-	-	-	-	111,985	**111,985**	78,330
Trading activities	10,538	-	-	-	-	**10,538**	22,747
Fundraising costs	554,176	-	-	-	-	**554,176**	302,974
Lottery costs	167,098	-	-	-	-	**167,098**	303,882
Investment managers' fees	25,012	-	-	-	6,631	**31,643**	22,149
Audit and accountancy fees	-	-	-	56,027	-	**56,027**	57,101
Legal and professional	-	-	-	-	24,026	**24,026**	17,226
Trustee costs	-	-	-	53	-	**53**	10,821
Catering	294,434	1,274	-	-	-	**295,708**	346,390
Premises	195,144	450,002	-	-	272,337	**917,483**	1,019,669
Depreciation and loss on disposal	-	-	-	-	225,054	**225,054**	182,028
Insurance	5,933	-	-	-	35,935	**41,868**	42,073
Maintenance and repairs	-	50,031	-	-	194,131	**244,162**	285,081
Subscriptions and publications	-	-	-	-	27,549	**27,549**	41,270
Irrecoverable VAT	12,681	-	-	-	31,798	**44,479**	50,243
Consumables	29,406	371,831	-	-	92,008	**493,245**	431,934
	2,091,885	6,869,261	1,670,622	56,080	3,849,062	**14,536,910**	14,581,009
Support costs - EMH	349,917	1,115,364	721,706		(2,186,987)	**-**	-
Support costs - CMH	332,415	1,329,660	-	-	(1,662,075)	**-**	-
Governance costs - EMH	12,052	20,716	5,737	(38,505)	-	**-**	-
Governance costs - CMH	3,515	14,060	-	(17,575)	-	**-**	-
Total expenditure 2021	**2,789,784**	**9,349,061**	**2,398,065**	**-**	**-**	**14,536,910**	
Total expenditure 2020	2,239,654	9,943,036	2,398,319	-	-		14,581,009

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust was for the provision of clinical services. £184,570 was repaid in 2021 for undelivered services.

6b Analysis of expenditure - prior year

		Charitable activities				
	Cost of raising funds	Inpatient / Day Care	Community Care	Governance costs	Support costs	2020 Total
	£	£	£	£	£	£
Staff costs (Note 8)	687,891	6,047,619	1,623,199	-	2,399,262	**10,757,971**
Charges paid to University Hospital Southampton*	-	232,115	-	-	-	**232,115**
Medical consumables	-	158,313	106,550	-	62,940	**327,803**
Volunteer expenses	-	-	-	-	49,202	**49,202**
Conferences, training and events	-	-	-	-	-	**-**
IT and administrative costs	-	-	-	-	78,330	**78,330**
Trading activities	22,747	-	-	-	-	**22,747**
Fundraising costs	302,974	-	-	-	-	**302,974**
Lottery costs	303,882	-	-	-	-	**303,882**
Investment managers' fees	20,449	-	-	-	1,700	**22,149**
Audit and accountancy fees	-	-	-	57,101	-	**57,101**
Legal and professional	-	-	-	-	17,226	**17,226**
Trustee costs	-	-	-	10,821	-	**10,821**
Catering	338,996	7,394	-	-	-	**346,390**
Premises	192,965	518,009	-	-	308,695	**1,019,669**
Depreciation and loss on disposal	-	-	-	-	182,028	**182,028**
Insurance	5,141	-	-	-	36,932	**42,073**
Maintenance and repairs	-	75,013	-	-	210,068	**285,081**
Subscriptions and publications	-	-	-	-	41,270	**41,270**
Irrecoverable VAT	27,143	-	-	-	23,100	**50,243**
Consumables	46,863	328,844	-	-	56,227	**431,934**
	1,949,051	7,367,307	1,729,749	67,922	3,466,980	**14,581,009**
Support costs - EMH	310,507	1,097,125	662,415	-	(2,070,047)	**-**
Support costs - CMH	279,387	1,117,546	-	-	(1,396,933)	**-**
Governance costs - EMH	12,931	22,226	6,155	(41,312)	-	**-**
Governance costs - CMH	5,322	21,288	-	(26,610)	-	**-**
Total expenditure 2020	**2,557,198**	**9,625,492**	**2,398,319**	**-**	**-**	**14,581,009**

* The charge payable by the Countess Mountbatten Hospice Charity to the UHS NHS Foundation Trust is for the provision of clinical services.

7 Net income / (expenditure) for the year

This is stated after charging:

	2021 £	2020 £
Depreciation	230,629	181,453
Operating lease rentals:		
Property - EMH	-	-
Property - CMH	249,601	235,086
Auditor's remuneration (excluding VAT):		
Audit - group	21,600	21,100
Audit - Countess Mountbatten Hospice	17,500	17,100
Other services	5,100	4,000
Other services - Countess Mountbatten Hospice	5,100	4,000

8 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

Current year	2021			2020
	EMH £	CMH £	Total £	Total £
Staff under service level agreement with NHS	687,610	3,442,418	4,130,028	4,126,454
Wages and salaries	4,449,459	814,141	5,263,600	4,712,288
Employer's national insurance	404,044	242,744	646,788	583,941
Pension costs	469,325	350,133	819,458	743,048
Temporary & agency staff	26,304	89,110	115,414	290,523
Other staff costs	192,013	78,686	270,699	282,517
Contract staffing charge	2,492	-	2,492	19,200
	6,231,247	5,017,232	11,248,479	10,757,971

Prior year	2020		
	EMH £	CMH £	Total £
Staff under service level agreement with NHS	626,128	3,500,326	4,126,454
Wages and salaries	4,141,088	571,200	4,712,288
Employer's national insurance	362,386	221,555	583,941
Pension costs	412,018	331,030	743,048
Temporary & agency staff	61,051	229,472	290,523
Other staff costs	223,214	59,303	282,517
Contract staffing charge	19,200	-	19,200
	5,845,085	4,912,886	10,757,971

The following number of employees received employee benefits (excluding employer pension costs and national insurance) during the year between:

	2021 Employed by Charity No.	2021 Recharged to Charity No.	2020 Employed by Charity No.	2020 Recharged to Charity No.
£60,000 - £69,999	-	-	4	-
£70,000 - £79,999	3	-	1	-
£80,000 - £89,999	-	-	2	-
£90,000 - £99,999	1	1	1	-
£130,000 - £139,999	1	1	1	1

The total employee benefits including pension contributions and employers' NI of the key management personnel were £708,383 (2020: £674,674).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £52.90 (2020: £nil) incurred by 1 (2020: nil) trustee.

9 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2021 Employed by group No.	2021 Recharged to group No.	2020 Employed by Group No.	2020 Recharged to Group No.
Fundraising - EMH	11	-	6	-
Fundraising - CMH	32	-	22	-
In patient unit / Patient services - EMH	49	7	55	7
In patient unit / Patient services - CMH	112	11	112	11
Community	60	-	58	-
Day unit / JCC	9	-	10	-
Retail	39	-	40	-
Support	41	-	36	-
	353	18	339	18

10 Related party transactions

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties (2020: £nil).

11 Taxation

The charities are exempt from corporation tax as all their income is charitable and is applied for charitable purposes. The trading subsidiaries Earl Mountbatten Hospice Trading Limited and Countess Mountbatten Hospice Promotions Limited gift aid available profits to their immediate parent charities.

12 Tangible fixed assets

Group	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	Total £
Cost					
At the start of the year	10,894,959	174,612	1,866,434	275,030	**13,211,035**
Additions in year	551	33,500	293,222	13,000	**340,273**
At the end of the year	10,895,510	208,112	2,159,656	288,030	**13,551,308**
Depreciation					
At the start of the year	-	112,738	1,545,810	154,246	**1,812,794**
Charge for the year	-	27,200	167,987	35,442	**230,629**
At the end of the year	-	139,938	1,713,797	189,688	**2,043,423**
Net book value					
At the end of the year	10,895,510	68,174	445,859	98,342	**11,507,885**
At the start of the year	10,894,959	61,874	320,624	120,784	11,398,241

12 Tangible fixed assets (continued)

Earl Mountbatten Hospice	Freehold land and buildings £	Leasehold improvements £	Fixtures, fittings and equipment £	Motor vehicles £	**Total £**
Cost					
At the start of the year	10,894,959	137,727	1,730,963	275,030	**13,038,679**
Additions in year	551	–	193,698	13,000	**207,249**
Transfer between asset class	–	–	–	–	**–**
At the end of the year	10,895,510	137,727	1,924,661	288,030	**13,245,928**
Depreciation					
At the start of the year	–	103,517	1,504,357	154,246	**1,762,120**
Charge for the year	–	9,604	109,683	35,442	**154,729**
At the end of the year	–	113,121	1,614,040	189,688	**1,916,849**
Net book value					
At the end of the year	10,895,510	24,606	310,621	98,342	**11,329,079**
At the start of the year	10,894,959	34,210	226,606	120,784	11,276,559

All of the above assets are used for charitable purposes.

13 Investments

	Group		Earl Mountbatten Hospice	
	2021 £	2020 £	**2021 £**	2020 £
Listed investments				
Fair value at the start of the year	**3,968,193**	4,544,423	**2,907,965**	3,650,319
Additions at cost	**1,192,804**	1,899,902	**1,055,603**	685,585
Disposal proceeds	**(537,527)**	(1,986,436)	**(421,210)**	(1,028,764)
Net gain / (loss) on change in fair value	**1,171,277**	(489,696)	**920,554**	(399,175)
	5,794,747	3,968,193	**4,462,912**	2,907,965
Cash held by investment broker pending reinvestment	**631,150**	691,555	**631,150**	687,435
Investment in group undertaking	**–**	–	**2**	2
Fair value at the end of the year	**6,425,897**	4,659,748	**5,094,064**	3,595,402

Listed investments comprise:

	2021 £	2020 £
UK Bonds	**571,549**	617,604
Overseas Bonds	**183,992**	176,280
UK Equities	**1,660,600**	1,204,297
North American Equities	**1,342,888**	782,388
European Equities	**523,406**	219,879
Japanese Equities	**233,527**	129,515
Asia Pacific Equities	**502,363**	248,121
Emerging Market Equities	**81,976**	52,501
Global Investments	**179,051**	123,223
Absolute Return	**203,992**	62,381
Property Trusts	**140,764**	148,942
Other	**170,639**	203,061
Cash	**631,150**	691,556
	6,425,897	4,659,748

14 Subsidiary undertakings

Earl Mountbatten Hospice, the charitable parent company, is the sole organisational member of Countess Mountbatten Hospice Charity. Earl Mountbatten Hospice operates a hospice on the Isle of Wight and owns the whole of the issued ordinary share capital of Earl Mountbatten Hospice Trading Limited, a company registered in England and used for non-primary purpose trading.
Countess Mountbatten Hospice Charity operates a hospice in Southampton and owns the whole of the issued ordinary share capital of Countess Mountbatten Hospice Promotions Limited, a company registered in England and used for non-primary purpose trading.
All subsidiary company activities have been consolidated on a line by line basis in the statement of financial activities.
Available profits from the trading subsidiaries are gift aided to their respective parent charitable companies. A summary of the results of the subsidiaries for the year are shown below:

Year ended 31 March 2021	Countess Mountbatten Hospice £	Countess Mountbatten Hospice Promotions Limted £	Earl Mountbatten Hospice Trading Limited £
Income/turnover	6,976,290	406,709	28,577
Cost of sales	–	(78,000)	(7,771)
Net income/gross profit	6,976,290	328,709	20,806
Net expenditure/administrative expenses	(6,161,250)	(32,358)	(34,999)
Distribution from subsidiary	238,011	–	–
Gain on investment assets	250,724	–	–
Net income/(expenditure)/profit/(loss) for the financial year	1,303,775	296,351	(14,193)
Funds/retained earnings brought forward	510,153	247,409	71,538
Net income/(expenditure)/profit/(loss) for the financial year	1,303,775	296,351	(14,193)
Distribution under Gift Aid to parent charity	–	(238,011)	(59,540)
Reserves/retained earnings carried forward	1,813,928	305,749	(2,195)
The aggregate of the assets, liabilities and funds was:			
Assets	2,643,173	533,371	120,073
Liabilities	(829,245)	(227,623)	(122,268)
Funds	1,813,928	305,748	(2,195)

14 Subsidiary undertakings (continued)

Year ended 31 March 2020	Countess Mountbatten Hospice £	Countess Mountbatten Hospice Promotions Ltd £	Earl Mountbatten Hospice Trading Limited £
Income/Turnover	5,501,684	468,825	102,488
Cost of sales	–	(78,000)	(7,448)
Net income/gross profit	5,501,684	390,825	95,040
Net expenditure/administrative expenses	(6,279,970)	(152,814)	(35,500)
Gain on investment assets	(90,521)	–	–
Net (expenditure)/profit for the financial year	(868,807)	238,011	59,540
Retained earnings brought forward	1,378,960	9,398	11,998
Profit for the year	(868,807)	238,011	59,540
Distribution under Gift Aid to parent charity	–	–	–
Retained earnings carried forward	510,153	247,409	71,538
The aggregate of the assets, liabilities and funds was:			
Assets	1,911,147	457,491	241,558
Liabilities	(1,400,994)	(210,082)	(170,018)
Funds	510,153	247,409	71,540

Intercompany transactions

Included within administrative expenses for Countess Mountbatten Hospice is a management charge of £214,986 (2020: £245,181) from the Earl Mountbatten Hospice to Countess Mountbatten. Included within administrative expenses within Earl Mountbatten Hospice Trading is a management charge of £30,000 (2020: £30,000) from Earl Mounbatten Hospice.

Shared trustees/directors

All trustees of Earl Mountbatten Hospice are also trustees of Countess Mountbatten Hospice.

Gillian Owton is a trustee/director of both Countess Mountbatten Hospice and Countess Mountbatten Hospice Promotions.

Philip Shears is a trustee and director of both Earl Mountbatten Hospice and Earl Mountbatten Hospice Trading.

15 Earl Mountbatten Hospice

The parent charity's (Earl Mountbatten Hospice) gross income and the results for the year are disclosed as follows:

	2021	2020
	£	£
Gross income	**9,611,672**	9,261,586
Result for the year	**2,063,407**	589,950

16 Debtors

	The group		Earl Mountbatten Hospice	
	2021	2020	**2021**	2020
	£	£	**£**	£
Amounts due from subsidiaries	**–**	–	**117,961**	167,223
Trade debtors	**125,029**	411,554	**75,148**	56,957
Accrued income and other debtors	**848,572**	73,779	**436,021**	10,281
VAT recoverable	**198,845**	310,102	**173,732**	172,202
Prepayments	**87,700**	86,328	**69,326**	67,575
	1,260,146	881,763	**872,188**	474,238

17 Creditors: amounts falling due within one year

	The group		Earl Mountbatten Hospice	
	2021	2020	**2021**	2020
	£	£	**£**	£
Trade creditors	**450,385**	1,825,669	**261,220**	642,515
Deferred Income	**623,041**	87,700	**318,041**	2,700
Other creditors and accruals	**1,035,692**	695,659	**309,447**	252,696
	2,109,118	2,609,028	**888,708**	897,911

18 Deferred income

Deferred income comprises grant and contract income received in advance of services being provided.

	The group		The charity	
	2021	2020	**2021**	2020
	£	£	**£**	£
Balance at the beginning of the year	**87,700**	174,989	**2,700**	174,989
Amount released to income in the year	**(87,700)**	(174,989)	**(2,700)**	(174,989)
Amount deferred in the year	**623,041**	87,700	**318,041**	2,700
Balance at the end of the year	**623,041**	**87,700**	**318,041**	**2,700**

19 NHS Pension Scheme

The charities operate an NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

19 NHS Pension Scheme (continued)

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The total pension contributions payable for the NHS pension scheme in the year were £530,078 (2020: £515,874). Contributions payable in respect of Countess Mountbatten Hospice Charity of £494,869 (in 2020: £429,644 was outstanding).

20a Analysis of group net assets between funds - 2021

	General unrestricted £	Designated funds £	Restricted funds £	**Total funds £**
Tangible fixed assets	119,750	9,020,915	2,367,220	**11,507,885**
Investments	6,425,897	-	-	**6,425,897**
Net current assets	335,583	552,520	1,165,234	**2,053,337**
Net assets at the end of the year	**6,881,230**	**9,573,435**	**3,532,454**	**19,987,119**

20b Analysis of group net assets between funds - 2020

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	-	8,992,183	2,406,058	11,398,241
Investments	4,659,748	-	-	4,659,748
Net current assets / (liabilities)	(1,427,934)	581,252	1,364,479	517,797
Net assets at the end of the year	3,231,814	9,573,435	3,770,537	16,575,786

21a Movements in funds - 2021

	At the start of the year £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	At the end of the year £
Restricted funds					
Capital funds					
John Cheverton estate fixed asset fund	150,414	-	(38,838)	-	**111,576**
Fixed Asset Fund	2,255,644	-	-	-	**2,255,644**
Revenue funds					
Community Equipment	13,046	8,590	(9,161)	-	**12,475**
Clinical Co-ordination Centre	499,226	-	(165,705)	-	**333,521**
iBCF	222,381	80,000	(142,815)	-	**159,566**
JCC café refurbishment	4,854	-	(4,854)	-	**-**
Kelly donation	505	-	-	-	**505**
Young adult services	94,567	-	(31,044)	5,444	**68,967**
DC Clinical Teaching Post	2,128	6,623	(8,751)	-	**-**
NHS CCG - EPMA	8,275	-	(8,275)	-	**-**
NHS CCG - CQUINs	35,461	40,030	(75,491)	-	**-**
Hospital Discharge Co-ordinator grant	16,404	-	(16,403)	-	**1**
Children's Palliative Care	5,444	-	-	(5,444)	**-**
KissyPuppy Restricted fund	269,246	53,605	(53,703)	-	**269,148**
Dramatherapist grant	1,816	-	(1,816)	-	**-**
Advanced Communication	4,651	-	-	-	**4,651**
MND Clinic	9,959	5,000	(2,754)	-	**12,205**
Responsible Communities	66,550	200	-	-	**66,750**
HEW Training Funding	30,000	-	(30,000)	-	**-**
Mountbatten Young Adults	5,144	-	-	-	**5,144**
Barclays donation	-	100,000	(7,844)	-	**92,156**
NHSE via Hospice UK	-	1,499,237	(1,499,237)	-	**-**
Other restricted funds	21,848	9,863	(23,500)	-	**8,211**
Total restricted funds- EMH	3,717,563	1,803,148	(2,120,191)	-	**3,400,520**
Restricted funds - CMH					
Hospice UK	-	1,439,161	(1,439,161)	-	**-**
Other	52,974	171,752	(92,792)	-	**131,934**
Total restricted funds	3,770,537	3,414,061	(3,652,144)	-	**3,532,454**
Unrestricted funds - EMH					
Designated funds:					
Fixed Asset Replacement Fund	-	-	-	-	**-**
Fixed Asset Fund	9,020,915	-	(154,729)	207,249	**9,073,435**
Total designated funds - EMH	9,020,915	-	(154,729)	207,249	**9,073,435**
Designated funds - CMH	500,000	-	-	-	**500,000**
Total designated funds	9,520,915	-	(154,729)	207,249	**9,573,435**
General funds - EMH Group	3,079,743	8,511,372	(5,990,382)	(207,249)	**5,393,484**
General funds - CMH group	204,591	6,022,810	(4,739,655)	-	**1,487,746**
Total unrestricted funds	12,805,249	14,534,182	(10,884,766)	-	**16,454,665**
Total funds - EMH	15,818,220	10,314,520	(8,265,302)	-	**17,867,438**
Total funds - CMH	757,565	7,633,723	(6,271,608)	-	**2,119,680**
Total funds	16,575,786	17,948,243	(14,536,910)	-	**19,987,119**

21b Movements in funds - 2020

	At the start of the year £	Incoming resources & £	Outgoing resources & £	Transfers £	At the end of the year £
Restricted funds:					
John Cheverton estate fixed asset fund	-	190,000	(39,586)	-	**150,414**
Community Equipment	-	16,817	(3,771)	-	**13,046**
Clinical Co-ordination Centre	499,226	-	-	-	**499,226**
iBCF	219,299	106,667	(103,585)	-	**222,381**
JCC café refurbishment	23,969	-	(19,115)	-	**4,854**
Kelly donation	505	-	-	-	**505**
Young adult services	104,966	25,000	(35,399)	-	**94,567**
DC Clinical Teaching Post	-	19,153	(17,025)	-	**2,128**
NHS CCG - EPMA	8,275	-	-	-	**8,275**
NHS CCG - CQUINs	-	38,240	(2,779)	-	**35,461**
Hospital Discharge Co-ordinator grant	(1,308)	(4,531)	(21,566)	43,809	**16,404**
Children's Palliative Care	5,184	260	-	-	**5,444**
KissyPuppy Restricted fund	230,924	105,166	(66,844)	-	**269,246**
Fixed Asset Fund	2,255,644	-	-	-	**2,255,644**
Dramatherapist grant	1,816	-	-	-	**1,816**
Advanced Communication	3,431	1,220	-	-	**4,651**
MND Clinic	9,959	-	-	-	**9,959**
Responsible Communities	50,300	16,250	-	-	**66,550**
HEW Training Funding	30,000	-	-	-	**30,000**
Mountbatten Young Adults	-	5,144	-	-	**5,144**
Other restricted funds	10,299	28,814	(2,480)	(14,785)	**21,848**
Total restricted funds - EMH	3,452,489	548,200	(312,150)	29,024	**3,717,563**
Restricted funds - CMH	82,190	206,762	(237,331)	1,352	**52,973**
Total restricted funds	3,534,679	754,962	(549,481)	30,376	**3,770,536**
Unrestricted funds - EMH					
Designated funds:					
Fixed Asset Replacement Fund	78,029	-	-	(78,029)	**-**
Fixed Asset Fund	8,393,994	-	(137,630)	764,551	**9,020,915**
Total designated funds - EMH	8,472,023	-	(137,630)	686,522	**9,020,915**
Designated funds - CMH	500,000	-	-	-	**500,000**
Total designated funds	8,972,023	-	(137,630)	686,522	**9,520,915**
Non-charitable trading funds - EMH	11,999	102,488	(42,948)	-	**71,539**
Non-charitable trading funds - CMH	9,398	468,825	(230,814)	-	**247,409**
General funds - EMH	3,232,219	8,468,205	(7,976,673)	(715,546)	**3,008,205**
General funds - CMH	796,771	5,204,401	(6,042,638)	(1,352)	**(42,818)**
Total unrestricted funds	13,022,410	14,243,919	(14,430,703)	(30,376)	**12,805,250**
Total funds - EMH	15,168,730	9,118,893	(8,469,401)	-	**15,818,222**
Total funds - CMH	1,388,359	5,879,988	(6,510,783)	-	**757,564**
Total funds	16,557,089	14,998,881	(14,980,184)	-	**16,575,786**

21 Movements in funds (continued)

Purposes of restricted funds

John Cheverton estate fixed asset fund - This funding was provided to acquire specific assets including a new ambulance, new Arjo baths and certain new beds with mattresses and pumps. All these assets have been acquired and will be depreciated in terms of the policies relating to the depreciation of fixed assets.

Community Equipment - This funding was provided specifically for the acquisition of new equipment to replace worn out equipment no longer fit for use in the community. At the date of this report the acquisition of this equipment was partially complete and this process will be completed during the financial year ending March 2021.

Clinical Co-Ordination Centre grant from the CCG supports the establishment and operation of an 'Early Intervention' initiative which seeks to find and make contact with people approaching end of life. This will enable us, from an early stage, to ensure that they are receiving appropriate care and support for their condition. This will range from simple conversations about Advanced Care Planning and a 6 monthly phone call to concentrated treatment and possible admission to the In Patient unit.

iBCF - This grant from the Island Better Care Fund supports the establishment and operation of a comprehensive education facility and associated education programme.

JCC Café refurbishment - These grants have been given for the purpose of acquiring new specialised seating in the form of 'Riser Recliner' chairs and for the purpose of refurbishing the JCC Café kitchen.

Kelly Donation - This donation is specifically to fund the acquisition of Riser/Recliner chairs for the Hospice.

Young adult services - This grant was made to fund the post of a Young Adult Therapist/Counsellor for three years.

The NHS CCG - EPMA fund is for the development of an Electronic Prescription system.

The NHS CCG - CQUINs fund represents the Isle of Wight Clinical Commissioning Group funding towards the acquisition, installation and commissioning of a new patient record software programme known as SystemOne.

Hospital Discharge Co-ordinator grant - this grant was made to fund the Hospital Disharge Co-ordinator post currently employed in St Mary's Hospital.

The Childrens Palliative Care represents funds towards the children palliative care services.

The KissyPuppy funds represents donations received towards the children's services.

Fixed asset fund represents funds received for the purchase, refurbishment and improvement of the Hospice's buildings, included within fixed assets. It includes:

- The Halberry Lodge Funds, a donation received for the purchase of Halberry Lodge/JCC, fully capitalised within Freehold Land and Buildings.
- DOH funds received as a contribution towards the refurbishment of Halberry Lodge/JCC as above.
- The Space Utilisation and Enhancement (SURE) project fund, a DoH grant towards the refurbishment of office space, capitalised within fixtures, fittings and equipment.
- The Facilities Improvement fund, received as a contribution towards the improvement works required on the existing buildings, and represents the net book value of those completed works.

Barclays Grant has been given to fund the acquisition of clinical equipment, supplies and PPE.

NHSE via Hospice UK Grant The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Dramatherapist grant - This grant was made to fund a Dramatherapist for children and young adults visiting the Hospice as day visiting outpatients.

Advanced Communication - This grant was made to fund further training for our Bereavement and Psycho-social teams in advanced communication skills.

21 Movements in funds (continued)

Other restricted funds include donations given towards day care services, lymphoedema services and the Hospice at Home service.

DC Clinical Teaching Post supported the deployment of one of our senior Nurse Specialists into a teaching role at the University of Southampton for two days per week.

The MND grant is to fund the establishment and running of a monthly multi-disciplinary team with all services represented so that MND patients can access all the services that they might need in the same place and at the same time.

Responsible Communities - is a grant made to fund the creation and nurturing of caring communities through the recruiting and training of neighborhood volunteers who will monitor and assist those in community groups who have need of such care. It is led by our Volunteer management department.

Health Education Wessex (HEW) - is a grant to fund further education specifically in a) advanced communication skills so necessary when communicating with the terminally ill and those bereaved as a result, b) the safe and correct use of syringe drivers (automatic medication delivery devices) by senior clinical staff and finally c) the training of 'non-medical' prescribing skills which is the training of senior nurses and other non-medical persons in the safe prescription of drugs and medications to patients in an end of life condition.

Countess Mountbatten Hospice Charity funds are held as a restricted fund within the group solely for the use of that charity's hospice on the mainland.

Purposes of designated funds

Fixed Asset Replacement Funds are set aside to enable the Hospice to redevelop existing buildings and purchase capital items as required.

Fixed Asset Fund represents the net book value of fixed assets purchased through general funds and therefore not readily available for other purposes. Depreciation will be charged against this fund.

Transfers between funds arise when planned spending on a project exceeds the amount of restricted funds available for the purpose. In that circumstance the excess spend is transferred from the applicable restricted fund line in the analysis of restricted funds to general funds thereby reducing the balance on the restricted fund to zero.

The trustees established the CMH desinated fund for use in future projects to extend the service of Countess Mountbatten House.

22 Reconciliation of net incoming resources to net cash flow from operating activities

	2021 £	2020 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	**3,411,333**	18,697
Depreciation charges	**230,629**	181,453
(Gains) / losses on investments	**(1,171,277)**	489,696
Dividends, interest and rent from investments	**(111,780)**	(184,194)
Decrease in stocks	**307**	469
(Increase)/decrease in debtors	**(378,383)**	280,213
Increase/(decrease) in creditors	**(499,910)**	369,361
Net cash provided by / (used in) operating activities	**1,480,919**	1,155,695

23 Operating lease commitments

The group's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property	
	2021	2020
	£	£
Less than one year	**269,381**	181,948
One to five years	**641,336**	262,916
Over five years	**-**	54,405
	910,717	499,269

24 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

25 Prior year restatements

The prior group SOFA has been represented to consolidate results of the group entities.
The prior year group expenditure has been restated between headings following a review of allocations across the group.
The split of group funds in the prior year have also been restated to reflect the correct fund balances across the group.
None of these adjustments affect the net results or overall fund balances in the prior year.